

Continuum of Care Strategic Plan



Revised and Approved on 3/12/2019 by the CoC Membership
Body

Core Objectives

1. Ensure Homelessness is a Rare Experience

Objective 1.1: Collaboratively Build Lasting Systems that end homelessness

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4. Sustain an End to Homelessness

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To end homelessness among Veterans
To end homelessness among people with disabilities
To end homelessness among families with children
To end homelessness among unaccompanied youth
To end homelessness among all other individuals

Areas of Increased Focus
Increasing Affordable Housing Opportunities
Strengthening Prevention and Diversion Practices
Creating Solutions for Unsheltered Homelessness
Tailoring Strategies for Rural Communities
Helping People Who Exit Homelessness to Find Employment Success
Learning from the Expertise of People with Lived Experience.

Funding Priorities
Outreach and Engagement
Coordinated Entry System
Access Points
Homeless Management Information System
Supportive Housing
Rapid Re-Housing
Emergency Shelter
Rapid-Resolution
Housing Navigation
Homeless Prevention
Affordable Housing
Support Services to Increase Income and Stability
Capacity Building
Technical Assistance
Discharge Planning

1. Ensure Homelessness is a Rare Experience

Objective 1.1: Collaboratively Build Lasting Systems that End Homelessness

Funding Priority: Capacity Building, Affordable Housing, Technical Assistance and Training, and Housing Navigation, HMIS, and Coordinated Entry, Discharge Planning

Coordinating and Participating Agencies: Homelessness & Housing Alliance, Big Bend Community Based Care, Okaloosa County School District, Walton County School District, Local Government, Veteran's Affairs, Hospitals, Department of Corrections, Elder Services, Dept of Health, Mental Health Association, Legal Services, SHIP Administrators, Dept of Children and Families, Institute for Senior Professionals, all Continuum of Care Stakeholders

To support community progress on Objective 1.1 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Equip the community to set bold and ambitious goals for ending homelessness and to prioritize and appropriately scale federal, state, local, public, and private investments.

Provide technical assistance and modeling tools that can be implemented locally to project current and future needs and the types and scale of housing and service interventions that will be needed to achieve goals and sustain successes.

b. Strengthen the collection, reporting, and utilization of essential data sources, including Point in-time count data, Homeless Management Information System (HMIS) data, State and Local Education Agency Education for Homeless Children and Youth data, Worst Case Housing Needs data, and other relevant data, to better understand and enumerate the size and scope of the challenges that must be addressed. This work also includes increasing community capacity to match administrative data sets, such as health care and corrections, to improve interventions, tailor strategies, and improve outcomes for populations that are disproportionately represented among people experiencing homelessness.

c. Engage people with lived experience through advisory committees and policy and planning processes at local level to ensure meaningful opportunities for providing expert advice and input.

d. Further engage and support state and local elected officials, and educate partners and the public, regarding the: scope, causes, and costs of homelessness; necessary solutions; evidence-based practices and strategies; and risk factors of homelessness locally, including the disproportionate and persistent impact of homelessness on some populations.

e. Provide guidance about the roles that a wide range of federal programs and resources can play to support best practices and increase their impact within efficient systems to prevent and end homelessness—including both the programs that are targeted to addressing homelessness and those that are not.

Strategy	Objective 1.1	Responsible Agency	Target Date
A, d	To increase participation in CoC. * Increase CoC membership by 5. A minimum of 1 new elected official.	HHA, Membership Committee	7/1/2019
A, d, e,	Provide 2 technical assistance & public education events annually	HHA	7/1/2020
d	Attend AHAC meetings in both counties to include homeless strategies in the LHAP for SHIP funds	HHA, Housing Committee	7/1/2020
b	Increase number of HMIS Contributing organizations by 3	HHA, HMIS/Data Committee	7/1/2020
c	Increase # of persons with lived experience participating in CoC by 2.	HHA,	7/1/2020
a	Housing Specialist will work with CoC to produce a Housing Needs Assessment that will use data collected in System Performance Measures, and other data reports to address item in a.	HHA and BBCBC	7/1/2020

Objective 1.2: Increase Capacity and Strengthen Practices to Prevent Housing Crisis and Homelessness

Funding Priority: Capacity Building, Affordable Housing, Technical Assistance and Training, and Housing Navigation, HMIS, and Coordinated Entry, Rapid-Resolution, Prevention, Discharge Planning,

