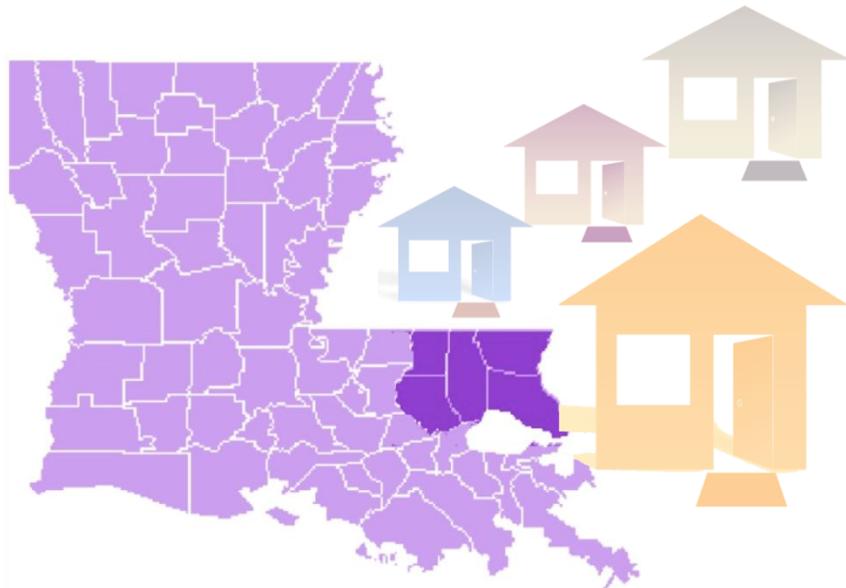




NORTHLAKE
HOMELESS COALITION

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:

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 - Judi Adams
 - Tanja Hill
 - Pam Hutcheson
 - Carmel Jackson-Leonard
 - Jeanne Lovern
 - Joan Spraggins
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 - 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

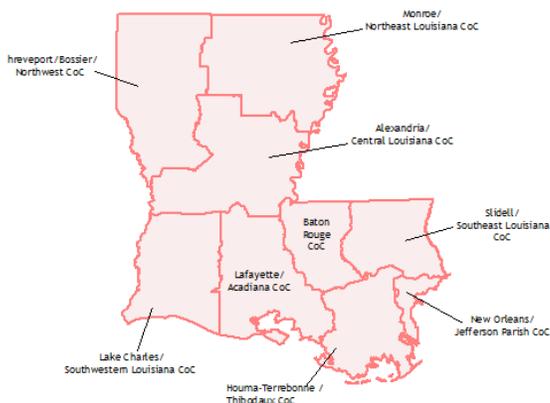
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I. Executive Summary

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 the US Department of Housing and Urban Development (HUD) 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

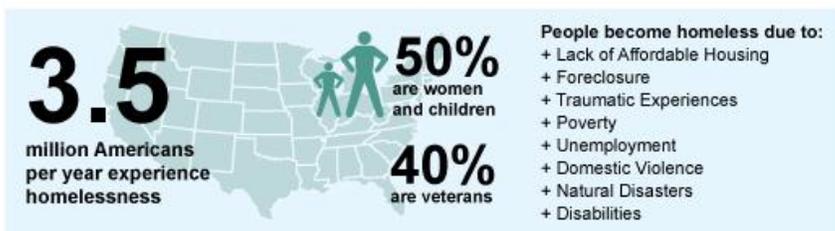
first couple of years in operation, one volunteer individual wrote the grant application that was submitted on behalf of the region. After submitting several applications, the region received its initial HUD funds totaling \$223,920 to start a homeless assistance program in the region.



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 (NHC) 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 Request For Proposal (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, defined as individuals and families that have experienced four or more episodes of homelessness over a three year period or one episode of homelessness lasting one year or longer. 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 participant data effectively.

The Northlake Homeless Coalition anticipates receiving 2.2 million for nineteen projects in 2012. The NHC remains the Collaborative Applicant (CA) for compiling the annual competitive application for Federal homeless assistance for the region.



Source: <http://cjschomelesslaw.org/>

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.

According to the National Alliance to End Homelessness, the following are highlights of the HEARTH Act:

- Increased prevention
- Family Rapid Re-housing Incentive
- Continued attention to Chronic Homelessness
- Permanent Housing Solutions
- Definition of Homelessness – expanded to include people at imminent risk of losing housing and families or youth who live in precarious situations and are unlikely to become stable
- Consolidate HUD’s Competitive Grant Programs
- Improving Homeless Assistance in Rural Communities
- Performance-Based Focus
- Simplified Match Requirement

Detailed descriptions of changes named above are available in the full text document “Highlights of the HEARTH Act” included in the appendix of this document.

As part of NHC’s efforts to eliminate homelessness in Region IX, agencies receiving HUD funding through the Coalition will adhere to and implement the new HEARTH Act requirements. The NHC will work toward educating the community about the various HEARTH Act requirements that directly impact our homeless community. Changes most relevant to the community include:

- Expansion of the homeless definition
- Emphasis on rapid re-housing, especially for homeless families
- Continued emphasis on creating permanent supportive housing for individuals and families experiencing chronic homelessness.

An outcome of the HEARTH Act was the development of a Federal Strategic Plan to Prevent and 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.

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. At the release of this plan, 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
Mary Corban	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 was 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 Board 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 participants with mainstream housing and services resources.

The Coalition's Executive Board (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 participant 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
Dazhonna Arostegui	☆ ♣	HOYST (Homeless Outreach for Youth in St Tammany)
Angela Bickham	☆	Southeast Louisiana Hospital
Lonzetta O. C. Burris	♣	Volunteers of America Greater New Orleans
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 Government DHHS/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
Jeanne Lovern	♣	Volunteers of America Greater New Orleans
Tonya Mabry	☆	Tangipahoa Parish Government
Candice Mahoney	☆ ♣	St. Tammany Parish Government Department of Health and Human Services
Craig Marinello	♣	Catholic Charities
Erin Matheny	☆	Southeastern Louisiana University
Angela Pellegrin	☆	St. Tammany Parish Government DHHS/Community Action Agency
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.
Dee Wild	☆	Volunteers of America Greater New Orleans
Greta Williams	☆ ♣	Regina Coeli Child Development Center

KEY

☆ = Attended Work Session
 ♣ = Completed Survey

III. Homelessness in Southeast Louisiana

Homelessness is difficult to quantify. Because of the predominantly rural and large geographic composition, the limited availability of human service providers, and the lack of human and financial resources for those who do serve homeless persons, it is particularly cumbersome to assess gather this type of data within the Northshore region. However, the Northlake Homeless Coalition does have two primary means for collecting this information. The first is through the Louisiana Services Network Data Consortium (LSNDC) System, which is statewide shared database of client records of persons who are accessing assistance from many human service providers, including those in the Northlake Homeless Coalition. The LSNDC system is the Homeless Management Information System (HMIS) that standardizes how data on homeless persons are captured and recorded year round, and it is informed through standards and policies set forth by HUD. Demographic data, including age, gender, race, disabilities, income, housing history and other factors that have contributed to a person's homelessness, are collected by these participating service providers. A critical feature of centralized data management is the ability to look at client outcomes at a system level, and not just within an agency. The LSNDC also allows for evaluation of service-use patterns across the entire network of providers and ensure that funding for participating homeless programs is effective. For these reasons, participation in an HMIS is mandated by those programs that are receiving HUD funding for homeless assistance, and it is encouraged by all types of agencies that provide services for persons experiencing homelessness and those who are at risk for homelessness. Within the region, as of October 2012, twenty-nine emergency shelters, transitional housing programs, permanent supportive housing programs, and short-term emergency assistance programs (rent/utility assistance, food, clothing, prescription, etc.) to the LSNDC.

The second source of homeless data used by the Northlake Homeless Coalition is from the annual Louisiana Homeless Census, which is a point-in-time unduplicated count of the homeless population on a single night of the year. Data derived from the Homeless Census is a critical "snapshot" of homelessness across the State and the services that are in place to respond. During the last ten days of January, a census is conducted of people who are (1) unsheltered, living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or barns; or (2) sheltered homeless, residing in Emergency Shelters, Transitional Housing programs and were previously unsheltered, or in Safe Havens. At the same time the Census is conducted, when possible, people are interviewed about housing, health, and service needs. The annual Homeless Census affords the Northlake Homeless Coalition the opportunity to have a more comprehensive set of data about homelessness from all known housing providers and for those persons who are not accessing within the region on a single night, while the LSNDC System provides longitudinal information on the participants in their programs and the efficacy of the programs themselves. Ideally, all homeless service organizations will contribute their participants' pertinent information to the System, giving the region a better informed understanding and enumeration of homelessness, the needs of those experiencing it, and how this is changing over time.

To provide a context for what is currently known about the region covered by the Northlake Homeless Coalition, this section describes (a) general demographic data about the five parishes as a whole, (b) demographic data about those who were served by NHC programs that are a part of the LSNDC during the months of August 2011 through July 2012, and (c) findings from the 2012 Point-in-Time Homeless Census.

