

Commission on Homelessness for Volusia and Flagler Counties

5-YEAR STRATEGIC PLAN

2017-2022

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Executive Summary

Ending homelessness as we know it today does not mean that no one will ever experience a housing crisis again. Homelessness is the result of many convergent factors, both systemic and personal. Ultimately, it can be the inevitable result of the gap between a household's income and the cost of living, including housing. Still other factors for some individuals and families can include unemployment or under employment, unexpected medical bills and lack of health insurance, chronic health problems, domestic violence, physical disabilities, mental illness or drug and alcohol addictions which exacerbate a state of instability that may lead to homelessness.

Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where residents are temporarily homeless. However, we can dramatically change the way we respond to households in crisis. This plan builds on the efforts and successes of the past by laying out a blueprint for transforming our homeless services system into an effective *crisis response system*. *This system* is focused on preventing homelessness whenever possible, stabilizing and safely sheltering, or diverting individuals and families that do become homeless, and quickly facilitating the connection back to permanent housing and community support networks.

In 2016, the Volusia-Flagler County Continuum of Care (FL-504) changed its name to the Commission on Homelessness for Volusia and Flagler Counties (CoH). Our new name reflects the desire of the commission to take a comprehensive approach to reducing and eventually ending homelessness in our communities.

The goal of ending homelessness may appear to be an unreachable aspiration at first glance. There are no one-size-fits-all solutions to homelessness. The challenge for the homeless crisis response system is to provide the right intervention to the right person at the right time to facilitate a connection back to permanent housing as quickly and effectively as possible. The 2017-2022 Commission on Homelessness's Strategic Plan is built on a foundation of data and input from members of the community and expertise of people on all sides of the issue. It is indeed overarching, implementable and leads us to the goal of effectively ending homelessness of all types, which is, in reality, fully within our grasp.

The process for developing the CoH Five-Year Strategic Plan included the integration of "Opening Doors", HUD's Federal Plan to Prevent and End Homelessness, and five separate but interactive strategies identified through Community input into a single plan to reflect our communities and their needs.

1. Enhance Coordinated Entry System
2. Assure the provision of homeless prevention, early intervention services and human services
3. Increase services, retool existing services and enhance the provision of housing services
4. Assure Access to Health Services
5. Assist clients to achieve economic stability

The ability to implement a crisis housing system to alleviate a consumer's immediate housing crisis as a first step to being re-housed that includes emergency shelter, street outreach, and emergency health and crisis services is critical to moving forward with achieving our ultimate goal. Emergency Housing in the way of local shelters must be accessible, low barrier to entry, provide linkage to housing and services within the shortest time frame possible and flow participants into permanent housing solutions.

Innate in the combination of these strategies is the need for extensive case management services to identify and individualize the needs of each and every homeless household in every aspect of their journey back to self-sufficiency.

Our Communities are making significant strides in several different areas:

- The FL 504-CoC has effectively ended homelessness for veterans in 2015 for both Volusia and Flagler Counties, as vetted by the United States Interagency Council.
- The anticipated opening of Hope Place for families in East Volusia County.
- The Neighborhood Center's expanded emergency housing to be constructed in DeLand.
- From 2013 to 2016, the CoH reallocated \$749,782 of HUD funding from Transitional Housing to Permanent Supportive Housing programs utilizing the Housing First model which in effect has increased our ability to housing families and individuals over the last 4 years.
- In 2016, the CoH embracement of the Housing First Model.
- The CoH increased funding for Rapid Re-housing from \$269,758 in 2014-15 to \$758,986 in 2016-17 which has allowed for participating housing agencies to rehouse both families and individuals at an increasing rate.
- We have demonstrated the ability to provide prevention services at an increasing rate which has contributed to the drop-in homelessness over the last 6 years as evidenced by an increase in housing, homeless and prevention services documented in the HMIS client served reports for the last 3 years.
- Our Point in Time count has decreased significantly over the last six years from 2348 in 2012 to 1005 in 2016.

The dramatic drop in homelessness along with increasing prevention services, is a clear indication that what we, as a community, have been implementing to combat homelessness has had a dramatic effect on reducing the number of households experiencing homelessness in our two-county area. We must continue with forward motion to achieve our goal of ending homelessness of all types by HUD's goal of 2020.

This plan is living breathing document, as reflected in this Five-Year Strategic Plan, but this is not the final solution and we must keep this at the forefront of our continued efforts to end homelessness. The process of developing this plan has allowed us to evaluate the local data needed to make sound policy decisions and investment choices, and where we have gaps in our knowledge base. As we capture new or additional information, we can cultivate our assumptions, which will help redefine the way forward. Implementation of this plan will require unconditional collaboration, but we have more commitment from partners across every sector than ever before. We know that homelessness is solvable when we have a common vision, with every partner understanding their role in the system, we maintain a disciplined and consistent focus on outcomes, and we continue to enhance the resources to get the job done. In doing so, we can ensure that homelessness in the Volusia Flagler Counties is a rare, brief, and a non-recurring experience.

Commission on Homelessness for Volusia and Flagler Counties

FL 504 Continuum of Care – 5 Year Plan Overview

Introduction:

No one needs to be homeless!

The Volusia-Flagler County Coalition for the Homeless (VFCCH) is the lead agency for the Commission on Homelessness for Volusia and Flagler Counties. As the VFCCH's designated Continuum of Care FL 504 CoC partner, the Commission on Homelessness for Volusia and Flagler Counties (CoH) is responsible for the development and coordination of a regional network of housing and services to serve families and individuals that are at risk of homelessness or are currently experiencing homelessness in Volusia and Flagler Counties.

Under the lead agency, the CoH is responsible for conducting the annual count of the homeless, identifying gaps in available housing and services, strategic planning, organizing the expansion of housing and supportive services to meet the needs of the population and coordinating funding opportunities as required by CFR 24 Parts 576 & 578 of the Federal Code of Regulations.

In 2010, in collaboration with Department of Housing and Urban Development (HUD) efforts, the United States Interagency Council on Homelessness (USICH) issued "*Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness*" to facilitate the integration of the 'Housing First' methodology, a proven evidenced-based initiative, throughout Continuums of Care (CoC) nationally. The initiative reengineers regional priorities, existing funding mechanisms and local service structures to facilitate the national goal 'to end all homelessness by 2020'.

In August 2016, the newly renamed and repurposed CoH (FL 540 CoC), formerly the Volusia/Flagler Continuum of Care, voted to adopt the priorities established within the federal strategic plan to include the "Housing First" methodology and reaffirm the regional CoC's desire to align with HUD priorities at the regional level. The intent is to assist the community to prioritize systems to better meet HUD funding expectations and increase federal funding support invested in the region.

In order to seamlessly align efforts with federal initiatives and leverage the successes gained from the CoH's previous "*Ten Year Plan to Prevent and End Homelessness*", the CoH has developed the following five-year plan framework to fully transition current community strategies and the service system to align with federal priorities and direction.

All elements of the CoH 5-year plan are designed and prioritized to support process that will coordinate resources and service to ultimately:

- Re-house or shelter people the moment they ask for help, where no one has to sleep outside who doesn't want to;

- Permanently house people as quickly and efficiently as possible; and
- Effectively connect homeless households to mainstream self-sufficiency services in order to minimize returns to the homeless system.

Because available and limited data resources have demonstrated that the service region has experienced a measurable decrease in homelessness over recent years, a continued challenge exists in engaging communities in the process of finding solutions to meet the needs of all homeless types to both prevent and end the status of homelessness. Local awareness regarding the limitations of regional resources has recently been heightened due to ongoing crisis situations involving the homeless population within the region. These occurrences have promoted the CoH in its efforts to demonstrate the need for continued outreach, additional housing and a need for a spectrum of services to assist individuals or families to maintain or gain access to affordable housing. As a result, the CoH is seeking the ability to leverage leadership opportunities, strengthen partnerships and demonstrate the flexibility of the regional service providers to meet the need of the two-county region which will help facilitate the attainment of resources and the level of service required to end homelessness by 2020.

Mission Statement

In order to further the CoC's collective effort, the Strategic Plan Committee of the newly re-branded Commission on Homelessness for Volusia and Flagler Counties (CoH) recommended the following Mission/Vision Statement to its Board of Directors. The CoH Board of Directors formally adopted and its membership on August 26, 2016:

"Our mission is to develop and promote strategies to address the problem of homelessness and work collaboratively with all levels of government, nonprofit providers and the community-at-large. We will facilitate funding to provide emergency shelter; re-house homeless individuals and families rapidly; promote access to and effective use of mainstream programs by homeless individuals and families; and, optimize self-sufficiency among individuals and families in order to prevent and end homelessness in Volusia and Flagler Counties."

Governance

In order to conduct business and meet established federal and state requirements, the CoH is held to a formal governance structure as defined by its Board and membership-approved [2016 Governance Charter](#) and the policies developed under its applicable committee structure. The Board of the CoH, its membership numbers and representation meet all requirements mandated by HUD. As of October 2016, the CoH consists of 3 Board officers and 28 active members of the board. Membership is representative of the two-county region.

Membership in the CoH is open to all stakeholders in Flagler and Volusia Counties and includes nonprofit homeless assistance 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 veterans and homeless and formerly homeless individuals.

Per its Charter, the purpose of the CoH is to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, local governments and other private entities to re-house homeless individuals and families rapidly 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.
- Serve as the lead for the coordination of homeless efforts.

CoH responsibilities include:

1. Meeting the operational requirements and regulations tied to the CoH (FL 504 CoC) as defined federally
2. Designating and operating the regional Homeless Management Information System (HMIS)
3. Conducting strategic planning activities associated with ending homelessness and meeting the purpose and mission of the CoH
4. Preparing, facilitating and managing application and funding activities as required by regional CoC bodies

As the regional CoC, the CoH is also responsible for collaborating efforts with other HUD-funded entities however, the CoH is not responsible for the service structure or operational support of these regional partners.

