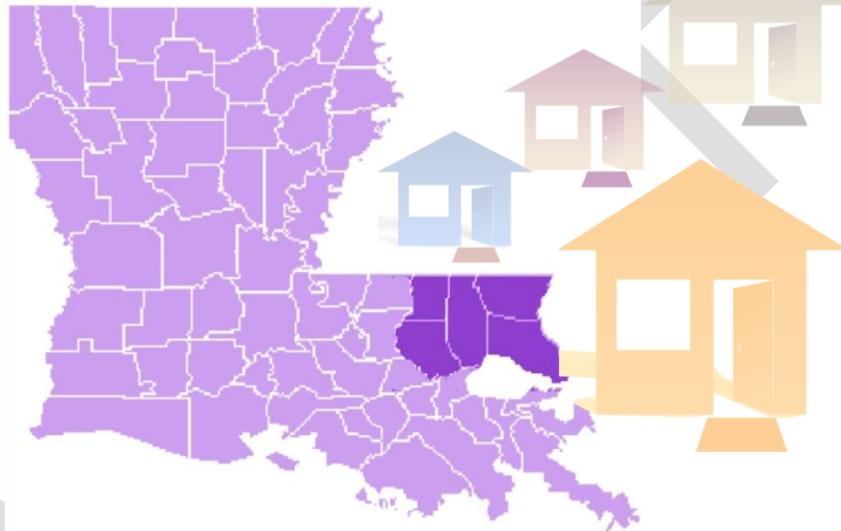




NORTHLAKE
HOMELESS COALITION

Community Strategic Plan to End Homelessness



OPENING DOORS

across Southeast Louisiana
2012-2022

prepared by:
The Coudrain Group



Acknowledgments

The development of this plan relied heavily on research and input from the community. This plan builds upon past and present efforts by the Northlake Homeless Coalition and homeless providers in the region, as well as federal research and best practices.

A special thank you to all involved in the strategic planning process, especially those listed below:

- Erin Matheny and Dee Wild, co-chairs for the Northlake Homeless Coalition
- Anthony Love, Deputy Director, United States Interagency Council On Homelessness
- Candice Mahoney, Community Development Administrator, St. Tammany Parish Government
- The members of the Northlake Homeless Coalition Executive Committee:
 - Judi Adams
 - Tanja Hill
 - Pam Hutcheson
 - Carmel Jackson-Leonard
 - Jeanne Lovern
 - Joan Spraggins
- The individuals who participated in an intense strategic planning session to fully inform this plan:
 - Judi Adams
 - Angela Bickham
 - Kathy Capace
 - Jennifer Dexter
 - Jason Granger
 - Clifton Gunderson
 - Kim Gunderson
 - Tanja Hill
 - Pam Hutcheson
 - Carolyn Jackson
 - Carmel Jackson Leonard
 - Tonya Mabry
 - Patricia Ricks
 - Debbie Schimmeck
 - Barry Smith
 - Michelle Stegall
 - Greta Williams

For more information, please contact:

Dee Wild, Northlake Homeless Coalition, Co-Chair

823 Carroll Street, Suite B; Mandeville, LA 70448

DWILD@voagno.org

985.674.0488

Erin Matheny, Northlake Homeless Coalition, Co-Chair

SLU Box 10509; Hammond, LA 70402

erin.matheny@selu.edu

985.549.5373

Lauren Coudrain, The Coudrain Group, Strategic Planning Consultant

P.O. Box 558; Mandeville, LA 70470-0558

Lauren@TheCoudrain.com

985.377.9767

Table of Contents

I. Executive Summary	4
<i>a. Methodology</i>	5
II. Community Collaboration	6
<i>a. Key Leaders</i>	6
<i>b. Stakeholders</i>	7
III. Homelessness in Southeast Louisiana	8
<i>a. Demographics</i>	8
<i>b. State of Housing by Parish</i>	11
<i>c. Homeless Data</i>	12
<i>d. Homeless Populations</i>	17
<i>e. Local issues</i>	23
IV. Vision and Goals	27
V. Strategic Plan	28
<i>a. Themes, Objectives, and Strategies</i>	28
VI. Plan Implementation and Evaluation	34
<i>a. Marketing the Plan</i>	34
<i>b. Measurement</i>	34
<i>c. Monitoring Progress Toward Plan Goals</i>	34
VII. Bibliography	36
VIII. Appendix	36

I. Executive Summary

In 1998, several organizations interested in serving the homeless population in Region IX, which is comprised of the five parish region of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington Parishes came together to form a Continuum of Care (CoC) collaborative organization known as the Northlake Homeless Coalition. The main focus of the Coalition was to annually apply for Housing and Urban Development McKinney-Vento Homeless Assistance Act competitive grants. The region was lacking homeless assistance programs that could place homeless individuals and families into safe, stable and affordable housing. In order for the region to apply for these HUD funds, it had to form a Continuum of Care organization comprised of the various agencies across the region that serves the homeless population. In the first couple of years in operation, one volunteer individual wrote the grant application that was submitted on behalf of the region. After submitting several applications, the region received its initial HUD funds totaling \$223,920 to start a homeless assistance program in the region.

As a Continuum of Care organization, HUD requires the CoC to apply for the homeless assistance funds for the entire region, while the actual awarded funds go directly to each agency that operates the program. In this model, the Continuum does not receive funds to operate. The value of the Continuum is in its ability to bring agencies together to apply for HUD homeless assistance funds. The Northlake Homeless Coalition annually submits the HUD homeless assistance grant on behalf of non-profit agencies in Region IX that provide homeless assistance programs. Each program that receives HUD funding provides services outlined in the RFP issued by HUD. Programs provide homeless assistance to those with mental illness, disabilities, and/or domestic violence survivors based upon their grant requirements. HUD also requires a portion of the funds be used to serve the chronically homeless which serves only individuals. Additionally, the Coalition is responsible for ensuring that the Homeless Management Information System (HMIS) is operating in compliance with HUD standards and is being utilized by organizations within the Continuum to manage client data effectively.

In the most recent years, between 2005 and 2011, the Northlake Homeless Coalition has submitted and been awarded HUD homeless assistance funds amounting to more than 14.2 million dollars for eighteen programs operated by seven different non-profit organizations. While the Coalition submits the application, the non-profit organizations receive their funds directly from HUD to operate the programs.

The NHC remains the Collaborative Applicant (CA) for compiling the annual competitive application for Federal homeless assistance for the region. The McKinney-Vento Homeless Assistance Act, which authorizes Federal funding for homeless assistance, was amended in 2009 with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act redefines federally funded homeless assistance programs by shifting the focus of homeless assistance from a reactive emergency response continuum to proactive prevention and rapid permanent housing placement.

An outcome of the HEARTH Act was the development of a Federal strategic plan to end homelessness. Titled "Opening Doors," the plan was released by the United States Interagency Council on Homelessness (USICH) in 2010. The Federal plan outlines four major goals, ten themes, and fifty-two strategies for ending homelessness in America. USICH's Opening Doors Initiative encourages communities to develop local strategic plans to end homelessness that align with the Federal plan and the HEARTH Act.

This plan's development followed the guidelines for community strategic plan development published by USICH. The plan aims to connect Federal goals to local actions to prevent, reduce, and eventually end homelessness in Southeast Louisiana. The goals and objectives outlined in the Strategic Plan portion of this document are intended to guide the activities of homeless providers, including the NHC, toward meeting the goals outlined in the Opening Doors plan and the HEARTH Act.

This strategic plan is not designed to be a static document, but a working plan. As requirements, guidelines, and directions change in the future, this plan should be updated accordingly to reflect changing priorities.

Progress toward the goals of this plan should be recorded in the Strategic Plan Monitoring Tool included in the appendix to this document.

a. Methodology

The following steps guided the development of this plan:

1. Review of HEARTH Act, Federal Opening Doors Plan and initiative, and Federal guidance on preparing community strategic plans
2. Review of Consolidated Plans for St. Tammany Parish and Louisiana
3. Review of CoC Checkup Tool and Action Plan
4. Two meetings with NHC Executive Board (Key Leaders) to gather information and direction
5. Survey created and dispersed among stakeholders to examine local issues and barriers to employment and housing
6. Three hour working session with stakeholders to gather community input
7. Consolidation of community input
8. Success stories requested and submitted by NHC member agencies
9. Data compiled from Homeless Management Information System (HMIS) reports, Point in Time counts, and other relevant data sources
10. Goals and strategies developed specifically for the NHC's Strategic Plan to End Homelessness



II. Community Collaboration

a. Key Leaders

Identified Key Leaders for this strategic planning effort are the individuals and agencies represented on the Executive Board of the Northlake Homeless Coalition. The representative and agency names of those serving on the Executive Board are below:

Representative	Organization
Judi Adams	Women Outreaching Women
Tanja Hill	St. Tammany Parish Community Action Agency
Pam Hutcheson	Southeast Advocates for Family Empowerment (SAFE)
Carmel Jackson-Leonard	Hammond Housing Authority
Jeanne Lovern	Volunteers of America of Greater New Orleans
Erin Matheny	Southeastern Louisiana University
Joan Spraggins	Southeast Louisiana Hospital
Dee Wild	Volunteers of America of Greater New Orleans

Starting in 2002, the NHC moved from having a group of non-profit agencies coming together to meet and discuss issues facing the homeless population in Region IX to a more structured organization. As a result, committees were formed, an individual was elected as the chairperson, and meetings began to have direction. The chairperson would be responsible for running the Coalition meetings, writing Exhibit I, working with the various agencies in completing Exhibit II and submitting the HUD application. The chairperson worked with agencies across the region to increase their participation in the Coalition. As a result, collaborative opportunities were developed between agencies.

In 2005, the Coalition realigned the structure to have co-chairpersons and an executive committee comprised of representatives from each agency receiving HUD funding. The Northlake Homeless Coalition expanded its purpose through its involvement in helping the State of Louisiana develop a long-term strategic plan to end homelessness and manage a year-round planning effort that addresses the identified needs of homeless individuals and households. The co-chairpersons serve on the Louisiana Advocacy Coalition for the Homeless and are involved in helping the State to reinstitute the Louisiana Interaction Agency for the Homeless. The Coalition works with area agencies to identify available services and opportunities to link consumers with mainstream housing and services resources.

The Coalition's Executive Committee (listed above) continues to organize bi-monthly public meetings to bring various non-profits, state and local government agencies, and the homeless population together to network and discuss possible resources that are available and to identify any gaps in services. Guest speakers are invited to share information on topics of general interest to those attending. The Coalition is also actively involved in helping educate local, state and federal officials regarding the needs of the homeless population in Region IX.

b. Stakeholders

For the purposes of this plan, community stakeholders consist of individuals and agencies who work with homeless persons, provide housing, or have an interest in preventing and ending homelessness. This plan was heavily informed by the stakeholders in the NHC service area. Stakeholders participated in initial general membership planning meetings, a homelessness services and gaps survey, and a three hour strategic planning work session. Stakeholders also submitted comments regarding the plan and consumer success stories. Stakeholders assisted in providing information about housing and employment barriers, available services, and possible solutions. Stakeholder groups reviewed three of the Opening Doors themes and provided suggestions for local implementation. Their input was invaluable to the strategic planning process.

