

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 163 Homelessness  
**SPONSOR(S):** Altman & others  
**TIED BILLS:**           **IDEN./SIM. BILLS:** SB 68

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	14 Y, 0 N	Guzzo	Brazzell
2) Health Care Appropriations Subcommittee	10 Y, 0 N	Fontaine	Clark
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

The Office of Homelessness (State Office) in the Department of Children and Families (DCF) provides coordination on issues relating to homelessness. DCF is required to establish local coalitions of providers, government entities, businesses and other parties which plan, network, coordinate, and monitor the delivery of services to the homeless.

Local agencies address homelessness through services planned and carried out at the local level. Many agencies receive funding through the federal Department of Housing and Urban Development (HUD), based on a federal definition of “homeless” and compliance with various federal requirements relating to formation and operation of continuums of care, information technology systems, and priority populations for use of grant funds.

The State Office’s roles include but are not limited to awarding state funded grants.

HB 163 revises the state’s approach to homelessness by adopting the federal definition for “homeless” and aligning other state requirements with HUD requirements. The bill also changes the roles of the State Office and the requirements for its award of challenge grants and grants-in-aid. For instance, the bill reduces the amount of matching funds or in-kind support required for a challenge grant recipient from 100% to 25%, increases the maximum percentage of grant funds that a Continuum of Care lead agency may spend on its administrative costs from 8% to 10%, and changes preference for funding to be to lead agencies for continuums of care that have a demonstrated ability to move households out of homelessness.

The 17-member Council on Homelessness develops recommendations on how to reduce homelessness statewide and advises the State Office. HB 163 adds a representative each from the Florida Housing Coalition and the Department of Elder Affairs to the council.

The bill amends sections of law outlining two approaches to housing services, Rapid ReHousing and Housing First. It requires that individuals and families being considered for Rapid ReHousing assistance be assessed and prioritized through the continuum of care’s coordinated entry system. The bill also removes the program element indicating a benefit for an individual to have a background check and complete rehabilitation for any addiction to substances when participating in Housing First services.

The bill does not appear to have a fiscal impact on state or local government.

The bill provides an effective date of July 1, 2020.

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### Present Situation

##### Homelessness

In 1987, Congress enacted the Stewart B. McKinney Homeless Assistance Act, which created a number of new grant programs to address the needs of the homeless, including food, shelter, health care, and education.<sup>1</sup> In 2000, the Act was renamed the McKinney-Vento Homeless Assistance Act.<sup>2</sup> At that time, the McKinney-Vento Act's definition of "homeless"<sup>3</sup> was sometimes described as requiring an individual to be literally homeless in order to receive assistance.<sup>4</sup> In 2009, Congress enacted the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act amended the definition of "homeless" to include:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence;
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing; and
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.<sup>5</sup>

Additional changes made by the HEARTH Act to the definition of "homeless" transition from the literal meaning of homelessness toward housing instability as a form of homelessness. It now includes situations where a person is at imminent risk of homelessness or where a family or unaccompanied youth is living unstably. Imminent risk includes situations where a person must leave their current housing within 14 days with no other place to go and no resources or support networks to obtain housing. Instability includes families with children and unaccompanied youth who:

- Are defined as homeless under other federal programs;
- Have experienced a long-term period without living independently in permanent housing;
- Have moved frequently; and
- Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.<sup>6</sup>

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<sup>1</sup> The Stewart B. McKinney Homeless Assistance Act of 1987, Pub. L. 100-77, July 22, 1987, 101 Stat. 482, 42 U.S.C. § 11301.

<sup>2</sup> The McKinney-Vento Homeless Assistance Act Pub. L. 106-400, October 30, 2000, 114 Stat. 1675, 42 U.S.C. § 11301.

<sup>3</sup> 42 U.S.C. § 11302 (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is—(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

<sup>4</sup> See, for example, the Department of Housing and Urban Development, *The Third Annual Homeless Assessment Report to Congress*, July 2008, p. 2, footnote 5, <http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>

<sup>5</sup> 42 U.S.C. § 11302(a).

