



Citrus, Hernando, Lake & Sumter Counties

10 Year Strategic Plan

**To Promote Partnerships that will
Reduce and Prevent Homelessness
in Citrus, Hernando, Lake and
Sumter Counties.**

June 2013

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Participants

The MFHC would like to extend a special thank you to the organizations that took part in the process of developing a strategic plan to reduce homelessness in our communities:

A New Generation
BayCare Behavioral Health
Christian Care Center
Citrus County Abuse Shelter Association, Inc.
Citrus County Family Resource Center
Citrus County Housing Services
Community Legal Services of Mid-Florida, Inc.
Daystar Life Center of Citrus County
Department of Children and Families
Devereux Kids
Early Learning Coalition of the Nature Coast
First United Methodist Church Brooksville
Florida Low Income Housing Associates, Inc.
Good News Jail and Prison Ministry
Habitat for Humanity of Florida
Habitat for Humanity of Hernando County, Florida
Hernando County Board of County Commissioners Health & Human Services
Hernando County School District
Jericho Road Ministries, Inc.
Joseph's House Brooksville
Lady Lake Church of God Food Pantry
Lake Cares, Inc,
Lake Community Action Agency, Inc.
Lake County Children & Elder Services
Lake County Community Services
Lake County Health Department
Lake County Schools
Lake County Sheriff's Department
LifeStream Behavioral Center, Inc.
Love Your Neighbor/New Beginnings of Tampa, Inc.
Mid Florida Community Services, Inc.
Mid Florida Homeless Coalition, Inc.
New Beginnings of Lake County
North Florida Behavioral Health Partners
Our Father's House of Refuge
Sanctuary Mission Inc.
Society of St. Vincent de Paul (SVDP)
Society of St. Vincent de Paul Hernando/Citrus District

Sumter County Housing Services
Sumter County School Board
The Centers
The Delfin Group
The Path of Citrus County
The Refuge at Jumper Creek
The Renaissance Group of Central Florida
The Salvation Army Citrus County Corps
The Salvation Army Hernando County Corps
United Way of Citrus County
United Way of Lake and Sumter Counties
Veteran's Organization Resource and Recovery for the Homeless
Word Keepers of Clermont Florida, Inc.
YMCA of the Suncoast, Inc.
Youth and Family Alternatives, New Beginnings Youth Shelter

Executive Summary

The mission of the Mid Florida Homeless Coalition is to promote partnerships that will reduce and prevent homelessness in Citrus, Hernando, Lake and Sumter counties. With that mission in mind the Mid Florida Homeless Coalition's Continuum of Care set out to produce a ten year plan to both aid in preventing homelessness and in significantly reducing the number of homeless in their counties. This task involved many different organizations from all four counties and took approximately a year to complete.

The group started by defining and assessing homelessness both on a national level and a community level. It was agreed upon to use the most current HUD definition of homelessness, which then lead to a deeper look into homelessness. This document will define differing categories and subcategories of homelessness used including, but not limited to, males, females, children, adults, veterans, etc.

Using various surveys and interviews the group was able to breakdown what the homeless populations of Citrus, Hernando, Lake, and Sumter counties look like. From that information, the group then analyzed the findings and developed a plan of action that would proactively reduce the homeless population through support services and helping place people into permanent stable housing.

While the group believes they may never completely eradicate homelessness, they believe that this new ten-year strategic plan will significantly reduce homelessness and help in the prevention of other at risk people from becoming homeless.

Method

Over a year ago, the Continuum of Care received an initiative from HUD to develop a strategic plan to end homelessness in their community. This led the group on a yearlong journey to seek out an answer to the question, “How can we significantly reduce homelessness in our counties.” This question led to many more and so the group started the path that would ultimately end with this current ten-year strategic plan.

To jump start the project the Mid Florida Homeless Coalition, Continuum of Care knew they would need to raise awareness in order to obtain the cooperation that would be necessary to embark on this project. As a result, the group held a rally that jumpstarted the campaign. The CoC invited all government, private, and non-profit organizations in Citrus, Hernando, Lake, and Sumter counties that have any impact on or contact with the homeless population.

After a successful kick-off to the campaign, the CoC hired The Delphin Group to aid in leading the strategic planning process. The group worked with The Delphin Group for approximately three months. During that time, the CoC engaged 42 diverse groups through out the four counties in a survey of needs. After the survey was completed, The Delphin Group compiled the results and helped the CoC through the process of creating the plan.