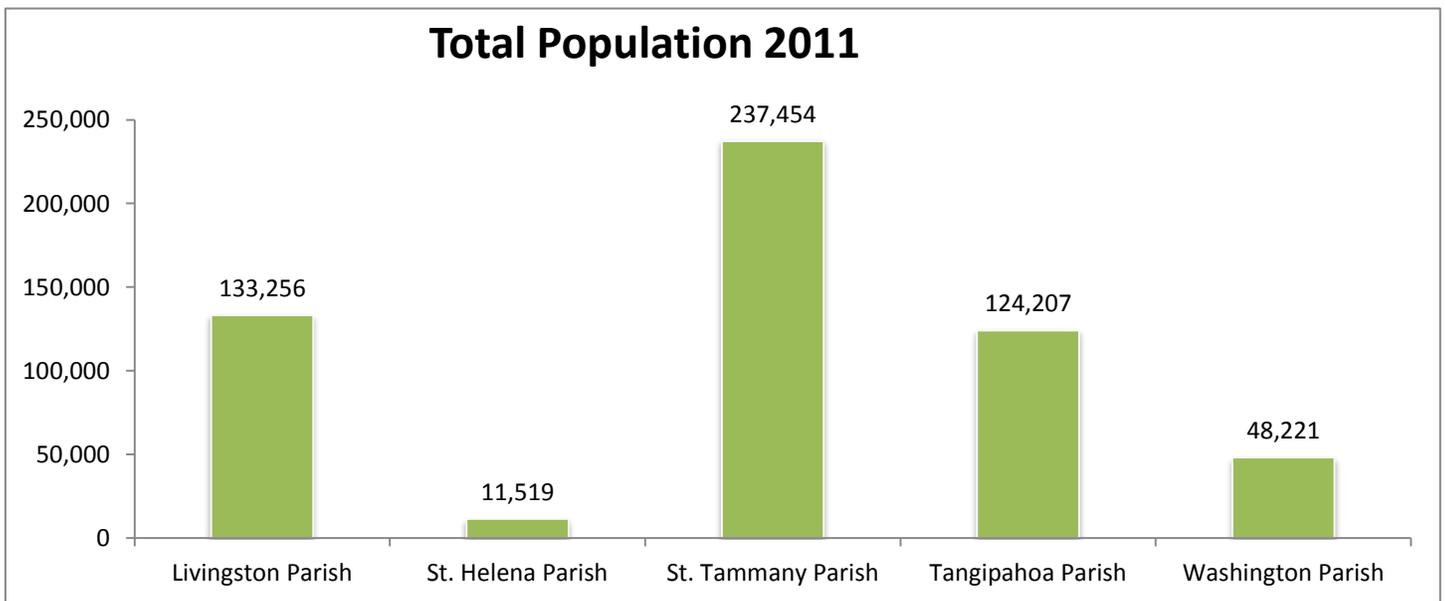
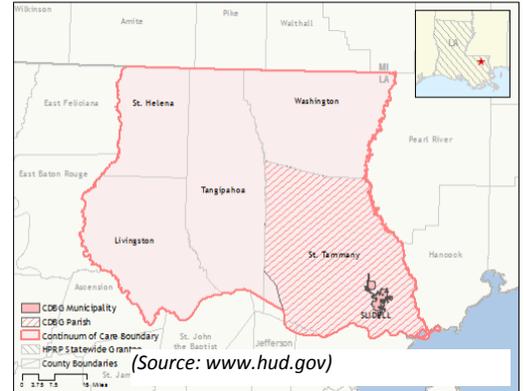
a. General Demographic Data

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

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.

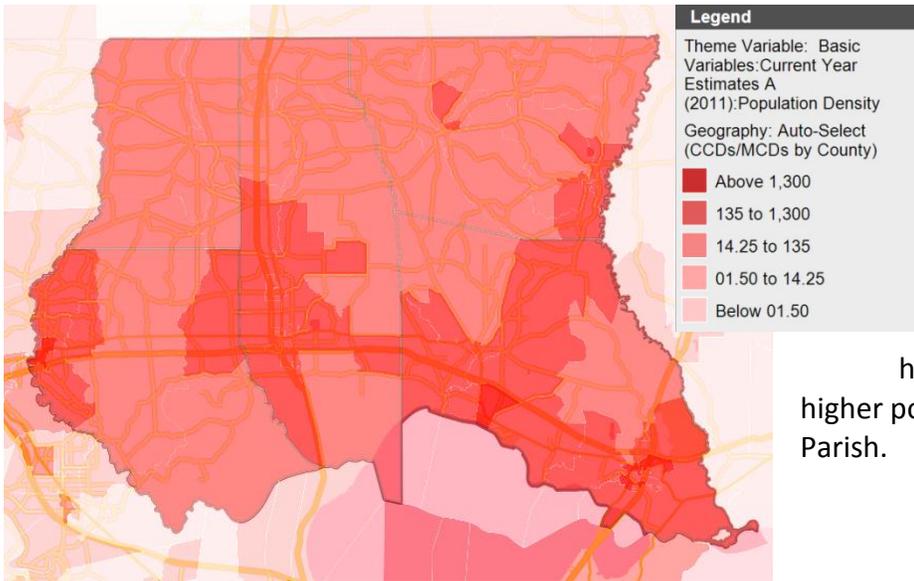
LA-506 — Slidell/Southeast Louisiana CoC Map



(Source: <http://library.demographicsnow.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.

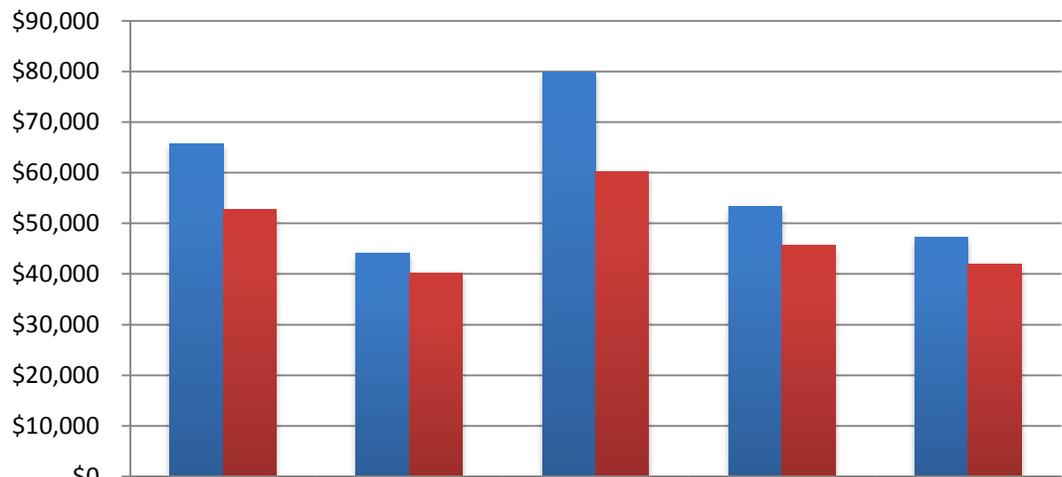
Population Density 2011



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>)

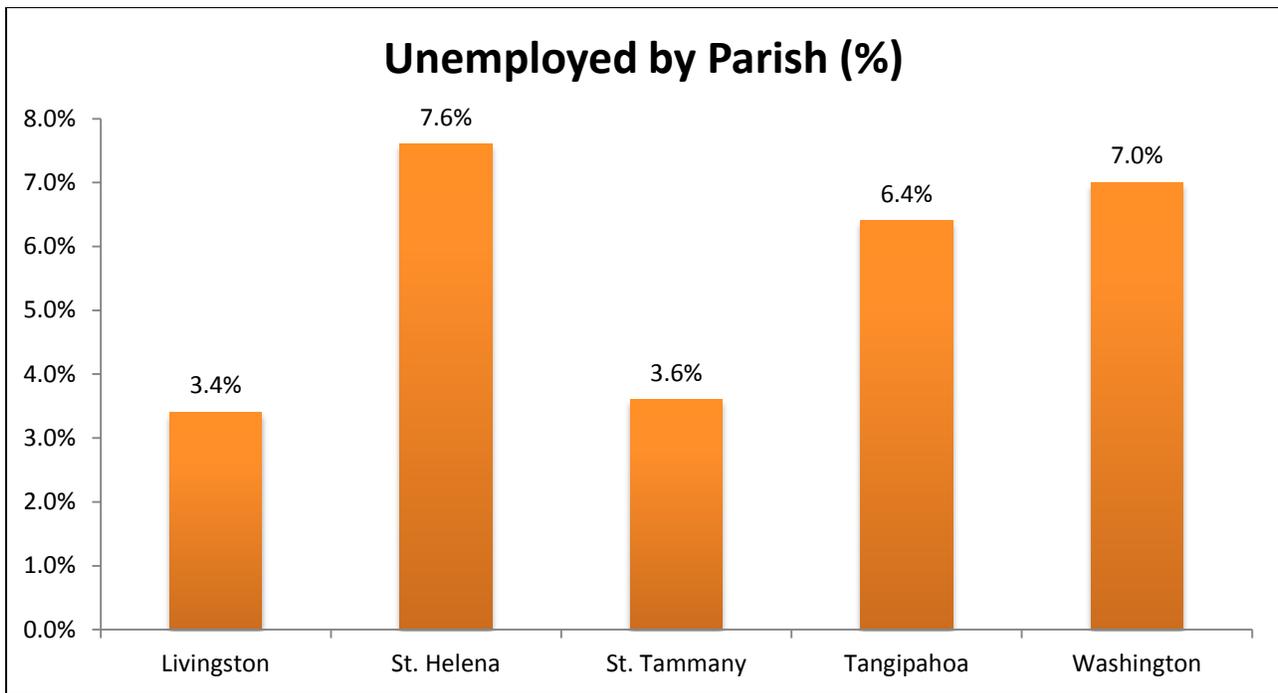
Household Income and Expenditure by Parish



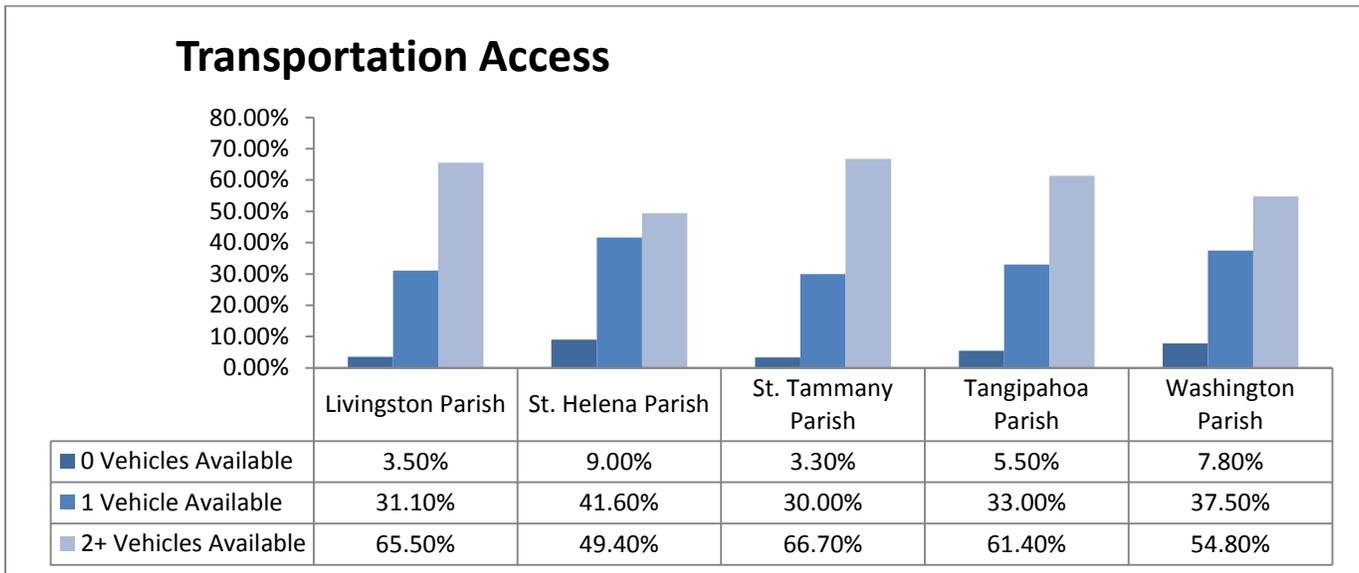
	Livingston Parish	St. Helena Parish	St. Tammany Parish	Tangipahoa Parish	Washington Parish
Average Household Income	\$65,755	\$44,021	\$79,757	\$53,393	\$47,265
Total Household Expenditure	\$52,693	\$40,157	\$60,130	\$45,595	\$42,036

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.



