Capital Area Coalition on Homelessness

...to educate and mobilize our community and coordinate services to prevent and reduce homelessness in the Capital Region.

HOME RUN

Blueprint to End Homelessness in the County of Dauphin and the City of Harrisburg

Adopted by CACH – January 2017

Prepared by: The Blueprint Implementation Team of the Capital Area Coalition on Homelessness (CACH) and the Community of Stakeholders

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On any given day in Harrisburg and Dauphin County, 433 persons (of which 33% are children), are in temporary shelter or are unsheltered. *(Jan 2016 Point-In-Time Survey)*

Executive Summary:

In November 2006, the County of Dauphin and the City of Harrisburg adopted "HOME RUN: The Capital Area's 10-Year Plan to End Homelessness" as the community's coordinated plan for addressing the problem of homelessness. The initial plan helped marshal the community's attention and resources to address homelessness with new vigor and direction. During the first five years of the plan, good progress was made in increasing housing units and the development of new services. In addition, many existing services to support homeless individuals and families were maintained and enhanced. All sectors of the community (public, private, and faith based) have committed extensive resources to this effort and worked diligently to help individuals and families that are homeless acquire needed services and permanent housing.

Since 2006, the Capital Area has made steady progress in addressing homelessness. New resources have been designed and implemented which has had a positive impact in reducing chronic homelessness as well as the unsheltered population. From our research and experience, we know the most common causes of homelessness, its duration, and its recurrence, are mental illness, the disease of addiction, eviction, job loss, domestic violence, and poor money management. Contributing societal, economic, and systemic factors include the high cost of healthcare, lack of healthcare insurance, lack of a living wage, increasing cost of housing, an insufficient supply of affordable housing, and difficulties in accessing mainstream services like SNAP, Supplemental Security Income, Supplemental Security Disability Income, State Child Health Insurance Plan, and Medical Assistance. Poor credit, lack of work, and a criminal history are significant barriers to obtaining permanent housing.

HOME RUN recognizes the complexity of these issues. Specifically, it acknowledges that while existing homeless supportive services (public, private, faith based) are of high quality, specialized and affordable, the area's homeless system at times *falls short in making timely and effective connection of clients to these services and lacks sufficient supply of permanent housing.*

The human and financial costs of homelessness are staggering. Improving outreach and engagement is crucial. Organizations (public, private, faith based) in the CACH Network offer excellent products and services. The Blueprint Implementation Team's research, however, clearly revealed that more must be done.

With the adoption of HOME RUN by the County of Dauphin and the City of Harrisburg, and the continued leadership of CACH as the Blueprint Manager, the stage has been set to make homelessness *rare, brief and non-recurring in our community*.

This 2017 Blueprint presents six (6) Primary Objectives with several strategies and action steps to achieve the U.S. Department of Housing and Urban Development's definition of "ending homelessness", where ***homelessness is rare, brief, and non-recurring:***

1.) **Strengthen Leadership to End Homelessness**;

2.) **Achieve a Continuum or County-Wide Coordinated Entry, Assessment and Referral System**;

3.) **Preserve Existing, and Increase Affordable Housing Supply**;

4.) **Ensure Access to and Availability of Supportive Services**;

5.) I**ncrease Public Awareness and Education about Homelessness, the Coalition, and its resources**; and

6.) **Prevention of Homelessness**. Each Primary Objective has outcome measures based on "System Performance Measures" by the US Department of Housing and Urban Development (HUD) on how a continuum or catchment is progressing towards ending homelessness.

*Since 2000, the Capital Area Coalition on Homelessness has delivered over **$19.6 million** of HUD Continuum of Care funding – plus over **$13.7 million** in local leveraged funds – to Dauphin County & the City of Harrisburg.*

Introduction:

This Blueprint is informed by data, trends, needs analysis and asset mapping that is derived from local annual Point-In-Time census surveys, homeless program housing inventories, and through longitudinal data from a multi-agency homeless management information system or HMIS. The most recent trends, inventory and analysis are included in this Home Run document. Outlined are the achievements, as well as areas for improvement, that services and efforts in our catchment have accomplished. This includes more homeless dedicated permanent housing, targeted coordination of existing housing programs, more housing for homeless veterans, and a reduction in chronic homelessness.

These local efforts and strategies to make homelessness rare, brief, and non-recurring are done in concert with national goals and timelines for particular target groups. This encompasses homeless Veterans, vulnerable populations such as those who experience homelessness chronically, homeless minors who are not accompanied by parents or guardians, transitioning age youth, and, notwithstanding, the establishment of a functional system for any and all who experience homelessness in general.

This iteration of HOME RUN is an exhaustive update and revision of the Capital Area Coalition on Homelessness's Blue Print to End Homelessness in the City of Harrisburg and the County of Dauphin, Pennsylvania. The original Home Run Ten Year Plan was launched in 2006, with an organized re-evaluation midway in 2009. It is now reviewed and enhanced at the end of its term. A close reading of the original Home Run and this document will reveal many steps achieved and continued at new levels now a decade later. This version was compiled over the past year by a taskforce, to which much thanks is due, of multiple CACH agencies, community members and homeless constituents that formed this document from community input planned with care.

In 2009, the Homeless Emergency and Rapid Transition to Housing Act (HEARTH Act) was passed by Congress. The Act significantly changed the national approach and funding resources available to local communities to address homelessness. The Act changed the definition of homelessness used by the US Department of Housing and Urban Development (HUD) for its grant programs. In addition, the Act creates local performance objectives and strengthens local decision making on how best to address homelessness. The changes necessitated that our community reexamine the approaches to addressing homelessness developed in Home Run. Coincidentally, this reexamination came five years into the original plan, which served as a poignant time for re-evaluation.

In November 2011, a community stakeholder meeting was held at Temple University Harrisburg Campus to begin the process of revising HOME RUN**.** The stakeholders included individuals, partner agencies and consumers (both current and past). The daylong session examined achievements to-date, changes brought on by the HEARTH Act, and discussion of

potential revision to the plan's goals and objectives. The plan was then updated to be the guide for the remaining five years of the plan.

In April 2016, a community stakeholder meeting was held to revise the 10-Year Plan to End Homelessness. During the meeting, community stakeholders met in small groups and identified services needed by the homeless population. The Blueprint Committee's Work Groups re-evaluated the plan's goals, objectives, and action steps and updated the plan to meet the HUD's requirements as well as to meet the community's expectations for ending homelessness in the County of Dauphin and the City of Harrisburg. Another stakeholder meeting was held in December 2016 to provide the community the opportunity to review and comment on the draft revision. The community members identified several areas for inclusion into the plan including: outreach to rural areas, diversion services for prevention, increased utilization of volunteers and efforts to reduce barriers to accessing housing. This final plan provides a strategic model to end homelessness by deploying a coordinated and easily accessible service system, increasing and developing new housing opportunities and initiatives to prevent homelessness. It focuses on developing an easily accessible, coordinated service delivered for consumers. This updated ***HOME RUN*** plan was presented to the CACH General Membership in December of 2016 and approved by the CACH Coordinating Committee in January 2017.

In Dauphin County and the City of Harrisburg, on any given day, more than 433 people, 132 of which are children, are homeless (2016 Point-In-Time Survey). It is important to note that the vast majority of homeless individuals in our community are sheltered and few are living on the streets or places unfit for human habitation. This fact does not diminish the struggles faced by our community in ensuring that everyone has a safe and decent place to call home.

Our Community and Current Situation:

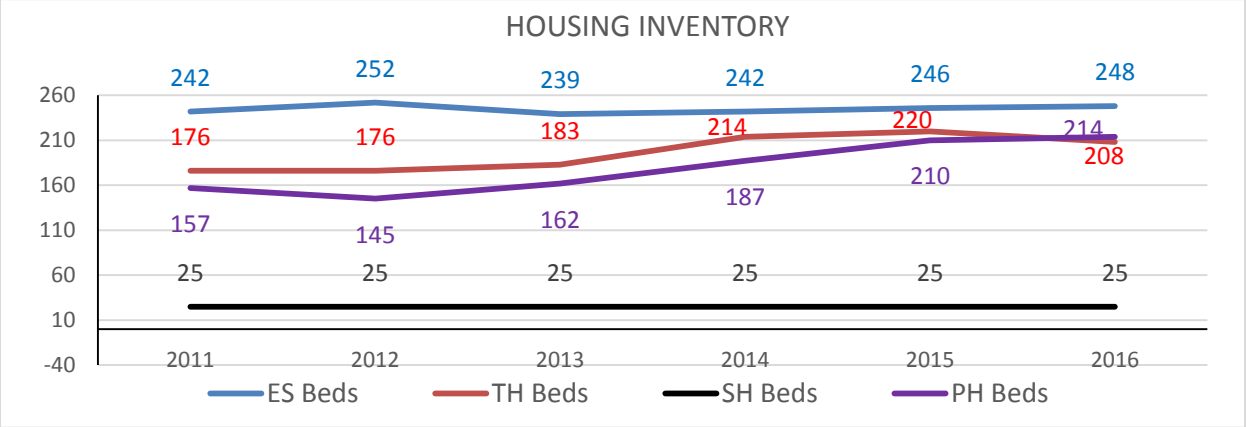
Located in Dauphin County, Pennsylvania, the City of Harrisburg is the capital of America's sixth largest state and also the seat of the County. Situated on the East shore of the 3,000-foot-wide Susquehanna River in South Central Pennsylvania, Harrisburg is the largest city on the main course of the Susquehanna to which its identity is inherently linked. The County and the City are the heart of a major interstate highway network with key interchanges each handling over 100,000 vehicles per day, including a vast number of commercial trucks. They are also the hub of both passenger and freight rail service, and home to a state-of-the-art

airport system. Dauphin County and the City of Harrisburg are the center of a metropolitan and geographic region in which over 600,000 people reside.

