North Alabama Coalition
for the Homeless

Strategic Plan to
End Homelessness 2018-2022

September 2017

CONFRONTING HOMELESSNESS IN MADISON, MORGAN, & LIMESTONE COUNTIES

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CONTEXT AND SYSTEM VISION

All individuals and families facing homelessness in Madison, Morgan, and Limestone Counties should have access to safe, decent, affordable housing and the resources and supports needed to sustain it. Residents of this tri-county area are facing a number of challenges that put them at risk of homelessness.

NACH CONTINUUM OF CARE

The mission of the North Alabama Coalition for the Homeless is to educate the public regarding homelessness, and to coordinate and facilitate efforts of agencies, communities and concerned citizens into a seamless Continuum of Care to affect positive solutions to homelessness in Madison, Morgan, and Limestone counties of North Alabama.

In order to respond to local needs and to reach the goal of ending homelessness. North Alabama Coalition for the Homeless' system needs to evolve beyond a collection of great individual programs to a coordinated crisis response system that makes strategic, data-driven decisions. To this end, the NACH Continuum of Care has spent 2017 engaged in a process to create a plan to end homelessness as detailed below:

The inception of this plan came from multiple drivers:

- A strong community commitment to ending homelessness;
- A nationwide push to develop local plans to address homelessness, which includes Madison, Morgan, and Limestone counties. The reality of the need to meet performance measures expected by HUD, the major funder of homeless housing in Madison, Morgan, and Limestone Counties;
- A need for prioritization of persons experiencing homelessness, which specifies a project recommendation that allows available resources to be maximized efficiently to effectively end homelessness;
- A desire to operate as a cohesive system where resources are not fully aligned in an optimal way;
- A push to determine whether Madison, Morgan, and Limestone Counties have the right mix of housing and services to meet the needs of people experiencing homelessness and to actively identify those missing parts which are necessary for a successful solution;
- The need for policy and process which shifts the focus on screening people into the system versus screening people out of the system; and
- A drive to improve experiences for people in need in the tri-county area.

HEARTH ACT PERFORMANCE MEASURES

The length of time individuals and families remain homeless.

Reduction in the number of people who become homeless for the first time.

The extent to which persons who leave homelessness experience additional spells of homelessness.

Overall reduction in the number of people experiencing homelessness.

Jobs and income growth for people experiencing homelessness.

Thoroughness in reaching people experiencing homelessness throughout a geographic region.

The following methods were used to create the plan:

1. Background research on pre-existing strategic plans and best practices among plans to end homelessness in other geographies across the country; on the HEARTH Act and related HUD materials; and on literature regarding best practices in the homeless field.

2. System and needs assessment based on the Consolidated Plan, Continuum of Care Coordinated Assessment Applications, and existing data from the 2017 National Low Income Housing Out of Reach Report, The United Way of Madison County Community Needs Assessment, Community Survey, Homeless Management Information System (HMIS), HUD reports, and other relevant data sources.

3. Strategic planning sessions with Continuum of Care Members, Continuum of Care Consumers ,providers, and other stakeholders on topics relevant to plan components. Themes for the three sessions were as follows: System Visioning; Digging Deep - Homeless Population and System Priorities; and Getting Things Done - Operationalization of the Plan.

4. An unmet needs analysis that assessed the need for different types of housing assistance compared to the supply of each type of housing assistance to illuminate gaps.

5. Including our citizen participation/stakeholders meetings in our methodology.

This report captures Madison, Morgan, and Limestone Counties' plan and the work ahead.
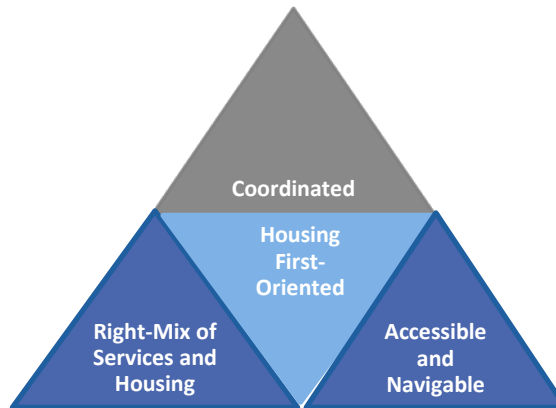
SYSTEM VISION

Homeless system should NOT be:	Homeless system SHOULD be:
Inefficient and time consuming	Responsive and efficient
Bureaucratic and inflexible	Supportive and welcoming
Confusing and difficult to use	Transparent and navigable
Inequitable and inadequate	Coordinated and linked
Unfriendly and frustrating	Sufficient relative to need
Exhausting and overwhelming	Respectful and accountable

The resulting vision is a North Alabama homeless system that will:

- Be a coordinated system with real-time housing inventory information, effective referrals, and no cracks;

- Have a mix of housing and services and supply that are aligned with the client's needs – i.e. person-centered, not program or agency centered;

- Have housing first principles and policies embedded throughout the system—this means programs are client ready versus participants being housing ready. The process assures people are screened-in versus screened-out; and

- Be a system that is easily understood, accessed, and navigated by people experiencing homelessness.

Stakeholders, based on key factors listed below, will understand the benefit of a coordinated system as results are achieved:
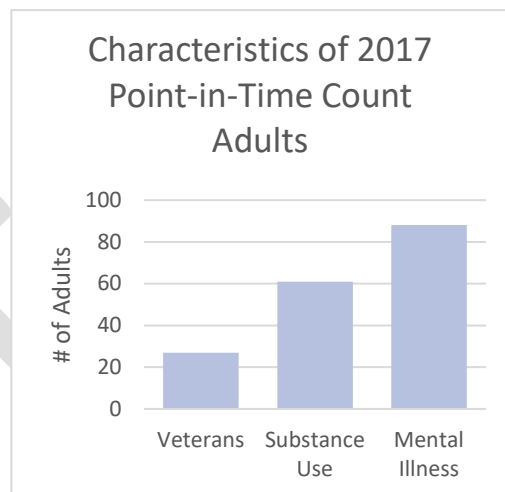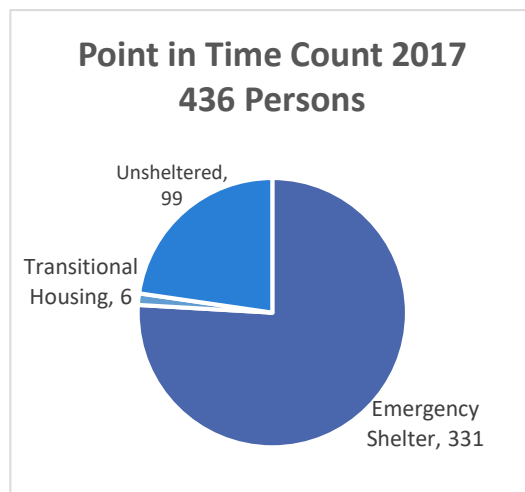
- Homelessness is rare (numbers of people experiencing homelessness decrease and numbers for whom homelessness is prevented increase)
- Homelessness is non-recurring (returns to homelessness decline)
- Homelessness is brief (length of time spent homeless declines or is measured relative to a benchmark)

This comprehensive vision and set of outcomes are well aligned with best practices being implemented across the nation, tying NACH's fight to end homelessness to the larger national movement. There is considerable momentum around these goals and significant progress is being made in diverse communities across the U.S.

