CACH 2016 HOMERUN WORKPLAN STRUCTURE – FINAL FULL DRAFT

TABLE OF CONTENTS

PRIME GOAL…..…….…….. Pg. 2

OBJECTIVE 1: STRENGTHEN LEADERSHIP TO END HOMELESSNESS……..….. Pg. 2

OBJECTIVE 2: CONTINUUM WIDE COORDINATED OUTREACH, ENTRY, ASSESSMENT AND REFERRAL SYSTEM …… Pg. 5.

OBJECTIVE 3: INCREASE, AND PRESERVE EXISTING, AFFORDABLE HOUSING……..……...….. Pg. 8

OBJECTIVE 4: ACCESS TO AND AVAILABILITY OF SUPPORTIVE SERVICES….. Pg. 11

OBJECTIVE 5: PUBLIC AWARENESS AND EDUCATION..... Pg. 14

OBJECTIVE 6: PREVENTION…….… Pg. 16

GLOSSARY OF TERMS…….….... Pg.18

DRAFT

PRIME GOAL: To make homelessness in Dauphin County and the City of Harrisburg rare, brief, and non-recurring and to prevent homelessness whenever possible.

OBJECTIVE 1: <u>STRENGTHEN LEADERSHIP TO END HOMELESSNESS</u>
To strengthen the Capital Area Coalition on Homelessness in providing leadership and an organizational structure for the community to implement a coordinated plan utilizing the Housing First Model to end homelessness.

OBJECTIVE OUTCOME MEASURES:
1.A) A review of CACH governing structure results in appropriate committees and a system that achieves Home-Run Objectives within their determined time frames.
1.B) Increased planning, participation and ownership by CACH agencies' decision-makers results in a "collective impact" model that achieves defined "shared measurements."
1.C) A Resource Development Plan is developed and continually updated to address needs and systems gaps.
1.D) Drop-In Center is fully established and resourced.
1.E) A Disaster Plan with emergency protocols is established that particularly addresses those experiencing homelessness who are unsheltered and isolated.

STRATEGIES:
1.1) Improve CACH Governing Structure: Revisit the CACH's coordinating and standing committee structure and membership to effectively function as a Local Lead Agency and carry out the updated Home Run Plan to prevent and end homelessness in Dauphin County.
1.2) Increase CACH Member Participation in Collaborating, Planning, and Implementing the Home Run Blueprint to improve the capacity, cost efficiency and effectiveness of the homeless services system.
1.3) Enable CACH agency members to digest and implement the components of the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing Act) and promote the Housing First Model.
1.4) Use Point in Time, HMIS, and System Performance Measure data to identify gaps and guide decisions and policies including the development of protocols to fund and defund HUD Continuum of Care Program applications/renewals.
1.5) Develop a multi-year, project-based comprehensive Resource Development Plan to engage local philanthropies and other funding sources in addressing homelessness as a priority
1.6) Ensure that the Housing First Model is promoted and infused in all possible services and programs through the agency of CACH's standing committees.
1.7) Solidify and expand the Drop-In Center as central point for accessing supportive services for unsheltered homeless persons through technical assistance and consultation.
1.8) Assure the completion of an Emergency Response Plan for natural disaster/ extreme weather for the homeless services system..
1.9) Partner with providers and statewide advocacy groups to advocate for effective polices and funding to support the goal of ending homelessness.

STRATEGY 1.1: Improve CACH Governing Structure: Revisit the CACH's coordinating and standing committee structure and membership to effectively function as a Local Lead Agency and carry out the updated Home Run Plan to prevent and end homelessness in Dauphin County

DRAFT

ACTION STEPS:

1.1a) Re-work the current Planning and Resource Development Committee into committees focused on planning/Home Run Plan implementation and on system-wide resource development.

1.1b) Clarify the purpose and structure of all other standing committees and adjust bylaws as needed.

STRATEGY 1.2: Increase CACH Member Participation in Collaborating, Planning, and Implementing the Home Run Blueprint to improve the capacity, cost efficiency and effectiveness of the homeless services system.

ACTION STEPS

1.2a) Develop a recruitment strategy for involving providers and key leaders in the CACH leadership structure.

1.2b) Develop a format where executives/program decision makers of homeless services providers can discuss system issues face to face on at least a semi-annual basis.

1.2c) Create an official communication tool to communicate important system information to all involved providers.

1.2d) Conduct regular meetings of all service providers to promote system coordination and networking.

1.2e) Continue to build and maintain relationships with leaders in local faith communities and grassroots organizations to partner in their efforts to provide housing and supportive services to homeless households.

STRATEGY 1.3: Enable CACH agency members to digest and implement the components of the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing Act) and promote the Housing First Model.

ACTION STEPS

1.3a) Create a resource which summarizes HUD and HEARTH Act objectives and priorities and defines terminology regularly used within the homeless services system.

1.3b) Schedule and conduct at least biannual trainings using different venues/formats (web-based/seminars) to reach as many providers as possible.

STRATEGY 1.4: Use Point in Time, HMIS, and System Performance Measure data to guide decisions and policy, including the development of protocols to fund and defund HUD Continuum of Care Program applications/renewals.

ACTION STEPS

1.4a) Annually review and update/revise Continuum of Care (CoC) "Written Standards" on housing prioritization and housing outcomes based on current year and historic PIT and HMIS annual totals reports.

1.4b) Utilize PIT and HMIS data to highlight needs, resources, and funding recommendations.

1.4c) Create an outline of HUD and HEARTH Act goals and priorities along with local priorities for homeless housing and services.

1.4d) Develop a scoring matrix of HUD performance measures and local priorities.

1.4e) Incorporate/update the scoring matrix into current CoC program ranking sheet.

DRAFT

STRATEGY 1.5: Develop a multi-year, project-based comprehensive Resource Development Plan to engage local philanthropies and other funding sources in addressing homelessness as a priority.

ACTION STEP

1.5a) Create a Resource Development Committee of providers, community leaders, philanthropies, public officials and foundations to assist in the development of a strategic plan to generate funding for priority Housing First services for homelessness persons/families.

STRATEGY 1.6: Ensure that the Housing First Model is promoted and infused in all possible services and programs through the agency of CACH's standing committees.

ACTION STEPS

1.6a) Utilize membership meetings and training sessions to present information regarding the Housing First Model and best practices.

1.6b) Provide technical assistance and consultation to service providers developing permanent housing, Rapid Rehousing, or otherwise adapting programs to a Housing First Model.

STRATEGY 1.7: Solidify and expand the Drop-In Center as central point for accessing supportive services for unsheltered homeless persons through technical assistance and consultation.

