# Cowlitz County, Washington

# Ten Year Plan
# To End Homelessness

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Prepared by: Cowlitz Homeless Housing Task Force
Cowlitz-Wahkiakum Council of Governments

Prepared for: Cowlitz County Board of Commissioners
Cowlitz *Housing First!* Coalition

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# TABLE OF CONTENTS


Page Number

Introduction .................... 5

Who Are the Homeless of Cowlitz County? .................... 8

Prevention of Homelessness .................... 11

Delivery of Services .................... 17

Housing Strategies .................... 21

Income Strategies .................... 27

Health Strategies .................... 33

Strategies for Chronically Homeless Persons & Individuals .................... 38

Strategies for Homeless Youth .................... 43

Planning & Organizational Strategy .................... 48

Short-Term Strategies .................... 52

Recommendations for the State of Washington .................... 55

APPENDICES

Appendix A – List of Service Providers .................... 58

Appendix B – List of Plan Participants .................... 60

Appendix C – Evaluation Tool .................... 61

Appendix D – Sources Cited .................... 62


*Front cover artwork: "Welcome Home," by Peggy Guest*

## Introduction

**When Washington State created the Homeless Housing Assistance Act of 2005**, local governments were required for the first time to develop Ten Year Plans to End Homelessness. These plans must address the needs of four distinct homeless populations—families, individuals, chronically homeless persons, and youth—through five distinct strategies. Strategies deal with health, housing, income, and prevention needs. The fifth strategy area relates to organizational planning and implementation of the Ten Year Plan.

**A Homeless Housing Task Force (HHTF) was created** to assist in development of this document, and included representation from housing and service providers, the business and faith communities, local governments, corrections and social services, and consumers, as required by state law. The recommendations of the HHTF will be presented to the Cowlitz Continuum of Care for their review and adjustment, and will then be presented to the Cowlitz County Board of Commissioners for consideration for adoption. The intent is that this plan be used by funders, service and housing providers, and by our community partners to make decisions about programs, priorities, facilities and services aimed at eliminating homelessness in our community.

**Can homelessness be ended?** Many people do not take this charge seriously. Certainly, there will always be families and individuals who lose their housing due to circumstances beyond their control, or simply due to a series of poor choices. This plan takes a "housing first" approach that seeks to re-house families and people as rapidly as possible in permanent or supportive housing, coupled with a rich array of services aimed at helping households maintain their housing status and avoid future episodes of homelessness.

**Homelessness is expensive for everyone.** A "Housing First" approach helps ensure that cost-effective approaches are used, because homelessness is expensive for everyone. The average annual cost of one shelter bed is approximately $8,067—more than the average annual cost of a federal Section 8 housing voucher, at $6,000. The cost of placing a child in foster care following a family split due to homelessness averages more than $17,000 per year, per child. The cost of incarcerating persons who commit offenses while homeless—many of whom are mentally ill—exceeds $20,000 per year. Homeless people make heavier demands on the emergency medical system than the typical citizen, and typically have longer stays in the hospital, which further increases costs. The cost of homelessness on a national basis is in the <u>billions</u> of dollars. It is in everyone's interest to end homelessness of families and individuals as quickly as possible.

**The Cost of Homelessness**

- Cost of housing a homeless family for one year $ 40,000
- Cost of foster child placement in private home $ 13,000
- Cost of foster child placement in group home $ 40,000
- Cost per average stay (39 months) in group home $160,000
- Annual costs of splitting up family $100,000
- Annual housing costs for supportive housing $ 12,000
- Annual cost of supportive services w/o housing $ 3,000 - $10,000
- Annual costs of prison/jail bed $ 20,000
- Average annual cost of an emergency shelter bed $ 8,067
- Average annual cost of federal housing voucher $ 6,000

Evidence from national studies indicates that housing plus supportive services results in lower rates of shelter use, lower hospitalization rates and shorter stays, and lower incarceration rates, although it does increase the use of community-based social services.

*Sources: "Supportive and Service-Enriched Housing for Families," Corporation for Supportive Housing, Council on Homeless Policies & Services, 2003; Strategies for Reducing Chronic Street Homelessness Final Report" January 2004; WA CTED*

**The risk of homelessness has increased since the 1980's due to societal and economic changes.** During the 1970's there was a national move towards de-institutionalization of mentally ill persons so that they could become part of their communities. In many cases, these people were unable to function independently and many of them have become chronically homeless. For those without these challenges, economic realities have changed.

Real wages haven't kept pace with the increased cost of living over the past 25 years. Increases to the minimum wage have been few and far between. What $1.00 would buy in 1980 takes $2.45 to purchase in 2006, an increase of 145%. In 1980 the minimum wage was $3.10 per hour, which would be worth $7.59 in 2006. But with the current minimum wage set at $5.15, the purchasing power of minimum wage workers has actually declined by 47%. Housing costs have continued to increase, particularly given the "housing boom" experienced over the past three years due to historically low interest rates. At the same time, budgets for subsidized housing, social services and income benefit programs have shrunk dramatically, given other federal budget priorities as well as the reduced buying power of the dollar over time. The supply of affordable housing has not kept pace with the need over the past 25 years. Public housing, housing vouchers, and other housing programs have all experienced dramatic cuts in budgetary authority since the 1980's. It will take many years and many dollars to recoup those losses.

There are many common and pervasive misconceptions about homeless people. Some of these include assuming that they "deserve" their circumstances, or that anyone could work if they wanted to, or that the government already supports too many people on tax dollars. The circumstances surrounding homelessness is far more complicated.

Eighty percent of all homeless families and individuals are homeless for a very short time, never to be homeless again, and are referred to as temporarily homeless. Job displacement, low wages, the rising cost of housing, domestic violence and family breakup account for most of the preceding circumstances. The other 20 percent of homeless are repeatedly homeless—often referred to as chronically (a year or longer) or episodically (repeatedly for short periods of time) homeless—and have more barriers to stable housing than family circumstances and finances, often including struggles with mental illness, drug dependency, or both.

**Our plan is not to "manage" homelessness, but to end homelessness.** This approach turns traditional approaches upside-down and requires a paradigm shift of powerful proportions. When resources are targeted to move people out of shelters and into housing plus services that will maintain their housing status, amazing things can begin to happen. Ideas about what constitutes "success" in addressing homelessness are radically changed.

For the Homeless Housing Task Force, ***Ending Homelessness means***:

- Rapid re-housing with services & extended follow-up
- Personal responsibility for a new lifestyle
- Economic development & jobs
- Community & private resources
- Community buy-in

## Guiding Principles

- Use the long-term view in developing strategies and solutions to end homelessness.
- Develop and strengthen partnerships through an interagency culture of communication, cooperation and collaboration.
- Deploy resources in an effective and efficient manner to create a seamless service delivery system that will improve the infrastructure serving the very poor.
- Provide for the rapid re-housing and stabilization of homeless families and individuals with an adequate inventory of housing types, combined with a flexible array of services to reduce the chances of a return to homelessness.
- Cultivate individual and family self-sufficiency with flexible services customized to their needs and developed with consumer input.
- Address the needs of chronic homeless, youth and other special populations who need a rich service support system.
- Cultivate a "community of care" by involving citizens, business and local organizations in developing long-term solutions to end homelessness in Cowlitz County.

**This plan is focused around four key approaches**:

1. **Prevention of Homelessness** – Emergency assistance with rent, deposits, or landlord/tenant interventions are widely used and effective. Other helpful approaches include outreach and engagement of difficult-to-reach populations, discharge (re-entry) planning from community institutions and diversion programs. Targeting of limited prevention resources can be accomplished by using evidence-based practices and by generating local data used to measure outcomes and evaluate programs and approaches.
2. **"Housing First"**– By placing initial emphasis on helping families and individuals to quickly access and sustain housing, people can transition from the homeless care system back into the mainstream. Crisis intervention, rapid re-housing, follow-up case management and housing support services are geared to prevent future homeless episodes.
3. **Comprehensive Array of Services + Housing** – Housing plus services has been shown to be highly effective for most situations involving homelessness. Stabilization is accomplished with a comprehensive array of services such as job placement and training, child care, income assistance, mental health and substance abuse treatment. Affordable housing with transitional services and permanent supportive housing for people with special needs is essential. Linking family and individual stabilization plans with housing assistance (short-term help such as security deposit, first month's rent, housing voucher), and appropriate services coordinated through comprehensive case management offers a route to successful re-housing.
4. **Interagency Planning & Collaboration** – Local data systems need to be established to improve the count of homeless persons and to track various program outcomes for better targeting of services. Communication, coordination, and true collaboration among a wide array of service and housing providers is essential for making more effective use of existing program dollars as well as leveraging additional outside resources.

## Who are the Homeless of Cowlitz County?

### 2006 Point In Time Count

Each year, shelters, transitional housing providers, and social service agencies participate in the Point In Time Count, an annual "snapshot" that attempts to measure the extent of homelessness in Cowlitz County. The method is far from perfect; it counts only those homeless persons who happen to be staying in emergency shelter or transitional housing, and those who happen to visit a participating social service agency on the day of the count. It does not count those who are camping in nearby wooded areas, or those who are chronically homeless and "service resistant", nor does it capture those who simply may not show up on anybody's "radar screen" at the designated locations on the designated day. The 2006 Point In Time Count on January 26, 2006 identified 579 persons who were either homeless or at risk of homelessness in our county.

2006 Point in Time Count of Homeless, Cowlitz County

| | In Emergency Shelter | In Transitional Housing | Unsheltered | Living with Family or Friends | Total |
|---|---|---|---|---|---|
| **1. Homeless Individuals** | **79** | **83** | **131** | **58** | **351** |
| **2. Homeless Families with Children** | **8** | **58** | **1** | **20** | **87** |
| **2a. Persons in Homeless Families with Children** | **22** | **140** | **3** | **63** | **228** |
| **Total** (lines 1 + 2a) | **101** | **223** | **134** | **121** | **579** |

***Source: Cowlitz-Wahkiakum Council of Governments***

The high number of persons who report living in transitional housing (designated for homeless persons and with a two-year limitation on stay) reflects more units than currently exist in the county. This indicates that respondents either do not understand the question, or they view their current situation as "transitional." The State of Washington requires this question be asked during the survey.

Those who report living "doubled up" with family or friends are not considered homeless by federal definition. The 2006 Point In Time Count was the first attempt to count people who are precariously housed and at significant risk of becoming homeless. The number reported is certain to be far below the actual number of "couch surfers" throughout the county who do not access homeless services because they do not consider themselves homeless or at-risk

- 12% or 55 homeless persons indicated the reason for their homelessness was the end of a temporary living situation. Given that proportion, a minimum of 15 of the 121 persons counted as "doubled up" have a high likelihood of becoming homeless.
- Persons in families with minor children comprise approximately one-third (36%) of all the county's homeless.
- Almost another third (29%) are unsheltered, meaning they are living in places not intended for or fit for human habitation; typically this includes vehicles and camps. These persons are often not involved in any system of care, and would benefit from outreach.
- About two-thirds (64%) are homeless individuals or couples without children. There are fewer resources and services available to assist in ending homelessness among this group.

## 2006 Homeless Subpopulations, Cowlitz County

| | Sheltered | Unsheltered | Total |
|---|---|---|---|
| 1. Chronically Homeless | 17 | 12 | 29 |
| 2. Mental Health Disability | 42 | 14 | 56 |
| 3. Substance Abuse Disability | 65 | 4 | 69 |
| 4. Veterans | 55 | 7 | 62 |
| 5. Persons with HIV/AIDS | 3 | 1 | 4 |
| 6. Victims of Domestic Violence | 90 | 21 | 111 |
| 7. Youth | 124* | 1 | 125 |
| Total | 396 | 60 | 456 |

***Source: Cowlitz-Wahkiakum Council of Governments'*; *Office of Superintendent of Public Institution**

*The State OSPI conducts a count of homeless youth every October, by school district. These may include children already counted in the Point In Time Count who were living in shelters and transitional housing units. We do not have any way of knowing their housing status, though we suspect they include older youth doubled up with friends.

The demographic data provided by the Point In Time survey found that Cowlitz County has between 22 and 29 persons (6% of the counted homeless) who meet the federal definition of chronically homeless persons. Families are not considered in the federal definition, a strict interpretation would indicate there are 22 local chronically homeless persons. Nationally, it is estimated that chronically homeless persons make up 9-10% of the homeless population. Chronically homeless persons are "service-resistant", and therefore particularly hard to capture in a count that relies on observing persons who show for services on a specific day. It is more likely that this number is actually about 100 persons, given the 2006 unduplicated DSHS count of 1,078 persons (see, below).

Other observations about homeless persons in Cowlitz County include:

- ✓ Around 12% self-report a mental health disability, about the same as reported in the general population of Cowlitz County by the Census Bureau (self-reported disabilities)
- ✓ About15% of the county's homeless report a substance abuse disability. Among low-income persons in Cowlitz County. The countywide rate of substance abuse among poor adults is slightly lower, at 14%. (DSHS, 2003) When asked what situations caused their homelessness, over 22% of respondents listed drug or alcohol use.
- ✓ Veterans represent almost 11% of the county's homeless population, a figure that is conservative. Many chronically homeless persons are also veterans, and are "service resistant" as well as very reluctant to identify themselves to agency personnel.
- ✓ The number of homeless persons with HIV/AIDS is about 4% of the 77 persons diagnosed with HIV/AIDS in Cowlitz County. (Washington Department of Health, 2006)
- ✓ One out of every four homeless persons in Cowlitz County has been a victim of domestic violence. The rate of domestic violence protection order filings in Cowlitz County is 10 per every 1,000 adults. The state rate is 7.6 per 1,000 adults. Although declining since 1999, the rate of arrests for domestic violence in 2003 was almost double the state rate (9.6 versus 4.6 arrests per 100,000 persons).
- ✓ Unaccompanied youth are very difficult to count. Only 1 was found in the survey; 124 homeless students in Cowlitz County were identified through a separate count conducted by the Washington State Superintendent of Public Instruction (OSPI). Some of these may include those counted in shelters and transitional housing. Older youth who "couch-surf" are particularly hard to identify. If there are 98 children counted through the Point In Time Count, then there are at least 26 from the OSPI count that may be "unaccompanied youth."

The Washington State Department of Social and Health Services assists in a more comprehensive count, albeit with little information on homeless persons, other than the type of DSHS services they

are accessing. An unduplicated count of homeless clients using DSHS services in the month of January 2006 found almost twice as many total homeless persons (1,078) than did the Point In Time Count.

## DSHS Economic Services to Homeless Persons in Cowlitz County Unduplicated Client Count - 2006 DRAFT Data

| Service Type | Homeless Clients January 2006 |
|---|---|
| Basic Food Program | 1,078 |
| Diversion | 11 |
| GAU/GAX | 28 |
| SSI | 2 |
| TANF/SFA Grants | 226 |
| WorkFirst | 106 |
| **TOTAL Unduplicated Homeless Clients** | **1,078** |

**Source: Washington Department of Social and Health Services**

A more detailed analysis of all DSHS services utilized by homeless persons during the month of January, 2005 showed a total of 660 unduplicated clients, with the most frequent service utilized being economic assistance, followed by medical assistance. An analysis of all services used by homeless clients in 2006 is not yet available.)

## All DSHS Services to Unduplicated Homeless Clients - 2005

| Service Type | Homeless Clients January 2005 |
|---|---|
| Economic Services | 520 |
| Medical Assistance | 285 |
| Aging & Adult Services | 4 |
| Children's Services | 100 |
| Drug & Alcohol (DASA) | 83 |
| Developmentally Disabled | 1 |
| Vocational Rehabilitation | 18 |
| Juvenile Rehab Administration | 6 |
| Mental Health | 107 |
| Total Receiving Food Stamps + another service | 637 |
| **TOTAL Unduplicated Homeless Clients** | **660** |

**Source: Washington Department of Social and Health Services**

The table below summarizes recent efforts to estimate the extent of homelessness in Cowlitz County. It becomes evident that the 2006 Point In Time Count was not very effective in measuring the extent of homelessness, as that total (458) is less than half of the DSHS count of 1,078 unduplicated homeless clients in 2006. (although the 2005 count more closely mirrored the 2005 DSHS count). It is likely that the true number of homeless persons in Cowlitz County in January of 2006 was closer to 1,100 persons than the 458 who happened to be staying in shelter or visiting a soup kitchen or food pantry on the day of the count.

## Homeless Estimates, Cowlitz County

| | |
|---|---|
| **# Homeless (2006 PIT count)** | **458** |
| **#DSHS Unduplicated Homeless Clients (01/05)** | **660** |
| **#Homeless (2005 PIT count)** | **689** |
| **#DSHS Unduplicated Homeless Clients (01/06)** | **1,078** |

## Prevention of Homelessness

There are several concerns and approaches that communities should address when attempting to effectively prevent homelessness. Service providers should agree to offer prevention activities that research indicates have documented effectiveness. Service providers should also recognize that the effectiveness of prevention efforts is only as good as the targeting employed to identify families and individuals most likely to become or remain homeless. Strong collaborations with mainstream agencies form the keystone of effective prevention. Although challenging, the development of outcome measures and the use of that data to improve performance of prevention programs is necessary.

In general, those most at risk of homelessness are those among the very poor who spend a large portion of their income (over 30%) on housing, or who have a temporary or unstable housing arrangement (e.g., are doubled-up). Within this group of very poor, precariously housed families and individuals, there are those who are even more at-risk of homelessness. These include:

- Those who have had a previous homeless episode;
- Those without support networks (friends or family) to help with housing or finances, or who have exhausted those networks;
- People with an institutional history (prison, jail, hospitals, etc.) and whose institutional stay was not immediately followed by steady employment, stable housing, and sobriety;
- Youth exiting foster care;
- Survivors of domestic violence.

### Cowlitz County Trends

Cowlitz County ranks 11th out of 39 counties in terms of the proportion of population using services of the Washington Department of Social and Health Services (DSHS). Around 15% of all persons in the county who receive basic food help are homeless. Among homeless persons in Cowlitz County, about 12% (55 persons) became homeless after losing a temporary living situation.

Approximately $105,000 of state assistance is distributed among five local agencies for emergency assistance and homeless prevention activities. The most recent annual report shows that almost 500 persons use homeless prevention services each year, and about 10% more are turned away. Almost 80% of prevention recipients are families with children; of these, about one-third (35%) were families with both parents, 62% were female-headed families, and 3% were males with children. Only 2% of households receiving prevention assistance had no sources of income. In addition, DSHS offers emergency financial assistance

One out of every four homeless persons in Cowlitz County is a victim of domestic violence. The rate of domestic violence arrests for the county is almost double the state rate (9.6 versus 4.6 arrests per 100,000 persons, 2003). Data from the First Steps program shows that 73% of substance-abusing pregnant women are victims of domestic violence, 32% lack a regular home, 65% had been arrested one year prior to treatment, and 14% had been hospitalized in the previous year. Certainly these statistics indicate a need for domestic violence prevention and intervention services.

About 6,600 of Cowlitz County's children received services from DSHS in 2004. There were 366 children in foster care (representing a usage rate of 1% of the child population). An additional 1,344 were receiving family reconciliation services and 286 with family-focused services offered through DSHS. Almost 800 children (0.8%) received adoption services. There were almost 4,500 children with case management from child protective services, representing a 4.7% rate of use for this service.

Child care through DSHS was provided to 213 infants and children, with a very low (0.2%) usage rate, due to funding and program constraints.

Within the Juvenile Rehabilitation system, 63 youths received parole services, with a like number housed in youth camps; 11 received community placements, and 55 were in alternative/diversion program services. Each of these services represent a usage rate of less than 1% of their peers.

The PEMINS 2000 study estimated the number of seriously mentally ill/seriously emotionally disturbed individuals in Cowlitz County who are living below poverty level at 4,715 persons. Of these, 92 persons were homeless, 114 were in jails or prisons, 104 were in community residential care, 44 in state hospital, and 20 were incarcerated children. Discharge planning to prevent homelessness would be appropriate for each of these groups.

Outpatient or community-based services has been shown to be highly effective in ending homelessness. The Washington State Division of Mental Health reports that outcomes in 2005 for homeless adults with mental illness resulted in 90% of those persons becoming and remaining housed. Youth and elderly persons experienced a 98% rate for rehousing. The Department of Social and Health Services, Mental Health Division reported in 2005 that there were 4,126 outpatients receiving services from the Southwest Regional Support Network (Cowlitz Ccounty), at a total cost of $5,675,482. The per client cost was the lowest of all RSNs in Washington State, at $1,376 per consumer. The Southwest RSN expends 91% of the $8,047,149 it received in 2005 on direct consumer services, which totaled $7,290,921. Direct service costs include inpatient and outpatient services, utilization management, quality assurance, and public education.

There were 50 homeless ex-offenders on state supervision identified in the 2006 Cowlitz County Point In Time Count. Approximately 30 persons who were lodged in the Cowlitz County Jail on the night of the count entered the jail without a permanent address. The Southwest Washington region (including Clark, Mason, Pierce and Kitsap counties) has approximately 500 homeless persons on state community supervision in 2004, which represents 17.5% of the homeless on community supervision, statewide. Only the Puget Sound region has a higher share (60.1%). When looking at the homeless offender population, 30% were drug offenders and about 12% are sex offenders. Within a crime category, sex offenders have the highest rate of homelessness (8.3% of all sex offenders). The Re-Entry Policy Council finds that the incidence of serious mental illness is two to four times higher in prisoners than in the population at large. Among prisoners with serious mental disorders, over 70% also have a substance abuse problem.

## Six Effective Prevention Activities

The activities outlined below have been shown from national research studies to be particularly effective in preventing homelessness, and are included in the Cowlitz prevention strategy.

1. **Housing subsidies** - Subsidies for housing costs for extremely low-income people has been shown to have the strongest effect on lowering homelessness rates compared to several other interventions tested. Housing subsidies help 80–85% of homeless families or chronically homeless single adults to achieve housing stability.
2. **Supportive services coupled with permanent housing** - For people with serious mental illness (with or without co-occurring substance abuse), permanent supportive housing works to prevent initial homelessness, to re-house people quickly if they become homeless, and to help chronically homeless people leave the streets Lack of housing and employment for those released from prisons often predicts homelessness, as well as renewed criminal activity that leads back to prison. Transitional housing with employment services for those at highest risk may prevent both re-incarceration and homelessness.

3. **Intervention/mediation in housing disputes** - Housing Courts have demonstrated results in preserving tenancy, even after the landlord has filed for eviction. Homelessness can lead to separation of family members, as well as foster care placement, which is a very expensive approach to homelessness ($17,000 per child per year). Dispute resolution can also preserve housing for people with serious mental illness who are facing eviction.
4. **Cash assistance for rent or mortgage arrears** – This commonly-used prevention activity for households still in housing but threatened with housing loss can be very effective. The greatest challenge is effective targeting. Evidence shows that 2-5% of households receiving assisted may still become homeless, but this is a relatively low proportion, overall.
5. **Rapid exit from shelter** - Directed primarily toward families just entering shelter, this approach works to move them quickly from emergency shelter and to stay housed following the incident. This is a "housing first" approach that aims to provide families with stable housing in order to keep them together. Evidence indicates that 80% of homeless families experience only one homeless incident and never return to homelessness.
6. **Discharge Planning** – Coordination between community institutions—including hospitals, jails, prisons, and foster care—and housing/service providers can make significant inroads to homeless prevention. Establishing resources and programs prior to discharge from these systems of care are one of the more effective approaches to preventing homelessness.