People throughout Central Pennsylvania come to Dauphin County and the City of Harrisburg for access to services, entertainment, cultural activities, religious institutions and employment. Located here are large regional medical and psychiatric facilities, a host of social service agencies, institutions of higher education, state and county correctional facilities, a public transportation system, a primary east coast transportation/distribution hub, and federal, state, and local government offices.

During the 2016 Point-In-Time (PIT) Survey, a community-wide counting of homeless persons in a 24-hour period identified 433 homeless persons, including 132 children. There are more homeless males at a ratio of 60:40 to females. The majority of homeless persons were "unaccompanied" i.e. by themselves without family members. Of the individuals surveyed during the PIT 2016, 53 (17.6 percent) persons were chronically homeless. The majority of homeless individuals, 61 percent, became homeless while in the city of Harrisburg and 13 percent became homeless in Dauphin County outside of Harrisburg. Over one quarter (26%) were nonresidents of Dauphin County or the City of Harrisburg when they became homeless.

The 2016 PIT also identified 29 youth between the ages of 18-24 who were homeless, but not sheltered. The homeless youth were predominantly females and over 60 percent of the population were parenting their own children. The number of homeless Veterans also increased from 2015-2016, but had steadily and significantly decreased in prior years. Below is a housing inventory graph constructed with data obtained from the Point-In-Time Survey 2016.



The Capital Area Coalition on Homelessness:

The Capital Area Coalition on Homelessness (CACH) is a voluntary collaborative body involving faith based organizations, local and state governments, foundations, non-profit organizations, businesses, community members and persons affected by homelessness, whose effort is to address homelessness in the City of Harrisburg and the County of Dauphin. CACH organized itself into a 501c3 incorporation.

In November 2006, the City and County designated CACH as the local lead agency to implement HOME RUN, and to oversee submission of the annual HUD Continuum of Care Application for funding. Through the tireless efforts of CACH and its partners the organization was awarded $1,682,663 of federal funding to address the homeless problem in the City and County in 2016 through the competitive Continuum of Care Grant process.

The Coalition is jointly funded in a unique arrangement by The County of Dauphin, City of Harrisburg, The Foundation for Enhancing Communities and United Way of the Capital Region.

Department of Housing and Urban Development Requirements:

The Department of Housing and Urban Development (HUD) published their FY 2015 Annual Performance Report and FY 2017 Performance Plan (HUD, 2015) with Population-Specific Goals defined as:

- End Veteran Homelessness End of 2015
- End Chronic Homelessness End of 2017
- End Youth Homelessness End of 2020
- End Family Homelessness End of 2020.

Since 2010, HUD reports that Veterans experiencing homelessness were cut in half (HUD, 2015). The Department of Veterans Affairs and HUD awarded $100,980 to Harrisburg Pennsylvania in an attempt to end homeless Veterans.

Purpose of Home Run:

This plan's overall purpose is to organize stakeholders of public and private sector agencies, non-profit, faith and community based organizations, and residents including those who experience(d) homelessness, to execute a coordinated plan to end and prevent homelessness in the City of Harrisburg and Dauphin County.

The **Vision Statement** for the plan is for individuals, families, children and youth who experience homelessness in Harrisburg and Dauphin County, Pennsylvania to obtain and maintain permanent housing and that residents at risk are diverted from becoming homeless.

A growing body of research demonstrates that homeless persons, especially chronically homeless individuals, are poorly served by traditional efforts which results in a disproportionate share of emergency services and resources being dedicated to them. In Dauphin County and the City of Harrisburg, an estimated 83 people who were chronically homeless in 2015 used services that were estimated to cost our community over $1,568,700. As significant as this number is, it is still a great improvement from the 172 chronically homeless persons identified in the 2007 Point-In-Time Survey.

The focus of the plan is to support existing effective programs while building upon or complementing them with additional evidence based services, resources and funding. This will include efforts to:

- Maintain and improve an effective and coordinated service delivery system
- Maximize and coordinate community resources (public, private, faith-based)
- Provide a comprehensive analysis and plan to end homelessness to be incorporated into governmental and community planning processes in order to better utilize budgeted resources
- Develop a plan to increase awareness and educate the public funding sources and community decision makers about the needs of the homeless community and service providers
- Identify the service needs of the homeless individual and families and evidence-based effective practices to assist them
- Identify factors leading to homelessness and resources/services needed for its prevention; and
- Develop and implement a plan to mobilize the community (public, private, and faith-based) in addressing the need to reduce and prevent homelessness

Guiding Principles for the Development of the Plan:

The **Guiding Principles** of this plan are to have a

Coalition-Led Coordination

of

Data-Informed Decisions

and

Outcome-Driven Efforts

using a

Housing First Approach, and other **Evidence-Based Practices**

within a framework of a

Continuum of Housing and Comprehensive Services

to achieve

Sustainable Permanent Housing and Homelessness Prevention.

Community Assets Addressing Homelessness:

Dauphin County has a wide array of services to support individuals and families experiencing homelessness. The assets available vary from community or government funded programs to faith-based programs. Detailed information on the services available can be found in the CACH Homeless Service Reference Manual on the CACH website, www.cachpa.org.

Emergency Shelter

Emergency shelters and programs provide a vital, first-line resource for addressing homelessness in the County of Dauphin and the City of Harrisburg. The primary organization for homelessness intakes in Dauphin County and the city of Harrisburg is HELP Ministries. Their services include emergency shelter placement for single women, single women with children, or families to the YWCA, Shalom House, or the Interfaith Shelter. They can also assist with food and clothing referrals, prescription or travel services. HELP Ministries also provides rental assistance programs, heating assistance, and emergency housing placement for single men at available rooming houses.

There are a number of emergency shelter providers in the Capital Area. Bethesda Men's Mission provides shelter for transient males. Their program offers 70 year round beds and 25 overflow beds for men. According to their 2015 Fact Sheet, Bethesda Mission provided over 40,746 bednights to homeless individuals in 2015.

The Interfaith Family Shelter is a program of Catholic Charities and provides 28-day emergency shelter for single or dual parent families or married couples. Shalom House is another 28-day emergency shelter stay for women and women with children with goal planning and case management. The YWCA of Greater Harrisburg, PA, provides a 28-day emergency shelter stay for women and women with children as well as a domestic violence shelter for women and their children who are immediately homeless because of fleeing domestic violence situation for 30 days. Overnight winter sheltering for homeless individuals and families is another key function. The Susquehanna Harbor Safe Haven Winter Outreach program offers overnight respite for up to 23 single men during the winter season, working with Bethesda Mission when their capacity is met. Women and children are offered emergency overnight winter outreach and shelter at the

- *Emergency Shelter inventory of beds remained largely unchanged at 248 beds in 2016.*
- *Since 2011, Transitional Housing beds increased to 208 beds but decreased from 2015's high of 220 beds.*
- *Permanent Housing beds increased by 36 percent to 214 beds since 2011.*

YWCA of Greater Harrisburg. The YWCA has a capacity of 9 women for their winter outreach.

Transitional Housing

Individuals and Families defined as Homeless under Category 1-Literally Homeless, Category 2-Imminent Risk of Homelessness, and Category 4- Fleeing/Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, or Stalking" are eligible for Transitional Housing (TH). Some TH programs can also serve those who are near homeless i.e. doubled up and unstably housed. There are currently ten (10) TH programs with a requirement of homelessness located in Dauphin County. The TH programs are specialized services that work with individuals and families experiencing homelessness for extended periods of time. Participants work on long-term planning to become fully self-sufficient in the community. TH programs include: Brethren Housing Association Transitions Program, Bridge of Hope, Delta Community, Inc., Family Promise of Harrisburg Capital Region, SHARP Veterans Housing, Trinity House, YWCA Bridge Housing, YWCA Transitional Housing and YW-Per Diem Veterans Housing.

Safe Haven

Safe Haven is not a temporary "shelter" nor is it considered permanent housing although stay can be indefinite. It is a "low demand" facility using a Housing First approach to reach those who are chronically homeless and have otherwise rejected traditional shelters that usually have service and other requirements. While not requiring services as part of tenancy, the "high expectation" is that with a stable roof over their head, and in their own time, residents at Safe Havens will engage in their needed services. Currently there is one Safe Haven, Susquehanna Safe Haven for Men, and one for women that has been converted into permanent housing leasing rather than a facility based Safe Haven.

Permanent Housing Providers

Permanent housing programs are designed to provide housing with supportive services for an indefinite time. Often the services are for people with special needs such as people with disabilities or special status such as Veterans. Permanent supportive housing (PSH) offers services for individuals and families defined as Homeless under Category 1-Literally Homeless, and Category 4-Fleeing/ Attempting to flee domestic violence, dating violence, sexual assault or stalking. PSH projects have the following additional HUD Notice of Funding Availability (NOFA) limitations on eligibility within Category 1: Individuals and families coming from TH must have originally come from the streets or emergency shelter, and individuals and families must also have an individual family member with a disability.

