

The Road Home

SPOKANE REGIONAL 10-YEAR PLAN TO END HOMELESSNESS 2005-2015

A Joint Initiative of the City of Spokane and Spokane County



December, 2008 Update

***U.S. Interagency Council on Homeless
America's Road Home Statement of Principles and Action
As signed on to by City of Spokane Mayor Mary Verner and Spokane County
Commissioner Mark Richard***

Whereas: More than 2 million Americans across our country each year experience homelessness in our local communities, compromising the quality of life of the person, and the community; and

Whereas: As elected Mayors and County officials, we are on the frontlines of homelessness and accountable to our communities for the well-being of all citizens; and

Whereas: We recognize that no one level of government can remedy homelessness alone; and

Whereas: We affirm that we will work together with our partners in state and federal government as well as in the foundation community and private sector to maintain and enhance the sustainable investment of resources needed to respond; and

Whereas: We have taken action to create jurisdictionally-led, community-based 10 Year Plans to end chronic homelessness in our communities in partnership with the United States Interagency Council on Homelessness (USICH), the U.S. Conference of Mayors (USCM), and the National Association of Counties (NAC) to end the disgrace;

Now, therefore, we resolve to work together in a national partnership of every level of government and the private sector, with our fellow cities and counties and the United States Interagency Council on Homelessness to identify, adopt, and create innovative initiatives to advance the following principles and actions:

1. End the homelessness of our most vulnerable and disabled citizens who reside on our streets and in our shelters, those experiencing chronic homelessness, especially including homeless veterans.
2. With the support of our partners work to shorten the time any person is homeless.
3. Accept jurisdictional responsibility for accountability and results in the broader partnership that includes other levels of government and the private sector for an issue that is visible, expensive, and unacceptable in our communities.
4. Affirm our jurisdictionally-led, community-based 10 Year Plans as the community's primary planning strategy to effect accountability and results in ending and preventing homelessness.
5. Develop these plans to ensure that the measurable outcomes are sustainable and render lasting solutions to homelessness.
6. Endorse housing solutions as our primary investment to end homelessness, recognizing that shelter and punitive responses are often expensive and ineffective in reducing numbers and restoring lives and affirm that permanent supportive housing and rapid re-housing models offer our most disabled citizens the housing and services they need in a cost effective response.

7. Affirm the work of faith and community based agencies for the work they have done on the frontlines for decades and partner with them to fashion innovative responses that are results-oriented.

8. Invite the business and philanthropic communities to be a partner in our efforts, especially local business associations, foundations, Business Improvement Districts, the United Way, and Chambers of Commerce.

9. Work with the United States Interagency Council on Homelessness, the United States Conference of Mayors Task Force on Hunger and Homelessness, the National Association of Counties, and the Partnership to End Long Term Homelessness to assure rapid dissemination of innovations that ensure that every community will have equal access to the best ideas that create results in ending homelessness.

10. Create Project Homeless Connect events, the one-day, one-stop, targeted to homeless people in offering an array of housing, employment, and treatment services along with quality of life resources, as a component of our 10 Year Plan response.

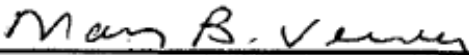
11. Support all local, state, and federal legislation and resources that will offer new capabilities for investment in results.

12. Invite other communities to join us in this national effort.

We, do hereby commit to this Statement of Principles and Actions, embrace its goals, and announce our intention to work in partnership in bringing the homelessness of our most vulnerable and disabled neighbors to an end in the United States.



Mark Richard
Spokane County Board of Commissioners



Mary Verner, Mayor
City of Spokane

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INTRODUCTION

It is estimated that on any given night in Spokane County there are over 1,500 homeless persons living on the streets, in parks, in their cars, emergency shelters or in transitional housing facilities. Many more are doubled up or living in substandard housing. In addition, many are families with children who are fleeing domestic violence, have lost their jobs or have been recently evicted from their housing. Still others are individuals with serious mental illness or other disabilities. In response to the growing needs of these populations, community leaders have developed a long-range plan focused on strategies to stabilize our vulnerable citizens and their housing and to prevent others from becoming homeless.

Homelessness is a major concern across the nation, as well as in Spokane County. A recent Gallup Poll of a cross-section of adults across the country found that 28% of persons interviewed had been concerned about becoming homeless at one point in time in their lives. Importantly, 92% responded that “something should be done about homelessness.”

(The Spokane Region’s Plan to End Homelessness represents a series of community-based solutions that utilize effective proven practices of communities across the nation. The original planning process took place in 2005 in response to the State requirement for all counties to establish Ten-Year Plans to End Homelessness in their communities. However in 2008, changes within the community prompted the need for an update to the 2005 Plan.

In 2008, a task force composed of a broad range of community leaders, met to update the Plan and to bring in new data-driven approaches to solving homelessness in the county. At the same time, the City of Spokane and Spokane County, which had previously operated independently in planning and implementing homeless programs, have joined to create regional planning efforts that will cover the entire county of Spokane. Their first task will be to develop a governing structure to oversee the implementation of the updated Ten-Year Plan.

As part of the update of this plan, the region is making a major effort to consolidate its planning process and decision-making in order to more efficiently and effectively allocate resources and implement programs for homeless persons. This plan update consolidates the following five separate plans into a single unified homeless plan for the region: the previously separate Continuum of Care Plans and the separate HUD Ten-Year Plans for the City of Spokane and the Spokane Region’s State Ten-Year Plans to End Homelessness into a single plan for the region.

This plan is designed to be a community roadmap for action to guide local governments and both homeless planners and providers to aggressively pursue activities leading to the end of homelessness in the region. It is intended to integrate existing plans into a comprehensive community plan that serves as a tool for the coordination of activities meeting the needs of homeless persons in the county.

GUIDING PRINCIPLES AND CORE STRATEGIES

There are certain core beliefs that will guide actions we will take to end homelessness. The principles of the National Alliance to End Homelessness' America's Road Home Initiative, which were adopted by political leaders in both the City and County of Spokane, were utilized as a base for developing the following guiding principles:

Guiding Principles

- Our primary goal is to end homelessness for all homeless populations in our region.
- Partnerships are essential to the effort to end homelessness and include government at all levels, the business community, schools, philanthropic organizations, non-profit organizations and faith-based organizations.
- Local government accepts the responsibility of a leadership role in developing regional solutions to resolving homelessness.
- All levels of government and our system of care must work cooperatively to end homelessness in our region.
- Solutions must be outcome based and sustainable.

Core Strategies

1. Prevention - Reduce the incidence of homelessness by providing tools to families and single persons at-risk of becoming homeless.
2. Reduce the period of time that families and single persons are homeless.
3. Increase the capacity to assist homeless families and single persons to return quickly to self-sufficiency.
4. Improve access to services and housing for families and single persons experiencing homelessness.
5. End Homelessness for our most vulnerable populations (including chronic homeless persons) by providing permanent supportive housing to disabled homeless persons.
6. Develop coordinated, multi-system responses to end homelessness.
7. Enhance coordinated solutions through regional planning and expanded funding capacity.

WHY WE MUST SUCCEED IN ENDING HOMELESSNESS

Homelessness is expensive. It is expensive to both the person who experiences it and to the community responding.

Families that are evicted into homelessness face incredible losses. Often they lose everything when they exit, leaving behind furniture, family records, and clothing. The loss is not just financial. The support system they once had begins to crumble the minute they leave their housing and neighborhood. Even if space in a shelter is available, many do not allow males or teen boys, often causing families to split up to survive. Children become socially less functional and their development slows as they change schools and friends frequently. Distances to work generally become longer and more complicated. Persons in homelessness have more difficulty obtaining and retaining jobs. They have no address or place of residence, nor a place for messages. If they have poor rental or credit histories or criminal records, their difficulties in finding affordable housing compound.

These are often only the short-term losses. Long-term issues are created by homelessness. Studies demonstrate that children who have experienced homelessness have a higher risk of becoming homeless when they become adults. Many single adults develop chronic conditions while they were homeless that affect their health throughout the rest of their lives and negatively affect their ability to obtain and retain employment.

The monetary cost of family homelessness is very high. **Nationally, the annual cost of an emergency shelter bed is \$8,067** – more than the cost of a Federal program Section 8 Housing Voucher. Many communities use short-term motel vouchers to pay for short-term stays. The annual cost of a motel voucher is often three or four times the cost of a shelter bed. Nationally, the cost of sheltering families who are homeless is estimated to be more than \$2 billion per- year. ⁱ

The public cost of homelessness in single populations is even greater. Chronic homelessness places an enormous strain on our public support system: HUD estimates that 50% of all costs associated with homelessness are related to serving disabled chronic homeless individuals who make up less than 20% of all homeless persons. These costs can be reduced. There is clear evidence that when a seriously mentally ill person is supported with services in stabilized housing, the number of visits made as an outpatient and the length of episodes of hospitalization are greatly reduced. A now-famous study by Dennis Culhane in New York City found that **the average homeless person with mental illness used publicly-funded hospitals, treatment centers, outpatient clinic care, shelters and jails at an annual cost to the public of \$40,000**. However, when the same person was placed in service-enriched permanent housing, the costs dropped drastically and the savings were essentially enough to pay for permanent supportive housing for the individual. ⁱⁱ

The societal and financial costs of homelessness are clearly high. However, to simply say that it is an expensive but necessary outcome of our current day society is not palatable to the community. Several communities have accomplished a great deal to both reduce its impact and reduce the number of persons who are homeless.

