

FLORENDA **2021** **ASSESSMENT OF HOUSING FOR SPECIAL NEEDS AND HOMELESS POPULATIONS**

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ABOUT CSH AND FLORIDA HOUSING

Founded in 1991, CSH's mission is to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. For 30 years, CSH has been the national champion for supportive housing, demonstrating its potential to improve the lives of at-risk individuals and families in desperate need of homes and services. Our efforts have helped house over 385,000 people nationwide. CSH has earned an award-winning reputation as a highly effective, financially stable CDFI, with strong partnerships across government, community organizations, foundations and financial institutions. CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Learn more at www.CSH.org.

Founded more than 40 years ago, Florida Housing Finance Corporation (Florida Housing) is a public corporation of the State, administering federal and state housing programs with a mission to assist in providing a range of affordable housing opportunities for the state's residents. Florida Housing provides financing for both homeownership and rental housing, including permanent supportive housing, working with private and nonprofit developers, lenders, local governments and others to serve Floridians.

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EXECUTIVE SUMMARY

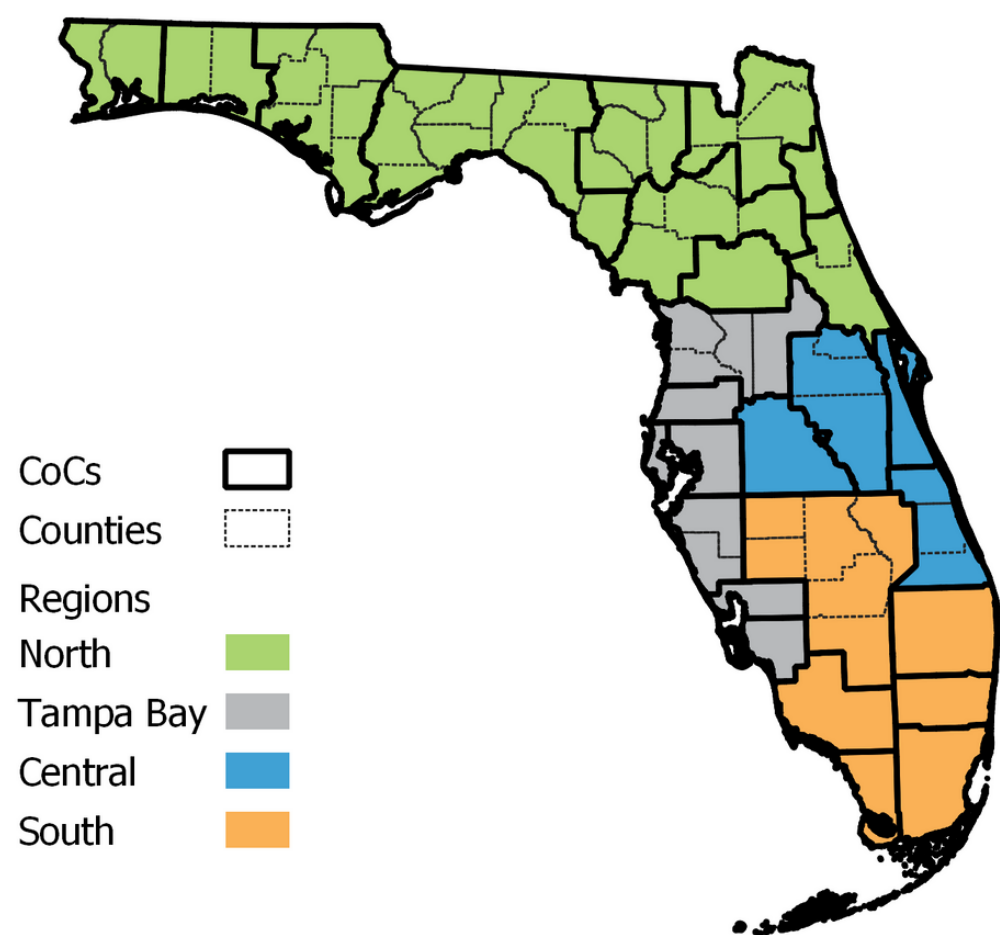
Background and Methodology

In September 2020, Florida Housing Finance Corporation (Florida Housing) contracted with Corporation for Supportive Housing (CSH) to develop a state-level housing needs assessment designed to identify the supportive and affordable rental housing needs of Special Needs and Homeless populations with incomes at or below 60% of area median income (AMI). This effort also included financial modeling to estimate the number of units required to meet the various housing needs of the specified populations in Florida, as well as the costs associated with meeting that need. These costs specifically include the capital costs of financing unit development to meet the rental housing need; operating costs and replacement reserves to maintain that housing; and an analysis of funding support needed to lower barriers to entry to housing.

This report defines the populations and subpopulations specific to this effort describes the methodology⁽¹⁾ utilized to determine the affordable and supportive rental housing needs of those populations, details the assumptions utilized in the analysis, and presents the resultant projected need, as well as the costs associated with meeting that need. The findings presented herein are designed to clearly summarize the results of this effort, with more extensive methodology and reference information provided in the Appendix. Data utilized in this analysis is provided with this report via supplemental Excel tables that can be found on Florida Housing's website.

As utilized throughout this report, the term "Rate of Need" refers to the share of a specified population that, based on the analysis of state and regional data and national research, is assumed to have needs that are consistent with supportive housing. To that end, this analysis grouped housing need into two "buckets" of rental housing types: Supportive Housing, (SH) and Affordable Housing (AH), and grouped populations into Homeless Households and Persons with Special Needs, although this assessment must acknowledge there is overlap between these two broad populations.

The analysis of the need for SH and AH among Homeless Households and Special Needs populations are informed by CSH's National Needs Assessment⁽²⁾ and refined utilizing extensive state and regional data tailored to the specific subpopulations and geographies assessed in this project. In many instances, Point-in-time⁽³⁾ or census-style data was utilized to assess the housing need across multiple sectors while seeking to avoid duplication, or double-counting, of individuals and households wherever possible.



Florida Housing divides the state into four regions, North Florida, Central Florida, South Florida and Tampa Bay, in order to allocate financing for homeless housing; this report aggregates the cumulative need for housing into those same regions. Costs associated with developing housing in each of the four regions were applied to the cumulative need, providing a cost summary that reflects the nature of housing development in different parts of the state. The following key findings summarize the housing need, and the costs to meet that need, among the analyzed populations.

(1) Detailed Methodology is available in Appendix I.

(2) <https://cshorg.wpengine.com/supportive-housing-101/data/>

(3) Refers to a snapshot of the size of a given population at a particular point in time.

Key Findings Summary

Statewide Perspective

- In Florida, an estimated 156,962 homeless and/or Special Needs households have a need for either supportive or affordable housing.
- In total, of the 156,962 households in this analysis with a housing need, 12,811 (8%) require SH, while the remaining 144,151 households (92%) require AH. Of these, 104,894 (67%) are comprised of one- or two-person households and 52,068 (33%) are households of three or more.
- One- and two-person households account for 95,745 (66%) of the 144,151 AH unit need, and households of three or more persons account for 48,406 units (34%).
- Of the one- and two-person households with AH needs, 63% fall within the 0-30% AMI range and 37% fall within the 30.01-60% AMI range.
- Households of three or more persons with AH needs are evenly split between the 0-30% and 30.01-60% AMI ranges.

Homelessness

- An estimated 70,756 households experiencing homelessness in Florida need either supportive or affordable housing.
- Of those, 8,931 (13%) have a need for SH, while 61,825 (87%) have an AH need.
- Individuals experiencing Chronic Homelessness who need supportive housing amount to 4,664 persons, constituting the largest share (52%) of SH need out of all homeless subpopulations. Families experiencing Chronic Homelessness make up just under 10% of the Chronic population in Florida.

Special Needs

- There are an estimated 86,206 Special Needs households in Florida in need of either supportive or affordable housing.

- Of that total, 3,880 households (5%) are estimated to need SH, while the remaining 82,326 (95%) need AH.
- Child Welfare-involved families with one or more adults with a Special Need comprise the largest share of SH need among the Special Needs subpopulations examined in this assessment; 2,180 (56%) of the 3,880 Special Needs households in need of SH are Child Welfare-involved families.
- Of note, Severe and Persistent Mental Illness (SPMI) and/or Substance Use Disorder (SUD) is a contributing factor to housing instability across all subpopulations, including Homeless, assessed in this analysis.
- During Q2 of the fiscal year 2021, 45,723 Floridians utilized Substance Abuse and Mental Health Services. Of those, 2,685 were identified as homeless, 8,291 were independent living settings with either relatives or non-relatives, and 702 were in correctional facilities.

Cost of Housing

- It would cost \$36.32 Billion (B) to develop enough new construction units of Supportive Housing and Affordable Housing to meet the estimated need.
- Of that cost, \$3.24B is required to develop sufficient SH to meet the need, and the remaining \$33.08B reflects the development cost to offset the deficit in AH for these populations.
- Operating costs for all units of supportive and affordable housing, after accounting for tenants' ability to contribute rent, amounts to \$21.9B over 15 years. Replacement Reserve costs, which are a component of operating costs, to maintain all units in good condition total \$706.3 Million (M) over 15 years.
- An additional \$219.6M over 15 years is needed to lower cost barriers to entry, such as application fees and security deposits, for homeless and special needs households.

The following table summarizes the estimated need for SH and AH for subpopulations examined in this analysis. Please note that throughout this report, numbers reflected may be off by +/- 1 due to rounding.

Figure 1: Summary Table Detailing the Estimated SH and AH Unit Need for All Subpopulations Examined at the Time of This Analysis.

Subpopulations Assessed	Estimated SH Unit Need (households)	Estimated AH Unit Need (households)	Unit Need Totals (SH+AH)
Individuals Experiencing Chronic Homelessness	4,664	518	5,128
Individuals Experiencing Non-Chronic Homelessness	1,580	13,866	15,446
Families Experiencing Homelessness*	296	913	1,209
Families Living Doubled Up or in Hotels/Motels	1,346	43,508	44,854
Individuals Exiting Prison	319	1,278	1,597
Youth Aging Out of Foster Care	625	1,875	2,500
Homeless Individuals with Severe and Persistent Mental Illness (SPMI) and/or Substance Use Disorder (SUD) in Residential or Inpatient Treatment Settings**	726	1,742	2,468
Persons with Intellectual/Developmental Disabilities (I/DD) Requiring Independent Living Services	995	1,990	2,985
Survivors of Domestic Violence	80	1,520	1,600
Child Welfare-Involved Families with an Adult with Special Needs	2,180	***	2,180
Individuals and Families Receiving SSDI, SSI, or Veterans Disability Benefits	****	76,941	76,941
State Totals	12,811	144,151	156,962

Table Note: This table provides a summary of the overall estimated unit need for SH and AH for the subpopulations assessed in this analysis. Duplication across subpopulations has been accounted for in the methodology and removed wherever possible, but the potential for some duplication may continue to persist in the totals listed above. See Appendix I: Methodology for more details. Numbers reflected in this report may be off +/- 1 due to rounding.

