HUD CONTINUUM OF CARE (COC) NY-505 – HOUSING AND HOMELESS COALITION OF CENTRAL NEW YORK (HHC)

2011-2021

UPDATED: 8/1/2016

GOAL 1: INCREASE LEADERSHIP, COLLABORATION AND CIVIC ENGAGEMENT

OBJECTIVE #1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize community members to commit to preventing and ending homelessness.

Who

10-Year Plan Advisory Committee, City of Syracuse/Auburn Leadership, Onondaga/Oswego/Cayuga County Leadership, rural leaders, tribal leaders, New York State Government, Congress, Non-Profit/Business Community Leadership, Faith-Based Organizations

2016 Plan

- Increase the number of leaders or their representatives to attend the Housing and Homeless Coalition of Central New York (HHC) meetings.
    - Determine what committees these elected officials are in and determine if the HHC can have conversations with elected officials about various issues.
- Increase the number of citizen and private sector participants that attend the Housing and Homeless Coalition meetings and join Committees.
    - Have two formerly homeless individuals serve on the HHC Advisory Board.
- Partner with Veterans Administration and other entities to maintain an end to Veteran homelessness in Syracuse by 2015 by forming a Functional Zero Workgroup that involves the VA, SSVF providers, Local Department of Social Services, City Department of Neighborhood and Business Development, HMIS, shelters and street outreach providers in addition to continuous updates of a Functional Zero written plan.
    - Look into possible stand-down event.
- Increase community leadership involvement on the HHC Advisory Board (i.e. CenterState CEO, CNY Community Foundation, Syracuse University, etc.).
- Involve Faith-Based Organizations and invite to HHC General Meetings, include on listserv, etc.

2021 10-Year Plan

- Educate the public on the scope, causes, and costs of homelessness, the Federal Strategic Plan to Prevent and End Homelessness, and the reasons for taking action.
- Engage state, local, and tribal leaders in a renewed commitment to prevent and end homelessness in their communities.
- Involve citizens—including people with firsthand experience with homelessness—and the private sector—businesses, nonprofits, faith-based organizations, foundations, and volunteers—in efforts to prevent and end homelessness.
- Attend to the unique needs of rural and tribal communities to respond to homelessness and develop effective strategies and programs that use best practices that contribute to housing

stability and prevent and end homelessness on American Indian lands, in rural/frontier areas and urban centers.

- Create effective collaboration between all levels of government and public/private sectors.

Target Outcomes

2016 (5-Years):

- **5** City, County, rural and tribal leaders will attend at least 60% of HHC meetings
- **3** citizens will attend at least 60% of HHC meetings.
- **3** people from the private sector will attend at least 60% of HHC meetings.

2021 (10-Years):

- **10** City, County, rural and tribal leaders will attend at least 60% of HHC meetings
- **5** citizens will attend at least 60% of HHC meetings.
- **5** people from the private sector will attend at least 60% of HHC meetings.

OBJECTIVE #2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.

Who

Community Relations Committee, Data Administrators Committee, Outreach Committee, Operations Committee, Local Departments of Social Services

2016 Plan

- Quarterly newsletter
- Hold an annual event for National Hunger and Homelessness Awareness Week in November
- Enhance PIT Counts with additional training and outreach to suburban and rural settings, 24 hour businesses, partner with police to determine if anyone is in abandoned buildings or vehicles. Hold two PIT Counts – one in January and another in July to determine increase in warmer months.
- Encourage providers from areas that work with homeless individuals to add data to HMIS system and partner with other agencies on other databases (AIRS, Health-e-Connections, etc.) to provide better service delivery and determine if there are any overlap and/or trends.)
- Promote data-driven client engagement and housing placement efforts in which communities set specific short-term goals to connect people experiencing homelessness to housing and services appropriate to their needs and where data on engagements and housing placements is used to track performance against those goals.

2021 10-Year Plan

- Improve and Increase access to information about homelessness and coordinate efforts of local public and private organizations and individuals in fighting homelessness.

- Research and incorporate successful models and best practices of homeless services and strategies to combat homelessness and make them available to all agencies.