Community stakeholders participated in a survey and a strategic planning work session. The following individuals contributed by completing the survey and/or participating in the work session:

Representative	Key	Organization
Judi Adams	☆ ♣	Women Outreaching Women
Donna Arostegui	☆ ♣	HOYST (Homeless Outreach for Youth in St Tammany)
Angela Bickham	☆	Southeast Louisiana Hospital
Lonzetta O. C. Burris	♣	Volunteers of America Northshore
Kathy Capace	☆ ♣	Village Church
Robin L. Davis	♣	Tangipahoa Parish School System
Jennifer Dexter	☆	HOYST (Homeless Outreach for Youth in St Tammany)
Todd M. Doctor	☆ ♣	Quad Area Community Action Agency, Inc. - Quad VETS Programs
Terri Gage	♣	Habitat for Humanity St. Tammany West
Jason Granger	☆ ♣	Vista
Clifton Gunderson	☆	Concerned Citizen
Kim Gunderson	☆ ♣	Concerned Citizen
Tanja Hill	☆ ♣	St. Tammany Parish Community Action Agency
Mary Holland	♣	The Caring Center
Pam Hutcheson	☆ ♣	Southeast Advocates for Family Empowerment
Carolyn Jackson	☆	Hammond Housing Authority
Carmel Jackson Leonard	☆ ♣	Hammond Housing Authority
Craig Marinello	♣	Catholic Charities
Tonya Mabry	☆	Tangipahoa Parish Government
Candice Mahoney	☆ ♣	St. Tammany Parish Government - Department of Health and Human Services
Ann Pressley	♣	St. Tammany Parish Schools
Patricia Ricks	☆	Tangipahoa Parish Government
Debbie Schimmeck	☆ ♣	Community Christian Concern
Barry Smith	☆ ♣	Miramonte Center
Joan Spraggins	♣	Southeast Louisiana Hospital
Michelle Stegall	☆	The Caring Center
Jeanne Voorhees	♣	House of Serenity Shelter, Inc.
Greta Williams	☆ ♣	Regina Coeli Child Development Center

KEY
 ☆ = Attended Work Session
 ♣ = Completed Survey

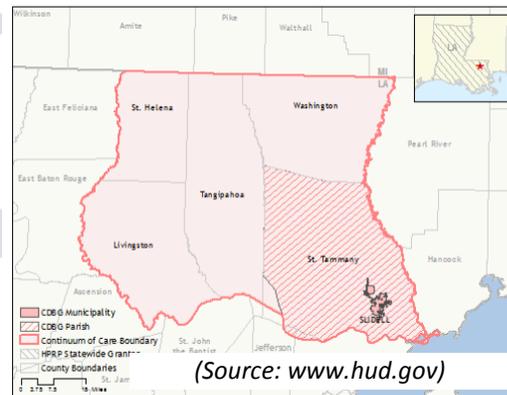
III. Homelessness in Southeast Louisiana

Homelessness is difficult to quantify due to the transient nature of homeless persons and the difficulty in locating all unsheltered homeless individuals. However, the Northlake Homeless Coalition records data according to HUD guidelines to provide a standardized, though not comprehensive, set of data for assessment and monitoring purposes.

a. Demographics

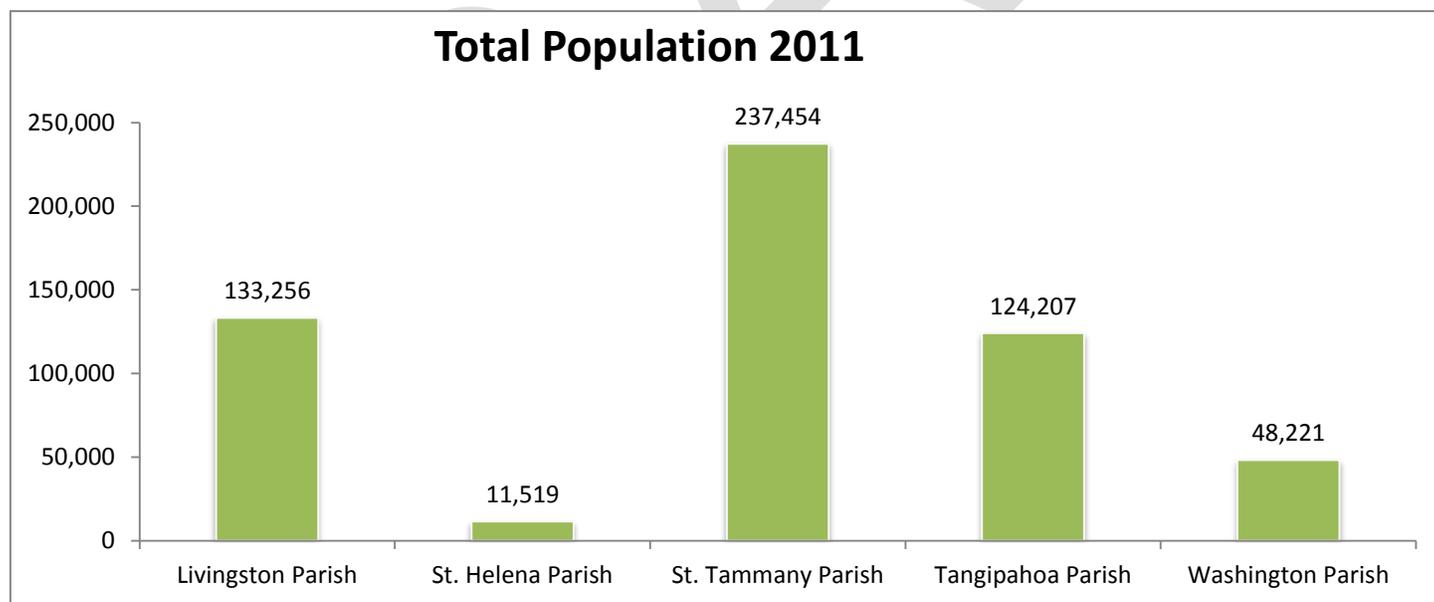
The Northlake Homeless Coalition covers five parishes as illustrated- Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

LA-506 — Slidell/Southeast Louisiana CoC Map



Though the parishes are close geographically, the demographics, population density, community needs and available services vary widely in each.

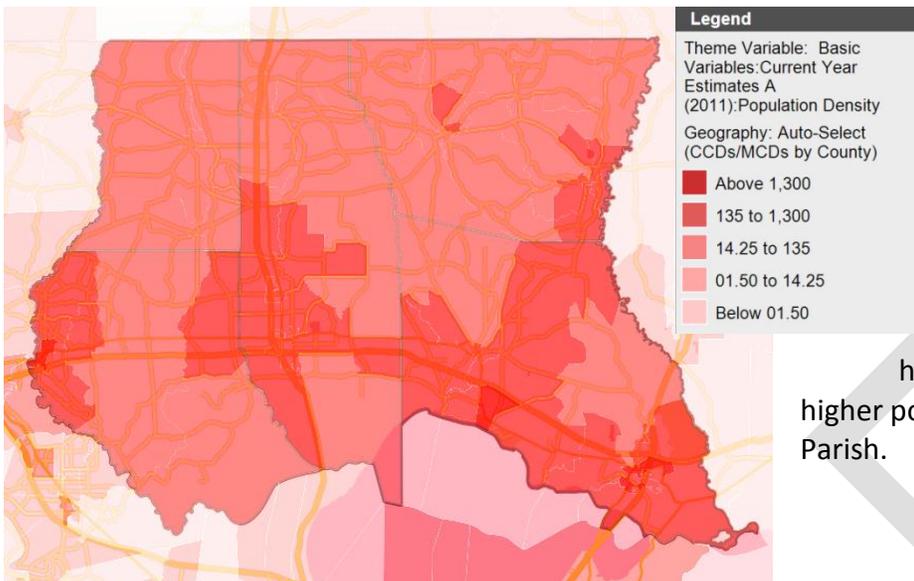
The data that follows was gathered from the “DemographicsNow: Library edition” which uses Census data to create meaningful reports, charts, and maps.



(Source: <http://library.demographicnow.com>)

Parish population sizes within the region vary from just over 10,000 to over 200,000. A unique challenge of this CoC is meeting needs in all five parishes since service availability varies widely. The region covers mostly rural areas, but parts of Livingston, Tangipahoa, and St. Tammany parishes operate more like urban communities.

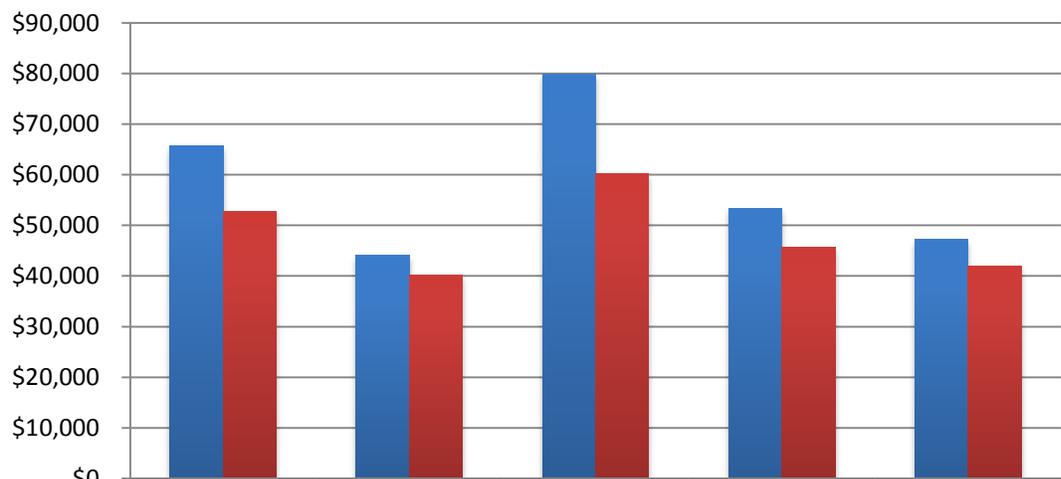
Population Density 2011



The population density map above demonstrates the variances in population between the five parishes covered by the Northlake Homeless Coalition. St. Helena and Washington Parishes have very low population density, while Livingston and Tangipahoa Parishes have pockets of high density. St. Tammany Parish has a higher population density across most of the Parish.