*Chronically Homeless Families make up less than 10% of the chronically homeless population and a small percentage of families experiencing homelessness. As such, this category includes both non-chronic family households and those with chronically homeless adults with a qualifying disability. (HUD defines a Chronically Homeless family as a family with an adult head of household with a qualifying disability who meets the definition of a Chronically Homeless individual).

**Assessment of need for individuals for whom no subsequent residence has been identified upon discharge.

***This category assessed child welfare involved families where one or more adults in the household have a Special Need. A rate of 18% was applied to the total number of all child-welfare involved families in the state to estimate the share with Special Needs.

INTRODUCTION

Overview

The purpose of this assessment is to project the scale of need for supportive and affordable rental housing for both Homeless Households and Persons with Special Needs and to model the capital and operating resources necessary to meet that need, as well as examine the costs to lower barriers to entry to housing. While it is important to acknowledge that supportive services comprise a necessary and substantive additional cost to sustain supportive housing, an assessment of those costs was outside of the scope of this analysis.

Of note, in April of this year, Florida Housing released a report on the findings of the **Florida High Needs High-Cost Pilot**(4), which performed a comparative analysis of costs to public systems, both pre-and post-housing, for extremely low-income persons experiencing chronic homelessness who were high utilizers of publicly-funded crisis services. The findings of that report illustrated the effectiveness of Supportive Housing (SH) in maintaining housing stability for high acuity populations.

In Florida, a variety of interventions exist to support individuals and families facing a housing crisis who are experiencing homelessness and/or have special needs that require unique approaches to ensure housing stability. Because the nature of the crisis and the level of support varies on a case-by-case basis, it is essential for an efficient and well-functioning system to understand the appropriate mix of interventions to meet those needs. While examining those types of interventions and services was not a part of this assessment, we recognize the inherent value of supportive services in ensuring housing stability for at-risk populations.

Every three years, on behalf of Florida Housing, The Shimberg Center for Housing Studies at the University of Florida produces a statewide Rental Market Study(5) which includes evaluations of needs for Special Needs and Homeless populations. However, no similar effort existed to assess how much of the total affordable need is

comprised of supportive housing specifically for Homeless Households and Special Needs populations and the specific subpopulations examined in this analysis or to model the development and operating costs to meet the identified need. Accordingly, this report is not intended to replace or duplicate the Rental Market Study rather, CSH coordinated with the Shimberg Center and Florida Housing to examine the data utilized in that study in order to further inform the targeted goals of this assessment.

Currently, no single statewide dataset exists that comprehensively captures the supportive and affordable rental housing needs across systems, and the costs to develop units to meet that need, specifically for the subpopulations examined through this effort. Florida's twenty-seven Continua of Care (CoC's) provide an annual count of sheltered and unsheltered homeless persons and collect client-level data on the provision of housing and services to persons experiencing homelessness via HMIS. However, these data sources often exclude many other unstably housed and vulnerable sub-populations. Florida Housing and CSH recognized that this undertaking would entail an alternate approach to gathering and analyzing the data necessary to create projections of both the affordable and supportive housing needs in the state for specific populations experiencing homelessness and/or with special needs.

CSH proceeded to address this challenge by adapting and applying methodologies from our National Needs Assessment, in consultation with Florida Housing and the Florida Needs Assessment Advisory Group. We then analyzed and incorporated regional and state data sets, including HUD Annual Homeless Assessment Reports (AHAR), Annual Performance Reports (APR), Point in Time (PIT) Counts, Housing Inventory Charts (HIC), Florida Department of Education (FDOE) homeless student data, as well as county-level data from other systems - including child welfare and SAMHSA(6)-that serve the target populations. This process also included collaborating with relevant state and local agencies in order to provide

(4) <https://www.floridahousing.org/programs/special-programs/report-on-the-findings-of-the-florida-high-needs-high-cost-pilot-april-2021>

(5) <https://www.floridahousing.org/press/publications/2019-rental-market-study>

(6) <https://www.samhsa.gov/>

affordable and supportive rental housing projections for the populations and areas of need specified by Florida Housing for this effort.

Additionally, it is important to recognize that mental health challenges, particularly Severe and Persistent Mental Illness (SPMI) and Substance Use Disorders (SUD), are exacerbating factors contributing to housing instability and homelessness across all systems of care in the state, as well as across all subpopulations assessed in this effort. In this analysis, as in our national needs assessment, CSH utilizes extensive research and data to develop rates of need that take this population into account across systems, while minimizing duplication wherever possible. See the Methodology Appendix for more details on how data, or the lack thereof, was utilized to address this population.

While stakeholders in Florida have long known that there is a pressing need for more affordable housing – indeed, this is true of virtually every community and state in the country at present – the effort that produced this report uniquely estimates how much of that need should be directed toward supportive and affordable housing for Special Needs and Homeless Populations and models the cost to meet that need. Ultimately, this assessment strives to provide additional and more differentiated datasets of specific subpopulations, as well as an estimate of costs to develop and support the operation of needed affordable and supportive rental housing for the specified populations.

Definitions

Numerous state systems engage with Floridians who may experience housing instability or homelessness, or who have special needs. It is common in Florida – indeed, in all states – for different systems to deploy separate definitions for homelessness, or to categorize needs according to their specific areas of expertise. Thus, it is important to clearly define homelessness and special needs in the context of this assessment. Florida Housing provided CSH with specific definitions for Supportive and

Affordable Housing, as well as **Homeless Households** and Persons with Special Needs, for the purposes of this analysis. Below, we define these terms both broadly, and in the scope provided for this effort.

Supportive Housing

Supportive Housing (SH), also commonly referred to as Permanent Supportive Housing (PSH), is a housing model that pairs affordable housing with community-based services and supports, including case management and/or service coordination designed to assist Persons with Special Needs or Homeless Households to achieve housing stability. For this assessment, Florida Housing defines SH as “housing paired with community-based services with onsite case management and/or service coordination to assist Persons with Special Needs or Homeless Households achieve housing stability that allows an indefinite length of stay as long as the tenant complies with lease requirements and has a lease with a minimum of seven months with no requirements related to the provision of or participation in supportive services. Permanent Supportive Housing shall facilitate and promote activities of daily living, access to community-based services, and inclusion in the general community. It is possible that Permanent Supportive Housing units may be embedded in a broader Affordable Housing property.”

While there are a variety of models of supportive services and housing assistance that fall under the umbrella of SH, not all households that utilize services and have an affordable housing need would be said to have a specific need for SH. The distinction can be blurry, but SH is targeted towards the higher need individuals and involves integrated housing and services, while other less robust interventions might involve non-integrated housing and services. A key factor in supportive housing is the integration of services alongside housing, as opposed to households that reside in affordable housing and receive other community-based services which are not coordinated with their housing.

Individuals and families in need of SH frequently encounter,

and may reside in, a variety of institutions and systems. The homeless system accounts for some, but not all, of the need for SH in any given jurisdiction. People with needs consistent with SH may reside in foster care homes, carceral settings⁽⁷⁾, behavioral health institutions, and/or facilities providing housing for individuals with Intellectual and Developmental Disabilities (I/DD) and other challenges. In addition, Persons with I/DD may be residing in family homes due to a lack of access to independent SH.

Affordable Housing

As defined by Florida Housing for this analysis, Affordable Housing is; "general occupancy rental housing financed with public programs such that rents are restricted to serve households with incomes at or below 60% AMI; in which an individual in a unit may or may not have supportive services unrelated to the unit lease, and that has no time limit on residency assigned to it."

Homeless Household

Florida Housing defines a homeless household as; "an individual or family who lacks a fixed, regular and adequate nighttime residence, including an individual/family who is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; is living in a motel, hotel, travel trailer park or campground due to a lack of alternative adequate accommodations; is living in an emergency or transitional shelter; has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings; is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or is a migratory individual/family who qualifies as homeless because he, she or it is living in circumstances described above. The term does not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements or traditional networks of support. The term does include an individual who has been released from jail, prison, the juvenile justice system, the child welfare

system, mental health and developmental disability facility, a residential addiction treatment program or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing. Note that this definition includes people living in motels because they have no other affordable place to live."

The above-mentioned homeless definition is from the 2019 Florida Statutes. The Legislature updated this language during its 2020 legislative session to conform with the HUD definition of homelessness. However, Florida Housing asked CSH to use the more expansive 2019 definition as the basis for collecting and analyzing data, because it captures additional populations which are served under Florida Housing's own homeless housing programs, specifically:

1. Persons released from justice systems, child welfare systems, developmental disability settings, or a residential treatment program or hospital for whom no subsequent residence has been identified and who lack the resources and support network to obtain housing; and
2. Persons sharing the housing of other persons or doubled up in motels due to loss of housing, economic hardship, or a similar reason.

Person with Special Needs

For this analysis, Florida Housing describes special needs populations as defined in s. 420.0004(13), Fla. Stat., "an adult requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5), Fla. Stat.; a survivor of domestic violence as defined in s. 741.28, Fla. Stat.; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program, the Supplemental Security Income (SSI) program, or from veterans' disability benefits." For the purposes of this Needs Assessment, this definition also includes families with children at risk of separation because one or more adults in the household have Special Needs.

⁽⁷⁾ Relating to a jail or prison.

While Florida Housing and the Shimberg Center have relied on a variety of datasets, including homeless information, to estimate need, all too often, communities rely solely on data from homeless system reporting to create the yardstick against which they measure progress. A growing effort to examine data across health, mental health, homeless, justice, and other systems shows that people who experience homelessness also use these other systems. For example, youth in foster care often have needs consistent with supportive housing but may not have utilized the homeless services system. Thus, it is critical to gather data as “upstream” as possible, to look at the housing needs for people in advance of a crisis experience of homelessness, along with the current populations of Floridians experiencing homelessness. This assessment takes a broad perspective and models need across a variety of systems in an effort to provide the State of Florida with a more comprehensive view of both the types and affordability levels of housing needed across the state.



FINDINGS

Need and Cost Summary

Overall, among homeless and special needs populations, this analysis projects that there is an estimated unmet need for 12,811 units of SH, for which approximately 9,149 units are needed for individuals and 3,662 units for families. The same populations present a need for 144,151 units of affordable housing, which includes 95,745 units for individuals and 48,406 units for families. The costs associated with developing units through new construction to meet the SH need the amount to \$3.24B, and the costs associated with developing the total needed AH amount to \$33.08B.

This section will elaborate on the housing need for the primary categories requested by Florida Housing for this assessment: Homeless Households and Persons with Special Needs. In addition, we will examine the subpopulations specified by Florida Housing within those categories and model the costs to develop supportive and affordable rental housing to meet that need.

Homeless Households

The subpopulations examined in this category consist of:

- Individuals Experiencing Homelessness
- Families Experiencing Homelessness
- Families Living Doubled-Up or in Hotels/Motels
- Individuals exiting Prisons
- Homeless Individuals with SPMI/SUD in Residential or In-Patient Treatment Settings

The following paragraphs elaborate on how rates of need were determined for the subpopulations assessed in the Persons Experiencing Homelessness category. We know that there is some overlap between these categories, but as mentioned earlier, persons with SPMI/SUD are prevalent across all subpopulations, and that has been taken into account in assumptions utilized to assess the rates of need for housing interventions.

