# Lee County
Continuum of Care

2019-2028
Strategic Plan

Approved by the Lee County Continuum of Care Governing Board

April 10, 2019 through March 31, 2028
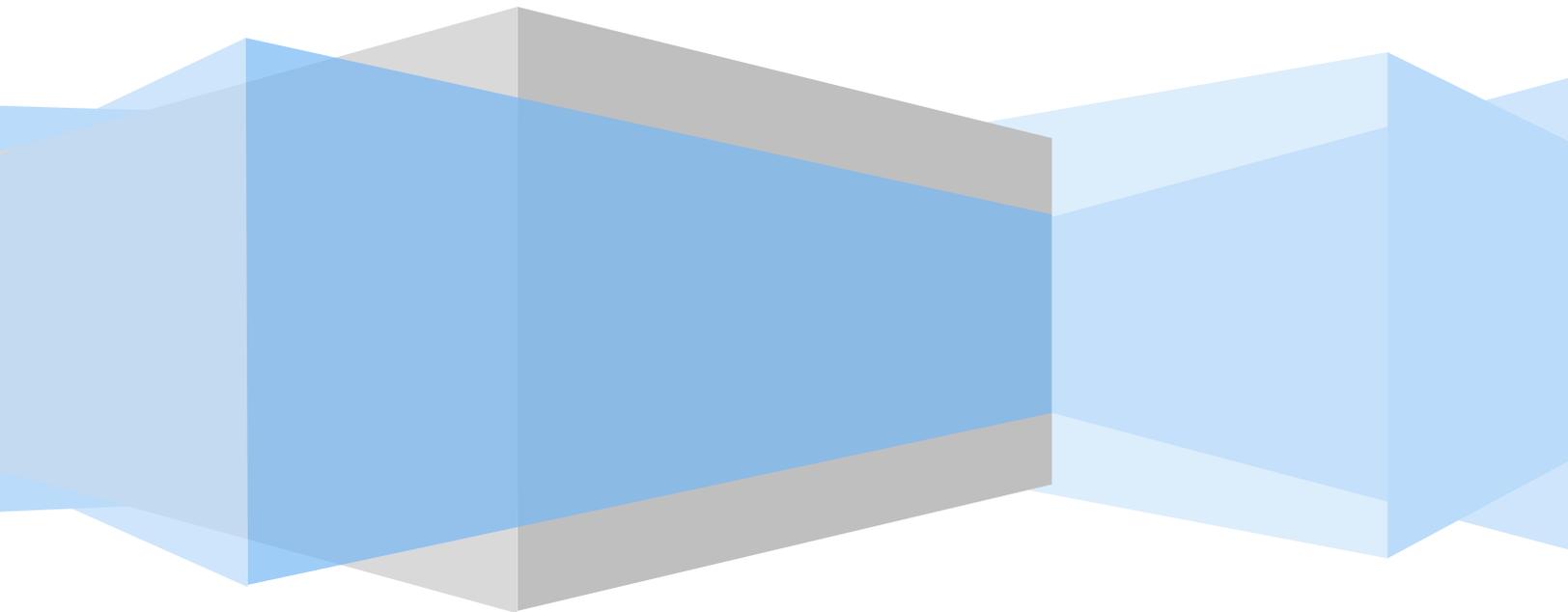
Subject: Letter for Support for the 2019-2028 CoC Strategic Plan

To Whom It May Concern:

The Lee County Continuum of Care (FL-603) Governing Board is writing this letter in support of the implementation of the 2018-2028 CoC Strategic Plan.

The Strategic Plan was collaboratively developed around the framework of the Federal strategic plan to end homelessness, *Home, Together*. The implementation of this plan, and accomplishment of the goals and objectives within, will result in homelessness in Lee County becoming a rare, brief, and one-time experience.

The CoC in Lee County and its partners have created a dynamic document focused on enhancing services provided to individuals and families experiencing homeless, and reaching and sustaining a level of service that ensures future instances of homelessness are rare, brief and one time.

To ensure that Lee County's response to homelessness is aligned with best practices, inclusive, well implemented, effective, and compliant with federal, state, and local policy, the CoC Governing Board will provide regular oversight and update the plan annually. The CoC Governing Board will further support the implementation of this plan by engaging community stakeholders and taking action toward the accomplishment of goals.

Sincerely,

Sharon Rozier

Sharon Rozier
Board Chair
Lee County Continuum of Care Governing Board

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Background

Beginning in 2008 the Lee County Continuum of Care (CoC) collaborated with a multitude of community partners, stakeholders and other interested parties to develop and implement *Lee's Investment for Everyone (LIFE) the Ten Year Plan to End Homelessness in our Community*. The focus of LIFE was to eradicate chronic homelessness, prevent future incidences of homelessness, and to benefit the entire county by improving quality of life for residents and tourists. The Ten Year Plan set goals to establish and expand education and employment-training programs, decrease crime and incidences of incarceration, and use cost-effective solutions to prevent and end homelessness.

Shortly after the March 2009 adoption of the 10-Year Plan to End Homelessness, entitled "Lee's Investment For Everyone" or "LIFE" Plan, the U.S. Interagency Council on Homelessness (USICH) presented "the nation's first comprehensive federal strategy to prevent and end homelessness", as part of a strategic plan document entitled, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*[1]. This federal plan established four national goals: 1) ending veteran homelessness, 2) ending chronic homelessness, 3) ending family, child and youth homelessness, and 4) setting a path to end all homelessness.

Since its initial publication, *Opening Doors* has undergone several revisions, including the most recent released in July 2018. This revision changes the name of the federal strategic plan to end homelessness to *Home, Together* to signify the truly collaborative approach that must be taken to end homelessness. The 2018-2022 *Home, Together* plan also simplifies the goals and objectives of USICH by eliminating emphasis on specific population groups, and refocusing efforts to ensuring homelessness is rare, brief, and one time for all individuals and families.[7]

Home, Together's Eight Objectives

Home, Together is focused on federal strategies that will support states and communities to make homelessness a rare, brief, and one-time experience—and that will sustain that success once achieved. That focus is reflected in its structure.

1. Ensure Homelessness is a Rare Experience

> Objective 1.1: Collaboratively Build Lasting Systems that End Homelessness

> Objective 1.2: Increase Capacity and Strengthen Practices to Prevent Housing Crises and Homelessness

2. Ensure Homelessness is a Brief Experience

> Objective 2.1: Identify and Engage All People Experiencing Homelessness as Quickly as Possible

> Objective 2.2: Provide Immediate Access to Low-Barrier Emergency Shelter or other Temporary Accommodations to All Who Need it

> Objective 2.3: Implement Coordinated Entry to Standardize Assessment and Prioritization Processes and Streamline Connections to Housing and Services

> Objective 2.4: Assist People to Move Swiftly into Permanent Housing with Appropriate and Person-Centered Services

3. Ensure Homelessness is a One-Time Experience

> Objective 3.1: Prevent Returns to Homelessness through Connections to Adequate Services and Opportunities

4. Sustain an End to Homelessness

> Objective 4.1: Sustain Practices and Systems at a Scale Necessary to Respond to Future Needs

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Image Credit: [7] United States Interagency Council on Homelessness. 2018. "Home, Together". https://www.usich.gov/home-together

Homelessness in the United States

In 2009, the Obama Administration signed into law the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This act amended and reauthorized the McKinney-Vento Homeless Assistance Act. The passage of the HEARTH Act combined several McKinney-Vento funding sources, into the Continuum of Care, and created statutory requirements for the creation of networks of community members who are invested in ensuring that homelessness is rare, brief, and one time. To this end, local networks are charged, "to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency."[3]

EXHIBIT 1.1: PIT Estimates of People Experiencing Homelessness
By Sheltered Status, 2007–2017

Since the implementation of the HEARTH Act, homelessness in the United States has decreased. A comparison of the 2009 Annual Homeless Assessment Report (AHAR) and the 2017 AHAR, published by the U.S. Department of Housing and Urban Development (HUD), indicates that there were approximately 89,325 (Exhibit 1.1) [4] less individuals experiencing homelessness on a single night in January. Despite this positive trend, "homelessness increased for the first time in seven years" [4] in 2017. "Increases in the numbers of unsheltered individuals in the 50 largest cities accounted for nearly all of the national increase." [4] Rates of homelessness among African American and Hispanic populations also increased since 2009, by 1.9% and 2.1% respectively. Both populations are disproportionally represented when compared to 2016 census data.[5] The overall increase, was not however reflected among all sub-populations, in fact homelessness among veterans and families decreased significantly since 2009. Individuals experiencing chronic homelessness increased between 2016 and 2017, "but has declined by 27 percent since 2007".[4]

Homelessness in Florida

In 2001, the Florida Council on Homelessness was created to develop and implement homeless programs in the state of Florida. Each year since its inception, the Council has played an instrumental role in obtaining funding for affordable housing, developing new homeless assistance programs, and providing support for Continuums of Care throughout the State. The Council aims to promote awareness about the causes and issues surrounding homelessness and raise public awareness by publishing an annual report on the state of homelessness in Florida.

Mirroring national trends, the number of individuals experiencing homelessness in Florida has declined steadily over the past several years[6]. Since 2013, the number of individuals experiencing homelessness on a single night in January has dropped by more than 15,000, from 47,862 to 32,109. Again matching national trends, homelessness among veterans and

families decreased significantly throughout Florida since 2013. Individuals experiencing chronic homelessness decreased in Florida between 2013 and 2017, and unlike national trends, declined more than 15% between 2016 and 2017.

The 2017 Annual Report supports that "the scarcity of affordable and appropriate housing is the primary factor causing and perpetuating homelessness in Florida."[6] With limited or no income, individuals and families who are homeless or at risk of homelessness are facing housing crisis due to the limited affordable housing stock statewide. In addition to scarce affordable housing, the State Office on Homelessness also identified inadequate household income and inadequate access to health care, both physical and behavioral, as substantial contributing factors to homelessness.

CoC's across the state have worked through tough economic conditions to address these inadequacies. In 2017, "the State provided $3,000,000 for Continuum of Care Lead Agency Staffing Grants and $5,000,000 for Challenge Grants. This $8,000,000 of state funding was leveraged more than tenfold by local Continuums of Care to build capacity and strengthen responses to homelessness." [6]

Homelessness in Lee County

In Lee County, the Continuum of Care is a broad group of individual stakeholders and organizations who are engaged to ensure that homelessness is rare, brief, and one-time. Collaboration among CoC members occurs through regular meetings of the Lee County Homeless Coalition and various subcommittees.

The CoC is responsible to:	
- hold at least semi-annual meetings, - invite new members, - adopt and update a governance charter, - establish performance targets, - monitor project and system performance, - make recommendations for resource allocation, - develop system-wide policies and procedures, - complete the annual application for HUD CoC funding,	- plan and conduct an annual Point in Time (PIT) and Housing Inventory Count (HIC), - conduct an annual gaps analysis of homeless needs and services, - consult with Emergency Solutions Grants recipients and Consolidated Planning jurisdictions, and - coordinate the delivery of services by establishing and operating a coordinated entry system.

The CoC Governing Board has been established to act on behalf of the CoC membership to oversee the responsibilities of the CoC, the operation of the Homeless Management Information System (HMIS), the implementation of the Coordinated Entry System, and to complete long-term strategic planning.

The guidance of the CoC Board and collaboration within the CoC has served to reduce homelessness in Lee County by 58% since 2009, mirroring national trends. Since 2013, the number of individuals experiencing homelessness on a single night in January, in Lee County,

has dropped by more than 377, from 848 to 471. Again matching national trends, homelessness among veterans and families has decreased in Lee County since 2013. Individuals experiencing chronic homelessness decreased between 2013 and 2017, but more than doubled between 2017 and 2018. The 2018 Point in Time (PIT) Count indicated that there were 132 chronically homeless persons in Lee County.
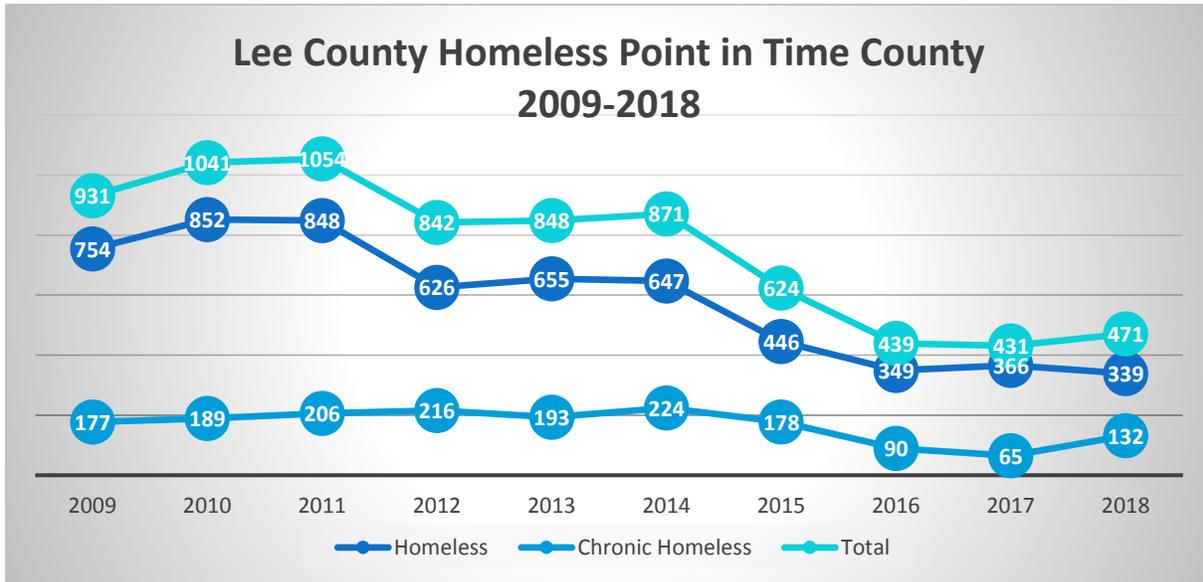
Lee County leverages several federal, state, and local funding sources to address the needs of individuals and families who are homeless. As the Lead Agency for the Continuum of Care, Lee County Human and Veteran Services is responsible for making funding applications, contracting with sub-recipients, and monitoring performance. From 2009 through 2017, more than $16.9 million dollars in HUD Continuum of Care funds have been awarded to provide housing and services to persons experiencing homelessness. In fiscal year 2018, the CoC was awarded more than $10.4 million in federal, state, and local funds to provide housing and services to persons experiencing homelessness.