ACTION STEPS

1.7a) Form a committee to provide consultation and assist the current Drop In Center in obtaining additional funding and resolving impediments to formalizing a long term operational model.

1.7b) Assist in developing partnerships with supportive service providers for participation and provision of services at the Center.

STRATEGY 1.8: Assure the completion of an Emergency Response Plan for natural disaster/ extreme weather for the homeless services system.

ACTION STEPS

1.8a) Partner with community Emergency Management Agencies, the Red Cross and other public safety officials and representatives from the Continuum of Care and its service providers to develop an emergency response for unsheltered persons/families.

1.8b) Prepare an Emergency Response Protocol for service providers and the outreach community to assist the Emergency Management Agency to assist homeless persons

1.8c) Identify an agency/ entity to be the primary coordinator to communicate and manage the Continuum of Care Response.

1.8d) Educate the Continuum of Care service providers and faith based organizations to the Emergency Response Protocol and procedures.

1.8e) Publish the Emergency Response Procedures on the CACH website.

STRATEGY 1.9: Partner with providers and statewide advocacy groups to advocate for effective polices and funding to support the goal of ending homelessness.

ACTION STEPS

DRAFT

1.9a) Participate as members in statewide and national housing and homeless coalitions dedicated to ending homelessness and developing safe and affordable permanent housing such as the Housing Alliance of PA.
1.9b) Participate in organizations and/or advocacy initiatives that promote services and benefits that are needed by homeless persons/families such as PA Health Access Network.
1.9c) Comment and submit information for inclusion in the County and City Planning process and documents that will describe the needs for services for homeless persons/families.
1.9d) Assist in the development a Regional Housing Coalition that will address homeless services on a regional level.
1.9e) Work with key stakeholder groups to make progress toward recognizing the long-term effects of substance abuse and dependency as a disabling condition.

OBJECTIVE 2: <u>CONTINUUM WIDE COORDINATED OUTREACH, ENTRY, ASSESSMENT AND REFERRAL SYSTEM</u>
To develop and maintain a "Coordinated Entry/Assessment" system for rapid assessment and placement of homeless individuals and families in the most appropriate housing available and to reduce the length of time it takes for vulnerable populations to be placed in permanent housing.

OBJECTIVE OUTCOME MEASURE:
2.A) Number of persons experiencing homelessness i.e. those who sleep unsheltered, in emergency shelters, transitional housing or safe havens decreases by 10% each year.
2.B) Successful placement and retention of homeless individuals, families, target/vulnerable populations in permanent housing with/without supportive services increased.
  2.B.1) Ensure "Functional Zero" of permanent housing placement for Veterans by 2015; Chronically homeless by 2017; and families and children by 2020.
  2.B.2) Successful retention of permanent housing for each target population at or above 90% each year.
  2.B.3) Successful retention of permanent housing for all persons who experienced homelessness at or above 90% each year.
2.C) The time period homeless individuals or families remain without permanent housing is reduced.
  2.C.1) Reduce number of days homeless sheltered individuals or families sleeping at emergency shelters, transitional housing, or safe haven and not in permanent housing, by 10% each year.
  2.C.2) Decrease the length of time unsheltered participants enrolled in housing outreach/programs obtain appropriate housing to no more than 30 days.

STRATEGIES:
2.1) Implement a Coordinated Entry System in a staged process which engages as many providers as possible in identifying individuals in HUD target population groups and provides for prompt assessment, triage, and centralized waiting lists and referral procedures.
2.2) Use HMIS system or other tool to maintain a "By Name List" for each vulnerable population group for the purpose of follow-up and placement into permanent housing.

2.3) Develop CACH Coordinated Entry and Assessment Referral (CEAR) Teams to respond to and house those on the "By Name List" of vulnerable populations.
2.4) Adopt Coordinated Outreach. Convene Outreach Task Force to develop a coordinated outreach plan for reaching vulnerable populations.
2.5) Adopt Rapid Placement Plan. Assess current emergency shelter, transitional housing, and rapid rehousing placement procedures and develop an updated plan to assure rapid placement in housing for those in a vulnerable population group.
2.6) Adopt Non-HMIS Data Collection Protocols. Develop data collection protocols that can be used system-wide (including non-HMIS users) to better assess system performance.

STRATEGY 2.1 - Implement a Coordinated Entry Referral System in a staged process which engages as many providers as possible in identifying individuals in HUD target population groups and provides for prompt assessment, triage, and centralized waiting lists and referral procedures.

ACTION STEPS

2.1a) Develop a schedule for the system-wide implementation of the "By Name List" and waitlists for permanent housing, permanent supportive housing, and transitional/rapid rehousing.
2.1b) Engage all CoC participating homeless providers and actively solicit non-CoC providers to participate in the Coordinated Entry and referral process for HUD target population groups as evidenced through an MOU.
2.1c) Train all service providers, (public, private, faith based, 211 operators) on how to use the CACH Coordinated Entry Referral Tool to connect individuals in the HUD target population groups to the most appropriate housing
2.1d) Train CoC providers on how to use HMIS to track clients from initial intake to placement in permanent housing and monitor to be sure this is happening.
2.1e) Collaborate with local housing providers to review program eligibility and termination criteria across the range of programs which people experiencing or at risk of homelessness may access.
2.1f) Develop partnerships to assure that LGBTQ individuals are aware of and have access to the coordinated entry process.
2.1g) Develop communication channels and partnerships with non-COC providers, especially faith-based groups, to both coordinate services and track outcomes.
2.1h) Establish a mechanism for measuring implementation and results such as regular reports on goals and outcomes for Coordinated Outreach to CACH.

STRATEGY 2.2: Use HMIS system or other tool to maintain a "By Name List" including all individuals who are in a HUD target population group for the purpose of follow-up and placement into permanent housing.

ACTION STEPS

2.2a) CACH collects permission/releases of information from Coordinated Entry and facilitates their enrollment into their respective "By Name List."
2.2b) Research, implement and train providers on how HMIS can be used to keep a coordinated waiting list for each vulnerable population.

STRATEGY 2.3: Develop CACH Coordinated Entry and Assessment Referral (CEAR) Teams to respond to and house those on the "By Name List" of vulnerable populations.
ACTION STEPS
2.3a) Engage all housing providers to provide a representative on the CEAR Team(s).
2.3b) Train all CEAR Team members on the use of the VI-SPDAT to determine vulnerability and prioritization factors for each participant within their target population.
2.3c) CEAR Team(s) are meeting on a regular basis to assure prompt follow-up and monitor permanent housing waiting lists for vulnerable populations.
2.3d) Permanent Housing Placement is coordinated based on each population's dedicated housing and prioritization rules.
2.3e) Asset Map all housing and homeless outreach service providers and maintain current information on CACH website.
2.3f) Establish baseline performance measurements for length of time it takes to permanently house vulnerable population.
2.3g) Establish annual performance goals based on baseline measure.

