STRATEGIC PLAN TO END HOMELESSNESS

Spokane, Washington

2015-2020

DRAFT

Table of Contents

Purpose

In urbanized areas across the country, too many people spend the night without housing, camping in parks, living in garages, staying in cars or living under bridges. Many more are doubled up with relatives or friends temporarily, often further burdening a household that is struggling in poverty. Homelessness is not a new phenomenon. Nationally, a clearly understated estimate (because of the difficulty of coverage in one night homeless counts in all areas of the nation) of the number of homeless persons nationally on a given night at the end of January 2014 was 578,000 persons, a reduction of only 11% from 651,000 in 2007, showing the difficulty of the task.

This strategic plan for the county-wide area of Spokane County has been developed to respond to the need to solve the issue of homelessness. The Plan is intended to guide non-profit agencies, local government and other interested parties in taking concerted action to work toward ending homelessness as we know it today. The Plan lays out a series of strategies that will guide annual steps to accomplish that goal. The process will involve community will, the allocation of significant resources and the implementation of national best practices in the Spokane area. The guiding community principle is that no person should experience homelessness, but if a person does become homeless it will be rare, brief and one time.

Executive Summary

Significant progress has been made over recent years toward meeting the needs of homeless persons nationally and in Spokane. In Spokane, we have developed partnerships at all levels to improve coordination and resources, have increased the number of beds available to stabilize homeless persons, increased our ability to prevent homelessness and have greatly improved our systems for outreach and placement of homeless persons entering our system of care.

Homelessness remains persistent in our community; and much remains to be accomplished in meeting our goal of ultimately ending homelessness. Over 1,100 persons were found homeless on a single night in January 2014, while many others went uncounted or were precariously housed. We continue to increase our resources but find we still do not have the housing and services resources needed to meet all of the needs, particularly for those who are most vulnerable and unstable.

Over the past decade, increased commitments at the Federal level have provided an impetus for progressing toward a coordinated approach to end homelessness in our area. In 2009, the Federal HEARTH (Homelessness Emergency Assistance and Rapid Rehousing) Act increased prevention resources, provided incentives to expanding rapid rehousing of homeless persons and emphasized the development of permanent supportive housing resources. In the following year, the Federal Interagency Council for the Homeless announced a national Strategic Plan to Prevent and End Homelessness, *Opening Doors*, which provided a coordinated framework for planning at all levels of government to end homelessness. In the intervening years, a great deal of research and communication on best practices in homeless programs and outcomes have significantly added to an awareness of results-oriented solutions adaptable at the community level.

It is with this backdrop that Spokane homeless planning organizations make a renewed call to action to end homelessness in our area. The Spokane Continuum of Care has created this **2015-20 Spokane Strategic Plan to Prevent and End Homelessness** to provide a road map for local government, non-profit housing and services providers and other entities for use in working toward ending homelessness. The Plan is consciously linked to the goals and objectives of the **Opening Doors** Federal Plan to take advantage of the potential for increasing a coordinated approach.

Integrated into the Plan is the City of Spokane's commitment to end homelessness of Veterans. To emphasize the need to push forward with the solving homelessness, the Mayor of Spokane has signed on to the national Mayor's Challenge to End Veterans Homelessness by 2015. Also included in the Plan are goals to work forward ending chronic homelessness by 2017 and ending family homelessness by 2018. These are purposely aggressive goals in order to focus on their importance.

The Spokane Plan envisions that no one should experience homelessness. Three Primary Goals of ending homelessness for three targeted homeless subpopulations (Chronically Homeless Persons, Homeless Veterans and Homeless Families) are established while the community works toward ending homelessness for all populations. The Plan contains 5 Primary Objectives and 31 specific implementing Strategies. The Objectives are broadly stated. They are targeted toward the ultimate goal of ending homelessness by strengthening our local systems and aligning our objectives with national strategies, both Federal and State.

Following the Plan Summary immediately below, the Strategic Plan is organized into three sections. The first section provides background information on trends in homelessness both nationally and locally and efforts toward ending homelessness. The second section describes the specifics of the Spokane Strategic Plan, with detailed strategies implementing the objectives of the plan. The third section describes the Continuum's 2015 Annual Action Plan which will be updated annually.

Plan Summary

The following is a summary of the primary components of the 2015-20 Plan:

VISION

No one should experience homelessness. No one should be without a safe, stable place to call home. Spokane Continuum of Care vision is to provide opportunities that enhance the quality of life for Spokane's extremely low to moderate income populations.

CORE BELIEFS

We believe access to housing is a basic human right, and homelessness contradicts the right to safe and adequate shelter. We believe acknowledging housing as a human rights issue improves how people who

are experiencing homelessness are viewed and treated. These beliefs help set the proper context for addressing homelessness through approaches that extend dignity and protection to people and aim to re-establish their rights.

PRIMARY GOALS

Retool the homeless response system to:

- End Veteran homelessness by 2015
- End Chronic homelessness by 2017
- End Family homelessness by 2018

OBJECTIVES

1. Increase Leadership, Collaboration and Civic Engagement

   a. Expand partnerships and create efficiencies by increasing coordination and integration.
   b. Advocate for state and federal legislation and financing
   c. Increase knowledge about homelessness and successful collaborations and interventions to prevent and end homelessness.
   d. Compile and disseminate research to increase best practices and cost-effectiveness
   e. Increase capacity of delivery system
   f. Reduce the criminalization of homelessness by defining constructive approaches

2. Increase Access to Stable and Affordable Housing

   a. Support affordable housing subsidies
   b. Expand the supply of affordable rental units
   c. Increase service-enriched permanent housing for individuals with high barriers
   d. Implement a system-wide housing first philosophy and low-barrier housing
   e. Prioritize and target those most vulnerable including veterans, chronic homeless, families and youth.
   f. Create a pathway for those in Permanent Supportive Housing to move to affordable housing
   g. Commit to ending veteran homelessness by 2015
   h. Continue support for temporary housing that connects to Permanent Supportive Housing.
   i. Develop strong landlord relations and explore landlord mitigation funds.

3. Support effective pathways toward self-sufficiency and reduced financial vulnerability

   a. Improve coordination of employment programs with homeless assistance programs

     b.   Improve access to mainstream programs and services and increase the percentage of homeless housing participants obtaining non-cash mainstream benefits.

     c.   Identify and implement best practices, including supportive employment and client-tailored wrap around services.

     d.   Increase the percentage of homeless housing participants who increase employment income

     e.   Increase access to education, educational outcomes and living wage jobs.

4. Transform homeless services to crisis response systems leading to improved health and safety.

     a.   Institute system-wide partnerships and best practice models
     b.   Increase successful service delivery for in-home service
     c.   Promote outreach to high utilizers of system resources
     d.   Institute rapid re-housing as a strategic tool to end family homelessness
     e.   Utilize data-driven systems
     f.   Explore using flexible funds for meeting unique and multiples needs of individuals/families to prevent homeless or stabilize them.

5. Advance health and housing stability for youth experiencing homelessness, including unaccompanied homeless youth and youth aging out of systems such as foster care and juvenile justice.

     a.   Improve discharge planning from foster care and juvenile justice.
     b.   Increase housing resources and remove barriers
     c.   Promote outreach to youth who may be high utilizers of system resources
     d.   Improve resources for unaccompanied youth
     e.   Improve the count of homeless youth

Homelessness in America

Trends in homelessness across the nation

Annually, homeless providers, government agencies and volunteers in Spokane County and in communities across the nation, conduct a one night, point in time count of the homeless at the end of January. While extremely useful in planning, these point in time counts do not represent a true count of the actual number who are homeless because of several factors which include: an inability to reach all areas of the community due to inaccessibility or lack of volunteers; inclement weather; and not all homeless persons wish to be found or fear of authority.

Nationally, the number of homeless persons found in the annual count of the homeless has declined in every year since 2005, albeit modestly. The January 2005 count found a total of 763,010 compared to the January 2013 count of 610,042, a decline of 20%. The reduction between 2012 and 2013 equaled

3.7%, resulting in a national rate of overall homelessness in 2013 of 19 homeless persons per 10,000 population. The rate of Veteran homelessness was considerably higher at 27 per 10,000 Veterans. Among certain populations, the decline of homelessness is significant as can be seen below for Chronic Homeless Individuals which fell by almost 50% over the eight year period, while people in homeless families declined 30%. Reflecting a significant recent national effort to end Veterans Homelessness, Veterans homelessness fell by 23% in just the past four years alone.

Table 1: January 2013 Homeless National Point in Time Count

Homeless Population	2005	2009	2013	2005-2013 Percent Decline
Total Persons	763,010	643,067	610,042	20.0%
Individuals	444,027	404,957	387,845	12.7%
People in Families	318,983	238,110	222,197	30.3%
Chronic Homeless Individuals	175,914	110,917	92,593	47.3%
People in Chronic Homeless Families	NA	NA	16,539	NA
Veterans	NA	75,609	58,063	NA
Unaccompanied Children/Youth	NA	NA	46,924	NA

Source: National Alliance to End Homeless. The State of Homelessness in America, 2014.

The Annual Homeless Assessment Report indicated that while the majority of the homeless found during the national count were sheltered in emergency shelter and transitional housing, 35% were found unsheltered living on the streets, in parks, in cars, in abandoned buildings or other places not fit for human habitation. Importantly, one-half of unaccompanied children and youth found were unsheltered – much higher than the overall homeless population.

Nationally, the percentage of unsheltered persons declined from 23% between 2007 and 2013, reflecting additional housing resources across the country and declines in the number of homeless counted. However, reports across the nation have indicated that the number of persons doubled up in housing increased significantly during the recent recession and continued to grow in 2012.

A major positive trend affecting homelessness and persons at risk of homelessness across the nation is the advent of the Affordable Care Act. Forty-eight million people or 15% of the population, did not have medical health insurance in 2012. However, in the first six months of the program almost 10 million additional persons became insured.

The Root Causes of Homelessness

There are many causes for homelessness in America and usually more than one comes into play for a given person falling into homelessness. Among the major causes are:

- Poverty

    A history of poverty across the nation is at the root of homelessness. The crush of poverty exacts a heavy toll on family health and stability, affecting the ability of households to maintain adequate nutrition, afford health care and remain in adequate housing. In 2007, at the beginning of the Great Recession, the number living in poverty stood at 37.3 million. By 2012, there were 46.5 million people in poverty, nearing a 52-year high. The overall rate of poverty in 2013 was 16%, up from the 2010 rate of 15%. Poverty rates among minorities were considerably higher (Blacks = 27%; Hispanics = 26% in 2012). Children represented 35% of all persons in poverty. Importantly, persons at great risk of falling into poverty (those with incomes of less than 50% of poverty incomes or about $10,000 per year for a family of four) stood at 20%. More than 75% of all poor households were headed by women.

- Housing Costs

    There is a severe lack of affordable housing in the nation. In addition, vacancy rates are below a "healthy" rate (at 4.1% at the end of 2013), placing upward pressures on rents. According to the National Low Income Housing Coalition, in 2014, families across the nation need to earn a "housing wage" of $18.92 per hour (2.5 times the national minimum wage) to earn enough to pay for a 2-bedroom apartment at average Fair Market Rents. Fully 75% of the 10.2 million Americans falling into the extremely low income household category are paying more than 50% of their income for housing costs.