Federal Grant Funds	
Grant funds from U.S. Housing and Urban Development and Veterans Affairs.	
Total Federal Grant Awards	**$5,482,775**
State Grant Funds	
Grant funds from the Florida Department of Children and Families and Florida Department of Economic Opportunity.	
Total State Grant Awards	**$2,153,570**
Private Funds	
Includes various private foundation grants and donations provided to non-profits.	
Total Private Funds	**$1,496,758**
Local Government Funds	
Includes CDBG from Cape Coral, local funds from City of Fort Myers, County Homeless, Partnering for Results (PFR), and 10 Year Plan funds.	
Total Local Government Funds	**$1,273,638**
Total Homelessness Assistance Funds	**$10,406,741**

Developing the 2009 Ten-Year Plan to End Homelessness

The implementation of Lee's Investment for Everyone (L.I.F.E.), Lee County's Ten-Year Plan to End Homelessness in March 2009 provided the framework for a coordinated approach to gathering community support and taking meaningful action toward making homelessness in Lee County rare, brief, and one time.

An estimated 16,801 clients who reported they were homeless at the time of program entry have been assisted since 2009 (Jan 1, 2008 – Dec 31, 2018). More than 5,500 of which were reported as residing in permanent housing at program exit. In addition to data reported in the Lee County Homeless Management Information System (HMIS), agencies that received state or federal funding through the Continuum of Care Collaborative Applicant (Lee County Human and Veteran Services) were required to submit quarterly progress reports for inclusion the Ten-Year Plan to End Homelessness Database. These reports provided insight into the actions that community partners took to help prevent and end homelessness over the past ten years (2009-2018).

Data reported in the Ten-Year Plan to End Homelessness Database, supplemented with input from Lee County Human and Veteran Services, Lee County Homeless Coalition, City of Cape Coral, City of Fort Myers, and various homeless service providers from 2009 through the end of 2018, was used to evaluate accomplishments and determine gaps in housing and services.

These accomplishments and gaps serve as the framework for the *Continuum of Care Strategic Plan for Lee County* and the foundation for new objectives and strategies to be accomplished over the next ten years. The *Continuum of Care Strategic Plan for Lee County* was reviewed by the CoC Governing Board and assigned to sub-committees to provide input and feedback for consideration as the CoC transitioned from the 2009 Ten-Year Plan to End Homelessness to this new strategic plan.

The Continuum of Care in Lee County continues to make strides toward meeting the goals of reaching functional zero for chronic, family, and youth homelessness, as well setting a path to end all homelessness. In November 2016, the U.S. Interagency Council on Homelessness confirmed that the CoC had achieved functional zero status for veteran homelessness as part of the Zero-2016 initiative.

Even with the considerable progress made to prevent and ensure homelessness in Lee County is rare, brief, and one-time, there is still much work to be done. Specifically, the Continuum of Care aims to develop and increase 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; and
- Sustain practices, resources, and systems necessary to respond to future needs.

The Continuum of Care's full adoption of the goals and strategies found here within is essential to build on the work done over the past ten years, enlist support, pool resources, increase cooperation, and facilitate a community response that ensures instances of homelessness and housing crisis in Lee County are rare, brief, and one time.

Homeless Camp in Lee County – January 2019

EVALUATION OF PAST ACCOMPLISHMENTS

Public Awareness

The public awareness goal was established in the LIFE Plan to inform and educate the public about homelessness, including causes of and strategies for prevention and recovery, to increase community engagement and involvement in decreasing incidences of homelessness.

Objectives

1. Create and launch a public awareness campaign; include utilization and reporting of key metrics.
2. Increase the involvement of front-line public service workers to expand neighborhood outreach efforts and communication of available resources.
3. Increase awareness of elder abuse exploitation.
4. Expand Lee County Homeless Coalition's advocacy at the local, state, and federal levels to the benefit of all vulnerable populations.

Summary of Accomplishments

The Public Awareness committee, a sub-committee of the Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met.
1	The Lee County Homeless Coalition (LCHC) continually seeks opportunities to present information regarding homelessness and the issues surrounding homelessness. Event attendance records are maintained by LCHC. *Additional outreach activities are to be pursued by LCHC and community partners.*	Ongoing
2	Education and materials regarding homelessness, human trafficking, domestic violence, substance abuse, mental illness, and bike/street/water safety are distributed on an on-going basis by various service providers throughout the County. *Education and communication of available resources need to be increased.*	Ongoing
3	Education and outreach regarding human trafficking and related exploitation has been expanded through the County. *This goal will be restructured to address all types of exploitation and the risks of such for persons who are homeless.*	Ongoing
4	The Homeless Coalition holds annual meetings with local and state political officials, and maintains membership with the Florida Coalition for the Homeless, which advocates at the state and federal levels for homeless needs.	Met

Community Assets

- Lee County Homeless Coalition actively pursues speaking engagements, outreach events and other campaigns to promote public awareness.
- Outreach and public service staff are continually provided information of community resources through the maintenance of the "Green Book", a comprehensive community resource guide, and monthly Homeless Coalition meetings.

- Lee County Homeless Coalition hosts annual events such as the Candle Light Vigil, Homeless Service Day, and Dinner and Auction, which promotes community involvement and engages citizens in homeless matters.

Gaps Analysis

- Additional advocacy at the local, state, and federal level is necessary to maintain and gain resources necessary to administer assistance programs and increase system capacity.
- Increased community awareness is necessary.
- Increased communication between front line service providers is necessary to ensure that all available resources are utilized.

Housing

The housing goal was established in the LIFE Plan to increase housing availability through community collaborations to meet current and emerging needs.

Objectives

1. Establish a collaborative and coordinated system of identifying, collecting, and communicating community-based resources for housing solutions.
2. Seek additional low-income housing opportunities through private, local, state, and federal resources.
3. Establish halfway houses, group homes, and transitional and supportive housing units.
4. Establish a timely and effective release protocol for meeting the transitional and/or permanent housing needs of special populations to avoid incidences of homelessness and to facilitate effective re-entry to the community.
5. Research the feasibility of developing and emergency shelter for young adults.
6. Increase shelter units for victims of domestic violence and human trafficking.
7. Increase emergency shelter beds and develop initiatives to prevent homelessness.
8. Utilize a "Housing First" methodology, as appropriate.

Summary of Accomplishments

The Housing committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met.
1	The CoC has developed and implemented an effective coordinated entry system, HMIS, and ongoing coordinated assessment meetings. Additionally, a Veterans by-name list has been created and is maintained on a quarterly basis. The Local PHA has created a Homeless Preference and the Annual Homeless Stand Down and PIT count informs clients of available community-based resources for housing solutions.	Met

2	Tenant Based Rental Assistance (TBRA), Emergency Solutions Grant (ESG) as well as CoC funding are utilized to rapidly re-house homeless individuals. HOME funds are used to create new affordable housing units. Supportive Services for Veteran Families (SSVF) and Veterans Affairs Supportive Housing (VASH) have been used to house homeless veterans and their families. Family Unification Program (FUP) helps prevent family homelessness and assists youth aging out of foster care. Neighborhood Stabilization Program (NSP) funds were utilized to create affordable homeowner housing and stabilize target neighborhoods. *Additional low-income rental housing is necessary within Lee County.*	Met/ Ongoing
3	Permanent supportive housing has been increased through TBRA, VASH, FUP, and CoC funds. Restrictions on group home spacing in Sanibel were removed in 2016. *Additional permanent supportive housing beds are necessary.*	Met/ Ongoing
4	The by-name list and coordinated entry process provides a timeline and protocol for individuals to enter the homeless service system and to achieve permanent housing. Discharge planning agreements have been updated with SalusCare, Children's Network of SWFL, Lee Health, and the Lee County Sheriff's Office	Met
5	The Lutheran Services Oasis Shelter provides beds for youth up to age 17. *Additional services and beds are necessary for youth experiencing homelessness, specifically those ages 18-24 and LGBTQI+ populations.*	Met/ Ongoing
6	All federally funded projects in Lee County operate in accordance with the VAWA Final Rule.	Met
7	The Oasis Youth Shelter, the Salvation Army, and the Bob Janes Triage Center provide emergency shelter beds for persons who are homeless. LIHEAP, ESG, TANF, Challenge Grant, and Lee County general funds have been used to administer homelessness prevention programs, which provide past due rent and utility payments. *Additional shelter resources and innovative homelessness diversion programs are necessary.*	Met/ Ongoing
8	Most housing projects throughout the CoC use housing first methodology.	Met

Community Assets

- The community as a whole, including elected officials, are aware of homeless and housing issues, and is dedicated to increasing the availability of housing and services.
- The Affordable Housing Committees, implemented by the Lee County Board of County Commissioners (BoCC), the City of Cape Coral, and the City of Fort Myers, are actively involved in researching, developing and implementing strategies and incentives that facilitate the development of affordable housing units within the County.
- There are several homelessness prevention programs within the CoC, which aim to stabilize persons in housing crisis and prevent first time homelessness.
- The CoC has effectively implemented HMIS and a coordinated entry process, and has assembled a by-name list.
- The Local Housing Assistance Plans, established in Lee County, the City of Cape Coral, and the City of Fort Myers, include strategies for increasing affordable housing stock, and allow State Housing Initiatives Partnership (SHIP) funds to be spent for rental assistance and homelessness prevention programs.

- Family Unification Program (FUP) vouchers are available through the Public Housing Authority (PHA), and the Lead Agency for child welfare services in Circuit 20 quickly identifies children and youth at risk of homelessness and ensures protective custody.

Gaps Analysis

- Area rents and occupancy rates are high, leading to limited availability of affordable housing units.
- There is an inadequate supply of housing units through the CoC's geographic area, but supply is specifically lower in high opportunity areas.
- Long waiting lists for housing and shelter placement increase the length of time an individual or family remains homeless.
- There is an inadequate supply of Permanent Supportive Housing (PSH) units, especially one bedroom and single room occupancy (SRO) units.
- There is a limited amount of housing units available for large families; those needing three bedrooms for more.
- Additional homeless services are needed in the more rural areas of the County.
- Alternative funding sources are needed to develop additional housing units and facilities to serve persons who are homeless.
- Limited services and housing exist to specifically address the needs of LGBTQI+ individuals and families who are experiencing homelessness.

Health Services

The health services goal was established in the LIFE Plan to improve access to and expand community health care services.

Objectives

1) Promote the provision of pro-bono "fair share" services.
2) Increase health services outreach efforts.
3) Increase placement in Assisted Living Facilities, Skilled Nursing Facilities, and medical respite beds for persons with medical needs.
4) Increase the capacity of existing medical, dental, and mental health care sites and services.
5) Increase detoxification and mental health services and beds to meet current and emerging needs.

Summary of Accomplishments

The Health Services committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met?
1	Multiple service providers within the CoC provide pro-bono and fair share medical services for homeless and low-income patients. Free forensic examinations are provided for victims of sexual assault. Free and low-cost transportation to medical appointments is provided for indigent clients.	Met
2	Street, as well as fixed location health services outreach takes place at various locations throughout the CoC. Ongoing health screenings and wellness education programs are administered through non-profits and local hospital system.	Met
3	*Placement in these facilities is based on available funding and the needs of the patient; because most clients are without income or have other needs increase placement is not practical.*	*Removed*
4	*The capacity of medical sites and services has not increased with the population; in addition, there is a need for additional medical respite beds.*	Ongoing
5	There is a consistent waiting list for detoxification and mental health facilities, additionally referrals to the Bob Janes Triage Center were been limited to Law Enforcement only, but recently began accepting referrals from other sources. *Additional detoxification and mental health service beds are necessary.*	Ongoing

Community Assets

- The Lee Health Community Care Outreach team is reliable to make referrals for patients to ensure they are not discharged into homelessness.

Gaps Analysis

- Lack of resources to develop additional medical respite, detoxification, and mental health service beds.

Supportive Services

The supportive services goal was established in the LIFE Plan to expand wrap-around community-based services to enhance the continuum of care.