ROOT CAUSES OF HOMELESSNESS

Homelessness has been a part of our society since this country was created. However, over the past two decades, two closely-linked national trends have resulted in major increases in the number of persons falling into homelessness: 1) a growing lack of affordable housing and 2) intransigent poverty. Additionally, we are seeing the national, state and local economy change almost daily which is certain to impact our ability to measurably reduce homeless. According to a new report released by the National Alliance to End Homelessness, the current recession is estimated to result in an additional 1.5 million additional Americans experiencing homelessness over the next two years, over and above the number who usually become homeless.ⁱⁱⁱ

Lack of Housing Affordability

National

There is a national crisis in the affordability of housing in all but the higher income levels. This phenomenon has its roots in the 1980s when national housing policies changed drastically and the federal government reduced its role as a major source of funding for new subsidized housing units. **Federal support for low-income housing fell by 49% from 1980 to 1996.**^{iv}

Between 1973 and 1993, 2.2 million low-rent housing units were lost to the housing market, most of them located in medium and large cities across the nation. Many of these were converted to condominiums at almost all levels of income.

One of the more inexpensive sources of housing for lower income singles has been the single room occupancy (SRO) apartments generally located in or near downtown areas. This resource has been all but lost; between 1970-1985 more than one million SRO units were demolished; and in cities such as Portland, Oregon this meant that 59% of the residential hotels were lost in this span.^v

Spokane Region

Housing costs in Spokane County have risen rapidly since the turn of the century, but not as dramatically as other parts of the country, forcing many to double up and/or live in substandard dwellings. Housing sales prices have gone up to levels that now exclude a very large segment of the population from seeking homeownership. The only option for low and moderate income households is the rental housing market which has also seen increased rates, although to a lesser extent.

Low income families cost burdened - Almost two-thirds (63%) of the County's low and moderate income renters (below 80% of area median income) are "cost burdened" (paying more than 30% of their income for housing expenses) according to the most current U.S. Department of Housing and Urban Development Comprehensive Housing Affordability Strategy (CHAS) data. The situation is even worse for the lowest income households: 77% (9,927 households) of households with incomes below 30% of area median income are cost burdened. Larger families

have even greater housing problems as a group. Over 91% of families with five or more members in the below 30% of median income group are cost burdened.

Wage earning families can't afford rental housing costs - Persons who are in the retail and services industry are often a single paycheck away from losing their housing as wages in those industries typically are among the lowest. The estimated average hourly wage of the more than 56,000 renter households in the County in 2008 is \$10.09. A worker with two children earning this wage would need to work a minimum of 51 hours per week to afford rent for a unit at the current Fair Market Rents (FMRs). While the State of Washington has one of the highest minimum wage requirements, a wage earner with two children would need to work 64 hours a week at the minimum hourly wage of \$8.07 in order to afford a two bedroom apartment. **As a consequence, less than one-half (48%) of the County's renter households are able to afford a two bedroom apartment at (FMR)^{vi}.**

Persons with disabilities are highly vulnerable - The plight of persons with disabilities is even worse: The Supplemental Security Income (SSI) benefit for disabled persons, which was originally designed to provide for housing needs and some other living necessities, is limited to \$637 per month.^{vii} **The SSI benefit provides for an "affordable" rent payment of only \$191 per month for a person with disabilities; and in the Spokane region there has not been a standard rental housing unit under \$200 for over 20 years.**

Loss of affordable housing - The supply of affordable housing available to very low income individuals has been depleted over the years in the Spokane Region. Single Room Occupancy (SRO) units and hotels in downtown Spokane, a source of housing for very low income singles, has diminished to make room for new development while many other buildings have been either converted or remain vacant.

Poverty

National

While unemployment and generational factors are often the most obvious factors in defining poverty, there are several other reasons why poverty often leads to homelessness. While costs for essential items such as food, clothing, gasoline, health care, transportation and utilities have been increasing at a high rate, real wages have not kept up with these changes. As employment in the U. S. has shifted from a manufacturing and agriculture economy to a service-driven economy, with its much more limited pay structure, the wages of millions of workers has diminished. At the same time, both private benefit packages and public benefits have been constricted. **The value of minimum wages has actually been declining: from 1979 to 2004, the real value of the national minimum wage has declined by 26%.^{viii}** In addition, much of our employment pool holds part-time work with its notoriously low pay scales.

Declines in public assistance and the tightening of eligibility have resulted in many households no longer receiving assistance. Welfare caseloads were reduced significantly in the mid-1990s as a result of welfare reform legislation, which limited the number of households who were eligible and the length of time they could receive benefits. While many became employed

through jobs programs, most did still not receive sufficient wages to pull them out of poverty. For many households, this meant falling into homelessness. For example, 50% of recipients either had their benefits eliminated or reduced in 2001. Among those who lost their benefits, 20% indicated they became homeless as a direct result.

The recent downturn of the economy, the unprecedented budget deficits in 2008 reaching one trillion dollars and projections for the future are likely to prevent expansion of public assistance, except perhaps in health care, which is a priority of the new Administration taking office in 2009.

Spokane Region

According to the Washington State Department of Labor and Industries, the Washington State minimum 2009 minimum wage is \$8.55 dollars per hour. In 1998, Washington voters approved Initiative 688, which allows for an annual increase of the minimum wage based on the federal Consumers Price Index for Urban Wage Earners and Clerical Workers. Although, Washington has one of the highest minimum wage rates in the country, in Spokane County, 13.9% of all individuals have incomes below the poverty line while 8.8% of families fall below the line. Female headed households are often found in poverty for a number of reasons. Thirty-seven percent (37.1%) of female head of households with children under 18 are in poverty. **However, when there is a child less than five years old present, the poverty percentage increases to 47.5%, almost half of all female head of households is living in poverty.**

**Poverty in Spokane County, Washington State and Nationally
Percent below Federal Poverty Level (FPL)**

Category	Spokane	Washington State	Nation
Families	8.8	8.0	9.8
Families with Children under 18	14.7	12.6	15.1
Families with Children under 5	18.8	13.6	16.2
Families with Female Head of Household	28.5	26.3	28.6
With Children under 18	37.1	33.5	36.9
With Children under 5	47.5	42.5	45.5
Individuals	13.9	11.8	13.3
Individuals 18 years and older	12.8	15.3	11.6

Source: U.S. Census Bureau 2005-2007 American Community Survey

Other Issues

There are a number of other issues which lead to homelessness. An emerging issue is the state of the national and local economies. Among the most prevalent in the nation, as well as Spokane, are:

Mental Illness – Nationally, 16% of the single adult population is mentally ill. In Spokane County, 14% of the homeless were found to have serious mental illness. This population is

particularly unable to find and maintain affordable housing for a wide range of reasons including: income, unfair housing practices, tenant and landlord conflicts and an inability to cope with the requirements of daily life without supports. The war is likely to increase the number of mentally ill; a recent report found that forty percent of veterans of the Iraq campaign returned home suffering from either mental illness or head injuries, many also returned with diagnosed post-traumatic stress.

Substance Abuse – While many in our country suffer from addictions, only those who are poor and addicted are likely to become homeless. Eight (8%) of homeless persons encountered in the 2008 Spokane homeless count were found to be chronic substance abusers. Many homeless substance abusers also suffer from mental illness making their recovery and stability extremely complicated. Mentally ill persons frequently use alcohol or drugs to self-medicate.

Domestic Violence – Nationally, approximately 50% of the women with children experiencing homelessness cite domestic violence as a factor. Domestic violence is particularly devastating to children. Children are susceptible to developing long-term emotional conditions as a result of the stress of homelessness. Fifty-two families counted in the 2008 Spokane County point in time count have been victims of domestic violence.

Ex-offenders- Ex-offenders share the problems low-income individuals face when looking for affordable housing. They are also faced with special exclusions in public housing, where it is a policy to inquire into the criminal backgrounds of applicants and bar those with a record of convictions. Ex-offenders also cannot enter directly into much of the country's subsidized housing for the homeless by virtue of not having been homeless while in an institution.

The Recent Economic Crisis- In addition to the long term issues impacting homelessness, circumstances surrounding the national and local economy, including elements known to impact homelessness, are changing dramatically. A report out of the National Alliance to End Homelessness states that recent economic indicators are projecting increases in unemployment and poverty rates^{ix}. If these projections are realized, we can anticipate an increase in the number of at-risk and homeless households. We are already seeing national reports of increases in the utilization of homeless services. Unfortunately, as the report states, the economic crisis poses a threat to local governments and service providers that are attempting to respond to the increasing demand for services.