Target Outcomes

- **2016 (5-Years):** Written in 2015: 5 new agencies will be on HMIS (HOPWA, Health Care, Hutchings Psychiatric Center).
- **2021 (10-Years):** 10 new agencies will be on HMIS.

GOAL 2: INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

OBJECTIVE #3: Provide affordable housing to people experiencing or most at risk of homelessness

Who

Affordable Housing Development Committee, Community Development Departments, Local Departments of Social Services

2016 Plan

- The HHC will continue to use several successful strategies developed by using data from HMIS, Community Development Departments (Consolidated Plan Jurisdictions)
- Collaborate with Public Housing Authorities and Housing Developers to create homeless preferences and increase the percentage of people obtaining housing choice vouchers via their homeless preference.
- Advocate to Centro and other entities to increase public transit routes in areas that have affordable housing (i.e. suburbs, rural parts of the county).
- Advocate to federal and state representatives to allow more funding to be allocated to the creation of affordable housing
- Increase conversations with Syracuse Housing Authority on how to better use Shelter Plus Care funds to house individuals; including individuals who are survivors of domestic violence under VAWA. Increase conversations between additional private landlords and CoC-funded agencies to get clients into more low-income housing.
- Ensure that housing meets Standard of Habitability (HQS Tool and HUD Lead Based Paint Visual Assessment Training), increase housing accessibility to persons with disabilities, provide Lead 101: Primary Prevention Training to staff completing Standards of Habitability Assessment.
- Work with CNY Fair Housing and other groups that are working to prevent Sec. 8/Temporary Assistance discrimination locally and legislation preventing discrimination to victims of domestic violence.
- Provide more access to nyhousingsearch.gov website.
- Work with CNY Fair Housing on housing discrimination against families with multiple children.
- Work with landlords to develop and rehab larger housing units to accommodate families.

2021 Plan

- Create an Advocacy Committee to ensure the needs of housing vulnerable individuals are being met.
- Increase service-enriched housing by co-locating or connecting services with affordable housing (i.e. providing community space within new affordable housing to host an after-school homework room, retrofitting vacant office space in a public housing complex for use as an examination room for a community health nurse practitioner, providing on-site legal clinics for survivors of domestic violence, or co-locating a community health center or mental health service provider within an affordable housing development).

Target Outcomes

- **2016 (5-Years):** Increase the availability of low income housing by 5%
- **2021 (10 Years):** Increase the availability of low income housing by 15%

2021 10-Year Plan

- Assess annually the needs CoC NY-505 has for number of permanent housing units by using the PIT data, Housing Inventory Chart, gaps and needs assessment of HHC, assess the number of permanent housing units needed.
- Increase Permanent Housing Units by applying for new PSH units based on assessed need.
- Improve Retention in PSH units by assessing the demographics and disabilities of populations served and increase services based on assessment.

Target Outcomes

- **2016 (5-Years): 89%** of participants remaining in CoC-funded permanent housing projects for at least six months.
- **2021 (10 Years): 95%** of participants remaining in CoC-funded permanent housing projects for at least six months.

OBJECTIVE # 4: Provide permanent supportive housing to prevent and end chronic homelessness

Who

All providers with CoC-funded PSH projects, Syracuse VA HUD/VASH Program, local hospitals and health care providers, SPOA, Health Home providers

2016 Plan

- Collaborate with housing developers to utilize HHAP/MRT housing funds to develop housing for chronically homeless persons.
    - Increase use of mainstream resources to cover and finance services in permanent supportive housing. As more individuals experiencing chronic homelessness are eligible for Medicaid through the Affordable Care Act, there are greater opportunities for Medicaid to finance services for people in supportive housing.

