

RELATIONSHIPS BETWEEN FLORIDA'S STATE MANDATED HOUSING ELEMENT
AND THE FEDERALLY FUNDED CONTINUUM OF CARE PROGRAM: ADDRESSING
HOMELESSNESS IN ALACHUA COUNTY AND THE CITY OF GAINESVILLE, FLORIDA

By

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To Danny, Momma, Daddy, Brittany, Bowen and Matthew,
whose love and support are endless.

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LIST OF ABBREVIATIONS

ACCHH	Alachua County Coalition for the Hungry and Homeless
AIDS	Acquired Immune Deficiency Syndrome
APA	American Planning Association
CoC	Continuum of Care
DCA	Department of Community Affairs
DCF	Department of Children and Families
DOEA	Department of Elder Affairs
DOH	Department of Health
ESG	Emergency Shelter Grant
FHFC	Florida Housing Finance Corporation
GMP	Growth Management Plan
GRACE	Gainesville Region/Alachua County Empowerment for the Homeless
HIV	Human Immunodeficiency Virus
HUD	Department of Housing and Urban Development
LDR	Land Development Regulation
NAEH	National Alliance to End Homelessness
NCH	National Coalition for the Homeless
NLCHP	National Law Center on Homelessness and Poverty
S+C	Shelter Plus Care
SHP	Supportive Housing Program
SRO	Single Room Occupancy

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Homelessness is a serious problem that requires a comprehensive approach to reach a solution. A variety of planning tools are available to address homelessness. This thesis addresses whether a relationship exists between two critical planning documents that focus on this issue: Florida's state mandated Housing Element and the federally funded Continuum of Care plan.

The Literature Review reviews the nature of homelessness in the United States, and the major federal grant program, the United States Department of Housing and Urban Development's Continuum of Care Program. Florida's Housing Element is discussed to examine its potential applications in preventing homelessness as is housing cost, affordability, displacement, income and the housing economy in the state of Florida.

The Gainesville and Alachua County Housing Elements and the area's Continuum of Care were comparatively assessed to determine if there is a relationship between these planning documents. GRACE, a ten-year plan to end homelessness was examined as part of the area's Continuum of Care to examine its relationship with the Housing Element. Administrators from

the local governments and the homeless coalition, who were responsible for drafting the Continuum of Care, were interviewed to provide more insight on these relationships.

The research determined that there is no significant relationship between the Continuum of Care and the Housing Elements in the Gainesville and Alachua County area. If a relationship exists, the process to end homelessness can be more effective in its allocation of limited resources and its siting of homeless service providers and facilities.

An evaluation process examining areas for improvement in GRACE and the Continuum of Care is needed in addition to further research on other Continuum of Care models and their relationship to local housing plans. Research can show how effective relationships can help in addressing and preventing homelessness.

CHAPTER 1 INTRODUCTION

Homelessness in the United States is an immense and serious problem. It does not affect one particular demographic. The homeless include women, children, the elderly, the disabled, and our veterans. Homelessness stretches across the entire country and is not simply relegated to our big cities. Thus, planning must address homelessness at the local level where the area knows the individual needs of the homeless population.

Understanding local housing needs, conditions, and the demographics of the local homeless population are the first steps in devising a plan to address homelessness at the local level. In Florida, the state mandated Housing Element establishes broad goals, objectives, and policies. The federal government requires local governments to set strategies to end homelessness through the Continuum of Care program. This thesis focuses on the City of Gainesville and Alachua County, Florida to answer the questions:

- Do the Housing Element and the Continuum of Care reinforce each other?
- Are strategies to prevent and end homelessness integrated into the local Housing Element so that federal funding acquired through the Continuum of Care program is effectively targeted?

This thesis examines the U.S. Department of Housing and Urban Development's (HUD) highly competitive grant program, the Continuum of Care, which allots federal money to communities who strive to assess the local needs of the homeless and develop strategies and initiatives to combat the problem. Also, this thesis studies the Housing Element as a mandated section of the state of Florida's Growth Management Plan. The Housing Element includes goals, objectives, and policies based on identified local housing needs. The Continuum of Care program and the Housing Element are discussed in further detail in Chapter 2 and are analyzed in the case study communities in Chapter 4.

Chapter 2 reviews the literature relevant to the questions listed above. It begins by discussing who the homeless are and how many people in the United States are homeless. Next, it discusses why people become homeless in the United States and homeless trends in the state of Florida. Then the current governmental programs for the homeless, specifically the Continuum of Care program, are outlined. Further, Growth Management planning and the current state mandated Housing Element as tools to identify, assess, and address homelessness in Florida are introduced. The literature review concludes with an overview of the housing market in Florida to explain why many Floridians are losing their homes.

Chapter 3 outlines the Methodology that described how the research was completed. First, an extensive background on the City of Gainesville and Alachua County's current homeless conditions was completed. To acquire information regarding whether or not the Housing Element and Continuum of Care plan reinforce each other, the methodology included reviewing the City and County's Housing Elements and the Alachua County Coalition for the Homeless and Hungry (ACCHH) Continuum of Care Plan and Gainesville Region/Alachua County Empowerment for the Homeless (GRACE): Ten-Year Plan to End Homelessness. Also, the methodology includes the selection of individuals who were interviewed to gather information for the case study and reviews the questions used in the interviews.

Using the methodology, a comparative analysis was conducted of the City of Gainesville and Alachua County policies and planning initiatives as outlined in the Housing Element and the Continuum of Care plan. Also informant interview responses were used to further examine the relationship findings between the Housing Element and Continuum of Care plan.

Recommendations to improve any discrepancies that address the needs of the homeless

population through the Housing Element and Continuum of Care plan are discussed in the final chapter.

Currently, the crisis in the housing market is having a significant impact on the local, state, and the national economies. Given this financial crisis, more people may begin to experience homelessness. Understanding the policies and documents that exist currently to help the homeless is crucial to eliminate the problem. Advocacy groups and planning officials must work together to ensure that those who may encounter homelessness today, tomorrow or any time in the future can rest assured that coordinated and integrated strategies and initiatives in the Housing Element and the Continuum of Care complement and reinforce each other so that these needs are more effectively and efficiently addressed.

CHAPTER 2 LITERATURE REVIEW

Introduction

This chapter examines the demographics and the causes of homelessness in order to better discuss how homeless prevention methods are meeting the homeless' specific needs. An overview of the Florida housing market and the reasons many homeless lose their homes is included so that a better understanding of why the homeless are without homes exists. The Literature Review examines the Continuum Care and the current Housing Element policies to provide a background for examination of the problem: to determine if a relationship exists between the Continuum of Care and the Housing Element.

Who are the Homeless?

Homelessness is difficult to define; no absolute agreement exists about the proper definition. Since the McKinney-Vento Act establishes the major source of funding for the homeless in the United States and sets the requirements for receiving that funding, the definition outlined in this legislation is used in this thesis. The McKinney-Vento Act of 1987 federal legislation defines a "homeless person" or "homeless individual" as being:

(1) An individual who lacks a fixed, regular, and adequate nighttime residence; (2) And an individual who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (Stewart B. McKinney Act, 42 U.S.C. 11302).

The National Alliance to End Homelessness separates homeless families or individuals into three categories: chronically homeless, transitionally homeless, and episodically homeless. A chronically homeless person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at

least four episodes of homelessness in the past three years” (HUD, 2006, n.p.). Chronically homeless people represent about 10-15% or 150,000, of the entire homeless population, and are most likely to always be homeless. They live in the shelter system occupying about 50% of the total resources available to the entire homeless population, including shelter beds (NAEH, 2007, n.p.). The transitionally homeless experience homelessness for a brief amount of time, usually less than one year. Transitionally homeless people tend to become homeless for economic reasons, meaning they, families and individuals, often “work in entry-level jobs” or “live on fixed incomes,” barely making enough to pay for their housing costs and other basic necessities (APA, 2003, n.p.). An episodically homeless person tends to repeatedly spend a lot of time in and out of the shelter system. Episodically homeless people represent approximately 9% or 135,000, of the single homeless population (NAEH, 2007, n.p.).

Those who are homeless “do not fit one general description”; many different characteristics define people who experience homelessness (NCH, 2006c, pg. 4). “The stereotypical image of a homeless person as an unemployed, panhandling, single male with an alcohol problem is a misnomer that enables some people to look the other way” (ACCHH, 2007, n.p.). Most homeless people are families with children, victims of domestic abuse, the mentally ill, and veterans.

Families are hurt the most by homelessness. For families with children under the age of eighteen, homelessness can cause significant emotional and physical stress resulting in health issues for the entire family. Typically persons that experience homelessness as a child are at a much greater risk of experiencing homelessness as an adult (Burt, 2001, pg. 3). Over the last decade, homelessness among families, which include children, has increased dramatically. The 2005 U.S Conference of Mayors surveyⁱ found that “families with children are among the fastest

growing segments of the homeless population; they comprise about 33% of the population” (NCH, 2006c, pg. 2).

Domestic Violence may cause many to become homeless. In fact, “approximately half, 50%, of all women and children who are experiencing homelessness are fleeing domestic violence” (NCH, 2006c, pg. 3). The National Coalition for the Homeless indicates that unfortunately domestic violence leaves many battered women who live in poverty facing the difficult decision of choosing between remaining in their abusive relationship or becoming homeless.

Persons suffering from addiction or substance abuse are also a part of the homeless population. During the 1980’s, studies found substance abuse, among men especially, was thought to be one of the major reasons for homelessness (NCH, 2006c, pg. 3). The 2005 U.S. Conference of Mayors survey found 30% of homeless adults suffer from substance abuse. HUD (2003) separated those who suffer from alcohol problems from those who suffer from drug use problems, finding that 38% of the homeless suffered from alcohol abuse, and 26% have drug use problems.

Homeless people find themselves faced with many physical and mental health problems, due to their living in the shelter and on the streets (NAEH, 2007, n.p.). Further, access to healthcare professionals is limited, making it very difficult to receive treatment. Chronic health conditions, such as diabetes, high blood pressure, HIV/AIDS, and cancer affect about 46% of the homeless population (NAEH, 2007, n.p.). The other half of the homeless population suffers from some mental health issue. According to the National Alliance to End Homelessness (2007), approximately 25% of those with mental health issues are suffering from a serious mental illness, “including such diagnoses as chronic depression, bipolar disorder, schizophrenia, schizoaffective

disorders, and severe personality disorders.” Yet, only 5-7% of homeless persons require institutionalization (NCH, 2006c, pg. 3).

Homeless Veterans have served in our armed forces in World War II, the Korean War, the Vietnam War, and the post-Vietnam War era (NAEH, 2007, n.p.). Few have served in Iraq and Afghanistan, but their numbers are expected to increase. The National Alliance to End Homelessness (2006) indicates that those veterans from the Vietnam War and post-Vietnam era are at the “greatest risk of homelessness” (NAEH, 2006, n.p.). While 40% of homeless men have served in the armed forces, only 34% of the general adult male population has (NCH, 2006c, n.p.). The National Alliance to End Homelessness (2006) says the U.S. Department of Veterans has estimated that about 200,000 homeless people are veterans, and that over the course of the year, as many as 500,000 veterans experience homelessness (NAEH, 2006, n.p.).

According to the National Homeless Coalition (2006), the racial and ethnic makeup of the homeless population varies. The race and or ethnicity of the homeless population consists of 49% African American, 35% Caucasian, 13% Hispanic, 2% Native American and 1% Asian. Understanding who is homeless is just part of the puzzle. To properly plan to end homelessness, one must assess why this diverse population is homeless.

Why are People Homeless?

The National Coalition for the Homeless discusses two trends that are largely responsible for the increase in the homeless population over the last 20 to 25 years. First, is “a growing shortage of affordable rental housing and a simultaneous increase in poverty” (NCH, 2006a, pg. 1). Second, those who live in poverty will “experience a much higher risk of becoming homeless”, and certain demographic groups are “more likely [to] experienc[e] poverty, and thus will more likely face homelessness” (NCH, 2006c, pg. 1). The National Coalition for the Homeless links poverty and homelessness by saying poor people are “frequently unable to pay

for housing, food, childcare, health care, and education” (NCH, 2006a, pg. 1). The National Coalition for the Homeless (2006) refers to the U.S. Bureau of the Census report from 2005 noting that 12.7% (37 million people) of the U.S population live in poverty; 36% of these persons are children.

Across the country, minimum wage does not pay enough to allow people to afford an apartment at Fair Market Rate (NCH, 2006a, pg. 2). In order for a minimum wage worker to be able to live in or to afford a one- or two-bedroom apartment without spending 30% or more of his or her income, they would need to work at least 89 hours each week (NCH, 2006c, pg. 4). Further, Martha Burt (2001) maintains about “half of all the homeless receive less than \$300 per month in income, putting them close to the poverty level” (Burt, 2001, pg. 3).

Another factor that contributes to the linkage of poverty and homelessness is welfare reform. Since passage of this legislation, fewer people receive benefits and the value of the benefits themselves is much lower. The National Coalition for the Homeless (2006) cites the 2001 Institute for Children and Poverty Study: “37% of homeless families had their welfare benefits reduced or cut in the last year, and of those who lost their benefits, 20% said they became homeless as a direct result of the reduction or slashing” (NCH, 2006a, pg. 3). Without an opportunity for families to access jobs with sufficient pay, people will not be able to afford homes or will find themselves susceptible to homelessness in the near future.

According to the National Coalition for the Homeless (2006), the lack of affordable housing also contributes to homelessness with an immense gap between the supply and demand for decent, affordable homes (NCH, 2006a, pg. 4). Between 1970 and 1995 the “largest shortfall on record”, the gap went from being nonexistent to a shortage of 4.4 million affordable housing units (NCH, 2006a, pg. 4). The situation is especially severe among renters with extremely low

incomes. High rent burdens, overcrowding, and substandard housing have resulted in an increase in homelessness as well as putting many at risk of becoming homeless (NCH, 2006a, pg. 4).