This new plan for NACH embodies strategic thinking by targeting resources to those most in need and likely to benefit through coordinated assessment; it integrates and promotes best practices across housing and service interventions; and it identifies new partners, in new areas, to help seize critical opportunities and to leverage more support for the homeless system.
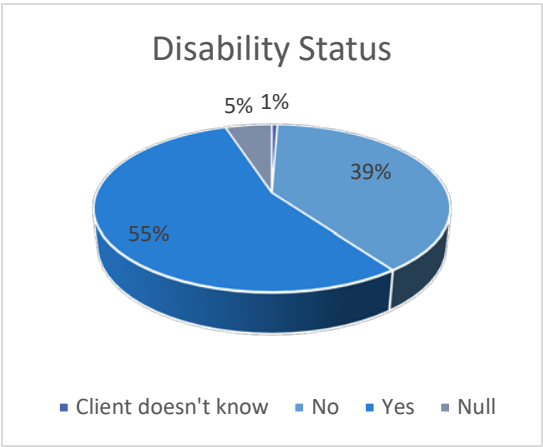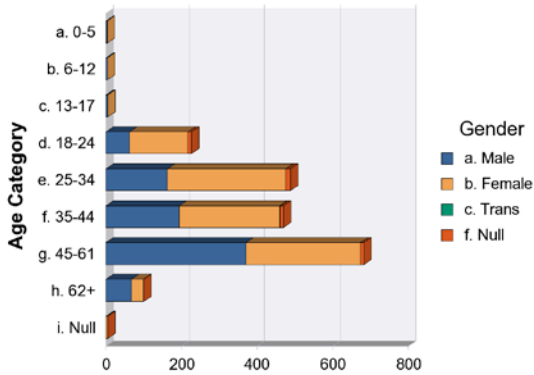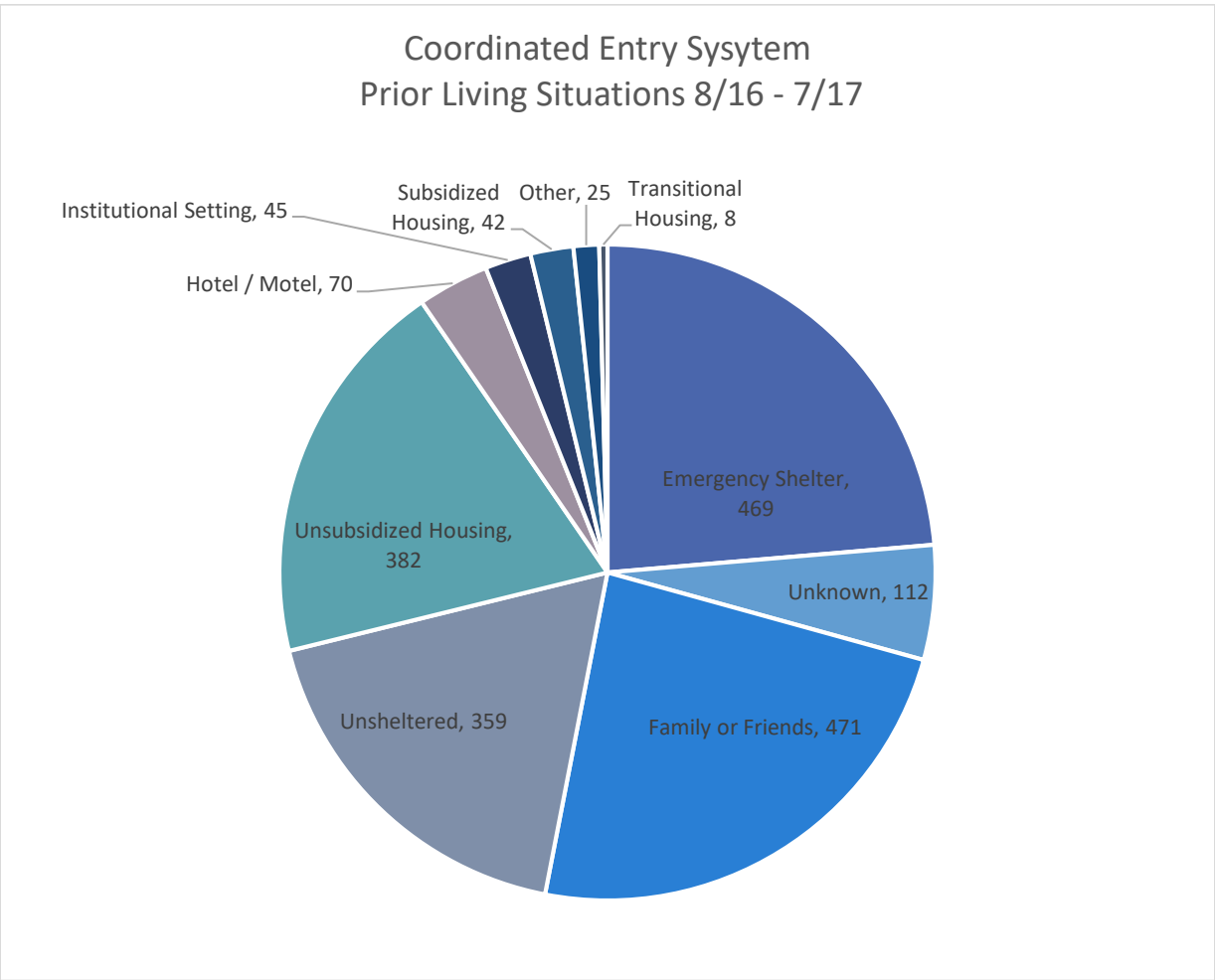
2017 Point-in-Time Count

Point in Time Count 2017
436 Persons

Unsheltered, 99

Transitional Housing, 6

Emergency Shelter, 331

Characteristics of 2017 Point-in-Time Count Adults

# of Adults

Veterans | Substance Use | Mental Illness

This year's Point-in-Time count was conducted on Tuesday, January 30, 2017. A total of 436 people residing in emergency shelters and on the street were counted as homeless in Madison, Morgan and Limestone counties. This represents an increase of 51 persons compared to last year. A total of 27 veterans were counted amongst the homeless, mostly in the Huntsville.