<sup>6</sup> *Id.*

Section 420.621, F.S., defines “homeless” as an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual 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 camping ground 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, a 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 who qualifies as homeless because he or she is living in any of the circumstances described above.<sup>7</sup>

During the 2019 point in time count, 28,591 individuals who are homeless were identified in Florida.<sup>8</sup> This included 16,111 sheltered individuals and 12,480 unsheltered individuals.<sup>9</sup> Individuals in homeless households—including at least one adult and one child—comprised 7,287 of these individuals, or 25.5% of the total.<sup>10</sup> The 2019 point in time count represents a reduction of 1,126 individuals identified as homeless in the 2018 point in time count. Since 2015, the number of people experiencing homelessness in Florida has decreased by 20%.<sup>11</sup>

### Federal Homeless Programs

The Homeless Assistance Grants, administered by the federal Department of Housing and Urban Development (HUD), were first authorized by Congress in 1987 as part of the Stewart B. McKinney Homeless Assistance Act.<sup>12</sup> There were four programs authorized and funded by Congress: the Emergency Shelter Grants program; the Supportive Housing (SHP) program; the Shelter Plus Care (S+C) program; and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) program. Funds for the Emergency Shelter Grants program were used primarily for the short-term needs of homeless persons, such as emergency shelter, while the other three programs addressed longer-term transitional and permanent housing needs.

In 2009, the HEARTH Act made a variety of changes to the federal approach to funding homeless services. The HEARTH Act changed the makeup of the four existing grants by combining the SHP, S+C, and SRO programs into one grant called the Continuum of Care (CoC) program; renaming the Emergency Shelter Grants program as the Emergency Solutions Grants (ESG) program; and creating the Rural Housing Stability Assistance program (RHS) to provide rural communities the option of competing for funds.<sup>13</sup>

### *Emergency Solutions Grants Program*

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<sup>7</sup> The term does not include an individual imprisoned pursuant to state or federal law or individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a 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.

<sup>8</sup> Department of Children and Families, Council on Homelessness Annual Report 2019, p. 3, available at <https://myflfamilies.com/service-programs/homelessness/docs/2019CouncilReport.pdf> (last visited October 20, 2019).

<sup>9</sup> *Supra*, note 8 at 47.

<sup>10</sup> *Supra*, note 8 at 49.

<sup>11</sup> *Supra*, note 8 at 3.

<sup>12</sup> *Supra*, note 1.

<sup>13</sup> Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009, Pub. L. 111-22, May 20, 2009, 123 Stat. 1632, 42 U.S.C. §§ 11301-11481.

Funds from the ESG program are distributed by HUD to grantee states and local communities to assist those experiencing homelessness. ESG funds may be used for five program components:

- Street outreach;<sup>14</sup>
- Emergency shelter;<sup>15</sup>
- Homelessness prevention;<sup>16</sup>
- Rapid rehousing assistance;<sup>17</sup> and
- Homeless Management Information Systems and administrative activities.<sup>18</sup>

Recipients of ESG funds must make matching contributions in an amount equal to the recipient's fiscal year grant received.<sup>19</sup> Over the past three years, Florida has received a total of \$41,453,435 in ESG funds from HUD, including: \$12,613,662 in 2019; \$12,005,522 in 2018; and \$16,834,251 in 2017.<sup>20</sup>

### *Continuum of Care Program*

The purpose of the HUD CoC program is to:

- Promote communitywide commitment to the goal of ending homelessness;
- Provide funding efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.<sup>21</sup>

HUD considers a Continuum of Care or Continuum to mean a group organized to carry out certain responsibilities that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.<sup>22</sup>

The responsibilities required by HUD of a Continuum of Care include developing a plan to coordinate the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals.<sup>23</sup> At a minimum the system must include: outreach, engagement, and assessment; shelter, housing, and supportive services; and prevention strategies. The Continuum of Care plan must also plan for and conduct, at least biennially, a point-in-time count of homeless persons

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<sup>14</sup> 24 C.F.R. § 576.101(a) authorizes ESG funds to be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

<sup>15</sup> 24 C.F.R. § 576.102 authorizes ESG funds to be used for costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.