In addition to the lack of affordable housing, lack of sufficient housing assistance contributes to homelessness (NCH, 2006a, pg. 4). The National Coalition for the Homeless (2006), referring to Jennifer Daskal's 1998 study from the Center on Budget and Policy Priorities, says the "demand for assisted housing exceeds the supply, with only one-third of the poor renter households receiving a housing subsidy from the federal, state or local government" (NCH, 2006a, pg. 4). In fact, waiting lists are prevalent, meaning that persons on these lists who cannot make other housing arrangements often must stay in shelters, sometimes for long periods of time, resulting in less available shelter space (NCH, 2006a).

Other factors that contribute to homelessness include lack of affordable health care, mental illness, addiction disorders, and domestic violence. According to HUD (2006) approximately 55% of the homeless have no health insurance. People who have serious illnesses or disabilities and no health insurance cannot afford to make payments, especially if they are already struggling to pay the rent or struggling to purchase other essential needs (NCH, 2006a). These diverse reasons that one might experience homelessness help explain why their number in the United States continues to increase so significantly.

How Many People Experience Homeless?

As many as 3.5 million, 1% of the entire U.S. population, experience homelessness in a given year (Burt, 2001, pg.1). The number of children who experience homeless is quite shocking. In the United States, there are 1.35 million homeless children under the age of eighteen, "42% of these children being under the age of five" (NCH, 2006c, pg. 2). Eighteen to twenty-four year olds represent about 10% of the homeless population; 9% are fifty-five years of

age or older, with the largest percentage of the homeless, 81%, being between the ages of twenty-five to fifty-four (HUD, 2006, n.p.). Overall, approximately 842,000 people any day of the week, who are experiencing homelessness in this country. “Annually homelessness figures represent about 10% of the poor population” (Burt, 2001, pg.1).

Numerous cities in the United States annually survey their homeless populations though determining the exact number is quite difficult (See Table 2-1). “Homelessness is impossible to measure with 100% accuracy”, however the goal is to attempt to measure homelessness appropriately by calculating the number “who experience homelessness over time not the number of homeless people” (NCH, 2006b, pg. 1). Counting the homeless this way is most appropriate because for many, homelessness is a temporary circumstance, not a permanent condition.

A researcher usually uses two different ways to assess the homeless population. One method counts the homeless at a particular point in time. Yet these so-called point-in-time studies only give a “snapshot picture” of those who experience homelessness. The second method to count the homeless is period prevalence counts, which “examine the number of people who are homeless over a given period of time” (NCH, 2006b, pg. 2). Still, both methods are highly limited since they tend to confine these counts to those in shelters or on the streets. The difficult to find, often referred to as the “unsheltered” or “hidden homeless”, stay in campgrounds, vehicles, tents, boxes, caves, and live doubled up with other families (NCH, 2006b).

Florida has the ninth highest homeless population as a percentage of total population in the United States. In addition, Florida has the third highest total homeless population with

almost 61,000 homeless persons (NAEH, 2007, n.p.). However, a number of factors make the nature of homelessness in Florida different from homelessness in other parts of the United States.

Homelessness Trends in Florida

The Florida Annual Report on Homeless Conditions cites a number of reasons why the state government expects homelessness in Florida to increase in the near future. Florida is experiencing a growing number of filings for foreclosure, with many residents unable to pay their mortgages. With rental rates increasing, renting may not be a viable option when an individual has lost their home. The state has seen an increasing number of applicants for cash assistance, food stamps, and other related benefits. Demand for local meal programs has risen by as much as thirty percent. Increasing food and grocery prices have made it increasingly difficult for families to cover food costs. Declining revenues for local and state homeless services and affordable housing services are making supportive and affordable housing even less available. State and local economies are performing similarly or worse than the national economy. Loss of jobs, inflation, increased gas prices and other factors are greatly affecting low-income households (Florida DCF, 2008, pg. i).

In 2007, the Florida Department of Children and Families (DCF) changed the way that they count the homeless to a point-in-time survey since prior estimates were not accurate. Using this new method, the statewide total is down about 2% from 60,168 in 2007 to 59,036 in 2008. However, this change is subject to a margin of error. Further, 10 Florida counties used a different method of counting (Florida DCF, 2007, pg. i). Research has shown that many methods, including point-in-time surveys, undercount the homeless population (Urban Institute, 2000, pg. 144).

Homeless veterans continue to comprise about 17% of the homeless population. Men experiencing homelessness increased from about 65% in 2007 to 66.5% in 2008. In addition,

significant change occurred in episodes of homelessness. These episode categories represent the number of times a person or family has been homeless. First Episode homelessness has increased 3.2% while second or third, and four or more episode categories have decreased as seen below (see Table 2-2 for Length of Homeless Episode statistics in 2007 and 2008).

Homelessness caused by loss of employment and lack of financial resources represents the number one reason for homelessness in Florida and has increased over the past two years. Housing issues due to loss of home or inability to pay rent have also increased and are now the third highest cause of homelessness (see Table 2-3 for all causes in 2007 & 2008).

Programs defined by Laws and Regulations

The problems we see today with the homeless did not emerge until the early 1980's. In 1983 the government created the Federal Interagency Task Force on Food and Shelter for the Homeless to "provide information to the local governments and interested parties on how to obtain surplus federal properties" and resources for those experiencing homelessness (HUD, 2001, n.p.). Despite these efforts, pressure continued to mount, "demanding that the federal government acknowledge that homelessness was a national problem that required a national response" (NLCHP, 2008, n.p.). In 1986 Congress passed the Homeless Persons' Survival Act and the Urgent Relief for the Homeless Act which contained relief and preventative measures, and long-term solutions for homelessness (HUD, 2001, n.p.). On July 22, 1987 President Ronald Reagan signed the Stewart B. McKinney Homeless Assistance Act, named for its deceased chief Republican sponsor. In 2000, the act was renamed the McKinney-Vento Homeless Assistance Act (NLCHP, 2008, n.p.).

Originally the McKinney-Vento Homeless Assistance Act included fifteen programs that provided a variety of services to homeless people, such as emergency shelter, transitional housing, job training, primary healthcare, education, and some permanent housing (NCH, 2006d,

pg. 1). Together these programs provide a comprehensive package of housing and services to people who are homeless (Schwartz, 2006, pg. 211). Among them are:

The Interagency Council on the Homeless, an independent entity within the Executive Branch composed of the heads of fifteen federal agencies;

The McKinney-Vento Act [which] authorizes the Emergency Food and Shelter Program, which is administered by the Federal Emergency Management Agency (FEMA);

Emergency shelter and transitional housing programs administered by the Department of Housing and Urban Development to assist the homeless;

Requirements [that] federal agencies identify and make available surplus federal property, such as buildings and land, for use by the states, local governments, and nonprofit agencies to assist homeless people;

Authorizes sever programs administered by the Department of Health and Human Services to provide health care services to homeless persons;

Authorizes four different education programs for the homeless;

Amends the Food Stamp program to facilitate participation in the program by persons who are homeless; and

Extends the Veterans Job Training Act (HUD, 2006, n.p.).

The major programs HUD oversees include the Emergency Shelter Grant, the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program.

Emergency Shelter Grants (ESG) were created in 1986 as part of the Homeless Eligibility Clarification Act of 1986. Approximately 15% of the total funds for homeless assistance from HUD are allocated for ESG. ESG “provides formula funding to states and localities for a broad range of eligible activities, which can include conversion, renovation and rehabilitation” (Schwartz, 2006, pg. 211). This program provides homeless persons with basic shelter and essential supportive services; ESG can also provide short-term homeless prevention aid to persons at risk of losing their home due to eviction or foreclosure (HUD, 2006, n.p.).

The Supportive Housing Program (SHP) funds services and construction of supportive housing so that the homeless can “live as independently as possible” (HUD, 2006, n.p.). SHP

provides assistance to those in transition from homelessness, helping them meet three goals: “achieve residential stability, increase their skill levels and/or incomes, and obtain greater self-determination” (HUD, 2006, n.p.).

The Shelter Plus Care Program (S+C) targets the homeless population who need additional care. The program provides rental assistance to individuals and families of those homeless who are living in emergency shelters with disabilities, including mental illness, substance abuse and AIDS (HUD, 2006, n.p.). These programs fund “tenant-based vouchers, project-based rental assistance, sponsor-based rental assistance, and single room occupancy assistance” (Schwartz, 2006, pg. 212).

The Section 8 Moderate Rehabilitation Single Room Occupancy Program (SRO) also provides rental assistance for homeless people in the form of rent subsidies to rent rehabilitated units (HUD, 2006). The assistance payments only cover a portion of the costs, equal to the difference between 30% of the tenants’ income and the rent of the unit. In order for a unit to be eligible for assistance, the owner must complete at least \$3,000 of repairs per unit (HUD, 2006). SRO units however, unlike other programs under the McKinney-Vento Act, are not restricted to those families and individuals who are homeless, but at least 25% of SRO units must be set aside to accommodate the homeless (Schwartz, 2006, pg. 212). According to HUD (2006), some of the types of SRO units that exist today are rehabilitated hotel/motels, YMCAs, schools, or abandoned homes.

In 1999, a study found approximately 40,000 homeless assistance programs in 21,000 different places across the United States (Burt, 1999, pg. 82). Food pantries are the most commonly used program available to those who experience homelessness, with about 9,000 programs across the country (Burt, 1999, pg. 82). “Emergency shelters are next with about 5,700

programs, followed closely by 4,400 transitional housing programs 3,500 soup kitchens and 3,300 other distributors of prepared meals” (Burt, 1999, pg. 82). Many of these programs owe their existence and/or continuing support to local advocates and volunteers.

The Consolidated Plan and Continuum of Care

States that receive funding related to affordable housing must prepare a Consolidated Plan that not only outlines a plan for the homeless, but for housing, community and economic development needs, and the resources for meeting those needs (Department of Community Affairs, 2005). The consolidated planning process allows more efficient exchange of information through the many agencies involved including: Florida Housing Finance Corporation (FHFC), the Florida Departments of Community Affairs (DCA), Children and Families (DCF), Elder Affairs (DOEA), and Health (DOH). The Consolidated Plan must describe the goals and objectives relating to the programs it will be funding and must meet federal guidelines in order to receive the HUD funding. With regards to homelessness, it must include: a needs assessment and plan for affordable housing and fair housing efforts; information on barriers to affordable housing, anti-poverty strategies, and certifications that federal regulations will be followed (Department of Community Affairs, 2005).

The Consolidated Plan includes an organized and integrated response to homelessness, which the federal government requires through the Continuum of Care program. This community plan must address organizing and delivering housing and other services to meet certain needs of those experiencing homelessness as they move into stable housing (HUD, 2008, n.p.). The Continuum of Care Plan coordinates and streamlines different homeless services, by promoting cooperation, leadership among organizations, outreach strategies, and grant preparation.

A Continuum of Care plan must include certain fundamental components: “outreach and assessment to identify and link family and housing needs to services, emergency shelter that replaces sleeping on the streets, transitional housing with services that improve skills needed for permanent housing, and permanent affordable housing” (HUD, 2008, n.p.). In this way, the plan promotes movement for those experiencing homelessness to permanent self-sufficiency. The plan should also be flexible so that it can change over time. Moreover, the plan should consider the needs of all demographics of the homeless, from families to veterans to those with mental illnesses and, in certain cases, cater to each demographic individually.

Long range planning through the Continuum of Care establishes a common vision to coordinate future decisions. In the past, homeless services have been fragmented; now different homeless programs can be linked together (HUD, 2008). This coordination allows the planners of the program to assess the plan’s capacity and develop new strategies. Further, this planning forces communities to be proactive rather than reactive. They can anticipate changes in technology, funding, and other resources to adjust goals and strategies. Next, the plan can help bring in outside sources like local residents, businesses, charities, and other local organizations. As mentioned earlier, these combined factors help make the Continuum of Care plan much more effective and thus more competitive when applying for funding.

Between 1988 and 1993, HUD competitively distributed its funding through its homeless assistance programs (Burt, 2002). In 1994, HUD encouraged housing solutions to be prominently featured in order to be competitive for funding (HUD, 2008, pg. 1). Because the application process is so competitive, not everyone who applies is guaranteed funding, and each applicant must meet all of the grant requirements to be considered. “Applicants must submit specific information about a proposed project, along with their Continuum of Care application.

Each application must include a certification that the project is consistent with the Consolidated Plan of the jurisdiction where each proposed project is found” (HUD, 2008, n.p.). HUD also requires homeless counts, allocation of current resources, and current affordable housing counts. Further, HUD requires specific performance measures for goals that must be established based on the needs and characteristics of the homeless population to be served (HUD, 2008, n.p.). HUD allocated approximately \$1.205 billion for the homeless assistance project under the fiscal year 2006 Continuum of Care grant process (HUD Budget, 2006, n.p.). The competitive funding process may put some governments at a disadvantage because they may not have the initial staffing or resources to put together a competitive Continuum of Care plan. Regardless, the competitive process forces local governments to present new ideas and strategies to ensure that the local Continuum of Care is effective.

The main focus of the Continuum of Care plan is that it “address the needs of all people who are homeless, and provide long range solutions for the complicated problems homelessness creates by moving homeless individuals and families beyond shelter to permanent housing and self-sufficiency” (HUD, 2008, n.p.). This focus can be achieved through an application process that remains competitive yet open to those applicants who may be at a disadvantage.

(Department of Children and Families: Office on Homelessness, 2007, pg. 8). Florida communities have taken on a significant role in Continuum of Care planning.