## Discharge Planning

The role of discharge planning in prevention of homelessness is huge for those in the care of community institutions such as jails, prisons, hospitals, mental hospitals, and the foster care system. Adequate planning for positive housing, health, and employment outcomes will minimize homelessness resulting from discharge from systems of care. Adequate discharge planning prepares a person for return or re-entry into the community and the linkage of the individual to needed community services and supports. It is crucial in preventing vulnerable populations from becoming homeless or criminalized, which is dehumanizing to the individual and expensive for taxpayers.

### General Principles of Discharge Planning

- Discharges to emergency shelters are inappropriate or any situation.
- Discharges to homeless programs with 24-hour transitional programs may be appropriate, but subject to the program's intake process, and taken on a case-by-case basis.
- Discharge planning must be tailored for different needs of different consumers—create an individual service/treatment plan.
- It needs to be comprehensive—all the consumer's needs must be addressed in the discharge plan.
- It must create a system that is continuous and coordinated.
- It must prevent consumers from falling into homelessness.
- It should begin upon admission to a community facility or system.
- Discharge planning for consumers who abuse substances must include appropriate treatment, since such consumers are more at-risk for homelessness and criminalization.
- Next-step resources are central to discharge planning. Without these resources, discharge planning is illusory.
- Lack of good discharge planning is often related to lack of appropriate options.
- Funding must include wrap-around services.

- A global view of budget options is needed to determine resources.
- Consumers and line staff, including psychologists, social workers, psychiatrists and housing professionals should participate in creating the discharge plan, as well as community partners of the consumer.
- Managers and policy makers should participate in the discharge planning process by attending discharge planning meetings.

***Source: Dr. John Belcher, University of Maryland***

## Cowlitz County Approach

Five key strategies have been identified by the Homeless Housing Task Force:

1. ***System change is needed*** in order to effectively serve all areas of the county. Expand flexibility of all agencies to collaborate and respond in integrated fashion.
2. ***Emergency assistance & mediation*** – Financial assistance to those who are faced with pending eviction or foreclosure action can be a very effective tool. Mediation—whether through problem-solving courts, arbitration or dispute resolution—has a high success rate in a variety of individual situations.

HOPE Court currently works towards re-uniting families, and is looking to establish a permanent role in the county. Emergency assistance is available through the five ESAP agencies—Emergency Support Shelter, LLCAC, Red Cross, Salvation Army and Community House. DSHS also offers emergency assistance, as does FISH and community churches.

3. ***Promote rapid exit from shelter and prevention of repeated homelessness*** - Although focused on those already homeless, this intervention is aimed at fast action that prevents lengthy or repeated episodes of homelessness and their negative consequences. Rapid exit is a strategy that has the potential to be particularly well- targeted; however, screening is important so that households likely to return to homelessness if they do not receive help are selected for intervention. Evidence suggests that about two-thirds of households exit homelessness never to return.
4. ***Discharge Planning*** - People with disabilities leaving psychiatric and correctional institutions have a very high risk of homelessness if they do not receive assistance to find and keep stable housing. In addition, youth exiting the foster care system have a disproportionate risk (25%) of becoming homeless due to the special issues facing them, including development of life skills and emotional stability. Community-based housing and supportive services for people with serious mental illness discharged from institutions and discharge planning that links people in need with the housing and services can be both effective and efficient, preventing both homelessness and a return to costly institutional settings.

A preliminary discharge policy has been formulated by the Cowlitz Continuum of Care. More work is needed to specify details of local discharge planning and effect real change in local community systems. The Homeless Housing Task Force also recommends problem-solving courts and diversion programs to prevent homeless imminently due to housing, drug abuse, or mental health issues.

5. ***Outreach & Education*** – Approximately one-third of the county's homeless are unsheltered and living in places not intended or unfit for human habitation. Outreach is an essential approach to reaching these people and building relationships that lead to housing and services. Outreach and access to services is complicated by lack of transportation options. One-Stop and drop-in centers are typically used to accomplish outreach services. Satellite locations can be helpful for heavily populated or rural areas, such as Cowlitz County. "Ready

to Rent" and other consumer education programs on topics such as predatory lending, financial management and asset development give people tools to prevent homelessness. A Resource Guide for low-income and homeless persons will provide information to avoid or end homelessness. Resource information and outreach can also take place at a One-Stop facility, drop-in centers, and other outreach sites.

The PATH program, which is funded by Washington DSHS/Division of Mental Health is now available in Cowlitz County and is administered through the Southwest RSN by Lower Columbia Mental Health. PATH programs across the country are proven effective in reaching difficult-to-serve populations, and can be complemented by health outreach efforts. The LINK program provides outreach to at-risk youth and their families.

**Prevention Matrix**

The Homeless Housing Task Force has developed a matrix of prevention approaches and strategies for the Cowlitz Continuum of Care to use with all homeless populations—families, individuals, chronically homeless persons and youth. These are shown in the chart below. The key component of each of these activities is the establishment of ***Memoranda of Agreement*** among the various service providers. This provision reduces the amount of bureaucracy and duplication involved in seeking help from multiple organizations and service providers. While confidentiality is paramount, it is equally important to reduce the barriers that homeless persons may face in accessing a variety of services. The MOA is also essential in ensuring that programs and projects pursued by any one agency are available to all other participating agencies.

**Service Delivery**

Following the matrix of prevention activities, a discussion of service delivery approaches is presented, along with recommendations for wraparound services and case management. The Homeless Housing Task Force recommends ***comprehensive case management*** for most homeless households in the county. This approach can vary widely, depending on the circumstances of the individual or family. It may include interdisciplinary teams, such as 24/7 Assertive Community Treatment (ACT or PACT teams) for those with co-occurring disorders (mental health and substance abuse).

The wraparound approach is currently utilized in Cowlitz County for persons with severe and persistent mental illness. Peace Health offers Program Assertive Community Treatment (PACT) teams to assist persons with co-occurring disorders through the Southwest Washington Regional Support Network (SWRSN). This approach is appropriate for special needs populations, and has been shown to be particularly effective with mentally ill homeless persons. ***Wraparound services may be particularly helpful to homeless client.*** National studies estimate the proportion of homeless mentally ill at about one-third, which would be 151 persons from the 2006 count.

The Homeless Housing Task Force has indicated that intensive case management with a comprehensive focus is the appropriate service delivery model for most of the homeless persons and families within Cowlitz County***. Case management is to be coupled with a "housing first" approach that may include short-term housing assistance as well as targeted supporting services to stabilize and prevent future homeless episodes.***

Case management for homeless persons should follow the client into permanent housing for a minimum of six months to one year's duration. It should have a comprehensive focus so that a wide array of potential services can be employed to prevent repeat episodes of homelessness. Frequent client contact is one of the most crucial elements, based upon national research, and small case loads help to further ensure success.

## Cowlitz Continuum of Care ~ Prevention Matrix

Activities listed on the chart below are categorized as to whether they are geared to provide an immediate intervention, short- to mid-term stabilization, or long-term improvements in "prevention infrastructure" that leads to stable, strong communities where there is no threat of homelessness. In that sense, every activity to address homelessness becomes a prevention activity.

| Intervention | Stabilization | Infrastructure | Target Population |
|---|---|---|---|
| **PLANNING/ORGANIZATION** | | **Cowlitz Continuum of Care** | |
| -Program Outreach<br>-Drop-In Center<br>-Services/Resources Guide | -Various programs & services<br>-Service/Resources Guide | -One-Stop Center<br>-County Outreach Centers<br>-Discharge Planning<br>-CoC coordination meetings | ▪ Families<br>▪ Individuals<br>▪ Chronic<br>▪ Youth |
| -MOA for Service Providers<br>-Comprehensive Case Mgmt.<br>-Multi-Disciplinary Teams | -Service Provider MOA<br>-Comp. Case Mgmt<br>-Multi-Disciplinary Teams | -MOA for Service Providers<br>-Comprehensive Case Mgmt<br>-Multi-Disciplinary Teams | ▪ ALL |
| -Point In Time Count<br><br>-Public awareness campaigns | -Use data to identify what works & refine strategies<br>-Fundraising | -Outcome measures & strategies<br>-"Community Champion" | ▪ ALL |
| **HOUSING ASSISTANCE** | | | ▪ |
| -Emergency rent & utility assistance;<br><br>-Emergency mortgage assistance<br>-Landlord/Lender mediation<br>-Emergency shelters<br>-Youth Shelter<br>-Drop In Centers | -Sec. 8 vouchers & TANF<br>-Public/supportive housing<br>-Energy & weatherization assistance<br>-Ready to Rent programs<br>-Transitional Housing<br>-Case Management/ILPs | -Section 8 Vouchers/TANF<br>-Landlord agreements<br>-Weatherization programs --<br>Tax credit/bond pool housing<br>-Supportive housing<br>-Permanent, affordable units<br>-Discharge planning<br>-Problem-solving courts<br>-Diversion programs | ▪ Families<br>▪ Individuals<br>▪ Youth |
| -Outreach/PATH<br>-Detox/Sobering Center | -Case Management<br>-PACT Teams<br>-Health care<br>-Treatment on Demand | -Landlord incentives<br>-SRO & Supportive Housing<br>-Low Demand Housing<br>-Discharge planning<br>-Problem-solving courts<br>-Diversion programs | ▪ Chronic |
| **INCOME ASSISTANCE** | | | ▪ |
| Expedited Access to Benefits:<br>✓ Legal Aid<br>✓ Food Stamps<br>✓ Emergency Assistance<br>✓ Veterans benefits<br>✓ TANF<br>✓ GAU/GAX/SSI/SSDI | -Financial & Consumer Counseling<br>-Job Training & Placement<br>-Supported employment<br>-Low-Skill Job Bank | -Low Skill Jobs Bank<br>-Supported employment<br>-GED/Education programs<br>-Employer network<br>-Access to capital/credit<br>-Asset Development programs | ▪ Families<br>▪ Individuals<br>▪ Chronically Homeless<br>▪ Youth |
| **HEALTH SERVICES** | | | ▪ |
| -Outreach services<br>-Service/Resource Guide<br>-Family & domestic violence counseling<br>-Treatment on Demand for mental health, substance abuse<br>-Prescription assistance<br>-Respite care<br>-Detox/Sobering Center | -Healthcare /Dental/Mental<br>-Prescription assistance<br>-Drug & alcohol treatment<br>-Parent/Family counseling<br>-Domestic violence programs<br>-Crime victim assistance | -Discharge Planning (jails, prison, hospitals, foster care)<br><br>-Affordable, accessible & comprehensive health care | ▪ Families<br>▪ Individuals<br>▪ Chronically Homeless<br>▪ Youth |

# Delivery of Services to Homeless Persons & Families

The Homeless Housing Task Force, which developed recommendations for the county's Ten Year Plan to End Homeless, believes firmly in the principle of "housing first". This concept embodies the pragmatic reality that without a roof over one's head, it is extraordinarily difficult to address other issues that interfere with independent living, such as educational accomplishment, mental and physical health, substance abuse, and other core issues. Case management is essential to ensure access to a comprehensive array of services aimed at preventing future episodes of homelessness. Following are descriptions of several approaches to service delivery that may be utilized by the Cowlitz Continuum of Care.

## CASE MANAGEMENT

Comprehensive case management is an approach strongly favored by Homeless Housing Task Force members because it provides an over-arching, holistic approach to service provision. The National Alliance to End Homelessness states that a Housing First approach should offer case management services for two purposes:

1. To ensure that individuals and families have a source of income through employment and/or public benefits, and to identify service needs before the move into permanent housing; and,
2. To work with families after the move into permanent housing to help solve problems that may arise that threaten the clients' tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

Often, families and individuals are eligible for case management and services only as long as they are homeless. With a Housing First approach, the overall goal is to shorten the period of homelessness, and to offer case management to help stabilize the household so they can enter and remain in housing. Case management for a minimum of six months to one year is the standard. Case management under a Housing First approach is more cost-effective than the fragmented but extensive service needs of the family that remains homeless.

Although the extent of research is not ideal, case management services are generally recognized as a useful approach to assisting homeless persons for a variety of reasons:

- Homeless people have often been described as mistrustful and suspicious of service providers, and highly value their anonymity.
- People who are homeless have serious and multiple problems and unmet service needs.
- The services and resources necessary to meet these needs are contained with a fragmented system of disparate service organizations
- The services system is often structured and operated in such a manner that it poses a number of obstacles and barriers for clients in need, creating difficulties in accessibility.
- Case managers are thought to be necessary to "facilitate access," "coordinate," "negotiate," and ensure services for client needs.

### What is Case Management?

Case management has remained a relatively loosely defined service, despite its widespread use and appeal. It is often defined in terms of ***six primary service functions*** that include:

1. Client identification and outreach: to attempt to enroll clients not using mainstream services;
2. Assessment: to determine a person's current and potential strengths, weaknesses and needs;

3. Planning: to develop a specific, comprehensive, individualized treatment and service plan;
4. Linkage: to refer or transfer clients to necessary services and treatments and informal support systems;
5. Monitoring: to conduct ongoing evaluation of client progress and needs;
6. Client advocacy: to intercede on behalf of a specific client or a class of clients to ensure equity and appropriate services.

***Five additional functions*** are common but can vary widely across case management services:

1. Direct service: provision of clinical services directly to the client;
2. Crisis intervention: assisting clients in crisis to stabilize through direct interventions and mobilizing needed supports and services;
3. System advocacy: intervening with organizations or larger systems of care in order to promote more effective, equitable, and accountable services to a target client group;
4. Resource development: attempting to create additional services or resources to address the needs of clients.
5. Discharge planning: incorporating many functions listed previously, as case managers help clients plan to transition from one type of setting or service program to another.

**Types of Case Management**

The greatest differences between different applications of case management services may be found more in how they operate rather than what they do. Seven basic process variables describe similarities and differences between specific services:

- Duration of services (varies from brief, time-limited to ongoing and open-ended)
- Intensity of services (involving frequency of client contact, and client-staff ratios)
- Focus of services (from narrow and targeted to comprehensive)
- Resource responsibility (from system gatekeeper responsible for limiting utilization to client advocate for accessing or utilizing multiple and frequent services)
- Availability (from scheduled office hours to 24/7 availability)
- Location of services (from all services delivered in office to all delivered in vivo)
- Staffing pattern (from individual case loads to interdisciplinary teams with shared caseloads)

**Service Principles**

- Assertive and persistent outreach to meet homeless people on their own turf (as well as on their own terms)
- Active assistance to help clients access needed resources
- Following the client's own self-directed priorities and timing for services
- Respecting client autonomy
- Nurturing trust and a therapeutic working alliance
- Small case loads for case management staff

## WRAPAROUND SERVICES

Wraparound services refers to delivery of services and other supports to families using a strength-based, highly individualized “wraparound” approach that adheres to the ten principles of the wraparound process and evidence-based wraparound practices.

While most of the development of wraparound has focused on families who have children with severe emotional and behavioral problems, the approach has also been used for these problems with 'emancipated' adolescents and with families who have family members who are experiencing severe and/or chronic physical illnesses and developmental disabilities. Wraparound has been implemented in the mental health, education, child welfare and juvenile justice sectors. Wraparound services for homeless persons are becoming more commonplace, particularly for special needs populations.

Wraparound was conceived as and is intended to be **an alternative to institutionalization with community-based services**. In short, there has not always been the awareness that wraparound is a comprehensive approach that requires a specific set of values, elements, and principles, all of which have to be in place.

### Essential Elements of Wraparound

1. Wraparound must be based in the community.

2. The wraparound approach must be a team-driven process involving families, children, individuals, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan.

3. Individuals/children/families must be full and active partners in every level of the wraparound process.

4. Services and supports must be individualized, built on strengths, and meet the needs of individuals, children and families across life domains to promote success, safety, and permanence in home, school and community.

5. The process must be culturally competent, building on the unique values, preferences and strengths of individuals, children and families, and their communities.

6. Wraparound individual, child and family teams must have flexible approaches and adequate and flexible funding.

7. Wraparound plans must include a balance of formal services and informal community and family/household supports.

8. An unconditional commitment to serve individuals, children and their families is essential.

9. The plans should be developed and implemented based on an interagency, community-based collaborative process.

10. Outcomes must be determined and measured for the system, for the program, and for the individual/child and family.

### Requirements for Practice

1. The community collaborative structure, with broad representation, manages the overall wraparound process and establishes the vision and mission.

2. A lead organization is designated to function under the community collaborative structure and manages the implementation of the wraparound process.

3. A referral mechanism is established to determine the individuals, children, and/or families to be included in the wraparound process.

4. Resource coordinators are hired as specialists to facilitate the wraparound process, conducting strengths/needs assessments; facilitating the team planning process; and managing the implementation of the services/support plan.

5. With the referred individual/child/family, the resource coordinator conducts strengths and needs assessment.

6. The resource coordinator works with the individual/child/family to form a team.

7. The individual/child/family team functions as a team with everyone engaged in an interactive process to develop a collective vision, related goals, and an individualized plan that is client/family centered and team based.

8. The individual/child/family team develops a crisis plan.

9. Within the service/support plan, each goal must have outcomes stated in measurable terms, and the progress on each monitored on a regular basis.

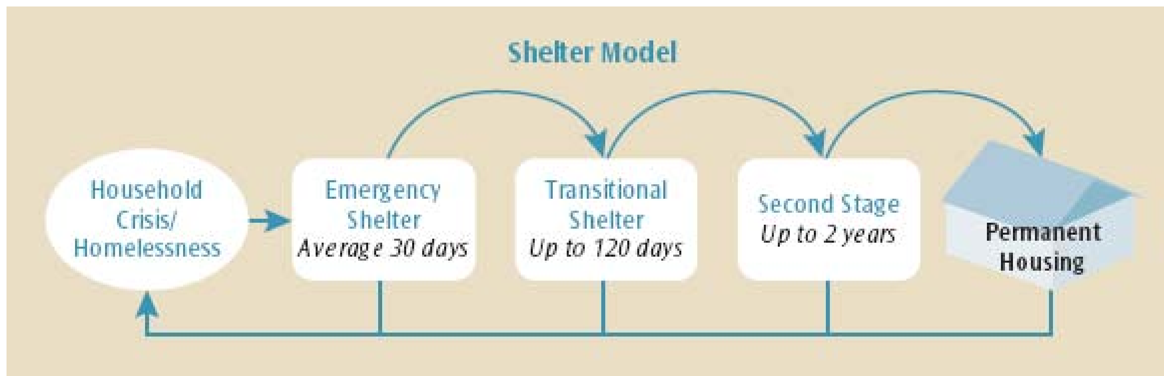
10. The community collaborative structure reviews the plans.

The elements and practice principles listed above provide the framework for the two main components of the wraparound intervention. The first component is a client/child/family-centered **decision-making process** that identifies those services and supports that will help meet the needs of the individual/ child/family. The second component is **the actual array of services and supports** that are implemented. Operating together, these two components provide the primary active ingredients of the wraparound intervention.

***Excerpted and modified from: The Wraparound Approach: An Overview, Burchard, J. D., Bruns, E.J., & Burchard, S.N. (2002). The Wraparound Process. In B. J. Burns & K. Hoagwood, Community-based Treatment for Youth. Oxford: Oxford University Press.***

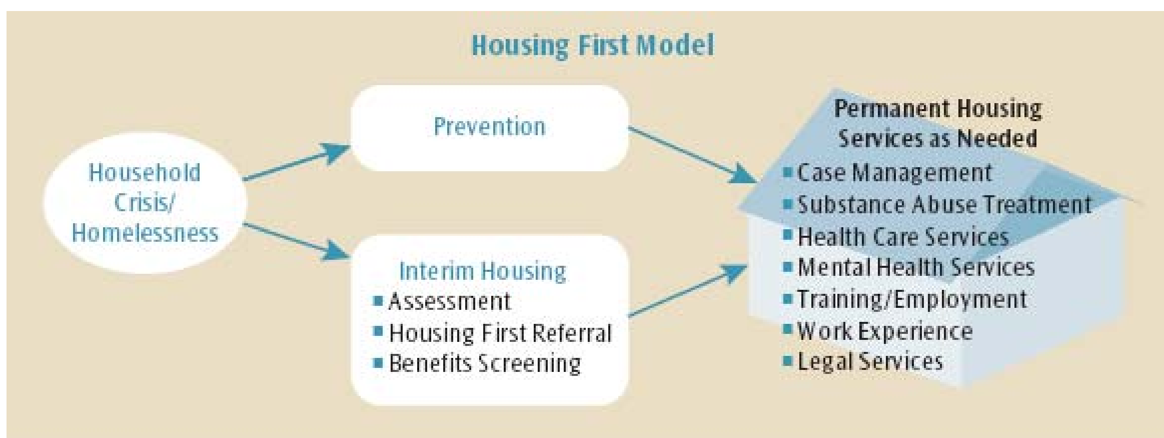
## Housing Strategies

When homelessness first landed in the national spotlight during the 1980's, a linear housing model was adopted to focus the progression of homeless persons through a "continuum of care" housing system, as shown below. This system is focused on emergency shelters and transitional housing. Those who don't "graduate" from this system are put back on the street after their shelter stay limits have been reached.




***Source: Chicago Continuum of Care***

This approach was considered standard practice for almost two decades, until a more effective approach was designed in the late 1990's. The Housing First model is illustrated, below. This approach helps people quickly access and sustain housing, while receiving the essential services that will prevent future episodes of homelessness. These services might include job placement and training, child care, medical care, mental health and substance abuse treatment, financial literacy, parenting/family enrichment classes, and so forth. Case management is the preferred delivery vehicle for a minimum of six months to one year period.

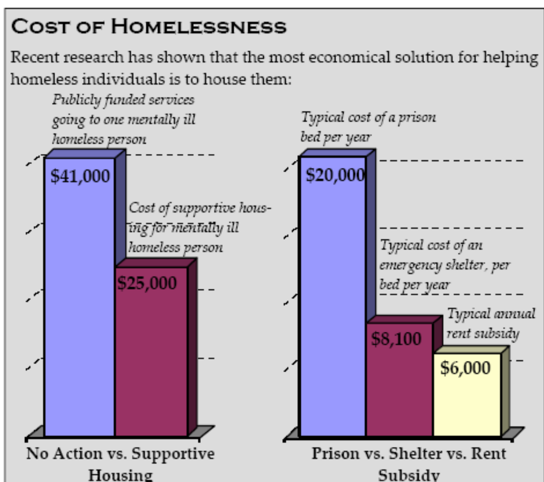



***Source: Chicago Continuum of Care***

According to the National Alliance to End Homelessness, a "Housing First" approach is critical to successfully ending homelessness. Service needs are then addressed through home-based case management. To the maximum extent possible, a homeless person's service needs should not delay his or her entry into appropriate permanent housing.

The Housing First methodology is premised on the belief that vulnerable and at-risk homeless people 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. With permanent housing, people can begin to regain the self-confidence and control over their lives they lost when they became homeless.

