901 Home Together:

Strategic Plan to End Homelessness in Memphis and Shelby County

Approved June 2023

Community Alliance
FOR THE HOMELESS

2022-2023 Governing Council

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Alpha Omega Veterans Services, Inc.
America Works of Tennessee
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Behavioral Health Intitatives
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Case Management Incorporated
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Friends For Life
FTP Nonprofit
Heal 901
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Juice Orange Mound
Lebonheur Children's Hospital
Lisieux Community
Memphis Area Legal Services
Memphis Health Cooperative-West Memphis
Medical District Collaborative
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OUTMemphis
P.E.A.R.L. With You, LLC
Persevere
Promise Development
PURE Youth Athletics Alliance
Room in the Inn- Memphis
Restore Corps
The Salvation Army Memphis
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Shelby County Division of Community Services
Shield
Sisters Empowering Girls Home
St. John's Community Services (SJCS)
The Chynetha K Beck Foundation-Peanut's House, Inc.
Thistle and Bee
United Way of the Mid South
Urban Family Ministries
Veteran Affairs Memphis
Victorian Village Inc.
Community Development Corp.
We Are Family CDC
Women's Advocacy Center

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Introduction

The Memphis/Shelby County Homeless Consortium is the voluntary association that provides leadership, services, advocacy, and information related to Memphis and Shelby County's homeless population. The mission of the Consortium is to develop, sustain and coordinate a comprehensive continuum of care for citizens of the City of Memphis and Shelby County who experience homelessness in order to establish pathways to self-sufficiency and ultimately to eliminate homelessness.

The Consortium has active members from many different sectors across Memphis and Shelby County including housing and service providers, local government, churches and faith-based organizations, mental health organizations, affordable housing developers, educational systems, medical providers, and advocates. The Consortium meets quarterly, and has several open committees and working groups that meet more regularly to focus on specific populations or services provided by member agencies.

The Consortium serves as the TN-501: Memphis/Shelby County Continuum of Care (CoC), designated by HUD as the group organized to carry out the responsibilities prescribed in the HEARTH Act for a defined geographic area. Responsibilities of the group include planning for, designating, and operating the CoC, designating and operating an HMIS (Homeless Management Information System), and designing and implementing the process associated with applying for CoC Program funds.

The Governing Council (the decision-making body of the Consortium) currently designates Community Alliance for the Homeless (CAFTH) to serve as the lead agency for the CoC. CAFTH provides staff support for the Consortium and its committees and is assigned other CoC duties, including serving as the HMIS Lead Agency and the Collaborative Applicant for agencies to receive CoC Program funds from HUD.

Approval and Annual Review

A draft of the plan outline was presented at the March 2023 Memphis/Shelby County Homeless Consortium Governing Council meeting and feedback was requested from attendees. Feedback was integrated into the next draft. The plan was approved unanimously by the Governing Council on **March 10, 2023.**

The Strategic Plan will be reviewed at least annually by the Homeless Consortium's Governing Council. Community Alliance for the Homeless as the designated CoC Lead Agency will provide reports on the plan's progress along with this review process. The Strategic Plan may be amended with a majority vote by the Governing Council.

Progress Since 2021

Description	Sec.
Secured $3.7 million in YHDP funding to end youth homelessness 75 FUP (Family Unification Program) + 25 FYI (Foster Youth to Independence) vouchers secured Created a Healthcare Committee for the Consortium Successfully implemented 901 STARR (Safer Transitions for At-Risk Residents) program to protect individuals exiting the criminal justice system during COVID Maintained new partnerships with mental health providers Formalized our Consortium's partnerships with healthcare and criminal justice by incorporating new members on Governing Council	1.1a
Successfully developed data sharing agreements with multiple external partners who did not previously use HMIS since 2021.	1.1b
Outreach Committee is incorporating critical time intervention practices through training provided by the consortium.	1.2a
Successfully awarded $3.7 million through HUD's Youth Homelessness Demonstration Program (YHDP), which provides funding for youth system planning and projects to reduce youth homelessness Created and sustained Youth Committee Created Families Committee Identified partners for Families Coordinated Entry 51 Emergency Housing Vouchers were successfully issued to people fleeing domestic violence The Memphis VA successfully reached goals for the 38k housing initiative.	1.2b
Creation of Outreach Committee to work on objectives within Goal 2 5 new Housing Navigators were added through the YHDP program Lead Agency joined a community-wide domestic violence council to meet with stakeholders and strengthen partnerships.	2.1a
Conducted first in-person Point in Time Count since COVID Reduced unsheltered homelessness per 2023 Pit Count data Submitted application to HUD for research grant regarding emergency shelter in our community.	2.2a
Launched Comparable Database to track clients fleeing violence while protecting identity and information Hired new Housing Navigator at Lead Agency	2.3a
Increased total Exits with Greater Income Dedicated positions for CoC Housing Navigator and Youth Housing Navigator in the Lead Agency Created Affordable Housing Committee for the Consortium Implemented Community Queue tool within Clarity HMIS to better track housing openings, referrals, and active enrollments Created and maintained landlord resource/Affordable Housing Page on website Redistributed funds from low-performing projects during local Rank and Review process Quarterly Performance Improvement Plan meetings were conducted regularly with partners; through goal-setting and review, partners have increased occupancy and improved services	2.4a
Post-COVID, launched a monthly training series to support PSH and RRH providers Hosted two Symposiums on Ending Homelessness providing CEUs and training opportunities Lead Agency consulted with over 30 CoCs about best practices	2.4b
Provided a training session on SOAR processes for individuals to access SSI/SSDI	3.1a
Added individuals with lived experience to Governing Council	3.2a
Incorporated regular evaluation of System Performance Measures and data to inform community practices	4.1a
Successful COVID-19 response	4.2a

