

2021 PPCoC 3-Year Strategic Plan



A PROGRAM OF 



OCTOBER 2021

Pikes Peak Continuum of Care (PPCoC)
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Introduction to the PPCoC Strategic Plan

Purpose

The Pikes Peak Continuum of Care Board of Directors, in collaboration with the PPCoC Administrative Lead, Community Health Partnership, has created a three-year Strategic Plan to drive strategic activities around homeless initiatives in the Pikes Peak Region, representing Colorado Springs and El Paso County, Colorado. The Strategic Plan is effective October 2021.

Mission Statement

The Pikes Peak Continuum of Care exists to end homelessness in the Pikes Peak Region.

Introduction

The Pikes Peak Continuum of Care (PPCoC) is a network of non-profits, faith-based organizations, social service providers, healthcare organizations, local governments, and community advocates aligned with one common mission: to end homelessness in the Pikes Peak Region. Since 2002, the PPCoC has been a leader in serving and prioritizing funding for the homeless and at risk of homeless citizens of El Paso County, Colorado. In that time, the PPCoC has created three different programs dedicated to planning, tracking, and coordinating homelessness.

The PPCoC has grown to represent over 120 local stakeholders in the Pikes Peak Region made up of services providers offering emergency shelter, permanent housing, transitional housing, street outreach, and supportive services. The PPCoC reports annually on over 850 emergency shelter beds, nearly 650 transitional housing beds, and over 900 permanent housing beds the serve homeless and formerly homeless individual adults, youths, and families¹. The PPCoC applies for and distributes over \$2.5 million annually to homeless service providers through El Paso County². Similarly, the PPCoC advises other public and private funders in the region on best practices for homeless funding and services to funders such as the City of Colorado Springs Community Development Division, El Paso County Economic Development Division, the Colorado Department of Local Affairs Division of Housing, and private foundations offering homeless funding.

Geographic Location

Colorado is the 8th most expensive state in the U.S. for housing rental prices according to reporting from the National Low Income Housing Coalition in 2021³. El Paso County is the second most populous county in Colorado and home to the second highest homeless population behind

¹ Pikes Peak Continuum of Care, Housing Inventory Count report, 2021, <https://www.ppchp.org/homelessness/coc-reports-and-resources/>

² U.S. Department of Housing and Urban Development, Small Area Fair Market Rents, FY 2021, <https://www.hudexchange.info/programs/coc/coc-giw-reports/>

³ National Low Income Housing Coalition, Out of Reach Report, Colorado, 2021, <https://reports.nlihc.org/oor/colorado>

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only Metropolitan Denver according to homeless data reporting to HUD⁴. El Paso County includes an urban center with the city of Colorado Springs, suburban towns like Manitou Springs, Monument, and Fountain, and rural communities such as Peyton, Calhan, and Falcon.

Approximately 36% of El Paso County residents are renters and the average cost of rent climbed to \$1,276.64 between January and March 2021⁵. In 2021, HUD set the Fair Market Rent, which is the allowable voucher payment amount for a community, at \$949⁶ per month for a one-bedroom apartment in El Paso County, significantly less than the average rent cost. This points to the immense challenges of housing affordability. Working at the minimum wage of \$12.32/hour and without paying more than 30% of income on housing, one person earning minimum wage would have to work 83-hours each week to afford the average rental price in Colorado Springs⁷.

What is Homelessness?

Homelessness is defined as an individual, youth, or family who lack a fixed, regular, and adequate nighttime residence. This can include people living in a place not meant for human habitation such as a car, park, abandoned building or property, bus or train station, airport, or camping ground. This also includes individuals, youths, and families living in publicly or privately funded emergency shelter designed to provide temporary living arrangements. Additionally, homelessness can include any individual, youth, or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the 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.

The causes of homelessness are numerous and every person experiencing homelessness or at risk of homelessness has their own individualized circumstances that led to loss of regular nighttime residence. Causes of homelessness include low-income households who do not earn enough to pay for food, clothing, transportation, healthcare, and a place to call home, and a lack of affordable housing stock to meet the need of a community's low-income population. Generational poverty without adequate ways for persons to move out of poverty. Health conditions which are inextricably linked to housing as poor health conditions such as acute physical or behavioral health problems or chronic disabling conditions can lead to homelessness while homelessness often only further exacerbates those health conditions. Domestic violence

⁴ National Alliance to End Homelessness, State of Homelessness Report, Colorado, 2021, <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-dashboards/?State=Colorado>

⁵ Ron Throupe, a University of Denver associate business professor, and Jennifer Von Stroh of Colorado Economic & Management Associates in Denver, reporting by the Gazette, 2021 https://gazette.com/business/apartment-rents-in-colorado-springs-set-another-record-high/article_215b041e-207c-11eb-b6f5-d7ca5c6b3799.html

⁶ U.S. Department of Housing and Urban Development, Small Area Fair Market Rents, FY 2021, https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary_sa.odn

⁷ National Low Income Housing Coalition, Out of Reach Report, Colorado, 2021, <https://reports.nlihc.org/oor/colorado>

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and safety issues contribute to homelessness as individuals, youths, and families fleeing or attempting to flee abusive relationships may lack the economic means to secure and safely maintain housing after leaving.

Homelessness can impact anyone. The vast majority of homeless nationally (over 70%) are single adults. Homelessness impacts families with children and has a tremendous negative impact on children for education, health, and development. Unaccompanied youth and young adults between the ages of 18 and 24 are an especially vulnerable population of homeless who lack the safety, stability, and support of a family or a home. Military veterans struggling with housing face the same challenges that many civilians face such as lack of affordable housing and economic resources to attain secure and stable housing.

Chronic homelessness is defined as a person with a medically certified disabling physical or behavioral condition who has experienced 12 consecutive months of homelessness or four distinct episodes of homelessness in the last three years totaling at least 12 months. Once people become chronically homeless, it is difficult for them to regain housing and security due to complex health conditions, challenges with increasing income, and lack of housing opportunities.

And finally, and perhaps most crucially, homelessness disproportionately impacts black, indigenous, and people of color (BIPOC). Systemic and institutional factors have led minority racial and ethnic groups to having fewer social and economic opportunities, which contributes to the BIPOC population being significantly overrepresented in the homeless population. The PPSCoC found when comparing homeless demographic data to El Paso County Census data in 2019 that people who identified as Black, African American, or African were 187% more likely to be homeless compared to the County Census and American Indian, Alaska Native, or Indigenous were 310% more likely to be homeless⁸.