Emergency shelters are unlikely to succeed in breaking the cycle of homelessness among people with multiple disabilities. Traditional shelters also tend to be places where chronically homeless people are not willing to go and stay for extended periods of time. During a focus group discussion of formerly chronically homeless men who were housed in various permanent supportive housing programs, the group was asked what they would do in the absence of the program. Interestingly, several commented that they would never want to go back to a shelter—they were more willing to return to the streets than to a shelter.




Economically it makes sense to put housing first. The tax dollars spent on homeless persons through jails, shelters, and emergency rooms is greater than housing. Cost avoidance studies showing that PSH does not cost much more than "doing nothing" have recently achieved national prominence (Culhane, Metraux, and Hadley, 2002; Rosenheck et al., 2003), and can be considered a more humane investment of public funds. These results are one reason why an increasing number of jurisdictions are committing themselves to ending homelessness.

The National Alliance to End Homeless defines a "housing first" approach by its three components:

1**. Crisis intervention, emergency services, screening and needs assessment** – Individuals and families who have become homeless have immediate, crisis needs that need to be accommodated, including the provision of emergency shelter. There should be an early screening of the challenges and resources that will affect a re-housing plan.

**2. Permanent housing services** – The provision of services to help families access and sustain housing includes working with the client to identify affordable units, access housing subsidies, and negotiate leases. Clients may require assistance to overcome barriers, such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up and income source. Providers may need to develop a roster of landlords willing to work with the program and engage in strategies to reduce disincentives to participation.

**3. Case management services** – The provision of case management occurs for two reasons: (1) to ensure individuals and families have a source of income through employment and/or public benefits, and to identify service needs before the move into permanent housing; and (2) to work with families after the move into permanent housing to help solve problems that may arise that threaten their tenancy, including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

## COWLITZ COUNTY TRENDS

- Approximately 40% of renters in the county are rent-burdened, which means they spend more than 30% of their income on housing.
  - ✓ Over 60% of very low income renter households spend more than 50% of their income on housing.
  - ✓ Female-headed families and non-traditional families (e.g. grandparents raising grandchildren) are the most likely to be living below the poverty level.
  - ✓ Almost half (43%) of young renter households are cost-burdened.
  - ✓ At least half of all elderly renter households pay more than 30% of their income for housing.
- There are more than 5,000 renter households in Cowlitz County who earn less than 50% of the area median income (AMI), which is $27,500 for a family of four (2006). About 40% of them pay more than 50% of their income for housing.
  - 2,636 households earn below 30% of AMI; an additional 2,432 earn below 50% of AMI
  - There are 3,730 low income renter households paying more than 30% of their incomes for housing.
  - There are 2,022 low income renter households paying more than 50% of their incomes for housing.
- The number of unlawful detainers (evictions) filed in Cowlitz County Superior Court have increased dramatically since 2000. In 1998-99 there were about 50 cases per year. In 2003 the number was 765 and in 2005 there were 713 cases filed.
- Utility shut-offs by the cities of Longview, Kelso, and Cowlitz PUD have increased noticeably in the past two years, along with the rise in energy prices. Although there is variation among utilities, about half of shut-offs are chronic repeaters. Deposits and downpayment requirements for utility services can create barriers for re-housing, particularly when an unpaid bill must be paid off prior to establishing a new account, which may also include penalties or higher deposits to restore service.

## HOUSING PLUS SERVICES

The importance of integrating services with housing in order to help low income people achieve housing stability is now widely recognized. The National Low Income Housing Coalition proposes “Housing Plus Services” as an umbrella term that captures the phenomenon of combined housing and service initiatives. Housing Plus Services refers to permanent affordable housing that incorporates various levels of services with housing, with the services preferably provided by trained staff for whom service delivery—not property management—is their primary responsibility. To guide practice in Housing Plus Services programs, the National Low Income Housing Coalition proposes a basic set of principles for low income housing providers who operate Housing Plus Services programs and a typology to describe various models of housing and service delivery.

### Principles of Housing Plus Services

These principles are based on the knowledge gained from the historical and contemporary linkage of housing and services, and are proposed as comprehensive, multifaceted, and interlocking.

1. Housing is a basic human need, and all people have a right to safe, decent, affordable and permanent housing.

2. All people are valuable, and capable of being valuable residents and valuable community members.

3. Housing and services should be integrated to enhance the social and economic well-being of residents and to build healthy communities.

4. Residents, owners, property managers and service providers should work as a team in integrated housing and services initiatives.

5. Programs should be based on assessment of residents' and community strengths and needs, supported by ongoing monitoring and evaluation.

6. Programs should strengthen and expand resident participation to improve the community's capacity to create change.

7. Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable.

8. Community development activities should be extended to the neighboring area and residents.

9. Assessment, intervention and evaluation should be multilevel, focusing on individual residents, groups, and the community.

10. Services should maximize the use of existing resources, avoid duplication, and expand the economic, social, and political resources available to residents.

11. Residents of Housing Plus Services programs should be integrated into the larger community.

## Housing *Plus* Services Typology

| Housing Type | General Target Population(s) | Common Goals or Outcomes | Primary Services | General Requirements and Restrictions |
|---|---|---|---|---|
| **Supportive Housing** | People who are: formerly homeless; at risk of homelessness; chronically mentally ill; disabled; elderly; in recovery, etc. | To prevent homelessness or recurrence of homelessness.<br>To assure access to a comprehensive support system to help residents to live independently and interdependently in the community. | • Focus on life skills and stabilization<br>• Crisis intervention<br>• Case management<br>• Services coordination<br>• Programs and activities | Often drug and alcohol-free.<br>*Participation in programs or services sometimes required for residency.* |
| **Special Needs Housing** | People with special needs, i.e., in recovery; dual diagnosis; HIV/ AIDS; chronic mental illness; disabled; elderly, etc. | To enable people with disabilities and/or who are in recovery requiring ongoing treatment or attention to live independently and interdependently (or to continue recovery/prevent relapse).<br>To prevent homelessness. | • Focus on health, mental health, and/or recovery from addictions<br>• Life skills and stabilization<br>• Crisis intervention<br>• Case management<br>• Services coordination<br>• Programs and activities | Often targeted to people with a particular special need, i.e., HIV/AIDS, chronic mental illness.<br>Drug and alcohol-free.<br>*Participation in programs or services often required for residency.* |
| **Housing for Older Adults (Including Senior Housing and Assisted Living)** | Elderly; frail elderly | To enable older adults to live (semi) independently and interdependently, possibly with caregivers or family members or in naturally occurring retirement communities (NORCs), while providing, as needed, for their basic needs.<br>To prevent institutionalization and facilitate aging in place. | • Focus on health and basic needs<br>• Case management<br>• Life skills and stabilization<br>• Crisis intervention<br>• Programs and activities | Age/income level<br>*Participation in programs or services not generally required for residency.* |
| **Service-Enriched Affordable Housing** | Low income people, not necessarily at risk or with special needs. Families with children; individuals; disabled people; extended families; couples; elderly people, etc. | To provide affordable housing, while promoting improved social and economic well-being of residents.<br>To encourage community development, interaction and interdependence.<br>To prevent homelessness. | • Crisis intervention<br>• Assistance in accessing resources and services in the community<br>• Programs and activities<br>• Resident participation in decision-making process | General lease agreements for rental housing: rent payment on time; no property damage; etc.<br>*Participation in programs or services not generally required for residency.* |
| **Public Housing** | Low Income people, not necessarily at risk or with special needs. Families with children; individuals; disabled people; extended families; couples; elderly people, etc. | To provide affordable housing and promote improved social and economic well-being of residents.<br>To encourage community development, interaction and interdependence.<br>For some groups, to facilitate movement to non-subsidized housing. | • Crisis intervention<br>• Assistance in accessing resources and services in the community<br>• Programs and activities<br>• Resident participation in decision-making process | General lease agreements for rental housing; often income restrictions for initial tenancy; drug-free.<br>*Participation in programs or services not generally required for residency.* |

Developed by the Housing *Plus* Service*s* Committee of the National Low Income Housing Coalition - 2002

## Cowlitz County Approach

The Homeless Housing Task Force recommends a broad range of approaches and specific actions to solve housing problems:

1. Utilize a "housing first" approach with short-term housing assistance (rent, deposits, utilities), combined with a stabilization plan, comprehensive case management and an array of services.
2. Develop a Housing Assessment & Placement tool to assist local providers with appropriate screening for housing readiness and link to landlord agreements/incentives for more difficult-to-serve populations.
3. Develop a range of housing options with services to serve families, individuals, chronically homeless persons and youths.
    a. Develop a Supportive Housing Consortium to collaborate on tools, techniques, funding and targeting.
    b. Partner with private landlords to develop agreements and incentives for housing various populations.
    c. Create drop-in centers for chronically homeless and youth that provides a path to housing through information and outreach.
    d. Explore methods to establish low-demand (consumer-choice) housing opportunities as an approach for housing chronically homeless persons with the goal of engagement in services and treatment.
4. Add transitional and permanent supportive housing units with services, particularly for special populations such as Pregnant, Post-Partum Women (PPW) and their children; chronically mentally ill; chronically homeless women and their families, and survivors of domestic violence.
5. Create emergency shelter beds accessible to disabled persons.
6. Develop community discharge protocols that provide respite care for the physically ill who do not belong in shelters, such as through leased nursing home beds.
7. Find a home for a cold weather shelter.
8. Develop a drop-in center for the homeless with hygiene station, voice mail, service and benefits information and outreach
9. Establish a single point-of-entry into housing and services ("one-stop").
10. Establish outreach locations throughout the county.
11. Establish a Respite Center for those with mental health/substance abuse, offering sub-acute detox (including methamphetamine use), primary care, and outreach to facilitate acceptance of these services. Harm Reduction model should be employed in a 24/7/365 facility.

## Income Strategies

Creating or accessing sources of income is critical for helping people recover from homelessness. This can be accomplished in four basic ways:

1. **System change is needed. –** Expand flexibility of all agencies to collaborate and respond in integrated fashion.
2. **Reduce the Costs of meeting Basic Needs** – Some routine costs can be avoided through the use of food and clothing banks, meals programs, toiletries, public transportation assistance, vehicle maintenance instruction, and alternative transportation programs. Energy programs can help with utilities; Medicare and basic health coverage through the state can reduce medical and prescription costs.
3. **Access to Income Support Programs** – Five major programs provide mainstream income assistance for people who are homeless. Social Security is a monthly benefit for people 62 years of age and older. Supplemental Security Income (SSI) offers monthly benefit payments for people with little income and who are disabled. Social Security Disability Insurance (SSDI) makes monthly income payments for people who are disabled. Temporary Assistance to Needy Families (TANF) provides cash benefits and work opportunities for needy families with children. VA Compensation pays a monthly benefit to veterans who are disabled by injury or disease that developed or worsened in the line of duty. In addition, the State of Washington makes General Assistance Unemployable (GAU) and temporary General Assistance Disabled (GAX) payments for persons with documented disabilities.
4. **Gainful Employment** – Some people become homeless following episodes of unemployment, and can regain self-sufficiency with nothing more than job placement/job training assistance. Others will never be self-sufficient, but can benefit from the self-esteem that comes from making a contribution. For those persons, supported employment is the most likely solution. Washington State Employment Security Division operates employment programs geared to ex-offenders. Child care and transportation needs must be addressed in order to gain and maintain employment. Some homeless people have the potential to become self-employed. Some may attend college to improve their job prospects.
5. **Build Financial Literacy & Develop Financial Assets** – From consumer education on topics such as fair housing and predatory lending, to training on budgeting and the Earned Income Tax Credit, financial literacy is a basic skill in today's society. This includes education as well as programs that help low income persons build financial assets for homeownership, college or business purposes.

### Cowlitz County Trends

Only 22.5% of homeless people counted in the 2006 survey have no sources of income. About one-third receive public assistance of some type; around 20% work at low-wage/part-time jobs; and another 22% get help from family and friends.

The Self-Sufficiency Standard for Washington State offers a county-by-county analysis of what it takes to be self-sufficient, taking into account housing, food, energy, transportation, child care, health care and other costs of living. The Cowlitz County standard for a family of three—one adult, one infant and one child—was $34,976 in 2001 dollars, which is the third highest of ten counties in the western region of the state. This equates to an ***hourly wage of $16.81*** for full-time employment (or $8.41 for two adults). Most low-skill jobs do not pay this level of wages. The displacement of manufacturing jobs in Cowlitz County with lower-skilled and lower-paying service sector jobs in recent years has resulted in more of the county's population living at a lower standard of living.

The National Low Income Housing Coalition publishes an annual "Out of Reach" report that evaluates the local hourly wage needed to afford a two-bedroom apartment at fair market rent (established by the U.S. Department of Housing and Urban Development). ***In 2006, that wage is $11.71 per hour.***

Cowlitz County has one of the highest rates of unemployment of all counties along the Interstate 5 corridor. Over the past 25 years it has always followed the state pattern, but at a chronically higher rate. Cowlitz is designated as "economically distressed" due to a three-year average unemployment rate that exceeds the state rate by 20% or more. Home foreclosure rates have more than doubled between 1999 and 2003, when the annual number of foreclosure soared from 258 to 560, although annual numbers have begun to show some decline since 2003.

In 2003 the Census Bureau estimated that 13.7% of all county residents were living in poverty. For children ages birth to 17 years, almost 1 in 5 (19.8%) live in poverty. Cowlitz County was 14th highest in overall and child poverty, out of 39 counties.

Thousands of manufacturing jobs have been replaced with lower-paying service jobs over the past five years, with the advent of free trade, globalization, outsourcing, advances in technology, and the recession of 2001. Higher skilled jobs require higher levels of education. Cowlitz County high school dropout rates (7.5%) are far above the national average (4.5%) The proportion of adults over age 25 with a bachelor's degree or higher (13.3%) was far below state (27.7%) and national (24.4%) averages, based on the 2000 Census.

Approximately 43% of the Cowlitz County population receives some type of DSHS services at a cost of around $130 million in 2004, with economic assistance representing $29 million. Over 6,800 persons received Temporary Assistance to Needy Families (TANF) income support and around 2,700 participated in the Work First employment program for TANF families. Financial assistance for childcare was provided for almost 4,400 children. There were 17,766 county residents who received basic food program assistance in 2004—almost 1 in 5 county residents. Emergency cash/diversion assistance was provided to 451 persons, and there were over 700 recipients of General Assistance income payments.

The rate of Free and Reduced Lunch for children in Cowlitz County schools is often used as an indicator of poverty. County school districts, as a whole, exceed the state average, with significantly higher rates in Longview and Kelso school districts. Statistics among the six school districts are presented below:

| Public School District | Oct-05 Enrollment | Oct-05 Free | Oct-05 Reduced | Total Applications | % Appl/Enroll |
|---|---|---|---|---|---|
| Longview | 7,488 | 2,967 | 527 | 3,494 | 46.66 |
| Toutle Lake | 644 | 128 | 71 | 199 | 30.90 |
| Castle Rock | 1,456 | 346 | 106 | 452 | 31.04 |
| Kalama | 1,029 | 189 | 69 | 258 | 25.07 |
| Woodland | 2,098 | 539 | 155 | 694 | 33.08 |
| Kelso | 5,243 | 1,850 | 446 | 2,296 | 43.79 |
| **Cowlitz Co.** | **17,958** | **6,019** | **1,374** | **7,393** | **41.17** |
| **WA State Average** | **1,012.595** | **298.637** | **85.452** | **384.089** | **37.93** |

Source: Washington Office of Superintendent of Public Instruction, May, 2006

Re-entry employment programs for ex-offenders are a key to minimizing recidivism. National statistics show that 2 out of 3 prisoners are re-arrested within two years of release. Within the offender population housed in Washington State prisons:

⇒ 50% were not employed at the time of the incident resulting in incarceration
⇒ 71% of males and 83% of females average a ninth grade education level

⇒ 54% are assessed as chemically dependent
⇒ 86% have issues with chemical abuse
⇒ 18% are assessed with serious mental illness
⇒ 98% will be returned to the community.

The Washington Department of Vocational Rehabilitation provides employment placement and support for people with disabilities. There were 569 persons receiving various DVR services in 2004, representing 0.6% of the county's population; 52 received job placement support; 32 got training and educational services; 194 vocational assessments were conducted; and 568 clients received case management services. As DVR is over-subscribed and under-funded, it currently limits service through an "order of selection" process. There are 335 developmentally disabled adults receiving case management services; 105 are in community residential placements; 32 receive family support services at home; 84 receive personal care. Disabled working adults generally work part-time at lower wage jobs, presenting challenges for economic self-sufficiency. Clearview Employment Services and Columbia River Mental Health (Vancouver) piloted a five-year supported employment program for over 1,400 clients in Clark and Cowlitz counties, beginning in 2001. The findings from this pilot program indicate that additional resources to extend the program would be beneficial.

The Census Bureau collects information on self-reported disabilities. Cowlitz County has the highest rate of self-reported adult disability in the State of Washington, with 23.6% of the population, or 22,632 persons. The state average is 13.2% of the population.

## WHAT IS SUPPORTED EMPLOYMENT OR "WORK FIRST?"

Supported employment is an approach to employing those who are faced with multiple barriers to traditional employment. It is based upon the principle of "Work First" and has a similar focus to the "Housing First" concept—that is, that people deserve opportunities for housing and employment, and that progress in other areas—such as homelessness, substance abuse, and mental health issues—can benefit from having a roof over one's head and by having the opportunity to work. (This context does not refer to the WorkFirst program for families receiving public assistance.)

Services provided under supportive employment include a broad range of services to all job seekers. These include support for self-directed job searches, assistance with networking, linking, interviews and resumes, as well as "carved" individual placements. Carved job placements are those that provide excellent matches between an individual and an employer. For instance, a particular job may require a series of tasks, not all of which can be mastered by an individual with disabilities or mental health issues. In this case, employment assistance requires identifying those elements of jobs or tasks that can be accomplished, and "carving" out those tasks to define the person's job responsibilities. Employer linkages and relationships are essential to success in this approach.

### Common Principles

An interesting comparison between the concept of "housing first" (see Housing Strategies) and "work first" as an employment approach for homeless recovery has been employed in King County as a core approach for supported employment. These principles include:

- Employment and housing as a basic right for all people
- Full community integration of housing and employment
- Client-driven services
- Respect people's ability to make informed choices about what they want, the sequence of services, and the length of time they desire the service.

- Use integrated services team structure to provide services and supports

### Core Values

- Working is healthy and good but doesn't necessarily solve anyone's problems.
- People have multiple systems involved in their lives; these systems should be brought into the employment pictures
- Assumption of job readiness—no readiness screening. Assessment is used to make good job placements. Proceed with an employment plan based on the individual's interests and abilities.
- Emphasize rapid job entry; encourage people in high-growth fields, e.g. health care and social services.
- Utilize community partnerships and resources.
- Make services accessible, e.g. in shelters, transitional housing, other client locations.
- Services need to be adjusted based on the needs of the population and the environment. Provide services in conjunction with other systems of service and support.

### Key Elements for Success

- Service Integration – Ensure coordination/integration across all career center programs, with qualified staffing. These should include:
    - Education – Adult Basic Education and Technical Education for growth industries
    - Pre-employment education
    - Career research and planning
    - Vocational training
    - Community support
- Systems Involvement – Partnerships with employment and housing service agencies, disability and clinical services, shelter services, etc. In supported employment programs, involvement by all of the many systems that may be involved in a person's life is essential. These could include DSHS, Vocational Rehab, Child Protective Services, Corrections, mental health, Developmental Disability Administration, Social Security, drug and alcohol treatment, and homeless systems of care.
- Partnerships/Relationships – Interagency collaborations among state/local agencies, community-based and faith-based agencies. For supported employment programs, partnerships between transitional housing, shelters, mental health, substance abuse treatment and employment services is critical.

Some communities also offer job training programs for homeless persons, often with the product or service benefiting other homeless persons. For instance, Sodexho Foundation funds a Community Kitchens program with courses taught by professional chefs and include life-skills and job-readiness training, as well as placement. Unemployed people are training in food rescue and meal preparation; these meals are then served to people in need. The program enjoys an 80% job retention rate for its graduates.

Seattle has provided another model to cities around the country with its FareStart program. Culinary training prepares homeless people, dropouts and former addicts for work as cooks in delis, cafes, restaurants and even five-star hotels. The 16-week courses teach sautéing and braising alongside stress management and counseling. FareStart is largely self-supporting, with students preparing some 2,500 meals per day for cafes and shelters, along with a catering service and restaurant at its

training site. A roster of celebrity and A-list chefs who volunteer as trainers is the organization's biggest asset. This approach has been successfully replicated around the country, with the focus aimed at high school drop-outs, troubled teens, and homeless persons.

A low skills job bank could also be established to get people into a work environment as soon as possible. Liaison with community employers is the core activity. This approach has been successful for chronically homeless persons. Community service is another option as a temporary measure to help improve self esteem as well as interpersonal skills. Community House provides community service obligations and opportunities for its residents.

Lower Columbia College (LCC) and WorkSource offer assistance through the regional Workforce Development Council. Unemployed, dislocated and discouraged workers can find assistance with job searches, job training, and education. The Career and Employment Center at LCC can also help with evaluation of skills and potential, selection of a training program, and refinement of job search skills.

Job readiness also requires that some peripheral issues be addressed:

- Adequate clothing and/or safety gear can sometimes present a challenge. There are several second-hand clothing stores in the Kelso-Longview area as well as food/clothing banks operated by LLCAC (HELP Warehouse) and North Gate City Church.
- Illness, particularly chronic illness, as well as unmet dental needs may present barriers to employment. The Free Clinic is open every Wednesday evening, and the Cowlitz Family Health Center offers full primary care and dental care through Medicaid and for uninsured persons. FISH and other charitable organizations provided limited prescription assistance. LLCAC also operates a prescription benefits referral service.
- Childcare availability is critical for many homeless families. Availability is critical in terms of the number of assisted slots, location (transportation), and hours of operation. DSHS provided economic assistance for childcare services to 1,572 in 2004. LLCAC offers childcare information and referral services funded by the state. Windemere Foundation has also provided them with a limited number of child care slots.
- Transportation to work can be difficult for homeless families, particularly in rural areas such as Cowlitz County. Transit in the urban areas is not available on a 24/7 basis. A Coordinated Human Services Transportation Plan is currently under development in Cowlitz County, and should help in identifying methods to provide cost-efficient services.

## Cowlitz County Approach

Recommendations from the Homeless Housing Task Force included Systems Change, Allocation of Resources, and Provision of Services to adequately address difficult-to-serve populations.

**1.0 System change is needed** in order to effectively serve all areas of the county:

1.1 Expand flexibility of all agencies to collaborate and respond in integrated fashion.

1.2 Provide true "countywide" services – include outlying areas such as Toutle, Woodland

1.3 Use the "system's" need for numbers (clients) to generate outreach.

- Clients need to see reliable service provision
- Clark/Cowlitz eligibility criteria needs clarification
- True collaboration among agencies is needed

1.4 Allow adaptations to relatively inflexible ITPs (Individual treatment plans)

1.5 Mapping of resources and programs will allow "braiding" of services to effectively meet needs of difficult-to-serve populations

1.6 Use coordination meetings of providers to increase staff knowledge of benefit programs and requirements, access, etc.

