



# COMMUNITY PARTNERSHIP

*Working Together to Build Strong Communities*

## OZARKS ALLIANCE TO *End* HOMELESSNESS ANNUAL REPORT ON THE SYSTEM FISCAL YEAR 2023

SPRINGFIELD/GREENE, CHRISTIAN, AND WEBSTER  
COUNTIES CONTINUUM OF CARE

[CPOZARKS.ORG/ENDHOMELESSNESS](https://cpozarks.org/endhomelessness)

RELEASED OCTOBER 2024

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# Ozarks Alliance to End Homelessness Overview

## OUR *Community's* CONTINUUM OF CARE



The Ozarks Alliance to End Homelessness (OAEH) is the U.S. Department of Housing and Urban Development’s (HUD) designated Continuum of Care for Springfield/Greene, Christian, and Webster Counties. Community Partnership of the Ozarks is proud to coordinate this dynamic initiative, which has grown from the first two partners (The Kitchen, Inc. and the City of Springfield) to over 65 partners today that represent people with lived experience, non-profits, local government, advocacy groups, and others. Through innovation and collaboration with partner agencies, OAEH implements a community-wide approach to ensure that episodes of homelessness are rare, brief, and non-recurring.

\*\*\*\*\*

*We’d like to give a special thank you to the 2023 OAEH Executive Board members, who represent different systems of care and are true community champions for those experiencing homelessness.*

- Jody Austin, Chair, City of SGF – Mayor Appointed, SGF-Greene Co. Health Department
- Darline Mabins, Vice-Chair, Multicultural Business Association
- Kelly Harris, Immediate Past Chair, Council of Churches – Safe to Sleep
- Missey Hayward, City of SGF – Mayor Appointed, Guaranty Bank
- Bandi Kolbe, Christian County Representative
- Alyssa Spradlin, Webster County Representative
- Wyatt Jenkins, Greene County Representative
- Lt. Tonya Price, Springfield Police Department
- Bob Atchley, Lead Agency Representative, City of SGF
- Theresa Oglesby, Systems & Services Chair
- Katie Anderson, Housing Authority
- Meleah Spencer, HUD Recipient, The Kitchen, Inc.
- Lee Wiley, Lived Experience, Burrell Behavioral Health
- Tammy Shipp, At Large, Burrell Behavioral Health
- Dana Elwell, At Large, Community Representative
- Dr. Tim Knapp, At Large, Community Representative
- Katrin Herd, At Large, Gathering Friends
- Brock Hughes, At Large, Mercy

# Message from Our Board Chair

Jody Austin

Community Partnership of the Ozarks (CPO) is a critical, integral part of our community's success. It is an honor and privilege to serve as the Chair of the Ozarks Alliance to End Homelessness (OAEH) Executive Board. I am excited to share the accomplishments of the Ozark Alliance to End Homelessness from the past year.

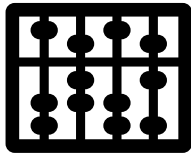
This year, we successfully collected Point-In-Time (PIT) and Homeless Youth data, providing a snapshot of the number of people experiencing homelessness on a single night. The OAEH distributed \$1.3 million in HUD Continuum of Care (CoC) funding to local homeless service programs. Through strategic action planning, the OAEH established committees, including the Lived Experience Council and the Healthcare to Housing committee, in response to the 2022 Homeless System of Care Analysis of Need.

The Executive Board oversees the OAEH, and we are working towards improvements in our annual monitoring and grant scoring procedures to ensure compliance with HUD and foster a collaborative approach. It has been an extreme honor to serve on the board, and I look forward to the future accomplishments we will achieve together.

*Note: This report details the activities and achievements of the Ozarks Alliance to End Homelessness during the U.S. Department of Housing and Urban Development's fiscal year 2023, which began on October 1, 2022, and ended September 30, 2023.*

# Who is experiencing homelessness in our community?

## Point-in-Time Count



Every year, communities across the U.S. document the number of people experiencing homelessness on a single night. This provides a snapshot of who we serve.