Permanent Housing Providers:

Brethren Housing Association Side-By-Side Program

Robert Jackson Veterans Center

SHARP Program (Shalom House After-Care Rental Assistance Program)

Housing Authority of the County of Dauphin Shelter Plus Care

YW-PHD (Permanent Housing for Homeless with Disabilities)

YW - Permanent Housing Safe Haven for Women

YW-VETS Permanent Housing

YWCA Single Residency Occupancy

YWCA and VOA - Veterans - SSVF

Early Intervention and Homelessness Prevention

Dauphin County and the City of Harrisburg take an active role in identifying signs of impending homelessness risks and offering preventative services to delay or stop homelessness. Some of the services offered through HELP Ministries are food and clothing referrals, prescription or travel assistance, rental assistance and heating assistance. The Tri County Community Action PPL OnTrack and PA Low-Income Home Energy Assistance Program (LIHEAP) offer energy assistance for families and individuals. Other services offered in the community include legal services, food assistance, and clothing. Homeless Prevention (HP) and other rental assistance programs are also administered through the HELP Ministries office.

Rapid Rehousing (RRH)

Rapid rehousing is a resource available for individuals and families who meet the criteria for Category 1-Literally Homeless and Category 4-Fleeing/Attempting to flee domestic violence, dating violence, sexual assault, or stalking. In Dauphin County, HELP Ministries currently offers a RRH Program.

Home Run Accomplishments To-Date:

Project Homeless Connect:

Through the efforts of the Service Delivery Committee, CACH held its sixth Project Homeless Connect on November 20, 2015 at the Farm Show. The project is designed to bring all of the resources needed to assist unsheltered, chronically homeless individuals together in a single location. The format was modeled on other successful programs conducted around the United States. By having all the service providers in a single location, it improves access to resources, and it aids problem-solving between community organizations in addressing barriers to providing services. The Project served 344 guests including 26 children seeking various forms of assistance; with a total equaling 370 people. Three unaccompanied youth attended PHC. In addition, many other individuals obtained support and made connections with service providers that will work with them in addressing barriers to obtaining permanent housing. There were more than 82 hours of case management services following the event as of December 31, 2015. The Project was supported by more than 460 volunteers and had 72 different service providers and agencies available to offer assistance. The Project used a new format this year that concentrated services on unsheltered individuals and those persons living in emergency shelters. This approach led to improved service accessibility for the most vulnerable members of our community. The effort was fully funded by more than $25,500 in private donations.

The most recent Project Homeless Connect was hosted by CACH on October 18, 2016 at the Farm Show Complex. Many of the same providers were present and able to assist the most vulnerable members of the community. Data collection and analysis are still being performed for the event and unavailable at this time.

HMIS:

CACH has implemented a Homeless Management Information System (HMIS) and provides ongoing support for the operation of the system. The HMIS, called Bowman ServicePoint, has been in operation since June 2013. The system is a cornerstone for gathering updated information on the homeless population in the county. All U.S. Department of Housing and Urban Development (HUD) mandated service providers are participating in the HMIS system. In early 2016, the Projects for Assistance in Transition from Homelessness (PATH) providers also began using the HMIS system. There are now eight agencies using the system for 29 different programs. The Bethesda Mission does not participate in CACH's HMIS, which currently leaves a significant gap in the system's data. Discussions are taking place to address this absence of a major provider to the HMIS work.

CACH uses the HMIS data to submit to HUD the Annual Homeless Analysis Report (AHAR) in 2016. The AHAR provides an annual "snapshot" of homelessness in Dauphin County which complement data from the Point In Time survey. CACH earns a point in its standing with HUD by submitting the AHAR.

CACH partner agencies are also able to use the HMIS program to gather the data needed for their program-specific HUD Annual Performance Reports (APR). These agencies earn points in their standing with HUD by this accomplishment. Through the financial support of the City of Harrisburg and the County of Dauphin as well as HUD, CACH is able to provide the HMIS services without a cost to our network agencies.

In an attempt to meet the needs of the most vulnerable populations as outlined by HUD, CACH has developed a Coordinated Entry, Assessment and Referral (CEAR) Team. This team will create and review the "By Name List" model to track the outreach process and housing of the individuals who meet the guidelines of one of the HUD appointed vulnerable populations. This list will be maintained in the HMIS system. The CEAR team is made up of members from all the CACH partners who will be working on a rotational basis to provide services and housing to referrals at an expedited rate.

Website Revision and Updates:

To help facilitate access to needed housing and support services for homeless individuals and families, CACH developed and maintains a vigorous website. The website address is: www.cachpa.org. The website includes information on how to access services, service availability, contact information and background about homelessness in the region. In addition, thanks to support from a Shippensburg University MSW student field placement, CACH has developed its social media presence with the introduction of Facebook, Twitter and a blog accounts.

HELP Ministries remains the central intake organization for the community.

Community Conversations Committee:

This effort facilitates partnership and collaboration with focus in the faith community, with leadership support from Shalom House, Christian Churches United (HELP), Partnership for Hope, Heart of Harrisburg Church, The (Martin Luther) King Center, and Penbrook Church of God. This committee continues to develop unifying strategies (among churches and then with the community at large) and action steps that can help churches in their role of serving community, establishing communities of faith as foundational, credible, reliable resources for anyone in need

Out of this overarching effort of the faith community connecting in a unifying way with a common vision, work has been started to address the need for day care services, expand aftercare mentoring services for persons transitioning from shelter or transitional housing, launching a non-denominational, cooperative gardening project to effect a "farm to table" opportunity for shelters which in turn can yield instruction on nutrition, cooking and resource management. For 2016, a priority objective of building upon the foundation of partnership and unified vision among the faith partners is underway.

Drop-in Center Expanded Outreach Services Available:

Key to helping unsheltered and chronically homeless individuals achieve permanent housing are active and comprehensive outreach services. Currently, outreach services are provided by Bethesda Mission, Downtown Daily Bread, the two safe havens, Isaiah 61 Ministries, and other charitable programs. One element that was missing from our community's outreach services was a "drop-in center". This service opened in October 2015 and is available at Downtown Daily Bread (Pine Street Presbyterian Church, Boyd Center) in the afternoons daily (Monday to Friday). The Drop-in Center provides a safe place for homeless individuals to gather and where outreach services are provided in a caring manner.

New Affordable Housing Units:

A critical strategy component for preventing homelessness is adding new affordable housing units. With assistance from local developers and financing from the Pennsylvania Housing Financing Agency, new housing units are being added to our housing stock. A total of 62 new affordable housing units were funded in 2015 in Dauphin County. These new units include:

Union House Apartments, Lykens

- ✓ 28 units of affordable housing
- ✓ 4 units designed for individuals needing accessible features
- ✓ 3 units with rents at 20% of area median income

Sunflower Fields, Susquehanna Township

- ✓ 34 units of affordable housing
- ✓ 4 units designed for individuals needing accessible features
- ✓ 2 units with rents at 20% of the area median income
- ✓ 5 units set aside for CACH as Local Lead Agency, to refer individuals with mental illness and/or co-occurring substance use disorders
- ✓ 18 units subsidized (including accessible and supportive units) with project-based vouchers from Dauphin County Housing Authority

2017 Home Run Goal, Objectives and Strategies:

CACH stakeholders have examined thoroughly the current situation in the City and County and the Coalition's accomplishments in addressing homelessness. In addition, stakeholders have reviewed the existing Home Run Goals and Objectives with an eye toward re-development and alignment with the expectations of the HEARTH Act. Following careful discussion, the following objectives and strategies have been developed to guide our community's efforts , all under the goal of making homelessness rare, brief, and non-recurring. A series of concrete Action Steps have been developed to help achieve each objective and strategy.

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: STRENGTHEN LEADERSHIP TO END HOMELESSNESS

To strengthen the Capital Area Coalition on Homelessness (CACH) in providing leadership and an organizational structure for the community to implement a coordinated plan utilizing the Housing First Model to end homelessness.

Since the original Home Run plan's development in 2006, CACH has developed significantly in its role in the community as the lead agency coordinating efforts to end homelessness. However, the HEARTH Act has created an even greater emphasis on community-wide coordination in the provision of housing and services for those who are homeless, which necessitates the need for a continual evolution and development of CACH's organization and role.

The updated strategies under this objective focus on clarifying the structure and further developing the capacity of CACH in an effort to increase the efficiency and effectiveness of the community's coordinated efforts. Capacity-building strategies include intentional efforts to engage homeless service provider leaders in CACH initiatives and renewing efforts to increase available resources through innovative partnerships.

It is also essential that CACH continues in its role of developing and coordinating an effective HMIS service to generate data that can measure the effectiveness of homeless services and provide insight into needed housing and services.

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 persons 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 the 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
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, including an effort to solicit broader landlord involvement in the coalition

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 the Continuum of Care (CoC) "Written Standards" on housing prioritization and 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.

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

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: CONTINUUM WIDE COORDINATED OUTREACH, ENTRY, ASSESSMENT AND REFERRAL SYSTEM

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.