Source: American Community Survey 5 year Estimate

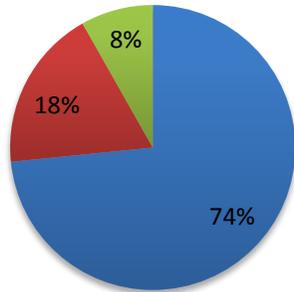


Source: <http://library.demographicsnow.com>

Residents of Washington and St. Helena Parishes are more than twice as likely to not have a vehicle 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 is quite limited in scope and coverage, and for the most part, does not cover the rural parishes where it is most needed according to the chart above.

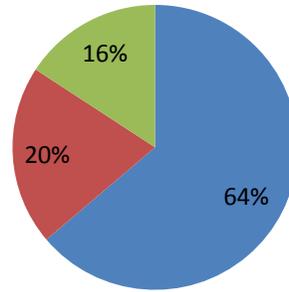
State of Housing by Parish

Livingston Parish



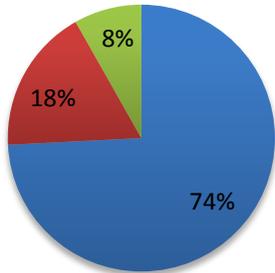
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St. Helena Parish



■ Owner-Occupied ■ Renter-Occupied ■ Vacant

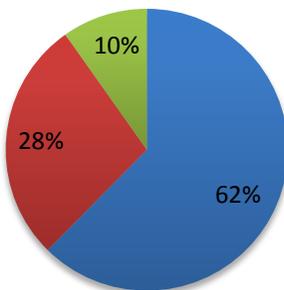
St. Tammany Parish



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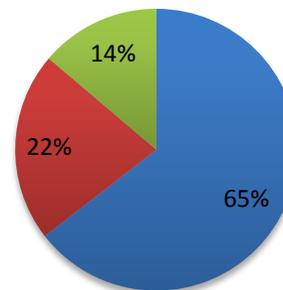


Tangipahoa Parish



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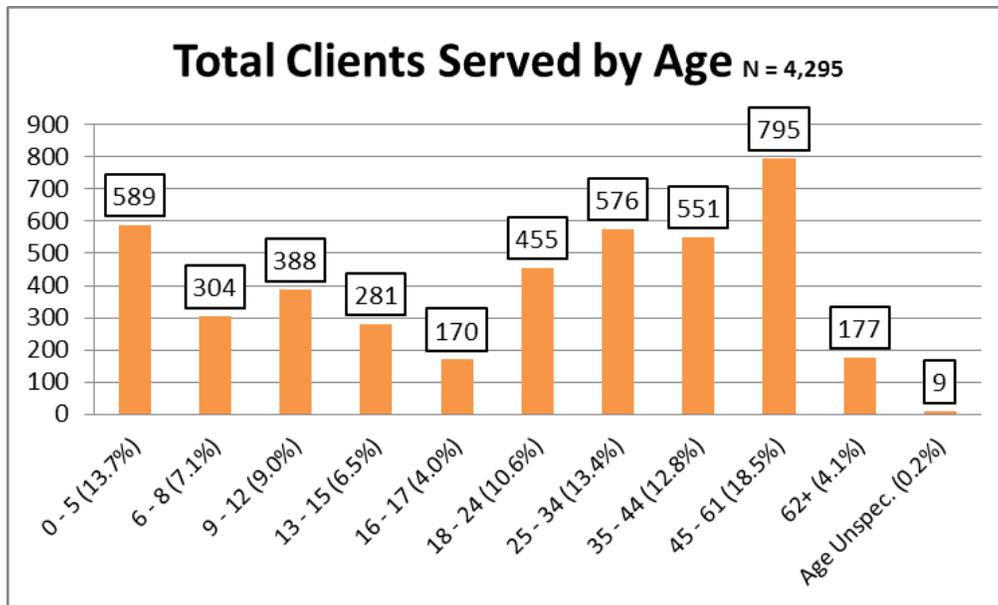
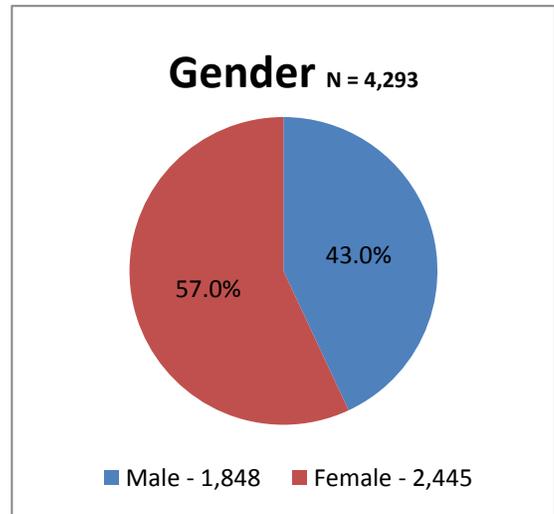
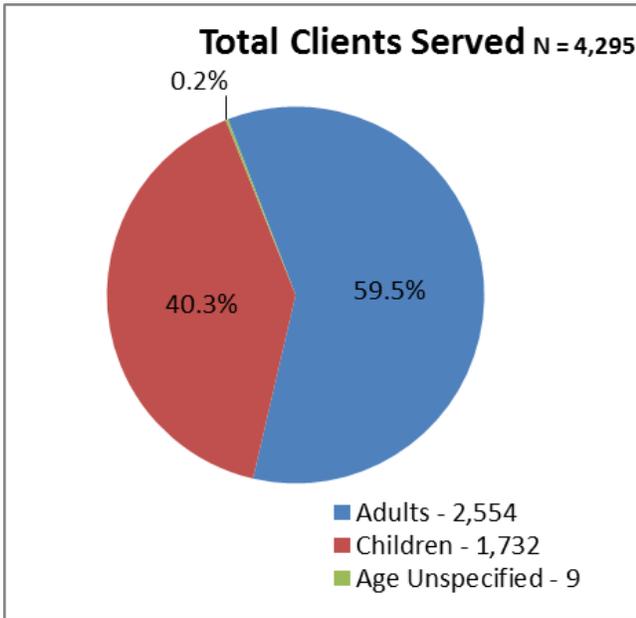
Washington Parish

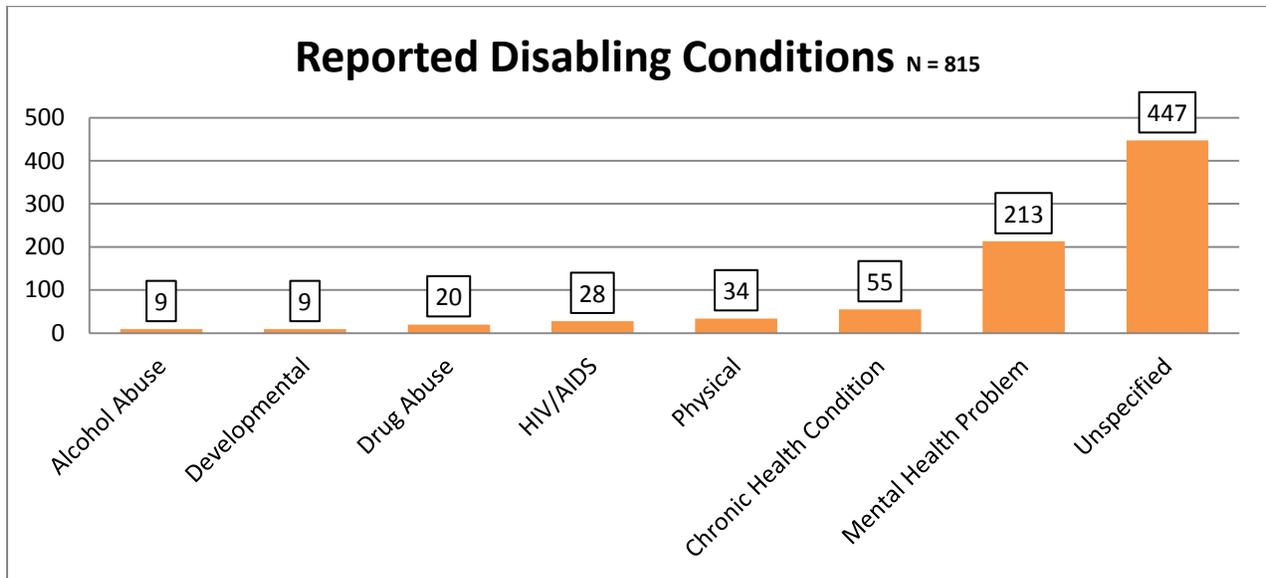
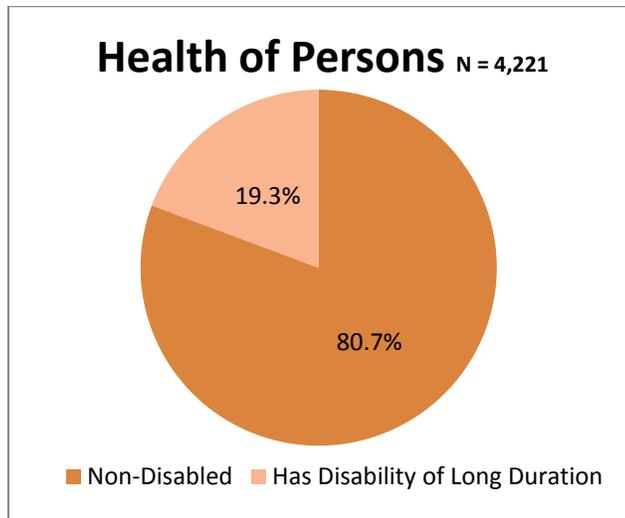
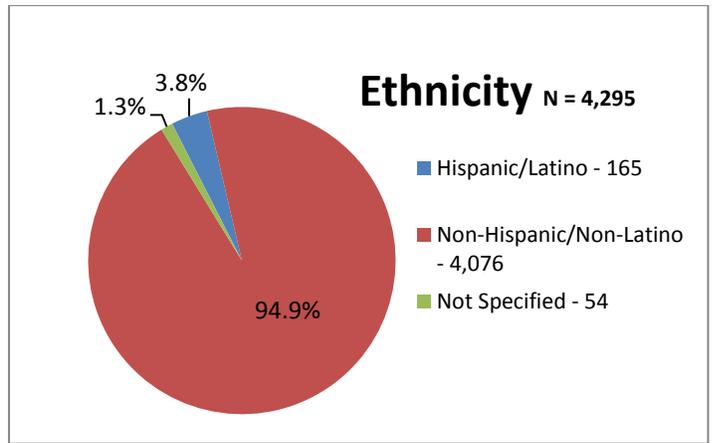
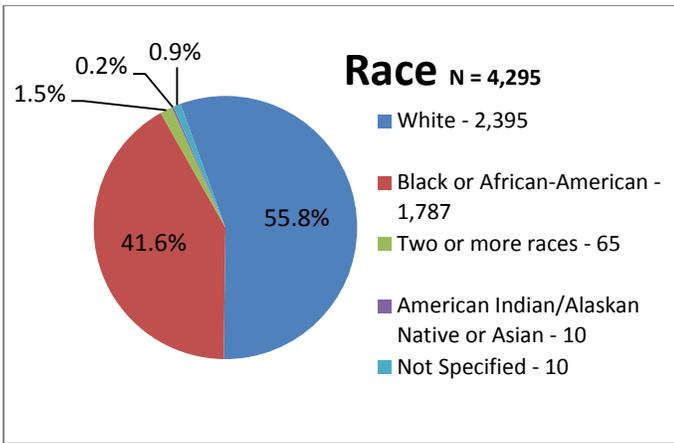