STRATEGY 2.4: Adopt Coordinated Outreach: Convene Outreach Task Force to develop a coordinated outreach plan for reaching vulnerable populations.
ACTION STEPS
2.4a) Identify all outreach organizations which should participate in task force
2.4b) Engage representation from MH/ID Mental Health/ Intellectual Disability, Drug & Alcohol and Children and Youth services on the Outreach Task Force.
2.4c) Train all organizations doing outreach to use HMIS or another tool to coordinate services provided to those on the street.
2.4d) Create priority list and brainstorm solutions to improve services for the unsheltered homeless.
2.4e) Continue to develop community partnerships and strategies to reach out to unaccompanied youth.
2.4f) Integrate efforts in Northern Dauphin County and establish outreach to other rural parts of the county to assure resources are reaching rural populations.

STRATEGY 2.5: Adopt Rapid Placement Plan: Assess current emergency shelter, transitional housing, and rapid rehousing placement procedures and develop an updated plan to assure rapid placement in housing for those in a vulnerable population group.

STRATEGY 2.6: Adopt Non-HMIS Data Collection Protocols: Develop data collection protocols and performance goals that can be used system-wide (including non-HMIS users) to better assess system performance.
ACTION STEPS
2.6a) Do direct outreach to encourage the use of or interface with HMIS with non-HMIS pertinent service providers.
2.6b) Issue annual CoC and agency “report card”

DRAFT

OBJECTIVE 3: <u>INCREASE, AND PRESERVE EXISTING, AFFORDABLE HOUSING</u>
Utilizing a Housing First Model, provide a full range of safe and affordable permanent housing options to meet the needs of families and individuals experiencing or at risk of homelessness.

OBJECTIVE OUTCOME MEASURE:

3.A) **Increase Permanent Affordable Housing Supply.**

3.A.1) Dedicated homeless project, public, and private subsidized/unsubsidized low income permanent housing inventory increases by 50 beds/vouchers by 2020.

3.A.2) Increase subsidized housing for extremely low income (ELI) persons by 20 beds by 2020.

STRATEGIES

3.1) Explore the feasibility of specialized housing types for homeless and very-low income families, such as Single Room Occupancy (SRO) and Shared Housing.
3.2) Finalize the implementation of the new procedures to verify the Homeless Waiting List Preference for Public Housing and Section 8 for Homeless persons for the Harrisburg Housing Authority (HHA) and Dauphin County Housing Authority (DCHA).
3.3) Promote increasing the number of fully accessible units for physically challenged persons in new mixed development projects.
3.4) Expand Rapid Re-Housing (RRH).
3.5) Identify existing and emerging sources for homeless rental assistance such as PHARE, State and County Housing Trust funds, etc.
3.6) Expand Permanent Supportive Housing (PSH) for those needing ongoing service enriched housing e.g. chronic homeless, disabled, etc.
3.7) Explore funding to provide Community Based Case Management to assist homeless participants who may not be part of a target or disabled population in applying and retaining permanent housing.
3.8) Develop a collaborative relationship with the Housing Providers Community (Public HHAs, developers and private landlords) to promote housing for homeless populations with emphasize on special needs/vulnerable population.
3.9) Expand dedicated supportive housing for unaccompanied homeless children and youth.
3.10) Reduce family homelessness through creating new and making existing family housing options more effective.
3.11) Develop multiple temporary and permanent housing options for unsheltered homeless males.
3.12) Explore creating low demand shelter housing as a bridge to permanent housing.
3.13) Explore Medicaid as a funding source for case management for permanent supportive housing.
3.14) Explore creating a "Landlord Incentive Fund" for rental related expenses including required expenses not covered by some rental subsidy programs.
3.15) Explore the expansion of representative payee options specific to rent payment.

STRATEGY 3.1: Explore the feasibility of specialized housing types for homeless and very-low income families, such as Single Room Occupancy (SRO) and Shared Housing.
ACTION STEPS

DRAFT

3.1a) Meet and consult with developers to expand existing and/or develop new affordable SRO & Shared Housing units.
3.1b) Explore the provision of supportive services for tenants of the potential new SRO & Shared Housing units with local services providers to ensure their successful retention of permanent housing.
3. 1c) Review Best Practices Model to explore the viability of creating a program of shared housing.
3.1d) Create a matching list or system whereby homeless participants willing to share housing can readily connect and apply for available housing.
3.1e) Develop a network of landlords with single family units who will rent to room-mates following applicable city/county codes limits for unassociated members on a lease.

STRATEGY 3.2: Finalize the implementation of the new procedures to verify the Homeless Waiting List Preference for Public Housing and Section 8 for Homeless persons for the Harrisburg Housing Authority (HHA) and Dauphin County Housing Authority (DCHA).
ACTION STEPS
3.2a) Finalize the approval and implementation of the Homeless Preference in both Public Housing Authorities' (PHA) operating plan.
3.2b) Finalize a system to verify a persons' homeless status to meet the PHAs' preference requirements using the HMIS system.
3.2c) Educate service providers about the preference and the Homeless verification procedure required by the PHAs to apply the Homeless Preference for eligible homeless persons/families.
3.2d) Review options with community service providers for the provision of supportive services for participants receiving the preference to ensure their successful housing retention.
3.2e) Encourage participants accessing/receiving public housing assistance through the PHAs Homeless Preference to utilize renter's consumer education programs.
3.2f) Monitor the preference implementation and revise as needed.

STRATEGY 3.3: Promote increasing the number of fully accessible units for physically challenged persons in new mixed development projects.
ACTION STEPS
3.3a) Meet with developers to discuss the need and development of new units and present incentives available to them such as Project Based Vouchers.
3.3b) Promote new development with more accessible set-aside units for low income persons.

STRATEGY 3.4: Expand Rapid Re-Housing (RRH)
ACTION STEPS
3.4a) Continuum of Care (CoC) to prioritize Rapid Re-Housing as a top priority for allocation and re-allocation of projects in HUD CoC Application.
3.4b) Assist RRH participants to complete applications for subsidized permanent housing or develop income sources to apply and maintain unsubsidized permanent housing.
3.4c) Review reallocating HUD CoC funding currently designated for transitional housing to RRH in future funding requests.

DRAFT

STRATEGY 3.5: Identify other existing and emerging sources for homeless rental assistance such as PHARE, State and County Housing Trust funds, Casino Revenue Tax for communities, etc.

STRATEGY 3.6: Expand Permanent Supportive Housing (PSH) for those needing ongoing service enriched housing e.g. chronic homeless, disabled, etc.