As of 2008, twenty-seven Continuum of Care planning areas cover sixty-two of Florida’s sixty-seven counties (see Figure 2-1). The Department of Children and Families (DCF) continues to encourage areas that do have a continuum of care plans to expand their plan into the counties without one. In fact, Nassau and Baker counties are currently in talks to join the

Jacksonville/Duval and Clay County Continuum of Care planning effort (Department of Children and Families: Office on Homelessness, 2008, pg. 8).

In 2007, Florida's Continuum of Care plans received over \$62 million in funding from HUD. This funding is specifically designed to assist the 252 existing projects to house the homeless and twenty-one new housing developments (Department of Children and Families: Office on Homelessness, pg. 9). Currently, funding for other services outlined in the Continuum of Care come from Florida's Challenge Grant. The grant's resources can be used to fund any service or project that is consistent with the Continuum of Care plan. As a result, the money is often allocated away from housing projects towards unfunded support services. The Challenge Grant allows flexibility for Florida homeless coalitions because the money can be used where it is most needed, and not under a specific category, such as temporary housing, as a HUD grant may require.

Each year, DCF publishes an Annual Report on Homeless Conditions that reports the effectiveness of the current Continuum of Care plans. DCF produces the Annual Report in order to guide local governments to follow its recommendations. Currently, for purposes of this report, the coalitions that plan and implement the continuums evaluate themselves. The coalitions are asked to identify their two strongest and two weakest plan elements. The strongest elements cited were: 1) linkages and referrals among all components, and 2) supportive services (Department of Children and Families: Office on Homelessness, 2008). The two weakest elements cited were: 1) permanent housing including permanent supportive housing and 2) emergency shelters. The coalitions also identified the homeless with the greatest need and those who are least effectively served, as families with children and those who are chronically homeless. Meanwhile, those who have been affected by domestic violence and those with

HIV/AIDS were considered the most effectively served (Department of Children and Families: Office on Homelessness, 2008).

DCF then asked the local coalitions to propose policy and funding recommendations for future changes to the Continuum of Care planning process (See Figure 2-2). Homeless prevention assistance and affordable housing programs were listed as the most critical category for receiving more state funding. One of the homeless coalitions' suggestions included, "Target existing affordable housing programs to serve persons with extremely low income levels" (Department of Children and Families: Office on Homelessness, 2008, pg. 13). Requirements like this are not currently included in area Housing Elements and also fall short in Continuum of Care plans. The annual report concludes with a positive evaluation summary:

The continuum of care planning continues to provide a good framework for coordinating services across multiple provider agencies on individual needs. The plan clearly identifies the unmet needs, and sets priorities for funding strategies, including the investment of the state grants (Department of Children and Families: Office on Homelessness, 2008, pg. 10).

Continuum of Care planning does in fact provide the above, but the evaluation and review process is not effective. It requires the same coalitions that went through the planning process to evaluate their own planning and implementation, yet in very little detail. The state or an independent review board should be reviewing each of the continuums and their implementation for a proper evaluation. Each area's homeless problem, as well as its Continuum of Care and funding allocation are unique. Thus, each area should receive an individual evaluation from the state rather than making their own suggestions on how they should receive funding. Each coalition should work with the state to ensure that their needs are being met. Currently, the biggest problem and suggestion from the coalitions has been related to proper funds, resources, and planning suggestions on how to improve affordable housing.

Growth Management and the Housing Element

The American Planning Association (APA) states that urban and regional planning “works to improve the welfare of people and their communities by creating more convenient, equitable, healthful, efficient, and attractive places for present and future generations” (APA, 2008, n.p.). Planners analyze data to determine goals for the community’s future. They then create and implement strategies for the management of key issues, producing action plans, comprehensive plans, neighborhood plans, and historic preservation plans (APA, 2008).

A form of planning, growth management seeks to “influenc[e] how growth occurs,... to accommodate growth rationally, not to prevent or limit it” (Downs, 2003, n.p.). Homelessness can be addressed through growth management planning.

In 1985, the Florida State Legislature passed the Local Government Comprehensive Planning and Land Development Regulation Act, also known as the Growth Management Act, requiring all of Florida’s counties and cities to adopt comprehensive plans. Comprehensive plans guide future growth and include a number of elements, such as transportation, infrastructure, conservation, and housing. The Florida Statutes suggest that comprehensive planning seek to preserve, promote, protect and improve the public health, safety, comfort and general welfare.

Though state mandated planning had been in place for over a decade, the Growth Management Act, for the first time outlined the specific elements that each city and county must include in its comprehensive plan. Further, the state, through the Florida Department of Affairs (DCA) would have a strong role in reviewing each proposed plan. In this way, the DCA would be proactively raising objections, and highlighting missed or overlooked sections of the comprehensive plan. The Growth Management Act also required that city budgets be closely linked with city planning and introduced requirements for concurrency. Local comprehensive

plans must remain consistent with the adopted state comprehensive plan, and regional plans drafted by regional planning councils. “Florida’s 1985 legislation represents the foremost attempt to implement the comprehensive planning model long advocated by the planning profession” (Chapin, 2007, pg. 2).

The process begins when local governments submit a comprehensive plan to the DCA for compliance with Chapter 9J-5 of the Florida Administrative Code, which sets the criteria for a comprehensive plan including definitions and standards that characterize an acceptable plan. Comprehensive plans can be revised and updated biannually through an amendment process, and major updates through evaluation and appraisal review are required every five to seven years. Florida’s courts have upheld the role of comprehensive plans against different challenges since their inception (Chapin, 2007., pg. 1).

Addressing the issue of homelessness belongs most clearly within the Housing Element of a comprehensive plan. In fact, the crisis of homelessness relates to a number of different factors in housing: costs, availability, displacement, income levels, economic shifts, and government spending (Ajoc, 1991, pg. v).

Within the requirements related to the Housing Element, the state provides “guidance to local governments to develop appropriate plans and policies to meet identified or projected deficits in the supply of housing for moderate income, low income, and very low income households, group homes, foster care facilities, and households with special housing needs” (Florida Administrative Weekly and Florida Administrative Code, 2007, pg. 1). Further, 9J-5 defines affordable housing as housing for which monthly rent or mortgage payments do not exceed thirty percent of the amount which represents the percentage of the median adjusted gross annual income for households or persons indicated by the state. Alternatively, local

governments may choose to use definitions established by HUD (Florida Administrative Weekly and Florida Administrative Code 2007, pg. 1).

When submitting a comprehensive plan, a municipality must include a number of requirements for the housing element. First, the affordable housing needs assessment details the current housing situation by documenting the types of housing, tenure, age, rent, value, and cost to income ratios (Florida Administrative Weekly and Florida Administrative Code, 2007, pg. 1). Next, the plan must show the number of housing units that are considered substandard.

“Substandard units are those that fail to meet the applicable building code, the minimum housing code, or that lack complete plumbing; lack complete kitchen facilities; lack central heating;ⁱⁱ or are overcrowded” (Florida Administrative Weekly and Florida Administrative Code, 2007, pg. 1). The comprehensive plan must next include an inventory of housing that is currently using federal, state, or local grants or subsidies. With concern to homelessness, the type and amount of homeless funding a municipality is receiving must be documented.

Housing analysis in the comprehensive plan assesses current housing demographics to project what types of housing will be needed. In regards to homelessness, the analysis must set goals based on the housing needs assessment and the land required for homelessness projects. It must categorize housing needs for very-low-income, low-income, and moderate-income households and must analyze which substandard units will be preserved and which will be demolished (Florida Administrative Weekly and Florida Administrative Code, 2007, pg. 1). A comprehensive plan must analyze other types of housing besides affordable housing in order to determine the affordability of housing in the area.

Housing Affordability in Florida

In 2007, the loss of one’s home accounted for 16.57% of homelessness in Florida and 17.2% in 2008 (Department of Children and Families: Office on Homelessness, 2007 & 2008,

pg. 3 & 5). Whether for the first time or multiple occurrences, housing issues were the fourth largest cause of homeless in 2007 and likely a contributor to a few of the other reasons including: financial reasons, family problems, and medical problems. Lack of adequate, affordable housing can be a contributor to other causes of homelessness such as being forced to relocate and repercussions of natural and other disasters.

Housing costs are more than just barriers that prevent the homeless from finding a stable home; they can often be reasons for an individual to becoming homeless. Often low income individuals may have spent their allotted time in a type of supplemented affordable housing and are rushed into searching for a home without adequate funds. Increasing housing costs can make this even more dangerous for the low income group because of risky mortgages. These risky mortgages are made appealing for the low income population yet put the buyer at a high risk of losing his or her home.

In 2007, 59.2% of the homeless population had been homeless at least once before with housing problems being a contributing factor in many of these cases (Department of Children and Families: Office on Homelessness, 2007, pg. 4). Housing costs can also result in the period of homelessness being much longer. In recent years, the percentage of the homeless population who have been homeless for over a year in Florida has increased to 39%. This increase has led to the introduction of the Housing First Model, which focuses on getting the homeless into affordable housing, usually with a housing subsidy (Annual Report on Homelessness Conditions, 2007, pg. 4). However, this model becomes exceedingly difficult to implement when housing costs are skyrocketing and the funding will be insufficient to cover the subsidy costs or new construction costs.

Almost 82% of Florida's homeless population has stayed in the same county for over 3 months with 62% having stayed for over a year, leading to an assumption that the Florida homeless population likely feels comfortable or does not enjoy moving from area to area as many assume (Department of Children and Families: Office on Homelessness, 2007, pg. 4). With these figures in mind, it becomes important to target housing solutions for the homeless in a variety of areas, not just in large cities or areas with large homeless populations. The focus should turn to areas where homelessness exists but housing costs may not be excessively high.

When considering the ability for a homeless person to find a home via renting or buying, one must take into account the state of the entire housing market. In 2005, the average value of a Florida single family home was \$201,829, yet the average sales price was \$291,009, around 44% more than the actual value of the home (Shimberg Housing Market, 2008, n.p.). This simple statistic gives a shocking insight into the overall housing market in Florida: that housing buyers will be making a negative value purchase. In 2006, the median income for a family of four was \$53,800, while the median purchase price of a single family home was, \$250,500 (Shimberg Housing Market, 2008, n.p.). Low income buyers cannot afford to make unsound financial decisions, but there may not be a lot of choice in the current housing market. The homeless and low income individuals must be educated on the basic economics and cost issues of buying a home.

Renting is extremely costly in the state of Florida, which often takes up a significant part of a low-income individual or family's total income (see Table 2-4). Nearly 40% of the entire renting population pays 30% or more of their income on housing, with about 20% paying over 50% of their income on rent (Shimberg Center for Affordable Housing, 2008, n.p.). Almost 14% of renters in Florida have an extremely low income (30% or less of Area Median Income or

AMI). These residents are most at risk of being unable to pay rent and losing their home. Most disconcerting is that almost 61% of renters in the lowest income bracket pay 50% or more of their total income on rent. If you are paying such a large portion of your income on rent, then few financial resources remain for food, clothing, medical expenses, insurance, and other costs. The large housing cost just compounds the problem for those who are already having trouble covering basic costs of life.

A 2007 study breaks down the current transitional and supportive housing needs compared to the current availability in the state of Florida (Ray, 2007). Ray (2007) calculated a “level of effort” indicator to show the comparison between this need and availability. The level of effort indicator is equal to “the number of permanent supportive housing units divided by the number of the individuals or families who are currently homeless” (Ray, 2007, pg. 10). Overall, the state of Florida is at a startling 0.19 ratio, meaning that only 19% of the homeless population can currently be housed. For families, the ratio rises to 0.20 and lowers to 0.18 for individuals. Alachua County is included in the North Central Florida category, so an accurate figure is not available just for Alachua County. For this area, the individual ratio is 0.21 but the family ratio is at a mere 0.05. However, only 39 families as of 2007 in the North Central Florida area are considered homeless, so the homelessness situation may not be perceived as a large problem for this group.

Ray’s (2007) study does have some limitations and likely does not show exactly how large the need for housing really is. Due to the transition in and out of homelessness for many, a larger number of homeless persons probably exist as compared to the number present when they are counted at any given point in time. The need for various types of beds is not always interchangeable. Housing solutions often target a single type of household experiencing

homelessness whether it is one with HIV/AIDS, a mental illness, a veteran, or a child. A person who is homeless and has a mental illness will not be able to stay in a housing unit that is designed for homeless with HIV/AIDS (Ray, 2007, pg. 13). Therefore, even the numbers documenting a large need for housing units may mask a much more complex situation.

Summary

The housing market has become a major obstacle in combating homelessness in the United States, and specifically in the state of Florida. Current instabilities in the housing market have only made affordable housing less attainable for low-income individuals and families. Rent costs have increased dramatically, putting an even larger strain on low-income families and individuals, and putting them at risk for future homelessness. However, despite these trends, the government can shape the relationship between Growth Management, in this case the Housing Element, and funding decisions through the Continuum of Care within the state of Florida.

Planners need to incorporate better planning for affordable housing to reduce and prevent homelessness, keeping in mind potential volatility in the housing market. Planning should be efficient and flexible: able to target specific needs of a city while also integrating housing plans along with the many other services the homeless may need, such as medical, food, and education related services. In addition, other policy and program tools for housing need to target those who are not homeless in order to prevent them from becoming homeless. With more integrated planning, more specific funding allocation can be used to ensure that each demographic is getting the proper assistance. Planners need to work with government, the community, and individuals in order to find more cost-efficient means of incorporating these goals, such as using partners in the community who may be willing to offer services for less. Certain contractors or building suppliers may be willing to offer supplies for less if used in mass quantity or if guaranteed future work. Local governments may be able to offer increased subsidies for housing

if combined with other services. These ideas are some that can be incorporated into the way affordable housing is created and serviced within Florida. Throughout the analysis, many more specific ideas will be addressed.

Table 2-1: December 2005 Single Day Homeless Estimates
(Tepper, Martinez, Toche, 2005, n.p.)