What is a Continuum of Care?

A Continuum of Care (CoC) is the group of stakeholders within a geographic location tasked to carry out the responsibilities of the [CoC Program Interim Rule](#) set forth by the U.S. Department of Housing and Urban Development (HUD). HUD clearly lays out the purposes of a Continuum of Care which are to:

- Promote communitywide commitment to the goal of ending homelessness;
- Provide funding for efforts to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effect utilization of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness

⁸ Data compiled through HMIS in 2019 compared to El Paso County Census in 2019, CHP, <https://sites.google.com/community.solutions/pikespeakdemotest/home>

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Once established, the CoC is required to appoint a CoC Lead and to designate a Homeless Management Information System (HMIS) lead agency to track and manage community homeless data. A CoC must also designate a collaborative applicant to assist with the responsibilities of applying for CoC funding made available by HUD through the annual CoC competitive funding process. Each of these areas includes specific responsibilities that a CoC must either take on directly or must delegate to another entity or workgroup through the governance charter. The CoC is governed by a CoC Board elected by the general members of the CoC. CoC membership is free and open to the public as designed to represent anyone interested in ending homelessness in the geographic location.

The CoC serving El Paso County, Colorado is the Pikes Peak Continuum of Care administered by Community Health Partnership since 2018. Community Health Partnership acts as the HMIS Lead Agency and Collaborative Applicant.

More information about the PPCoC can be found here:

<https://www.ppchp.org/homelessness/about-coc/>

Pikes Peak Continuum of Care Three-Year Strategic Plan

Statement of Vision

Our vision is by 2024, El Paso County and Colorado Springs is a community where homelessness is **rare, brief, and nonrecurring**.

In 2021, the Pikes Peak Continuum of Care (PPCoC) Board of Directors began developing a three-year Strategic Plan to identify key goals for ensuring homelessness is rare, brief, and nonrecurring. The Strategic Plan is a recommitment to the PPCoC's mission to end homelessness in the Pikes Peak region. The Strategic Plan was launched at the 2021 Fall Membership Meeting.

Goals and Strategic Outcomes

The PPCoC is committed to working on three goals separately through measurable objectives:

Make homelessness **rare** by reducing the inflows of people who experience homelessness into the region.



- Decrease the number of homeless people who are experiencing unsheltered homelessness,
- Increase community bed utilization of transitional housing beds,
- Reduce first time homelessness, and,
- Address racial disparities by reducing first time homelessness among black, indigenous, and persons of color (BIPOC).

Make homelessness **brief** by reducing the duration of time people spend in temporary shelter or unsheltered.



- Reduce length of time people experience homelessness in emergency shelter,
- Reduce length of time prior to housing move-in,
- Increase exits of unsheltered people to permanent housing by street outreach, and,
- Increase exits of unsheltered people to safe, temporary shelter by street outreach.

Make homelessness **nonrecurring** and one-time by improving system outcomes to permanent housing solutions.



- Decrease returns to homelessness from emergency shelter,
- Increase employment for people who exit homeless programs,
- Increase public benefits for people who exit homeless programs,
- Increase the overall successful placement of homeless people into permanent housing, and,
- Increase retention of permanent housing solutions.

PPCoC Goals and Objectives

National Alliance to End Homelessness – System Design Clinic

The PPCoC is dedicated to using measurable objectives to inform funding decisions, policies and procedures, and crucial activities on how best to end homelessness in the Pikes Peak Region. The PPCoC lead agency, Community Health Partnership (CHP), contracted with the National Alliance to End Homelessness (NAEH) to conduct a System Design Clinic in January 2021. Over 40 community stakeholders and leaders participated in a two-week planning clinic to discuss the impacts of homelessness in the geographic region and help lead the direction of the Strategic Plan.

The System Design Clinic was informed by homelessness data reported by the PPCoC out of the Homeless Management Information System (HMIS) and Federal homelessness reporting. In addition, the NAEH conducted community surveys on the homeless response system, which were completed by community leadership, direct homeless service providers, and people who were experiencing homelessness. The NAEH received 85 survey responses, of which, more than 40% were from people who reported they were literally homeless.

Findings from the PPCoC homelessness data and public surveys discovered that the PPCoC had an incomplete picture of homelessness. The key takeaway was homeless services needed to be more strategically directed and measured to meet the PPCoC’s mission of ending homelessness in the region.

From the System Design Clinic, the PPCoC Board of Directors set on a path to identify ways to accurately tell the story of homelessness in the Pikes Peak region and track the success of homeless activities in the community. The PPCoC Board of Directors decided on using System Performance Measures to create strategic objectives and measure success.

System Performance Measures

In developing the Strategic Plan, the PPCoC created clear objectives, which are directly linked to PPCoC performance and evaluated through the U.S. Department of Housing and Urban Development (HUD) reporting known as, ‘System Performance Measures’ or SPMs. The SPMs create a narrative for communities to measure how homelessness changes over time and includes well-known community measurements such as the annual Point in Time count measuring number of homeless people who are unsheltered, in emergency shelter, or transitional housing on the last Sunday night in January.

The PPCoC Board of Directors reviewed the SPMs from HUD Fiscal Year 2020, which measures the PPCoC performance between October 1, 2019 – September 30, 2020. From the 2020 SPMs, the PPCoC put together key measurable objectives that address each goal and can be tracked over time. Through reviewing the SPMs, 13 measurable objectives were identified and linked to each goal.

All CoC Federal reporting, including SPMs, are shared publicly online through the CHP website: <https://www.ppchp.org/homelessness/coc-reports-and-resources/>

Community Voice

The Strategic Plan sought to include community voice in the process to help make recommendations on the PPCoC Strategic Plan. The PPCoC held two public comment meetings through the Coalition for Homeless Advocates and Providers (CHAP) network on September 9, 2021 and October 14, 2021. An anonymous public comment box was made available online through CHP’s website for a 30-day period from September 9th – October 8th, 2021. Public input was further sought through email requests using the CHAP Listserv, which has over 450 email addresses including persons experiencing homelessness.

PPCoC Goals and Objectives

Objectives

The PPCoC Board met in May and June 2021 and used the findings from the NAEH System Design Clinic and the 2020 SPMs to draft at least four measurable objectives to each goal as outline below:

Goal 1: Make homelessness **rare** by reducing the inflows of people who experience homelessness into the region.

