LANE COUNTY'S TEN YEAR PLAN TO END CHRONIC HOMELESSNESS

The following chart indicates the Continuum of Care's future-oriented goals, and specific action steps to be taken over the ten years to address homelessness in Lane County, adopted by the Lane County Board of Commissioners in 2006.

GOALS		ACTION STEPS
1.	Create new Permanent Housing (PH) beds for chronically homeless persons.	 Expand Lane County's CoC (Continuum of Care) Permanent housing (PH) bed capacity. a. Provide additional housing units for chronically homeless veterans with mental health and/or substance abuse problems. b. Increase supply of permanent affordable housing for singles, families and youth who are homeless.
2.	Increase percentage of homeless persons staying in PH over 6 months to 71%.	Work with permanent housing providers on retention of participants through increased wraparound services.
3.	Increase percentage of homeless persons moving from Transitional Housing (TH) to PH to 61%.	Work with all jurisdictions (cities and county) and Housing Policy Board to increase permanent housing inventory.
4.	Increase percentage of homeless persons becoming employed by 11%.	Collaborate with other agencies within the Lane County CoC to increase employment opportunities. a. Partner with St. Vincent de Paul to increase employment services to homeless individuals. b. Partner with Lane Workforce Partnership to increase support services for job search and retention. c. Partner with Veterans' Services of Lane County to increase job support services for homeless veterans.
5.	Ensure that the CoC has a functional Homeless Management Information System (HMIS system).	Train 40 service providers to enter data into HMIS so that accurate data is available to better count the number of unduplicated homeless persons, and the frequency, depth, and breadth of homelessness. This collection tool will help us: track the outcomes and service improvements for homeless people who access the system; and plan more effectively to serve people who are homeless.

Acronvm Kev:

2006 Ten Year Plan to End Chronic Homelessness

PH = Permanent HousingC:\Documents and Settings\Local Settings\Temporary Internet Files\OLK25\Lane County TEN YR PLAN Goals to End Chronic Homelessness 2006 HUD grant 2 08 sent.doc

TH = Transitional Housing

CoC = Continuum of Care

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HMIS = Homeless Management Information System

6. Coordinate regional efforts to	a. Implement Ten Year Plan to End Chronic Homelessness in Lane County.
end homelessness in Lane	b. Present plan to the City of Eugene, City of Springfield, Lane County and other local intergovernmental
County by the year 2016.	partners.
	c. Educate Human Services Commission (HSC), Community Action Advisory Committee (CAAC), City
	Councils, Board of County Commissioners.
	d. Educate Human Services Network, United Way and civic organizations and the community at-large.
7. Improve continuum of	a. Increase grants from existing sources, seek new funding streams, and explore restructuring of existing
homeless services.	resources.
	b. Work with providers within local CoC to identify gaps in services.
	c. Work with providers within local CoC to reduce and/or remove barriers to homeless services.
	d. Work with Eugene City Council on the citywide Homelessness Initiative.
	e. Collaborate with the State of Oregon Department of Mental Health to pursue funding opportunities for
	special populations.
8. Increase permanent affordable	a. Identify local funding to supplement federal funds.
housing in Lane County.	b. Identify methods to add low-income housing in communities outside of the metropolitan area.
	c. Acquire property for future housing development.
9. Discharge vulnerable	a. Implement a structure to coordinate discharge planning among publicly funded institutions and other
homeless populations into	system(s) of care (e.g., local hospitals).
permanent housing.	b. Review agreements on a comprehensive discharge planning.
10. Increase services to homeless	a. Increase the number of Housing First units with strong "wraparound supportive services" (such as
youth to prepare them for	substance abuse treatment, mental health counseling, youth mentoring, job shadowing, etc).
independent living.	b. Increase outreach activity to engage youth to access housing services.

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