### On one night in January 2023 . . .



**617 Individuals** were experiencing homelessness



**252 Individuals** were **chronically homeless**



**46 Families** were experiencing homelessness



**105 Children** were experiencing homelessness

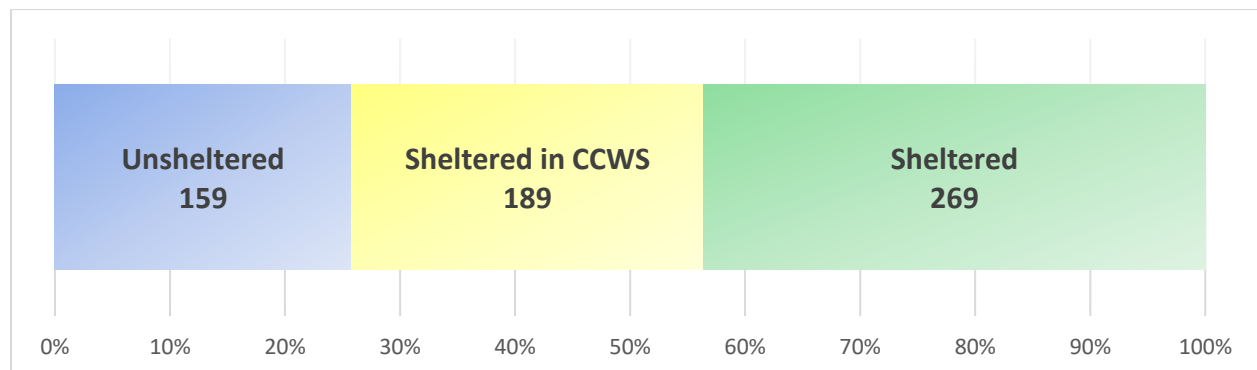


**56 Veterans** were experiencing homelessness



**35 Youth** (aged 18 -24) were experiencing homelessness

**26%** of those counted were **unsheltered\***



*\*Crisis Cold Weather Shelters (CCWS) are open November 1st through March 31st when temperatures are 32 degrees Fahrenheit or below. While the federal government classifies these individuals as “sheltered,” when the CCWSs are closed these individuals are typically unsheltered.*

### Among those who were experiencing unsheltered homelessness during the Point-in-Time Count . . .

- **71%** were **not employed** in the past 6 months. **18%** were employed **part-time** and **11%** were employed **full-time**.
- **77%** had stayed on the streets or in shelters for **one year or more**.
- **71%** had at least one **disability**.
- **31%** had been a victim of **domestic violence**, and **36%** had been **harmed while experiencing homelessness**.

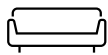
## High Risk and Homeless Youth Snapshot



In the spring of 2023, OAEH's Homeless Youth Taskforce conducted its 10<sup>th</sup> Survey of High-Risk and Homeless Youth. **49 youth** between the ages of 14 and 23 who were enrolled in or seeking services from partner agencies completed the survey. Of those youth . . .



Approximately **half** had experienced **homelessness on their own**, including . . .



**70%** who had stayed temporarily with family or friends, aka **"couch surfed."**



**69%** who had **slept in a place not meant to be slept in**, such as outside or in a vacant building.



**Half** who had stayed on the streets or in shelters for **one year or more.**

### Risk Factors:

- **69%** had a mental health or physical **disability**.
- **67%** had experienced **abuse** at home.
- **59%** had at least one **parent with a drug or alcohol problem**.
- **55%** had been a **ward of the state** in foster care or the juvenile justice system.
- **12%** were **expecting** a child and **10%** had one or more **children**.

More information is available at [www.cpozarks.org/endhomelessness](http://www.cpozarks.org/endhomelessness) or at <https://icalliances.org/mo-pit-dashboard>.

# How is our community addressing homelessness?

## Services and Partners

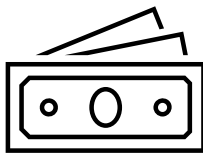
### Housing Programs



Individuals experiencing homelessness in Springfield/Greene, Christian, and Webster counties are served by several housing programs provided by OAEH member agencies. These housing programs are each designed to serve specific sub-populations of those experiencing homeless in our region. Below is a brief description of some of the services available.