Coordinating and Participating Agencies: Homelessness & Housing Alliance, The Arc, Department of Health, SHIP Administrators, Public Housing Agencies, CareerSource, United Way, Catholic Charities, 90Works, Big Bend Community Based Care, Okaloosa County School District, Walton County School District, Department of Children and Families, Local Government, Veteran’s Affairs, Hospitals, Department of Corrections, Elder Services, United Methodist Children’s Home, all Continuum of Care Stakeholders

To support community progress on Objective 1.2 the Continuum of Care and its member agencies will focus on the following Strategies:

a. **Promote development of an expanded supply of safe and affordable rental homes** through federal, state, and local efforts and investments. This includes working to adopt policies to expand overall housing supply and to project the scale of affordable housing units—including units that are affordable

to people exiting homelessness and units that are accessible to persons with disabilities— needed to meet local demand on an ongoing basis.

b. Improve access to federally funded housing assistance by eliminating administrative barriers and encouraging targeting and prioritization of affordable housing to people experiencing homelessness in a community and/or to populations that are especially vulnerable to homelessness.

c. Increase community capacity coordination to effectively identify, target, and connect at-risk individuals and families to local resources and opportunities that contribute to and strengthen housing stability, including job training and apprenticeship programs that create access to career pathways, primary and behavioral health services, early childhood programs, and elementary, secondary, and post-secondary education. For children and youth at risk of homelessness, this work includes strengthening connections to school- and community-based resources that encourage education retention, high school completion, and services that address needs related to these goals, including transportation and additional education services.

d. Strengthen the evidence base for effective homelessness prevention programming and interventions, including through rigorous evaluation strategies where possible, disseminate results widely, and use that evidence to encourage resources that are not specifically targeted to ending homelessness to prioritize individuals and families imminently at risk of experiencing homelessness.

e. Improve efforts to prevent people from entering homelessness as they transition from other systems, such as justice settings, health care facilities, and foster care, by supporting the development of stronger transition planning, discharge practices, and re-entry processes to improve outcomes, and by prioritizing connections to housing options, family-focused interventions, education resources, health and behavioral health supports, employment and income supports, health care coverage, and legal services.

f. Strengthen diversion strategies and practices through guidance and technical assistance with a focus on using identified strengths and existing connections and on assisting people to access safe alternatives to emergency shelter.

g. Identify and promote implementation of eviction prevention strategies, including access to: civil legal aid and legal assistance to address obstacles to employment and housing; eviction and foreclosure prevention; and short-term and flexible financial assistance for households experiencing financial crises.

h. Utilize opportunities in child welfare policy to expand resources for community-based preventive services to support stable housing outcomes for children and families involved with, or at risk of involvement with, the child welfare system.

i. Encourage programs that are not specifically dedicated to ending homelessness to fund interventions that promote and support housing stability or to prioritize or serve individuals and families experiencing homelessness. Federal partners will further encourage partnerships with sources of public resources that can fund housing and related interventions, or that can prioritize or serve those experiencing homelessness, such as public housing, Temporary Assistance for Needy Families (TANF) and child welfare agencies, Head Start programs, and Child Care and Development Fund providers, to strengthen the community-wide approach that ensures that homelessness is a brief experience in any community.

Strategy	Objective 1.2	Responsible Agency(s)	Target Date
a	Tap available housing assistance programs at the local and state level to support creation of more low-cost units and/or rental assistance. CDBG, Florida Housing Finance, Builders Industry Ass., SHIP, SAIL	HHA, SHIP Admin, CDBG recipients,	7/1/2020
b	Utilize a multidisciplinary approach to working with housing providers to ensure that individuals with difficult backgrounds have access to fair housing.	HHA, PHAs,	7/1/2020
A, b	Apply for Florida Housing Finance and other Affordable Housing Trust programs for ELI, homeless households		
b	Work with local PHAs to access more housing vouchers and prioritize homeless households. Goal is to have all PHAs in the area implement a homeless preference.	HHA, PHA, PHA Commissioners	7/1/2021
i. b,	Increase # of organizations using Coordinated Entry by 3 to include school districts, behavioral health, privately funded, 2-1-1, and child welfare	HHA	7/1/2019
a	Continue to apply for CDBG funds in Fort Walton Beach for homeless programs that align with the Consolidated Plan. HHA and the City will collaborate on the Plan's homeless strategy.	HHA, City of Fort Walton Beach	5/1/2019
e	Develop and implement a plan for discharging from systems in e.	HHA, BBCBC, DOC, MHA, DCF,	7/1/2020
d, h,	Apply for funding to maintain homeless prevention programs with TANF and ESG	Catholic Charities, Chautauqua, HHA	
f, g	Implement Rapid-Resolution Programs for veterans and non-veterans to include training for other organizations using funding if available from Challenge Grant and SSVF.	HHA, 90Works, VA	7/1/2019
f, g,	Fund Housing Navigator through Challenge Grant that will assist in housing development, increasing access to housing, and eviction prevention	HHA-measurable actions will be included in job description	7/1/2019
A, b	Attend Affordable Housing Committee meetings in both counties and advocate for affordable housing	HHA	
a, b	Host Landlord events to educate about programs and increase # of property owners willing to participate. Use Housing Inventory Database as a baseline to ^by 10%	HHA, Dept of Health Strengthening Families Committee	7/1/2020
F, d	Reduce the number of Persons entering the homeless assistance system for the first time by 15% from 18-19 System Performance Measures	HHA-HMIS and System Performance Measures	7/1/2020