STRATEGY 3.7: Explore funding to provide community based case management to assist homeless participants who may not be part of a target or disabled population in applying and retaining permanent housing.

STRATEGY 3.8: Develop a collaborative relationship with the Housing Providers Community (Public HHAs, developers and private landlords) to promote housing for homeless populations with emphasis on special needs/vulnerable population.

ACTION STEPS

3.8a) Create and maintain a master landlord referral list which is available to CACH homeless providers

3.8b) Educate landlords to the supportive services provided to consumers to support their successful residency

3.8c) Encourage the participation of at least one representative from the Capital Area Landlord Association in the CACH committee structure

3.8d) Regularly engage the local landlord association, CARPOA, to continue to implement and monitor the utilization of the Landlord Protocol that provides a community supportive services response to tenants not complying with their lease and facing possible eviction

STRATEGY 3.9: Expand dedicated supportive housing for unaccompanied homeless children and youth.

ACTION STEPS

3.9a) Encourage relevant youth service and/or rapid rehousing agencies e.g. Valley Youth House, CCU, etc., to develop housing options through Dauphin County Children and Youth

3.9b) Re-categorize existing transitional housing to serve youth ages 18-34 with culturally competent supportive services especially for those aging out of foster care and LGBTQ.

3.9c) Homeless Youth Sub-Committee of the service delivery committee will assist and encourage capable stakeholder agencies where feasible to apply for relevant target population housing e.g. HHS-ACF-Runaway Homeless Youth (RHY) Basic Center (shelter), TH and outreach.

STRATEGY 3.10: Reduce family homelessness through creating new and making existing family housing options more effective.

ACTION STEPS

3.10a) Maintain homeless family priority for housing in CoC "Written Standards."

3.10b) Expand and make efficient the Family Unification Program (FUP) housing vouchers:

3.10B.i) Move FUP recipients whose children are no longer minors into mainstream Section 8.

3.10c) Expand options for housing large homeless families, such as prioritizing Rapid Rehousing services for scattered site single family housing with 5+ bedrooms and developing relevant landlord networks to know where such units exist.

STRATEGY 3.11: Develop multiple temporary and permanent housing options for unsheltered males.

ACTION STEPS

3.11a) Assist Bethesda Mission in expanding bed capacity.

3.11b) Develop alternative transitional to permanent housing options for unsheltered homeless men who may or may not be chronically homeless e.g. they may not have a permanent disability.

STRATEGY 3.12: Explore creating low demand shelter housing as a bridge to permanent housing.

STRATEGY 3.13: Explore Medicaid as a funding source for case management for permanent supportive housing.

STRATEGY 3.14: Explore creating a "Landlord Incentive Fund" for rental related expenses including required expenses not covered by some rental subsidy programs.

ACTION STEPS:

3.14a) Determine the scenarios for this fund e.g. security and utility deposits not covered by a rental program, first and last month's rent for those with bad rental history or credit, or damages that exceed the security deposit.

3.14b) Determine trustee ownership of this Fund and operating rules and parameters for payment and repayment back into the fund pool.

3.14c) Identify untapped or allocable sources for this Fund.

STRATEGY 3.15: Explore the expansion of representative payee options specific to rent payment.

OBJECTIVE 4: ACCESS TO AND AVAILABILITY OF SUPPORTIVE SERVICES

To increase access to timely, appropriate, affordable and easily accessible supportive services which can help end homelessness and prevent its recurrence.

OBJECTIVE OUTCOME MEASURES:

4.A) Number of homeless individuals maintaining or obtaining employment or other income is increased by 5% each year.

4.B) 95% of homeless participants in programs/housing are enrolled in Medicaid.

STRATEGIES:

4.1) Continue developing a stable, active Drop-In Center program to be a central point where the unsheltered homeless can gain access to services.

4.2) Strengthen communication and service partnerships with Mental Health and Drug & Alcohol case management to assure prompt access to services their systems provide.

4.3) Document, disseminate and promote the use of best practices in expedited access to income and employment supports for people experiencing or at risk of homelessness.
4.4) Strengthen communication and partnerships with health care providers to assure prompt and on-going medical care for those experiencing homelessness.
4.5) Improve timely access to mainstream benefits and programs and services to reduce people's vulnerability to homelessness and to reduce time spent in the homeless system.
4.6) Implement a Training Certification Program for case managers to facilitate a better understanding of the underlying causes of homelessness, improve referrals, strengthen case management practices and maximize coordination of available services (public, private, faith based).
4.7) Obtain additional supportive services dollars for the vulnerable populations.
4.8) Expand use of HMIS to measure current and yet to be identified supportive services outcomes.

STRATEGY 4.1 Continue developing a stable, active Drop-in center program to be a central point where the unsheltered homeless can gain access to services.
ACTION STEPS
4.1.a) Continue to offer updated information and resources available for income supports, employment and job training opportunities to front line workers at the Housing Case Managers meetings.
4.1.b) Provide information on the CACH website for access to income and work supports for people experiencing homelessness.
4.1.c) Make job training and employment resources available at the Drop-In Center.
4.1.d) Coordinate with any collective impact initiatives of the United Way of the Capital Region which are focused on improving income and employment among low-income individuals.
4.1.e) Remove barriers for people with co-occurring disabling conditions to receive income supports.

STRATEGY 4.2: Strengthen communication and partnerships with Mental Health and Drug & Alcohol case management providers to assure prompt access to the services their systems provide.
4.2.a) Ensure seamless communication and coordination with and between SOAR, CMU outreach, PATH outreach, Crisis Outreach and Shelter + Care and the continuum so that these services and referrals do not operate in silos.
4.2.b) Coordinate with mobile health/mental health outreach teams like ACT (Assertive Community Treatment) to reach more unsheltered persons in their caseload
4.2.c) Ensure representation from Dauphin County Drug and Alcohol services at relevant CoC committee(s)

STRATEGY 4.3: Document, disseminate and promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness.
ACTION STEPS
4.3.a) Continue to offer updated information and resources available for income supports, employment and job training opportunities to front line workers at the Housing Case Managers meetings

4.3.b) Provide information on the CACH website for access to income and work supports for people experiencing homelessness.
4.3.c) Make job training and employment resources available at the Drop-In Center.
4.3.d) Coordinate with any collective impact initiatives of the United Way of the Capital Region which are focused on improving income and employment among low-income individuals.
4.3.e) Remove barriers for people with co-occurring disabling conditions to receive income supports.