<sup>16</sup> 24 C.F.R. § 576.103 authorizes ESG funds to be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter.

<sup>17</sup> 24 C.F.R. § 576.104 authorizes ESG funds to be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

<sup>18</sup> 24 C.F.R. § 576.107 authorize ESG funds to be used to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area; and 24 C.F.R. § 576.108 authorizes recipients to use of to 7.5 percent of its ESG grant for the payment of administrative costs related to the planning and execution of ESG activities.

<sup>19</sup> 24 C.F.R. § 576.201.

<sup>20</sup> HUD Awards and Allocations, Find Award and Allocation Amounts for Grantees by Year, Program, and State, available at <https://www.hudexchange.info/grantees/allocations-awards/> (last visited October 9, 2019).

<sup>21</sup> 24 C.F.R. § 578.1.

<sup>22</sup> 24 C.F.R. § 578.3.

<sup>23</sup> 24 C.F.R. § 578.7(c).

within the geographic area. Further, Continuums of Care are required to designate a single Homeless Management Information System (HMIS) for the geographic area of each Continuum and an applicant to manage the Continuum's HMIS.<sup>24</sup>

The bulk of funding for the Homeless Assistance Grants is awarded as competitive grants through the CoC program.<sup>25</sup> The CoC program differs from the ESG program in that it focuses on the longer-term housing and service needs of homeless individuals and families. Prior to the enactment of the HEARTH Act, which created the CoC program by consolidating the SHP, SRO, and S+C programs, applicants were required to submit separate applications for each of these grant programs. The new consolidated CoC grant provides funds for all permanent housing, transitional housing, supportive services, rehousing activities and homeless management information services.<sup>26</sup>

There are two types of permanent housing permitted by HUD that grantees may provide under the CoC program, permanent supportive housing and rapid rehousing.<sup>27</sup> Grantees may provide permanent housing with supportive services to individuals with disabilities and families where an adult or child has a disability. Rapid rehousing is a process targeted to assist homeless individuals and families through supportive services and short-term<sup>28</sup> or medium-term<sup>29</sup> tenant-based rental assistance.

Transitional housing is housing available for up to 24 months to help homeless individuals and families transition from homelessness to permanent housing. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.<sup>30</sup>

CoC programs may fund an array of supportive services for homeless individuals and families.<sup>31</sup> The services include case management, child care, education services, employment assistance and job training, life skills training, legal services, mental health services, outpatient health services, substance abuse treatment, transportation, and payment of moving costs and utility deposits.<sup>32</sup>

CoC programs may provide funding for homeless management information services in the form of a database established at the local level through which homeless service providers collect, organize, and store information about homeless clients who receive services.

Continuums of Care must design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a notice of funding availability published by HUD.<sup>33</sup> The collaborative process must include establishing priorities for funding projects in the geographic area. The Continuum must then determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area. If more than one application will be submitted, the Continuum must designate an eligible applicant to be the collaborative applicant<sup>34</sup> that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. In 2018, \$85,425,367 in Federal funding was awarded under the CoC program to continuums of care in Florida.<sup>35</sup>

## State Office on Homelessness

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<sup>24</sup> 24 C.F.R. § 578.7(b).

<sup>25</sup> Congressional Research Service, *The HUD Homeless Assistance Grants: Programs Authorized by the HEARTH Act*, August 2017, p. 10, available at <https://fas.org/sqp/crs/misc/RL33764.pdf> (last visited October 8, 2019).

<sup>26</sup> 24 C.F.R. § 578.37(a).

<sup>27</sup> 24 C.F.R. § 578.37(a)(1).

<sup>28</sup> For a period of up to three months.

<sup>29</sup> For a period of up to 24 months.

<sup>30</sup> 24 C.F.R. § 578.37(a)(2).

<sup>31</sup> 42 U.S.C. §11383(a)(6). In addition to being available to individuals and families who are experiencing homelessness, supportive services are available to formerly homeless individuals and families who are living in permanent supportive housing indefinitely and those who are living in permanent housing (but not *supportive* housing) for up to six months after finding housing.

<sup>32</sup> 42 U.S.C. §11360(27), 24 C.F.R. §578.53 at 77 *Federal Register* 45453.