Source: <http://library.demographicsnow.com>)

Household Income and Expenditure by Parish

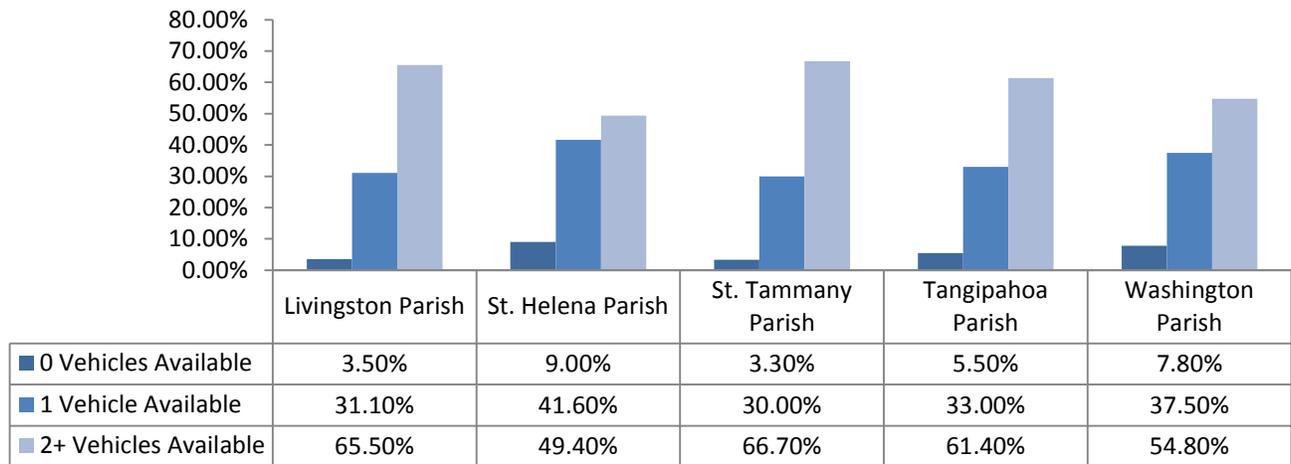


	Livingston Parish	St. Helena Parish	St. Tammany Parish	Tangipahoa Parish	Washington Parish
Average Household Income	\$65,755	\$44,021	\$79,757	\$53,393	\$47,265
Total Household Expenditure	\$52,693	\$40,157	\$60,130	\$45,595	\$42,036

Source: <http://library.demographicsnow.com>)

Average household income also varies greatly; from \$44,021 in St. Helena Parish to \$79,757 in St. Tammany Parish. Residents of Livingston, Tangipahoa, and St. Tammany have easier physical access to New Orleans and Baton Rouge where jobs are presumably easier to find than in a rural community.

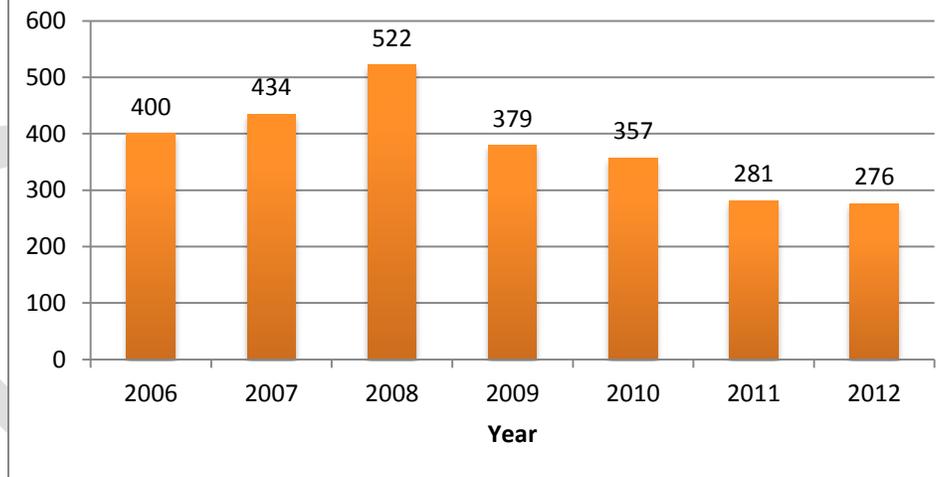
Transportation Access



Source: <http://library.demographicsnow.com>

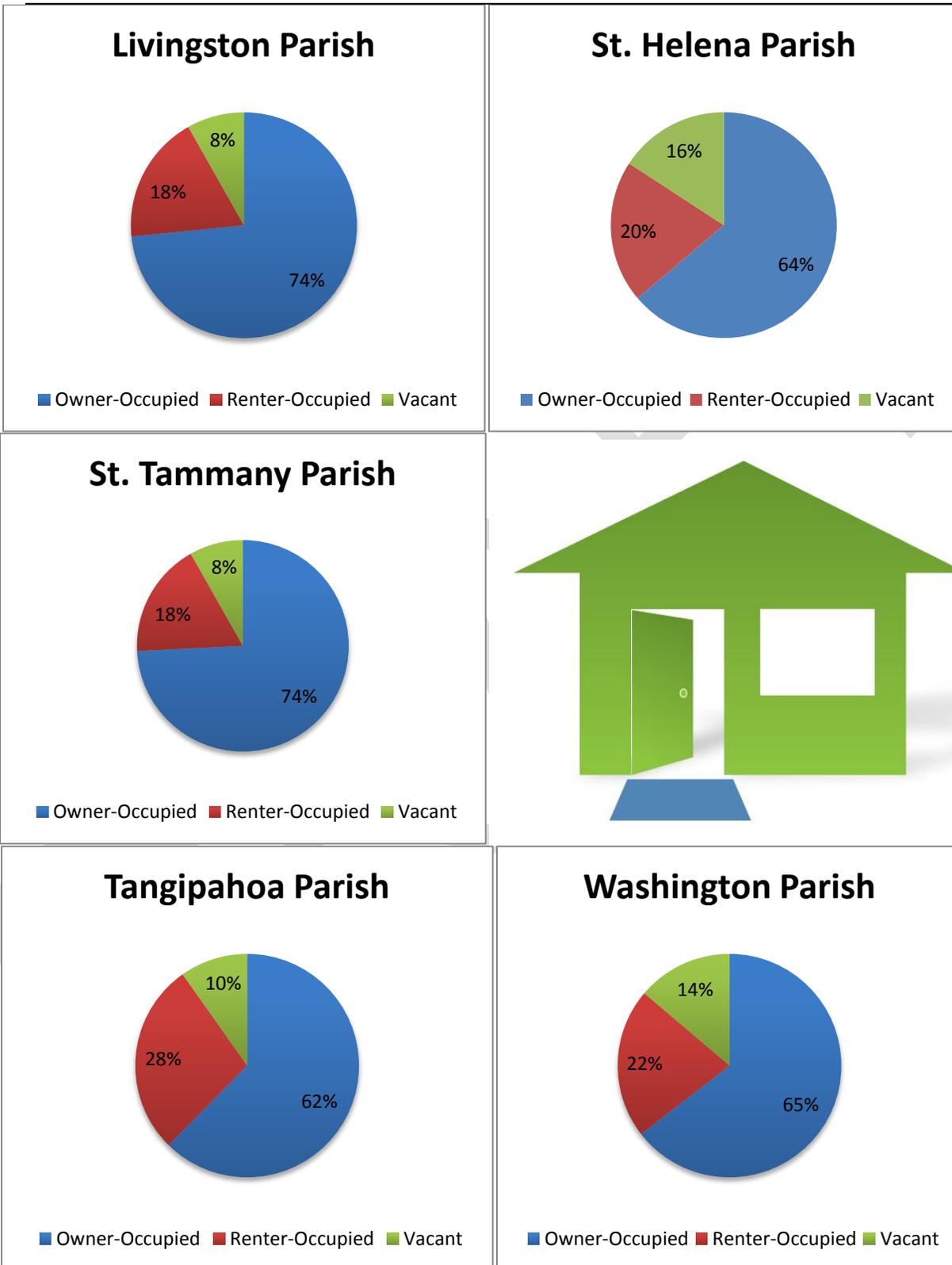
Residents of Washington and St. Helena Parishes are more than twice as likely to have 0 vehicles available as compared to Livingston and St. Tammany Parishes. While some public transit does exist in the region (namely in St. Tammany and Hammond/Tangipahoa), it does not cover the rural parishes where it is most needed according to the chart above.

Total Homeless People over Time



This chart illustrates the total number of homeless individuals as counted during the Point In Time count each year in the Region covered by the NHC. As previously stated, this is not a comprehensive count due to the difficulties of locating and recording homeless individuals. However, it is a standardized data collection tool that allows NHC to monitor homelessness in the region.

b. State of Housing by Parish



c. Homeless Data

Highlights of 2012 Homeless Census Point-in-Time Count for Louisiana Northlake Homeless Coalition

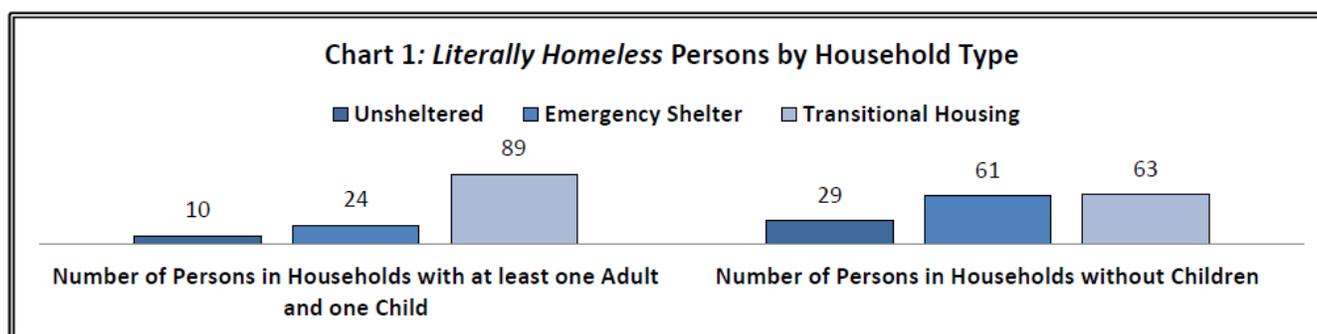
An annual count of the number of persons experiencing homelessness was conducted during the week of January 23rd, 2012, wherein eighteen partnering organizations of the Northlake Homeless Coalition surveyed persons within our community to identify those who are without permanent, stable housing on the night of Monday January 23rd. In conjunction with the 2012 statewide Homeless Census in Louisiana, Region Nine (9) counted two hundred seventy-six (276) men, women, and children who were *literally homeless* in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The U.S. Department of Housing and Urban Development (HUD) defines a person as literally homeless only when he/she resides in:

- A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, barns,
- An emergency shelter,
- Or a transitional housing program for persons who were unsheltered or residing in an emergency shelter prior to entering the program.