- Obtain additional HUD-VASH vouchers for chronically homeless veterans in FY2014 based on HMIS data along with PIT Count data and HUD/VA recommendations.
- Agency case managers will continue to provide financial and other supports for those recently housed who may be in imminent danger of again becoming homeless.
- Create protocols and consider incentives to help people who have achieved stability in supportive housing – who no longer need and desire to live there – to move into affordable housing to free units for others who need it.
- Permanent supportive housing should be integrated in and support full access to the greater community, ensure individual rights of privacy and freedom from coercion, and promote independence in making life choices.
- Connect with Health Home Providers – presentation to HHC membership and include in Coordinated Entry efforts.
- Partner with local healthcare/DSRIP providers on the H2 Collaborative technical assistance trainings and CSH needs assessment that show more need for supportive housing.
- Encourage more PSH agencies to adopt more Housing First practices within their programs.

2021

The HHC will work with agencies, public and private organizations to increase meaningful and sustainable employment for people experiencing or most at risk of homelessness by improving access to mainstream programs and services to reduce people's financial vulnerability to homelessness and to integrate primary and behavioral health care services with homeless assistance programs and housing services to reduce people's vulnerability to and the impacts of homelessness. Several of the action steps include:

- Develop client profiles regarding service needs of people who are homeless.
- Survey businesses/employers regarding full-time, entry level positions and skill sets needed.
- Collaborate with CNY Works and JOBS Plus to revise their entry assessment forms to include questions that will help us better understand the needs of homeless clients so services can be provided that target those needs.
- Determine clients' housing needs.

Target Outcomes: Ensure the numbers match in the NOFA

- **2016 (5-Years): 180** permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy. (based on Second Chance PH program – Catholic Charities)
- **2021 (10 Years): 200** permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy.

GOAL 3: INCREASE ECONOMIC SECURITY

OBJECTIVE #5: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Who

CNY Works, DSS Jobs Plus, Greater Syracuse Works, Center for Community Alternatives, Parent Success Initiative (CCA), Green Jobs NY, Syracuse Veterans Administration, Syracuse University, Le Moyne College, Onondaga Community College, BOCES, Access VR, Visions for Change

2016 Plan

- Work with the Onondaga County Department of Social Services' Jobs Plus Program, CNY Works and other agencies that provide job training and provide information about these programs to providers.
- Partner with agencies that provide wrap-around support services such as transportation, child care, and other supportive services to address formerly incarcerated persons to increase the success rate for job seekers.
- Collaborate with provider agencies with learning labs and financial literacy programs.
- Participate in the Regional Economic Development Council established by Governor Cuomo to identify ways to increase employment of homeless people in the CoC.
- Increase opportunities for work and support recovery for Veterans with barriers to employment, especially Veterans returning from active duty, Veterans with disabilities, and Veterans in permanent supportive housing.
    - Look into the Homeless Veterans Reintegration Program through the Department of Labor and Veterans Workforce Investment Program.
- Involve McKinney-Vento Liaison at the Local School Districts and educate homeless assistance providers about the laws, and the programs and practices under those laws, designed to increase access to early care and education, such as those carried out under Head Start, the McKinney-Vento Act's education subtitle, and the independent student provisions of the Higher Education Act.
- Continue to evaluate the HALE RRH program with employment components and how to better improve the program with its connection to employment.

2021 10-Year Plan

- Collaborate with jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness.
- Review federal program policies, procedures, and regulations to identify educational, administrative, or regulatory mechanisms that could be used to improve access to work support.
- Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration

transportation, child care, child support, domestic violence, criminal justice history, disabling conditions, and age appropriateness.
- Improve coordination and integration of employment programs with homelessness assistance programs, victim assistance programs, and housing and permanent supportive housing programs.
- Research best practices and promising strategies and incorporate into the 10 year plan.

Target Outcomes
- **2016 (5-Years): 20%** of participants in all CoC-funded projects will be employed at program exit.
- **2021 (10-Years): 25%** of participants in all CoC-funded projects will be employed at program exit.

OBJECTIVE #6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.

Who
Monitoring Committee, all CoC funded agencies, Local Departments of Social Services, Social Security, Veteran Administration, non-profit agencies that have Medicaid Enrollers (i.e. Syracuse Northeast Community Center, ACR Health Cayuga Seneca Community Action Agency, etc.)