<sup>33</sup> 24 C.F.R. § 578.9.

<sup>34</sup> A collaborative applicant is the eligible applicant that has been designated by the Continuum of Care to apply for CoC funds on behalf of the continuum.

<sup>35</sup> *Supra*, note 8 at 45.

In 2001, the Florida Legislature created the State Office on Homelessness (State Office) within the Department of Children and Families (DCF) to serve as a central point of contact within state government on issues relating to homelessness.<sup>36</sup> The State Office is responsible for coordinating resources and programs across all levels of government, and with private providers that serve the homeless. It also manages targeted state grants to support the implementation of local homeless service continuum of care plans.<sup>37</sup>

### *Council on Homelessness*

The Legislature also created the inter-agency Council on Homelessness (Council) in 2001. The 17-member council develops recommendations on how to reduce homelessness statewide and advises the State Office. The Council includes:

- The Secretary of DCF, or his or her designee;
- The Executive Director of the Department of Economic Opportunity, or his or her designee, who shall advise the Council on issues related to rural development;
- The State Surgeon General, or his or her designee;
- The Executive Director of Veterans' Affairs, or his or her designee;
- The Secretary of Corrections, or his or her designee;
- The Secretary of the Agency for Health Care Administration, or his or her designee;
- The Commissioner of Education, or his or her designee;
- The Director of CareerSource Florida, Inc., or his or her designee;
- One representative of the Florida Association of Counties;
- One representative of the Florida League of Cities;
- One representative of the Florida Supportive Housing Coalition;
- The Executive Director of the Florida Housing Finance Corporation, or his or her designee;
- One representative of the Florida Coalition for the Homeless; and
- Four members appointed by the Governor.<sup>38</sup>

The Council is required to provide an annual report to the Governor, the Legislature, and the Secretary of DCF summarizing the extent of homelessness in the state and the Council's recommendations for reducing homelessness in Florida.<sup>39</sup>

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<sup>36</sup> S. 420.622(1), F.S.

<sup>37</sup> S. 420.622(3), F.S.

<sup>38</sup> S. 420.622(2), F.S.

<sup>39</sup> S. 420.622(9), F.S.

## Coalitions and Continuums of Care

### *Local Coalitions for the Homeless*

DCF is required to establish local coalitions to plan, network, coordinate, and monitor the delivery of services to the homeless.<sup>40</sup> Groups and organizations provided the opportunity to participate in such coalitions include:

- Organizations and agencies providing mental health and substance abuse services;
- County health departments and community health centers;
- Organizations and agencies providing food, shelter, or other services targeted to the homeless;
- Local law enforcement agencies;
- Regional workforce boards;
- County and municipal governments;
- Local public housing authorities;
- Local school districts
- Local organizations and agencies serving specific subgroups of the homeless population such as veterans, victims of domestic violence, persons with HIV/AIDS, runaway youth; and
- Local community-based care alliances.<sup>41</sup>

### *Continuums of Care*

Section 420.621(1), F.S., defines “continuum of care” as the community components needed to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency; it includes action steps to end homelessness and prevent a return to homelessness.

A local homeless assistance continuum of care is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and services to address the various needs of the homeless and those at risk of homelessness.<sup>42</sup> The purpose of this framework is to help communities and regions envision, plan, and implement comprehensive and long-term solutions to homelessness in their own community or region.<sup>43</sup>

The local homeless assistance continuum of care planning effort is an ongoing process that addresses all subpopulations of the homeless. Section 420.624(7), F.S., lists elements that a continuum of care plan should include, such as outreach, intake and assessment procedures; emergency shelter; transitional housing; Rapid ReHousing; and permanent supportive housing.

Each local homeless assistance continuum of care plan must designate a lead agency that will serve as the point of contact and accountability to the State Office. The lead agency may be a local homeless coalition, municipal or county government, or other public agency or private, not-for-profit corporation.<sup>44</sup>

The State Office may only recognize one homeless assistance continuum of care plan and its designated lead agency for a local homeless assistance continuum of care.<sup>45</sup> Continuum of care catchment areas must be designated and revised as necessary by the State Office, with the input of local homeless coalitions and public or private organizations that have previously certified to HUD and that currently serve as lead agencies for a local homeless assistance continuum of care.<sup>46</sup> Designated catchment areas must not be overlapping, and the designations must be consistent with those made by HUD in conjunction with the awarding of federal Stewart B. McKinney Act homeless assistance funding.