Table 1: 2012 Region IX Homeless Census: Summary of Literally Homeless Adults and Children

Household Type	Unsheltered ¹	In Emergency Shelter ²	In Transitional Housing ³	Total Count
Number of Households with at least One Adult and One Child	2	8	25	35 [20.0% of households]
Total Persons in Households	10	24	89	123 [44.6% of persons]
Number of Households without Children	20	57	63	140 [80.0% of households]
Total Persons in Households	29	61	63	53 [55.4% of persons]
Total Number of Households	22 [12.6%]	65 [37.1%]	88 [50.3%]	175 [100.0% of households]
Total Persons in Households	38 [14.1%]	65 [30.8%]	152 [55.1%]	276 [100.0% of persons]

Chart 1: Literally Homeless Persons by Household Type

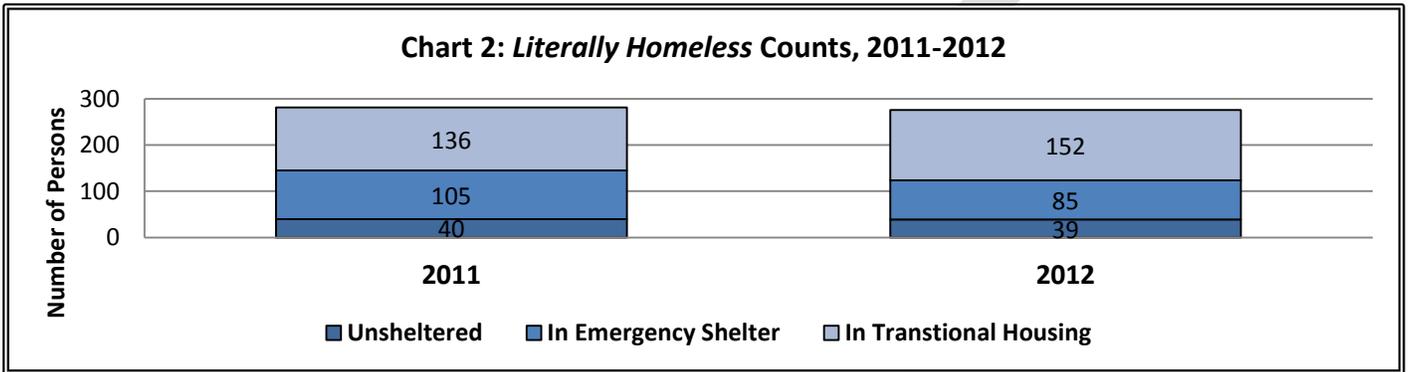


¹ Describes any location where a person may be residing that is not intended for human habitation; includes automobiles, wooded areas, sidewalks, abandoned buildings, barns, under bridges, etc.

¹ Emergency shelters provide a temporary places to stay for newcomers, travelers, people who are in crisis, or homeless individuals in the community

¹ Transitional Housing for formerly homeless persons provide extended shelter stays and supportive services for homeless individuals and/or families with the goal of helping them live independently and transition into permanent housing; stays are generally longer than two weeks but typically 60 days or more and, in many cases, up to two years or more; may be configured for specialized groups within the homeless population such as people with substance abuse problems, homeless mentally ill, homeless domestic violence victims, veterans or homeless people with AIDS/HIV.

Why the Homeless Census Matters: Data derived from the Homeless Census provides the community partners of the Northlake Homeless Coalition with a critical “snapshot” of homelessness and the services that are in place to respond. This information is imperative to better understand how homelessness is changing, to inform the public at large, and to measure our progress towards preventing and ending homelessness. In 2011, a total of two hundred eighty-one (281) men, women, and children were identified as experiencing homelessness, while two hundred seventy-six (276) persons were counted in 2012 – a reduction of 1.7%. The number of people who were unsheltered on the night of the Census remained relatively consistent, but the number of persons residing in emergency shelters decreased by twenty (20) and the number of persons in transitional housing increased by sixteen (16).

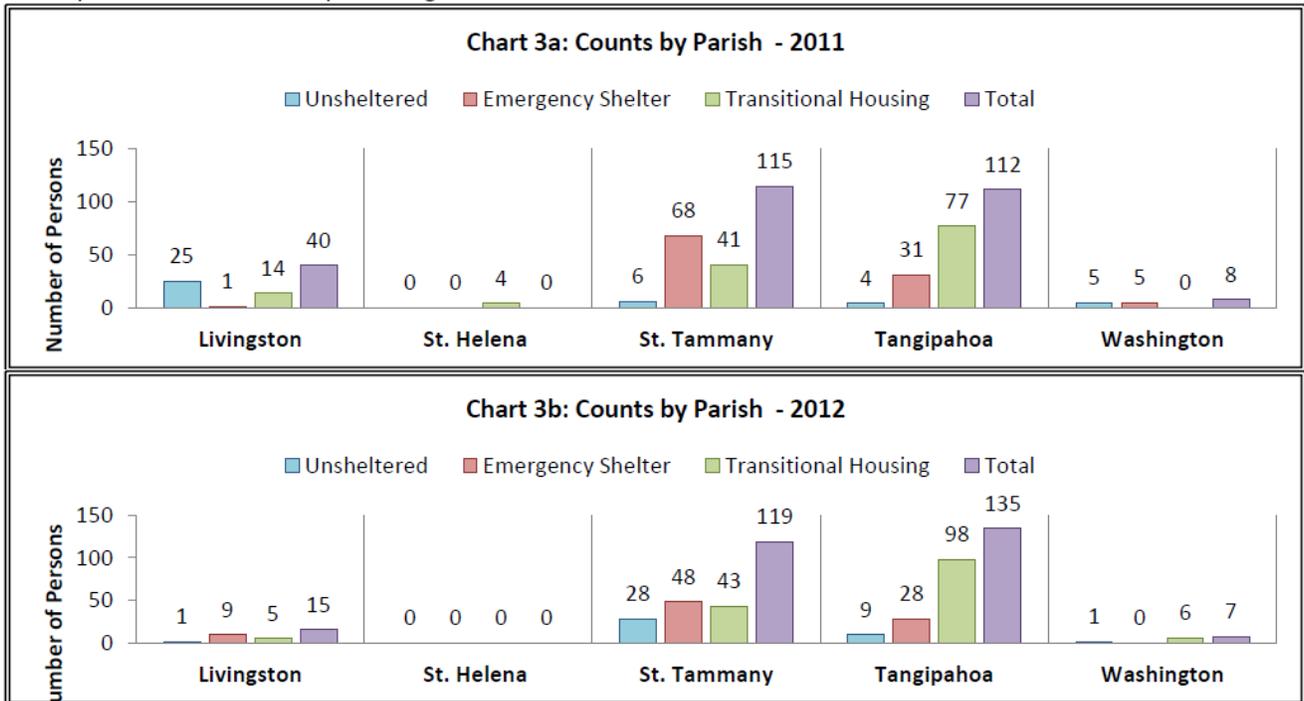


Participating Organizations: Eighteen human service agencies participated in the 2012 Census by directly surveying persons seeking/accessing their assistance, or welcoming volunteers to conduct interviews with their consumers, during the week of the Count. These service providers included emergency shelters, transitional housing programs, feeding programs, motel voucher programs, and Permanent Supportive Housing programs.

Table 3: 2012 Homeless Census Participating Organizations

Organization Name and Location	Parish of Survey Respondent				
	Livingston	St. Helena	St. Tammany	Tangipahoa	Washington
Community Christian Concern, Slidell			X		
Good Samaritan Ministry, Slidell			X		
Hammond Housing Authority, Hammond				X	
House of Serenity, Ponchatoula				X	
Liberty Restoration CDC, Hammond				X	
Miramon Center, Slidell			X		
Mount Olive Feeding Ministry, Slidell			X		
Quad Area CAA, Hammond				X	
Safe Harbor, Mandeville			X		
Samaritan Center, Mandeville			X		
SAFE, Hammond	X			X	X
Southeast Louisiana Hospital, Mandeville			X		
St. Tammany Parish CAA, Slidell			X		
Tangipahoa Parish Workforce Center, Hammond				X	
The Caring Center, Slidell			X		
Trumpet of Truth, Slidell			X		
Volunteers of America GNO, Mandeville	X		X	X	X
Women Outreaching Women, Denham Springs	X				

Parish Data Comparison: Charts 3a and 3b provide a comparison of total population counts residing in the three housing types and total for 2011 and 2012. The greatest growth was seen in Tangipahoa Parish, with twenty-three (23) more persons identified as experiencing *literal homelessness* in 2012 than in 2011.



Counts by Parish: The following series of charts are exhibits the number of persons identified as literally homeless, with the counts organized by the parishes where respondents resided during the night of the 2012 Homeless Census. The five parishes that comprise the NHC’s Continuum of Care are Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Please note that no persons were identified as literally homeless in St. Helena Parish during the Count.

Table 4a: Livingston Parish: Summary of <i>Literally Homeless</i> Adults and Children				
Household Type	In Emergency Shelter		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	0	3	1	4
Total Persons in Households	0	9	3	12
Number of Households without Children	1	0	2	3
Total Persons in Households	1	0	2	3
Total Number of Households	1	3	3	7
Total Persons in Households	1	9	5	15