- Employment/wage structure

    The Great Recession resulted in a major dip in employment. Unemployment stood at 10% in October 2009. It has trended down and now stands at a 5.8%. Nevertheless, structural issues in the wage system have resulted in many of the new positions that have opened up being offered at the lowest wage levels, and inadequate to support living costs for families. Over the past 25 years, wages for the lowest income workers has not kept pace with increased living costs, nor have they kept pace with the salaries of those at the highest income brackets. The average income has actually decreased over the past 5 years. Of potential promise is a movement nationally to increase minimum wages up to or near $15.00 per hour but so far it has gained traction in a fairly small number of jurisdictions.

- Disabilities/Illness

    Based on self-reporting, which experts believe undercounts homeless persons with disabilities, 38% of the homeless in 2012 reported disabilities. Twenty-five percent (25%) were found to have serious mental illness, many of whom are extremely vulnerable. The closing of mental health hospitals across the nation, which began in earnest in the 1990s, continues to place mentally ill persons in jeopardy as community supports have proven inadequate to assure their stability. Sadly, rents that are affordable to persons on SSI are only $216 per month, well below the national Fair Market Rent for a one bedroom apartment at $788.

- Substance abuse

     Substance abuse causes and exacerbates the dysfunction of many homeless persons. Often alcohol or drugs is a self-administered medication used to cope with pain and other issues they face. Substance abuse also becomes a major obstacle to recovery and return to self-sufficiency.

- Domestic violence/child abuse

     Nationally, 30% of the homeless report having experienced domestic violence; and 50% of homeless women with children identified domestic violence as a factor in their homelessness. Domestic violence is particularly devastating to children with many suffering child abuse or neglect as a result. Children who suffer from abuse often experience long-term emotional trauma and are at greater risk of becoming homeless later in their lives.

- Criminal record

     Persons with criminal records have a much more difficult time in obtaining living wage jobs and obtaining rental housing, let alone obtaining a mortgage. In addition, persons leaving correctional institutions without strong community/family supports are highly susceptible to becoming homeless upon their release.

The Cost of Homelessness

The National Alliance to End Homelessness has surveyed local homeless programs and research to help to determine the cost of homelessness. The following represents some of this research which found that people experiencing homelessness are more likely to access the most costly health care services provided in communities.

A study of admissions of 564 homeless people to hospitals in Hawaii showed that their rate of psychiatric hospitalization was over 100 times higher than their non-homeless cohort. The study also found that the added cost of treating these homeless individuals was $3.5 million (about $2,000 per person).

A report in the New England Journal of Medicine indicated that homeless people spend an average of four days longer per hospital visit than other, non-homeless people. This added costs represents approximately $2,414 per hospitalization.

Three studies found that permanent supportive housing for homeless persons with disabilities is an effective means of reducing costs. A HUD study found that the cost of housing a homeless person in stable permanent supportive housing approximated the average cost of providing homeless persons crisis services, while another study of in Los Angeles by the Keck School of Medicine at USC determined that placing four chronically homeless people in permanent supportive housing saved the City more than $80,000 per year.

A study of the Housing First approach employed by the Downtown Emergency Service Center (DESC) in Seattle, showed that the cost of serving residents who had severe alcohol problems and other

medical and health conditions, was $2,449 less per person per month than those who lived in conventional city shelters.

Another way of looking at the costs of homelessness is to consider that homelessness both causes and results from issues such as alcohol abuse, psychological disorders and other major health issues that require long-term care and housing stability. Given the housing instability of a homeless person, they are inherently unable to access those needed services, thus extending their need and intensity for services. A study by Michael Siegel determined that the average cost of curing alcohol-related illness was approximately $10,660.

Finally, many homeless persons find themselves in the criminal justice system, in jails and prisons. According to a two-year study of homeless people conducted by the University of Texas, each person cost taxpayers $14,480 per year, primarily for overnight jail stays.

National Best Practices

Since the early days of Continuum of Care planning in the mid-1990s, innovative approaches have been tried in various communities in an attempt to reduce the numbers of homeless and to stabilize their housing. National and statewide initiatives have been implemented and, importantly, evaluative methods have been used to track outcomes. As a result, the body of work has been greatly enhanced in recent years and some very specific, proven practices have emerged as effective methods of reducing homelessness. All of these practices are becoming increasingly integrated into the Spokane continuum of care system as noted below. Among these key initiatives are the following:

Rapid Rehousing is a strategy used to move people quickly from homelessness into stable permanent housing. One of its goals is to reduce the length of time a person is homeless, minimizing its impact on the household's stability. The process begins with Coordinated Entry and Assessment which initially determines whether Rapid Rehousing in an appropriate intervention for the household. Progressive Engagement techniques, providing assistance tailored to the needs of the participant, are employed to establish the level of assistance needed. As used in the State of Washington, services are provided only to the extent of need; and they are limited initially, increasing as case management/assessment dictates. Client choice is a critical element as participation in programs is generally voluntary. Relatively short-term rental assistance is provided, again with an eye to providing only the amount of rental subsidy that is necessary to stabilize households. Through on-going assessment, persons needing either more services or different housing (such permanent supportive housing) are identified and provided necessary assistance. There has been considerable progress in the Spokane in implementing the Rapid Re-housing concept. In 2013-2014 the community established a Coordinated Entry and Assessment aimed at

making rapid and appropriate placement which employed Progressive Engagement techniques to determine the right mix of services and housing for the homeless coming into the system.

Permanent Supportive Housing for the most vulnerable populations, including Chronic Homeless Persons, is a primary intervention for persons with disabilities who need housing and services to sustain stability. By providing stable housing, a significant number of this population, can be moved from a life of on-going use of the crisis response system to independent living within their own housing. The Spokane Continuum has made considerable progress in meeting these housing needs by nearly tripling the number of permanent supportive housing beds. In some cases, they have converted existing resources to permanent supportive housing.

Housing First principles are used to place homeless persons directly into permanent housing and then provide them the services and supports they need to successfully remain housed. Key is that the screening process and a homeless housing agency's admission standards not be barriers to housing, regardless of a participant's use of alcohol or drugs; or their participation in services or treatment. Screening is used as a process to determine the appropriate housing to place the homeless person, and not as a method of deciding whether they should be placed. In 2013-2014, Spokane revised the policies of several of its permanent supportive housing projects to eliminate barriers to placement. Housing First principles are also being integrated into the Coordinated Entry and Assessment System. Any new McKinney-Vento permanent supportive housing resources will be administered using these principles.

The Homeless Emergency Assistance and Rapid Transition Act (HEARTH Act) In 2009, the Federal government passed legislation which re-directed national efforts toward ending homelessness. The HEARTH Act modified the existing federally-funded shelter program (which is administered locally in the Spokane Continuum), creating the Emergency Solutions Program which emphasizes rapid rehousing and homelessness prevention. The Act also instituted new performance standards and incentives for locally operated McKinney-Vento homeless programs. The definition of homelessness was expanded to include persons in imminent threat of risk of homelessness and families with children who are living unstably. The Act also strengthened the governance and role of local continuums of care who are charged with planning and managing homeless programs in their communities.

Homelessness in the Spokane Continuum - Defining the Needs

Who are the homeless?

HUD defines homelessness person as someone *who stays in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or in an emergency shelter; or in transitional or supportive housing (and were homeless persons originally coming from streets or emergency shelter)*. The Spokane Continuum of Care planning organization has adopted this definition of homelessness but also recognizes that a significant population of the homeless lay outside this definition - persons "doubled up". The Continuum has developed this plan with the goal of reducing doubled up populations and preventing other at risk populations from falling into homelessness.

The roots of homelessness in Spokane

A major underlying cause of homelessness in Spokane is poverty. While poverty is evident in families in the Spokane area, it is more prevalent in some subpopulations. As the table below describes, poverty in families (and particularly female head of households) is particularly high. Fully 37% of female head of households with children under 18 living in the City of Spokane live in poverty and the comparable figure in the County is 32%. More than one-half of all female head of households with small children (under 5 years old) in the both the County and City are in poverty. It is notable that both the City and County percentages of persons in poverty for each of the categories is higher than those categories for the State as a whole.

Table 2: Percent of Population Living in Poverty in Past 12 Months

Population/Household	Spokane	County	Washington
Individuals (all)	19%	15%	13%
Under 18	24%	17%	17%
18 and older	18%	15%	12%
65 and older	11%	9%	8%
Families	13%	10%	9%
With related children <18	21%	16%	14%
Female householder (family)*	37%	32%	28%
With related children <18	48%	42%	36%
With related children <5	53%	52%	46%

*No husband present

Source: 2008-2012 American Community Survey

A second major underlying factor, related to poverty, is that lack of living wage jobs and the relation of the income to the affordability of housing. As the following table describes, the annual income needed to afford a two bedroom apartment in the City of Spokane at the current Fair Market Rents is over $29,500 or an hourly wage of $14.21, almost $5.00 an hour more than the minimum wage in the State. Clearly the cost of housing and the income of households works against a family's ability to maintain stable housing.

Table 3: 2014 Housing Costs, Income and Affordability in the City of Spokane

Housing/Income Factor	Bedrooms				
	Zero	One	Two	Three	Four
Fair Market Rent (FMR) 2014	$447	$546	$739	$1,057	$1,199
Annual income to afford	$17,880	$21,840	$29,560	$42,280	$47,960
Hourly wage to afford* (housing wage)	$8.60	$10.50	$14.21	$20.33	$23.06
Minimum wage Washington 2014	$9.32	$9.32	$9.32	$9.32	$9.32
Housing wage compared to minimum wage	92%	113%	152%	218%	247%

Source: National Low Income Housing Coalition (www.nlihc.org)

When the 832 homeless adults surveyed in the 2014 Spokane point in time count were asked to indicate the reasons for their homelessness, not surprisingly, their most frequent response (26%) was a "lack of income".

Reasons cited and the percentage of households indicating a specific reason for their homelessness follow:

- Lack of income – 26%
- Lost their job – 16%
- Lack of affordable housing – 15%
- Family conflict – 14%
- Eviction – 13%
- Drug abuse – 12%
- Mental health problem – 12%
- Physical disability – 9%
- Alcohol abuse – 9%
- Moved – 9%

See the Appendix for a more detailed discussion of persons with characteristics or disabilities which can contribute to placing them at risk of homelessness or becoming homeless.

Homelessness on a Given Night in the Spokane Continuum

On January 23, 2014, staff from homeless housing and services providers, outreach professionals, faith-based organizations, volunteers and city and county staff, conducted the annual county-wide "Point in Time Count" to identify homeless persons in the community. A total of 31 different agencies participated to find and survey homeless persons in the county. NOTE: As emphasized earlier, caution should be exercised in using point in time data as it represents a major undercounting of the actual number of persons homeless on a single day. Some of the causes of undercounting are: an inability to reach all areas of the county; insufficient census takers; homeless persons' avoidance of census takers, weather and fear of authority. In addition, over the years, the techniques employed in county have improved as has overall coverage of areas of the County. Nevertheless, the information is useful in considering the differences in the types of households and characteristics of the homeless found on that date. In addition, as we will see below, the data is useful to determine general trends in homelessness over time.

A total of 1,149 persons were counted in the 2014 count, 87% of which were in temporarily housed in shelters or transitional housing. The majority (59%) of those found were single adults or adult couples. This is comparable to the 63% found nationally in the 2013 homeless count. Almost all of the remaining were in 146 family households with children representing 39% of the total, while a little over 1% were unaccompanied children (It should be noted that local homeless providers believe the number of unaccompanied youth who are homeless is grossly undercounted due to difficulties of finding them during the count). While the continuum of care system was able to house almost all of the homeless families with children found during the count, almost 20% of the non-family homeless adults were unsheltered that date.

