

The following chart compares the Federal Strategic Plan "Opening Doors" objectives and components with the work of agencies/service providers in Sedgwick County and their Continuum of Care Coordinating Team.

| USICH Federal Strategic Plan "Opening Doors" | Components of Objectives: | What the CoC and the Sedgwick County community are doing: | Improvements: |
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| Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness | 1.) Educate the public 2.) Engage state/local/tribal leaders 3.) Update and implement state/local plans 4.) Involve citizens and private sector 5.) Test, model interagency collaboration 6.) Reward collaborating communities 7.) Recognize savings across partners 8.) Engage Congressional committees | The CoC is made up of local government staff, non-profits, and various community agencies who work with and advocate for the homeless. The CoC meets at least monthly to work on issues and strategies to end homelessness within our community. The CoC, as well as various service providers/agencies within Sedgwick County address the Federal Strategic Plan objectives. Components covered: 1, 2, 3, 4, 5, 7,8 | Components not covered: 6.) Reward collaborating communities |
| Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness | 1.) Compile research 2.) Coordinate federal technical assistance 3.) More readily available info on best practices 4.) More readily available info on special populations 5.) Needs of rural and tribal communities 6.) Inventory federal emergency response programs 7.) Increase use of HMIS 8.) Create a common data standard and uniform performance measures if feasible | Components covered: 1, 2, 3, 4, 5, 7 | Components not covered: 6.) Inventory emergency response programs |
| Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness | 1.) Support rental housing subsidies 2.) Expand supply of affordable rental homes 3.) Improve access to assistance 4.) Increase service-enriched housing | Components covered: 1, 2, 3, 4 | Components not covered: N/A |

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| Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness | 1.) Improve access to and use of supportive housing 2.) Protocols and incentives to free up units 3.) Expand supply of supportive housing 4.) Assess options for supportive housing service funding | Components covered: 1, 2, 3, 4 | Components not covered: N/A |
| Objective 5: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness | 1.) Job development focus on homelessness 2.) Improve access to work supports 3.) Best practices to help people enter workforce 4.) Coordinate/integrate employment programs 5.) Increase work for Veterans | Components covered: 1, 2, 3, 4, 5 | Components not covered: N/A |
| Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness | 1.) Best practices in access to income/work supports 2.) Improve access to income supports 3.) Enhance public info and call center for Veterans 4.) Create pathways to financial independence 5.) Prepare for Medicaid expansion | Components covered: 3, 4, 5 | Components not covered: 1.) Best practices in access to income/work supports 2.) Improve access to work supports |
| Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness | 1.) Co-locate housing and health care 2.) Build upon successful service delivery models 3.) Evaluate effectiveness of medical home model 4.) Establish medical respite programs 5.) Increase availability to behavioral health services 6.) Improve access to child and family services | Components covered: 2, 4, 5, 6 | Components not covered: 1.) Co-locate housing and health care 3.) Evaluate effectiveness of medical home model |
| Objective 8: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice | 1.) Improve discharge planning 2.) Improve access for youth 3.) Promote targeted outreach strategies | Components covered: 1, 2, 3 | Components not covered: N/A |
| Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice | 1.) Improve discharge planning 2.) Promote targeted outreach strategies 3.) Increase number of jail diversion courts 4.) Define approaches to reduce criminalization | Components covered: 1, 2, 3, 4 | Components not covered: N/A |

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| <p>Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing</p> | <p>1.) Promote best practices in crisis response 2.) Use mainstream resources for housing stability 3.) Implementation strategies for HEARTH Act 4.) Ensure continuity through HPRP services 5.) Ensure prevention in place-based strategies</p> | <p>Components covered: 1, 2, 3, 4, 5</p> | <p>Components not covered: N/A</p> |
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