STRATEGY 4.4: Strengthen communication and partnerships with health care providers to assure prompt and on-going medical care for those experiencing homelessness
ACTION STEPS
4.4.a) Coordinate with any collective impact initiatives of the United Way of the Capital Region which are focused on improving healthcare access for the homeless.
4.4.b) Increase enrollment into Medicaid and establish a medical home for those experiencing homelessness, to reduce non urgent use of emergency room and for preventative health care.
4.4.c) Explore bringing HHS Health Care for the Homeless Centers and services to the continuum.
4.4.d) Work with the local Accountable Care Organization (ACO) to explore funding and other partnership opportunities to meet the housing and health care needs of homeless individuals dealing with significant medical issues.

STRATEGY 4.5: Improve timely access to mainstream programs and services to reduce people's vulnerability to homelessness and to reduce time spent in the homeless system
ACTION STEPS
4.5.a) Advocate for expedited application and enrollment processes to mainstream programs for people identified as experiencing homelessness.
4.5.b) Assist individuals and families in obtaining or accessing the appropriate type and level of service (public state, private and faith based) needed to address the underlying causes of homelessness such as addictions, mental health conditions and life skills.
4.5.c) Work with key stake holders (public, state, private, and faith based) to adopt practices and policies which can increase access for and in some cases prioritize people experiencing homelessness for MH and D&A services.
4.5.d) Ensure the coordination and communication between service providers and mainstream providers to expedite support for people who are eligible and most in need for services and supports
4.5.e) Conduct enrollment drives at places frequented by people experiencing homelessness such as HELP Ministries, Downtown Daily Bread, Case Management Unit, Bethesda Men's Mission and Hamilton Health Center.
4.5.f) Promote and increase our services that help make it easier for people to access proof of identification, including birth certificates and other forms of identification
4.5.g) Expand SOAR to include disabilities other than mental health and intellectual development.
4.5.h) Case Managers Sub-Committee to continue to provide SOAR specialist with support and evaluation of SOAR's efficacy in assisting residents in homeless housing programs.

DRAFT

4.5.i) Promote efforts to make homeless emergency shelter and transitional TANF recipients automatically eligible for hardship exemption from work requirement due to homelessness for the first three to six months to look for housing first, while subsidized income, goal oriented childcare and other county assistance benefits continue.
4.5.j) Explore childcare and transportation opportunities.
4.5.k) Ensure all homeless clients are enrolled in Medicaid and a "medical home"/primary care provider, usually the FQHC i.e. Hamilton Health.
4.5.l) Continue connecting homeless veterans to Lebanon VAMC for Veterans' benefits and to YWCA for HVRP Homeless Veterans employment services.
4.5.m) Continue connecting homeless clients with mental health/intellectual disability or dual diagnosis to YWCA "Supported Employment" Program.

STRATEGY 4.6: Implement a Training Certification Program for case managers to facilitate a better understanding of the underlying causes of homelessness, improve referrals, strengthen case management practices and maximize coordination of available services (public, private, faith based).
ACTION STEPS
4.6.a) Develop a series of training sessions that will strengthen our case management practices for people experiencing homelessness.
4.6.b) Offer the training series each year to front line staff that are new in their role or need further training.
4.6.c) Include elements in the training series on needs of unique populations including formerly incarcerated individuals, individuals with MH/ID and substance abuse issues, unaccompanied youth, and LGBTQ individuals.
4.6.d) Encourage all CACH partners to send front line staff to complete training series through a certificate of completion process
4.6.e) Further develop and educate service providers on the Homeless Services Resource guide to help assure proper referrals for services.
4.6.f) Continue to strengthen and support the Housing Case Managers group to maximize coordination of available services.

STRATEGY 4.7: Obtain additional supportive services dollars for the vulnerable populations.
ACTION STEPS
4.7.a) Promote efforts in both CACH and individual agencies to explore expanded Medicaid funded supportive services for chronically homeless and vulnerable literally homeless persons.
4.7.b) Ensure that CACH providers understand credentialing and billing requirements for Medicaid funded supportive services.

STRATEGY 4.8: Expand use of HMIS to measure current and yet to be identified supportive services outcomes.

OBJECTIVE 5: <u>PUBLIC AWARENESS AND EDUCATION</u>
To increase the community's awareness of homelessness upon individuals and families and to generate their support and participation in the unified efforts of the coalition to prevent and end homelessness in our community.

OBJECTIVE OUTCOME MEASURE:

5A) Public Awareness Campaign (Marketing Plan) is implemented: Community education about persons who are homeless in our community and it effects, as well as solutions and resources to end homelessness as demonstrated by a greater common use of terms e.g. CACH, housing first, chronically homeless, and names of multiple and various programs.

5B) CACH & Its Members is routinely promoted at Public Events & in Media. Community awareness is evidenced in increased public giving to multiple service/housing interventions, and demonstrated political will through beneficial policies and attendance at homeless related events and venues.

STRATEGIES:

5.1) Inform the community of the need for public, foundation and private funding to sustain and expand the services needed to provide services and housing for homeless persons.

5.2) Develop a marketing plan with a unified message that will generate support from the community and stakeholders whose participation/partnership will benefit the organization.

5.3) Promote support for governmental policies, procedures and funding that will benefit homeless individuals and families.

STRATEGY 5.1: Inform the community of the need for public, foundation and private funding to sustain and expand the services needed to provide services and housing for homeless person.

ACTION STEPS

5.1a) Prepare quality, factual and motivational materials about homelessness in our community for specific audiences: the general public, government officials, private, non-profit, faith and community based organizations, to garner their support, funding, and legislative initiatives to benefit those who are homeless in our constituency.

5.1b) Develop an informational guide to educate the community about CACH and its community partners' plan to end homelessness and ways they can lend their support and participate as volunteers.

5.1c) Maintain an up-to-date CACH website to meet the informational and educational needs of the community and member partners.

5.1d) Distribute annual CACH report to the community.

5.1e) Develop relationships with local colleges and educational institutions for interns, volunteers as well as educating about homelessness.

5.1f) Develop a media marketing plan.

STRATEGY 5.2: Develop a marketing plan with a unified message that will generate support from the community and stakeholders whose participation/partnership will benefit the organization.

ACTION STEPS

5.2a) Distribute an Annual CACH Report to the community through social and mainstream media describing the Coalition's impact on preventing and ending homelessness.

5.2b) Develop relationships with local colleges and educational institutions to promote recruitment of interns, volunteer, and to educate students on-homelessness in our community.

DRAFT

5.2c) Develop a media marketing plan to highlight homelessness for our community and CACH members using social and mainstream media.

STRATEGY 5.3: Promote support for governmental policies, procedures and funding that will benefit homeless individuals and families.

ACTION STEPS

5.3a) Develop and promote an annual event with case management, CACH partners, and clients to meet with public/private officials to promote benefitting the homeless population.