Within total persons counted are persons identified by specific characteristics or health conditions. Chronically homeless persons are a major subpopulation of the homeless. Chronically homeless individuals in the Spokane Continuum equaled 15% of the total homeless, comparing with the 2013 national count of that population which found 18%. Importantly, only 57% of this population was found sheltered.

Approximately 22% of chronically homeless persons were found to have serious mental illness (national – 25%) and another 16% were identified as persons with chronic substance abuse. Persons who reported they have been victims of domestic violence equaled 21% compared to national estimates of 30%. Significant numbers of these vulnerable subpopulations were found unsheltered on the night of the count.

Table 4: Estimate of Homeless Persons on a Given Night – January 2014

Population	Estimated # of persons experiencing homelessness on a given night		Total persons experiencing homelessness on a given night	Percent of Total*
	Sheltered	Unsheltered		
Persons in HH with adult(s) and children	434	18	452	39%
Persons in HH with only children	10	6	16	1%
Persons in HH with only adults	550	131	681	59%
Total Persons in all HH	**994**	**155**	**1,149**	**100%**
Chronically homeless individuals	85	66	151	13%
Chronically homeless families	26	2	28	2%
Veterans	82	3	85	7%
Unaccompanied children	10	6	16	1%
Persons with HIV	4	0	4	0.3%
Victim of domestic violence	211	27	238	21%
Severe mental illness	207	50	257	22%
Chronic substance abuse	158	24	182	16%

Source: 2014 Point in Time Count
*Percentages do not equal 100% due to rounding.

Trends in Homelessness

An important measure of our effort to end homelessness is the number of homeless persons in the community. However, this measure cannot always be used to assess success by local homeless planning groups (such as the Continuum of Care) and homeless providers in ending homelessness. There are many factors that affect the numbers who are homeless and their efforts (both positively and negatively) to reduce that number; factors often beyond their control. During the time period covered by the below table (2009-2014) for example, the community weathered a major recession which hit lower income employees the hardest, a major reduction in the amount of federal funds

available locally for new McKinney-Vento projects, rapidly rising health costs, insufficient funding of the mental health system and a local economy able to generate few new living wage jobs. In addition, the community improved its enumeration techniques and geographical coverage, factors that would result in the inclusion of more homeless persons.

As we can see by the trends in the number of homeless found in the one night counts from 2009 to 2014, very modest overall progress has been made with an overall drop of 9%. This shows that homelessness to be a persistent issue in the Spokane Continuum.

Table 5: Annual Point-in-Time Count Spokane County 2009-2014
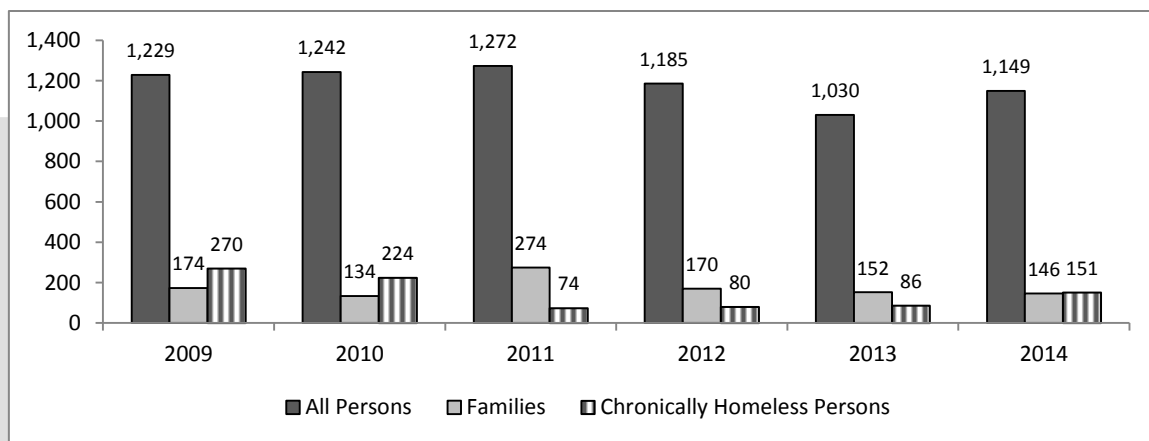
Source: Spokane County Point-in-Time Counts 2009-14.

Within this general view of homelessness, there are some trends involving certain populations which bear noting. The 274 homeless families counted in the 2011 declined to 146 by 2014, a 47% reduction. The reasons are unclear but it may be related to increasing rapid rehousing resources and improvements in the economy.

However, data shows that over the past 6 annual counts, the number of domestic violence survivors found increased from 75 to 238 by 2014. This may in part be due to improved awareness and improved reporting but it demonstrates that a major issue in the community continues to be domestic violence.

Conversely, a major decline in the number of chronic homeless persons may be occurring - as 270 chronic homeless persons were found in 2009 and only 151 in 2014. This may be largely related to the successfully increasing bed capacity (permanent supportive housing) which has removed many chronic homeless person from being counted as "homeless", by providing them with stable housing. During this period, there was also a major emphasis on ending homelessness for this population both nationally and locally with the infusion of additional Veterans Administration funding.

Progress in working toward the goal of ending family and Veterans homelessness is noted by point in time count data on persons not sheltered. The data show a drop in families with children

who were not sheltered (from a high of 21 families unsheltered in 2009, the number declined to only 6 families in 2014). Even more dramatic are the number of Veterans counted who were no longer unsheltered (dropping from 27 to 3 in 2014).

Homelessness – An Annual View – 2013 Calendar Yea

The extent of homelessness can be viewed over time as well. The local Homeless Management Information System (HMIS) has recently been providing a new set of data to track homelessness. As the below table shows, there are significantly higher numbers of persons captured by the system when viewed over a 12 month period tracking persons who are experiencing homelessness rather than only on a single date.

Analysis of the length of homelessness experienced by persons is an extremely important aspect of homeless planning. The event of becoming homeless is traumatic and can have lasting impacts on the person or the child in a family. Similarly, the length of homelessness can increase that impact often adding to the conditions which become barriers to a person's recovery - for instance health related complications. Typically, the earlier a person can return to self-sufficiency, the fewer barriers they face and the costs of assisting the recovery can be limited.

The following table shows that a total of 3,363 persons are estimated to have experienced homelessness at some point in time during calendar year 2013. A significant number of those (1,990) entered into homelessness during that year. The average length of time a person experienced homelessness was 171 days, a major concern. However, the data show that the time in homelessness is even higher for three homeless subpopulations: Veterans (257 days), unaccompanied youth (197 days) and households with children (197 days).

The number of homeless persons estimated to have experienced domestic violence during the year (696) represents over 20% of total persons experiencing homelessness during 2013, about equal to the percentage who were found during the one night point in time count.

Table 6: Estimate of Homeless Persons during the Year - 2013

Population	Estimate experiencing homelessness each year	Estimate becoming homeless each year	Estimate exiting homelessness each year	Estimated days persons experience homelessness
Persons in HH with adult(s) and children	1,323	1,120	1,045	132
Persons in HH with only children	47	64	55	197
Persons in HH with only adults	1,993	806	552	185
Total Persons in all HH	**3,363**	**1,990**	**1,652**	**(average) 171**
Chronically homeless individuals	442	117	81	128
Chronically homeless families	82	5	8	136
Veterans	249	139	84	257
Unaccompanied children	47	64	55	197
Persons with HIV	12	3	3	70
Victims of domestic violence	696	676	412	124

Source: 2014 Point in Time Count, Analysis of 2013 HMIS data by HMIS staff
Note: Data for this chart has, in several categories, only recently begun to be captured; and historical information is not readily available.

Resources to combat homelessness

The community has developed a variety of housing with services to meet the needs of homeless persons coming into the system and those on the brink of homelessness. In January 2014, agencies operated a total of 2,379 year round beds for homeless persons in their Emergency Shelters (676 beds) and Transitional Housing Facilities (761 beds). Rapid rehousing beds equaled 225. In addition, a total of 717 Permanent Supportive Housing (PSH) beds for disabled persons were in place, soon to be supplemented by 75 additional beds which were under development.

Table 7: Facilities Targeted to Homeless Households

Population	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (current & new)	Voucher/ Seasonal Overflow Beds	Current & New	Current & New	Under Development
HH with adults & children	262	5	459	253	0
HH with only adults	377	0	265	464	75
Unaccompanied children	37	0	37	0	0
Chronically homeless	0	0	0	251	0
Veterans	0	0	46	275	0

Note: Not included are Rapid Rehousing projects providing 41 beds for households with children and 184 beds for persons in households with only adults.
Source: 2014 Homeless Housing Inventory Chart (HIC)

The current set of homeless housing resources represents a conscious and significant change in housing resources over the past 6 years as the Spokane Continuum of Care has re-tooled its facilities to focus on the highest needs and most effective delivery systems at a time when it is increasing the overall inventory of beds. Since 2008, when 234 PSH beds were available, the number of PSH beds have more than tripled (up 326%), responding to nationally-identified best practices in solving homelessness for the most vulnerable populations. At the same time, Emergency Shelter and Transitional Housing have increased only slightly, reflecting the relative priority the Continuum has placed on providing more long term stabilizing housing resources. Rapid rehousing resources during this period were greatly increased to 225 beds.

An array of services coordinated through case management, is available within the Continuum – either attached to housing or independently provided by not for profit and governmental agencies.

Homeless providers in the Spokane Continuum of Care have been meeting regularly over the years to coordinate the use of mainstream resources and to assure that eligible clients receive benefits for which they are eligible. All major federal mainstream services are available in the community and staff are periodically trained on program provisions and accessibility through SOAR. Mainstream services programs include TANF, WIC, Food Stamps, Medicare, Medicaid, Veterans healthcare, SSI, and SSDI.

Many of the mainstream resources are obtained through the Community Services Offices of the Washington State Department of Health and Human Services, the Spokane County Department of Health, the Veterans Administration Offices and Social Security. Case managers from homeless housing providers and service agencies closely coordinate with the local offices to assure appropriate services are made available to their clients and are actually accessed.

A variety of non-mainstream services are available in the Continuum of Care. To assist in referrals, a Community Resources Guide has been developed that provides contact information for accessing the primary homeless prevention and homeless services resources.

Recent improvements to the intake, assessment and referral system have resulted in the development of two coordinated assessment systems for homeless populations. As the lead of the Homeless Families Coordinated Assessment (HFCA) system, the Salvation Army serves as the portal to housing and services. Among the primary members of the partnership implementing the newly-established system are SNAP, Transitions, Catholic Charities, Volunteers of America, YWCA, Salvation Army, and Family Promise Spokane.

The Singles Homeless Coordinated Assessment (SHCA) is a decentralized assessment system where individuals can be assessed for housing at five different locations throughout Spokane (SNAP, House of Charity, Women's Hearth, Volunteers of America: H3, and Goodwill: SSVF). SNAP serves as the lead agency, completing a majority of the assessments and overseeing training of SHCA assessors. Individuals are initially assessed using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and prioritized for a specific housing intervention based on his or her VI-SPDAT score. In general, the individual with the highest VI-SDPAT score, indicating the greatest vulnerability, is referred to the next available housing opening.

The Current Homeless Care System and how it Evolved

Since the 1980s, agencies in the Continuum have engaged in planning and coordinating homeless activities. Initial efforts included the formation of the Spokane Homeless Coalition in 1985. The Coalition served as the primary homeless coordinating entity, consisting of approximately 50 agencies and individuals representing city, county and federal agencies as well as educational institutions, health providers, and the media. The Coalition focused on prevention and improvement of the community's ability to respond to needs of the homeless through education, legislative advocacy, mutual support and sharing of resources.