Individuals Experiencing Homelessness: Homelessness is primarily tallied by means of an annual PIT count, where a

count and survey of sheltered and unsheltered people experiencing homelessness are conducted on a single night in January. The PIT classifies individuals into different types of homelessness, including their sheltered/unsheltered status, and by chronicity. HUD defines Chronic Homelessness, essentially, as a single individual (or head of household) with a disabling condition who has been homeless for a year or more⁽⁹⁾. This analysis differentiates homeless individuals by chronicity in order to determine groups with differing rates of need for supportive housing – individuals experiencing chronic homelessness are more likely to need supportive housing than those experiencing shorter-term homelessness, as are persons with SPMI and other special needs.

Families Experiencing Homelessness: Homeless families are also accounted for during the annual PIT count. The definition of homelessness employed by HUD results in discounting some families that experience homelessness because they are living doubled-up, or in hotels/motels. These families are accounted for through a Florida Department of Education (FDOE) survey of homeless students which disaggregates homeless families by living situation, allowing the analysis to avoid duplicating families already counted under the Federal definition of homelessness wherever possible. It is important to note that, as the FDOE homeless survey relies on self-reporting, an undercount is also likely in this category. Chronically Homeless Families make up less than 10% of the overall chronically homeless population, and a small percentage of families experiencing homelessness. As such, for the purposes of this analysis, both non-chronic family households and those with a chronically homeless adult with a qualifying disability are included in the Families experiencing Homelessness category and the need for SH was apportioned accordingly. HUD defines a Chronically Homeless family as a family with an adult head of household with a qualifying disability who meets the definition of a Chronically Homeless individual⁽¹⁰⁾.

Families Living Doubled-up or in Hotels/Motels: For the

(8) Unit numbers reflected in this report may be off by +/- 1 due to rounding.

(9) <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

(10) <https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

3% of families living doubled-up or in hotels/motels were assumed to have a need for SH. This assumption is based on the nature of these households' housing instability, which is generally inconsistent with the populations targeted for SH. It is likely that some of these households may have a need for services alongside affordable housing, but that model of housing and services differs from SH, as described in the Supportive Housing definition previously. It is also assumed that families in this subpopulation are likely to be captured in other systems in this analysis, such as in the annual PIT counts in the homeless system, in the child welfare system, and/or with those receiving SSI/SSDI or veteran's benefits. In consideration of the data captured in other systems, data analyzed by CSH on a national scale, discussion with Florida Needs Assessment Advisory Group, and in order to avoid potential duplication, the SH need for this subpopulation was assumed to be a very low percentage.

Of note, over 77,000 students in Florida live without stable housing, either doubled-up or in hotels/motels. Based on student data from the FDOE, approximately 91% of Florida's homeless students live with families. This rate, combined with assumptions on the average family size from the US Census, suggests that there are an additional 37,917 households with housing needs unaccounted for under the federal definition of homeless. For this assessment, CSH utilized the assumption that 3% of these households have a need for SH, as previously described.

CSH maintains a national supportive housing needs assessment⁽¹¹⁾ applying research-backed rates of need across systems to estimate the number of people in each system who have a need for supportive housing. These national rates were adjusted for this assessment based on Florida specific data and experience. See the Methodology Appendix for more details on the assumptions utilized to determine the rate of need.

The resulting baseline assumptions utilized to determine rates of need for supportive housing (SH) among homeless individuals and families were:

- 90% of chronically homeless individuals have a need for SH
- 10% of non-chronically homeless individuals have a need for SH
- 16% of all homeless families have a need for SH
- 3% of families living doubled up or in hotels/motels have a need for SH



(11) <https://www.csh.org/data/>

These assumptions result in an estimated need for SH and AH for Homeless Households as illustrated in the two following tables :

Figure 2: SH Need by Region for Individuals and Families Experiencing Homelessness.

Region	Chronically Homeless Individuals with SH Need	Non-Chronically Homeless Individuals with SH Need	Homeless Families with SH Need	Households Doubled Up and in Hotels/Motels with SH Need	Regional Totals
North FL	1,124	433	58	436	2,051
Tampa Bay	1,448	412	58	262	2,180
Central FL	610	226	92	314	1,241
South FL	1,482	510	88	333	2,414

Figure 3: AH Needs by Region for Individuals and Families Experiencing Homelessness.

Region	Chronically Homeless Individuals with AH Need	Non-Chronically Homeless Individuals with AH Need	Homeless Families with AH Need	Households Doubled Up and in Hotels/Motels with AH Need	Regional Totals
North FL	124	3,841	165	14,104	18,233
Tampa Bay	158	3,591	141	8,467	12,356
Central FL	70	1,968	346	10,158	12,543
South FL	166	4,466	261	10,780	15,673

Of note, the PIT counts include homeless individuals and families that are survivors of domestic violence. Because survivors of domestic violence are identified as a separate Special Needs population, individual survivors of domestic violence are ultimately subtracted out from the non-chronic individuals count, and family households fleeing domestic violence are subtracted from the homeless families count. The tables above reflect the PIT numbers without survivors of domestic violence included. See the Persons with Special Needs subpopulation description of survivors of domestic violence for more details regarding that population. Additionally, the AH need in North Florida may be impacted by ongoing displacement due to Hurricane Michael in 2018.

Individuals exiting Prisons: In addition to assessing homeless populations accounted for in the CoC homeless and FDOE systems, CSH examined the likelihood of individuals exiting the prison system who have a need for supportive or affordable housing. Data from the Florida Department of Corrections suggests that 5.56% of individuals exiting the prison system exit to homelessness. Of these, we estimate that 20% have a need for SH and the remainder have a need for AH.

(12) Numbers reflected throughout this report may be off +/- 1 due to rounding.

Homeless Individuals with Severe and Persistent Mental Illness (SPMI) and/or Substance Use Disorder (SUD) in Residential or Inpatient Treatment Settings:

The SAMHSA N-SSATS(13) Statewide totals reflect the statewide count of individuals receiving substance use treatment, as well as mental health services, in residential treatment programs at a given point in time. The survey assesses all facilities that provide substance use services, the majority of which also offer other types of mental or behavioral health services. Based on the average rate of homelessness among recipients upon entry, CSH utilizes an estimate that 10% of individuals in these settings have needs consistent with SH, and an additional 24% have an AH need. Because these numbers are reported at the state level, totals were apportioned to counties based on population. Patients receiving mental health services in facilities that do not also offer substance use treatment would be missed in this count, suggesting that the total assessed population will be an undercount.

Individuals with SPMI and/or SUD constitute an overwhelming share of the supportive housing need in Florida, and across the country. Across all systems assessed, the prevalence of SPMI alongside housing instability was a primary driver in estimating the rates of need for supportive housing. Due to a lack of centralized and focused treatment settings for individuals with SPMI, assessing the total scale of need for individuals receiving mental health care is challenging.

As of December 2020, Florida's managing entities under contract with the Department of Children and Families (DCF) operated 183 beds in Community Inpatient Psychiatric Hospitals, and an additional 866 beds in Crisis Stabilization Units (CSUs) or Integrated CSU and Addiction Receiving Facilities (CSUARFs). Daily census data from the managing entities shows that between July 1st and December 31st, 2020, an average of 57 indigent clients were served in Psychiatric Hospitals daily, and an additional 413 indigent clients were served in CSUs and CSUARFs(14).

A larger swath of Floridians encounters the broader Substance Abuse and Mental Health (SAMH) system overseen by DCF. During Q2 of the fiscal year 2021, 45,723 Floridians utilized SAMH services. Of those, 2,685 were identified as homeless, 8,291 were independent living settings with either relatives or non-relatives, and 702 were in correctional facilities. While the data does not disaggregate by type of SAMH services or severity of diagnosis, it is clear that there is a strong linkage between mental health and housing instability.

While the SAMHSA N-SSATS data and associated supportive housing, estimates reflect a portion of Floridians with mental health and substance use disorders needing supportive housing, it does not reflect the full extent of overlapping mental health and supportive housing need in the state. Households with mental health needs overlap all of the populations assessed in this report.

The following table illustrates the SH need for individuals exiting prisons, persons with SPMI/SUD in residential treatment programs:

Figure 4: SH Needs for Individuals Exiting Prisons and in Residential Treatment Programs.

Region	Individuals exiting prisons with SH Need	Individuals in Residential Treatment Programs with SH Need	Regional Totals
North FL	114	160	275
Tampa Bay	80	189	269
Central FL	65	142	207
South FL	60	234	294

Persons with Special Needs: This analysis also considers Persons with Special Needs, as defined by Florida Housing, while acknowledging overlap between this category and the category of Homeless Households. This overlap is accounted for in determining rates of needs to avoid duplication wherever possible.

(13) <https://www.samhsa.gov/data/data-we-collect/n-ssats-national-survey-substance-abuse-treatment-services>
 (14) Data from the Florida DCF, Substance Abuse & Mental Health Dashboard, Acute Care Services Utilization Reports, 2020

Furthermore, as is the case with the category of Homeless Households, a considerable share of individuals meeting the definition for Special Needs also have Severe and Persistent Mental Illness and/or Substance Use Disorders. Data on the prevalence of SPMI and SUD inform the rates of need for supportive housing for each subpopulation in the Special Needs category. Many individuals with SPMI and/or Special Needs are not homeless but do experience deep housing instability or rely on natural supports such as familial help in order to maintain housing. The reliance on natural supports to maintain housing while faced with the challenges of SPMI and/or SUD underscores the demand for affordable housing with integrated support services for this population.

The subpopulations examined in this category, as specified by Florida Housing, consist of the following, recognizing that persons with mental illness are dispersed throughout all subpopulations:

- **Persons with I/DD**
- **Survivors of Domestic Violence**
- **Child Welfare-involved Families with an Adult with Special Needs**
- **Youth Aging out of Foster Care**
- **Individuals and Families Receiving SSDI, SSI, or Veterans Disability Benefits**

Persons with I/DD: To assess the needs for SH among individuals with I/DD requiring independent living services, the analysis leveraged the Florida waitlist for these services, disaggregated by living situation. This population has historically had high rates of extended family caretaking and institutional placement, even when such living situations were not ideal or not preferred. Thus, the movement to provide access to independent, supportive housing situations for this population is nascent, and data on the transition to supportive and affordable housing in this population is limited.

The 35,000+ persons with I/DD in Florida with Medicaid services waivers have Person-Centered Support Plans which indicate whether they would like to live indepen-

dently or in supported living, both of which for this Needs Assessment fit into our definition of affordable or supportive housing. Of these waiver holders, 876 people have indicated their wish to live independently or in supported living.

There are an additional 22,718 persons with I/DD on a waiting list to receive these Medicaid waivers. Out of this total, 518 already are living independently or in supported living. Another 9,794 are under age 21 or would be coming out of situations where their needs are too great to live independently. This leaves a subtotal of 12,406 on the waiting list. To estimate how many of these people might want to live independently, information was gleaned from the National Core Indicator project⁽¹⁵⁾ which carries out consumer surveys of persons with I/DD receiving services.