Governance Goals

Adopted goals for CoH Governance to support the 5-year strategic plan are:

- Providing transparent leadership in planning, implementation and monitoring of our community's response system to homelessness
- Administering program monitoring, evaluation and performance with professionalism and neutrality
- Being guided by the mission of ending homelessness in its coordination and utilization of public and private resources
- Providing oversight highly-skilled and experienced professional staff that implement and coordinate the CoH's plan

As the repurposed regional CoC, the CoH invites public participation at all membership and formal committee meetings to ensure transparency of leadership activities related to planning, implementing and monitoring the region's response to homelessness.

Committee work and recommendations to the CoH are shared in meetings open to the public that include the invitation for public comment.

Committee Structure

In order to implement the functions and activities required of the CoH to achieve its purpose, the following oversight standing committees have been developed to assist the region to implement strategies and meet community goals and objectives:

- The **Steering Committee**, in conjunction with VFCCCH (the Collaborative Applicant) shall set agendas for Board meetings and shall carry out the work of the CoH between regularly scheduled Board meetings. The Committee shall be made up of: the representative of the Collaborative Applicant, HMIS Lead Agency, the Board Chair, the Board Vice Chair, the Board Secretary, and a minimum of six additional members of Board.
- The **Application Committee**, in conjunction with the Collaborative Applicant, designs and implements a collaborative process for developing a consolidated application for Volusia-Flagler County programs and projects seeking CoC funding. The committee reviews and ranks local applications being submitted for available funding in accordance with the strategic plan, develops and oversees operation of a grievance process for agencies whose applications for funding have not been selected by the CoH, sends recommended rankings to the Full Board for approval. When grant deadlines make a full Board meeting impossible, the Application Committee Chair, together with the Collaborative Applicant and the Board chair can make decisions to meet grant deadlines.
- The **HMIS Committee, in conjunction** with the Homeless Management Information System Lead and the Collaborative Applicant develops, annually reviews, and, as necessary, revises a privacy plan for board approval, a security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD, develops and implements a plan for monitoring the HMIS. These efforts include coordination of the Sheltered and Unsheltered Point-in-Time Count, the Housing Inventory Chart, the Annual Homeless Assessment Report (AHAR) and Annual Performance Reports (APRs).
- The **Point-in-Time Committee** is responsible for coordination and report development of the annual Point-in-Time (PIT) count process.
- The **Homeless Unaccompanied Youth Committee** includes local homeless or previously homeless youth and oversees efforts to identify and address the needs of local youth and their families facing homelessness or the potential for homelessness.

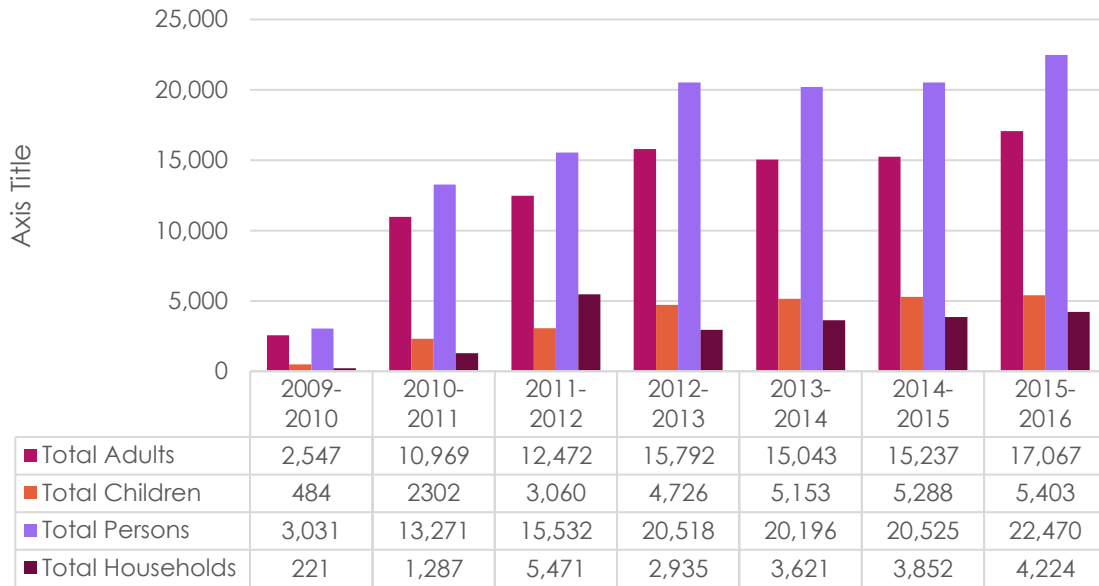
- The **Coordinated Entry Committee** identifies and coordinates with local partners serving the homeless population and those providing services to prevent homelessness to develop a single intake process that utilizes the current HMIS system to ensure appropriate prioritization to meet Housing First methodologies, efficient referral, reporting, planning and service provision.
- The **Strategic Planning Committee** collaborates with the Collaborative Applicant, HMIS Lead Agency, CoC-funded entities, and CoH Membership to:
 - Review Point-in-Time Count (PIT) and Housing Inventory Chart (HIC) data, conduct a gaps analysis, and make recommendations for Board approval the priorities to be used in ranking requests for CoC funding;
 - Establish performance targets appropriate for population and program type in consultation with recipients and sub recipients, then monitor recipient and sub recipient performance, evaluate outcomes, and recommend to the Board actions to be taken against poor performers;
 - Develop performance measures to evaluate CoH's overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
 - Establish written standards and performance measures for Emergency Solutions Grant (ESG) assistance and providers;
 - Evaluate outcomes of projects funded under the ESG and CoC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
 - Consult with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

Status of Homelessness in Volusia & Flagler Counties

The CoH is responsible for monitoring the status of homelessness in the two-county region. Each January, the FL 504-CoC conducts a 'point-in-time' (PIT) count over a 24-hour period during which volunteers are sent out into the community to survey each homeless person encountered. These surveys are combined with additional available data resources such as the HMIS (Homeless Management Information System) database, to identify trends and status. The most recent of these was conducted January 2016.

Per available HMIS data collected from participating partner and service organizations, there were a total of 22,470 unduplicated clients – an approximate 9.4% increase over the prior year- and 4,224 unduplicated households that received services in FY 2015-2016. Although a percentage increase over the prior year was noted, PIT data substantiates a demonstrated downward trend in the estimated number of homeless over the last four-year period that data has been available.

Client Served Report



Per a ten-year snap-shot from the same source of information, data demonstrates a decrease in the homeless population over the most recent 5-year period. This established trend demonstrates the positive impact that Permanent Supportive Housing, Rapid Re-Housing and homeless assistance services have provided by effectively utilizing resources to sustain households and prevent homelessness.

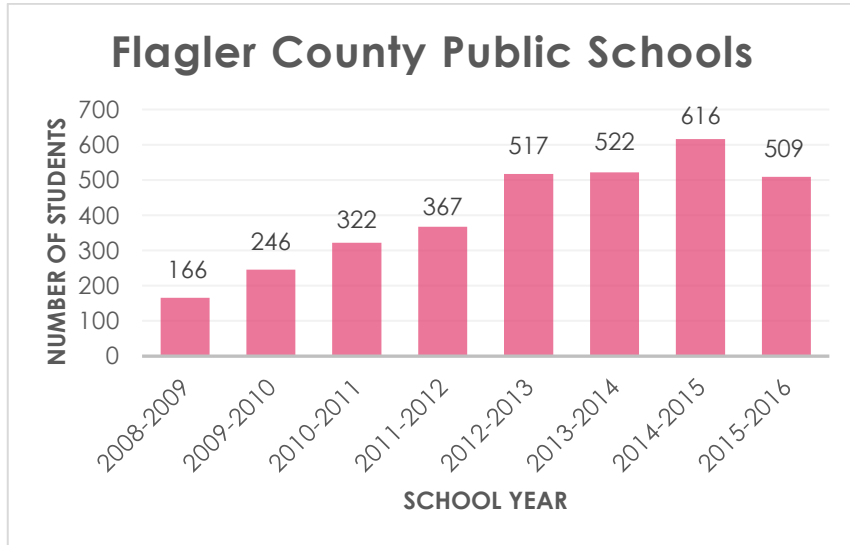
VICTIMS OF DOMESTIC VIOLENCE /INDIVIDUALS SERVED

	Adult Shelter	Children's Shelter	Outreach	Bridge Housing
2008	236	221	2,027	45
2009	244	213	2,422	37
2010	313	245	2,691	15
2011	377	321	2,247	60
2012	421	295	2,095	55
2013	404	310	2,058	86
2014	343	259	1908	34
2015	359	267	1,403	22
2016	228	168	1256	5

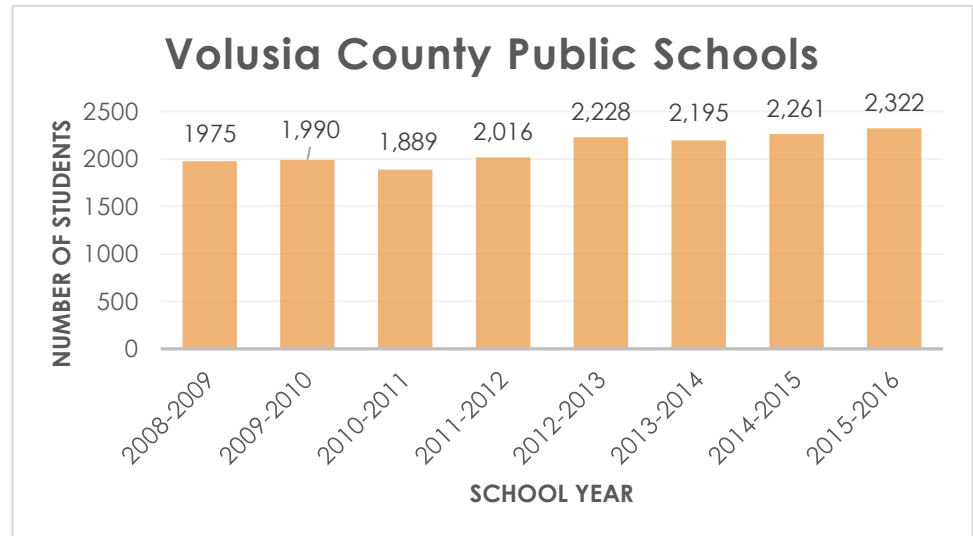
In Volusia and Flagler County, Bridge Housing services for victims of domestic violence are also coordinated through the Family Life Center and the Domestic Abuse Council and serve additional eligible individuals that are not included in the local HMIS system reported above.