g	Invite NWFL services and other legal professionals to sit on CoC Board. Sign MOU with NWFL services to partner in events and implementation of strategies to prevent evictions and landlord mediations.	HHA, NWFL Legal Services	7/1/2019
e	Increase engagement with Child Welfare and Foster Care organizations and increase referrals to CES from these organizations by 20%.	HHA, DCF, UMCH,	3/31/2020

****Homelessness & Housing Alliance (HHA), Bridgeway Center Inc. (BCI), Mental Health Association (MHA), Big Bend Community Based Care (BBCBC), State Housing Initiative Program (SHIP), Department of Children and Families (DCF), Department of Corrections (DOC), United Methodist Children’s Home (UMCH)**

2. Ensure Homelessness is a Brief Experience

Objective 2.1: Identify and Engage All People Experiencing Homelessness as Quickly As Possible

Funding Priority: Capacity Building, Affordable Housing, Technical Assistance and Training, Housing Navigation, HMIS, and Coordinated Entry, Rapid-Resolution, Discharge Planning, Outreach and Engagement,

Coordinating and Participating Agencies: Homelessness & Housing Alliance, Catholic Charities, 90Works, Veteran’s Affairs, One Hopeful Place, Law enforcement agencies, Bridgeway Center, Chautauqua Healthcare Services, Big Bend Community Based Care, Others of Destin, Crestview Area Shelter for the Homeless, Specialty Courts, Northwest Florida Legal Services, Crisis Intervention Taskforce, Lakeview, Mental Health Association, Opportunity Place

To support community progress on Objective 2.1 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Support increased capacity of community to ensure that identification, outreach, and engagement efforts are comprehensive and coordinated across sectors and agencies, are focused on creating connections to permanent housing with appropriate services, are maximizing utility of shared data sets, and are effectively identifying and engaging people with diverse experiences, needs, and challenges.

b. Provide targeted guidance and technical assistance that address the high rates of unsheltered homelessness and high-cost, low-vacancy housing markets to support innovation, develop stronger practices, and build the evidence base for the most effective practices and strategies for reaching, engaging, and linking people experiencing unsheltered homelessness to options for shelter and to permanent housing opportunities.

c. Promote targeted outreach, in-reach, and data collection strategies to strengthen state and local efforts to identify people experiencing chronic homelessness and frequent users of shelter and other systems, including emergency health services and the criminal justice system, and connect them to the housing and support they need.

d. Strengthen capacity in rural and suburban areas to maximize outreach efforts tailored to the unique challenges posed by geography and population distribution. Develop guidance and tools to support such

communities to build partnerships and efficient systems to identify and engage individuals and families experiencing homelessness.

e. Support community to develop partnerships with law enforcement that reduce the criminalization of homelessness. Utilize guidance on best practices in addressing unsheltered homelessness and encampments and strategies that reduce the criminalization of homelessness.

f. Help develop the skills of staff to implement essential best practices, such as trauma-informed care, motivational interviewing, and critical-time intervention, as well as other skills, such as open communication, cultural responsiveness, mental health first aid, staff care, and recognizing patterns of interaction.