Objective 1.1: Decrease the unsheltered homeless count for the Point in Time by **10%**.

Objective 1.2: Achieve bed utilization for transitional housing at **90%** or greater.

Objective 1.3: Achieve a **15%** reduction in First Time homelessness.

Objective 1.4: Reduce first time homelessness for black, indigenous, and people of color (BIPOC) by **25%**.

Goal 2: Make homelessness **brief** by reducing the duration of time people spend in temporary shelter or unsheltered.

Objective 2.1: Reduce length of time persons are active in ES programs to fewer than **60-days**.

Objective 2.2: Reduce length of time prior to housing move-in to fewer than **120 median days**.

Objective 2.3: Increase exits to permanent housing from street outreach by **5%**.

Objective 2.4: Increase exits into temporary/Institutions from street outreach by **10%**.

Goal 3: Make homelessness **nonrecurring** and one-time by improving system outcomes to permanent housing solutions.

Objective 3.1: Decrease homeless returns to fewer than **20%** within six-months of stays from emergency shelter.

Objective 3.2: Increase cash earned benefits for system leavers to more than **20%** for all leavers.

Objective 3.3: Increase non-cash benefits for system leavers to more than **40%** for all leavers.

Objective 3.4: Increase successful exit placements into permanent housing to **20%** of all exits.

Objective 3.5: Achieve retention of permanent housing at **90%** or greater.

Implementation

The PPCoC Strategic Plan will be in effect as of October 29, 2021, following the public release of the Strategic Plan at the 2021 Fall PPCoC Membership Meeting. The PPCoC Board will be responsible for messaging the Strategic Plan publicly and meeting with leadership stakeholders in the community to communicate the Strategic Plan.

In addition, the PPCoC will hold specific focus groups and communication opportunities for key constituents who may be impacted or can best inform the Strategic Plan including local government officials, homeless service providers, businesses, faith-based groups, regional non-profits, and, most importantly, people with living or lived homeless experience.

Evaluation

The PPCoC Board of Directors meets monthly and will review the Strategic Plan goals and objectives at least quarterly. The PPCoC Board will report back to the CoC Membership at least twice a year during the bi-annual PPCoC Membership Meetings in the Spring and Fall. The PPCoC will continue to accept public input and feedback during the Membership Meetings to inform progress and next steps in reaching all three goals. CHP will continue to post SPMs publicly online and will create a data dashboard to review success of the strategic plan, which will be updated at least quarterly to show progress in achieving all 13 measurable objectives.

PPCoC Goals and Objectives

Goal 1: Make homelessness **rare** by reducing the inflows of people who experience homelessness into the region.

Objective 1.1: Decrease the unsheltered homeless count for the Point in Time by **10%**.

Objective 1.2: Achieve bed utilization for transitional housing at **90%** or greater.

Objective 1.3: Achieve a **15%** reduction in First Time homelessness.

Objective 1.4: Reduce first time homelessness for black, indigenous, and people of color (BIPOC) by **25%**.

Summary

Homelessness can impact anyone. Often, homeless response systems are setup to be reactionary. The PPCoC strives to be proactive in identifying households who are risk of homelessness before they are at the critical stage of losing housing by using important interventions like homeless diversion, prevention, and transitional housing to make homelessness rare. In addition, the PPCoC acknowledges the long-standing institutional barriers imposed upon traditionally oppressed races and ethnicities. By targeting resources in a racially equitable way and having dialogue and listening to community leaders supporting black, indigenous, and people of color (BIPOC), the PPCoC hopes to dramatically reduce first time homelessness among racially marginalized populations in El Paso County.

Objective 1.1: Decrease the unsheltered homelessness for the Point in Time by **10%**.

Actions	Responsible Party	Strategic Activities
Create a flexible community fund and leverage existing funding sources	City of Colorado Springs	Creation of community flex fund and leverage existing funding sources (TANF, CDBG, mainstream resources, etc.)
	El Paso County	
	Private funders	
	Pikes Peak Veteran Housing Fund	
Develop best practices for street outreach to connect to Emergency Shelter providers and CE Housing services	Community Health Partnership	Conduct trainings and develop best practices for community street outreach
	Emergency Shelters providers	
	CSPD HOT	
	CSFD HOP	
Promote Emergency Shelter bed availability	Street Outreach providers	Increase utilization of emergency shelter beds
	City of Colorado Springs	
	Emergency Shelter providers	
Coordinate discharge planning with institutions	City of Colorado Springs	System mapping of discharge planning
	CoC Board - Communication Strategy	
	Emergency Shelter providers	
	Community Health Partnership	
	Foster care system	
	Assisted living/skilled nursing facilities	
Hospitals/health care facilities		
Criminal justice institutions		

PPCoC Goals and Objectives

Collaborate with Coordinated Entry on housing vacancies and prioritize unsheltered, chronic homeless households	Street Outreach providers	Increase in number of vulnerable households identified for housing in CE
	CoC Participating Agencies	
	Coordinated Entry System	

Objective 1.2: Achieve bed utilization for transitional housing at **90%** or greater.

Actions	Responsible Party	Strategic Activities
Improve relationship between CoC and TH housing providers	CoC Board	Brief created on benefits of using HMIS for program tracking
	Community Health Partnership	
	HMIS Lead	
Increase adoption of HMIS among all TH providers	CoC Board - HMIS AAA Committee	Increase number of TH beds captured in HMIS
	Transitional Housing providers	
	City of Colorado Springs	
	HMIS Lead	
Identify additional funding for HMIS	Community Health Partnership	HMIS funding increased to increase participation
	HMIS Participating Agencies	
	City of Colorado Springs - ESG funds	
	CO Department of Local Affairs - ESG funds	
Promotion of TH vacancies that support Housing First through Coordinated Entry	CoC Ranking and Prioritization Committee	Increase the number of TH providers using Housing First
	Coordinated Entry System	
	CoC Board - Communication Strategy	
	HMIS Lead	
	Coalition for Homeless Advocates and Providers	

Objective 1.3: Achieve a **15%** reduction in First Time homelessness.