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<sup>40</sup> S. 420.623, F.S.

<sup>41</sup> Id.

<sup>42</sup> S. 420.624(1), F.S.

<sup>43</sup> S. 420.624(2), F.S.

<sup>44</sup> S. 420.624(4), F.S.

<sup>45</sup> S. 420.624(6), F.S.

<sup>46</sup> S. 420.624(5), F.S.

## Grants

### *Challenge Grants*

In 2001, the Florida Legislature established the Challenge Grant and authorized the State Office to accept and administer moneys appropriated to it to provide Challenge Grants annually to designated lead agencies of homeless assistance continuums of care.

DCF must establish award levels for Challenge Grants specifying criteria to determine award levels and, after consultation with the Council on Homelessness, to specify the grant award levels in the notice of solicitation of grant applications.<sup>47</sup> Any lead agency that receives a Challenge Grant must submit reports to DCF detailing its use of the grant funds.<sup>48</sup>

The State Office may award grants in an amount of up to \$500,000 per lead agency.<sup>49</sup> In order to qualify for a grant, the lead agency must develop and implement a local homeless assistance continuum of care plan for its designated area. The continuum of care plan must implement a coordinated assessment or central intake system to screen, assess, and refer persons seeking assistance to the appropriate service provider. The lead agency must also document the commitment of local government or private matching funds or in-kind support in an amount equal to the grant requested.

Preference is given to lead agencies that have demonstrated the ability of their continuum of care to provide quality services to homeless persons and the ability to leverage federal homeless-assistance funding under the Stewart B. McKinney Act with local government funding or private funding for the provision of services to the homeless. Preference is also given to lead agencies in catchment areas with the greatest need for the provision of housing and services to the homeless, relative to the population of the catchment area.<sup>50</sup>

Challenge grants may be used to fund any of the housing, program, or service needs included in the local homeless assistance continuum of care plan. The lead agency may allocate the grant to programs, services, or housing providers that implement the local homeless assistance continuum of care plan. The lead agency may also provide sub-grants to a local agency to implement programs or services or provide housing identified for funding in the lead agency's application to DCF. Lead agencies are limited to spending a maximum of 8% of total funding on administrative costs.<sup>51</sup>

Section 420.622(6), F.S., requires the State Office, in conjunction with the Council, to establish performance measures and specific objectives by which it may evaluate the performance and outcomes of lead agencies that receive grant funds. Challenge grants made through the State Office must be distributed to lead agencies based on their overall performance and their achievement of specified objectives. In evaluating the performance of the lead agencies, the State Office must base its criteria on the program objectives, goals, and priorities that were set forth by the lead agencies in their proposals for funding. Such criteria may include the number of persons or households that are no longer homeless, the rate of recidivism to homelessness, and the number of individuals who obtain gainful employment.

Section 420.622(8), F.S., requires DCF, with input from the Council, to adopt rules relating to the challenge grants.

In 2019, the Legislature appropriated, and the State Office allocated \$3,488,244.68 from the Local and State Government Housing Trust Fund to be awarded as challenge grants.<sup>52</sup>

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<sup>47</sup> S. 420.622(4), F.S.

<sup>48</sup> S. 420.622(4)(e), F.S.

<sup>49</sup> S. 420.622(4), F.S.

<sup>50</sup> S. 420.622(4)(a), F.S.

<sup>51</sup> S. 420.622(4)(d), F.S.

<sup>52</sup> *Supra*, note 8 at 45.