2016 Plan
- Agencies will continue to provide Medicaid enrollment information to clients to make uninsured individuals aware of their coverage options along with other mainstream resources (SNAP, WIC, etc.).
- Continue to research local child support barriers to housing with the Volunteer Lawyers Project's involvement.
- While our CoC reallocated our SSO program, Homeless Resource Services, the program provided many people with access to identification to apply for benefits. Shelter providers and outreach workers have been provided with a training manual, due to the program's end, to be able to assist people with this service.
- Partner with agencies that include people who are housing vulnerable or at-risk of homelessness to prevent homelessness and share resources.
  - Use monitoring visit findings to identify agencies who need to increase access and use of mainstream resources.
  - Partner with DSS SST Unit (SOAR) to get participants better connected to Social Security benefits and ensure they are reporting outcomes to the SOAR program nationally.

2021 10-Year Plan
- Improve outreach to homeless assistance providers and collaborations across government and with community nonprofits, online consolidated application processing, and electronic submission. SSI/SSDI Outreach, Access and Recovery Initiative (SOAR), and the Homeless Outreach and Projects and Evaluation Initiative (HOPE)

- Review county and local program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to income supports.
- Ensure all Veterans and their families know they can obtain homelessness prevention assistance from the VA or other places in their community.
- Collaborate to review program eligibility and determination criteria across the range of programs which people experiencing or at risk of homelessness may access. Identify changes that should be made to create incentives for work, earning and retaining income while maintaining access to health coverage, housing assistance, child care.
- Prepare for Medicaid expansion to effectively enroll people who experience or are most at risk of experiencing homelessness.

Target Outcomes - 2021 (10-Years):

- **100%** of case managers systematically assist clients in completing applications for mainstream benefits.
- **100%** of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
- **100%** of homeless assistance providers use a single application form for four or more mainstream programs**:** (Form LDSS-2921) Food Stamps, Medicaid, Temporary Cash Assistance, Child Care.
- **100%** of homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received through routine meetings with participants.

GOAL 4: IMPROVE HEALTH AND STABILITY

OBJECTIVE #7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

Who

Local hospitals and healthcare clinics, Local Department of Social Services

2016 Plan

- Collaborate with hospitals, criminal justice system and other behavioral health providers to prevent discharge to shelters.
- Provide trainings for web based tools, i.e. Health-e-Connections.
- Collaborate with the Department of Social Services Economic Security research process
- Provide instrumental support for consumers obtaining/sustaining medical insurance
- Connect with health resources in the community

- Increase awareness of child and youth development and strategies to support health child and youth development within housing programs.
- Promote the adoption and integration of evidenced-based Medicaid behavioral health services for children and youth, including intensive care coordination, peer services, intensive in-home services, mobile crisis and stabilization services, and other home and community based services.
- Expand access to evidenced-based maternal, infant, and early childhood home visiting services for families and pregnant women, and promote integration of these services with housing.
- Leverage opportunities in child welfare reform to expand evidenced-based preventive services, and promote their coordination with homeless services and housing.
- Look into local Medical Respite Programs as an option after discharge from hospitals to prevent shelter stays.
- Working with H2 Collaborative on the plan to bring health care providers and homeless service providers to the table to share information and to determine how to better provide service delivery for our clients/patients.
- Look into Cooperative Agreements to Benefit Homeless Individuals for States Program through SAMSHA.
- Because NYS is a Medicaid Expansion State, options for supportive housing may be available through the Medicaid Redesign Team (i.e. DSRIP) and it is in our best interests to reduce hospitalizations.
- Begin conversations with CPEP Mobile Unit and determine partnership opportunities.

2021 10-Year Plan

- Assist individuals in identification of health and behavioral health issues through intake screenings in programs serving homeless and at risk for homeless populations by screening individuals through brief health surveys and behavioral health screening for health and behavioral health issues.
- Refer individuals with identified issues to health and behavioral health programs by utilizing case management and supportive services.
- Provide homeless and individuals at risk of homelessness ongoing screenings and intervention if needed with ongoing/recurrent health and behavioral health issues by utilizing case management and supportive services.
- Stabilize at risk homeless individuals already engaged in PSH units by providing concurrent health and behavioral health treatment as appropriate by collaborating with PSH programs to assist homeless individuals in engaging or re-entering housing during/after appropriate intervention.

