An Impossible Dream for Florida: Ending Homelessness

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Homelessness on a single night afflicts 549,928 people in America and over 33,559 of those individuals reside in the State of Florida (HUD, 2016). Homelessness was recognized as a national crisis with the advent of the McKinney Homeless Assistance Act of 1987. At the time of the McKinney Act the national estimates of homeless populations were unreliable and ranged from 250,000 to 3,000,000 individuals on a single night (Lee, et al., 2010). Since 1987 the homeless problem continues to plague our nation. On a single night in America in 2005 there were reportedly 754,147 homeless individuals, 632,928 in 2010, and 549,928 at the start of 2016; in Florida, 33,559 homeless individuals were reported in 2016, down from reported populations of 40,724 in 2010 and 62,461 in 2005 (HUD, 2005; 2010; 2016). Despite the downward trend in recent years, most probably due to the increasingly robust economy (Frey, et al., 1996), the current size of America’s homeless population continues to make homelessness a national crisis and HUD has required all states to adopt the goal of ending all homelessness. To understand the true dimensions of the problem it must be realized that the average duration of a stay in a homeless shelter is 30 days (O’Flaherty, 2012) which equates to a monthly turn-over of the homeless population, so the 2016 HUD estimates of the homeless in Florida indicate that there were over 400,000 homeless people in Florida seeking services last year. Though ‘ending homelessness’ might be possible for some smaller states with stable populations, the size and dynamic nature of Florida’s population makes HUD’s goal to ‘end homelessness’ an impossible dream for Florida.

It is reported that there was an average of 250,000 homeless individuals per night in the 1980s with this number peaking to over 400,000 in 1987 (Garfinkel and Piliavin, 1995), but although these are the accepted numbers they are based on an underestimate of the actual homeless population at the end of the 1980s. An attempted count of an area’s homeless population is an extremely difficult and problematic task resulting in inaccurate and invalid approximations of homeless populations. The first official attempt to count the homeless population of America occurred in 1990 (Martin, 1992). The US Census Bureau’s 1990 attempt to count the homeless population was called ‘Shelter Night’ and has since become known as the ‘S-night’ debacle. It was called ‘Shelter Night’ since it sought to count all the homeless in an area staying in an emergency shelter or desiring to stay in a shelter. The initial part of the census went well with census teams targeting service providers, shelters, and transportation centers during the daytime and early evening hours. However, the trouble developed in the last portion of ‘S-night’ when teams of census-takers and police surrounded abandoned tenement buildings and parks intending to count the transient homeless when they exited their extemporaneous shelters. Many of the transients facing these cordons of census-takers and police assumed they were being rounded up and arrested; panic spread in the early morning darkness. Many homeless fled the scenes avoiding police and census-takers, sometimes offering violence to those that tried to
The primary tool used by HUD to count homeless populations is the Continuum-of-Care (CoC or COC) system. HUD requires participating local and state CoCs to conduct counts of homeless populations. There are 27 CoCs in Florida representing 64 of its 67 counties (Map A). The tools used by the CoCs to conduct these censuses of homeless populations are Point-In-Time (PIT) Counts of Homeless populations on a single day in midwinter accompanied by a Housing-Inventory-Chart (HIC) that shows the availability and usage of emergency shelter and housing programs at that time. While the HIC counts are fairly accurate reports of available shelter space the PIT Counts can be wildly inaccurate (Schneider, et al., 2016). For instance, a quality assurance study of the most recent PIT Count conducted by the Tampa-Hillsborough Homeless Initiative (THHI) in February of 2017 showed that less than half of the homeless population in the areas THHI surveyed were counted; so instead of official estimates of there being 1549 homeless currently living in Hillsborough County (THHI, 2017) there’s actually at least 3100 homeless living in Tampa’s metropolitan area per night, and this is not including the unknown numbers of homeless occupying the large portions of THHI’s non-metro area that were not surveyed at all (Booth, 2017). If THHI is typical of Florida CoCs, then the actual number of people currently homeless on a single night in Florida is on the close order of 70,000 men, women, and youth. Just a few of the difficulties for successful PIT Counts include subpopulations such as youth and single women that are very difficult to count or service (Travwer and Aguiniga, 2016), active avoidance by the homeless (Petrovich and Cronley, 2015), weather conditions that inhibit the movement of the homeless and census-takers (Troisi, et al., 2015), and available funding for the effort. One of the reasons for the previously discussed inaccuracy of THHI’s 2017 PIT Count in Tampa was the lack of dedicated funds and resources; THHI’s PIT Count was a voluntary effort with no dedicated budget. There are methods that can be used to judge the quality, effectiveness and accuracy of a given PIT Count such as including quality assurance components in the PIT Count, conducting a post-PIT Count survey, or the use of a service-point survey (Troisi, et al., 2016; Agans et al., 2014). However, these methods are also prone to error, even extended duration service-point surveys are seen to be inadequate. Based upon a highly regarded forensic study of the homeless in Philadelphia, service-point surveys would miss 24% of the homeless population that does not seek public assistance and a good proportion of the 27% that makes only occasional use of those services (Metraux, et al., 2014).