## *Homeless Housing Assistance Grants*

The State Office on Homelessness, with the concurrence of the Council on Homelessness, may administer money appropriated to it to provide homeless housing assistance grants annually to lead agencies for local homeless assistance continuum of care to acquire, construct, or rehabilitate transitional or permanent housing units for homeless persons. Such money shall consist of any sums that the state may appropriate, as well as money received from donations, gifts, bequests, or otherwise from any public or private source.<sup>53</sup>

Grants applicants must be ranked competitively, and preference must be given to applicants who leverage additional private funds and public funds, particularly federal funds designated for the acquisition, construction, or rehabilitation of transitional or permanent housing for the homeless, and who:

- Acquire, build, or rehabilitate the greatest number of units; or
- Acquire, build, or rehabilitate in catchment areas having the greatest need for housing for the homeless relative to the population of the catchment area.<sup>54</sup>

Funding for any particular project may not exceed \$750,000. Projects are required to reserve the number of units acquired, constructed, or rehabilitated through homeless housing assistance grant funding to serve persons who are homeless at the time they assume tenancy for a minimum of 10 years.<sup>55</sup> The maximum amount of funds allowed to be spent on administrative costs is 5% of total funds.<sup>56</sup>

Section 420.622(8), F.S., requires DCF, with input from the Council, to adopt rules relating to homeless housing assistance grants.

### *Grants in Aid*

Section 420.625, F.S., outlines the grant-in-aid program. The purpose of this program is to assist persons in their communities who have become, or are about to become, homeless, and where possible, restore the homeless to suitable living conditions and self-sufficiency as quickly as possible.<sup>57</sup> DCF is to develop guidelines for the development of spending plans for the evaluation and approval of spending plans, based upon such factors as:

- Demonstrated level of need for the program,
- The demonstrated ability of the local agency or agencies seeking assistance to deliver the services and to assure that identified needs will be met,
- The ability of the local agency or agencies seeking assistance to deliver a wide range of services,
- The adequacy and reasonableness of proposed budgets and planned expenditures, and the demonstrated capacity of the local agency or agencies to administer the funds sought,
- A statement from the local coalition for the homeless as to the steps to be taken to assure coordination and integration of services in the district to avoid unnecessary duplication and costs,
- Assurances by the local coalition for the homeless that alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, and local government or private agency funding have been explored, and
- The existence of an evaluation component designed to measure program outcomes and determine the overall effectiveness of the local programs for the homeless for which funding is sought.

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<sup>53</sup> S. 420.622(5), F.S.

<sup>54</sup> S. 420.622(5)(a), F.S.

<sup>55</sup> S. 420.622(5)(c), F.S.

<sup>56</sup> S. 420.622(5)(f), F.S.

<sup>57</sup> S. 420.625(2), F.S.

DCF is to allocate funds to its districts, which then distribute them to local agencies based upon recommendations of the local coalitions. These allocations are to be based upon sufficient documentation of:

- The magnitude of the problem of homelessness in the district, and the demonstrated level of unmet need for services in the district for those who are homeless or are about to become homeless.
- A strong local commitment to seriously address the problem of homelessness as evidenced by coordinated programs involving preventive, emergency, and transitional services and by the existence of active local organizations committed to serving those who have become, or are about to become, homeless.
- Agreement by local government and private agencies currently serving the homeless not to reduce current expenditures for services presently provided to those who are homeless or are about to become homeless if grant assistance is provided pursuant to this section.
- Geographic distribution of district programs to ensure that such programs serve both rural and urban areas, as needed.<sup>58</sup>

DCF no longer has districts, having moved to a regionally-based model.<sup>59</sup>

### **Effect of the Bill:**

Many of the bill's provisions align Florida's approach to homeless services with federal law. Others increase the capacity of agencies to receive grant funds and administer them.

### Homelessness

The bill redefines the term "homeless" to incorporate solely the conditions defined in federal regulations:

- An individual or family who lacks a fixed, regular, and adequate nighttime address, and
- An individual or family who will imminently lose their primary nighttime residence.

### State Office on Homelessness

The bill revises many of the duties specified in statute for the State Office. These changes include:

- Changing references from "coalitions for the homeless" to "continuums of care";
- Focusing on ending homelessness instead of addressing the needs of the homeless;
- Specifying that the State Office must have input from continuums of care when conducting or promoting research on the effectiveness of current programs and proposing pilot projects, which must be aimed at ending homelessness rather than improving services, as is required by existing statute,
- Requiring the State Office to use summary data from databases and charts required by HUD instead of developing its own outcome and accountability measures; and
- Requiring the State Office's technical assistance to support and strengthen continuums of care rather than establish, maintain, and expand them.