From that point, the CoC developed a planning subcommittee to meet and use the process learned. The subcommittee met and using data from The Delphin Group, the survey of needs results, the point in time survey results, and the HUD strategic plan they developed goals.

These goals were then brought to the CoC for approval and assignment. They became the basis for the current plan today. With that method in place fifteen minutes of every CoC meeting was set aside to address the plan and keep it moving forward. Now with the final plan in place, those same fifteen minutes will be used to check progress with the plan and keep the plan viable and valuable.

Overview of the Problem of Homelessness

Homeless Defined

When people are asked, “What words come to mind when you hear the word homeless?” an array of answers are given in response. Even now, reading these words has brought to mind our own ideas, thoughts, and many times misconceptions. Before we can address how to promote change in our society that can bring about the reduction of homelessness in our communities, we must have an understanding as to what “homeless” means today.

There are many differing definitions of homeless in the United States. For the purpose of this study and plan we will use the definition below to describe homelessness.

Homeless: According to the most recent HUD ruling the current homeless definition includes four categories which are:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
2. Individuals and families who will imminently lose their primary nighttime residence. This may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The regulation also describes specific documentation requirements for this category.
3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
4. Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence against the individual or a family member; have no other residence; and lack the resources or support networks to obtain other permanent housing.

Keeping these definitions in mind we must also understand that even within the umbrella of homelessness, there are several widely accepted subcategories each with its own causes and each with its own solutions and plans. For the purpose of this study and plan, we have used the categories and subcategories of adult only households, families, unaccompanied youth, veteran's, substance abusers, severely mentally ill, domestic violence victims, and chronically homeless. We will take a few moments to look at each of these categories and subcategories separately.

Categories: All persons can be divided into the following three categories. This is the beginning stage of all statistical data collected. To obtain a better picture of the problem of homelessness in each community it is imperative to understand the breakdown of each population. This allows for a better understanding about what types of program services will be needed in order to reduce homelessness in any one community.

Adult only Households: This category would encompass both single and multiple adults living without children in a state of homelessness.

Families: This category would include all adult households that include both adults and minor children living together in a state of homelessness.

Unaccompanied Youth: This would include both single and multiple minors living together in a state of homelessness.

Subcategories: Taking it a step further, subcategories paint yet another picture. By understanding what may be the cause of a person's state of homelessness, specialized programs and services may help treat the root of the problem and allow for a successful transition back to permanent housing.

Veterans: According to federal law a veteran is anyone who served honorably on active duty of the armed forces of the United States. For this subcategory, any person defined as homeless and meeting the criteria of a veteran is counted here.

Substance Abusers: Any homeless person that identifies an addiction to alcohol, prescription drugs, and non-prescription drugs.

Severely Mentally Ill: Any homeless person that suffers from a serious mental illness, the majority being schizophrenia and bipolar disorder, both treated and untreated.

Victims of Domestic Violence: According to the McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, section 103, “the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or lifethreatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.”

Chronically Homeless: This subcategory encompasses all persons who have been homeless in excess of one full year or has been homeless on at least four separate occasions in the past three years.

The Cost of Homelessness

Although many people believe that the answer to solving the problem of homelessness is to build more shelters, studies show that this is costly and not the best method to helping reduce the number of homeless overtime. Studies show that homelessness can be quite costly to a community. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses add up quickly, making homelessness surprisingly expensive.

- According to the New England Journal of Medicine, a homeless person spends an average of four days longer per hospital visit than a non-homeless person does. This accumulates an extra \$2,414.00 worth of cost per hospitalization.
- Homelessness can both cause and result from serious health care problems. These problems including addiction, mental illness, HIV/AIDS, and many other ailments that require long-term, consistent care. This care is staggered at best when homeless, as housing instability inhibits regular medical attention, access to treatment, and recuperation. This inability to treat can worsen these problems, making them both more dangerous and more costly.
- People who are homeless spend more time in jail or prison. This can be very costly to the state and community. The most common reasons for incarceration are the breaking of laws that specifically target the homeless population, including regulations against loitering, sleeping in cars, and panhandling
- According to the state of Florida Department of Corrections the average cost of housing a prisoner per day is \$49.24 or \$18,022 per year in fiscal year 2011-2012.
- In 2010 a HUD study showed that it could be much more costly to place a family in emergency shelter than in transitional or permanent housing. This is due largely to the fact that families require a separate small room and this is more expensive to run than mass shelter rooms.