To provide stability and structure to homeless-affected children, the school systems of Volusia and Flagler Counties both track and provide additional services to children without a permanent housing option and those living in multiple family situations. These services are also not tracked in the local HMIS system but provide a broader picture of Volusia and Flagler County families with children affected by homelessness and or those in danger of homelessness. Although the two school systems utilize the same definition of homeless, it should be noted that school system definitions include home-sheltered multi-family households as homeless where HUD's systems do not.

Flagler County Schools:



Volusia County Schools:



HUD requires that its 400 Continuum of Care (CoC) located throughout the United States conduct annual counts of homeless persons on a single night during the last 10 days of January of each year. Twenty-seven (27) of these CoCs are located in the State of Florida. As the CoC representing Volusia and Flagler Counties, the CoH participates in this exercise annually to monitor regional PIT counts to assist local and federal planning activities. The objective of this activity is to produce an unduplicated count, or relatively reliable estimate, of the number of homeless people in a community on a single night. The federally approved methods for the count include a report of all homeless persons identified, plus a statistically valid sampling to arrive at an unduplicated estimate.

In 2016, a total of 1,005 individuals were identified as homeless in Volusia and Flagler Counties and over 89% of the region's homeless reflected in the PIT count data were located within the County of Volusia. A significant 59% of this group were unsheltered at the time the PIT was conducted compared to 46% of the total count located in Flagler County.

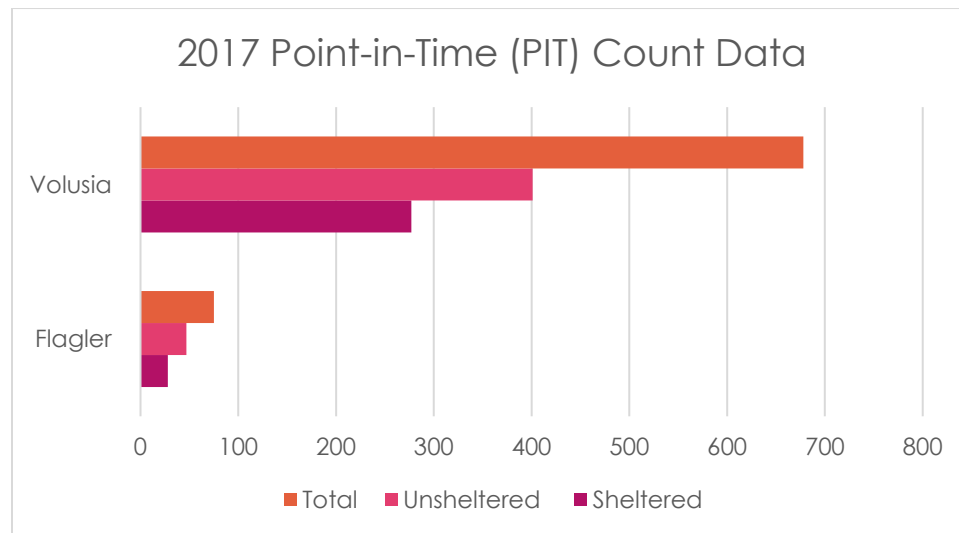
Footnote:

1. The definition of "homeless" in the school system is different from the federal definition. Both definitions are in the glossary.

The local eight-year PIT comparison data demonstrates a significant drop in the number of homeless from data collected in 2009 compared to 2016. Years of higher count were congruent with the down-turn in the economy when employment rates also increased:

PIT Year	Sheltered	Unsheltered	Total Persons
2009	593	1320	1913
2010	703	1452	2155
2011	535	1675	2210
2012	503	1881	2384
2013	693	1483	2176
2014	608	1025	1633
2015	550	775	1325
2016	424	581	1005
2017	305	448	753

Source: Volusia-Flagler County Coalition for the Homeless (VFCCH).



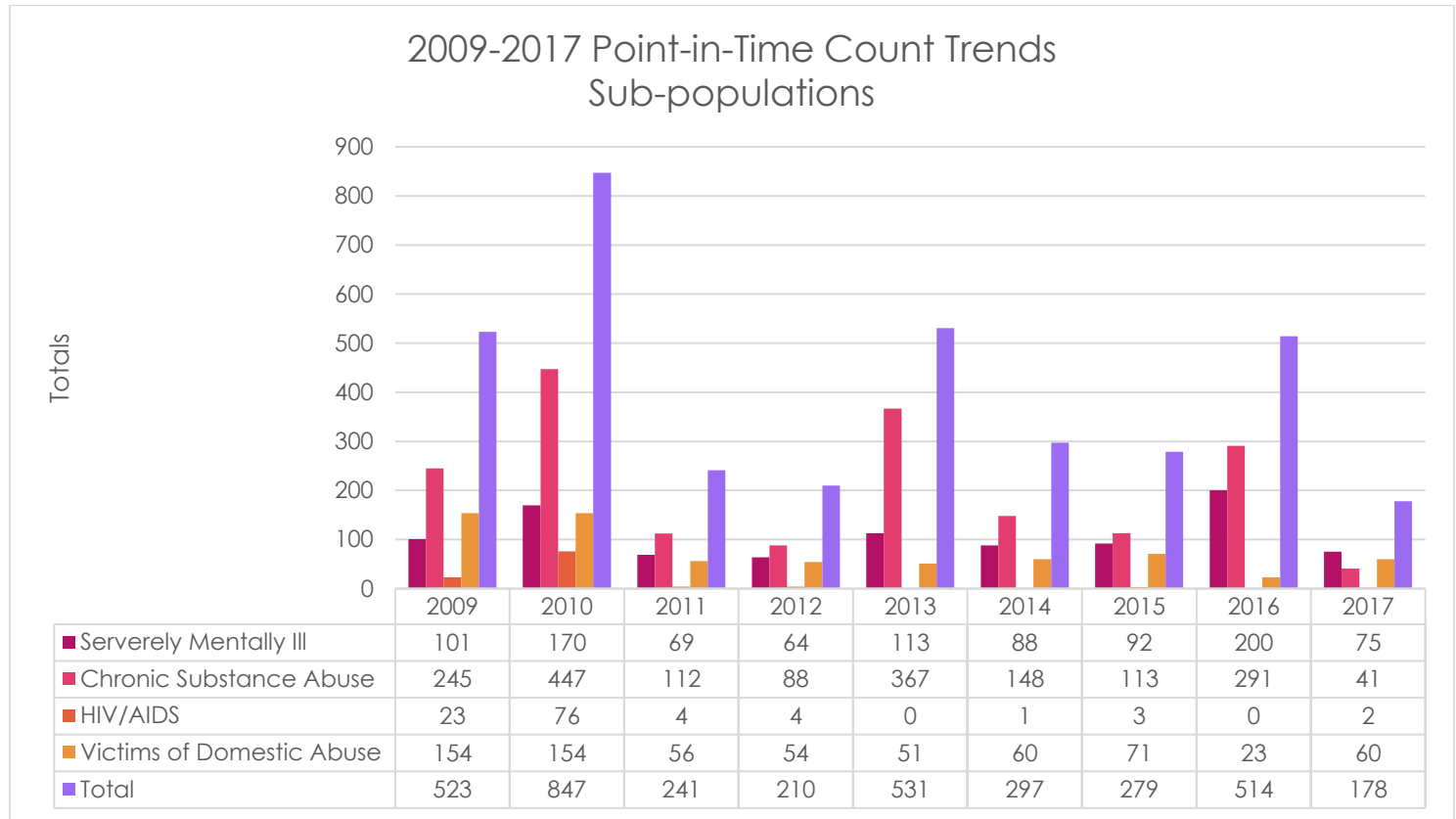
County	Sheltered	Unsheltered	Total
Flagler	28	47	75
Volusia	277	401	678

Footnote:

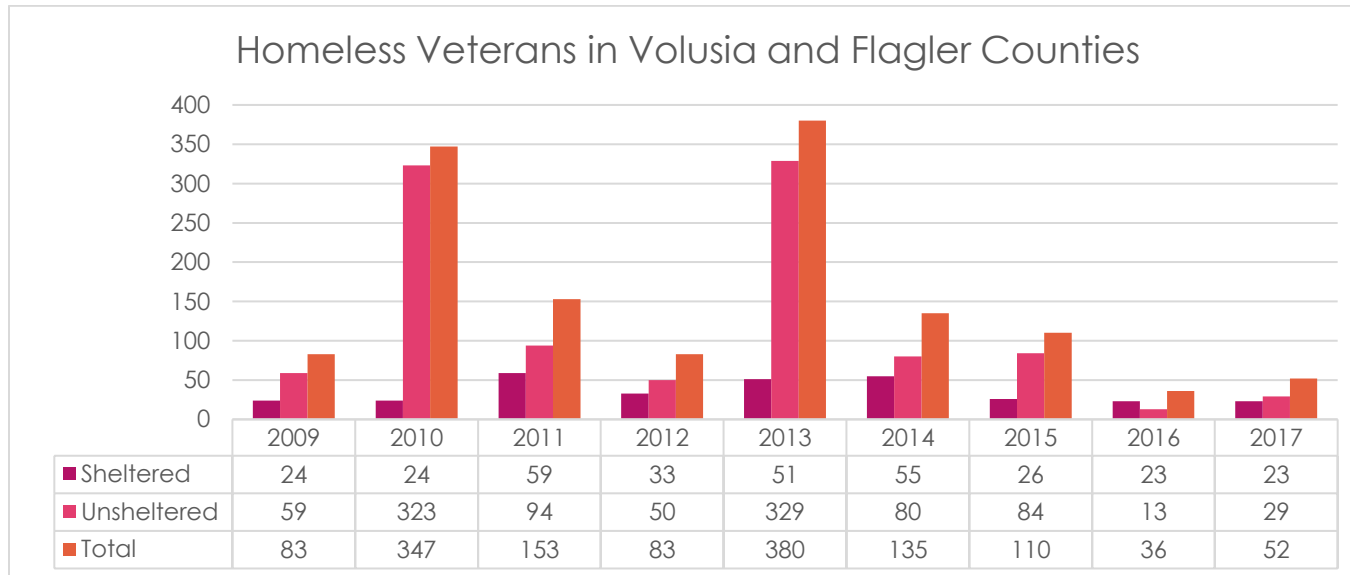
- Current emergency shelters are included in the Point-in-Time Count totals.