NACH attributes a portion of these increases to the closing of the Breaking Free Rescue Mission in November in 2015 and the closing of the First Stop Permanent Supportive Housing Program in 2016. The unsheltered count increased in Madison County by 55 individuals. The total number of homeless individuals increased in Madison County by a total of 90 persons.

Coordinated Assessment Demographic Report

Coordinated Entry Sysytem
Prior Living Situations 8/16 - 7/17

Institutional Setting, 45
Subsidized Housing, 42
Other, 25
Transitional Housing, 8
Hotel / Motel, 70
Emergency Shelter, 469
Unsubsidized Housing, 382
Unknown, 112
Unsheltered, 359
Family or Friends, 471

Age Category

- a. 0-5
- b. 6-12
- c. 13-17
- d. 18-24
- e. 25-34
- f. 35-44
- g. 45-61
- h. 62+
- i. Null

0   200   400   600   800

Gender
- a. Male
- b. Female
- c. Trans
- f. Null

Disability Status

5% 1%
39%
55%

- Client doesn't know
- No
- Yes
- Null

NACH Vision

No one should experience homelessness – no one should be without a safe stable place to call home.

Homeless Definition

CRITERIA FOR DEFINING HOMELESS			
	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Continuum of Care (CoC) Program Participants Selection Process

NACH utilizes its Centralized Coordinated Assessment for the prioritization of clients based on the client Vulnerability Matrix (VI-SPDAT). The NACH Continuum of Care will prioritize placements in all HUD and Emergency Solutions Grant funded programs based on the severity of need for the chronically homeless by utilizing a prioritization process of persons with the most severe needs. The following will be the order of prioritization for vacant placements: The order of prioritization for preference will vary depending on the specified annual objectives of the "*Federal Opening Doors Policy.*"

1. Chronically homeless individuals or families living on the streets or residing in shelters
2. Individuals or families in which a family member is disabled.
3. Person attempting to flee domestic violence
4. Unaccompanied Youth
5. Veterans

Prioritization for Permanent Supportive Housing will be ranked as following:

1. Ending Chronic Homelessness
2. Ending Chronic Homelessness Amongst Households with Children
3. Ending Youth Homelessness
4. Ending Veteran Homelessness

NACH Strategic Goals to End Homelessness by Populations and End Dates

HOUSING AND SHELTER

N ACH's priorities for the coming years are highlighted on the following pages and are organized into three broad categories—housing, services, and system operations.

Housing is the cornerstone of NACH's efforts to end homelessness. NACH is committed to the support of a variety of housing interventions, striving to improve the targeting of each housing type to populations most beneficial, improving processes, applying best practices, and integrating the housing first model. To help inform this effort, an unmet housing needs analysis was conducted. The analysis involved comparing the supply of different forms of housing assistance to the estimated need for each type of housing. The results revealed how the housing assistance landscape in Madison, Morgan and Limestone Counties should be calibrated or custom sized to best meet the needs of residents. The housing targets contained in the sections below come from the unmet needs analysis.

An end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience, re-experience, or be at risk of homelessness.

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.
- When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.
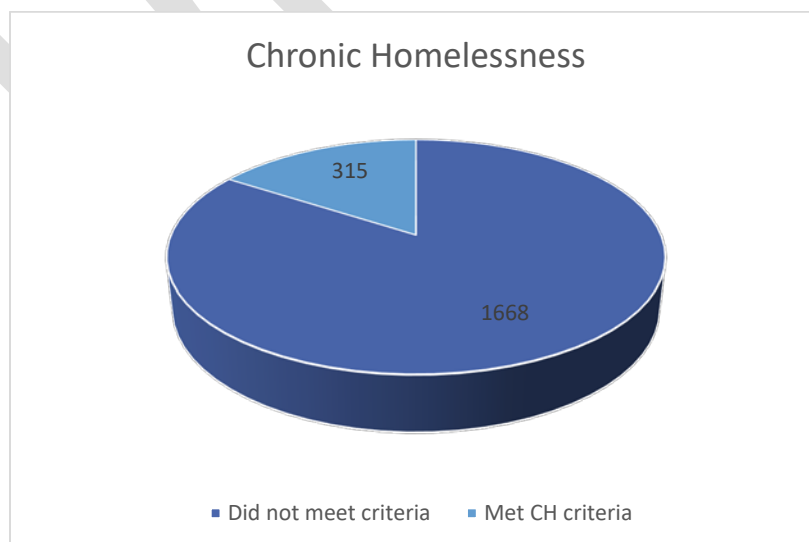
Chronically homeless means:

(1) A ''homeless individual with a disability,'' as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

    (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

    (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility;

OR

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. (24CFR 578.3)

People experiencing chronic homelessness have high and complex service needs. Individuals experiencing chronic homelessness have high rates of mental illness and/or substance use disorders. Chronic homelessness is associated with severe symptoms of substance use, schizophrenia, and other mental health disorders.

Individuals experiencing chronic homelessness also have high rates of institutionalization or incarceration.

Chronic Homelessness

315

1668

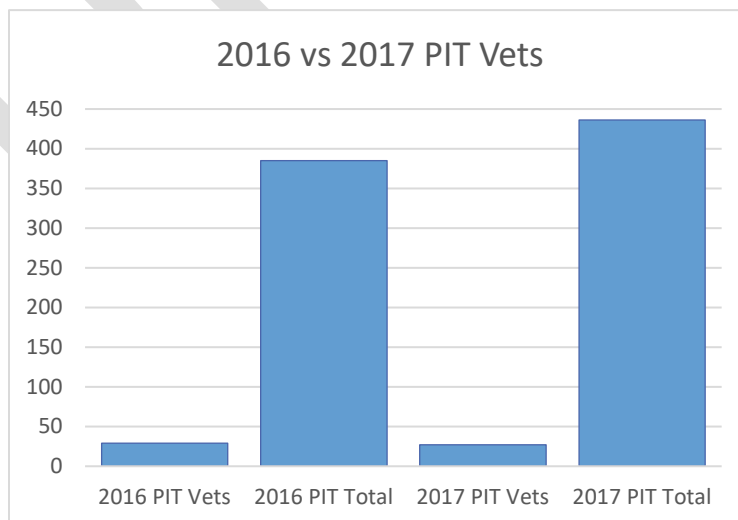■ Did not meet criteria   ■ Met CH criteria

