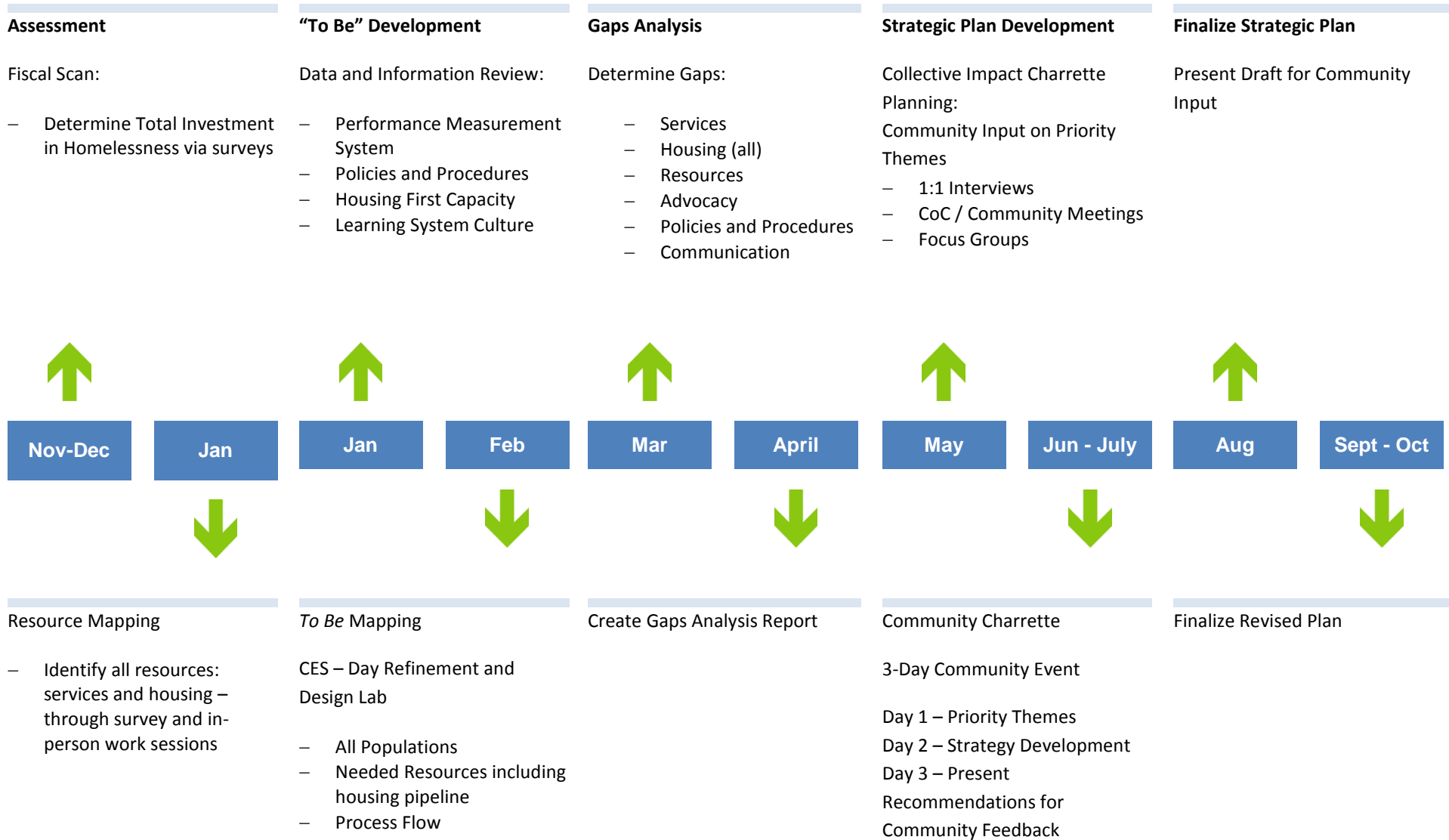


Palm Beach County Strategic Planning Process Overview

Phase	Activities/Issues	Timeline
Assessment – What funding is currently being invested in the community to end homelessness, what services are currently being provided, and what impact are those investments and services having	<ul style="list-style-type: none"> Fiscal Scan: Determine current total financial investment in Homelessness and what the investment is funding. This will include local, state, and federal dollars as well as philanthropic/individual funding. Resource Mapping: Identify all resources that are being utilized by individuals and families moving from homelessness to stable housing. This will include “in-kind” services. <p>The fiscal scan and resource mapping will be conducted through surveys and an in-person community resource mapping work session</p>	Nov 2017 – Jan 2018
“To Be” Development – What the community wants the system to look like and how it should work	<ul style="list-style-type: none"> Data and Information Review: Performance Measurement System (what outcomes are being set, what data is collected and how is it used to show positive movement toward the goal of ending homelessness) Policies and Procedures (are there clear, written community vetted policies and procedures in place on standards of care, coordination of resources, prioritization of housing interventions, etc.) Housing First Capacity (are the necessary components in place for the community to fully implement a Housing First model) Learning System Culture (is the system learning from its data, from those with lived experience and from front line workers providing direct service to those in need) CES – Refinement Lab –using the data and information review and community input, refine the CES process to meet the needs of all homeless populations 	Jan 2018 – Feb 2018
Gaps Analysis – Where are the strengths in the system that need to be expanded and where in the system has there not been enough investment to meet the current and projected need	<ul style="list-style-type: none"> Determining gaps in investment for what works well to move those experiencing homelessness into stable housing as quickly as possible. Determining the gaps in resources (what’s missing in the system – are there populations that have been underinvested in; are there communication gaps between funders and providers, between clients and providers, etc.) 	Mar 2018 – April 2018