The surveys ask these consumers about their involvement in and satisfaction with decisions related to various aspects of their lives, particularly their living situations and services. One question asks whether the survey respondent “wants to live somewhere else,” and in the most recent available survey (2017-18), 17% of Floridians stated they would like to live somewhere else. While this question does not indicate whether they would like to live independently per se, it serves as the best available measure of a desire for this type of home. Seventeen (17) percent of the 12,406 persons on the I/DD waiting list, or 2,109 persons, are estimated to be interested in living independently. Adding those with services desiring to live independently (876) with those on the waiting list who may desire this type of home (2,109), yields a total of 2,985 estimated as needing affordable or supportive housing. The Rate of Need for SH for Persons with I/DD applied in this analysis is 33%.

Survivors of Domestic Violence: According to the National Network to End Domestic Violence's (NNEDV) Domestic Violence Counts report which examines a point-in-time count of domestic violence services recipients, 1,601 survivors of domestic violence received housing assistance through DV providers on a given day in Florida. Based on census data and data from NNEDV, CSH assumes that 5% of

(15) <https://www.nationalcoreindicators.org/states/FL/report/2017-18/> National Core Indicators® (NCI®) is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The purpose of the program, which began in 1997, is to support NASDDDS member agencies to gather a standard set of performance and outcome measures that can be used to track their own performance over time, to compare results across states, and to establish national benchmarks.

DV survivors receiving housing assistance have a need for SH, and the remainder has needs for AH. Trends in the distribution of adult and child recipients of DV services alongside data on the average number of children per family suggest that approximately 60% of households receiving DV services are adult and child households, and the remaining 40% are comprised of individuals.

Child Welfare-involved Families with an Adult with Special Needs: At the national level, among families that have experienced a child removal, CSH estimates that 18% have a need for SH. This data is based on national research, drawing on a combination of the prevalence of homelessness among child welfare-involved families, rates at which housing is a contributing factor preventing family reunification, and the prevalence of co-occurring conditions indicative of SH need, such as mental health, substance abuse, and intellectual or developmental disabilities, in child welfare-involved families. In Florida, available data only includes children already in out-of-home placement. The lack of data on families with special needs that have not yet experienced a child removal but are at risk of child removal means that the analysis for this population likely undercounts the total need. Data was not available regarding families at risk of separation, but where children had not been removed from the home. Consequently, the estimate for total need is based on the calculated number of families that have experienced a child removal. To reduce the risk of duplication with other categories, the total need of 2,180 units resulting from this approach was assumed to have supportive housing needs and no affordable housing need was assessed. This does not mean that there is not a need for affordable housing among child-welfare involved families or families at risk of separation, only that that need is assumed to be captured elsewhere in the methodology and may still present an undercount.

Youth Aging out of Foster Care: Youth Aging out of Foster Care (YAFC) were assessed based on the number who are receiving Aftercare, Extended Foster Care, and

Postsecondary Education Services. These totals were provided at the state level and were apportioned to counties based on the distribution of youth in out-of-home foster care. CSH estimates that 25% of youth receiving these services have a need for SH and that the remainder has an AH need. For the purposes of this assessment, YAFC were classified as individuals; we recognize that some YAFC may also have children and/or siblings, but existing data is insufficient to separate YAFC individuals from YAFC who have families.

Individuals and Families Receiving SSDI, SSI, or Veterans Disability Benefits: Individuals and families receiving SSDI, SSI, or Veterans Disability Benefits constitute the final Special Needs category. Affordable housing needs for this group were determined based on the subset of households that fell at or below 60% AMI, experienced a rent burden of greater than 40% of their income and had a person(s) with a disability.

Because SH constitutes a subset of AH, the SH needs for Special Needs populations that might overlap with this category are likely to be captured in other subpopulations (child welfare, youth aging out of foster care, adults requiring independent living services) that have already been assessed. To minimize duplication, no rate for SH need was assigned to this group. The result is an estimate of AH need that minimizes (but does not completely foreclose) duplication. It is possible that a portion of the individuals in this category have needs for housing and services but did not fit into the other Special Needs categories, suggesting that the SH need in this population may be an undercount.

The following charts illustrate the SH need for households in Special Needs subpopulations:

Figure 5: SH Unit Need by Region for All Households in Subpopulations With Special Needs.

Region	Child Welfare Involved Families with SH Need	Persons with I/DD and SH Need	Survivors of Domestic Violence with SH Need	Youth Aging out of Foster Care with SH Need	Regional Totals
North FL	656	288	18	156	1,118
Tampa Bay	748	199	21	119	1,087
Central FL	393	198	16	93	700
South FL	383	310	26	257	976

Figure 6: SH Needs by Region for Family Households in Subpopulations With Special Needs.

Region	Child Welfare Involved Families with SH Need	Survivors of Domestic Violence with SH Need (Families)	Regional Totals
North FL	656	11	667
Tampa Bay	748	13	761
Central FL	393	9	402
South FL	383	16	399

Figure 7: SH Needs by Region for Individual Households in Subpopulations With Special Needs.

Region	Persons with I/DD with SH Need	Survivors of Domestic Violence with SH Need (Families)	Youth Aging out of Foster Care	Regional Totals
North FL	288	7	156	451
Tampa Bay	199	8	119	326
Central FL	198	7	93	298
South FL	310	10	257	577

Total Need in Florida

For the purpose of this analysis, the need for supportive and affordable rental housing for Homeless Households and Special Needs populations in Florida was distributed into four primary regions: North Florida, Central Florida, Tampa Bay and South Florida.

Where available, data was collected at the county level. Utilizing this regional methodology allowed county-level data to first be aggregated into CoCs catchment areas and finally into the four specified regions, as illustrated in the image below.

The resultant data on total need were then modelled onto individual and family households. For the purpose of this analysis, individual and adult-only family household need was separated equally into 0-bedroom and 1-bedroom units. For family households, including adults and children, the need was separated into 2-, 3-, and 4-bedroom units. Seventy percent of family households were assigned two 2-bedroom units, 25% were assigned to 3-bedroom units, and 5% were assigned to 4-bedroom units, as illustrated in the charts on the following page:

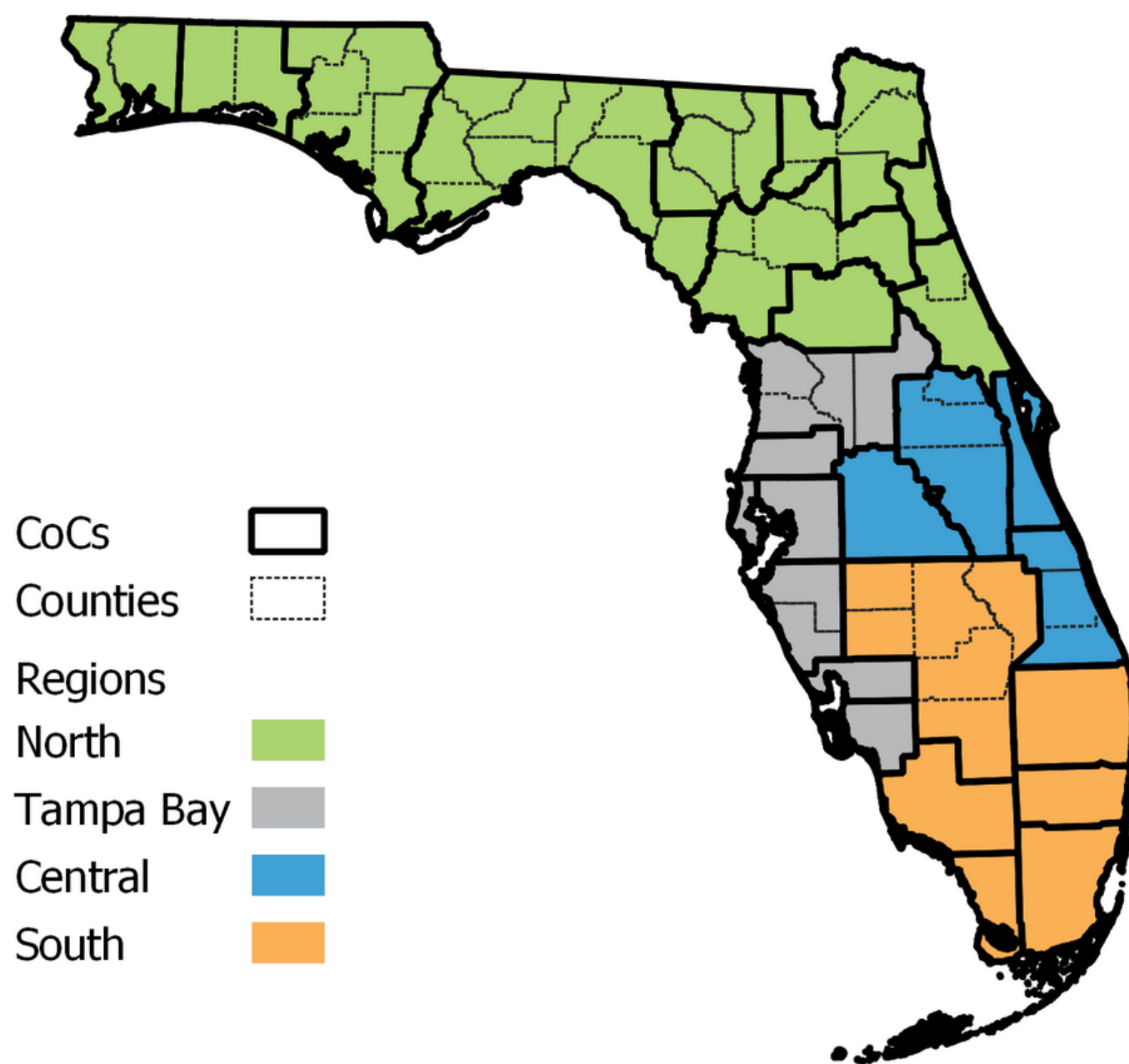


Figure 8: Total Unit Needs by Region for Individual and Family SH and AH.

Total Unit Need by Region	Individual SH	Family SH	Individual AH	Family AH	Regional Totals
North FL	2,350	1,093	23,635	14,541	41,618
Tampa Bay	2,496	1,040	25,823	9,876	39,236
Central FL	1,388	760	16,426	11,527	30,100
South FL	2,915	769	29,861	12,463	46,008

Figure 9: SH Unit Need by Region and Unit Mix.

SH Unit Need by Region and Unit Mix	0-bdrm	1-bdrm	2-bdrm	3-bdrm	4-bdrm	Regional Totals
North FL	1,175	1,175	769	273	50	3,442
Tampa Bay	1,248	1,248	727	261	52	3,537
Central FL	694	694	533	189	37	2,148
South FL	1,458	1,458	541	191	36	3,684

Figure 10: AH Unit Need by Region and Unit Mix.