Separate County and City Continuums of Care were developed following the announcement of the 1994 HUD Continuum of Care initiative which encouraged localities to develop strong planning organizations and set priorities for applications for federal assistance. Instead of approving grant funding for applications submitted directly from individual not for profits or governmental agencies, HUD established a direct relationship with continuums of cares, requiring that all applications be channeled through the coordinating bodies of local continuums for ranking prior to submission to

HUD. In response to these requirements, the City developed a Continuum of Care planning organization. The County initially did not apply for federal funding and later chose to join a number of other nearby counties to participate in the Balance of Washington State Continuum. After a few years, the County established its own independent continuum of care.

The two continuum of care organizations coordinated on a general level. Their committees included common membership by some agencies working in both jurisdictions until 2008. In 2008, the City and County met with homeless housing and services providers in the area to explore the potential for developing a county-wide continuum of care. After a series of facilitated meetings, providers agreed to plan more comprehensively together. An Interim Steering Committee of the Spokane Continuum of Care was established and the organization submitted its first application to HUD for McKinney funding in late 2008. A formal organization was adopted then by the two governments and the homeless providers which has been operating since 2010.

Governmental Involvement in Homeless Planning

Both the City and County are deeply involved in providing funding and support for prevention and homeless programs. The City has a strong history of providing non HUD funding for housing resources and services along with providing staffing support for homeless planning and coordination. A new structure was developed in 2013/14, the Community, Housing and Human Services Board, to support housing and community development planning within the City. The County and its role with the Regional Support Network have provided assistance to the rural areas and small cities while playing a major role in funding and coordination of supportive services and, in particular, mental health and substance abuse services. Both the City and County play key roles in the Spokane Continuum.

The City and the County are each responsible for preparing five year Consolidated Plans establishing goals and priorities for housing and community development activities in their jurisdictions. The County is currently preparing its Consolidated Plan and its homeless goals and priorities. Initial County planning has focused on the development of strengthened relationships and partnerships with the Spokane Housing Authority. Included will be a major emphasis on homelessness prevention and expanding affordable housing in the County.

Successes and Progress

It is important to remember where you have been and what you have achieved – to celebrate your successes. There has been success in working toward ending homelessness in the Continuum's jurisdiction. In particular, recent progress has been achieved by the Continuum of Care and its partners in several areas, including the following:

- ***Resources re-focused to help end Chronic Homelessness*** – The Continuum of Care has aggressively pursued additional funding resources through the HUD McKinney-Vento Program over the last 5 years with success, increasing new housing resources for chronic homeless persons. In addition, existing McKinney-Vento supportive services resources have been converted to create additional dedicated chronic homeless beds. Over the past few years, the number of permanent supportive housing beds designated for chronic homeless persons has increased and stood at 205 beds by the end of 2013, stabilizing the housing for this vulnerable population. Further, a number of permanent supportive housing projects have prioritized turnover beds for occupancy by chronic homeless persons. Partly due to these steps, the number of chronic homeless persons found in the latest point in time count declined to 151 persons from a high of 270 in 2009.

- ***Significant progress toward ending homelessness of Veterans*** – Over the past five years, the number of unsheltered Veterans in the area has trended down from 27 to 3 as housing resources have increased and the care system improved. The Federal government has recently increased funding for homeless Veterans housing and services which should further improve resources for Vets.

- ***Implementation of a Coordinated Entry and Assessment System*** – Following the lead of the State of Washington, Continuum partners have implemented a new Coordinated Entry and Assessment System. This step has greatly improved the placement process and uses national best practices, such as Progressive Engagement techniques to encourage efficient and effective use of resources. The result has been shorter waits for housing, elimination of barriers to housing placement and maximizing the use of limited services resources.

HMIS has become an increasingly reliable tool

Data entry and reporting has become more complete and accurate over the past few years due training and attention to importance of detail. With accuracy has come reliability which has translated into dependable, accurate reports on progress. Performance is now measured frequently using periodic reports. Both the Continuum and individual project managers are now able to monitor their progress in meeting established performance measures. The ability to conduct project evaluations and make appropriate revisions to projects has improved effectiveness.

- ***Increased collaboration and strengthening of the Continuum of Care, both programmatic and systemic***
The Continuum of Care has made several difficult decisions over the past few years, altering the manner in which funds are allocated and setting new priorities that have affected projects. Among these decisions have been: increasing emphasis on expanding the number of chronic homeless beds/conversion of supportive services grants to permanent supportive housing; establishing a Coordinated Entry and Assessment System with new standards and procedures for housing providers; reducing the barriers to housing entry under new housing first procedures; and increasing cooperative efforts with the Spokane Housing Authority.

- *Improved connection of clients to mainstream resources*
  HMIS Performance data on HUD mainstream performance factors indicates that 85% of all McKinney-Vento participants are obtaining non-cash mainstream benefits during their stay in assisted housing. While there is work yet to be done to expand coverage, currently over 50% of the homeless assistance providers in the Continuum of Care systematically follow up to assure that clients eligible for mainstream services actually receive them.

- *Increasing performance-based decision-making*
  The Continuum of Care is tracking project level data on performance against multiple measures. The Continuum monitors project level performance quarterly through reports generated by HMIS. The Community, Housing and Human Services Board uses performance data to rank Continuum of Care applications annually; and uses the information for determining progress in other homeless programs (such as Emergency Solutions Grants, Consolidated Homeless Grants and HHAA funding). Systems level performance is reviewed quarterly by the Continuum Advisory Committee and project level data is reviewed annually.

Remaining Challenges

Major challenges remain in several critical areas.

- *Persistent overall homelessness, including families, chronically homeless and mentally ill persons*
  We have seen that the overall number of homeless counted in the point in time counts has not declined appreciably and stood at 1,149 in the 2014 count. In addition, persons counted in 2014 who were experiencing severe mental illness increased by 71% over 2012 and Chronic Homeless persons increased by almost 100% during that period. Strategies to prevent homelessness and to provide affordable housing opportunities continue to be key to the development of pathways to self-sufficiency for these populations.

- *Significant numbers of households are doubled up and/or at risk of homelessness*
  The Great Economic Recession forced the movement of persons from unaffordable single units into doubling up with friends and relatives. While the Recession has ended and some movement back has occurred as unemployment has fallen, many who are returning to the job market are finding that the jobs available are at the lower end of the wage scale and do not provide sufficient income to afford independent housing. The development of voucher resources that are flexible enough to meet the specific and changing needs of clients is an important tool in response to this need.

- *Homeless youth remain greatly underserved*
  Unaccompanied youth are both difficult to count, because they are hard to find, and difficult to serve successfully. They are also among the most vulnerable of homeless populations. Improved enumeration methodologies are needed to find and count this population. Youth also require a different set of services and case management techniques than homeless adults. Within the Continuum, only limited housing resources for youth are available. Youth aging out of foster care continue to need resources for housing, education assistance, counseling and jobs/job training in order to transition into independent living.

- *Insufficient resources, including affordable housing*

  Not surprisingly, there are not enough resources available to meet all the priorities in the Continuum. HUD homeless funding and affordable housing funding available to the Continuum has been greatly reduced in the past three years. As such, choices in prioritization are required. Bond issues or levies are a potential source of financial resources but there is currently no major effort underway to develop that set of resources. There are successful local models within the state that could be utilized if agreement to aggressively develop new resources was determined. Additional housing resources at rents affordable to lower income persons are essential. Cooperative efforts with the housing authority may lead to new resources.

- *Need to Increase cooperative partnerships*

  Significant efforts at cooperation in solving homelessness have occurred in recent years and there are some promising areas underway. Collaboration between the Housing Authority and local governments is currently occurring on the subject of homeless housing and affordable housing. In addition, there has been widespread cooperation among providers in recreating the intake and assessment system. However, the development of more partnerships, particularly among funders, is clearly needed to maximize the use of limited resources and expand resources wherever possible.

- *Adapting the system to best meet the needs of the most vulnerable*

  There is agreement that a major focus of resources should be on those homeless who are the most vulnerable. However, while in recent years there has been progress in focusing more homeless housing resources on chronic homeless persons, additional focus on increasing resources to assist unaccompanied youth has not yet resulted in major progress. However, promising systems changes have occurred as a result of the implementation of the Continuum's new Coordinated Entry and Assessment System. The CEAS uses the principles of Progressive Engagement – initially providing a minimum level of services based upon the assessment of a homeless or at risk person's minimum needs, rather than providing a relatively "cookie cutter" set of services.

- *Limited low barrier capacity*

  Stabilization of the highest users of public crisis services is a major need. To fully implement a housing first approach, additional capacity for low barrier housing is necessary. Partnerships and funding are required to develop additional capacity to meet this identified need.

- *Expanding public awareness*

  While public awareness of the needs of homeless persons has increased over recent years, a better understanding of the issues and potential solutions remains to be realized. Media attention is not always positive as social issues are discussed. The "message" provided by homeless service and housing agencies should be clearly and consistently given; and it should always be solution-oriented. The Core Beliefs stated at the beginning of the Plan should be in the forefront of communication on homeless issues in the community.

Spokane's Five Year Plan to End Homelessness

The following describes the Spokane Continuum's Five Year Strategic Plan to End Homelessness. It is intended to operate as a road map for action over the period and to be the source of generating aggressive annual action steps to implement its objectives.

VISION

No one should experience homelessness. No one should be without a safe, stable place to call home. The City of Spokane's Community, Housing and Human Services Department's vision is to provide opportunities that enhance the quality of life for Spokane's extremely low to moderate income populations.

CORE BELIEFS

We believe access to housing is a basic human right, and homelessness contradicts the right to safe and adequate shelter. We believe acknowledging housing as a human rights issue improves how people who are experiencing homelessness are viewed and treated. These beliefs help set the proper context for addressing homelessness through approaches that extend dignity and protection to people and aim to re-establish their rights.

PRIMARY GOALS

> **Retool the homeless response system** to:

- End Veteran homelessness by 2015
- End Chronic homelessness by 2017
- End Family homelessness by 2018

CROSS-CUTTING GOALS

The City of Spokane 2015- 2020 Consolidated Plan includes the following two major goals that are consistent with and interwoven into the Objectives and Strategies of the Spokane Plan to End Homelessness.

> **Prevent and reduce homelessness**

- Increase access to affordable housing that promotes health and stability
- Invest in effective and/or proven housing and support services

Provide opportunities to improve quality of life

- Reduce barriers to employment
- Invest in effective housing and support services

IMPLEMENTATION OF PLAN OBJECTIVES AND STRATEGIES

This section describes the specific components of the Strategic Plan, beginning with **Objective** statements identifying the primary effort that will be undertaken in the effort to end homelessness. Beneath each Objective is a **Logic** statement that provides the rationale for the Objective, defining the basis on which it has been established. Anticipated **Leadership and Partnerships** which will be employed to implement each Objective are then identified. Several **Strategies** have been developed to guide specific action steps that will be developed on an annual basis. Action steps will published as an appendix annually. Finally, following the strategies are **"Signature Initiatives"** - specific examples of key, coordinated actions that have been implemented locally. These are intended to serve as models upon which similar initiatives can be designed to carry out the strategies.

OBJECTIVE ONE

Increase Leadership, Collaboration and Civic Engagement

LOGIC

Strong leadership is needed at federal, state, and local levels and across all sectors to establish and implement action plans that achieve results for people experiencing chronic homelessness, and for families, youth and children, including Veterans and their families. Such plans should be locally driven, reflecting local conditions, since a one-size-fits-all plan does not exist. Interdisciplinary, interagency, and intergovernmental action is required to effectively create comprehensive responses to the complex problem of homelessness.