Strategic Plan Development – Development of priority areas and strategy development through multiple community input sessions	<ul style="list-style-type: none"> Collective Impact Charrette Planning: Identifying priorities through interviews, community meetings, and focus groups Community Charrette: 3-Day Community Event <ul style="list-style-type: none"> Day 1 – Community Conversations around Priorities Day 2 – Strategy Development for each priority area Day 3 – Present Preliminary Recommendations from Days 1&2 for Community feedback 	May 2018 – July 2018
Finalize Strategic Plan	<ul style="list-style-type: none"> Present Strategic Plan Draft for Community feedback Revise Plan based on feedback Finalize Plan 	Aug 2018 – Oct 2018

PBC Strategic Planning Timeline



Community Work Sessions Summary – January 30-31, 2018

The **purpose** of bringing the community together to map out current resources utilized for those experiencing homelessness was multi-fold:

1. To ensure that everyone knows what resources are available and how to access them
2. To add to the ongoing GAPS Analysis – identifying what additional resources and services are needed
3. To begin identifying who else needs to be at the Resource Table from outreach/engagement to sustainable housing where individuals and families can thrive.

The following are the comments, suggestions, identified gaps and lists of potential partners for each area discussed during the community meeting.

❖ **Outreach:**

Comments, Suggestions and Identified Gaps

1. Transportation is needed for the homeless to get to the Lewis Center
2. Additional mapping of outreach services from all agencies is needed to identify what areas are covered and to better coordinate the outreach services across organizations
3. Additional outreach workers with knowledge in mental health are needed
4. Additional shelter resources are needed for couples
5. Peer specialists are needed to go out with the outreach workers

Potential Partners:

1. Faith-based organizations
2. Law Enforcement
3. Justice System
4. Hospitals
5. Healthcare centers

❖ **Assessment / Intake**

Comments, Suggestions and Identified Gaps

1. Need to migrate to progressive assessment rather than one-shot assessment
2. Concrete discharge planning needs to take place at hospitals, jails, and at shelters
3. Additional staff is needed to assist persons with disabilities to complete intake forms and collect needed housing documentation
4. A plan needs to be developed to share data across intakes to reduce duplication and frustrations for the clients
5. Additional training is needed to better understand how to best assist harder-to-engage clients
6. Peer specialists are needed to assist with the assessment and intake process
7. There is a need to expand the centralized system to all populations
8. The community needs to explore having an additional one-stop shop.