AH Unit Need by Region and Unit Mix	0-bdrm	1-bdrm	2-bdrm	3-bdrm	4-bdrm	Regional Totals
North FL	11,817	11,817	10,177	3,636	728	38,175
Tampa Bay	12,911	12,911	6,914	2,469	493	35,699
Central FL	8,213	8,213	8,070	2,881	576	27,953
South FL	14,931	14,931	8,723	3,116	624	42,324

Financial Modeling

In order to assess and model costs over time, Florida Housing provided projected costs associated with developing different types of housing through new construction based upon data on the most recent cost information available⁽¹⁶⁾. These costs were then applied to the assessed need for SH and AH. For financial modeling charts broken out by AMI, region and unit mix, see the Supplemental Data Tables Excel document provided with this report. Costs illustrated below provide estimated Total Development Costs (TDC) for SH and AH units, based on today's costs to develop. Capital costs, Operating costs, Replacement Reserve costs and Costs to mitigate barriers to housing entry are also provided over a 15-year period⁽¹⁷⁾. Replacement reserves are a component of operating costs. All costs are broken out by region and by unit mix in the following tables:



Total Development Costs

Figure 11: Estimated Total Development Cost (TDC) for SH per Unit, by Region and Unit Mix.

Data: 2019-2020 Estimated SH Costs Per Unit (PU)					
Avg. TDC Per Unit (PU)	North FL Region	Central FL Region	Tampa Bay Region	South FL Region	Statewide Average
0-bdrm	\$154,600	\$167,500	\$159,600	\$223,500	\$176,300
1-bdrm	\$214,600	\$222,800	\$214,300	\$272,400	\$231,025
2-bdrm	\$370,700	\$305,400	\$291,400	\$418,500	\$346,500
3-bdrm	\$377,900	\$352,700	\$392,000	\$503,700	\$406,575
4-bdrm	\$441,700	\$433,700	\$481,600	\$623,800	\$495,200

⁽¹⁶⁾ Florida Housing used construction cost data from developments recently awarded financing. But because 2021 has seen such extraordinary cost increases in building materials and labor, for this assessment Florida Housing added 15% to the construction cost data to bring estimated costs in line with today's costs. Florida Housing believes this increased rate will shortly slow down to a more normal 3-5% increase per year, but the 15% increase puts these estimates more in line with what Florida Housing is now seeing.

⁽¹⁷⁾ In underwriting, the financial feasibility analysis looks at the ability of a new property to be successful over 15 years. However, in exchange for favorable, low-cost financing, most housing financed by Florida Housing is expected to remain affordable for 30-50 years. These cost projections do not evaluate the costs of rehabilitation, recapitalization or operations beyond 15 years.

Figure 12: Estimated Total Development Cost (TDC) for AH per Unit, by Region and Unit Mix.

Data: 2019-2020 Estimated AH Costs Per Unit					
Avg. TDC Per Unit (PU)	North FL Region	Central FL Region	Tampa Bay Region	South FL Region	Statewide Average
0-bdrm	\$135,200	\$147,500	\$152,700	\$201,700	\$159,275
1-bdrm	\$183,200	\$200,100	\$207,300	\$246,200	\$209,200
2-bdrm	\$256,900	\$267,500	\$286,200	\$348,500	\$289,775
3-bdrm	\$305,900	\$325,600	\$358,400	\$442,800	\$358,175
4-bdrm	\$351,600	\$393,800	\$433,800	\$522,000	\$403,967

Capital Costs

Capital development costs to meet the assessed need entirely through new construction by region and unit mix for SH and AH, consecutively, are shown in the tables below:

Figure 13: Capital Development Costs for New Construction of SH by Region and Unit Mix.

SH Capital Costs	SH 0-BDRM	SH 1-BDRM	SH 2-BDRM	SH 3-BDRM	SH 4-BDRM
North FL	\$181,626,522	\$252,115,469	\$285,108,690	\$103,235,391	\$22,277,738
Tampa Bay	\$199,194,615	\$267,464,950	\$211,832,049	\$102,444,432	\$25,075,741
Central FL	\$116,250,021	\$154,629,879	\$162,748,926	\$66,799,383	\$16,167,845
South FL	\$325,801,102	\$397,083,760	\$226,528,822	\$96,438,314	\$22,514,168
State Totals	\$822,872,260	\$1,071,294,058	\$886,218,487	\$368,917,520	\$86,035,491

Figure 14: Capital Development Costs for New Construction of AH by Region and Unit Mix.

AH Capital Costs	AH 0-BDRM	AH 1-BDRM	AH 2-BDRM	AH 3-BDRM	AH 4-BDRM
North FL	\$1,597,721,082	\$2,164,959,336	\$2,614,364,929	\$1,112,294,564	\$255,904,173
Tampa Bay	\$1,971,576,939	\$2,676,541,581	\$1,978,833,250	\$885,012,774	\$213,806,458
Central FL	\$1,211,414,596	\$1,643,417,360	\$2,158,597,119	\$938,114,294	\$226,843,481
South FL	\$3,011,484,946	\$3,675,892,879	\$3,039,835,901	\$1,379,611,105	\$325,900,563
State Totals	\$7,792,197,562	\$10,160,811,156	\$9,791,631,199	\$4,315,032,738	\$1,022,454,675

Figure 15: Total Capital Costs for SH and AH by Region and State.

Total Capital Costs			
Region	SH	AH	Regional Totals
North FL	\$844,363,810	\$7,745,244,084	\$8,589,607,894
Tampa Bay	\$806,011,785	\$7,725,771,003	\$8,531,782,789
Central FL	\$516,596,054	\$6,178,386,851	\$6,694,982,905
South FL	\$1,068,366,165	\$11,432,725,392	\$12,501,091,558
State Totals	\$3,235,337,815	\$33,082,127,330	\$36,317,465,145

Operating and Replacement Reserve Costs

It is important to recognize the value of estimated operating costs, including replacement reserves, as it is extremely difficult for households in the 0-30% AMI range to pay enough rent to enable a property to remain in good condition over time. Operating costs in this analysis reflect the gap between the total costs associated with operating a property and the income received by collecting rent. Thus, housing providers serving these populations regularly apply for project-based rental assistance and other supports from sources such as Public Housing Authorities, CoC's and HUD funding sources to help maintain their properties.



Figure 16: Operating Costs Over 15 Years for SH and AH by Region and Unit Mix.

Operating Costs	1BR SH	2BR SH	3BR SH	1BR AH	2BR AH	3BR AH
North FL	\$119,304,845	\$107,905,524	\$46,466,956	\$1,255,370,695	\$1,324,575,196	\$624,114,804
Tampa Bay	\$159,304,346	\$128,979,332	\$53,679,340	\$1,652,741,683	\$1,126,013,858	\$509,180,417
Central FL	\$88,339,409	\$92,015,684	\$38,018,687	\$1,046,716,717	\$1,274,983,357	\$585,851,335
South FL	\$214,295,670	\$119,551,219	\$47,018,890	\$2,242,167,929	\$1,656,548,696	\$779,332,697
State Totals	\$581,244,270	\$448,451,759	\$185,183,873	\$6,196,997,024	\$5,382,121,108	\$2,498,479,252

In the interest of space, only one-, two-, and three-bedroom units are illustrated in this table. Refer to Supplemental Data Tables on the Florida Housing's website for Costs for all unit mixes and modeling over time. The statewide total for operating costs, including all unit types over 15 years is \$21.9b.

Mitigating Cost Barriers to Entry

Cost Barriers to Entry (CBE) include items such as rental deposits, utility deposits and applications fees, the costs of which would pose a barrier to entry to housing for low-income households in the 0-30% AMI range in need of either SH or AH. Housing providers often identify additional resources or assist tenants to do so, in order to cover these costs. Florida Housing has worked with stakeholders and property managers to lower such fees, particularly for extremely low-income households. However, even these lower costs can be barriers to households moving into such housing. For this analysis, CBE was modeled to account for a \$300 utility deposit and \$35 application fee, as well as two months' worth of rent based on the average Fair Market Rent per unit type in a given region.



Figure 17: Costs to Mitigate Barriers to Entry by Region and Unit Mix for All Homeless and Special Needs Individuals and Families With a Housing Need, and Who Fall Within the 0-30% AMI Range.

Costs to Mitigate Barriers to Entry						
Region	0-bdrm	1-bdrm	2-bdrm	3-bdrm	4-bdrm	Regional Totals
North FL	\$14,837,552	\$15,841,483	\$12,537,848	\$5,732,909	\$1,319,459	\$50,269,251
Tampa Bay	\$19,928,248	\$21,126,630	\$11,336,812	\$5,209,786	\$1,221,877	\$58,823,352
Central FL	\$12,675,808	\$13,582,801	\$12,493,706	\$5,723,294	\$1,336,485	\$45,812,094
South FL	\$21,606,311	\$23,265,514	\$12,662,528	\$5,810,334	\$1,343,292	\$64,687,978
State Totals	\$69,047,919	\$73,816,427	\$49,030,894	\$22,476,323	\$5,221,112	\$219,592,675

CONCLUSION AND RECOMMENDATIONS

Throughout this assessment, data was collected from a variety of systems aligning with the specified target populations. Wherever possible, a point-in-time type approach was taken to minimize duplication, or double-counting, of individuals and families that have engagements with multiple systems.

Additionally, for each subpopulation, a rate of need for PSH was estimated and applied where applicable. System data was then scaled to the four regions defined by Florida Housing. Data at the county and CoC level was aggregated into the specified regions, and data at the state level was apportioned based on population distribution.

Needs for supportive and affordable rental housing were separated into individual and family households based on the population and data elements reflecting household size, and household types were linked to housing units based on household size and unit mix. The resulting matrices for SH and AH need by region and unit mix were combined with regional cost data provided by Florida Housing to estimate the total costs associated with developing and maintaining additional SH and AH to meet the calculated need.

Among homeless and special needs populations, there is an unmet need for 9,149 units of SH for 1-2-person households and 3,661 units of SH for households of 3 or more. The same populations present a need for 95,745 units of AH for 1-2-person households, and 48,406 units of AH for households of 3 or more. This is a portion of the total need for general affordable housing in the state. The Shimberg Center for Housing Studies found in the 2019 Rental Market Study that there was a deficit of 356,808 affordable and available units for renters in the 0-30% AMI range, and a deficit of 547,624 affordable and available units for renters in the 0-60% AMI range.

The total costs associated with developing new units to meet the need in Florida for Homeless Households and Persons with Special Needs amount to \$36.2B, with \$3.24B

needed for SH, and \$33.08B needed for AH development. The 15-year operating costs for the SH units necessary to meet this need total \$1.74B, while the 15-year operating costs associated with affordable housing for this population total \$20.13B. A further \$219.6M is needed to mitigate cost barriers to entry for Homeless Households and Persons with Special Needs. This highlights the critical need for operating assistance in order for developments to effectively maintain the condition of properties over time, while still keeping rents affordable, particularly for low-income households who fall within the 0-30% AMI range and are homeless, have special needs or are experiencing housing instability.