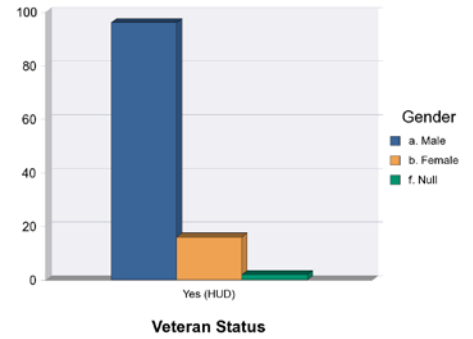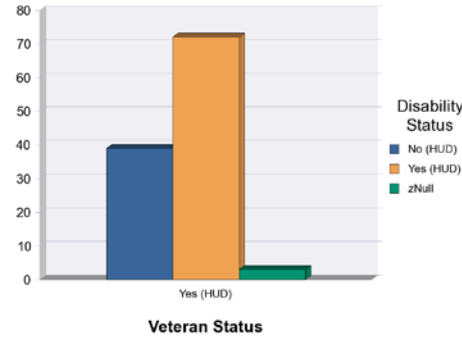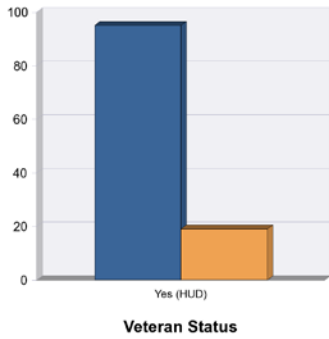## Strategic actions to End Chronic Homelessness include the following:

- Expand permanent supportive housing opportunities by reallocating existing targeted homeless funding (e.g. Continuum of Care Program) and leveraging mainstream resources (e.g. Housing Choice Vouchers, Medicaid, and mental health and substance abuse block grants).
- Ensure that communities are targeting their new and existing permanent supportive housing to people experiencing chronic homelessness, prioritizing those with the most severe challenges for assistance.
- Connect permanent supportive housing to street outreach, shelter, and institutional "in-reach" that can identify and engage people experiencing chronic homelessness.
- Lower barriers to housing entry through community-wide adoption of Housing First.
- Case conferencing with all providers with the use of a Chronic Homeless By Name List.
- Reduce the number of Chronic Homeless Clients by (#)

Goal to End Veteran Homelessness by April 2018

For the purposes of this Plan, the population of Veterans includes all Veterans: both individual Veterans and Veterans in families with children; Veterans who are experiencing chronic homelessness and those who are not; and Veterans with every discharge status, including those Reserve and Guard members who maintain an obligation and potential re-activation status with Department of Defense (DoD), but who also have an established Veteran status with VA following discharge from periods of active duty; and those Veterans who are not eligible for VA benefits and services.

Causes of homelessness among Veterans are similar to causes of homelessness among non-Veterans, including interrelated economic and personal factors and a shortage of affordable housing. Combat and repeated deployments introduce additional factors that contribute to the risk of homelessness, including post-traumatic stress and the disruption of connections to family and community supports.
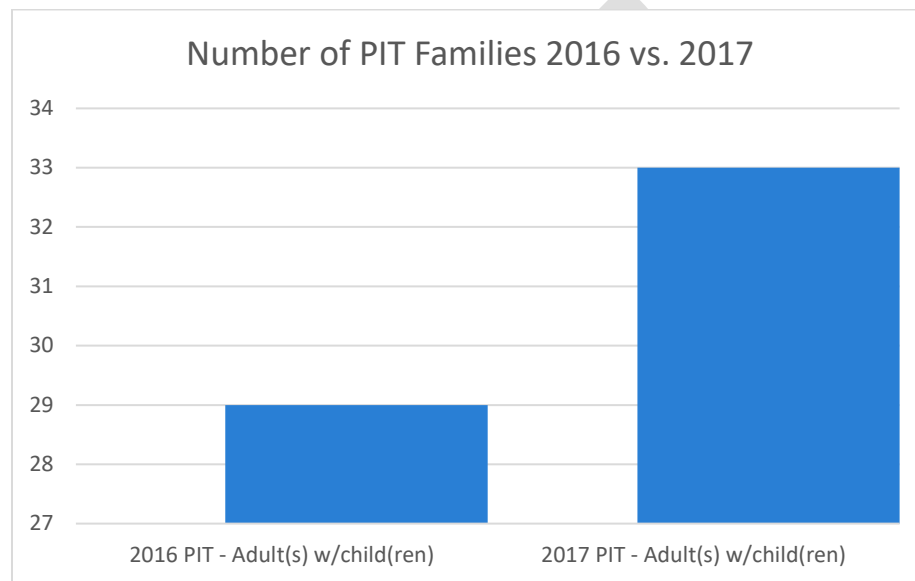

2016 vs 2017 PIT Vets

Strategic actions to End Veteran Homelessness include the following:

- Ensure widespread adoption of a Housing First approach, which removes barriers to help Veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites
- Prioritize the most vulnerable Veterans—especially those experiencing chronic homelessness—for permanent supportive housing opportunities, including those created through the HUD-Veteran's Affairs Supportive Housing (VASH) program;
- Use data to monitor program performance and to determine the resources needed to achieve the goal
- Coordinate outreach efforts to identify and engage every Veteran experiencing homelessness and focus outreach efforts on achieving housing outcomes
- Target rapid re-housing interventions—including those made possible through VA's Supportive Services for Veteran Families (SSVF) program—toward Veterans and their families who need shorter-term rental subsidies and services in order to be reintegrated back into our communities
- Leverage other housing and services resources that can help Veterans and their families who are ineligible for some of VA's programs get into stable housing
- Increase early detection and access to preventive services so at-risk Veterans and their families remain stably housed
- Conduct monthly Veteran Case Conferencing Calls or Meeting with the use of a Veteran By Name List.
- Set up days to visit shelters on a weekly basis.

Families experiencing homelessness are usually headed by a single woman. Many of these families face significant challenges, including poverty and exposure to family and community violence, before, during, or after an episode of homelessness. For the purposes of this Plan, families with children include both family makeups of those who do, and those who do not meet the Federal definition of chronic homelessness.

Domestic violence creates vulnerability to homelessness for women and children, particularly those with limited economic resources.

Number of PIT Families 2016 vs. 2017

	2016 PIT - Adult(s) w/child(ren)	2017 PIT - Adult(s) w/child(ren)
Value	29	33

Strategic actions to End Family Homelessness include the following:

- Develop a coordinated assessment process with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed.
- Connect families to housing and services interventions (rapid re-housing, affordable housing, transitional housing, or permanent supportive housing) most appropriate to their specific strengths and needs.
- Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability.
- Develop and build upon evidence-based practices for serving families experiencing and at risk of experiencing homelessness.
- Conduct monthly Case Conferencing Calls or Meeting with the use of a Family By Name List.
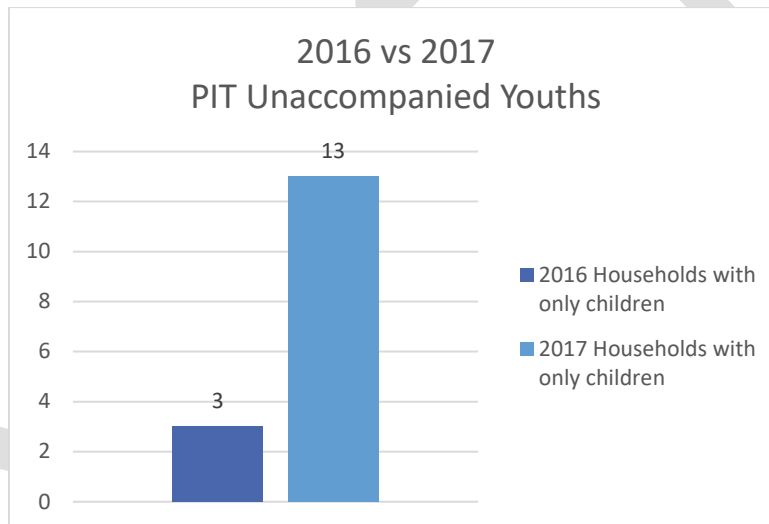- Set up days to visit shelters on a weekly basis.

