Meaningful Change in 100 Days

Philadelphia Sustainability Review

October 2016
Welcome Back!
Agenda

Strategy for our Time Together Today

● Welcome and Warm-Up
● Opening Remarks from OHS
● Team Presentations with Reflection
● Sustain and Improve
● Brainstorming
● Next Steps
● Report Out
WHEREVER YOU ARE, BE ALL THERE.

JIM ELLIOT
Sustainability Review Objectives

▪ **REVIEW** successes and challenges of the 100-day effort

▪ Identify **OPPORTUNITIES** to strengthen and expand by further integrating with existing efforts

▪ Agree on next steps around the possibility of another 100-day goal + sub-goals for the **NEXT PHASE** and create **CLARITY** on roles as the journey continues
The 100 Day Journey
Where it all began...
Remember these???
The 100 Day Journey

Prep Phase
- Launch Workshop: June 21 and 22
- Develop solutions
- Set 100-day goals
- Develop action plans

Implementation Phase
- Team Leader bi-weekly check-ins
- Weekly team meetings

June
- June 23
- Day 1
- June 23
- Day 50: Check-in with System Leaders
- Day 100 = Oct 6th: Sustainability Review

Goal Achieved
Warm Up and Introductions

Getting to know 3 new people in the room from another team!

Introduce yourself to someone you don’t already know and ask each other:

• **1st Partner**: How has the 100-day journey made a difference in the way your team works together?

• **2nd Partner**: What do you hope to gain out of the next 4 hours?

• **3rd Partner**: What will need to happen during the next 4 hours for you to feel like the Sustainability Review was a success?
Coordinated Entry and Assessment-Based Housing Referral System

“CEA-BHRS” pronounced “SEA BREEZE”

100 Day Challenge Sustainability Review
October 6, 2016
What is a Coordinated Entry and Assessment-Based Referral System ("sea breeze")?

• A **process** designed to coordinate participant access, and referral to the most appropriate homeless assistance services and housing available.

• A **system** that:
  – **Streamlines** access and referral to homeless services and housing
  – Uses **standardized** assessment/prioritization tools and practices across the system
  – **Prioritizes** the most intensive homeless assistance for those with the most severe needs and provides a lighter touch for those with lesser need
Guiding Principles

**Housing First**
Households at-risk-of or experiencing homelessness are housed quickly without preconditions

**Housing Focused**
Assistance is focused on moving to and maintaining permanent housing

**Prioritization**
Based on vulnerability and severity of need, not first-come first-served or longest wait

**Person-Centered**
Trauma-informed approach that is dignified, safe, incorporates participant choice.
Guiding Principles for Coordinated Entry and Assessment-Based Housing Referral System Design

- Increase Access
- Decrease Barriers
Goals

• Households are connected with the services that are most appropriate for them (to the extent they are available)
• Reduced recidivism
• Reduced number of people experiencing homelessness (requires expanded prevention and diversion)
• Reduced length of time people experience homelessness
Why Coordinated Entry and Assessment Based Housing Referrals?

• Improve Access
  – Through streamlining access, consistent screening and assessment, prioritization of people experiencing homelessness based on need

• Improve Service Provision
  – Through referral appropriateness and matching, prioritization consistency, system-wide coordination, reduced screening and placement time, progressive assessments as people move through the system

• HUD Requirement
Who Benefits?

• Households experiencing a housing crisis
  – Access appropriate services more efficiently - make fewer phone calls and undergo fewer screenings
  – Receive a definitive “yes” or “no” to housing resource availability for their needs

• Providers
  – Don’t have to spend time screening potential program participants, managing waitlists, or tracking down households to fill available units

• Administrators and Funders
  – Receive data that is more complete and current
  – Accurately identify needs, gaps, and strengths across the system, not just at the individual agency level
Strategy Shift

Current Housing Referral System

“Should we accept this household into our program?”
- Each organization or program has different assessment process
- Need and service received not necessarily matches
- Uneven knowledge about available homeless housing and service interventions

Assessment-Based Housing Referral System

“What housing/service assistance is best for each household & quickly ends their housing crisis permanently?”
- Person-centered based on principles of housing first and housing focused
- Standard assessment process used by every program for every client
- Coordinated referral process across the CoC
- Accessible information about available homeless housing and service interventions
Three Main Components of CEA-BHRS