DEFINING NEEDS IN SPOKANE COUNTY

Homeless Definition

The region has adopted the definition of homeless established by the U. S. Department of Housing & Urban Development (HUD) for purposes of implementing the Continuum of Care. NOTE: The region also recognizes the need to assist persons who are tenuously housed in a “doubled up” condition and to assist others who are at risk of becoming homeless and it has included strategies and actions in its Plan to prevent the incidents of homelessness. HUD’s homeless definition is as follows: *A person is considered homeless if they are staying 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 (for homeless persons who originally came from the streets or emergency shelter).*

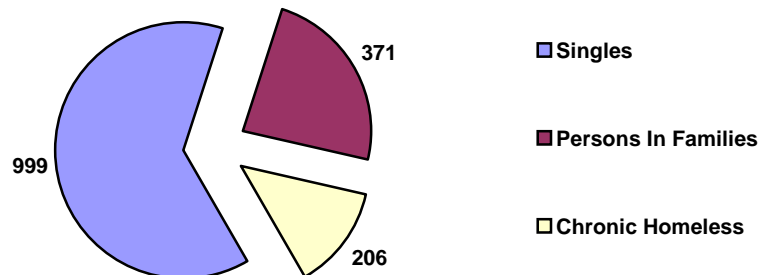
How many are Homeless?

During the third week of January 2008, Continuum of Care organizations across the country participated in a national count of the homeless. Nationally, over 670,000 persons were counted within a 24-hour period. Sixty-three percent (63%) of those counted were single individuals, while 37% were persons in families with children.

On January 24, 2008 homeless provider staff and volunteers from Spokane County spread out over the county to count the homeless. They found 1,370 homeless persons within a 24-hour period, 73% were singles and 27% were in families with children. Organizers of the count believe the number of homeless found in the streets, in cars, parks and staying in emergency shelters and transitional facilities do not reflect the total number of homeless.

Nevertheless, far too many people in Spokane County live in a state of homelessness; and, as the chart below demonstrates, the number of homeless persons found during the 2008 count remains persistently high.

The 2008 Homeless Point in Time Count



Source: January 24, 2008 Point in Time count of homeless.
City of Spokane Human Services Department, HMIS system.

**Historical Point in Time Count (2006-2008)
Numbers of Homeless in Spokane County**

Year	2006	2007	2008
Homeless Persons	1,592	1,187	1,370
Persons in Families	616	425	371
Singles	976	762	999
Chronic Homeless	125	252	206

Source: 2006, 2007 and 2008 Point in Time count of homeless.
City of Spokane Human Services Department, HMIS system.

In 2007, the number of homeless counted was down. The City hosted the National Skating Championships the same week as the count. During that period, police presence in the downtown are increased which appears to have affected the number of homeless persons in the area.

Although the 2008 count was held in the middle of winter, 290 persons (21%) counted had spent the prior night outdoors. Another 830 (61%) spent the evening in emergency shelters or hotels, while 250 (18%) stayed in transitional housing facilities and another 32 (2%) spent the night in jail. There were an additional 395 (primarily single persons) who were found doubled up living temporarily with friends or relatives. Organizers of the counts agree that persons doubled up are greatly undercounted, especially unaccompanied youth who are “couch surfing” among friends.

Another measure of the extent of homelessness is a count of the number of unduplicated persons served by the Continuum of Care system annually based upon longitudinal data from the Homeless Management Information (HMIS):

**Persons Homeless during the Year (2005-2007)
Number of Homeless in the City of Spokane**

Calendar Year	2005	2006	2007
Total Homeless Persons	6,024	6,188	4,342
Persons in Families	1,823	2,310	1,464
Singles	4,201	3,878	2,878
Chronic Homeless	338	214	413

Source: City of Spokane Human Services Department, HMIS system.
Spokane Region HMIS Reports

This chart shows the number of unduplicated homeless (in the City of Spokane) found by the system over the year. It reveals that the vast majority (more than 70%) of the homeless are singles. It also indicates that the number may be going down over time as the 2007 mark is 30% lower than the number of singles found in 2007 number. Up through 2008, the majority of data reports by the HMIS system have contained City level data only.

Who are the Homeless?

The below chart describes homeless persons counted in the January 2008 survey. It indicates that homeless persons in the Spokane region exhibit a wide variety of characteristics and conditions. Of the 1,370 people counted, 12% had severe mental illness and another 7% had debilitating chronic substance abuse.

Characteristics & Conditions of Homeless Adults and Unaccompanied Youth 2008 Point in Time Count

Characteristic or Condition*	Sheltered	Unsheltered	Total
Chronic Homeless	162	44	206
Severely Mentally Ill	113	47	160
Chronic Substance Abuse	76	18	94
Veteran	60	9	69
Domestic Violence Victims	45	7	52
Unaccompanied Youth	47	9	56
Physical Disability	104	44	148

Source: January 24, 2008 Point in Time count of homeless.

*Characteristics and conditions are duplicative so that one individual may be counted on several lines.

THE HOMELESS RESPONSE SYSTEM & HOW IT EVOLVED

Continuum of Care in the Spokane Region

Over the years, there have been a number of organizational, planning and funding groups working to reduce homelessness in our region. In 2008, the community began assessing the various groups and working toward a more coordinated and consolidated approach. The following describes the key groups, past and present working to improve our response to reducing homelessness.

The Spokane Homeless Coalition - The Coalition is a collaborative organization of 50 agencies and individuals representing: for-profit and non-profit organizations; city, county and federal departments; educational institutions; health providers; interested individuals; and the media. The Coalition was formed in 1985 to work toward the prevention of homelessness and improvement of the community's ability to respond to the needs of individuals who are without housing through education, legislative advocacy, mutual support and sharing of resources. The Coalition served as precursor to a continuum of care organization in the Spokane Region.

City of Spokane Continuum of Care – In 1994, HUD announced a new approach to local planning and federal fund allocation of funds for homeless programs. Instead of funding individual grant requests, HUD required that funding requests for homeless housing and services are channeled through a “continuum of care” – a local homeless planning entity which set priorities for projects in its jurisdiction. Additionally, HUD expected that the continuum would conduct local planning and coordination to improve the impact of the projects.

In response to the HUD requirements, the City of Spokane developed a planning process and set priorities for funding. The City of Spokane Department of Human Services acted as the focal point for planning and decision-making; consultation from local providers was conducted annually. This centralized process in the City continued until 2008.

Spokane County Continuum of Care – Spokane County did not apply directly to HUD in 1994. They later joined with other counties in the state, who were not applying directly, in a consortium of counties coordinated by State Department of Community, Trade and Economic Development staff. Initially, the County established their own independent “continuum of care”, staffed by the Department of Community Services Housing and Community Development. The County applied directly to HUD for funding until 2008.

Spokane Region Continuum of Care – In 2008, the City and County met with homeless housing and service providers operating in the geographical area of the County to explore the potential for developing a county-wide continuum of care. After a series of facilitated meetings, the City and the County and homeless providers agreed that they could plan more comprehensively and be more competitive in the HUD application process if they unified their planning process and submitted a joint application to HUD for funding. In the spring of 2008, City and County staff began meeting with several non-profit agencies as an Interim Steering Committee for the Spokane Regional Continuum of Care. The Regional Continuum submitted its first application to HUD in fall 2008. Once the update to The Ten-Year Plan is completed and

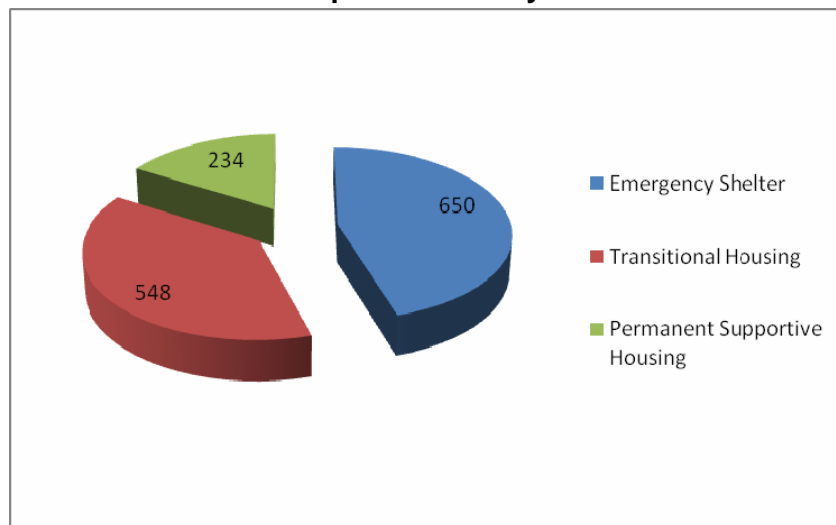
adopted by local elected officials in 2009, the Interim Committee will work with City and County staff in the creation of a formalized and permanent group to oversee the implementation and progress of the plan.

Housing Resources

Homeless Housing

Against a pressing demand for housing to meet the immediate needs of homeless families and individuals, the region has a limited amount of existing resources. It is estimated that an additional 584 beds are needed to meet current needs. As of 2008 the region had the following housing resources available to provide: 1) temporary housing while homeless persons either developed self-sufficiency skills and income to allow them to move into permanent housing or needed continued temporary housing until they were unable to find affordable and suitable permanent housing; and 2) permanent supportive housing for persons who are disabled and unable to live independently.

**2008 Year Round Beds
Spokane County**



Source: City of Spokane Human Services Department 2008 Housing Inventory Chart

Emergency Shelter

In the summer of 2008 there were a total of 650 emergency beds in the community providing short-term housing for persons who are homeless. A total of 415 beds are designated for individuals without children, while the remaining 235 beds provide short-term housing for up to 78 families. The 15 projects or programs providing emergency shelter typically provide housing and limited services to meet only the immediate stabilizing needs of the homeless. Their role is generally to provide immediate and very temporary shelter for persons in need of housing but who are without the resources to obtain either transitional housing or permanent housing. The 2008 analysis of unmet needs for the region indicated that no additional emergency housing is currently required.