As the homeless problem has grown and changed, so too has the scope and size of HUD homeless grants; there has been an increase of $500 million over 2007 funding levels so that homeless programs account for nearly $2 billion of the 2016 federal budget (Federal Safety Net, 2017). The original McKinney Act enacted near the end of the Reagan administration tasked HUD to provide program funds for homeless services; and the first Bush administration and all
subsequent administrations continued to support these homeless programs. The Clinton Administration ‘Priority Home’ agenda continued funding homeless assistance programs, but sought to break the Cycle of Homelessness by the provision of low-income housing intended to prevent homelessness from occurring (HUD, 1994). The McKinney Act was renamed the McKinney-Vento Homeless Assistance Act and was further amended in 2000 to widen the definition of homelessness for children and to provide legal guarantees for homeless children to receive free and appropriate public educations, as well as other government-funded services. The low-income housing initiative begun by President Clinton’s ‘Priority Home’ had by 2005 become a suite of housing subsidies intended to prevent the occurrence of homelessness in low-income households and to subsidize construction of low-income housing (HUD-PDR, 2005). President Obama’s ‘Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness’ was intended as a first step in ending all homelessness in America forever (USICH, 2015). To achieve this goal HUD has created and tasked the nation’s Continuum-of-Care organizations to actively adopt the goals, methods, objectives, and timelines required to achieve the end of homelessness in America. The CoCs of Florida must show active support for this plan or lose HUD funding; even if the plan is unrealistic and ineffective for Florida.

A Continuum-of-Care is a federally-mandated local council intended to assume the leadership role in the provision of services to individuals and families that are homeless. The membership of a CoC is made up of local government representatives, leaders of local homeless services providers, and when possible, the homeless themselves. The COC-System arose from the original McKinney Act to act as the funding conduit for federal homeless funding to reach local governments while assuring that all service providers meet minimum standards for client care. The first demonstration project of the COC concept occurred in Ft. Bragg, North Carolina in 1990. The COC concept in Ft. Bragg was to provide cost effective treatment options for youth by “controlling costs not by the conventional method of limiting services or cost per child but by providing a continuum of services designed to be more "appropriate" for each child. The wide ranges of services were designed to permit placement in less restrictive and hypothetically less expensive service” (Bickman, 1996). It was expanded in the late 1990s by the Clinton administration into pilot program that included participating communities in all fifty states; at the time, HUD commissioned the Urban Institute to evaluate the success of the new COC programs (Burt, et al., 2002). This report agreed with an assessment of the Ft. Bragg project, which was that CoCs were ineffective in reducing costs or producing better outcomes for the clients, but did make both clients and providers ‘feel’ better about the process; and the Urban Institute report emphasized that it only studied the 25 most lavishly funded COCs in the country (Burt, et al., 2002). Despite criticisms, it has been shown that CoCs can be effective in reducing targeted populations by leveraging government resources (Moulton, 2013), such as use of Veteran Administration funding to house homeless veterans and Social Security funding to reduce the chronically homeless. Today, all but 3 Florida’s 67 counties [Baker, Bradford, and Dixie counties] are active participants in HUD-designated CoCs.