Access

Screening and Assessment

Referral and Enrollment
Three Main Components of CEA-BHRS

1. **Access**: ensures the entire CoC area is covered and that service entry points are easily accessible and well advertised

2. **Assessment**: standardized information on housing barriers and vulnerabilities

3. **Referral**: coordinates the connection of individuals to the appropriate and available homeless housing and service intervention
Qualities of an Effective CEA-BHRS Process*

- **Prioritization** – ensures people with the greatest needs receive priority for any type of available housing and homeless assistance
- **Low Barrier** – does not screen people out for assistance because of perceived barriers to housing or services
- **Housing First Orientation** – people are housed quickly without preconditions or service participation requirements
- **Person-Centered** – incorporates participant choice
- **Standardized Access and Assessment** – all coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision-making processes
- **Inclusive** – includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence

*HUD Coordinated Entry Policy Brief*
Qualities of an Effective CEA-BHRS Process*

- **Referral to Projects** – makes referrals to all projects receiving ESG and CoC Program funds, at a minimum
- **Referral Protocols** – participating programs accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures such rejections are justified and rare and that participants are able to identify and access another suitable project.
- **Outreach** – process is linked to street outreach efforts
- **Ongoing planning and stakeholder consultation** – includes evaluating and updating the process at least annually
- **Informing local planning** – information gathered through process is used to guide homeless assistance planning and system change efforts

*HUD Coordinated Entry Policy*
How is CEA-BHRS Performance Measured?

- Accuracy of assessment and referral
- Timing of linkage to housing program
- Contribution to system performance measures:
  - Reduced incidence of homelessness
  - Reduced homeless length of stay
  - Increased housing retention/decreased recidivism
Scope

At a minimum, all projects included in Philadelphia’s Housing Inventory Count (HIC) will be phased into CEA-BHRS in the following order:

– CoC, ESG and OHS funded homeless assistance housing programs
– Other publicly and privately funded homeless assistance programs

Affordable housing and mainstream resources as possible over time.
Roles and Responsibilities

**OHS CEA-BHRS Planning Team**
- **Lead** planning, design, implementation, and evaluation processes

**CEA-BHRS Workgroup**
- **Assist** with design, implementation, and evaluation processes

**Implementation Experts**
- **Provide feedback** on feasibility of design, implementation, and evaluation processes
CEA-BHRS Development Process

- Project Planning
  Jan – May 2016

- Design
  Jun – Aug 2016

- Implementation Planning
  Sept – Dec 2016

- Implementation
  Jan – Mar 2017

- Phased Launch
  Apr/May 2017

- Monitor, Evaluate, Adjust as Necessary
  Ongoing
Questions?

For more information, contact:

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City of Philadelphia  
Office of Homeless Services  
Sara.Pagni@phila.gov
{Non-Chronic Team}
Marsha Cohen,
Executive Director,
Homeless Advocacy Project

Silvana Mazzella,
Director of Programs,
Prevention Point

Owen Camuso,
Program Manager,
Resources for Human Development
FaSST/Connections
Progress on our 100-Day Goal

**Goal:**
In 100 days, will resolve the homeless condition for 33% of individuals on our list and ensure that 33% of others on the list are located and identified, assessed for housing and service needs, and on their way to being connected to appropriate programs and services.

**Accomplishment:**
Total # placed/exited homelessness: 34
Survey: 213
# Sub-Goals and Progress

<table>
<thead>
<tr>
<th>Sub-Goal</th>
<th>Progress We Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify Gaps in the System</td>
<td>Flow Charted 6 Entry Points into Services for Homeless Individuals</td>
</tr>
<tr>
<td>2. One Central By-Name List</td>
<td>Actively Working Across the System on the List</td>
</tr>
<tr>
<td>3. Housing Inventory List</td>
<td>Partnering with OHS, Chronic Team</td>
</tr>
<tr>
<td>4. Partnership/Collaboration</td>
<td>Meeting New People and Potential Partners</td>
</tr>
<tr>
<td>5. System Knowledge</td>
<td>Learning about Other Systems, Access, Opportunities for Change</td>
</tr>
<tr>
<td>6. PHA engagement</td>
<td>Identifying Vacancies for Placements</td>
</tr>
</tbody>
</table>
Flow Charts