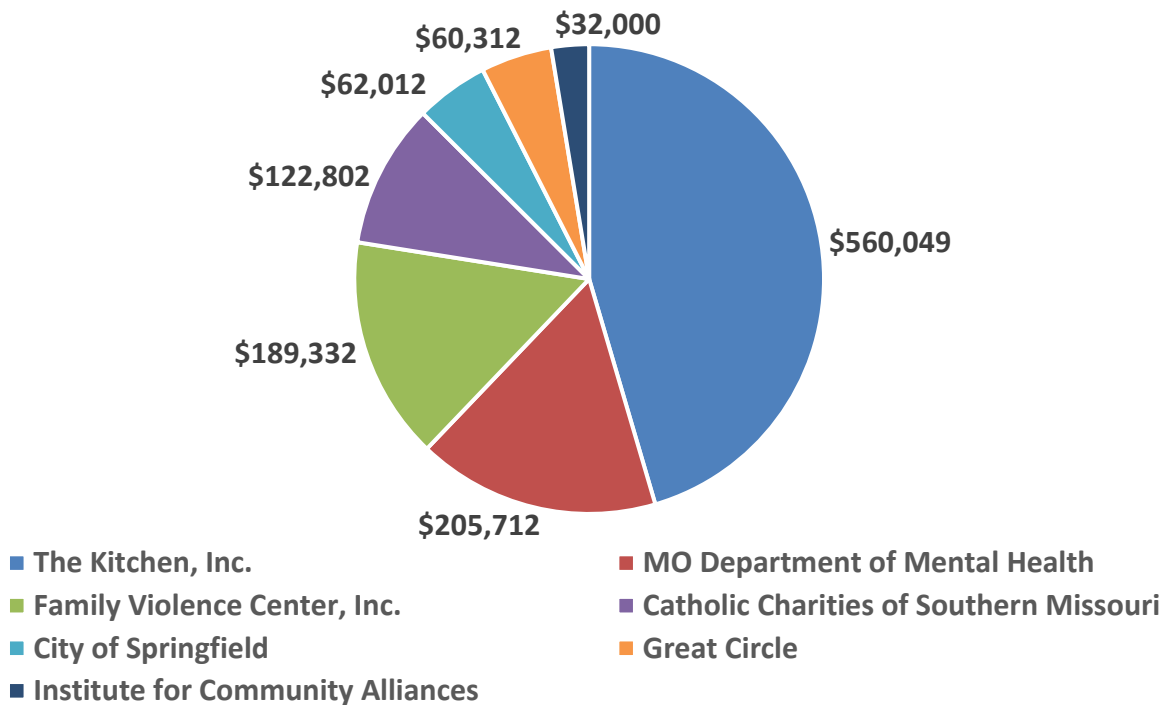
|                                     |                         |  |
|-------------------------------------|-------------------------|--|
| <b>Emergency Shelter</b>            | 13 Programs<br>606 Beds | Emergency Shelters provide short-term shelter for those who are homeless as they prepare to move into more stable housing. These numbers include programs for victims of domestic violence, Crisis Cold Weather Shelters, and programs that serve children.                                |
| <b>Transitional Housing</b>         | 3 Programs<br>47 Beds   | Transitional Housing programs serve individuals and families for up to 24 months and include supportive services that enable participants to live more independently. The goal of Transitional Housing is to help households transition to permanent, affordable housing.                  |
| <b>Rapid Re-housing</b>             | 9 Programs<br>268 Beds  | Rapid Re-housing programs rapidly connect families and individuals experiencing homelessness to permanent housing to reduce the length of time they are homeless. Programs may include the use of time-limited financial assistance, case management, and targeted supportive services.    |
| <b>Permanent Supportive Housing</b> | 5 Programs<br>167 Beds  | Permanent supportive housing combines housing assistance with voluntary support services to address the needs of those who are homeless. The services are designed to address barriers to housing and connect people with community-based health care, treatment, and employment services. |

## Grant Funding



Our community relies on funding from several federal, state, and local grants to sustain homeless services throughout the OAEH service area. In FY 2023, the OAEH distributed over \$1.2 million in HUD federal grant funding to local homeless service programs. The following shows how that grant breaks down by recipient agency, population served, and type of program.

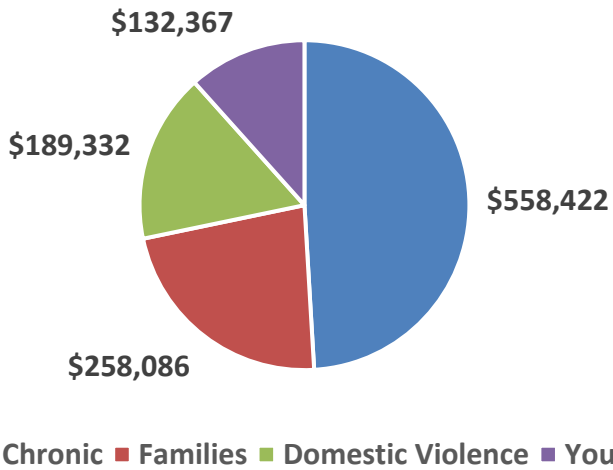
### FY23 HUD CoC Funding by Agency - \$1,232,219



| Agency                                  | Funding Amount     |
|---|--------------------|
| The Kitchen, Inc.                       | \$560,049          |
| MO Department of Mental Health          | \$205,712          |
| Family Violence Center, Inc.            | \$189,332          |
| Catholic Charities of Southern Missouri | \$122,802          |
| City of Springfield                     | \$62,012           |
| Great Circle                            | \$60,312           |
| Institute for Community Alliances       | \$32,000           |
| <b>Total</b>                            | <b>\$1,232,219</b> |