Time and time again studies continue to show that in practice and not just in theory it is cost effective to place the chronically homeless in permanent housing with supportive services. While emergency housing is important and useful, it should not be looked at as the way to help end homelessness. That comes only through supportive services and permanent housing.

The Problem of Homelessness in Our Community

In 2013 the Mid Florida Homeless Coalition, Inc. CoC undertook a community wide survey that reached service providers, schools, and government of all four counties. The goal was to gain a better understanding of the homeless problem within our communities. This survey gave its participants a chance to voice the issues they are finding within their immediate community and to give input as to what services may be needed in the future to help reduce homelessness.

There were a total of 42 providers that responded to the survey and gave much needed input as to what was happening in their communities. Although the national average of homelessness has stayed relatively consistent over the past four years, an overwhelming amount of the service providers interviewed believe that the number of homeless persons in their community is increasing. While the statistical count may not completely back that up there is an increase in services sought after and agencies are finding it difficult to keep up with the demand on services. In fact only 2.4% of those surveyed believe that number of homeless in their area to be decreasing while 78.6% believe it to be increasing.

This has lead to an outcry for affordable housing in the four-county area. The communities are also interested in seeing an increase in the number of emergency and transitional beds to accommodate the growing number of requests received. Although shelter, family shelter and the like seem to be the priority it is evident that an increase in the number of beds and permanent housing solutions will not be enough.

If fact, many believe that support services are going to be necessary in order to prevent chronic homelessness. It is not enough to get a person into housing, if they do not have the right tools to succeed they will find themselves in the same situation as before. For that reason services like job skills, employment counseling, rental and utility deposits, food assistance, affordable health care, financial counseling and budgeting, transportation, counseling services, and educational programming, to name a few, are imperative for give people the skills and tools needed to obtain success.

There seems to be a willingness to work together to prevent and reduce homelessness. However, there needs to be a plan in place, with priorities, in order for a cohesive partnership between all service providers to work. There will also need to be better partnerships and relationships built at the county government levels to help in the preplanning and implementation of new housing initiative. Doing this has the potential to cut back on the us verses them mentality that comes through in many of the comments found within the survey.

The issue and problem of homelessness is not one that cannot find solutions. To reduce homelessness in our counties the CoC will need to work with all involved to implement a strategic plan that can drive all programs to work together to reach a common goal. While it is understood that homelessness will never be completely eradicated, this will be one major step in completing our mission.

Assessing the Need

The Mid Florida Homeless Coalition, Inc. CoC sought to obtain a better understanding of homelessness as it pertains to the counties and communities in which it serves. With that goal in mind, in 2013 the CoC conducted both the HUD required point-in-time survey and their own survey of agencies. The findings of both studies gave the CoC a better snapshot of the nature of homelessness in Citrus, Hernando, Lake, and Sumter counties. This was a joint effort by many cooperating agencies and the reports are as follows.

Point in Time Survey 2013

General Overview – Total count per county

County Name	Federal HUD/Homeless Definition	
	# of Persons	# of Households
Citrus	243	182
Hernando	147	97
Lake	282	194
Sumter	37	14
Total	709	487

Main Categories of Homelessness

Families – Persons with Households with at least one adult and one child (under 18)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	28	15	41	84
Total number of persons (adult and children)	89	39	143	271
Number of persons (under age 18)	50	23	86	159
Number of persons (age 18-24)	6	2	6	14
Number of persons (over age of 24)	33	14	51	98