Transitional Housing

Resources are somewhat more limited to provide longer-term transitional housing with services to individuals needing longer stays in housing so they can develop sufficient skills and income to find housing. A total of 548 transitional housing beds in 25 projects or programs were available in 2008, with 360 targeted for families with children and 188 for individuals. The 2008 unmet need analysis shows that 74 new transitional housing beds for individuals are needed.

Permanent Supportive Housing

For those persons who are unable to live independently without significant services to support them because of their disability, permanent supportive housing resources can meet their individual needs. The region has 234 units available for disabled persons, many of whom are chronic homeless persons with disabilities such as severe mental illness or chronic substance abuse. Over 70% (168) beds are designed to provide indefinite stay housing and services for individuals while the remaining 66 beds provide permanent housing for families with a disabled adult. A significant unmet need exists for permanent supportive housing beds. Since these are permanent beds, there is little turnover in the units. One hundred and sixty-six (166) additional beds in 58 units for families with disabled adults and 344 beds for disabled individuals are needed to fulfill the existing needs in the region.

Support Services

Agencies operating throughout the region offer a variety of services ranging from prevention to case management. While the range of services is comprehensive, there are many types of services that are not available in the quantity or depth required to be successful in ending homelessness. Among the more critical needs are^x: case management services (particularly case management focused on maintaining people in housing); a centralized intake/referral system; incentives to landlords to provide immediate housing for homeless persons and to prevent evictions; improved discharge planning policies for institutions to prevent the release of persons without resources onto the streets; a flexible source of funds to meet the specific needs of clients in need of, or about to lose, their housing; increased funding for eviction foreclosure and utility shutoff prevention assistance; implementation of a rapid re-housing program providing short-term rental assistance and supportive services; and expansion of programs to prepare homeless for employment and to improve their life skills.

Systems

There are several systems that are critical to the implementation of plans to alleviate homelessness.

HMIS - The City of Spokane established the Homeless Management Information System (HMIS) in 1995, one of the first automated systems in the State and across the nation. A major upgrade of the system was made in 2007 with the purchase of new software, increasing the capacity to obtain data needed to report to funders and to analyze both needs and progress.

The system is now achieving a higher accuracy rate as provider staff is becoming more adept at completing the reporting process.

Today, the Spokane HMIS provides homeless providers across the Spokane region with a data input, and storage system for information on the homeless persons they serve, collects data from providers to be aggregated for the Spokane region, prepares periodic reports on the status of programs and homeless persons in the system, provides “real time” data to provide a picture of all homeless persons in the system and offers a comprehensive case management tool. The interactive system that can be used by providers to obtain information from other providers on the status of mutual clients and the services they receive. The City of Spokane Department of Human Services manages the system for the geographical area of the county.

Financing Plan – The Spokane region currently has no community-wide plan for financing priority needs identified in the Ten-Year Plan. There are individual committees which function independently, allocating funds to which they have access (such as the 2163 Committee for the State HHA funds and the Continuum of Care for HUD McKinney-Vento funds).

The Ten Year Plan includes an action step to develop a unified financing plan to strategically allocate funding supporting the goals of the plan.

Housing Developer Capacity – The capacity to develop and rehabilitate affordable housing—from shelters to homeownership—has substantially increased over the past 20 years. In addition to established developers, such as Northeast Washington Housing Solutions, SNAP, Catholic Charities, Habitat for Humanity, the Salvation Army, and Spokane Housing Ventures, there are several smaller nonprofits that have attained the capability to develop housing. These include Inland Empire Residential Resources, Transitions, Spokane Urban Ministries, Salem Arms and Spokane Community Housing Association. Many of these smaller developers have been assisted by two nonprofits, Community Frameworks and Common Ground, who provide technical assistance in the pre-development and development stages of creating affordable housing. Additionally, Community Frameworks has developed self-help homeownership units, and will also be developing permanent supportive rental units. Common Ground will soon be providing asset management services. Finally, Pioneer Human Services, based in Seattle, is increasing their local presence with the purchase of a downtown apartment complex to preserve affordability, and the conversion of the Turner Building into “Pioneer Liberty House,” which is providing 35 beds for Vets who are homeless.

Permanent Affordable Housing

Permanent affordable housing is a critical element in the prevention of homelessness as well as a major resource for persons leaving homeless housing is permanent affordable housing. The Spokane region does not currently have sufficient affordable housing resources as evidenced by the fact that only 48% of the rental units are affordable to their occupants^{xi}.

A list of recently completed and currently under way affordable housing projects indicates that 412 additional affordable rental units will be available in 2009 and another 162 are under development (see Appendix).

PLAN IMPLEMENTATION

The plan is intended to be a living document that should be modified as needed. Successful implementation of the plan will require long-term commitment from every level of government and the private sector. It is a guide for the public and local governments need to embrace as a road map for the next 7 years that will require on-going support of funding and staff resources.

Managing the Implementation of Planned Activities

To be effective, this plan must become an integral part of the decision-making process of both local governmental jurisdictions and the homeless provider community. Successful implementation of the plan will require us to be strategic in our efforts as well as targeting our resources to proven methods of reducing homelessness.

As an important first step in implementing the update of the plan will be presenting it to the governmental jurisdictions of the region for adoption as the Regional Homeless Plan. Much of 2009 will be a year of transition from the current homeless planning and funding system to a more coordinated and consolidated approach. The first action step for 2009 is to implement a Regional Homeless Coordinating Council to oversee the implementation and progress of the plan.

In its role as Coordinator for the HMIS data base, the City will maintain data on progress toward ending homelessness so that the Regional Homeless Coordinating Council may monitor progress and objectively evaluate performance of plan activities. The City has also agreed to prepare the annual HUD application for McKinney-Vento funds for the region.

The Regional Homeless Coordinating Council will provide periodic reports to the local governmental jurisdictions to advise them of progress in meeting the goals of the regional plan. The Committee will also propose annually an Action Plan for implementing the Ten-Year Plan strategies for the coming year.

Guiding Principles and Strategies to End Homelessness

As mentioned in the Introduction, the task force charged with the revision of the plan established a set of core beliefs that will guide actions we will take to end homeless. The tenants of the National Alliance to End Homelessness' America's Road Home Initiative, which were adopted by political leaders in both the City and County of Spokane, were utilized as a base for developing the following guiding principles:

Guiding Principles

- Our primary goal is to end homelessness for all homeless populations in our region
- Partnerships are essential to the effort to end homelessness and include government at all levels, the business community, schools, philanthropic organizations, non-profit organizations and faith-based organizations

- Local government accepts the responsibility of a leadership role in developing regional solutions to resolving homelessness
- All levels of government and our system of care must work cooperatively to end homelessness in our region
- Solutions must be outcome-based and sustainable

Strategies

In addition to the guiding principles, the task force identified key strategies proven to be effective in reducing homelessness. A set of specific action steps that support each of the strategies should be developed, tracked and adjusted as need on an annual basis to ensure we are responsive to current community needs and are demonstrating progress towards reducing homelessness.

1. Prevention - Reduce the incidence of homelessness by providing tools to families and single persons at-risk of becoming homeless.

One of the more cost-effective ways of resolving homelessness is to focus significant resources on the prevention of the initial causes of homelessness. Studies have shown that 80% of homeless families who received housing subsidies remain stably housed compared to only 18% of those who did not receive subsidies^{xii}. Programs to stabilize housing for persons at risk and programs which provide support for families and individuals in poverty are critical to prevent persons from becoming homeless.

- A. Establish a source of flexible funds available for the multiple and unique needs of individuals and families.
- B. Implement a coordinated and effective discharge planning process to successfully reintegrate persons leaving institutions back into the community.
 - Coordinate with key agencies, such as those operating in the criminal justice, behavioral health, public health and/or child welfare systems (related to youth aging out of foster care) to develop coordinated discharge policies and procedures aimed at avoiding discharges to the streets.
- C. Coordinate multiple organizations to expand stabilization services (such as landlord/tenant relations training, foreclosure prevention, emergency rent and utilities funding, crisis counseling, and job retention skills) to strengthen persons at-risk.
 - Support and enhance efforts to assist mentally ill persons and others with disabilities; and persons with poor credit history, tenant history and/or criminal backgrounds to qualify for and obtain permanent housing.

- Strengthen local programs that expand job opportunities and assist people to retain their jobs.
- D. Develop cooperative efforts to maintain people in housing including implementation of landlord incentives programs, landlord tenant mediation and landlord and property manager training.
- E. Build and strengthen housing locator services.

2. Reduce the period of time that families and single persons are homeless.

Studies have demonstrated that the longer a person is homeless, the longer it takes for their stabilization and return to self-sufficiency. Programs like the rapid re-housing program in Hennepin County, Minnesota (which quickly places persons in stable, short-term housing) have helped reduce the number of homeless in their communities by more than 40%.

- A. Institute Rapid Re-housing (shorter term rental housing assistance with supportive services designed to return households to self-sufficiency) as a major tool in ending homelessness.
- B. Expand efforts to reach out and engage homeless persons reluctant to access housing and services programs.