All CoCs in Florida have had to adopt the following goals in their organizational charter in order to act as a qualified CoC and receive full HUD funding: 1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2015; (3) Prevent

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and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness. However, by 2015 homelessness amongst veterans was only reduced by 33%, chronic homelessness by 21%, and family homelessness by 15%. The 2015 revision of the plan has ignored not attaining the goal to end of homelessness for veterans, but pushed back the date of achieving the end of homelessness for the chronically homeless to 2017. Since Florida reported 2902 homeless veterans and 5,895 chronically homeless individuals in 2016 (HUD, 2016) such goals seem to be impossible at current funding levels (Moulton, 2013), but to obtain any funding CoCs have to espouse HUD goals. The response of Florida CoCs to the required adoption of the HUD-goals and language ranges from full compliance to more rational and thoughtful mission statements perhaps more suitable for the organizational needs of a Florida CoC (Table 1).

Though the sheer mass of the current homeless population may strain the viability of the ‘Opening Doors’ policy, 12 of the 27 CoCs in Florida have fully complied with HUD mandates and have adopted mission statements with the required terminology of ‘ending homelessness’. The Pinellas County Homeless Leadership Board’s (PCHLB) mission is to be ‘THE leadership organization in ending homelessness in Pinellas County.’ The mission statement for the CoC of Duval, Nassau & Clay counties, Changing Homelessness, is ‘An End to Homelessness’; while the Big Bend Homeless Coalition of Leon, Franklin, Gadsden, Liberty, Madison, Taylor, Jefferson, and Wakulla counties agrees that ‘Our mission is to end homelessness.’ The North Central Florida Alliance for the Homeless and Hungry was ‘established as a coalition to advance the collaborative efforts of helping agencies in Alachua, Bradford, Gilchrist, Levy and Putnam counties to end homelessness’. The Tampa-Hillsborough Homeless Initiative mission statement concludes with the phrase ‘reduce and end homelessness in Tampa’. The Collier County Hunger and Homeless Coalition’s mission is to ‘prevent and end hunger and homelessness...’ while the Treasure Coast Homeless Services Council of Indian River, Martin, and St. Lucie counties and the Suncoast Partnership to End Homelessness, the CoC of Manatee and Sarasota counties, restates this in slightly different language, ‘to end and prevent homelessness.’

Research has shown that clear goal-setting is an important component of an effective government organization (Chun and Rainey, 2005) and that ‘activist style’ mission statements, which are written in the first person, future tense with an active voice, have a positive effect on the functioning of an organization (Weiss and Piderit, 1999); the mission of the above named CoCs to ‘end homelessness’ meets the requirements for the activist style. Indeed, at least one of the CoCs mentioned above has shown positive results in achieving their goal to end homelessness; the PCHLB of Pinellas County has achieved the functional end of veteran homelessness by the end of 2016. The functional definition of ‘ending homelessness’ according HUD guidelines ‘means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience’ (‘Opening Doors’ -
The end of homelessness has been achieved for veterans that reside in Pinellas County, Florida by applying the four key components of the current strategy to end all homelessness just to the population of homeless veterans. Those four strategic components are:

1) Quickly identify and engage people at risk of and experiencing homelessness.

2) Intervene to prevent the loss of housing and divert people from entering the homelessness services system.

3) Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.

4) When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing. (‘Opening Doors’ - USICH, 2015)

The PCHLB was able to achieve the first component of the strategy by successfully implementing a Homeless Management Information System (HMIS) which is required of all CoCs. The HMIS allows CoCs the ability to track clients and services, so the PCHLB was able to identify and locate veterans in the homeless population in order to prioritize their services. There are also funds available for support services and utility/rent subsidies that assist in the goal of preventing homelessness. The third component, adequate emergency shelter and services, is provided by the provision of a series of shelters in St Petersburg and elsewhere in Pinellas County; this includes a large tent village (400+), as well as a new ‘Tiny-Homes’ housing program supported cooperatively by the University of South Florida and Celebrate Outreach, a local homeless services charity (Celebrate Outreach, 2015). However there is still a large ‘street’ population of non-veterans in Pinellas County due to a lack of available space; there is no CoC in the State of Florida that has adequate emergency shelter space on any given night of the year. However, by prioritizing veterans over other categories of homeless the PCHLB is able to shelter veterans efficiently. The PCHLB uses Housing First and Rapid Re-Housing Initiatives to provide permanent housing for homeless persons, thus achieving the fourth component of the ‘Opening Doors’ strategy. The Housing First approach eliminates barriers to the provision of housing services while Rapid Re-Housing initiatives provide outreach services as well as providing subsidies for move-in, rent, and payments (PCHLB, 2017). It should be noted that CoCs, such as the PCHLB, do not directly provide services but instead coordinate homeless programs and act as the funding agent for homeless service providers in their areas of responsibility.