By Sub-Population

When sub-populations are, **self-reported** and viewed in comparison to alternative responses, a majority of surveyed homeless have identified themselves as suffering from chronic substance abuse. Additionally, the documented growing numbers of severely mentally ill individuals assist the CoC's planning process in the development of effective screening tools that will identify and prioritize needs and ensure that the appropriate service systems are involved in



Due to a concerted effort of the providers in Volusia and Flagler Counties to meet the HUD goal of ending homelessness for Veterans by 2016, the CoC can report that Veteran Homelessness has reached “Functional Zero”, having met the federal goal of ending Veteran homelessness. This status has been formally verified by the USICH Council and is defined as the ability to process the population in need from identification to placement into permanent housing within 30 days. Available PIT data clearly demonstrates the downward trend over multiple years of data collection.



FL 504 CoC/CoH Goals

In tandem with local service organizations, the CoH is responsible for developing the community's strategic plan to coordinate service to meet membership goals which align with funding priorities such as those outlined within “Opening Doors” (as amended 2015) and supported

at the state Council level. In order to continue its alignment with the National Alliance to End Homelessness, the CoH will base the new 5-year plan on the Crisis Response Model developed and successfully coordinated within the updated 2015-2016 Strategic Plan. The best practice model is designed to incorporate all HUD identified key components of service which include Homeless Diversion, Outreach, Emergency Shelter, Rapid-Rehousing and Permanent Supportive Housing partnerships.

The CoH will utilize the model to coordinate and prioritize service provision and expand implementation of Coordinated Entry to integrate the federal “Housing First” methodology to achieve the following HUD goals concurrently adopted by the CoH:

- 1. Prevent Veteran homelessness – Currently at “effectively ending homelessness” in Volusia and Flagler Counties as of 2015**
- 2. End chronic homelessness by 2017**
- 3. End Unaccompanied Youth Homelessness by 2019**
- 4. Prevent and end homelessness for families and children by 2020**
- 5. Set a path to ending all types of homelessness by 2020**

By implementing strategies addressed by Opening Doors (Housing First) and the Florida Council, the vision and intent of CoH 5-year strategic plan efforts is ultimately to:

- Re-house or shelter people the moment they ask for help, where no one has to sleep outside who doesn't want to;
- Permanently house people as quickly and efficiently as possible; and
- Effectively connects homeless households to mainstream self-sufficiency services in order to minimize returns to the homeless system.

To meet its goals, CoH has adopted the following objectives which include:

- Objective 1: Enhance the Coordinated Entry System**
- Objective 2: Assure the Provision of Homeless Prevention, Early Intervention Services and Human Services.**
- Objective 3: Increase Services, Retool Existing Services and Enhance the Provision of Housing Services**
- Objective 4: Assure Access to Health Services**
- Objective 5: Assist Clients to Achieve Economic Stability**

CoH Objectives and Strategies:

To attain the identified goals and assure effective and efficient service delivery, the CoH will work with funded providers, leadership and the local community to implement the "Housing First" methodology and the recommendations instituted by the National Alliance to End Homelessness by meeting the following objectives:

Objective 1: Enhance the Coordinated Entry System - to identify and prioritize needs and service provision

Note: In process. Early implementation was facilitated during last plan year as a result of a significant homeless crisis on Beach Street in Daytona Beach during winter of 2015/2016.

An effective Coordinated Entry process is a critical component to any community's efforts to meet the goals of the federal plan, "Opening Doors". Provisions within the CoC Program interim rule at 24 CFR 578.7(a)(8) also require that regional CoCs establish a Centralized or Coordinated Assessment System. The CoH is the regional CoC for Volusia and Flagler Counties.

The Commission on Homelessness's goal is in direct alignment with HUD's primary goals for Coordinated Entry processes to facilitate the allocation of assistance as effectively as possible and that entry into the service system be easily accessible no matter where or how people present. Like most communities, the CoH (Volusia Flagler FL 504 CoC) lacks the resources needed to meet all needs of all people experiencing homelessness. The prioritization and implementation of a well-developed Coordinated Entry processes can result in the reduction of severe hardships for people experiencing homelessness. With Coordinated Entry, the long wait times to receive assistance or to be fully-processed and screened out of needed assistance will be addressed, reduced and eliminated.

Coordinated Entry processes are designed to help communities prioritize assistance based on the vulnerability and severity of service needs to ensure that individuals who need assistance the most can receive it in a timely manner. The Coordinated Entry process will also collect valuable information about service needs and gaps which will assist the CoH to plan additional assistance strategies and identify needed resources.

Coordinated Entry plays an essential role in that ideal system. The data generated from Coordinated Entry is a valuable tool in planning and improving the existing system structure to meet needs. Data will define who is getting what they need from our system, who isn't, and where we need to put our investments to realize our shared goal of ending homelessness.

It's important to note that since 2014, both the state and federal governments have required "coordinated assessment" within funded programs that serve the homeless population. Funding from federal, state and local governments is now contingent upon utilization of a Coordinated Entry process, clearly stipulated in contracts with each funded entity.

Efficiency

The CoH plan articulates a homeless system vision that re-houses or shelters people the moment they ask for help, where no one has to sleep outside who doesn't want to, permanently houses people as quickly and efficiently as possible and effectively connects homeless households to mainstream self-sufficiency services in order to minimize returns to the homeless system.

According to the National Alliance to End Homelessness, a Coordinated Entry system, paves the way for more efficient homeless assistance systems by:

- Helping people move through the system more quickly (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

CoH Coordinated Entry Applied

The CoH is in the process of implementing a Coordinated Entry system-wide approach which can ideally serve any and all populations. The Coordinated Entry System adopted by the CoH utilizes a centralized phone information system (2-1-1) and a coordinated assessment system with multiple single points of entry, all employing the same assessment and referral process in HMIS. Each access point in our Coordinated Entry system handles assessment or screening of consumer need, data entry, referrals, and, potentially, program admissions. These centers that have HMIS access are the main access points for prevention and diversion services as well. Following an initial assessment, the Coordinated Entry staff, provides the necessary prevention or diversion services or make direct referrals for of an individual or family through Coordinated Entry to the program that is best matched to their individual identified needs.

A description of the full Coordinated Entry system is as follows:

The Volusia Flagler County Coalition for the Homeless, Inc. has implemented the full Coordinated Entry process through HUD CoC grant funding. The Coordinated Entry System has already seen several changes in design and implementation in its short tenure as a full operating system. Moving forward, it has become evident that the Coordinated Entry process most certainly will undergo further growth, experience changes, and mature into a fully functioning intake and referral system. The Systems Navigator role includes the facilitation and expansion of the Coordinated Entry System for CoH (FL-504 CoC). The Systems Navigator is responsible for developing protocols and targeted, evidence-based interventions, appropriate for the identified priority population. In addition, the Systems Navigator oversees the general operations of the Coordinated Entry system (including the development of additional resources) as well as train agency staff on the HMIS intake process, referral mechanism and the SPDAT prioritization tool. The System Navigator is also responsible for maintenance of a census of available units

as facilitated by CoC funded, ESG funded and other participating agencies, maintain the prioritization list and may directly assist clients into availabilities as determined by priority. The System Navigator ensures the seamless enhancement and operation of the Coordinated Entry system in the Volusia/Flagler County areas which will be phased in over the course of the next two years.

The Coordinated Entry system covers the entire geographic area for the CoH (FL- 504 CoC) in which resources are spread out over a two-county area. Part of the overall Coordinated Entry effort entails partnering with existing programs and developing strategic collaborations within the two counties and throughout the multiple municipalities/communities that exist. Coordinated Entry is being enhanced by leveraging existing resources and aligning mainstream resources and existing systems.

To ensure that the entire service region of the CoH is covered by the system, the CoH will designate specific agencies to establish coordinated access points of entry in geographically relevant areas of the continuum (most of which have already been established; coordinated access points will be located in areas which have a high need for homeless services as indicated by the PIT Count). As befits a physically large and spread-out community, the CoH (FL 504 CoC) intends to establish several satellite Coordinated Entry points throughout the two-county region to meet the needs of Veterans, single adults, families and unaccompanied youth. This process will most likely be augmented by the development of an outreach component (as funding becomes available) which will eventually be responsible for the identification, initial assessment and entry into the Coordinated Entry System for referral to appropriate housing interventions and services.

The CoH has created a separate Coordinated Entry Committee responsible for creating, updating and amending associated Policies and Procedures. Direct service agency providers also meet monthly in an Adhoc group to discuss the process, issues, and barriers and find solutions to enhance the flow of homeless into housing. Break out groups of housing providers and referring agencies also meet bi-weekly to discuss the most vulnerable and hard to place in an effort to cut through identified barriers and expedite the highest priority homeless populations into housing in as little time as possible.