Actions	Responsible Party	Strategic Activities
Promote Homeless Diversion and Prevention funds	CoC Board - Communication Strategy	Message availability of homeless diversion and prevention funds publicly
	Coordinated Entry System	
	Public funders (City of COS, DOLA)	
	Community Health Partnership	
Utilize new funding sources	Coordinated Entry System	Number of new funders increased
	Local Governments (City/County/DOLA)	
	Community Health Partnership	
	Public Housing Authorities	

PPCoC Goals and Objectives

Communicate funding opportunities (ie. ERA/EHAP)	Apartment Association of Southern Colorado (AASC) Local Governments (City/County/DOLA) CoC Board - Communication Strategy Community Health Partnership Landlords	Track incoming funding and messaging brief on funding opportunities including FAQ
Develop stronger relationships between service providers and landlords through landlord engagement	Housing Navigation service providers Landlords and property managers Community Health Partnership AASC Landlord incentive funders (public and private)	Established meetings held between service providers and landlords and educational events to inform landlords of available resources
Partner with community providers offering financial assistance and relief to low-income households	CHP Pikes Peak United Way El Paso County Department of Human Services Faith-based organizations (such as Mercy's Gate) Community non-profits (such as Tri-Lakes Cares)	Newly formed partnerships with agencies addressing poverty

Objective 1.4: Reduce first time homelessness for black, indigenous, and people of color (BIPOC) by **25%**.

Actions	Responsible Party	Strategic Activities
Conduct analysis of homeless data by race and ethnicity	Built for Zero Community Team Homeless Youth provider (The Place) Homeless Veteran provider (RMHS, VOA, VA) Homeless Family provider (Family Promise, Catholic Charities, TESSA) Colorado Community Health Alliance HMIS Lead	Utilize public facing dashboards and Built for Zero data on month-to-month homelessness to track homelessness by race/ethnicity
Education on poverty and systematic challenges faced by marginalized, vulnerable sub-populations overrepresented in homelessness data	CoC Board - Communication Strategy Council Advisory on Veteran Homelessness (CACVH) Youth Advisory Board (YAB)	Create report on racial inequities and racial equity using historic context and homeless data
Review access points for Coordinated Entry	Coordinated Entry System VI-SPDAT administering agencies Non-traditional housing partners (ie. School districts) YAB	Evaluate access points for administering housing needs assessment

PPCoC Goals and Objectives

<p>Include marginalized subpopulations and persons with lived experiences in funding decision making processes</p>	<p>CoC Board - Communication Strategy CoC Board - Membership on Board Collaborative Applicant - CHP YAB</p>	<p>People with lived experience are included in the CoC R&P Committee decision making process</p>
<p>Hold community dialogue and listening events with community programs that respond to BIPOC to inform CoC activities</p>	<p>CHP Colorado Springs Human Relations Commission Hispanic/Latin-x led organizations (such as Voces Unidas Justice) Black/African American led organizations (such as NAACP Colorado Springs) American Indian/indigenous led organizations (such as Haseya Advocate Program, White Bison, One Nation)</p>	<p>Develop at least two (2) strategies to create more inclusive housing process based on feedback from community dialogues ethnicity</p>

PPCoC Goals and Objectives

Goal 2: Make homelessness **brief** by reducing the duration of time people spend in temporary shelter or unsheltered.

Objective 2.1: Reduce length of time persons are active in ES programs to fewer than **60-days**.

Objective 2.2: Reduce length of time prior to housing move-in to fewer than **120 median days**.

Objective 2.3: Increase exits to permanent housing from street outreach by **5%**.

Objective 2.4: Increase exits into temporary/Institutions from street outreach by **10%**.

Summary

Homelessness is an individualized experience. Whether you are a runaway homeless youth, military veteran, family fleeing domestic violence, or individual adult, everyone has their own path to safe and stable housing. The PPCoC is dedicated to reducing the length of time people experience homelessness by directing emergency services, such as street outreach and temporary shelter, to permanent housing solutions. Factors like disabling conditions, evictions, job loss, and medical crises can exacerbate the homeless experience and make housing opportunities scarce. Best practices such as Coordinated Entry and Housing First case management can help reduce the length of time it takes to connect individuals, youths, and families who are homeless to permanent housing.

Objective 2.1: Reduce length of time persons are active in ES programs to fewer than **60-days**.

Actions	Responsible Party	Strategic Activities
Timely and accurate exit data from emergency shelters	HMIS Lead CoC Board - HMIS AAA Committee Emergency Shelter providers City of Colorado Springs CoC Board - Monitoring Committee	Review data quality reports and track reduction in average length of stay
Identify funding gaps in homeless response system	Local Governments CoC Board CHP	Complete and review the Coordinated Investment Planning tool
Communicating CoC Standards of Care as best practice	CoC Board - Policies and Procedures City of Colorado Springs CoC Board - Communication Strategy	Increased utilization of emergency shelter beds
Housing First case management	Emergency Shelter providers Community Health Partnership CoC Board - Communication Strategy	Provide community training on Housing First principles
Prioritize Rapid Re-Housing housing interventions	Coordinated Entry Systems City of Colorado Springs CoC Board - Communication Strategy	Increase number of rapid re-housing placements
Partner with criminal justice system	El Paso County and Courts City of Colorado Springs and Courts HMIS Lead	Coordinate discharge planning from criminal justice systems

PPCoC Goals and Objectives

Objective 2.2: Reduce length of time prior to housing move-in to fewer than **120 median days**.

Actions	Responsible Party	Strategic Activities
Evaluate Coordinated Entry through a CE Advisory Committee to increase housing placement rates through CE	Coordinated Entry System CoC Board - CE Advisory Committee Community Health Partnership CE Access Points	Decrease length of time from identification to housing to fewer than 120 days
Increase the number of landlords who accept housing vouchers	Community Health Partnership City of Colorado Springs Private grant funds AASC	Provide opportunities to engage and incentivize landlords
Assist households with document readiness to ensure timely housing placement by connecting to community supports for identification gathering	CoC Board - CE Advisory Committee El Paso County DHS Local Governments (City/County/DOLA) VI-SPDAT Access Points	Measure and increase the number of people who are document ready
Landlord engagement	CHP City of Colorado Springs AASC	Advocate for policy changes on background checks to minimize barriers to housing placements

Objective 2.3: Increase exits to permanent housing from street outreach by **5%**.