City	Amount of Homeless	Percentage of Population Homeless
Boston	5,819	1.0%
Chicago	6,715	0.2%
Denver	5,000	0.8%
Detroit	14,827	1.6%
Los Angeles	91,000	2.7%
New York	48,155	0.5%
San Francisco	6,248	0.8%
Seattle	8,000	1.4%
Washington DC	5,518	0.9%

Table 2-2 – 2007-2008 Episodes of Homelessness in Florida
(Annual Report on Homeless Conditions, 2008, pg. 6)

Number of Homeless Episodes	2007	2008
First Episode	40.8%	44%
Second or Third Episode	32.7%	29.9%
Four or more Episodes	26.5%	26.1%

Table 2-3 – 2007-2008 Causes of Homelessness in Florida
(Annual Report on Homeless Conditions, 2007, pg. 3)

Cause of Homelessness	2007	2008
Employment / Financial Reasons	34%	38%
Family problems	21%	19%
Medical / Disability problems	17%	14%
Housing issues	16%	17%
Forced to relocate from home	7%	8%
Natural /other disasters	4%	3%
Recent immigration	2%	2%

Table 2-4 - 2005 Demographic Household Renter's Data
(Shimberg Center for Affordable Housing, 2008, n.p.)

Household Income	Housing Cost Burden	Percentage of Total Income of Low Income Households
<= 30% AMI	<= 30%	10.2%
<= 30% AMI	30.01-50%	29.1%
<= 30% AMI	50.01+	60.7%

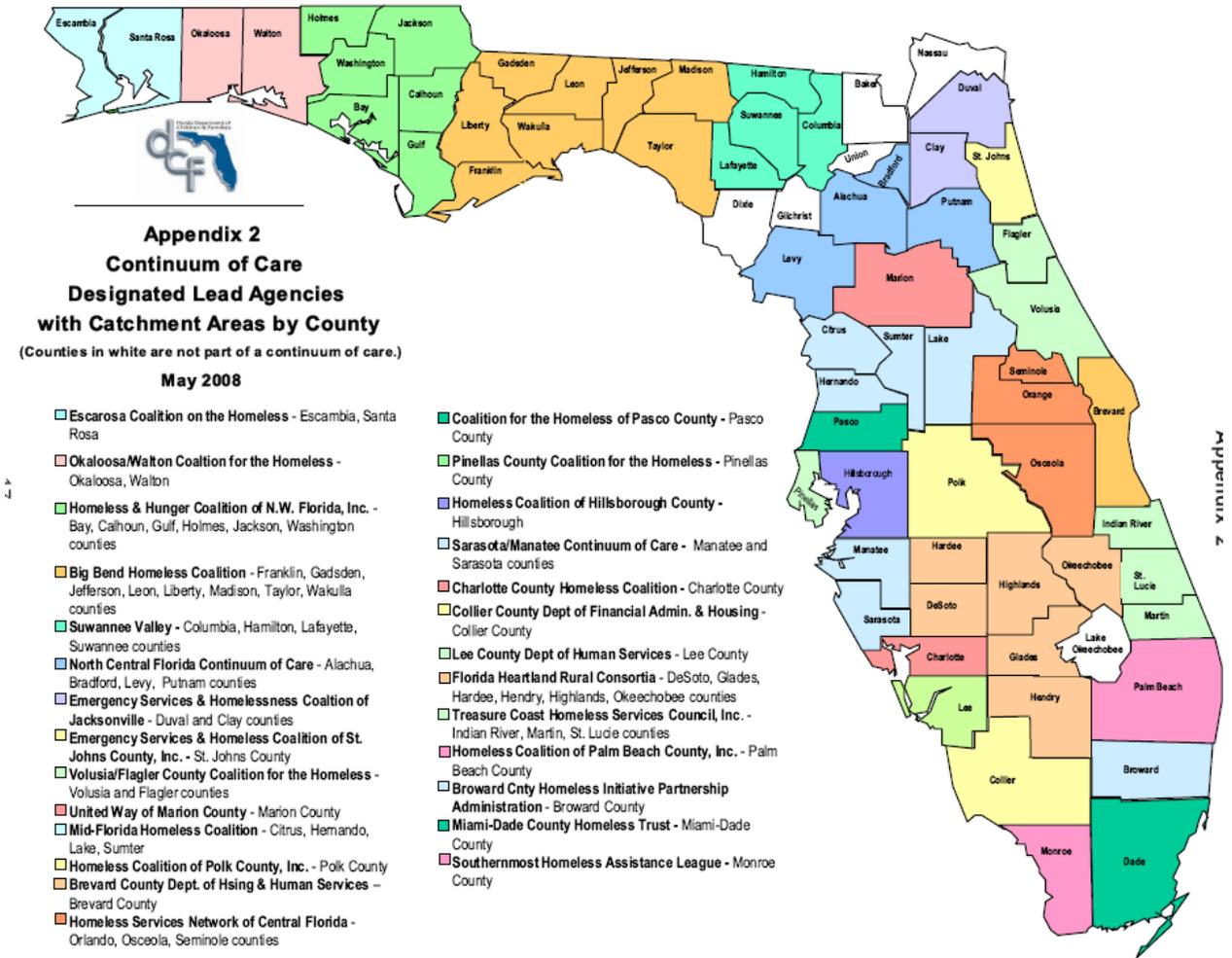


Figure 2-1: Florida Continuum of Care Coalitions by Area.
 (Annual Report on Homeless Conditions, 2008, pg. 17, reprinted with permission from DCF)

State Funding Needed

The coalitions identified the following areas of service as needing more state funding. The numbers in parentheses indicate the number of the homeless coalitions who cited the need out of the total of 27 coalitions responding.

- Homeless prevention assistance (8)
- Affordable housing programs (6)
- Local homeless coalition administrative support (4)
- Operating funds for housing to serve the homeless (4)
- Emergency shelter facilities (2)
- Transitional housing for the homeless
- Grants to assist youth aging out of foster care
- Mental health services (3)
- Employment opportunities (2)
- Supportive services for the homeless
- Housing First model program

Policy Proposals to Reduce Homelessness

Beyond the state budget needs, the local homeless coalitions have identified a short list of policy related changes for state programs and laws. These included:

- Eliminating the cap on the level of funding allowed from documentary stamp tax surcharges to be used for affordable housing. (8)
- Expand and standardize the definition of a homeless person to include those who must share the housing of others due to the loss of their housing or due to economic crises. (4)
- Target existing affordable housing programs to serve persons with extremely low income levels. (2)
- Move state homeless prevention assistance to the local homeless continuum of care to manage and administer in concert with the other local aid.
- Address local zoning with state laws to encourage and allow for group homes to serve the homeless.
- Revise state mental health programs to promote evidence-based treatment models.
- Expand public transportation options to serve rural areas.
- Reassess formula-based grant allocations to better serve rural areas and simplify grant opportunities.

Figure 2-2: Florida Continuum of Care Coalitions' Recommendations on State Funding & Policy for Reducing Homelessness.

(Annual Report on Homeless Conditions, 2008, pg. 13, reprinted with permission from DCF)

ⁱThe survey included the cities of Boston, Burlington, Cedar Rapids, Charleston, Charlotte, Chicago, Cleveland, Louisville Metro, Los Angeles, Miami, Nashville, Philadelphia, Phoenix, Portland, Providence, St. Paul, Salt Lake City, San Antonio, San Francisco, Santa Monica, Seattle, and Trenton

ⁱⁱNorthern cities in Florida may be required to have heating whereas southern cities will most likely not.

CHAPTER 3 METHODOLOGY

Introduction

This thesis uses case study methodology accessing key information and a review of numerous documents to determine if a relationship exists between the state mandated Housing Element and the federally funded Continuum of Care program to assist the homeless populations in Alachua County and the City of Gainesville, Florida. This research will provide extensive background information on current conditions in the case study area, strategies and existing initiatives for the homeless population, and use an outcome-based evaluation framework to analyze its progress in addressing homelessness.

The case study methodology was chosen because it allows for an in-depth analysis of the topic being considered. Also, the case study approach accommodates specific and meaningful feedback to the research problem. Through this approach, the subject is explored in order to form conclusions and recommendations for the future. According to Yin (1984), “a case study is preferred in examining contemporary events; the case study’s unique strength is its ability to deal with a full variety of evidence – documents, artifacts, interviews, and observations” (pg. 19-20).

An outcome-based evaluation framework will allow further analysis of the progress in Alachua County and the City of Gainesville in addressing the needs of the homeless. Outcome-based evaluation is defined as an “evaluation that looks at the impacts, benefits and changes to determine whether a program has achieved its intended goals” (Kumar, 2005, pg. 288). The ultimate goal with using outcome-based evaluation will be to examine if the Continuum of Care program and the Housing Element in Alachua County and the City of Gainesville are coordinated and integrated to help the homeless population.

The goal this thesis is to identify a relationship between the federally funded Continuum of Care program and the state of Florida Housing Element in their efforts to address homelessness. The research process included the selection of the case study area Alachua County and the City of Gainesville.

Selection of Case Study

The Gainesville and Alachua County area has a significant problem with homelessness both in reality and in public perception. Specifically, the area has fallen short in providing both affordable housing and an appropriate number of temporary housing units for the homeless. Recognizing this failing, the city and county have worked together and separately to provide services for the homeless. In fact, they created GRACE, *Gainesville Region/Alachua County Empowerment for the Homeless*, a ten-year plan to end homelessness. The existence of GRACE provides an opportunity for comparative analysis with the Housing Element and Continuum of Care efforts. As well, it offers an examination of affordable housing and temporary housing availability in comparison to other areas of the state from the perspective of what GRACE is doing to improve housing availability locally. More specifically, the following key factors led to the choice of Gainesville/Alachua County as the case study area:

- Both Alachua County and its largest city, Gainesville, have come together to undertake homeless initiatives;
- Gainesville has been singled out as one of the most antagonistic cities to their homeless population due to city regulations;
- Yet planning and growth management tools used effectively and federal funding applied efficiently can be used in the effort to end homelessness;
- The area's homeless numbers and appearance are perceived as a social eye sore to the general public; and
- Gainesville is home to a very large land-grant university. The University of Florida, with an Urban and Regional Planning department, can enable future research regarding planning's effectiveness in combating homelessness.

The case study area was identified very early in the research process. Alachua County and the City of Gainesville are very actively involved in their efforts to address the problem of homelessness. After identifying the case study area, the researcher reviewed numerous public documents, conducted key informant interviews with professionals, whose work experience provided them with extensive knowledge in the area of homelessness or in the realm of planning.

Development of Case Study

Review of Documents

Following the selection of the case study area, several sources of information were identified and gathered for review. These documents include:

- Gainesville/ Alachua County Continuum of Care plan;
- Homeless Conditions in Gainesville Point-in-Time Survey;
- GRACE, *Gainesville Region/Alachua County Empowerment for the Homeless*, a ten year plan to end homelessness by applying local area solutions; and
- Alachua County and the City of Gainesville's Housing Element to the comprehensive plan.

The review of these documents allowed the researcher to verify whether current objectives and policies address the existence of a relationship between the Housing Element and the Continuum of Care plans' efforts to end homelessness.

Selection of Key Informative Interviewees

Face-to-face interviews were conducted because they allow for greater in depth discussion about a wide range of topics related to planning and homelessness. Answers to questions were not limited, and the researcher did not lead the subjects toward a specific answer. Those interviewed could speak freely about current issues and future possibilities. In this case study, subjects referenced past decisions and future problems, giving further insight into how the practitioner has been involved and will be in the future.

Key informant interviews were conducted with the Executive Director of the Alachua County Coalition for the Homeless and Hungry, Block Grant Manager for the City of Gainesville housing office, and the Planning and Development Services Director, also from the City of Gainesville. The interviews allowed for these individuals, who were identified as highly knowledgeable in the subject matter, to provide insight regarding whether a relationship exists between the current Housing Element and Continuum of Care Plan. Also other individuals were identified and recommended in the key informant interviews based on their knowledge and affiliation with the Continuum of Care program, the homeless, or the Housing Element. Unfortunately not all individuals contacted, specifically an official from the Alachua County Housing Authority and others from the Alachua County Coalition for the Hungry and Homeless, responded to requests for an interview. Due to the time limitations involved in the completion of this thesis, the researcher could not wait for a response. Therefore only three key informant interviews were conducted for this research.

Interview Protocol and Questions

Prior to the interview taking place, the subject of the thesis was briefly discussed, as well as any other questions the interviewees had pertaining to why the topic was chosen. Information regarding the procedure of the interview was outlined in the Informed Consent letter (see Appendix A for Institutional Review Board materials). All of the interviews were conducted in the same professional manner. The key informant was contacted via email or phone to set up a time and location compatible with their schedule for the interview. The interviews lasted anywhere from thirty minutes to an hour. The demands within their job determined the length of the interview. Interviews were recorded, with permission, and disposed of after. All informants agreed to further contact, if it was needed.

The researcher was prepared with interview questions for the meetings with the unidentified individuals (refer to Appendix B for a complete list of interview questions asked). These questions were developed after the completion of the literature review and were constructed in a fashion to acquire as much information about the existence of a relationship between the homeless Continuum of Care program and the Housing Element. All question asked throughout the course of the interview were open-ended in order to provoke more dialogue from the key informants. During the interview, however, some questions were amended, omitted, or new ones created based on the interview responses to previous questions, or a statement that was made. The questions covered several topic areas and thus are grouped in the following categories:

- Key informant background, job title, credentials and qualification information (questions 1-5).
- Affordable housing for the homeless in Gainesville (6-8).
- Specific information regarding the Housing Element (9-13).
- Homeless Continuum of Care program (14-16).
- Challenges impeding the homeless and current planning initiatives (17-18).
- Existence of a relationship between the homeless Continuum of Care program and the Housing Element (19-21).

