



Special Committee for Critical Quality of Life Issues

Working Group & Special Committee Recommendations



Purpose, Process & Overview

- **To establish a reference guide for all the best-practices, strategies and lessons that were identified throughout the overall process.**
 - The COJ Special Committee initiated the process August 17, 2022
 - Three Working Groups:
 1. Access to Healthcare
 2. Affordable Housing
 3. Homelessness
 - Met Five Times to address:
 - Current State
 - Best Practices
 - Strengths, Weaknesses, Opportunities, and Threats
 - Recommendations





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Access to Healthcare Recommendations



Background

- Social Determinants of Health (SDOH) are the situations that people face where they live, work or play that affect a wide range of conditions from health, housing, access to healthcare and food security. These are the factors that impact a person's ability to function, decrease quality-of-life, lead to less-than-ideal health outcomes and that can lead to increased risks that can negatively affect the community.
- The Access to Healthcare Working Group worked with key stakeholders and community leaders to compile this review of the key factors influencing this complex, multifaceted issue. This includes how the Jacksonville City Council and leadership can help improve the lives of community members.



Background Data

- There are over 114,000 uninsured residents of Duval County.
- The average cost of caring for the uninsured in the emergency room is over \$4,000 (based on JaxCareConnect).
- Lack of access to healthcare is a key contributing factor to infant mortality rates in Duval County.
- The 2022 Community Health Needs Assessment for Duval County identified the lack of Access to Healthcare a key issue impacting residents.



Identified Barriers

- Impending impact of the unraveling of Medicaid coverage expansion rules put in place during the Covid Public Health Emergency
- City Contract with UF Health requirements necessitating that some Duval County residents must re-qualify for coverage every six (6) months.
- Lack of knowledge of healthcare options
- Cultural sensitivity of healthcare providers
- Inconsistent or non-existent transportation options
- Other SDOH like housing stability, food access, health literacy
- Staffing shortages in the healthcare facilities
- Economic hardships that limit affordability of healthcare services



Identified Strengths

- Strong established safety net system among free and charitable clinics known as the Duval Safety Net Collaborative
- Strong referral and resource entity created by the Duval Safety Net Collaborative- JaxCareConnect
- Collaboration of the non-profit, for profit and municipal community
- Multiple hospital systems that provide comprehensive healthcare services throughout the county
- Multiple coordinated collective impact projects that are looking to address this issue or other issues that can positively affect this outcome
- Examples of successful programs happening in other communities that can inform the work that we are doing (Live Healthy Miami Gardens)
- Opportunity to address other health conditions including mental health, dental, vision and substance abuse
- Vibrant academic community that is and can be incorporated to provide research and data that can lead to sustainability



Healthcare Fiscal Recommendations

- **Provide \$1,500,000 annually to expand access to health information, and expand capacity to link the uninsured to appropriate care broken down as:**
 - \$500,000 to JaxCareConnect to increase connection points in all Emergency Rooms every day to provide guidance and navigation through the healthcare system and safety net system for high ER utilizers or under/un-insured population.
 - Create a marketing campaign to encourage community members to find a medical home by promoting the following:
 - Promote the importance of seeing a Primary Care Provider on a regular basis instead of the ED
 - Develop a campaign to reduce the stigma of using free and charitable clinics as a medical home
 - Increase awareness of healthcare options besides the Emergency Department in not emergency situations
 - \$1,000,000 to be provided to providers of free/low cost health care who are addressing social determinants of health, health equity, transportation barriers, and other resources to increase access to healthcare. To include Duval Health Safety Net Collaborative partners.



Healthcare Policy Recommendations

- **Implement change by evaluating and updating the UF Health city contract to allow patients in Duval County to re-qualify annually instead of every six (6) months.**
- **Assign a City Council seat to represent the Access to Healthcare Issue in perpetuity, similar to the way the *Safety and Crime Task Force* was established.**
 - This would be called the *Access to Healthcare Task Force* with leadership by a City Council Member
 - Set up monthly access to healthcare meetings to connect all community healthcare initiatives and reduce silos
 - Work with City Grant Writer to seek out funding from the Center for Disease Control and Prevention (CDC) and other federal funding entities.