One of the most significant keys to assuring that the most vulnerable individuals in our community are prioritized for the most appropriate housing resources is to coordinate efforts across agencies to serve these individuals. The strategies under this objective seek to re-evaluate our current placement system for homeless individuals and develop more coordinated approaches to outreach, assessment, and referral to housing resources. Developing such a system is a high priority for HUD and has shown to be an effective way of reducing homelessness.

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 length of time 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 permanent 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 the 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 Entry 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.

2.5a) In addition to evaluating current providers, involve stakeholders from rural areas of the county to develop creative solutions for providing both emergency and permanent housing in all areas of the county.

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"

OBJECTIVE 3: INCREASE, AND PRESERVE EXISTING, AFFORDABLE HOUSING

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.

In order to end homelessness, our community must increase the number of and access to affordable housing options available to homeless persons. Due to limited funding resources available for new affordable housing development, CACH is exploring new and innovative housing opportunities such as Shared Housing and affordable Single Room Occupancy. Other initiatives include developing collaborative relationships with landlords and creating incentives to encourage their leasing to homeless persons and families. Implementing the strengthened Homeless Preference by Public Housing Authorities will provide new opportunities and earlier access to affordable housing. Housing is also needed for vulnerable populations and CACH will explore developing programs for youth, persons needing accessible units, and the need for additional shelter opportunities for men.

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 populations

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

3.1a) Meet and consult with developers to expand existing and/or develop new affordable SRO and 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.

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 for 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 and engage landlords in trying to reduce barriers to tenancy for individuals with a criminal background.

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 identify 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 providing eligible individuals assistance with prioritizing rent payments with available finances.

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.

While the first step in a Housing First model is to get homeless individuals in permanent or other low-barrier housing as quickly as possible, the provision of supportive services is the crucial next step to assure that those being served can maintain their housing. Our strategies in this area include strengthening services available at the Drop-in Center, focusing on communication and partnerships to improve cross-system coordination of services, and improving training of case managers working with the homeless.

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 eligible 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) Develop and implement a plan to transition as many resources as possible currently used for Project Homeless Connect to support ongoing service provision at a Drop-In Center as well as solicit new resources to make the Drop-In center financially viable.
4.1.b) Develop and implement a cross-system plan to provide access to as many services as possible at the Drop-In Center.

STRATEGY 4.2: Strengthen communication and partnerships with Mental Health and Drug and 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
4.4.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 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 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.
4.5.i) Promote efforts to make homeless emergency shelter and transitional housing TANF recipients automatically eligible for the hardship exemption to the work requirement due to homelessness for three to six months, so that subsidized income, goal oriented childcare and other county assistance benefits continue while individuals search for permanent housing.
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: Develop training opportunities for case managers and community volunteers 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.
4.6.g) Continue to support the efforts of the Community Conversations committee to promote the effective use of faith-based volunteers in supporting households in obtaining and keeping permanent housing.

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: PUBLIC AWARENESS AND EDUCATION

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.

Community support is essential to CACH accomplishing its objective of ending homelessness. Many people in our community do not realize the number of people living couch to couch, and also are not aware of the programs that exist to help prevent and reduce homelessness. The focus of this objective is to be more intentional in our public education efforts and to use success stories and data to show the impact we can have when we work together to end homelessness. These educational efforts will lead to a broader community ownership of our efforts and additional funding opportunities.

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 and its partner agencies are routinely promoted at public events and in the 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.

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.

5.2c) Develop a media marketing plan to highlight homelessness for our community and CACH members using social and mainstream media that emphasizes the successes that CACH has achieved in our community and the value of strengthening a collective impact model to reduce homelessness

5.3c) Work in conjunction with the CACH Coordinating Committee and partner agencies to develop a marketing plan that supports rather than competes with initiatives of partner agencies.

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: PREVENTION

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

Even as we provide resources and services to those who have become homeless, it is equally as important to be engaging in intentional activities to prevent homelessness. It is our goal to be more coordinated in our prevention efforts, focusing on employment and income development wherever possible. The facilitating of access to health care and promoting health insurance enrollment will also reduce the risk of individuals/families of becoming homeless due to illness and health related costs. By developing a collaborative approach with institutions using the client centered discharge planning process, the discharge of persons into homelessness can be reduced.

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.
6.2a) Research models for developing programs and/or trainings for intake and assessment staff to intentionally assist in diverting households from needing to enter the homeless services system.

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.

Home Run Leadership:

Over the past 10 years, the CACH Coordinating Committee tasked a Blueprint Implementation Team to monitor the implementation of the plan to end homelessness. As part of this 2017 Home Run plan revision, it is recommended that the CACH Coordinating Committee consider if there are other options in the CACH committee structure for the oversight of the strategic plan. It is ultimately the CACH Coordinating Committee which is responsible for providing the leadership to assure the effective implementation and oversight of this plan.

Acknowledgements:

Home Run Revision/Blueprint Implementation Team members are:

Darrel Reinford, Co-Chair, Christian Churches United of the Tri-County Area
Mike Weisberg, Co-Chair, Community Volunteer
Marilyn Bellesfield, Brethren Housing Association
Kacie Bodell, CACH Intern from Shippensburg University
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For information about the development and implementation of Home Run, please contact the Capital Area Coalition on Homelessness at 717-255-6587, or by writing to P.O. Box 2157, Harrisburg, PA 17105-2157.

You can also email: Dritchey@hra-harrisburgpa.org and explore our website at www.cachpa.org

Glossary and 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 a doctor, nurse, and psychiatrist. This team 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 Northwestern 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.

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.collaborationforimpact.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.

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) – a 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)
- 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 an 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.

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

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, the Mental Health/Intellectual Disability program provides the match and certifies that participants meet the 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 a pre-requisite.

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.

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.

Appendix: 2016 Point In Time Homelessness Census Survey and Multi Year 2011-2016 Analysis

2011-2016 Homeless Trends Analysis, Harrisburg and Dauphin County, Based on Point In Time (PIT) Counts Capital Area Coalition on Homelessness

INTRODUCTION

The 2016 Annual Point in Time (PIT) homeless census and survey by the Capital Area Coalition on Homelessness (CACH) was conducted from noon on February 3rd till noon February 4th 2016. This represents a community wide effort to enumerate and survey individuals and families who experience homelessness in the City of Harrisburg and Dauphin County, Pennsylvania. This endeavor is done in concert with Continuum of Cares (CoCs) nationwide i.e. geographic consortiums of housing and homeless service providers, related organizations, public and private entities, homeless and formerly homeless members who have as their goal to end homelessness.

CACH mobilized volunteers and its membership of over seventy organizations in its CoC (PA501) to gather survey information on persons in shelters, transitional housing, Safe Havens, and permanent housing programs. CACH also surveyed those who are unsheltered at places like soup kitchens, service agencies and through some street and camp outreach. In addition, surveys were gathered on those who were imminently in danger of needing shelter or being unsheltered.

This year a more concentrated effort was made to enumerate unsheltered and veterans as part of HUD and VA focus including post point in time unduplicated counts of those who were homeless on the night of the point in time as permitted in official PIT methodology by HUD.

Basic client beneficiary information on gender, ethnicity, family size, marital status, residence of origin, sources of income, and veteran status was gathered. Further questions probed participants' current homeless situation, duration and reasons for homelessness. The final set of questions queried the type of housing that was requested or rendered.

The organizations, volunteers and sites that participated in the 2016 PIT include (in alphabetical order): Bethesda Mission and Mobile Street Mission; Brethren Housing Association; Bridge of Hope; Capital Area Intermediate Unit; Case Management Unit of Dauphin County; Christian Churches United and Susquehanna Safe Harbor; Dauphin County Crisis Intervention; Dauphin County Housing Authority; Dauphin County Children and Youth; DELTA Community (Gaudenzia); Downtown Daily Bread; Catholic Charities; Family Promise of Harrisburg and Capital Region; Harrisburg School District; Harrisburg Housing Authority; HELP Ministries; Holy Spirit Medical Outreach; Interfaith Shelter, Catholic Charities; Keystone Community Mental Health Service; NHS CDA-Windows; Pinnacle Health – Harrisburg Hospital; Salvation Army; Shalom House; St. Francis Soup Kitchen; the YWCA Harrisburg; and Lebanon VAMC.

Special thanks to all these organizations, members and volunteers of CACH, and to the Service Delivery and Data Collection Committees for making the 2016 Point in Time Survey possible.

This 2016 report details the 2016 results of Point in Time surveys and compares them at each category with results from PITs conducted since 2011 for a multi-year analysis. National and State data is also presented for comparison (in italics) where possible from the most current US Department of Housing and Urban Development's *2015 Annual Homeless Assessment Report to Congress* (AHAR)'s 2007 -2015 and the *2014 AHAR* and its related addendums.

KEY FINDINGS AND SUMMARY

The 2016 Point in Time enumerated **433 people of which 132 were children** who resided in shelter, transitional housing, Safe Havens or who were unsheltered i.e. defined as "homeless." Another 190 including 48 children were counted who are no longer homeless but reside in permanent housing programs. 11 adults and 2 children who are "near homeless" were counted.