One of the great challenges Florida faces in the attempt to end all homelessness is the constant influx of the homeless into Florida. Pinellas County faced this challenge with homeless veterans constantly moving into their area of responsibility. However, homeless veterans that move to the St Petersburg-Clearwater-Tarpon Springs area are quickly identified, sheltered, re-
housed, and supported so that the efforts of the PCHLB can be seen as a model of the ‘Opening Doors’ policy; yet PCHLB has a growing homeless population. The problem of homeless immigration facing the CoCs of Florida is caused by intrastate and interstate migration driven by people leaving undesirable economic circumstances (Frey, et al., 1996). Homeless studies in New York City, Philadelphia, and Miami all show that a significant proportion of their homeless populations are from outside of their service areas (Culhane, et al., 1996; Wong and Hillier, 2001; Rukmana, 2010, 2008). An analysis of the 2014 intake records for Homeless Helping Homeless, a homeless services provider in the City of Tampa which is unaffiliated with a CoC, supports these studies. The analysis showed that over 35% of the homeless persons serviced came from other states and that the greatest rates of interstate immigration by homeless populations to Florida occurs in the period January-March and May-June primarily from the northeastern states (Booth, 2016). This challenge of an ever-changing and constantly renewed homeless population is one that faces all the CoCs of Florida.

A simple geospatial examination the Florida homeless population (Maps B and C) shows that there are specific trends that complicate the servicing of those who find themselves homeless in Florida. Table 1 lists the specific populations and per capita statistics for each Florida CoC, while Maps A and B use graduated symbols to show the relative sizes of homeless populations in Florida. First, Map B shows the homeless populations for each COC in Florida. It can be noted that the homeless populations mirror the population clusters of coastal communities and urban centers that make up Florida. The entire east coast of Florida and Florida’s other major urban centers all show large populations of homeless when compared to non-coastal and non-urbanized counties. Secondly, Map C examines the per capita rate of homeless per 10,000 of the general populace for each Florida CoC. While most Florida CoCs have between 14 and 22 homeless for every 10,000 people, there are five CoCs that have much higher rates between 39 and 85 for every 10,000. Monroe County, a largely agricultural community, through the Florida Keys faces hordes of homeless seeking the ‘Southernmost Point’ in the USA. United Way of Suwanee Valley, like the Heartland CoC, struggles with their own small resources to service their own populations, but is additionally strained by a lack of homeless services in three adjoining counties. Jacksonville and the Treasure Coast both face the same challenges as other east coast communities but with fewer financial resources than Miami-Dade, Palm Beach, and Broward counties to deal with their large and dynamic homeless populations. Florida’s CoCs face significant specific and systemic barriers, too many clients and too few resources, to adequately service and reduce the homeless populations that continue to reside in Florida.