Tremendous progress on reducing homelessness has only occurred in those communities that have organized themselves to prevent and end homelessness. This means that they have set goals, identified needs and gaps, developed strategies to meet these needs and gaps, created public-private investment in the strategies, monitored progress, and adjusted the course when needed. Successful implementation occurs when there is broad support for the strategies—this is evidenced by the involvement of business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care.

STRATEGIES

      a. Expand partnerships and create efficiencies by increasing coordination and integration.
      b. Advocate for state and federal legislation and financing
      c. Increase knowledge about homelessness and successful collaborations and interventions to prevent and end homelessness.
      d. Compile and disseminate research to increase best practices and cost-effectiveness
      e. Increase capacity of delivery system
      f. Reduce the criminalization of homelessness by defining constructive approaches

Federal Leadership
USICH Member Agencies and USICH Staff

State /Local Leadership
Washington State Department of Commerce; Washington State Department of Social and Health Services; City of Spokane; Spokane County; Veterans; VA-VASH

Partners
Businesses, and Nonprofits including Philanthropy and Faith Communities

SIGNATURE INITIATIVE #1

Veterans SSVF Program

This initiative is designed to spur increased collaboration at a federal level and local level, for both government and community providers. Focused on Veterans in targeted communities, this initiative brings the federal government to the table alongside state and local government, Veteran services organizations, other community providers, and civic leaders. At the national level, USICH is facilitating collaborative efforts by the Departments of Veterans Affairs, Housing and Urban Development, Labor, and Health and Human Services to target resources and undertake joint efforts to prevent and eliminate Veterans homelessness. By strategically aligning resources targeted to homeless Veterans, the housing with supportive services initiative brings together programs to increase their effectiveness that would otherwise operate separately.

The partners are building a new level of interagency collaboration in order to target the most vulnerable Veterans experiencing chronic homelessness, rapidly connect them to housing options, including HUD-VASH and Transitional Housing, ensuring that they get into appropriate housing, and identifying and providing needed support services. Veterans and families at risk or experiencing homelessness with fewer barriers receive assistance through the local Supportive Services for Veteran Families (SSVF) Program. During the first 15 months of this program, SSVF has served 338 homeless Veterans and their families. Spokane County was identified by the VA as a priority community due to our high Veteran population and high per capita poverty level. This prioritization brought additional funding to Spokane to serve Veterans and their families. In 2015, SSVF Priority 1 and Priority 2 funding will house and provide support services for 410 Veteran households.

OBJECTIVE TWO

Increase Access to Stable and Affordable Housing

LOGIC

For most people, the threat of homelessness stems from the gap between their current income and the cost of housing. People are extremely poor at the time they become homeless. More affordable housing is needed for people with extremely low incomes who are most at risk of homelessness. Housing needs to be affordable to those households with the lowest incomes who are most at risk of homelessness. The households most vulnerable to homelessness are those with no income or those earning significantly less than 30 percent of Area Median Income. Housing is affordable if the cost is no more than 30 percent of the monthly household income.

Assessment and targeting mechanisms need to be used to distinguish between those who can resolve their homeless situation on their own or with mainstream supports, those who need targeted short-term assistance, and those who require long-term housing assistance. Factors include being extremely low income, paying more than 50 percent of income on rent, and precipitating events like domestic or sexual violence and illness. Available resources should also be targeted to the most vulnerable populations, including children and their families, unaccompanied youth, people with disabling conditions, and frail elders.

The most successful intervention for ending chronic homelessness is permanent supportive housing, which couples permanent housing with supportive services that target the specific needs of an individual or family. There is a substantial body of literature that shows that supportive housing is successful for people with mental illness, chemical dependency, HIV/AIDS, and other often co-occurring conditions. Persons who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing (e.g., criminal histories, no income, and poor credit). Permanent supportive housing is designed to address these needs. Permanent supportive housing using Housing First is a proven solution that leads to improvements in health and well-being. Supportive housing also has been shown to be a cost-effective solution in communities across the country. It has been proven to be most cost-effective in places where it has been targeted to people with the most extensive needs.

STRATEGIES

    a. Support affordable housing subsidies
    b. Expand the supply of affordable rental units
    c. Increase service-enriched permanent housing for individuals with high barriers
    d. Implement a system-wide housing first philosophy and low-barrier housing
    e. Prioritize and target those most vulnerable including veterans, chronic homeless, families and youth.
    f. Create a pathway for those in permanent supportive housing to move to affordable housing
    g. Commit to ending veteran homelessness by 2015

> h. Continue support for temporary housing that connects to permanent supportive housing.
>
> i. Develop strong landlord relations and explore landlord mitigation funds.

State /Local Leadership
Washington State Department of Commerce, Washington State Housing Finance Commission, City of Spokane; Spokane County; Spokane Housing Authority

Partners
Private and Nonprofit Developers, Nonprofit Service Providers

SIGNATURE INITIATIVE #2

In an initiative the Department of Children and Family Services, Spokane Housing Authority, the City of Spokane and Transitions combine resources to serve a high risk population in supportive housing. Family Unification Vouchers and homeless support services are provided to the highest risk homeless families connected with the child welfare system whose lack of adequate housing is a primary factor in their child or children's out-of-home placement or delay in reunification of child(ren) from out-of-home placement. Clients who have been housed through the Strong Families Initiative report a much greater sense of stability in their lives. They are able to focus on the needs of their newly returned child(ren) and the challenges of reunification. Coordination between Spokane Housing Authority and Division of Children and Family Services has greatly increased with the additional of a housing stabilization services. Clients with the highest needs are being identified through a CPS assessment tool. Clients are assisted with the SHA application process which is showing a much lower drop off rate. Transitions staff is working directly with CPS staff to develop Case Plans for households.

OBJECTIVE THREE

Support effective pathways toward self-sufficiency and reduced financial vulnerability

LOGIC

Mainstream programs and services include both entitlements (with no cap on how many people can receive benefits if eligible) and other benefits (resources usually not sufficient to serve all eligible people). They also fall in three broad categories: health care, income support, and work support.

While many people experiencing or most at risk of homelessness are eligible for these mainstream programs, surprisingly few people access the full range of programs and services available to them. Sometimes it requires obtaining lost identification materials, including birth certificates or state IDs. The processes to apply for mainstream services can be complex, fragmented and at times designed more to screen people out who are not eligible, instead of being focused on reaching out and expediting support for people who are. According to a recent

report issued by HUD, the barriers fall into three broad categories—structure, capacity, and eligibility. It concluded that some communities are making significant progress in increasing access to mainstream programs by attacking these barriers in a systemic manner. Collaborative projects that combine applications, reach out to people at the places they frequent, and use technology to streamline the process have demonstrated effectiveness in increasing the number of people who access income and work supports.

Unemployment, under-employment, and low wage employment are frequent causes of homelessness. The loss of a job leads to homelessness when tenants fall behind on their rent and homeowners fall behind on their mortgages—ultimately leading to eviction and foreclosure respectively. Millions of hard-working, responsible families are at risk of losing their homes as a result of job losses, reductions in working hours, or lower wages.

Programs designed to connect people to employment need to respond to the concurrent needs of people who have experienced homelessness instead of creating barriers to support. In addition to eliminating programmatic barriers, best practices need to be implemented and employment strategies need to be coordinated with housing and other interventions.

People with limited financial resources are most at risk of homelessness. People with poor health and disabling conditions are more likely to become homeless. Medical events lead to personal bankruptcy and foreclosure, which can lead to homelessness. Homelessness in turn exacerbates poor health. Access to health and behavioral health care are predicated on access to health insurance.

STRATEGIES

a. Improve coordination of employment programs with homeless assistance programs
b. Improve access to mainstream programs and services and increase the percentage of homeless housing participants obtaining non-cash mainstream benefits.
c. Identify and implement best practices, including supportive employment and client-tailored wrap around services.
d. Increase the percentage of homeless housing participants who increase employment income
e. Increase access to education, educational outcomes and living wage jobs.

State / Local Leadership
Washington State Department of Commerce; Washington State Department of Social and Health Services; City of Spokane, Spokane County, Work Source; Spokane DSHS, Veterans Services

Partners
Local Work Source Centers, Coordinated Assessment Systems, Housing and Service agencies and other Nonprofits, Businesses, Workforce Investment Boards, Community Colleges and Schools

SIGNATURE INITITATIVE #3

Spokane's Ending Family Homelessness Project began as a pilot for the Washington State Department of Commerce. The intent of the Ending Family Homelessness is to reduce homeless for households with children who are unsheltered or living in shelters and motels by 50 percent by 2015. The initiative draws on state and national research and results that have demonstrated reductions in homelessness through: Rapid rehousing targeted for TANF households with immediate needs; Progressive engagement - matching resources to need through ongoing needs assessment; Active coordination with DSHS and Work Source. The results of this pilot showed increases in housing stability for the families served and an increase in those who exit with employment. Collaboration between the homeless providers and our local DSHS community services office has been invaluable. Clients are benefiting from the increased coordination and joint case management.

OBJECTIVE FOUR

Transform homeless services to crisis response systems leading to improved health and safety.

LOGIC

HUD defines a Continuum of Care as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. The four necessary parts of a continuum are: 1) Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both; 2) Emergency shelter to provide an immediate and safe alternative to sleeping on the streets; 3) Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and 4) Permanent housing and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed."

In many communities across the country, this is a linear model where people experiencing homelessness are expected to progress through the four levels of care. This linear progression includes requirements to be admitted to the next level. For example, sobriety is often required to be admitted to shelter and treatment compliance is expected for admission to transitional housing.

Temporary residential programs (shelters, transitional housing, VA grant and per diem programs, VA domiciliary, adult rehab centers, etc.) are an integral part of the crisis response system. They must be efficient and effective in helping people experiencing homelessness successfully and quickly achieve the outcome of long-term housing. Strong collaboration with mainstream programs and services as well as programming to create a pathway to permanent housing is critical. These temporary residential programs also need to be readily accessible to unaccompanied youth and families of all configurations and reduce barriers to admission.

STRATEGIES

    a.   Institute system-wide partnerships and best practice models
    b.   Increase successful service delivery for in-home service
    c.   Promote outreach to high utilizers of system resources
    d.   Institute rapid re-housing as a strategic tool to end family homelessness
    e.   Utilize data driven systems
    f.   Explore using flexible funds for meeting unique and multiples needs of individuals/families to prevent homeless or stabilize them.

Local Leadership
City of Spokane, Spokane County

Partners
Coordinated Assessment Systems, Homeless and Service Agencies

SIGNATURE INITIATIVE # 4

Homeless Families Coordinated Assessment

In October 2012 the City of Spokane began the Homeless Families Coordinated Assessment Program (HFCA). The project serves families with children who are homeless or at risk of homelessness and allows quick access to services for homeless and at-risk families in need, an integrated approach to ensuring the families are provided with the appropriate level of care at the right intensity which all leads to housing stabilization for the highest risk families. The data collected through HFCA has provided us with the information needed to adjust our homeless system and target resources. Since the implementation of HFCA we have seen a reduced length of stay in the homeless system and a large increase of families served through rapid re-housing. In addition the family homeless system served 30% more homeless families in 2013 with no additional resources. The HFCA program in Spokane is being recognized as the best practice model throughout the Country. City staff has been asked to present our model at National and State conferences and to provide technical assistance to communities in the development stage of their system.