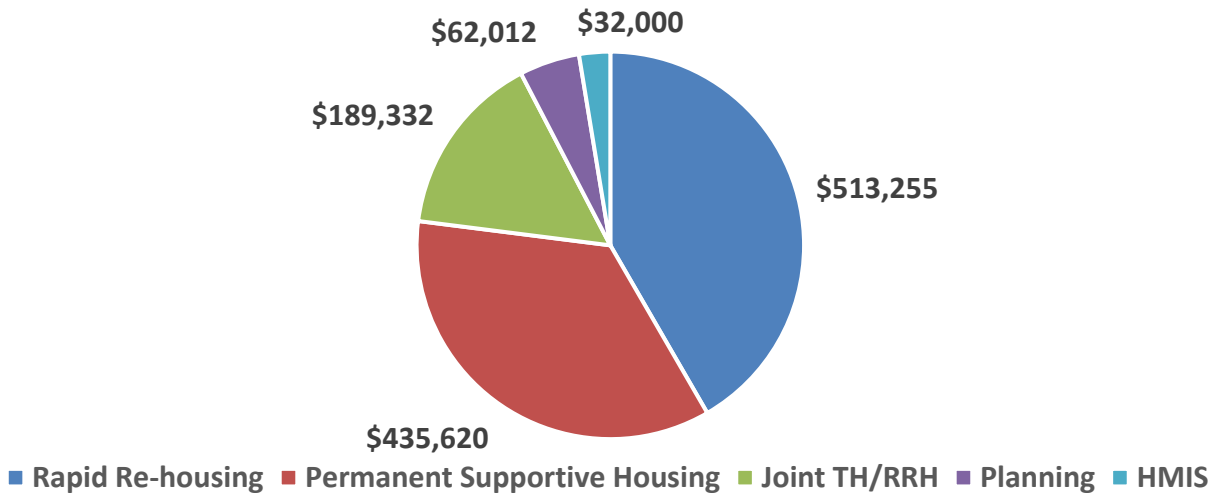
**FY23 HUD CoC Funding by Population Served - \$1,138,207**



| Population                | Funding Amount     |
|---------------------------|--------------------|
| Chronically Homeless      | \$558,422          |
| Families                  | \$258,086          |
| Domestic Violence Victims | \$189,332          |
| Youth                     | \$132,367          |
| <b>Total</b>              | <b>\$1,138,207</b> |

*\*Funding by Population Served does not include the Planning Grant or HMIS Grant.*

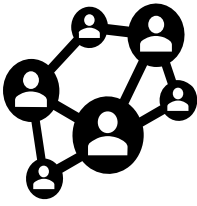
**FY23 HUD CoC Funding by Program Type - \$1,232,219**



*Table 3*

| Program Type                 | Funding Amount     |
|------------------------------|--------------------|
| Rapid Re-housing             | \$513,255          |
| Permanent Supportive Housing | \$435,620          |
| Joint TH/RRH                 | \$189,332          |
| Planning                     | \$62,012           |
| HMIS                         | \$32,000           |
| <b>Total</b>                 | <b>\$1,232,219</b> |

## The O'Reilly Center for Hope

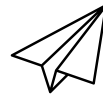


The O'Reilly Center for Hope brings together multiple partner agencies in support of affordable housing and financial stability. Accessing services is frequently difficult for those living in poverty or experiencing homelessness, but a single site reduces transportation and other access barriers. The O'Reilly Center for Hope is a community hub focusing on improving the lives of individuals, families with children, and Veterans who need help becoming housed and self-sufficient.

### In FY 2023...



**9,300 unique guests**  
were served



**33,000+ referrals**  
were made

#### *One Door*

When facing a housing crisis, understanding and navigating the systems of services can be confusing and overwhelming. One Door assists in maneuvering through those crucial systems by providing a central point of entry for coordinated intake, assessment and referrals for housing services.

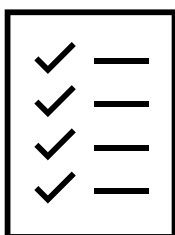
#### **Critical Care Services:**

- Computer, Internet, and phone access
- Hygiene and first aid supplies
- Laundry & shower services
- Mail services
- Resource navigation services

#### **Additional Partners and Services:**

|  |  |
|--|--|
| Burrell Behavioral Health                              | OACAC                                    |
| Catholic Charities of Southern Missouri                | Springfield Community Land Trust         |
| CPO Community and Neighborhood Development Programming | Springfield/Greene Co. Health Department |
| CPO Financial Stability Programming                    | Springfield Public Schools               |
| Habitat for Humanity                                   | Veterans Administration                  |
| Humanitarian Way                                       | Veterinarian Services for the Homeless   |
| Legal Services of Southern Missouri                    | WIC                                      |
| Missouri Job Center                                    |  |
| MSU Care   |  |
| Nursing  |  |

## System Performance Measures



HUD uses a set of defined measures to determine our community’s progress in meeting the needs of people experiencing homelessness – not only in obtaining housing, but in supporting them in sustaining it. Our progress on these measures impacts federal funding allocations.