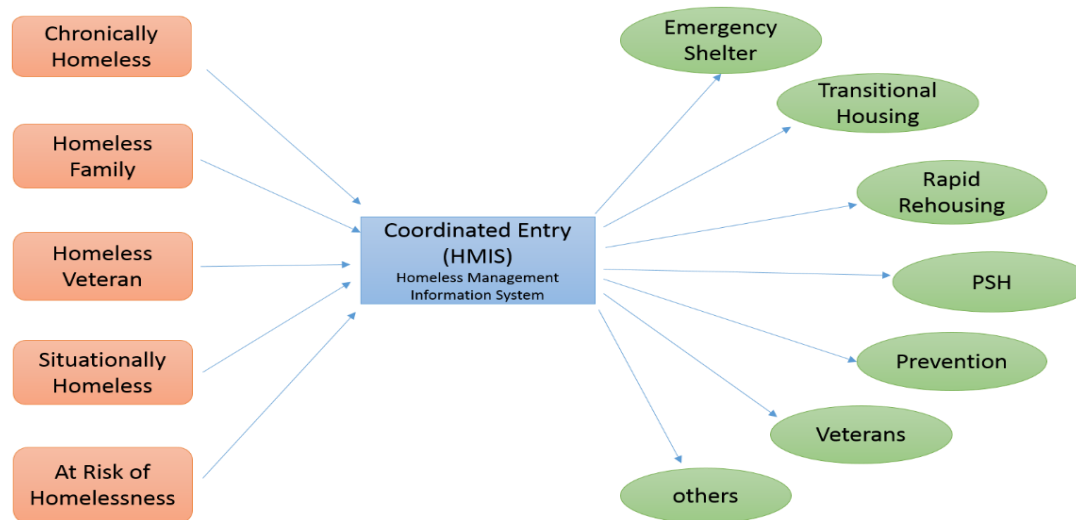
The CoH Coordinated Entry System is also developing resources which will address the needs of unaccompanied youth, which is key to meeting the goal of ending homelessness for unaccompanied youth by 2019.

Federal partners have recently identified Coordinated Entry as a key component of the coordinated community response to prevent and end youth homelessness in 2020. Coordinated Entry is also required for all housing programs receiving HUD CoC and ESG funding and strongly recommended for all of a community's homelessness-dedicated resources. In order for these community-wide processes to appropriately serve youth, CoCs need to address the developmental and service needs of unaccompanied homeless youth and ensure that all community stakeholders, including Runaway and Homeless Youth (RHY) providers, child welfare agencies, school systems, systems of justice, workforce systems partners, and other youth-serving organizations, come together for both the planning and implementation of a youth-inclusive Coordinated Entry process.

A youth-inclusive Coordinated Entry process requires the CoH to implement a systems-level, youth-focused approach for youth access, screening and assessment, prioritization, and referral to housing and supportive services. The intent of Coordinated Entry is to mirror and enhance the existing coordinated entry process for all populations in order to standardize and streamline the process specifically for youth access to homeless dedicated resources across the entire homeless crisis response system, and to lower the overall burden on youth to receive needed housing and supportive services. This process, when fully developed, will allow the CoH to make decisions based on the availability of resources across an entire community, not just at an individual program or project, expanding a youth's access to needed community resources. Youth are being screened and assessed with the same standardized, culturally competent tools as their peers, regardless of who the assessor may be, and will be referred according to the same prioritization factors that are used for all youth in the community. An effective, youth-centered process also reduces the number of interviews that require repeating highly personal information, often involving traumatic experiences, and reduces the amount of time it takes to receive housing and supportive services.

Each Coordinated Entry site will also serve as a housing resource within its respective area. Outreach programs, Emergency Shelters and Transitional Housing programs in each area will be able to access housing assistance through direct referrals into the Coordinated Entry portal within the HMIS system and as monitored by the Systems Navigator. The System Navigator will also develop and manage a central prioritization list in order to identify the most vulnerable population with the longest duration of homelessness and provide assistance for direct and immediate entry into different housing options. In addition, the system Navigator may directly assist with utility deposits to facilitate entry into housing where no other subsidy is available. The proposed system will provide all of the following:

Coordinated Entry using HMIS & 211



A Coordinated Entry System to address the needs of unaccompanied youth is key to meeting the goal of ending homelessness for unaccompanied youth by 2019.

Federal partners have recently identified Coordinated Entry as a key component of the coordinated community response to prevent and end youth homelessness in 2020. Coordinated Entry is also required for all housing programs receiving HUD CoC and ESG funding and strongly recommended for all of a community's homelessness-dedicated resources. In order for these community-wide processes to appropriately serve youth, CoCs need to address the developmental and service needs of unaccompanied homeless youth and ensure that all community stakeholders, including Runaway and Homeless Youth (RHY) providers, child welfare agencies, school systems, systems of justice, workforce systems partners, and other youth-serving organizations, come together for both the planning and implementation of a youth-inclusive Coordinated Entry process.

A youth-inclusive Coordinated Entry process requires CoCs to implement a systems-level, youth-focused approach for youth access, screening and assessment, prioritization, and referral to housing and supportive services. The intent of Coordinated Entry is to standardize and streamline the process for youth access to homelessness dedicated resources across the entire homelessness crisis response system, and to lower the overall burden on youth to receive needed housing and supportive services. This process allows a CoC to make decisions based on the availability of resources across an entire community, not just at an individual program or project, expanding a youth's access to needed community resources. Youth should also be screened and assessed with the same standardized, culturally competent tools as their peers, regardless of who the assessor may be, and expect to be referred according to the same prioritization factors that are used for all youth in the community. An effective, youth-centered process also reduces the number of interviews that require repeating highly personal information, often involving traumatic experiences, and reduces the amount of time it takes to receive housing and supportive services.

Currently, each Coordinated Entry site serves as a housing resource within its respective area. Outreach programs, Emergency Shelters and Transitional Housing programs will be able to access housing assistance through direct referrals into the Coordinated Entry portal within the HMIS system and as monitored by the Systems Navigator. A central prioritization list has been developed and is being managed by the Systems Navigator in order to identify the most vulnerable population with the longest duration of homelessness and provide assistance for direct and immediate entry into different housing options. In addition, the system Navigator may directly assist with utility deposits to facilitate entry into housing where no other subsidy is available. The proposed system will provide all of the following:

- Standardized assessment, prioritization and housing plan development
- Referrals/placement into "Bridge" Housing
- Referrals/placement in Rapid Re-Housing
- Coordination and referral to direct financial assistance
- Ongoing follow-up services commensurate with the household's need

Benefits include:

1. Multiple sites available for single point of entry in HMIS for single adults, unaccompanied youth and their families
2. Reduces phone calls and legwork clients have to do to get into a program
3. Prioritizes those most in need
4. Decreases the time housing providers spend processing requests
5. Increases the amount of time providers can spend on direct service
6. Improves data collection quality based on client-level and system-wide needs
7. Increases access
8. Improves service structure and efficiency
9. Improves data and planning value

Strategies	Observables	Responsibility	Date of Completion
<p>I. Identify and establish coordinated access points for Veterans, Individuals, families, unaccompanied youth and individuals being discharged from institutions.</p>	<ul style="list-style-type: none"> • 100% of participating HMIS agencies will assist with entry into HMIS and Coordinated Entry • Coordinated Entry Outreach will conduct appropriate SPDAT and track the number of assessments for entry into HMIS 	<p>VFCCH Lead Agency, CoH, HMIS Committee, Coordinated Entry Committee and Participating Agencies</p>	<p>Annual review</p>
<p>II. The CoH will complete implementation of a Coordinated Entry System that provides the following service elements:</p> <ul style="list-style-type: none"> - Standardized assessment (VI/Family-SPDAT), prioritization and housing plan development Referrals/direct placement into "bridge" housing - Referrals/placement in Rapid Re-Housing - Referrals/direct placement in Permanent Housing - Coordination and referral to direct financial assistance - Ongoing follow-up services commensurate with the household's need 	<ul style="list-style-type: none"> • Outreach teams will conduct appropriate SPDATs which lead agent will track totals quarterly • Housing providers will conduct appropriate SPDATs which lead agent will track totals quarterly • Increase percent of individuals identified that are entered into Coordinated Entry • Use coordinated entry reporting to track referrals driven by grant requirements • Use HMIS to maintain client info, archives and documentation 	<p>HMIS Committee, VFCCH Lead Agency, CoH, HMIS Lead, Participating Agencies</p>	<p>Annual review</p>

- Develop archive of client documents required for housing and other benefits			
III. Institute & Market Hotline <ul style="list-style-type: none"> • Coordinate with United Way's 211 • Develop Marketing & Communication Plan • Implement 	<ul style="list-style-type: none"> • Utilize Coordinated Entry Committee to educate public and existing or potential strategic partners in the benefits of Coordinated Entry availability • Include 211 staff in provider service trainings 	VFCCH Lead Agency, CoH, Coordinated Entry Committee	Annual review
IV. Hire Systems Navigator <ul style="list-style-type: none"> • Training on use of HMIS for inputting and accessing HUD documentation • Tracking availabilities • Prioritization of referrals • Assisting with referrals • Acts as a liaison to overcome barriers to entry 	<ul style="list-style-type: none"> • Hiring of System Navigator • Tracking monthly trainings • Tracking referrals weekly • Track issues and number of instances to assist with ongoing system development and report to Coordinated Entry Committee 	VFCCH Lead Agency, CoH, all HMIS participating agencies	08/15/2016 (hired) Ongoing
V. Develop a Unaccompanied Youth Committee	<ul style="list-style-type: none"> • Collect baseline youth data • Identify participating agencies and committees available to assist with strategic system development • Implement an Unaccompanied Youth Committee 	CoH	2018
VI. Expand the number of partners participating in a Coordinated Entry process and the HMIS system: <ul style="list-style-type: none"> • Identify potential users • Attain User License • Provider User training • Update service structure and referral systems online and on paper • Share data with user-wide membership 	<ul style="list-style-type: none"> • Create a baseline inventory of participating agencies • Track numbers of agencies and placements quarterly • Identify service gaps • Negotiate expansion where needed with new or existing community partners. 	VFCCH Lead Agency, CoH, HMIS Committee, HMIS Lead, Participating Agencies, Committee Members	Annual review
Participating agencies include but are not limited to Salvation army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare , Flagler Family Life center, Domestic Abuse Council, Family ReNew, Mid Florida Housing, Inc. Sheltering Tree, Restoration House, participating Housing Authorities, New Hope, Family Matters, Healthy Start, Career Source and other non-profits and privately funded organizations			

Objective 2: Assure the provision of Homeless Prevention, Early Intervention Services and Human Services

- to identify and stabilize households at risk for homelessness

The Counties of Volusia and Flagler provide a variety of prevention services to the community by utilizing Federal, State and local funding sources. These services enable families and individuals to maintain their housing and prevent homelessness. In addition to the United Way's 211 program and funded agency services, the Counties of both Volusia and Flagler offer additional programs that assist in preventing homelessness and diversion services and include:

Emergency Services

The Volusia County Human Services Office provides a variety of services that assist with homeless prevention. Temporary emergency financial assistance may be provided to eligible Volusia County residents in the following areas: rent, mortgage, utilities, some prescriptions and emergency dental extractions. Payments are made directly to vendors for clients who find themselves unable to take care of their basic needs as a result of a sudden reduction in or loss of disposable income.