Objectives

1) Prevent and/or respond to homelessness by engaging the broader community through a coordinated system of care.
2) Ensure that adequate and alternative childcare and supportive services are provided.
3) Research the feasibility of integrated service delivery systems.
4) Improve service coordination between local, state and federal veterans' services providers.
5) Increase service providers' participation in data collection through the Homeless Management Information System (HMIS).
6) Improve the coordination of and access to public benefits for those that qualify.
7) Increase the capacity of models that allow senior citizens to age in their homes.
8) Develop supportive, wrap-around programs and services to assist the most vulnerable to make successful transition to independence and self-sufficiency.
9) More effectively involve and collaborate with service clubs, faith-based organizations, home-owner associations, etc.
10) Increase the numbers of volunteer public guardians.

Summary of Accomplishments

The Supportive Services committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met?
1	The CoC has developed and implemented an effective coordinated entry system, HMIS, and ongoing coordinated assessment meetings.	Met
2	Progress has been made through the implementation of a homeless preference for child care with the Early Learning Coalition, and the provisions of subsidized before and after school care at the Lee County School District for homeless children. *More development is needed for provide adequate child care and support services.*	Met/ Ongoing
3	*Research based goal not oriented with outcomes.*	*Removed*
4	The Zero-2016 initiative has significantly improved service coordination between Veterans Service providers and as led to the CoC reaching functional zero status for Veteran homelessness.	Met
5	More than 25 service providers are actively participating in HMIS and HMIS staff provide ongoing training and licensing for new users.	Met
6	All CoC funded agencies have at least one SOAR training caseworker on staff, ACCESS terminals are available in a multitude of locations, and caseworkers continually work with clients to apply for public benefits.	Met
7	*Housing related goal not directly related to homelessness.*	*Removed*
8	Service providers have developed a network of referrals and supportive services that assist clients toward independence. *A deeper network and additional supportive services resources are necessary.*	Ongoing
9	Local homeowners associations, fraternities, and sororities have been instrumental in providing tarps, hygiene kits and other supply's for persons who are homeless. The Lee County Homeless Coalition frequently speaks to university groups, service clubs, and homeowners associations. Multitudes of Faith Based organizations offer services to persons who are homeless, including meal and laundry services. *Expansion of collaboration efforts is necessary.*	Ongoing
10	*Service providers and case workers who are working with persons who are in need of guardians should collaborate with the local public guardian offices to obtain guardianship services.*	*Removed*

Community Assets

- Twenty-six service providers are actively reporting in and making referrals through the CoC-wide HMIS.
- Comprehensive supportive services are provided at all CoC and ESG funded housing service providers.
- Supportive services are centrally located within or near housing units.

Gaps Analysis

- High caseworker turnover and extensive caseload prevents caseworkers for being fully informed regarding available services, and limits the effectiveness/practicality of a soft referral process.
- Long waiting lists for affordable childcare.
- A large number of community service providers do not participate in HMIS and are not currently involved with the Lee County Homeless Coalition or CoC leading to a gap in knowledge of available resources.
- Collaborations between non-profit service providers, government agencies, and private enterprises are weak.

Education and Employment Services

The education and employment services goal was established in the LIFE Plan to enhance community education systems and outcome to reduce barrier to employment and self-sufficiency and expand employment opportunities to meet community and workforce needs.

Objectives

1) Expand community partnerships among the business and education communities to serve the current and emergency needs of all learners.
2) Increase education, training, and vocational experiences for individuals to improve employability and self-sufficiency.
3) Facilitate community partnerships to identify and secure funding for expanding education and training programs that lead to employment.
4) Engage the business community to provide on-the-job-training, internships, and mentoring programs leading to employment.
5) Ensure that literacy programs are made accessible and relevant to children, adults, and families.
6) Expand low literacy and English as a Second language programs for youth and adults within the environment of the learner.
7) Improve employment opportunities and outcomes for individuals transitioning to independence.
8) Expand full-time, part-time, and short-term employment opportunities to meet immediate self-sustaining wage-earning needs, and increase the number of supportive employment programs.
9) Improve communication and resources to help people find and maintain gainful employment.

Summary of Accomplishments

The Education and Employment Services committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met?
1	Career Source, Goodwill JobLink, and other agencies collaborate with service providers to link clients to job readiness and job placement programs. *Further progress is necessary in these areas and in more specific educational needs such as job readiness.*	Met/ Ongoing
2	School counselors make referrals for students to vocational training schools; vocational rehabilitation also offers opportunities for disabled clients to attend job-training programs. *Further connections with FGCU and FSW should be made to determine what assistance and services are provided for homeless students.*	Met/ Ongoing
3	Funding and programs administered by community partners include the Goodwill Culinary Skills Program, the Lee Medical Skills Program, Goodwill's mechanical training program, vocational rehab programs, and services offered by Career Source.	Met
4	Career Source, Gwendolyn's Café, Tobler Construction, and Goodwill facilitate employment opportunities and on-the-job training. *Continued expansion of these opportunities is necessary.*	Met/ Ongoing
5	English Language Learner services are offered to children in the LCSD; Adult ESOL classes are available to adults through the LCSD Adult Education; the Lee County Literacy Coalition offers one-to-one tutoring, GED preparation, and K-12 programs for youth that need literacy assistance	Met/ Ongoing
6	*Further expansion of English as a Second Language and literacy services are necessary.*	Ongoing
7	Career Source, Goodwill JobLink, Veteran's Affairs and other agencies collaborate with service providers to link clients to job readiness and job placement programs.	Met
8	Career Source, Gwendolyn's Café, Tobler Construction, and Goodwill facilitate employment opportunities and on-the-job training. Goodwill and Veteran's Affairs facilitate supportive employment opportunities.	Met
9	The 2016 Southern County Homeless Summit facilitated collaboration of Veteran employment services. Ongoing publication of the "Green book" and coordinated assessment meetings facilitate resource communication. *Additional supportive employment opportunities and referrals are necessary.*	Met/ Ongoing

Community Assets

- Several agencies offer job training, readiness, and placement assistance.
- Culinary training programs are made available at no cost to low-income persons throughout the community.
- Vocational rehabilitation services are available to veterans and their families.
- The Veterans Affairs office provides comprehensive job training and placement for veterans.

Gaps Analysis

- Literacy and English as a second language programs are limited in availability.
- Wrap around services, such as childcare, necessary for successful job training and placements are limited.
- Collaboration between private sector employers and service providers is weak.

Public Safety

The public safety goal was established in the LIFE Plan to develop and/or expand public safety, diversion, and release programs.

Objectives

1) Expand the Lee County Triage Center to a 24/7/365 operation, including expansion of the Low Demand Shelter.
2) Increase public safety workers' specialized training to include knowledge of behavioral health issues and community-based resources, including diversion programs.
3) Increase public safety workers' participation in the annual census, community outreach, and education.
4) Improve discharge planning and case management (including personal identification protocol) prior to release from jail or prison.
5) Increase the capacity of mental health and drug courts.

Summary of Accomplishments

The Public Safety committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met?
1	The Bob Janes Triage Center operates 24/7/365.	Met
2	Crisis Intervention Training has been provided to public safety workers. *Additional training and community resources information sharing is necessary.*	Met/ Ongoing
3	*The CoC and the Lee County Sheriff's office have begun collaborative efforts to complete client assessments and provide data, but continued involvement by law enforcement is still needed in the annual census, education, and outreach.*	Ongoing
4	Discharge planning agreements have been updated with SalusCare, Children's Network of SWFL, Lee Health, and the Lee County Sheriff's Office. *Ongoing monitoring of case management and discharge practices is necessary.*	Met/ Ongoing
5	Mental health and drug court capacity has been increased. Veteran's court has also been implemented in the County.	Met

Community Assets

- The Bob Janes Triage Center
- Homelessness is not criminalized within the County
- The Lee County Sheriff's Department and Fort Myers Police Department participate in ongoing collaboration meetings within the CoC and at the Bob Janes Triage Center
- Crisis Intervention Training for LEOs is completed at least annually by NAMI.
- A newly formed jail re-entry workgroup supported by the Public Defender's office and Sherriff's office, has begun meeting to discuss jail re-entry.

Gaps Analysis

- There are limited resources for persons exiting from jails into homelessness.
- Collaboration between justice systems and the CoC for discharge planning is in its infancy and needs further development.

Transportation

The transportation goal was established in the LIFE Plan to reduce transportation barriers to access housing, employment, health, and social services.

Objectives

1) Incorporate transportation solutions into housing and supportive programs and services.
2) Improve coordination, cooperation, and communication between transportation agencies and the service provider community.
3) Increase and communicate alternative non-emergency transportation options.
4) As a long-term strategy, improve transportation options in Lee County to facilitate independence and self-sufficiency.

Summary of Accomplishments

The Transportation committee, a sub-committee of the Lee County Continuum of Care Governing Board, met in 2016 to discuss the accomplishments made toward the above objectives, the information discussed was combined with accomplishments data reported in the Ten Year Plan to End Homelessness database. The following accomplishments have been made:

Objective #	Description	Objective Met?
1	Lee County's Local Housing Assistance Plan (LHAP) and Comprehensive Plan (Lee Plan) have provisions to ensure compliance with FS 420.9076(k), which requires the support of development near transportation hubs and major employment centers. Additionally, Lee County's Land Development Code (LDC) has been amended to include: Multimodal Transportation Districts i.e. areas designated under the Lee Plan where community design features reduce the use of private vehicles and support an integrated multimodal transportation system. These districts are designated in accordance with FS 163.3180(15). To date no district has been identified but staff is evaluating designating SR 82 as a Multimodal Transportation District. Lee County Human and Veteran Services evaluates connection to transportation resources in funding decisions for non-profit capital improvement and housing development projects.	Met
2	Multiple agencies throughout the CoC provide bus passes for transportation to job interviews, medical and other appointments. Additionally, several agencies provide transportation, through their own resources, to and from various programs and appointments as necessary. *Additional collaboration with transportation agencies is necessary.*	Met/ Ongoing
3	*Additional collaboration with alternative non-emergency transportation options is necessary.*	Ongoing
4	*A long-term strategy, improve transportation options in Lee County to facilitate independence and self-sufficiency is necessary.*	Ongoing

Community Assets

- Distribution of Lee Tran bus passes

Gaps Analysis

- Inefficient transportation routes
- Limited engagement with alternative non-emergency transportation options

Current System Resources

Outreach

In 2018, Lee County Human and Veteran Services started a street outreach program focused on engaging individuals and families who are living in places not meant for human habitation throughout the CoC's geographic area, providing assessments through the Coordinated Entry System, and making referrals to necessary housing and services. Other community partners also have staff dedicated to engaging persons experiencing homelessness, both on the street and at service locations.

Diversion

The implementation of a successful diversion program in Lee County is in its infancy. Initial Diversion Training took place in November 2018, and programs were encouraged implement diversion conversations into intake processes. Diversion strategies are currently being incorporated into the CoC-wide written standards, and into the HMIS. The CoC is also exploring diverse funding opportunities to support funding a variety of needs that arise as a result of diversion.

Prevention

More than four homelessness prevention programs were operational from 2015 through 2018. Funded with State Emergency Solutions Grant, Challenge Grant, Temporary Assistance for Needy Families - Prevention (TANF), and County Homeless funds, these programs provide assistance with past due rent, mortgage, and/or utility payments to prevent individuals and families from becoming homeless.

Emergency Shelter

Lee County has several emergency shelter resources. The Bob Janes Triage and Low Demand shelter provides 58 beds for single individuals who are referred from Lee County Human and Veteran Services, Lee Health, and local law enforcement. The Salvation Army provides 46 beds for families with children and single women. Oasis Youth Shelter serves individuals under age 18 with 10 beds, and the Fort Myers Rescue Mission accepts single individuals into their 25 bed facility. Victims of domestic violence can seek shelter at one of the two Abuse Counseling and Treatment (ACT) shelter's, which combined have 90 beds.

Despite having 229 emergency shelter beds, Lee County continues to have long wait lists for shelter beds. Many goals and strategies outlined in this plan have been created to open system flow, and ensure that emergency shelter beds are being used for the shortest time necessary to secure permanent housing for individuals and families experiencing homelessness.

Transitional Housing

The CoC has an inventory of 55 transitional housing beds, many located at SalusCare, a local mental health and substance abuse assistance provider. Twelve beds, located at After the Rain, are dedicated for single females, and ten beds, located at Anne's Restoration House, are dedicate for single males. All remaining beds are available to single males or females.

Permanent Supportive Housing

Permanent supportive housing (PSH) beds are provided by Community Assisted and Supported Living (CASL) through CoC funding, the Housing Authorities through Veteran's Administration Supportive Housing (VASH) vouchers, and SalusCare through various funding sources. In total the 2018 Housing Inventory Count documented that the CoC has access to 466 PSH beds.

The median utilization rate for these beds is 98.5%, and, by design, PSH yields to limited bed turnover, which creates a gap in beds available for individuals who are homeless and in need of supportive housing. Strategies outlined here within aim to open system flow, implement move on strategies with the Public Housing Authorities, and develop additional PSH beds to meet increasing needs.

Rapid Re-Housing

Existing rapid re-housing (RRH) programs provide more than 200 beds annually, and are funded by more than $1.4 million of CoC and federal Emergency Solutions Grant (ESG).