Over the last 10 years, Florida has made progress to minimize the risks of housing instability and reduce the number of people experiencing homelessness through increased collaboration and commitment by leadership within state-governed housing agencies, Homeless CoCs, community service providers, and Advocates for the deployment of evidenced-based permanent housing solutions. However, due to ongoing challenges in the U.S. economy - including rises in costs of goods, low wages, lack of affordable housing inventory, impacts of the global pandemic and the impact of systemic racial inequities around housing, health and income - there remains a prevailing and critical need for additional permanent affordable and supportive rental housing within each of the four regions of the state examined in this analysis.

Recommendations

For consideration as Florida Housing examines strategies to increase unit production to meet the need across the state, CSH offers the following recommendations to enhance efforts to; increase the pipeline of quality, affordable and supportive housing; lower cost barriers to entry to housing; identify sources for acquisition, capital, operating and reserve funding; and improve housing stability for Homeless Households and Persons with Special Needs.

Centering Racial Equity & Amplifying the Voices of People with Lived Experience in Housing Design & Pipeline

Development. Significant new funding from the federal government to increase unit development and access to housing comes with an increased responsibility to purposefully and strategically utilize funding to maximize impact and ensure that unit production efforts are targeted to remediate historic inequities, and not inadvertently further burden/intensify disparities experienced by Black, Indigenous and People of Color (BIPOC) and marginalized communities (e.g., LGBTQ+ people with disabilities). Systemic inequity is further exacerbated by the current health crisis and global pandemic, particularly for persons experiencing homelessness and/or with special needs. It is imperative to examine data⁽¹⁸⁾, identify the most appropriate housing models for various communities and center equity in universal design features. Florida Housing currently has a strong universal design/visibility approach in its Requests for Applications (RFAs) for housing development and would benefit by applying an equity analysis to review and revise existing aspects of unit design. People with Lived Experience (PWLE) are critical stakeholders, and their voices are invaluable to provide insight into various aspects of unit development and design. Thus, it is critically important to examine ways to meaningfully incorporate PWLE and BIPOC into statewide stakeholder groups and planning efforts.

Implement a statewide training initiative to build the capacity for the development and operations of high-quality Supportive Housing. Strengthening the capacity of developers and provider partners to successfully apply for and secure Florida Housing funding to develop and maintain quality SH is critical to expand the pool of knowledgeable and effective SH developers in the state. Consider developing a strategy to implement a capacity-building process in Florida.

Throughout this effort, CSH talked with a variety of stakeholders, including developers and providers at the state and local level, to obtain deeper context to challenges surrounding assisting target populations in obtaining and sustaining housing stability. Despite the

existing innovative housing programs and resources in Florida to support special needs and homeless households, the overall consensus of those interviewed was frustration around the lack of enough affordable housing and service resources to effectively meet the need. Additionally, they expressed a need for improved coordination and partnership between housing providers and community-based programs to better serve residents most in need, as well as connect them to permanent housing quickly and ensure housing stability.

Approaching the challenge of building capacity, partnerships and knowledge around the implementation of quality SH and services as a statewide effort could potentially have a tremendous impact in increasing access to quality affordable housing.

Prioritize and target existing and new federal funding, including the American Rescue Plan Act (ARPA) and other CARES Act funding, to jump-start the development of new units by financing capital and operating costs. Newly appropriated ARPA funding, including HOME-ARP⁽¹⁹⁾ and State/Local Fiscal Recovery Funds, is eligible for new unit development use. Additionally, HOME-ARP can be utilized for acquisition/conversion to SH and may also be used for capital and operating reserves. Medicaid/HCBS, HRSA and SAMHSA funding in the ARP include eligible uses for supportive and other services to improve housing stability, as well as to address cost barriers to entry. This surge in funding can be creatively utilized for upfront investment in unit creation and capacity building.

The state, Local jurisdictions and communities should examine efforts to braid this funding to meet the need for SH unit development as well as provide for needed service coordination to ensure housing stability. Of note, as the services funding timeline for HOME-ARP is shorter than the affordability compliance period and the period from which capitalized operating reserve can be drawn down, HOME-ARP should be viewed as a supplementary or bridge resource for supportive services.

(18) <https://www.csh.org/2020/04/advancing-equity-through-data/>

(19) https://www.hud.gov/program_offices/comm_planning/home-arp

To further the reach and impact of this influx of funding, Florida Housing should consider identifying opportunities to coordinate with local jurisdictions and developers to braid and leverage ARPA funding with the Low-Income Housing Tax Credit (LIHTC) program, National, State and Local Housing Trust Funds, Community Development Block Grants (CDBG), and/or even additional ARPA resources such as the State and Fiscal Local Recovery Funds provides an opportunity to maximize it for supportive housing development. In addition, continue to maintain and increase the availability of incentives to develop affordable housing for people with household income at or below 30% AMI (60% AMI).

HOME-ARP is targeted for individuals and families who are homeless, at risk of homelessness, fleeing or attempting to flee domestic/dating violence or human trafficking, or when additional supportive services or assistance would prevent homelessness or help those at risk of housing instability. However, when utilized for capital costs, only 70% of the units developed must be occupied by those individuals. The remaining 30% of the units may be occupied by low-income households more generally to help sustain the financial feasibility of the development project. HOME-ARP projects have a minimum affordability compliance period of 15 years.

Recommended HOME-ARP activities for **capital funding**, including acquisition, construction and rehabilitation, include:

- Supplementing 9% LIHTC projects to finance more applicants during the 2022 cycle,
- Financing 9% LIHTC projects that did not receive awards in previous years due to limited funding amounts, and
- Pairing with 4% LIHTC and tax-exempt bonds for the cost of construction and/or the permanent financing of a project⁽²⁰⁾.

Recommended use of HOME-ARP for **operating funding** includes creating a capitalized operating reserve that is held in an interest-bearing account that can be drawn

down to cover operating deficits of the supportive housing units in the development. The capitalized account can be maintained for a period of up to 15 years, allowing the ability to drawdown these funds over the minimum affordability compliance period. Of note, capitalized operating reserves from HOME-ARP may only be used for developments that also financed construction cost, at least in part, with HOME-ARP as well.

In addition, locally, the new Emergency Housing Vouchers (EHV)⁽²¹⁾ offer an opportunity for jurisdictions to provide long-term rental subsidies and opportunities to:

- Assist residents living in SH who could benefit from rental assistance but no longer require intensive services, which in turn supports the transition of other residents (unsheltered, disabled) into open SH units,
- Assist residents housed using time limited Rapid Rehousing resources who, but for the assistance, would be unable to afford housing,
- Provide sustainable rental assistance for victims of domestic violence or human trafficking, seniors, families, veterans, and individuals and families at risk of or experiencing homelessness, and
- Prioritize permanent housing resources to meet the housing needs of those most highly impacted by COVID-19, people living with chronic health conditions or disabilities, at-risk families and youth, seniors/older adults and those living in unsheltered conditions.

Statewide, Public Housing Authorities (PHAs) in Florida received 24,981 EHV's in the initial ARP allocation. This presents an incredible opportunity for local communities to engage PHAs across the state in strategies to increase access to housing and lower cost barriers to entry.

Additionally, Florida recently received \$1,273,479,128 in HOME-ARP funding and Fiscal Recovery Funds in the amount of \$8,816,581,838.70 for the State, \$11,867,310,184 for metro cities, \$17,089,135,281 for counties, and \$1,416,425,123.00 for non-entitlement areas. To fill the gap for needed services and supports, including lowering cost barriers to entry, additional funding is also available through

⁽²⁰⁾ Decisions on how to best apply HOME-ARP to a 4% LIHTC project may depend on the bond volume cap in the state. In states that are near their volume cap, HOME-ARP can be used as a permanent funding source if the state is conserving the bonds by using them for construction costs only. Otherwise, HOME-ARP can be used both for construction and permanent financing. Additional information on financing supportive housing with tax-exempt bonds and 4% LIHTC can be found here:

<https://www.csh.org/resources/financing-supportive-housing-with-tax-exempt-bonds-and-4-low-income-housing-tax-credits/>

⁽²¹⁾ <https://www.hud.gov/ehv>

the ARPA awards through the Health Resources & Services Administration (HRSA)(22), the Community Mental Health Block Grant Program ARP Supplemental Awards(23) and the Substance Abuse Prevention and Treatment Block Grant Program ARP Supplemental awards(24) through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Develop a statewide strategy to identify and invest in opportunities for the acquisition and rehabilitation of abandoned or under-utilized buildings to preserve and expand affordable housing stock. The lack of affordable housing is a national crisis, and the same can be said for the state of Florida. Now more than ever, considering the uncertainty of the long-term scope and impact of the Coronavirus pandemic, it is critical to creating new and preserve existing housing stock to meet the growing need, particularly for low and extremely low-income households with special needs and/or who are facing a homeless crisis. One option that is being successfully implemented across the country is hotel/motel conversion to permanent housing. As hotels/motels throughout the state are being utilized for short-term pandemic housing or abandoned altogether due to significant reduction in use, they are becoming increasingly attractive for acquisition. In the **From Hotel to Home** series(25), CSH discusses cost-effective strategies for the acquisition, quality conversion and funding of hotels/motels and other real estates. In Florida, for example, Alachua County recently approved the purchase of a 36-unit motel to convert into 36 units of affordable permanent housing, partnering with the local PHA for property management. Similar projects are cropping up around the country and present an opportunity to preserve and improve existing housing stock at a much lower cost per unit than new development, bearing in mind potential issues around quality, location and access to amenities that may impact cost-effectiveness.

In California, with one of the highest costs of living in the nation, Project Homekey(26) is an excellent example of the

cost savings that upfront investment and coordinated acquisition can accomplish. In this project, for which the California Department of Housing and Community Development (HCD) made available \$550 million in Coronavirus Relief Funds (CRF) and other state general and other funding to purchase and rehabilitate housing, including hotels, motels, vacant apartment buildings, and other buildings and convert them into long-term housing. The average CRF cost per unit acquired was \$127,254, compared to an average of over \$500k per unit for typical new PSH development. The program has been so successful and cost-effective, that in September of this year, the Governor announced an additional investment of \$2.75B to expand the program to purchase and rehabilitate properties to convert into up to 14,000 housing units.

Additionally, local governments are often more supportive of this type of affordable housing for vulnerable populations due to the additional incentive of removing blight and improving the quality of neighborhoods.

Coordinate and improve statewide data collection to include persons with mental and behavioral health challenges across systems. While Florida Substance Abuse and Mental Health (SAMH) and the homeless system currently collect and report on subpopulations with SPMI and/or SUD by the living situation, other systems, including child welfare and justice systems, would benefit from including the collection of this data point. Further, the Agency for Persons with Disabilities collects data on its clients by the living situation and would benefit by merging that living situation data with information on the co-occurrence of SPMI and/or SUD. Recognizing that mental illness doesn't discriminate, and affects persons of all ages, genders, races and economic status, improving data collection at a statewide level would greatly increase Florida's ability to mitigate the effects of mental illness on housing stability.