Strategy	Objective 2.1	Responsible Agency	Target Date
A,	Fund and support outreach teams that cover all geographic areas of CoC through Challenge, ESG, and PATH and coordinate with other outreach efforts (Agencies are Others of Destin, HHA, C.A.S.H, 90Works, Catholic Charities, Healthcare for Homeless Veterans, VA, One Hopeful Place)	HHA, VA	7/1/2019
A, d	Host 6 Outreach Meetings to coordinate outreach efforts such as Initiative For Veterans of Okaloosa Walton (IVOW), Ending Chronic Homelessness Outreach (ECHO)	HHA,	7/1/2020
E, f	Participate in Crisis Intervention Taskforce to enhance collaboration between outreach teams, behavioral health agencies, and law enforcement; and reduce the criminalization of homelessness.	HHA, BBCBC, Law enforcement, BCI, CHS, MHA	7/1/2020
F, d	Provide 2 technical assistance and trainings on items in f. to increase number of agencies using best practices.	HHA,	7/1/2020
a	Coordinate and participate in 2 annual outreach events such as Point in Time Count, Stand Down, Project Connect, for persons experiencing homelessness	HHA, MHA, 90Works, Dept of Health,	1/1/2020
a	Reduce number of unsheltered homeless veterans by 10%; Reduce # of unsheltered chronic homeless by 15% using PIT data	HHA,	7/1/2020
d	Engage 15 persons (never engaged prior) in areas without current outreach teams/access points i.e. Freeport, Niceville	HHA, Catholic Charities, PATH, VA	7/1/2020
c	Implement Frequent Users of Services program by coordinating with DOC, hospitals, to increase access to housing and services. Build list of FUS and house 10% in PSH	HHA, Catholic Charities, BBCBC, DOC, CHS, BCI, Hospitals	7/1/2020
b	Ensure all shelters are serving as access points to CE and VA processes for accessing housing by providing training and written tools to keep on hand	HHA,	7/1/2019

Objective 2.2: Provide Immediate Access to Low-Barrier Emergency Shelter or Other Temporary Accommodations to All Who Need it

Funding Priority: Emergency Shelter

Coordinating and Participating Agencies: Homelessness & Housing Alliance, One Hopeful Place, Others of Destin, Crestview Area Shelter for the Homeless, Opportunity Place, CALM House, BeGenerous, Chautauqua Healthcare Services, Shelter House

Emergency shelter, other temporary accommodations, and other crisis services are the critical front line of communities' responses to homelessness, helping people meet basic survival needs for shelter, food, clothing, and personal hygiene, while also helping them resolve crises and swiftly secure permanent housing opportunities.

Provide access to low-barrier emergency shelter. An effective crisis response system helps individuals and families experiencing homelessness avoid the need to enter emergency shelter whenever possible. It is also able to immediately provide high-quality, housing-focused shelter or other temporary accommodations for those living in unsafe situations, including those fleeing domestic violence and human trafficking and those living in unsheltered locations. Communities should have effective models of emergency shelter and other temporary accommodations available that:

- Meet the needs of all members of a household and self-defined family and kinship groups, including infants and young children;
- Do not turn people away or make access contingent on sobriety, minimum income requirements, or lack of a criminal history;
- Do not require family members and partners to separate from one another in order to access shelter;
- Ensure that policies and procedures promote dignity and respect for every person seeking or needing shelter; and
- Provide a safe, decent, welcoming, and appropriate temporary living environment, where daily needs can be met while pathways back to safe living arrangements or directly into housing programs are being pursued.

Provide access to service-enriched, longer-term temporary accommodations when needed and appropriate. Longer-term temporary accommodations with a high level of supportive services, such as transitional housing programs, are typically costlier, but may fill a need for households with more intensive service needs. These households might include youth and young adults who would benefit from a longer-term, more supportive living environment, survivors of domestic violence or other forms of severe trauma who feel unsafe living on their own in the community, or some people in recovery from substance use disorders who are seeking a communal, recovery-focused environment. Communities need the capacity to provide a meaningful array of housing options to promote choice and to assess both how these interventions are targeted and their outcomes in connecting people to permanent housing.