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Affordable / Workforce Housing Recommendations



1. Necessary Administrative Condition

- **The City should establish formal cooperative agreements with the JHA, JHFA, Ability Housing, Community Housing Development Organizations, DIA and other relevant housing providers to financially support, plan, coordinate, and monitor progress toward implementing a long-term affordable housing program.**
 - Along with relevant city departments (Housing and Neighborhoods Department, Planning and Development Department), this group would serve as a housing oversight committee to ensure continuity and coordination of relevant policies and programs.



2. Necessary Fiscal Condition

- **The City should commit to and develop local government financing mechanisms to finance, fund, and support affordable housing for Jacksonville residents.**
 - This would provide a long-term sustainable source of revenue.
 - This mechanism would also be *dedicated exclusively* for affordable housing programs.



3. Commission Comprehensive Study

- **The City should fund and commission a comprehensive study by the Florida Housing Coalition (FHC) to conduct a current inventory of all housing related programs and housing conditions in Jacksonville and to evaluate these recommendations for addressing the affordable housing crisis.**
 - The FHC can provide confirmation of the recommendations gathered and advanced by the affordable housing committee as well as guidance in the process of implementation.



4. Assist, Support or Incentivize Private Sector Developers

- **As recommended in the City of Jacksonville Comprehensive Plan 2030/Housing Elements (Objective 1.2), the city should develop policies and programs that assist, incentivize, and provide capital for multifamily property developers to include a percentage of units as affordable housing below the fair market rate.**
 - This should include financial support for the programs of the Jacksonville Housing Finance Authority (Policy 1.2.6) that fund tax-exempt multifamily mortgage revenue bonds and single-family mortgages for first-time, low-income residents.



5. Inclusionary Zoning

- **As recommended in the City of Jacksonville Comprehensive Plan 2030/Housing Elements (Policy 1.1.1), the City should pass an inclusionary zoning reform ordinance that allows for the development of a range of alternative and affordable housing options in addition to single-family homes (SFH).**
 - Inclusionary zoning reform would allow for the “missing middle” forms of housing between the SFH and the multifamily apartment complex that includes accessory dwelling units (ADUs), duplex/triplex/quadplex, townhomes, and small apartment houses as well as modify square footage, lot size, and density requirements.



6. Acquisition of Land/CLT

- **As recommended in the City of Jacksonville Comprehensive Plan 2030/Housing Elements (Policies 1.2.5; 1.4.3), the City's Real Estate Division should inventory all city-owned and surplus land and structures and evaluate and determine appropriate locations for infill and private and publicly developed affordable housing.**
 - The Jacksonville Community Land Trust should be a major funding priority by the city in this effort to expand affordable housing in Jacksonville.



7. Tenant Bill of Rights

- **The City should pass a Tenant Bill of Rights that addresses three factors:**
 1. Informs renters of their legal statutory rights in finding, securing, and retaining rental housing
 2. Establishes an Office of Tenant Advocacy, and
 3. Includes additional ordinance-based protections that strengthen rights and address factors contributing to unhealthy/unsafe housing conditions, housing insecurity and human displacement.



8. Publicly Owned Non-Profit Housing

- **The City should work directly with the JHA, Ability Housing, Community Housing Development Organizations, DIA and other relevant housing entities in building, owning, and operating non-profit public housing.**
 - This would provide mixed-income affordable housing options below the fair market rate and to enhance competition in the housing market.



9. Monitor & Regulate Institutional Investors

- **The City should develop a regulatory mechanism to monitor and, where necessary, standardize the role of large institutional investors in owning and controlling large quantities of the stock of single-family homes in Jacksonville generally and particularly in distressed communities.**
 - This would include requiring greater ownership transparency, limits on ownership concentration, real estate transfer taxes, and other administrative requirements to de-incentivize institutional investors.