Utilize the findings and lessons learned from the Florida High Need High-Cost Pilot(27) report to effectively

(22) <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/awards>

(23) <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/awards>

(24) <https://www.samhsa.gov/grants/block-grants/mhbg-american-rescue-plan>

(25) <https://www.csh.org/hotel-to-home/>

(26) https://www.hcd.ca.gov/policy-research/plans-reports/docs/hcd100_homekeyreport_v18.pdf

(27) <https://www.floridahousing.org/programs/special-programs/report-on-the-findings-of-the-florida-high-needs-high-cost-pilot-april-2021>

advocate for the crucial need for increased supportive services funding targeted to support the housing stability of Homeless Households and Persons with Special Needs throughout the state.

Notably, the analysis of results from the three pilot sites, all located in metropolitan areas of the state, found:

- Notwithstanding the costs of housing and supports, all three sites showed overall savings in supportive services provided to those experiencing chronic homelessness and cycling through expensive crisis systems, illustrating that SH does indeed provide a cost benefit to local and state governments by allowing the reinvestment of cost savings back into the community,
- Housing stability provided by SH reduces interaction with the criminal justice system and decreases the use and cost of supportive services over time, and
- SH successfully helped high acuity residents to increase their income, obtain health insurance and improve their quality of life, as well as achieve and sustain housing stability over the two-year period of the study.

In closing, our final recommendation above serves to tie together a critical component of successful SH for the focus populations of this analysis: supportive services. Services are the “support” in supportive housing that help people remain successfully housed. While Florida does offer robust services through a variety of funding sources, often they are tied to specific subpopulations with eligibility requirements, and housing providers are left to cobble together funding from a variety of sources with mixed results as the study demonstrated. In addition, as SH and AH inventory increases to meet the need, it will be critical for Florida to invest in resources for service coordination commensurate with unit production in order to ensure housing stability for at-risk populations.

Without an intensive and collaborative focus at the state level on securing increased funding for services and service coordination, as well as the development of strategies to build the capacity of state and local

organizations to provide needed services, it will continue to be challenging for the tens of thousands of individuals and families in Florida who are at risk of or experiencing homelessness, and those with special needs, to secure, maintain and retain safe and affordable housing. By exploring innovative strategies to increase the affordable and supportive rental housing pipeline, as well as braid together funding for both unit development and service coordination, Florida will be more effectively equipped to ensure housing stability for populations with the greatest need.

APPENDIX I. METHODOLOGY

Research Design, Data Collection and Financial Modeling

For this effort, CSH worked closely with Florida Housing to identify data contacts for key systems. The CSH data team engaged in discussions with agency data contacts to determine the types and format of available data along with the method of transmission. Publicly available data sources and reports were also collected and analyzed, and data was sorted and divided by county and divided based on county population size into the regions defined by Florida Housing.

CSH modeled costs for developing sufficient units to fill the deficit in supportive and affordable housing. Costs are modeled to reflect the capital development costs for developing new units, operating costs, and reserve requirements. Capital costs to develop new units were provided by Florida Housing, broken out by SH or AH, bedrooms per unit (unit mix) and region. CSH's standard model for calculating operating costs assumes that for a given unit, total costs to operate the unit in good condition are equal to 70% of the unit's Fair Market Rent (FMR). In calculating operating costs, for the purpose of this assessment, it is assumed that tenants in the 0-30% AMI range do not contribute the full cost of rent from income. As mentioned in the report, it is important to recognize the value of estimating operating and replacement reserve costs, as it is extremely difficult for households in the 0-30% AMI range to pay enough rent to enable a property to remain in good condition over time. Operating costs in this analysis reflect the gap between the total costs associated with operating a property and the income received by collecting rent. Thus, housing providers serving these populations regularly apply for project-based rental assistance and other supports from Public Housing Authorities, CoC's and HUDs to help maintain their properties.

Cost barrier assumptions are based on an analysis of county-level data of Fair Market Rents (FMR), average statewide utility costs and average application fees; assumed to include two months' rent, \$300 utility deposit

and \$35 application fee per unit. These costs reflect estimates of what is needed to assist households to move into housing, recognizing that housing providers who serve these populations frequently work with other organizations to obtain funds or in-kind donations to cover all or part of these costs in order to mitigate barriers to entry. Turnover costs were not factored into estimates for this analysis.

The Shimberg Center for Housing Studies at the University of Florida makes available current FMRs for each county in Florida. For subpopulations where data was available at the county level, FMRs were applied directly to the assessed unit need by unit mix. For subpopulations that did not have data available at the county level, the unit need was apportioned to counties based on population distribution, and FMRs were applied to the apportioned totals.

For each subpopulation in the analysis, available data was collected, and the total households accounted for in each system was assessed, broken out by the geography in which that data was originally collected, organized, and made available. For many subpopulations, this aggregation takes place at the county level, while for others separate jurisdictions are used, such as the CoC, for data on homelessness.

Additionally, a rate of need (defined here as the share of a specified population that, based on local data and national research, is assumed to have a need for SH) for supportive housing was established and applied in order to calculate the estimated supportive housing need for each subpopulation at the original data's geographic scale, aggregated up to the state level. These rates are determined by combining research and evaluation conducted at the national level with data collected by Florida's administrative systems that describe the housing and service needs of their constituents and informed by the Florida Needs Assessment Advisory Group and stakeholder interviews with experts in each subpopulation.

In some instances, numbers between total need and specific

need by unit type may be off by one or two units. This is due to rounding where the total need is distributed across unit types and the result is rounded to the nearest whole number. For example, a population may have a need for 201 individual units of SH. This would be distributed to 100.5 0BD and 1BD units each, which are rounded up to show 101 units of each type.

Assumptions Utilized in the Analysis

CSH utilized numerous data sources to develop need and cost projections, these sources and data are detailed in the Supplemental Data Tables Excel document provided with this report.

CSH has maintained a national supportive needs assessment since 2018 that utilizes research-backed percentages to estimate the cross system need for supportive housing. At the state level, these estimates may vary and for this reason, after creating estimates based on the source data we vetted, reviewed and revised assumptions with key stakeholders. The resultant need and cost projections are estimates based on the best data available today and may be further refined by stakeholders as additional data becomes available in the future.

The projections show the minimum estimated unmet need for supportive and affordable housing among Homeless Households and Persons with Special Needs.

No single data set captures the specific need for supportive and affordable housing as intended in this assessment. As such, numerous assumptions around the distribution of the need for housing interventions and costs must be made. Key assumptions include:

General Assumptions

- SH is primarily intended as an intervention for households with the highest level of needs. Accordingly, this assessment assumes that 100% of 0-30% AMI households who are homeless or have special needs are initially targeted for SH.

- Census data reflecting cost burden (i.e., paying more than 40% of a household's income for rent and utilities) among households receiving SSI, SSDI, or VA benefits shows that 63% of one- and two-person households requiring affordable housing fall in the 0-30% AMI range and 37% of those households requiring affordable housing fall in the 30.01-60% AMI ranges⁽²⁸⁾. Households of 3 or more persons are evenly split between the 0-30% and 30.01-60% AMI ranges. These ratios were applied to the affordable housing estimates in this assessment.
- One- and two-person adult-only households, excluding those households that are known to be adult-and-child households, are projected to require an even split of 0- and 1-bedroom units.
- Of 3+ person households, 70% are projected to require 2-bedroom units, 25% are projected to require 3-bedroom units, and 5% are projected to require 4-bedroom units.

Rates of Need

"Rate of Need" for SH is defined as the share of a given subpopulation that is estimated to have needs that are consistent with supportive housing. Each subpopulation is assigned a Rate of Need-based on a variety of data, including the Centers for Medicare and Medicaid Services and the US Census Bureau⁽²⁹⁾, which includes the prevalence of co-occurring conditions associated with SH, rates of the housing crisis, and more. In some instances, the rate of need for a specific subpopulation in this analysis is reflected as Not Applied, due to the high probability of duplication with other subpopulations in systems assessed for this report and is not intended to indicate that there is never a need for a particular intervention for the specified subpopulation, or that overlap is 100%.

Where a strict **Rate of Need for SH** was applied for a subpopulation, the rates utilized in this assessment are:

- Chronically Homeless Individuals: 90%
- Non-Chronically Homeless Individuals: 10%
- Homeless Families⁽³⁰⁾: 16%
- Homeless Individuals Exiting Prisons: 20%
- Families and Individuals Living in Hotels/Motels or

(28) Note that these estimates are for affordable housing generally and do not attempt to discern whether the household might be more stable in SH.

(29) <https://www.csh.org/data/> See the Data Reports by Population section near the bottom of CSH's Data webpage for detailed information on rates of need assumptions for specific subpopulations.

(30) Chronically Homeless Families make up less than 10% of the chronically homeless population and a small percentage of families experiencing homelessness. As such, this category includes both non-chronic family households and those with chronically homeless adults with a disability. HUD defines a Chronically Homeless family as a family with an adult head of household who meets the definition of a Chronically Homeless individual.

- Doubled-Up: 3%
- Homeless Individuals Receiving Residential or Inpatient Behavioral Health Services: 10%
- Youth Aging Out of the Foster Care System: 25%
- Survivors of Domestic Violence: 5%
- Persons with I/DD: 33%
- Child-Welfare Involved Families with an Adult with Special Needs: 18%(31)
- Households Receiving SSI, SSDI, or Veterans Benefits: Not Applied(32)

As a starting point, rates of need were utilized from CSH's National Needs Assessment and modified based on Florida-specific data wherever possible and available, as well as through intensive discussion with Florida Housing and the Advisory Group. For detailed methodology on the assumptions for rates of need in CSH's National Needs Assessment, how they were determined, and trends over time, please see www.csh.org/data and refer to the section entitled Data Reports by Population near the bottom of the page.

Summary of Data Methodology for Populations and Subpopulations

Homeless Households and Persons with Special Needs

As described previously, for the purposes of this assessment, Homeless Households were broadly defined as those:

- Experiencing homelessness as defined in the 2019 s. 420.621(5), Fla. Stat., which refers to an individual or family who lacks a fixed, regular and adequate nighttime residence as defined under "homeless" by the U.S. Department of Housing and Urban Development (HUD) (24 CFR s. 578.3); or an individual or family who will imminently lose their primary nighttime residence as defined under the HUD guidance; or
- Persons released from justice systems, child welfare systems, developmental disability settings, or a residential treatment program or hospital, for whom no subsequent residence has been identified and who

lacks the resources and support network to obtain housing; or

- Persons sharing housing of other persons or doubled up in hotels/motels due to loss of housing, economic hardship, or a similar reason.

Many systems collect data on the population described above, but no dataset exclusively captures those individuals and families meeting the above definition. Consequently, a variety of data from different institutions have been analyzed and deployed in such a way as to minimize duplication while capturing the best possible estimate for homelessness in Florida. This includes Point-in-Time Count data from HUD, data on families and unaccompanied youth living in motels/hotels or doubled up, state prison rolls, and more.

Because members of the included subpopulations may have contact with a variety of systems over the course of a year, census-type or point-in-time data is leveraged to assess the scale of each subpopulation while minimizing (but not necessarily eliminating) duplication. In some instances, because of how the available data is collected, there is potential for duplication (e.g., a student is identified as homeless by the local school system while living in a motel, and their family later meets the federal definition of homelessness and is captured in the PIT count).