5.3b) Educate CACH partners about new or pending legislation that will affect homeless clients.

OBJECTIVE 6: <u>PREVENTION</u>

To develop short and long term strategies to significantly prevent the occurrence of homelessness in our community.

OBJECTIVE OUTCOME MEASURES

6.A) Number of persons who become homeless for the first time is reduced by 10% each year.

6.B) Persons who exited to permanent housing in previous two years who return to homelessness decrease by 5% each year.

6.C) Number of persons discharged from medical institutions and from incarceration into homelessness is reduced by 5% each year.

STRATEGIES:

6.1) Develop unified and coordinated prevention activities utilizing all public, private and faith-based organizations serving homeless individuals and families.

6.2) Develop new and improve the use of intervention products such as the Emergency Solutions Grant - Homeless Prevention (ESG-HP) program in order to maintain all individuals and families in their home.

6.3) Create and implement comprehensive client centered discharge planning. processes/procedures with institutions (foster care, mental health facilities jails prisons) for individuals at-risk of becoming homeless.

6.4) Promote access and utilization of health care services and medical home for those who are at risk of homelessness due to medical issues or medical costs.

6.5) Promote the use of life skills programs to assist at risk clients to prepare for employment.

6.6) Increase and promote the use of resources for existing rental and utility assistance programs such the County Assistance Office (CAO), Department of Human Services Rental Assistance Program (RAP) and Dauphin County's DHS allocation of Homeless Assistance Program (HAP) rental assistance.

STRATEGY 6.1: Develop unified and coordinated prevention activities utilizing all public, private and faith-based organizations serving homeless individuals and families.

ACTION STEPS:

6.1a) Incorporate the use of the coordinated entry system by all public, private and faith-based organizations in encountering people at risk of homelessness.

DRAFT

STRATEGY 6.2: Develop new and improve the use of intervention products such as the Emergency Solutions Grant - Homeless Prevention (ESG-HP) program in order to maintain all individuals and families in their home.

ACTION STEP

6.2a) Identify challenges and barriers to implementation of intervention products. Work to reduce and eliminate the challenges and barriers.

STRATEGY 6.3: Create and implement comprehensive client centered discharge planning processes/procedures with institutions (foster care, mental health facilities jails prisons) for individuals at-risk of becoming homeless.

ACTION STEP

6.3a) Promote discharge planning agreements with community institutions (such as jail, prisons, foster care, hospitals, behavioral health facilities) on an annual basis to ensure appropriate permanent housing for individual at risk of homelessness.

STRATEGY 6.4: Promote access and utilization of health care services and medical home for those who are at risk of homelessness due to medical issues or medical costs.

ACTION STEPS

6.4a) Promote Health Insurance enrollment and connection to Primary Care Providers for those at risk of homelessness.

6.4b) Promote information and education regarding appropriate use and access to healthcare services for those at risk of homelessness.

STRATEGY 6.5: Promote the use of life skills programs to assist at risk clients to prepare for employment.

ACTION STEP

6.5a) Identify and support agencies and organizations that provide literacy, financial management, employment training and supported employment (Ticket to Work, Center for Employment, Education, and Entrepreneurship Development Center, CareerLink, OVR, Goodwill, and the Program).

STRATEGY 6.6: Increase and promote the use of resources for existing rental and utility assistance programs such the County Assistance Office (CAO), Department of Human Services Rental Assistance Program (RAP) and Dauphin County's DHS allocation of Homeless Assistance Program (HAP) rental assistance.

ACTION STEP

6.6a) Provide on-going information and education to community case manager and CACH partners.

DRAFT

Home Run Plan Glossary & Abbreviations

Annual Homeless Assessment Report (**AHAR) –** The is a summary and analysis report to congress on homeless counts, demographics, inventories and trends based on every continuum of care's Point in Time and Homeless Management Information System data.

Accountability Care Organization (ACO) - are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.

Assertive Community Treatment (ACT) Team is an Evidence Based Practice which combines a collaborative tactical comprehensive health team of medical and mental health professionals, including Doctor, nurse, and Psychiatrist which brings these coordinated services to the client at their dwelling or preferred site. While such a team is not solely for homeless consumers it can serve that population. Currently Northwest Human Services (NHS) has an ACT team in Dauphin County.

"By Name List" – is term used by the Veterans Affairs for a tool to end Veterans homelessness. What is meant is that it is a person center (by name) list of every homeless veteran that will be reviewed regularly and followed up by appropriate case staff until they are off and remain off that list as being homeless. The same concept is being used by our Continuum for the other "target" populations through our Coordinated Entry/Assessment Process and the CEAR team.

Capital Area Coalition on Homelessness (CACH) – Founded in 2000 and incorporated in 2007, the Capital Area Coalition on Homelessness or "CACH" is a nonprofit 501C3 organization that consists of over 70 organizations, agencies, churches and other non-profits, that mobilizes its resources to help our regions families and friends who are homeless, or are dangerously close to becoming homeless. CACH serves as HUD's required "Collaborative Applicant" for the submission of the annual Continuum of Care Homeless Assistance Program application to US Department of Housing and Urban Development. Among other things CACH is also the grant holder and administrator of the Continuum's HMIS, as well as the umbrella grantee for the City of Harrisburg's ESG funds for sub-grantees. http://cachpa.org/index.php/cach-history/

CEAR (Coordinated Entry, Assessment, and Referral) Team – a team of staff members representative of agencies providing outreach, transitional housing, rapid re-housing, permanent housing or permanent supportive housing, to process and follow-up on referrals made through the Coordinated Entry Form.

Chronic Homelessness – an individual or a head of household with a disabling condition who has experienced homelessness i.e. been unsheltered, in an emergency shelter, in a Safe Haven, or in a place not meant for human habitation, for at least 12 months over the last three years, either contiguously or during four or more separate episodes separated by no less seven days.

Home Run Plan Glossary & Abbreviations (Continued)

Continuum of Care (CoC) – Continuum of Care refers to a coordinated coalition of stakeholders required to end homelessness that includes civic, for profit, non-profit, faith and community based service providers, homeless and/or formerly homeless representatives, municipal departments, businesses, foundations, and the interested community at large, within a defined geographic catchment. The Capital Area Coalition on Homelessness (CACHJ) is that CoC Coalition and represents the City of Harrisburg and Dauphin County, which HUD defines as the CoC - PA501.

Coordinated Entry/Coordinated Assessment – A county-wide coordinated entry process that directs homeless individuals or families who are entering or re-entering the continuum of homeless housing and services, to the first optimum housing assistance based on their homeless situation. The entry process then assesses and prioritizes target housing applicants based on vulnerability, severity of service needs, length of homelessness and family status for their optimum housing option where available.