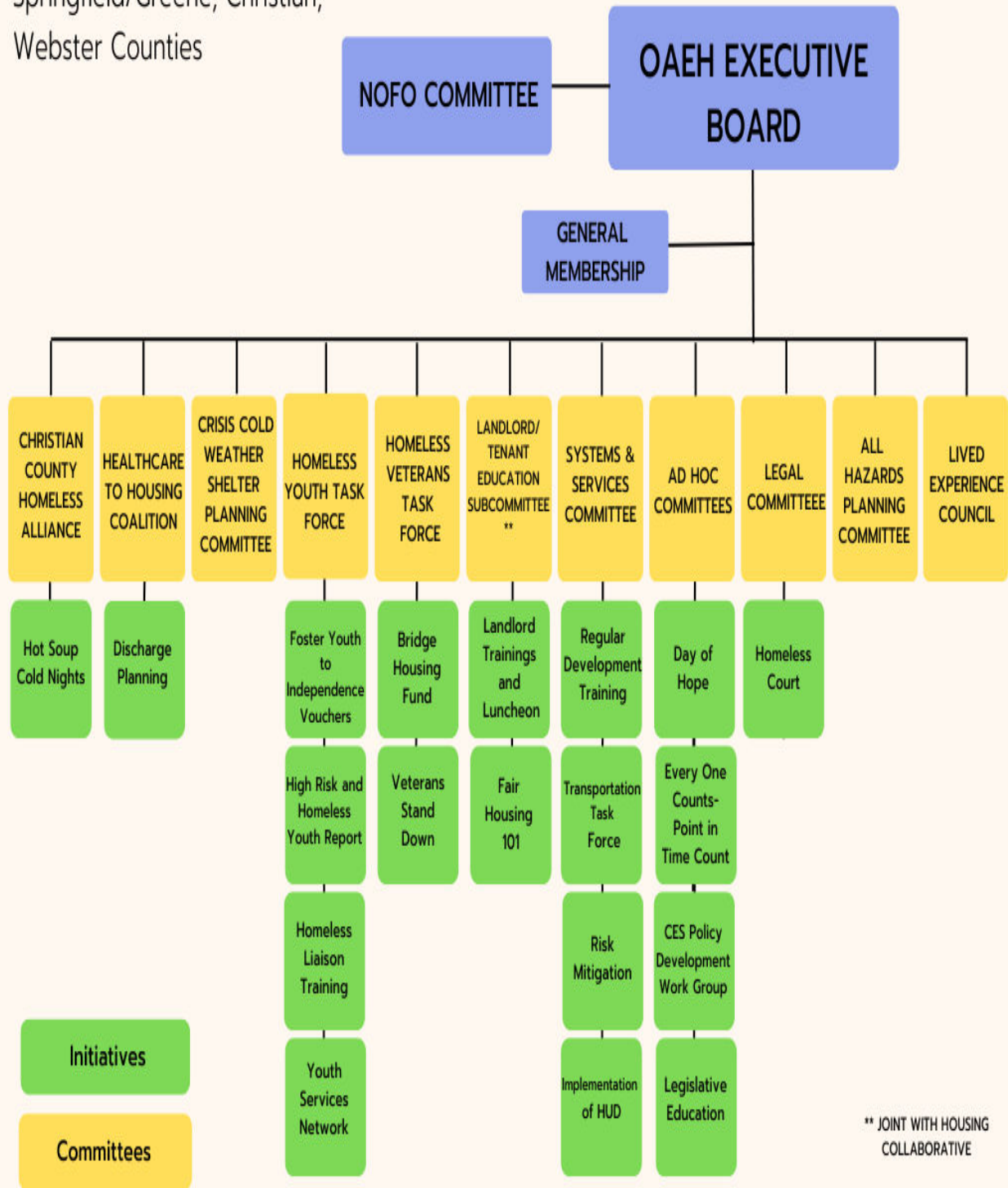
| Measure   | Outcome   |
|---|---|
| Length of time people remain homeless                                 | Over the last reporting year, the average number of days people experienced homelessness before getting housed <i>increased</i> from 64 days to 65 days. (Measure 1, Metric 1.1).   |
| Extent that people who were permanently housed return to homelessness | Over the last reporting year, 3% of households that exited to permanent housing situations returned to homelessness within 6-12 months., <i>the same</i> as FY 2019 (Measure 2a).   |
| Number of people experiencing homelessness                            | Our annual sheltered count shows that over the last reporting year, the number of people experiencing sheltered homelessness over the entire year has <i>decreased</i> from 1,260 individuals to 1,070 individuals (Measure 3, Metric 3.2).   |
| Employment Income and Growth  | Over the last reporting year, 35% of adults who stayed in a housing program increased their total income. This is an <i>increase</i> from FY 2019, when 24% of adults increased income (Measure 4, Metric 4.3).   |
| Number of people experiencing homelessness for the first time         | Over the last reporting year, 83% of people served across all programs* were experiencing homelessness for the first time. This is <i>the same as</i> FY 2019, when 83% of people were experiencing homelessness for the first time (Measure 5, Metric 5.2).  |
| Successful placement in or retention of Permanent Housing             | Exits from shelter and rapid rehousing programs to permanent housing <i>increased</i> over the last reporting year from 33% to 36% (Measure 7, Metric 7b.1).<br><br>Successful exits/retention from permanent supportive housing programs has <i>increased</i> over the last reporting year from 92% to 93% (Measure 7, Metric 7b.2). |