For the purpose of this Plan, the category of unaccompanied youth includes unaccompanied minors under 18 and young adults between the ages of 18 to 24, including parenting youth.

Youth often leave home as a result of a severe family conflict, which may include physical and/or sexual abuse.

Some groups of children and youth are particularly vulnerable and over-represented among youth who experience homelessness. These subpopulations include lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; pregnant and parenting youth; youth involved with juvenile justice and child welfare systems; children with disabilities, and victims of human trafficking and exploitation.

Youth released from detention or correctional facilities often do not have support networks or stable housing. Some youth may be prevented from returning home because of local policies that prohibit individuals who have been convicted of certain offenses from living in subsidized housing. Some youth become homeless when they leave foster or institutional care.

**2016 vs 2017
PIT Unaccompanied Youths**

■ 2016 Households with only children
■ 2017 Households with only children

Strategic actions end homelessness among Unaccompanied Youth include:

- Improving the accuracy of counting youth in PIT counts of homelessness by publishing youth-specific methodology based on promising practices identified and tested in some communities
- Developing approaches that serve vulnerable sub-populations of youth, including LGBTQ youth, pregnant and parenting youth, youth involved with juvenile justice and foster care systems, and survivors of sexual trafficking and exploitation
- Increase coordination and communication between local foster care providers and the Continuum of Care (CoC) for identifying At Risk Youth whom are about to exit the Foster Care System
- Increase coordination and communication between the Local Education Agencies (LEA) and the Continuum of Care for youth who have been identified as possibly at risk of becoming homeless due to problems in the home environment
- Develop mentorship program to work with higher-risk clients to maintain housing
- Conduct monthly Youth Case Conferencing Calls or Meeting with the use of a Youth By Name List.
- Set up days to visit Camps, Skate Parks and other locations that are known as places that youth frequently visit   on a weekly basis.

Emergency Shelter

Emergency shelters in Madison, Morgan, Counties are operated on a year round basis. During Inclement Weather Conditions additional Emergency Warming Centers and Shelters are implemented in partnerships with the Faith Based Communities. Transition-aged youth (ages 18-24) are mixed with adults in the shelters. These shelters operate in a funding and practice context which is moving away from the shelter as a housing solution, and operate under a growing recognition that, for many people who end up in shelters, their experience of homelessness could have been initially prevented.

Strategic actions to meet the goal of reducing the number of people entering the homeless system and their length of stay in Madison, Morgan, and Limestone Counties include:

- Minimize the number of days a person stays at an emergency shelter
- Explore a year-round, 24 hour/7 days per week, fixed-site shelter option for crisis housing that could also be a central point for service access
- Ensure there are low-demand housing options so all can be housed regardless of circumstances
- Assess operating policies and rules across programs that may push people back to shelter or serve as barriers to shelter entry in the first place
- Establish processes to reconnect people to permanent housing as quickly as possible
- Host onsite classes on main stream resources
- Determine better housing options and models for unaccompanied and transition-aged youth
- Use data to track who is getting stuck in the shelter and who could have been diverted in the first place to help drive systems improvements

DEFINITIONS

Emergency Shelter: immediate, temporary housing for those experiencing a loss of housing and related crises.

Rapid Re-Housing: short- and/or medium-term rental assistance and limited supportive services, as needed, to help an individual or family that is homeless move as quickly as possible into permanent housing and achieve stability in that housing.

Permanent Supportive Housing: permanent housing with indefinite leasing or rental assistance paired with services to help homeless people with disabilities achieve housing stability.

Rapid re-housing, short- to medium-term rental assistance with limited services, is the newest player in terms of interventions on the housing continuum targeted at people experiencing homelessness. While it has many features similar to transitional housing, in rapid re-housing the assistance is temporary but the housing is meant to be permanent. Early evidence suggests this to be a promising tool in the fight to end homelessness. The rapid re- housing program assistance in Madison, Morgan and Limestone Counties is extremely underfunded, lacks an appropriate landlord network. There is currently a limited number of providers who work with individuals who have poor credit, prior evictions or previous criminal histories. Tenant/Landlord relationships and engagement are often poor. Many times with the end result of people returning to homelessness after their participation in the program.

NACH will focus on the following goals to improve outcomes:

- Prioritize individuals with low to medium barriers to housing stability, families with children, and homeless for rapid re-housing resources
- Improve coordination with providers and services
- Seek opportunities to grow resources to provide at least 5 new rapid re- housing units each year
- Encourage local municipalities to dedicate a percentage of all **HOME** funds for the purpose of providing Rapid Re-Housing Rental Assistance.
- Increase independent living supports, including adding more mentoring and volunteers

Permanent Supportive Housing

Permanent supportive housing is broadly understood to effectively end homelessness for those with disabilities especially chronically homeless individuals and families.

NACH will focus on the following goals:

- Ensure permanent supportive housing targets populations with intensive service needs who would not stay housed without supports, people with developmental disabilities, people with serious mental illness, and people who experience long-term homelessness
- Look beyond project-based supportive housing to develop community- based supportive housing units
- Create a pipeline out of supportive housing for those ready and able to live independently, which includes adding 10 new units annually.
- Expand person-by-person transition action plans
- Increase independent living supports, including adding more mentoring and volunteers
- Encourage Permanent Supportive Housing Programs to annually evaluate its program participants in order to access whom can function in an independent living setting and transition 2 -5 persons annually in order to create residual units for other eligible candidates.
- Seek opportunities to develop Single Room Occupancy Programs to serve the single individual homeless clients who do not meet the Chronic Homeless Eligibility requirements for Permanent Supportive Housing Programs

Affordable Housing

According to the 2017 National Low Income Housing Out Of Reach Report, the Fair Market Rate for a Two Bedroom Apartment in Madison County is $746 per month. In order to afford to rent an apartment at this rate a person would need an Annual Income of $29,840 which equals a Housing Wage of $14.35 per hour. In order to rent a two Bedroom Apartment.at the $7.25 Minimum Wage Rate a household must have 2.0 - 40 hours per week Minimum Wage Earners.