Supportive Services

Supportive Services are provided by a variety of non-profit and faith based service providers throughout the CoC's geographic area. Housing providers link clients to services as necessary based on their unique needs.

Homeless Management Information System (HMIS)/Coordinated Entry System

The Lee County Continuum of Care (CoC) is required to establish and operate a Coordinated Entry System (CES) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Coordinated Entry is designed to provide standardized access and assessment, and coordinate housing and services for individuals and families experiencing homelessness.

Coordinated Entry facilitates referrals and housing placements to ensure that individuals and families experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. Lee County Human and Veteran Services is the HMIS and Coordinated Entry System Lead Agency for the CoC. Since inception, Lee County's CES has used a "no-wrong door" model with 26 participating agencies serving as access points, and over 250 users. To ensure efficient use of resources, compliance with CPD-17-01, and a streamlined process for entry into the homelessness response system, the CoC has outlined strategies here within to dedicate specific CES access points, improve HMIS, and strengthen the overall CES.

Goals, Action Steps, and Objectives

The Lee County Continuum of Care has established objectives for each goal and action step listed in this plan. The objectives are designed to serve as the specific measurement for achievement toward the goals and action steps listed. The objectives were established to be challenging, yet achievable targets to encourage community-wide collaboration and innovation that ensures episodes of homelessness in Lee County are rare, brief and one time. An unmet objective does not mean a failure, but instead an opportunity for the community to collaborate, innovate solutions, and take meaningful action. Details regarding each objective and the target completion dates can be viewed in Appendix 1: Strategic Plan Goal Tracking.

1. ## Ensure Homelessness is Rare

   ### Goal 1.1: Collaboratively build a local homelessness response system that ensures homelessness is rare, brief and one-time.

   Action Step 1.1a: Build whole-community momentum behind the common vision that Homelessness in Lee County can and should be rare, brief and one-time through increased community outreach and awareness campaigns.

   Objectives:
   1.1a1: Increase the number of stakeholders than actively participate in the CoC General membership, including service agencies, government, local businesses, law enforcement, advocates with lived experience, and others.
   1.1a2: Conduct at least one (1) annual service blitz day to conduct outreach and educate community partners about how to engage and link persons who are homeless to services.
   1.1a3: Complete at least two (2) community outreach and awareness activities each month that includes local businesses, government agencies, educational institutions, law enforcement, faith based organizations and other community based groups and organizations.

   Action Step 1.1b: Increase coordination between Lee County departments, local service providers, mainstream assistance agencies, and state and federal offices to eliminate service silos.

   Objectives:
   1.1b1: Engage a minimum of ten (10) faith based providers per year to provide education regarding available services and encourage participation with the CoC.
   1.1b2: Execute detailed discharge plans with appropriate agencies, including Lee County Sherriff's Office, Lee Health, Park Royal, SalusCare, and other facilities where persons may be released into homelessness.
   1.1b3: Develop a formal agreement with Lee County Code Enforcement, Lee County Parks and Rec. and other state and federal agencies to assist in connecting persons who are homeless to services.

Action Step 1.1c: Develop a uniform marketing campaign, and provide education to service providers to ensure one, consistent message, that emphasizes the necessity to make homelessness rare, brief, and one-time, is being presented to the whole community.

> **Objectives:**
> **1.1c1:** Develop brochures, logos, and other marketing materials.
> **1.1c2:** Update websites community-wide to consistently market the same message including, community goals, focus for specific sub-populations, and the definitions of homelessness.
> **1.1c3:** Ensure CoC-wide marketing materials define the faces of homelessness as those not usually visible on the streets, such as families, single females, and those who work.

Action Step 1.1d: Understand and enumerate the size and scope of homelessness in Lee County by streamlining the Coordinated Entry System to ensure all access points are using the standard assessment to add all individuals and families who are homeless to the by-name list.

> **Objectives:**
> **1.1d1:** Redesign screens with the HMIS system to streamline coordinated entry.
> **1.1d2:** Limit access points to ensure only front door entry into the homeless service system.
> **1.1d3:** Provide at least one (1) annual comprehensive CoC-wide training regarding Coordinated Entry Policies and Procedures and Written Standards.

Action Step 1.1e: Understand and enumerate the size and scope of the problem by improving the unsheltered point in time count, and including youth, families, LGBTQI+ individuals, and other subpopulations in the planning process.

> **Objectives:**
> **1.1e1:** Add at least one new member each year from the specified sub-populations to the Community Awareness and Education Committee.
> **1.1e2:** Partner with law enforcement to conduct unsheltered PIT Count in encampments.

Action Step 1.1f: Use data, evaluation, performance measurement and research to guide system design, planning, and project funding.

> **Objectives:**
> **1.1f1:** Implement at least one (1) new project annually that is based on a national best practice or evidenced based program.
> **1.1f2:** Increase regional collaboration between CoC's and service providers by hosting at least one (1) annual networking event.
> **1.1f3:** Strengthen the CoC project funding applications and ranking tools to ensure that projects are evaluated using performance data.

1.1f4: Review CoC System Performance Measures at least quarterly, and make system changes as necessary to address performance short falls.

Action Step 1.1g: Develop and, update annually, a comprehensive gaps analysis, which identifies gaps in specific housing types, services for each subpopulation, and funding.

Objectives:
1.1g1: Design a comprehensive gaps analysis that identifies housing and service needs by bed type and subpopulation.

Action Step 1.1h: Research needs, funding opportunities, potential cost savings, and resources available to implement Assisted Outpatient Treatment (AOT) and Involuntary Outpatient Treatment (IOT).

Objectives:
1.1h1: Present results of AOT/IOT research to the CoC for consideration and further goal development.

Goal 1.2: Increase capacity and strengthen CoC-wide processes to prevent housing crises and reduce the number of persons who become homeless for the first time.

Action Step 1.2a: Advocate for community-wide policies and practices that support the development of safe and affordable housing.

Objectives:
1.2a1: Encourage Lee County Community Planning and Development and/or SWFL Regional Planning Council to develop a regional housing plan.
1.2a2: Maintain Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME) funding used for housing development, preservation of affordable housing units, and rental assistance programs.
1.2a3: Maintain State Housing Initiative Program (SHIP) funding for housing development, homelessness prevention and rapid re-housing.
1.2a4: Encourage and support local agencies applications to Florida Housing Finance Corporation for Housing Development
1.2a5: Increase Collaboration between City of Fort Myers, City of Cape Coral, and Lee County in Housing Development.
1.2a6: Encourage the development of affordable housing by providing education to existing property owners and managers during existing appreciation and outreach events.
1.2.a7: Provide education and technical assistance to non-profit housing developers regarding available funding sources and application processes.
1.2a8: Engage community leaders, businesses, and capital investors to advocate for zoning and development laws that integrate affordable housing into market rate developments.

Action Step 1.2b: Create and support initiatives to increase the availability of, and successful linkages to, necessary mainstream benefits, physical health care, behavioral health care, education, employment, childcare and legal assistance programs to promote housing stability.

Objectives:
1.2b1: Increase community awareness about locations of United Way Houses and services available at those locations.
1.2b2: Track successful linkages to ensure that clients are able to make referral connections.
1.2b3: Conduct direct outreach to new homeless service providers to educate them regarding making connections and "warm-hand offs" to supportive services and mainstream benefits.
1.2b4: Encourage a "warm-hand off" culture among direct service staff to ensure client's connections with services.
1.2b5: Encourage CoC-wide attendance at Homeless Coalition Meetings so that case managers remained informed of available resources.
1.2b6: Encourage implementation of tenant workshops for clients to receive education regarding their roles and responsibilities as a tenant.

Action Step 1.2c: Implement a collaborative to compare data from across systems and identify solutions for persons who have high service needs and frequently access multiple service systems.

Objectives:
1.2c1: Develop release forms that allow for staffing of High Need High Utilizer (HNHU) cases.
1.2c2: Execute Memorandums of Understanding (MOUs) with necessary stakeholders to encourage participation and dedication of staff for a HNHU group.
1.2c3: Implement regular meetings of a HNHU group with case managers assigned from key stakeholders, who are dedicated to staffing cases that cross multiple systems of care.

Action Step 1.2d: Use data to identify risk factors for homelessness and educate the design of homelessness prevention programs that target resources to the most vulnerable, and include supportive services to avoid housing crisis.

Objectives:
1.2d1: Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of homelessness in Lee County.

1.2d2: Gather occupational data for individuals and families receiving homelessness prevention assistance in HMIS.
1.2d3: Present a report regarding the risk factors for homelessness in Lee County to the CoC Governing Board within 24 months, and annually thereafter.
1.2d3: Increase coordination with workforce development organizations.

2. Ensure Homelessness is Brief

Goal 2.1: Identify and engage all people experiencing homelessness as quickly as possible.

Action Step 2.1a: Build a dynamic street outreach team focused on quickly engaging, assessing, and referring persons experiencing homelessness to permanent housing solutions.

Objectives:
2.1a1: Host an annual collaborative meeting for outreach workers to increase collaboration among outreach workers located at different agencies.
2.1a2: Host an annual outreach focused training with topics including self-care, safety, best practices, and innovative programs.
2.1a3: Identify and apply for additional funding sources for street outreach staff.
2.1a4: Determine amount of funding available community wide for outreach and aim to add at least one (1) new outreach staff person per year.
2.1a5: Utilize mapping and data technology in a collaborative effort to locate, engage, and house persons who are homeless.

Action Step 2.1b: Collaborate with the Lee County Sherriff's Office and other local Law Enforcement to establish outreach teams in accordance with the HOT Model

Objectives:
2.1b1: Research and draft Standard Operating Procedures for a Homeless Outreach Team (HOT) in Lee County, meet with all law enforcement agencies, and within 12 months implement a pilot HOT program to gather data and analyze results.
2.1b2: Host a meeting with all regional law enforcement agencies and the CoC to present the results of the HOT pilot within 24 months.
2.1b3: Engage all regional law enforcement agencies and establish additional HOT programs.

Action Step 2.1c: Research and implement a Sheriff's Housing Facilitating Initiative Transient Services (SHIFTS) program.

Objectives:
2.1c1: Research and develop a plan for the implementation of a SHIFTS program in Lee County, meet with all law enforcement agencies, and implement a pilot SHIFTS program within 36 months to gather data and analyze results.
2.1c2: Host a meeting with all regional law enforcement agencies and the CoC to present the results of the SHIFTS pilot within 48 months.
2.1c3: Engage all regional law enforcement agencies and establish additional SHIFTS programs.

Goal 2.2: Provide immediate access to low-barrier emergency shelter or other temporary accommodations to all who need it.

Action Step 2.2a: Implement and strengthen system-wide diversion programs to prevent unnecessary admittances to shelter and other housing assistance programs.

Objectives:
2.2a1: Implement system-wide diversion policies and practices, including using HMIS to prompt users to attempt diversion practices prior to intake.
2.2a2: Develop a Diversion fund or system to be used to pay miscellaneous expenses necessary to divert persons from shelter.
2.2a3: Host annual diversion and mediation trainings.

Action Step 2.2b: Increase the availability of emergency shelters by implementing low-barrier, housing focused practices to move people from homelessness, through emergency shelter, to permanent housing within 30 days.

Belongings under bridge in Lee County - January 2019

Objectives:
2.2b1: Identify barriers that prevent people from quickly moving out of emergency shelter and into permanent housing, and develop solutions in coordination with the existing emergency shelters.
2.2b2: Retool emergency shelter operations CoC-wide to promote low-barrier, housing focused facilities, which include respectful, safe, and responsible environments.
2.2b3: Coordinate with existing emergency shelters to prioritize beds for those most vulnerable by implementing CoC-wide standards for shelter prioritization.
2.2b4: Engage faith-based community to "adopt-a-family" through the Circles of Support model.
2.2b5: Research and implement methods to reduce barriers to shelter for individuals with medical needs and disabilities, including those on oxygen, pain medication, and those who are wheelchair bound.
2.2b6: Increase intake hours for emergency shelters within 12 months, within 24 months develop a mechanism to provide access to shelter 24/7.

Action Step 2.2c: Encourage all programs through training and technical assistance to adhere to Equal Access rules by providing low barrier, housing focused shelter to all individuals who are members of families, single, LGBTQI+, minorities and youth.

> **Objectives:**
> **2.2c1:** Host a CoC-wide Equal Access Rule Training and receive technical assistance to ensure policy compliance.
> **2.2c2:** Annually monitor funded projects to ensure compliance with equal access rules and local policies.

Action Step 2.2d: Advocate for the development of low-barrier temporary and permanent housing facilities, with co-located services, for sub-populations with high service needs such as, youth and survivors of domestic violence, dating violence, sexual assault, and human trafficking.

> **Objectives:**
> **2.2d1:** Coordinate with Abuse Counseling and Treatment (ACT) and the CoC to better connect outreach staff with ACT shelter resources for survivors of domestic violence, dating violence, sexual assault, and human trafficking.
> **2.2d2:** Coordinate with ACT to provide annual training to service providers and coordinated entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and human trafficking.

Action Step 2.2e: Establish low-barrier emergency shelter and permanent housing resources dedicated for individuals experiencing homelessness who are medically needy or elderly.