The Flagler County Human Services Department Human Services arranges medical care and emergency rent and utility assistance for low-income adults, in addition to administering a variety of state-mandated services and county grants to non-profit agencies. When funds are available, Flagler County Human Services provides the following emergency assistance services:

- Assistance with past due rent or utilities can be provided two times per household, per 12 month period (no deposits)
- Assistance can be provided toward a first month's rent payment in certain situations
- Emergency food funds are provided to support the Flagler Resource Center, a local food pantry that is operated by Church Women United in a county facility.

Flagler County's Senior Services Department arranges and/or provides a variety of community and in-home support services to individuals over the age of 60, including their Adult Day Care program which provides in-facility respite care for functionally impaired adults over the age of 18.

LIHEAP and EHEAP

The Volusia County Low-Income Home Energy Assistance Program provides funds to assist low-income households in meeting their home heating and home cooling needs.

In Flagler County, the LIHEAP program is administered by the Northeast Florida Community Action Agency.

Family Self-Sufficiency Program

The Volusia County Family Self-Sufficiency Program is a voluntary program designed to assist low-income families in achieving economic independence and self-sufficiency. Participants in the program can expect to be referred for fundamental financial and supportive services that will assist them in overcoming barriers to gainful employment.

Section 8

This Volusia County program assists very-low-income families with an on-going rental subsidy so they can afford decent, safe and sanitary housing in the private market. The Family Self-Sufficiency program is available for Section 8 participants. This program provides case management, referrals to services that will improve their independence. The Homeownership option is also available to graduates of the Family Self-Sufficiency Program.

In Flagler County, the Section 8 program is administered by the Flagler County Housing Authority.

Volusia County Children & Families Advisory Board (CFAB)

The Children & Families Advisory Board of Volusia County provides funding to a variety of agencies that provide community services, many of which assist in preventing homelessness. The funding is provided through ten services categories; non-school hour services for school age children and youth, services for seniors, basic needs (emergency or transitional shelters, case management for persons with disabilities, prenatal support and care, family based intervention/counseling services to prevent/intervene in family violence, affordable quality childcare, emergency assistance and homeless prevention, services for adolescents, and transition services from youth to adulthood for persons with disabilities. In addition, funding is provided to community partners that do not fit into one of the ten service categories through contingency and additional funding is provided in the form of summer camp scholarships for low-income children.

Homeowner Rehabilitation

This Volusia County program assists eligible homeowners with necessary health and safety repairs to their primary residence within Volusia County's service areas. This allows homeowners to maintain their housing and therefore allows them to continue to reside in their home even if they do not have the funds to complete repairs themselves.

Flagler County's State Housing Initiatives Partnership (SHIP) program provides down payment and closing cost assistance for eligible applicants. The program funds emergency housing repair and rehabilitation projects in accordance with established criteria and offers mortgage foreclosure prevention assistance as available. During fiscal year 2007-2008, the City of Palm Coast became a Community Development Block Grant (CDBG) entitlement city. An inter-local agreement has been established between the City of Palm Coast and Flagler County for the county to be solely responsible for the administration and implementation of any SHIP funds dedicated to the City of Palm Coast with effect from July 1, 2009.

Mental Health Services

Volusia County Alcohol, Drug, and Mental Health (ADM) funds are provided to two agencies for mental health and substance abuse programs.

If a household can maintain their housing and avoid becoming homeless, the cost to the community is lower by eliminating the need for more supportive services that become needed to stabilize a homeless household. While many of these programs have a larger need than the funding available, majority of them are funded through Federal and State grant programs. Therefore, there are specific restrictions on what the funds can be utilized for and the dollar amounts associated with specific uses, which limits the options available for reorganizing funding resources.

Strategies	Observables	Responsibility	Date of Completion
I. Increase Access to SSI/SSDI	<ul style="list-style-type: none"> • Engage participating agencies to establish SOAR leads at each homeless provider agency • Promote staff certification in SOAR with Career Source, Goodwill and other community entities. • Include requirement in MOUs and contracts 	VFCCCH Lead Agency, CoH, Participating Agencies	2022
II. Increase access to Non-Cash benefits	<ul style="list-style-type: none"> • Engage participating agencies to establish SOAR leads at each homeless provider agency • Track number of available SOAR trained staff quarterly • Create and track number of training opportunities and numbers of individuals trained annually • Train agencies on appeal process for denied benefits • Educate recipients on how to maintain or recertify for benefits and process if lost or denied 	VFCCCH Lead Agency, CoH, Participating agencies	2022
III. Pursue Federal, state and local grants for prevention of homelessness	<ul style="list-style-type: none"> • Engage additional Non-profit agencies/Faith Based to apply for RFPs to increase scope of services within our region 	VFCCCH Lead Agency, CoH, Participating agencies	Annual review

	<ul style="list-style-type: none"> Track number of potential prevention grants Track number of meetings conducted with providers 		
IV. Increase Access to VA Benefits to effectively end homelessness as vetted by USICH <ul style="list-style-type: none"> Enhance integration of Veteran Services agencies into CoH Provide access to VA programs to receive direct client services 	<ul style="list-style-type: none"> Identify current system of referrals Include VA program detail in agency training orientations Verify use of referral and/or access systems 	SSVF Community Partnership meeting, Coordinated Entry break- out group meetings	Annual review
Identified agencies include but are not limited to Salvation Army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare, Flagler Family Life Center, Domestic Abuse Council, Family Renew Community, Mid Florida Housing, Inc., Sheltering Tree Lutheran Services of Florida, Restoration House, participating Housing Authorities, other non-profits and privately funded organizations.			

Objective 3: Increase services, retool existing services and enhance the provision of housing services - in alignment with Housing First best practices to include the spectrum of emergency, transitional and permanent supportive housing coordination and availability to address the chronically homeless.

As the result of HUD requirements to align regional services with the “Housing First” methodology, the CoC will continue revising its current funding requirements and local priorities to further enhance efficiencies and grow additional capacity in the current service structure. Local service providers will play a vital role in the process of identifying and placing individuals and families into a defined process that will leads to permanent housing solutions. To accomplish this, strategic uses of service providers, the meaningful use of a Coordinated Entry system to reduce chronic homelessness and their combined role in local process must be developed and highly defined to efficiently and successfully funnel the homeless into permanent housing in real time. Rapid Rehousing will become a key component to meet local goal to end homelessness via the Housing First methodology.

To attain the ultimate service model that will meet the goals of HUD and the regional CoC, strategies will need to be implemented to engage both old and new service providers to encourage the continued retooling of the current service system structure and to expand provider capacity to increase placement opportunities and service linkage at every step in the service continuum.

Bridge Housing Strategies	Observables	Responsibility	Date of Completion
<p>I. Increase and retool existing emergency shelter and transitional housing programs to Bridge Housing through Federal, state and local funding opportunities</p>	<ul style="list-style-type: none"> • Encourage and assist agencies to apply for additional federal, state and local funding opportunities • Monitor the number of new grant applications submitted by existing providers, 	<p>VFCCCH Lead Agency, CoH, Participating providers</p>	<p>Annual review</p>
<p>II. Increase Bridge Housing capacity for families by identifying new funding and locations for family shelters</p>	<ul style="list-style-type: none"> • COC agencies will pursue alternatives to North Street facility as Family shelter site • Share funding opportunities to provide for enhancement, upgrade or develop additional Family Shelters & Domestic Violence Shelters • Document the development of Hope Place, growth of the Neighborhood Center and year-one operations of Restoration House in process 	<p>VFCCCH Lead Agency, CoH</p>	<p>Annual review</p>
<p>III. Continue to pursue emergency shelter for single male and female individuals through community and multi-city supported proposal/plan</p>	<ul style="list-style-type: none"> • Support and promote municipal and county efforts • Continue development of supported proposal concepts • Track municipality support and funding commitments for new and existing participating agencies • Track state and county support and commitment 	<p>VFCCCH Lead Agency, CoH</p>	<p>Annual review</p>

	<ul style="list-style-type: none"> • Advocate for and develop outside funding sources to sustain projects • Support for local non-profits interested in grant submission 		
<p>Identified agencies include but are not limited to Salvation Army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare, Flagler Family Life Center, Domestic Abuse Council, Family Renew Community, Mid Florida Housing, Inc., Sheltering Tree, restoration House, Lutheran Services of Florida, participating Housing Authorities, other non-profits and privately funded organizations.</p>			

Rapid Re-Housing Strategies	Observables	Responsibility	Date of Completion
<p>I. Increase the supply of Rapid Re-Housing from CoH, Federal, State and local grant programs</p>	<ul style="list-style-type: none"> • Assist Non-profit agencies to apply as direct grantees • Track Volusia County grants for Rapid Re-Housing to target families • Conduct monthly CoH planning meetings to include Bridge Housing and Rapid Re-Housing providers to improve success in placing individuals into Rapid Re-Housing Programs 	<p>VFCCCH Lead Agency, CoH, Steering Committee</p>	<p>Annual review</p>
<p>II. Retool Transitional Housing into Rapid Re-Housing</p>	<ul style="list-style-type: none"> • Identify best practices in transforming CoH Transitional Housing programs into Rapid Re-Housing Models and make recommendations to CoH • Conduct CoH-sponsored Rapid Re-Housing Workshop 	<p>VFCCCH Lead Agency, CoH, Steering Committee</p>	<p>Annual review</p>
<p>III. Prioritize Families for Rapid Re-Housing through the Coordinated Entry System</p>	<ul style="list-style-type: none"> • Establish formal process with school districts in the identification and prioritization of families at risk of and falling into homelessness 	<p>VFCCCH Lead Agency, CoH, Coordinated Entry Committee</p>	<p>2022</p>