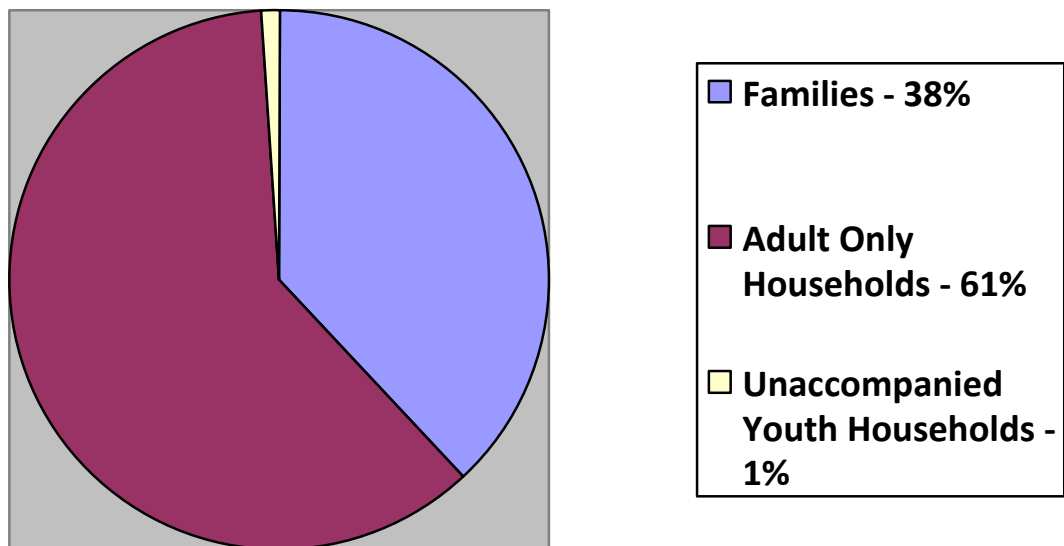
Adult Only Households – Persons in Households without children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	88	79	228	395
Total number of persons (adults)	89	79	263	431
Number of persons (age 18-24)	12	7	8	27
Number of persons (over age of 24)	77	72	255	404

Unaccompanied Youth – Persons in Households with only children (Under age 18)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	7	0	0	7
Number of one child households	7	0	0	7
Number of multi-child households	0	0	0	0
Number of persons (under age 18)	7	0	0	7

Breakdown of Households



Subcategories of Homelessness

Chronically Homeless Subpopulations

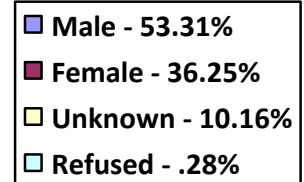
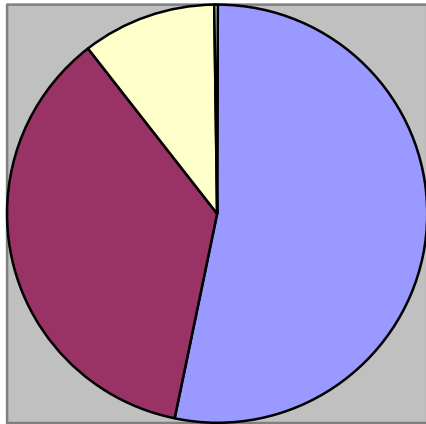
	Sheltered	Unsheltered	Total
Chronically Homeless Individuals	5	33	38
Chronically Homeless Families (Total number of Families)	0	3	3
Chronically Homeless Families (Total Persons in Household)	0	8	8

Other Homeless Subpopulations

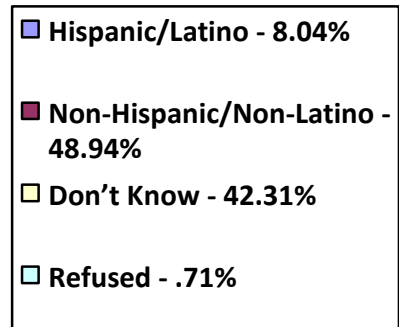
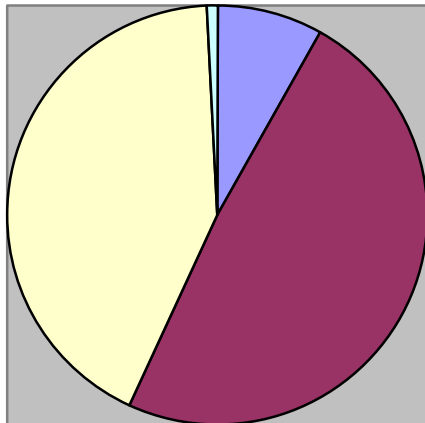
	Sheltered	Unsheltered	Total
Number of Veterans (Including Female Veterans)	25	24	49
Number of Female Veterans (Subset of Veteran Count)	0	3	3
Severely Mentally Ill	38	39	77
Chronic Substance Abuse	59	8	67
Victims of Domestic Violence	45	0	45