▪ Office of Homeless Services Centralized Intake
▪ Homeless Outreach
▪ Hospital Emergency Room
▪ Drug & Alcohol Assessment Centers
▪ Criminal Justice System
▪ Prevention Point

**KEY**
Red = Exit
Purple Diamond = Decision point
Purple Square = step in process
Blue Square = End point
Key Accomplishment:

**More Accurate Assessment of Magnitude of Non-Chronic Homelessness**

**Lock in the Gains:**
- Cross-checking Non-Chronic BNL has resulted in additional 57 individuals being correctly identified as chronic

**New way we work:**
- Data sharing and matching to increase access to limited services
Key Accomplishment:

*More Accurate Assessment of Housing Inventory and Resource Needs*

**Lock in the Gains:**

- Analysis of HIC has resulted in plan for documenting need for less traditional inventory

**New way we work:**

- Collaborative approach to identifying and advocating for more appropriate inventory and resources to match needs of more recently homeless individuals
Key Accomplishment:

By-Name List for Non-Chronic Individuals

Lock in the Gains:
▪ Multiple partners in team contributed to development of a Non-Chronic By-Name List
▪ Team, city has list of individuals to target for VI-SPDAT

New way we work:
▪ Collaboration with each other, city, chronic team
Challenges and Strategies to Address them

Non-Chronic Resources
- Allocate Resources to Non-Chronic Homeless Individuals
- Non-HUD Funded Resources

Data
- System Data Sharing
- Consent Forms
- Strategy

Housing
- Housing Standards
- Housing Vacancies
- Housing Criteria
Support Needed / Information Requested

Specialized Beds for Individuals on the Streets
- Increase Capacity to Treatment Beds
- Accessible Medical Respite Beds

Identification
- Funds to Pay for Identification
- Identification Wavier

Homeless Outreach
- Access Points Can Play a Critical Role in Outreach and Access
- Increase Mobile Specialized Services
- Drop-in Center

Data
- Increase Access to HMIS
- Integrate Databases
- Point Person to Manage BNL/Lists

Housing
- New Housing Opportunities
- Creative Ways to House Individuals
- More Low Demand Housing
Continue Pushing Forward

1. **Town Hall Meeting**
   - Voice/Education for Homeless Individuals

2. **Homeless Collaborative**
   - Provider/Leadership/Community Partnership

3. **Homeless Resource Engagement Events**
   - Collaborative Events to Directly Provide ID, Physical and Behavioral Health Linkage, etc.

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thank you!

- Non-Chronic Homeless Team
- Leadership Team
- Rapid Results Team
- Office of Homeless Services

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Youth Team – Young Adults
(Late adolescence Ages 18-24)

Philly 100-Day Street Homeless Challenge
Progress, Accomplishments, and Support Needed

October 2016
Fearless Leaders

Carrie Jacobs
Youth Team – Young Adults

Hannah Righter
Youth Team – Young Adults
Our 100-Day Goal:
During the month of September, every 18-24 year old young adult who seeks shelter will receive and be connected to a safe and stable place to stay.

Revised 100-Day Goal:
“By the end of September, we will create a sustainable infrastructure wherein every 18-24 year old who seeks shelter can receive and be connected to a safe and stable place to stay.”
<table>
<thead>
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<th>Sub-Goal</th>
<th>Progress to Date (data)</th>
</tr>
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<tbody>
<tr>
<td>1. Develop a database to identify the number of young adults seeking shelter, and monitor the time to placement.</td>
<td>Data is populated from four youth housing agencies and OHS through September.</td>
</tr>
<tr>
<td>2 Develop a running inventory of the housing opportunities available to young adults seeking shelter that is shared and updated regularly by participating youth service providers; the purpose of the inventory is to be sure no housing opportunity is overlooked.</td>
<td>We’ve compiled an inventory of available housing resources for young adults in Philadelphia.</td>
</tr>
<tr>
<td>3. Create 20 additional housing opportunities for young adults ages 18-24.</td>
<td>We have secured 100% of our 20 bed goal.</td>
</tr>
</tbody>
</table>
## Sub-Goals and Progress