Once all the interviews were conducted, the findings were compared to determine whether there were similarities or differences among each of the interviewees. The results of each interview were also analyzed and compared to the available documents to determine if a relationship exists.

Summary

The researcher selected one case study area, Alachua County and the City of Gainesville, which represents a portion of the North Central Florida region of the state. The researcher

developed the case study through the review of numerous public documents, key informant interviews with professionals involved in the area of homelessness and planning and development services process. The Analysis chapter addresses the results of the interviews with the Homeless Coalition and planning officials as well as data from the local Continuum of Care Plan, homeless documents, and the Housing Element.

CHAPTER 4 ANALYSIS

Introduction

The case study will focus on homelessness in the City of Gainesville and Alachua County area by closely examining the Housing Element and the Continuum of Care program. Some conditions with homelessness are very similar locally to those that were described in the literature review, and the case study will seek to determine whether the existing Continuum of Care program and the Housing Element have attained or failed to reach a relationship to help the homeless population in the city and county. The analysis includes a discussion of the following:

- Alachua County and the City of Gainesville's Housing Element objectives and policies as outlined in the comprehensive plan;
- Local Homeless Continuum of Care program strategies, initiatives and accomplishments for the homeless population;
- Local homeless conditions in the city and county;
- GRACE's ten year plan to end homelessness; and
- A brief summary and analysis of the interviews, as well as the key informants' credentials.

City of Gainesville and Alachua County Local Homeless Conditions

The area of Gainesville and Alachua County reported 952 homeless men, women and children during the annual point-in-time survey performed during January 25 and 26, 2007. Staff and trained volunteers surveyed the streets of downtown Gainesville, parks, wooded areas, bridges, over and underpasses, parking lots, and alleys (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 4). This number represents a decrease of 20% from the 2006 count. Figure 4-1 for more details count results from the 24-hour period. While the United States' overall homeless population equals close to 1% of the total population, the count in Alachua County is only about .4% of the county's total population (ACCHH, 2007, n.p.). Yet

because the point-in-time survey is conducted for only a 24-hour period, it fails to include those who might have resided with a friend for that one day. In addition, the staff and volunteers only surveyed the 39-block radius of Gainesville's downtown area, certain local campgrounds, and other targeted areas so that the homeless outside these areas were not counted. The count would likely increase if conducted over a longer period of time, a larger area, or at a different time of year (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 4).

Per HUD requirements, the point-in-time survey is performed annually during the last week of January to minimize seasonal and monthly fluctuations in homelessness in a given area. Florida communities typically see an increase in homelessness in winter months when colder northern climates drive unsheltered homeless individuals to warmer areas. Further, the surveys are conducted in the last week of the month to attempt to reflect individuals whose monthly Social Security, Disability, Veterans or other entitlement checks run out prior to the end of the month and leave people without adequate access to temporary housing that was affordable earlier in the month (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 5).

Research does show that point-in-time surveys consistently undercount the homeless population (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 4).

However, the point-in-time survey is the most time and cost efficient way of counting the homeless, especially if the community has limited resources to collect this data. The point-in-time survey serves as a means of giving a snapshot of the homeless numbers on a given day so that it can be compared with the same day a year later. The point-in-time method provides insight on the homeless population while remaining cost and time effective.

The homeless of Alachua County are not just people passing through the area or migrating between cities; they are often citizens of the county. More than half of the homeless in Alachua County lived or worked here prior to becoming homeless, over 20% were born in or grew up in the county (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007).

For further details showing the different residential percentages of the homeless population in Alachua County, see table 4-1.

The primary causes of homelessness in Alachua County closely align with many of the same reasons for homelessness across the United States including: unemployment, income that does not meet basic needs, alcohol/drug problems, mental health issues, domestic violence, physical/medical problems, recent release from an institution (jail, prison, hospital) and divorce/separation (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007).

The homeless population that is unsheltered most often consists of single individuals (37%) rather than families with children (18.6%) (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 3). Unsheltered individuals are at a disadvantage because “almost half of the available emergency and transitional housing exists to serve families with children and is therefore unavailable to individuals” (Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, pg. 8).

City of Gainesville and Alachua County Housing Element

To sufficiently manage growth, the State of Florida’s Growth Management Act requires all cities, counties, and regional planning councils to have a comprehensive plan that includes a diverse range of elements from land use to transportation to housing, each of which includes goals, objectives, and policies. This case study focuses on the Housing Elements for the City of Gainesville and Alachua County.

In the City of Gainesville, the Housing Element has been in place for approximately six and one-half years, making it somewhat out of date. The City of Gainesville’s Housing Element sets forth the following suggestions for fair housing specifically related to the homeless:

Goal 2 Provide all residents of the City of Gainesville with a fair housing opportunity.

Objective 2.2 Provide sufficient opportunity for the citing of group homes, foster care facilities, *shelters for the homeless* and elderly housing.

2.2.4 The City shall continue to have Land Development Regulations that *designate areas throughout the City where housing for the homeless will be allowed*. Some criteria for such designations include proximity to public transportation routes, social service agencies, employment centers and medical services, and potential impact on existing and future neighborhoods and businesses.

2.2.5 The City shall continue to *examine methods to mitigate the special needs of the homeless* including living arrangements for homeless families with children, transitional housing for the employed homeless including single-room occupancy (SRO) facilities, and low demand or “safe space” shelters (safe, alternative locations for the homeless that are separate from emergency shelter facilities and that provide weather protection, security, bathroom and shower facilities, lockers, telephones and locations that are within walking distance of social service facilities) (City of Gainesville, 2002, emphasis added by author).

As seen above, the Housing Element fails to specifically reference the Continuum of Care and, in fact, does not address the varying needs of the homeless population. It does not provide for specific coordination with those coalitions involved with the Continuum of Care, nor does it outline specific plans for affordable housing projects for the homeless.

Interviews with two City of Gainesville planning officials provided information on the city’s Housing Element and its implementation. While the Growth Management Plan (GMP), which includes the Housing Element, should provide a context for the city’s adopted land development regulations, the planning officials noted that the GMP does not determine or decide how the city’s adopted policies are implemented. Currently, the city’s Housing Element is undergoing review and will be updated based on the Evaluation and Appraisal Report (EAR). The EAR is mandated by Florida’s Growth Management Act, which states that every seven years, municipalities, in order to determine whether growth management has been successful or not, will assess and update their GMPs.

Alachua County's GMP became effective in 2001 and covers the period from 2001 to 2020. Alachua County's relatively new Housing Element, which was adopted in 2005 by the Alachua County Board of Commissioners, more sufficiently addresses the needs of the homeless than the Gainesville's Housing Element (Goal 3, Alachua County, 2005), but does not specifically dictate any relationship with the Continuum of Care.

Objective 3.1 Alachua County shall provide access to housing opportunities for groups identified as having special needs.

Policy 3.1.6 Alachua County shall continue to provide *funding and assistance through the SHIP program to homeless shelters* or housing providers that support the "working homeless".

Objective 3.3 Alachua County shall provide *a dedicated funding source for the provision of Special Needs housing*, and form partnerships with local advocacy groups or organizations providing such housing.

Policy 3.3.1 Alachua County shall *actively seek opportunities to partner* with local organizations or agencies providing housing assistance to those with special needs, including the homeless, the elderly, and the disabled.

Policy 3.3.4 Alachua County *shall continue to participate in local advocacy groups* which provide assistance to those needing specialized housing. The Alachua County Affordable Housing Coalition and *the Coalition for the Hungry and Homeless are examples of such groups* (Alachua County, 2005, emphasis added by author).

Unlike the City of Gainesville's Housing Element, Alachua County seeks housing opportunities for those with "specialized housing needs particularly the homeless, elderly, persons with disabilities, and farm workers" (Alachua County, 2005). The Housing Element specifically also addresses the ACCHH which is responsible for the area's Continuum of Care. The Housing Element also addresses the SHIP Program, a statewide program targeting funds for housing production and rehabilitation to local governments. However, the County's Housing Element does not specifically address in Objective 3.3, the source of "dedicated funding for the provision of Special Needs Housing." Overall, the Alachua County Housing Element is more

specific and useful at providing coordination and planning for the Continuum of Care than the Gainesville Housing Element but still fails to establish a relationship with the Continuum of Care.

Currently, the statewide rule, known as 9J-5, that outlines guidelines and requirements for the GMP, does not specifically address housing for the homeless. While designed to be the minimum criteria for growth management planning in Florida, local governments typically treat it as designating the maximum requirements, and the section governing the Housing Element does not provide sufficient requirements to address housing for the homeless. This lack of specific direction forces the burden on to homeless coalitions for planning and state and federal governments for funding. The local government should be involved in designing more specific rules for affordable housing targeted towards the homeless since they have the most familiarity with the issues the homeless face locally.

Based on interviews with local planning officials, more specific language related to homeless and related affordable housing needs and supportive services should be included in the City of Gainesville's GMP update. Incorporation of explicit language should adequately reflect the initiatives and strategies for the homeless, by referencing the Gainesville and Alachua County Continuum of Care plan.

Homeless Continuum of Care Plan

The Alachua County Coalition for the Hungry and Homeless (ACCHH) acts as the lead agency for the Gainesville and Alachua County Continuum of Care (CoC) program. The ACCHH is a non-profit organization designed to reduce homelessness in Alachua County by developing and coordinating strategies to assist and empower homeless individuals and families (ACHHH, 2008). The ACCHH has drafted the Continuum of Care since 2002 and must address a number of areas to qualify for funding:

- Organize an annual Continuum of Care planning process,
- Collect needs data and inventory system capacity,
- Determine and prioritize gaps in the current Continuum of Care homeless system,
- Develop short- and long-term strategies with an action plan,
- Implement the action steps for the Continuum of Care plan (HUD, 2008, n.p.).

The document reviewed for purposes of this case study was the 2007 Continuum of Care Application: Exhibit 1. This application outlines the CoC initiatives to support the homeless in 2007 and is examined for purposes of comparing its strategies to the Housing Elements of Alachua County and Gainesville.

The ACCHH Continuum of Care Exhibit 1 includes a service inventory chart that outlines provider organizations seeking to make available prevention (through mortgage, rental, and utilities assistance), outreach (through law enforcement, a mobile clinic), and support services (life skills, healthcare, education, employment). The Continuum of Care inventories year-round beds for emergency shelter, transitional housing, and permanent housing needs for the homeless. Close to fifty organizations from churches to health care providers are participating as planned in the Alachua County Housing Element: “actively seek opportunities to partner with local organizations” (Alachua County, 2005). However, these organizations are probably not participating through the Continuum of Care because the Housing Element has mandated such a relationship. The Continuum of Care uses these organizations in an effort to provide services to the homeless, not just for housing, but for medical, law enforcement, and life training.

The Continuum of Care has specific strategies and initiatives to end chronic homelessness and move families and individuals to permanent housing, as well as some general initiatives and strategies to help the homeless in the area. The ACCHH is seeking to create new permanent housing beds for the chronically homeless and to increase the percentage of homeless

persons staying in permanent housing over a six month period to 71%. A few strategies the ACCHH specifically seeks are: renovate approximately forty units of permanent housing for women veterans or domestic violence victims, establish rooming houses for permanent shelter, establish a housing support team, and implement a one-stop assistance center (ACCHH CoC, 2007, pg. 25). Another general initiative of the Continuum of Care is to increase and expand supportive services for emergency shelter and transitional housing. The ACCHH ultimately would like to better serve homeless individuals by maintaining and expanding supportive services through existing housing. The Continuum of Care goes far beyond the suggestions laid out by either of the examined Housing Elements in terms of strategies to increase affordable housing for the homeless. The Continuum of Care is vital to helping the homeless, but if more specific guidance was given via the Housing Element, the area's governments could help give direction and guidance to the Continuum of Care or at least provide that city officials come together with ACCHH leaders for future Continuum of Care objectives.

While the Continuum of Care has sound initiatives and strategies, implementing them is difficult due to lack of funding. Although the ACHHH did get all of the funding they asked for in 2007, \$821,693, more is needed over the next 10 years to complete the goals they wish to achieve in facilitating an end to homelessness in the area. During 2006-2007, the ACCHH created 15 of 20 new permanent housing beds; received a donation from the City of Gainesville and a private donor for \$50,000 for emergency winter shelter; and introduced "Homeward Bound", which provides transportation for those who are homeless to be reunited with family members or friends in another community; and received an initial \$10,000 in support (ACCHH CoC, 2007, pg. 38).

The Continuum of Care plan coordinates and streamlines the effectiveness of different homeless services, by promoting cooperation, leadership among organizations, outreach levels, strategies, and grant preparation. Thus the Continuum of Care concept requires cities and counties to come together in the application process in order for homeless assistance funding to be available to them (HUD, 2008, n.p.). For this reason the Gainesville and Alachua County Continuum of Care plan implementation process would benefit from improved communication between the Gainesville city government and Alachua County. Currently, each government's Housing Element differs from the other despite the fact that both governments rely on just one Continuum of Care for the entire area. Discussion with key informants indicated that although each entity knows the other exists, the ACCHH would significantly benefit from establishing a greater line of communication so more information could be shared between the City of Gainesville and Alachua County. Ultimately, the full compliment of planning tools as applied through the Continuum of Care should seek to end homelessness rather than simply manage it.

While the homeless problem in the city of Gainesville and Alachua County may not be as widespread as it is across the United States, 43.7% of Alachua County's homeless population is unsheltered on any given night. The homeless problem is also putting a strain on local resources when a homeless person has to use a temporary bed, an uncompensated hospital visit, or spend a night in jail. Alachua County's program GRACE (Gainesville Region/Alachua County Empowerment for the Homeless), a ten-year plan to end homelessness in the area, is hoping to fix these financial problems and end homelessness.