Potential Partners:

1. Law Enforcement
2. Hospitals

❖ **Services**

Comments, Suggestions and Identified Gaps

1. Funding for additional case managers is needed
2. There is a need to increase services for undocumented persons
3. Additional Mental health services are greatly needed
4. There is not enough transportation funding for those experiencing homelessness and trying to find and maintain housing

Potential Partners:

1. Community civic groups as volunteers
2. Hospitals as a funder of case managers, ACT and/or ICM teams
3. Mental health providers across populations (may not serve only homeless, but can serve the homeless)

❖ **Housing**

Comments, Suggestions and Identified Gaps

1. Additional housing is needed from crisis beds/bridge housing to supportive housing to low, low, income affordable housing for seniors, youth and veterans
2. Medical respite beds are needed
3. SROs/Boarding houses are needed in the portfolio of housing

Potential Partners:

1. Housing Developers
2. Communities of Faith
3. Business Community – Chamber of Commerce
4. Real Estate Associations
5. ALFs
6. Hospitals – could pay for respite beds
7. Hotel owners – possibilities for purchasing and renovating
8. Experts in micro units, tiny houses

The following is a table of issues that were prioritized by the attendees of the Community Work Sessions:

Community participants generated the following gaps and were asked to prioritize the gaps by placing a “1” beside it (indicating it as a top priority for the community to tackle right away) or a “2” beside it (identifying it as the 2nd most important area to tackle right away). Top priorities are in **bold**.

Gaps	1's	2's
Additional Mental Health Services to bridge the Gap – length of time to be evaluated by psychiatrist	19	10
Housing Stabilization Services: Insufficient case managers to provide housing focused case management	7	7
Lack of supported / pre-employment options for homeless populations / people with disabilities	8	4
Lack of services for people with developmental disabilities (15,000 person waiting list)	1	
SA Residential – Gap in time that bed is available when the person is ready to say yes!	14	6
RRH – Insufficient # of case managers to provide RRH case management services	15	10
RRH – insufficient # of family slots for RRH	5	13
PSH – Insufficient # of PSH beds across all populations	19	9
PSH – insufficient # of PSH beds for DV clients	4	2
PSH – insufficient # of PSH beds for families & Youth	6	8
Adults w/ Mental disabilities are living w/ aging care givers who may die and they will be homeless – insufficient PSH beds for the adult children	2	2
Other systems need to do their functions (behavioral health / substance abuse / medical	7	7
Need more peer specialist for outreach and housing stabilization	1	5
Need more camp access for DV after eligibility period closes	1	2
More prevention services	15	3
Flex funds for operation & maintenance for youth and seniors		2
Cross system collaboration	6	1
Housing for couples		5
Assistance w/ gathering documents needed to enter system	3	5
Non-traditional family services		
Peer counseling for youth	6	4
More flexibility for youth under 18 in services offered	1	4
Healthcare for seniors	2	
Need a primary entity for seniors		
Need Adult protective services for seniors		2
Need creative ideas to house seniors	3	4
Building Capacity among providers - all	7	7
Medical Respite beds	12	7
Community Awareness	5	5

Shelter beds for homeless with medical conditions	5	4
Lack of cross-system agencies for youth	2	6
Shelter Beds for youth	9	12
Crossover services for youth		5
Transportation for youth because of bus times or location restrictions	1	3
Family finders for seniors and youth		4
Considering medical fragility in prioritization		1
Not enough case managers for youth	8	14
Lack of mental health case managers for youth	8	15
AH – Need more Family Housing	11	4
Gap in access to housing vouchers (PHA) to move on	5	3
Affordable housing for youth, families, seniors, everyone	42	13
Need more peer specialists to assist folks in PSH	2	7
Need more senior/disability supportive housing	12	9