OBJECTIVE FIVE

Advance health and housing stability for youth experiencing homelessness, including unaccompanied homeless youth and youth aging out of systems such as foster care and juvenile justice

STRATEGIES

  a.   Improve discharge planning from foster care and juvenile justice.
  b.   Increase housing resources and remove barriers
  c.   Promote outreach to youth who may be high utilizers of system resources
  d.   Improve resources for unaccompanied youth
  e.   Improve the count of homeless youth

LOGIC

There is strong evidence for housing integrated with health care as an effective and cost saving intervention for homeless and unstably housed persons with serious health problems. These include people living with chronic disease and disabling conditions. The integration of housing with services is increasingly identified as a way to address complex health care needs that overlap vulnerabilities associated with race and gender, extreme poverty, HIV/AIDS, mental illness, chronic drug use, incarceration, and histories of exposure to trauma and violence, as well as homelessness.

Medical respite programs for persons without stable housing have been shown to be a cost-effective alternative to longer term hospitalization or rehabilitation centers and nursing homes. They result in improved health outcomes over directly discharging patients to the streets or shelters.

The need for integrated services includes coordinating health care with social services like case management, linkage to emergency financial resources, budgeting and financial management, family services, as well as addressing legal needs. For example, homeless youth may need crisis counseling, family reunification services, rent assistance, and landlord intervention.

People with serious mental illness who are homeless are often incarcerated when they cannot get the care and treatment they need. People with mental illness experiencing homelessness also frequently end up in the emergency room and hospitalized. These are expensive interventions that do not improve long-term prospects for people with mental illness who have no place to live. Effective targeted outreach, discharge planning, and specialized courts are proven to help keep people out of emergency rooms, hospitals, and jails and to connect people to housing, support, or for those who need it, supportive housing.

People living on the streets, in cars, or staying in emergency shelters are often ticketed or arrested for activities that may be necessary for survival on the streets. As a result, they end up with a long list of violations that can become a barrier to employment or securing an apartment. Local communities have adopted a range of ordinances in response to citizen and business concerns about panhandling, loitering, and camping on public land. Criminalizing acts of survival is not a solution to homelessness and results in unnecessary public costs for police, courts, and jails. Development of alternative approaches should meet both the public's need for access to public streets, parks, and recreation areas and the ability of people experiencing homelessness to meet basic needs.

Every year 30,000 youth age out of foster care, and 20,000–25,000 age out of the juvenile justice system. LOCAL DATA Most have limited options for housing, income, and family or other social support. Many have witnessed domestic violence, been physically or sexually abused, and have serious emotional and psychological problems. Consequently, they are at extremely high risk for homelessness and are vulnerable to exploitation. Currently, there are limited housing, service, and employment readiness resources assisting this population.

Federal/ State / Local Leadership
Health and Human Services, Housing and Urban Development, Veterans Affairs; Washington State Department of Commerce; Washington State Department of Social and Health Services; City of Spokane, Spokane County, Spokane DSHS, Veterans Services

Partners
Spokane County RSN, Health, Housing and Service agencies and other Nonprofits, Coordinated Assessment Systems.

SIGNATURE INITATIVE #5

The H3 System Integrated Pilot: Health - Housing - Homeless Project multi-system approach to address the complex needs of vulnerable homeless individuals. Our efforts are focused on those whom frequently use hospital emergency departments as their primary care provider and all too often remain homeless upon discharge. This is a collaboration between Providence Health Care Empire Heath Foundation, the City of Spokane and Volunteers of America. The partners are working collectively to address barriers to coordinating care, improving access to needed services, and enhancing the quality of care delivered to this population.

Incorporation best practice from other places around the county that have implemented similar programs, the H3 team designed what is known as a vulnerability assessment tool to access patients for HG3 services. The assessment tool considers such factors as housing status, income, and medical vulnerability. Patients that are identified as homeless by the hospital social workers are immediately connected to a H3 staff member for further assessment. Patients meeting the criteria are staffed weekly by multi-disciplinary team that looks at their medical, housing, mental health, chemical dependency needs. This team creates an individualized service plan for each person and works to connect them with the appropriate services. Those that are homeless yet do not meet the criteria forH3 are provided with housing assistance referrals to alternative housing, medical care and other applicable services. The City of Spokane has prioritized HOME Tenant Based Rental Assistance and units from a CoC funded Housing First Project for clients served through H3.

Appendix

Annual Action Steps- 2015

2015 ANNUAL ACTION STEPS:

OBJECTIVE ONE: Increase Leadership, Collaboration and Civic Engagement

STRATEGIES:

Expand partnerships and create efficiencies by increasing coordination and integration.

> **Steps to Bring Change**: Adopt recommended Continuum of Care structure.
> **Lead Agency:** Continuum of Care, Community Housing and Human Services Department (CHHS)
> **Partners:** City of Spokane, Continuum of Care, Housing and Urban Development
> **2015 Deliverable:** Recommendations will be implemented

Advocate for state and federal legislation and financing

> **Steps to Bring Change:** Ask Congressional Representatives to support Federal Homeless Funds and ask state legislators to support a Housing Trust Fund investment, homeless housing funds, and preserve programs for vulnerable people.
> **Lead Agency:** Spokane Low Income Homeless Coalition (SLIHC)
> **Partners:** Continuum of Care, Spokane Homeless Coalition, City of Spokane, Spokane County
> **2015 Deliverable:** Meet with representatives from the State's 3rd, 4th and 6th district. Meet with Representative Mc Morris Rodgers, Senator Cantwell and Senator Murray legislative staff.

Increase knowledge about homelessness and successful collaborations and intervention to prevent and reduce homelessness

> **Steps to Bring Change:** Implement the Homes for Spokane's Heroes initiative. Communication plan for the initiative will provide community with information on the initiative process and client stories.
> **Lead Agency:** City of Spokane, CHHS Department
> **Partners:** Home for Spokane's Heroes leadership planning team, City of Spokane Communications Department
> **2015 Deliverable:** A tested communication plan that can be used on future initiatives for other homeless populations.

Compile and disseminate research to increase best practices and cost-effectiveness

Steps to Bring Change: Bring together partners to identify Continuum of Care training needs
Lead Agency: Goodwill, Volunteers of America (VOA)
Partners: Interested Continuum of Care Agencies
2015 Deliverable: Ten trainings will be offered in 2015.

Reduce the Criminalization of homelessness by defining constructive approaches

Steps to Bring Change: Access the WA Low Income Housing Alliance's Toolkit to Combat the Stigma and Criminalization of Homelessness.
Lead Agency: SLIHC
Partners: WLIHA, Spokane Homeless Coalition, City of Spokane, DSHS' WA BRIDGES Veterans Project, Law Enforcement
2015 Deliverable: Implement a toolkit that is tailored to the Spokane community.

OBJECTIVE TWO: INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

STRATEGIES:

Support affordable housing subsidies

Steps to Bring Change: Work with Spokane Housing Authority to formalize MOU's for preference system for housing voucher distribution.
Lead Agency: Spokane Housing Authority (SHA) and St. Margaret's Shelter (SMS)
Partners: SHA, Homeless Service Providers
2015 Deliverable: SHA will finalize administrative plan and establish a process for distributing preference vouchers to homeless providers.

Expand the supply of affordable rental units

Steps to Bring Change: Work to identify, pre-screen and qualify units for RRH or other permanent housing program use.
Lead Agency: SMS
Partners: SMS, VOA, Goodwill
2015 Deliverable: The number of units available to homeless housing providers will increase.

Increase service-enriched permanent housing for individuals with high barriers

Steps to Bring Change: As a representative of the CoC VOA staff will continue attending Quarterly meetings hosted by Empire Health Foundation to identify philanthropic funding sources with homeless services.
Lead Agency: VOA

Partners: Homeless Service Providers; Empire Health Foundation; SHA

2015 Deliverable: Grant funds will be explored and applied to, as applicable.

Implement a system-wide housing first philosophy and low-barrier housing

Steps to Bring Change: Evaluate current entry barriers in existing Temporary Housing Programs

Lead Agency: CoC, SLIHC, CHHS department

Partners: Emergency Shelter Providers, Temporary Housing Providers and HFCA

2015 Deliverable: Develop recommendations for low barrier housing and prioritize projects who implement this model in upcoming 2015 City of Spokane funding rounds.

Steps to Bring Change: Organize community-wide trainings focused on serving housing-first clientele.

Lead Agency: Goodwill, VOA

Partners: CoC Homeless Providers

2015 Deliverable: Explore the option of bringing best practice program to Spokane for provider training.

Prioritize and target those most vulnerable including veterans, chronic homeless, families and youth.

Steps to Bring Change: CoC to adopt HUD 'order of priority' recommendation for prioritizing persons experiencing chronic homelessness

Lead Agency: VOA and SLIHC

Partners: CoC

2015 Deliverable: CoC will adopt prioritization recommendation and Permanent Supportive Housing units will be serve Chronic Homeless participants based upon adopted priority.

Steps to Bring Change: CoC to adopt recommendations for prioritizing veterans who are not funded under the current VA requirements to qualify for VA vacancies based upon acuity and not discharge status.

Lead Agency: VOA and SLIHC

Partners: CoC Advisory Committee

2015 Deliverable: Qualifying units will fill vacancies based upon the CoC recommendations.

Create a pathway for those in Permanent Supportive Housing to move to affordable housing

Steps to Bring Change: Work with Spokane Housing Authority to formalize MOU's for preference system for housing voucher distribution

Lead Agency: SHA

Partners: SHA, Homeless Service Providers

2015 Deliverable: Homeless Providers will be able to offer Section 8 vouchers to permanent supportive housing participants who meet with agreed upon criteria.

Commit to ending veteran homelessness by 2015

Steps to Bring Change: Created CoC Sub-Committee focusing specifically on Veteran homelessness. Subcommittee will address system delivery, targeted outreach and housing options for veterans.
Lead Agency: Goodwill, Volunteers of America, Healthcare for Homeless Veterans
Partners: CoC Sub-Committee, Homeless Service Providers, Support Services for Veteran Families (SSVF) Staff, VA Grant Per Diem programs
2015 Deliverable: Zero veteran homelessness by 2015 except for those incarcerated or in Transitional Housing; other consecutive episodes will be brief and rare.

Continue support for temporary housing that connects to PSH.

Steps to Bring Change: Prioritize temporary homeless programs that have a 'permanent housing' focus
Lead Agency: CoC, CHHS
Partners: SSVF, Temporary Housing Providers
2015 Deliverable: CoC will recommend funding priority for temporary housing programs with permanent housing strategies.

Develop strong landlord relations and explore landlord mitigation funds

Steps to Bring Change: Organize one unified list for landlords that will rent to our clientele.
Lead Agency: SMS
Partners: Permanent Housing Providers, VOA and VA
2015 Deliverable: Develop and provide a landlord resource list to CoC housing providers.

Steps to Bring Change: Organize a presentation for Landlords at Landlord Association or equivalent organization.
Lead Agency: CHHS
Partners: Permanent Housing Providers, Rapid Re-housing providers
2015 Deliverable: Presentation to Landlord Association or equivalent organization.

OBJECTIVE THREE: Support effective pathways toward self sufficiency and reduced financial vulnerability

STRATEGIES:

Improve coordination of employment programs with homeless assistance programs

    Steps to Bring Change: Collaborative Employment Service Program Team (CESP) will bring together employment vendors and homeless programs.
    Lead Agency: SMS, Transitions and YWCA Collaborative Employment Service Program Team (CESP).
    Partners: SMS, YWCA and Transitions
    2015 Deliverable: Two job fairs held in 2015.