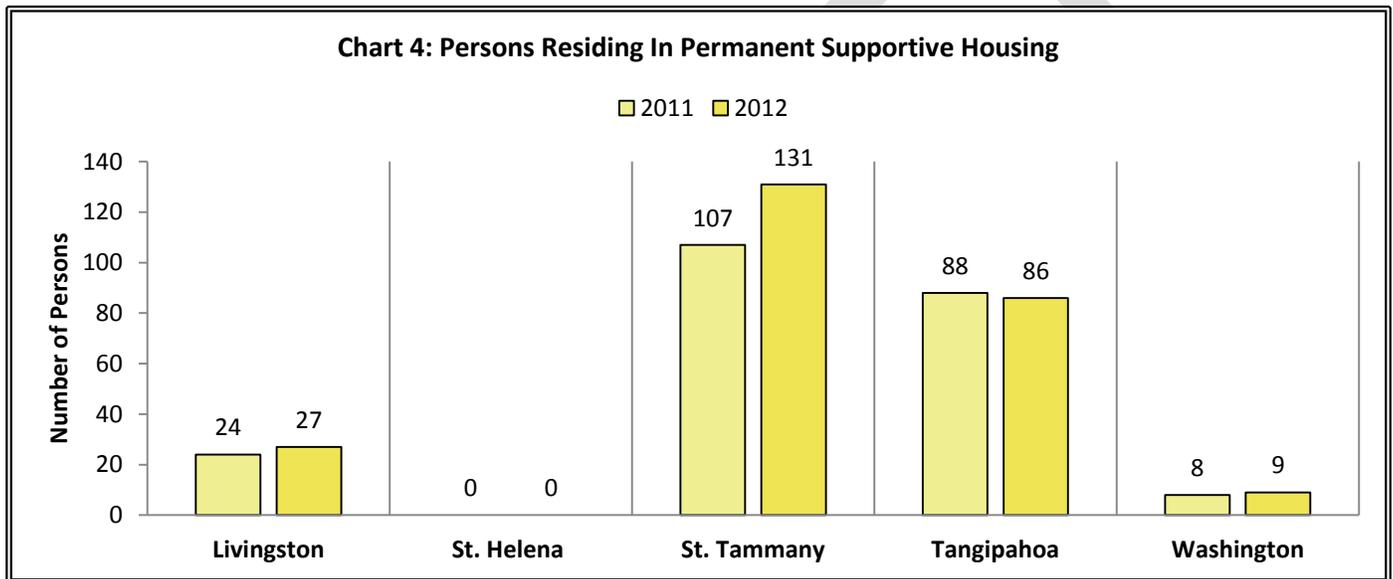
Table 4b: St. Helena Parish: Summary of <i>Literally Homeless</i> Adults and Children				
Household Type	In Emergency Shelter		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	0	0	0	0
Total Persons in Households	0	0	0	0
Number of Households without Children	0	0	0	0
Total Persons in Households	0	0	0	0
Total Number of Households	0	0	0	0
Total Persons in Households	0	0	0	0

Table 4c: St. Tammany Parish: Summary of Literally Homeless Adults and Children				
Household Type	In Emergency		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	1	4	6	11
Total Persons in Households	7	11	24	42
Number of Households without Children	13	35	19	67
Total Persons in Households	21	37	19	77
Total Number of Households	14	39	25	78
Total Persons in Households	28	48	43	119

Table 4d: Tangipahoa Parish: Summary of Literally Homeless Adults and Children				
Household Type	In Emergency		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	1	1	16	18
Total Persons in Households	3	4	57	64
Number of Households without Children	5	22	41	68
Total Persons in Households	6	24	41	71
Total Number of Households	6	23	57	86
Total Persons in Households	9	28	98	135

Table 4e: Washington Parish: Summary of Literally Homeless Adults and Children				
Household Type	In Emergency		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	0	0	2	2
Total Persons in Households	0	0	5	5
Number of Households without Children	1	0	1	2
Total Persons in Households	1	0	1	2
Total Number of Households	1	0	3	4
Total Persons in Households	1	0	6	7

Permanent Supportive Housing (PSH) Data Comparison: In addition to identifying persons who are experiencing literal homelessness, during the same data collection period, 253 persons were identified as living in permanent supportive housing for formerly homeless persons who have disabling conditions. Permanent Supportive Housing programs provide affordable, community-based housing for individuals and families who have been diagnosed with a physical or developmental disability, a severe mental illness, substance abuse problems or HIV/AIDS. Many persons who are in Permanent Supportive Housing programs have experienced long-term or chronic homelessness. PSH housing models include apartments, group homes or single-room occupancy housing. In addition to housing, these programs also provide the necessary “wrap around” services, including case management, that help keep persons stabilized. This is an increase of 26, or 10.2%, above the number of persons residing in Permanent Supportive Housing for formerly homeless persons in the 2011 Census; the greatest number of persons housed by PSH units were residing in St. Tammany Parish in both 2011 and 2012.



Counts of persons residing in Permanent Supportive Housing by Parish: The following chart details the number of persons that were residing in Permanent Supportive Housing during the 2012 Homeless Census. Fifty-two percent (52%) of residents were in St. Tammany Parish, thirty-four percent (34%) were in Tangipahoa, eleven percent (11%) in Livingston, and four percent (4%) in Washington. There were no units of PSH in St. Helena Parish during the 2012 Count.

Household Type	Livingston	St. Helena	St. Tammany	Tangipahoa	Washington	Total
Number of Households with at least One Adult and One Child	4	0	15	10	2	31
Total Persons in Households	14	0	48	41	7	110
Number of Households without Children	13	0	77	39	2	131
Total Persons in Households	13	0	83	45	2	143
Total Number of Households	17	0	92	49	4	162
Total Persons in Households	27	0	131	86	9	253

d. Homeless Populations

Subpopulations Data: In addition to identifying the total number of persons who were experiencing literal homelessness on the night of January 23rd, survey participants were asked questions that allowed for identifying the number of persons that can be defined as members of special populations, or sub-populations, as stated by HUD. Areas of interest include certain long-term disabling health conditions, chronic homelessness, Veterans of the United States Military, persons fleeing domestic violence, and unaccompanied youth.

Table 2: Counts of <i>Literally Homeless</i> Adults by Subpopulations - 2012						2011		
Subpopulation	Unsheltered	Sheltered	Subpopulation Count	Total Population	Percentage of Total Population	Subpop. Count	Total Pop.	% Total Pop.
Chronically Homeless Individuals ¹	3	19	22	92 Adults	23.9%	29	109 Adults	26.6%
Chronically Homeless Families	0	0	0	32 Persons in Families	0.0%	0	36 Persons	0.0%
Veterans	3	43	46	195 Adults	23.6%	58	196 Adults	29.6%
Victims of Domestic Violence	3	40	43	195 Adults	22.1%	33	196 Adults	16.8%
Unaccompanied Youth ² (Under 18)	0	0	0	0 Youth	0.0%	0	0 Youth	0.0%
Persons with Long-term Disabilities/Chronic Health Conditions						Disabling Conditions, etc.		
Severe Mental Illness	10	40	50	195 Adults	25.6%	87	196 Adults	44.4%
Chronic Substance Abuse	2	58	60	195 Adults	30.1%	79	196 Adults	40.3%
Persons with HIV/AIDS	0	0	0	195 Adults	0.0%	1	196 Adults	0.5%

Individuals are considered *literally homeless* only when he/she resides in:

- A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, barns
- An emergency shelter
- A transitional housing program for persons who were unsheltered or residing in an emergency shelter prior to entering the program (Matheney, 2012, p. 1)

Homeless populations as defined by USICH include:

- **Veterans**
- **Families with children**
- **Unaccompanied youth**
- **Chronic homeless**

¹ An individual or adult family member who has a long-term disabling condition, and has been homeless in emergency shelter or places not meant for human habitation for more than one year or at least four times in the past three years.

² A school-age youth who is homeless and not in the custody of a parent, a guardian, or a state agency

Veterans

According to NHC's 2012 Point in Time (PIT) count, a total of 46 veterans were considered *literally homeless*. Veterans accounted for **23.6%** of homeless adults in the region (Matheney, 2012, p. 2).

According to the *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*, "Veterans are overrepresented among the homeless population. Veterans account for roughly 9.5 percent of the



(Source: <http://www.voagno.org/Services/Veterans-Services>)

total population of persons over the age of 18 in the United States. However, veterans comprised 13 percent of sheltered homeless adults in 2010 and 16 percent of homeless adults at a given point in time. The larger percentage of veterans identified during the PIT may reflect the greater likelihood of chronic homelessness among veterans." (US Department of Housing and Urban Development, US Department of Veteran Affairs, 2012)

In general, Veterans have an additional risk factor for homelessness: post-traumatic stress usually caused by combat. Although Veterans are theoretically eligible for additional housing and support programs as compared to non-Veterans, access and eligibility restrict the actual resources available to Veterans. In response to this need for Veteran homeless programs coordination, several Federal agencies have collaborated and combined various programs to provide more comprehensive and accessible resources. Federal agencies involved include the Veterans Administration (VA), Housing and Urban Development (HUD), Department of Defense, and the Department of Labor. Agencies are now collaborating under USICH's umbrella in an effort to provide services for Veterans to meet the goal of ending Veteran homelessness in five years. As detailed in the *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*, New programs include:

- *Supportive Services for Veteran Families (SSVF)* - a new VA program that will provide supportive services to low-income veterans and their families who are living in—or transitioning to—permanent housing.
- HUD's *Homelessness Prevention and Rapid Re-Housing (HPRP)* program, after which SSVF was modeled. While HPRP is not targeted to veterans, this program promotes housing stability through homelessness prevention services such as rent assistance, utility payments, and the payment of arrears, and veterans are eligible recipients.
- The *Veterans Homelessness Prevention Demonstration (VHPD)* program is a joint homelessness prevention effort between HUD, VA, and the Department of Labor. This program primarily targets veterans returning from the wars in Iraq and Afghanistan, providing those who may otherwise be homeless with housing, health care, and employment services. Together, HUD and the VA committed \$15 million in 3-year grants to five communities located near military installations.

- The HUD-VA Supportive Housing (HUD-VASH) program was established by HUD and the VA to serve veterans with disabilities and help them achieve long-term stability.

Families



(Source: <http://sedonaobserver.com/ArizonaNews.htm/>)

According to NHC's 2012 Point in Time (PIT) count, a total of 35 families were considered *literally homeless*. The reported number of total individuals within the 35 families was 123 adults and children.

The Federal Opening Doors plan encourages the use of rapid re-housing to move families quickly into permanent housing while providing short-term supportive services. While this approach is effective with most families experiencing homelessness, there are a small number of homeless families who face additional barriers and may require additional services (United States Interagency Council on Homelessness, 2010, p. 14).

“When families become homeless, the experience itself is traumatizing, especially for children. Children in families experiencing homelessness also have high rates of acute and chronic health problems and the majority has been exposed to violence. Homeless school age children are more likely than similar age children in the general population to have emotional problems such as anxiety, depression, withdrawal, and manifestations of aggressive behavior. Repeated school mobility leads to decreased academic achievement, negatively impacting both the child’s and the school’s overall performance.”

(United States Interagency Council on Homelessness, 2010, p. 13)

Success Story

A woman who looked really haggard with dark circles under her eyes, came walking into our office, overcome with sobs. I asked if she was okay and she said she needed help and didn't want her children to see her crying. She dropped a piece of paper (her eviction notice from her landlord) and as I helped her pick it up to give it to her I saw the ancient Blazer in our parking lot, crammed full of stuff, with 3 children in the back, and 1 was in a car seat.

She said things were very hard for her right now and she had been praying that somewhere, somehow, someone could help. She told me her name, and where she lived and that her boyfriend left 2 months ago and she had not been able to make ends meet. She just started her new job, but wouldn't have the money to pay the back rent and her parents were unable to help her right now. Finally, in desperation, she had called some churches and they gave her numbers to other churches and organizations and someone told her where our office was so she drove over in hopes that we could help her. She said that if we couldn't help, she and the children would have to live in their car. I asked if she would like to bring the children inside to the play room, while we figure out what we can do to help. Our Housing Coordinator called her landlord to make sure that if we paid the back rent, he wouldn't evict her. The landlord said he liked the woman and her children just fine, and that as long as the rent was caught up, they could continue to live there.