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<tr>
<td>4. Develop a toolkit for shelter intake staff to respond to a young adult who cannot be housed at their specific site; the purpose of this toolkit is to prevent “there is nothing we can do” from being the final interaction between shelter staff and young adult.</td>
<td>Collected robust information through focus groups with young people. Developed draft of tool kit.</td>
</tr>
<tr>
<td>5. Work with DHS to develop their own internal transition unit, for youth aging out of foster care, to begin at age 14.</td>
<td>Had multiple meetings with DHS leadership. Testified at the DHS Needs-Based Plan and Budget meeting. Had consistent DHS participation on our team.</td>
</tr>
</tbody>
</table>
Key Accomplishments

Collective effort

• Fragmented system working as one
• Coordinated Community response/system of care

Support for young adults

• Built a shared understanding of the unique needs of young adults, which differ from the needs of adults

Youth presence

• Integrating youth voice and perspective in a meaningful way
Challenges and Strategies to Address them

Co-creation of a by name list
- System for creating one by name list
- Address confidentiality issues

Lack of humane treatment experienced by young adults in the system
- Work with providers to mandate on-going training and support
- Look at hiring practices
- Address burnout and provide support for frontline staff

Separation of Youth teams into younger and older youth
- Unite the teams
Support Needed / Information Requested

- Partner with DHS to identify youth aging out of care and create transition plan including stable housing
- Allocate workforce investment dollars for young people who are homeless and often excluded from work opportunities
- Increase training and professional support for intake/shelter staff working with young adults
  - Trauma informed care
  - Positive Youth Development
- Incentivize private landlords for partnering with non-profits housing youth
Youth 16-17 year olds

Philly 100-Day Street Homeless Challenge Progress, Accomplishments, and Support Needed

October 2016
Younger Youth Group

Allison Moore, Valley Youth House

Tim Massaquoi, YSI
**Goal:** By September 30, 2016, we will create a list of all the “literally homeless”* individuals, ages 16-17, and connect 100% of them to a community advocate; and resolve the homelessness condition** for 50% of them (at least 70 youth) and servicing at least 75% of them. [*not system involved; **in stable and safe housing situation]

**Accomplishment:**
Total # placed/exited homelessness: 50 Youth served, of which, 13 went into DHS care, 3 remain unstably housed
### Sub-Goals and Progress

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<tr>
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<tr>
<td>Create community <strong>navigator</strong> program</td>
<td>Community navigator program created: Youth Navigators system</td>
</tr>
<tr>
<td>Create <strong>budget</strong> for community navigator program</td>
<td>Budget includes: Navigator Zones funding, mobile meals, transportation assistance, mobile laundry system</td>
</tr>
<tr>
<td>Create a <strong>data platform</strong> for homeless youth ages 16-17 for provider collaboration opportunities</td>
<td>OHS introduced the TAY-VI-SPDAT assessment tool; to be implemented spring 2017</td>
</tr>
<tr>
<td>Create a <strong>marketing strategy</strong> to promote the challenge beyond 100 days</td>
<td>Marketing strategy created and presented for review</td>
</tr>
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Key Accomplishments

Collaboration
- Collaborative **street outreach** efforts between YSI, Valley Youth House, and Youth Advocacy Initiative
- Cross provider collaborative efforts create **more synergy in services** we provide.

Youth Voice
- **Youth leadership and collaboration**
- **New way we work:** Youth lead agenda, ideas, and insight in the way we work.
- Youth know best how to serve youth. Let youth be leaders in this effort.

Youth Navigators
- **Community Navigator Program** implementation
- **New way we work:** Partnership with the **Network of Neighbors** initiatives creates more acute services in neighborhoods for the youth who need it.
- Youth navigators reach youth where providers can’t.
Challenges and Strategies to Address them

**Collaboration with Department of Human Services**
- Continue to request support from DHS and inquire about prevention services

**Securing data platform for collaboration**
- With support of OHS, members trained on entering TAY-VI-SPDAT in ClientTrack

**Marketing 100-Day Challenge to the general population**
- Ask for support in marketing the 100-Day Challenge on city websites, radio, advertisement, internet etc.
Support Needed / Information Requested

- 100-Day Challenge was a small snapshot of what can be accomplished with enhanced collaboration with providers, youth, and city agencies intentionally work together.