### *Council on Homelessness*

HB 163 adds two new members to the Council, bringing the total to 19 members. These two members would be the Secretary of the Department of Elder Affairs or his or her designee and one representative from the Florida Housing Coalition.

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<sup>58</sup> S. 420.625(6), F.S.

<sup>59</sup> Department of Children and Families, *2020 Agency Legislative Bill Analysis*, September 16, 2019 (on file with the Health and Human Services Committee).

The Florida Housing Coalition is a statewide, nonprofit membership organization which consults on affordable housing and related issues and advocates for policies, programs and use of funding resources that maximize the availability and improve the quality of affordable housing in Florida.<sup>60</sup>

The bill also encourages representatives of the Council to have had experience in the provision of services to persons experiencing homelessness.

### Coalitions and Continuums of Care

HB 163 repeals s. 420.623, F.S., regarding local coalitions for the homeless, and s. 420.624, F.S., regarding local homeless assistance continuums of care.

The bill redefines “continuum of care” to be solely a group organized to carry out the responsibilities imposed under ss. 420.621-420.628, F.S., to coordinate, plan, and pursue ending homelessness in a designated catchment area. It lists possible member organizations such as nonprofit homeless providers, victim service providers, faith-based organizations, governments, and businesses. The bill removes language including action steps as an element of a continuum of care.

HB 163 specifies that the purpose of a continuum of care is to coordinate community efforts to prevent and end homelessness in its catchment area and to fulfill the responsibilities set forth in ch. 420. The bill makes the “collaborative applicant” for HUD the lead agency for state purposes and requires the State Office to align its catchment areas for continuums of care with HUD’s.

The bill requires each continuum of care to create a continuum of care plan which implements an effective and efficient housing crisis response system to prevent and end homelessness in the continuum of care catchment area. Further, the bill requires each continuum of care plan to include all of the following components:

- Outreach to unsheltered individuals and families to link them with appropriate housing interventions;
- A coordinated entry system, compliant with the requirements of the federal HEARTH Act of 2009, which is designed to coordinate intake, utilize common assessment tools, prioritize households for housing interventions, and refer households to the appropriate housing intervention;
- Emergency shelter, designed to provide safe temporary shelter while the household is in the process of obtaining permanent housing;
- Supportive services, designed to maximize housing stability once the household is in permanent housing;
- Permanent supportive housing, designed to provide long-term affordable housing and support services to persons with disabilities who are moving out of homelessness;
- Rapid ReHousing, as specified in s. 420.6265, F.S.;
- Permanent housing, including links to affordable housing, subsidized housing, long-term rental assistance, housing vouchers, and mainstream private sector housing; and
- An ongoing planning mechanism to end homelessness for all subpopulations of persons experiencing homelessness.

Each continuum of care must also promote participation by all interested individuals, acting in a nondiscriminatory manner, and must coordinate and integrate with other mainstream health, social services and employment programs for which homeless populations may be eligible.

### Grants

#### *Challenge Grants*

The bill:

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<sup>60</sup> Florida Housing Coalition, “About Us”, <http://www.flhousing.org/about/> (last visited October 20, 2019).

- Requires that services provided with grant funds must be implemented through the continuum of care's entry coordinated system;
- Increases the grant amount award that continuum of care lead agencies can receive from \$500,000 to \$750,000;
- Reduces the required matching funds or in-kind support provided by a continuum of care lead agency to receive a Challenge Grant to 25% from 100%;
- Increases the maximum percentage of grant funds that a continuum of care lead agency may spend on its administrative costs from 8% to 10%;
- Changes preference for funding to be for lead agencies for continuums of care that have a demonstrated ability to move households out of homelessness, instead of giving such preference to lead agencies that provide quality services and effectively leverage federal and other sources of funding and to areas with the greatest need for housing and homeless services;
- Specifies criteria that the State Office must at a minimum use when determining award of homeless housing assistance grants. These criteria consider quality of services, ability to leverage other funding, need for services, and performance in maintaining housing; and
- Removes the requirement for lead agencies to give the State Office a thorough evaluation of the grant-funded program's performance related to households that are no longer homeless, rate of recidivism, and number of persons who obtain gainful employment, and instead requires the State Office to use performance measures it establishes to evaluate the performance of lead agencies which receive state grant funds.