Why the Update?

This year, our Continuum of Care Planning team here at Community Alliance for the Homeless worked to revamp the original strategic plan. Updates include:

- reformatting the 901HT layout by including action steps with check boxes next to them indicating completion to facilitate assessment of our progress toward each goal;
- implementing consortium-facing designations of community roles for each benchmark;
- overhauling the wording of each goal, strategy, and benchmark with a focus on specificity and clarity;
- implementing a “why” for each strategy in order to connect every strategy to a voiced or demonstrated need in our community; and
- aligning our community focus with the 2023 national plan from the US Inter-Agency Council on Homelessness.

Goal 1: Ensure Homelessness is a Rare Experience

Objective 1.1:

Collaboratively Build Lasting Systems that End Homelessness.

Strategy 1.1a:

Work proactively with publicly funded institutions and systems of care to develop and implement discharge policies that help prevent homelessness.

Why?

We have heard from our community about the way that the unsheltered or chronically homeless population interacts with and moves through these systems of care, and therefore we should focus on responding to these needs in a coordinated way.

Applicable Committees:

Families Committee
Healthcare Committee
HMIS Committee
CoC Planning Committee
Youth Committee

Benchmark 1:

Identify two or more systems of care (hospitals, inpatient programs, criminal justice, foster care) that have the most urgent need for support around discharge planning. Working within the appropriate committees, revise or draft formal policies and procedures for each system of care regarding discharge planning that meet the needs of represented service providers and the affected population.

Action Items:

- [x] Committee chairs devote time during monthly meetings to allow members to report on existing discharge procedures, and identify areas for improvement, or gaps in service.
- [x] Work collaboratively with the committees to draft or revise formal policies and procedures that meet the needs of service providers and the affected population.
- [ ] Ensure that the policies and procedures include a comprehensive assessment of the individual's needs, including physical and mental health, substance abuse, and housing, among others.
- [ ] Develop a system for ensuring that individuals exiting the systems of care are connected to appropriate living arrangements and wraparound services.
- [ ] Monitor and evaluate the implementation of the policies and procedures to ensure that they are achieving the desired outcomes.
- [ ] Share the results of your efforts with the community and other stakeholders to build support and encourage continued collaboration.

Goal 1: Ensure Homelessness is a Rare Experience

Objective 1.1:

Collaboratively Build Lasting Systems that End Homelessness.

Why?

When we are not receiving data from service providers in our community, it prevents our community from receiving funding to support their efforts.

Applicable Committees:

HMIS
Outreachz

Strategy 1.1b:

Expand data sharing agreements.

Benchmark 1:

Develop data sharing agreements with 70% or more of care providing agencies in Memphis/Shelby County by enrolling at least three(3) new partners/year in HMIS system

Action Items:

- ☑ Enroll at least 3 new partners/year in HMIS system (we need to find out who is not currently sharing data and list who we'd like to partner with).

Benchmark 2:

Develop messaging about the importance of HMIS usage to expand scope of community partners using HMIS data system.

Action Items:

- ☑ Organize a series of internal meetings to bring all CAFTH staff onto the same page about public-facing HMIS messaging. Collaborate to compose written materials which include data illustrating the benefits of utilizing HMIS systems.
- ☑ Establish a strategic plan for putting the messaging to use.