\*Includes Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Supportive Housing Programs

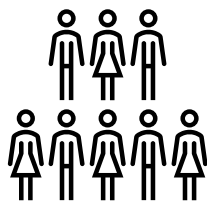
Learn more about our System Performance Measures at Institute for Community Alliance’s [Data Dashboard](#).

# OZARKS ALLIANCE TO END HOMELESSNESS



Springfield/Greene, Christian,  
Webster Counties



## Committee Descriptions and Outcomes









The OAEH includes several committees that coordinate efforts across organizations to address certain components of the homeless service system and specific challenges that arise. In FY2023, the OAEH conducted Strategic Action Planning to identify goals for each committee through FY2025 and started working toward those goals. The committees and their progress on initiatives are listed below.

| Icon Key  |   |
|---|---|
|  In Progress |  Completed |



### *OAEH Executive Board*



The Executive Board oversees the Ozarks Alliance to End Homelessness. They set policy and priority for the OAEH and ensure the OAEH is in compliance with HUD. They ensure all federal mandates are met and work to address community issues through a collaborative approach.

| Objective  | Outcome   |
|--|---|
| Research and develop innovative housing project ideas  |   |
| Establish the Healthcare to Housing Coalition          |  |
| Establish a lived experience council                   |  |
| Expand innovative employment assistance                |  |
| Revisit how we engage and support surrounding counties |  |
| Affirmatively further Fair Housing                     |  |

### *Systems & Services Committee*




The Systems & Services Committee offers support and networking opportunities for federally and non-federally funded agencies in our community. This group often discusses successes and challenges, emerging issues facing those experiencing homelessness, collective training needs for staff, and gaps in services, as well as topics related to Housing and Urban Development (HUD) funding implementation and requirements.

| Objective  | Outcome   |
|--|---|
| Bolster the SSI/SSDI Outreach Access and Recovery (SOAR) program           |  |
| Help establish a risk mitigation initiative and application fee regulation |  |

|  |   |
|--|---|
| Educate and engage with underserved, culturally specific populations |  |
| Create a transport program   |  |



### *Christian County Homeless Alliance*

The Christian County Homeless Alliance is dedicated to improving the system of care for those experiencing homelessness in Christian County through collaboration with school districts, faith-based and nonprofit service providers, city government, and local businesses.

| Objective   | Outcome   |
|---|---|
| Attain sustainable funding to support shelter diversion program   |  |
| Engage with Healthcare to Housing Coalition & Form subcommittee on Crisis Intervention Team (CIT)/Co-Responders |  |
| Conduct a Rural Homelessness Study  |  |


### *Crisis Cold Weather Shelter Planning Committee*

The Crisis Cold Weather Shelter (CCWS) Planning Committee coordinates the CCWS program. Every winter, overnight Crisis Cold Weather Shelters open in our community to provide additional emergency shelter beds on nights when the temperature dips below freezing.

| Objective   | Outcome   |
|---|---|
| Facilitate involvement from businesses, churches, civic organizations, and volunteers |  |
| Open shelters on cold nights through the winter                                       |  |