Because of the Homeless Prevention and Rapid Re-housing program we were able to pay her rent and keep the **family from becoming homeless**. I also worked out a financial plan with her to show her how to budget her money for paying bills and together we determined how much she could put into a savings account each pay period. She now feels confident that they will be okay.

-Judi Adams, Women Outreaching Women

Youth



Unaccompanied youth are difficult to quantify due to varying definitions of homelessness and the separation between youth and services. Many youth either do not have access to services, or cannot qualify due to age. Unaccompanied homeless youth are defined as “A school-age youth who is homeless and not in the custody of a parent, a guardian, or a state agency” (Matheney, 2012, p. 2). Using this definition, literally homeless youth are nearly impossible to count, as is reflected in the 2012 Homeless Census where no unaccompanied youth were identified.

However, other sources of data reveal homeless, unaccompanied youth. St. Tammany Parish schools offer a “Kids in Transition” (KIT) program for students whose living conditions are considered “transitional,”

(Source: <http://blog.endhomelessness.org/category/youth/>)

which has the same meaning for schools as “homeless.” Using this definition, 1,560 students were identified as students in transition for the 2010-2011 school year in St. Tammany Parish. This accounts for 5% of district enrollment. Statistics from other school districts are not as readily available.

Of the identified 1,560 students in transition, between 50 to 100 students are unaccompanied homeless youth. “Although accurate data and how we define homelessness varies widely, we were mostly shocked that at any given time at least **50-100 high school students were homeless without parental support and supervision,**” said Jennifer Dexter, Executive Director of K-Bar-B and (Homeless Youth of St. Tammany) HOYST (Freese, 2012).

Students in Transition

A student is considered in transition or homeless if he or she is:

- Sharing housing with family or friends due to loss of housing or economic hardship
- Staying in a shelter, hotel or motel, or campground
- Living in substandard housing (without electricity, water, heat, etc.)
- Living in places not designed for regular living accommodations (car, abandoned building, public place, etc.)
- Awaiting foster care placement or temporarily living in an institution

Chronic

Chronically homeless individuals experience homelessness more frequently and in longer duration than other homeless populations. These individuals have a disabling condition that is an obstacle to maintaining housing. The 2012 Homeless Census identified 22 chronically homeless individuals in Southeast Louisiana. These individuals met the definition of chronic homeless: “An individual or adult family member who has a long-term disabling condition, and has been homeless in emergency shelter or places not meant for human habitation for more than one year or at least four times in the past three years” (Matheney, 2012, p. 2).

According to USICH, “For people experiencing chronic homelessness, the research is clear that permanent supportive housing using a Housing First approach is the solution” (United States Interagency Council on Homelessness, 2010, p. 18). Housing First is a shift in homelessness response in this country; encouraging providers to place individuals and families in permanent housing with flexible supportive services designed to help individuals maintain housing. In the past, homeless response focused on a continuum of housing services- from emergency shelter to transitional housing and eventually to permanent housing.



(Source: <http://www.nocaptionneeded.com/2008/05/from-tragedy-to-farce/>)

Success Story

Billy Don worked off shore most of his life. Due to alcoholism, five marriages and divorces and some other unfortunate situations, he was never really able to save any money. When his health became so poor that he was not able to work any longer, Billy Don had to use what money he did have to live on. When this money was gone, Billy Don became homeless, living in his truck. On cold nights, after attending his AA meetings, he would stay at the AA clubhouse, even though this was not really allowed. Billy Don was in a “battle” with his past employer, trying to collect his pension, but said he would probably not live long enough to see this happen. Due to his homelessness and disability, Billy Don was placed in the Shelter plus Care Housing Program. After being in the program for not quite a year, a letter came in the mail for Billy Don, where he was awarded his pension. After receiving his first payment, Billy Don left the program to free up a housing slot for someone who needed the assistance. Within a few months he purchased a house and wanted his worker from Volunteers of America to come see his new home. The worker went to visit Billy Don and said his place was awesome. The worker and Billy Don walked all around his home, looking at everything and talking about how this all came to be. Billy Don was so thankful for the assistance he had received. Billy Don stated that he was told the place formerly belonged to a teacher who lost his job and subsequently lost his home. It was at this time the worker from Volunteers of America realized that a few days earlier she had taken a housing application from a homeless man who said he had been a teacher and lost his job and his home. The address was Billy Don’s. The once homeless teacher has since been placed in Volunteers of America’s Supportive Housing Program, receiving rental assistance and supportive services.

-E. Ann Hatcher, Volunteers of America Greater New Orleans

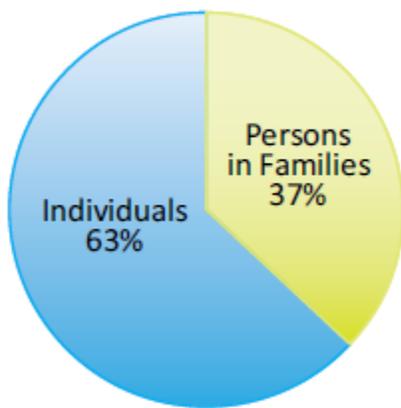
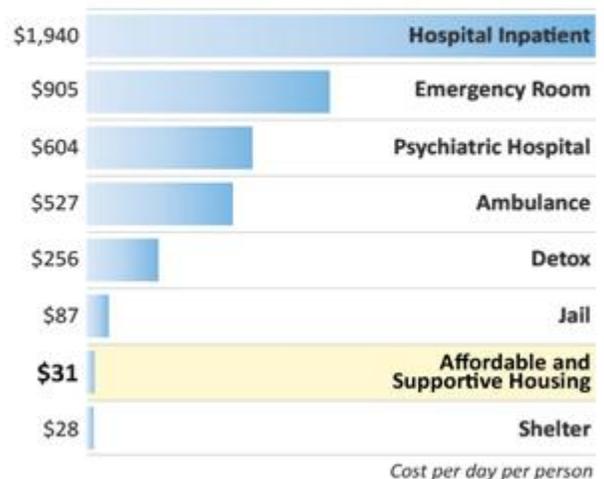


Figure
People Using Emergency Shelters or Transitional Housing Programs, 2009

Source: HUD 2009 AHAR

The Facts:

Affordable and supportive housing is cost-effective



(Source: <http://www.usich.gov/>)

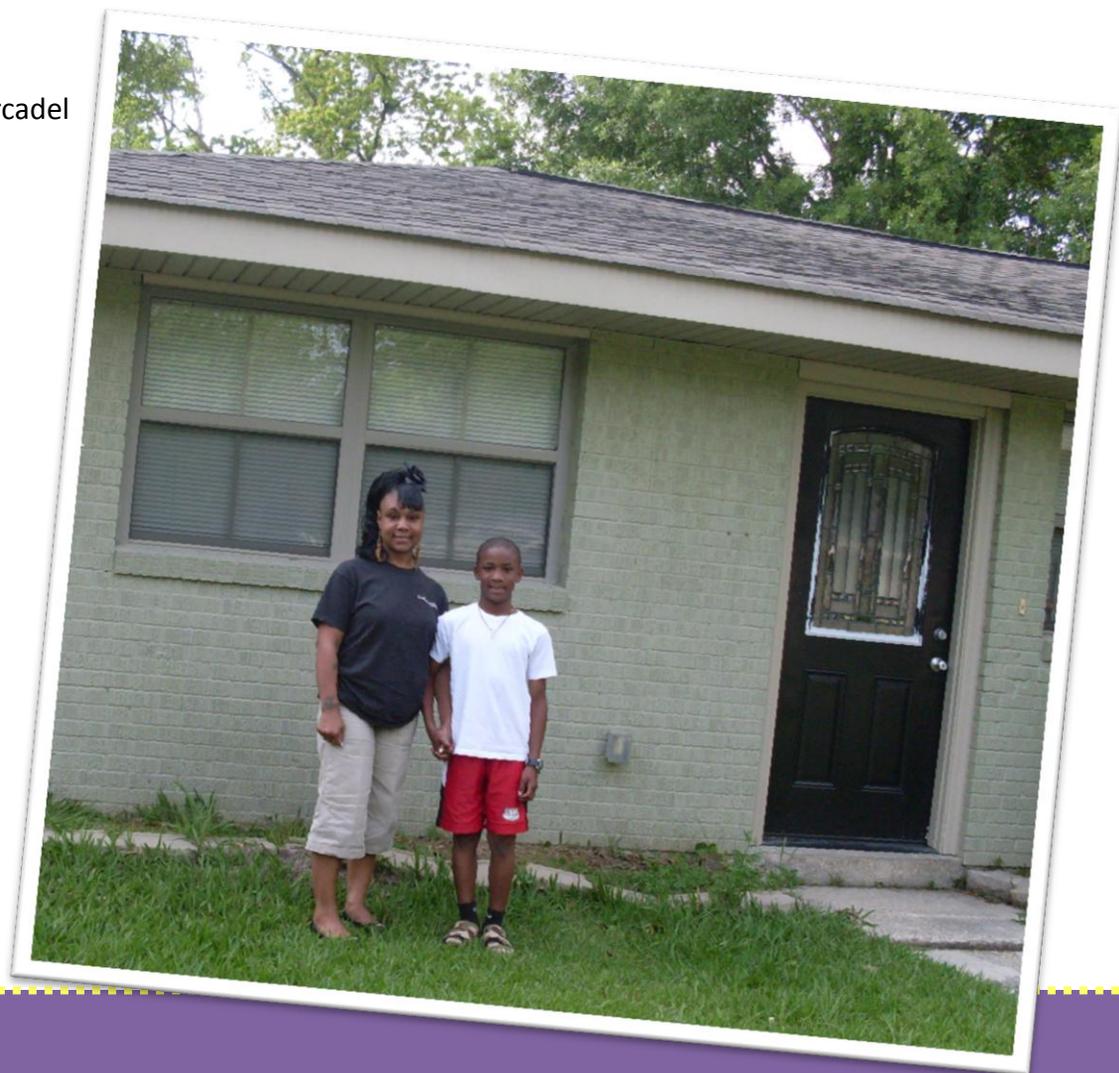
Success Story

As a single mother working part-time, Nicole has struggled to make ends meet. After an injury at work caused her to miss work she fell behind on her bills. An eviction notice was issued and soon Nicole and her son were homeless. She had previously used the services of St Tammany Parish Community Action, through their LIHEAP program, and had become familiar with the staff. She contacted her Outreach Worker, Angela Pellegrin, who now headed the Supportive Housing Program. Angela had an available space in her program, and Nicole met the criteria. She was enrolled in the Supportive Housing Program in July 2011.