Highlights and trends from the 2016 PIT and multi-year analysis:

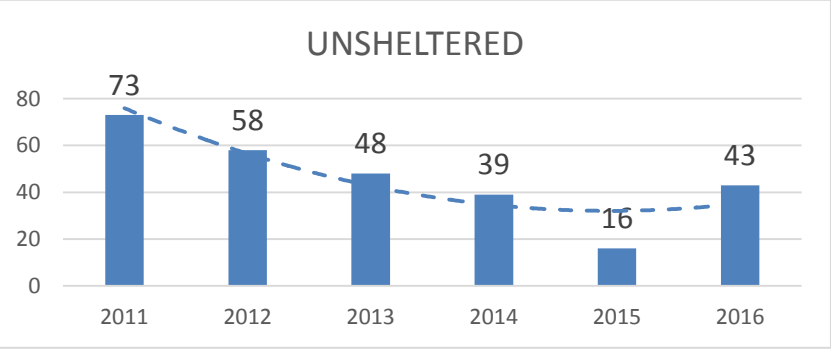
1. The total number of **persons who experience "homelessness" (both sheltered and unsheltered)** increased by 8 percent or 31 persons since 2015, and the homeless trend over the past six years is upward.

Nationally, homelessness decreased by 2 percent (11,742) since 2015 and 11 percent (82,550) since 2007, but Pennsylvania is one of 13 states where the homeless count did increase in recent years, although since 2007 it has decreased by 5 percent.

2. The count of those who are **unsheltered** increased this year compared to last year but that is likely due to an undercount last year. Overall unsheltered homelessness decreased significantly from 73 in 2011 to 43 in 2016. This year's total of 43 unsheltered persons is similar to 39 in 2014 possibly indicating a leveling off of the decreasing trend.

National and state trends also showed a decrease since 2007, but Pennsylvania showed an increase of unsheltered persons from 2014 to 2015 and an increase of 35 percent since 2011.

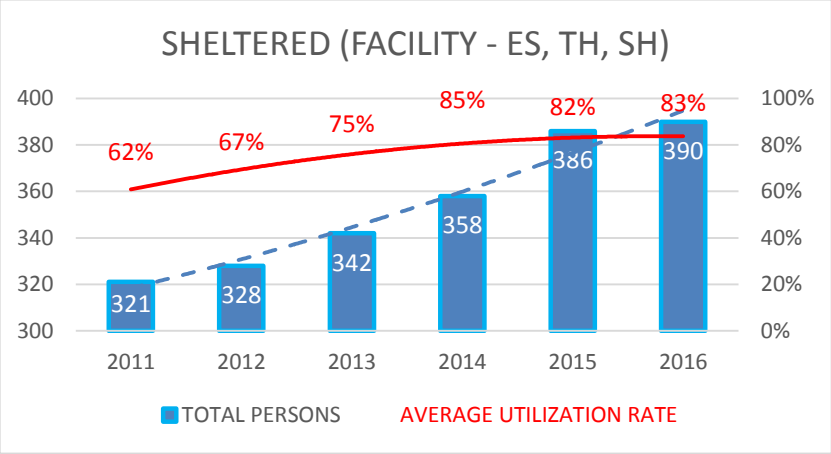
Chart 1



3. Those who were **sheltered** (in emergency shelter (ES), transitional housing (TH) or safe haven (SH)) increased from 321 to 390 (21 percent) in six years and by 16 persons in the past year. Emergency shelter count and utilization increase was steady. However, the transitional housing count increased sharply from 138 in 2014 to 166 persons in 2015.

Nationally, the sheltered population count stayed the same oscillating along a constant trend line average and in 2016 the count (391,440) was nearly the same as in 2007. In Pennsylvania the sheltered population census remained unchanged over six years, although it decreased minimally by 2 percent since 2015 and 5 percent since 2007.

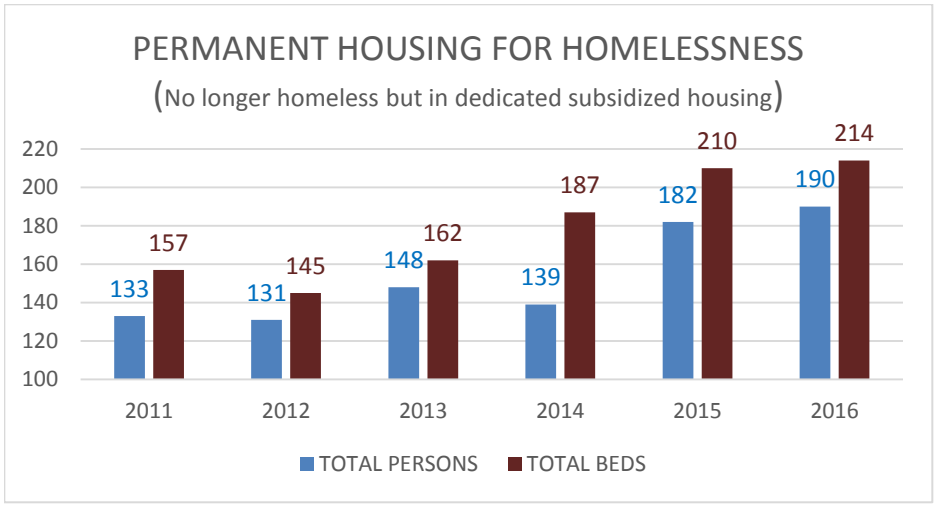
Chart 2



4. The **permanent housing (PH) census** rose to 190 and PH inventory increased also to 214 beds in 2016.

National trends also show an increase in permanent housing inventory since 2007, but in Pennsylvania permanent housing beds decreased in 2014 according to the 2014 AHAR.

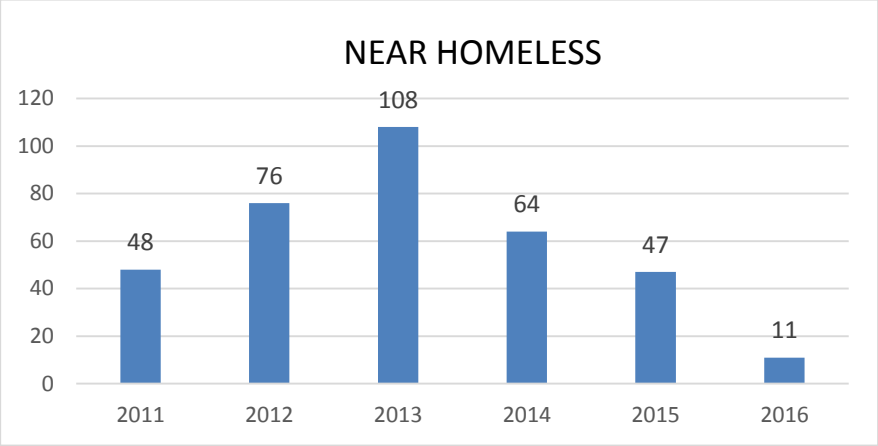
Chart 3



5. Over the six years Dauphin County's "**near homeless"** count (those who are not on in a homeless facility or unsheltered but are unstably and temporarily housed for instance with friends or family) increased and then decreased since 2013 to now its lowest level in 2016. This may be a factor of this sub-population not showing up or being counted in the PIT venues that count the homeless population, because traditionally near homeless are hard to count and are higher in numbers than those who are in shelter or unsheltered.

However, since counting method and venues remained unchanged the declining trend may suggest that persons "near homeless" are utilizing shelter or transitional housing, as evidenced by increase in shelter use and that "temporary living situation ended" (i.e. near homeless) is the primary given reason for homelessness by those who are sheltered.

Chart 4



6. Nearly half of the homeless population were **homeless more than once** (49.2 percent).

7. 53 persons are **chronically homeless**, which for our purposes include those residing in transitional housing which is excluded in the federal definition of chronic homelessness. This is a decrease from 28.4 percent of the total homeless population to 17.6 percent. In previous years the count of chronic homelessness was rising.

Nationally, chronic homelessness decreased by 1 percent between 2015 and 2014 but by 31 percent since 2007. In Pennsylvania, the chronic homeless census from 2014 to 2015 increased despite a decrease in the sheltered count, because the unsheltered chronically homeless count increased. Overall, in the State there is an overall decrease by 8 percent since 2011, although the census count is the same as in 2007 but less who are unsheltered.

8. **Locality of homelessness**: 61.1 percent became homeless while in the city of Harrisburg and 13 percent became homeless in Dauphin County outside of Harrisburg. Over one quarter (25.6 percent) were from outside of Dauphin County when they became homeless.

9. There are **more homeless males** at a ratio of 60:40 to females in 2016 and most years except in 2012 and 2013 which showed the reverse. *In the nation males make up 72% of the homeless population.*

10. 13 percent of those who responded were Hispanic in ethnicity. In 2016 half the homeless population (50.5 percent) were Caucasian and 47.9 percent were African Americans, which differed from all other year where African Americans were 50 percent or higher.

17 percent of persons experiencing homelessness in the US are Hispanic who tend to be more unsheltered than sheltered. Most unaccompanied homeless individuals are Caucasian (54 percent) and 36 percent are African American. African American are higher percentage. in sheltered venues and of sheltered homeless families.

11. The average age of those experiencing homelessness is 43 years old.

12. A little over ¾ of the homeless population are unaccompanied (76.1 percent) i.e. by themselves. *In the US unaccompanied homeless individuals are 63 percent and 56 percent in Pennsylvania.*

13. Homelessness among families remained relatively unchanged over five years, being one quarter of homeless persons surveyed. In 2016 132 children were homeless, or 30 percent of the homeless population.

