

Critical Quality of Life Issues Special Committee: Homelessness Working Group Meeting Minutes

October 6, 2022 9:00 a.m. Lynwood Roberts Room First Floor, City Hall 117 W. Duval Street

Topic: Critical Quality of Life Issues Special Committee: Homelessness Working Group

Attendance: Council President Freeman; Council Members Howland, Boylan, and Salem; Dr. Charles Moreland, Mayor's Office; Noel Comeaux, Northeast Florida Regional Council; Phillip Peterson, Council Auditor's Office; Colleen Hampsey, Council Research Division

Subject Matter Expert: Dawn Gilman, CEO Changing Homelessness, Dr. Joe Savage, U.S. Interagency Council on Homelessness (via Zoom)

Convened: 9:03 am

Council Member Howland welcomed the group and called for introductions. He reviewed the details from the previous meeting, where the scope of homelessness in Jacksonville was discussed. The focus for this meeting will be services already being implemented in the city.

Dawn Gilman, CEO Changing Homelessness, spoke briefly about the system of care for homelessness in Jacksonville. She said that housing is a right, not a privilege and she said that there is an urgent need to have homes for everyone.

Dr. Charles Moreland, Mayor's Office, gave a presentation about the Curry Administration's history of funding for critical quality of life issues, specifically homelessness, healthcare and housing. He said that the Administration values strategic partnerships and that they approach policy through a community goals framework. In particular, critical quality of life funding choices are made by considering how to enhance neighborhoods by advancing revitalization strategies, ensuring public safety and supporting smart development; how to ensure healthy lives and well-being; and how to achieve food/nutrition security. Dr. Moreland said that funding, on its own, is not enough to address any issue but partnerships and collaboration are required to get anything done effectively. Dr. Moreland listed some of the investments the Administration has made to address homelessness over the past three years, such as the Downtown

Homeless Task Force, Urban Rest Stop, the mental health offender program (MHOP), the community land trust and JaxCare Connect. From 2019 to the present, roughly \$14 million has been directed into services specifically centered around homelessness. He said that, using point in time annual counts, homelessness has decreased in the city by 52 percent in the last ten years. Dr. Moreland suggested that this working group conduct a landscape analysis of what homelessness programs and services exist that are administered by nonprofits and the private sector. There was a question from an attendee about why homelessness programs have received less funding than services related to healthcare and affordable housing. Dr. Moreland explained that there is overlap between services directed at homelessness and those directed towards healthcare access and affordable housing.

Dr. Joe Savage, U.S. Interagency Council on Homelessness (USICH) gave a presentation about targeted solutions to end homelessness. He explained the role of the USICH, which is to coordinate with numerous other federal agencies to establish policy priorities, reduce duplication and drive the implementation of cost-effective solutions. Dr. Savage said that the USICH Council is currently working to approve a plan for the development of new federal strategic plan centered on the Biden-Harris homeless priorities of housing first and evidence-based practices, with a focus on racial equity, economic mobility and climate change displacement. He said the definition of ending homelessness is prevention whenever possible, or if it can't be prevented, it should only be a rare, brief, and one-time experience. Dr. Savage spoke about homeless target populations, like veterans, families, youth and those chronically homeless.

Dr. Savage listed some strategies utilized in other cities, such as Philly Cares in Philadelphia. That program was targeted towards unsheltered persons experiencing homelessness located in the downtown/central business districts using resources from the City, Continuum of Care (CoC), Center City Business District, Philadelphia Convention Center, WaWa Corporation, hospitality and tourism bureau. They saw a 39 percent decrease in panhandling and a 60 percent reduction in the overnight homeless count over three years. Dr. Savage said the decrease in panhandling could be attributed to day labor tasks where participants were paid the same day. He spoke of the Housing the first 100 initiative in Orlando, which focused on the frequent flyers identified by the healthcare providers and law enforcement using resources from AdventHealth, CoC funding, The Central Florida Foundation, and other philanthropic entities. That program housed 250 individuals with a 98 percent retention rate. Dr. Savage talked about Moore Place in Charlotte, which is a 85-unit permanent supportive housing project for chronically homeless individuals with mental illness and/or substance abuse disorders operated by the Urban Ministry Center. That program had an 81 percent housing retention rate, and saw significant decreases in ER visits, arrests and hospital admissions. Lastly, he spoke about the permanent supportive housing initiative in Evansville, Indiana. That program was designed to see if a permanent supportive housing approach based on "housing first" yields greater cost savings and more favorable outcomes than a traditional approach relying on emergency shelter and transitional housing use. That program saw a \$1,149 cost savings per person compared to traditional means of addressing homelessness (emergency shelter + transitional housing), and significant decreases in the use of emergency shelters, ER visits and incarceration. Dr. Savage spoke in support of private-public partnerships and mentioned that some of the success from the programs he listed was from the flexibility with funding because the funds came from private/philanthropic entities instead of from state or federal grants that have strict prescriptive rules and categories.

Discussion

CVP Salem spoke about MHOP as a similar model to the Orlando initiative Dr. Savage described. Dawn Gilman talked about program capacity and scale. Cindy Funkhouser emphasized the economic mobility component, to sustain housing stability in the long run. It was said that housing policies should be tied to not only support services, but workforce development and job training. There was discussion of the success rate for veteran specific programs. Pastor Barlow talked about strategic targeted funding. Paul Stassi, City Rescue Mission, spoke about the importance of nonprofit collaboration, the dignity that goes along with financial stability/employment, and mental health and substance use treatment. One attendee spoke about the power of hope, and the negative impact of hopelessness. Mr. Snow, Sulzbacher, talked about workforce certifications and living wage employment. CVP Salem said that it may be possible to use funds from the City's opioid settlement to offset the costs for treatment and mental health services for the unhoused population. One attendee talked about the obstacles and red tape in the rental market, and about losing disability benefits if one works part time. Dawn Gilman spoke about deeply affordable housing for those on fixed incomes, and about the youth and older adult homeless population. She also noted that 3 years ago \$15/hr was considered a living wage, but now it is closer to \$20/hr.

Public Comment

Pastor Barlow talked about requiring a 5 percent contribution to homeless programs from any entity receiving economic incentives from the City.

CM Howland wrapped up the meeting and said that the discussion was a good mix of data, emotions and ideas. He said the next meeting for this group will be October 13th at 9:00 am.

Adjourned: 10:56 am

Minutes: Colleen Hampsey, Council Research

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