### *Every Voice Counts Council*

The Every Voice Counts Council is the Lived Experience Council of the OAEH. Sponsored by different OAEH partners, this Council consists entirely of people with direct lived experience of homelessness. The scope of the EVC Council is designed to ensure people with lived experience of the harms associated with homelessness have an opportunity to provide direction and expert advice regarding OAEH activities, programs, and strategic development.

| Objective                                       | Outcome   |
|---|---|
| Design and establish a lived experience council |  |

### *Healthcare to Housing Coalition*

The Healthcare to Housing Coalition discusses and acts on issues related to access to healthcare and discharge planning. This is the OAEH's newest committee.

| <b>Objective</b>   | <b>Outcome</b> |
|--|----------------|
| Establish the Healthcare to Housing Coalition                              | ✓              |
| Identify and recruit stakeholders  | ✓              |
| Establish a discharge planning subcommittee                                | ⌚              |
| Establish formal partnerships between healthcare and housing organizations | ⌚              |

### *Homeless Veterans Task Force*

The Homeless Veterans Task Force was formed to ensure that homeless and unstably housed individuals who have served in the military receive aid. The Homeless Veterans Task Force is composed of representatives from homeless service agencies throughout the Springfield community, including those who work in Veteran-specific agencies, and individuals who identify as Veterans themselves.

| <b>Objective</b>   | <b>Outcome</b> |
|--|----------------|
| Advance fundraising for the Bridge Housing program                   | ✓              |
| Increase the number of SOAR Certified Veterans and service providers | ✓              |
| Participate in newly established coalitions                          | ✓              |

### *Homeless Youth Task Force*

The Homeless Youth Task Force was formed to ensure the needs of unstably housed youth in Springfield/Greene, Christian, and Webster counties are being taken into account. HUD defines youth as anyone between age 13 and 24, and while unstable housing is a difficult situation to deal with at any age, the Homeless Youth Task Force aims to aid those who are vulnerable to homelessness during their most formative years. The Homeless Youth Task Force is comprised of representatives from homeless services agencies who primarily work with youth and know their needs first-hand.

The Homeless Youth Task Force is also responsible for fostering the Youth Action Board. The Youth Action Board is made up of youth with lived experiencing of homelessness and housing instability aged 13-24 years old.

| Objective   | Outcome |
|---|---------|
| Establish and maintain a strong and active Youth Action Board | ✓       |
| Improve youth financial stability                             | ⌚       |
| Engage rural youth service providers                          | ⌚       |
| Participate in newly established coalitions                   | ⌚       |

### *Landlord/Tenant Education Subcommittee*

The Landlord/Tenant Education Subcommittee is a joint committee with CPO's Housing Collaborative. Its mission is to educate both landlords and tenants on key challenges within our community related to rental housing, create community conversations to bridge the gap between landlords and tenants, and connect landlords and tenants to available resources.

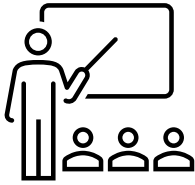
| Objective  | Outcome |
|--|---------|
| Educate case managers about Fair Housing                         | ✓       |
| Educate landlords about Social Serve, a housing locator platform | ⌚       |
| Educate tenants about renting and improve accountability         | ⌚       |
| Strengthen relationships between landlords and tenants           | ⌚       |

### *Ad Hoc Committees*

- Day of Hope Committee (plans monthly medically directed service events)
- Every One Counts Committee (facilitates the annual Point-in-Time Count)
- CES Policy Development Work Group
- Legislative Education Committee
- All Hazards Planning Committee



## Education and Engagement



One important function of the OAEH is educating and engaging individuals, service providers, and the community at large on topics about homelessness and housing. In FY2023, the OAEH hosted 6 periodic trainings for all members of the Alliance and hosted several community education events at the O'Reilly Center for Hope.

### *General Membership Trainings*

Each year, the OAEH provides periodic training for all members of the Alliance. Training topics for FY2023 included:

- Mainstream Benefits
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Trauma-Informed Care
- Substance Abuse/Recovery
- Employment Assistance
- Violence Against Women Act (VAWA)

### *O'Reilly Center for Hope Training Center*

The O'Reilly Center for Hope includes a training center, which provides free community education and training on-site through partner agencies. The center enables the OAEH to offer regular classes and workshops such as:

- Basic Budgeting and Financial Literacy
- Better Rental Living
- Employment and Workforce Development Skills
- Eviction Mitigation and Foreclosure Prevention
- Fair Housing Laws and Landlord/Tenant Education
- Homebuyer Education and Financial Coaching
- Housing Quality Standards
- How to Become a Section 8 Landlord
- Nutrition and Healthy Cooking
- Parent Cafes
- Starting a Small Business/How to Be an Entrepreneur
- Weatherization to Reduce Utility Costs

# Glossary

**Annual Homeless Assessment Report (AHAR):** HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including demographics, service use patterns, and capacity to house people. Report is based on data the OAEH submits to HUD from the Coordinated Entry System, Point-in-Time Count, and Housing Inventory Counts.