1.7 Provide services to clients where they are located (e.g., shelters, transitional housing, etc. Do not make them come to us.)

1.8 Provide integrated services – for instance, in Woodland, provide integrated services through Family Health Center, Health Department, & PATH

1.9 Find ways to mesh rigid Individual Treatment Plans (ITPs) and agency requirements to assist with "braiding" of resources

**2.0 Allocation of Resources**

2.1 Prioritize services to those who are low income, homeless, and/or disabled

2.2 Develop a drop-in center or other facility with:

- Community Voice Mail (CVM) and/or a mail drop location
- Hygiene station (personal and laundry)
- Classroom setting/orientation sessions for training, services, etc.

2.3 Explore using churches, schools and clinics as outreach centers to serve the entire county.

2.4 Use the Community Jobs Program (WorkFirst/TANF) to meet employment needs

2.5 Assist homeless in applying for Dept. Vocational Rehab (DVR) programs (if disabled), recognizing that resources and services are very limited.

2.6 Use existing advisory councils throughout Cowlitz County to assist in employment efforts – Regional Support Network, Veterans, etc.

**3.0 Provision of Services**

3.1 Offer employment services at emergency shelters

3.2 Allow for easier access to benefits applications process and employment services through a Homeless Resource Center or other "one-stop" facility

3.3 Include budgeting/financial literacy counseling in voucher and emergency assistance programs

3.4 Increase utilization of budgeting/financial literacy education and other life skills classes

3.5 Create a labor-ready program through a Homeless Resource Center;

3.6 Develop bilingual job readiness program

3.7 Develop jobs with public agencies, non-profits private employers through Work Source, DVR, L&I, etc.

3.8 Utilize apprenticeship programs - including formal programs sponsored by Washington Department of Labor &Industries as well as other informal apprenticeship programs

3.9 Expand transportation options for access to jobs and services

3.10 Implement the Rapid Employment Model in shelter locations.

## Health Strategies

The National Health Care for the Homeless Council has found that serious personal health problems and flaws in health care systems are major contributors to contemporary homelessness. Some health problems – addictions, schizophrenia, major depression, physical disabilities – are distressingly obvious, particularly in persons living in public spaces, while others are less visible but equally insidious, undermining the capacity to maintain stable housing and function independently. In far too many cases, a fragmented health care system has not responded adequately to the multiple needs of homeless persons, who are indigent and typically uninsured.

In 1988, the Institute of Medicine of the National Academy of Sciences found that homelessness and poor health were strongly correlated in three ways:

1. **Health Problems Cause Homelessness -** Half of all personal bankruptcies in the United States result from health problems, and it is a short downhill slide from bankruptcy to eviction to homelessness. Moreover, some health problems that are more prevalent among homeless people than in the general population – such as addictions, mental illnesses and HIV/AIDS – are known to undermine the family and social supports that provide a bulwark against homelessness for many vulnerable people.
2. **Homelessness Causes Health Problems -** People without homes are mercilessly exposed to the elements, to violence, to communicable diseases and parasitic infestations. Circulatory, dermatological and musculoskeletal problems are common results of excessive walking, standing, and sleeping sitting up. Homelessness and malnutrition go hand-in-hand, increasing vulnerability to acute and chronic illnesses. Stresses associated with homelessness also reduce resistance to disease, account for the emergence of some mental illnesses, and enhance the false promises of relief offered by alcohol and drugs. ***Homeless people experience illnesses at three to six times the rates experienced by housed people.***
3. **Homelessness Complicates Efforts to Treat Health Problems -** The health care delivery system is not well attuned to the realities of living without stable housing. Health care facilities often are located far from where homeless people stay, public transportation systems are insufficient or nonexistent in many places, and most homeless people don't have cars. Clinic appointment systems are not easily negotiated by people without telephones, for whom other survival needs (finding food and shelter) may take priority. Standard treatment plans often require resources not available to homeless persons, such as places to obtain bed rest, refrigeration for medications, proper nutrition or clean bandages.

These three correlations, noted by the Institute of Medicine nearly two decades ago, still apply today. The mainstream health care system often is not prepared to contend with multiple co-morbidities commonly seen in homeless people, and is unwelcoming toward those with behavioral health issues who may appear unclean or threatening, cannot pay for services, and typically lack health insurance. Consequently, many individuals who are homeless have had bad prior experiences with the health care delivery system and avoid mainstream providers.

***Excerpted from: The National Health Care for the Homeless Council***

### Cowlitz County Trends

There were 28,831 people in Cowlitz County living below 200% of the federal poverty level in 2000. Of these, 23% are uninsured and 29% are covered by Medicaid, representing 52% of persons in poverty in Cowlitz County. Almost 30% have private insurance.

Homeless persons and migrant workers in Cowlitz County who receive primary health care and/or dental care at the Cowlitz Family Health Center have increased significantly since 2003, as shown in the accompanying chart.

Medical Care Services for Migrant & Homeless

| Year | Migrant Workers | Homeless Persons |
|---|---|---|
| 2000 | 121 | 113 |
| 2001 | 88 | 86 |
| 2002 | 90 | 67 |
| 2003 | 188 | 110 |
| 2004 | 270 | 374 |
| 2005 | 301 | 238 |

***Source: Cowlitz Family Health Center***

DSHS found a total of 1,078 homeless clients in Cowlitz County in January 2006, almost double what the Point In Time Count found, and more than DSHS served during 2005. All clients accessed food stamps; the vast majority (82%) accessed economic services (income assistance), almost half (46%) accessed medical assistance; 12% sought DASA treatment for drug/alcohol use; and 14% used mental health services.

In 2004, DSHS provided medical assistance to almost 25,000 county residents, which is one-quarter of the county's population. Prescription assistance was provided for 9,500 people, or 10% of the population. About 15,000 managed care slots were provided during the year; around 6,600 persons received dental care assistance. Mental health services were provided to over 4,000 individuals, mostly in a community setting. Alcohol and substance abuse services were provided to approximately 1,500 persons, 1,000 of whom received these services in a community setting. Around 350 were hospitalized or placed in detoxification. Total assistance for medical care exceeded $56 million; mental health expenditures exceeded $8 million; and alcohol and drug treatment ran $2.6 million.

Over 46% of those who need substance abuse treatment in Cowlitz County and who are eligible for DASA-funded services actually receive treatment, compared to 26% for the state. Cowlitz ranks 6$^{th}$ of 39 counties for substance abuse treatment services penetration. Washington State statistics indicate that 6% of Medicaid-paid births involve "drug-exposed" infants, though the true rate is estimated at 10-12%. About 1% of births are "drug-affected" or specifically linked to substance abuse during pregnancy. Almost 75% of substance-abusing pregnant women are victims of domestic violence, and around one-third of substance-abusing pregnant women lack a regular home.

About 4,715 persons are estimated to have serious mental illness within our county (Southwest RSN). Of these, about 2,500 are living below 200% of the federal poverty level. The ratio of persons with serious mental illness and eligible for Medicaid is 3.7%; those who are mentally ill and living below 200% of federal poverty level is estimated at 7.0%. This is higher than most other counties in the state.

## Health Care Resources

There are four major mainstream benefit programs that can provide health care services for people who are homeless. Medicaid is the public health insurance program for people with low income and limited resources. The State Children's Health Insurance Program (SCHIP) provides public health insurance for low-income, uninsured children 18 years of age or younger who do not qualify for Medicaid. Medicare is a Federal health insurance program for people 65 year of age and older; people under age 65 who are disabled; people with end-stage renal disease. VA Health Care offers health coverage for veterans who were honorably discharged and meet duty eligibility requirements.

Cowlitz County has a federally qualified health clinic with two locations. Cowlitz Family Health Center has a primary and dental care clinic in Longview as well as a primary care health clinic in Woodland. The Cowlitz Free Clinic opened its doors in 2005 and serves people without insurance one day a week. Lower Columbia Community Action Council assists with locating prescription drug benefits, and FISH provides limited assistance with prescriptions and dental care. The PATH program outreach coordinator connects chronically homeless persons with health resources. The Child and Adolescent Clinic provides a medical home to at-risk youth through the Parent-Child Assistance Program (PCAP) and for pregnant/parenting women (PPW Program) with substance abuse and mental health issues.

## Health Care for Homeless: Best Practices

In communities nationwide, projects providing primary care to homeless people seek to disrupt the terrible nexus between poor health and homelessness. Health Care for the Homeless (HCH) is a program of the Health Resources and Services Administration (HRSA) which provides health and social services to more than 600,000 clients per year. These projects typically operate as part of Community and Migrant Health Centers, hospitals, or Departments of Public Health, or as freestanding agencies. Most combine HRSA funding with other revenue and grants to provide a broad range of services.

At a minimum, each HCH project provides a prescribed set of required services, including primary health care and substance abuse services, emergency care and referrals, outreach and assistance in qualifying for entitlement programs and housing. Many HCH projects go well beyond these basic services, offering dental care, mental health treatment, sub-acute recuperative care, supportive housing, and other services needed to resolve their clients' homelessness.

To engage homeless persons and to provide effective care, HCH projects utilize a number of approaches that accommodate the realities of homelessness. These include:

- Outreach - HCH physicians, nurses, social workers and others skilled at making connections with homeless people (often including persons who have experienced homelessness themselves) seek out and bring care to homeless people wherever they are—in encampments, under bridges, on the streets, in jails, at soup kitchens and other service sites.
- Service locations - HCH clinics are located in or near shelters and other places where homeless people congregate.
- Service hours - Many HCH projects operate during extended hours to accommodate the schedules of clients who work or must be elsewhere at certain times to secure food or shelter.
- Transportation - HCH projects frequently provide transportation to and from clinics, specialty providers, Social Security or Food Stamp offices, and shelters.
- Elimination of financial barriers - HCH projects assure that inability to pay even a small fee does not become a barrier to receiving health services.
- Sensitivity - HCH staff endeavor to understand the unique circumstances and stresses associated with homelessness. They understand that the process of engaging individuals who are homeless often involves overcoming significant fear and suspicion, and that a patient, nonjudgmental, persistent approach is often required.
- Comprehensive services - HCH providers understand that health care and other basic needs are interrelated, and strive to address each client's needs holistically through the use of multidisciplinary clinical teams. Integration of primary care with the treatment of mental health and substance use disorders is a hallmark of HCH practice, and efforts to secure housing, entitlements, and jobs are intrinsic to this approach.

- Case management - Coordination of a wide range of onsite and referral resources receives particular attention in the HCH approach to care.
- Clinical adaptations - To promote favorable clinical outcomes, HCH providers have developed techniques such as prescribing simple medical regimens with few side effects, or screening for common problems during the first encounter with a client.
- Advocacy - HCH staff engage in advocacy to secure client services, to protect clients' rights, to affect the local service delivery systems so that it better meets the needs of their clients, and to change policies that cause, exacerbate, or create obstacles to resolving homelessness.
- Client involvement - HCH projects are careful to involve their clients in developing realistic treatment plans, in the governance of their agencies, in evaluating the efficacy of homeless services, and in advocating for service improvements and policy change.

The Health Care for the Homeless Program employs a model of care that is appropriate for everyone, but is particularly well adapted to the circumstances of those most in need. By creating numerous new service delivery sites and modalities, the HCH Program has contributed importantly to the development of the health care infrastructure in the United States. In that respect, HCH is far more than a safety net. Yet for those whose personal circumstances have reduced them to homelessness and for whom all other systems have failed, HCH remains the final safety net. The quality of care available through Health Care for the Homeless improves the health and well-being of displaced people and models for all service providers a high standard of care.

***Excerpted from: The National Health Care for the Homeless Council***

## Cowlitz County Approach

The Homeless Housing Task Force recommends health strategies that will result in a range of healthcare choices for the homeless, from preventative to routine to emergency health care. Adequate access to providers is the primary constraint in meeting this goal. To Increase the number of homeless individuals receiving treatment services, issues such as financial accessibility, physical accessibility and available treatment types must be addressed. Systems change to allow integration of mental health and substance abuse treatment with primary medical care would significantly improve service delivery.

## 1.0 General Recommendations

1.1 System change is needed in order to effectively serve all areas of the county.  Expand flexibility of all agencies to collaborate and respond in integrated fashion.

1.2 Engage homeless persons for routine and urgent care at Free Clinic, Family Health Center, PATH

1.3 Expand access to cost-effective urgent and respite care

1.4 Establish a Respite Center for those with mental health/substance abuse, offering sub-acute detox (including methamphetamine use), primary care, and outreach to facilitate acceptance of these services. Harm Reduction model should be employed in a 24/7/365 facility.

1.5 Public information campaign to de-stigmatize mental illness and homelessness

1.6 Establish a Mental Health Court, and maintain/expand Drug Court, HOPE Court and Juvenile Court. Case management from drug court should include a treatment plan that includes primary health care. Establish partnerships between the county's Superior and District court systems and mental health providers. A local tax to support these courts might be feasible.

1.7 Outreach for health services could be accomplished through the PATH program, jail discharge, and the Handbook of the Streets

1.8 Homeless people with chronic health conditions need particular attention

1.9 Develop special medication protocols for medications needing refrigeration. Provide mobile or alternative storage for medications.

1.10 Offer alternative clinic hours and drop-in capability.

1.11 Resolve issues with qualification and capacity for short-term Medicaid assistance for respite care

1.12 Mentally ill persons need a Safe Haven and recreational outlet where outreach services can be offered

Recommendations by category of homeless populations that require specialized approaches are described below.

**2.0 Families**

2.1 Qualify family members for Medicaid (especially children) or Healthy Options

2.2 Assign families a "medical home"

2.3 Pregnant, Post-Partum & Parenting Women (PPW) can use Family Health Center, TANF benefits, Child & Adolescent Clinic

2.4 Women in the court system and pregnant women in general need more health care information

2.5 Outreach can be accomplished through WIC, jail discharge planning, Medicaid outreach, Handbook of the Streets, etc.

**3.0 Youth**

3.1 Enroll youth in Medicaid or Healthy Options.

3.2 Establish an "Activity Center" or Family Resource Center within schools for outreach. Could include recreation, food bank, medical screening, and outreach for medical & DSHS. Could use Youth & Family LINK as the mechanism.

3.3 Expand outreach for family planning services.

3.4 Discharge planning from foster care could be expanded.

3.5 Enlist schools as active players in implementation of the strategy – HeadStart, counselors, Homeless Liaison, Truancy Court.

3.6 Identify mobile families to target intervention efforts.

3.7 Public information campaign to help people understand that their kids won't be taken away by the state if they become homeless

**4.0 Chronically Homeless**

4.1 Provide respite care beds for individuals with mental illness and/or homeless with physical illness or conditions requiring medical treatment through the purchase of beds/care from local nursing and assisted care facilities as needed.

4.2 Provide sub-acute detoxification/sobering/ respite center

4.3 Increase the range of healthcare with the use of local funds to subsidize payments to local clinics/hospitals that provide preventative and routine health care to the homeless.

4.4 Provide on-demand mental health crisis intervention.

4.5 Ensure that homeless individuals/families are enrolled in healthcare for which they are entitled.

4.6 Offer health screening for chronic homeless provided through Resource Center for the Homeless, One-Stop Center and/or mobile health van.

## Strategies for Chronically Homeless

The Chronic Homeless Strategy provides recommendations that include both short term and long term actions. It identifies existing resources that could be re-positioned to improve access by the chronically homeless with existing housing and services. The strategy also explores various models of housing and services applicable to this community to better address the needs of the chronically homeless. The Housing Homeless Task Force has prioritized these projects, identifying projects for immediate action as well as projects/models that should be considered in the future by the Cowlitz Continuum of Care.

Any effort that expects to reduce homelessness to any significant degree must attract and hold the target population—something that traditional approaches have often failed to accomplish, or people would not still be homeless. The following are the three most difficult populations to attract and thus to house.

Substance abusers - Many chronically homeless people are initially unwilling to commit to sobriety. If programs cannot work with people who are still using alcohol and drugs, they cannot attract the hard-core street homeless people.

Serious mental illness - Many chronically homeless people have serious mental illnesses that have affected their willingness to use shelters. They often find shelters intolerable because of overcrowding, or feel vulnerable and threatened by fellow residents, or the shelters themselves will not serve them because their symptoms are too disruptive.

Dually-diagnosed - Too many chronically homeless people have been caught in the demands of single-focus agencies, within both homeless-specific and mainstream systems. Many agencies will not work with people's mental illness until they stop using substances, or will not work with their substance abuse until their psychiatric symptoms are under control[7].

There is an unlimited range of ideas that have been successfully used by other communities to connect with the difficult-to-house populations. Estimates of the chronically homeless population in Cowlitz County gauge the number to be 29 persons; however, very few people have been surveyed within encampments and other locations that present challenges for data collection efforts. The number of persons in encampments, not all of who are chronically homeless, is upwards of 70 additional persons.

### 1.0 General Strategies

1.1 System change is needed in order to effectively serve all areas of the county. Expand flexibility of all agencies to collaborate and respond in integrated fashion.

1.2 Increase the number of homeless individuals with mental illness who receive case management services and mental health services as a part of housing strategies for the chronic homeless. This will require broader participation/engagement of the local DSHS and RSN staff and resources.

1.3 Increase the coordination of case management for people who are homeless and have a mental illness and history of substance abuse as part of housing strategies for the chronic homeless population. This will require broader sharing of information and case management responsibilities between substance abuse treatment providers, the RSN and DSHS.

1.4 Identify an organization as lead agency to organize or facilitate the provision of multiple services at a single location using the one-stop model. The one-stop center would serve the general homeless population, as well as the chronic homeless population.

1.5 Build on the participation of local law enforcement agencies and Department of Corrections to improve discharge/release planning that includes a housing component. This will require identification and/or development of housing that will be available to ex-offenders.

1.6 Establish a Respite Center for those with mental health/substance abuse, offering sub-acute detox (including methamphetamine use), primary care, and outreach to facilitate acceptance of these services. Harm Reduction model should be employed in a 24/7/365 facility.

1.7 Engage private landlords to improve access of current housing stock to chronic homeless to reduce the number of days in shelters and prevent loss of housing once in place. This will require resources for the following:

1.8 Landlord incentives (like damage securities) to mitigate higher risk tenants
Rental rehabilitation program that will improve housing quality for low income renters
Increase prevention assistance for single adults.
Provide 24/7 intervention assistance for landlord/tenant issues

1.9 Increase the number of units that would be available to chronic homeless individuals with felony convictions through the development of units using funding sources that permit housing of individuals/families with felony convictions. These units could be owned and managed by the local Housing Authority's, nonprofit organizations and private landlords. There are several funding sources that do permit people with felony convictions to live in housing financed by that program, or could be allowed with the local administrating body permitting for housing of people with felonies including; McKinney-Vento Shelter Plus Care Supportive Housing, Community Development Block Grant, HOME program, Washington State Housing Trust Fund, Recording Fees Revenues 2060 and 2163.

Projects listed below are numbered according to the priority assigned by the Task Force. Some are specifically oriented to the unique needs of chronically homeless persons, while others are geared towards the needs of all homeless persons, including the chronically homeless.

### Priority Projects for Chronically Homeless & All Homeless Persons

1. Resource Center for Homeless
2. Resource Guide for the Homeless
3. Transitional Housing for Chronic Homeless Women & Homeless Women with Children
4. Supportive Housing for Pregnant and Post Partum Women
5. Community Assessment and Referral System
6. Supporting Housing for Adults with Co-occurring Disorders
7. One Stop Intake and Referral Location
8. Resource Center with Housing for Chronic Homeless
9. Child Care Center for Homeless Families
10. Homeless Families rental assistance and case management services

In addition to the projects identified above, following are the strategies that should be employed to maximize the effectiveness of projects and activities. The Continuum of Care may want to consider modifications and adjustments as it establishes funding priorities for the community.

## 2.0 PREVENTION STRATEGIES

### 2.1 People with Felony Convictions, Release from Jail

2.1.1 Substance abuse treatment for jail inmates

2.1.2 Create a plan for jail discharge

2.1.3 Work to revise policies excluding households from affordable housing because of felony convictions including a review of policies that have been adopted locally for the administration of federal, state and local programs (McKinney, HOME, CDBG, 2060, 2163 and HTF) and explore increased flexibility in the Housing Choice Voucher Program. This would include a goal of differentiating between various types of felonies in the policies.

2.1.4 Referral staff at jail to refer people being released to housing and services. Create a gatekeeper position at jail to link people released from jail to housing and services

2.1.5 Discharge case management plans for people released from institutions

### 2.2 People with Co-Occurring Disorders and Chronic Substance Abusers

2.2.1 Coordinate case management services with professionals trained to work with people who have a substance abuse history and/or mental illness to provide appropriate intervention with landlords (24/7 response)

2.2.2 Eviction Prevention Program to work with landlords when tenant is hospitalized or in treatment for short periods of time

2.2.3 Crisis beds for short term stays when an individual needs intense support for a short period of time before they can return home

### 2.3 People with Mental Illness

2.3.1 Wraparound assistance for mental health clients-first/last months rent and deposit, household items, medication until medical coupons go into effect

2.3.2 Homeless outreach program (PATH through Regional Support Network) tied into Homeless Resource Center and/or One Stop Center

2.3.3 Discharge case management plans

### 2.4 Outreach/Access/Public Awareness

2.4.1 Community-wide assessment and referral system

2.4.2 One-stop case management system for homeless individuals/families

2.4.3 Resource Guide targeted to homelessness and the housing and services available

2.4.4 Build and improve upon PIT count and public education regarding the needs of the community's homeless

### 2.5 Maintaining Housing

2.5.1 Refer tenant/landlord disputes to a rental housing mediation (Dispute Resolution Center) to work out potential evictions/work with landlords to develop payment arrangements that will allow for continued housing

2.5.2 Work to revise policies for a specified percentage of units owned by the housing authorities, nonprofits and private landlords that exclude households from affordable housing because of credit history providing incentives for those willing to relax their policies and house a higher risk tenant

2.5.3 Develop a community Protective Payee Program that will address recent changes in state and federal regulations

2.5.4 Eviction Prevention Program to assist in retaining housing units when short-term (3 to 6 weeks) hospitalization is required for mentally ill and for those completing treatment for alcohol/drug abuse that may require multiple re-entries' before maintaining sobriety.