The 10-Year Plan to End Homelessness: GRACE

The GRACE plan is based on homeless prevention models that have been implemented in other parts of Florida and the United States, yet this unique strategy differs from a Continuum of Care plan. Hundreds of volunteers from businesses, education departments, the local

government, the criminal justice system, faith-based and community organizations, homeless persons, and other citizens from the area provided input for GRACE. The ten-year plan is overseen by the Mayor of Gainesville, Pegeen Hanrahan, and Rodney J. Long, member of the Alachua County Board of Commissioners. The GRACE document was drafted by Sally J. Lawrence, of SJ Lawrence Consulting, Jon DeCarmine of the ACHA, Jim Hencin of Gainesville's Block Grant Division, John Skeyll and Marie Small of Alachua County's Poverty Reduction Program (GRACE, 2005, pg. 3). Based on suggestions from HUD Continuum of Care, GRACE covers many different facets of homelessness from housing to training of the homeless, over a ten-year period, and serves as both a plan and a non-profit organization that can receive donations and funding. Many of the area's organizations like the ACCHH, the City of Gainesville's Office on Homelessness, faith-based initiatives, and other housing advocates and providers implement GRACE's plans and objectives. The Gainesville Office on Homelessness is responsible for monitoring GRACE but does not appear to be influential in ensuring GRACE's plans are implemented.

The GRACE plan uses a two-pronged approach to address homelessness. The first prong is a "Close the Front Door" concept to implement prevention strategies that reduce the number of people who become homeless. These strategies include "centralized service delivery, dedicated housing resources, discharge planning protocols, and rent/utility assistance" (GRACE, 2005, pg. 7). The second is the "Open the Back Door" concept that includes "intervention strategies that increase supportive services and expedite placement into housing for people who are currently experiencing homelessness" (GRACE, 2005, pg. 7). This concept consists of multi-disciplinary treatment, supportive housing for homeless persons with disabilities, improved access to free health care, food stamps, Section 8 vouchers, and affordable housing (GRACE, 2005, pg. 8).

Lack of both temporary housing and low cost permanent housing are serious problems in the area. Currently, only 350 shelter beds in Alachua County exist, leaving potentially 650 homeless people on the street each night in the county. These beds are provided by many organizations around the county including organizations like the St. Francis House of Gainesville, which provides the most beds at seventy-eight (GRACE, 2005, pg. 44). Programs like VETSPACE specifically provide beds for homeless veterans. Many of the homeless in the county have lived or even grew up in Alachua County, meaning they may not want to move anywhere else, even if more affordable housing possibilities exist in other locations. The housing shortage also includes the disabled homeless who need a permanent low cost housing solution. Homeless persons with disabilities have difficulty accessing the resources that are available and need special attention.

Temporary housing does not offer a permanent solution to housing the homeless, nor does it offer an economical one. Providing one year of housing and supportive services to a homeless individual in one of the county's emergency shelters costs almost \$9,000 (GRACE, 2005, pg. 5). However, providing a \$300 monthly housing subsidy to a homeless person to keep them in a current affordable housing location only costs \$3,600 per year (GRACE, 2005, pg. 5). Based on the number of shelter beds in the county, this gap costs the area a total of \$664, 200 (based on the additional cost of \$5,400 per homeless person for 123 Emergency Shelter beds). Thus, these national and state resources could be saved and used more efficiently and effectively to provide more permanent affordable housing, which is not being planned for under GRACE's current goals.

The first goal of GRACE is to provide an additional 350 beds for homeless persons over the next ten years while increasing the amount of affordable housing. The strategy includes

establishing a local non-profit Homeless Housing Trust, to serve as a vehicle for providing additional housing for the homeless (GRACE, 2005, pg. 11). The trust plan involves recruiting local attorneys, banking professionals, real estate professionals, and government officials to serve on its Board of Directors. The trust offers tax incentives for private donations of money, land, housing, and other buildings. Homeless trusts are used to provide “gap financing”, which allow a project to be undertaken while other funding sources are being secured. In addition, this Homeless Housing Trust offers potential matching funds for HUD grants and other national and state funding sources (GRACE, 2005, pg. 21).

Funded in 2006, this trust depends upon continuing donations and could fail if they do not come in. Citizens of the area already donate to other initiatives and may not be willing to come forward to donate to a new plan for the homeless. However, the land and building based donations could effectively aid the trust. Alachua County can purchase unutilized or run-down buildings for a low cost and then resell them or use the land for GRACE. The idea is a parallel to Title V of the McKinney-Vento Act where the government agencies are required to aid with surplus land or buildings. Alachua County will not be enforcing any type of requirements to force businesses to give buildings or land away but will be able to buy property at a lower cost. Alachua County could team with organizations to give media or sport sponsorships away in return for donations if the businesses are unwilling to donate without anything in return.

Instead of providing more temporary beds as GRACE plans, goals should be aimed at building the funds for low-cost housing and housing subsidies which is a long-term solution rather than the temporary one. GRACE plans to accept land and housing donations, so if appropriate housing units are acquired, the money that would have been used to fund a temporary bed plan could be saved for permanent housing. GRACE is planning for new

permanent housing along with further temporary housing. However, this objective could be more effective if the high costs associated with providing more temporary beds could be avoided and the focus placed solely on permanent housing.

By calling for a preference list for HUD Section 8 vouchers to subsidize rent, GRACE tries to more efficiently use funding. The preference list would prioritize persons who are currently homeless for these vouchers. The shortcomings of this plan are that other county residents may get pushed off the list, have to wait much longer to receive housing, or could even become homeless themselves. While seemingly ideal for those who are currently homeless, this proposal lacks consideration for those who are at risk of homelessness.

Another goal of GRACE includes ensuring the homeless who do receive housing do not lose it. The objective behind this goal includes establishing Housing Support Teams to help those who do find housing improve their quality of life through job training, budgeting, life skills, and more (GRACE, 2005, pg. 23). Planning oriented towards keeping low-income families or former homeless in their homes should always be a high priority in order to free up services and resources for the current homeless.

The GRACE plan includes other initiatives aimed at improving the homeless services for health, medical, addiction prevention, life skills, and others. One phase includes screening the homeless in order to aid them in many areas such as medical and personal services including child care, showers, laundry, communications (phones, computers, etc.), substance abuse prevention, and recovery coaches. These plans seem vitally important to preventing the homeless from ever becoming homeless again. With a reduction in homeless recurrence rates, the strain on current and future homeless shelters can be reduced.

A one-stop center for all of these services can create the cost effective and efficient strategy to help the homeless improve life skills and work towards finding a home. However, these plans call for nearly a \$700,000 estimated expense in addition to current federal, state, and local funding (GRACE, 2005, pg. 23). Phase One of the three-phase plan will begin in the very near future, and Phase Two will not begin until much later in the ten-year time frame (see Figure 4-2 for the One-Stop Center plan timeline). The time allocation does give the county the chance to raise funds and the ability to avoid having to pay for everything all at once.

In the future GRACE plans to build on-site medical service centers at Alachua County and Gainesville Fire and EMS stations to provide urgent care for homeless citizens. This plan will help alleviate the problems hospitals are having with the homeless such as costs associated with unpaid visits by the homeless. A study has shown that homeless people spend an average of four days longer in a hospital than non-homeless persons at an average cost of \$2,414 per hospitalization (GRACE, 2005, pg. 5). In Alachua County, Shands Hospital has incurred over \$3 million in uncompensated emergency room expenses related to homeless emergency visits. However, hospitals and others should absorb some of these costs so that more money can be used towards eliminating homelessness and providing sufficient housing. Hospitals could take on a certain level of cost in return for an overall reduction of uncompensated visits by the homeless in the future.

Since the inception of the program nearly four years ago, GRACE assists in enrolling homeless children in KidCare and adults in Medicaid, VA, and Social Security programs. The objective also includes health care options and education through the Alachua County Health Department. GRACE intends to work on education of the homeless by promoting literacy programs for homeless adults through the School Board of Alachua County. In addition, skill

based job programs will be offered through the School Board and Santa Fe Community College (GRACE, 2005, pg. 32). Many of GRACE's programs rely on other organizations in Alachua County for implementation. If these organizations fall short financially, then Alachua County and the City of Gainesville may need to assume some of the responsibility to support these initiatives. Thus, Alachua County and Gainesville have a specific incentive to address GRACE in their Housing Elements.

Finally, a last objective of GRACE is to create a public campaign to educate the public and dismiss negative stereotypes of the homeless (GRACE, 2005, pg. 35). A public campaign is especially important because many residents and other stakeholders will play a significant role to ensure that GRACE is efficient and effective. The public has been resistant to the locations of shelters and a one-stop center close to local businesses and homes. Further planning is necessary to figure out how the public campaign can encourage citizen input and participation for instance by providing donations or volunteering their time. If the public is not motivated and the public does not come through, GRACE could fall short of its goals and objectives.

While GRACE outlines objectives and goals in order to end homelessness, it does not contain specific and sufficient planning or strategies for implementation. The plan's ten-year period ensures certain flexibility in meeting long-range funding goals, but short-term implementation strategies are also essential. The GRACE plan relies on the fact that the Housing Trust will receive significant donations or be eligible for matching funds from housing grants. The organization is hoping that the public will be willing to aid in the implementation process without considering the issues the public may have with the location of homeless services.

Different committees, such as religious organizations, homeless organizations, local government and unspecified "service providers," implement GRACE's goals and objectives

(GRACE, 2005, pg. 23). The GRACE plan may be stretching the area's homeless resources too thin due to lack of current funding and reliance on the many committees to implement GRACE's objectives. Will there be enough oversight to ensure that future planning stays in line with the current goals and objectives? Can leadership remain focused throughout the ten years without the original goals and objectives being significantly or inappropriately altered? Further, the plan includes no monitoring or regular consideration for changes based on revised homeless projections or on conditions that necessitate more funding or changes in implementation dates.

The Continuum of Care plan and GRACE may be relying too heavily on the area's organizations in an attempt to end homelessness. Alachua County and Gainesville should integrate and reinforce the goals, objectives, and policies related to homelessness in their respective Housing Elements and then adopt real implementation strategies by deciding what organizations can offer specific services such as medical and drug prevention or help allocate funding for affordable housing more efficiently. The GRACE plan provides a significant and long-term planning effort but falls short in establishing specific implementation procedures for organizations to follow. If organizations do not implement GRACE's goals properly, the burden will fall on the area governments to rectify any unfulfilled objectives. This potential problem could be rectified by creating a relationship between the area's Housing Elements and the Continuum of Care along with GRACE. As of now, no significant relationship exists as discussed in the analysis below.

Policy Comparison of Area's Housing Elements and Continuum of Care

Both the city and county Housing Elements address homelessness under three different topics: Temporary and Emergency Shelters, Permanent Housing, and Land Development Regulations (LDRs). However, the language used in the Housing Elements is especially vague regarding specific initiatives outlined in the Continuum of Care plan. Gainesville's Housing

Element provides very few recommendations for housing the homeless. The Gainesville Housing Element recommends there be sufficient “opportunity [for] shelters for the homeless” but never specifically addresses the type of shelters, who the shelters can accommodate, or who will fund and provide the necessary housing. The Continuum of Care and GRACE more explicitly address these issues by: “increasing emergency shelter and transitional housing”, “expanding the local inventory of permanent affordable housing, and “adding a one-stop center to streamline housing service” (ACCHH, 2006, pg. 27-29; City of Gainesville, 2002; Alachua County, 2005; GRACE, 2005). The Alachua County Housing Element goes into further detail than the Gainesville Housing Element by requiring “funding and assistance through the SHIP program” both for temporary and permanent housing (Alachua County, 2005). The Alachua County Housing Element also calls for “a dedicated funding source for the provision of special needs housing”, but does not specify the funding source (Alachua County, 2005). The GRACE plan has met this requirement via its Housing Trust, but will the trust be enough to secure funds for GRACE’s extensive project list? More specific guidelines for funding are necessary to help direct future homeless prevention plans in the funding process and ensure an adequate program for identifying funding opportunities and applying for that funding.

The Gainesville Housing Element does maintain a more specific policy for identifying the areas “where housing for the homeless will be allowed” via future Land Development Regulations (LDRs). The city government can control where a One-Stop Center for the homeless (as proposed in GRACE) can be placed by establishing zoning that accommodates this type of land use. Accommodating public input in such a critical decision is essential and can result in broader support for location decisions.

The Alachua County Housing Element “seek[s] opportunities to partner with local organizations to provide housing”, such as the Alachua County Coalition for the Homeless and the Hungry (Alachua County, 2005). ACCHH heads the area’s Continuum of Care and has partnered with nearly fifty area organizations, many of which provide housing and other services for the homeless. A vague sense that a relationship may exist between the Housing Element and the Continuum of Care has been created in this one instance, by mentioning that Alachua County should participate with the ACCHH, but without a requirement that the ACCHH must be the lead agency for the area’s Continuum of Care or the area’s creation and control of housing for the homeless.

The Alachua County and Gainesville planning departments need to oversee the work of ACCHH and help provide an evaluation process. This strategy will ensure communication exists between governments and the homeless coalition. As discussed previously, members of these different parties do not maintain any type of formalized communication with the other. A committee bringing these sides together could help provide direction for the ACCHH to follow in the future. Updates to the Housing Elements can be aided by the ACCHH to ensure that policies to help the homeless are in place while Alachua County and Gainesville ensure adequate zoning is judiciously located to accommodate the Continuum of Care’s future projects. See Table 4-2 for an overview of the comparisons of the area’s Housing Elements and the Continuum of Care plan.

No significant relationship between the Continuum of Care, GRACE and the local Housing Elements exists. Language exists in the Alachua County Housing Element that does provide an overview for how the area should be addressing its homeless housing needs, but falls short in providing specific requirements that can address potential needs and related strategies.