Since her acceptance into the program, Nicole and her son have had safe and secure housing. As per the program guidelines, Nicole has set goals to improve her economic stability and secure her future self-sufficiency. She has enrolled in GED classes and will be taking her test next month. She has also been able to save up and buy herself a car, which has helped in her schooling and work. She has also enrolled in the First Time Home Buyer Class with Neighborhood Housing Services, and hopes to eventually buy a home for her and her son. Nicole has truly been a success story for the Supportive Housing Program, and her ultimate goal of home ownership is a dream that can come true.

-Angela Pellegrin, St. Tammany Community Action Agency

Nicole and Raynell Mercadel
at their new home



e. Local issues

Since all communities are unique, a survey was distributed to stakeholders during strategic planning to inform this plan on local issues and opportunities. The complete survey follows:

Northlake Homeless Coalition Exit this survey

Strategic Planning Questions

Please complete the survey below to assist us in preparing a community strategic plan to end homelessness.

Thank you!

*1. Your Name

*2. Your email address

*3. Agency/Organization Name

4. What services does your agency provide to the homeless? If your agency does not provide homeless-specific services, what services do you offer that homeless individuals/families may qualify for?

5. Does your agency serve a specific population (veterans, elderly, disabled, youth, etc)? Please describe.

6. In your experience, what barriers to obtaining housing do your consumers face? Please explain.

7. In your experience, what barriers to obtaining employment do your consumers face? Please explain.

8. What strategies do you think may be successful in overcoming these barriers?

9. What suggestions, comments, questions, etc. do you have regarding the strategic plan to end homelessness that is currently being developed? Please list as many as possible.

10. Would you be interested in serving on a Northlake Homeless Coalition Committee?

- Yes
 No
 Maybe

Stakeholders were invited to participate in the survey above to guide the development of this plan. The key questions, selected responses and response summaries follow.

Survey Question:

In your experience, what barriers to obtaining housing do your consumers face? Please explain.

The “word cloud” at the bottom of this page illustrates the most common words used in the answers of all participants.

Overall, survey participants recognized a **lack of affordable and available housing** as a primary barrier to obtaining housing.

Other common barriers included:

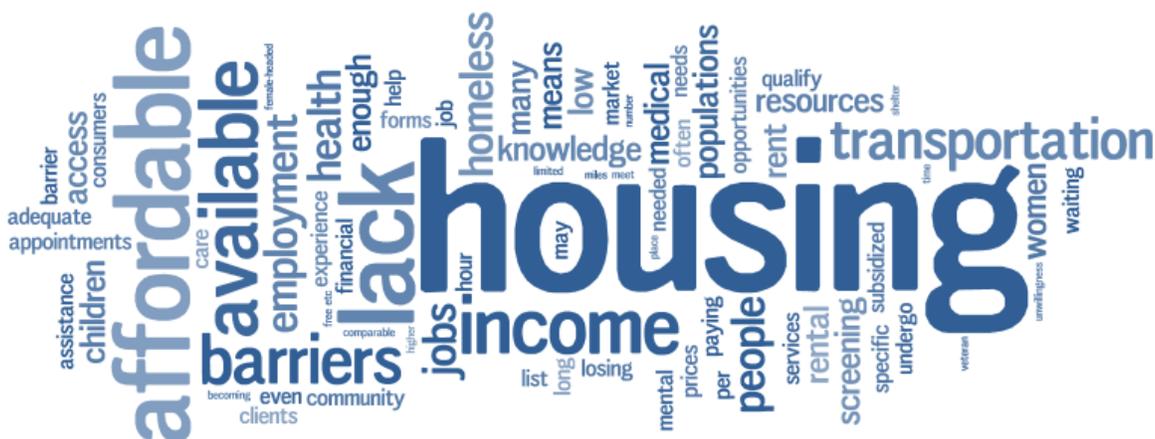
- lack of employment/income
- no knowledge of resources
- transportation problems
- disabilities
- strict eligibility guidelines for programs
- underemployment

“Consumer barriers include:

- the stigma which often comes from ... being a homeless person ;
- barriers to gainful, sustainable employment;
- access and knowledge in the use...of technology which has become so vital;
- public or any means of transportation to jobs, medical appointments, grocery shopping and in seeking/securing all forms of shelter and housing.

Other barriers are: access to all forms of community services ... All homeless populations may experience barriers such as having the necessary financial means to apply for, access, to essentially afford safe, decent housing. A lack of marketable, adequate, affordable housing stock available to renters and homeowners is a huge barrier. With so many families losing wages through the loss of their jobs, the result of losing their homes has proven to be tragic, sometimes leading to becoming homeless.”

-Survey respondent



IV. Vision and Goals

As stated in the organizational by-laws, the mission of the Northlake Homeless Coalition is to “eliminate homelessness in Region IX (Louisiana).”

This mission supports the Federal vision of “Opening Doors” which states: “No one should experience homelessness- no one should be without a safe, stable place to call home.”

In the pursuit of eliminating homelessness, the Northlake Homeless Coalition aims to reach the overall Goals outlined in “Opening Doors”:

- 1) Finish the job of ending chronic homelessness in 5 years
- 2) Prevent and end homelessness among veterans in five years
- 3) Prevent and end homelessness for families, youth, and children in 10 years
- 4) Set a path to ending all types of homelessness

Plan Themes align with those set forth in the Federal Opening Doors Plan. The following themes are used, with corresponding strategies, goals and objectives, as the basis for the Strategic Plan (Section V)

- A. Increase Leadership, Collaboration, and Civic Engagement
- B. Increase Access to Stable and Affordable Housing
- C. Increase Economic Security
- D. Improve Health and Stability
- E. Retool the Homeless Crisis Response System

V. Strategic Plan

a. Themes, Objectives, and Strategies

A. Increase Leadership, Collaboration, and Civic Engagement

1. Involve leaders from all sectors (public, private, government) in preventing and ending homelessness:
 - a. Request meetings with local and state elected officials to present this plan. Ensure that local leaders know that the Northlake Homeless Coalition exists and is the coordinating entity for preventing and ending homelessness in the region. Request support in the form of funding, use of resources (publicity, meeting space, etc), and/or direct or indirect participation in the activities of the Coalition.
 - b. Present this plan to business leaders, especially those in housing related fields, and request their support and participation.
2. Increase community collaboration:
 - a. Invite interested citizens to serve on a committee.
 - b. Host interactive collaborative working sessions to encourage participation in the planning and implementation of activities to prevent and end homelessness. Consider replacing at least one “general membership meeting” per year with a working session.
 - c. Involve citizens, especially people with firsthand experience with homelessness, in efforts to prevent and end homelessness. Ask consumers to attend NHC meetings and request their participation on committees to offer a different perspective to assist in understanding the complex roots of homelessness and alternative ideas for preventing homelessness.
 - d. Increase use of the Homeless Management Information System by local communities and encourage its use by additional programs targeted at homelessness. Develop standards that permit data inter-operability between data systems while protecting the confidentiality of all individuals. Offer HMIS training. Create policies/procedures to instruct users on utilizing HMIS as an interactive, information-sharing database. (HMIS Committee)
3. Establish Committees with at least five members on each. Each Committee should be led by a member of the NHC Executive Board and should include 4 non-Executive Board members to increase diversity and collaboration. Committees should have clear written goals and timelines for the completion of specific tasks. Committees to establish/maintain and assign members to:
 1. HMIS
 2. HUD Project Review
 3. Coordinated Access (Education, Employment, Healthcare, Mainstream Programs):
 - a. Employment:
 - i. investigate how to work with local contractors to train and hire homeless persons
 - ii. identify programs within the local community colleges that could provide additional training
 - iii. identify job fairs that could assist in connecting with businesses
 - iv. work with agencies to hold special needs job fairs

- v. develop a working relationship with LA Workforce Commission
- b. Healthcare:
 - i. Create a working relationship with the Federally Qualified Health Centers and Public Health Units to provide healthcare services for local consumers.
 - ii. Gather information about all “mainstream” health-related programs, including how to apply and qualification requirements.
 - iii. Develop a summary of the information above to disseminate to NHC member agencies and other social service agencies to simplify and standardize access to healthcare programs.
 - iv. Use summary to develop a policy/procedure for homeless providers to assist agencies in obtaining health related services/benefits for consumers.
 - v. Remain informed about Medicaid changes as they occur.
- c. Coordinated Access:
 - i. assess options and make recommendations for consolidating intake processes
 - ii. collaborate with member agencies and mainstream programs to create a single application for multiple programs/services
 - iii. plan event(s) to provide homeless consumers with multiple services at one place
- 4. Membership, Marketing, Identity:
 - a. identify related agencies in the region that are not currently represented in NHC general membership; invite participation
 - b. identify individuals from general membership willing to serve on a committee
 - c. plan general membership meetings for maximum effectiveness in a minimum amount of time; consider trying several different formats for general membership meetings to find what works best for all involved
 - d. survey general membership about meetings: convenience of meeting days/times/locations, meeting content, etc
 - e. market this plan (short term) and establish NHC identity (long term)
 - f. Distribute copies to Northlake Homeless Coalition members/agencies
 - g. Compose and distribute a press release to all available media outlets
 - h. Post the document on the coalition’s website and any other appropriate websites
 - i. Submit plan for inclusion in the Federal Opening Doors initiative; request distribution of plan through USICH’s media channels
 - j. Request meetings with local officials in all five parishes to present and discuss the plan in person
 - k. Hold at least one public meeting to present and discuss the plan with all concerned citizens, especially those who have experienced or are currently experiencing homelessness
- 4. Create a staffed physical office for the Northlake Homeless Coalition:
 - a. Executive Director – apply for HUD funding, handle project oversight and monitoring, participate in State homeless meetings, assist HUD grantees with completing their CoC grant applications, coordinate member agencies, plan general membership meetings, collaborate with community as a representative of NHC, streamline internal and external communications, create marketing materials, maintain website, plan collaborative fundraising events to benefit multiple NHC member agencies, etc.

- b. Assistant- staff “one stop shop” - answer phone calls and meet with homeless consumers, assist in completing application(s) for services, provide comprehensive referrals, coordinate facility intake, etc.