## 3.0 INCOME STRATEGIES

### 3.1 Benefit Programs

3.1.1 Allow for easier access to applications process by siting benefits staff at Homeless Resource Center, One-Stop Center & Health Clinic

3.1.2 Ensure that SSI and medical benefits suspended during jail are reinstated

3.1.3 Regular meetings of providers to increase staff knowledge of benefit programs and requirements, access, etc.

### 3.2 Reducing Costs of Meeting Basic Needs for the Homeless Person/Family

3.2.1 Identify funding sources for transportation assistance including Supportive Housing, 2163, FEMA, ESG, and donations to provide gas vouchers, bus tokens

3.2.2 Education /training in car maintenance and repairs

3.2.3 Make available low cost cars and financing for those who do not qualify for car loans

3.2.4 Increase availability of public and private transportation through:

- Volunteer Drivers with insurance and gas provided
- Expanded hours and routes for those organizations that have vans/buses
- Pursue USDA funding for a bus in rural areas

3.2.5 Food-network of food banks, meal sites and bag lunches to ensure food is available daily

3.2.6 Licensed childcare that will accept state payments

3.2.7 Clothing and personal hygiene products-network of thrift stores and clothing banks are available daily and blankets, shoes and coats for winter months

### 3.3 Employment

3.3.1 Create a labor-ready program through the Homeless Resource Center

3.3.2 Bilingual job readiness program

3.3.3 Develop jobs with public agencies, non-profits private employers through Work Source DVR

3.3.4 Job apprenticeship program for chronically homeless population including enrollment in L&I and other apprenticeship programs that may be more informal

3.3.5 Computer skills training

### 3.4 Financial Management

3.4.1 Include budgeting/financial literacy counseling in voucher and emergency assistance programs

3.4.2 Increase utilization of budgeting/financial literacy education and other life skills classes into community college or other established education opportunities

## 4.0 HEALTH STRATEGIES

### 4.1 Treatment Services

4.1.2 Provide respite care beds for individuals with mental illness and/or homeless with physical illness or conditions requiring medical treatment through the purchase of beds/care from local nursing and assisted care facilities as needed

4.1.3 Provide sub-acute detoxification/sobering respite center

4.1.4 Increase the range of healthcare with the use of local funds to subsidize payments to local clinics/hospitals that provide preventative and routine health care to the homeless

4.1.5 Provide on-demand mental health crisis intervention

### 4.2 Healthcare Access

4.2.1 Ensure that homeless individuals/families are enrolled in healthcare for which they are entitled

4.2.2 Health screening for chronic homeless provided through Resource Center for the Homeless, One-Stop Center and/or mobile Health Van

## 5.0 HOUSING STRATEGIES

### 5.1 Housing Access

5.1.1 Develop a Community Assessment and Referral System that reduces the number of times an individual has to provide the same information to receive some type of assistance, assess the need of a homeless individual more quickly, make appropriate referrals, provide immediate assistance and make the experience of receiving the service more "user friendly" by creating a written/electronic record of the individual and what referrals are made and what assistance is provided.

5.1.2 Develop a One-Stop Center that would provide multiple services to the homeless in one location that will break down some of the barriers for the homeless needing to access multiple services and allow staff to coordinate services between providers and move beyond the provision of emergency services.

### 5.2 Housing Programs/Units

5.2.1 Provide incentives to landlords to maintain housing as affordable to homeless (higher risk tenants). The assistance could include: rental assistance, loans/grants for maintenance or rehabilitation, supportive services for residents who need assistance to live independently, quick response to landlords and tenants when a problem arises, payment of higher deposits and paying holding costs to keep units available for tenants receiving short term health/treatment care.

5.2.2 Develop supportive housing units for chronic homeless women and women with children, pregnant and post partum women, homeless adults with co-occurring disorders and homeless families and individuals.

5.3.3 Explore methods to provide low-demand housing opportunities for hard-to-serve chronically homeless persons, with the goal of engaging them in services and treatment.

## Strategies for Homeless Youth

Homeless youth are defined by the National Alliance to End Homelessness as any youth between the ages of 16 and 24 who do not have familial support and are unaccompanied—living in shelters or on the street. While poverty, lack of affordable housing, low education, unemployment, mental health and substance abuse issues contribute to all forms of homelessness, youth homelessness is largely a reflection of family dysfunction and breakdown. The two primary predictors of youth homelessness are maternal substance abuse and placement in foster care.

- About 5.0% - 7.7% of the youth population experience homelessness each year
- Former foster care youth are disproportionately represented in these statistics; about 25% of youth aging out of foster care will become homeless within 2-4 years following exit from the system.
- Many homeless youth have encounters with the juvenile justice system. Successful re-entry for youth released from juvenile corrections facilities is often fraught with difficulties because they lack the family support systems and opportunities that lead to work and housing.
- Homeless youth are more prone to certain illness and incidents than other homeless persons
    - Higher risk for physical and sexual assault or abuse and physical illnesses, including HIV/AIDS
    - Higher risk for anxiety disorders, such as depression, post-traumatic stress disorder and suicide, due to increase exposure to violence
    - Greater likelihood of becoming involved in prostitution, use and abuse of drugs, and engaging in dangerous/illegal behaviors.

### Characteristics of Homeless Youth

Due to their young age, lack of experience, and encounters with some of life's more traumatic experiences, homeless youth share many qualities that are not as evident in other homeless populations. These include:

- Lack of self-sufficiency skills
- Lack of financial resources
- Mental health issues, particularly Post-Traumatic Stress Disorder (PTSD). Somewhere between 40-60% will experience physical abuse and 17%-35% will experience sexual abuse at some point.
- Higher rates of certain physical health disorders, especially asthma, lung problems, high blood pressure, TB, diabetes, hepatitis, and HIV/AIDS.
- Frequent substance abuse - 75% use pot; 33% use hallucinogens/stimulants/analgesics and 25% use crack/coke/inhalants/sedatives.
- Youth are less likely to seek out health care services due to barriers like limited shelter placement, lack of insurance, fear of shelters and health care providers, and distrust of highly structured programs.

For many youth, independence at 18 is unrealistic. Homeless youth need self-sufficiency and independent living skills training. Homeless youth have special service needs, including mental and physical health issues. Relationships and connections to trusted adults, family and social networks are extremely important.

## Cowlitz County Trends

Cowlitz County had 1,186 youth who received community mental health services through DSHS in 2004, mostly in community settings. There were 262 receiving alcohol and substance abuse services. There were 352 youths receiving services for developmental disabilities.

Around 750 youths were enrolled in Family Reconciliation or Family-Focused Services and could be considered at risk of homelessness. There were over 300 foster care placements in 2004, and around 350 youths received foster care support services. Almost 400 children were adopted.

The Juvenile Rehabilitation administered services to 102 youths in 2004 at a cost of $1.8 million.

⇒ 8 were in community placements
⇒ 46 went through diversion programs
⇒ 55 were placed in institutions, youth camps and basic training
⇒ 42 youths were on parole

Approximately 2,200 children were placed in Child Protective Services. Over 9,000 children were in the child support system. About 12,500 children—half of the county's youth—received some form of economic assistance from DSHS in 2004, at a cost of $14.5 million.

"Unaccompanied" homeless youth (over age 16) can be very difficult to count, as they have a vested interest in staying "under the radar" to avoid returning to their family of origin. Many youth who run away end up "couch surfing" using a series of friends or acquaintances to meet temporary shelter needs. Some live outdoors; some are unaccounted for. Cowlitz County Sheriff's Department reports, on average, about 155 runaways per year. City of Longview reports an average of about 170 per year. Estimates place the amount of "unsolved" cases at 10% or fewer. These could result in missing persons reports, and/or homelessness. These estimates place the homeless, runaway youth population at about 32 per year. In addition, Child and Family Services estimates that about twelve to fifteen youth age out of foster care each year in our county. Nationally, about 30% of all foster youth become homeless at some point. This would add an extra 4-5 homeless youths, bringing the total local estimate to about 35 youth per year.

## Housing for Youth

A complete housing continuum is especially important, as youth transition into adulthood and independence. The focus should be on stability, safety and affordability. The particular form that housing takes could be shared homes, scattered-site, independent apartments with or without roommates, and supportive housing. The ability to re-enter housing programs and move back along the continuum of housing if current needs or abilities change is critical. Transitional housing for youth should not be limited to a two-year period, as is common in transitional housing. Because youth are typically unprepared for independent living until they reach age 24, longer housing options are needed. Individual Learning Plans (ILPs) are formulated for each person. Youths facing issues with the court system (CHINS) or working to emancipate themselves are assisted through legal aid services and case management.

Drop-in centers are often used as an outreach tool leading to housing with the supportive services youth need to become independent. The focus is on street children, who are drawn in with meals, recreation, and case management. These centers can be combined with emergency shelter beds (if over age16) and/or long-term transitional housing units. An example of this is Cocoon House in Snohomish County, which offers a shelter and long-term housing options. This approach is also helpful for special populations of homeless youths, such as parenting teens. Avanti House and New Century are examples of these type programs.

## Preventing Chronic Homelessness in Youth

Because youth in institutional settings have such a high risk of homelessness, their natural mistrust of adults makes them reluctant to access mainstream services, and can lead to chronic homelessness. Health care can serve as an effective entrée to building relationships with homeless youth, opening the door to more services. Recommendations from the National Health Care for the Homeless Council to reduce homelessness among youth include:

- Tailor services to the needs of homeless youth – Health clinics serving youth can offer separate hours, paperwork and expectations of young clients. Offer alternative health services, such as naturopathic care and acupuncture are often desired by youth. Use street names of patients and avoid medical jargon. Use peer outreach workers to connect them to services. Focus prevention activities based on a youth's developmental age rather than their chronological age.
- Maintain a posture of nonjudgmental, positive regard – Though often "preached to" as well as "preyed upon", homeless youth resent being judged for choices they sometimes feel forced to make. This shuts the door on services. By focusing on their strengths and allowing them to reinvent themselves, the door stays open.
- Use health care as a conduit for comprehensive services – Homeless youth tend to feel particularly vulnerable when ill, and good rapport with a health care provider can create receptivity for additional services. Providers should become familiar with community resources for emergency assistance, housing, life skills training and education.
- Advocate for systems change – Increased system capacity is needed to meet the needs of homeless youth while providing a stronger emphasis on family reunification through treatment and service programs targeted to at-risk families and youth.

## Educational Resources

Homeless youth are entitled to educational access and stability. The Education for Homeless Children and Youth Program requires school districts to identify, enroll and provide transportation for homeless children. Each school district in the nation is required to designate a liaison for homeless children. Title I, Part A of the Elementary and Secondary Education Act is designed to close the achievement gap for disadvantaged students. Most school districts (80-90%) receive Title I funds that can be used to support the work of homeless liaisons, offer supplemental instruction, buy supplies and make referrals. Homeless liaisons need to know where they can refer homeless students for health care.

## Income & Employment Resources

Unaccompanied youth (defined as under age 18) who are pregnant or have children may be eligible to receive TANF benefits. To receive benefits, youth must participate in school, a GED program, work or job training while they are pregnant and after their child is 12 weeks old. Youth who receive TANF benefits are also eligible for childcare assistance during school and work hours. The 5-year lifetime benefit limit on receiving TANF does not start until a youth turns 19 years old, if the youth is participating in school or work full-time. Youth must live with a parent, legal guardian, another adult relative, or in an approved living situation in order to receive TANF. Approved living situations include independent living programs and group homes.

Unaccompanied youth with disabilities may be eligible for SSI monthly cash benefits, and can be used to supplement TANF income if they also have children. Youth who receive SSI are automatically eligible for Medicaid for low cost health care. An unaccompanied youth may also access basic food assistance, even without an address or photo identification. There is no age limit for food assistance.

The Substance Abuse and Mental Health Services Administration offers 'Youth in the Workplace Grants" for youth in transition into the workplace. The "Ticket To Work and Self-Sufficiency Program" is the first completely outcome-based employment and support services payment system in which

schools can participate. It can also be used for disabled youths receiving SSI or SSDI income if they are at least 18 years old. Employment programs are also offered through the regional Southwest Washington Workforce Development Board in Vancouver. These include Youth Services and Job Corps. Youth Services programs prepares youth ages 14-21 for work or college, and provide training and mentoring for work and school, as well as other support services. Job Corps is a residential education and job training program for at-risk youth ages 16-24. It provides academic, vocational and social skills training. ESD 112 offers employment programs for youth working with natural resources. WorkSource employment programs are open to all workers over age 16, and include job search assistance and training programs. Unaccompanied youth are also eligible for federal financial aid for college, without parental signatures.

Resources available In the State of Washington to youth aging out of the foster care system include:

- ETV: Educational and Training Voucher program (can help pay up to $5000 per year towards cost of attendance for current and former foster youth up to age 21. ETV can help pay for tuition, fees, books, room and board, school supplies and living expenses.
- DCFS now offers a foster care to college program that allows foster children to sign themselves into foster care to go to college or vocational school, even though they have graduated from high school, have their GED, or are already 18.
- Chaffee funds can provide help with cost of living expenses and school expenses, and is connected to the foster care to college program.
- Foster youth can apply for the Governor's Scholarship which, if they are chosen, provides a full ride for 4 years of college in Washington State.
- Community Youth Services in Olympia offers a Transitional Living Program to foster youth aging out of the system.
- CYS also has a Foster Care to College Mentor Program. Mentors work one-on-one with foster youth planning to go to college and in college. Mentors are encouraged to commit to one year of service.
- If foster kids turn 18 years old prior to graduating from high school or obtaining their GED, they can sign themselves into foster care to remain until they have completed high school or GED.

## Cowlitz County Approach

The Homeless Housing Task Force recommends defining the age range for homeless youth as those between 16 to 24 years of age. By selecting the broadest range in use by other homeless programs, housing and services are allowed to be provided to 16 year olds (who are old enough to become emancipated), which can be extended to the many homeless youth who are not ready for complete independence at age 18, or even age 21.

1. System change is needed in order to effectively serve all areas of the county. Expand flexibility of all agencies to collaborate and respond in integrated fashion.

2. Adopt a “housing & food first” approach

3. Provide a true “continuum of housing” options for youth, including a drop-in center and an emergency shelter with on-site staff who are “lay persons” (not professional/agency staff) who can offer referrals. The youths’ perception of whether the drop-in center is “cool” or not is essential to success. A potential project might include development of a homeless drop-in center at Sound View apartments, which is owned by LLCAC. A hygiene station should be part of any drop-in center. A drop-in center plus emergency shelter is a good combination, and should be separate from other housing options.

4. Scattered-site housing options are recommended through either a master lease of privately owned units or purchase of an apartment building. Purchase of a property would offer more control over who stays there and what goes on.

5. Support services should include mental health, prescription assistance, transportation options, mentors and peer support systems, and case management.

6. Develop outreach for homeless youth in Woodland, Toutle, and Castle Rock. It is easy for homeless youth to hide, especially in areas like Woodland. Homeless youth are hard to identify and are not particularly visible. There is a lot of migration along the I-5 corridor.

7. State law provides for a 0.01% local option sales tax to be enacted by counties to address mental health and substance abuse needs. This could be considered for our county.

8. The Pregnant-Post Partum-Parenting Women program operated by DAPC could be expanded to include youth, as long they were at least 16 years of age. Could provide scattered-site locations.

9. Make efficient use of existing resources:

- The Child & Adolescent Center provides a "medical home" or regular doctor for all of their young patients, including those participating in the PPW program.
- HOPE Court is working to reunite children with their parents. At present, about 14% "go home"; 40-50% is the goal.
- Other agency resources: Lower Columbia Mental Health, Child & Adolescent Clinic, foster parents, schools, CAP, Juvenile Center, DSHS (First Steps Program), faith community
- LINK – operates a youth drop-in center and operates an outreach program in the Highlands
- Enlist schools as active players in implementation of the strategy – HeadStart, counselors, Homeless Liaison, Truancy Court. Community Ed, Strengthening Families, school district classes, after school programs, Readiness to Learn program
- Life skills can be taught by PCAP, LINK, WIC, First Steps, Parents Place, HeadStart, CCS
- Enroll in Medicaid or Healthy Options
- Outreach through family planning services

10. An "Activity Center" or Family Resource Center within schools would be helpful for outreach

- Could include recreation, food bank, medical screening, and outreach for medical & DSHS
- Could use Youth & Family LINK as the mechanism

11. Expand discharge planning from foster care

12. Identify mobile families to target intervention

13. Create a public information campaign to help people understand that their kids won't be taken away by the State if they become homeless

## Planning & Organizational Strategy

### Moving the Housing Homeless Plan Forward

The following are general recommendations to ensure that the planning effort that Cowlitz County has engaged in results in projects moving forward and homelessness is reduced throughout the county.

### 1.0 Resource Staging

1.1 System change is needed in order to effectively serve all areas of the county. Expand flexibility of all agencies to collaborate and respond in integrated fashion.

1.2 Priorities for local funding and implementation should be agreed to by members of the Continuum of Care/Homeless Housing Task Force through a formal adoption of the plan with a record of who participated in the development of the plan and those that support the plan.

1.3 Use this document as a means to prioritize use of local homeless and housing resources. Local jurisdictions and housing providers are encouraged to implement and build on the strategies identified in this plan.

1.4 Coordinate local funding sources that can be used to end homelessness. Use local monies from Document Recording Fee revenues dedicated for affordable housing ("2060") and homelessness ("2163") to implement this plan. Focus 2060 funds on brick and mortar or housing voucher projects; focus 2163 monies on homeless services and projects. Encourage other public funding sources (CDBG, HOME, USDA, HUD, etc.) to be used in the implementation of the plan. Strategically target other local or "pass-through" dollars—such as primary care, mental health, transportation, criminal justice funds, etc.—for addressing homeless segments of program populations served under these programs, using this plan as a guide. Use local and pass-through funds to leverage outside dollars (state, federal, foundation, etc.).

1.5 The plan should be shared with local, regional, state, national and foundation funders, highlighting the relevant portions of the plan for that funding source. Examples include United Way of Cowlitz County, Community Foundation of Southwest Washington, SWIFT, and Weyerhaeuser Foundation.

1.6 Provide letters of support and/or letters of commitment of supportive services or other collaborative efforts for projects that are consistent with the intent, content and timing outlined in the plan. As noted above, the Task Force would send a letter of support identifying the project as a priority in the plan and the list of organizations that agreed to the plan.

1.7 Ensure a broad range of representation on the Cowlitz Continuum of Care, including private sector real estate and development professionals, faith-based groups, local and regional non-profit housing developers, service providers, and other relevant stakeholders.

1.8 Recruit participation by key community players in the Continuum of Care so that meaningful decisions can be reached and new policy directions established.

1.9 Develop a consumer advisory group to monitor programs, remove barriers, and improve service delivery.

1.10 Build community awareness and the political will to end homelessness by identifying a "community champion" that will spearhead public information campaigns, community initiatives, and fundraising.

1.11 Hold regular Continuum of Care meetings to share updates pertaining to specific activities of the plan, conduct trainings to implement activities in the plan, share data, collaborate on effective approaches to implementation, and develop regular plan updates.

1.12 Evaluate the effectiveness of the homeless services system through the use of outcome based performance measures.

1.13 Identify a process for updating community partners as to the status of projects, evaluation of Housing Homeless Plan and corrective actions as new data, identified gaps, changing resources and opportunities are identified.

## 2.0 **Plan Implementation**

2.1 Develop Memoranda of Agreement/Understanding between participating Continuum of Care agencies to permit sharing of data, development of a Homeless Management Information System (HMIS), sharing of project/funding resources and referral of clients for programs and projects outlined in the plan.

2.2 Commitment of the agencies/organizations identified as lead for plan activities to carry out planned activities through Memorandums of Agreement, Memorandums of Understanding or in some cases a contract.

2.3 Create and fund a Homeless Housing Coordinator who would staff the following functions:

- Oversee and coordinate implementation of Housing Homeless Plan
- Coordinate project/program funding in concert with the Continuum of Care
- Manage the 2060 and 2163 funding process for the County
- Coordinate the Point In Time Count
- Maintain the data bases for the Resource Guide for the Homeless and Community Referral System
- Develop a community education program/campaign regarding the homeless and near-homeless of Cowlitz County

## 3.0 Data Collection

Cowlitz County is a large, rural county and it would be nearly impossible to complete a county-wide count of homeless through every census tract. It is also to be acknowledged that many chronic homeless are "service resistant" and will be missed in the Shelter/Services Point In Time (PIT) Counts.

3.1 It is recommended that a planning group that includes formerly homeless, homeless outreach workers and law enforcement identify locations throughout the county where homeless congregate. It is also important to identify what time of day or night is best to conduct a count for each of these locations. Parks, encampments, all-night laundries, abandoned buildings all are possible locations to be included in the Public Places Count. Safety is always a concern. In some communities law enforcement officers are teamed with homeless outreach workers and/or volunteers to complete the Public Places Count. Informing/advertising of the count with homeless prior to the count will also be helpful. It may be better to do a count/observation the day of the PIT and provide homeless contacts a meal voucher or other type of incentive that can be "cashed in" the next day where a more in depth interview/survey will be completed.

3.2 The Department of Housing and Urban Development published a guide that provides good ideas and "best practices" in how to complete counts in public places and is recommended as a resource in expanding Cowlitz County's count of homeless in public places.

PIT counts show only part of the picture of homelessness in any jurisdiction. PIT counts are biased in showing high proportions of people who have been homeless a long time and significantly under-

represent those who are homeless for a short time—but who nevertheless need and use emergency shelter and services.

3.3 An HMIS is an indispensable tool used to assess costs, to plan solutions, to implement prevention measures, and to measure outcomes. A good homeless management information system can facilitate case management by providing workers access to better case history information and knowledge of what other programs may be serving the client. It can improve the strength of the community-wide level of organization. It allows agencies and systems to share information through a single unifying data system or with the capacity to track clients across different data systems. Some communities use such systems to designate a single agency or system to control the eligibility determination process, including agreed-upon criteria combined with housing barrier screening and triage. These systems can initially be expensive for a small community like Cowlitz County; however acquiring one can reduce other long-term costs.

It is important to note that HMIS does not replace the usefulness and function of Point in Time Counts. Even with a HMIS software network, PIT counts still need to be done to account for people unsheltered or those who never come in contact with homeless service providers.

## 4.0 Maximizing Resources

Leadership is essential at two levels. Agency heads and public figures must commit to developing and sustaining a community-wide strategy to prevent and end homelessness. To make such a strategy work, it has to be someone's job to "mind the store," manage the strategy, analyze performance, promote collaboration, and all the other activities that make a system work well. Several elements are involved in making this happen, including:

⇒ Having a clear goal of preventing and ending homelessness;

⇒ Developing a strategy to reach the goal;

⇒ Having mechanisms that provide feedback on progress, stimulate new thinking and innovation, identify gaps and next steps; and

⇒ Knowing what is needed and making sure contract agencies are committed to providing it.

4.1 Collaboration among public and private agencies helps stretch resources through referrals to appropriate agencies and creates new resources when two or more organizations work together to identify a need and then develop a service that did not previously exist (e.g., mediation in Housing Courts).

4.2 New partnerships and priorities for participating members can occur as a result of sharing information and creating collaborative strategies. For instance, when non-housing agencies accept their clients' housing stability as one of their responsibilities, they may allocate resources to fund housing options.

## 5.0 Evaluation

All plans need to be continually evaluated to adjust for unforeseen circumstances and for efficiency and effectiveness. Further, all members need to coordinate their efforts in order to reduce duplicity and wasted funding. Communities with successful approaches set goals and timetables, put someone in charge, track their progress, make sure they get feedback on how they are doing, and periodically take time to reflect on progress and what adjustments or new commitments might be required.

The Continuum of Care will administer/oversee the completion of the following three methods which will be used to determine the efficacy of this strategic plan.

5.1 Compile all data relating to Outcome/Performance Measurements.

5.2 Conduct an annual member survey to ascertain what changes members need to make to comply with the plan and to understand where members are in the change process.