**Case Conferencing:** Twice monthly meetings with housing and service providers to refer people to housing programs from the Prioritization List, in addition to monthly meetings to address subpopulations including foster youth, Veterans, and those experiencing chronic homelessness.

**Chronic Homelessness:** Specific definition of homelessness based on length of time someone has experienced homelessness (over one year or repeatedly) and a disabling condition (mental illness, substance use disorder, or physical disability).

**Continuum of Care (CoC):** Federally mandated local planning body tasked by HUD with oversight of federal funding for homeless services and system level coordination of a community's response to homelessness. Locally, DBA as Ozarks Alliance to End Homelessness.

**Coordinated Entry System (CES):** Federally mandated process to manage referrals to housing programs across a community, includes access, assessment, prioritization, and referral; facilitated by Community Partnership's One Door program. This process ensures that everyone needing assistance has equal access to housing resources.

**Crisis Cold Weather Shelter (CCWS):** Supplemental overnight emergency shelter system operating during the winter season (November through March).

**Diversion:** Intervention to immediately address needs to prevent a household from accessing the emergency shelter system.

**EHV:** Pandemic-era long-term tenant based rental assistance allocated to Public Housing Authorities through the American Rescue Plan Act; requires an MOU with the CoC.

**Emergency Shelter:** Facility whose primary purpose is to provide temporary shelter (generally 90 days or less).

**FYI:** Long-term tenant based rental assistance to at-risk young adults aging out of foster care. Funding is administered through Public Housing Authorities and requires an MOU with the CoC.

**Homeless:** Individual or family who lacks a fixed, regular, and adequate nighttime residence (e.g., living in emergency shelter, transitional housing, or somewhere not meant for human habitation).

**Homeless Management Information System (HMIS):** A local information technology system used to collect client-level data and data on the provision of housing and services to households

experiencing or at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Housing First:** National best practice philosophy of offering housing assistance that prioritizes meeting basic needs (housing, food) first before addressing other needs (employment, budgeting, etc.) Also emphasizes client choice in determining housing assistance.

**Housing Inventory Count (HIC):** Single night inventory of beds in a CoC dedicated to serving people experiencing homelessness; documented on a single night in January.

**HUD (US Department of Housing and Urban Development):** Cabinet department that administers programs that provide housing and community development assistance while working to ensure everyone has fair and equal opportunities for housing. Federal oversight of the CoC program.

**HUD-VA Supportive Housing (VASH):** Joint housing program through HUD and the VA that serves Veterans. It pairs rental assistance vouchers administered by Public Housing Authorities with supportive services and case management through the VA; takes referrals from the Coordinated Entry System.

**Ozarks Alliance to End Homelessness (OAEH):** Local Continuum of Care, aka “The Alliance.”

**Point-in-Time Count (PIT):** Federally mandated initiative and report that counts and collects demographic information on people experiencing homelessness (sheltered and unsheltered) on a single night at the end of January.

**Permanent Supportive Housing:** Type of housing assistance that pairs long-term rental payments with case management and services to serve the most vulnerable people experiencing chronic homelessness.

**Prioritization List:** Local list of households who reported experiencing homelessness in the last 90 days; used to make referrals to housing programs based on highest need.

**Rapid Rehousing:** Type of housing assistance that provides short-term (up to two years) rental payments and services.

**Sheltered:** Individuals staying in emergency shelter or transitional housing.

**SOAR (SSI/SSDI Outreach, Access & Recovery):** Initiative designed to improve access to SSI and SSDI for people who are experiencing homelessness and have a disabling condition, specifically individuals with mental illness.

**Social Security Disability Insurance (SSDI):** Provides benefits to blind or disabled individuals who are “insured” based on contributions paid into the Social Security Trust Fund.

**Supplemental Security Income (SSI):** Provides benefits to low-income people who are disabled, blind, or elderly.

**Supportive Services for Veteran Families (SSVF):** Federal grant administered by the Department of Veterans Affairs to prevent and end Veteran homelessness by providing housing assistance and supportive services to very low-income Veteran families. Locally, awarded to The Kitchen, Inc. and operated as their Home At Last program. Takes referrals from the Coordinated Entry System.

**Unsheltered:** Individuals staying on the streets, in an encampment, in their car, or other place not intended as housing (includes housing without utilities).

**VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool):** Survey administered to people through the Coordinated Entry System to assess their need for housing assistance.