Target Outcomes

- **2016: Ensure 25% of individuals with chronic health conditions who are also experiencing homelessness are receiving housing.**
- **2021 (10-Years): Ensure 50% of individuals with chronic health conditions who are experiencing homelessness are receiving housing.**

OBJECTIVE #8: Advance health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice

Who

Child Welfare, Probation departments, RHY Advisory Committee, Local Departments of Social Services, NYS TEACHS, McKinney-Vento Liaisons

2015 Plan

Four of the CoC programs primarily serve homeless youth between the ages of 16-21 with transitional and permanent housing. The services available for homeless youth also include an emergency shelter for 13-17 year old runaway and homeless youth as well as case management and crisis intervention. All of the above programs submit client-related data to the CoC HMIS system, allowing the CoC to effectively monitor the entire continuum of homeless services for youth.

- Coordinate planning sessions and focus groups aimed at improving a system-wide solution to emergency housing and transitional living for homeless youth.
- Utilize the ACCESS team, a multi-system team involving the mental health, juvenile justice systems and child welfare to collaborate to find safe and permanent housing for Transition-aged Youth.
- Identify housing vulnerable Transition-aged Youth for case management through The Office of Mental Health and NYS Office of Temporary and Disability Assistance (OTDA).
- Collaborate with the Syracuse Housing Authority to use four housing vouchers per month for Transition-aged Youth.
- Learn more about the RHYMIS System and collaborate with providers.
- Add the Runaway and Homeless Youth Coordinator to the CoC Advisory Board to provide input on youth and continue to have that population as a focus.
- The Runaway and Homeless Youth Committee will work on these issues as we are working towards ending youth homelessness by 2020 and adhere to the guidelines established in the Framework for Ending Youth Homelessness created by USICH.
- Have more conversations with School District McKinney-Vento Liaisons and determine how to prevent and end homelessness among youth in our community and in our schools.
- Ensure our most vulnerable youth's needs are being met either through the Coordinated Entry Committee or through the Runaway and Homeless Youth Committee.
- Improve access to emergency assistance, housing, and supports for historically underserved groups of youth. Such groups include youth who have been involved in the juvenile justice and/or child welfare systems; sexually exploited youth; LGBTQ and other gender-non-conforming youth; pregnant or parenting youth; and youth with mental health needs.
    - Involve the Q Center for teens who are LGBTQ.
- Create an education and advocacy resource to educate the public officials about this growing problem, especially local school boards, to redirect resources to this issue.
- Strengthen HHC relationships with local school districts and the McKinney homeless advocates.

2021 10-Year Plan

- Meet with Systems of Care to develop connections with Child Welfare and Probation departments to improve communication
- Increase number of beds in the community available for youth. Expand on current permanent supportive housing in the community
- Utilize current youth outreach in the community to connect with youth ages 18-25, work with RHY Advisory committee on plans to target youth.

Target Outcomes

- **2016: Reduce youth homelessness by 50%**
- **2021 (10-Years): Reduce youth homelessness by 95% (Working to end youth homelessness by 2020 according to Opening Doors Plan)**

OBJECTIVE #9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

Who

Onondaga County Re-entry Task Force (OCRTF), S.O.A.R. Program, NYS correctional facilities, Syracuse VA Veterans Justice Outreach Program, Correctional Medical Care, Circle of Hope, hospitals, psychiatric facilities, AOD clinics, shelters, agencies working with the homeless, agencies that could provide re-entry classes, employment and managing finances classes, DSS, CNY Services, Health Home Programs

2016 Plan

- Identify parolees with SPMI and assist with application for Medicaid prior to release.
- Identify parolees with health/mental health conditions and link to case management or care management through the Health Home Program.
- Identify Veteran parolees with SPMI and assist with application for VA health care and benefits.
- Create transition plans to ensure parolees have an approved residence prior to release.
- Encourage states to link housing assistance with care management approaches for people experiencing homelessness identified as Medicaid high utilizers. States pursuing initiatives focused on high need, high cost Medicaid beneficiaries can identify homeless subpopulations through data matching with HMIS, as well as link care management services with housing.
- Ensure our community advocates any efforts to criminalize panhandling, loitering and camping outdoors to reduce the amount of time and money spent on criminal justice and work towards ensuring police are trained and knowledgeable on how to approach people who are experiencing homelessness.
- Advocate for local reentry housing projects like Freedom Commons to ensure that parolees are getting discharged to appropriate places and being quickly housed.