In response to these real challenges 15 of the 27 Florida CoCs have modified the language of the initial HUD directive or maintained their originally-chartered mission statements. The closest in this group to the required language to the HUD directives are the Lee County Continuum of Care that states that its mission is to ‘promote the commitment to end homelessness’ and the Volusia/Flagler County Coalition for the Homeless whose mission is ‘Working to end homelessness.’ Also with similar language is the Miami-Dade County Homeless Trust which ‘is tasked with ending homelessness in the County’ and the Monroe County Homeless Services which has the mission ‘to promote community-wide commitment to the goal of ending homelessness’. The Homeless Initiative Partnership of Broward uses slightly different language but with the same
intent; ‘to lessen the impact of homelessness in our community, and to one day achieve its eradication.’ Some CoCs use the language of the HUD definition of ending homelessness to specify their intended actions; the Homeless Services Network of Orange, Osceola, and Seminole Counties mission is ‘to ensure that any experience of homelessness is brief and rare’, while the Homeless Coalition of Polk County’s mission is to make ‘homelessness in Polk County rare, non-recurring, and short-lived.’ Some of the CoCs seem to ignore the HUD-desired language entirely as in the case of the Coalition for the Homeless of Pasco County which states that its mission ‘is to assist the homeless population and those at risk of homelessness to gain self-sufficiency.’ The United Way of Suwannee Valley, which is acting as the coordinating CoC for Columbia, Hamilton, Lafayette, and Suwannee counties has maintained its original mission statement of ‘to advance the common good through community impact initiatives and agency support.’ The missions of the Charlotte County Homeless Coalition and the CoC of St. Johns County agree in their mission statements that their goal is to ‘alleviate homelessness.’ The mission of the Heartland CoC has not yet been decided but their purpose is to ‘help prevent and end homelessness’ and that ‘through cooperation and teamwork, homelessness is often preventable. With support, it is reversible.’ The mission of the Mid Florida Homeless Coalition is to ‘reduce and prevent homelessness’.

Perhaps the best example of a functional mission statement by a Florida CoC that both accounts for HUD directives and the dimensions of the current housing crisis is the separation of ‘vision’ and ‘mission’ by the Marion County Homeless Coalition. Their vision is to ‘facilitate ending homelessness resulting in sustainable, safe and habitable homes for all persons’ while their mission statement is to ‘to provide coordinated assistance to the homeless and those at risk of homelessness.’ HUD’s ‘Opening Doors’ policy provides hope that the homeless crisis can finally be resolved, but as can be seen in Florida, ending homelessness is an impossible dream; it’s been an impossible dream for over 65 years as shown by this quotation:

‘What was first stated in the Douglas Commission Report, Building the American City, in 1968 remains true today:

"Because of the documented desperate housing needs of the poor, which are generally underestimated; as a consequence of the large subsidies [such as] income tax deductions for interest and property taxes, and grants for suburban development available to the middle and upper income groups; as a moral responsibility arising from the fact that public action has destroyed more housing for low-income Americans than it has built; as [a] result of the unwillingness of the country in the past to meet even the minimum goals for public housing authorized in the 1949 Act; this Nation now has an overwhelming moral responsibility to achieve within the reasonably near future a decent home and a suitable living environment for every American family which it pledged itself to achieve 20 years ago. We believe this can be done through increased effort and activity at every level of government, and by the private sector."

While the road to a total solution for homelessness is a long one, the direction is clear.

These recommendations, if enacted, represent a positive step forward.’