3. Increase the capacity to assist homeless families and single persons to return quickly to self-sufficiency.

Each person who has become homeless has a unique set of circumstances which caused their homelessness as well as a complex set of needs that must be met and barriers which must be overcome before they can return to self-sufficiency. Homeless providers must have a broad set of flexible services and housing resources that can be applied to meet those unique needs. Case management services following the client and readily available housing resources are essential to this effort.

- A. Enhance client-tailored wrap-around services with a strong and consistent case management component.
- B. Explore existing best practices of “Housing First” models (moving homeless persons into stable housing first before beginning to build a strong set of support services around them) to design and implement effective programs stabilizing housing for persons who are homeless or in emergency shelter.
- C. Improve coordination and use of the basic state and federal assistance programs (mainstream resources) to assist the homeless.
- D. Assist homeless persons to participate in the workforce through increased skills building and education.

- E. Coordinate with other planning processes, such as Consolidated Planning, to support the implementation of anti-poverty strategies involving job and life skills development, living wage jobs expansion, providing basic benefit programs, etc.
- F. Continue to support essential emergency shelter and transitional housing programs while we create sufficient permanent housing resources in the region.
- G. Expand basic services to develop participants' self-sufficiency skills.

4. Improve access to services and housing for families and single persons experiencing homelessness.

A critical initial step in the process of assisting homeless persons in the county is the development of a centralized intake system which focuses on quickly and effectively triaging (or assessing) their needs so that they referred to and provided the specific type of housing and services they need.

- A. Assess potential models for centralizing the system for accessing services; and design and implement a centralized system meeting the needs of homeless persons in the region.
- B. Develop a system to assure that safe and accessible affordable housing is available for participants in homeless programs when they are ready to move to permanent housing.

5. End Homelessness for our most vulnerable populations (including chronic homeless persons) by providing permanent supportive housing to disabled homeless persons.

Many of the disabled homeless are simply not employable and cannot complete typical tasks due to their disabilities. Permanent housing with supportive services has been found to be an effective means of ending homelessness for this group. Studies have demonstrated that 80-85% of chronic homeless persons (disabled individuals that have been on the streets or in shelters for the past year or have had four episodes of homelessness in the past three years) who access permanent supportive housing have remained housed.

- A. Focus on providing assistance to stabilize the most frequent individual users of public resources, such as emergency response and public safety systems, hospitals, crisis clinics, correction facilities and treatment facilities.
- B. Support regional efforts to annually increase the number of beds available in the region for disabled homeless persons needing permanent supportive housing.

6. Develop coordinated, multi-system responses to end homelessness.

Collaboration among homeless providers is extremely important in implementing a coordinated program of change, but the agreement and commitment of political leaders

and the involvement of the business community are critical in successful implementation of the Plan.

- A. Study policies and laws for their potential impact on homeless persons and the community; and develop recommendations to local government to improve the success of public safety and homeless assistance efforts.
 - o Review potential and existing laws, ordinances and public policies affecting the public and homeless persons, including public safety officer procedures and awareness, alternatives to incarceration, diversion to specialized courts, temporary encampments and cross training and coordination with emergency response personnel and Downtown Ambassadors.
- B. Expand partnerships with the business community, philanthropic organizations, non-profit organizations, schools and faith-based organizations.
- C. Expand public awareness on the needs of the homeless and build support to end homelessness.
- D. Advocate for State and Federal legislation that supports our ability to implement the Region's Ten-Year Plan.
- E. Expand the cultural awareness of personnel engaged in delivery of services and housing.
- F. Create efficiencies by increasing coordination among providers delivering housing and services; and increasing systems integration and more unified delivery systems.

7. Enhance coordinated solutions through regional planning and expanded funding capacity

There are multiple planning efforts operating in the Spokane region, many of which are also engaged in decisions on funding using conflicting criteria and priorities. To implement a comprehensive and strategic plan to end homelessness will require the consolidation of duplicative and parallel processes and creating an effective system of evaluation of progress in achieving agreed upon outcomes.

- A. Formalize a regional-wide planning structure to oversee and coordinate regional planning and funding that leverages and works toward ending homelessness and expanding affordable housing opportunities.
- B. Support and complement planning efforts to create affordable housing.
- C. Support and enhance regional data collection, analysis and sharing.
- D. Use data to evaluate effectiveness, measure outcomes, improve planning, and educate the community and partners.

HUD Program Goals

A subset of these strategies is the Ten-Year Goals of the HUD Plan. These are required by HUD as a prerequisite for annual funding of homeless housing and services grants. Following are the six HUD goals for which the region annually establishes action steps and measures progress:

1. Create new Permanent Supportive Housing beds for Chronic Homeless Persons
2. Decrease the number of Chronic Homeless persons
3. Decrease the number of homeless households with children
4. Increase the percentage of McKinney-Vento Program participants staying in permanent supportive housing for more than six months to at least 71.5%
5. Increase the percentage of McKinney-Vento Program participant households that move from transitional housing to permanent affordable housing to at least 63.5%
6. Increase the percentage of McKinney-Vento Program adult participants who are employed when they exit the program to 19%

MEASURING OUR PROGRESS

How do We Know We are Succeeding

It is critical to the success of the plan and to the community to be able to evaluate results against performance-based outcomes. The results can be assessed for determining what actions should be taken to improve effectiveness and the data can be used to support funding and legislative requests. A major challenge to demonstrating results is the difficult economic conditions currently facing the area, including rapidly rising unemployment and reduction in benefits that support persons at risk. It is recognized that these will cause the number of homeless persons to increase in spite of the actions of this plan. These factors must be taken into account as the data is used to measure results.

The HMIS system managed by the City of Spokane and the annual point in time count of the sheltered and unsheltered homeless persons will serve as the primary sources of data for determining the results. In 2007, there were 33 programs from 14 organizations participating in the collection and assessment of data.

The State of Washington Department of CTED and the U. S. Department of Housing & Urban Development have established a set of indicators to determine progress in ending homelessness. In addition to reporting to CTED annually, we will track and report to the community and elected officials at least annually on the following indicators and outcomes:

Measurements

Locally Created Indicators

The task force has adopted the following indicators that we will track on an annual basis to measure our progress in reducing homelessness. The 2015 Target date indicates the tenth year of the State mandated, original Plan's implementation.

Measure	Source of Data	2006 Baseline	2007	2008	2015 Target
Number of homeless persons	PIT	1592	1187	1370	796
Number of chronic homeless persons	PIT	125	259	206	63
Number of homeless families	PIT	201	137	129	101
Number of sheltered persons	PIT	1073	965	1080	537
Number of unsheltered persons	PIT	519	222	290	260
Gap in housing units available for homeless vs need	Annual HUD application	Transitional 137(gap) Permanent 465 (gap)	Transitional 114 (gap) Permanent 388 (gap)	Transitional 91 (gap) Permanent 311 (gap)	Transitional 69 (gap) Permanent 233 (gap)

State Required Measures

Washington State Homelessness Housing and Assistance Act, SHB 2163, requires local communities to track and report annually on the following measures annually.

1. Reduce the number and percentage of homeless persons provided homeless housing and services that are homeless one year after being served. Target: less than 5%
2. Number and percentage of homeless persons who attain a self-sufficient income after being provided homeless housing and services. Target: 75%
3. Create new beds to house homeless persons. Target: Create 871 beds by 2015.
4. Number of homeless persons in annual point in time count. Target: By 2015 reduce the 2005 homeless population count by 50%.

Federally Required Measures

As a regional recipient of HUD Homeless Assistance grant funds, otherwise known as McKinney Vento, the region is required to track and report on the following measures annually. The following Goal dates are based upon projects of the 2009 HUD Homeless Assistance grant application.

1. Increase number of permanent supportive housing beds dedicated for chronic homeless persons.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
Total # of PSH beds	111 beds	135 beds	194 beds	210 beds

2. Decrease number of chronic homeless persons.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
# of Chronic homeless persons	206	< 206	Yet to be determined	Yet to be determined

3. Decrease number of homeless families with dependents.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
Decrease # homeless families	129	115	100	75

4. Increase percentage of homeless persons exiting McKinney-Vento housing with employment income.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
19% employed at exit	17%	19%	20%	22%

5. Increase percentage of homeless persons remaining in McKinney-Vento permanent supportive housing for at least 6 months.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
71.5% remain housed	79%	80%	81%	82%

6. Increase percentage of persons exiting McKinney-Vento transitional housing that moved to permanent housing.

HUD Standard	2008 Baseline	2009 Goal	2013 Goal	2019 Goal
63.5% move to permanent housing	62%	64%	65%	66%

ACTION STEPS – 2009

On an annual basis, the community will evaluate and assess its progress and develop a set of annual steps to further the objectives of the Ten-Year Plan, including our progress in reaching the goals as mandated by state and federal funding sources. Actions will be carried out for overlapping 12-month periods to coincide with the federal and state requirements.

Ten-Year Plan Actions (January 2009-December 2009)

As a beginning step toward becoming “intentional” in our decisions on ending homelessness, the following steps will be taken by the region in 2009. Many of the actions are organizational in nature so as to strengthen our homeless response system and move towards a more coordinated, strategic and streamlined approach to reduce homelessness.