According to the 2017 National Low Income Housing Out Of Reach Report, the Fair Market Rate for a Two Bedroom Apartment in Morgan County is $640.00 per month. In order to afford to rent an apartment at this rate a person would need an Annual Income of $25,600 which equals a Housing Wage of $12.31 per hour. In order to rent a two Bedroom Apartment .at the $7.25 Minimum Wage Rate a household must have 1.7- 40 hours per week Minimum Wage Earners.

According to the 2017 National Low Income Housing Out Of Reach Report, the Fair Market Rate for a Two Bedroom Apartment in Limestone County is $746 per month. In order to afford to rent an apartment at this rate a person would need an Annual Income of $29,840 which equals a Housing Wage of $14.35 per hour In order to rent a two Bedroom Apartment at the $7.25 Minimum Wage Rate a household must have 2.0 - 40 hours per week Minimum Wage Earners.

An adequate supply of affordable housing is essential for preventing and ending homelessness. While much of the affordable housing development happens outside of the formal purview and funding mechanisms of the homeless system, there are many creative ways for the homeless system to participate in and spur new creation, or set aside affordable units. The Housing Authority can implement a homeless preference in housing voucher wait lists, and landlords could be asked to set aside units at lower rents.

ALABAMA   **#44***

In **Alabama**, the Fair Market Rent (FMR) for a two-bedroom apartment is **$768**. In order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn **$2,561** monthly or **$30,735** annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly Housing Wage of:

$14.78 PER HOUR STATE HOUSING WAGE

FACTS ABOUT **ALABAMA:**

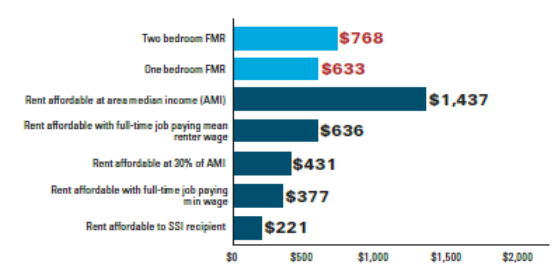| STATE FACTS	
Minimum Wage	$7.25
Average Renter Wage	$12.23
2-Bedroom Housing Wage	$14.78
Number of Renter Households	579,180
Percent Renters	31%

82 Work Hours Per Week At **Minimum Wage** To Afford a **2-Bedroom Rental Home** (at FMR)

67 Work Hours Per Week At **Minimum Wage** To Afford a **1-Bedroom Rental Home** (at FMR)

2 Number of Full-Time Jobs At **Minimum Wage** To Afford a **2-Bedroom Rental Home** (at FMR)

1.7 Number of Full-Time Jobs At **Minimum Wage** To Afford a **1-Bedroom Rental Home** (at FMR)

MOST EXPENSIVE AREAS	HOUSING WAGE
Daphne-Fairhope-Foley MSA	$18.79
Mobile MSA	$17.15
Birmingham-Hoover HMFA	$16.65
Montgomery MSA	$15.81
Auburn-Opelika MSA	$15.35

Two bedroom FMR — $768
One bedroom FMR — $633
Rent affordable at area median income (AMI) — $1,437
Rent affordable with full-time job paying mean renter wage — $636
Rent affordable at 30% of AMI — $431
Rent affordable with full-time job paying min wage — $377
Rent affordable to SSI recipient — $221

* Ranked from Highest to Lowest 2-Bedroom Housing Wage

OUT OF REACH 2017 | NATIONAL LOW INCOME HOUSING COALITION   ◄► 19

Strategic actions and focus on the following affordable housing goals:

- Explore creating an inventory/database of affordable units
- Increase affordable housing availability in Madison, Morgan and Limestone Counties especially for those with very low incomes
- Develop strong relationships with landlords
- Recruit property owners and negotiate to have a small percentage of units set aside for people experiencing homelessness
- Explore a homeless housing preference for Housing Authority vouchers
- Work with banks to repurpose bank-owned properties
- Create relationships with local developers and encouraging them to apply for Tax Credit Housing Development Opportunities
- Seek opportunities to develop 211 Programs to offer affordable housing to persons with disabilities
- Seek opportunities to develop 811 Programs to offer affordable housing to the elderly population
- Engage with state legislation in partnership with the Alabama Low Income Housing Coalition in the Advocacy for a intended revenue in support of the Alabama Housing Trust Funds
- Encourage additional Agencies to become CHODO Certified and to apply for funding through the Alabama Housing Finance Authority.
- Develop mentorship program to work with higher-risk clients to maintain housing

SUPPORTIVE SERVICES

While housing is the centerpiece of local responses to homelessness, success in housing and becoming stabilized is often a result of receiving needed services and supports. NACH is committed to improving and enhancing services within the homeless system such as street outreach, homelessness prevention, health care, and efforts to increase income for people experiencing homelessness.

Street Outreach

Street outreach focuses on finding people experiencing homelessness who might not know about housing or services available. It includes building relationships, monitoring well-being, assessing vulnerability, linking to services, and providing follow-up case management. Outreach is a critical first step in connecting people with the services they need and to reducing the length of time they spend homeless. NACH has been expanding outreach and will focus on the following goals:

- Increase geographic coverage of outreach team
- Increase coordination between agencies providing outreach and prevention services
- Identify ways for outreach staff to utilize HMIS

Mainstream Resources

The homeless system in isolation does not have the resources to prevent and end homelessness; mainstream government programs are a core partner in this effort. Mainstream programs are typically for low-income people, though they are not specifically targeted toward people experiencing homelessness. There are a variety of mainstream safety net programs to help people experiencing homelessness meet their basic needs such as TANF (cash assistance/welfare), SSI (disability), and SNAP (food stamps), among others. Unfortunately, people experiencing homelessness often encounter barriers to accessing those resources. In order to increase income and services received, homeless providers need to be equipped to help program participants enroll in mainstream programs. NACH will focus on the following goals:

- Ensure that staff have the training, information, and support needed to connect participants efficiently to mainstream resources
- Ensure that everyone who enters the homeless system is linked to public benefits for which they are eligible
- Encourage Case Managers in Madison, Morgan and Limestone Counties to become better trained in benefits application assistance, including disability benefits (SSI/SSDI) and other entitlements

Homelessness Prevention

Homelessness prevention activities are designed to reduce the number of people who become homeless for the first time. Activities include short- or medium-term financial assistance and services as well as tenant and legal services. In addition, systems prevention efforts with institutions discharging people into homelessness. A newly emerging area of prevention is having the ability to identify the situations which make a person most likely to become homeless while subsequently targeting households with those situations. Insight such as this reinforces the importance of assessment in the process.