5.3 Organize focus groups to look in-depth at the challenges of the plan. Conduct three focus groups with two agencies each from the following areas: supportive services, interim housing, and permanent housing. The purpose of the focus groups is to learn the following:

a) What changes agencies need to make to comply with the plan

b) What barriers are there to making these changes

c) What resource agencies need to make changes

d) What support agencies need to support the changes

5.4 Conduct focus groups with homeless service consumers to improve and expand service delivery.

## Cowlitz *Housing First!* Coalition

## SHORT TERM STRATEGIES: 2007 - 2009

**Bold Text = New Activities**
Standard Text = Current Activities

**Housing Strategies**

1. **Expand inventory of transitional and permanent supportive housing for families, pregnant/parenting women, mentally ill persons, chronically homeless women, individuals with special needs, and other difficult-to-serve populations.**
   - **Apply to WA Homeless Families Fund & others to fund a demonstration project.**

2. **Develop expedited housing placement process tied to a stabilization plan with case management; use vouchers and landlord partnerships to secure housing.**

3. **Develop landlord incentives and partnerships to provide for rapid re-housing.**

4. **Develop a Drop-In/Activity Center with emergency shelter for those over age 16 and access to services for youth.**
   - **Develop landlord incentives & partnerships**
   - **Develop scattered-site housing options for youth.**

**Prevention Strategies**

1. **Establish a Memorandum of Agreement or similar tool to streamline service coordination and provide organizational governance.**

2. **Develop a "consortium" model for outreach services at satellite locations throughout the county.**

3. Provide emergency rent, deposits, mortgage & utility assistance when eviction is likely.

4. Offer family and domestic violence counseling & mental health treatment on demand.

5. **Identify mobile families for intervention and provide education on child custody and homelessness.**

6. Expand the practice of coupling comprehensive case management with prevention activities.

7. **Establish a coordinated & comprehensive system of discharge planning with agreed-upon protocols for all institutional systems of care.**

8. **Develop, publish and update the "Cowlitz Handbook of the Streets".**

9. **Provide activity center/drop-in center with hygiene stations for outreach. Offer case management, mentors and peer support (for youth).**

**Income Strategies**

1. **Conduct planning for development of a drop-in or "one-stop" center for homeless persons, offering hygiene stations, voicemail, benefits & services info, classroom space, lunches, etc.**

2. **Offer on-site employment assessment & placement at shelters & at transitional housing developments, using the Rapid Employment Model.**

3. **Offer tenant education classes; combine with landlord incentives and voucher programs.**

4. **Provide integrated services at various locations throughout the county. Explore using churches, schools and clinics as outreach centers to serve the entire county. Consult with advisory councils and service providers.**

5. Provide assistance with items and services needed for work: clothing, transportation, identification, etc.

6. **Expand <u>expedited</u> benefits assistance (GAU, GAX, SSI, TANF, food stamps, Vets, Emergency Assistance, etc.) using "1290" model.**

7. Provide assistance with GED completion, Adult Literacy, and expand Project READ.

8. Provide instruction in consumer and financial literacy or assign to Protective Payee.

9. Provide life skills training.

10. **Include information on budgeting & financial literacy education in voucher and emergency assistance programs.**

11. **Offer "supported" or "carved" job placement services (for chronically homeless/disabled homeless).**

**Health Strategies**

1. Engage homeless persons for routine and urgent care through outreach and enrollment.

2. **Conduct planning to develop a Respite Center for those with mental health/substance abuse issues, offering sub-acute detox (including methamphetamine use), primary care, & outreach. Use Harm-Reduction model.**

3. Provide "treatment on demand" for mental health, substance abuse & primary care. Expand capacity of drug and alcohol programs. Expand capacity of drug & alcohol programs. Offer family planning services and treatment for STDs.

4. Offer Family Planning outreach services.

5. Qualify family members for Medicaid or Healthy Options and assign families a medical "home".

6. **Conduct planning for creating a resource center, one-stop or mobile unit to provide medical treatment and screenings. Include expansion of free clinic as an alternative.**

**Agency Collaboration, Data & Planning Strategies**

1. **Establish a Memorandum of Agreement or similar tool to streamline service coordination and provide organizational governance. (see Prevention)**

2. **Develop a "consortium" model for outreach services at satellite locations throughout the county. (see Prevention)**

3. **Use the Ten Year Plan to prioritize projects for local and outside funding. Coordinate local funding sources & target populations. Share plan priorities with funders. Provide letters of support for proposals that support the plan.**

4. **Secure Homeless Housing Coordinator to provide staff support for Coalition activities.**

5. Conduct comprehensive street counts of homeless persons.

6. **Explore the need for and feasibility of a local Homeless Management Information System (HMIS) to identify special populations, specific service needs, and track progress. As an alternative, develop an alternative count methodology suitable for rural counties and approved by the state.**

7. **Conduct annual evaluation of plan implementation to identify what's working and needed course corrections.**

8. Identify most critical mainstream services for ending homelessness and advocate for continued funding.

## Recommendations for the State of Washington

1. Create housing for homeless and very low-income households -- increase funding for the Housing Trust Fund. We need to create housing with supportive services to build the bridge out of homelessness, and affordable housing to prevent people from becoming homeless. Washington has a statewide affordable housing crisis, due to rapidly increasing land prices, construction costs and population growth. The Housing Trust Fund supports all types of affordable housing, and is an essential part of nearly every affordable housing development in Washington. It leverages several times more funding from a broad set of public and private sources. Despite generous increases in funding by the Legislature, the Housing Trust Fund still has a substantial backlog of unmet need, and rising costs of construction are draining the fund. We need a bold step to create the funding necessary to both prevent homelessness and ensure that those who are low-income or homeless can move into safe, stable, affordable housing.
    - Increase the size of the Housing Trust Fund to $363 million to support an aggressive statewide public-private investment in low-income housing development.
2. Provide effective temporary rental assistance and services, using existing housing. The state's Transitional Housing, Operating and Rent Program (THOR) and similar local programs demonstrate that funding and vouchers for temporary financial assistance and support services can provide a quick exit from homelessness or prevent homelessness altogether. An expansion of this proven, successful state program by increasing the number of families served, making it accessible to single adults, childless couples and youth, and allowing it to be used for people on the verge of homelessness would go far to helping us stop homelessness.
    - Provide adequate funding for temporary rental assistance and supportive services through the Transitional Housing, Operating and Rent Program (THOR), and expand it to serve single adults, childless couples and youth as well as families with children who are homeless or at risk of homelessness.
3. Address discharge from state systems -- prevent foster youth from becoming homeless and stop the cycle of homelessness and recidivism for state prison inmates. A key element of the state's Ten-Year Plan is preventing people from being discharged from state care into homelessness with all the serious problems that creates – for them and for their communities. We must continue to help young people who "age out" of the foster care system to establish themselves as productive adults, through housing, treatment, education and employment services. For inmates discharged from state correctional facilities, the lack of housing and support services is a recipe for recidivism. Stable housing with appropriate services can help stop the cycle of criminal recidivism and homelessness.
    - Adequately fund housing and support services to help youth who are aging out of foster care achieve more stable lives.
    - Adequately fund housing and support services for individuals being discharged from state prisons to help them transition safely and successfully to their communities. Follow up on Senate Bill 6308, Joint Legislative Task Force on Offender Programs, Sentencing & Supervision to provide findings and recommendations for the 2007 legislative session.
4. Increase funding for mental health and substance abuse treatment services. People living with complex issues related to mental illness and chemical dependency frequently become homeless and cycle through jail and hospitals at great public expense. Treatment helps stop that cycle. Additional funding is needed for Medicaid and non-Medicaid mental health and substance abuse prevention and treatment programs to provide needed access to services for

homeless people and other low-income Washingtonians at risk of homelessness. Sufficient funding to address the severity and prevalence of mental illness in our communities, as well as funding to respond to the significant unmet need for substance abuse treatment, will help these high-risk populations get the services they need and get on the road to recovery. In particular, many clients on the state's GAU program are disabled specifically due to mental illness, yet the GAU program provides no access to mental health treatment and services.

- Change the state Medicaid and non-Medicaid funding appropriation to reflect the actual need for and cost of providing mental health treatment services across the state.
- Add a mental health benefit to General Assistance-Unemployable (GAU) clients with new state funds to help this population.
- Increase state funds for substance abuse treatment for non-Medicaid clients.

5. Increase state support for local 10-year plan implementation. Across the state, local communities are leveraging Homeless Housing and Assistance Act (House Bill 2163) dollars to create innovative programs that are already showing success. Additional funding is needed to implement the ten-year plans, and additional sources must be found to create that funding.
    - Strengthen local ten-year plans with additional funding, preferably from a stable, dedicated revenue source.
6. Provide funding to assist in tracking performance and accountability. To ensure high performance and accountability, we support the performance reporting required for state and local ten-year plans. We also support efforts to track state and local indicators that will improve our understanding of the societal trends and government programs that most impact homelessness, as well as inform our understanding of what solutions work best. In addition, we urge better tracking by state agencies of the housing outcomes of clients involved with state systems and programs, including the Departments of Social and Health Services, Corrections, Employment Security and Veterans Affairs, with the goal of improving system coordination, containing costs, and addressing individual needs more effectively.
    - Ensure funding to implement performance measures and accountability standards, gather additional bellwether data as appropriate, and conduct program evaluation and training so successful models can be replicated across the state.
    - Expand tracking of housing outcomes for clients in state service systems.
7. Ensure non-discrimination in housing for persons in need or at risk. Some local jurisdictions in Washington have enacted ordinances or zoning policies that exclude or impose additional requirements on housing for targeted populations such as the homeless or those in need of assistance, subsidies or services. This creates unreasonable barriers to the creation and success of affordable housing for these persons in need of shelter and services.
    - Remove local barriers to housing for populations in need or at risk.
8. State policies and funding geared towards improving general educational levels of our citizens.
9. Creation of living wage jobs, with opportunities to progress beyond minimum wage, entry level positions.
10. Adequate funding for mainstream services, including:
    - Medicaid
    - Basic health insurance
    - TANF
    - Childcare

- Vocational Rehabilitation
- Employment Skills & Training
- Mental Health Services
- Mental Health funding to support services offered within jails, state hospital and other settings, adequate enough to make an impact.

11. Funding for medications needed by persons incarcerated in local jails.

12. Eliminate unfunded mandates to local governments. Minimize funding cuts to local governments, which have to assume growing amounts of responsibility without accompanying revenues.

13. Flexibility in the methodology used for the homeless count. Let local governments customize data collection, as well as the process, to reflect local conditions, while acknowledging federal parameters.

14. Consider developing regional solutions and implementation of homeless programs.

Appendix A

# Cowlitz County
# Homeless Services Directory

| Agency | Services Provided for Homeless |
|---|---|
| Altrusa | Transportation |
| Area Auto Sales | Assists low-income car buyers |
| Birthright | Free pregnancy testing, maternity/infant clothing, diapers, formula |
| Caring Pregnancy Center | Free pregnancy testing, maternity/infant clothing |
| CASA | Provides volunteer advocates for children in Dependency Court. Also have Back Packs available for children removed from their homes, whether in Foster Care or with relatives. |
| Castle Rock Lions Food Bank | Food, clothing |
| Center for Behavioral Services | Mental health counseling |
| Columbia Legal Services | Legal counseling & services |
| Community House on Broadway | Case management, mental health counseling, meals, on-site medical clinic, including HIV/AIDS testing, clothing (veterans), VA van, assessments on-site for homeless, medical, mental health services, VA offers mobile intake unit with assessment services on-site twice a month, life skills, sometimes donated cars are available to the homeless, GED classes, on-site job bank and job readiness classes, childcare |
| Counseling Services and Associates | Sexual assault counseling |
| Cowlitz County Health Department | Needle-exchange program, educational program for local schools, nursing personnel for treatment with sexually transmitted diseases, HIV testing |
| Cowlitz Family Health | Family counseling, parenting classes |
| Cowlitz Free Medical Clinic | Medical services |
| Cowlitz Transit Authority | Community Urban Bus System |
| Cowlitz Tribe | Various services – Primary health care, SA treatment (includes non-tribal), MH counseling, employment services, transportation, housing, etc. |
| Cowlitz-Wahkiakum Youth Commission | Youth yellow pages, community events, mentoring programs, "Strengthening Families" |
| Department of Corrections | Limited case management for released offenders |
| Department of Development Disabilities | Employment counseling |
| Drug Abuse Prevention Center (DAPC) | Stipends to ADATSA clients for housing, mental health assessments, substance abuse educational outreach to local schools, parenting classes, assessments on-site and off-site at Cowlitz County Jail, alcohol/ drug abuse treatment, childcare (outpatient clients) |
| DSHS | TANF assistance for families with children including on-going cash grants and emergency assistance for rent/utilities, case management for issues of employment, homelessness, domestic violence and other needs. Support services for those participating in WorkFirst including gas, car repair, bus passes and vehicle licensing, GAU cash and medical assistance for incapacitated adults without children, food stamps, medical assistance, Working Connections Childcare |
| Educational Service District #112 | Youth Leadership Academy |
| Emergency Support Shelter (women/children DV victims only) | Limited emergency assistance with first month's rent, case management, education/ awareness, medical/legal advocacy, support groups for domestic violence, assessments on-site and off-site at DSHS, hospital, county courthouse, and Cowlitz County Jail locations, services transportation, childcare. Services to victims of sexual assault and general crimes. |
| Ethnic Support Council | Bilingual services |
| Even Start Center (parents with children <8 yrs) | Services transportation, high school completion, GED classes, parenting classes, childcare |
| Family Finance Resource Center | Financial counseling, life skills |
| Family Health Center | Medical clinic, dental office, WIC (food supplement/nutrition education program), maternity support services and family planning. All fees are based on a sliding fee scale. (3 clinics) |
| FISH | Emergency assistance with utility payments, food, prescriptions, medical, dental, work clothes, shoes, transportation |

| Agency | Services Provided for Homeless |
|---|---|
| Goodwill | Clothing; Employment services at the jail for offenders, and for ex-offenders |
| HELP Warehouse | Food |
| High Schools (youth) | Chapter affiliates of various 12-step programs |
| Human Services Council in Vancouver | Services transportation (Medicaid clients) |
| Kalama Helping Hands | Food, clothing |
| Longview Parks & Recreational Dept. | Drop-in youth center at Catlin School |
| Longview Housing Authority | Family Self-sufficiency Program, Individual Development Accounts |
| Lower Columbia College Head Start/ECEAP | Preschool program for children of low-income 3-5 years of age, childcare model available, parent education opportunities, crisis intervention, leadership opportunities, nutrition, health and social service programs |
| Lower Columbia Community Action Council | Emergency LIHEAP program houses pro bono legal services, houses a Family Development Specialist, Individual Development Accounts, on-site assessment for career, family, financial, and housing needs, case management, life skills, van pool, GED classes, employment assistance, childcare |
| Lower Columbia Community College | ESL, education through HIV/AIDS treatment programs, domestic violence education/awareness, life skills, GED classes, childcare |
| Lower Columbia Mental Health | Mental health counseling, medication assistance, HIPP program in local schools, assessments off-site at Cowlitz County Jail, county juvenile detention center, St. John's Hospital, local schools and Drug Abuse Prevention Center, case management, life skills, services transportation, alcohol/drug abuse treatment follow-up, employment counseling, Crisis Respite Bed Center (24 hours) to clients released from hospital/jail, short stays until housing is secured; Cowlitz Clubhouse |
| National Alliance for the Mentally Ill | hosts informational web site and offers weekly support groups and 12-week family education classes for the severely mentally ill |
| Northgate City Church | Food, clothing (Thursday 10-2p) |
| Northwest Justice Project | houses CLEAR hotline for legal assistance |
| Parents Place | Parenting/family counseling, parenting classes, life skills |
| PeaceHealth | Mental health counseling |
| Police Departments | |
| Probation Services | Victim Impact Panel |
| Progress Center | Parenting/family counseling, parenting classes, assessment/treatment for pre-school children with special needs |
| Providence Addictions Recovery Center | Mental health counseling, alcohol/drug abuse treatment |
| Recovery Northwest | Mental health counseling, alcohol/drug abuse treatment |
| Residential Resources (developmentally disabled) | Housing, ADL's, life goal acquisition, transportation, medical and financial case management |
| SL Start | Case management and support for mentally ill and developmentally disabled persons |
| Salvation Army | Limited motel vouchers, lunch program (M-F) |
| St. Vincent de Paul | Food, clothing |
| Veterans of Foreign, Affairs to Wars | Rental/utilities assistance, case management, food, medical/dental assistance, clothing, general assessments |
| Vocational Rehabilitation | Employment counseling |
| Woodland Community Service Center | Assessments on-site and referrals to agencies/resources, food, clothing |
| Work Source | Domestic violence educational information,<br>life skills, employment assistance (east/west end of county) |
| Youth and Family LINK | After-school programs, in-home services, life skills |
| 2-1-1 System | Referral services |

## Appendix B

# List of Plan Participants

| | |
|---|---|
| Alex Perez | Longview Police Department |
| Annette Aughtry | AmeriCorps/CHOB/Homeless |
| Angie Klein | Emergency Support Shelter |
| Barbara Brandhorst | Cowlitz County Probations |
| Billie Rantala | Cowlitz Family Health Center |
| Bob Gaston | FISH |
| Bob Johnson | Veterans |
| Carol Lee | Department of Social & Health Services |
| Chris Pegg | Longview Housing Authority |
| Chuck Tilton | Father's House |
| Corie Dow | CASA |
| Delaine Smith | CASA |
| Dennis Meyers | Lower Columbia Mental Health Center |
| Derreta Winsor | Volunteer |
| Dian Cooper | Family Health Center |
| Eric Yakovich | Lower Columbia Mental Health |
| Gus Nolte | Drug Abuse Prevention Center |
| Helen Reid | Veterans of Foreign Wars |
| Ilona Kerby | Lower Columbia Community Action Council |
| Jack Keolker | Kelso Citizen |
| James H. Conrod | Faith Community |
| James LeFever | Drug Abuse Prevention Center |
| Janet Burnap | Rental Association – Cowlitz County |
| Jean Marshall | Lower Columbia Community Action Council |
| Joseph Manchester | Citizen/Formerly Homeless |
| Julie Hourclé | City of Longview |
| Karen North | Cowlitz County Health Department |
| Kathleen A. Johnson | Cowlitz County Commissioner |
| Kathleen Griffin | Woodland Services Center/Schools |
| Lesa Ware | Cowlitz County Health & Human Services/RSN |
| Leslie Jatchob | Community House on Broadway |
| Marc Bollinger | Lower Columbia Mental Health |
| Maria Lillard | Citizen/Formerly Homeless |
| Marin Fox-Hight | Cowlitz County Dept. of Corrections |
| Martin Franke | State Department of Corrections |
| Mary Jane Melink | Longview City Council |
| Mindy Hegstad-Hulsizer | Cowlitz County Health & Human Services/RSN |
| Melissa Taylor | Cowlitz-Wahkiakum Council of Governments |
| Peggy Speed | Dept. of Children & Family Services |
| Ramona Leber | Longview City Council |
| Richard Kirk | Community House on Broadway |
| Roger Simpson | Social and Health Services |
| Shawn Huntley | ADC Pathways to Employment |
| Sheila Girt | Lower Columbia Community Action Council |
| Sheila Soto | Rental Association – Cowlitz County |
| Sheri Monge | Woodland Community Service Center |
| Sherrie Tinoco | Emergency Support Shelter |
| Stefani Moore | Counseling Services |
| Terri Willis | CASA & Detention |
| Todd Broderius | Family Health Center |
| Vicky Gee | Independent Associates |

# Appendix C

## Evaluation Tools

### Annual Member Survey

1.) Does your agency have to make any changes in order to be consistent with the strategic plan?
Circle YES or NO

2.) What type of changes? Please indicate all that apply.
- a.) become interim housing providers
- b.) offer expanded or different types of supportive services
- c.) convert current units to permanent housing
- d.) become a permanent housing provider
- e.) include or target a different sub-population
- f.) expand the geographic area that you serve
- g.) not sure what changes are needed

3.) If you need to make changes, please define where you are in the process
- a.) the very beginning of thinking on how your organization will change
- b.) in discussions with board and staff
- c.) undertaking internal strategic planning
- d.) in program design
- e.) doing resource development
- f.) doing program implementation
- g.) in construction

4.) Are you considering merging with another agency or opting out of the strategic plan (therefore not planning to apply for any government funding)?

5.) Do you clearly understand how your agency fits within the strategic plan?