Actions	Responsible Party	Strategic Activities
Improve storing of household essential documents in HMIS to help with timely housing placements	Street Outreach providers El Paso County DHS Coordinated Entry System HMIS Lead	Create a checklist of housing documents and increase utilization of HMIS for storing
Prioritize unsheltered homelessness through Coordinated Entry	Coordinated Entry System CoC Board - CE Advisory Committee Street Outreach providers	Increase numbers of placements from unsheltered population in CE
Increase referral connections to local service providers through street outreach	Street Outreach providers Regional Care Coordinators for Health First Colorado Medicaid El Paso County DHS Behavioral health providers	Increase number of referral services in HMIS by street outreach providers
Use of Diversion funds and creating policies and procedures to connect service providers to flexible funds	Community Health Partnership Private funders Public funders (City of COS, DOLA)	Adoption of homeless diversion funds targeted for unsheltered homeless
Ensure City of Colorado Springs and El Paso County prioritize affordable housing construction and rehabilitation	CoC Board City of COS/El Paso County Housing development partners	Provide recommendations to the City of Colorado Springs on new funding, construction, and rehabilitation

PPCoC Goals and Objectives

Objective 2.4: Increase exits into temporary/Institutions from street outreach by **10%**.

Actions	Responsible Party	Activities
Coordinate discharge with criminal justice institutions	Criminal justice institutions Office of Behavioral Health Coordinated Entry System CSPD HOP Program HMIS Lead Local conditional release providers (probation/parole)	Setup data sharing agreements to coordinate discharge planning
Coordinate discharge with healthcare institutions	Hospitals Recuperative care clinics Coordinated Entry System HMIS Lead Regional Health First Colorado Medicaid providers	Setup meetings and trainings to discuss data sharing agreements with healthcare partners
Create connections to Emergency Shelter providers	Street outreach providers Public service providers CoC Board - Communication Strategy Emergency shelter providers	Increase bed utilization for emergency shelters by encouraging unsheltered homeless to stay in ES
Create connections to Transitional Housing providers	Street outreach providers Public service providers CoC Board - Communication Strategy Transitional Housing providers	Increase bed utilization for TH by utilizing referral connections to TH
Promote and increase Homeless Diversion and Prevention funds	CoC Board - Communication Strategy Coordinated Entry System Public funders (City of COS, DOLA) Community Health Partnership	Message availability of homeless diversion and prevention funds publicly

PPCoC Goals and Objectives

Goal 3: Make homelessness **nonrecurring** and one-time by improving system outcomes to permanent housing solutions.

Objective 3.1: Decrease homeless returns to fewer than **20%** within six-months of stays from emergency shelter.

Objective 3.2: Increase cash earned benefits for system leavers to more than **20%** for leavers.

Objective 3.3: Increase non-cash benefits for system leavers to more than **40%** for leavers.

Objective 3.4: Increase successful exit placements into permanent housing to **20%** of all exits.

Objective 3.5: Achieve retention of permanent housing at **90%** or greater.

Summary

Ending homelessness in a community can only happen through permanent housing solutions. The PPCoC strongly believes that homelessness is not a choice and homeless solutions must be housing first focused. In addition, based on reporting from HUD, people who experiencing homelessness once are statistically at a higher risk of experiencing homelessness again. The PPCoC is determined to measure outcome data from homeless service programs to strategical prioritize funds to programs that reduce returns to homelessness and increase earned income and mainstream public benefits among program participants. The PPCoC will also prioritize funds for housing programs that avoid recapture of CoC funds and will monitor performance of funding recipients to track retention of permanent housing at time of program exit.

Objective 3.1: Decrease homeless returns to fewer than **20%** within six-months of stays from emergency shelter.

Actions	Responsible Party	Strategic Activities
Improve visibility of emergency shelter outcome data	HMIS Lead Community Health Partnership Colorado HMIS Collaborative (COHMIS) Emergency shelter providers	Work with the Colorado HMIS Collaborative on developing data dashboards for outcome data
Housing placement from emergency shelters	HMIS Lead Public funders (City of COS, DOLA) CoC Board - Communication Strategy	Increase housing placement rate from emergency shelter providers by training on housing first principles
Improve data quality in HMIS through monthly data quality reporting and offering technical support to service providers	Community Health Partnership HMIS Lead HMIS Technical Training and Assistance COHMIS	Increase technical training and assistance support for HMIS users
Increase housing navigation support at emergency shelters	Emergency shelter providers CHP CoC Board - Communication Strategy	Increase the number of housing navigators working at emergency shelters

PPCoC Goals and Objectives

Objective 3.2: Increase cash earned benefits for system leavers to more than **20%** for leavers.

Actions	Responsible Party	Strategic Activities
Improve connection to job ready programing	Workforce/vocational rehab providers El Paso County DHS Supportive Service Providers	Increase earned income and cash benefits through promoting and communicating job ready programs to households in need
Review System Performance Measures to evaluate programmatic success	CoC Board HMIS Lead Community Health Partnership	CoC Board review System Performance Measures quarterly
Recommendations from Youth Advisory Board (YAB) on experiences in connecting to job ready programming	CoC Board - YAB RHY Homeless Service Provider CoC Board - Communication Strategies	Adopt connections to persons with lived experience such as the YAB to offer recommendations
Provide community training on connection to job programming	CoC Board - Communication Strategies Community Health Partnership Workforce/vocational rehab providers Coalition for Homeless Advocates and Providers (CHAP)	Community training on connecting to job programming is provided

Objective 3.3: Increase non-cash benefits for system leavers to more than **40%** for leavers.

Actions	Responsible Party	Strategic Activities
Connection to mainstream resources	Workforce/vocational rehab providers El Paso County DHS Regional Health First Colorado Medicaid Supportive Service Providers	Increase access and use of non-cash benefits such as health insurance, SNAP, TANF, etc.
Publicly display data on System Performance Measures to evaluate programmatic success	CoC Board HMIS Lead Community Health Partnership	Data dashboard is available on PPCoC webpage and updated quarterly.
Recommendations from Youth Advisory Board (YAB) and persons with lived experience	CoC Board – YAB RHY Homeless Service Provider CoC Board	People with lived experience provide input for homeless service delivery
Provide community training on connection to job programming	CoC Board – Communication Strategies Community Health Partnership	Community training on connecting to job programming is provided

PPCoC Goals and Objectives

	El Paso County DHS Coalition for Homeless Advocates and Providers (CHAP)
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Objective 3.4: Increase successful exit placements into permanent housing to **20%** of all exits.