Objective	Goal	Target Date	Responsible
Identify targeted community leaders, develop presentation and handouts to be presented	Target list complete Presentation and handouts created	3 months following plan adoption	Marketing Committee
Meet with local government and business leaders	Schedule and attend at least 5 meetings	12 months following plan adoption	Marketing Committee
Establish committees	Assign a lead and at least 4 committee members to 4 committees	12/31/2012	NHC EC
Expand HMIS network of providers	Integrate at least 5 new organizations not currently using HMIS.	3/15/2013	HMIS lead agency
Increase meaningful use of HMIS data	Provide 10 trainings for provider network	9/1/2014	HMIS lead agency
Create staffed, physical NHC office	Funding, location, and personnel secured.	6/1/2015	NHC EC

B. Increase Access to Stable and Affordable Housing

1. Create new beds for chronically homeless (CH) persons:
 - a. Ensure the availability of 117 permanent housing beds for chronically homeless persons in 10 years by adding 8 beds in the next 12 months, and 5-6 beds per year for years two through ten.
 - b. By utilizing future Point in Time data on chronically homeless individuals and families, the NHC will adjust the number of CH beds to be created over the next 10 years.
 - c. Efforts will be placed to increase the number of permanent housing beds utilizing all resources available while making sure we continue to address the need for CH beds and supportive services. Part of the CoC's goal is to make CH a priority in future funding applications through HUD and other resources.
 - d. The CoC will continue to work with area Public Housing Authorities in identifying Section 8 vouchers that will serve chronically homeless persons and families; and expanding the number of Permanent Supportive Housing set-aside units through the State's tax credit program.

Objective	YEAR			
	2011	2012	2017	2022
Create new permanent housing beds for chronically homeless persons.	60 beds	68 beds	92 beds	117 beds

2. Increase the percentage of participants in CoC-funded transitional housing (TH) that move into permanent housing (PH).
 - a. The CoC will maintain the level of participants that move from TH to PH. TH providers understand that it takes life skills, income and access to affordable PH in order to successful transition TH clients to PH. TH providers within the CoC have developed life skill training that helps clients gain a greater sense of empowerment and independence while helping them increase their income levels through developing workforce connections and improving their employability through increased education. TH providers will continue to work with PH providers regarding availability.

Objective	YEAR			
	2011	2012	2017	2022
Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing.	78%	78%	80%	85%

- b. Form relationships with Public Housing Authorities (PHAs) and advocate for set-aside vouchers/units.

Objective	Goal	Target Date	Responsible
Meet with representatives from Public Housing Authorities to discuss set-aside vouchers/units	At least 5 PHAs contacted with request for meeting.	9/30/2013	TH providers

C. Increase Economic Security

1. Coordinated Access Committee to address employment issues (description at A.3.3).
2. Increase percentage of participants in all CoC-funded projects that are employed at program exit. Collaborate with economic recovery and jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness.
 - a. CoC funded projects use client-centered plans to understand their employment histories, skills and interests, including meaningful daytime volunteer activities. Our CoC strives to develop a continuum built upon training, education, employment and vocational services to meet our clients where they are.
 - b. Efforts will be placed to continue linking clients to life skills training and workshops and resources to obtain their GED, job-training and volunteer opportunities.
 - c. The CoC Employment Committee will:

Objective	YEAR			
	2011	2012	2017	2022
Increase percentage of participants in all CoC-funded projects that are employed at program exit.	31%	31%	33%	37%

D. Improve Health and Stability

1. Coordinated Access Committee (see description at A.3.3) to focus on improving access to general and mental healthcare.
2. Stability: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months.
 - a. HUD funded agencies will continue educating consumers on tenant rights and responsibilities to help formerly homeless individuals and families maintain their PH housing. Providers will continue to provide ample supports including access to mental health treatment and supportive services to address behavioral health issues. The CoC will investigate and determine how agencies can obtain training to move people from homelessness to stable housing.

Objective	YEAR			
	2011	2012	2017	2022
Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months.	81%	81%	83%	84%

E. Retool the Homeless Crisis Response System

3. Move from the traditional, linear CoC model (emergency shelter > transitional housing > permanent housing) to a more effective, research based system (3 A's):
 - Access
 - Assessment
 - Assignment of Intervention
4. Create a Coordinated Access Committee (see description at A.3.3).
5. Host a "Project Homeless Connect" event for homeless persons using successful models from other communities (San Francisco, Nashville, Minneapolis, Raleigh, etc.) by 2014 to include:
 - a. Booths for representatives from agencies that provide services that homeless individuals may qualify for (local and mainstream assistance programs)
 - b. "Vendors" to provide services to homeless consumers at no cost; examples:
 - i. health/dental/vision screenings
 - ii. immunizations
 - iii. hygiene products
 - iv. haircuts
 - v. photographs
 - vi. clothing
 - vii. Other services
 - c. Obtain sponsorship from a business or businesses to cover the cost of event. Example of a sponsored, comprehensive Project Homeless Connect event held in Minneapolis is included as an addendum to this document to provide ideas and event planning guidance.
6. Create a physical "one stop shop" for homeless persons by 2017 to include:
 - a. A standardized, uniform application for services that will be accepted by all member agencies
 - b. Information about all homeless service providers in the region, including current availability of beds
 - c. Comprehensive information about available resources by area
 - d. Other components necessary for a successful one stop shop

Objective	Goal	Target Date	Responsible
Host Project Homeless Connect event	plan and hold event	12/31/2014	NHC EC/Coordinated Access Committee

VI. Plan Implementation and Evaluation

The tables located below each theme indicate the priority actions and target dates for each objective. All goals and objectives are also listed in the Plan Monitoring Tool included as an appendix to this document.

The first step toward implementing this plan is creating solid working committees. Simultaneously, the plan should be marketed as described below.

a. Marketing the Plan

This plan's primary purpose is to guide the actions of the Northlake Homeless Coalition toward reaching the goal of ending homelessness. However, the coalition realizes that the help of all sectors of the community is crucial to the plan's success. Therefore, this plan will be shared with as many people, companies, organizations, and agencies in the region as possible in hopes of inspiring action and involvement.

A marketing committee will be created as described in V.a.A.3.4 in the previous section to accomplish the marketing of this plan.

b. Measurement

Plan progress will be evaluated according to the objectives, outcomes, and target completion dates. A Plan Monitoring Tool is included in the appendix of this document that lists all goals and objectives described in Section V. The Monitoring Tool should be used to measure progress toward goals. Progress should be recorded in an ongoing manner, with at least quarterly reviews to ensure all progress toward goals has been recorded.

As the NHC evolves, new/updated objectives and outcome goals should be set until the primary goal of this plan- ending homelessness- is complete.

c. Monitoring Progress Toward Plan Goals

NHC will create a strategic plan monitoring committee to track progress of this plan and make adjustments/updates as needed. The Monitoring Committee should be led by a member of the NHC Executive Board, but should include committee members from outside of the Board. Ideally, this committee would be comprised of:

- NHC Committee Lead
- Representative from a non-CoC funded homeless program/agency
- At least one individual who has experienced homelessness
- Local government representative(s)
- Veterans Affairs representative

- Representative from an agency that provides low-income housing assistance (Habitat for Humanity, Neighborhood Housing Services, etc)
- Business representatives: Banker/Financial, Developer/Real Estate, Homebuilders Association

The Strategic Plan Monitoring Committee should meet at least twice a year to review progress toward plan goals. Meetings should be scheduled for no longer than one hour to encourage participation from community members. The committee has one clear goal: to monitor progress toward the goals outlined in this plan. Committee meetings should focus on reviewing progress toward goals in an efficient, timely manner. Members of the Monitoring Committee will be invited to NHC general membership meetings to gather more information about NHC's activities; however, members of the Monitoring Committee will only be required to attend Committee meetings to review plan progress.

The Monitoring Committee will use the Plan Monitoring Tool to assess plan progress. The Plan Monitoring Tool should be updated by the NHC Executive Committee prior to each Monitoring Committee meeting so that committee members can clearly view all goals and current progress toward goals.

This committee should also make recommendations to the Executive Board regarding future edits to this plan as guidance and/or goals change.

VII. Bibliography

Freese, D. (2012, April 4). *'One Day' - Kiwanians serve community*. Retrieved from St. Tammany News:

http://www.thesttammanynews.com/news/article_f6b40784-7de0-11e1-a4fb-0019bb2963f4.html

Matheney, E. (2012). *Highlights of 2012 Homeless Census Point-in-Time Count for Louisiana – Region 9*.

United States Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Washington, D.C.

US Department of Housing and Urban Development, US Department of Veteran Affairs. (2012). *Veterans*. Retrieved July 2012, from National Alliance to End Homelessness:

http://www.endhomelessness.org/section/policy/policy_focus_areas/veterans

VIII. Appendix

1. Strategic Plan Monitoring Tool
2. Glossary/ Acronyms
3. Project Homeless Connect Example

Strategic Plan Monitoring Tool

Theme	Objective	Goal	Target Date	Responsible
A. Increase Leadership, Collaboration, and Civic Engagement	Identify targeted community leaders, develop presentation and handouts to be presented	Target list complete Presentation and handouts created	3 months following plan adoption	Marketing Committee
	Meet with local government and business leaders	Schedule and attend at least 5 meetings	12 months following plan adoption	Marketing Committee
	Establish committees	Assign a lead and at least 4 committee members to 4 committees	12/31/2012	NHC EC
	Expand HMIS network of providers	Integrate at least 5 new organizations not currently using HMIS.	3/15/2013	HMIS lead agency
	Increase meaningful use of HMIS data	Provide 10 trainings for provider network	9/1/2014	HMIS lead agency
	Create staffed, physical NHC office	Funding, location, and personnel secured.	6/1/2015	NHC EC
B. Increase Access to Stable & Affordable Housing	Meet with representatives from Public Housing Authorities to discuss set-aside vouchers/units	At least 5 PHAs contacted with request for meeting.	9/30/2013	TH providers
E. Retool the Homeless Crisis Response System	Host Project Homeless Connect event	plan and hold event	12/31/2014	NHC EC/Coordinated Access Committee

Strategic Plan Monitoring Tool

Objective	Completion Date	Progress Notes
Identify targeted community leaders, develop presentation and handouts to be presented		
Meet with local government and business leaders		
Establish committees		
Expand HMIS network of providers		
Increase meaningful use of HMIS data		
Create staffed, physical NHC office		
Meet with representatives from Public Housing Authorities to discuss set-aside vouchers/units		
Host Project Homeless Connect event		

Strategic Plan Monitoring Tool

Theme	Objective	YEAR (GOAL)				Objective
		2011	2012	2017	2022	
B. Increase Access to Stable & Affordable Housing	Create new permanent housing beds for chronically homeless persons.	60	68	92	117	Create new permanent housing beds for chronically homeless persons.
	beds	beds	beds	beds	beds	
	Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing.	78%	78%	80%	85%	Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing.
C. Increase Economic Security	Increase percentage of participants in all CoC-funded projects that are employed at program exit.	31%	31%	33%	37%	Increase percentage of participants in all CoC-funded projects that are employed at program exit.
D. Improve Health and Stability	Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months.	81%	81%	83%	84%	Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months.

YEAR (ACTUAL)									
2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
beds	beds	beds	beds	beds	beds	beds	beds	beds	beds
%	%	%	%	%	%	%	%	%	%
%	%	%	%	%	%	%	%	%	%
%	%	%	%	%	%	%	%	%	%

Progress Notes