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# COWLITZ HOUSING FIRST! COALITION

**Goal: Reduce the Number of Homeless Persons by 50% by 2015**

**Objective: Reduce the number of homeless FAMILIES**

**HOUSING STRATEGY**

**A. Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

| Activity | Start of Planning Date | Implementation Date | Capital Costs | Annual Housing Operating Costs | Annual Services Costs | Single Indiv. Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds from vouchers/ leasing/renov./construction | NOTES: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Provide emergency shelter to the unsheltered. | On-going | On-going | na | na | na | 80 | 61 | | | 141 | | |
| **Short Term Activities:** Provide transitional housing to those needing interim stabilization services. | On-going | On-going | na | na | na | 64 | 126 | 46 | | 190 | 39 | |
| **Short Term Activities:** Apply to WA Homeless Families Fund & others to fund a demonstration project.<br>**Responsible Parties:** All ***Housing First!*** Coalition Members<br>**Intermediate Outcome:** 15 families stably housed for 18 months | 10/01/07 | 12/31/08 | $0 | $52,500 | Included | 0 | 45 | 15 | 0 | 45 | 45 | Based on $3,500 cost per family unit; need 100 family units, long term. |
| **Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers<br>**Responsible Parties:** Coalition Members<br>**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements | 02/01/07 | 10/01/07 | $0 | $0 | $0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| **Short Term Activities:** Develop landlord incentives & partnerships<br>**Responsible Parties:** Property Owners, RPOA, DoC, PATH, WCSC, PHAs, CAP, others<br>**Intermediate Outcome:** 4 families stably housed by 12/08; development of replicable model | 07/01/07 | 12/31/08 | $5,000 | $32,500 | $12,000 | 0 | 15 | 5 | 0 | 15 | 15 | |
| **Short Term Activities:** Develop transitional/supportive housing units with model aimed at pregnant/parenting women, families w/substance abuse, mentally ill, chronic homeless women, individuals with special needs and "difficult-to-house" populations.<br>**Responsible Parties:** DAPC, LHA, ESS other interested members<br>**Intermediate Outcome:** 15 families stably housed & receiving treatment | 10/01/06 | 10/01/07 | $3,500,000 | Included | Included | 0 | 30 | 15 | 0 | 30 | 30 | |



**Objective: Reduce the number of homeless FAMILIES**

**HOUSING STRATEGY**

**Long Term Activities**: Develop additional "Oxford House" housing units as transitional housing for families

**Long Term Activities:** Assess outcomes of scattered site transitional/supportive housing & replicate w/improvements.

**Long Term Activities**: Assess results from pilot WHFF project; modify as needed; assemble additional proposals & replicate

**B. Expand resources for crisis intervention and options to address specialized needs.**

**Long Term Activities**: Add emergency shelter beds for disabled & for respite care

**Long Term Activities**: Add/lease beds for recovering physically il — Need 5 beds

**Long Term Activities:** Develop permanent/rotating cold weather shelter for inclement weather.

**C. Prevent homelessness by expanding affordable housing stock and service-enriched housing for families with special needs.**

**Long Term Activities**: Establish permenent supportive housing units for families with special needs.

**Long Term Activities**: Expand affordable housing resources for very low income and migrant worker families

**PREVENTION STRATEGY**

**A. Effect system change that creates an integrated system or "No Wrong Door" approach into homeless prevention & assistance.**

| Activity | | | | | | Notes |
|---|---|---|---|---|---|---|
| **Short Term Activity:** Establish a Memorandum of Agreement or similar tool to streamline provision of services.<br>**Responsible Parties:** All Coalition Partners<br>**Intermediate Outcomes:** Enhanced accessibility to services and assistance; reduce multiple intakes;increased convenience | 02/01/07 | 09/30/07 | $0 | $0 | $0 | |
| **Short Term Activity:** Develop a "consortium" model for outreach services at satellite locations throughout the county.<br>**Responsible Parties:** PATH, CFHC, ESS, ESC, DAPC, LINK, CCHD, Vets, churches, other community partners<br>**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services throughout the county | 04/04/07 | 12/31/08 | $0 | $0 | $0 | |

**B. Provide emergency assistance and mediation to prevent eviction and family breakup.**

| Activity | | | | | | Notes |
|---|---|---|---|---|---|---|
| **Short Term Activities:** Provide emergency rent, deposits, mortgage & utility assistance when eviction is likely<br>**Responsible Parties:** ESS, CAP, CHOB, SA, RC, FISH, PUD, DSHS, PATH, County Vet Assistance<br>**Intermediate Outcomes:** Reduce the number of households who lose housing due to unpaid rent, utility & medical bills | n/a | ongoing | $0 | $0 | $400,000 | HHTF input; $138K currently; could use $400K |
| **Short Term Activities:** Offer family and domestic violence counseling & mental health treatment on demand.<br>**Responsible Parties:** CCGA, ESS, LINK, CBS<br>**Intermediate Outcomes:** Reduction in family breakup & homelessness due to domestic violence and mental health issues. | 06/01/06 | 01/02/07 | $0 | $0 | $0 | Ranges from $1,840 - $16,600/person/yr. |

**C. Provide rapid exit from shelters and homelessness in a manner to prevent future episodes of homelessness**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Couple comprehensive case management with prevention activities | 05/01/07 | 08/01/07 | $0 | $0 | $184,000 | | | | | | | 230 households (annual report) receiving case mgmt @ $800 each. |
| **Responsible Parties:** ESS, CAP, CHOB, RC, SA, DSHS, PATH, other Coalition partners | | | | | | | | | | | | |
| **Intermediate Outcomes:** Reduce the number of households who lose housing due to unpaid rent, utility & medical bills | | | | | | | | | | | | |
| **Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case management and vouchers | 02/01/07 | 10/01/07 | $0 | $0 | $0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| **Responsible Parties:** Coalition Members | | | | | | | | | | | | |
| **Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements | | | | | | | | | | | | |
| **Long Term Activities:** Establish a 24/7 Point of Entry | | | | | | | | | | | | |

**D. Coordinate discharge planning &diversion programs for all community institutions and systems of care to prevent homelessness**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activity:** Establish a coordinated & comprehensive system of discharge planning with agreed-upon protocols for all institutional systems of care | 04/04/07 | 04/04/08 | $0 | $0 | $0 | | | | | | | |
| **Responsible Parties:** Jails, DoC, Foster Care, Hospital, RSN, mental health/substance abuse, TH | | | | | | | | | | | | |
| **Intermediate Outcomes:** Prevention of homelessness upon discharge from care through transition planning | | | | | | | | | | | | |
| **Long Term Activity:** Establish "Problem-Solving Courts" to address mental health, substance abuse, family reunification & housing issues; explore Dispute Resolution alternative | | | | | | | | | | | | Estimated cost: $500,000 per court |

**E. Develop tools for outreach and education of low income and homeless persons.**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Develop and publish "Cowlitz Handbook of the Streets" | 08/31/06 | 02/28/07 | $0 | $0 | $3,500 | | | | | | | |
| **Responsible Parties:** ESS, WCSC, LCMH, PATH, County Corrections, Cowlitz Bank | | | | | | | | | | | | |
| **Intermediate Outcomes:** Produce & distribute resource pamphlet with provider & contact information. Update & publish quarterly. | 02/01/06 | 12/30/06 | $0 | $0 | $1,500 | | | | | | | |
| **Short Term Activity:** Develop a drop-in center for homeless persons, offering hygiene stations, voicemail, benefits & services info, lunches, etc. | 06/01/07 | 06/01/08 | $0 | $0 | $5,000 | | | | | | | 1 person/agency + volunteers; Open 2 days per week for 12 months |
| **Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners | | | | | | | | | | | | (costs per CHOB) |
| **Short Term Activities:** Offer tenant education classes & combine with landlord incentives | 08/31/06 | 01/31/08 | $0 | $0 | $15,000 | | | | | | | |
| **Responsible Parties:** FFC, LCC, WorkSource, CHOB | | | | | | | | | | | | |
| **Intermediate Outcomes:** Tenant training and certification to assist in rapid housing placement | | | | | | | | | | | | |



**Objective: Reduce the number of homeless FAMILIES**

**INCOME STRATEGY**

| | | | | | | |
|---|---|---|---|---|---|---|
| A. | **Adopt system change needed to expand agency flexibility to collaborate & effectively serve all areas of the county.** | | | | | |
| | **Short Term Activity:** Provide integrated services at various locations throughout the county. Explore using churches, schools and clinics as outreach centers to serve the entire county. Consult with advisory councils and service providers. | 02/01/07 | 02/01/08 | $0 | $0 | $0 |
| | **Responsible Parties:** Churches, schools, clinics, employment agencies, PATH, WCSC, Family Health Center, Cowlitz Health Department, veterans' agencies, advisory councils. | | | | | |
| | **Intermediate Outcome**: Expansion of service locations and increased participation as clients access services throughout the county & meet multiple needs | | | | | |
| | **Long-Term Activity:** Allow adaptations to relatively inflexible ITPs; use the system's "need for numbers" to generate outreach. | | | | | |
| | **Long-Term Activity:** "Map" resources & programs to allow "braiding" of services for difficult-to-serve populations. | | | | | |
| B. | **Reduce the cost of basic living expenses.** | | | | | |
| | **Short Term Activity:** Provide assistance with items & services needed for work: clothing, transportation, identification, etc. | Ongoing | Ongoing | $0 | $0 | $0 |
| | **Responsible Parties:** Food & Clothing Banks, shelter providers, second hand stores, PATH, agency personnel | | | | | |
| | **Intermediate Outcome**: Increased eligibility and readiness for work. | | | | | |
| | **Long Term Activities:** Expand availablity of affordable childcare to low-income families (sliding scale basis) with increased slots, expanded hours of operation, drop-in/emergency capability. | | | | | |
| C. | **Increase access to income benefits and assistance.** | | | | | |
| | **Short Term Activity:** Provide expedited benefits assistance (GAU, GAX, SSI, TANF, food stamps, Vets, Emergency Assistance, etc.) using "1290" model. | 01/31/07 | 01/31/08 | $0 | $0 | $0 |
| | **Responsible Parties**: DSHS, PATH, DoC, CAP, Vets Assist, CHOB, ESS, other Coalition partners | | | | | |
| | **Intermediate Outcome**: Increased financial stability to enhance "housing first" placement. | | | | | |
| | **Short Term Activity:** Develop a drop-in or "one-stop" center for homeless persons, offering hygiene stations, voicemail, benefits & services info, classroom space, lunches, etc. | 06/01/07 | 06/01/08 | $0 | $0 | $5,000 |
| | **Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners | | | | | |
| | **Intermediate Outcomes:** Expanded accessibility to homeless prevention & services | | | | | |

**Objective: Reduce the number of homeless FAMILIES**

**INCOME STRATEGY**

**C.**

**Increase opportunities for gainful employment.**

| Activity | Start | End | | | | Notes |
|---|---|---|---|---|---|---|
| **Short Term Activity:** Offer on-site employment assessment & placement at shelters & at transitional housing developments, using the Rapid Employment Model. **Responsible Parties:** Independent Associates, CHOB, ESS, LCC **Intermediate Outcome**: Rapid employment potential with appropriate training and coaching. | 04/01/07 | 10/01/07 | $0 | $0 | $22,750 | .5 FTE @ $35,000 + benefits @ 30% |
| **Short Term Activity:** Provide assistance with GED completion, Adult Literacy, and expand Project READ. **Responsible Parties:** LCC, school districts, CHOB, libraries **Intermediate Outcome**: Enhanced employability through basic skills certification. | Ongoing | Ongoing | $0 | $0 | $45,500 | 1.0 FTE @ $35,000 + 30% benefits |

**Long Term Activity:** Expand transportation options for access to jobs and services.

**Long Term Activity:** Use apprenticeship programs, including L&I as well as informal programs.

**Long Term Activity:** Create a bilingual job readiness program.

**Long Term Activity:** Create a labor-ready program through a Homeless Resource Center

**Long Term Activity:** Partner with industry, public and non-profit agencies for a low-skills job bank.

**Long Term Activity:** Establish consumer-run employment center.

**D.**

**Build financial literacy and develop financial assets.**

| Activity | Start | End | | | | Notes |
|---|---|---|---|---|---|---|
| **Short Term Activity:** Provide instruction in consumer & financial literacy. **Responsible Parties:** Family Finance Center, Employment Security Dept., LCC, WCSC, local FDIC banks **Intermediate Outcome**: Increased money management skills. | Ongoing | Ongoing | $0 | $0 | $22,750 | .5 FTE @ $35,000 + 30% benefits |
| **Short Term Activity:** Provide life skills training. **Responsible Parties:** WCSC, PCAP, LINK, WIC, First Steps, CCS, Parents Place, HeadStart, AHA **Intermediate Outcome**: Increased ability to manage daily living challenges. | Ongoing | Ongoing | $0 | $0 | $0 | |
| **Short Term Activity:** Include information on budgeting & financial literacy education in voucher and emergency assistance programs. **Responsible Parties:** Family Finance Center, CHOB, ESS, RC, SA, CAP **Intermediate Outcome**: Increased ability to manage daily living challenges upon receipt of emergency assistance.. | 06/01/07 | 12/31/07 | $0 | $0 | $0 | |



**Objective: Reduce the number of homeless FAMILIES**

**HEALTH STRATEGY**

A. **Expand access to a comprehensive array of health care services delivered in alternative settings.**

| Activity | Start | End | | | | Notes |
|---|---|---|---|---|---|---|
| **Short Term Activity:** Engage homeless persons for routine & urgent care through outreach and enrollment.<br>**Responsible Parties:** PATH, Cowlitz Family Health Clinic, Free Clinic, Cowlitz County Health Department, PeaceHealth, C&AC, schools, jails, handbook, WIC, PCAP, Medicaid outreach, courts<br>**Intermediate Outcome**: Increased enrollment in health care programs; reduced illness and demands on urgent care resources. | Ongoing | Ongling | $0 | $0 | $0 | CFHC served 231 homeless in 2005; DSHS had 285 homeless w/medical<br>6,900 uninsured county residents at or below 200% of poverty.<br>9,500 get DSHS Rx assistance |
| **Short Term Activity:** Conduct planning to develop a Respite Center for those with mental health/substance abuse issues, offering sub-acute detox (including methamphetamine use), primary care, & outreach. Use Harm-Reduction model.<br>**Responsible Parties:** Cowlitz County Human Services, CMAT, DAPC, LCMH, CBS, Family Health Center, law enforcement, PeaceHealth<br>**Intermediate Outcome**: Increased participation in treatment; increased perception of safety within neighborhoods and business districts. | 03/01/06 | 12/31/08 | $2,500,000 | $0 | $750,000 | |
| **Short Term Activity:** Provide "treatment on demand" for mental health, substance abuse & primary care. Expand capacity of drug & alcohol programs.<br>**Responsible Parties:** CFHC, DAPC, LCMH, RSN, PeaceHealth, Free Clinic, CBS, Cowlitz County Health Department, C&AC<br>**Intermediate Outcome**: Reduce extended periods and extent of illnesses and behavioral problems. | 06/30/07 | 12/31/08 | $0 | $0 | $0 | CTED: SA cost: $314 per person per year; MH cost: $1,000 PP/PY;<br>2,500 mentally ill county residents live in poverty<br>2,907 residents in poverty need substance abuse treatment |
| **Short Term Activity:** Family Planning outreach<br>**Responsible Parties:** CCHD, CFHC<br>**Intermediate Outcome**: Lowered birth rates due to unplanned pregnancies. | Ongoing | Ongoing | $0 | $0 | $0 | |
| **Short Term Activity:** Qualify family members for Medicaid or Health Options and assign familes a medical "home".<br>**Responsible Parties:** Cowlitz Family Health Center, Free Clinic, C&AC, PeaceHealth<br>**Intermediate Outcome**: Increased health care access and routine/preventive care. | Ongoing | Ongoing | $0 | $0 | $0 | |

**Long Term Activity:** Expand access through a resource center, one-stop center, or mobile unit to provide treatment & screenings.
**Long Term Activity:** Provide integrated health care--primary care & behavioral health.
**Long Term Activity:** Provide alternative medication/storage protocols for chronic health issues.
**Long Term Activity:** Advocate for lcoal 0.5% sales tax for mental health services.
**Long Term Activity:** Establish Safe Havens as a recreational and social outlet with outreach services to mentally ill persons.

**Objective: Reduce the number of homeless FAMILIES**

**HEALTH STRATEGIES**

**Long Term Activity:** Resolve issues with qualification & capacity for short-term Medicaid assistance for respite care.
**Long Term Activity:** Identify relapse & prevention strategies for mental health and addiction.
**Long Term Activity:** Employ PACT multidisciplinary teams for persons with serious issues.
**Long Term Activity:** Expand health care access through expanded hours and drop-in capability.
**Long Term Activity:** Establish mental health court, maintain/expand Drug Court, HOPE Court, Juvenile Court; court case mgmt to include primary health care

**Objective: Reduce the number of homeless INDIVIDUALS**

**HOUSING STRATEGY**

**A. Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

| Activity | Start | End | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Provide emergency shelter to the unsheltered. | On-going | On-going | na | na | na | | | | | | |
| **Short Term Activities:** Provide transitional housing to those needing interim stabilization services. | On-going | On-going | na | na | na | | | | | | |
| **Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers | | | | | | | | | | | 0 |
| **Responsible Parties:** Coalition Members<br>**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements | | | | | | | | | | | |
| **Short Term Activities:** Develop landlord incentives & partnerships | 07/01/07 | 12/31/08 | $5,000 | $65,000 | $8,000 | 10 | 0 | 0 | 0 | 10 | 10 |
| **Responsible Parties:** Property Owners, RPOA, DoC, PATH, WCSC, PHAs, CAP<br>**Intermediate Outcome:** 10 individuals stably housed by 12/08; development of replicable model | | | | | | | | | | | |

**Long Term Activities**: Develop permanent supportive housing units for individuals w/co-occurring disorders
**Long Term Activities**: Develop 50 units of Oxford-type housing

**B. Expand emergency shelter services for specialized needs.**

| Activity | | | | | | |
|---|---|---|---|---|---|---|
| **Long Term Activities**: Add emergency shelter beds for disabled & for respite care | | | | | | |
| **Long-Term Activities:** Develop permanent/rotating cold weather shelter for inclement weather | | | | | | |
| **Long Term Activities**: Add/lease beds for recovering physically il | 5 | | | | 5 | 5 |

**C. Prevent homelessness by expanding affordable housing stock and service-enriched housing for individuals with special needs or COD.**

**Long Term Activities**: Develop additional "Oxford House" model units for individuals
**Long Term Activities**: Develop permanent supportive housing units for individuals



**Objective: Reduce the number of homeless INDIVIDUALS**

**PREVENTION STRATEGY**

**A. Effect system change that creates an integrated system or "No Wrong Door" approach into homeless prevention & assistance.**

**Short Term Activity:** Establish a Memorandum of Agreement or similar tool to streamline provision of services.

**Responsible Parties:** All Coalition Partners

**Intermediate Outcomes:** Enhanced accessibility to services and assistance; reduce multiple intakes;increased convenience

**Short Term Activity:** Develop a "consortium" model for outreach services at satellite locations throughout the county.

**Responsible Parties:** PATH, CFHC, ESS, ESC, DAPC, LINK, CCHD, Vets, churches, other community partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services throughout the county

**B. Provide emergency assistance and mediation to prevent eviction and family breakup.**

**Short Term Activities:** Provide emergency rent, deposits, mortgage & utility assistance when eviction is likely

**Responsible Parties:** ESS, CAP, CHOB, SA, RC, FISH, PUD, DSHS, PATH, County Vet Assistance

**Intermediate Outcomes:** Reduce the number of households who lose housing due to unpaid rent, utility & medical bills

**Short Term Activities:** Offer family and domestic violence counseling & mental health treatment on demand.

**Responsible Parties:** CCGA, ESS, LINK, CBS

**Intermediate Outcomes:** Reduction in family breakup & homelessness due to domestic violence and mental health issues.

**C. Provide rapid exit from shetlers and homelessness in a manner to prevent future episodes of homelessness**

**Short Term Activities:** Couple comprehensive case management with prevention activities

**Responsible Parties:** ESS, CAP, CHOB, RC, SA, DSHS, PATH

**Intermediate Outcomes:** Reduce the number of individuals who lose housing due to unpaid rent, utility & medical bills

**Long Term Activities:** Establish a 24/7 Point of Entry

**Objective: Reduce the number of homeless INDIVIDUALS**

**PREVENTION STRATEGY**

**Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers

**Responsible Parties:** Coalition Members

**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements

**Objective: Reduce the number of homeless INDIVIDUALS**

**PREVENTION STRATEGY**

**D. Coordinate discharge planning from all community institutions and systems of care to prevent homelessness**

**Short Term Activity:** Establish a coordinated & comprehensive system of discharge planning with agreed-upon protocols for all institutional systems of care

**Responsible Parties:** Jails, DoC, Foster Care, Hospital, RSN, mental health/substance abuse, TH

**Intermediate Outcomes:** Prevention of homelessness upon discharge from care through transition planning

**Long Term Activity:** Establish "Problem-Solving Courts" to address mental health, substance abuse, family reunification & housing issues; explore Dispute Resolution alternative

**E. Develop tools for outreach and education of low income and homeless persons.**

**Short Term Activities:** Develop and publish "Cowlitz Handbook of the Streets"

**Responsible Parties:** ESS, WCSC, LCMH, PATH, County Corrections, Cowlitz Bank

**Intermediate Outcomes:** Produce & distribute resource pamphlet with provider & contact information. Update & publish quarterly.

**Short Term Activity:** Develop a drop-in center for homeless persons, offering hygiene stations, voicemail, benefits & services info, lunches, etc.

**Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners

**Short Term Activities:** Offer tenant education classes & combine with landlord incentives

**Responsible Parties:** FFC, LCC, WorkSource, CHOB

**Intermediate Outcomes:** Tenant training and certification to assist in rapid housing placement

**INCOME STRATEGY**

**A. Adopt system change needed to expand agency flexibility to collaborate & effectively serve all areas of the county.**

**Short Term Activity:**Provide integrated services at various locations throughout the county.Explore using churches, schools and clinics as outreach centers to serve the entire county. Consult with advisory councils and service providers.

**Responsible Parties:** Churches, schools, clinics, employment agencies, PATH, WCSC, Family Health Center, Cowlitz Health Department, veterans' agencies, advisory councils.

**Intermediate Outcome**: Expansion of service locations and increased participation as clients access services throughout the county & meet multiple needs

**Long-Term Activity:** Allow adaptations to relatively inflexible ITPs; use the system's "need for numbers" to generate outreach.

**Long-Term Activity:** "Map" resources & programs to allow "braiding" of services for difficult-to-serve populations.

**Objective: Reduce the number of homeless INDIVIDUALS**

**INCOME STRATEGY**

**B.**

**Reduce the cost of basic living expenses.**

**Short Term Activity:** Provide assistance with items & services needed for work: clothing, transportation, identification, etc.

**Responsible Parties:** Food & Clothing Banks, shelter providers, second hand stores, PATH, agency personnel

**Intermediate Outcome**: Increased eligibility and readiness for work.

**C.**

**Increase access to income benefits and assistance.**

**Short Term Activity:** Provide expedited benefits assistance (GAU, GAX, SSI, TANF, food stamps, Vets, Emergency Assistance, etc.) using "1290" model.

**Responsible Parties**: DSHS, PATH, DoC, CAP, Vets Assist, CHOB, ESS, other Coalition partners

**Intermediate Outcome**: Increased financial stability to enhance "housing first" placement.

**Short Term Activity:** Develop a drop-in or "one-stop" center for homeless persons, offering hygiene stations, voicemail, benefits & services info, classroom space, lunches, etc.

**Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services

**D.**

**Increase opportunities for gainful employment.**

**Short Term Activity:** Offer on-site employment assessment & placement at shelters & at transitional housing developments, using the Rapid Employment Model. Provide "carved" job placements for individuals with disabilities.

**Responsible Parties:** Independent Associates, CHOB, ESS, LCC, ADC, other community partners

**Intermediate Outcome**: Rapid employment potential with appropriate training and coaching.

**Short Term Activity:** Provide assistance with GED completion, Adult Literacy, and expand Project READ.

**Responsible Parties:** LCC, school districts, CHOB, libraries

**Intermediate Outcome**: Enhanced employability through basic skills certification.

**Long Term Activity:** Expand transportation options for access to jobs and services.

**Long Term Activity:** Use apprenticeship programs, including L&I as well as informal programs.

**Long Term Activity:** Create a bilingual job readiness program.

**Long Term Activity:** Create a labor-ready program through a Homeless Resource Center

**Long Term Activity:** Partner with industry, public and non-profit agencies for a low-skills job bank.

**Long Term Activity:** Establish consumer-run employment center.

**Objective: Reduce the number of homeless INDIVIDUALS**

**INCOME STRATEGY**

**E.**

**Build financial literacy and develop financial assets.**

**Short Term Activity:** Provide instruction in consumer & financial literacy.

**Responsible Parties:** Family Finance Center, Employment Security Dept., LCC, WCSC, local FDIC banks

**Intermediate Outcome**: Increased money management skills.

**Short Term Activity:** Provide life skills training.

**Responsible Parties:** WCSC, PCAP, LINK, WIC, First Steps, CCS, Parents Place, HeadStart, AHA

**Intermediate Outcome**: Increased ability to manage daily living challenges.

**Short Term Activity:** Include information on budgeting & financial literacy education in voucher and emergency assistance programs.