Goal 1: Ensure Homelessness is a Rare Experience

Objective 1.1:

Collaboratively Build Lasting Systems that End Homelessness.

Strategy 1.1c:

Improve system Data Quality to accurately reflect the scope of need within Shelby County.

Why?

Our system can only accurately express the needs of the people we are representing if we have solid, accurate data to show HUD that demonstrates the funding needs we are observing.

Applicable Committees:

HMIS

Benchmark 1:

Create comprehensive resource library to help community providers understand and navigate the HMIS system

Action Items:

- [x] Publicize existence of HMIS help desk for questions not adequately answered by resource library.
- [x] Create an FAQ section addressing at least 10 common questions, with references to reputable and accessible resources expanding on how providers can troubleshoot on their own.
- [ ] Compile at least 20 total existing accessible resources from reputable sources, create descriptions for each resource compiled to facilitate use, and supplement existing resources with at least 5 CAFTH-made training videos/year. Format resources in library that is publicly accessible.

Benchmark 2:

Conduct regular data imports or direct data entry with new external partners

Action Items:

- [x] Identify at least 2 external partners per year not currently entering data.
- [x] Schedule and complete data entry/data import with identified partners.
- [x] Brainstorm and troubleshoot previous issues with data entry/import which might prevent future effective use.
- [x] Collaborate with partners based on troubleshooting session to create a data entry plan; plan follow up sessions to reassess needs and efficacy of data entry from each new provider.

Goal 2: Ensure Homelessness is a Brief Experience

Objective 2.1:

Identify and Engage All People Experiencing Homelessness as Quickly as Possible

Strategy 2.1a:

Increase and improve street outreach and service coordination programs that allow persons experiencing homelessness to access services quickly and efficiently in response to and based on the input of people with lived experience and outreach workers.

Why?

Formalizing these processes for specific populations ensures that care will be administered equitably in our community and not favor certain populations.

Applicable Committees:

Outreach
HMIS
CoC Planning
Lived Experience
Youth

Benchmark 1:

Formalize assessment, intake and diversion processes for agencies inside and outside the consortium. This includes policies and procedures for more vulnerable and underserved populations including those fleeing violence, individuals on the sex offender registry, individuals struggling with substance abuse, or engaging in other potentially illegal activities.

Action Items:

- [x] Use the Outreach Committee (and other relevant committees) to discuss formalizing assessment, intake, and diversion processes for agencies inside and outside the consortium, including policies and procedures for vulnerable and underserved populations. These policies should include input from relevant agencies, people with lived experience of homelessness, and outreach workers.
- [ ] Identify and implement technology solutions that streamline the assessment, intake, and diversion processes for agencies inside and outside the consortium.

Goal 2: Ensure Homelessness is a Brief Experience

Benchmark 2:

Formalize and expand entry points into the Continuum of Care with an emphasis on the autonomy and self-determination of individuals being served. This includes expanding intake hours so that there is more freedom and flexibility for when individuals can access services, and diversifying the geographic areas being served to improve the ease of access regardless of transportation needs.

Action Items:

- [x] Conduct a needs assessment to determine the best entry points into the Continuum of Care with an emphasis on autonomy and self-determination of individuals being served. Use the results of the needs assessment to develop a plan to expand intake hours and diversify geographic areas being served.
- [ ] Develop a system to collect and analyze data on the effectiveness of street outreach and service coordination programs. Use this data to continuously improve services and ensure that they are meeting the needs of the population being served.

Benchmark 3:

Prioritize the formation of a Lived Experience Committee as a branch of the Outreach Committee. This will help the consortium better fulfill the first two benchmarks, as lived experience of homelessness is needed to best improve and expand services, especially entry points into the system which traditionally have excluded portions of the unhoused population.

Action Items:

- [x] Establish a lived experience work group or committee as a branch of the Outreach Committee, with a focus on prioritizing the input of people with lived experience of homelessness. Ensure that this group includes individuals from diverse backgrounds and experiences.

Goal 2: Ensure Homelessness is a Brief Experience

Objective 2.2

Solidify a network of emergency accommodations, including options for those with specialized requirements, which will provide immediate temporary solutions for all in need of shelter.

Why?

Emergency accommodations are the often the entry point for individuals and families into our care systems. Ensuring that emergency accommodations have the capacity to serve all populations will improve outcomes for the entire system.

Applicable Committees:

HMIS
Outreach
Families
Youth
Affordable Housing

Strategy 2.2a:

Increase number and capacity of free, low-barrier, equal access shelters.