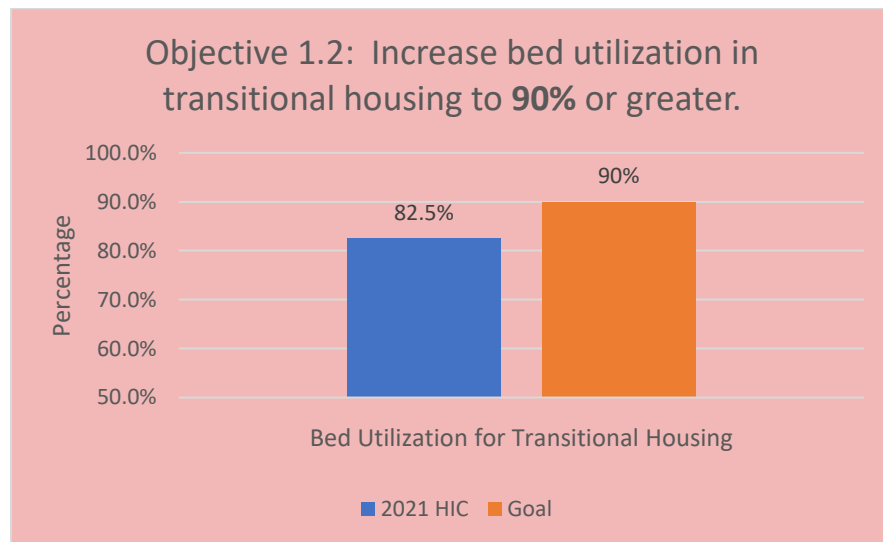
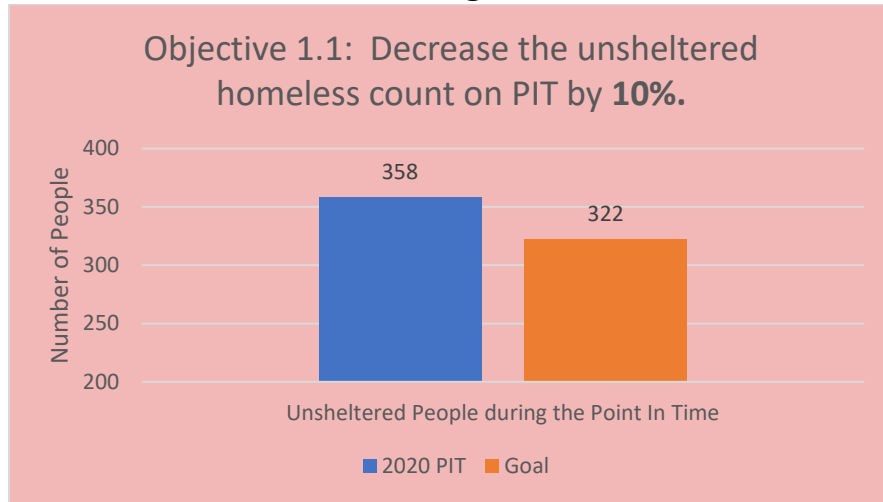
Actions	Responsible Party	Strategic Activities
Monitor agencies receiving CoC funding annually to ensure effective use of funding	CoC Board - R&P Committee CoC Board - Monitoring Committee Community Health Partnership U.S. Department of Housing and Urban Development (HUD)	Develop and maintain CoC Committees to monitor agencies and serve on the Ranking and Prioritization Committee
Publicly display data on permanent housing exits.	CoC Board HMIS Lead Community Health Partnership	Data dashboard is available on PPCoC webpage and updated quarterly.
Create monitoring policies and procedures with directed action plans	CoC - Monitoring Committee Community Health Partnership CoC funding recipients	Agencies who are not performing effectively are given technical assistance, performance plans, and strategies to improve
Recommendations from Youth Advisory Board (YAB) and persons with lived experience on homeless service delivery	CoC Board - YAB RHY Homeless Service Provider CoC Board	People with lived experience provide input for homeless service delivery

Objective 3.5: Achieve retention of permanent housing at **90%** or greater.

Actions	Responsible Party	Strategic Activities
Develop a move-on strategy	CoC Board CoC funding recipients Coordinated Entry System CoC Board - Monitoring Committee	Increase permanent housing openings by maximizing self-sufficiency in housing
Create connections to ongoing financial assistance after housing subsidies end	Private Funders Public Funders (City of COS, DOLA) Landlords/Property Managers CoC Board - R&P Committee	Increase the use of and funding for shallow subsidies such as emergency housing assistance
Utilize new HUD funding opportunities (such as Emergency Housing Vouchers or EHV's)	Public Housing Authorities Community Health Partnership Mainstream benefit providers Coordinated Entry System	Maximize new 'Emergency Housing Vouchers' in collaboration with PHAs