CACH's Coordinated Entry process currently uses a Coordinated Entry Form that, for a "no wrong door" approach, is available to any and all agencies who may encounter a homeless individual or household in order to make a proper referral. For the coordination of assessment, CACH utilizes a nationally recognized vulnerability index assessment tool (VI-SPDAT) to prioritize applicants who are of a vulnerable homeless target population onto a coordinated list for applicable housing as available.

"Collaborative Impact" and its "Shared Measurements" – "Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change." www.collaborationfor**impact**.com/**collective-impact/**

Shared Measurements are indicators of collaborative impact's effects including but not limited to leveraged funding, indicators of initiative progress, evidence of systems change, and stakeholder perception of backbone value (https://ssir.org/articles/entry/measuring_backbone_contributions_to_collective_impact)

Department of Housing and Urban Development (HUD) – the main though not only federal agency charged with ending homelessness.

Dual Diagnosis – Both a mental health and substance abuse diagnosis.

Drop in Center – is a place where homeless persons can come in for shelter or a place to hang out during the daytime hours. Currently, the Drop In Center is operated through Downtown Daily Bread with limited afternoon hours.

Home Run Plan Glossary & Abbreviations (Continued)

Ending Homelessness – "Having a systemic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience" (*Opening Doors* - federal definition). Federal Target Year for ending veterans' homelessness was 2015; chronic homelessness by 2017; and ending family, children and youth homelessness by 2020; and to set a path to end all homelessness. The final status for ending homelessness for a specific target population within a continuum's catchment is known as achieving "Functional Zero."

Family Unification Program (FUP) – is an portion of the Section 8 voucher program administered by Public Housing Authorities for use by families referred through the county

Children and Youth department in order to keep families together who would otherwise be separated due to homelessness or other housing risk reasons.

Functional Zero is the term used by the Department of Veteran Affairs to describe when a continuum or catchment has ended Veterans homelessness. In simplistic terms it describes the state where there is no longer any person on the "by name list" who is homeless and/or where there are enough VA and non-VA permanent/rapid rehousing units to accommodate all who may require them. This as well will be the same measurement term our continuum will use for all other target populations beyond homeless Veterans.

HAP or Homeless Assistance Program is PA Department of Human Services funding for homeless programs such as rental assistance, emergency shelter, and bridge housing.

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) signed in 2009 and with subsequent updated, amends and reauthorizes the former McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs including a simplified match requirement; renaming and redefining the activities of the Emergency Shelter Grant into the Emergency Solutions Grant; the creation of a Rural Housing Stability Assistance Program; a change in HUD's definition of homelessness and chronic homelessness; an increase in prevention resources; and an increase in emphasis on performance. https://www.hudexchange.info/homelessness-assistance/hearth-act/

Health Care for the Homeless or HHS -HCH – Department of Health and Human Services grant for providing health care interventions for persons who are homeless.

Homeless (Department of Housing and Urban Development [HUD] definition) –

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution. (Category 1)

Home Run Plan Glossary & Abbreviations (Continued)

- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 15 days and lack resources or support networks to remain in housing (Category 2)
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. (Category 3)
- People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing. (Category 5)

Homeless Management Information System (HMIS) – A continuum wide data information system that is required of all HUD and other federally funded homeless housing and service agencies, with encouraged voluntary participation by other equivalent agencies not receiving such funding, that aims to capture data at the homeless participant client level in order to measure progress and analysis needs. CACH utilizes Bowman ServicePoint as this Continuum of Care's HMIS.

Homeless Prevention (HP) Funds – Homeless Prevention funds are ESG funded emergency prevention tailored package of assistance that may include the use of time-limited financial \assistance and targeted supportive services assistance for those who are renting but face imminent eviction.

Housing First – an approach where there is a primary focus on helping households quickly access and sustain permanent housing (housing that is not time-limited), and where housing is not contingent on compliance with services.

HUD System Performance Measures (SPM) – HUD released as series of seven performance measures by which to measure a continuum's success in ending homelessness. They include in general; number of persons experiencing homelessness; length of time persons remain homeless; recidivism back into homelessness; employment and income growth for persons in HUD funded homeless programs; number of persons becoming homeless for the first time; placement of and prevention of recidivism for homelessness families and unaccompanied youth; and successful placement and retention of permanent housing. HUD System Performance Standards are benchmarks that HUD expects Continuums to meet for each performance measure.

Landlord Tenant Protocol – A tailored landlord incentive and assistance protocol where landlords experiencing emergency or non-emergent issues with target clients of a referral program in this protocol, can contact a singular entity (primarily Crisis Intervention) who will assist with or else put in contact with the appropriate client case manager in a timely fashion.

Home Run Plan Glossary & Abbreviations (Continued)

Local Lead Agency (LLA) – a mandate by the Department of Human Services for municipal catchments to have an agency that can receive and make housing referrals for special or target disabled populations. Certain programs, like but not limited to the Section 811 PRA will only be granted if such an entity is available. CACH is the LLA for Dauphin County.

Low demand housing – A term that is part of the housing first model where services are not demanded of or required for housing enrollment. The only requirement is of course normal tenancy requirements that any private citizen would be held to, such as payment of rent or portion thereof if required, peaceful enjoyment of public, etc. The term is also accompanied by the term "High Expectation," that with the security and well-being that stable housing provides, the participant in the housing first residence, at their own pace, will engage with the needed services facilitated by case manager engagement that is never forced but continual, persevering, and relational.

Objective Outcome Measurement –each Objective has end result(s) with benchmark(s) for achievement based on best practice or HUD's System Performance Measures.

PA Housing Affordability and Rehabilitation Enhancement Fund (PHARE) – originally limited to Marcellus Shale Counties has been expanded in 2016 to include the National Housing Trust Fund and Reality Transfer Fees for all Pennsylvania Counties and is a new but limited revenue for possible housing related projects that may benefit those experiencing homelessness. The funds are administered through the Pennsylvania Housing and Finance Agency (PHFA).

PATH or Providing Assistance in Transitioning from Homelessness – is as US Department of Health and Human Services, SAMHSA fund which for Dauphin County provides training, motel vouchers, as well as PATH outreach services to unsheltered homeless individuals and families that is based out of Downtown Daily Bread.

Permanent Housing – is the end goal for all affected by homelessness and refers to stable housing that is of indefinite duration. Such housing can be either subsidized i.e. through HUD CoC permanent housing projects such as Shelter plus Care, permanent housing for disabled persons, CoC Rapid Rehousing, Section 8 Moderate Rehabilitation Single Residence Occupancy programs, other HUD mainstream subsidized housing such as public housing, Section 8, Section 811, or it can be unsubsidized and afforded through the income sources a homeless applicant may have obtained. Permanent housing can be services enriched with a services component attached to it, known as Permanent Supportive Housing (PSH) or just permanent housing without such services (PH).