Identified agencies include but are not limited to Salvation Army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare, Flagler Family Life Center, Domestic Abuse Council, Family Renew Community, Mid Florida Housing, Inc., Sheltering Tree, Restoration House, Lutheran Services of Florida, participating Housing Authorities, other non-profits and privately funded organizations.
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Permanent Housing Strategies	Observables	Responsibility	Date of Completion
I. Increase the supply of Permanent Housing beds	<ul style="list-style-type: none"> Identify and track reallocation opportunities for new Permanent Supportive Housing projects Strengthen CoC's ability to implement Permanent Supportive Housing programs & new facility projects Position for the development of permanent supportive housing and housing units dedicated for households below 30% AMI 	VFCCCH Lead Agency, CoH, Application Committee, Participating Agencies	Annual review
II. Increase bed capacity dedicated for the chronically homeless, homeless and Families by 10% annually	<ul style="list-style-type: none"> Maintain the master inventory of permanent supportive housing to immediately identify availabilities Track opportunities for local Housing Authorities to dedicate/prioritize percentage of housing preference in the Housing Choice Voucher and public housing programs annually to assist chronically homeless 	VFCCCH Lead Agency, CoH, Steering Committee, Participating Agencies	2017
III. Increase turnover of CoH Bridge Housing and Permanent Supportive Housing through achievement of housing independence	<ul style="list-style-type: none"> Identify self-sufficiency through an interim review Increase Case Management effectiveness through training to assist, create and 	VFCCCH Lead Agency, CoH, Participating Agencies	Annual review

	optimize search capabilities for housing, local employment, education and financial assistance <ul style="list-style-type: none"> • Create resource list for Coordinated Entry to link clients to additional services 		
Identified agencies include but are not limited to Salvation Army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare, Flagler Family Life Center, Domestic Abuse Council, Family Renew Community, Mid Florida Housing, Inc., Sheltering Tree, Restoration House, Lutheran Services of Florida, participating Housing Authorities, other non-profits and privately funded organizations.			

Objective 4: Assure access to Health Services - to include interagency case management and referral support

To meet the CoH required standards associated with the provision of healthcare and behavioral health for client types defined under Emergency Solutions, HUD and Continuum of Care eligibility, the safety-net healthcare partners serving the Volusia and Flagler region will network both medical and behavioral health activities to provide client access to services and coordinate processes to maximize availability and meet client eligibility requirements for services in a timely manner.

Providers available to participate in coordinating a formal health plan for the homeless population include Stewart Marchman Act Behavioral, Halifax Health, Florida Hospitals, Halifax Behavioral Services and Patient Assistance Program, regional substance abuse and detox centers, Florida Department of Health Volusia County, Free Clinics, Federally Qualified Health Centers, Nursing Homes and regional residency and nursing programs, as applicable and available.

Service provision will be coordinated for eligible client types as follows:

- Emergency health and mental health services to Homeless Outreach clients
- Health, mental health and substance abuse services to Emergency Shelter clients
- General health and mental health network case management to assist Rapid Re-housing, Transitional Housing, Permanent Supportive Housing clients to access the local health service support systems.

Chronic Homeless individuals often suffer from multiple chronic illnesses that inevitably affect their ability to function due to lack of access to health providers and medications. These individuals are often transient in nature, are uninsured, without a primary care provider and do not

meet eligibility requirements for the assistance programs in place to support local resident needs. Additionally, a lack of shelter upon discharge of hospitalizations and emergency room visits present health care providers with challenges when releasing patients from care without a safe environment in which to recover and adequately reduce the potential for future readmission. Additionally, coordinating continuity of care services with the local healthcare service network becomes significantly complicated when patients lack a payor for services. Safety-net providers therefore, are faced with the brunt of healthcare service provision to this population. The majority of care is provided by Halifax Health and Stewart Marchman Act locally. Some service is provided to working homeless at the regional free clinics. Creative coordination of available community resources and gap-filling grant opportunities could effectively reduce or redirect some of the disproportionate impact experienced by providers and assist in the more effective use of existing community resources for healthcare.

Halifax Health currently provides a Nurse/Case Manager at the North Street location, the location that currently services the highest number of homeless individuals daily in Volusia and Flagler County. The RN is responsible for triaging homeless patient needs and coordinating care throughout the available healthcare resources in the community and both primary care and emergency room discharge needs at Halifax Health. Access to Halifax Health services can assist the patients with attaining maintenance drugs and prescriptions required for patient recovery for the emergent or acute need in treatment. Although primary care services can be made available through this process to address acute and chronic disease needs, referrals to specialists can be exceedingly difficult if the patient cannot qualify for the district's patient's assistance program for residents.

Stewart Marchman Act currently located at Willis Ave. location to provide behavioral health screening and case management for homeless patients requiring Stewart Marchman Act outpatient services. Established patients of SMA out-patient services can assist the patient to access behavioral health-related medications through SMA's prescription discount service program. Streamlined access into Mental Health and substance abuse treatment programs are in greatest need based on outcomes of the latest available Point in Time survey data. Unfortunately, the number of beds available for these services are limited and are operating at capacity. Local providers must work together to justify and support application for additional bed and services licensure. Timely availability of outpatient services are important to serve the needs of this population.

Flagler County Human Services provides the following indigent health care services:

- Medical assistance can be arranged for low-income, uninsured residents of Flagler County that meet eligibility criteria
- Prescription assistance
- Emergency dental care
- Wheelchair / walker loan program
- Assistance completing Social Security disability applications

The County of Flagler also is responsible the **Health Care Responsibility Act* (HCRA)**. This reimburses participating out-of-county hospitals at the Medicaid per diem rate for care provided to indigent, uninsured Flagler residents. The county financial obligation is set by the state at \$4 per capita.

Halifax Hospital Medical Center Hospital District Board provide a Patient's Assistance Program to provide access to primary care services for patients suffering from chronic diseases and/or require healthcare follow up care, lab services or prescription drugs to manage their illness or recovery. Program is available to individuals at 200% FPG and below. On average, the Halifax Health Targeted Nurse Case Manager located at North Street supports more than 300 visits by the homeless population seeking medical services per month or 3,600 annually. Of this group, a snapshot was captured during the month of September 2016 which demonstrated that 25 individuals whose care was coordinated by the Targeted Nurse Case Manager required financial assistance to access their monthly prescription refills, totaling 52 prescriptions monthly or approximately 624 per year. During another 8-month snapshot ending July 2016, 36 homeless patients were successfully discharged from Inpatient care to available beds at local shelters. In FY 2016, Due to a lack of available shelter beds, Halifax Health arranged "Safe Discharge" shelter for 20 homeless patients at a hotel / motel for a total of 102 nights

The West Volusia Hospital Authority maintains a "Health Card" program which provides primary care, specialist care, lab services and pharmaceutical assistance to residents that qualify for the program and use network services with incomes of 150% FPG or below.

Federally Qualified Health Centers & Free Clinics:

Family Health Source serves all ages regardless of ability to pay and offers a sliding fee scale at sites in Deltona, Deland and Pierson Florida.

- Azalea Health serves all ages regardless of ability to pay and offers a sliding fee scale at its Palm Coast site location in Flagler County.
- The Department of Health in Flagler County supports a free clinic for uninsured individuals and those covered by Medicaid.
- The Jesus Clinic and Volunteers in Medicine Clinic in Daytona Beach both service working uninsured individuals at 200% of the FPG and below.

Strategies	Observables	Responsibility	Date of Completion
<p>I. Provide access to licensed or certified providers and continuation of medical and behavioral health-based case management services at homeless service site locations to increase on-site service capability, reduce patient barriers and increase referrals to behavioral health services</p>	<ul style="list-style-type: none"> • Provided coordinated health care entry sites to support the homeless population • Engage new providers 	<p>Halifax Health & Stewart Marchman Act and other regional health providers</p>	<p>Annual review</p>

<p>II. Via Memorandums of Understanding, develop a coordinated network of service providers and referral processes to service the homeless population</p>	<ul style="list-style-type: none"> • Develop an inventory of available services • Develop a coordinated process to maximize use of resources • Execute MOUs to create formal network of services 	<p>Ad-hoc Committee of health providers</p>	<p>Annual review</p>
<p>III. Investigate potential of a systematic process at HMIS intake to incorporate both health and behavioral health screenings and increase the number of collected HMIS service utilization events from either homeless sites or emergency medical/psych locations</p>	<ul style="list-style-type: none"> • Collaborate with coordinated Entry Committees and participating partners • Track quarterly ad-hoc committee meetings and recommendations 	<p>HMIS Committee, HMIS Lead, CoH/Lead Agency</p>	<p>2020</p>
<p>IV. Investigate new community resources and partnerships to address unmet needs tied to medically compromised or dependent homeless individuals</p>	<ul style="list-style-type: none"> • Report needs to CoH as gaps/barriers are identified • Identify partners that may be positioned to assist reduction in service barriers 	<p>Ad-hoc Committee of health providers</p>	<p>Annual review</p>
<p>Identified agencies include but are not limited to Stewart Marchman Act, Halifax Health, Florida Hospitals East Region, Halifax Behavioral Services and Patient Assistance Program, Regional Substance Abuse and Detox Centers, Florida Departments of Health in Flagler and Volusia Counties, Jesus Clinic, Volunteers in Medicine, Azalea Health, Family Health Source, Nursing Homes and Bethune-Cookman University, Daytona State College's nursing programs and regional Homeless Service providers.</p>			

Objective 5: Assist clients to achieve Economic Stability - involving education and training tied to employment and financial stability

Economic-based homelessness is when a lack of adequate income/revenue and/or high housing costs are the main cause or risk-factor of experiencing homelessness. The primary cause of structural homelessness is an imbalance between the high cost of and/or lack of availability of affordable housing on one hand, and the insufficient income from jobs and public supports to afford living expenses on the other hand.

Who is at-risk

Housing affordability is typically defined using a benchmark of 30% of income. Housing costs in a household survival budget, according to the ALICE report, in Volusia County is \$569 for a single and \$900 for a family and in Flagler County is \$640 for a single and \$935 for a family. This equates to the need for employment for a single adult to have an annual salary of \$19,176 (\$9.59 @ 40 hours) and for a parent of two to have an annual salary of \$53,856 (\$26.93 @ 40 hours).