(HUD ‘Priority Home’, 1994)
All of the CoCs in Florida have to walk a fine line between government-inspired optimism and grassroots reality. Until the root cause of homelessness is resolved, which is primarily the lack of available, low-income housing (Hoch, 2000; HUD, 1994; USCHSC on Interstate Migration, 1941), the populations of the homeless in Florida and other states will continue to exceed the resources committed to service them.
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Map A: HUD-Designated Continuum-of-Care Organizations in Florida- 27 COCs are presented representing 64 Florida counties; Baker, Bradford, and Dixie counties have no organized COC.
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<tr>
<th>ACRONYM</th>
<th>HUD DESIGNATED COC ORGANIZATION</th>
<th>HMLSPOP</th>
<th>COCPop</th>
<th>#/10,000</th>
<th>COC MISSION STATEMENT</th>
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<tr>
<td>BBHC</td>
<td>Big Bend Homeless Coalition</td>
<td>869</td>
<td>440129</td>
<td>19.7</td>
<td>To end homelessness in the Big Bend through leadership, education, advocacy, and the provision of quality services</td>
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<td>Brevard Homeless Coalition</td>
<td>827</td>
<td>579130</td>
<td>14.3</td>
<td>To provide a system of co-ordinated services to prevent and eliminate homelessness in Brevard County</td>
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<td>CH</td>
<td>Changing Homelessness</td>
<td>1959</td>
<td>1215188</td>
<td>16.1</td>
<td>To guide the community effort to prevent and end homelessness by providing leadership, advocacy, support, standards and funding</td>
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<td>CCHC</td>
<td>Charlotte County Homeless Coalition</td>
<td>388</td>
<td>178465</td>
<td>21.7</td>
<td>Alleviate and prevent hunger and homelessness</td>
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<td>CHPC</td>
<td>Coalition for the Homeless of Pasco County</td>
<td>1019</td>
<td>512368</td>
<td>19.9</td>
<td>To assist the homeless population and those at risk of homelessness to gain self-sufficiency by providing advocacy and the coordination of capacity building through partnerships within the community</td>
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<td>HHCCC</td>
<td>Hunger and Homeless Coalition of Collier County</td>
<td>545</td>
<td>365136</td>
<td>14.9</td>
<td>To support the planning, delivery and coordination of high quality services to the hungry, homeless, and those at risk of homelessness in Collier County</td>
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<td>DNWF</td>
<td>Doorways of Northwest Florida</td>
<td>310</td>
<td>306672</td>
<td>10.1</td>
<td>To educate, advocate, and eliminate homelessness in our communities</td>
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<td>ERCH</td>
<td>EscaRosa Coalition on the Homeless</td>
<td>798</td>
<td>485684</td>
<td>16.4</td>
<td>To RESPECT all our constituencies, to treat them with INTEGRITY, to seek INNOVATIVE solutions to the problems we deal with, and to continually execute our VISION with EXCELLENCE in order to eliminate homelessness</td>
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<td>HCH</td>
<td>Heartland Coalition for the Homeless</td>
<td>1071</td>
<td>257651</td>
<td>41.6</td>
<td>To help prevent and end homelessness</td>
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<td>HASI</td>
<td>Home Again St. John’s</td>
<td>1064</td>
<td>235087</td>
<td>45.3</td>
<td>To promote, foster and support a collaborative approach among social service and governmental agencies, community groups, faith-based organizations and dedicated private citizens for resolving issues related to homelessness in St. Johns County compassionately, effectively and efficiently</td>
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<td>HHAPB</td>
<td>Homeless &amp; Housing Alliance of Palm Beach</td>
<td>1332</td>
<td>1443810</td>
<td>9.2</td>
<td>To End Homelessness in Palm Beach County</td>
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<td>HHPH</td>
<td>Homeless Coalition of Polk County</td>
<td>635</td>
<td>666149</td>
<td>9.5</td>
<td>Teaming up to make homelessness rare, non-recurring, and short lived.</td>
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<td>HIPB</td>
<td>Homeless Initiative Partnership of Broward</td>
<td>2302</td>
<td>1909632</td>
<td>12.1</td>
<td>To lessen the impact of homelessness in our community, and to one day achieve its eradication</td>
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Notes: 1 No Organised COC in Baker, Dixie, & Union Counties 2 Populations data derived from 2016 COC PIT Counts and 2010 US Census. *Part 1 of 2

Clarification: Not all COCs have adopted official mission statements-statements of organizational purpose and/or goals have been used in these instances.

Table 1A: Part 1Demographics and Mission Statements of HUD-Designated COC-organizations in Florida- Provides COC acronym/name, homeless population (HMLSPOP), population of the COC(COCPOP), number of homeless per 10,000 of general population (#/10,000), and the COC’s Mission Statement.
### FLORIDA CONTINUUM-OF-CARE ORGANIZATIONS: DEMOGRAPHICS VS MISSION STATEMENTS