- 1. Establish a Regional Homeless Coordinating Council to oversee the implementation and monitoring of progress towards reaching our goals. The Council will be a blending of the various current planning and resource allocation groups and will be lead by the City of Spokane Human Services Department working in partnership with Spokane County Community Services and Housing Department. Membership of the Council will be appointed by regional elected officials to ensure broad geographic representation, to minimize conflict of interest when making funding recommendations and will consist of representation from local business, the provider community, local government and other key partners. A detailed recommendation that includes roles, responsibilities and membership representation will be presented to elected officials in early 2009.**

Lead Responsibility: City of Spokane Human Services Department in partnership with Spokane County Community Services Housing and Community Development Department.

Implements Strategy: #7

- 2. Explore the establishment of a single regional advisory group to coordinate regional priorities and funding recommendations for homelessness and affordable housing. The advisory group would incorporate major plans and planning processes, including the Spokane County and City of Spokane Consolidated Plans, the 2008 Regional Affordable Housing Task Force Report, the Regional Ten-Year Homeless Plan to Reduce Homelessness and the HUD Ten-Year Homeless Strategies.**

- a. Form a committee to develop a set of recommendations (to be presented to elected officials) on the role and composition of a consolidated regional advisory group on housing and homeless programs.**

Lead Responsibility: City of Spokane, Spokane County and the City of Spokane Valley

Implements Strategy: #7

3. Initiate the development of an Allocation/Financing Plan to support the Ten-Year Plan priorities.

- a. Form a committee to establish the parameters of the financing plan and the criteria to be used.
- b. Draft a one-year financing plan to support the strategies and actions in the plan.
- c. Take steps to assure that the community is prepared to take advantage of federal, state and local funding opportunities by leveraging local funds.

Lead Responsibility: Regional Homeless Coordinating Council

Implements Strategy: #7

4. Expand the number of affordable housing and homeless housing beds available to homeless persons and persons at risk of homelessness and assure the continued viability of existing housing.

- a. Increase housing resources for homeless households by at least 24 units through new development and leasing activities.
- b. Study the status of the existing inventory of low-and moderate-income affordable housing and homeless housing to determine the need for 1) restructuring operational budgets and 2) for rehabilitation to maintain viability and functionality.
- c. Develop a list of priority needs for assistance and seek funding resources to fill the identified needs.

Lead Responsibility: Membership of the Spokane Low Income Housing Consortium in partnership with local government.

Implements Strategy: #1, 3, 4 & 5

5. Expand cooperative efforts between service providers and landlords.

- a. Develop and seek funding for a program to provide a Landlord Incentives Program for increasing housing availability and housing stability for persons at risk of homelessness and homeless persons.
- b. Conduct outreach to enlist the participation of landlords in stabilizing tenants in housing. Meet with local landlord associations to 1) establish methods of increasing the amount of housing available to the homeless and to 2) develop mechanisms to improve coordination between landlords and case managers so that a rapid community response to a tenant's crisis can be effectively taken to prevent eviction and the loss of housing.

Lead Responsibility: Spokane Low Income Housing Consortium

Implements Strategy: #1

6. Work with agencies and staff at all levels to reduce potential homelessness caused by institutions releasing persons without adequate services and housing.

- a. Work with state level staff to improve formal policies and protocols for releasing persons from corrections facilities, state mental health institutions and foster care.
- b. Work with local institutions such as hospitals, jails, detention, courts, detox facilities, crisis clinics, etc., and establish formal policies and protocols to decrease the number of persons exiting to homelessness. Establish working relationships to plan for release and re-integration into the community.
- c. Support the stabilization of homeless persons by targeting provider services for use in implementing new procedures of improved discharge planning policies.

Lead Responsibility: Spokane Low Income Housing Consortium

Implements Strategy: #1

7. Improve preventative tactics, outreach and service delivery model to homeless persons.

- a. Increase training of homeless persons on the use of computers.
- b. Explore methods of increasing homeless persons' awareness of available services through methods such as websites, kiosks, etc.
- c. Enhance client-centered case management (based on needs assessment) after-care and follow-up services through increased funding and on-going provider training

Lead Responsibility: Service providers in the Spokane Region

Implements Strategy: #4

8. Focus efforts on meeting the needs of homeless persons who are mentally ill and/or chronic substance abusers.

- a. Support the Mental Health Plan by increasing the number of units available in the region for persons with mental illness, including the provision of vouchers for mentally ill persons.
- b. Promote the increase of assistance to homeless Veterans by aggressive enrollment in the VASH Voucher Program and the use of the Veteran's Per-Diem Program.

- c. Increase the focus on case management and services in permanent supportive housing programs.
- d. Continue to develop cooperative relationships between the Regional Support Network (RSN), local government, nonprofits, for-profits and funders.

Lead Responsibility: Spokane County with Cities, Veterans Administration and Regional Housing and Service Provider Organizations

Implements Strategy: #5

9. Improve outreach to the media and the community to inform on issues, needs and solutions to combat homelessness.

- a. Establish a uniform message on homeless issues, incorporating national, state survey and local data.
- b. Train provider and key leader staff to deliver single message talks.
- c. Obtain financial support to strengthen messaging and community outreach during Hunger and Homeless Awareness Week, and the Annual One Day Count of Homeless.
- d. Explore feasibility and community support to conduct an Annual Homeless Connect Event in Spokane.
- e. Improve communication with public and private schools to identify resources to assist families in crisis.

Lead Responsibility: Spokane Low Income Housing Consortium

Implements Strategy: #6

10. Increase understanding and awareness of legislation and State Plans and the inter-relatedness of the City and the County Consolidated Plans, including their homeless and anti-poverty planning sections.

- a. Inform homeless providers on the proposed sections of the City, County and State Consolidated Plans relating to homeless needs and activities and opportunities for commenting on draft plans.
- b. Increase agency awareness and understanding of State plans and legislation affecting affordable housing and homelessness.

Lead Responsibility: Spokane County Community Services Housing and Community Development Department and City of Spokane Community Development Department

Implements Strategy: #3

11. Move toward the creation of a centralized intake system and Rapid Re-housing Model.

- a. Conduct a one-year planning process to develop a centralized intake system for Spokane.
- b. Identify the funding of a centralized intake system serving the Spokane Region as a priority in the funding plans of the region.
- c. Establish a working group to explore the development of a rapid re-housing program in conjunction with a flexible funding source to meet individual needs.

Lead Responsibility: Spokane Low Income Housing Consortium

Implements Strategy: #4

12. Establish a common and simple set of community outcomes for measuring progress in ending homelessness in the region.

- a. Adopt and communicate common measures to homeless providers and housing developers.
- b. Strengthen data collection methods to assure that data on specific priority measures is valid and reliable.
- c. Review progress in obtaining results, and prepare and convey to the community and elected officials, an annual report on achievements.

Lead Responsibility: City of Spokane Human Services Department

Implements Strategy: #7

13. In an effort to improve our competitiveness in the annual HUD Homeless Assistance Grant Program, McKinney Vento, and ensure ongoing funding through this grant program, ensure the following local, annual actions are implemented, tracked and reported for inclusion in our annual McKinney grant application to HUD.

Lead Responsibility: City of Spokane Human Services Department and the Regional Homeless Coordinating Council

Implements Strategy: 1, 2, 3,4,5,6 and 7

HUD Program Goals and Annual Actions (July 2008-June 2009)

As part of the transition to a more coordinated and consolidated homelessness reduction response system, an Interim Continuum of Care Steering Committee was formed in mid 2008 to act as an advisory board to the City of Spokane Human Services Department. The Interim Committee led the creation of the annual actions for the 2009 HUD homeless assistance grant

application. The Interim Continuum of Care Steering Committee, in consultation with service providers, established the following actions for 2008/2009. Until such time as the Regional Homeless Coordinating Council is formally adopted and operational, the Interim Continuum of Care Steering Committee will continue to oversee the implantation of the following actions.

Goal 1: Create new Permanent Housing beds for chronically homeless persons.

Actions:

- a. Apply to Spokane County for acquisition funding to support 9 permanent supportive housing units of housing for chronically homeless individuals.

Lead Responsibility: Salem Arms

- b. Create a set aside of 8 permanent supportive housing units for chronically homeless individuals.

Lead Responsibility: Spokane Housing Ventures

- c. Spokane Homeless Assistance Response and Prevention Partnership (SHARPP) will create 7 permanent supportive housing units for chronic homeless persons that have a history of incarceration and are chronic homeless persons. All Individuals will have completed the Responsible Renter Program and Vocational Assessment and Training.

Lead Responsibility: Volunteers of America: Spokane Homeless Assistance Response and Prevention Partnership (SHARPP)

Goal 2: Increase percentage of homeless persons staying in Permanent Housing over 6 months to at least 71.5%.

- a. Utilize County funds to provide additional leasing resources to reduce units in existing McKinney Vento permanent supportive housing projects as a result of rent increases.

Lead Responsibility: Spokane County Community Services Housing and Community Development Department

- b. Analyze performance of all permanent supportive housing grantees (HUD McKinney Vento) to improve performance and will provide technical assistance to 3 lowest performers with the goal of improving their performance by 10%.

Lead Responsibility: Interim Continuum of Care Steering Committee

- c. Develop new case management position to assist Supportive Housing and Shelter Plus Care clients to access mainstream resources in order to maintain housing and prevent individuals from homelessness.