Note: A glance at apartments available in Volusia, where there is the most access to transportation, the average cost of two bedroom apartments (there were 258 available on 5/5/2016) was over \$1,000. Only 33 apartments were within the cost range of a survival wage (less than \$900).

In order to prevent or deter the potential for homelessness, basic employment availability and skill needs must be assured within the two-county region to meet the needs of the resident population and business community. Ultimately, a shared vision exists between businesses, residents, local government and economic development efforts:

- Residents of Flagler & Volusia Counties will have incomes to support their well-being and have access to wrap around services to meet their needs.

Homeless individuals often lack the skill sets or financial resources and employment opportunities to succeed and attain economic stability. Therefore, linking individuals and families with stable, earned income from employment is a critical tool in the fight to prevent and end homelessness.

An analysis of jobs in Volusia and Flagler Counties with earnings (wage + benefits) between \$15.00 and \$20.00 an hour shows 29,941 jobs with a projected growth of 5,077 jobs in the next five years in 126 occupations, 72% of which require certifications less than an Associate's degree.

Strategies	Observables	Responsibility	Date of Completion
I. Increase awareness regarding existing employment-related resources, including training	<ul style="list-style-type: none">• Creation of system-wide orientation product for training use.• Train of providers and coordinated entry staff on available resources	CoH, Career Source of Flagler & Volusia Counties	End of 2017
II. Develop provider knowledge and skills in best practices in employment and training programs for people experiencing homelessness	<ul style="list-style-type: none">• Research evidence-based and best practices of successful linkages between providers and employment and training	CoH, Career Source of Flagler & Volusia Counties	End of 2017

<p>III. Increase sustainable employment opportunities by linking workforce programs and a system of employment assistance</p>	<ul style="list-style-type: none"> • Identify programs that offer employment <u>assistance</u> 	<p>CoH, Participating Agencies</p>	<p>Annual review</p>
<p>IV. Increase access to assessment; increased access to training; increased access to employment</p>	<ul style="list-style-type: none"> • Provide Job readiness training available on-line. • Track number of community partners that offer client access to online services offered for job readiness training, 	<p>CoH, Career Source of Flagler & Volusia Counties</p>	<p>2018</p>
<p>V. Embed employment as a goal in every step of the housing process from Coordinated Entry to housing placement. Make employment an integral part of the continuum of care</p>	<ul style="list-style-type: none"> • Engage participating agencies • Train staff in career planning 	<p>CoH, Career Source of Flagler & Volusia Counties, Participating Agencies</p>	<p>Annual review</p>
<p>VI. Establish mechanism for community agencies (non-housing providers) to implement upon loss of employment to prevent homelessness</p>	<ul style="list-style-type: none"> • Create an ad-hoc committee • Establish mechanisms for community agencies (non-housing providers) to implement upon loss of employment to prevent homelessness • Make recommendations to CoH 		<p>December 2017</p>
<p>VII. Promote changes in policies (?) to support employment programs for people experiencing homelessness</p>	<ul style="list-style-type: none"> • Identify community-based points of engagement where program integration can be effective • Train staff on services available 		<p>2020</p>
<p>VIII. Develop an employment and training program(s) in partnership with Career Source Flagler Volusia, Goodwill Industries and Daytona State College</p>	<ul style="list-style-type: none"> • Develop an ad-hoc committee • Identify what employment trainings are needed to be provided through strategic partnerships • Present recommendations to the CoH for implementation 		
<p>IX. Implement strategies for non-employment income</p>	<ul style="list-style-type: none"> • Promote staff certification in SOAR with Career Source of Flagler & Volusia Counties, Goodwill and other community entities. • Implement strategies for non-employment income: <ul style="list-style-type: none"> ➢ Increase access to legal services 	<p>Engage: Goodwill Industries Community Legal Services of Mid-Florida Members of the Disability Coalition – specifically</p>	

	<ul style="list-style-type: none"> ➤ Increase access to non-employment income benefits; ➤ Streamline and improve access to SSI, SSDI and Medicaid benefits 	Center for Independent Living	
Identified agencies include but are not limited to Career Source, Goodwill Industries, Center for Independent Living, United Way and its providers, Daytona State College and the Disability Coalition,			

Objective 6: **Assure the implementation of Outreach and Safety Activities** to identify those experiencing homelessness to increase community and personal safety

Homeless outreach is a critical piece of identifying and engaging individuals experiencing homelessness. The goal is to identify, by name, every unsheltered homeless person in the community for entry into a centralized database and to connect every unsheltered homeless person to services, which include housing. It involves moving outside the walls of the agency to engage individuals who may be disconnected and alienated from mainstream services and supports, especially those services targeting homeless persons. Outreach strategies require the development of an understanding of the individual circumstances and needs of each individual, as well as cultural barriers that may prevent people from accessing either mainstream services or those that target people who experience homelessness. Relationship building is key to establishing trust and may require several encounters before individuals are ready to accept assistance.

Individuals experiencing homelessness are at increased risk for disease, injury, and death. Homelessness significantly decreases the lifespan of an individual. Safety is significantly increased when outreach teams are able to move individuals into shelter or housing and are provided with needed services.

Goals of Homeless Outreach & Safety

1. To identify, and engage homeless individuals and to place them into appropriate housing.
2. To ensure the safety of those individuals experiencing homelessness.
3. To increase public awareness of homeless issues in Volusia and Flagler Counties.

Strategies	Observables	Responsibility	Date of Completion
I. Enhance street outreach through federal, state and local funding opportunities	<ul style="list-style-type: none"> • Increase funding for outreach • Enhance the use of homeless outreach strike teams to identify targeted populations 	VFCCH Lead Agency, CoH, Participating Agencies	Annual review
II. Enhance the homeless service referral process of 211	<ul style="list-style-type: none"> • Include 211 staff in provider service trainings 	VFCCH Lead Agency, CoH, participating agencies	Annual review
III. Investigate potential for homeless outreach Geographic Information System (GIS) App to identify and track homeless sites for outreach	<ul style="list-style-type: none"> • Report on feasibility of GIS App to CoH • Approve and implement 	VFCCH Lead Agency, CoH	2017
IV. Buddy System-partnership between a homeless individual and previously homeless	<ul style="list-style-type: none"> • Implementation by direct service agencies providing outreach 	VFCCH Lead Agency, CoH, All outreach providers	Annual review
V. Enhance coordination to ensure that discharge is made from institutions into treatment and housing programs so no one is discharged to the street.	<ul style="list-style-type: none"> • Develop a process of intake into Coordinated Entry prior to discharge to support partner service agencies • Implement process 	VFCCH Lead Agency, CoH Institutional Providers, Coordinated Entry Committee	2020
VII. Develop interdisciplinary outreach teams through partnerships with agencies that provide outreach	<ul style="list-style-type: none"> • Implement Outreach Teams 	VFCCH Lead Agency, CoH, All outreach providers	2020
Identified agencies include but are not limited to Salvation Army, Neighborhood Center, Halifax Urban Ministries, SMA Behavioral Healthcare, Flagler Family Life Center, Domestic Abuse Council, Family Renew Community, Mid Florida Housing, Inc., Sheltering Tree, Restoration House, Lutheran Services of Florida, participating Housing Authorities, other non-profits and privately funded organizations.			

Glossary of Terms

Glossary of Terms

Advocate- Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to: Have their voice heard on issues that are **important** to them. Defend and safeguard their rights. Have their views and wishes genuinely considered when decisions are being made about their lives.

Affordable Housing- In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. Please note that some jurisdictions may define affordable housing based on other, locally determined criteria, and that this definition is intended solely as an approximate guideline or general rule of thumb.

Bridge Housing Interim housing used as a short-term stay when a homeless individual or family has been offered and accepted a permanent housing intervention but, is not able to immediately enter the permanent housing.

Case Management- A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive needs through communication and available resources to promote quality, cost-effective outcomes.

Note: case management can be applied to an array of services to include homeless services, outreach, housing services, health care, mental health services, or other community based social services as identified by need.

Chronically Homeless. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

(a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i.** lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii.** Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Client-centered: known as person-**centered**, is a non-directive counseling **approach** that requires the **client** to take an active role in his or her treatment with the therapist being nondirective and supportive.

Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for **homeless** families and individuals.

Coordinated Entry: A process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. It uses standardized tools and practices, incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that housing and homeless assistance is prioritized for those with the most severe service needs.

Counselor- a person trained to give guidance on personal, social, or psychological problems.

“Effectively Ending Homelessness” - The United States Interagency Council on Homelessness (USICH) and its member agencies have adopted a vision of what it means to end all homelessness, ensuring that it is a rare, brief, and non-recurring experience.

Homeless – Two main definitions apply:

School-based, K-12 - Defines “Homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes –

- Children and youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; - living in emergency or transitional shelters; - abandoned in hospitals; or - awaiting foster care placement;
- Children and youth who have 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;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and 2
- Migratory children who qualify as homeless because they are living in circumstances described above.

HUD- Defines “Homeless” as those:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
 - Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. o For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
 - Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

Homeless Management Information System (HMIS) - a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing First - A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Outreach- In general, outreach is an activity of providing services to any populations who might not otherwise have access to those services. A key component of **outreach** is that the groups providing it are not stationary, but mobile; in other words they are meeting those in need of **outreach** services at the locations where those in need are.

Note: outreach can be applied to an array of services to include homeless, housing services, health care, mental health services, or other community based social services as identified by need.

Permanent Housing (PH) - Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay and includes RRH and PSH.

Permanent Supportive Housing (PSH): Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Rapid Rehousing (RRH)- Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Transitional Housing (TH) - A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)-a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.

Unaccompanied Youth - Unaccompanied homeless youth are youth experiencing homelessness while not in the physical custody of a parent or guardian between the ages of 18-24.

U.S. Department of Housing and Urban Development (HUD)- The Department of Housing and Urban Development (HUD) is a U.S. government agency created in 1965 to support community development and home ownership.

The Commission on Homelessness for Volusia & Flagler Counties 5-year Strategic Plan (2017-2022) was reviewed, approved and adopted on April 28, 2017 by the full Board of Directors of the Commission on Homelessness for Volusia & Flagler Counties.

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