Family homelessness decreased in the US and Pennsylvania from 2014 to 2015 by 5 and 2 percent respectively and by 12 and 15 percent respectively since 2007. Overall family homelessness in the US declined due to a sharp decrease in unsheltered families the number of sheltered families

increased by 4 percent. In Pennsylvania, the number of sheltered families declined but the count of unsheltered families increased since 2007.

14. In the 2016 PIT there were 29 homeless youth ages 18 – 24, none unsheltered, predominantly female, and over 60 percent of this population were youth parenting their own children.

In national statistics 58% of sheltered homeless youth are female and the reverse is the case for unsheltered. There are more transgendered unsheltered youth than compared to those sheltered. Most sheltered youth are African American whereas unsheltered are predominantly Caucasian, and the percentage of unsheltered youth who are Hispanic is higher than the percentage of all Hispanic persons experiencing homelessness.

15. The number of homeless Veterans counted increased from 2015 to 2016, although the trend continually decreased since 2011. Due to increased veterans' transitional and permanent housing opportunities the percentage of Veterans who are unsheltered has steadily and significantly decreased over five years to 2 percent in 2015 but jumped up to 12 percent in 2016 due in part to a higher focused effort in the unsheltered count this year.

Nationally 11 percent of those experiencing homelessness are Veterans and 34 percent are unsheltered. In Pennsylvania, 9 percent of the homeless population are veterans and of that only 8 percent are unsheltered. Veteran homelessness decreased in the U.S. by 4 percent and in Pennsylvania by 3 percent since 2014.

Chart 5

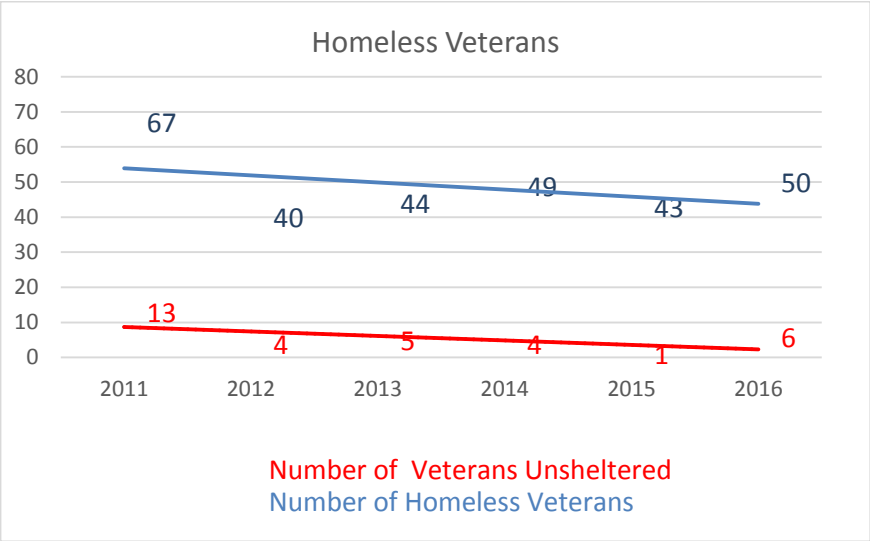
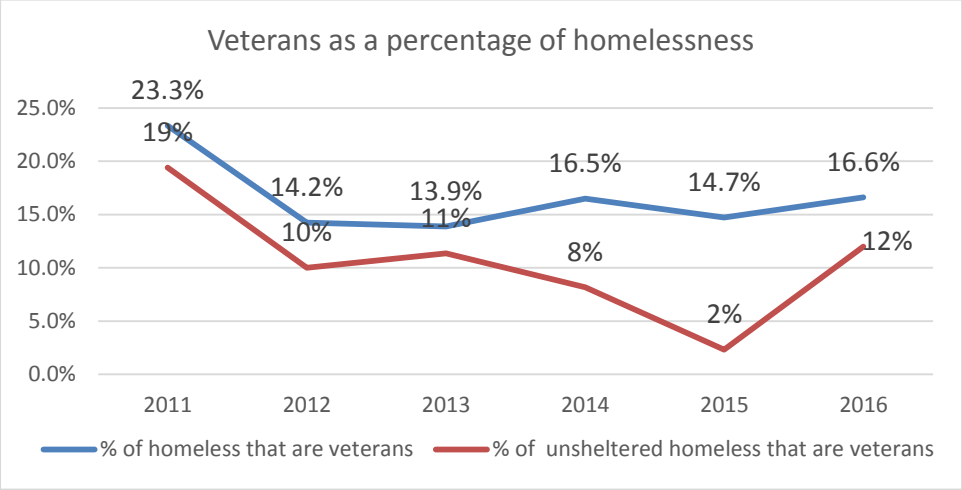
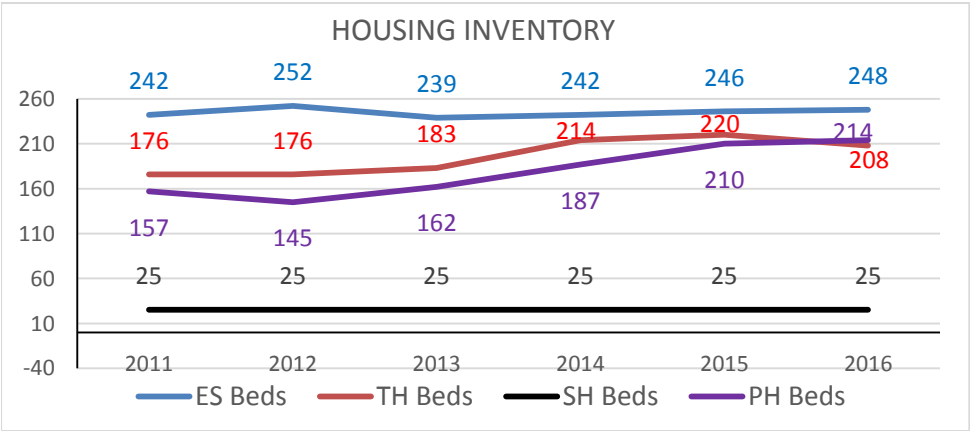


Chart 6



16. As was the casse in 2015 "Temporary living situation ended" remains the highest primary reason given for homelessness in 2016, which supersedes substance use or mental health which were the primary reasons in multiple prior years. Substance use, mental health, and job loss were the top three primary reasons given for homelessness over the past five years.
17. Supplemental Nutrition Assistance Program (SNAP) is the highest benefit received (42.1 percent). The next highest source of income remains employment as almost one third (31.6 percent) of the homeless population are working. An increase in beneficiaries of Medicaid, SSDI, and Veterans benefits showing that our community is assisting them with these key targeted benefits. Those receiving Veteran benefits increased since 2014.
18. 48.8 percent or almost half of those surveyed have Medicaid or other health insurance.
19. Emergency Shelter inventory of beds remained largely unchanged at 248 beds in 2016. *In the U.S. ES beds increased 6 percent in 2015 and in Pennsylvania by 3.3 percent in 2014.*
20. Since 2011 Transitional Housing beds increased to 208 beds but decreased from last year's high of 220 beds. *Transitional beds in the US were reduced by 7.8 percent in 2015 but by only 0.6 percent in Pennsylvania for in 2014.*
21. Permanent Housing beds increased by 36 percent to 214 beds since 2011. *The U.S. saw an increase of 69.2 percent since 2007 but Pennsylvania had a reduction of 3.6 percent in 2014.*

Chart 7



Submitted by George Payne, Chair of Data Collection, on behalf of CACH.

2016 CACH POINT IN TIME SURVEY RESULTS

I. SURVEY RESPONSES

Table 1: Surveys	**2016**	2015	2014	2013	2012	2011
Total Survey Responses.	**503**	548				
Unduplicated Survey Responses.*	**467**	452	530	555	540	567
Total Adults and Children (including near homeless and formerly homeless i.e. those in permanent housing programs.)	**636**	640	683	988	793	791
Survey Responses for Verified Emergency Shelter, Transitional Housing, Safe Haven, Unsheltered.***	**301**	292	297	317	281	287
Total Adults and Children for Verified Emergency Shelter, Transitional Housing, Safe Haven, Unsheltered.***	**433**	402	396	390	386	394

* Each participant in a survey has an anonymous identifier composed of a string of letters and numbers derived from first initial, birth year, partial social security, and other demographic response codes that when created is unique only to that individual. The unique and anonymous identifier is used to de-duplicate all survey responses.

** "Other" refers to an option that survey participants check out of a list of known shelters, transitional, and permanent housing programs. They are discounted since living in "other" housing programs such as living in transitional halfway homes, recovery programs, etc., they may or may not be considered homeless by definition. "Unverified" refers to surveys that records the participant as staying in a known shelter, etc., but that shelter or facility does not show that participant's anonymous identifier in their bed inventory during the night of the count. Unverified also pertains to submitted entrants from participating service provider's caseloads that are known to be unsheltered, but were not contacted during the survey period to verify that they were unsheltered during the night of the count.

***For the purposes of analysis, we define "homeless" those who are "unsheltered," (Un) or in "Sheltered (Facility)" which are non-permanent homeless housing programs, specifically Emergency Shelter (ES), Transitional Housing (TH) , and Safe Haven (SH)**. This is the census target of the Point in Time Survey required by the U.S. Department of Housing and Urban Development (HUD).