However, available data for some subpopulations does not capture the entire universe of households meeting the definitions of homeless and special needs (e.g., FDOE data that only identifies doubled up students but does not identify adult individuals living doubled up), resulting in a likely undercount. Refer to Appendix II for specific datasets utilized.

As is the case with the homeless definition, no single data source provides counts of households meeting the special needs definition utilized. Therefore, a variety of data sources were deployed to estimate a special needs population that meets the defined criteria while avoiding duplication. The American Community Survey provides a strong basis for these estimates, and other data sets used to supplement

(31) A rate of 18% was applied to the total number of child-welfare involved families to estimate the share with Special Needs. This estimated number was allocated to a supportive housing intervention. Child welfare involved families without Special Needs may likely have affordable housing needs, but are expected to be captured in other assessment categories and were not assigned to an AH value here to minimize duplication.

(32) To minimize duplication, the supportive housing needs for Youth Aging Out of the Foster Care System, Persons with I/DD, and Child-Welfare Involved Families are assumed to overlap to some extent with the broader population of households receiving SSI, SSDI, or Veterans benefits. Because PSH constitutes a subset of AH, the PSH need for those subpopulations is removed from the total AH needs in the SSI/SSDI/VA population, as that need is assumed to ultimately be captured in other systems.

and enhance those assumptions include data on services provided to subpopulations in the Special Needs category, such as youth in foster care settings, census counts of survivors of domestic violence receiving housing services, and more.

For clarity, throughout this assessment the cohorts defined above were disaggregated by subpopulation and simplified as follows in order to assess the need for supportive and affordable rental housing:

- Homelessness:
 1. Individuals experiencing chronic homelessness
 2. Individuals experiencing non-chronic homelessness
 3. Homeless families(33)
 4. Families and unaccompanied youth living in hotels/motels or doubled up
 5. Homeless individuals exiting the state prison system
 6. Homeless Individuals with SPMI/SUD receiving residential or hospital inpatient treatment

- Special Needs:
 1. Persons with I/DD
 2. Youth aging out of foster care
 3. Survivors of domestic violence
 4. Persons with SSDI, SSI, or Veterans Disability Benefits
 5. Child Welfare-involved families with an adult with Special Needs

The methodology used in this assessment is designed to minimize duplication wherever possible but cannot entirely eliminate it. There is potential overlap between the Homeless and Special Needs populations across systems, as well as the potential overlap between the subpopulations in each category, particularly as it applies to persons with mental and behavioral health challenges. In Florida, there is not sufficient data collected across systems that provides an accurate count of persons with mental illness that also describes their living situation, outside of those who are receiving in-patient or residential treatment, other than the annual PIT count conducted by CoCs. CSH recognizes that mental and behavioral health challenges are a special need and mitigating factor in

those experiencing homelessness and housing instability, as well as recognize the importance of addressing the housing and service needs for this group. In future data collection efforts, Florida would benefit from collecting mental health data across all systems to provide a more accurate assessment of the true housing need in the state for Persons with SPMI/SUD.

Subpopulations

Data used to model the need for SH and affordable housing in these subpopulations are summarized below and detailed in the Supplemental Data Tables Excel document that can be found on Florida Housing's website.

Individuals and Families Experiencing Chronic and Non-Chronic Homelessness:

The 2019 PIT reports the number of individuals and families experiencing homelessness on a given night and is required by the U.S. Department of Housing and Urban Development (HUD) for a Continuum of Care (CoC) to apply for McKinney Vento Act homeless assistance funds. While there are methodological challenges related to the PIT approach, it is the best available data describing the population experiencing homelessness under the HUD definition.

Families and Unaccompanied Youth Living in Hotels/Motels or Doubled Up:

The Florida Department of Education (FDOE) 2018-2019 homeless student count is based on data submitted by homeless liaisons for all Florida school districts and are made available through the Shimberg Center's Data Clearinghouse. The report includes students identified as homeless during the 2018-2019 school year and categorizes students by place of nighttime residence and by accompaniment status. To minimize duplication with other homeless data, CSH filtered this data to only those students residing in hotels/motels or doubled up. Accompaniment data is used to determine the share of students that are in families and is adjusted to account for the likelihood that multiple children belong to the same family.

(33) Chronically Homeless Families make up less than 10% of the chronically homeless population and a small percentage of families experiencing homelessness. As such, this category includes both non-chronic family households and those with chronically homeless adults with a disability. HUD defines a Chronically Homeless family as a family with an adult head of household who meets the definition of a Chronically Homeless individual.

This data only captures families and youth that are identified as homeless in the school system and does not count homeless adult individuals or adult families or families with children that are not yet school-aged. It is likely that this is an undercount of the actual hotel/motel and doubled up the homeless population. Further, because the FDOE data describing this population captures all student households that are identified as homeless at their first presentation, it is possible that those with deeper housing and service needs may, over the school year, develop deeper housing needs meeting the federal definition of homelessness, and also may be captured in the PIT Count.

Homeless Individuals Exiting Prison:

The Florida Department of Corrections (FDC) provided data directly to Florida Housing and CSH, which counts the annual releases from prison by county. FDC further provided data describing the rates of homelessness among individuals being released on a per-year basis, from the fiscal year 2015/2016 through the fiscal year 2019/2020. In FY 2019/2020, 5.56% of individuals released were homeless. Rates of homelessness increased in each reporting year, with FY 2019/2020's 5.56% rate of homelessness being the highest in the 5-year span. This dataset only reflects the prison population and does not count the broader justice-involved category, such as releases from local jails.

Homeless Individuals with SPMI and/or SUD Receiving Residential or Hospital Inpatient Treatment:

The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) collects data from treatment facilities in the United States, both public and private, that provide substance abuse in addition to mental and behavioral health treatment through the **National Survey of Substance Abuse Treatment Services** (N-SSATS)(34). The N-SSATS are the best currently available dataset that captures this inpatient population with any degree of accuracy while avoiding duplication. Data collected in

NSSATS, in addition to a point-in-time style count of persons residing in such facilities, also examines topics including, but not limited to; services offered; the primary focus of treatment (substance abuse, mental health, both, general health, other); counseling and therapeutic approaches; and type of treatment provided. The survey is utilized to generate SAMHSA's Inventory of Behavioral Health Services (I-BHS)(35), which is a nationwide electronic inventory of Behavioral Health facilities. The format of published data changes from year to year, and the most recent version that contains client counts by service setting at the time of this analysis is the 2017 N-SSATS. The 2017 N-SSATS reports a one-day, census-type count of individuals receiving services in residential facilities. These counts were conducted on March 31st, 2017 and were filtered to reflect only individuals in residential or hospital inpatient settings. Facilities providing mental health treatment, but specifically excluding substance abuse treatment, and facilities that did not respond to the survey may not be captured in this dataset, suggesting that the assessment for this population is most certainly an undercount.

It is important to note that some individuals experiencing mental and behavioral health challenges in need of housing, but not residing in a facility, are captured in other datasets, such as the homeless CoC PIT count and the dataset of individuals receiving SSI/SSDI or VA benefits. However, due to a lack of data on individuals in need of housing but not meeting the federal definition of homelessness, there is potential for an undercount in this population. Data from Florida's Managing Entities (MEs) and the SAMHSA system make it clear that there is an extensive need for mental health services in Florida, and that there is considerable overlap between households with mental health needs and housing instability. Due to the overlapping nature of needs and systems, and because the methodology focuses on systems that serve individuals in a given residential or institutional setting at a point in time, incorporating ME data alongside other systems data introduces considerable duplication issues. The SAMHSA N-SSATS dataset, while not comprehensively reflecting the total extent of Floridians with

(34) <https://www.samhsa.gov/data/data-we-collect/n-ssats-national-survey-substance-abuse-treatment-services>

(35) <https://www.dasis.samhsa.gov/dasis2/isatsonline.htm>

SPMI or other mental health needs, is utilized due to the combination of its point-in-time data type and coverage. The prevalence of SPMI among households served in other systems is a driving factor in estimating each system's rate of supportive housing need. This method aims to capture the overlapping needs of housing unstable households with mental health needs, but risks hiding the extent of mental health needs as clients are suffused across other systems. The need for mental health services for housing unstable Floridians is considerably higher than the SAMHSA N-SSATS data alone would suggest.

Persons with I/DD:

The Florida Agency for Persons with Disabilities (APD) provided data directly to Florida Housing and CSH which counts the number of adults per county on the waiting list for services by Priority Category and by Living Setting. These counts were filtered to reflect individuals who are not already residing in an Independent or Supported Living setting. Data reflecting those receiving services and those who express a desire to live independently were also considered. The data received reflected counts as of December 1st, 2020.

Youth Aging out of Foster Care:

CSH utilized data from the Count of Children in Out of Home Care Data Table and filtered for children under 17 to minimize duplication when modeling transition-aged youth aging out of foster care. For the purposes of this assessment, YAFC were classified as individuals; we recognize that some YAFC may also have children and/or siblings, but existing data is insufficient to separate YAFC individuals from YAFC who have families.

Survivors of Domestic Violence

The National Network to End Domestic Violence (NNEDV) conducts an annual Domestic Violence Counts Report with data for each state. This report is an annual, census-style report counting unduplicated adults and children seeking services from U.S. domestic violence shelter programs during a single 24-hour period. The 15th annual count which was used for this assessment was conducted on September 10th, 2020. The count breaks out utilization by

individuals and family households and identifies the share of individuals receiving housing. CSH adjusted the counts of adults and accompanied children based on average family size to estimate the number of family households served.

Persons with SSDI, SSI, or Veterans Disability Benefits:

The Shimberg Center for Housing Studies at the University of Florida provided to CSH an analysis of U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample data that identifies the number of renter-occupied households for which at least one of the following is true:

- One or more members of the household is 18+, reports a Census disability, and receives SSI;
- One or more members of the household is 18-64, reports a Census disability, and receives Social Security; or,
- One or more members of the household is age 18+ and has a VA service-connected disability rating of 10% or higher.

This count was then filtered to reflect those households with a 40% or greater cost burden and was disaggregated by household size and by Area Median Income category.

To allocate the statewide count across regions, CSH also employed the Shimberg Center's Special Needs data on Disability and Housing Need, available on the Shimberg Center's Florida Housing Data Clearinghouse. The statewide need identified in the above criteria was apportioned at the county level based on the distribution of need identified in the Disability and Housing Need dataset.

Child Welfare-involved Families with an Adult with Special Needs:

The Florida DCF publishes data on the counts of children in an out-of-home placement through their Placement in Out-of-Home Care Data dashboards. At the time of analysis, the most recent published data was extracted on December 10th, 2020. This reflects a point-in-time count of children in out of home placement as of the extraction date. These counts were adjusted to estimate the number of households based on average children per household. Data was not available regarding families at risk of separation, but where children had not been removed from the home.

(1) Detailed Methodology is available in Appendix I.

(2) <https://cshorg.wpengine.com/supportive-housing-101/data/>

(3) Refers to a snapshot of the size of a given population at a particular point in time.