Improve access to mainstream programs and services and increase % of homeless housing participants obtaining non-cash mainstream benefits.

    Steps to Bring Change: Organize a Learning Community tailored around coordinating employment and non-cash benefit resources.
    Lead Agency: SMS
    Partners: Homeless Service Providers and mainstream resource providers
    2015 Deliverable: Two learning community meetings will occur in 2015 and group will develop CoC outcomes for 2016.

    Steps to Bring Change: Look at additional grant resources for technology funding for mobile devices to bridge technology gaps with accessing mainstream resources
    Lead Agency: SMS
    Partners: Homeless Service Providers and mainstream resource providers
    2015 Deliverable: Grant options will be explored and applied to as applicable.

Identify and implement best practices, including supportive employment and client-tailored wrap around services.

    Steps to Bring Change: CESP Team will provide floating Vocational Services for sharing of Best Practices amongst agencies.
    Lead Agency: CESP
    Partners: Homeless Service Providers
    2015 Deliverable: Agencies Continuum-wide will have access and have benefited from these services as depicted in an increase system wide earned income measure from 26% (2014) to 28%.

    Steps to Bring Change: Research job training best practices and explore the option of implementing projects locally.
    Lead Agency: CESP
    Partners: SMS, Transitions

2015 Deliverable: Presentation on best practice models will be conducted prior to City of Spokane 2015 funding round.

Increase access to education, educational outcomes and living wage jobs.

Steps to Bring Change: Goodwill will begin the development of a credentialed certificate program in conjunction with the Community Colleges of Spokane. Grant begins September 2015.
Lead Agency: Goodwill
Partners: Community Colleges of Spokane
2015 Deliverable: Program development will be underway and implementation of the program will begin in 2016
SCC will have programs created in conjunction with "Credentials to Careers" grant.

OBJECTIVE FOUR: TRANSFORM HOMELESS SERVICES TO CRISIS RESPONSE SYSTEMS LEADING TO IMPROVED HEALTH AND SAFETY.

STRATEGIES:

Institute system-wide partnerships and best practice models

Steps to Bring Change: Use Support Services for Veterans Families as a stop-gap for veterans waiting for VASH vouchers
Lead Agency: SSVF, Health Care for Homeless Veterans (HCHV)
Partners: SSVF and VASH staff, RRH and PSH Providers, Interim Housing Providers
2015 Deliverable: Veterans' length of homelessness will decrease.

Steps to Bring Change: Offer Rapid Re-housing as a stop-gap for eligible permanent supportive housing clients.
Lead Agency: CoC Agencies
Partners: St. Margaret's Shelter, SNAP, CoC PSH Providers, Homeless Families Coordinated Assessment program, Single Homeless Coordinated Assessment.
2015 Deliverable: Identified client's length of homelessness will decrease.

Increase successful service delivery for in-home service

Steps to Bring Change: Engage Department of Social and Health Services in Connecting Medicaid Services with Housing.
Lead Agency: CoC, CHHS, DSHS
Partners: CoC permanent supportive housing project.

2015 Deliverable: Increase connections with DSHS through quarterly meetings and explore funding opportunities.

Promote outreach to high utilizers of system resources

Steps to Bring Change: Form a sub-committee to address expansion of scope of delivery for homeless outreach services.
Lead Agency: CoC, CHHS Department
Partners: Homeless outreach workers, Mental Health providers, emergency service providers, emergency shelters, first responders.
2015 Deliverable: Subcommittee will develop a recommended service delivery model. Prioritize projects who implement this model in upcoming 2015 City of Spokane funding rounds.

Institute rapid re-housing as a strategy toll to end family homelessness

Steps to Bring Change: Coordinate Funding Resources so Rapid Re-housing does not have a disruption of service delivery based upon differing funding streams.
Lead Agency: SMS
Partners: RRH Service and Funding Providers
2015 Deliverable: There will be no gaps of Rapid Re-housing Services.

Utilize data driven systems

Steps to Bring Change: Provide specific data points to the CHHS board's Strategic Planning Committee for use in system wide decision making.
Lead Agency: CoC and CHHS Staff
Partners: CHHS Board Strategic Planning Committee
2015 Deliverable: Data outcomes will be incorporated and used in funding prioritization.

Explore using flexible funds for meeting unique and multiple needs of individuals/families to prevent homelessness or stabilize

Steps to Bring Change: Recommend the Prioritization of flexible funds to include the priority of "meeting unique and multiple needs to prevent homelessness."
Lead Agency: CoC
Partners: Funding recipients who are applying for flexible money.
2015 Deliverable: CoC will define the need qualifications for flexible funding and make a recommendation for funding priority.

OBJECTIVE FIVE: ADVANCE HEALTH AND HOUSING STABILITY FOR YOUTH EXPERIENCING HOMELESSNESS, INCLUDING UNACCOMPANIED HOMELESS YOUTH AND YOUTH AGING OUT OF SYSTEMS SUCH AS FOSTER CARE AND JUVENILE JUSTICE.

STRATEGIES:

Improve discharge planning from foster care and juvenile justice

Steps to Bring Change: Create Homeless Youth Coalition to focus on identifying and serving the homeless youth population.
Lead Agency: Volunteers of America
Partners: VOA Crosswalk, Spokane County Juvenile Detention Service, McKinney Vento homeless liaison, Next Generation Zone, YFA Connections
2015 Deliverable: Homeless Youth Coalition will be created. Mission statement and goals will be developed.

Steps to Bring Change: Identify youth experiencing homelessness during the intake process at Spokane County Juvenile Detention services.
Lead Agency: Homeless Youth Coalition
Partners: VOA Crosswalk, Spokane County Juvenile Detention Services
2015 Deliverable: Process will be developed where homeless youth in Spokane County Juvenile Detention Services will be identified at intake.

Steps to Bring Change: Coordinate with service providers to connect with homeless youth while he or she is residing in Spokane County Juvenile Detention.
Lead Agency: Homeless Youth Coalition
Partners: VOA Crosswalk, Spokane County Juvenile Detention Services
2015 Deliverable: Process will be developed where homeless youth in Spokane County Juvenile Detention Services will be connected with appropriate housing and service resources.

Steps to Bring Change: Continue to educate foster youth and community partners about rights of youths in foster care transitioning into adulthood.
Lead Agency: Homeless Youth Coalition
Partners: VOA Crosswalk, Spokane County Juvenile Detention Services
2015 Deliverable: Two community outreach engagements with school counselors in the region.

Increase housing resources and remove barriers

Steps to Bring Change: Take "Category 3" from HUD's homeless definition to the CoC Advisory Board for approval and work with the City of Spokane to figure out other steps necessary to adopt "Category 3". Investigate other funding sources (private and public) for housing focused on homeless youth.

Lead Agency: Homeless Youth Coalition
Partners: CoC Advisory Committee, HUD
2015 Deliverable:
Homeless Category 3 will be proposed to the CoC Advisory Board for approval.

Steps to Bring Change: Investigate non-CoC funding sources for housing focused on homeless youth.
Lead Agency: Homeless Youth Coalition
Partners: CoC, Empire Health Foundation
2015 Deliverable: Grant options will be explored and applied to, as applicable.

Promote outreach to youth who may be high utilizers of system resources

Steps to Bring Change: Explore the possibility of creating a community resource team comprised of representatives of various youth service systems to collaborate on ensuring youth stabilization, case by case.
Lead Agency: Homeless Youth Coalition
Partners: Youth Service Providers
2015 Deliverable: A decision will be made as to whether or not it is feasible to model a program similar to the Hot Spotters for Homeless Youth**.**

Improve Count for Youth

Steps to Bring Change: Co-locate an HMIS assessor at Next Generation Zone to do HMIS assessments with Homeless Youth.
Lead Agency: Homeless Youth Coalition
Partners: CHHS
2015 Deliverable: An HMIS assessor will spend time at Next Generation Zone to connect with Homeless Youth.

Steps to Bring Change: Research strategies that will increase collaboration between the schools and homeless programs for the PIT count.
Lead Agency: Homeless Youth Coalition
Partners: McVento School Liasions, HEART program, CHHS Department.
2015 Deliverable: Recommend recommendation for 2016 PIT count by September 2015.

Potential Financing Resources

Outline of major funding resources for homeless activities

- **Local**

  City of Spokane and Spokane County HOME Program
  Housing grant funds may be used for the acquisition/construction/rehabilitation of transitional housing, permanent supportive housing and affordable housing. In addition, the funds can be used for tenant-based rental assistance.

  City of Spokane and Spokane County Community Development Block Grant (CDBG)
  Flexible fund source which can be used for several types of activities including services for homeless and persons at risk, transitional housing, emergency shelter, permanent supportive housing and affordable housing.

  City of Spokane Emergency Solutions Grant (ESG)
  Annual HUD formula-based allocations can pay for outreach, shelter and Rapid Rehousing.

  HHAA Homeless Funds (2163)
  Fund generated by a local fee on real estate documents provides funds for short-term rental assistance, shelters, transitional housing, and permanent supportive housing for chronic homeless persons with severe and persistent disabilities and rental assistance to prevent homelessness. In addition, the "2160" provides funds for affordable housing.

  "Hargrove" Sales Tax revenues for mental health/chemical dependency programs
  The State Legislature authorized cities and counties to allocate up to .01% local sales tax to pay for the cost of services for mental health and chemical dependency programs. Formal local government action adoption is necessary to activate this resource.

- **State**

  Consolidated Homeless Grant (CHG)
  The grant funding supports temporary housing in every county in Washington State through a network of local non-profit organizations, faith-based organizations, and local governments. CHG funds complement local document recording fees and private donations to support the system of emergency shelters, transitional housing, and temporary rent assistance for people facing homelessness.

  Housing and Essential Needs (HEN)
  Pays rent directly to landlords for individuals who: are unable to work due to a temporary disability for at least 90 days (as determined by DSHS); and are homeless or at imminent documented risk of becoming homeless. HEN also provides essential needs (i.e., toiletries, bus tokens) for people with a temporary disability.

  Independent Youth Housing Program (IYHP)
  Provides rent assistance and case management to youth ages 18 to 23 who have exited the state dependency system.

  Housing Trust Fund

Provides for affordable housing, either homeownership or multi-family rental housing (including operations and maintenance). Affordable housing for lower income households including homeless persons, seniors, farmworkers and persons with developmental disabilities or housing construction, reconstruction

Washington State Housing Finance Commission "80/20" Bonds
Provides tax-exempt bonds used to finance multi-family rental housing, cooperatives, assisted living facilities and Single Room Occupancy housing. Activities include new construction, acquisition with rehabilitation and rehabilitation only.

Washington State Housing Finance Commission Non-profit Housing Bonds
Provides bond proceeds to non-profit housing entities to construct, acquire, and rehabilitate housing or to refinance existing debt. Includes emergency shelters/facilities for homeless and group homes for special needs populations as well as senior housing, nursing homes and retirement communities.

Low Income Housing Tax Credits (LIHTC)
Provides income tax credits to developers to encourage construction and rehabilitation of affordable housing for lower-income persons.

HOPWA
Provides housing assistance and supportive services for persons with HIV/AIDS and related diseases. Activities can include rental assistance, utility assistance, security deposits and necessary services.

- **Federal**
  HUD – Continuum of Care Program (CoC))
  Provides funds for permanent supportive housing for chronic homeless persons and rapid rehousing for families. Also provides for renewing of operating and rental assistance/leasing costs.