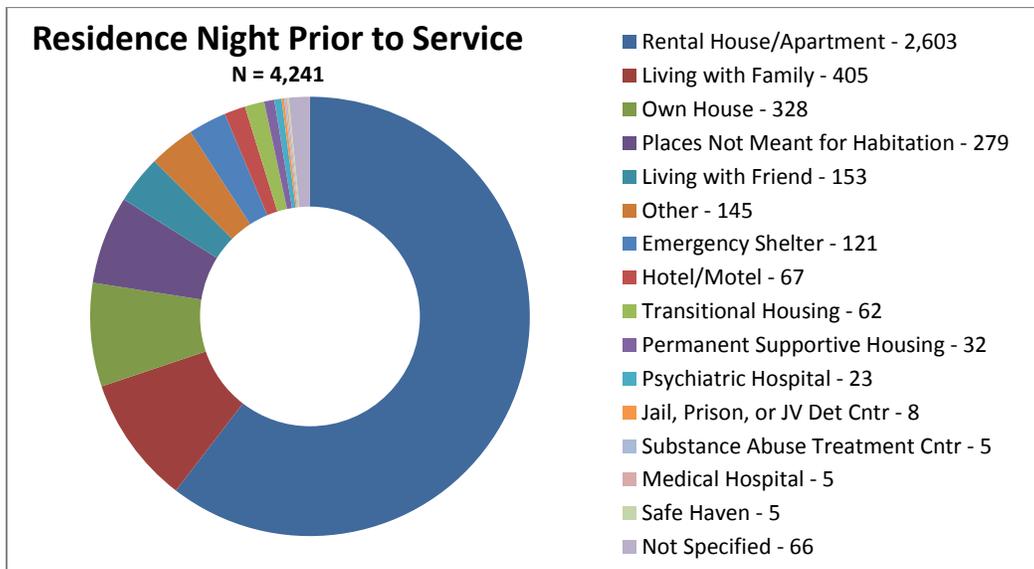
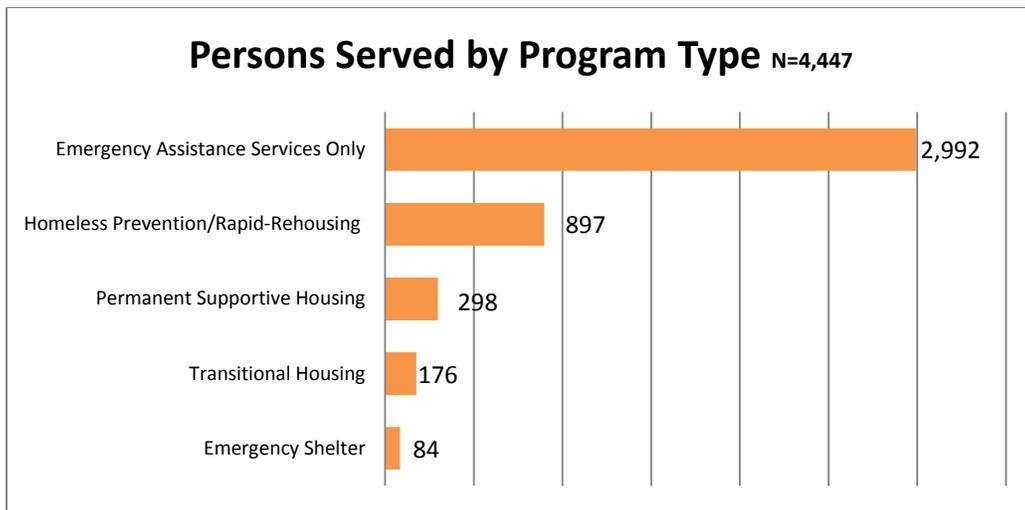
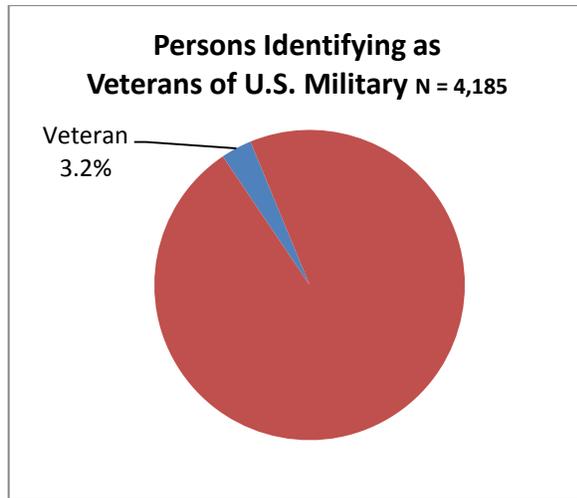
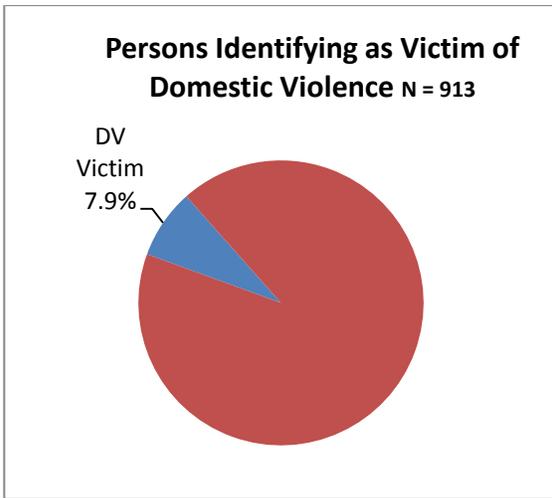
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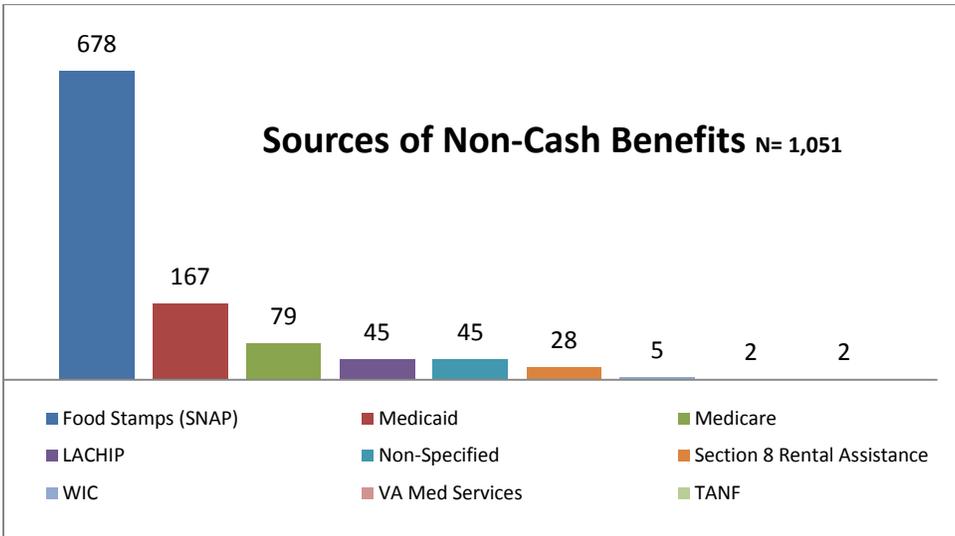
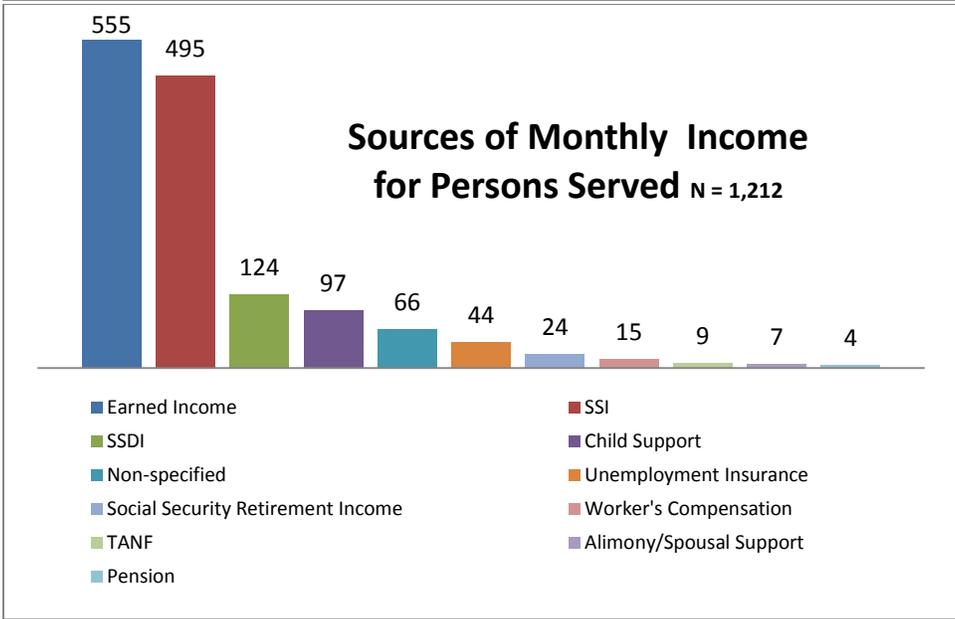
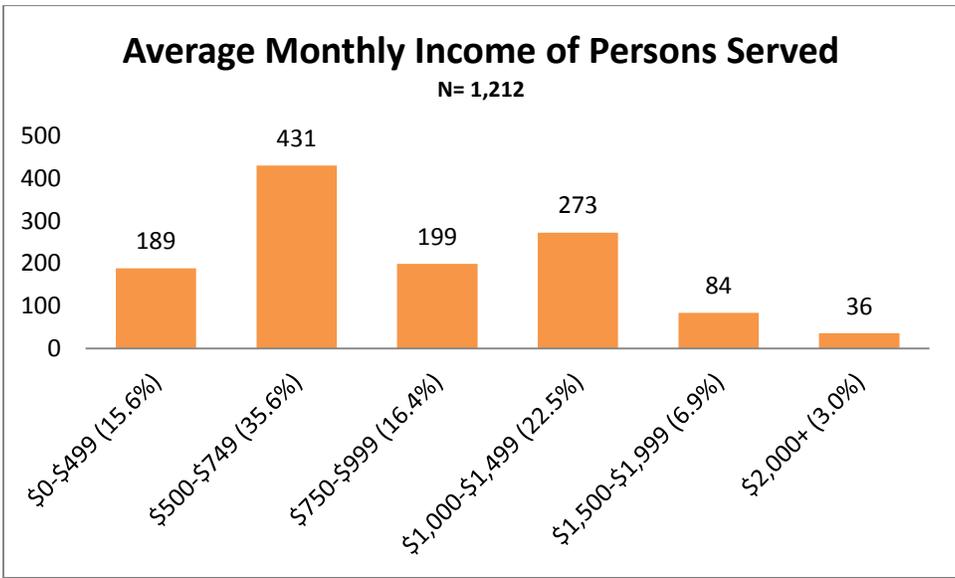
b. Participant Data