Point-in-Time or PIT Count: An annual census/survey of sheltered (those residing in emergency shelter, transitional housing, Safe Haven) and unsheltered persons and families experiencing homelessness to be conducted within the last ten days of January, conducted at the continuum of care catchment level throughout the nation. Additionally, Housing Inventory

Home Run Plan Glossary & Abbreviations (Continued)

Counts (HIC) of beds and units dedicated for persons experiencing homelessness are also conducted and includes the count of formerly homeless residents in permanent and permanent supportive housing dedicated for homelessness.

RAP or Rental Assistance Program from PA Department of Human Services is administered through the County Assistance Office primarily as well as separately through HELP Ministries.

Rapid Re-housing (RRH) – an intervention which aims to rapidly connect 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. There are two sources of HUD funded RRH – emergency solutions grant (ESG) RRH and Continuum of Care Funded RRH, each with certain operational differences and length of time expectations.

Safe Haven – A model developed to provide a type of housing facility that is low demand and not like shelter for unsheltered persons who have otherwise rejected mainstream homeless shelters. While stay at a safe haven is indefinite, it is not considered permanent housing. Susquehanna Safe Harbor is the area's safe haven serving chronically homeless unsheltered males who have a mental health or intellectual disability.

Section 8 – Is a mainstream subsidized housing rental assistance voucher program administered by Public Housing Authorities. These vouchers can be client based i.e. granted to the applicant to use at whichever appropriate private non-subsidized that will receive it, or it can be Project Based where the voucher is tied to a project or facility housing unit rather than the resident.

Section 811 PRA – a national Pilot Rental Assistance (PRA) program for HUD 811 housing funds statewide administered by PA DHS and PHFA through CACH which is this County's LLA. Section 811 housing is facility housing for persons with disabilities, and this pilot project aims to de-institutionalize and place such eligible applicants in community settings through rental assistance. Dauphin County was the first county to pilot this in PA.

Shelter Plus Care – is a Continuum of Care rental assistance program that serves those with a disability whereby the disability supportive services serves as a match. In Dauphin County is Mental Health/Intellectual Disability services is that match and is the eligibility disability requirement. It is not a housing first model as services are not optional. Thus, in Dauphin County all eligible homeless applicants must be referred through the Dauphin County MH/ID network of providers and the proof of disability is precise.

Silos – describes fractured, uncoordinated or bi-fricated services or interventions.

SOAR or SSI/SSDI Outreach, Access, and Recovery– is an organized system of processing successful SSI/SSDI applications for applicable homeless persons by ensuring that accurate, complete, and passable applications are streamlined in a coordinated, efficient and fast manner.

Home Run Plan Glossary & Abbreviations (Continued)

The CMU operates this function and at this time the process only applies therefore to those who are homeless and whose qualifying disability is Mental Health or Intellectual Disability.

Strategy Outcome – each objective has one or more strategies, each with action steps that have outcome measurements to indicate the desired accomplishment of change in participants, program or system from a defined activity

Supported Employment – An evidence based practice (EBP) with defined criteria that provides employment first services for persons with a mental health or dually diagnosis. The YWCA of Greater Harrisburg provides this service in this Continuum of Care.

TANF or Temporary Assistance for Needy Family – is the mainstream source for income, Medicaid, and other related benefits for families requiring public assistance. It is tied to a work first requirement although there are exemptions for hardship.

Target Population Groups - Homeless Individuals or head of households who are chronically homeless, unsheltered with children, an unaccompanied youth, or a veteran.

Unaccompanied Youth – minors under who are unaccompanied by their parents, guardians, or responsible adult care giver, as well young adults between the ages of 18 – 25. Unaccompanied minors and defined young adults are not necessarily singular but may also be parents with their own dependents.

United States Interagency Council on Homelessness (**USICH)** – a coalition of all federal agencies with a stake in ending homelessness, including but not limited to Housing and Urban Development, Health and Human Services, Veterans Affairs, Department of Labor, Department of Homeland Security, etc. Together, they have released and promote "Opening Doors" The Federal Plan to end and prevent Homelessness.

Unsheltered – Those who are sleeping at a place not meant for human habitation e.g. streets, car, barn, campground, abandoned and condemned building, etc.

Written Standards – a requirement termed by HUD that captures coordinated entry and prioritization standards adopted by a Continuum of Care. Appended to those standards are other standards including HMIS participation and performance standards

Common HUD Abbreviations

ES – Emergency Shelter
HP: Homeless Prevention
PH: Permanent Housing that is housing only or with services, but no disability required for entry
PH-PSH: Permanent Supportive Housing (disability required)
PH-RRH: Rapid Re-housing (considered Permanent Housing)
SO: Street Outreach

SSO: Supportive Services Only
SH – Safe Haven
TH – Transitional Housing

Other Abbreviations:

CMU – Case Management Unit or "Base Unit" contracted by Dauphin County Department of Mental Health and Intellectual Disabilities to be the main case management for persons with those needs and a major portal of entry into the County Mental Health/Intellectual Disabilities System.

CCU – Christian Churches United. Parent organization for HELP Ministries, and operator of Susquehanna Safe Harbor, the Men's Safe Haven facility and Program.

PHA - Public Housing Authorities. Our continuum has two: Harrisburg Housing Authority (HHA) and the Housing Authority of the County of Dauphin (HADC)

RHY – Runaway Homeless Youth.

HHS-ACF – Department of Health and Human Services, Administration for Children and Families which oversees TANF, SAMHSA (Substance Abuse and Mental Health Services Administration) and other major block grants and mainstream benefits that have impact on homelessness.

FQHC – Federally Qualified Health Center, funded through US Department of Health, and is the main provider of Medicaid funded services for low income and uninsured persons and families. The sole FQHC for the City of Harrisburg and Dauphin County is the Hamilton Health Center.

MH/ID – Mental Health/Intellectual Disabilities

D&A; DA; D/A – Drug and Alcohol

HVRP – Department of Labor's Homeless Veterans Reintegration Program that primarily provides employment services for homeless veterans. The YWCA of Greater Harrisburg operates this program in Dauphin County.

PA-DHS – Pennsylvania Department of Human Services, which recently subsumed the former PA Department of Public Welfare.

OVR – State's Office of Vocation Rehabilitation, which is the mainstream agency for employment assistance and accommodations for people with disabilities.

EBP – Evidence Based Practice – a term with defined characteristics that quantifies and qualifies what a best practice is, and is especially used in the behavioral health fields.

DRAFT