Benchmark 1:

Formalize plan which utilizes HMIS data to assess the shelter-providing organizations in our community and can incentivize existing shelters to improve in regards to their services being free, low barrier, and equal access.

Action Items:

- [ ] Secure funding plan.
- [ ] Develop an org-facing plan outlining what characteristics must be true about their services for them to be eligible for this funding pool.
- [ ] Outline process for eligible organizations to apply for funding.
- [ ] Outline process for eligible organizations to apply for funding.
- [ ] Implement a plan internally for how to assess applications and make decisions about where to allocate the funding.

Benchmark 2:

Educate and partner with existing shelters to lower barriers as much as possible and expand capacity.

Action Items:

- [ ] Convene and solidify a messaging plan to get the public on board.

Benchmark 3:

Formalize plan for expanding or redirecting funding opportunities for shelters providing free/low-barrier/equal access services in Memphis and Shelby County.

Action Items:

- [ ] Secure a funding source and determine the number of available awards and the amount of funds awarded.
- [ ] Develop an org-facing plan outlining what characteristics must be true about their services for them to be eligible for this funding pool.
- [ ] Outline and implement a process for eligible organizations to apply for funding, and for assessing applications and making decisions about where to allocate the funding.

Goal 2: Ensure Homelessness is a Brief Experience

Objective 2.3

Streamline connections to housing and services via the Coordinated Entry System (CES).

Strategy 2.3a:

Expand CES partnerships to increase and improve entry and exit points and better connect community partners

Benchmark 1:

Establish (x amount of) new partnerships to expand entry and exit points for the CES, with a focus on emergency shelters.

Action Items:

- ☑ Identify and research potential partners in the community that align with the goals of the Coordinated Entry System (CES).
- ☑ Develop a clear and compelling pitch to present to potential partners, highlighting the benefits of collaborating and the impact on addressing the community's emergency shelter needs.
- ☑ Initiate outreach efforts to engage potential partners through phone calls, emails, or in-person meetings to discuss collaboration opportunities.
- ☑ Collaborate with partners to establish mutually agreed-upon entry and exit points for the CES, including protocols and procedures for assessment, prioritization, and referrals to emergency shelters.
- ☑ Coordinate training sessions or workshops for partners to ensure understanding and compliance with CES protocols and procedures.

Why?

In our current system, Coordinated Entry ensures that those in need of housing resources are treated equitably. This system relies on a range of housing options in order to move cases through efficiently.

Applicable Committees:

Affordable Housing
Outreach
HMIS
CoC Planning
Families

Goal 2: Ensure Homelessness is a Brief Experience

Benchmark 2:

Formalize the process for referring individuals to services while they await housing, including outreach; housing navigation; mental and physical health; and substance abuse resources for those who want them

Action Items:

- [x] Conduct a review of existing processes and resources for referring individuals to services via focus groups to identify gaps and areas for improvement, taking into consideration feedback from service providers, individuals experiencing homelessness, and other stakeholders.
- [x] Research best practices and evidence-based strategies from other communities for referring individuals to services while they await housing.
- [x] Establish partnerships and collaborations with relevant community providers to ensure coordination and access to services.
- [ ] Develop a comprehensive and standardized process for referring individuals to services while they await housing, incorporating identified best practices and strategies.
- [ ] Research best practices and evidence-based strategies from other communities for referring individuals to services while they await housing.
- [ ] Create clear protocols and procedures for each component of the referral process, outlining roles, responsibilities, and timelines for each step.
- [ ] Develop and implement training programs for staff involved in the referral process.
- [ ] Implement a system for tracking and monitoring the progress and outcomes of individuals referred to services, collecting and analyzing data to measure the effectiveness of the referral process and identify areas for improvement.

Goal 2: Ensure Homelessness is a Brief Experience

Objective 2.4

Assist People to Move Swiftly into Permanent Housing with Appropriate and Person-Centered Services

Why?

Ensuring permanent housing is person-centered will lead to long-term sustainability in an individual or family's housing situation and improve overall system performance.

Applicable Committees:

Affordable Housing
HMIS
Outreach

Strategy 2.4a:

Increase and Maximize Permanent Housing Resources.

Benchmark 1:

Develop and formalize a plan to both increase utilization rates of current permanent housing beds and expand permanent housing capacity, including ways to visualize data on permanent housing capacity and availability.