As of October 2012, twenty-nine service providers use the LSND system to manage their program participant data, including five Emergency shelters, nine transitional housing programs, seven permanent supportive housing programs, and eight short-term emergency assistance programs (rent/utility assistance, food, clothing, prescription, etc.).







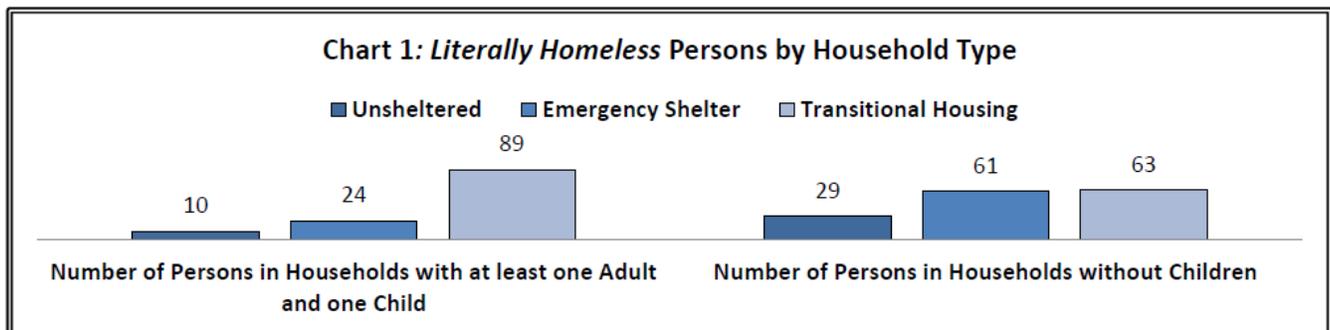


c. Highlights of 2012 Homeless Census

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.

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]

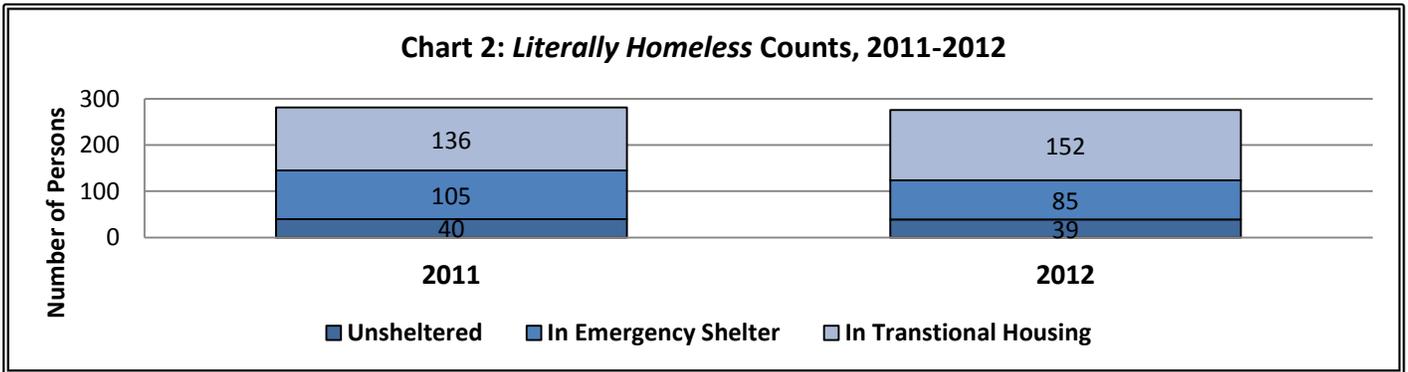


¹ Describes any location where a person may be residing that is not intended for human habitation; includes automobiles, wooded areas, sidewalks, abandoned buildings, barns, under bridges, etc.

² Emergency shelters provide a temporary places to stay for newcomers, travelers, people who are in crisis, or homeless individuals in the community

³ 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).

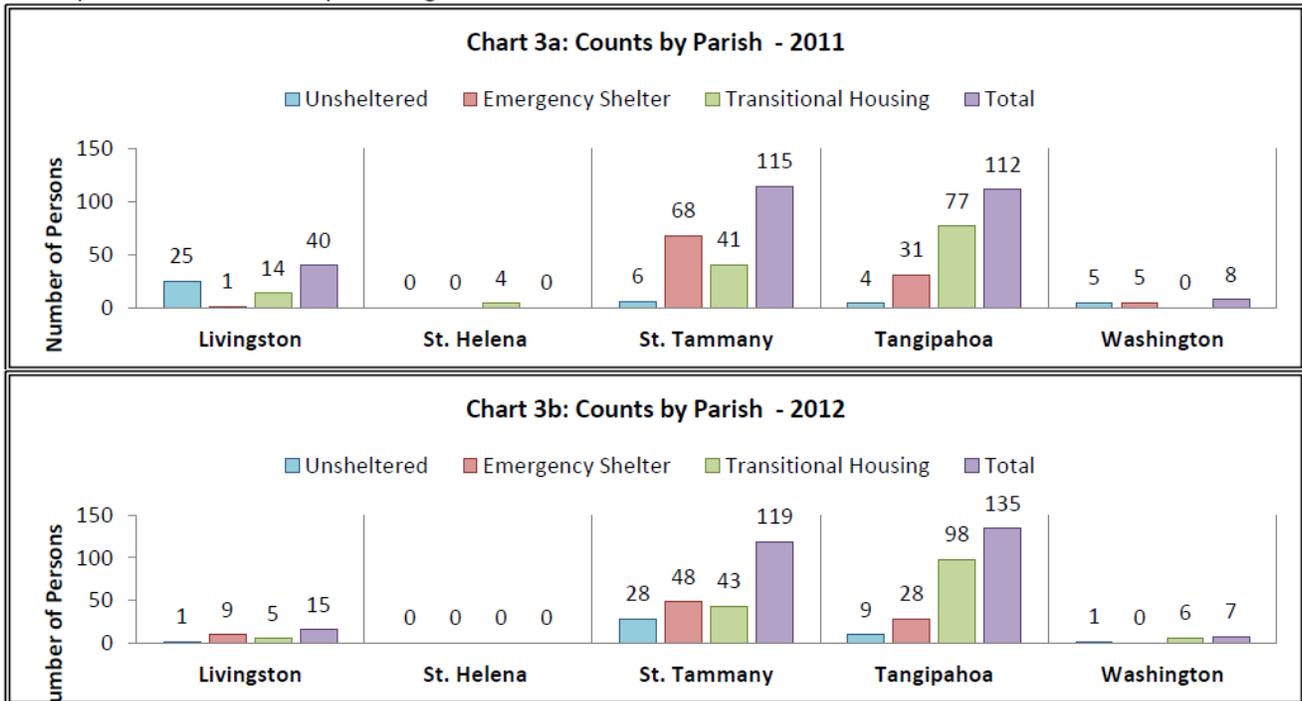


Participating Organizations: Eighteen human service agencies participated in the 2012 Census by directly surveying persons seeking/accessing their assistance, or welcoming volunteers to conduct interviews with their participants, during the week of the Count. These service providers included emergency 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	
Miramom 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

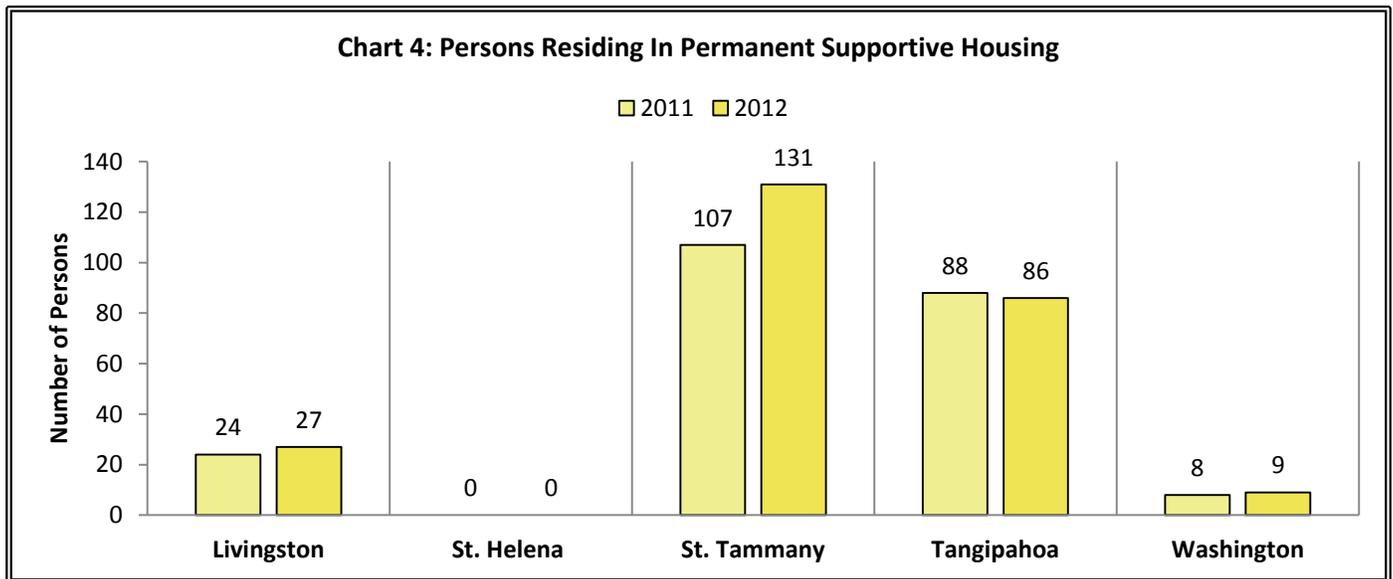
Table 4b: St. Helena Parish: Summary of <i>Literally Homeless</i> Adults and Children				
Household Type	In Emergency Shelter		In Transitional Housing	Total Count
	Unsheltered	Shelter		
Number of Households with at least One Adult and One Child	0	0	0	0
Total Persons in Households	0	0	0	0
Number of Households 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

