The Need for Housing for Homeless Persons

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The Need for Housing for Homeless Persons

Introduction

This section of the needs assessment estimates the number of homeless persons; the supply of shelter beds, transitional housing, and permanent supportive housing reserved for homeless persons; and the need for additional beds by county or groups of counties in Florida. In total, we estimate that 60,854 people living in Florida are homeless on any given day and that there are 23,753 beds in emergency shelters, transitional housing, and permanent supportive housing facilities. Therefore, Florida needs an additional 37,101 beds to serve its homeless population.

Methods

The demand estimate in this assessment depends on two sources of data. First, where possible, demand figures come from the Continuum of Care plans submitted to HUD annually by local homeless coalitions and related organizations as part of applications for federal McKinney Act homeless assistance funds. A Continuum of Care plan may cover an individual county or a group of counties. Each plan includes a Gaps Analysis that estimates the number of homeless individuals and families living in the county or counties covered by the plan and the supply of emergency shelter beds, transitional housing units, and supportive housing units available to these individuals and families. The coalitions develop their estimates of local homeless populations in a variety of ways, including surveys of community agencies serving the homeless and street counts of homeless persons (Department of Children & Families, 1999). Most local governments in Florida recognize the Continuum of Care Gaps Analyses as the preferred method for
quantifying the housing needs of homeless persons, and estimates derived for Gaps Analyses are nearly always incorporated directly into local Consolidated Plans.

The analysis below includes demand figures from 22 Continuum of Care plans from 1999, 2000, or 2001 that cover 29 Florida counties. These counties contain 86 percent of the state’s total population. As homelessness is more prevalent in populous areas, these counties likely contain at least that percentage of Florida’s homeless population.

To estimate the number of homeless persons in the remaining 38 Florida counties that are not covered by Continuum of Care plans, we used a statistical model developed by Christopher G. Hudson of the Salem State College of Social Work (Hudson, 1998). The model generates a current estimate of the number of homeless persons in a county based on three variables: urbanization, as measured by the county’s population density; the extent of service sector employment in the county; and the most recent amount of federal McKinney funding allocated to that county for housing and services for the homeless. Counties that are more urban and have higher levels of service sector employment tend to have more homeless people; counties that have received higher levels of McKinney funding tend to have fewer homeless people because they are able to provide more housing and services for the homeless. A more detailed discussion of the Hudson model appears in the Appendix to this paper.

Estimates of the supply of housing for homeless persons also come from the Continuum of Care Gaps Analyses. Each Gaps Analysis lists the number of beds in emergency shelters, transitional housing facilities, and permanent supportive housing facilities in the area covered by the Continuum of Care plan. A “bed” denotes the
capacity to house or shelter one individual. Thus, for example, an apartment in a
transitional housing development that sleeps four family members would be considered
as four beds.

This analysis includes supply numbers from 32 counties: the 29 counties covered
by the 22 Continuum of Care plans mentioned above, plus information from an upcoming
Marion County Continuum of Care plan, the 1998 Pasco County Consolidated Plan, and
the Coalition for the Hungry and Homeless of Northwest Florida (Bay County). These 32
counties contain 90 percent of Florida’s total population. The remaining counties are
assumed to have no supply of beds specifically reserved for the homeless.

**Demand, Supply, and Need Estimates**

Table 1 on the following pages lists the estimated number of homeless persons;
the supply of emergency shelter, transitional housing, and permanent supportive housing
beds; and the gap between supply and demand by county. A negative number in the
“need” column denotes a shortage of beds compared with demand.

Counties whose demand numbers are derived from a Continuum of Care plan are
listed in italics.1 Otherwise, estimates of demand are based on the Hudson model. Where
a Continuum of Care plan covers more than one county, those counties’ supply, demand,
and need figures are listed as a group. For example, Orange, Osceola, and Seminole

Counties are listed as one entity.

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1 Some communities submitting Continuum of Care Gaps Analyses include persons residing in permanent
supportive housing as part of the demand for housing designated for homeless persons, even though these
individuals and families are not currently without housing. These persons would be included in the demand
figures listed above. As supportive housing is designed for homeless persons who require both housing
with very low rents and supportive services to remain housed, it is likely that many of those in supportive
housing would be homeless but for their access to supportive housing. Thus, if permanent supportive
housing units are to be counted in the supply of housing for the homeless, its current residents constitute
part of the demand for this segment of the homeless housing and service delivery system.
Table 1. Demand, Supply, and Need for Beds for Homeless Persons by County

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<th>Supply</th>
<th>Need</th>
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<td>Need</td>
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<td><strong>State of Florida Total</strong></td>
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Maps 1-3 on the following pages display the demand, supply, and need for beds respectively. Note that in areas where more than one county collaborated on a Continuum of Care plan, the same demand, supply, and need category is displayed for each; this represents the total across all of the counties participating in the plan. For example, Orange, Osceola, and Seminole Counties fall within the “5,001 and above” category in the demand map. This represents the total demand across all three counties, not the demand in any one county.
Map 1. Number of Homeless Persons by County
Map 2. Supply of Beds for Homeless Persons by County
Map 3. Need for Beds for Homeless Persons by County
Thus, the twelve counties or groups of counties needing more than 1,000 beds are Hillsborough, Miami-Dade, Orange-Osceola-Seminole, Broward, Monroe, Duval, Palm Beach, Brevard, Manatee-Sarasota, Pasco, Volusia, and Lee. These areas contain 74 percent of the state’s homeless population.