- More support for these efforts will enhance our ability to actualize our goal of ending youth homelessness by 2020.
100 DAYS
CHRONIC TEAM
## TEAM MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Name</th>
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<tbody>
<tr>
<td>David Holloman</td>
<td>Office of Homeless Services</td>
<td>Jennifer Powell-Folks</td>
<td>One Day at a Time (ODAAT)</td>
</tr>
<tr>
<td>Sara Pagni</td>
<td>Office of Homeless Services</td>
<td>Carla Williams</td>
<td>Horizon House</td>
</tr>
<tr>
<td>Ebonye Williams</td>
<td>Office of Homeless Services</td>
<td>Rachel Yoder</td>
<td>Project HOME</td>
</tr>
<tr>
<td>Michele Mangan</td>
<td>Office of Homeless Services</td>
<td>Michael McKee</td>
<td>Broad Street Ministry</td>
</tr>
<tr>
<td>Angela Foreman</td>
<td>Office of Homeless Services</td>
<td>Tim Sheahan</td>
<td>Department of Behavioral Health and Intellectual disability Services (DBHIDS) - Journey of Hope</td>
</tr>
<tr>
<td>Bridgette Tobler</td>
<td>Department of Behavioral Health and Intellectual disability Services (DBHIDS)</td>
<td>Tom Baker</td>
<td>Individual</td>
</tr>
<tr>
<td>Ben Lambertsen</td>
<td>Department of Behavioral Health and Intellectual disability Services (DBHIDS)</td>
<td>Sgt. Joe Harper</td>
<td>Philadelphia Police Department</td>
</tr>
<tr>
<td>Sue Smith</td>
<td>Project HOME</td>
<td>Alfredo de la Pena</td>
<td>Mission First Housing</td>
</tr>
<tr>
<td>Misty Sparks</td>
<td>Bethesda Project</td>
<td>Michael Harkness</td>
<td>Community Behavioral Health</td>
</tr>
<tr>
<td>Chris Simiriglia</td>
<td>Pathways to Housing PA</td>
<td>Bret Holden</td>
<td>Philadelphia Housing Authority</td>
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</table>
## Team Leaders

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<tr>
<td>Misty Sparks</td>
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## Leadership Sponsors

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>David Buches</td>
<td>Federal Home Loan Bank of Pittsburgh Affordable Housing Program</td>
</tr>
<tr>
<td>Lyn Kirshenbaum</td>
<td>US Department of Housing and Urban Development</td>
</tr>
<tr>
<td>Tim Haggerty</td>
<td>Philadelphia Convention and Visitors Bureau</td>
</tr>
<tr>
<td>Frank Green</td>
<td>Individual</td>
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</table>
## Chronic Homelessness in Philadelphia

<table>
<thead>
<tr>
<th></th>
<th>Philadelphia</th>
<th>Nationally (2015 AHAR)</th>
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<tbody>
<tr>
<td></td>
<td>774 (402 unsheltered)</td>
<td>83,170</td>
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</table>
In the next 100 days, permanently house 125 chronically street homeless individuals (including street, Café, Journey of Hope, and Safe Haven) and ensure there is one collaborative and transparent by name list.
SUB-GOALS

(1) **BY NAME LIST:** Create ONE by name list of people experiencing chronic homelessness and primarily residing on the streets.

(2) **OUTREACH AND ENGAGEMENT:** Ensure that the appropriate providers are at the table; Ensure that each person identified on the list is assigned a single point of contact to track the housing process.