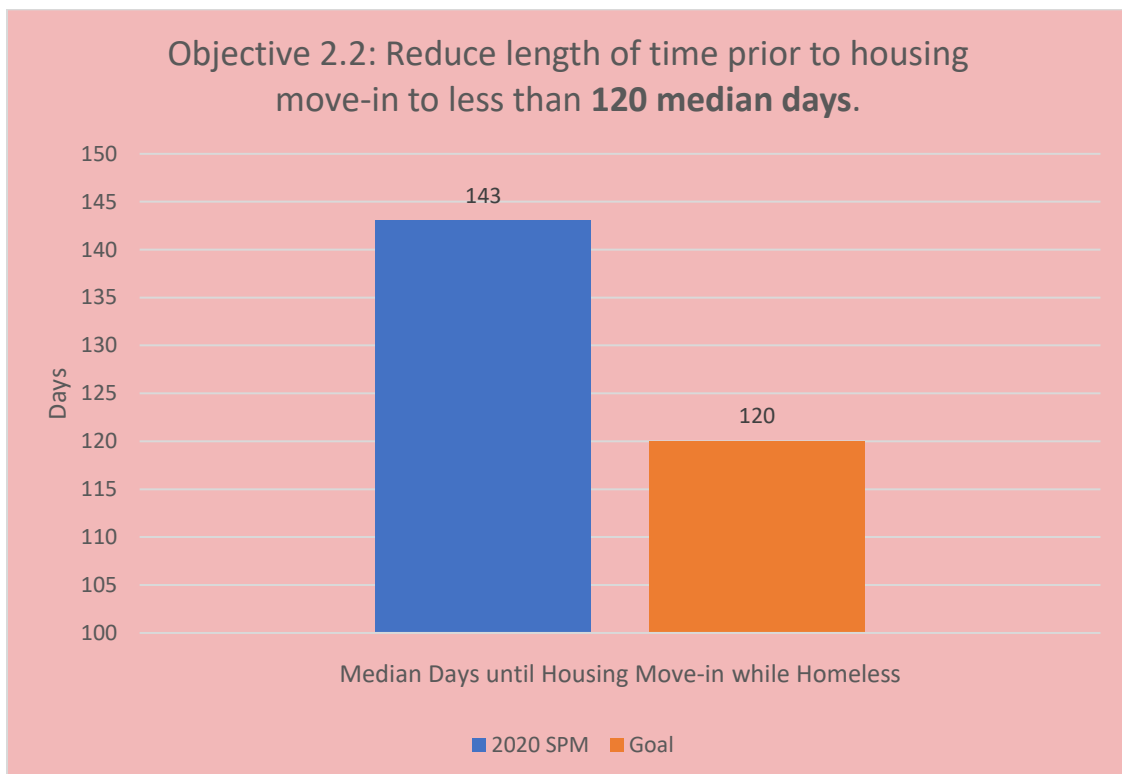
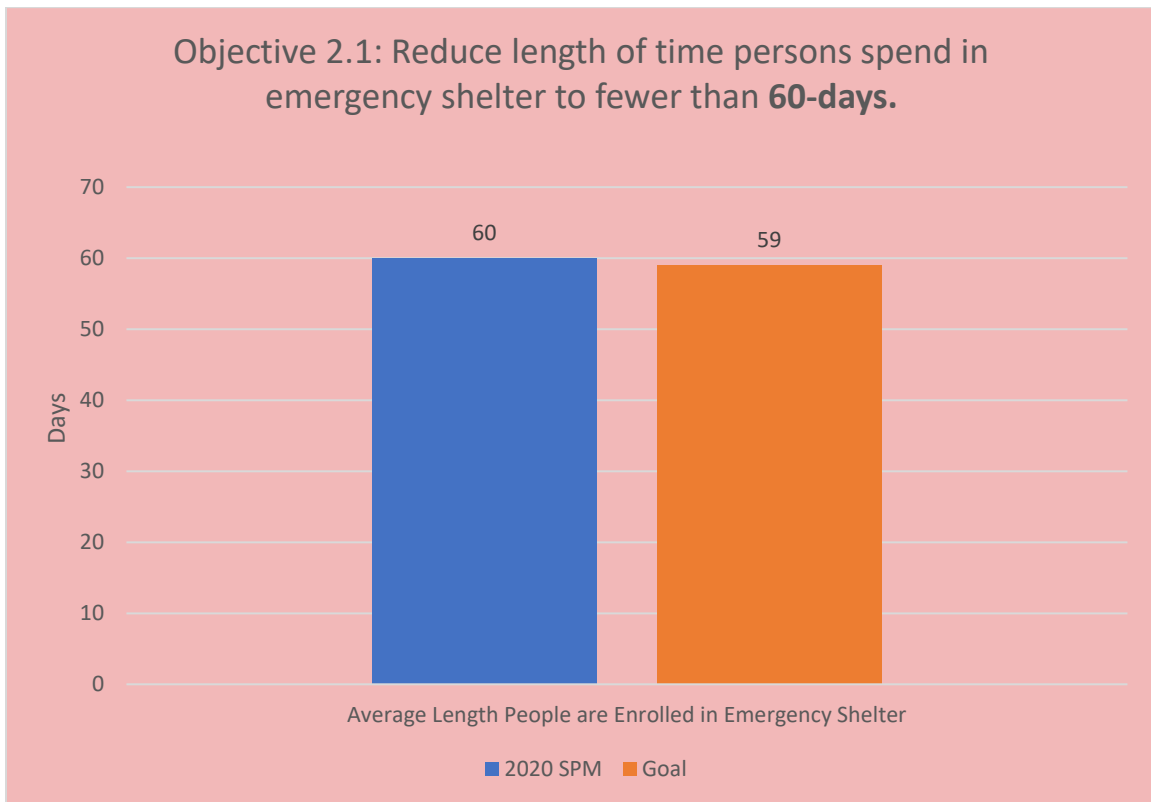
PPCoC Goals and Objectives

Goal 1: Make homelessness **rare** by reducing the inflows of people who experience homelessness into the region.



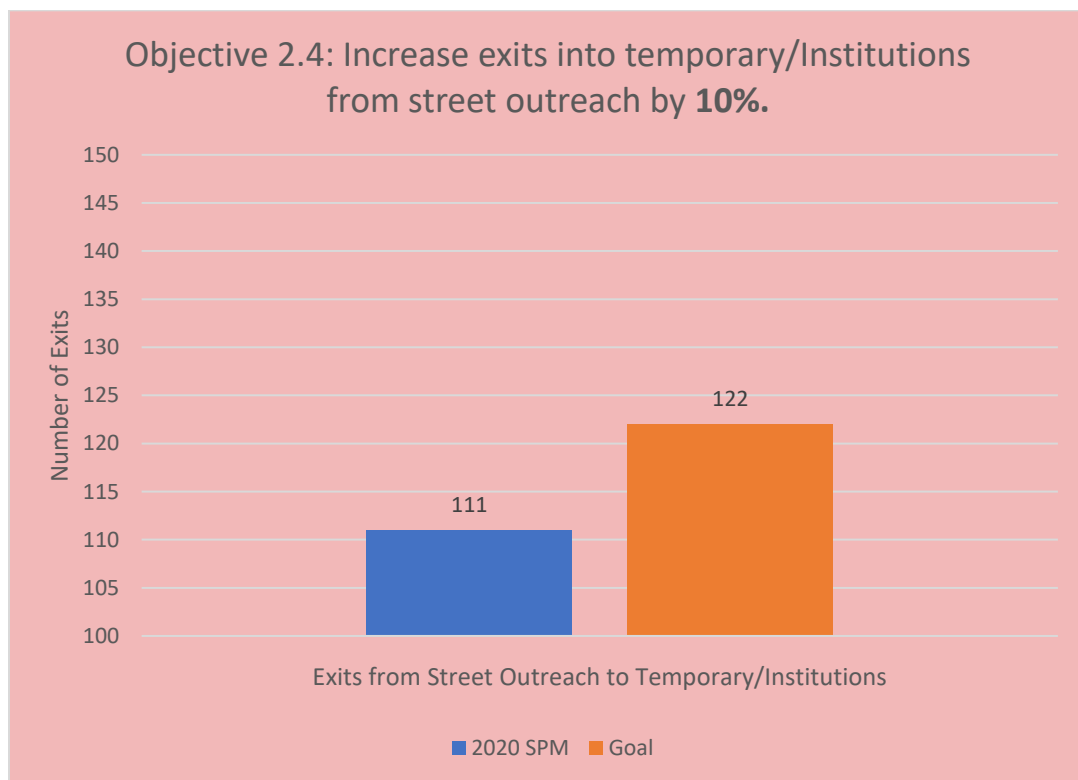
PPCoC Goals and Objectives

Goal 2: Make homelessness **brief** by reducing the duration of time people spend in temporary shelter or unsheltered. (Page 1)