NACH is committed to preventing homelessness whenever possible through a number of avenues and will focus on the following goals:
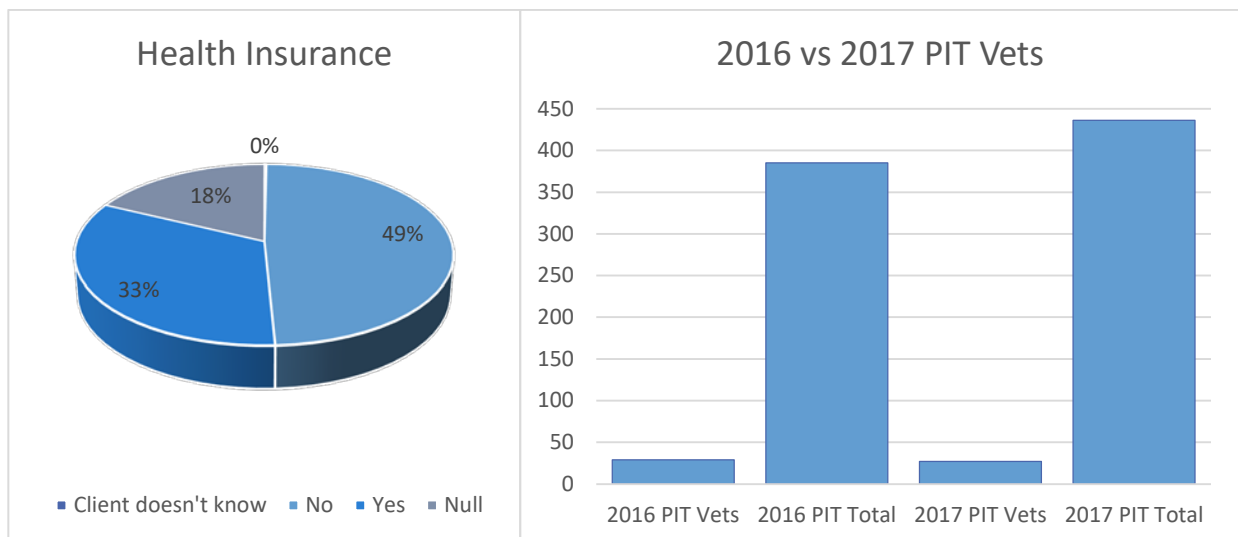
- Raise more discretionary funds for prevention financial assistance to serve those not qualified for government resources
- Expand homelessness prevention activities beyond financial assistance to reduce the number of individuals and families who become homeless
- Identify homeless feeder systems—establishments that release people from their system into community, which include foster care, healthcare agencies, and local correctional facilities
- Establish engaging relationships to develop exit plans and processes with feeder systems to ensure people do not become homeless upon discharge from their services
- Work with Certified Housing Counseling Agencies, Legal Services of Alabama, and banks to provide counseling for pending foreclosures facing eviction
- Work with the Consumer Credit Counseling Services to provide credit counseling to financially distressed households
- Launch marketing/promotion plan regarding what to do, who to call, how to help if someone is at risk of becoming homeless

Health Care

Poor health and chronic health conditions are frequent contributors to homelessness, and behavioral health issues are commonly found among people experiencing homelessness. The Affordable Care Act provides for a Medicaid expansion to nearly all individuals with incomes up to 138% of the federal poverty level and Medicaid enrollment processes have been streamlined. However, Alabama is not participating in the expanded Medicaid services. Given their low incomes and high uninsured rates, individuals experiencing homelessness could significantly benefit from this coverage expansion. However, it will be important to address the barriers they face to enrolling in coverage and accessing needed care. In addition, in new ways Medicaid funds may be available to support some services for people experiencing homelessness.

NACH will focus on the following health care goals:

- Educate homeless service providers about the available health care resources
- Encourage the provision of comprehensive health supports to people experiencing homelessness—physical, mental and dental
- Elevate the importance and practices of preventive health care throughout the homeless system
- Integrate harm reduction practices in homeless and health care services
- Encourage expansion of behavioral health services

Health Insurance

- Client doesn't know ■ No ■ Yes ■ Null

0%
18%
49%
33%

2016 vs 2017 PIT Vets

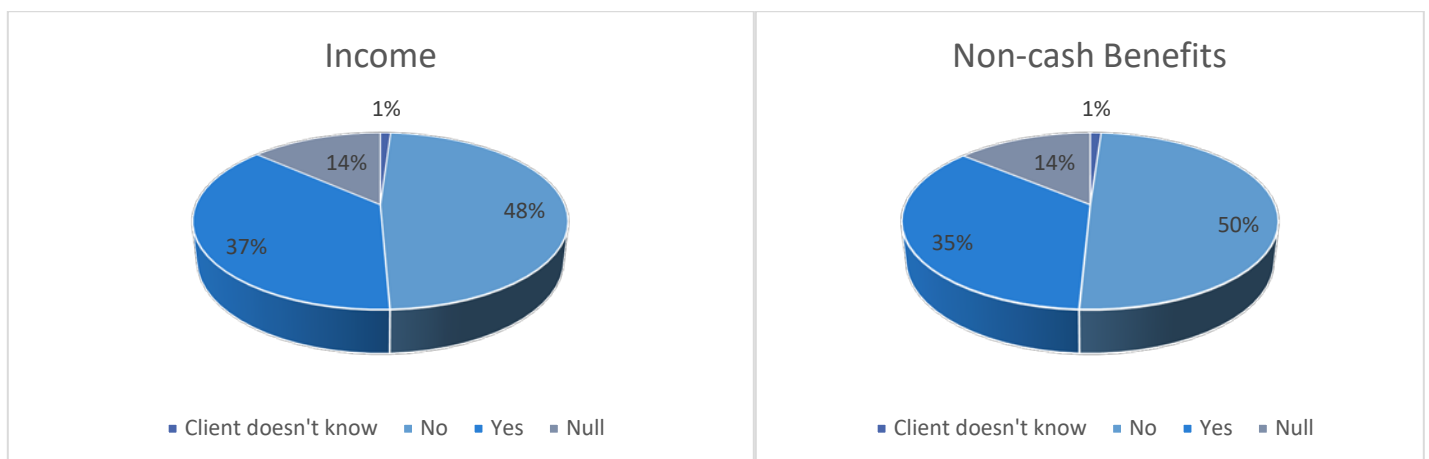2016 PIT Vets — 2016 PIT Total — 2017 PIT Vets — 2017 PIT Total

Employment

Linking individuals and families with stable earned income from employment is a critical tool in the fight to prevent and end homelessness. One of the HEARTH Act performance measures, jobs and income growth for people experiencing homelessness, brings attention to the importance of employment as a solution within homeless systems. Providers serving people experiencing homelessness can play a role in connecting individuals with employment opportunities and should be aware of the service models and strategies that are most effective in serving this population.