(3) **BARRIERS AND SOLUTIONS:** Identify and work to reduce barriers that prevent housing and services.
PROGRESS TO-DATE

Key Work:
- Progress on developing by-name list
- Mechanism for tracking people housed
- Process Mapping
- Successful case conferences for “Power Stayers”
**CHRONIC TEAM:**
Progress toward USICH Benchmarks and Criteria

## 5 Benchmarks

<table>
<thead>
<tr>
<th>Active By-Name List #</th>
<th># = ?</th>
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<tbody>
<tr>
<td>Identified all experiencing or at risk for chronic homelessness</td>
<td><img src="image" alt="Star Rating" /></td>
</tr>
<tr>
<td>Provides access to immediate shelter</td>
<td><img src="image" alt="Star Rating" /></td>
</tr>
<tr>
<td>Housing First and client choice</td>
<td><img src="image" alt="Star Rating" /></td>
</tr>
<tr>
<td>Have capacity to swiftly move into PH</td>
<td><img src="image" alt="Star Rating" /></td>
</tr>
<tr>
<td>Have resources, plans, and system to prevent and also retain</td>
<td><img src="image" alt="Star Rating" /></td>
</tr>
</tbody>
</table>
CHALLENGES + STRATEGIES

- **Challenges:**
  - Data sharing!
  - Barriers are real
  - Using existing resources efficiently and effectively

- **Strategies:**
  - Low hanging fruit
  - Power Stayers
    - Community case conferences
    - Assess power stayers using VI-SPDAT
  - Use resources as efficiently as possible
SUPPORT NEEDED/INFORMATION REQUESTED

- **Ongoing support around:**
  - Data sharing
  - Reporting of current available vacancies and information on how to access (including more specific information about units)
  - Streamlining system and documentation (pre-inspections, disability verification, etc).

- **New resources needed:**
  - More subsidies (including the possibility of shallow subsidies or master leasing)
  - Housing resources for couples or siblings
  - New Representative Payee services (or access to existing resources)
  - Housing navigators priority people
  - Access to private rentals in Center City
  - More support services (especially services not connected to housing)!

- **Advocacy needed:**
  - Housing Trust Fund
  - More affordable housing
  - More Medicaid billable services
LOOKING FORWARD

- Plan for meetings going forward
  - Ongoing weekly meetings planned
  - Community Case Conferencing to Continue at separate time

- Group will continue to make recommendations to address barriers (both larger system-level and day-to-day)
Pause for the Cause

JUST A LITTLE BREAK

© Rapid Results Institute
Sustain and Improve
Sustain and Improve

10 minutes for Self-Reflection

What worked, so that we can LOCK IN THOSE GAINS?

What needs to be IMPROVED?

All improvement requires change, but not all change is an improvement.

What didn’t work?

What could work with further innovation and what do we need to STOP doing?
Bundle Them = Focus Areas?

Group Reflection on Focus Areas 20 minutes
  ▪ BUNDLE: Group similar post-its together and create buckets

New Sub-Goals 30 minutes
  ▪ Do we want to set specific goals around this work?
What’s Next?
Goal Templates

In the next 100 days, we will end the homeless crisis for \textit{x number of youth} from our newly development by-name list, of which \textit{x \% will have high acuity}.

Each month, we will \textbf{house x number of chronically} homeless, to ensure that our \textit{outflow is greater than our inflow}, so that by December 2017, Philadelphia will have built a system that has ended chronic homelessness.

During the next 100 days, we will \textbf{house x non-chronic people} who have been \textbf{assessed}, \textbf{assigned a navigator during care coordination meetings}, and \textbf{matched to resources} in order to build and test a coordinated system.
The Power of a Good Goal

- AUDACIOUS, but doable
- Focused on Results (impact), not Activities
- A challenge, not a command
- Designers = Implementers
In the next 100 days, we will end the homeless crisis for \textbf{x number of youth} from our newly development by-name list, of which \textbf{x \% will have high acuity}.

Each month, we will \textbf{house x number of chronically} homeless, to ensure that our \textbf{outflow is greater than our inflow}, so that by December 2017, Philadelphia will have built a system that has ended chronic homelessness.

During the next 100 days, we will \textbf{house x non-chronic people} who have been \textbf{assessed}, \textbf{assigned a navigator during care coordination meetings}, and \textbf{matched to resources} in order to build and test a coordinated system.
Revisit How We Work Together

- Team Leadership
  - Co-Lead
  - Sub-Goal Leads

- Team Contract:
Report out: Sustainability Plan
Gratitude
Appreciation/Gratitude