> **Objectives:**
> **2.2e1:** Collect data regarding the number of individuals in need of shelter whose medical needs mandate shelter, and/or cause a barrier to shelter in HMIS/Lee Health Data.
> **2.2e2:** Create a CoC-wide definition for medically fragile and medically vulnerable (within 12 months).
> **2.2e3:** Identify funding sources and support funding applications for the development of at least **twenty-five (25)** new emergency shelter beds for medically fragile, disabled, and/or elderly (65+) persons (within the next five years).

Homeless Camp in Lee County
January 2019

Goal 2.3: Implement coordinated entry to standardize assessment and prioritization processes and streamline connections to housing and services.

Action Step 2.3a: Improve the functionality and design of the Coordinated Entry System to ensure centralized access, and prioritization of those most in need of assistance.

Objectives:
2.3a1: Redesign Coordinated Entry System (CES) screens within the Homeless Management Information System (HMIS) to automate reports and streamline CES.
2.3a2: Integrate and begin using version 2.0 of the individual and family vulnerability assessments (VI-SPDAT) within HMIS.
2.3a3: Identify CES access points and provide training to all HMIS Agencies regarding new HMIS and CES processes and procedures (within 12 months)
2.3a4: Implement CoC-Wide training protocols, including requirements for re-training based on data quality.
2.3a5: Provide annual recurrent trainings to all HMIS participating agencies.
2.3a6: Redo CES marketing materials to clearly identify system access points.
2.3a7: Ensure all service providers, local businesses, law enforcement and other stakeholders are educated regarding the location of access points, and where to refer persons seeking assistance.

Action Step 2.3b: Increase quality participation in the Coordinated Entry System to streamline referrals, coordinate service delivery and shorten the length of time persons remain homeless.

Objectives:
2.3b1: Develop a mechanism to ensure agency representatives are present By-Name List meetings.
2.3b2: Restructure by-name list meetings to be focused on prioritizing those most difficult to house.
2.3b3: Increase by-name list meeting frequency from monthly to at least bi-monthly by implementing innovative meeting solutions (in-person monthly, and telecommunication meetings other times).

Action Step 2.3c: Understand the characteristics of and conduct targeted outreach to those who are least likely to access the Coordinated Entry System.

Objectives:
2.3c1: Produce an annual report regarding those least likely to access CES.
2.3c2: Develop a method to track the number and characteristics of persons who refuse to complete the coordinated assessment.
2.3c3: Ensure CES marketing materials are distributed at locations other than homeless service locations, including emergency rooms, plasma sales centers, and emergency medical services.

Goal 2.4: Assist people to move from homelessness to permanent housing, within 30 days, through appropriate and person-centered services.

Action Step 2.4a: Advocate for and support the development of permanent housing facilities and assistance programs. *(All bed needs were determined through data analysis to identify gaps in available bed resources)*

Objectives:

2.4a1: Identify funding sources and support funding applications for the development of at least **sixty-two (62)** new permanent housing beds, with co-located supportive services, for sub-populations with high service needs such as, those with severe and persistent mental illness and histories of chronic homelessness (within the next five years).

2.4a2: Identify funding sources and support funding applications for the development of at least **twenty-five (25)** new permanent housing beds for medically fragile, disabled, and/or elderly (65+) persons (within the next five years).

2.4a3: Identify funding sources and support funding applications for the development of at least **one hundred and ten (110)** new permanent housing beds for individuals experiencing homelessness (within the next five years).

2.4a4: Identify funding sources and support funding applications for the development of at least **fifteen (15)** new transitional and/or permanent housing beds for persons who have experienced homelessness and are re-entering the community from jail (within the next five years).

Action Step 2.4b: Use data to inform planning and funding decisions that create new housing programs, to ensure an adequate stock of various types of housing suitable for the needs of individuals and families who are homeless.

Objectives:
2.4b1: Complete a comprehensive gaps analysis that identifies housing and service needs by bed type and subpopulation.
2.4b2: Present a report regarding the identified gaps to the CoC Governing Board within 12 months, and annually thereafter.

Action Step 2.4c: Maintain the strength of the homeless service system by encouraging open sharing of information and uniform guidelines for assistance programs to ensure that individuals and families are provided appropriate and person-centered services as quickly as possible.

Objectives:
2.4c1: Continue sharing information through community wide e-mail distributions and at meetings.
2.4c2: Increase use of Facebook and other social media sites to share information.

2.4c3: Continue to support the implementation of the CoC-wide written standards through contract provisions and annual monitoring of funded projects.

2.4c4: Develop a centralized web-based location for information sharing, including new programs, program changes, and guidance from the CoC Lead and HUD.

Action Step 2.4d: Implement a Risk Mitigation Fund and identify ongoing funding sources to ensure long-term sustainability

Objectives:

2.4d1: Identify the amount of funds needed, a fiscal agent, and a funding stream to support a Risk Mitigation fund.

2.4d2: Establish policies and procedures for property owners to access Risk Mitigation funds.

Conceptual Drawing of Proposed Affordable Housing Development in Lee County

3. Ensure Homelessness is a One-Time Experience

Goal 3.1: Prevent returns to homelessness through connections to adequate services and opportunities.

Action Step 3.1a: Use data to identify risk factors for returns to homelessness and educate the design of housing programs that provide comprehensive supportive services to ensure housing stability.

Objectives:
3.1a1: Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of homelessness in Lee County.
3.1a2: Gather occupational data for individuals and families receiving homelessness assistance in HMIS.
3.1a3: Present a report regarding the risk factors for returns to homelessness in Lee County to the CoC Governing Board within 24 months, and annually thereafter.
3.1a4: Increase collaboration with jails to identify risk factors for recidivism among justice-involved individuals.
3.1a5: Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of justice-involved individuals who are homeless in Lee County.

Action Step 3.1b: Develop service solutions that are focused on building community based support networks and increasing economic mobility.

Objectives:
3.1b1: Require a career services organization to present at least one (1) time annually at the Lee County Homeless Coalition meeting.
3.1b2: Implement a monthly SOAR workgroup.
3.1b3: Host at least one (1) annual in-person SOAR training to ensure that at least one (1) SOAR trained case manager is present at each homeless service provider.
3.1b4: Encourage the implementation of budget and financial management classes for clients who are receiving rental subsidies.
3.1b5: Encourage the implementation of peer-based problem solving clinics for clients who are receiving rental subsidies.

Action Step 3.1c: Implement and monitor a move-on strategy with affordable housing providers, including the Public Housing Authority, Low Income Housing Tax Credit (LIHTC) development, multifamily assisted housing owners, and other local low-income housing programs.

Objectives:
3.1c1: Coordinate with the PHA to develop and execute a move-on strategy that provides a preference for Public Housing and Section 8 based on Coordinated Entry Prioritization.
3.1c2: Coordinate with LIHTC developments to develop and execute a move-on strategy.

3.1c3: Coordinate with the PHA to develop and execute a move-on strategy that provides a preference for Public Housing and Section 8 based on the HOPWA TBRA prioritization.
3.1c4: Facilitate a connection between permanent supportive housing (PSH) providers and the PHA to ensure that PSH providers can make referrals to the PHA preference list.

Action Step 3.1d: Implement shared housing programs/resources for individuals who are homeless, to encourage social networks in housing.

Objectives:
3.1d1: Develop educational materials for housing providers and land owners/property managers regarding the use of shared housing as a solution to homelessness.
3.1d2: Advocate for the expansion of shared housing practices among existing programs within the CoC, including those funded through federal and state programs.

4. Sustain an End to Homelessness

Goal 4.1: Sustain Lee County homelessness response system at a scale necessary to respond to future needs.

Action Step 4.1a: Identify and promote best practices and innovative approaches to make homelessness rare, brief and one-time.

Objectives:
4.1a1: Place priority points in funding applications for projects that are modeled after national best practices and evidence based programs.
4.1a2: Provide at least one (1) monthly news blast regarding a national best practice or innovative program.
4.1a3: Develop a centralized web-based location for all CoC agencies to view innovative practices and information.

Action Step 4.1b: Review and regularly communicate system performance metrics to stakeholders.

Objectives:
4.1b1: Develop a centralized web-based location for all CoC agencies to view system performance.
4.1b2: Develop a live web-based system performance dashboard that provides the public with information regarding system performance and accomplishments.
4.1b3: Publish system and project level performance data on, at least, a quarterly basis.
4.1b4: Publish, at least monthly, positive local information/data regarding CoC accomplishments on social media and encourage social sharing.

Implementing the Plan

To facilitate the implementation of this plan and the accomplishment of stated goals and objectives, the CoC will focus resources toward the development of programs, which have demonstrated success in preventing and ending homelessness, addressing community needs, and increasing overall system performance in other CoC's. In addition to maintaining programs that have already been proven to work in Lee County, the CoC will purse the development of new and innovative programs, modeled after evidence based and best practices, which aim to reduce shelter entries, reduce the length of stay in homelessness, and prevent the reoccurrence of homelessness. The actions outlined in this plan encompass the homelessness response system within the CoC. Without the successful implementation of each of these actions, the homelessness response system would reflect gaps in data and in service.

Essential Tools for Effective Implementation

Oversight

Accomplishment of the goals within this plan requires active participation and leadership across multiple systems. Essential oversight of this strategic plan will be completed by the CoC Governing Board, which must:

- Have the right people participating: those with the community role, knowledge, and access to the resources to turn action items into reality;
- Have the right number of individuals: enough to include key players, but not so many that the group cannot make decisions and move forward efficiently;
- Be committed to holding regular meetings to identify progress and challenges around measurable goals and strategies;

Engagement

The impacts of homelessness are broad, and affect a variety of stakeholders throughout the community. Providing opportunities for community-wide participation will help sustain action. Engagement opportunities should include: elected officials, commissioners, BoCC appointed committees, businesses, property owners, property managers, service providers, and the public. Opportunities will be provided at least annually, and may include the following:

- community meetings to report on progress, challenges, and next steps around the priorities in this plan;
- written reports that deepen the community-wide understanding of the work being done to address homelessness and successfully implement the plan;
- opportunities for persons who are homeless or formerly homeless to provide feedback on Strategic Plan implementation;
- workshops to assess progress and update the plan consistent with changes in the community.

Action

Action is essential to the realization of the goals within this plan. To ensure meaningful action various entities and organizations have been identified, by the CoC Governing Board, to take ownership of mobilizing community members around specific goals and activities. Each assigned entity must ensure that focus remains on the Strategic Plan and the priorities around making homelessness rare, brief, and one time. Actions taken must be reported to the CoC on a regular basis.

Implementation & Review Schedule

The CoC in Lee County and its partners have created a dynamic document focused on enhancing service to individuals and families experiencing homeless, and reaching and sustaining a level of service that ensures future instances of homelessness are rare, brief and one time. The Continuum of Care Strategic Plan for Lee County will be reviewed and updated according to the schedule below, to ensure that Lee County's response to homelessness is aligned with best practices, inclusive, well implemented, effective, and compliant with federal, state, and local policy.

Timeline exceptions may be granted with the approval of the CoC Governing Board.

DATE	ACTION	RESPONSIBLE ENTITY
April 10, 2019	Effective Date of the CoC Plan	Lee County CoC and partners
April 1, 2020	Review and Summary of Year 1 Accomplishments	CoC Governing Board and Lead Agency
April 1, 2021	Review and Summary of Year 2 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2022	Review and Summary of Year 3 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2023	Review and Summary of Year 4 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2024	Review and Summary of Year 5 Accomplishments and Comprehensive update of Plan based on accomplishments	Lee County CoC and partners
April 1, 2025	Review and Summary of Year 6 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2026	Review and Summary of Year 7 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2027	Review and Summary of Year 8 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2028	Review and Summary of Year 9 Accomplishments *Implement plan changes, if needed.*	CoC Governing Board and Lead Agency
April 1, 2029	Review and Summary of Year 10 Accomplishments	CoC Governing Board and Lead Agency
October 1, 2029	Comprehensive Review of 10 Year Plan and Status of Homelessness in Lee County	Lee County CoC and partners

Measuring Success through System Performance

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 family environments may create situations where individuals, families, or youth experience, re-experience, or are at risk of homelessness. An end to homelessness does mean however, that Lee County has an effective homelessness response system in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and one time experience.

To determine the overall effectiveness of Lee County's homelessness response system, the Governing Board, in accordance with the HUD provided framework, has established a series of System Performance measures. These measures evaluate the outcomes from all HMIS participating programs to ensure that they are meeting the needs of the community and making sufficient progress toward ending homelessness. The following factors are measured:

Measure 1: Length of time persons remain homeless
This measures the number of clients active in the report date range across Emergency Shelter (ES), Supportive Housing (SH) (Metric 1.1) and then ES, SH and Transitional Housing (TH) (Metric 1.2) along with their average and median length of time homeless. The CoC, through consultation with local service providers, has determined that no persons should remain homeless for longer than **90 days**.

Measure 2: The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
This measures clients who exited Street Outreach (SO), ES, TH, SH or other Permanent Housing (PH) to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit. The CoC, through consultation with local service providers, has determined that no more than **35% of persons** who are exited to permanent housing destinations should return to homelessness.

Measure 3: The number of homeless persons within the CoC
This measures the change in PIT counts of sheltered and unsheltered homeless persons. HUD has not yet established performance target for this measure, but prefers that the number of homeless persons counted in the PIT each year does not increase. The CoC, has set a goal to improve the PIT count methodology in the first year of this plan, and will set goals to decrease the number of persons who are homeless within the CoC for years 2 through 10 of this plan.

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded projects
This measures the change in earned and unearned income for adult leavers and stayers within the CoC. CoC, through consultation with local service providers, has determined that a minimum of **45% of leavers** and **45% of stayers** should increase income by program exit.

Measure 5: Number of persons who become homeless for the first time
This measures the change in the number of persons entering ES, TH, SH, or PH with no prior enrollment in HMIS. The CoC has set a goal of decreasing the number of persons who become homeless for the first time by **20% each year**.

Measure 6: Homeless prevention and housing placement of person defined by category 3 of HUD's homeless definition in CoC program funded projects
At this time, this measure is designated for High Performing Community's (HPC) and therefore does not apply to the Lee County CoC.

Measure 7: Successful placement from street outreach and successful placement in or retention of permanent housing
This measures the change in exits to permanent housing destinations from street outreach, emergency shelter (ES), transitional housing (TH), supportive housing (SH), or other permanent housing (PH). The CoC, through consultation with local service providers, has determined that a minimum of **65% of persons** should be exited to a permanent housing destination.

The 2015 program year was the first that system performance measures were reported to HUD. This data was used to establish the HUD performance targets stated above. Lee County provided updated data during the 2016 and 2017 years, creating change patterns that are helpful for evaluating ongoing system performance. These patterns are detailed below:

Homeless Camp in Lee County – January 2019

System Performance Measure 1
Length of Time Homeless
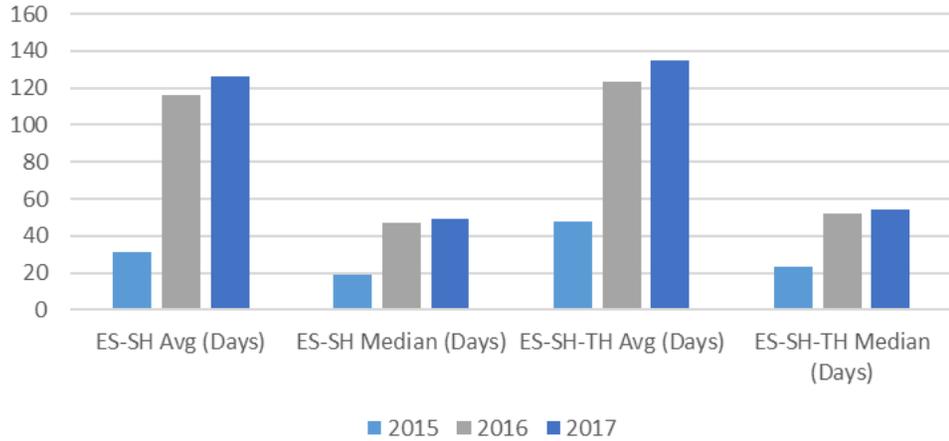
Program Year	ES-SH Avg (Days)	ES-SH Median (Days)	ES-SH-TH Avg (Days)	ES-SH-TH Median (Days)
2015	31	19	48	23
2016	116	47	123	52
2017	126	49	135	54

System Performance Measure 2
Percent of Returns to Homelessness
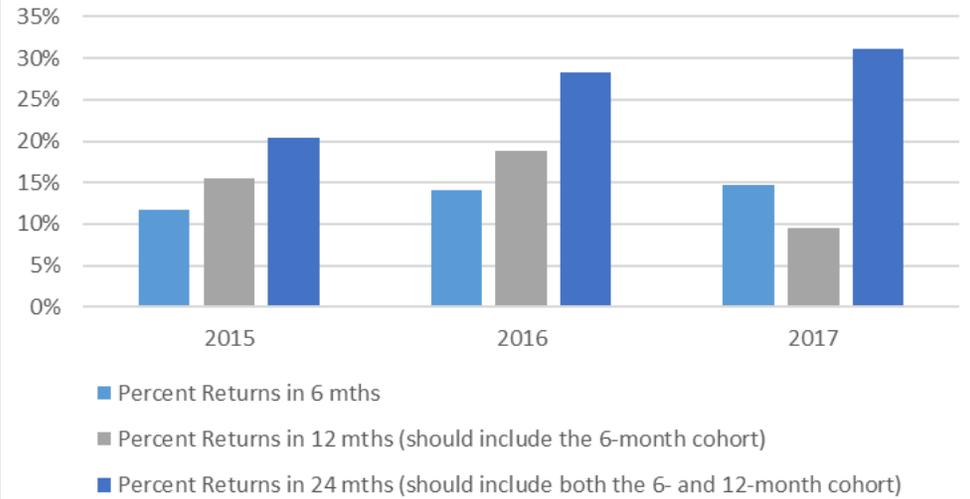
Program Year	Total Persons Exited (SO+ES+TH+SH+PH)	Total Persons Returns in 6 mths	Total Persons Returns in 12 mths (should include the 6-month cohort)	Total Persons Returns in 24 mths (should include both the 6- and 12-month cohort)	Percent Returns in 6 mths	Percent Returns in 12 mths (should include the 6-month cohort)	Percent Returns in 24 mths (should include both the 6- and 12-month cohort)
2015	324	38	50	66	12%	15%	20%
2016	340	48	64	96	14%	19%	28%
2017	430	63	41	134	15%	10%	31%

System Performance Measure 3
Number of Homeless Persons

System Performance Measure 4
Increases in Income
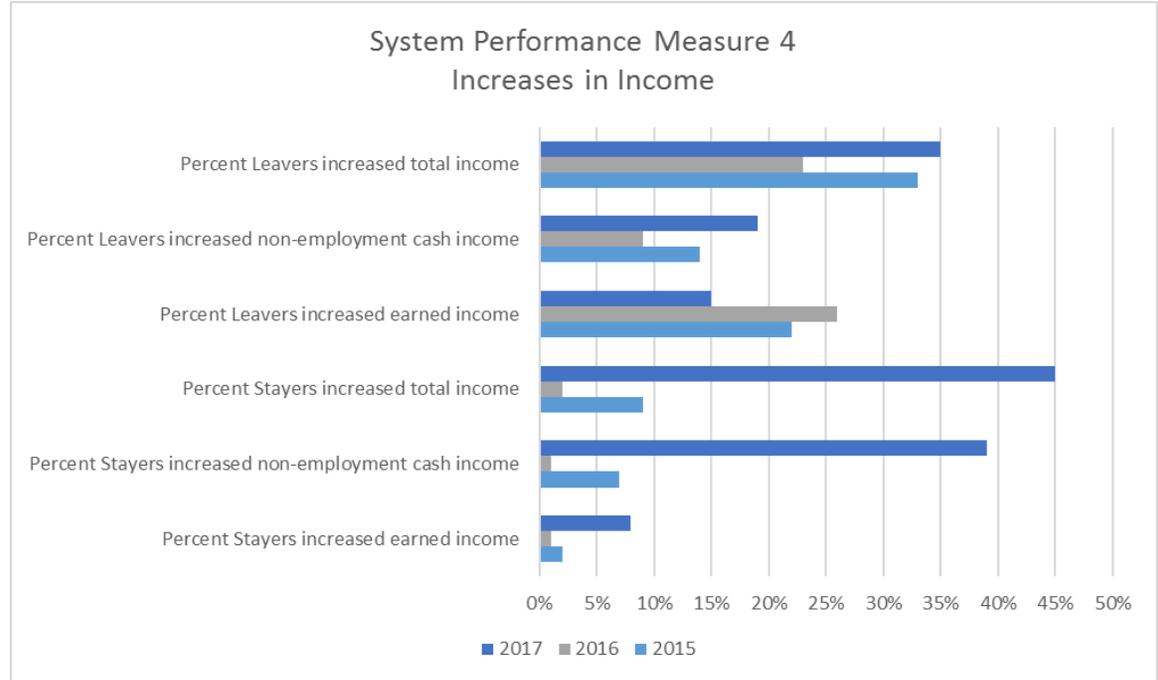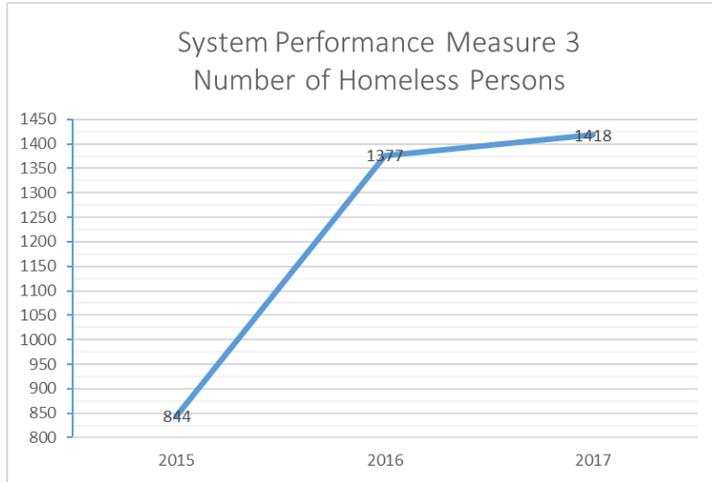
Program Year	Total Stayers (persons)	Total Stayers increased earned income	Percent Stayers increased earned income	Total Stayers increased non-employment cash income	Percent Stayers increased non-employment cash income	Total Stayers increased total income	Percent Stayers increased total income
2015	86	2	2%	6	7%	8	9%
2016	91	1	1%	1	1%	2	2%
2017	93	7	8%	36	39%	42	45%

Program Year	Total Leavers (persons)	Total Leavers increased earned income	Percent Leavers increased earned income	Total Leavers increased non-employment cash income	Percent Leavers increased non-employment cash income	Total Leavers increased total income	Percent Leavers increased total income
2015	150	33	22%	21	14%	49	33%
2016	110	18	16%	10	9%	25	23%
2017	124	19	15%	24	19%	43	35%

System Performance Measure 5
Number of 1st Time Homeless
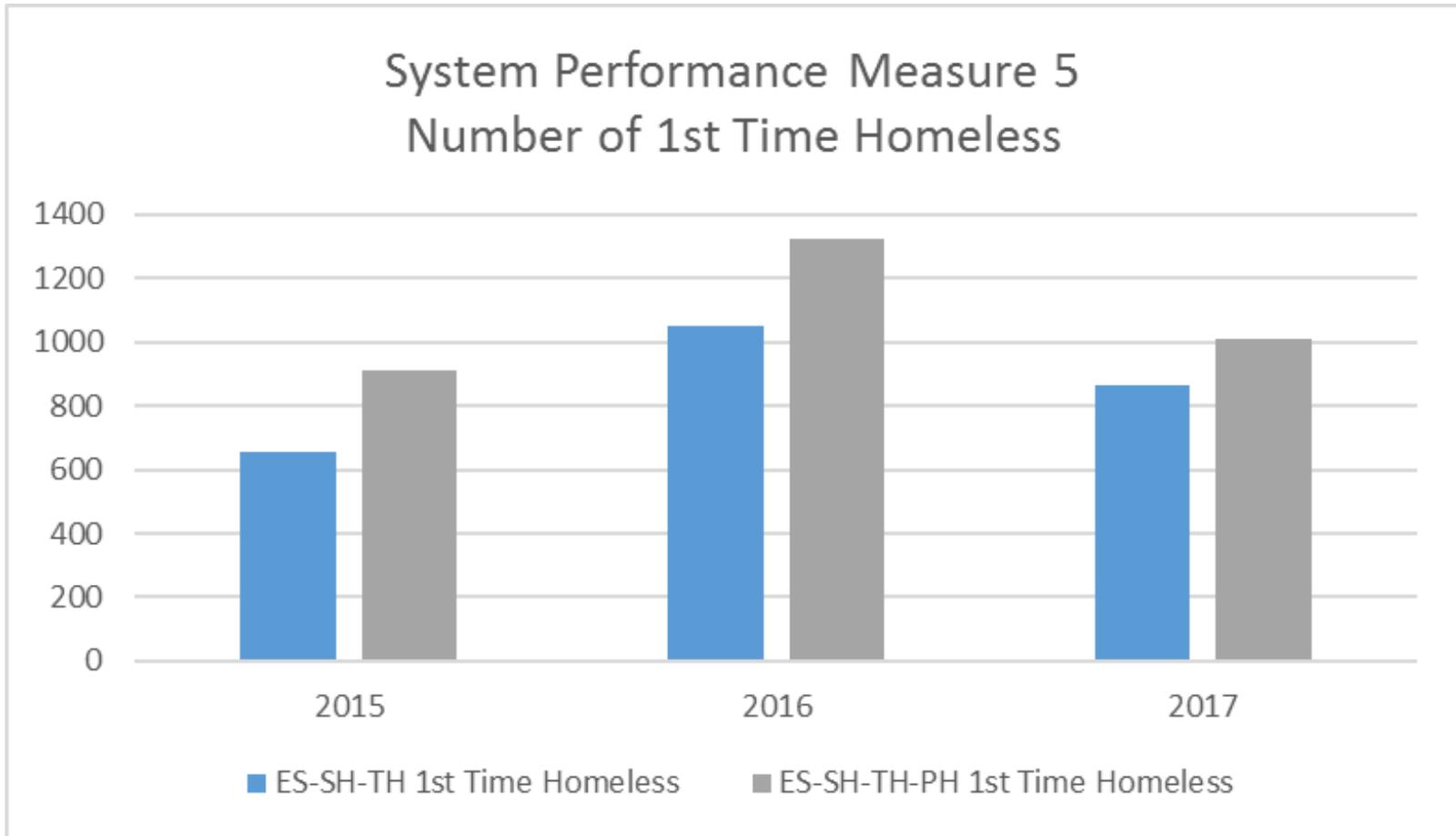
Program Year	ES-SH-TH 1st Time Homeless	ES-SH-TH-PH 1st Time Homeless
2015	658	910
2016	1053	1324
2017	864	1012

System Performance Measure 7
Sucessful PH Retention/Exits
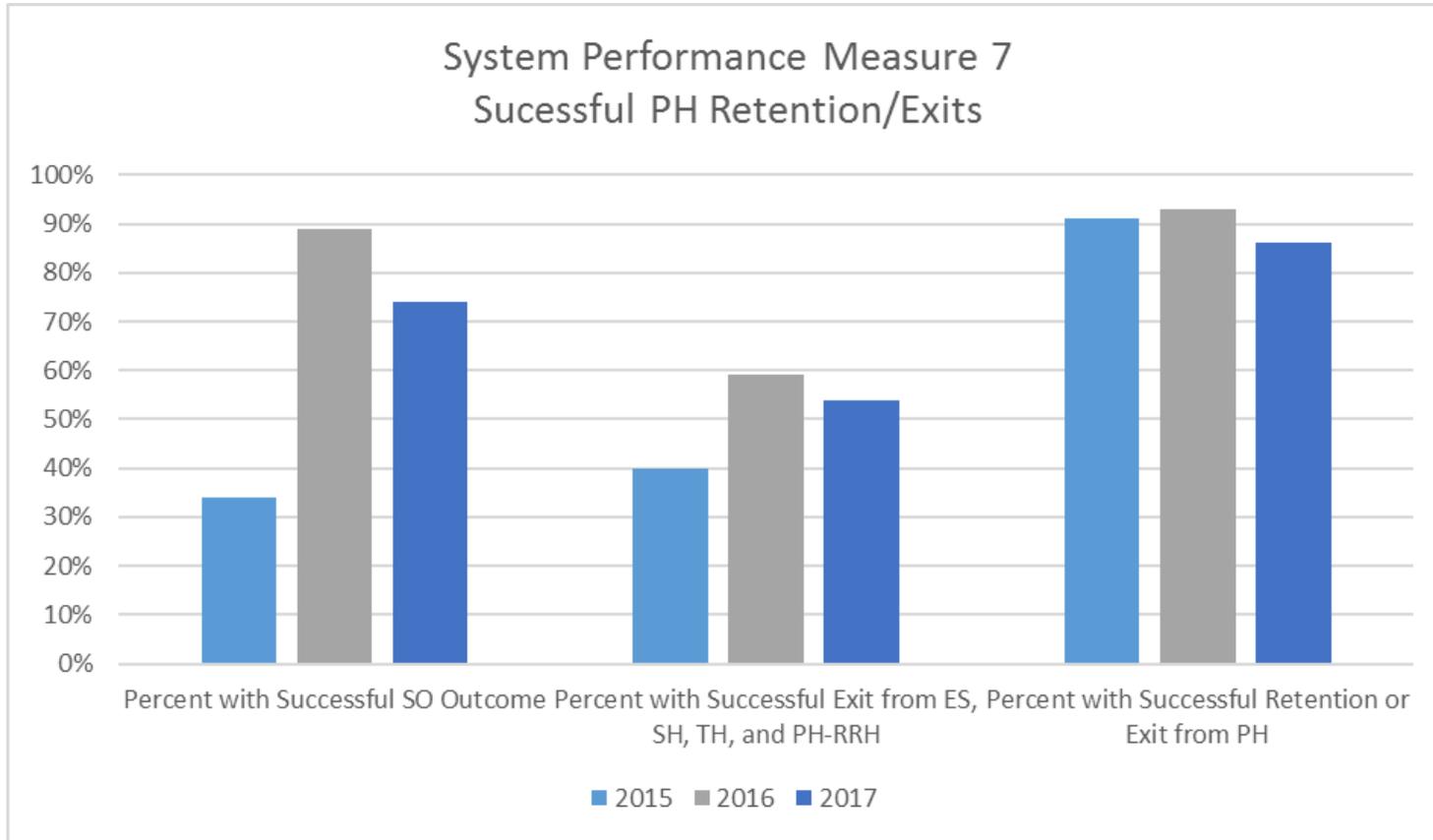
Program Year	Total Persons Exiting Street Outreach	Total Persons Exited to Temporary Housing	Total Persons Exited to Permanent Housing	Percent with Successful SO Outcome	Total Persons Exiting ES, TH, SH, PH-RRH	Total Persons Exiting ES, TH, SH, PH-RRH to Permanent Housing	Percent with Successful Exit	Total Persons Exiting PH (not including PH-RRH)	Total Persons Exiting PH (not including PH-RRH) in PH for 6mos+ or exiting to PH	Percent with Successful Retention or Exit
2015	176	30	29	34%	557	223	40%	172	157	91%
2016	9	0	8	89%	1014	594	59%	161	149	93%
2017	145	75	32	74%	1083	580	54%	194	166	86%

Appendix 1: Strategic Plan Goal Tracking

Priority 1 - Ensure Homelessness is Rare			Year 1 Accomplishments							
			April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
Goals Action Steps		Objectives	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
1.1: Collaboratively build a local homelessness response system that ensures homelessness is rare, brief and one-time.										
Action Step 1.1a: Build whole-community momentum behind the common vision that Homelessness in Lee County can and should be rare, brief and one-time through increased community outreach and awareness campaigns.	1a1	Increase the number of stakeholders than actively participate in the CoC General membership, including service agencies, government, local businesses, law enforcement, advocates with lived experience, and others.								
	1a2	Conduct at least 1 annual service blitz day to conduct outreach and educate community partners about how to engage and link persons who are homeless to services.								
	1a3	Complete at least 2 community outreach and awareness activities each month that includes local businesses, government agencies, educational institutions, law enforcement, faith based organizations and other community based groups and organizations.								
Action Step 1.1b: Increase coordination between Lee County departments, local service providers, mainstream assistance agencies, and state and federal offices to eliminate service silos	1b1	Engage a minimum of 10 new faith based providers per year to provide education regarding available services and encourage participation with the CoC.								
	1b2	Execute detailed discharge plans with appropriate agencies to prevent releases into homeless.								
	1b3	Develop a formal agreement with Lee County Code Enforcement, Lee County Parks and Rec. and other state and federal agencies to assist in connecting persons who are homeless to services.								

Action Step 1.1c: Develop a uniform marketing campaign, and provide education to service providers to ensure one message to the whole-community that emphasizes the necessity to make homelessness rare, brief, and one-time, and offering suggestions for involvement.	1c1	Develop brochures, logos, and other marketing materials.								
	1c2	Update websites community-wide to consistently market the same message including, community goals, focus for specific sub-populations, and the definition of homelessness.								
	1c3	Ensure CoC-wide marketing materials define the faces of homelessness as those not usually visible on the streets, such as families, single females, and those living in cars.								
Action Step 1.1d: Understand and enumerate the size and scope of homelessness in Lee County by streamlining the Coordinated Entry System to ensure all access points are using the standard assessment to add all individuals and families who are homeless to the by-name list.	1d1	Redesign screens with the HMIS system to streamline coordinated entry.								
	1d2	Limit access points to outreach teams and emergency shelters, with exceptions only for special populations.								
	1d3	Provide at least one (1) annual comprehensive CoC-wide training regarding Coordinated Entry Policies and Procedures and Written Standards.								

Action Step 1.1e: Understand and enumerate the size and scope of the problem by improving the unsheltered point in time count, and including youth, families, LGBTQI+ individuals, and other subpopulations in the planning process.	1e1	Add at least one new member each year from the specified sub-populations to the Community Awareness and Education Committee								
	1e2	Partner with law enforcement to conduct unsheltered PIT Count in encampments.								
Action Step 1.1f: Use data, evaluation, performance measurement and research to guide system design, planning, and project funding.	1f1	Implement at least one (1) new project annually that is based on a national best practice or evidenced based program.								
	1f2	Increase regional collaboration between CoC's and service providers by hosting at least one (1) annual networking event.								
	1f3	Strengthen the CoC project funding applications and ranking tools to ensure that projects are evaluated using performance data.								
	1f4	Review CoC System Performance Measures at least quarterly, and make system changes as necessary to address performance short falls.								

Action Step 1.1g: Develop and, update annually, a comprehensive gaps analysis, which identifies gaps in specific housing types, services for each subpopulation, and funding.	1g1	Design a comprehensive gaps analysis that identifies housing and service needs by bed type and subpopulation. .								
Action Step 1.1h: Research needs, funding opportunities, potential cost savings, and resources available to implement Assisted Outpatient Treatment (AOT) and Involuntary Outpatient Treatment (IOT).	1h1	Present results of AOT/IOT research to the CoC for consideration and further goal development.								

Priority 1 - Ensure Homelessness is Rare			Year 1 Accomplishments							
			April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
Goals Action Steps		Objectives	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
1.2: Increase capacity and strengthen CoC-wide processes to prevent housing crises and reduce the number of persons who become homeless for the first time.										
Action Step 1.2a: Advocate for community-wide policies and practices that support the development of safe and affordable housing.	2a1	Encourage Lee County Community Planning and Development and/or SWFL Regional Planning Council to develop a regional housing plan.								
	2a2	Maintain CDBG and HOME funding used for housing development, preservation of affordable housing units, and rental assistance programs.								
	2a3	Maintain SHIP funding for housing development, homelessness prevention and rapid re-housing.								
	2a4	Encourage local agencies applications to Florida Housing Finance Corporation for Housing Development								
	2a5	Increase Collaboration between City of Fort Myers, City of Cape Coral, and Lee County in Housing Development								
	2a6	Encourage the development of affordable housing by providing education to existing property owners and managers during existing appreciation and outreach events.								
	2a7	Provide education and technical assistance to non-profit housing developers regarding available funding sources and application processes.								
	2a8	Engage community leaders, businesses, and capital investors to advocate for zoning and development laws that integrate affordable housing into market rate developments.								
	2b1	Increase community awareness about locations of United Way Houses and services available at those locations								

Action Step											
Action Step 1.2b: Create and support initiatives to increase the availability of, and successful linkages to, necessary health, behavioral health, education, employment, child care and legal assistance programs.	2b2	Track successful linkages to ensure that clients are able to make referral connections									
	2b3	Conduct direct outreach to new homeless service providers to educate them regarding making connections and "warm-hand offs" to supportive services and mainstream benefits.									
	2b4	Encourage a "warm-hand off" culture among direct service staff to ensure client's connections with services.									
	2b5	Encourage CoC-wide attendance at Homeless Coalition Meetings so that case managers remained informed of available resources.									
	2b6	Encourage implementation of tenant workshops for clients to receive education regarding their roles and responsibilities as a tenant.									

Action Step 1.2c: Implement a collaborative to compare data from across systems and identify solutions for persons who have high service needs and frequently access multiple service systems.	2c1	Develop release forms that allow for staffing of High Need High Utilizer (HNHU) cases.								
	2c2	Execute Memorandums of Understanding (MOUs) with necessary stakeholders to encourage participation and dedication of staff for a HNHU group.								
	2c3	Implement regular meetings of a HNHU group with case managers assigned from key stakeholders, who are dedicated to staffing cases that cross multiple systems of care.								
Action Step 1.2d: Use data to identify risk factors for homelessness and educate the design of homelessness prevention programs that target resources to the most vulnerable, and include supportive services to avoid housing crisis.	2d1	Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of homelessness in Lee County.								
	2d2	Gather occupational data for individuals and families receiving homelessness prevention assistance in HMIS.								
	2d3	Present a report regarding the risk factors for homelessness in Lee County to the CoC Governing Board within 24 months, and annually thereafter.								
	2d4	Increase coordination with workforce development organizations.								

Priority 2 - Ensure Homelessness is Brief			Year 1 Accomplishments							
			April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
Goals Action Steps		Objectives	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
2.1: Identify and engage all people experiencing homelessness as quickly as possible.										
Action Step 2.1a: Build a dynamic street outreach team focused on quickly engaging, assessing, and referring persons experiencing homelessness to permanent housing solutions.	1a1	Host an annual collaborative meeting for outreach workers to increase collaboration among outreach workers located at different agencies.								
	1a2	Host an annual outreach focused training with topics including self-care, safety, best practices, and innovative programs.								
	1a3	Identify and apply for additional funding sources for street outreach staff.								
	1a4	Determine amount of funding available community wide for outreach and aim to add at least one (1) new outreach staff person per year.								
	1a5	Utilize mapping and data technology in a collaborative effort to locate, engage, and house persons who are homeless.								