NACH will focus on the following employment goals:

- Re-engage the workforce board as an active partner of the Continuum of Care
- Increase awareness about existing employment-related resources locally through the workforce board
- Use the Skills for Success Class and the Alabama Career Center for job shadowing, resume writing, and interview preparation
- Develop provider knowledge and skills in best practices in employment programs for people experiencing homelessness
- Promote changes in government policies to support employment programs and policies for people experiencing homelessness
- Educate employers on homelessness and hiring incentives for certain groups
- Seek out innovative transportation solutions by partnering with The Transportation Committee and the Wheels to Work Program
- Provide assistance with obtaining State Issued Identification and Social Security Cards
- Post available Job Listing at our Satellite Office and on our Website
- Provide Transportation Assistance by providing Shuttle Bus Tickets to Clients to assist them in their job search efforts

Income

1%
14%
48%
37%

■ Client doesn't know ■ No ■ Yes ■ Null

Non-cash Benefits

1%
14%
50%
35%

■ Client doesn't know ■ No ■ Yes ■ Null

SYSTEM OPERATIONS

It is no small feat to coordinate and manage all of the moving parts of a local homeless system. HUD has issued new guidance to help local homeless systems build needed capacity and institute system improvements. The ultimate goal is to make it as easy as possible for people experiencing homelessness to get matched up quickly and effectively to the services and housing they need. For the homeless system this means developing a coordinated assessment and referral process, formalizing governance, and continuing to build the functionality and success of the homeless management information system.

Coordinated Assessment

Coordinated intake and assessment can be a powerful tool for rapid, effective, and consistent matches of people in need of housing and services regardless of their location within a geographic area. NACH has created a coordinated process to identify the needs of all individuals and families seeking housing or services; to better match them with assistance and help to meet their needs and preferences.

NACH has adopted a 'no wrong door' approach and will focus on the following goals:

- Establish an on- line Coordinated Assessment Application
- Implement a Coordinated Entry Call Center
- Continue to negotiate utilizing the crisis line as one of the homeless system entry points
- Launch use of a standardized triage and assessment tool in the NACH homeless system that helps determine the most appropriate next step and intervention
- Establish referral parameters, written standards for who gets what type of intervention, and develop a referral process for the homeless system which is effective, accurate, consistent, and participatory
- Lay out a marketing plan to advertise and educate about where to go/who to call in a crisis, including 211 and the crisis line
- Train staff periodically on the tools and referral processes
- Explore use of HMIS in housing a real-time inventory of housing and services for referrals and service matches
- Maintain an accurate and comprehensive community resource directory
- Explore use of HMIS to house key eligibility documents
- Explore creation of system navigators/trained advocates/care coordinators
- Develop a diversion component to add to the system to prevent homelessness
- Monitor progress of coordinated assessment system on a periodic basis to ensure clients who need services can access them

Operational Capacity

Implementation of this plan requires a renewed assessment of organizational capacity and operations. NACH will focus on the following goals to improve Continuum of Care capacity to implement the plan:

- Seek funds beyond traditional HUD support to operate a more optimal, responsive system and provide additional supportive services
- Coordinate with other government funding sources including other county resources, Thrive, Temporary Assistance for Needy Families (TANF), Runaway and Homeless Youth, Head Start, and other housing and service programs funded through Federal, State, or local government resources
- Develop a larger community volunteer pool, including mentors
- Develop intentional community education opportunities including an active website, newsletters, and events
- Educate community and combat stigma, e.g. the "face" of homelessness
- Plan periodic training series to align services with best and emerging practices such as harm reduction and housing first trainings

Leadership & Governance

The NACH Continuum of Care has opportunities to rethink its leadership, lead applicant organization and refresh its governance charter to align with this plan to end homelessness and HUD's priorities. To this end, NACH will focus on the following goals:

- Explore HUD technical assistance options to improve Continuum of Care Organization capacity.
- Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness
- Determine the best structure for the Continuum of Care including committees, liaisons to other stakeholders, and establishing a clear coordinator
- Establish a process to identify consistently low-performing projects, and develop protocols to improve the performance of those projects
- Continue to grow and engage stakeholders including non HUD-funded service agencies, people experiencing homelessness, police, emergency room staff, religious groups, and businesses
- Explore Nationwide Best Practice Techniques and coordinated Continuum of Care Stake holder and Professional Development Trainings
- Host consumer meetings at accessible times and locations for people experiencing homelessness
- Evaluate roles/responsibilities for Continuum of Care members annually
- Engage elected officials in the plan to end homelessness to leverage their support and leadership to move it forward.

Measuring Progress

NACH has made progress in implementing its Homeless Management Information System (HMIS). Moving forward, data from the system should be increasingly used to inform an array of decisions on multiple levels, and chart the progress in the plan to end homelessness.

NACH will focus on the following goals:

- Use point-in-time count data and information to inform planning, which may include adding questions to the survey
- Identify and recruit more agencies to use the coordinated Assessment and HMIS
- Assess accuracy of HMIS data system-wide on a monthly basis
- Use data to identify and quantify housing and service gaps and any areas that have excess capacity
- Track progress on meeting HUD's new systems-level performance measures
- Set benchmarks and use data to track outcomes for strategic planning purposes at least quarterly
- Create and implement a plan to facilitate Housing Focus Groups and By Name Lists and Care Plans to coordinate for people with very high barriers to housing stability
- Consider tracking related outcomes such as health outcomes (ER, hospital visits) and arrest numbers (vagrancy, disorderly trespass, breaking and entering)
- Devise a process to capture consumer input about what's working, what's not, and what specific resources are needed
- Produce reporting on unmet needs by way of HUD Barriers & Outcomes
- Annually engage in a review of progress, and retool the plan to end homelessness as needed

CONCLUSION

NACH has put forth a thoughtful and responsive strategic plan to end homelessness. It accounts for local realities while taking on important new challenges and priorities such as increasing *homeless prevention and diversion opportunities. Aligning housing capacity and types with population needs. Creating pathways for successful exits.* These are bold goals, but in line with best practices and are needed to end homelessness.

Beyond these specific interventions, NACH is committed to improving our *coordinated entry process* so that the homeless system is easily understood, accessed, and navigated by people at risk of or experiencing homelessness, and so that it matches people efficiently and effectively to appropriate housing and services.

This new plan also identifies *new partners,* in new areas, to help seize critical opportunities and to leverage more support for the homeless system important partnerships include the health care system, workforce system, and mainstream government programs.

Finally, implementation of this ambitious plan requires *new resources,* a renewed *assessment of the leadership and governance structure* of the homeless system, and a *commitment to measuring progress and retooling* when necessary.

So while the road ahead includes a lot of hard work, tough decision-making, and new ways of doing business, the ultimate outcome will be worth it for people experiencing homelessness in North Alabama—homelessness that is rare, non-recurring, and brief.