

Program Model	Population	Time Frame	Essential Elements	Outcome	Indicators
Permanent Supportive Housing (PSH)	Everyone who is literally homeless (Individuals or families) <i>Prioritize:</i> Most vulnerable Exceptions: Exceptions for some populations based on funding. E.g. HOPWA	No limit on length of rental assistance and services	<ul style="list-style-type: none"> Rental Subsidy <ul style="list-style-type: none"> o Coordination between property manager / landlord o Housing Location Case Management <ul style="list-style-type: none"> o Pre-tenancy and tenancy o Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc Health Care Access <ul style="list-style-type: none"> o Medical Home 	Stabilization in permanent housing	<ul style="list-style-type: none"> Retention (threshold = 85%; challenge target = 96%) Exits to Permanent Housing (threshold = 65%; challenge target = 80%) Maintain or increase income (employment income or benefits) (threshold = 70% maintain or increase; challenge target = 35% increase) Maintain or acquire health insurance / medical home (threshold = 80%; challenge target = 90%)
Safe Havens	Chronically homeless individuals with a Mental Health diagnosis Those hardest to reach/engage in services; highest vulnerability <i>Prioritize:</i> Street homeless	No time limit	<ul style="list-style-type: none"> Low Demand with High Intensity Services Basic Needs (Food, shelter, safety) Case Management Linkage/Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc Skills for Daily Living/Preparation for Independent Living 	Retention and connection to appropriate levels of care and housing	<ul style="list-style-type: none"> Retention (threshold = 80%; challenge target = 93%) Exits to Appropriate Housing/Level of Care (threshold = 60%; challenge target = 71%) Maintain or increase income (employment income or benefits) Note: increase for those with no income (threshold = 33%; challenge target = 50%)
Rapid Re-housing (RRH)	Everyone who is literally homeless (Individuals or families) • No disability required	Up to 24 months	<ul style="list-style-type: none"> Rental Subsidy <ul style="list-style-type: none"> o Coordination between property manager / landlord o Housing Location Case Management <ul style="list-style-type: none"> o Pre-tenancy and tenancy o Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc Emphasis on employment supports and benefits Progressive Engagement Health Care Access <ul style="list-style-type: none"> o Medical Home 	Maintain permanent housing	<ul style="list-style-type: none"> Exits to Permanent Housing (threshold = 70%; challenge target = 73%) Maintain or increase income (employment income or benefits) (threshold = 66% maintain or increase; challenge target = 25% increase) Maintain or acquire health insurance / medical home (threshold = 70%; challenge target = 80%) Maintain housing (threshold & target TBD)
Shelter	Literally homeless (Individuals or families)	Varies based on rehousing path	<ul style="list-style-type: none"> Low Barrier Basic Needs (Food, shelter, safety) Case management <ul style="list-style-type: none"> o Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc. Skills for Daily Living/Preparation for Independent Living Client Services <ul style="list-style-type: none"> o Transportation, Showers, Clothing, Lockers, etc. 	Connection to rehousing path	<ul style="list-style-type: none"> Exits to more stable or Permanent Housing (threshold = 30% more stable or permanent; challenge target = 27% permanent) Income (employment income or benefits) (threshold = 40%; challenge target = 52%) Obtain ID / Documentation Ready Coordinated Entry Assessments (threshold = 40%; challenge target = 60%)
Street Outreach	Literally homeless and on the street (Individuals or families)	Unlimited engagement for prioritized populations	<ul style="list-style-type: none"> Targeted Persistent Engagement Case management ?? Linkage / Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc. Client Services <ul style="list-style-type: none"> o Transportation, Food, Clothing, etc. Mobility of Staff / Provider 	Improve Stability	<ul style="list-style-type: none"> Navigation Metrics for assigned populations Encounters Program Enrollments Shelter Enrollments Coordinated Entry Assessments Income (employment income or benefits) Obtain ID / Documentation Ready