Lead Responsibility: Volunteers of America

Goal 3: Increase percentage of homeless persons [households] moving from Transitional Housing to Permanent Housing to at least 63.5%.

a. Provide staff and curriculum for Responsible Renter Program to 30 McKinney Vento Transitional Housing clients to improve budgeting skills, assist with housing search and removal of barriers.

Lead Responsibility: Transitions

b. Offer 100% of transitional housing, Shelter Plus Care and Supportive Housing Program clients budget skills classes, and provide permanent supportive housing to 12 graduates upon completion of program.

Lead Responsibility: Spokane Neighborhood Action Programs

c. Analyze performance of all McKinney Vento transitional housing projects in regards to moving clients into permanent housing and provide technical assistance to 3 lowest performing agencies to improve their performance by 10%.

Lead Responsibility: Spokane Regional Interim Continuum of Care Steering Committee

Goal 4: Increase percentage of homeless persons employed at exit to at least 19%.

a. Employment Committee will provide one-on-one technical assistance and consultation to staff of 2 McKinney Vento projects to improve their employment performance by 10% within 12 months after technical assistance.

Lead Responsibility: Spokane Homeless Coalition Employment Committee

b. Seek local funding to hire an additional employment specialist to serve an additional 35 McKinney Vento homeless participants in Continuum Shelter Plus Care or Supportive Housing programs.

Lead Responsibility: Goodwill

c. Employment Committee of Homeless Coalition will design and offer technical assistance workshops to McKinney Vento sponsors on how to streamline resources to expand job training, job readiness skills and secure employment.

Lead Responsibility: Spokane Homeless Coalition Employment Committee

Goal 5: Decrease the number of homeless households with children.

a. Apply to Washington State Department of Trade and Economic Development Transitional Housing, Rental Assistance (THOR) Expansion for funding (\$250,000) to provide rent subsidies for 38 homeless households with children through that funding.

Lead Responsibility: City of Spokane Human Services Department

b. Apply to local community foundations for a 30,000 grant to support a one year planning effort to transform the area's scattered homeless mainstream services into a centralized service center and promote rapid re-housing for households with children who are homeless.

Lead Responsibility: Spokane Low Income Housing Consortium

c. Distribute to households with children: 60 long term rental assistance Homeless Preference Vouchers through a partnership between the Housing Authority and the Homeless Coalition.

Lead Responsibility: Northeast Washington Housing Solutions (Spokane Housing Authority)

FINANCING PLAN

To be established by a committee to be appointed in 2009-2010.

ACKNOWLEDGEMENTS

The 2008 update of this plan was developed and written through the diligence of the following task force members and planning participants:

Task Force Members:

Chair, Christine McCabe, Avista

Co-chair, Cindy Algeo, Spokane Low Income Housing Consortium

Mike Cain, Catholic Charities

Jenn Cerecedes, Spokane Neighborhood Action Programs/Spokane Homeless Coalition

Julie Dhatt-Honekamp, Spokane Neighborhood Action Programs

Marty Dickinson, Downtown Spokane Business Partnership

Bill Fattic, Department of Housing and Urban Development (HUD)

Patrick Jones, Eastern Washington University Institute for Public Policy and Economic Analysis

Lucy Lepinski, Northeast Washington Housing Solutions/HHAA Task Force

Ginny O'Bryen Edwards, Transitional Programs for Women

Arlene Patton, Regional Affordable Housing Task Force

Tom Richardson, Town of Millwood

Marilee Roloff, Volunteers of America

Jeff Severs, Greater Spokane, Inc.

Melora Sharts, City of Spokane Community Development Department

Terri Symbol, Impact Capital/2060

Consultant

John Epler, John Epler and Associates

Staff

Jerrie Allard, Amy Jones, Brittany Lane, City of Spokane Human Services Department

Christine Barada, Tim Crowley, Spokane County Community Services, Housing and Community Development Department

Document Reviewers

2163 Task Force

City of Spokane Code Enforcement

City of Spokane Community Development Department

City of Spokane, Human Services Advisory Board

City of Spokane Mayor's Executive Team (includes Police and Fire)

Dan Veloski, Spokane County Jail

Department of Corrections

Department Social and Health Services

Judge Sarah Derr & Sandy Manfred- Mental Health Court

Judge Honorable Linda Tompkins & Lorenzo Driggs, Drug Court

Mental Health Advisory Board Chair

Mental Health/Regional Support Networks Directors

Spokane County Sheriff's Office

Spokane Homeless Coalition

Spokane Low Income Housing Consortium Board

Spokane Regional Continuum of Care Steering Committee

Spokane Regional HUD-McKinney Vento Grantees

Spokane Valley Council members

Spokane Valley Partners

Substance Abuse Advisory Board Directors

Susan Hammond & Emergency Room Staff- Sacred Heart Medical Center

System of Care Directors-Substance Abuse Program

Regional Ten Year Plan Update Policy Committee

APPENDIX

2008 Progress on Seven Core Strategies National Best Practices and Models Recent Activity in Affordable Housing Inventory Footnotes

2008 Progress on Seven Core Strategies

1. Prevention – Reduce the incidence of homelessness by providing tools to families and single persons at-risk of becoming homeless.

- Transitions expanded the Portfolio Project (Responsible Renter Program)
- OneStopHousing.org has begun working with more than 30 landlords who are accepting graduates of the Responsible Renter Program
- Volunteers of America developed new relationships with 7 different landlords providing housing to the homeless

2. Reduce the period of time that families and single persons are homeless.

- Formed a Rapid Re-Housing Committee and obtained a grant to conduct a 12-month planning process to develop a rapid re-housing program
- The Regional 211 was implemented

3. Increase the capacity to assist homeless families and single persons to return quickly to self-sufficiency.

- House of Charity opened their emergency shelter for year round operation
- The Union Gospel Mission Crisis Center Emergency Shelter began operations providing 13 family units and 12 beds for single women
- The Salvation Army Safe Center began operation of an 18 unit emergency shelter for 18 families
- A homeless Employment Committee was formed

4. Improve access to services and housing for families and single persons experiencing homelessness.

- Established or expanded alumni programs for the homeless at Miryam's House and St. Margaret's Shelter
- SNAP began providing child care funds to homeless families that do not qualify for state assistance

5. End Homelessness for our most vulnerable populations (including chronic homeless persons) by providing permanent supportive housing to disabled homeless persons.

- 18 Units at Walnut Corners were replaced with improved housing
- The Volunteers of America increased the number of permanent supportive housing units by 21 plus an additional 7 Shelter Plus Care units
- Volunteers of America acquired the possession of 10 permanent supportive housing that would have been lost to the community by a defaulting agency
- Volunteers of America opened up a 5 unit transitional housing project for homeless Vets
- Volunteers of America used 2163 funds to lease 5 units for permanent supportive housing
- Northeast Washington Housing Solutions received 35 HUD VASH Vouchers

6. Develop coordinated, multi-system responses to end homelessness.

- A Homeless Housing Task Force was developed to create a new 10-Year Plan to End Homelessness and has prepared a draft for comment
- A Regional Affordable Housing Task Force was established to determine the needs and gaps and develop recommendations establishing goals for housing affordability
- The City of Spokane and Spokane County Continuum of Care merged into a single continuum, Spokane Regional Continuum of Care

7. Enhance coordinated solutions through regional planning and expanded funding capacity.

- New software is now being used to improve data collection and use of scan cards
- Data sharing among HMIS users was implemented
- The number of programs providing data to HMIS increased to 52
- 800,000 Dollars were used to support agencies through 2163 funds.

National Best Practices and Models

A review of best practices throughout the nation reveals that there are a number of strong models from which the region can draw in improving its effectiveness. A few are briefly described here:

Centralized Intake and Rapid Rehousing (Hennepin County, MN) – Using a single point of entry to assess and refer families to designated housing resources has proven to be an effective way for returning families to self-sufficiency Hennepin County. Families are placed in housing and provided case management until 6 months after they are placed in permanent housing. Of the 1,024 families served at an average cost of \$800, 88% had not returned to homelessness within the first 12 months. Overall in Hennepin County homelessness was down 43% over a four year period.

Reducing the Public Costs of Crisis Services (Seattle/King County) – In 2005, a cooperative effort by the City of Seattle and King County provided a little over \$7 million in capital funds to develop two residential projects in Seattle, targeting chronically homeless individuals who relied heavily on crisis treatment services. Within a short period of time, planned outcomes became reality: the projects resulted in an annual savings to taxpayers of \$3.2 million. The program, operated by Plymouth Housing, provides 99 permanent supportive housing units and a services package that focuses directly on the residents' alcoholism, mental health issues and other debilitating conditions. Chronic inebriates, the highest users of crisis services, were coaxed to move into the “damp” facilities (allow residents to remain regardless of their sobriety). In the year after residents moved into the 1811 Eastlake facility, the number of visits to the sobering center dropped from 5,549 to 222, trips to Harborview Medical Center dropped by one-third and days spent in jail were cut almost in half. Residents of the Plymouth on Stewart facility reduced the number of days of medical respite from 1,107 to 0 over a 12 month period, while visits to Harborview dropped by 75%. The City allocates \$250,000 annually to the operation of the facilities to supplement the income from rents of 30% of income charged to residents.