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 (Matheny, 2012, p. 1)

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

d. Homeless Populations

The following section will provide detailed information about homeless populations as defined by USICH:

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

Veterans

According to NHC's 2012 Point in Time (PIT) count, a total of 46 Veterans were considered *literally homeless* on the night of January 23, 2012. Veterans accounted for **23.6%** of homeless adults in the region (Matheny, 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



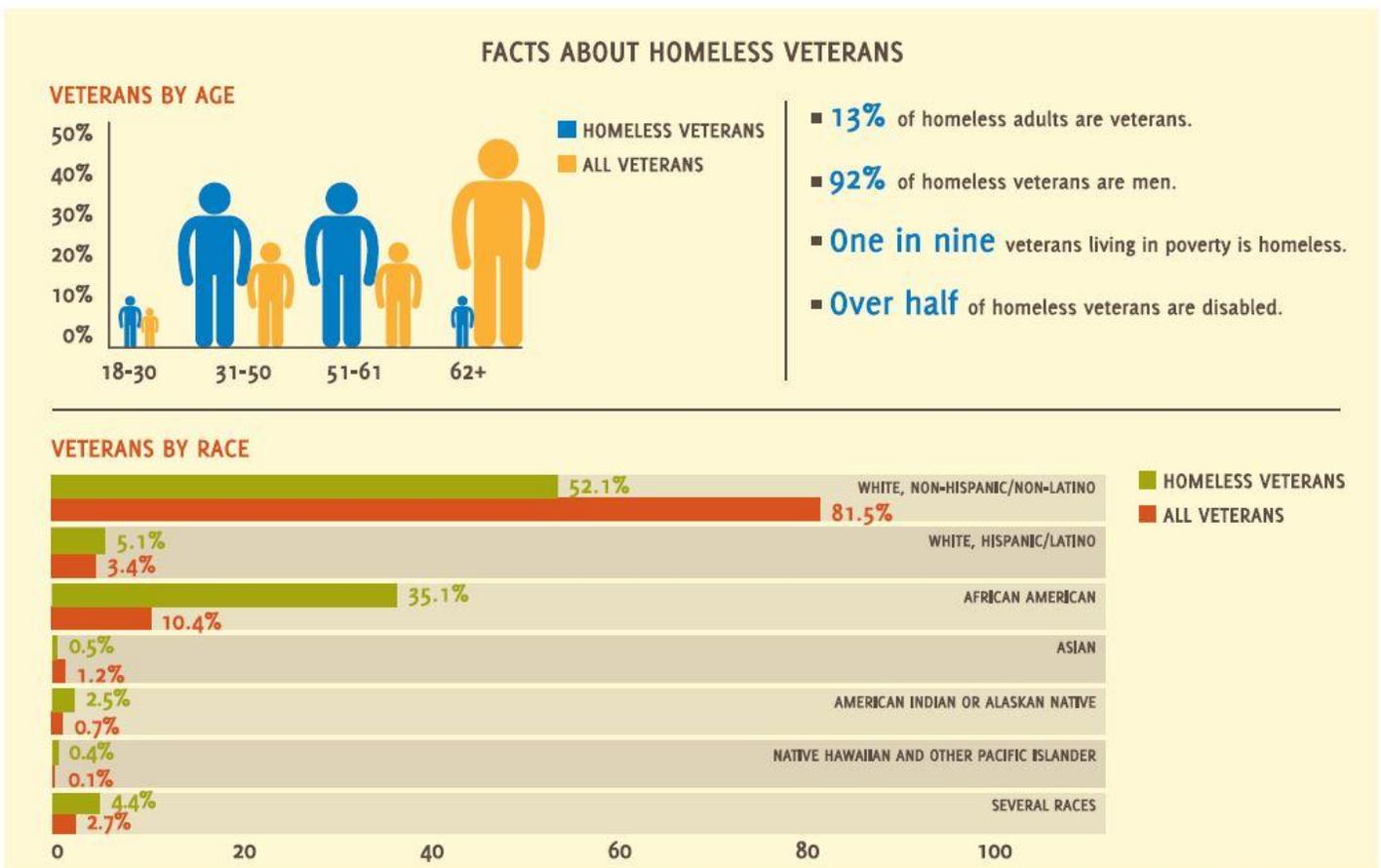
(Source: <http://www.voagno.org/Services/Veterans-Services>)

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 Affairs (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*, VA funded homeless 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. This program promotes housing stability through homelessness prevention services such as rent assistance, utility payments, and the payment of arrears for veterans.
- 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. The VA partners with public housing authorities to issue housing vouchers to eligible homeless Veterans
- The *VA Homeless Providers Grant Per Diem (GPD)* program funds community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

Currently, the region has one GPD grantee operating two transitional housing programs and a handful of HUD-VASH vouchers that have been ported to local PHAs.



Note: Data shown are for sheltered homeless veterans — veterans who spent at least one night homeless in an emergency shelter or transitional housing facility between October 1, 2009 and September 30, 2010.
 Source: U.S. Department of Housing and Urban Development, "Veteran Homelessness: Supplement to the 2010 Annual Homeless Assessment Report to Congress," 4-7.

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* on the night of the count. 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” (Matheny, 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.

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

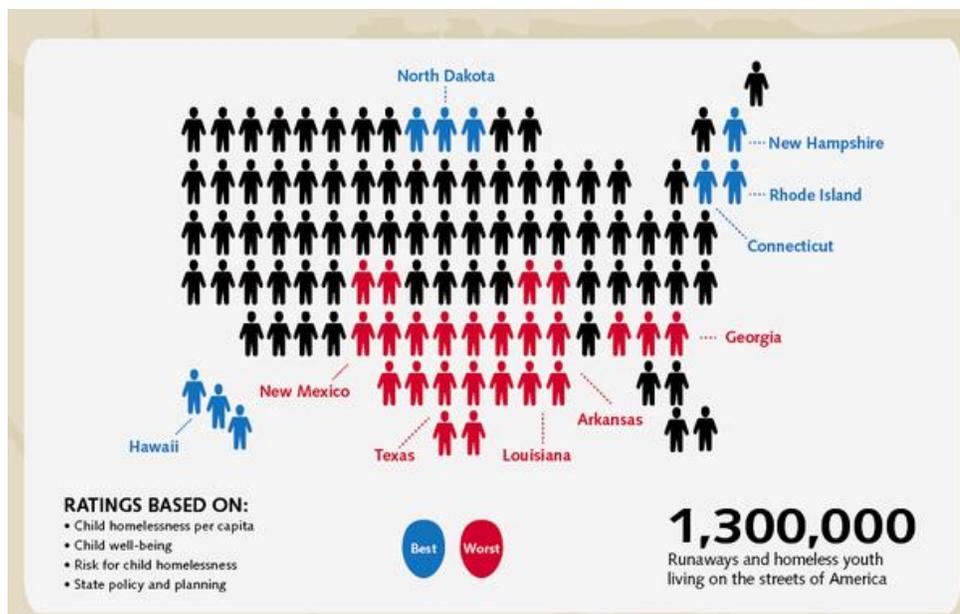
However, other sources of data reveal that several thousand school-age children and youth were without stable, permanent housing within the region. Using the Federal McKinney-Vento Homeless Education Assistance Act definition of homelessness, 1,830 of were homeless, either as part of a family or as an unaccompanied youth during the 2010-2011 school year. These students account for 2.1% of the total number of students enrolled in public schools in the region for the year. A student is considered homeless if he or she is having housing with family or friends due to loss of housing or economic hardship, staying in a shelter, living in substandard housing, living in places not designed for regular living accommodations, or awaiting foster care or temporarily living in an institution. In Livingston Parish, 35 (0.1%) students were identified as homeless at some point during the 2010-2011 school year. In St. Helena, there were 45 (5.60%) students, 1,540 (4.2%) in St. Tammany, 176 (0.9%) in Tangipahoa, and 30 (0.6%) in Washington. Of note, St. Tammany Parish schools offer a “Kids in Transition” (KIT) program for students whose living conditions are considered “transitional,” which has the same meaning for schools as “homeless.”

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

Of the identified 540 students in transition in St. Tammany Parish, 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).



(Source: <http://www.behance.net/RKFishman>)

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” (Matheny, 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

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. She was recently approved for a Habitat home! Nicole has truly been a success story for the Supportive Housing Program, and her ultimate goal of home ownership is a dream that is coming true.

-Angela Pellegrin, St. Tammany Community Action Agency

Nicole and Raynell Mercadel



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.

Survey participants were asked the following questions:

- 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?
- Does your agency serve a specific population (veterans, elderly, disabled, youth, etc)? Please describe.
- In your experience, what barriers to obtaining housing do your consumers face? Please explain.
- In your experience, what barriers to obtaining employment do your consumers face? Please explain.
- What strategies do you think may be successful in overcoming these barriers?
- 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.

Stakeholders were invited to participate in the survey to guide the development of this plan. The key questions, selected responses and response summaries are included on the following pages.