  HUD 811 Program

  Provides capital advances and operating subsidies to nonprofit developers to develop or reconstruct housing for persons with disabilities and provide rental assistance to state housing agencies for persons who are very low-income with disabilities.

  DHHS – Runaway Youth and Homeless Youth Program
  FYSB supports street outreach, emergency shelters and longer-term transitional living and maternity group home programs to serve and protect these young people.

  DHHS – Transitional Living Program for Older Homeless Youth

Supports projects that provide long-term residential services to homeless youth. Young people must be between the ages of 16 and 22 to enter the program.

SAMSA – Offender Re-Entry Program
Funds expand substance abuse treatment and related recovery/re-entry services to sentenced adult offenders returning from incarceration.

HUD - VASH Vouchers
The program provides Housing Choice Vouchers (Section 8) to assist homeless Veterans to rent housing, moving them to permanent housing. Veterans may also receive necessary services through the program.

Veterans Administration – Supportive Services for Families of Veterans (SSVF)
Provides necessary supportive services to very low income veterans who are homeless or in permanent supportive housing or seeking other permanent housing.

Additional Discussion of Homeless Populations and Those At-risk of Becoming Homeless

Persons with Mental or Physical Disabilities and Developmental Disabilities

The 2008-2012 ACS estimated that 13% of Spokane's population between the ages of 18 and 64 had a disability, as did 5% of those under the age of 18. People 65 and older represent the largest cohort with disabilities – 41% had a disability, most frequently (serious difficulty walking or climbing stairs). A recent analysis of 2012 single-year ACS data for Washington State provides insights into the extent of disabilities for the working-age population (21 to 64).[1] Statewide, the employment rate of working age people with disabilities was 37%, compared with 77% for persons without disabilities. In the same year, 23% of persons with disabilities had full-time, full-year employment, compared with 55% of persons without disabilities. About 18% were receiving SSI and 26% were living in poverty (compared with 11% of working-age adults without a disability.

Table 8: Populations with Disabilities

Age Group	Spokane	County	Washington
Under 18	5%	5%	4%
18 to 64	13%	11%	10%
65 or older	41%	39%	37%

Source: 2008-2012 American Community Survey

The Washington Department of Social and Health Services (DSHS) served 1,905 clients with developmental disabilities in Spokane and 3,878 in Spokane County between July 2012 and June

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[1] Erickson, W., Lee, C., & von Schrader, S. (2014). *2012 Disability Status report: Washington*. Ithaca, NY: Cornell University Employment and Disability Institute (EDI).

2013.[2] An array of services is available in Spokane for persons with developmental disabilities of all ages, although not enough to meet needs. According to information provided by one of the agencies (arc-spokane.org), Spokane County is home to between 7,000 and 14,000 people with an intellectual or developmental disability.

While needs of persons with intellectual or developmental disabilities (I/DD) depend on the nature and extent of the disability, needs tend to be ongoing, met largely within the family (70% live in family homes) and usually with inadequate additional public support. Family caregivers need support as well, including respite. That many caregivers are aging raises new concerns for the future. The needs are often misunderstood leading to unnecessary social isolation and missed opportunities for fulfilling employment, healthy relationships, and maximum independence. All of the challenges faced by other populations with special needs are more challenging, but not unsurmountable, for people with intellectual or developmental disabilities. However, to get there, steps must be taken to overcome underemployment (70% unemployed and/or working for insufficient compensation), lack of income (SSI alone is meager as is the $2,000 ceiling on savings), poor accessibility (to transportation, services, medical and dental care), and lack of appropriate affordable housing (a primary need for most).

Mental illness ranges from mild and short-term to chronic, lifetime conditions. Publicly funded services tend to focus on people whose illness affects their ability to work and live in the community independently. The Washington Department of Social and Health Services provided mental health services to 7,926 lower-income qualifying clients in the City of Spokane (2012-2013). The majority of the services were outpatient evaluation and treatment, followed in frequency by crisis intervention.

It is difficult to measure the incidence of serious mental illness (SMI). A 2003 study by DSHS estimated that there were 22,288 persons with SMI in the Spokane County RSN (Regional Service Network) that covers eight counties (Spokane, Pend Oreille, Stevens, Ferry, Okanogan, Lincoln, Grant and Adams). About 56% of that estimate was thought to be Medicaid eligible. Included in the total estimate were 7,525 children with serious emotional disorders (SED).[3]

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[2] (clientdata.rda.dshs.wa.gov)
[3] Washington Department of Social & Health services, Health & Rehabilitative Services Administration, Mental Health Division. (2003). *The Prevalence of Serious Mental Illness in Washington State: Report to the Legislature*.

Mental illness is the primary disabling condition (about 47%) among Washington's SSI recipients (clients age 18-64) followed by developmental disabilities (about 16%).[4] The Patient Protection and Affordable Care Act (ACA) provides a financial incentive for treatment of mental illness prior to it becoming a disabling condition. Beginning in 2014, persons under age 65 with incomes at or below 133% of poverty are eligible for Medicaid. Under the Medicaid Expansion and federal funding, it is less costly for Washington to provide adequate treatment to prevent a disability than waiting until the person falls under federal disability, which requires a 50% match by the State.

Providing appropriate and timely assessment, treatment and support services is a challenge made more difficult by lack of adequate funding. In a 2015 study by Mental Health America, Washington State was rated among the highest in prevalence of mental illness and the lowest access to care (the are related measures).[5] Washington achieved an overall ranking of 48 (out of 51). Contributors to the development of this Consolidated Plan consistently mentioned the need for crisis intervention, housing and supportive services for persons with mental illness. Mental illness is a primary factor in homelessness, including homeless veterans.

Veterans

Nationally, data show that the majority of homeless veterans are male (92% are) and disproportionately African American or Hispanic (40% are). An estimated 12% of persons who are homeless in the United States are veterans. The majority suffer from mental illness and/or alcohol or substance abuse. They have served in war, mostly since Vietnam and in more recent Middle East war zones. Veterans who have experienced combat may suffer from PTSD and/or have suffered from brain injuries or trauma. These injuries leave them vulnerable to family disruption. Lack of education or training outside of the military adds to the stress of transferring military skills to civilian life.

In 2013 over 58,000 veterans were found homeless across the nation. In the 2014 Spokane County Point-in-Time count, 7% of homeless persons counted were veterans. It is assumed that many more were homeless than counted as many seek to avoid contact with authorities. It is estimated that about 250 veterans are homelessness in Spokane at some point in calendar year. Importantly, homeless veterans experienced homelessness for long consecutive periods – 257 days on average – longer than any other homeless population.

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[4] Mancuso, D., Ford Shah, M., and Felver, B. (2011). *Disability Caseload Trends and Mental Illness: Incentives under Health Care Reform to Invest in Mental Health Treatment for Non-Disabled Adults*. Washington Department of Social and Health Services, Research & Data Analysis Division.
[5] Mental Health America. (2015) *Parity or Disparity: The State of Mental Health in America.*

In addition to those actually homeless, another estimated 1.4 million veterans nationally are considered to be at risk of homelessness due to poverty and lack of support networks.[6] Housing and services are major needs, particularly affordable housing, medical care, and mental health care.

The Veterans Administration has introduced a major national initiative to end homelessness for veterans and to provide an array of services and housing supports to those at risk of homelessness. While still insufficient, the Spokane area has taken advantage of health care for homeless veterans and significant resources for housing vouchers.

Persons with Drug and Alcohol Dependency

The Washington Department of Social and Health Services (DSHS) served 3,254 lower-income clients with alcohol and substance abuse-related services in the City of Spokane between July 2012 and June 2013. Most of the services were outpatient treatment and assessments. Substance abuse disorders may accompany mental illness and are often co-occurring disorders. Both mental illness and substance abuse disorders are factors in homelessness in Spokane.

Victims of Domestic Violence

Data on the actual occurrence of domestic violence are remarkably limited. Certainly violence in the home and in relationships cuts across societal measures – income, occupation, race, and ethnicity. Statistics are limited to some extent by the sources of data. National crime databases show reported incidences, those to which police respond – both men and women can be charged in a single incidence. The National Coalition against Domestic Violence (NCADV), drawing in part on the crime statistics, reports that nationally:

- 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner within their lifetime
- Intimate partner violence is most common among women between the ages of 18-24
- Intimate partner violence accounts for 15% of all violent crime

The National Network to End Domestic Violence reports on violence from another perspective – those seeking help from agencies. This is more a snapshot of the more vulnerable – those who experience barriers in escaping violence such as lack of income, lack of personal esteem, immigrant status, absence of family or peer support. The *2013 Domestic Violence Counts*

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[6] National Coalition for Homeless Veterans (nchv.org)

statistics for the 24-hour count in Washington State, the Network reported that 2,082 victims were served in one day.

According to data compiled by the Washington State Coalition Against Domestic Violence, having limited options for economic stability can keep victims in relationships with violent abusers.[7] Lack of affordable housing is key among the barriers to escaping abuse. Washington State tracks domestic violence-related deaths. In the 10-year period between 2004 and 2013, there were 30 such homicides in Spokane County and 11 abuser suicides.

The YWCA of Spokane works with victims of domestic violence and provides an array of services, including housing. The 2013 agency Annual Report showed that domestic violence counseling was provided to 1,086 victims, safe shelter to 412 victims and legal advocacy to 3,199 victims. While no person in imminent danger is turned away from shelter, making the transition to safety is met with multiple barriers – lack of affordable housing, lack of legal representation, finding suitable employment, and recovering from abuse. While victims of domestic violence are protected from discrimination, the presence of protective orders alone can persuade landlords against renting.

Persons with HIV/AIDS (NA45)

According to Washington State HIV Surveillance Semiannual Report (1st Edition 2014), there were 113 new cases of HIV diagnosed in Spokane County between 2009 and 2013, for a total cumulative diagnosis from 1982 of 821 cases. As of the end of December 2013, 210 persons in Spokane County were known to be living with HIV (not AIDS) and 287 persons living with AIDS. The local incidence of HIV/AIDS is relatively small; however, the disease is becoming more prevalent in suburban and rural areas. In addition 44% of new cases between 2009 and 2013 in Spokane County were late HIV diagnoses (diagnosed with AIDS within 12 months of being diagnosed with HIV).

Unaccompanied Youth (NA45)

The Spokane School District reports the number of homeless youth is steadily and significantly increasing. Over the four latest reported school years, the number of homeless youth identified has risen each year from 856 in 2009-2010 to 1,784 in 2012-2013. In the latest school year, almost two-thirds were in a doubled-up housing situation (couch surfing). While the number of

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[7] (wscadv2.org)

homeless youth is generally evenly distributed throughout grades K-11, the number of high school seniors who are homeless is almost double other years. These numbers only reflect homeless youth in school. Many others have most assuredly already dropped out and are no longer in school.

Unaccompanied youth in general face two major issues: lack of skill and experience to qualify for or obtain living wage jobs and the inability to obtain housing (unable to sign leases and or otherwise find housing they can afford). Under Washington State Law, youth aging out of foster care may access rental assistance provided by the State. However, the assistance is insufficient to meet their long-term needs for stable, affordable housing. Opportunities for employment are limited for youth in general and especially for those who have dropped out of school. Education and skills development, including GED and vocational training, are needed in order to compete for jobs. Many youth also need mental health services and substance abuse treatment and counseling to stabilize their lives. In addition, the expectation that youth will have the maturity to live without assistance is unrealistic for most. Unaccompanied youth have even greater need for positive supports, constructive activities, guidance/mentoring, and financial support from a system providing flexible help for changing needs.