The Continuum of Care plans divide the demand for beds between homeless single adults and persons in families with children, and the supply of beds among emergency shelters, transitional housing facilities, and permanent housing facilities for each of these populations. Therefore, for those counties covered by a Continuum of Care plan, it is possible to divide the need for beds between those designated for single adults and those appropriate for persons in families with children. Table 2 on the following page shows this more detailed needs analysis for the 29 counties covered by Continuum of Care plans.
## Table 2. Demand, Supply, and Need for Beds for Homeless Single Adults and Persons in Families by County (Counties with Continuum of Care Plan Only)

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Data Limitations

By nature, estimates of the number of homeless persons contain a great deal of uncertainty. In this case, the demand estimates from the Continuum of Care plans were created by local coalitions using a variety of methods. Therefore, caution must be used in comparing results across counties.

Because they are based on counts of actual units provided by local agencies, the supply estimates in the Continuum of Care plans are more reliable. The assumption that counties without Continuum of Care plans do not have any beds for the homeless masks the existence of a limited supply of beds in these counties, particularly emergency shelter beds for victims of domestic violence. However, most of the counties without plans are smaller counties that are unlikely to have large numbers of homeless facilities. Those counties that do have homeless facilities have a strong incentive to create Continuum of Care plans in order to apply for federal funding for the facilities. Therefore, it is unlikely that this analysis would exclude much of the state’s supply of shelter beds, transitional housing, and permanent supportive housing.

Nevertheless, the supply numbers also should be used with caution, because a listing of these types of beds is not fully representative of the true housing options for homeless persons. In one sense, these numbers underestimate supply because homeless persons may be able to use housing units other than those reserved specifically for the homeless. The supply of low-income housing identified elsewhere in this needs assessment, including low-cost private market units and subsidized housing, also may be available to some homeless individuals and families.
In other ways, the supply numbers may mask the true housing needs of Florida’s homeless population. First, listing emergency shelter beds as part of the housing supply minimizes the need for longer-term housing. While shelters can serve a certain number of people at a given moment, it is not a long-term solution for the individuals living in the shelter. Unless those persons find transitional or permanent housing units, they remain homeless, but they are not counted as part of the need for additional units in this analysis.

Second, homelessness is a fluid characteristic. Estimates reported in this section of the assessment reflect the magnitude of the homeless population only at a single point in time. However, individuals and families move in and out of homelessness at varying rates. Some are homeless only for a brief period due to a short-term crisis or transition, while others are cyclically or chronically homeless. Consequently, a greater number of persons are homeless during the course of a month or year than at any given instant. To the extent that some individuals and families would be most appropriately served by longer-term transitional or permanent housing, these persons constitute additional demand for housing.

Finally, the various types of beds for homeless persons are not interchangeable. Housing facilities serving the homeless often are directed toward a specific population, and these facilities and their services may not be appropriate for other populations. For example, a shelter for women and families fleeing domestic violence may not admit families who are not facing abuse, but the shelter’s units would be counted in the general supply of housing for homeless families. Similarly, a supportive housing facility for single adults with HIV/AIDS is not interchangeable with a facility for persons with mental illness, but both would be counted in the general supply of housing for single
adults. Therefore, the aggregate supply numbers may mask the need for a number of types of facilities matching the different types of services needed by homeless individuals and families.
Appendix. Discussion of Hudson Model for Estimating Homeless Populations

As noted earlier, we used a model developed by Christopher G. Hudson of the Salem State College of Social Work to estimate the size of the homeless population in those counties for which Continuum of Care plans were not available. The Hudson model generates estimates of the homeless population in a county as a function of three explanatory variables: urbanization, as measured by population density; service sector employment; and federal McKinney funding allocated to that county.

Population density for each county was calculated by dividing the total population of the county, based on 1998 Census Bureau estimates (Source: http://www.census.gov/population/www/estimates/countypop.html), by the total area of the county in square miles (Source: http://www.census.gov/population/censusdata/90den_stco.txt.)

Service sector employment rates were calculated as the percentage of the total labor market employed in service-related occupations, as contained in the Florida Agency for Workforce Innovation (AWI) 1998 Florida Occupation and Wage Estimate reports (Source: http://www.labormarketinfo.com/oes-proj/oes.htm). AWI produces labor market data for each of Florida’s 24 workforce regions and 11 individual counties, each of which is itself located within one of the workforce regions. If no county-level data was available within a particular workforce region, the rate of service sector employment was assumed to be constant for all counties in the region and equal to the aggregate region-wide rate. If county-level data was available, the rate of service sector employment for the remaining counties was calculated using region-level data after discounting the portion of the regional labor market associated with the county for which specific
information was available, and then assuming the rate to be constant for the balance of counties in the region and equal to the adjusted, aggregate region-wide rate.

The level of HUD McKinney Act funding flowing into each county was determined by a review of Continuum of Care and Emergency Shelter Grant awards to all organizations or jurisdictions located within the county in 1998 (Source: various press releases at http://www.hud.gov). Since HUD generally awards Continuum of Care funding to projects for a three-year period, only one-third of the 1998 award amount (first year of funding) was assumed to be available in 1998. However, if Continuum of Care funds were received in 1996 or 1997, one-third of those amounts were assumed to be available to fund the third and second years of project activity, respectively.

Finally, the model required an adjustment associated with variation in the ability of Census Bureau personnel to enumerate homeless people during the 1990 Census.

Each of the values of the explanatory variables was adjusted for scale and assigned the appropriate weight (with positive or negative coefficient) in accordance with the Hudson model to yield county-level estimates for all 67 Florida counties. The estimates produced by the Hudson model correlated strongly with those provided in Continuum of Care plans. However, we used the Continuum of Care estimates wherever available for two reasons: 1) the estimates yielded by the Hudson model for a few large urban counties were skewed by apparent non-linearity in the population density term not captured in the model, and 2) estimates generated through empirical methods at the local or regional level are likely to be as or more reliable than those yielded by the model.
References


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