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:

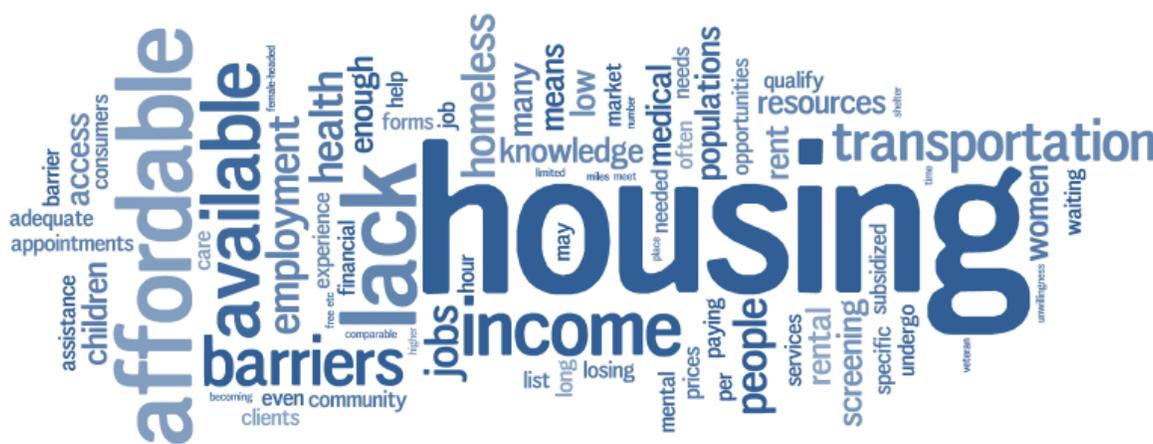
- lack of employment/income
- no knowledge of resources
- transportation problems
- disabilities
- strict eligibility guidelines for programs
- underemployment

“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



Public Comments

This plan in draft form was posted on the NHC website during August 2012. The following comments and suggestions were gathered through the public comment request, survey responses, and the strategy session. Many of the suggestions from the public and stakeholders have been incorporated throughout this plan. The comments that follow focus mostly on unmet needs and program ideas outside of the scope of this document.

The suggestions and ideas that follow are being included in this plan to illustrate to readers the possibilities that exist regarding the prevention and ending of homelessness. This list may also be used by businesses or organizations looking to take on a project to help homeless individuals and families; some ideas could be implemented with little funding, and others would require great effort. If you are interested and would like information, please refer to the contact information on the second page of this document.

- “Encourage major corporations, here in America, to **construct low-income apartments or homes, with a childcare component**, in the vicinity of their facilities, so that the low- wage employees helping them earn record profits, will have a decent place to live and will not have to spend most of their wages on childcare and transportation. *As in Fritz Lang's 1927 classic film Metropolis the head must work with the hands with the heart as mediator.*”
- “Good job. Only other suggestion is to create a program that **puts the homeless back in touch with long-lost family members**. Often, they have left the family; the family has not left them...We have often placed folks this way and provided transportation to get them “home.” Inexpensive, and if you couple this with contacts they can leverage at their destination, a good beginning to a new beginning.”
- “**Outreach to landlords**, landlord mediation, and rental assistance.”
- “Train parents to **work from home**. Given current technology, there are many tasks that can be accomplished from home. Pay could be outcome based to ensure productivity. This would **immediately solve two problems** often cited about the difficulty of finding work- lack of transportation and inability to pay for childcare to work. It would take an innovative company to develop the end product or service, but could be a great opportunity.”
- “It would be helpful to have a **needs assessment** completed so that the following can be determined:
 1. What services/programs are available?
 2. How are they funded?
 3. What service gaps exist?
 4. How should the gaps be addressed? Who will address them?”
- “(It would be helpful) to get more accurate weekly, monthly, quarterly, and annual **numbers of homeless individuals** from our facilities, police, non-profits, etc.”
- “Some of our high school graduates go on to college but have **nowhere to go during college breaks** (Thanksgiving, Christmas, spring, summer, etc). The dorms are often closed and the students who are living completely independently need a safe location to stay during these times away from campus.”
- “Put into place a plan for **ongoing outreach** (not wait for the Point in Time survey etc. to determine where the homeless persons are in the community)”
- “Another issue is unaccompanied youth being underage and not being accepted to rent an apartment. Without that ability, many are restricted to a car, if they own one, or worse. Some students **need assistance with obtaining emancipation** in order to seek and receive medical attention when the parents refuse to help them in any way.”

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 by 2015
- 2) Prevent and end homelessness among Veterans by 2015
- 3) Prevent and end homelessness for families, youth, and children by 2020
- 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 federal and local government agencies, organizations, and businesses in preventing and ending homelessness:
 - a. Request meetings with local, state, and federal partners 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. Request participation and guidance from Federal agencies; including the United States Department of Housing and Urban Development, Department of Veteran’s Affairs, and the United States Interagency Council on Homelessness.
 - c. Involve faith-based organizations and local school systems in the implementation of this plan by providing plan copies and meetings if requested.
 - d. 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 participants to attend NHC meetings and request their participation on committees. Develop a survey to elicit input specifically from citizens who have experienced homelessness 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 (HMIS) 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.
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 four 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:
 - a. Homeless Management Information Systems (HMIS)
 - i. Monitor compliance with HUD Data and Technical standards.

- ii. Monitor compliance with Louisiana Services Network Data Consortium (LSNDC) data quality standards, data integrity, and reporting.
 - iii. Monitor and support ongoing end user training for implementation of the Service Point system.
 - iv. Review and approve the LSNDC Policy Documentation, including Standard Operating Procedures, Release of Information, Agency and User Agreements.
 - v. Approve and provide input on NHC HMIS policies and report development.
 - vi. Ensure CoC successfully submits Federal data for Annual Homeless Assessment Report (AHAR), Point-in-Time (PIT) Count and Housing Inventory Count (HIC).
 - vii. Promote HMIS data sharing and participation to non-contributing organizations (CHO) within CoC.
 - viii. Conduct annual evaluation of HMIS lead staff, training, and support materials, and provide findings to HMIS lead agency.
- b. Strategic Plan Monitoring
- i. Meet at least twice a year to review progress toward plan goals.
 - ii. The Monitoring Committee will use the Plan Monitoring Tool (see Appendix C) to assess plan progress.
 - iii. Make recommendations to the Executive Board regarding future edits to this plan as guidance and/or goals change.
- c. Coordinated Access (Education, Employment, Healthcare, Mainstream Programs):
- i. Employment
 1. Investigate how to work with local business owners to train and hire homeless persons.
 2. Identify programs within the local community colleges that could provide additional training.
 3. Identify job fairs that could assist in connecting with businesses.
 4. Work with agencies to hold special needs job fairs.
 5. Develop a working relationship with LA Workforce Commission.
 - ii. Healthcare:
 1. Create a working relationship with the Federally Qualified Health Centers and Public Health Units to provide healthcare services for local participants.
 2. Gather information about all “mainstream” health-related programs, including how to apply and qualification requirements.
 3. 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.
 4. Use summary to develop a policy/procedure for homeless providers to assist agencies in obtaining health related services/benefits for participants.
 5. Remain informed about Medicaid changes as they occur.
 - iii. Coordinated Access:
 1. Assess options and make recommendations for consolidating intake processes.
 2. Collaborate with member agencies and mainstream programs to create a single application for multiple programs/services.

3. Plan event(s) to provide homeless participants with multiple services at one place.
- d. Marketing (Membership, Identity):
 - i. Identify related agencies in the region that are not currently represented in NHC general membership; invite participation.
 - ii. Identify individuals from general membership willing to serve on a committee.
 - iii. 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.
 - iv. Survey general membership about meetings: convenience of meeting days/times/locations, meeting content, etc.
 - v. Market this plan (short term) and establish NHC identity (long term).
 - vi. Distribute copies to Northlake Homeless Coalition members/agencies.
 - vii. Compose and distribute a press release to all available media outlets.
 - viii. Post the document on the coalition's website and any other appropriate websites.
 - ix. Submit plan for inclusion in the Federal Opening Doors initiative; request distribution of plan through USICH's media channels.
 - x. Request meetings with local officials in all five parishes to present and discuss the plan in person.
 - xi. 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- to answer phone calls and meet with homeless participants, assist in completing application(s) for services, provide comprehensive referrals, coordinate facility intake, etc.

Increase Leadership, Collaboration, and Civic Engagement – OBJECTIVES

Objective	Goal	Target Date	Responsible
Identify targeted community leaders in all five parishes	Target list complete (at least two leaders from each of the five Parishes)	1 month following committee establishment	Marketing Committee
Develop presentation and handouts to be presented	Presentation and handouts created	2 months following committee establishment	Marketing Committee
Meet with 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	7/1/2013	NHC Executive Board
Develop survey to gather input from citizens with firsthand experience of homelessness	Survey developed and distributed to providers/at Homeless Connect event(s).	3/1/2013	Coordinated Access committee
Expand HMIS network of providers	Integrate at least 5 new providers not currently using HMIS.	9/1/2013	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 Executive Board

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. Target housing resources and funding to prevent and end homelessness for families, youth, and Veterans in addition to individuals experiencing chronic homelessness.
 - 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 successfully transition TH participants to PH. TH providers within the CoC have developed life skill training that helps participants 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%

3. 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

4. Advocate for the increase in availability of housing options for extremely low-income residents (below 15 percent of Area Median Income are the households most likely to experience homelessness) by providing information to developers and managers of low income housing developments.

Objective	Goal	Target Date	Responsible
Develop advocacy document to be presented to low income housing developers/managers.	Document prepared & mailed to targeted low income housing developments.	9/30/2014	Marketing committee

C. Increase Economic Security

1. Form a Coordinated Access Committee to address education and employment issues (description at A.3.iii).
2. Work closely with local service providers to help minimize barriers to mainstream funding sources such as SSI/SSDI, Food Stamps, and TANF.
3. Increase percentage of participants in all CoC-funded projects that are employed at program exit.
 - a. 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.
 - b. CoC funded projects use participant-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 participants where they are.
 - c. Efforts will be placed to continue linking participants to life skills training and workshops and resources to obtain their GED, job-training and volunteer opportunities.

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. Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety and wellness services with housing.
3. 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 participants 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

1. Move from the traditional, linear CoC model (emergency shelter > transitional housing > permanent housing) to a more effective, research based system:
 - Access
 - Assessment
 - Assignment of Intervention
2. Create a Coordinated Access Committee (see description at A.3.3).
3. Host a “Project Homeless Connect” event for homeless persons using successful models from other communities 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 participants at no cost; examples:
 - i. Health/dental/vision screenings
 - ii. Immunizations
 - iii. Hygiene products
 - iv. Haircuts
 - v. Identification
 - vi. Clothing
 - vii. Other services
 - c. Obtain sponsorship from a business or businesses to cover the cost of event.
4. Adopt a “No Wrong Door” approach providing coordinated access 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 “No Wrong Door” approach to service access.

Objective	Goal	Target Date	Responsible
Host Project Homeless Connect event	plan and hold event	12/31/2014	NHC Executive Board/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. 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 Board 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

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VIII. Appendix

- A) Glossary
- B) Highlights of the HEARTH Act
- C) Strategic Plan Monitoring Tool

Appendix A : Glossary

Age: Generally derived from date of birth information, and is based on the age of the person in complete years.

Armed Forces: Members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard).