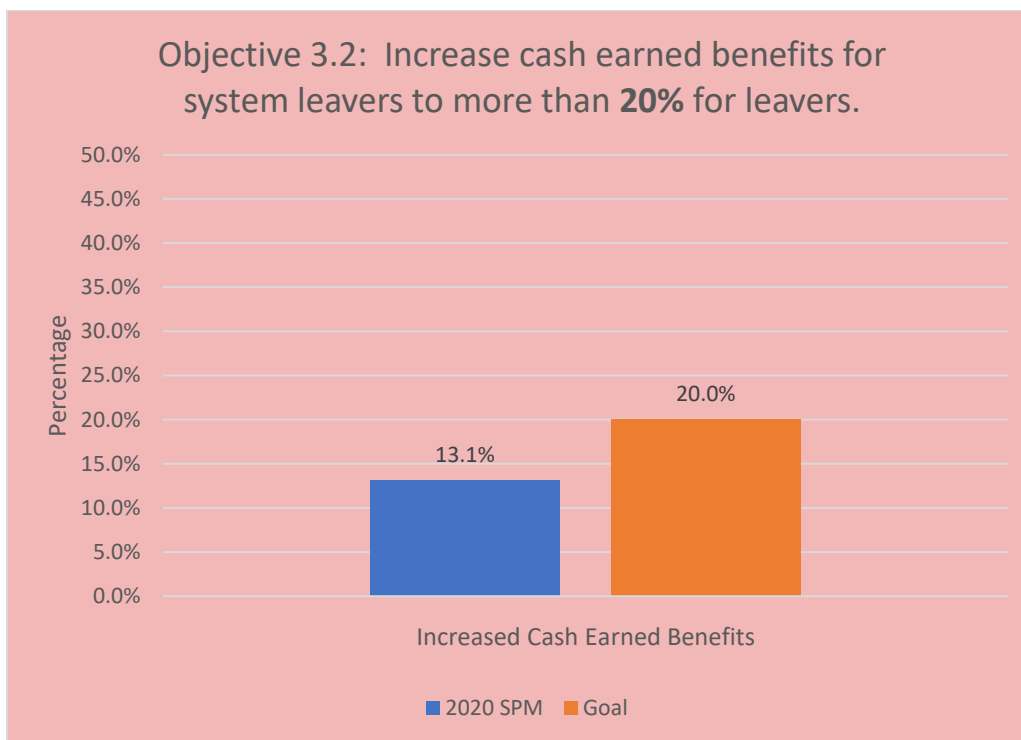
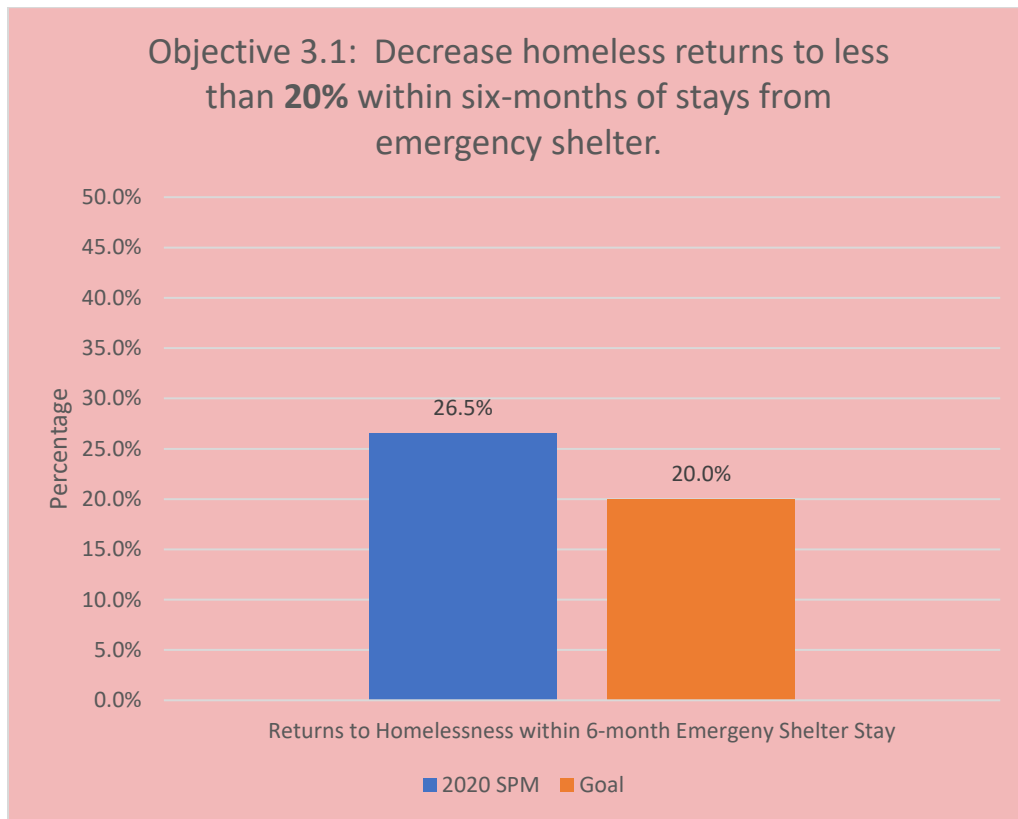
PPCoC Goals and Objectives

Goal 2: Make homelessness **brief** by reducing the duration of time people spend in temporary shelter or unsheltered. (Page 2)



PPCoC Goals and Objectives

Goal 3: Make homelessness **nonrecurring** and one-time by improving system outcomes to permanent housing solutions. (Page 1)



PPCoC Goals and Objectives

Goal 3: Make homelessness **nonrecurring** and one-time by improving system outcomes to permanent housing solutions. (Page 2)

