



Community Priorities.2022

These priorities are not in a ranked order.

Public Health.

Actively work to identify and build relationships with/between health care entities and programs ensuring connection to health care resources not only during periods of public health crisis, but at all times. Recognize that homelessness magnifies poor health, has the potential to expose those in crowded shelters to communicable diseases and complicates the management of both acute and chronic health issues, and conversely, that housing is a form of healthcare; given this, rely on scientific data and best practices in partnership with local health officials in adapting systems and settings as needed in preventing, preparing for, and responding to declared public health crises.

Racial Equity.

Reconstitute the HSPN Racial Equity Committee to ensure its capacity in its consideration of homelessness and its intersection with racial disparities as it works to develop and inform strategic actions and/or guidelines for future action in ensuring a diminishment of racial inequalities as regards homelessness and its juxtaposition with housing opportunities while engaging an outside consultant to conduct a Racial Equity Study for the CoC.

Maintain and increase current inventory of Permanent Housing for those experiencing homelessness.

Continue to work both within the Continuum and outside of the CoC network toward finding funding outside of HUD for existing and potential permanent supportive housing programs and permanent housing opportunities that are able to document that they meet a community need, meet/exceed HUD and program outcomes and are in alignment with “Home, Together”, the federal strategic plan to end homelessness.

Continue to prioritize the use of Housing First and Low Barrier Models.

Adapt and utilize housing first strategies and the use of low barriers in all CoC programs to ensure long term success for housing those with the most challenging needs.

Fortify Street Outreach Efforts.

Support ongoing coordinated, comprehensive street outreach efforts extending beyond contact to engagement to make certain supportive services and housing resources are provided to, and trust is established with, unsheltered individuals and families as a means of ensuring movement into housing and long-term stabilization.

Rapidly Re-House.

Revisit the continuum’s utilization of rapid re-housing (RRH) funds through ESG and CoC sources and ensure maximization of RRH funds and strategies—particularly through by-name list efforts—to facilitate housing relocation and stabilization services, short term rental assistance and case management services to help individuals or families quickly move out of homelessness into permanent housing and achieve stability in that housing.

Enhance and strengthen HMIS capabilities, effectiveness and use

Review efficiencies, data quality and efficacy of the existing HMIS system and determine what may be needed to enhance and improve the value of the HMIS system at project and system-wide levels ensuring real-time data, consistency and improved understanding of project and system performance through data as well as increased use and reliance upon data at both project levels and at aggregated CoC levels.



Community Priorities.2022 *Continued*

☒ Explore opportunities for reallocation.

Assess potential opportunities for reallocating funds from under-performing programs to those programs with greater outcomes and new initiatives to provide additional permanent supportive housing.

☒ House the chronically homeless.

Increase the inventory of permanent supportive housing for those experiencing chronic homelessness.

☒ House those most Vulnerable who are experiencing homelessness.

Support existing, and initiate new, interventions and permanent affordable housing options that support stability as quickly as possible while accommodating the unique needs of vulnerable and other subpopulations experiencing homelessness including:

- Veterans
- Families
- Unaccompanied youth
- Victims/survivors of domestic violence/sexual predation/stalking
- Disabled populations
- Those with chronic mental health issues
- Those with substance use disorders
- Those living with HIV/AIDS
- Elders

☒ Ensure Access to Resources in support of all who are experiencing homelessness.

Facilitate rapid movement of those experiencing homelessness into housing supported by access to:

- Case Management/Life Skills Training
- Job Training and Placement
- Educational and Vocational Programs (including GED)
- Substance Use Disorder Treatment
- Transportation Assistance
- Mental Health Care
- Child Care
- Health Care (Medical and Dental Care)
- Services targeted to special needs populations
- Legal Assistance
- Housing/Foreclosure Counseling

☒ Strengthen Coordinated Entry.

Evaluate performance of the continuum-wide coordinated entry system (CES) at both a program execution level and system-wide level using HMIS data and monitoring, working to restructure and continuously improve and maintain the CES' efficiency and performance in quickly moving people from homelessness into housing.

☒ Increase and strengthen supportive services for those populations experiencing homelessness.

- Increase capacity and access to comprehensive, client-centered case management services from entry into the homeless system through follow up services in un-supported permanent housing.
- Work with local employment programs and enhance employment/job placement services for persons with little or no employment history (including child care and transportation).
- Outreach and engage with services for the chronically homeless and frequent users of the homeless system.
- Work to secure a diversified stream of mainstream resources to fund needed supportive services.

☒ Strengthen focused resources in support of youth experiencing homelessness.

Enhance, support and develop new resources geared to support both youth in families experiencing homelessness as well as older unaccompanied youth (18-24 year olds) to ensure appropriate educational liaison support, family supports and housing in addition to support of the needs unique to this subpopulation.