To support community progress on Objective 2.2 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Partner with Stakeholders to identify and define appropriate standards for the provision of emergency shelter and other temporary accommodations, addressing physical environments, service strategies, operational protocols, and performance expectations.

b. Enhance the capacity of emergency shelter providers to implement low-barrier approaches, to provide fair and equitable access, to address the needs of households of all compositions, and to implement Housing First approaches and provide adequate services within communities to strengthen exits to permanent housing.

c. Improve access to emergency assistance, housing, and supports for historically underserved and overrepresented groups, such as youth who have been involved in the juvenile justice and/ or child welfare systems; people who have been sexually exploited or labor-trafficked; people who identify as LGBTQ; people who are gender-non-conforming; people living with HIV/AIDS; youth that are pregnant or parenting; people with mental health needs; and racial and ethnic minorities.

d. Increase the availability of medical respite programs in communities to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that can help stabilize their medical conditions and assist them to access or return to safe and stable housing.

e. Align services to ensure that people behavioral health care needs have adequate and appropriate access to emergency shelter or other temporary accommodations that can address their service and housing needs.

f. Continue to assess and retool transitional housing programs to best address local needs. Work to reduce barriers to entry and consider conversion or reallocation of resources where appropriate to cost-effective alternatives, such as permanent supportive housing, rapid re-housing, crisis or interim housing, or transition in- place models, and to maximize the effectiveness of transitional housing programs where appropriate.

Strategy	Objective 2.2	Responsible Agency	Target Date
A, b, c, d	Fund emergency shelter that are low barrier to entry that cover all geographic areas of CoC through Challenge and ESG (Agencies are Opportunity Place, HHA, C.A.S.H, Chautauqua, Shelter House, BeGenerous, One Hopeful Place, Catholic Charities, CALM House)	HHA	7/1/2019
E, d	Perform a specific study on the gaps in healthcare services to persons experiencing homelessness. Purpose to gather data on communicable disease and possible vaccination programs, need for respite beds, CSU and detox, and health clinics for the uninsured.	HHA,	7/1/2020

e	PATH and HHA's Stability Specialist will coordinate with shelters to provide linkage, financial assistance, and referrals for behavioral health services	HHA, PATH, CHCS, BCI	
e	Engage NWFL State College Nursing program, Dept of Health, and clinics to assist shelters with vaccinations, check-ups, and medical treatment, HIV testing	HHA, OASIS, NWFL State College, Dept of Health	
C, b	Increase emergency shelter beds by 10 from Housing Inventory. Focus on shelter beds for single women and couples without children or areas without shelter.	HHA	7/1/2020
D, e	Establish respite beds and shelter beds available for individuals being discharged from hospitals and jails.	HHA,	

Objective 2.3: Implement Coordinated Entry to Standardize Assessment and Prioritization Processes and Streamline Connections to Housing and Services

Funding Priority: Coordinated Entry, Support Services to Increase Income and Stability, Access Points

Coordinating and Participating Agencies: Homelessness & Housing Alliance, One Hopeful Place, Others of Destin, Crestview Area Shelter for the Homeless, Opportunity Place, BeGenerous, Chautauqua Healthcare Services, Shelter House, OASIS, Catholic Charities of NWFL, 90Works, VA, Legal Services

To support community progress on Objective 2.3 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Support the implementation of strong coordinated entry processes that provide effective, low-barrier, comprehensive, and coordinated access to housing and services programs. Will assist in improving access to programs, standardized assessment, prioritization, and referral processes between systems. This work will include developing guidance and technical assistance to navigate emerging challenges. HHA will also provide technical assistance and tools to support community partners to address data-sharing concerns, particularly in navigating confidentiality and safety concerns for survivors of domestic violence, individuals living with HIV/AIDS, and minors, including children identified by schools as experiencing homelessness.

b. Encourage a wide range of programs to develop or strengthen partnerships with coordinated entry processes and to implement effective practices for referrals between systems. HHA will encourage schools, early childhood programs, child welfare agencies, health and behavioral health care providers, HIV/AIDS housing and service organizations, affordable housing programs, benefits programs such as Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI), and other programs to implement processes to identify individuals and families who are experiencing homelessness to connect them to local coordinated entry systems and to connect people identified by the coordinated entry systems to other necessary programs.

c. Strengthen the focus on income and employment within coordinated entry systems to effectively target and connect individuals and families to opportunities and services needed to attain and sustain income and employment, including job training and apprenticeship programs that create access to career pathways, primary and behavioral health services, early childhood education and child care programs, and resources for young children and youth available through schools and post-secondary institutions.

d. Develop and strengthen best practices in population-specific coordinated entry strategies and processes to ensure that practices effectively engage people with varied experiences of homelessness, diverse service needs, and differing eligibility for programs and services.

e. Support rural and suburban areas to implement effective, regionally specific coordinated entry processes. Recognizing the unique challenges posed by geography and population distribution in these areas, HHA will coordinate technical assistance and tools to strengthen coordinated entry processes and ensure that they are fully accessible.