Below poverty level: Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."

Chronically Homeless Family: A household with at least one adult member (persons 18 or older) who has a disabling condition (see definition below) and who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an Emergency Shelter/Safe Haven during that time. For purposes of the PIT, persons living in Transitional Housing at the time of the PIT count should not be included in this subpopulation category; the subpopulation count should include all members of the household.

Chronically Homeless Individual: An unaccompanied homeless adult individual (persons years or older) with a disabling condition (see definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of in the past three (3) years. To be considered chronically homeless, persons must have sleeping in a place not meant for human habitation (e.g., living on the streets) and/ Emergency Shelter/Safe Haven during that time. Persons under the age of 18 are not as chronically homeless. For purposes of the PIT, persons living in Transitional Housing at the time of the PIT count should not be included in this subpopulation category.

Chronic Substance Abuse: This category on the PIT includes persons with a substance abuse problem (alcohol abuse, drug abuse, or both) that is expected to be of long-continued and indefinite duration and substantially impairs the person's ability to live independently.

Civilian Labor Force: All of those in the labor force with the exclusion of people on active duty in the United States Armed Forces.

Continuum of Care (CoC): A regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Contributory HMIS Program: A program that contributes Protected Personal Information (PPI) or other participant-level data to an HMIS.

Disabling Condition: A physical, mental, or emotional impairment which is (a) expected to be of long continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder (As defined in Section 223 of the Social Security Administration Act).

Domestic Violence Survivor: Someone who has fled the willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by a family member, household member, or intimate partner.

Educational Attainment: Refers to the highest level of education completed in terms of the highest degree or the highest level of schooling completed. Individuals who possess at least a high school diploma.

Emergency Shelter: Programs that provide a temporary place to stay for newcomers, travelers, people who are in crisis, or homeless individuals in the community. Stays are usually less than six months.

Employed: Includes all civilians 16 years old and over who were either (1) "at work" -- those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were "with a job but not at work" -- those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons.

Female Head of house below poverty level: Percent of families with a female householder, no husband present.

Head of household (HOH): An individual within a family group who provides support and maintenance to one or more individuals who are related to him or her through adoption, blood, marriage, or was residing with other persons on the night of the Homeless Census. This was self-designated for survey purposes.

Homeless Management Information System (HMIS): A software application designed to record and store client-level information on the characteristics and service needs of homeless persons throughout a Continuum of Care (CoC) jurisdiction. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate service provision, manage their operations,

and better serve their clients. Implementations can encompass geographic areas ranging from a single county to an entire state, and it knits together the homeless assistance providers within these communities to create a more coordinated and effective housing and service delivery system.

Homeless Person: A homeless person is someone who is living on the street, in an Emergency Shelter, in Transitional Housing for homeless persons, or in a Safe Haven.

Homeless Prevention and Rapid-Rehousing: A HUD-funded program that was designed to assist households who would otherwise become homeless without the short-term support, and to quickly help re-house those who are homeless.

In Labor Force: The labor force includes all people classified in the civilian labor force, plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard). The Civilian Labor Force consists of people classified as employed or unemployed.

Median Income: The median income divides the income distribution into two equal groups, one having income above the median, and the other having incomes below the median.

Not in Labor Force: Consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were, not looking for work, institutionalized people, and people doing incidental unpaid family work.

Permanent Supportive Housing: Programs that provide affordable, community-based housing for individuals and families who have experienced long-term or chronic homelessness and have been diagnosed as having a physical or developmental disability, a severe mental illness, substance abuse problems or HIV/AIDS; structures include apartments, single-family houses, duplexes, group homes or single-room occupancy housing; most offer some type of case management and housing support.

Persons with HIV/AIDS: This subpopulation category of the PIT includes persons who have been diagnosed with AIDS and/or have tested positive for HIV.

Point-in-Time Count (PIT): The Point-in-Time Count is a one-day, statistically reliable, unduplicated assessment of the number of persons residing in Emergency Shelters, Transitional Housing for Homeless Persons, Safe Havens, and places not meant for human habitation. The Count may be completed over several days, but it captures information based upon a single night, typically during the last 10 days in January. Programs that have beds dedicated to serve homeless individuals and families also conduct a bed inventory during the count.

Population: All people, male and female, child and adult, living in a geographic area.

Protected Personal Information (PPI): Information about a participant: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonably likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

Race: A self-identification data item in which respondents choose the race or races with which they most closely identify.

Severely Mentally Ill (SMI): This subpopulation category of the PIT includes persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person's ability to live independently.

Safe Haven (SH): Programs that serve chronically homeless individuals living with co-occurring mental illness and substance abuse disorders and do not require a commitment to services as a precondition for housing.

Social Security Income (SSI): Individuals receiving Social Security Income.

Transitional Housing: programs that provide extended shelter 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.

Unaccompanied Child (under 18): This subpopulation category of the PIT includes persons under the age of 18 with a household size of one.

Unemployed: All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness.

Unsheltered: a phrase used to describe any location that a person may be residing that is not intended for human habitation; includes automobiles, wooded areas, sidewalks, abandoned buildings, barns, under bridges, etc.

Veteran: This subpopulation category of the PIT includes persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Victims of Domestic Violence: This subpopulation category of the PIT includes persons who have been victims of domestic violence at any point in the past.

Appendix B : Highlights of HEARTH Act

Homeless Assistance Reauthorization

National Policy Update June 2009

Highlights of the HEARTH Act

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs. The bill was included as part of the Helping Families Save Their Homes Act. The McKinney-Vento reauthorization provisions are identical to those included in two bills introduced earlier in 2009, both known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The Senate bill (S. 808) was introduced by Senators Jack Reed (D-RI), Kit Bond (R-MO), and 11 other Senators. The House bill (H.R. 1877) was introduced by Representatives Gwen Moore (D-WI), Judy Biggert (R-IL), and 5 other House Members.

HEARTH Act Highlights

- **Increased Prevention** – The HEARTH Act will provide much greater resources to communities for prevention and re-housing targeted to those who are at risk of homelessness, including people who have extremely low incomes and are doubled up, living in a hotel, or have a precarious housing situation. The bill will change the current Emergency Shelter Grants Program to the Emergency Solutions Grants (ESG) Program, and almost double the amount for ESG to 20 percent of the total for homeless assistance. The new ESG program served as a model for the Homelessness Prevention Fund included in the American Recovery and Reinvestment Act.
- **Family Rapid Re-housing Incentive** – The Act requires that HUD provide incentives for rapid re-housing programs for homeless families. Rapid re-housing programs have been successfully used in numerous communities to significantly reduce family homelessness. By dramatically reducing the length of time that families are homeless, rapid re-housing programs ensure a quicker return to stability and self-sufficiency.
- **Continued Attention to Chronic Homelessness** – The HEARTH Act continues HUD's existing initiative to house people who experience chronic homelessness. However, it adds families with children to the initiative.
- **Permanent Housing Solutions** – The HEARTH Act designates 30 percent of total funds for new permanent housing for families and individuals with a disability. It also requires that 10 percent of funds be used for permanent housing activities for families with children.
- **Definition of Homelessness** – The HEARTH Act will change HUD's definition of homelessness to include people at imminent risk of losing their housing and families or youth who live in precarious situations and are unlikely to become stable. Communities will be able to use up to 10 percent of their resources to serve people who meet the definitions of homelessness used by other federal agencies. Communities with low rates of homelessness will be able to use more than 10 percent.

- **Consolidate HUD's Competitive Grant Programs** - The HEARTH Act consolidates the Supportive Housing Program, Shelter Plus Care, and the Moderate Rehabilitation/Single Room Occupancy Program into a single Continuum of Care program. This consolidation will allow communities to apply to one program rather than three, reducing the administrative burden and increasing flexibility and local decision-making.
- **Improving Homeless Assistance in Rural Communities** - The HEARTH Act creates the Rural Housing Stability Assistance Program. This program will grant rural communities greater flexibility in utilizing Homeless Assistance Grants, allowing rural areas more flexibility to identify and address the needs of homeless people or those in the worst housing situations in their communities. Rural communities will also be allowed to use more funding for capacity building.
- **Performance-Based Focus** - The HEARTH Act increases the emphasis on performance by measuring applicants' progress at reducing homelessness and providing incentives for proven solutions like rapid re-housing for families and permanent supportive housing for chronically homeless people. The Act also allows communities with low levels of homelessness or that are reducing homelessness to focus more on prevention and serving people who are at risk of homelessness.
- **Simplified Match Requirement** - The HEARTH Act requires that communities provide a 25 percent match, instead of the varying levels of matching funds required by existing statute. It will, however, ensure that activities that had a lower match prior to enactment would continue to have that match requirement.
- **Funding** - The HEARTH Act authorizes a funding level of \$2.2 Billion.

Appendix C : Plan Monitoring Tool

Strategic Plan Monitoring Tool

Theme	Objective	Goal	Target Date	Responsible
A. Increase Leadership, Collaboration, and Civic Engagement	Identify targeted community leaders in all five parishes	Target list complete (at least two leaders from each of the five Parishes)	1 month following committee establishment	Marketing Committee
	Develop presentation and handouts to be presented	Presentation and handouts created	2 months following committee establishment	Marketing Committee
	Meet with 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	7/1/2013	NHC Executive Board
	Develop survey to gather input from citizens with firsthand experience of homelessness	Survey developed and distributed to providers/at Homeless Connect event(s).	3/1/2013	Coordinated Access committee
	Expand HMIS network of providers	Integrate at least 5 new providers not currently using HMIS.	9/1/2013	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 Executive Board
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
	Develop advocacy document to be presented to low income housing developers/managers.	Document prepared & mailed to targeted low income housing developments.	9/30/2014	Marketing committee
E. Retool the Homeless Crisis Response System	Host Project Homeless Connect event	plan and hold event	12/31/2014	NHC Executive Board/Coordinated Access Committee

Strategic Plan Monitoring Tool

Objective	Completion Date	Progress Notes
Identify targeted community leaders in all five parishes		
Develop presentation and handouts to be presented		
Meet with government and business leaders		
Establish committees		
Develop survey to gather input from citizens with firsthand experience of homelessness		
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		
Develop advocacy document to be presented to low income housing developers/managers.		
Host Project Homeless Connect event		

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

Objective	YEAR (ACTUAL)									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Create new permanent housing beds for chronically homeless persons.										
	beds	beds	beds	beds	beds	beds	beds	beds	beds	beds
Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing.	%	%	%	%	%	%	%	%	%	%
Increase percentage of participants in all CoC-funded projects that are employed at program exit.	%	%	%	%	%	%	%	%	%	%
Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months.	%	%	%	%	%	%	%	%	%	%

Progress Notes