The Continuum of Care and GRACE do contain many objectives such as the One-Stop Center, plans for new permanent housing, and ideas to alleviate the homeless' strain on area jails and hospitals that seek to end homelessness. The area's Continuum of Care committee has recently created fifteen new permanent housing beds for the homeless and has established the GRACE Housing Trust to help build and match funds for GRACE's future objectives (see Figure 4-2). However, the unclear direction in the Housing Elements regarding initiatives to address homelessness has allowed the area's Continuum of Care and GRACE to be planned and implemented in a vacuum.

Reliance by GRACE on the public and other organizations may end up causing Alachua County and/or the City of Gainesville problems. If these organizations cannot implement the plans outlined by GRACE, the local governments will be hit with the negative publicity because their name is attached to the plan. In turn, they may feel required to provide financial or other assistance to fix the many problems that could arise. No combined initiatives of the ACCHH and the City of Gainesville or Alachua County exist to improve the Housing Elements or create an evaluation process for the Continuum of Care and GRACE. Alachua County and Gainesville should be motivated to change the current Housing Elements to specifically address homeless initiatives and related strategies, so that if aspects of Continuum of Care or GRACE fall short, further burden either financially or publicly is not placed on the governments. Most importantly, local government can provide the necessary coordination, oversight, and evaluation of GRACE and the Continuum of Care to help put an end to homelessness.

More research and examination of other case studies in communities with a strong planning tradition might help highlight opportunities for coordination between the housing plans and the Continuum of Care. Recommendations based on the findings in this study and such opportunities for future research are discussed in the next chapter.

Table 4-1: Reasons for Coming to Alachua County
 (Gainesville/Alachua County Office on Homelessness & Alachua County Coalition for the Homeless & Hungry, 2007)

Reasons for living in the area	Percentage
Born or grew up here	20.1%
Family or friends are	25.1%
Good weather	3.5%
Thought/heard there were good jobs	11.8%
Thought/heard there were good shelters/services here	18%
Visited & decided to stay	6.5%
Other*	15%

* Reasons given for "Other:" Veterans Affairs Medical Center (29); Hospitals/Medical Facilities (2); University of Florida (2); Discharged from Prison (1); Stranded (1); State Work Release Program (1)

Table 4-2: Comparison of Policies in Area Housing Elements and Continuum of Care (ACCHH, 2006, pg. 27-29; City of Gainesville, 2002; Alachua County, 2005; GRACE, 2005)

	Gainesville Housing Element	Alachua County Housing Element	Gainesville and Alachua County Continuum of Care and GRACE
Temporary and Emergency Shelters	<ul style="list-style-type: none"> • “Provide sufficient opportunity [for] shelters for the homeless”; • “Examine methods to mitigate the special needs of the homeless...for transitional housing” 	<ul style="list-style-type: none"> • “Funding and assistance through the SHIP program”; • “Actively seek opportunities to partner with local organizations to provide housing”; • “Shall continue to participate in local advocacy groups to provide assistance to those needing housing” 	<ul style="list-style-type: none"> • “Develop, expand, and renovate existing emergency shelter and transitional housing program”; • “Expand and maintain existing supportive services for transitional and emergency shelters”; • “Implement a One-Stop Assistance Center”; • “Acquire and renovate a facility in Alachua County to provide transitional housing for homeless veterans”; • Build transitional shelter for victims of domestic violence and their children”
Permanent Housing	<ul style="list-style-type: none"> • No specific language 	<ul style="list-style-type: none"> • “Funding and assistance through the SHIP program”; • “A dedicated funding source for the provision of special needs housing”; • “Actively seek opportunities to partner with local organizations to provide special needs housing”; • “Shall continue to participate in local advocacy groups to 	<ul style="list-style-type: none"> • “Tenant-based Rental Assistance to chronically homeless individuals”; • “Renovate and bring online 40 units of permanent supportive housing for chronically homeless women who were veterans or domestic violence victims”; • “Implement a One-Stop Assistance Center”;

		provide assistance to those needing housing: the ACCHH”	<ul style="list-style-type: none"> • “Establish a Housing Trust”
Land Development Regulations (LDRs)	<ul style="list-style-type: none"> • “Designate areas throughout the City where housing for the homeless will be allowed” 	<ul style="list-style-type: none"> • No specific language 	<ul style="list-style-type: none"> • No discussion of the LDRs

	Program	Population Served*	Housing Type(s)**	Capacity***	2007 Count
Homeless Housing Programs	Arbor House (2 Programs)	FC	ES/TH	20	5
	Chrysalis Community	SF	TH	4	2
	CDS Interface Youth Shelter	Y	ES	20	20
	Fire of God Ministries	SF	ES	3	3
	House of Hope (2 Programs)	SM, SF	TH	14	14
	Interfaith Hospitality Network	FC	ES	20	7
	Joshua's Journey	SM	TH	12	11
	Lazarus Restoration Ministries	FC	TH	3	5
	Meridian Behavioral Healthcare (2 programs)	SMI	TH/PSH	33	22
	Peaceful Paths (2 programs)	DV	ES/TH	43	27
	Pleasant Place	Y	ES	16	9
	St. Francis House (3 programs)	FC, SMF	ES/TH/PSH	73	66
	The Salvation Army	SM	ES	25	21
	VAMC – Health Care for Homeless Veterans	VET	TH	12	12
	VETSPACE (3 programs)	VET	TH/PSH	49	36
	Volunteers of America @ Bailey Village	VET	TH	18	18
	Homeless Housing Programs SUBTOTAL			365	278
Street	Street/Woods, Cold Night Shelters, Soup Kitchens				318
	Alachua County Jail				51
	Area Hospitals/Detoxification/Crisis Centers				19
	Other Alachua County Municipalities				7
		Unsheltered SUBTOTAL			
School	School Board of Alachua County Count, 1/25/07	Y			279
	School Board SUBTOTAL				279
	TOTAL HOMELESS POPULATION, 1/25-26/2007				952

* Population Served: (DV) Domestic Violence; (FC) Families w/ Children; (SM/F); Single Male/Single Female; (SMI) Severe Mental Illness; (VET) Veterans; (Y) Unaccompanied Youth; ** Housing Type: (ES) Emergency Shelter (0-90 days); (TH) Transitional Housing (60 days-2 years); (PSH) Permanent Supportive Housing (2+ years); *** Capacity: Point-in-time counts are NOT an accurate assessment of the typical vacancy rate of a program. Instead, one must assess vacancy rates over a longer period of time to truly gauge shelter usage and vacancy. Capacity is given as the number of TOTAL BEDS AVAILABLE, though this may overstate the program capacity if, for instance, a family of three is utilizing a housing unit that may otherwise hold five individuals.

Figure 4-1: Street and agency count results, January 2007

(Source: Gainesville/Alachua County Office on Homelessness & ACCHH, 2007, reprinted with permission from ACCHH)

SERVICES/HEALTH

Goal I: Create First Entry/One-Stop Center to ensure coordination of services for homeless persons.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Phase One: Identify location(s) to be designated as "First Entry" center(s). Initially, the Center will house individual counters for local service providers. Stations would include case management, screening and referral, life skills and budgeting, mentoring, educational resources, legal aid, social security/SSI representation, DCF representation, vocational training/placement, and shuttle service to and from emergency or transitional housing. To include hiring management and support staff.	Homeless Administrator, Implementation Committee, Alachua County Coalition for the Homeless and Hungry, and Providers.	\$150,000+	Start in 2006/07, ongoing	Improved access to services for homeless persons. Improved coordination and elimination of duplication of services.
2. Conduct coordinated, bi-monthly outreach at rotating sites to link homeless persons with existing services.	Service providers, Alachua County Coalition for the Homeless and Hungry	In-kind	Start in 2006, ongoing	Increased number of homeless persons accessing existing services.
3. Provide case management to implement the "Housing First" model.	Service provider case managers.	Will depend on the number of new hires.	Start in 2006-07, ongoing	Improved stability for homeless persons; Increased accountability.
4. Phase Two: Expand services to include medical care, child care, personal hygiene facilities (showers, laundry, lockers), communications (computers, telephones, message center, mail), substance abuse intervention, and recovery coaches. To include hiring intake staff and specialists, as needed.	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	\$500,000+	2009-2012	Comprehensive array of services. Reduction in number of homeless persons without basic necessities.
5. Phase Three: Expand services to provide emergency and/or transitional housing (number of beds will depend upon location and funding). To include hiring staff to manage the housing component. (Note: committee members were divided as to whether or not the Center should include beds. If it is deemed desirable to locate shelters away from the Center, the committee recommends shuttles to and from the Center.).	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	\$800,000+	2012-2016	Complete Continuum of Care under one roof. Reduction in the number of homeless persons living on the streets, in the woods, etc.

Figure 4-2: One-Stop Center timeline
(Source: GRACE, 2005, reprinted with permission from ACCHH)

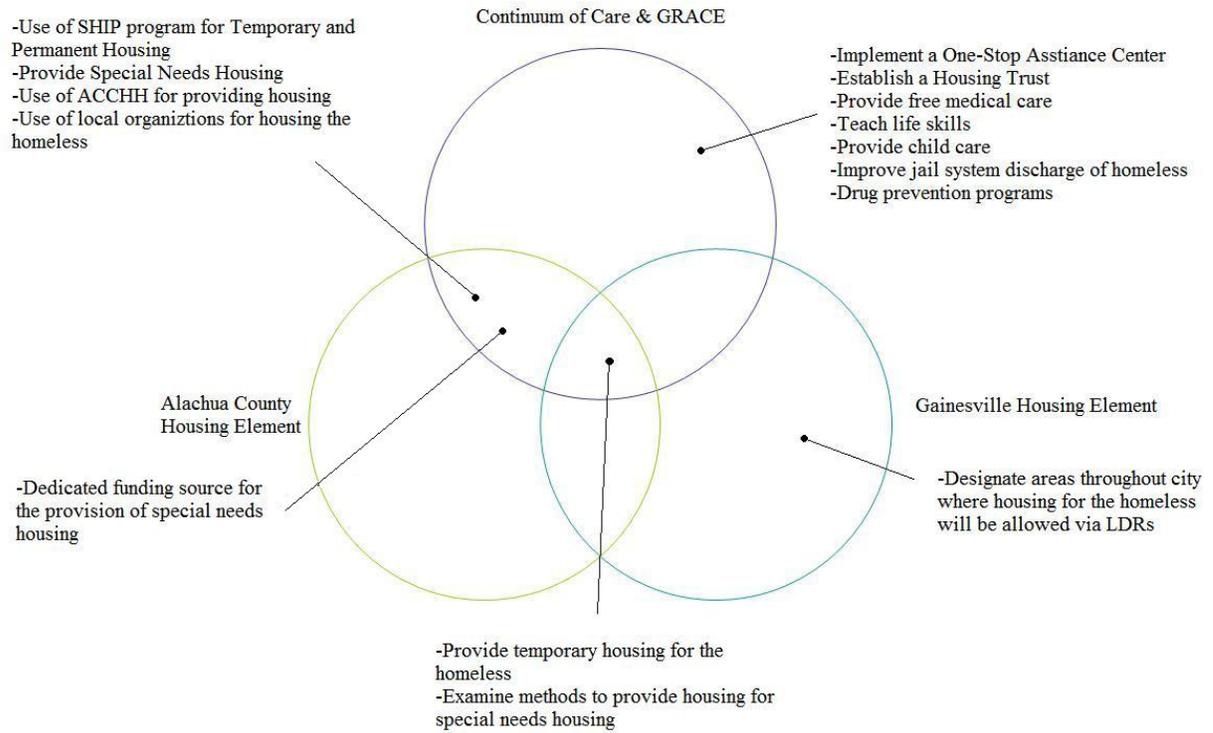


Figure 4-3: Comparison/overlap of Housing Element and CoC/GRACE provisions

CHAPTER 5 CONCLUSIONS, RECOMMENDATIONS AND FUTURE RESEARCH

Conclusions

Addressing the needs of the homeless, especially the location of support services and housing, remains a controversial topic in communities throughout the state of Florida. Whether through the Continuum of Care or a more detailed long-term plan to end homelessness like GRACE, a definite desire exists in Gainesville and Alachua County for this serious problem to end. This thesis examines the question whether a relationship exists between the Continuum of Care and the state mandated Housing Element to coordinate planning initiatives to address the homeless population. Clearly, an area can have a significant homeless prevention effort (GRACE and the Continuum of Care), but lack of coordination between planning documents, including informed application of tools and strategies, will result in wasted resources and lost efficiencies to address this critical issue.

The literature review outlined the obstacles that face anyone trying to defeat homelessness, specifically the ones Floridians have to deal with in regards to providing affordable housing. Home prices are getting higher while many are losing their jobs and their homes to foreclosure. Local professionals in homeless planning and services were interviewed to provide a general local outlook on this issue. Research was conducted in order to examine Gainesville and Alachua County's Housing Elements and the local Continuum of Care with its ten-year plan to end homelessness, GRACE.

Examination of GRACE raised many questions that need answering. Did it rely too much on future planning from individuals who might not have been around when GRACE was created? Did it rely too heavily on community support and hope for matching funds from Florida and national grants? Much uncertainty exists regarding GRACE's implementation, but

that is not atypical of long-term planning for ending homelessness. A large amount of hope exists: hope that the community responds well to the plan, hope that future GRACE volunteers are sufficient or effective planners, hope that sufficient funding is around for its widespread goals. However, this hope could reflect a lack of commitment to fixing homeless problems (like insufficient housing) in the short-term in hope that homelessness will end in ten years.

Regardless of the success that GRACE expects, in-depth research is needed to determine how the plan worked throughout the ten-year process.

Examination of the Alachua County Continuum of Care, the Housing Element, and interviews of local professionals reveals a great deal of discourse and confusion amongst the state and federal mandated plans to address housing issues, specifically homeless prevention efforts. Even those interviewed were not familiar with various state and local initiatives outside their individual work scope. The ACCHH does not communicate with the City of Gainesville in respect to the Housing Element or the Continuum of Care.