Strategy	Objective 2.3	Responsible Agency	Target Date
A, e	Fund access points throughout all geographic areas of CoC through Challenge. Agencies include: Catholic Charities, CASH, OPI, 2-1-1. HHA,	HHA	7/1/2019
A, e,c	Increase access points for the Coordinated Entry System by 2 to cover more areas of the CoC. Access points can be virtual, mobile, and physical. Ensure access points cover the rural areas by funding and supporting access points that assist all persons experiencing homelessness connect to services while building community partnerships to identify, engage.	HHA,	7/1/2020
B, c	HHA will apply for funding for a Stability Specialist to assist with SOAR, income, child care, and other case management even after housed	HHA, PATH	
b	Increase number of community organizations referring to and participating coordinated entry.	HHA	7/1/2020
a	Implement CE strategies for persons with HIV/AIDS,	HHA	
B,	Increase number of SOAR certified persons working with homeless population. Increase by 2	HHA	7/1/2020

Objective 2.4: Assist People to Move Swiftly into Permanent Housing with Appropriate and Person-Centered Services

Funding Priority: Housing Stabilization: Rapid-Rehousing, Supportive Housing, Permanent Supportive Housing, Housing Navigation, Affordable Housing, Outreach and Engagement, Coordinated Entry, Access Points, HMIS, Emergency Shelter, Rapid-Resolution, Support Services to increase income and stability

Coordinating and Participating Agencies: Homelessness & Housing Alliance, One Hopeful Place, Others of Destin, Crestview Area Shelter for the Homeless, Opportunity Place, CALM House, BeGenerous, Chautauqua Healthcare Services, Shelter House, 90 Works, HUD VASH

Expand access to new and existing affordable housing for people experiencing homelessness. To provide adequate housing opportunities, and for Housing First approaches to be taken to scale, it will be necessary to expand access to housing affordable to people who are at risk of or are experiencing homelessness. Strategies to expand the supply can be implemented by all levels of government and across the public and private sectors, and can also include:

- Examining and removing local policy barriers that limit housing development in the private market and have adverse impacts on housing affordability;
- Prioritizing people experiencing homelessness for affordable housing resources; and
- Expanding affordable housing opportunities through actions across all levels of government.

Connect people to rapid re-housing. Effective implementation of rapid re-housing requires providing each of the essential components of this intervention—housing identification, rent and move-in assistance, and case management. Rapid re-housing assistance should be offered without preconditions to entry—like income, absence of criminal record, or sobriety requirements—and the resources and services provided should be tailored to the unique needs of the household. Preliminary evidence shows that rapid re-housing, when combined with connections to appropriate resources, such as employment supports and other income, can successfully end homelessness for many families and individuals who do not need intensive and ongoing supports. For these households, rapid re-housing may also be a less expensive housing intervention when compared to other interventions, such as transitional housing. Further evidence regarding the most effective rapid re-housing practices for different populations, and within different types of housing markets, needs to continue to be developed.

Connect people with the most intense needs to permanent supportive housing. Supportive housing combines non-time-limited affordable housing assistance with wraparound supportive services for individuals and families with the longest histories of homelessness and disabilities. When operated with Housing First practices, there are few or no preconditions for entry, such as sobriety, absence of a criminal record, or medication adherence. While participation in services is encouraged, it is not a condition of housing. There is no single model for supportive housing design—it may involve the renovation or construction of new housing, set-asides of apartments within privately owned buildings, or the leasing of individual apartments dispersed throughout an area.

When implemented effectively, permanent supportive housing can result in fewer expenses for shelters, jails, ambulances, and emergency departments.¹² Households in supportive housing programs receive support to get connected to SSI/SSDI benefits when eligible, health and behavioral health care, social supports, employment and supported employment opportunities and workforce programs, and other supportive services that promote health and long-term housing stability.