General Homeless Statistics

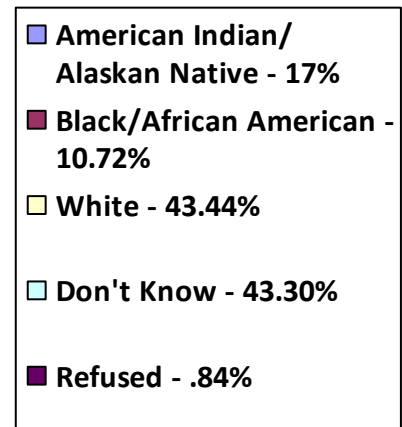
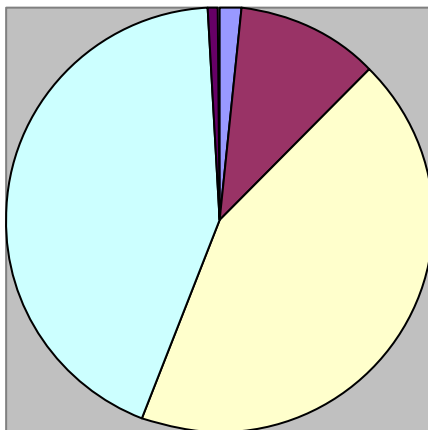
Gender Statistics



Ethnicity Statistics



Race Statistics



Plan for the Future

Priority 1: Reduce Homelessness

It is our main priority to reduce the number of current homeless in our communities. In order to accomplish this we have proposed goals that will lead us to the reduction of all homelessness.

Goal 1: Reduce the number of homeless Veterans

To make this goal obtainable the CoC will engage Veterans Affairs (VA), not for profit service providers, faith based institutions, and private business. In doing so the CoC will look first to increase the number of Veterans transitional beds for individuals and families by working with VA to bring more VASH Vouchers into CoC and increase outreach to Veterans. We plan to achieve this goal in the next 1-5 years.

Goal 2: Reduce the number of chronic homeless persons

First, the CoC plans on increasing utilization rates of current Chronic Homeless programs on an ongoing basis. To do this the CoC is looking for ways to better utilize services like 211 and create service provider lists for each community it works within. The plan is to continue funding of current programs on an ongoing basis and create a universal screening tool within the next year.

While these things are happening, the CoC also finds it imperative to increase outreach in all four counties, which will allow the CoC to keep a pulse on the effects in each of the four counties.

In order to make all these things possible; the CoC will be engaging partnerships with not-for-profit service providers, faith-based institutions, local and state government, law enforcement, and healthcare providers.

Goal 3: Reduce number of homelessness for families, youth, children, & individuals

While this initiative is imperative to priority one it will take several steps to accomplish. First, the CoC plans to do what is in their power to maintain current beds and increase the number of emergency and transitional beds. This will be a costly venture but the CoC will be looking to federal money and grants like the Emergency Solutions Grant to make this step possible. The CoC will also be looking to not-for-profit and faith-based institutions to provide these additional beds with the help afforded by the grants.

Next, the CoC will re-review and implement strategies from the National Association for the Education of Homeless Children and Youth. This step will take the help and partnership of our school districts and homeless facility providers.

The CoC also plans to increase the number of permanent supportive housing units in the provider area and promote the Host Home concept and implement these for unaccompanied youth. Again, this can not be accomplished alone and the CoC will be looking for partners in school districts, faith-based organizations, and private individuals.

One final step in this initiative is, to promote the Open Table initiative for youth aging out, those leaving jail and correctional facilities, and those in transitional housing facilities. The Open Table initiative takes leaders from school districts, faith-based organizations, and private individuals all-working together on a case by case basis.

Priority 2: Homeless Prevention

Goal 1: Prevent Veteran's from losing housing.

This is a multi-step goal. The CoC plans in the next 1-3 years to obtain VA SSVF (Supported Services for Veteran's Families) dollars. These dollars help to keep Veterans with families on the verge of homelessness from becoming homeless through short-term rental assistance, utility and security deposits; and to Rapidly Re-house those Veterans with families who have become homeless. This step will look to partners in the not-for-profit and faith-based institutions.

Along with the prevention of lost housing, the CoC plans to increase employment of Veterans on an ongoing basis through Workforce VA programs. Potential community stakeholders for this will be not-for-profit service providers, and private business.

Goal 2: Prevent homelessness for families, youth, children, & individuals

One piece of this goal is to increase outreach to at-risk populations through the provision of rent, utility payments, transportation, and financial assistance at critical times to prevent homelessness. This can be a costly endeavor but the CoC will look to help housing service providers, not-for-profit service providers and faith-based institutions with this undertaking through the utilization of federal money and the emergency solutions grant.