Action Items:

- ☑ Identify barriers for agencies which impede the use of HMIS.
- ☑ Create stronger system/resource references to convey updated and accurate messaging re; availability of housing providers in our community, types of available housing, etc.

Benchmark 2:

Develop landlord engagement strategy to better partner with flexible and low-barrier private market landlords.

Action Items:

- ☑ Facilitate and maintain the Affordable Housing Committee, the landlord list, and a regularly occurring Tenant Empowerment Workgroup.

Benchmark 3:

Obtain commitments from at least 2 affordable housing providers outside of the current CES to expand exit to permanent capacity.

Action Items:

- ☑ Reach out to apartment or housing associations and create partnerships.
- ☑ Develop strategies to deliver incentives to landlords in our community.
- ☑ Build engagement with landlords who meet not only the qualifications for affordable housing, but are willing to be flexible with tenant policies (ie; willing to accept tenants that may not be making 3.5x rent, have a record, etc.).

Benchmark 4:

Increase community access to housing vouchers and work toward full utilization of special vouchers (mainstream, FUP, FYI, etc.)

Goal 3: Ensure Homelessness is a One-Time Experience

Objective 3.1:

Connect people experiencing homelessness to adequate services and opportunities to prevent returns to homelessness.

Strategy 3.1a:

Develop protocol for case managers to facilitate appropriate connections between people experiencing homelessness and the appropriate service providers to prevent returns to homelessness.

Benchmark 1:

Formalize improved referral processes between case managers and specialized resources addressing the needs identified by individuals

Why?

Wraparound services are the key to housing sustainability, and they must be built into our systems of care in order to ensure that they are administered equitably to the community.

Applicable Committees:

Affordable Housing
Outreach
HMIS
CoC Planning
Healthcare
Families

Action Items:

- [ ] Compose some kind of survey/response form for care providers to get a realistic understanding about how referral is currently working, and what roadblocks currently exist. Send out by EOY 2023
- [ ] Compile data about identified roadblocks once the deadline for filling out that form has passed.
- [ ] Assess methods to address/streamline/improve these roadblocks.
- [ ] Record trainings about implementing target methods for improving referral in order to provide case managers, housing providers, and benefit providers with necessary information
- [ ] Publicize training via email campaigns, committees, newsletter, etc.
- [ ] Integrate more referrals into HMIS.
- [ ] Keep updated lists of contact information for wraparound service providers.
- [ ] Hold office hours with CAFTH staff (navigators, project coordinators) to problem solve resource referrals.

Goal 3: Ensure Homelessness is a One-Time Experience

Objective 3.2:

Increase Opportunities for People with Lived Experience to Engage with the Continuum of Care

Strategy 3.2a:

Formalize the participation of persons with lived experience (PLE) in decision making in the CoC, through either focus groups or feedback more routinely collected from clients in existing programs (outreach, emergency housing, healthcare providers, YAB)

Why?

Including the voices of people with lived experience creates the opportunity for our system to be shaped by those who have been most affected by inequality, which in turn will improve the experiences of those currently experiencing homelessness and navigating the system of care.

Applicable Committees:

Lived Experience
CoC Planning
YAB

Benchmark 1:

Develop and formalize a policy to create a Lived Experience Advisory Group within the Homeless Consortium

Action Items:

- ☑ Include funding for stipend or other participation incentives
- ☑ Modeled on the YAB, but for people with lived experience including individuals and families – i.e. meet at the Library on Sundays
- ☑ Start by engaging in focus groups facilitated by CAFTH Staff alongside outreach workers to start conversations with people with lived experience

Benchmark 2:

Expand Consortium's Governing Council to include additional spots for individuals with lived experience of homelessness

Action Items:

- ☑ Include scholarships or waivers for consortium membership.
- ☑ Participants would be identified and recruited through the same focus groups as before.
- ☑ Recruit and train members of the advisory board/group: This will involve identifying potential members and providing them with the necessary training to effectively participate in decision-making within the CoC.
- ☑ Hold regular meetings and solicit feedback from the advisory board/group: This will help ensure that the board/group is actively engaged in decision-making within the CoC and that the voices of people with lived experience continue to be heard.

Goal 4: Sustain an End to Homelessness

Objective 4.1:

Among providers, policymakers, and the public, solidify a nuanced understanding of the ways in which societal factors are implicitly and explicitly impacting housing insecurity in order to more effectively support those experiencing homelessness.

Why?

Public decision making bodies have the power to create lasting and meaningful change to the systems of care that we administer through legislative action, and they are able to do this best when we inform them of the most pressing issues as a unified voice.