<table>
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<th>#/10,000</th>
<th>COC MISSION STATEMENT</th>
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<td>HSNOOS</td>
<td>Homeless Services Ntwrk of Orange,Osceola,Seminole</td>
<td>1613</td>
<td>2105861</td>
<td>7.7</td>
<td>To facilitate a comprehensive and integrated system of services in Central Florida designed to ensure that any experience of homelessness is brief and rare</td>
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<td>LCCOC</td>
<td>Lee County Continuum of Care</td>
<td>439</td>
<td>722336</td>
<td>6.1</td>
<td>To advocate, educate, and promote awareness of issues and obstacles facing homeless individuals in Lee County through community collaboration, planning, and implementing solutions</td>
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<td>MCHS</td>
<td>Marion County Homeless Coalition</td>
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<td>To provide coordinated assistance to the homeless and those at risk of homelessness.</td>
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<td>4235</td>
<td>2712945</td>
<td>15.6</td>
<td>Tasked with ending homelessness in the County</td>
</tr>
<tr>
<td>MFHC</td>
<td>Mid Florida Homeless Coalition</td>
<td>595</td>
<td>785848</td>
<td>7.6</td>
<td>To promote partnerships that will reduce and prevent homelessness in Citrus, Hernando, Lake and Sumter Counties</td>
</tr>
<tr>
<td>MCHS</td>
<td>Monroe County Homeless Services</td>
<td>575</td>
<td>79077</td>
<td>72.7</td>
<td>To promote community-wide commitment to the goal of ending homelessness by facilitating the Continuum-of-Care process in Monroe County, Florida</td>
</tr>
<tr>
<td>NCFAHH</td>
<td>North Central FL Alliance for the Homeless &amp; Hungry</td>
<td>844</td>
<td>419872</td>
<td>20.1</td>
<td>To advance the collaborative efforts of helping agencies in Alachua, Bradford, Gilchrist, Levy and Putnam counties to end homelessness</td>
</tr>
<tr>
<td>OWHCOC</td>
<td>Okaloosa Walton Homeless Continuum of Care</td>
<td>629</td>
<td>267059</td>
<td>23.6</td>
<td>To the elimination of homelessness; HHA believes we can create a community without homelessness by investing in long-term and cost-effective solutions that have been proven to prevent and end homelessness</td>
</tr>
<tr>
<td>PCHLB</td>
<td>Pinellas County Homeless Leadership Board</td>
<td>2077</td>
<td>960730</td>
<td>21.6</td>
<td>To be THE leadership organization in ending homelessness in Pinellas County</td>
</tr>
<tr>
<td>SPEH</td>
<td>Suncoast Partnership to End Homelessness</td>
<td>1468</td>
<td>788457</td>
<td>18.6</td>
<td>To prevent and end homelessness in Manatee and Sarasota Counties.</td>
</tr>
<tr>
<td>THHI</td>
<td>Tampa-Hillsborough Homeless Initiative</td>
<td>1817</td>
<td>1376238</td>
<td>13.2</td>
<td>To develop and provide innovative solutions to reduce and end homelessness in Tampa-Hillsborough County.</td>
</tr>
<tr>
<td>TCHSC</td>
<td>Treasure Coast Homeless Services Council</td>
<td>2382</td>
<td>616771</td>
<td>38.6</td>
<td>To end and prevent homelessness by empowering, leading and supporting people who are homeless or at risk of homelessness, local homeless services providers and any other interested individuals and groups to accomplish our mission through the conduct of a duly constituted and recognized Continuum of Care</td>
</tr>
<tr>
<td>UWSW</td>
<td>United Way of Suwannee Valley</td>
<td>1145</td>
<td>136071</td>
<td>84.1</td>
<td>To advance the common good through community impact initiatives and agency support</td>
</tr>
<tr>
<td>VFCCH</td>
<td>Volusia/Flagler County Coalition for the Homeless</td>
<td>1005</td>
<td>637674</td>
<td>15.8</td>
<td>Working to end homelessness in Volusia and Flagler Counties</td>
</tr>
<tr>
<td>Notes:</td>
<td>1 No Organised COC in Baker, Dixie, &amp; Union Counties</td>
<td></td>
<td></td>
<td></td>
<td>*Part 2 of 2  Clarification: Not all COCs have adopted official mission statements-statements of organizational purpose and/or goals have been used in these instances</td>
</tr>
</tbody>
</table>
Map B: Homeless Populations of Continuum-of-Care Organizations in Florida- 27 COCs are presented representing 64 Florida counties; Baker, Bradford, and Dixie counties have no organized COC.
Map C: Homeless Per 10,000 in Continuum-of-Care Organizations in Florida- 27 COCs are presented representing 64 Florida counties; Baker, Bradford, and Dixie counties have no organized COC.