Another step to achieving the goal is to increase the inventory of affordable housing through acquisition. This will require the help of federal dollars and NSP, or Neighborhood Stabilization Program Grants. Potential community stakeholders for this include housing service providers, not-for-profit service providers, and faith-based institutions.

While increasing the amount of affordable housing and helping to sustain and prevent homelessness through financial assistance is necessary to priority 2; it will not be enough. These things can be made possible through increasing the awareness for the need for affordable housing and the need for transportation. If the community is not aware of the need and engaged in helping to remedy the problems the funding needed to make it possible will be scarce and difficult to find.

Priority 3: Increase self-sufficiency

Goal 1: Increase access to support services - to provide counseling, housing assistance, education, life skills training, employment information and access to federal, state, and county resources.

These types of support services are imperative to the successful placement of the homeless into permanent housing. They can also be the keys to sustaining housing for people' at-risk of becoming homeless. The types of support services that are necessary will be determined by an annual needs assessment for each of the four counties: Citrus, Hernando, Lake, and Sumter.

The CoC will also encourage organizations receiving federal and state dollars to make homelessness a priority in their services.

Priority 4: Ensure the implementation of the Plan

Goal 1: Develop funding for the administrative operations, implementation, and evaluation of the plan.

The CoC will obtain an annual operational budget for lead agency (MFHC). This will be an ongoing objective and will be funded through federal, state, and local funding sources. By doing this, it will ease the burden of the potential community stakeholders: Homeless Coalition, local and state government agencies, housing and assistance providers, not-for-profit service providers, law enforcement, healthcare providers, faith-based institutions

The CoC will also obtain a federal grant to continue HMIS administration. This also will be an ongoing objective allowing service providers free access to use the HMIS system for their record keeping and reporting. This comes at a current cost of \$99,370. The CoC will also keep in mind and plan for any increase in cost for the administration and use of the HMIS system.

A key step in the implementation and evaluation of the plan will be to develop a Homeless Advisory Board of up to 21 members to provide advice on policy and funding opportunities. It is the goal of the CoC to recruit and develop this board within the first year. The CoC does anticipate a cost of \$25,000.

To have accurate and up to date information of homelessness in each of the four counties it will be necessary for the CoC to increase service provider participation in HMIS. This will improve strategic use of data to guide planning for future needs and for evaluation of the Plan. It is estimated that this will result in a need for \$20,000 annually. This in turn will benefit not only the CoC but also local, state, and federal government agencies, the social service homeless provider community, and faith-based institutions.

Within the first year the CoC will strive to develop and implement an evaluation protocol to assess efficacy of the plan. This requires the creation of evaluation protocol to be used to assess the plan annually.

Priority	Goal	Strategy	Time	Stakeholders
Priority 1: Reduce Homelessness	Goal 1: Reduce number of Homeless Veterans	Strategy 1a: Increase number of veterans transitional beds for individuals and families		Not-for-profit providers, Faith-based institutions, Private business
		Strategy 1b: Work with VA to bring more VASH Vouchers into CoC and Increase outreach to Veterans	1-5 years	VA, Housing service providers, Not-for-profit providers, Private businesses
	Goal 2: Reduce the number of Chronic Homeless Persons	Strategy 2a: Increasing utilization rates of current Chronic Homeless programs on an on-going basis		Not-for-Profit providers, Housing service providers
		Strategy 2b: Continue funding current programs on an on-going basis		Not-for-Profit providers, Housing service providers
		Strategy 2c: Creation of Universal Screening Tool	1 year	Not-for-Profit providers, Faith-based institutions, Local/State Government, Law Enforcement, Healthcare Providers
		Strategy 2d: Increase Outreach in all four counties	1 year	Not-for-Profit providers, Faith-based institutions, Local/State Government, Law Enforcement, Healthcare Providers
	Goal 3: Reduce number of homelessness for families, youth, children, and individuals	Strategy 3a: Maintain current beds and increase the number of emergency and transitional beds		Not-for-Profit providers, Faith-based institutions
		Strategy 3b: Re-review and implement strategies from the National Association for the Education of Homeless Children and Youth		School Districts, Homeless Facility Providers
		Strategy 3c: Increase number of permanent supportive housing units		
		Strategy 3d: Promote the Host Home concept and implement these for unaccompanied youth		School Districts, Faith-based institutions, Private individuals