Other categories of homelessness in this report include:

- "Sheltered (Non Facility)" i.e. Rapid Re-housing (RRH) and other rental assistance programs
- "Near Homeless" (NH) i.e. those who are about to be evicted, or are unstably housed in someone else's home or an institution and about to become homeless, and
- "Permanent Housing" (PH) refers to those who are formerly homeless and are now in subsidized indefinite housing designated specifically for homelessness.

II. HOMELESSNESS SITUATION – HOUSING, DURATION, LOCALITY

A. "HOMELESS" Target Population of the US HUD Point in Time Census

Table 2: Homeless - Unsheltered and Sheltered (Facility). Percentage is derived as a percentage from unsheltered and sheltered (Facilities) totals only and of both adults and children.

UNSHELTERED	2016		2015		2014		2013		2012		2011	
	#	% total	#	% total	#	% total	#	% total	#	% total	#	% total

Total (Adults and Children)	**43**	**9.9%**	**16**	**4.0%**	39	9.8%	48	12.3%	58	15.0%	73	18.5%
Street/Sidewalk	14	2.2%	6	1.5%								
Vehicle	2	0.3%	2	0.5%								
Park	0	0.0%	0	0.0%								
Abandoned Building	7	1.1%	1	0.2%								
Bus/Train Station/Airport	0	0.0%	0	0.0%								
Under Bridge/Overpass	2	0.3%	1	0.2%								
Woods/Outdoor Camp	2	0.3%	5	1.2%								
Client Did Not Specify	14	2.2%	1	0.2%								
SHELTERED (Facility)	#	% total	#	% total	#	% total	#	% total	#	% total	#	% total
Total (Adults and Children)	390	90.1%	386	96.0%	357	90.2%	342	87.7%	328	85.0%	321	81.5%
Emergency Shelter	205	32.2%	199	49.5%	192	48.5%	184	47.2%	178	46.1%	166	42.1%
Transitional Housing	170	26.7%	166	41.3%	138	34.8%	143	36.7%	136	35.2%	143	36.3%
Safe Haven	15	3.5%	21	5.2%	27	6.8%	15	3.8%	14	3.6%	12	3.0%

B. Other Homeless and Formerly Homeless Defined Situations (Percentage in the table is from out of all homeless category surveys)

Table 3:	2016		2015		2014		2013		2012	2011		
SHELTERED (Non-Facility)	#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys
Rapid Rehousing	34	5.3%	56	6.9%								
PERMANENT HOUSING (No longer homeless)			#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys
Total Surveys (households)	190	29.9%	145	22.7%	118	22.3%	130	23.4%	106	19.6%	107	18.9%
NEAR HOMELESS			#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys	#	% of all surveys
Total Surveys (households)	13	2.0%	47	12.0%	64	12.1%	108	19.5%	76	14.1%	48	9.7%
i. Being evicted within 2 weeks with no resource or place to go	0	0.0%	1	0.1%	4	0.8%	1	0.2%	64	11.9%	5	1.0%
ii. Being discharged within 2 weeks from institution, no resources or place to go.	2	0.3%	2	0.2%	8	1.5%	3	0.5%	10	1.9%	9	1.8%

iii. Living with Others temporarily; Or living with others while not on lease; Or going from home to home.	11	1.7%	43	5.3%	52	9.8%	104	18.7%	2	0.4%	34	6.8%
iv. Motel/Hotel	0	0.0%	1	0.1%								

C. Frequency and Duration of Homelessness

Table 4: Frequency and Duration	2016		2015	
	# of responses	% of homeless (Un, ES,TH,SH)	# of responses	% of homeless (Un, ES,TH,SH)
No Response	26	8.6%	62	21.2%
First Time	127	42.2%	86	29.5%
Multiple Times	148	49.2%	144	49.3%

Table 5: Chronic Homeless (Percentage is of homeless (Un, ES, TH, SH) surveys)

2016		2015		2014		2013		2012		2011	
#	%	#	%	#	%	#	%	#	%	#	%
53	17.6%	83	28.4%	80	27.3%	69	21.8%	51	18.9%	79	27.5%

D. Locality of Original Term of Homelessness (Percentage is of homeless (Un, ES, TH, SH))

Table 6:	2016		2015		2014		2013		2012		2011	
Location	#	#	#	%	#	%	#	%	#	%	#	%
City of Harrisburg	184	61.1%	179	61.3%	179	60.3%	192	60.6%	151	53.7%	131	45.6%
Dauphin County not Harrisburg	39	13.0%	30	10.3%	36	12.1%	28	8.8%	37	13.2%	23	8.0%
Outside of Dauphin County	77	25.6%	50	17.1%								
Unspecified	1	0.3%	33	11.3%	82	27.6%	97	30.6%	93	33.1%	133	46.3%

III. HOMELESSNESS - DEMOGRAPHICS

A. Gender: (Percentage is of homeless (Un, ES, TH, SH) non-blank responses to the question)

Table 7:	2016		2015		2014		2013		2012		2011	
Gender	#	%	#	%	#	%	#	%	#	%	#	%
Male	187	62.1%	176	60.3%	181	61.8%	115	40.4%	111	41.1%	176	61.8%
Female	114	37.9%	116	39.7%	112	38.2%	170	59.6%	159	58.9%	109	38.2%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

B. Ethnicity and Racial Categories (Percentage is of homeless (Un, ES, TH, SH) surveys)

Table 8:	2016		2015		2014		2013		2012		2011	
Ethnicity	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	39	13.0%	34	11.6%	24	8.1%	31	9.8%	20	7.1%	24	8.4%
Non-Hispanic/ No Response	261	86.7%	258	88.4%	273	91.9%	286	90.2%	261	92.6%	263	91.6%

Table 9:	2016	2015	2014	2013	2012	2011

Race	#	%	#	%	#	%	#	%	#	%	#	%
African American	139	46.2%	147	50.3%	151	50.8%	152	53.1%	132	50.6%	136	51.7%
Bi-Racial/ Multi-racial	5	1.7%	8	2.7%	8	2.7%	6	2.1%	4	1.5%	3	1.1%
Caucasian	146	48.5%	111	38.0%	103	34.7%	116	40.6%	107	41.0%	116	44.1%
Native American	0	0.0%	1	0.3%	4	1.3%	0	0.0%	0	0.0%	0	0.0%
Pacific Islander/ Asian	0	0.0%	0	0.0%	1	0.3%	0	0.0%	1	0.4%	3	1.1%
No Response/ Other	11	3.7%	25	8.6%	8	2.7%	12	4.2%	17	6.5%	5	1.9%

C. Age of Heads of Households

Table 10:	2016		2015	
Age (2015 and 2016 only)	#	% of homeless surveys	#	% of homeless surveys
18 – 30 years old	7	2.3%	70	24.0%
31 – 50 years old	119	39.5%	128	43.8%
51 – 64 years old	100	33.2%	81	27.7%
65 and above years old	9	3.0%	5	1.7%
No Response	66	21.9%	8	2.7%

Table 11: Average Age	2016	2015	2014	2013	2012	2011
Unsheltered and Sheltered	43	42	44	44	48	44
Unsheltered	47	46	51	49	54	50
Sheltered	44	42	43	43	47	43

D. Household Composition (Percentage is of homeless (Un, ES, TH, SH) surveys)

Table 12:	2016		2015		2014		2013		2012		2011	
Household Type	#	#	#	%	#	%	#	%	#	%	#	%
Under 18 – unaccompanied	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%
Under 18 – unaccompanied but with own children	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unaccompanied Adult	229	76.1%	216	74.0%	229	77.1%	200	68.5%	206	75.5%	210	73.2%
Adult Individual with minors	66	21.9%	69	23.6%	66	22.2%	89	30.5%	63	23.1%	69	24.0%
Adult Couple – no minors	5	1.7%	1	0.3%	2	0.7%	2	0.7%	4	1.5%	1	0.3%
Adult Couple with minors	0	0%	3	1.0%		0.0%		0.0%		0.0%	5	1.7%

Table 13: Children in families (Percentage is of homeless (Un, ES, TH, SH) adults and children)

2016		2015		2014		2013		2012		2011	
#	%	#	%	#	%	#	%	#	%	#	%
132	30.5%	134	33.3%	99	25.0%	117	30.0%	127	32.9%	107	27.2%

Table 14: Homeless Veterans:

Table 14:	2016		2015		2014		2013		2012		2011	
Homeless Veterans	#	%	#	%	#	%	#	%	#	%	#	%
Sheltered and Unsheltered Veterans			43	14.7%	49	16.5%	44	13.9%	40	14.2%	67	23.3%
Unsheltered Veterans			1	2%	4	8%	5	11%	4	10%	13	19%