Alachua County's Housing Element specifically mentions that Alachua County should participate with the ACCHH, so some minor coordination on the homeless is evident here. A policy stating that Alachua County will work with the ACCHH would give the community input regarding where housing for the homeless can be placed. Land use designations and associated regulations that accommodate these uses and that are also thoughtfully located must be in place to ensure that homeless coalitions do not put local businesses or residents at risk via decisions in the Continuum of Care.

The research shows no significant relationship between the ACCHH, Continuum of Care, and the City of Gainesville's and Alachua County's Housing Element. An abundance of goals and objectives via the Continuum of Care and plans like GRACE exist, but the state of Florida,

Alachua County, and the City of Gainesville have fallen short in requiring a significant relationship that can point to the real importance of providing affordable housing for the homeless and aiding in the elimination of the homeless problem. Alachua County and the City of Gainesville could end up being expected to provide support to the Continuum of Care if goals and objectives are not met. The governments have and may continue to deal with public opinion against homeless housing and services created too close to businesses and homes. Most importantly, the Housing Element can add direction and guidance for future Continuums of Care and long-term plans like GRACE. Preventing these conflicts and creating recommendations to establish a relationship between the Housing Element and the Continuum of Care, as well as other homeless prevention recommendations are included in the next section.

Recommendations

A self-evaluation process of GRACE is needed throughout its ten-year implementation period to ensure that future strategies can address shortcomings of current objectives and goals. Alachua County and Gainesville need to provide oversight for the Continuum of Care coalitions so that proper evaluation is conducted to help find the most efficient ways to help the homeless. Specific language is needed in the Housing Element to ensure that permanent affordable housing is the cornerstone of a Continuum of Care while limiting reliance on temporary housing. This change in policy can save significant funding that can then be allocated to other homeless services and permanent housing solutions. Areas can use one-stop centers, as outlined in GRACE to create efficiency while providing the other necessary services the homeless need: a regular income, education, medical treatment, drug rehab, as well as many others.

Requiring a significant relationship between an area's Housing Element and Continuum of Care can aid the Continuum of Care planning process in many ways. Plans like GRACE include commitments to add more affordable housing, yet it is uncertain whether or not these

long-term plans will be successful due to lack of funding and reliance on the public to realize these plans. Coordinating with the local government can help ensure that real plans to implement the objectives exist. These implementation procedures can be accomplished with creation of a committee where representatives from the homeless coalition and the local governments coordinate to review and approve implementation strategies. If involved in the planning process, the local governments may be able to contribute funding for future homeless projects. A Continuum of Care Housing Trust may more easily receive matching funds from HUD or state programs if the local government coordinates and integrates planning efforts and implementation strategies addressing the homeless.

Previously, the local government did not feel a need for involvement in the homeless prevention process unless residents brought a concern to their attention. For instance, if a proposal existed that would place a homeless shelter near a local business, and then the local government would object. Including specific planning tools such as design guidelines and increased setbacks could mitigate the impacts of these facilities in certain areas. Governments like Alachua County and/or the City of Gainesville should feel the need to remain involved in the planning process and to make specific changes to the Housing Element, because otherwise the burden may fall on them to provide unexpected financial or planning assistance for unforeseen shortcomings in plans like GRACE or the Continuum of Care. Future research is needed to help examine the benefits that local government and the homeless themselves can receive when creating a relationship between the Continuum of Care and the Housing Element.

Leadership is needed from the state to help create a relationship between the local Housing Elements and the Continuum of Care (see Figure 5-1). The Florida Administrative Code 9J-5 sets the criteria for local comprehensive plans. A state level committee should be

created to oversee and update 9J-5 specifically to address the state's specific homeless problems. The committee can evaluate the local Housing Elements to ensure they are addressing the local homeless problems efficiently and effectively. The state can help ensure that local government is guiding Continuum of Care plans to address the specific needs of an area's homeless population. The state can ensure that plans focus on long-term solutions like permanent, affordable housing and building local housing funding solutions to support permanent housing. Local governments at the county and city level must work together with their homeless coalitions to build homeless prevention plans and adopt them as part of their planning process. A local government can help measure the homeless problem by ensuring all areas of the county or city are included in point-in-time counts of the homeless. A more focused approach to homeless prevention, starting with the state, can strengthen coordination of homeless plans and better address local needs.

Future Research

An examination of how plans like GRACE have either succeeded or failed can help homeless coalitions decide their effectiveness, now that long-term homeless elimination plans are becoming more prevalent. Homeless coalitions need to assess where GRACE has problems and where it excels, specifically in its plan for reliance on area organizations, the public, its use of a One-Stop Center and its Housing Trust Fund. As discussed previously, an evaluation of GRACE by an independent body would make such findings more useful. Since GRACE is a ten-year plan, it will be important to determine how GRACE performed throughout its duration, not just its final results. Research needs to examine how to reduce costs associated with building affordable housing, homeless shelters, and other homeless service buildings as discussed in the Literature Review.

An in-depth examination of any potential case studies where the Continuum of Care and the Housing Element contain a more significant relationship can demonstrate to communities and local governments the benefits of coordination and integrated planning for the homeless and the community. Research is needed to prove whether bringing a local government and a homeless coalition together is helpful or detrimental to ending an area's homelessness problem. Other studies could assess whether a Continuum of Care's projects negatively impact the area's quality of life or area businesses financially. Such studies could educate the public regarding invalid perceptions of increased crime and of homeless persons as somehow being different from the rest of society when in fact the homeless are us.

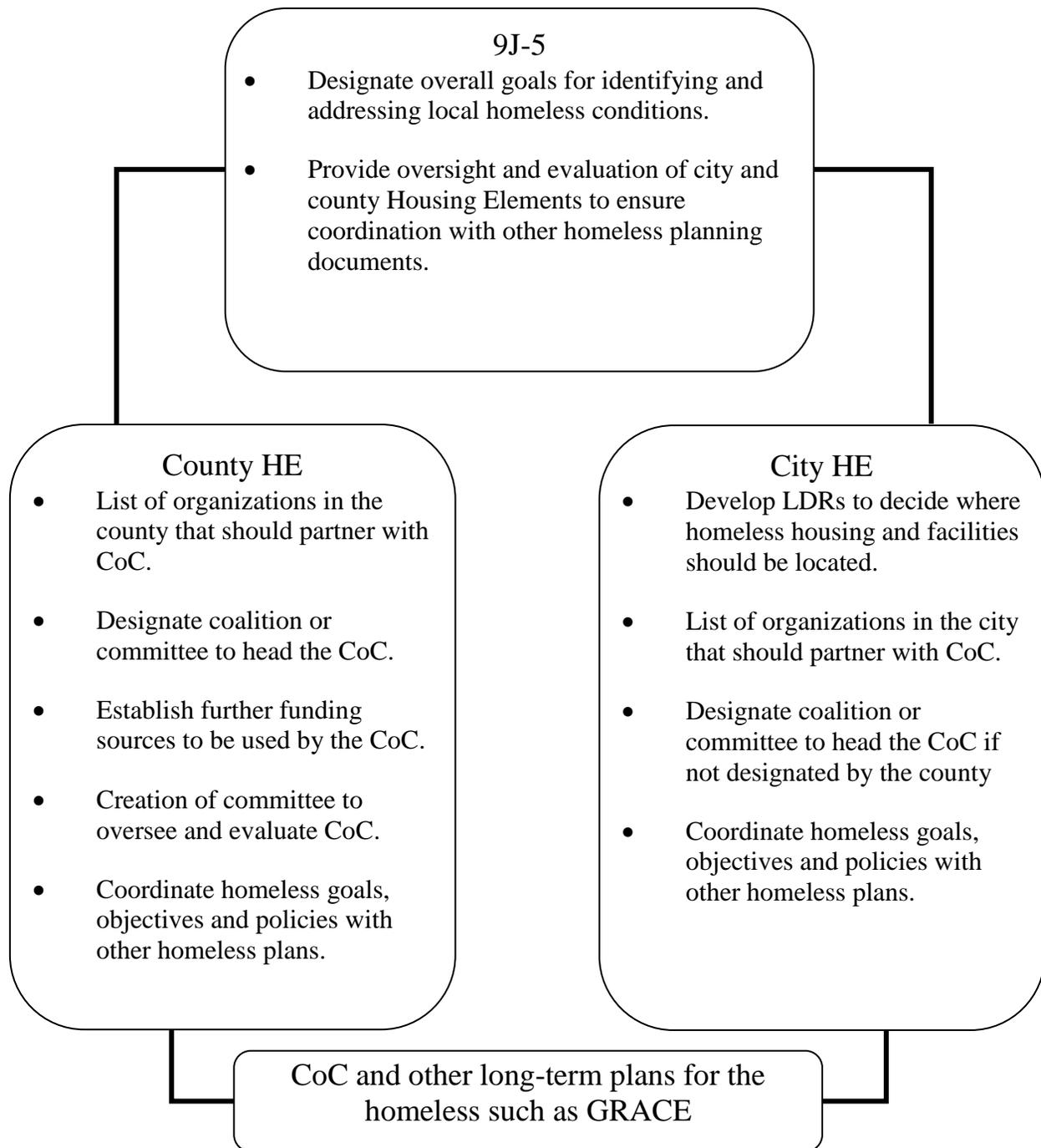


Figure 5-1: Necessary flow chart and oversight from state level down

APPENDIX A
INSTITUTIONAL REVIEW BOARD CONSENT FORM

Dear Sir or Madam,

I am a graduate student candidate for a Master of Arts in Urban and Regional Planning at the University of Florida. As a required component of my degree, I am writing a thesis entitled “Homelessness: The Growth Management Relationship between the State Mandated Housing Element, and the Federally Funded Continuum of Care Program”. The methodology includes interviews with key professionals involved with the planning and implementation of zoning ordinances and homelessness. I am asking you to participate in this interview because you have been identified as highly knowledgeable in this subject area.

Interviewees will be asked to participate in an interview lasting no longer than one hour. The schedule of questions is enclosed in this letter. You will not have to answer any question you do not wish to answer. Your interview will be conducted by phone or at your office after I have received a copy of this signed consent from you in the mail. With your permission, I would like to audiotape this interview. Only I will have access to the tape which I will personally transcribe. Your identity will be associated with the interview responses unless you specifically request that I do not include your name in the thesis. The tapes and transcriptions will be destroyed once the thesis is complete.

There are no anticipated risks, compensation or other benefits to you as a participant in this interview. You are free to withdraw your consent to participate and may discontinue your participation in the interview at any time without consequence.

If you have any questions about this research protocol, please contact me at (386) 214-0970 or my faculty supervisor, Dr. Kristin Larsen at (352) 392-0997 x433. Questions or concerns about your rights as a research participant may be directed to the IRB02 office, University of Florida, Box 112250, Gainesville, FL 32611; (352) 392-0433.

Please sign and return this copy of the letter in the enclosed envelope. A second copy is provided for your records. By signing this letter, you give me permission to report your responses in the final manuscript to be submitted to my faculty supervisor and to the Graduate School as part of my requirements to fulfill my thesis.

Sincerely,

Briana Conlan

I have read the procedure described above ““Homelessness: The Growth Management Relationship between the State Mandated Housing Element, and the Federally Funded Continuum of Care Program”. I voluntarily agree to participate in the interview and I have received a copy of this description.

Signature of participant

Date

____ Please do not include my identity in the thesis document.

I would like to receive a copy of the final "interview" manuscript submitted to the instructor.
YES / NO

APPENDIX B
INTERVIEW QUESTIONS

1. How long have you been with the City, Housing Authority or local homeless coalition?
2. What is your job title and what does your work entail?
3. What is your background (education) in?
4. How long have you worked on homeless issues?
5. How long have you worked in long term planning for the homeless?
6. How much knowledge/ experience have you had with affordable housing?
7. What do you know about affordable housing for the homeless?
8. Have you or do you know of any affordable housing programs for the homeless, whether they are funded at the federal, state or local levels?
9. Explain the Housing Element to the Florida Comprehensive Plan.
10. How can the Housing Element help the homeless?
11. Has the Housing Element helped the homeless? Why or Why not?
12. What suggestions do you have to help the homeless with respect to the Housing Element?
13. How would you measure the success of the Housing Element in regards to the homeless population?
14. What would you like to see done to help the homeless with respect to the Comprehensive Plan?
15. Have you heard of the Homeless Continuum of Care Program?
16. Is the Homeless Continuum of Care Program successful?
17. What do you consider to be the major impediment to the success of helping the homeless?
18. What planning initiatives are currently underway or anticipated to help the homeless?
19. Is there a relationship between the Housing Element and the Continuum of Care plan? Why or Why not?

20. If there isn't what can be done to ensure that a relationship will exist and this relationship will be beneficial?
21. If yes please explain this relationship in its entirety.

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BIOGRAPHICAL SKETCH

Briana Conlan was born in 1984, in Boston, Massachusetts. She spent 13 years in historic Bedford, Massachusetts. Her mother remarried in 1997. After the happy nuptials she moved with her family to Minot Air Force Base, Minot, North Dakota. After two and a half years, the family relocated again for the last time to Port Orange, Florida, in 1999. In 2001, her family welcomed twins, a new brother and sister, to the family. Briana spent the remainder of high school in Port Orange and graduated from Spruce Creek High School in 2002. Upon completion of high school, she attended the Florida State University. In 2006, Briana graduated from the Florida State University with a Bachelor of Science degree in Political Science. Briana commenced graduate studies at the University of Florida in 2006 towards a Masters of Arts in Urban and Regional Planning. Following graduation Briana hopes to use her political science background and passion for community development policy, strategies and implementation to do civilian planning work for a branch of the military.

In addition to her academic pursuits, Briana enjoys spending time with her family, and her fiancé. She is currently planning to be married on 3 January, 2009. Her interests include cooking, traveling and enjoying life to its fullest.