Link people experiencing unsheltered homelessness to housing and services solutions. Communities need to consider strategies to address the immediate safety and health concerns of people who are unsheltered, but they must also work to develop more low-barrier pathways into permanent housing. To drive greater progress, communities will need support to strengthen their capacity to identify and engage people who are unsheltered and to assist them to access permanent housing solutions, including strengthening the outcomes achieved for people who enter emergency shelter

To support community progress on Objective 2.4 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Expand the supply and increase access to rental housing subsidies and other affordable housing options for individuals and families experiencing or most at risk of homelessness. These efforts will include:

- Encouraging collaboration between public housing agencies, multi-family housing owners, and homelessness services systems, and promoting guidance on how public housing agencies and multi-family housing owners can adopt admissions preferences and successfully house people exiting homelessness; and
- Supporting states and communities to better target and align rental assistance and capital financing sources to support new construction and rehabilitation of affordable housing units that can be effectively accessed by people exiting homelessness.

b. Increase the implementation of Housing First and harm reduction practices in programs across their systems, to further explore and refine alternative housing interventions, such as shared housing, and to evaluate effectiveness.

c. Encourage increased use of health, behavioral health, TANF, workforce, early childhood education, K-12 and higher education supports, and child welfare programs to provide supportive services in conjunction with housing programs and interventions in order to expand capacity to create stable housing outcomes.

d. Provide guidance and technical assistance to improve outcomes for rapid re-housing for families, youth, and individual adults, drawing upon knowledge gained from implementation of VA's Supportive Services for Veteran Families program, HUD-funded programs, and program evaluations and research studies on effective models.

e. Increase access to permanent housing models for people with substance use disorders, including opioid use disorders, by aligning housing and services and scaling evidence-based approaches, like medication assisted treatment.

f. Support communities to implement expanded “move-on” strategies to assist people who have achieved stability in permanent supportive housing—and who no longer need and desire to live there—to move into other housing options they can afford and create access to those permanent supportive housing units for other prioritized households currently experiencing homelessness.

g. Set specific, ambitious short-term goals to swiftly connect people experiencing homelessness to housing and services appropriate to their needs, and support their efforts in achieving and tracking performance against those goals.

h. Continue to improve targeting of permanent supportive housing for people with disabilities

experiencing chronic homelessness and for other individuals and families that are particularly vulnerable in order to improve cost savings and outcomes.

i. Improve access to federally funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness, including implementing the housing anti-discrimination and eviction protection provisions covered in the Violence Against Women Act. Federal partners will review federal program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to stable health care, housing, and housing supports.

j. Encourage partnerships between housing providers and health and behavioral health care providers, such as health centers, to co-locate, coordinate, or integrate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources.

Strategy	Objective 2.4	Responsible Agency	Target Date
j	Facilitate partnership between behavioral health care providers and housing programs to ensure housing is maintained	HHA, BCI, CHC, BBCBC	7/1/2019
a	Ensure SHIP in both counties have a homeless strategy that includes rental assistance and capital finance for new construction for units for homeless households	HHA, BBCBC, SHIP Administrators	7/1/2021
a	Apply for CoC Program's PSH to increase number of PSH units in the two-county area the goal for the next funding cycle is 60 units	HHA, Catholic Charities	9/1/2020
a	Increase number of PHA's that have a homeless preference	HHA, PHAs	7/1/2020
a	Increase number of set aside units available for persons with a disability	HHA, PHAs,	7/1/2021
g	Improve coordination with assisted living programs in order to assist persons that need more intensive care than housing programs can provide.	HHA, Elder Services, DCF adult protection	7/1/2020
j	Partner with medical clinic to enhance referrals to clinics and from clinics to One Way Home	Hope Medical, HHA, Crossroads,	7/1/2019
H, e, j	Increase access to home health for persons in PSH programs	HHA, DCF,	12/31/2019
J, e	Provide behavioral healthcare supports and SUD treatment for persons experiencing homelessness and track outcomes and referrals in HMIS	HHA, BBCBC, MHA	7/1/2019
i	Improve housing stability for survivors of domestic violence and human trafficking by providing training and tools for CE for these special populations	HHA, Shelter House, BeGenerous,	7/1/2019

3. Ensure Homelessness is a One-Time Experience

Objective 3.1: Prevent Returns to Homelessness through Connections to Adequate Services and Opportunities

Funding Priority: Support Services to increase income and stability, Housing navigation, Affordable Housing, Rapid-Rehousing, Supportive Housing, Homeless Prevention

Coordinating and Participating Agencies: Homelessness & Housing Alliance, One Hopeful Place, Others of Destin, Crestview Area Shelter for the Homeless, Opportunity Place, CALM House, BeGenerous, Chautauqua Healthcare Services, Shelter House, CareerSource, Vocational Rehab, Northwest Florida State College, Emerald Coast Technical,

To ensure that individuals and families do not return to homelessness, it will be necessary to strengthen partnerships with, and connections to, a larger array of federal, state, local, and private programs that serve low-income households, including programs that: advance education and employment opportunities and support upward economic mobility; provide connections to health and behavioral health care services; and link people to a range of other programs and systems that support strong and thriving communities, such as quality child care, schools, family support networks, and other resources.