IV. HOMELESSNESS: CAUSES AND NEEDS

A. Reason Given for Homelessness – Primary (only one) and Secondary (can be more than one)

Table 15:	2016		2015		2014		2013		2012		2011	
PRIMARY REASONS	#	% of 301 surveys	#	% of 292 surveys	#	% of 297 surveys	#	% of 317 surveys	#	% of 281 surveys	#	% of 287 surveys
Drugs	23	7.6%	23	7.9%	58	19.5%	49	15.5%	47	16.7%	58	20.2%
Alcohol	20	6.6%	10	3.4%	29	9.8%	40	12.6%	19	6.8%	31	10.8%
Drugs and Alcohol	30	10.0%	21	7.2%								
Domestic Violence	26	8.6%	22	7.5%	28	9.4%	13	4.1%	23	8.2%	14	4.9%
Mental Health	41	13.6%	35	12.0%	51	17.2%	40	12.6%	18	6.4%	22	7.7%
HIV/AIDS	0	0.0%	1	0.3%		0.0%		0.0%	0	0.0%	0	0.0%
Eviction Due to Non-Payment of Rent	19	6.3%	29	9.9%	18	6.1%	25	7.9%	22	7.8%	15	5.2%
Job Loss	24	8.0%	21	7.2%	43	14.5%	51	16.1%	44	15.7%	51	17.8%
Family Break-Up	28	9.3%	14	4.8%	23	7.7%	28	8.8%	25	8.9%	15	5.2%
Medical Problems	13	4.3%	15	5.1%	16	5.4%	14	4.4%	10	3.6%	11	3.8%
Temporary Living Situation Ended	57	18.9%	38	13.0%	33	11.1%	48	15.1%	42	14.9%	40	13.9%
Other	4	0.9%	8	1.7%	23	7.7%	16	5.5%	47	16.7%	32	11.1%

Table 16:	2016		2015		2014		2013		2012		2011	
SECONDARY REASONS	#	% of 301 surveys	#	% of 292 surveys	#	% of 297 surveys	#	% of 317 surveys	#	% of 281 surveys	#	% of 287 surveys
Drugs	10	3.3%	16	5.5%	26	8.8%	24	7.6%	24	7.8%	16	5.6%
Alcohol	13	4.3%	3	1.0%	33	11.1%	35	11.0%	35	11.4%	29	10.1%
Drugs and Alcohol	11	3.7%	23	7.9%								
Domestic Violence	13	4.3%	8	2.7%	3	1.0%	11	3.5%	11	3.6%	0	0.0%
Mental Health	62	20.6%	43	14.7%	33	11.1%	34	10.7%	34	11.0%	20	7.0%
HIV/AIDS	2	0.7%	1	0.3%	1	0.3%	21	6.6%	0	0.0%	0	0.0%
Eviction Due to Non-Payment of Rent	14	4.7%	22	7.5%	7	2.4%	21	6.6%	6.7	2.2%	11	3.8%
Job Loss	25	8.3%	20	6.8%	26	8.8%	40	12.6%	51	16.6%	41	14.3%
Family Break-Up	38	12.6%	26	8.9%	20	6.7%	35	11.0%	28	9.1%	12	4.2%
Medical Problems	23	7.6%	13	4.5%	23	7.7%	32	10.1%	14	4.5%	17	5.9%
Temporary Living Situation Ended	55	18.3%	24	8.2%	41	13.8%	29	9.1%	29	9.4%	31	10.8%
Other	50	16.6%	42	14.4%	27	9.1%	24	7.6%	24	7.8%	15	5.2%

B. Disabilities: Table 17:

Table 4: Disabilities	2016		2015	
	# of responses	% of homeless (Un, ES,TH,SH)	# of responses	% of homeless (Un, ES,TH,SH)
Chronic Health Conditions	22	7.3%	26	5.9 %
Post Traumatic Stress Disorder	13	4.3%	9	2.1 %
Physical Disability	36	12.0%	32	7.3 %
HIV/AIDS	2	0.7%	1	0.2 %
Intellectual Disability	10	3.3%	5	1.1 %
Brain Trauma or Injury	5	1.7%	5	1.1 %
Mental Health	87	12.3%	101	23.1 %
Substance Use	37	12.3%	35	8.0 %
Drug Use	21	7.0%	13	3.0 %

Table 18:	2016		2015		2014		2013		2012		2011	
Income and Benefits Sources	#	%	#	%	#	%	#	%	#	%	#	%
Cash Assistance	15	5.0%	28	9.6%	20	6.7%	70	22.1%	46	16.4%	50	17.4%
Social Security	15	5.0%	9	3.1%	47	15.8%	17	5.4%	35	12.5%	40	13.9%
Disability SSI	38	12.6%	21	7.2%								
Disability SSDI	16	5.3%	11	3.8%								
Employment	95	31.6%	93	31.8%	73	24.6%	25	7.9%	55	19.6%	47	16.4%
Unemployment	7	2.3%	0	0.0%	8	2.7%	47	14.8%	7	2.5%	13	4.5%
Child Support	8	2.7%	3	1.0%	7	2.4%	7	2.2%	3	1.1%	11	3.8%
TANF	17	5.6%	23	7.9%								
SNAP (Food Stamps)	125	41.5%	123	42.1%	128	43.1%	146	46.1%	109	38.8%	107	37.3%
Medicaid	104	34.6%	79	27.1%								
Medicare	11	3.7%	6	2.1%								
Other Health Insurance	32	10.6%	44	15.1%								
Veterans Benefits	31	10.3%	28	9.6%	7	2.4%	6	1.9%	8	2.8%	8	2.8%

Appendix A

List of Tables and Charts:

CACH -POINT IN TIME SURVEY 2016 ORGANIZATION: PROGRAM:

UNIQUE ID

SEARCH UNIQUE ID

SUBMIT RECORD

SAVE & EXIT | CLEAR FORM | PRINT

DEMOGRAPHICS & UNIQUE ID Last 2 digits of birth year

First Initial | Birth Month | *Use 2 digits or picklist*

First 2 Digits of Social Security

VETERAN STATUS *(If no answer check the blank)*
No (N)
Served in Armed Forces (Y)
Served in Natl Guard or Reserve (Y)
Don't Know (x)
Client Refused to Answer (x)

If Veteran, is client receiving Veterans' benefits?
YES NO Don't Know Refused Clear

GENDER *(If no answer check the blank)*
Male (M)
Female (F)
Transgender (T)
Client Refused to Answer (x)

ETHNICITY *(If no answer check the blank)*
Hispanic (1)
Non-Hispanic (0)

RACE *(If no answer check the blank)*
African American (2)
Asian (3)
Bi-Racial/Multi-Racial (4)
Caucasian (5)
Native American (6)
Pacific Islander (7)
Other (8)

CREATE UNIQUE ID

FAMILY STATUS Type of Household

Under 18 - no accompanying gaurdian
Under 18 - with your own children but no guardian
Adult - Individual (by yourself)
Adult - Individual (by yourself) with children
Adult - Couple (without accompanying children)
Adult - Couple with accompanying children
Client Refused/Unknown

# of Children with you

How Many of those Children are Male?

CURRENT HOUSING SITUATION

If Using HardCopy, in the appropriate category, write the place residing in the space provided.
Data Entry- Use PickList or type in the name of place if not listed.

Are you currently...

A. UNSHELTERED
Street/Sidewalk
Vehicle
Park
Abandoned Building
Bus/Train Station/Airport
Under bridge/Overpass
Woods/Outdoor Camp
Client Did Not Specify

B1. SHELTERED - EMERGENCY SHELTER

B2. SHELTERED - TRANSITONAL HOUSING

B3. SHELTERED - PERMANENT HSG FOR HOMELESS

B4. SHELTERED - SAFE HAVEN

B5. SHELTERED - RENT ASSISTANCE

C. NEAR HOMELESS
Being Evicted within 2 weeks with no resource or place to go
Being Discharged within 2 weeks from institution with no resources or place to go
Living with Others temporarily but have to leave within 2 weeks with no resources or place to go
Living with others temporarily while not on lease, or going from home to home
Motel/Hotel

LOCATION When you became homeless were you living in...

Harrisburg City? YES NO Don't Know Client Refused Clear

If NOT Harrisburg, then in Dauphin County? YES NO Don't Know Client Refused

REASONS FOR HOMELESSNESS

PRIMARY -Pick ONLY ONE (#) from list below

Hardcopy-Write one NUMBER from below here _____ (Data Entry-use picklis

What OTHER (Secondary) Reasons for Homelessness? Check ANY/ALL that apply.

1. Drugs 2. Alcohol 3.Both Drugs & Alcohol 4. Domestic Violence
5. Mental Health 6. HIV/AIDS 7. Eviction due to Rent Non Payment
8. Job Loss 9. Family Break Up 10. Medical Problems
11. Temporary Living Situation Ended 12. Other

DISABILITIES Do you have any of these Disabilities? Check ANY/ALL that apply.

Chronic Health Condition Post Traumatic Stress Disorder (PTSD)
Physical Disability HIV/AIDS Have You Recieved Special Education Before?
Brain Trauma or Injury Mental Health Substance Use Alcohol Use

DURATION AND CHRONIC HOMELESSNESS

ONLY UNSHELTERED or EMERGENCY SHELTER

1. Is this first time being homeless? YES NO Don't Know Client Refused Clear

2. If NOT 1st time, in the past THREE YEARS have you been in emergency shelter or unsheltered for... 4 times + Less than 4 times Clear

2A. IF 4+ times in 3 years - For all those times COMBINED how long have you been in ES or unsheltered? Less than 12 Months 12 mos or more Don't Know Refused Clear

3. How long have you been in emergency shelter or unsheltered at this current time?
< 1 Month 1-3 Months 4-11 Months 12 mos+ Don't Know Refused Clear

BENEFITS/INCOME Check Any/All

Cash Assistance Social Security Disability-SSI Disability-SSDI Employment Unemployment
Child Support TANF SNAP (Food Stamps) Medicaid Medicare Other Health Ins.