### *Grants in Aid*

The bill repeals s. 420.625, F.S., regarding grants-in-aid and creates a new section, on grants-in-aid. The new section, s. 420.6227, F.S., removes the preference for targeting the new and temporary homeless. It removes as the purpose helping homeless individuals find suitable living conditions and self-sufficiency and retains as the purpose to assist individuals who are or may become homeless, and to help homeless households move to permanent housing as quickly as possible.

HB 163 allows a continuum of care to use grants-in-aid funding for any component of their continuum of care plan, with funding to be awarded on a competitive basis and granted to agencies based on the recommendations of lead agencies in accordance with their plans. The bill removes the criteria in law for the evaluation and approval of spending plans and instead allows the State Office to develop the criteria.

### Rapid Re-Housing

The bill removes legislative findings on Rapid ReHousing. It requires that individuals and families being considered for Rapid ReHousing assistance be assessed and prioritized through the continuum of care's coordinated entry system. HB 163 also changes the objective of Rapid ReHousing services from the recipients' not developing a dependency on the assistance to their attaining stability and integration into the community as quickly as possible.

## Housing First

HB 163 removes legislative findings on Housing First and amends statute to emphasize the permanent, stable nature of the housing provided through the Housing First approach. It removes the element of Housing First service provision involving an individual having a background check and complete rehabilitation for any addiction to substances. It also removes reference to linkages between Housing First and emergency and transitional housing systems and instead states that the links are with community-based social service and health care organizations.

## Discharge Policies

HB 163 amends s. 420.626, F.S., to require hospitals and inpatient medical facilities, crisis stabilization units, residential treatment facilities, assisted living facilities, and detoxification centers to communicate with programs to whom clients or patients might be discharged to determine their capability to serve these individuals and if they will be accepted into the programs.

### B. SECTION DIRECTORY:

**Section 1:** Amends s. 420.621, F.S., relating to definitions.

**Section 2:** Amends s. 420.622, F.S., relating to State Office on Homelessness; Council on Homelessness.

**Section 3:** Creates s. 420.6225, F.S., relating to continuum of care.

**Section 4:** Creates s. 420.6227, F.S., relating to grant-in-aid program.

**Section 5:** Repeals s. 420.623, F.S., relating to local coalitions for the homeless.

**Section 6:** Repeals s. 420.624, F.S., relating to local homeless assistance continuum of care.

**Section 7:** Repeals s. 420.625, F.S., relating to grant-in-aid program.

**Section 8:** Amends s. 420.626, F.S., relating to homelessness; discharge guidelines.

**Section 9:** Amends s. 420.6265, F.S., relating to Rapid ReHousing.

**Section 10:** Amends s. 420.6275, F.S., relating to Housing First.

**Section 11:** Amends s. 420.507, F.S., relating to powers of the corporation.

**Section 12:** Provides an effective date of July 1, 2020.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None.

#### 2. Expenditures:

See Fiscal Comments.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None.

#### 2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

See Fiscal Comments.

D. FISCAL COMMENTS:

The bill does not contain an appropriation, or otherwise affect state expenditures; however, it alters the criteria by which programs addressing homelessness are funded and how recipients may spend grant awards. To the extent that lead agencies increase their withholding of funds for administrative purposes (from 8 percent to 10 percent), the remaining funds available for direct services may decrease, since the appropriation is limited. Similarly, the bill increases the maximum award amount from \$500,000 to \$750,000, the source of which is a fixed appropriation.

The bill decreases the required local matching level from 100 percent to 25 percent, which may decrease the total funding available to an individual project when considering all funding sources. Also, modifications to the qualifying criteria and approval process may influence a prospective continuum of care agency's decision to apply.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rule-making authority to DCF to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES