MIAMI-DADE COUNTY
HOMELESS TRUST

Priority Home

MIAMI-DADE COUNTY COMMUNITY HOMELESSNESS PLAN

2025<u>4</u> ALIGNMENT OF PLAN WITH UPDATED PRIORITIES

Priority Home: *Miami-Dade County Community Homelessness Plan*

Miami-Dade County Community Homelessness Plan

The Miami-Dade County Community Homelessness Plan: **Priority Home** provides a framework for Miami-Dade County to prevent and end homelessness. This document is an update to the Miami-Dade County Community Homelessness Plan which was first implemented in 1994.
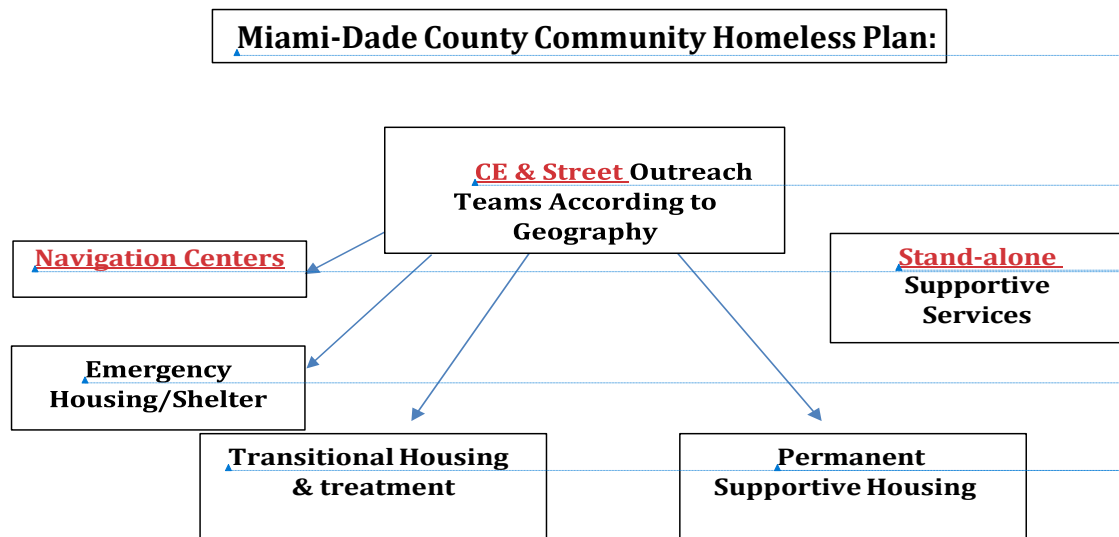
The Homeless Trust is the lead organization for the Continuum of Care (Coc). A CoC is a group identified by the U.S. Department of Housing and Urban Development (HUD) to coordinate the homeless response for Miami-Dade County. The Homeless Trust reviews and updates **Priority Home** implementation strategies annually to ensure it addresses and responds to local gaps and needs and is in continued alignment with *All In*, the Federal strategic plan to prevent and end homelessness, HUD's System Performance Measures (SPMs) and HUD's Strategic Plan Goals and Policy Priorities, which are contained within the most recent HUD funding competition.

Priority Home is an outgrowth of the "Governor's Task Force on Homelessness" which was formed in 1992 to address the issue of homelessness. At that time, in terms of services, there was little to no coordination among providers, no defined leadership on the issue and no plan or approach to address the increasing problem of homelessness, leverage resources or eliminate duplication. There was limited-to-no involvement by the private sector/business community. A federal lawsuit alleging civil rights violations against the homeless wound its way through the courts, creating further confusion about how to address this issue. The Governor's Task Force recommended three (3) key activities to address the community's needs:

1) Pursue a dedicated source of funding/private sector funding
2) Create a body with diverse representation to implement plan
3) Research best practices to address homelessness and develop goals for implementation

The Governor's Task Force pursued and secured a one-percent Food & Beverage Tax (F&B Tax) on restaurants with sales of more than $400,000 a year and an alcoholic beverage license. Approved in 1992, the enabling legislation for the Homeless and Domestic Violence F&B Tax, which allocates 15% of the collections for domestic violence programs, became the first dedicated source of funding for homelessness through a tax in the country. Importantly, the F&B Tax would serve as a source of leverage for state, federal and other funding.

The enabling legislation required local legislative action. It also required the development of a plan for the use of the funds prior to approval and collection. A local Homeless Task Force was created which included many of the members of the Governor's Task Force. The result was the creation of the "Dade County Community Homelessness Plan," a continuum of care approach that called for the development of three levels of housing (emergency, transitional and permanent housing), with support services and outreach to engage clients into the system of care.

Miami-Dade County Community Homeless Plan:

CE & Street Outreach Teams According to Geography

Navigation Centers

Stand-alone Supportive Services

Emergency Housing/Shelter

Transitional Housing & treatment

Permanent Supportive Housing

At its essence, the Miami-Dade County Community Homeless Plan was focused around the following ~~six~~ seven categories:

– Navigation Centers (Diversion & Crisis Care)
– Emergency Housing (Crisis Care)
– Transitional Housing (Temporary Intermediate Care)
– Permanent Housing (Advanced Care)
– Coordinated Outreach, Assessment & Placement
– Supportive Services
– Homeless Plan

Specific goals/targets were established for Emergency and Transitional Housing at the time of the Plan's approval, with a Blue Ribbon Task Force on permanent housing establishing goals for permanent housing. The parameters for a coordinated outreach, assessment and placement process were also established, providing for one entry point into the continuum of care.

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Priority Home: Miami-Dade County Community Homelessness Plan

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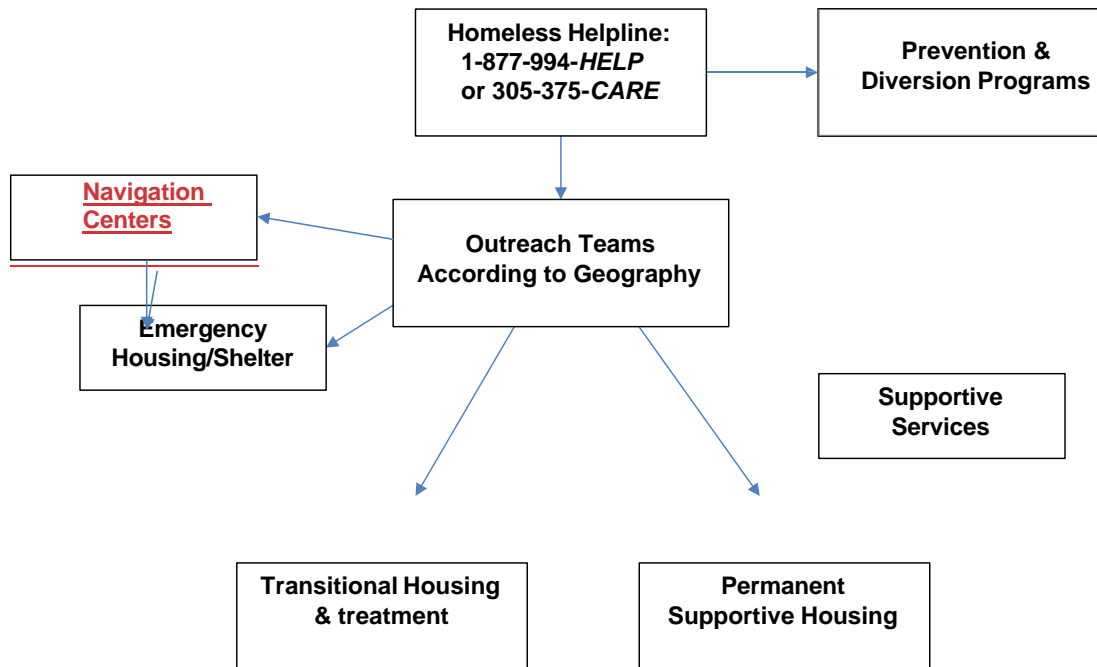
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The Trust Board is responsible for the implementation of the Plan, identifying gaps and needs, coordinating the system of care (including serving as the Collaborative Applicant and Homeless Management Information System Lead Agency) and allocating local, state and federal funds to assist the homeless. Its diverse board ensures broad stakeholder ~~participation~~participation which is further ensured through its public, transparent processes.

MIAMI-DADE COUNTY COMMUNITY HOMELESS PLAN/ADDITIONAL STRATEGIES

In 2004, a Ten-Year Plan to End Homelessness Additional Strategies to the Miami-Dade County Community Homeless Plan was developed, consistent with HUD mandates at the time for communities throughout the country, and consistent with HUD's development of their own Ten-Year Plan. At that time, strategies surrounding Homeless Prevention and Rapid Re-Housing were being implemented, as well as the first of the Housing First models. Enhancements to efforts to assist chronically homeless households were also under development.

The Additional Strategies resulted in nine (9) categories for focus and action, as follows:

– Emergency Housing/Transitional Housing/Permanent Housing/Rapid Re-Housing
– Coordinated Outreach, Assessment & Placement
– Homeless Prevention and Diversion
– Supportive Services
– Effective Use of Data
– Income through Employment/Benefits
– Reduce Length of Homelessness
– System Changes to Prevent Homelessness
– Homeless Plan

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Priority Home: *Miami-Dade County Community Homelessness Plan*

MIAMI-DADE COUNTY COMMUNITY HOMELESS PLAN: PRIORITY HOME

Since 2004, new HUD policies and priorities tie federal funding to the implementation of certain approaches and performance expectations. As importantly, the enactment of the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in 2009 changed how homeless assistance is funded, further making the process data-driven and performance-focused.

In 2013, various Trust Committees and the Trust Board considered and approved additional strategies and initiatives designed to further align local activities with HEARTH-required approaches and assist the continuum of care in meeting HUD Performance Objectives and HUD Policy and Program Priorities. As a result of the CoC's own changing focus and priorities in response to the continuum's needs, an additional update was approved during a joint Board retreat in December 2013. The resulting document is called the Miami-Dade County Community Homeless Plan: Priority Home. The Plan continues the core mission and direction of the Miami-Dade County Community Homeless Plan approved in 1994 and updated in 2004, but further aligned and refined the Plan using the following updated categories (additions in blue):

– Emergency/Transitional/Permanent Housing
– Coordinated Outreach, Assessment & Placement
– Homeless Prevention and Diversion
– Supportive Services
– Effective Use of Data
– Governance & Resource Maximization
– Quality Assurance
– Homeless Plan

In 2023, categories further evolved into goals as follows:

Goal 1:   Leverage Emergency, Transitional and Permanent Housing Resource to Achieve Their Best and Highest Use
Goal 2:   Improve Coordinated Entry Access, Assessment and Housing Placement
Goal 3:   Expand Homeless Prevention and Diversion Interventions
Goal 4:   Improve and Expand Support Services
Goal 5:   Advance Data-Driven Decision-Making
Goal 6:   Governance & Resource Maximization
Goal 7:   Ensure Continuous Quality Improvement Strategies for CoC
Goal 8:   Execute on the Plan to End Homelessness

Strategies and objectives are reviewed annually by stakeholders, including the CoC Subcommittee, and made available for public comments. The Plan continues to be aligned with the objectives embedded in All In: The Federal Strategic Plan to Prevent and End

Homelessness, HUD's System Performance Measures and HUD Strategic Plan Goals and Policy Priorities contained within the most recent HUD CoC Program Competition.

"All In" 2022 Federal Strategic Plan Objectives to Prevent and End Homelessness

- **Foundation Pillars**
  - Lead with equity
    - Ensure federal efforts to prevent and end homelessness promote equity and equitable outcomes.
    - Promote inclusive decision-making and authentic collaboration.
    - Increase access to federal housing and homelessness funding for American Indian and Alaska Native communities living on and off tribal lands.
    - Examine and modify federal policies and practices that may have created and perpetuated racial and other disparities among people at risk of or experiencing homelessness
  - Use data and evidence to make decisions
    - Strengthen the federal government's capacity to use data and evidence to inform federal policy and funding.
    - Strengthen the capacity of state and local governments, territories, tribes, Native-serving organizations operating off tribal lands, and nonprofits to collect, report, and use data.
    - Create opportunities for innovation and research to build and disseminate evidence for what works.
  - Collaborate at all levels
    - Promote collaborative leadership at all levels of government and across sectors.
    - Improve information-sharing with public and private organizations at the federal, state, and local level.
- **Solution Pillars**
  - Scale housing and supports that meet demand
    - Maximize the use of existing federal housing assistance.
    - Expand engagement, resources, and incentives for the creation of new safe, affordable, and accessible housing.
    - Increase the supply and impact of permanent supportive housing for individuals and families with complex service needs—including unaccompanied, pregnant, and parenting youth and young adults.
    - Improve effectiveness of rapid rehousing for individuals and families— including unaccompanied, pregnant, and parenting youth and young adults.
    - Support enforcement of fair housing and combat other forms of housing discrimination that perpetuate disparities in homelessness.
    - Strengthen system capacity to address the needs of people with disabilities and chronic health conditions, including mental health conditions and/or substance use disorders.
    - Maximize current resources that can provide voluntary and trauma-informed supportive services and income supports to people experiencing or at risk of homelessness. 8. Increase the use of practices grounded in evidence in service delivery across all program types.

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- Improve effectiveness of homelessness response systems
  - Spearhead an all-of-government effort to end unsheltered homelessness.
  - Evaluate coordinated entry and provide tools and guidance on effective assessment processes that center equity, remove barriers, streamline access, and divert people from homelessness.
  - Increase availability of and access to emergency shelter—especially non-congregate shelter—and other temporary accommodations.
  - Solidify the relationship between CoCs, public health agencies, and emergency management agencies to improve coordination when future public health emergencies and natural disasters arise.
  - Expand the use of "housing problem solving" approaches for diversion and rapid exit. 6. Remove and reduce programmatic, regulatory, and other barriers that systematically delay or deny access to housing for households with the highest needs.
- Prevent homelessness
  - Reduce housing instability for households most at risk of experiencing homelessness by increasing availability of and access to meaningful and sustainable employment, education, and other mainstream supportive services, opportunities, and resources.
  - Reduce housing instability for families, youth, and single adults with former involvement with or who are directly exiting from publicly funded institutional systems.
  - Reduce housing instability among older adults and people with disabilities—including people with mental health conditions and/or with substance use disorders—by increasing access to home and community-based services and housing that is affordable, accessible, and integrated.
  - Reduce housing instability for veterans and service members transitioning from military to civilian life.
  - Reduce housing instability for American Indian and Alaska Native communities living on and off tribal lands.
  - Reduce housing instability among youth and young adults.
  - Reduce housing instability among survivors of human trafficking, sexual assault, stalking, and domestic violence, including family and intimate partner violence

Goals within HUD's Strategic Plan for FY 2022-2026
- Strategic Goal 1: Support Underserved Communities
- Strategic Goal 2: Ensure Access to and Increase the Production of Affordable Housing
- Strategic Goal 3: Promote Homeownership
- Strategic Goal 4: Advance Sustainable Communities

HUD Policy Priorities 2023 NOFO
- Ending homelessness for all persons
- Use a Housing First approach

Priority Home: *Miami-Dade County Community Homelessness Plan*

- Reducing Unsheltered Homelessness
- Improving System Performance
- Partnering with Housing, Health, and Service Agencies
- Racial Equity
- Improving Assistance to LGBTQ+ Individuals
- Persons with Lived Experience/Experience
- Building an Effective Workforce
- Increasing Affordable Housing Supply

HUD System Performance Measures
- Length of Time Persons Remain Homeless (Reduce Length of Time Homeless)
- Extent to which persons who Exit Homelessness to Permanent Housing Return to Homelessness within 6 to 12 months (Reduce Recidivism) / Extent to which persons who Exit Homelessness to Permanent Housing Return to Homelessness within 2 Years (Reduce Recidivism)
- Number of Homeless Persons (Reduce Homelessness)
- Employment and Income Growth for Persons in CoC Program Funded Projects (Increase Financial Resources)
- Number of Persons who Become Homeless for the First Time (Homeless Prevention)
- Successful Placement from Street Outreach (Outreach Coverage) / Successful Placement In or Retention of Permanent Housing (Stably House)

THRIVE 305
The Miami-Dade County Community Homeless Plan is also aligned with Miami-Dade County's Thrive 305 Action Plan, an effort led by the Mayor's Division of Innovation and Performance in partnership with the Miami Foundation, which prioritizes housing that people can afford[1] and supports overarching goals Environment, Equity, Economy and Engagement.[2]

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[1] https://www.miamidade.gov/initiative/thrive305/home.page

[2] https://www.miamidade.gov/initiative/thrive305/strategic-planning-objectives.page

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Miami-Dade County Community Homelessness Plan
2024: PRIORITY ➡ HOME

Goal 1:   Leverage Emergency, Transitional and Permanent Housing Resource to Achieve Their Best and Highest Use

Goal 2:   Improve Coordinated Entry Access, Assessment and Housing Placement

Goal 3:   Expand Homeless Prevention and Diversion Interventions

Goal 4:   Improve and Expand Support Services

Goal 5:   Advance Data-Driven Decision-Making

Goal 6:   Governance & Resource Maximization

Goal 7:   Ensure Continuous Quality Improvement Strategies for CoC

Goal 8:   Execute on the Plan to End Homelessness

Goal 1:

Leverage Emergency Shelter, Transitional Housing and Permanent Housing to Achieve Their Best and Highest Use

Strategy	Strategy Objectives
1.1 Analyze ES, TH and PH inventory and allocate resources to highest need clients	A. Review CES intake assessment to ensure housing first orientation; low barriers to entry; streamlined and welcoming intake process B. Train providers to utilize pre-Critical Time Intervention (CTI) practices C. Tailor shelter and housing spaces and services for unaccompanied youth 18-24 D. Identify crisis housing options for adult-only households (including Navigation Centers for unsheltered persons that offer low barrier access for couples, households with pets…) (at least one adult household member has special needs better served in a non-congregate shelter) E. Utilize Reduce reliance on hotel/motel for families with minor children and to increase percentage of families who move from hotel/motel directly to Permanent Housing (PH) F. Enforce compliance with Miami-Dade's CoC Coordinated Entry policy G.F. Strengthen housing navigation, case management and mediation resources to shorten length of time homeless and promote successful exists H.G. Establish Maintain practice standards and operational protocols for temporary emergency shelter during crisis events such as public health emergencies, heat excessive heatweather, cold weather and hurricanes

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Priority Home: *Miami-Dade County Community Homelessness Plan*

Strategy	Strategy Objectives
1.2 Implement a plan to house all unsheltered persons while Pprioritizinge special populations for CoC Permanent Housing resources, including: • seniors; • persons with chronic medical conditions, disabilities, or comorbidities; • long-term stayers in ES, TH and SH; • unsheltered persons; • persons with high systems utilization; • persons fleeing DV, human and sex trafficking; • youth; • families; • veterans; and tribes	A. Reduce system-wide average Length of Time (LOT) for ES, SH & TH to 130 days or less B. Increase successful exits to permanent destinations for adult only households to 60% or more C. Prioritize unsheltered persons who meet chronic homeless definition for Permanent Supportive Housing (PSH) D. Create partnerships/interventions to serve hard-to-serve undocumented clients E. Map process from homelessness to housing to reduce redundancies and referral to placement in Tenant Based Rental Assistance (TBRA) F. Utilize rental assistance funding to target persons experiencing homelessness or those most likely to enter the homeless system. G. Implement performance improvement plans for low performers H. Promote access to federal housing and homelessness funding for communities living on and off tribal lands (Miccosukees) I. Develop standards for encampment decommissioning that plans housing for all persons served J. Share data with JHS to identify high system utilizers of the hospital, crisis unit and jail to promote effective care coordination and transition of care K. Create bridge housing (RRH to PSH) to provide quick permanent housing placement for clients unable to effectively navigate a congregate shelter L. Develop shared housing solutions M. Strengthen partnerships with the Managing Entity for street-based substance abuse and mental health treatment to unsheltered adults and provide more timely access to detox and/or treatment resources as needed/requested N. Develop specialized housing strategies and locations to house sex offenders/predators O. Partner with mainstream systems to coordinate discharge planning efforts (hospitals, jails, prisons, crisis units); review and update discharge planning protocols and coordination P. Develop and invest in new peer support programming, including employing persons with lived experience Q. Expand coordination with PATH Program, Healthcare for the Homeless grantees, Miami-Dade Public Library System and others to ensure those community resources are able to function as Coordinated Entry System (CES) access points for persons seeking crisis housing services R. Diversify street outreach teams to meet the unique needs of unsheltered individuals, including those with substance abuse and severe mental illness; engage with non-CoC affiliated groups who regularly engage persons experiencing homelessness; promote and facilitate coordination and collaboration amongst outreach teams S. Assign Street Outreach teams to full geography of Miami-Dade County to avoid concentrating on specific geographies T. Implement communication system with law enforcement that helps coordinated between the different municipalities and Street Outreach teams U. Reinforce importance of using Homeless Management Information System (HMIS) workflow to log contacts and engagements for unsheltered persons V. Enhance diversion/mediation for single adults with targeted training to intake staff and identification of a flexible fund as needed to support modest financial assistance tied to housing crisis resolution W. Establish specialized and streamlined engagement strategies for direct placement of unsheltered clients from the streets to Rapid Rehousing H.X. Continue sharing data and collaborating with JHS Population Health
Strategy	**Strategy Objectives**

Priority Home: *Miami-Dade County Community Homelessness Plan*

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1.3 Reduce unsheltered homelessness for single adults	A. Create bridge housing (RRH to PSH) to provide quick permanent housing placement for clients unable to effectively navigate a congregate shelter B. Strategically use available crisis housing beds C. Develop shared housing solutions D. Strengthen partnerships with the Managing Entity for street-based substance abuse and mental health treatment to unsheltered adults and provide more timely access to detox and/or treatment resources as needed/requested E. Develop specialized housing strategies and locations to house sex offenders/predators F. Partner with mainstream systems to coordinate discharge planning efforts (hospitals, jails, prisons, crisis units); review and update discharge planning protocols and coordination G. Develop and invest in new peer support programming, including employing persons with lived experience H. Expand coordination with PATH Program, Healthcare for the Homeless grantees, Miami-Dade Public Library System and others to ensure those community resources are able to function as Coordinated Entry System (CES) access points for persons seeking crisis housing services I. Diversify street outreach teams to meet the unique needs of unsheltered individuals, including those with substance abuse and severe mental illness; engage with non-CoC affiliated groups who regularly engage persons experiencing homelessness; promote and facilitate coordination and collaboration amongst outreach teams J. Reinforce importance of using Homeless Management Information System (HMIS) workflow to log contacts and engagements for unsheltered persons K. Enhance diversion/mediation for single adults with targeted training to intake staff and identification of a flexible fund as needed to support modest financial assistance tied to housing crisis resolution L.A. Establish specialized and streamlined engagement strategies for direct placement of unsheltered clients from the streets to Rapid Rehousing
1.4 Assess Transitional Housing needs and recalibrate TH investments based on results	A. Use system data to determine effectiveness of Transitional Housing (TH) in meeting system performance objectives B. Restrict TH program models for populations most likely to benefit from longer-term temporary housing programming (e.g. unaccompanied homeless youth, safety for survivors of domestic violence, and assistance with recovery from addiction) C. Assess need for Transitional Housing-to-Rapid Rehousing (TH:RRH) program model D. Support Mental Health Diversion Facility development, and operations E. Develop TH Standards of Care
1.5 Sustain an effective end to Veteran homelessness	A. Limit Veteran access to CoC resources only when Veterans are ineligible for VHA-funded housing and services (CoC resources include housing choice vouchers, RRH, Diversion) B. Continue conferencing with VA, SSVF partners and other stakeholders C. Continue maintaining veteran by-name list

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Strategy	Strategy Objectives
	D. Work with VA to encourage full utilization of VASH vouchers E. Collaborate with other stakeholders to fill targeted system gaps (i.e. United Way Mission United) F. Monitor GPD length of stay and adjust as necessary G. Promote diversion strategies for vets using Rapid Resolution techniques
1.6 End homelessness among persons experiencing *chronic homelessness*	A. Maintain by-name lists for chronically homeless households and continue to staff case conferencing as needed B. Create HMIS-based flag to document and highlight clients with verification of *chronic homeless* status C. Assign likely chronic clients with insufficient documentation to specialized case management to secure *chronic* verification D. Use a low-barrier, Housing First approach for permanent housing programs; train CoC to utilize CTI model E. Expand and enhance use of outreach teams to document unsheltered homelessness and record verification of *chronic homeless* status in HMIS
1.7 End youth homelessness and family homelessness	A. Continue targeted case conferencing meetings for high vulnerability youth and family cases B. Coordinate with CoC Youth Voice Action Council (Youth Action Board) Sub-committee to further develop youth system of care C. Support and coordinate with Housing Our Miami-Dade Youth (HOMY) collective D. Continue using TAY-VI-SPDAT youth vulnerability instrument and F-VI-SPDAT family vulnerability tool as part of the CE process E. Continue to pursue goals outlined as part of 100-Day Challenge, including rapid placement of all youth experiencing homelessness, emphasis on connections to employment/education/behavioral health connections as needed; promote permanent connections for youth F. Review Youth Homelessness Plan annually and adopt modifications as needed G. Complete Coordinated Community Plan for HUD approval as part of YHDP grant award, and develop and fund new projects H. Work with Public Housing Agencies and Public Child Welfare Agency (PCWA) and its designee to secure, coordinate referrals and fully utilize Family Unification Program (FUP) and Foster Youth to Independence vouchers for the benefit of youth and families experiencing homelessness; secure additional youth and family focused solicitations as opportunities arise I. Assess feasibility of creating new Coordinated Entry (CE), Emergency Shelter (ES), TH:RRH, PH, shared housing, host homes or other innovative model(s) to serve youth J. Collaborate with Miami Homes for All to continue youth focused advocacy K. Enhance diversion for youth and families with minor children
1.8 Reallocate underperforming, unsatisfactory or cost-ineffective CoC projects to provide new PSH or RRH	A. Rate renewal grants using modified HUD Rating and Ranking tool; develop formula to determine cost effectiveness B. Assess project-level performance using System Performance Measures (SyS PM) together with Performance Evaluation Committee and HUD Technical Assistance to identify trends and recommend action steps/strategies for performance improvement, particularly length of time homeless, exits and returns

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Priority Home: *Miami-Dade County Community Homelessness Plan*

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Strategy	Strategy Objectives
1.9 Incorporate Housing First approach into all housing types	A. Investigate service participation requirements in targeted programming, including volunteerism B. Eliminate admission criteria that create barriers to entry (such as poor credit history, poor rental history, criminal convictions, engagement in therapeutic goals, use of alcohol/drugs; sobriety requirements) C. Build capacity of provider community to conduct housing planning, navigation and documentation maintenance; D. Map process from homelessness to housed, look for process improvements to reduce length of time homeless E. Create system to flag lease violations and notify CoC partners about opportunities to troubleshoot involuntary housing exits to reduce returns to homelessness
1.10 Review inventory of RRH programs and allocate funds based on demonstrated ability to successfully serve priority populations	A. Coordinate referral process for RRH using CoC Housing Coordinator B. Monitor RRH programs to ensure appropriate level of support services and housing navigation C. Explore RRH models that provide longer lengths of stay for households with more complicated housing barriers D. Review RRH admission criteria and eliminate any provider-defined criteria that inhibit immediate access to enrollment E. Continue collaboration with Emergency Solutions Grant (ESG) partners; build capacity to encourage new RRH providers F. Continue collaboration with State Housing Initiatives Partnerships (SHIP) entitlement jurisdictions G. Continue collaboration with HOME Investments Partnership Programs Entitlement Jurisdictions H. Continue collaboration with SSVF providers I. Leverage new Ryan White rental assistance funds for persons with HIV experiencing homelessness J. Continue to advocate for rental assistance as a priority for EFSP funding K. Continue to advocate use of Thriving Mind transitional funding for rental assistance L. Advocate for additional Emergency Rental Assistance Funding M. Continue using local, state and HUD funding to maintain/increase RRH inventory N. Maintain RRH for survivors of domestic violence, human and sex trafficking O. Ensure DV RRH providers collect UDEs in homeless module of their MIS P. Use RRH to bridge households waiting for PSH Q. Perfect mobile rapid rehousing

Strategy	Strategy Objectives
1.11 Review inventory of PSH programs and allocate funds based on demonstrated ability to successfully serve priority populations; expand Other Permanent Housing (OPH)	A. Promote the importance of homeless set-asides as an integral part of affordable housing development B. Continue collaborating with PHAs to establish homeless set-asides C. Partner with PHA's on U.S. HUD voucher opportunities D. Promote and expand continuum-wide, coordinated Move-Up/Move-On strategies E. Acquire and operationalize county-owned facility in West Miami-Dade for use as permanent housing for single adults with special needs F. Further maximize the use of federal surplus property to serve households experiencing homelessness. G. Assess feasibility of hotel purchase and renovation for use as housing for persons exiting homelessness H. Partner with developers on Florida Housing Finance Corporation development/financing and referral opportunities; work with developers/property managers to reduce barriers to entry (credit, income, background, etc.); better target clients for ELI referrals using HMIS I. Support community, statewide and federal efforts to expand affordable housing J. Scale up creation Extremely Low Income and supportive housing units, including through acquisition and renovation

Strategy	Strategy Objectives
	K. Assess need for specialized PSH programming among sub-populations (e.g. seniors, unsheltered singles adults with mental illness, substance abuse and other special needs). L. Expand HUD-Assisted Multifamily Housing Homeless and Move-Up Preference partnerships M. Acquire and renovate properties to serve as new permanent housing for persons experiencing homelessness N. Enhance partnerships with Assisted Living Facility/Independent Living Facility operators for clients who need enhanced housing and service supports O. Further explore master leasing opportunities P. Evaluate provider and government-owned parcels for homeless housing development Q. Consider new and emerging non-traditional permanent housing models
1.12 Coordinate mainstream resources and systems to ensure homeless clients access support services	A. Partner with VA, Federally Qualified Health Centers (FQHC) and Managed Care providers to provide support services to disabled persons in PSH B. Use Food and Beverage (F&B) tax to fund gaps in support services to leverage new PSH C. Support Medicaid pilots providing comprehensive support services to disabled persons D. Operationalize MOU with CareerSource South Florida, and the Beacon Council's Community Ventures Program, Head Start, Early Head Start and Project Up-Start programs. E. Enhance partnerships with The Alliance for Aging, AARP and the Advocacy Network on Disabilities F. Enhance continuum-wide legal services G. Enhance continuum-wide SOAR participation and track linkage to benefits H. Work to establish regular, on-site Homeless Courts to address legal issues that may prevent people experiencing homelessness from obtaining housing assistance I. Explore New Markets Tax Credits and other innovative funding models to provide services and housing to vulnerable populations J. Enhance partnerships with HUD-funded credit counseling agencies

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1.13 Create new Permanent Housing Options for Medically Needy and Frail persons who cannot live independently	A. Collaborate with Assisted Living Facilities; PACE Centers; Long-Term Care providers B. Use Federal funding sources to leverage set-asides C. Acquire/purchase, rehabilitate or build new units of Permanent Housing

Priority Home: *Miami-Dade County Community Homelessness Plan*

Goal 2:
Improve Coordinated Entry Access, Assessment and Housing Placement

Strategy	Strategy Objectives
2.1 Reconfigure coordinated entry system to achieve more comprehensive impact.	A. Ensure comprehensive outreach strategy is in place to identify and continuously engage all unsheltered individuals and families; create and maintain shelter wait list, prioritizing of high need households B. Coordinate RRH, PSH and OPH referrals through Housing Coordinator C. Review cultural competency and racial equity of SO efforts D. Address racial and other system disparities E. Leverage technology to achieve greater tracking efficiencies (mobile tablets document engagement, assessments, contacts & referrals) F. Provide regular training to ensure effective use of vulnerability tool, street engagement and implementation of Evidenced based Practices (EBPs) such as Housing First and Motivational Enhancement Therapy (MET). Make diversion the first intervention by identifying alternate housing arrangements. G. Ensure a pathway to permanent housing is defined and supported, even when clients refuse shelter or shelter is not available. H. Enhance collaboration with DV system for placement into ES, TH, RRH and PSH I. Expand coordinated entry system capacity with accessible after-hours procedures J. Continuously offer comprehensive services to unsheltered persons who refuse all services (MET, street medicine, involuntary examination, housing navigation) K. Engage faith-based groups, housing advocates and others to enhance landlord connections and volunteer opportunities, and dissuade street feedings L. Revisit legacy street outreach programs to ensure effectiveness and maximize successful triage/exits. M. Ensure CES side doors are closed N. Phase out VI-SPDAT assessment tool and develop or utilize next generation assessment tool
2.2 Utilize specialized outreach to serve persons refusing all services.	A. Continue specialized behavioral health, primary care, legal services outreach, particularly for unsheltered persons refusing all services. Enhance street outreach with team specializing in substance use disorders and mental health B. Continue collaboration with Thriving Mind's PATH program C. Continue collaboration with Healthcare for the Homeless grantee, Camillus Health Concern D. Continue collaboration with VA and SSVF providers E. Continue collaboration with law enforcement focused on homelessness (City of Miami HEAT Team, Miami Beach HOT team)

Commented [KG5]: Should we add a bullet for "collaboration with JHS Population Health"

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Commented [KG7R5]: I see we added in 1.2 the language. I think that's good. Here add **"Continue collaboration with JHS Population Health"**

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	F. Support specialized Access Points for persons fleeing DV, human/sex trafficking and youth, unsheltered; ensure Access Points are trained in diversion G. Evolve partnerships with community-based organizations to ensure engagement that works toward the goal of ending homelessness
2.3 Improve discharge planning from jails, crisis centers, hospitals & institutions serving homeless youth	A. Further develop and coordinate discharge planning protocols in partnership with discharging institutions (jails, crisis units, hospitals) (staff at the court, jail, public hospitals) B. Include key funders and stakeholders in By Name List (BNL) case staffing meetings C. Develop data integration collaborative of mainstream data systems to understand trends and costs of high system users
2.4 Maintain toll-free helpline for centralized access to the CoC	A. Utilize technical assistance to improve Homeless Helpline; ensure metrics are regularly collected (# of calls, calls answered, average speed of answer, abandoned calls, average handle time; average hold time; caller volume trends) B. Continue to develop dedicated phone access point for youth; ensure appropriate staffing
2.5 Maintain a system-wide central waitlist for placement into CoC funded PH and homeless set-aside permanent housing programs	A. Coordinate RRH, PSH and OPH referrals through Housing Coordinator. B. Maintain Order of Priority referral process that complies with HEARTH and HUD guidance on Coordinated Entry C. Closely tracked set asides provided through PHA's to ensure high ~~utilizaion~~utilization
2.6 Expand on indoor meal programs as a means to engage homeless individuals	A. Coordinate indoor food distribution with community stakeholders and access points
2.7 Improve landlord outreach, engagement and retention	A. Maintain and consider expansion of risk mitigation fund to further incentivize landlords/property managers and expedite permanent housing placement B. Develop Navigator Certification Program C. Conduct quarterly engagement meetings with existing/prospective landlords D. Utilize SEEFA membership to gain and retain landlord leads E. Promote RentConnect (social media, landlord phone bank, PHA landlord engagement) F. Develop marketing materials to reach landlords G. Further develop a centralized, system level landlord tracking tool (P~~A~~admission); enhance housing navigation services
2.8 Accelerate housing placement	A. Accelerate efforts toward getting people housed utilizing Housing Command Center (Emergency Management) practices; utilize HUD waivers as appropriate B. Train and qualify additional persons within the CoC to conduct inspections; train and utilize new HUD inspection model NSPIRE as required C. Develop formalized encampment strategies/protocols

Goal 3:
Expand Homeless Prevention and Diversion Opportunities

Strategy	Strategy Objectives
3.1 Expand rent/utility assistance and other interventions to prevent homelessness	A. Use SHIP, State Challenge grant, ESG, TANF, F&B, and EFSP and ERAP (as available) to fund homelessness prevention and relocation initiatives including setting up new households referred to Permanent Housing with furniture, housing application fees, utility and security deposits B. Establish and support Miami-Dade Community Action and Human Services Centers CoC homeless prevention assistance walk-in sites C. Assess HP eligibility barriers and identify policy changes to serve extremely low income, vulnerable households beyond those with a third-party notice to vacate D. Create and implement a common assessment for homelessness prevention eligibility and priority determinations E. Coordinate with Miami-Dade jurisdictions to identify strategies to reduce inflow into the homeless system
3.2 Establish a system-wide Diversion/Problem-Solving intervention for individuals and families at risk of homelessness	A. Integrate diversion/problem solving protocols into all initial intake assessments. Identify alternate housing arrangements for households able to resolve their housing crisis with modest solution-oriented, problem-solving supports. B. Investigate the design, funding, and administration of a flexible financial assistance fund C. Train CES access point staff in mediation and other problem-solving strategies

Goal 4:
Improve and Expand Support Services

Strategy	Strategy Objectives
4.1 Improve CoC-wide knowledge and use of Marchman and Baker Acts, and Guardianship Program	A. Invite Thriving Mind to present at Providers' Forum B. Provide enhanced training, including Pre-Critical Time Intervention, to street outreach teams and access points C. Develop encampment plan to include specialized Street Outreach with focus on Alcohol and Substance Abuse intervention
4.2 Maximize the use of mainstream and other community-based resources	A. Continue and expand collaboration with Head Start, Catholic Legal Services, Veterans Affairs, Faith-Based Organizations, Managed Care Organizations, Greater Miami Legal Services, OIC of South Florida, PACE Centers, Career Source, Parent to Parent, Advocacy Network on Disabilities B. Provide training to providers, including CareerSource and other employment facilitators to improve employment outcomes. C. Develop and prioritize training, employment and volunteer opportunities for people experiencing homelessness. D. Maintain Homeless and Youth Homeless Resource Guides E. Establish a work group to study the barriers to success and develop expedited trauma informed, pathways for vulnerable persons living on the streets or in shelters suffering from severe and persistent mental illness to residential placement, such as MH assisted living facilities, long term residential treatment, beyond the homeless continuum F. Encourage and promote workforce development initiatives for persons experiencing homelessness, including creating sustainable solutions at Verde Gardens, particularly the farm and farmer's market, to facilitate employment and income growth for homeless/formerly homeless households;
4.3 Pursue alternative to inpatient/residential treatment programs for the mentally ill and substance users	A. Support the construction and operations of the Miami Center for Mental Health and Recovery B. Share data with Thriving Mind to assess the effectiveness of the Orders of Priority for Referral to PH for formerly homeless persons exiting treatment B.C. Collaborate with JHS to identify opportunities for Respite Care C.D. Use Outpatient Assisted Treatment when possible

Commented [KG8]: Does this still exist at Verde Gardens? I though they had closed?

Commented [KG9]: Do we want to mention JHS sharing data?

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4.4 Adopt client-centered service methods tailored to meet the unique needs of individuals and family	A. Assess feasibility of adding stand-alone support services to legacy S+C program; review viability and effectiveness of S+C projects B. Provide Evidence Based Practice (EBP) training, including Critical Time Intervention and Pre-CTI C. Expand training opportunities in Safety Planning Protocols for CoC providers D. Provide training on Fair Housing requirements and implementation of strategies to further Fair Housing E. Collaborate with other systems to promote wellness (i.e. SAMH Managing Entity, Ryan White, Victim Services)
	F. Establish youth protection protocols continuum-wide utilizing train the trainer model to ensure safety of minor children G. Develop a Guardianship pathway for CoC providers in collaboration with DCF
4.5 Improve system identification and treatment of domestic violence. Including the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse (aka. sexual assault, domestic violence, or intimate partner violence)	A. Expand system training on Domestic Violence identification and resources for treatment B. Provide and train specialized Domestic Violence Access Points C. Ensure specialized shelter, transitional housing and rental assistance for persons fleeing Domestic Violence D. Increase collaboration between the Domestic Violence and Homelessness Systems and better use data to understand the intersect and meet the unique needs of survivors E. Ensure persons fleeing or attempting to flee human trafficking are served
4.6 Review improve and expand as necessary supportive services provided by/through the Homeless Trust	A. Ensure new acquisitions have adequate level of supportive services relative to client needs B. Review service levels in existing projects C. Support EHV families in fulfilling their family obligations under the EHV program D. Develop Extreme Heat protocols and activate as necessary E. Train providers on criminal records expungement services F. Continue to collaborate and to train staff, and collaborate with Social Security Administration processes

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Goal 5:
Advance Data-Driven Decision-Making

Strategy	Strategy Objectives
5.1 Conduct bi-annual homeless census	A. Continue unsheltered and sheltered counts conducted twice annually
5.2 Use HMIS to obtain unsheltered demographics	A. Complete PIT HMIS report to extrapolate demographic information on unsheltered persons and compare to the night of count ArcGIS count
5.3 Regularly review system performance using	A. Regularly analyze Longitudinal System Analysis (LSA) also known as Stella P B. Create and standardize data dashboard to include inflow/outflow analysis C. Publicly share data and outcomes
5.4 Enhance HMIS data capturing and reporting capacity	A. Measure CoC-wide and provider performance utilizing HUD measures B. Perform data analysis to identify CoC and provider-level trends and opportunities C. Look at data warehouses that can share homeless service and mainstream resource data D. Support Housing Coordinator to input Other Permanent Housing (OPH) data in HMIS E. Perform data quality assessments monthly F. Develop training curricula for the unique needs of beginner, intermediate and advanced HMIS users G. Work towards ensuring 100% of homeless service providers (CoC and Non-CoC) contribute to HMIS; encourage use of HMIS with other training partners H. Work with United Way to use HMIS as clearinghouse for EFSP rental assistance; use as opportunity to build capacity and ready new entities to administer CoC/ESG rental assistance resources as available I. Improve data quality in HMIS on insurance sub-assessment; collaborate more effectively with Managed Care Organizations and public hospital
5.5 Enhance technology to realize system performance improvements	A. Institute monthly tracking of System Performance Measures (SPMs) ~~in HMIS-based dashboards~~ B. Utilize a Learning management System to track stakeholder training C. Utilize the HMIS training portal to enhance end user training D. Build special assessments to track client needs in HMIS E. Build a milestone assessment to understand pain points for referrals to housing F. Utilize the Wellsky API to obtain real-time data from HMIS for data visualization ~~B.~~G. Fully utilize SkanPoint Module to streamline client data entry H. Utilize DAVID system to obtain identification and citizenship data on persons referred to Permanent Housing I. Utilize Neighborly a contracts management system to issue solicitations, track awards, enter agreements, receive and process reimbursement requests

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	~~C.~~J. Implement income verification system (The Work Number) ~~D.~~K. Utilize system mapping software (ESRI) ~~E.~~L. Explore data warehousing; use all data sources (including data from non-homeless system of care) to prevent and end homelessness M. Develop HMIS-based shared housing matching application ~~F.~~N. Implement the HMIS Housing Needs and Housing Milestone Assessments ~~G.~~O. Maintain Homeless Trust website to ensure it is user friendly for public, clients, providers ~~H.~~P. Explore technology solutions to enhance coordinated entry/exit and diversion

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5.6 Use data to access equity of interventions	A. Maintain and further develop Lived Experience Working Group to strengthen and advance racial, gender and disablism sensitivity, equity, diversity and inclusion and social justice within the homeless continuum of care. B. Engage experts to do a system analysis of equity and inclusion. Use results to inform CoC Board, subcommittee and stakeholder training. C. Further Racial Equity Action Plan implementation and and track progress D. Provide guidance to CoC members on the components they need to include in their Racial Equity Plans, in alignment of CoC goals E. Continue to analyze data to understand inequities and create solutions. F. Promote "Commitment to Racial Equity" statement
5.7 System Performance	A. Review System Performance Measures (SPMs), isolate key areas of concern, convene stakeholders to develop a plan to improve measures. Key measures include Length of Time homeless, Exits to Permanent Destinations and Returns to Homelessness.

Goal 6:
Strengthen CoC Governance & Resource Maximization

Strategy	Strategy Objectives
6.1 Ensure CoC Board and committee composition and governing bylaws comply with federal HEARTH regulations and are representative of all stakeholders	A. Include input from LGTBQ+, Victims of Human Trafficking, Unaccompanied and Parenting Youth, Individuals with Disabilities, etc. B. Look at strategies for engaging and increasing participation by persons with lived homeless experience C. Ensure race equity and inclusion efforts are extended to committee appointments and participation D. Use Performance Evaluation Committee to continue analyzing data to improve system performance, including predicative analytics when possible
6.2 Enhance coordination with entitlement jurisdictions to ensure alignment with CoC goals/objectives	A. Established quarterly calls with ESG staff at entitlement jurisdictions; provide input annually/as requested to Consolidated Plan and Action Plan for all entitlement jurisdictions
6.3 Increase Public Education and Awareness, in impacted communities/areas.	A. Educate the City of Miami downtown business community on the Trust policies and priorities (e.g. CH); conduct on-going communication with business community on Trust's efforts and accomplishments to end CH B. Post system governance, standards, P&P and forms on Homeless Trust website; uniform policy layout
6.4 Engage governmental, leadership, advocacy organizations to note emerging trends, innovations and best practices	A. Continue collaboration with USICH, USHUD, DCF Office on Homelessness, Florida Housing Coalition, National Alliance to End Homelessness, CSH and Florida Coalition to End Homelessness
6.5 Engage local, state and federal elected leadership	A. Pursue legislative priorities • Expand F&B tax to now exempt beach municipalities (Miami Beach, Surfside, Bal Harbour) • Advocate at the state level for bridge RRH for Homeless Persons with Special Needs • Support and advocate for reforms to Florida's Mental Health Act • Good Samaritan status for homeless shelters and/or extension of sovereign immunity to shelter providers
6.6 Further leverage federal, state, local and private sector funding	A. Continued fundraising in partnership with The Miami Foundation to secure and operate dedicated permanent housing facilities which include supportive housing B. Pursue new CoC projects through the special NOFOs and annual NOFO competition C. Pursue special appropriations from the State of Florida to create additional housing interventions for persons experiencing homelessness

Goal 7:
Ensure Continuous Quality Improvement Strategies for CoC

Strategy	Strategy Objectives
7.1 Implement CoC-wide grievance procedures	A. Update Grievance Procedures B. Provide refresher in Restorative Practices training
7.2 Implement electronic customer satisfaction surveys and evaluate annually	A. Continue annual, electronic customer satisfaction survey in multiple languages and intentionally solicit feedback from clients post housing placement
7.3 Review and adjust, if necessary, local performance measures	A. Continue to align local performance measures with HUD system performance measures. B. Review and adjust benchmarks annually.
7.4 Conduct "Secret Shopper" evaluation of CoC delivery of housing and services annually	A. Conduct secret shopper activities to test the helpline and recommend improvements
7.5 Conduct annual desk audits and on-site monitoring of programs	A. Perform risk assessment of contracted providers annually B. Ensure Risk Assessment aligns with system standards and contracts C. Partner with Housing Authorities to jointly monitor ESG D. Monitor and reduce evictions and discharges to unknown destinations E. Further develop monitoring procedures F. Use HUD monitoring tools, modified as necessary G. Implement new agency monitoring tools H. Implement strengths based self-assessment I. Further develop client satisfaction survey procedures
7.6 Ensure timely grant execution, payments to providers/landlords	A. Assess and revise grant management policies and procedures B. Implement provider payment supports: 1. Implement "buddy system" policy to ensure consistent contract coverage during staff absences

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	2. Require and provide provider training on do's and don'ts of reimbursement requests
	   a. Provide "office hours" for package corrections
	   b. Provide "one on one" training at the beginning of the contract period and by request when there is personnel turnover at the provider level
	3. Create policy regarding deadlines to submit policy adjustments
	4. Create shared file for "deficiency report" to review with and have available for management
	   a. Create a checklist of main deficiency categories
	5. Notify contract manager, CEO, board members when package is returned
	6. Engage HUD on impact of delays
	7. <u>Utilize Neighborly a contracts management system to issue solicitations, track awards, enter agreements, receive and process reimbursement requests</u>
	7. ~~Conduct review of Zengine and develop procedure for tracking key payment process milestones and consider alternate solutions~~
	   a. Provide regular report to HT management on late provider submittals
	8. Further engage with OMB and Ryan White sections
	9. Review Rental Assistance Program policies and procedures
	10. Review and update finance policies and procedures
	11. Review and update grants policies and procedures
	12. Pursue paperless grant option; advanced scanning technology; contract management system
	13. Pursue constituent tracking system
	14. Ensure contracts staff time and attendance is tracked in alignment with HUD requirements; seek HUD technical assistance

7.7 Conduct capacity-building training to CoC providers	A. Conduct provider training on HUD guidance and emerging best practices inclusive of Housing First; Motivational Interviewing; Mental Health First Aid; Behavioral Health Tech Training; Restorative Justice; Race, Equity, Diversity and Inclusion (REDI); LGBTQIA+/gender sensitivity, equity, diversity and inclusion training. B. Develop formal CoC training program C. Encourage and develop potential new CoC non-profit partners
7.8 Review and improve disaster response and recovery plans	A. Review and update COOPs B. Improve client tracking procedures following overflow activation events C. Review emergency response plans for cold weather, hurricanes and infectious disease
7.9 Ensure Trust-owned assets are maintained	A. Make capital improvements to Trust owned assets to ensure the health and safety of residents (Homeless Assistance Centers operated by Chapman, Mia Casa, Verde Gardens)

Goal 8:
Execute on the Plan to End Homelessness

Strategy	Strategy Objectives
8.1 Implement the Dade County Community Homeless Plan: 1994	A. Review Homeless plan with CoC Subcommittee annually, update strategies as necessary B. Further develop Community Plan to End Homelessness: Priority Home; seek wide public input C. Review Homeless plan at joint-Board retreat

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