Action Step 2.1b: Collaborate with the Lee County Sherriff's Office and other local Law Enforcement to establish outreach teams in accordance with the HOT Model	1b1	Research and draft Standard Operating Procedures for a Homeless Outreach Team (HOT) in Lee County, meet with all law enforcement agencies, and within 12 months implement a pilot HOT program to gather data and analyze results.								
	1b2	Host a meeting with all regional law enforcement agencies and the CoC to present the results of the HOT pilot within 24 months.								
	1b3	Engage all regional law enforcement agencies and establish additional HOT programs.								
Action Step 2.1c: Research and implement a Sheriff's Housing Facilitating Initiative Transient Services (SHIFTS) program.	1c1	Research and develop a plan for the implementation of a SHIFTS program in Lee County, meet with all law enforcement agencies, and implement a pilot SHIFTS program within 36 months to gather data and analyze results.								
	1c2	Host a meeting with all regional law enforcement agencies and the CoC to present the results of the SHIFTS pilot within 48 months.								
	1c3	Engage all regional law enforcement agencies and establish additional SHIFTS programs.								

Priority 2 - Ensure Homelessness is Brief				Year 1 Accomplishments							
Goals	Action Steps		Objectives	April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
				# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
2.2: Provide immediate access to low-barrier emergency shelter or other temporary accommodations to all who need it.											
Action Step 2.2a: Implement and strengthen system-wide diversion programs to prevent unnecessary admittances to shelter and other housing assistance programs.		2a1	Implement system-wide diversion policies and practices, including using HMIS to prompt users to attempt diversion practices prior to intake.								
		2a2	Develop a Diversion fund or system to be used to pay miscellaneous expenses necessary to divert persons from shelter.								
		2a3	Host annual diversion and mediation trainings.								
Action Step 2.2b: Increase the availability of emergency shelters by implementing low-barrier, housing focused practices to move people from homelessness, through emergency shelter, to permanent housing within 30 days.		2b1	Identify barriers that prevent people from quickly moving out of emergency shelter and into permanent housing, and develop solutions in coordination with the existing emergency shelters.								
		2b2	Retool emergency shelter operations CoC-wide to promote low-barrier, housing focused facilities, which include respectful, safe, and responsible environments.								
		2b3	Coordinate with existing emergency shelters to prioritize beds for those most vulnerable by implementing CoC-wide standards for shelter prioritization.								
		2b4	Engage faith-based community to "adopt-a-family" through the Circles of Support model.								
		2b5	Research and implement methods to reduce barriers to shelter for individuals with medical needs and disabilities, including those on oxygen, pain medication, and those who are wheelchair bound.								
		2b6	Increase intake hours for emergency shelters within 12 months, within 24 months develop a mechanism to provide access to shelter 24/7.								

Action Step 2.2c: Encourage all programs through training and technical assistance to adhere to Equal Access rules by providing low barrier, housing focused shelter to all individuals who are members of families, single, LGBTQI+, minorities and youth.	2c1	Host a CoC-wide Equal Access Rule Training and receive technical assistance to ensure policy compliance.								
	2c2	Annually monitor funded projects to ensure compliance with equal access rules and local policies.								
Action Step 2.2d: Advocate for the development of low-barrier temporary and permanent housing facilities, with co-located services, for sub-populations with high service needs such as, youth and survivors of domestic violence, dating violence sexual assault, and human trafficking.	2d1	Coordinate with Abuse Counseling and Treatment (ACT) and the CoC to better connect outreach staff with ACT shelter resources for survivors of domestic violence, dating violence, sexual assault, and human trafficking								
	2d2	Coordinate with ACT to provide annual training to service providers and coordinated entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and human trafficking.								
Action Step 2.2e: Establish low-barrier emergency shelter and permanent housing resources dedicated for individuals experiencing homelessness who are medically needy or elderly.	2e1	Collect data regarding the number of individuals in need of shelter whose medical needs mandate shelter, and/or cause a barrier to shelter in HMIS/Lee Health Data.								
	2e2	Create a CoC-wide definition for medically fragile and medically vulnerable (within 12 months).								
	2e3	Identify funding sources and support funding applications for the development of at least twenty-two (22) new emergency shelter beds for medically fragile, disabled, and/or elderly (65+) persons (within the next five years).								

Priority 2 - Ensure Homelessness is Brief			Year 1 Accomplishments							
Goals	Action Steps	Objectives	April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
			# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
2.3: Implement coordinated entry to standardize assessment and prioritization processes and streamline connections to housing and services.										
Action Step 2.3a: Improve the functionality and design of the Coordinated Entry System to ensure centralized access, and prioritization of those most in need of assistance.	3a1	Redesign Coordinated Entry System (CES) screens within the Homeless Management Information System (HMIS) to automate reports and streamline CES.								
	3a2	Integrate and begin using version 2.0 of the individual and family vulnerability assessments (VI-SPDAT) within HMIS.								
	3a3	Identify CES access points and provide training to all HMIS Agencies regarding new HMIS and CES processes and procedures (within 12 months)								
	3a4	Implement CoC-Wide training protocols, including requirements for re-training based on data quality.								
	3a5	Provide annual recurrent trainings to all HMIS participating agencies.								
	3a6	Redo CES marketing materials to clearly identify system access points.								
	3a7	Ensure all service providers, local businesses, law enforcement and other stakeholders are educated regarding the location of access points, and where to refer persons seeking assistance.								
Action Step 2.3b: Increase quality participation in the Coordinated Entry System to streamline referrals, coordinate service delivery and shorten the length of time persons remain homeless.	3b1	Develop a mechanism to ensure agency representatives are present By-Name List meetings.								
	3b2	Restructure by-name list meetings to be focused on prioritizing those most difficult to house.								
	3b3	Increase by-name list meeting frequency from monthly to at least bi-monthly by implementing innovative meeting solutions (in-person monthly, and telecommunication meetings other times).								
Action Step 2.3c: Understand the characteristics of and conduct targeted outreach to those who are least likely to access the Coordinated Entry System.	3c1	Produce an annual report regarding those least likely to access CES.								
	3c2	Develop a method to track the number and characteristic of persons who refuse to complete the coordinated assessment.								
	3c3	Ensure CES marketing materials are distributed at locations other than homeless service locations, including emergency rooms, plasma sales centers, and emergency medical services.								

Priority 2 - Ensure Homelessness is Brief			Year 1 Accomplishments							
Goals	Action Steps	Objectives	April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
			# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
2.4: Assist people to move from homelessness to permanent housing, within 30 days, through appropriate and person-centered services.										
Action Step 2.4a: Advocate for and support the development of permanent housing facilities and assistance programs. (All bed needs were determine through data analysis to identify gaps in available bed resources)	4a1	Identify funding sources and support funding applications for the development of at least 62 new permanent housing beds, with co-located supportive services, for sub-populations with high service needs such as, those with severe and persistent mental illness and histories of chronic homelessness (within the next five years).								
	4a2	Identify funding sources and support funding applications for the development of at least 25 new permanent housing beds for medically fragile, disabled, and/or elderly (65+) persons (within the next five years).								
	4a3	Identify funding sources and support funding applications for the development of at least 110 new permanent housing beds for individuals experiencing homelessness (within the next five years).								
	4a4	Identify funding sources and support funding applications for the development of at least 15 new transitional and/or permanent housing beds for persons who have experienced homelessness and are re-entering the community from jail (within the next five years).								
Action Step 2.4b: Use data to inform planning and funding decisions that create new housing programs, to ensure an adequate stock of various types of housing suitable for the needs of individuals and families who are homeless.	4b1	Complete a comprehensive gaps analysis that identifies housing and service needs by bed type and subpopulation.								
	4b2	Present a report regarding the identified gaps to the CoC Governing Board within 12 months, and annually thereafter.								

Action Step 2.4c: Encourage housing providers to openly share program information and adopt uniform guidelines that ensure individuals and families are provided appropriate and person-centered services as quickly as possible.	4c1	Continue sharing information through community wide e-mail distributions and at meetings.								
	4c2	Increase use of Facebook and other social media sites to share information.								
	4c3	Continue to support the implementation of the CoC-wide written standards through contract provisions and annual monitoring of funded projects.								
	4c4	Develop a centralized web-based location for information sharing, including new programs, program changes, and guidance from the CoC Lead and HUD.								
Action Step 2.4d: Implement a Risk Mitigation Fund and identify ongoing funding sources to ensure long-term sustainability	4d1	Identify the amount of funds needed, a fiscal agent, and a funding stream to support a Risk Mitigation fund.								
	4d2	Establish policies and procedures for property owners to access Risk Mitigation funds.								

Priority 3 - Ensure Homelessness is a One-Time Experience			Year 1 Accomplishments							
Goals Action Steps		Objectives	April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
			# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
3.1: Prevent returns to homelessness through connections to adequate services and opportunities.										
Action Step 3.1a: Use data to identify risk factors for returns to homelessness and educate the design of housing programs that provide comprehensive supportive services to ensure housing stability.	1a1	Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of homelessness in Lee County.								
	1a2	Gather occupational data for individuals and families receiving homelessness assistance in HMIS.								
	1a3	Present a report regarding the risk factors for returns to homelessness in Lee County to the CoC Governing Board within 24 months, and annually thereafter.								
	1a4	Increase collaboration with jails to identify risk factors for recidivism among justice-involved individuals.								
	1a5	Gather data and analyze trends relating to the seasonal, racial, ethnic, industrial, and geographic characteristics of justice-involved individuals who are homeless in Lee County.								
Action Step 3.1b: Develop service solutions that are focused on building community based support networks and increasing economic mobility.	1b1	Require a career services organization to present at least one (1) time annually at the Lee County Homeless Coalition meeting.								
	1b2	Implement a monthly SOAR workgroup.								
	1b3	Host at least one (1) annual in-person SOAR training to ensure that at least one (1) SOAR trained case manager is present at each homeless service provider.								
	1b4	Encourage the implementation of budget and financial management classes for clients who are receiving rental subsidies.								
	1b5	Encourage the implementation of peer-based problem solving clinics for clients who are receiving rental subsidies.								

Action Step 3.1c: Implement and monitor a move-on strategy with affordable housing providers, including the Public Housing Authority, Low Income Tax Credit development, multifamily assisted housing owners, and other local low-income housing programs.	1c1	Coordinate with the PHA to develop and execute a move-on strategy that provides a preference for Public Housing and Section 8 based on Coordinated Entry Prioritization.								
	1c2	Coordinate with LIHTC developments to develop and execute a move-on strategy.								
	1c3	Coordinate with the PHA to develop and execute a move-on strategy that provides a preference for Public Housing and Section 8 based on the HOPWA TBRA prioritization.								
	1c4	Facilitate a connection between permanent supportive housing (PSH) providers and the PHA to ensure that PSH providers can make referrals to the PHA preference list.								
Action Step 3.1d: Implement shared housing programs/resources for individuals who are homeless, to encourage social networks in housing.	1d1	Develop educational materials for housing providers and land owners/property managers regarding the use of shared housing as a solution to homelessness.								
	1d2	Advocate for the expansion of shared housing practices among existing programs within the CoC, including those funded through federal and state programs.								

Priority 4 - Sustain an End to Homelessness				Year 1 Accomplishments							
				April-June 2019		July-Sept 2019		Oct-Dec 2019		Jan-March 2020	
Goals Action Steps		Objectives		# Completed	Narrative	# Completed	Narrative	# Completed	Narrative	# Completed	Narrative
4.1: Sustain Lee County homelessness response system at a scale necessary to respond to future needs.											
Action Step 4.1a: Identify and promote best practices and innovative approaches to make homelessness rare, brief and one-time.		1a1	Place priority points in funding applications for projects that are modeled after national best practices and evidence based programs.								
		1a2	Provide at least one (1) monthly news blast regarding a national best practice or innovative program.								
		1a3	Develop a centralized web-based location for all CoC agencies to view innovative practices and information.								
Action Step 4.1b: Review and regularly communicate system performance metrics to stakeholders.		1b1	Develop a centralized web-based location for all CoC agencies to view system performance.								
		1b2	Develop a live web-based system performance dashboard that provides the public with information regarding system performance and accomplishments.								
		1b3	Publish system and project level performance data on, at least, a quarterly basis.								
		1b4	Publish, at least monthly, positive local information/data regarding CoC accomplishments on social media and encourage social sharing.								

RESOURCES

[1] United States Interagency Council on Homelessness. 2015. "Opening Doors". https://www.usich.gov/opening-doors

[2] National Alliance to End Homelessness. January 2017. "The State of Homelessness in America 2016."
http://www.endhomelessness.org/library/entry/SOH2016#ChapterOne

[3] National Alliance to End Homelessness. January 14, 2010. "What is a Continuum of Care? Fact Sheet: Questions and Answers on Homelessness Policy and Research". https://endhomelessness.org/resource/what-is-a-continuum-of-care/

[4] Abt Associates. December 2017. "2017 Annual Homeless Assessment Report (AHAR) to Congress".
https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf

[5] U.S. Census Bureau. July 1, 2016. "Quick Facts". Table PST045216. https://www.census.gov/quickfacts/fact/table/US/PST045216

[6] Florida Department of Children and Families, Council on Homelessness. June 2017. "Annual Council on Homelessness 2017 Report". http://www.myflfamilies.com/service-programs/homelessness/publications

[7] United States Interagency Council on Homelessness. 2018. "Home, Together". https://www.usich.gov/home-together