Flexible Funding for Prevention (Hennepin County, MN) - Prevention assistance is focused on “whatever it takes” to prevent keep families at risk from becoming homeless. Assistance through the Family Homeless Prevention and Assistance Program is designed in concert with the client in crisis focusing on how to extricate the client from their situation and then stabilizing the family. Both cash and non-cash assistance is available including legal services, case management, advocacy, furniture, car repairs and clothing. A strong element of success is the approach of working with landlords and seeking accommodations in rent or terms while assuring the landlord that the assigned prevention provider will be immediately available to assist if a problem occurs with the client. Both grants and loans are given to tenants to assist them in maintaining their housing. Outcome based contracting is required of agencies providing prevention assistance. Of the 1,170 families served by FHPAP in a year, 95% did not use the emergency shelter system in first 12 months after entering the program.

Housing First (Los Angeles) - “Housing first” is an alternative to the current system of emergency shelter/transitional housing, which tends to prolong the length of time that families remain homeless. The Housing First methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programs. The housing first approach stresses the immediate return of families to independent living. The program helps homeless families move directly into affordable rental housing in residential neighborhoods as quickly as possible and provides six months to one year of individualized, home-based social services support to help each family transition to stability.

The Housing First approach of Beyond Shelter, a Los Angeles area non-profit organization, is implemented through four primary stages: 1) Crisis intervention and short-term stabilization which helps families access shelter services address crisis needs; 2) screening, intake and needs assessment which includes short and long term client goals and concrete action steps; 3) the provision of permanent housing as soon as crisis issues are resolved; and 4) time-limited case management services to help the participants resolve barriers and assure they have the skills and resources to remain in housing successfully.

Over the past ten years, the Beyond Shelter Program has been able to achieve a performance level of 85% of participants remaining in permanent housing for at least one year.

Combine Rental Subsidies with Mainstream Services in Combination with Landlord Incentives to Move Homeless to Permanent Housing (New York City) - The Housing Stability Plus Program assists with families and singles who are long-term clients in the City’s homeless care system. Housing is leased exclusively from the private market; and no Section 8 or Public Housing resources are used. Housing costs are paid for by public assistance shelter allowances, tenant rents, SSI payments (if applicable) and SHP rental resources. Rental assistance is provided over a 5 year term with subsidization reducing 20% per year so that tenant dependency is phased out as the family’s resources increase. Incentives to landlords include up-front payments of up to 3 month’s advance rent, security deposits, a landlord hotline, and finder’s fees for Real Estate agents finding apartments to lease. Case management and services are provided through on-going community programs. Over an 18 month period, only 100 of the 6,400 families with children and 1,200 households without children had dropped out of the program and returned to shelter.

One Stop Centralized Intake Services (Phoenix, AZ) - In Phoenix Arizona, a homeless campus has been established on the edge of the urban core which provides multiple services and tiered shelter housing at three levels to homeless singles (and to a lesser extent, homeless families). Homeless persons are triaged to determine their immediate and long-term needs. Food, clothing and meals are provided on site as well as medical and dental services. Psychiatrists, doctors, nurses, social workers, benefits specialists and advocates as well as limited case management are available at the site. Housing is provided either through referral to other agencies or is provided on-site in a tiered housing concept depending on the participant’s level of self-sufficiency/readiness.

Bellingham/Whatcom County opened a Housing Service Center for the homeless in downtown Bellingham in spring 2008 and, while it is too early to demonstrate outcomes, the first reports show initial success in moving people to appropriate housing and services.

Single Point of Entry/Centralized Intake (Montgomery, MD) - In Montgomery, MD the community-wide response to prevention involves a close working partnership of more than 40 non-profit agencies, coordinated through the Emergency Assistance Coalition. This system controls access to prevention, emergency shelter and transitional housing. Standardized procedures that maximize the use of all available resources are utilized. All agencies sign on to have clients referred to them for services and/or housing. A unified approach among key county governmental agencies is a key component, allowing strong coordination and use of mainstream resources. The approach emphasizes the families' responsibility for their own housing plan from the beginning of contact. Shelter access is linked to homelessness prevention to assure that shelter is only offered as a last resort and targeted to families with the most serious barriers. Assessment and case management services place the families in appropriate housing or with service agencies. Assessment consists of a detailed interview covering educational, vocational, housing, credit, criminal, mental health, substance abuse, legal, physical health, family of origin and relational issues. The shelter worker then begins to implement a housing stabilization plan that involves action steps to obtain housing as quickly as possible.

Reducing Landlord Risk to Encourage Permanent Housing Availability (Portland, OR) -

Beginning in the 1990's, the City of Portland switched its focus from shelters and transitional housing to providing permanent housing for the difficult to serve. One of the barriers to serving this population is the fears of landlords related to rent loss and tenant damage. One component of the City's current program is to expand permanent supportive housing resources by 300 units in seven years by providing landlord incentives for high risk tenants. A public fund has been established under the Risk Mitigation Pool to provide risk mitigation to private housing developers and landlords to protect them from loss as a result of tenants. The result has been the successful transition of hundreds of persons served through the program.

Recent Activity in Spokane County Affordable Housing Projects & Programs (12/08)

Organization Name	Completed 2008	Available 2009	Available 2010+
Community Frameworks	Homestarts: Greenfield Estates, 18 units in NE Spokane; Takoda Park, 5 units, Cheney.	Homestarts: Greenfield Estates, 5 units; Takoda Park, 32 units; Spokane Valley, 30 units.	Pioneer Park Place: 27 rentals, lower South Hill, Spokane; 12 are Permanent Supportive Housing units.
East Central Community Organization	Friendship Gardens: 25 senior units, East Central		
Habitat for Humanity	19 homes	15 homes	24 homes, Deer Park
Inland Empire Residential Resources		Market Street Station: 33 senior units, Hillyard.	
Northeast Washington Housing Solutions (Spokane Housing Authority)	Cornerstone Courtyard: 50 workforce rentals west of Downtown.	The Pearl on Adams: 35 workforce rentals, 7 for homeless, west of downtown. Rehab.	Martindale Apts: 51 units, Hillyard. Acquisition, Rehab, Preservation. Proposed project in funding application process.
Pioneer Human Services	Pioneer Pathways: 39 SRO units, downtown Spokane. Preservation. Pioneer Victory House: 30 rooms for veterans, north of downtown. Preservation.		
Salem Arms		Elm St. Apartments: 8 units for CMI & homeless, lower south hill. Acquisition & Minor rehab	
Spokane Baptist Association Homes		Lilac Terrace: 50 Sec. 202 senior rentals, NE Spokane.	

Spokane Housing Ventures		Bel Franklin: 36 rentals, Downtown Spokane. Rehab.	Kensington Court: 33 units. Downtown Spokane. Rehab.
Spokane United Methodist Homes dba Rockwood Retirement Communities			Appleway Court: 51 - Sec. 202 senior rentals, Spokane Valley
Spokane Urban Ministries		Walnut Corners: 47 rentals, W. Central Spokane. 18 are for CMI & Homeless	
SNAP	Homeownership Down Payment Assistance – 21 households, county-wide	Riverwalk II: 50 rentals, Spokane Valley. Keystone Corners (w/SMH): 18 – Sec. 811 units for disabled persons, E.C. neighborhood. Homeownership Down Payment Assistance – 25 households, county-wide	Homeownership Down Payment Assistance – 20 households, county-wide.
Vasilenko		SE Cottage Homes: 8 home-ownership units. South hill, Spokane.	
Volunteers of America	5 beds for veterans, north Spokane. Re-entry House: 6 beds for men from prison		
Whitewater Creek	First Liberty: 75 1-, 2-, &3-bd. rentals, Liberty Lake	Hawkstone: 75 work force rentals & Tallan Hills: 60 rentals for seniors, Liberty Lake	

2008 to 2010 - 222 Homeownership opportunities

2009 – 412 rentals

2008 – 229 rentals/beds

2010 – 162 rentals

Compiled by the Spokane Low Income Housing Consortium – 12/08

Footnotes

ⁱ Office of Policy Development & Research, US Dept of HUD. *Evaluation of Emergency Shelter Grants Program, Volume 1*

ⁱⁱ "Public Service Reductions Associated with the Placement of Homeless Persons with Severe Mental Illness in Supportive Housing", Culhane, Dennis, Metraux, Stephen, and Hadley, Trevor, *Housing Policy Debate, Volume 13, Issue 1*. 2002

ⁱⁱⁱ "Homelessness Looms as Potential Outcome of Recession", National Alliance to End Homelessness, 2009

^{iv} "Crisis in America", National Low Income Housing Coalition, 2005

^v "Housing Policy, A General Consideration", Cushing Dolbeare, National Coalition for the Homeless, 1996

^{vi} "2008 Out of Reach", Annual Report of the National Low Income housing Coalition, 2008

^{vii} 2008 Out of Reach, National Low Income Housing Coalition, 2008

^{viii} The Economic Policy Institute, 2005

^{ix} "Homelessness Counts, Changes in Homelessness from 2005 to 2007, National Alliance to End Homelessness and the Homelessness Research Institute, January 2009

^x Spokane Ten Year Plan to Address Homelessness, December 2005

^{xi} "2008 Out of Reach", Annual Report of the National Low Income housing Coalition, 2008

^{xii} "Long-term Associations of Homelessness with Children's Well-being", M. Shinn, et al, American Behavioral Scientist.