Applicable Committees:

all committees

Strategy 4.1a:

Utilize community data and relevant sociological research to identify unacknowledged societal factors contributing to housing insecurity and develop public messaging that broadens cultural understanding.

Benchmark 1:

Research and identify best practice models for meeting the needs of people experiencing homelessness in response to potential regional, national, or international changes affecting housing stability.

Action Items:

- [ ] Partner with local organizations to secure funding for research on homelessness in Memphis and Shelby County.
- [ ] Attend (x) number of trainings as a community on the state of homelessness and best practices

Goal 4: Sustain an End to Homelessness

Objective 4.1:

Among providers, policymakers, and the public, solidify a nuanced understanding of the ways in which societal factors are implicitly and explicitly impacting housing insecurity in order to more effectively support those experiencing homelessness.

Why?

Applicable Committees:

all committees

Strategy 4.1b:

Broaden policymakers' and government entities' understanding regarding less explicit factors contributing to housing insecurity that may factor into future homelessness.

Benchmark 1:

Ensure that policy and law decisions affecting our community are informed by the expanded understanding of factors contributing to homelessness identified in 4.1a by implementing a strategy for advocacy on a state and local level.

Action Items:

- [x] Committees coordinate policy and advocacy goals (more specific?)with the advocacy working group at CAFTH
- [ ] Committees submit policy recommendations to the advocacy working group so that they can be presented to local officials in a unified voice

Benchmark 2:

Task advocacy team with reviewing relevant legislature and informing the community about potential impacts on housing security.

Action Items:

- [x] Advocacy group attends local and statewide policy meetings to relay pertinent information to CoC Committees

Goal 4: Sustain an End to Homelessness

Objective 4.1:

Among providers, policymakers, and the public, solidify a nuanced understanding of the ways in which societal factors are implicitly and explicitly impacting housing insecurity in order to more effectively support those experiencing homelessness.

Why?

Applicable Committees:

CoC Planning
Healthcare

Strategy 4.1c:

Build capacity within the community by expanding the current homeless prevention systems to preemptively address future factors that may ultimately contribute to homelessness.

Benchmark 1:

Solidifying community-facing messaging using trainings, publications, and public forums to expand public understanding of effective strategies that address housing insecurity

Action Items:

- [ ] Committees recommend x number of trainings to be implemented by CAFTH
- [ ] Committees recommend x number of forums to be implemented by CAFTH

Benchmark 2:

Designate time within committees to develop a specialized plan for implementing tactics that prevent newly-identified social factors from contributing to homelessness within each committee's area of focus.

Action Items:

- [x] Committee Chairs and CAFTH Liaisons work together to address strengths and barriers in their focus area
- [ ] CAFTH Liaisons use this data to create a plan that will be approved or modified by the committee

Goal 4: Sustain an End to Homelessness

Objective 4.2:

Planning for the Needs of Persons Experiencing Homelessness in Disaster Response and Recovery Efforts

Strategy 4.2a:

Addressing Response and Recovery From Public Health Emergencies.

Benchmark 1:

Coordinate with the Shelby County Health Department, the Office of Emergency Management, other key government agencies to create protocol for future responses to public health emergencies for individuals and families experiencing homelessness.

Why?

Planning for any circumstance outside of the regular needs of our system requires careful thought and planning in order to diminish the effects these events may have on our community.

Applicable Committees:

Healthcare

Action Items:

- [ ] Coordinate with the Shelby County Health Department
- [ ] Coordinate with the Office of Emergency Management
- [ ] Coordinate with other key government agencies
- [ ] Create protocol for future responses to public health emergencies for individuals and families experiencing homelessness.

Goal 4: Sustain an End to Homelessness

Objective 4.2:

Planning for the Needs of Persons Experiencing Homelessness in Disaster Response and Recovery Efforts

Strategy 4.2b:

Emergency Response Planning for Persons Experiencing Homelessness

Benchmark 1:

Develop agreements with key government, medical, and other service providers that would provide relief and aid during a disaster. Make sure that institutions serving the homeless population are connected or represented in these agreements so that our populations are not left out of recovery efforts.

Action Items:

- [ ] Develop agreements with key government service providers
- [ ] Develop agreements with medical service providers
- [ ] Make sure that institutions serving the homeless population are connected or represented in these agreements so that our populations are not left out of recovery efforts. and make sure that people experiencing homelessness receive relief/aid during a disaster.

Why?

Applicable Committees:

Healthcare

Community Alliance
FOR THE HOMELESS