10. Eviction Protection

- **The City should work with and financially support Jacksonville Area Legal Aid (JALA) to reduce eviction rates, human displacement, and homelessness.**
 - This would include support for the Emergency Rental Assistance Program (ERAP), Eviction Diversion programs, and the Homeowners Assistance Fund (HAF) in conjunction with the Foreclosure Registry.



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Homelessness Working Group Recommendations



Homelessness Workgroup Overview

Proposals and Ideas stemming from:

- National Partners
- Other Communities
- Local & Workgroup Participants
- Community Survey





Homelessness Workgroup Findings

- **Jacksonville has a robust homeless system of care**
 - History of setting and achieving community wide goals
 - 100,000 Homes (2010 -2012)
 - Veterans Surge (2016)
 - 100 Day Challenge for Youth Homelessness (2019 – 2020)
 - Rapid Rehousing 100 Day Challenge (2020 – 2021)
 - High levels of coordination
 - Existing community wide database for referral and tracking



Homelessness Workgroup Findings

- There are approximately 3,400 individuals currently on the By Name List, homeless and seeking housing assistance
- The system of care does not have enough resources to address the individuals and families currently experiencing homelessness
- The inflow of individuals into the system of care continues to increase as funding levels are decreasing



Homelessness Workgroup Findings

- **Areas to Expand:**
 - Permanent Supportive Housing
 - Rapid Re-Housing
 - Outreach
 - Coordinated Entry
 - Diversion





Homelessness Workgroup Best Practices

- Use real time data for decision making
 - By Name List
 - Case Conferencing
- Housing First model (housing + wrap around services)
- High utilization and success rates in both Permanent Supportive Housing and Rapid Rehousing





Homelessness Working Group Recs

Two Recommendations:

1. Dedicated reoccurring revenue source
2. Targeted measurable outcome goals





Homelessness Workgroup Recommendations

1. Dedicated reoccurring revenue source discussed

- Proposed Charter Amendment
 - Not yet heard or debated by City Council
 - Unknown revenue stream
- Miami/Dade County Food and Beverage Tax
 - Specific State Ordinance approved in 1992
 - 85% toward ending homelessness and 15% to end domestic violence
 - \$30 million annually
- Bond + Match similar to Atlanta
 - \$22 million bond to build 550 new Permanent Supportive Housing Units
 - 562 PSH units approved with a total of 1,949 units in all projects



Homelessness Workgroup Recommendations

2. Targeted Measurable Outcome Goal(s):

House 191 chronically homeless aged 55+ currently living on the streets.

The recommendation is funding dependent.

	Housing & Services	Cost of Doing Nothing	Community Savings
Five Year Cumulative	\$ 13,584,000.00	\$25,920,000.00	\$ 12,336,000.00



Homelessness Workgroup Conclusion

- Homelessness is solvable!
- Our community is spending more by doing nothing.
- The current system is working at capacity based on the available resources.
- There are multiple short and long-term options which can and would “move the needle.”



Special Committee for Critical Quality of Life Issues

Critical Quality of Life Recommendations



Policy Recommendations

★ Develop a framework **championed by a City Council Member** to actively address all three issues – Access to Healthcare, Affordable Housing, and Homelessness; separately or collectively (TBD).

- **Responsibilities may include:**

- Engage all relevant players (public, private, nonprofit, academic, etc.) to participate in the effort
- Increase collaboration among internal programs, departments, etc.
- Include efforts to address Social Determinants of Health (Prevention)
- Commission an implementation/sustainability study.
- Enter new or expand existing Public-Private Partnerships
- Provide oversight of funding (if/when allocated).





Fiscal Recommendations

- ★ **Identify a sustainable funding source for implementation of recommendations.**
 - City funding
 - Grant dollars
 - New or Existing Tax Revenues

- ★ **Increase coordination with City grant writers to strategically determine and address the best State and federal sources of funding for Critical Quality of Life Issues.**

- ★ **Identify transportation-specific barriers and needs, including work with JTA to expand existing services.**