2021 10-Year Plan

- Prevent discharge of persons living in institutions and residential programs into inappropriate housing or the street.
- Design and implement a hospital discharge planning committee to develop increased training and communication surrounding discharge planning policies.
- Work toward ending Parole's domestic violence release policy.
- Address treatment needs of parolees with substance use disorder and mental health issues.
- Provide education to those being discharged from hospitals/jails.
- Identify any barriers preventing parolees from getting public assistance and seek to decrease current waiting list for a rep payee.

Target Outcomes

- **2016: Reduce discharges to shelter from hospitals and jails by 25%**
- **2021 (10-Years): Reduce discharges to shelter from hospitals and jails by 50%**

GOAL 5: RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

OBJECTIVE #10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Who

HHC Coordinator, HHC Advisory Committee, Stakeholders

2016 Plan

- Expand use of the VI-SPDAT and other assessment tools, which measure client status in various domains on a continuum from "in crisis" to "thriving" to transitional and permanent housing at initial entry and periodically to measure progress (6 months, 12 months, final exit and follow up).
- Establish and implement tracking instrument post program exit.
- Implement strategies for agency providers to collaborate with RRH programs
- Utilizing the VI-SPDAT to prioritize chronically homeless for access to Permanent Supportive Housing
- Transform homeless services to crisis response systems through guidance and best practices, including adoption of community-wide Housing First approaches, homelessness prevention and diversion, collaborative approaches to outreach, McKinney-Vento Homeless Assistance Act performance measurements, and system-wide planning for programs and services
- Encourage the coordination of homeless services funded by different Federal, state, and local sources and for different populations, including through the integration and sharing of HMIS and other data systems as well as through collaborative planning and services coordination.
- Reduce entry requirements into shelters and barriers to shelter (i.e. drug use, past incidents/bans)

- Have more conversations with non-CoC funded Transitional Housing providers to determine if it is the right fit for our community and encourage more cost-effective measures like RRH or PSH.
- Continue to coordinate with McKinney Vento liaisons and other local educational agencies to identify and respond to the housing, developmental, educational, and service needs of children and youth experiencing homelessness, reducing their unnecessary school mobility whenever possible.
- Encourage connection to Federal mainstream resources that could support the crisis response system, such as TANF, Community Services Block Grants (CDBG), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), Medicaid and other programs.
- Retool our Outreach Committee and outreach provider practices – provide more coordination with outreach and introduce collaboration with the health care field through the Onondaga County Department of Adult and Long-Term Care Services.
- Create and adopt a Code Blue Policy before the winter begins to work towards getting people off the streets to prevent frostbite and injuries/fatalities related to fire safety.
- Begin to create a Prevention Committee that explores diversion, early intervention with eviction, legal measures, etc. that will carry us well into the completion of the Ten Year Plan to End Homelessness.

2021 10-Year Plan

- Determine opportunities to utilize mainstream resources to provide housing stabilization assistance to clients who are homeless or at high risk of homelessness
- Develop and promote best practices for crisis response programs and increase their adoption by agencies receiving federal funds.
- Ensure that homelessness prevention and rapid re-housing strategies are coordinated with Education for Homeless Children and Youth, and incorporated within federal place-based strategies to improve neighborhoods and schools, including Promise Neighborhoods and Choice Neighborhoods.
- Develop implementation strategies for the HEARTH Act—especially the new Emergency Solutions Grant—that sustain best practices learned from the Homelessness Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration.

Target Outcomes

- **2016: Reduce overall homelessness within our CoC by 25%**
- **2021 (10-Years): Reduce overall homelessness within our CoC by 90%**