To support community progress on Objective 3.1 the Continuum of Care and its member agencies will focus on the following Strategies:

- a. Strengthen effective implementation of the core components of rapid re-housing—housing identification, rent and move-in assistance, case management—**by helping communities to assess outcomes being achieved and tailor their financial subsidy and services practices in order to reduce returns to homelessness among individuals and families, including households residing in high-cost, low-vacancy markets.
- b. Support communities to increase on-the-job training and apprenticeship opportunities, supported employment,** and other strategies that offer access to employment and career pathways for people with histories of homelessness and other significant barriers to employment, including people with disabilities.
- c. Review federal program policies, procedures, regulations, and administrative barriers to improve access to employment opportunities and income supports.** Identify and promote ways in which the Workforce Innovation and Opportunity Act, the Supplemental Nutrition Assistance Program Employment and Training, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), early care and education, SSI/SSDI, and TANF programs can help people who are experiencing or most at risk of homelessness—including people with multiple barriers to employment—access and maintain jobs.
- d. Encourage state and local efforts to implement a flexible array of behavioral health services that impact housing stability,** including quality case management and care coordination, peer supports and navigation services, intensive in-home services, mobile crisis and stabilization services, and other home- and community-based services.
- e. Support communities to increase access to and retention within high-quality education programs,** including quality child care and early childhood education through elementary, secondary, and post-secondary education.
- f. Share examples and best practices that support communities to maintain capacity to provide resources that will promote the long-term stability of people who have entered permanent housing, including employment supports, case management and peer support, emergency financial assistance,**

transportation, legal services, early care and education, connection to programs, and other necessary services and supports.

g. Strengthen coordination between early childhood, education, housing, employment, and homelessness services providers as part of a whole-family approach to improve both child and family outcomes through meaningful connections to community-based programs and resources that target and prioritize the assessed needs of the entire household, including infants and young children, for sustained housing stability and economic mobility.

Strategy	Objective 3.1	Responsible Agency	Target Date
a	Fund RRH and housing assistance programs through ESG, Challenge, CoC Program, PATH,	HHA,	7/1/2020
A, d, g	Fund a Stability Specialist that will provide advocacy and case management to persons during their episode of homelessness and maintain service during housing until the household is stable through PATH and Challenge	HHA	7/1/2019
a	Improve coordination with assisted living programs in order to assist persons that need more intensive care than housing programs can provide.	HHA, Elder Services, DCF adult protection	7/1/2020
J, e, d	Provide behavioral healthcare supports and SUD treatment for persons experiencing homelessness and track outcomes in HMIS	HHA, BBCBC, MHA	
C ,g, e, a	Improve housing stability for survivors of domestic violence and human trafficking by providing case management and referrals	HHA, Shelter House, BeGenerous,	

4. Sustain an End to Homelessness

Objective 4.1: Sustain Practices and Systems at a Scale Necessary to Respond to Future Needs

Funding Priority: HMIS, Capacity Building, Technical Assistance and Training, Housing Navigation

Coordinating and Participating Agencies: Homelessness & Housing Alliance, HMIS Committee, Housing Committee, Support Services Committee, and Special Populations Committee.

Communities across the country are demonstrating that ending homelessness is not just a worthy ambition, but a measurable, achievable goal. In order to sustain those successes, communities will need to monitor outcomes and returns to homelessness, to ensure that adequate investments into the crisis response system and into permanent housing interventions are sustained to address future needs, and to continue to refine projections to address changing needs and ensure the maximum impact of investments over time.

To support community progress on Objective 4.1 the Continuum of Care and its member agencies will focus on the following Strategies:

a. Track and measure progress on a routine basis by looking at key metrics, such as inflow, permanent housing rates, average length of time homeless, and housing retention rates. Federal partners will provide technical assistance and tools to help communities develop and refine by-name or master lists of people experiencing homelessness to track and report essential data and to inform projections.

b. Identify and promote the strategies that have effectively ended homelessness among one or more populations and are successfully sustaining those achievements to enable other communities to learn from, replicate, and adapt those practices to their own local contexts.

c. Implement continuous quality improvements to housing and services interventions in order to sustain successes and to be able to respond to changes in needs and conditions into the future.