		Strategy 3e: Promote the Open Table Initiative for youths aging out, those leaving jail and correctional facilities, and those in transitional housing		School districts, Faith-based institutions, Private individuals
Priority 2: Homeless Prevention	Goal 1: Prevent Veterans from losing housing	Strategy 1a: Obtain VA SSVF dollars through Not-for-Profit service providers	1-3 years	VA, Not-for-Profit providers, Faith-based institutions
		Strategy 1b: Increase employment of Veterans on an ongoing basis through Workforce VA programs		Not-for-Profit providers, Private Business
	Goal 2: Prevent homelessness for families, youth, children, and individuals	Strategy 2a: Increase outreach to at-risk populations through provision of rent, utility payments, transportation, and financial assistance at critical times to prevent homelessness		Not-for-Profit providers, Faith-based institutions, Housing service providers
		Strategy 2b: Increase the inventory of affordable housing through acquisition		Not-for-Profit providers, Faith-based institutions, Housing service providers
		Strategy 2c: Increase the awareness for the need for affordable housing		Not-for-Profit providers, Faith-based institutions, Housing service providers
		Strategy 2d: Increase the awareness for the need for transportation		Not-for-Profit providers, Faith-based institutions, Housing service providers
Priority 3: Increase Self-sufficiency	Goal 1: Increase access to support services	Strategy 1: provide counseling, housing assistance, education, life skills training, employment information, and access to federal, state, and county resources		
		Strategy 1b: Encourage organizations receiving Federal and State dollars to make homelessness a priority		

Priority 4: Ensure implementation of the Plan	Goal 1: Develop funding for the administrative operations, implementations, and evaluation of the plan	Strategy 1a: Obtain an annual operational budget for Lead Agency	Ongoing	Homeless Coalition, Local/State Government, Housing and assistance providers, Not-for-Profit providers, Law Enforcement, Healthcare providers, Faith-based institutions
		Strategy 1b: Obtain Federal grant to continue HMIS administrations	Ongoing	Homeless Coalition, Local/State Government, Housing and assistance providers, Not-for-Profit providers, Law Enforcement, Healthcare providers, Faith-based institutions
		Strategy 1c: Develop a homeless advisory board of up to 21 members to provide advice on policy and funding opportunities for the Plan	1 year	Local Government, Homeless Coalition, Educational institutions, Not-for-Profit providers, Social service homeless providers, Law Enforcement, Faith-based institutions, Healthcare providers
		Strategy 1d: Increase service provider participation in HMIS to improve strategic use of data to guide planning for future needs and for evaluation of the Plan	Annually	Homeless Coalition, Local/State Government, Federal Government, Social service homeless providers, Faith-based institutions
		Strategy 1e: Develop and implement an evaluation protocol to assess efficacy of the Plan	1 year then annually	Homeless Coalition, Local/State Government, Federal Government, Social service homeless providers

Acronym Definitions

211 – United Way community resource directory (either by phone or Internet)

AIDS - (Acquired Immune Deficiency Syndrome) is the final stage of HIV disease, which causes severe damage to the immune system.

CoC – Continuum of Care is an interrelated and connected range of community-based programs and organizations working together for the common goal of preventing and reducing homelessness.

HEARTH Act - On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homelessness Assistance Act with substantial changes, including:

- A consolidation of HUD's competitive grant programs
- The creation of a Rural Housing Stability Assistance Program
- A change in HUD's definition of homelessness and chronic homelessness
- A simplified match requirement
- An increase in prevention resources
- An increase in emphasis on performance

HIV - Human Immunodeficiency Virus; the cause of AIDS. Two strains have been identified: HIV-1 and HIV-2

HMIS – Homeless Management Information System is the information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HRSA - The Health Resources and Services Administration (HRSA), is an agency of the U.S. Department of Health and Human Services located in Rockville, Maryland. It is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

HUD – United States Department of Housing and Urban Development

MFHC – Mid Florida Homeless Coalition, Inc.

NSP Grant - HUD's Neighborhood Stabilization Program which provides emergency assistance to state and local governments to acquire and redevelop foreclosed properties that might otherwise become sources of abandonment and blight within their communities. It also provides grants to every state, certain local communities, and other organizations to purchase foreclosed or abandoned homes

and to rehabilitate, resell, or redevelop these homes in order to stabilize neighborhoods and stem the decline of house values of neighboring homes

VA – United States Department of Veterans Affairs

VASH Dollars - The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.

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