**Responsible Parties:** Family Finance Center, CHOB, ESS, RC, SA, CAP

**Intermediate Outcome**: Increased ability to manage daily living challenges upon receipt of emergency assistance..

**Objective: Reduce the number of homeless INDIVIDUALS**

**HEALTH STRATEGY**

**A.** **Expand access to a comprehensive array of health care services delivered in alternative settings.**

**Short Term Activity:** Engage homeless persons for routine & urgent care through outreach and enrollment.

**Responsible Parties:** PATH, Cowlitz Family Health Clinic, Free Clinic, Cowlitz County Human Services, CMAT, PeaceHealth, C&AC, schools, jails, police, handbook, Medicaid outreach, courts

**Intermediate Outcome**: Increased enrollment in health care programs; reduced illness and demands on urgent care resources.

**Short Term Activity:** Develop plans for a Respite Center for those with mental health/substance abuse issues; offer sub-acute detox (including meth use), primary care, & outreach. Use Harm-Reduction model.

**Responsible Parties:** Cowlitz County Health Department, DAPC, LCMH, CBS, Family Health Center, law enforcement, PeaceHealth

**Intermediate Outcome**: Increased participation in treatment; increased perception of safety within neighborhoods and business districts.

**Short Term Activity:** Provide "treatment on demand" for mental health, substance abuse & primary care. Expand capacity of drug & alcohol programs.

**Responsible Parties:** CFHC, DAPC, LCMH, RSN, PeaceHealth, Free Clinic, CBS, Cowlitz County Health Department, C&AC

**Objective: Reduce the number of homeless INDIVIDUALS**

**HEALTH STRATEGY**

**A. Expand access to a comprehensive array of health care services delivered in alternative settings.**

**Intermediate Outcome**: Reduce extended periods and extent of illnesses and behavioral problems.

**Short Term Activity:** Qualify for Medicaid or Health Options and assign a medical "home".

**Responsible Parties:** Cowlitz Family Health Center, Free Clinic, C&AC, PeaceHealth

**Intermediate Outcome**: Increased health care access and routine/preventive care.

**Long Term Activity:** Establish mental health court, maintain/expand Drug Court, HOPE Court, Juvenile Court; court case mgmt to include primary health care

**Long Term Activity:** Expand access through a resource center, one-stop center, or mobile unit to provide treatment & screenings.

**Long Term Activity:** Provide integrated health care--primary care & behavioral health.

**Long Term Activity:** Provide alternative medication/storage protocols for chronic health issues.

**Long Term Activity:** Advocate for local 0.5% sales tax for mental health services.

**Long Term Activity:** Establish Safe Havens as a recreational and social outlet with outreach services to mentally ill persons.

**Long Term Activity:** Resolve issues with qualification & capacity for short-term Medicaid assistance for respite care.

**Long Term Activity:** Identify relapse & prevention strategies for mental health and addiction.

**Long Term Activity:** Employ PACT multidisciplinary teams for persons with serious issues.

**Long Term Activity:** Expand health care access through expanded hours and drop-in capability.

**Objective: Reduce the numbers of the CHRONICALLY HOMELESS**

**HOUSING STRATEGY**

**A. Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

| Activity | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Provide emergency shelter to the unsheltered. | On-going | On-going | na | na | na | | | | | | | |
| **Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers | 02/01/07 | 10/01/07 | $0 | $0 | $0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| **Responsible Parties:** Coalition Members<br>**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements | | | | | | | | | | | | |
| **Short Term Activities:** Develop transitional and permanent supportive housing units for chronically homeless women, mentally ill, and other "difficult to serve" populations. | | | | $97,500 | $159,000 | 0 | 0 | 0 | 15 | 15 | 15 | Case mgmt @ $10,600/yer; vouchers @ $6,500 |
| **Responsible Parties:** ESS, CHOB, PATH, PHAs<br>**Intermediate Outcome:** Stable housing & services for 15 chronically homeless women. | | | | | | | | | | | | |

**Objective: Reduce the numbers of the CHRONICALLY HOMELESS**

**HOUSING STRATEGY**

**A. Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

**Long Term Activities:** Develop landlord incentives & partnerships; Create PACT teams to work with clients to resolve behavioral issues and with landlords to prevent evictions.

**Long Term Activities**: Develop permanent supportive housing units for individuals w/co-occurring disorders

**Long Term Activities**: Explore methods to provide 50 units of low-demand housing.

**B. Expand emergency shelter services for specialized needs.**

**Long Term Activities**: Add emergency shelter beds for disabled & for respite care

**Long Term Activities:** Develop permanent/rotating cold weather shelter for inclement weather

**Long Term Activities**: Add/lease beds for recovering physically il

**PREVENTION STRATEGY**

**A. Effect system change that creates an integrated system or "No Wrong Door" approach into homeless prevention & assistance.**

**Short Term Activity:** Establish a Memorandum of Agreement or similar tool to streamline provision of services.

**Responsible Parties:** All Coalition Partners

**Intermediate Outcomes:** Enhanced accessibility to services and assistance; reduce multiple intakes;increased convenience

**Short Term Activity:** Develop a "consortium" model for outreach services at satellite locations throughout the county.

**Responsible Parties:** PATH, CFHC, ESS, ESC, DAPC, LINK, CCHD, Vets, churches, other community partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services throughout the county

**Long Term Activities:** Develop problem-solving courts or dispute resolution center.

**B. Provide emergency assistance and mediation to prevent eviction and family breakup.**

**Short Term Activities:** Provide emergency rent, deposits, mortgage & utility assistance when eviction is likely, coupled with comprehensive case management.

**Responsible Parties:** ESS, CAP, CHOB, SA, RC, FISH, PUD, DSHS, PATH, County Vet Assistance

**Intermediate Outcomes:** Reduce the number of households who lose housing due to unpaid rent, utility & medical bills and repeat episodes.

**Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers

**Responsible Parties:** Coalition Members

**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements

**Objective: Reduce the numbers of the CHRONICALLY HOMELESS**

**PREVENTION STRATEGY**

**C. Coordinate discharge planning from all community institutions and systems of care to prevent homelessness**

**Short Term Activity:** Establish a coordinated & comprehensive system of discharge planning with agreed-upon protocols for all institutional systems of care

**Responsible Parties:** Jails, DoC, Foster Care, Hospital, RSN, mental health/substance abuse, TH

**Intermediate Outcomes:** Prevention of homelessness upon discharge from care through transition planning

**Long Term Activity:** Establish "Problem-Solving Courts" to address mental health, substance abuse, family reunification & housing issues; explore Dispute Resolution alternative.

**D. Develop tools for outreach and education of low income and homeless persons.**

**Short Term Activities:** Develop and publish "Cowlitz Handbook of the Streets"

**Responsible Parties:** ESS, WCSC, LCMH, PATH, County Corrections, Cowlitz Bank

**Intermediate Outcomes:** Produce & distribute resource pamphlet with provider & contact information. Update & publish quarterly.

**Short Term Activity:** Develop a drop-in center for homeless persons, offering hygiene stations, voicemail, benefits & services info, lunches, etc.

**Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners

**Short Term Activities:** Offer tenant education classes & combine with landlord incentives

**Responsible Parties:** FFC, LCC, WorkSource, CHOB

**Intermediate Outcomes:** Tenant training and certification to assist in rapid housing placement

**Objective: Reduce the number of CHRONICALLY homeless**

**INCOME STRATEGY**

**A. Adopt system change needed to expand agency flexibility to collaborate & effectively serve all areas of the county.**

**Short Term Activity:** Provide integrated services at various locations throughout the county.Explore using churches, schools and clinics as outerach centers to serve the entire county. Consult with advisory councils and service providers.

**Responsible Parties:** Churches, schools, clinics, employment agencies, PATH, WCSC, Family Health Center, Cowlitz Health Department, veterans' agencies, advisory councils.

**Intermediate Outcome**: Expansion of service locations and increased participation as clients access services throughout the county & meet multiple needs

**Objective: Reduce the number of CHRONICALLY homeless**

**INCOME STRATEGY**

**Long-Term Activity:** Allow adaptations to relatively inflexible ITPs; use the system's "need for numbers" to generate outreach.

**Long-Term Activity:** "Map" resources & programs to allow "braiding" of services for difficult-to-serve populations.

**B. Reduce the cost of basic living expenses.**

**Short Term Activity:** Provide assistance with items & services needed for work: clothing, transportation, identification, etc.

**Responsible Parties:** Food & Clothing Banks, shelter providers, second hand stores, PATH, agency personnel

**Intermediate Outcome**: Increased eligibility and readiness for work.

**C. Increase access to income benefits and assistance.**

**Short Term Activity:** Provide expedited benefits assistance (GAU, GAX, SSI, TANF, food stamps, Vets, Emergency Assistance, etc.) using "1290" model.

**Responsible Parties**: DSHS, PATH, DoC, CAP, Vets Assist, CHOB, ESS and other Coalition partners.

**Intermediate Outcome**: Increased financial stability to enhance "housing first" placement.

**Short Term Activity:** Develop a drop-in or "one-stop" center for homeless persons, offering hygiene stations, voicemail, benefits & services info, classroom space, lunches, etc.

**Responsible Parties:** CHOB, WCSC, churches, FISH, agency partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services

**D. Increase opportunities for gainful employment.**

**Short Term Activity:** Offer "supported" or "carved" job placement services. 04/01/07 10/01/07 Part of Rapid Employment Model Services.

**Responsible Parties:** Independent Associates, CHOB, ESS, LCC, ADC, other community partners

**Intermediate Outcome**: Rapid employment potential with appropriate coaching & case management.

**Short Term Activity:** Provide assistance with GED completion, Adult Literacy, and expand Project READ.

**Responsible Parties:** LCC, school districts, CHOB, libraries

**Intermediate Outcome**: Enhanced employability through basic skills certification.

**Long Term Activity:** Expand transportation options for access to jobs and services.

**Long Term Activity:** Use apprenticeship programs, including L&I as well as informal programs.

**Long Term Activity:** Create a bilingual job readiness program.

**Long Term Activity:** Create a labor-ready program through a Homeless Resource Center

**Long Term Activity:** Partner with industry, public and non-profit agencies for a low-skills job bank.

**Long Term Activity:** Establish consumer-run employment center.

**Objective: Reduce the number of CHRONICALLY homeless**

**INCOME STRATEGY**

**E. Build financial literacy and develop financial assets.**

**Short Term Activity:** Provide instruction in consumer & financial literacy or assign to Protective Payee.

**Responsible Parties:** Family Finance Center, Employment Security Dept., LCC, WCSC, local FDIC banks

**Intermediate Outcome**: Increased money management skills.

**Short Term Activity:** Provide life skills training.

**Responsible Parties:** WCSC, PCAP, LINK, WIC, First Steps, CCS, Parents Place, HeadStart, AHA

**Intermediate Outcome**: Increased ability to manage daily living challenges.

**Objective: Reduce the number of CHRONICALLY homeless**

**HEALTH STRATEGY**

**A. Expand access to a comprehensive array of health care services delivered in alternative settings.**

| Activity | | | | | |
|---|---|---|---|---|---|
| **Short Term Activity:** Engage homeless persons for routine & urgent care through outreach and enrollment. | Ongoing | Ongling | $0 | $0 | $0 |

**Responsible Parties:** PATH, Cowlitz Family Health Clinic, Free Clinic, Cowlitz County Human Services Department, PeaceHealth, C&AC, schools, jails, police, handbook, Medicaid outreach, courts

**Intermediate Outcome**: Increased enrollment in health care programs; reduced illness and demands on urgent care resources.

**Short Term Activity:** Develop plans for a Respite Center for those with mental health/substance abuse issues, offering sub-acute detox (including methamphetamine use), primary care, & outreach. Use Harm-Reduction model.

**Responsible Parties:** Cowlitz County Health Department, DAPC, LCMH, CBS, Family Health Center, law enforcement, PeaceHealth, CMAT

**Intermediate Outcome**: Increased participation in treatment; increased perception of safety within neighborhoods and business districts.

**Short Term Activity:** Qualify for Medicaid or Health Options and assign a medical "home".

**Responsible Parties:** Cowlitz Family Health Center, Free Clinic, C&AC, PeaceHealth

**Intermediate Outcome**: Increased health care access and routine/preventive care.

**Long Term Activity:** Establish mental health court, maintain/expand Drug Court, HOPE Court, Juvenile Court; court case mgmt to include primary health care

**Long Term Activity:** Expand access through a resource center, one-stop center, or mobile unit to provide treatment & screenings.

**Long Term Activity:** Provide integrated health care--primary care & behavioral health.

**Long Term Activity:** Provide alternative medication/storage protocols for chronic health issues.

**Objective: Reduce the number of CHRONICALLY homeless**

**HEALTH STRATEGY**

**A.** **Expand access to a comprehensive array of health care services delivered in alternative settings.**

**Long Term Activity:** Advocate for local 0.5% sales tax for mental health services.

**Long Term Activity:** Establish Safe Havens as a recreational and social outlet with outreach services to mentally ill persons.

**Long Term Activity:** Resolve issues with qualification & capacity for short-term Medicaid assistance for respite care.

**Long Term Activity:** Identify relapse & prevention strategies for mental health and addiction.

**Long Term Activity:** Employ PACT multidisciplinary teams for persons with serious issues.

**Long Term Activity:** Expand health care access through expanded hours and drop-in capability.

**Objective: Reduce the number of HOMELESS YOUTH**

**HOUSING STRATEGY**

**A.** **Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

**Short Term Activities:** Develop expedited housing placement process tied to stabilization plan/case managemenr and vouchers

**Responsible Parties:** Coalition Members

**Intermediate Outcome:** Uniform screening & assessment tool to expedite housing placements

| Activity | Start | End | | | | | | | | | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Develop landlord incentives & partnerships | 07/01/07 | 12/31/08 | $5,000 | $65,000 | $8,000 | 10 | 0 | 0 | 0 | 10 | 10 | |

**Responsible Parties:** Property Owners, RPOA, DoC, PATH, WCSC, PHAs, CAP

**Intermediate Outcome:** 10 individuals stably housed by 12/08; development of replicable model

**B.** **Expand emergency shelter services for specialized needs.**

| Activity | Start | End | | | | | | | | | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Develop a Drop-In/Activity Center with emergency shelter for those over age 16 and access to services. | | | $310,000 | $37,000 | $33,000 | 10 | | | | 10 | | Capital Costs at $31,000/bed; Opns @ $3,700/yr/bed; Svcs @ 1,300/yr/bed. |

**Responsible Parties:** CASA, DFCS, other community partners

Case mgmt @ $2,000 each. (ranges from $800/person/year - $10,600 for chronic

**Intermediate Outcome:** Increased engagement of homeless youth in services and referrals to transitional housing.

**C.** **Prevent homelessness by expanding affordable housing stock and service-enriched housing for youths with special needs.**

| Activity | Start | End | | | | | | | | | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Short Term Activities:** Develop scattered-site housing options for youth. | 06/01/07 | 12/31/08 | $1,500,000 | $55,500 | $49,500 | 15 | | | | 15 | | 15,000 s.f. @ $100/s.f.; Opns @$3700/unit/yr.; Svcs @ $1300/unit/yr; + case mgn |

**Responsible Parties:** CASA, DFCS, LHA

**Objective: Reduce the number of HOMELESS YOUTH**

**HOUSING STRATEGY**

**A. Adopt a "housing first" approach with dedicated vouchers, services, and & comprehensive case management.**

**Intermediate Outcome:** Expanded housing options for homeless youth with rich service array.

**Long Term Activities:** Develop 10 units of long-term transitional housing for 16-21 year-olds with rich service array, using assisted living (Hawthorne) model.

**Long Term Activities**: Develop 25 units of long-term transitional housing for 21-24 year-olds with rich service array, scattered sites.

**PREVENTION STRATEGY**

**A. Effect system change that creates an integrated system or "No Wrong Door" approach into homeless prevention & assistance.**

**Short Term Activity:** Establish a Memorandum of Agreement or similar tool to streamline provision of services & assistance.

**Responsible Parties:** All Coalition Partners

**Intermediate Outcomes:** Enhanced accessibility to services and assistance; reduce multiple intakes;increased convenience

**Short Term Activity:** Develop a "consortium" model for outreach services at satellite locations throughout the county.

**Responsible Parties:** PATH, CFHC, ESS, ESC, DAPC, LINK, CCHD, Vets, churches, other community partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services throughout the county

**B. Provide emergency assistance and provide services to prevent family break up.**

**Short Term Activities:** Provide activity center/drop-in center with hygiene stations for outreach. Offer case management, mentors and peer support.

**Responsible Parties:** CASA, DFCS, LINK

**Intermediate Outcomes:** Reduce the number of homeless youth by engaging them in services and housing.

**Short Term Activities:** Offer family and domestic violence counseling & mental health treatment on demand. Identify mobile families for intervention and education on child custody & homelessness.

**Responsible Parties:** CCGA, ESS, LINK, CBS

**Intermediate Outcomes:** Reduction in family breakup & homelessness due to domestic violence and mental health issues.

**D. Coordinate discharge planning from all community institutions and systems of care to prevent homelessness**

**Short Term Activity:** Establish a coordinated & comprehensive system of discharge planning with agreed-upon protocols for all institutional systems of care

**Responsible Parties:** Jails, DoC, Foster Care, Hospital, RSN, mental health/substance abuse, TH

**Intermediate Outcomes:** Prevention of homelessness upon discharge from care through transition planning

**Objective: Reduce the number of HOMELESS YOUTH**

**PREVENTION STRATEGY**

**D. Coordinate discharge planning from all community institutions and systems of care to prevent homelessness**

**Long Term Activity:** Establish "Problem-Solving Courts" to address mental health, substance abuse, family reunification & housing issues; explore dispute resolution alternative

**E. Develop tools for outreach and education of low income and homeless persons.**

**Short Term Activities:** Develop and publish "Cowlitz Handbook of the Streets"

**Responsible Parties:** ESS, WCSC, LCMH, PATH, County Corrections, Cowlitz Bank

**Intermediate Outcomes:** Produce & distribute resource pamphlet with provider & contact information. Update & publish quarterly.

**Short Term Activities:** Offer tenant education classes & combine with landlord incentives and vouchers.

**Responsible Parties:** FFC, LCC, WorkSource, CHOB

**Intermediate Outcomes:** Tenant training and certification to assist in rapid housing placement

**Objective: Reduce the number of homeless YOUTH**

**INCOME STRATEGY**

**A. Adopt system change needed to expand agency flexibility to collaborate & effectively serve all areas of the county.**

**Long-Term Activity:** Allow adaptations to relatively inflexible ITPs; use the system's "need for numbers" to generate outreach.

**Long-Term Activity:** "Map" resources & programs to allow "braiding" of services for difficult-to-serve populations.

**B. Reduce the cost of basic living expenses.**

**Short Term Activity:** Provide assistance with items & services needed for work: clothing, transportation, identification, etc.

**Responsible Parties:** Food & Clothing Banks, shelter providers, second hand stores, PATH, agency personnel

**Intermediate Outcome**: Increased eligibility and readiness for work.

**C. Increase access to income benefits and assistance.**

**Short Term Activity:** Provide expedited benefits assistance (GAU, GAX, SSI, TANF, food stamps, Vets, Emergency Assistance, etc.) using "1290" model.

**Responsible Parties**: DSHS, PATH, DoC, CAP, Vets Assist, CHOB, ESS, other community partners

**Intermediate Outcome**: Increased financial stability to enhance "housing first" placement.

**Objective: Reduce the number of homeless YOUTH**

**INCOME STRATEGY**

**C. Increase opportunities for gainful employment.**

**Short Term Activity:** Offer on-site employment assessment & placement at shelters & at transitional housing developments, using the Rapid Employment Model.

**Responsible Parties:** Independent Associates, LCC

**Intermediate Outcome**: Rapid employment potential with appropriate training and coaching.

**Short Term Activity:** Provide assistance with GED completion, Adult Literacy, and expand Project READ.

**Responsible Parties:** LCC, school districts, CHOB, libraries

**Intermediate Outcome**: Enhanced employability through basic skills certification.

**Long Term Activity:** Expand transportation options for access to jobs and services.

**Long Term Activity:** Use apprenticeship programs, including L&I as well as informal programs.

**Long Term Activity:** Create a bilingual job readiness program.

**Long Term Activity:** Create a labor-ready program through a Homeless Resource Center

**Long Term Activity:** Partner with industry, public and non-profit agencies for a low-skills job bank.

**Long Term Activity:** Establish consumer-run employment center.

**D. Build financial literacy and develop financial assets.**

**Short Term Activity:** Provide instruction in consumer & financial literacy.

**Responsible Parties:** Family Finance Center, Employment Security Dept., LCC, WCSC, local FDIC banks

**Intermediate Outcome**: Increased money management skills.

**Short Term Activity:** Provide life skills training.

**Responsible Parties:** WCSC, PCAP, LINK, WIC, First Steps, CCS, Parents Place, HeadStart, AHA

**Intermediate Outcome**: Increased ability to manage daily living challenges.

**HEALTH STRATEGY**

**A. Expand access to a comprehensive array of health care services delivered in alternative settings.**

**Short Term Activity:** Engage homeless youth for routine & urgent care through outreach and enrollment.

**Responsible Parties:** PATH, Cowlitz Family Health Clinic, Free Clinic, Cowlitz County Human Services, CMAT, PeaceHealth, C&AC, schools, jails, police, handbook, Medicaid outreach, courts

**Intermediate Outcome**: Increased enrollment in health care programs; reduced illness and demands on urgent care resources.

**Objective: Reduce the number of homeless YOUTH**

**HEALTH STRATEGY**

**A. Expand access to a comprehensive array of health care services delivered in alternative settings.**

**Short Term Activity:** Develop plans for a Respite Center for those with mental health/substance abuse issues; offer sub-acute detox (including meth use), primary care, & outreach. Use Harm-Reduction model.

**Responsible Parties:** Cowlitz County Health Department, DAPC, LCMH, CBS, Family Health Center, law enforcement, PeaceHealth

**Intermediate Outcome**: Increased participation in treatment; increased perception of safety within neighborhoods and business districts.

**Short Term Activity:** Provide "treatment on demand" for mental health, substance abuse & primary care. Expand capacity of drug & alcohol programs. Offer family planning services & treatment for STDs.

**Responsible Parties:** CFHC, DAPC, LCMH, RSN, PeaceHealth, Free Clinic, CBS, Cowlitz County Health Department, C&AC

**Intermediate Outcome**: Reduce extended periods and extent of illnesses and behavioral problems.

**Short Term Activity:** Qualify for Medicaid or Health Options and assign a medical "home".

**Responsible Parties:** Cowlitz Family Health Center, Free Clinic, C&AC, PeaceHealth

**Intermediate Outcome**: Increased health care access and routine/preventive care.

**Long Term Activity:** Establish mental health court, maintain/expand Drug Court, HOPE Court, Juvenile Court; court case mgmt to include primary health care

**Long Term Activity:** Expand access through a resource center, one-stop center, or mobile unit to provide treatment & screenings.

**Long Term Activity:** Provide integrated health care--primary care & behavioral health.

**Long Term Activity:** Provide alternative medication/storage protocols for chronic health issues.

**Long Term Activity:** Advocate for local 0.5% sales tax for mental health services.

**Long Term Activity:** Establish Safe Havens as a recreational and social outlet with outreach services to mentally ill persons.

**Long Term Activity:** Identify relapse & prevention strategies for mental health and addiction.

**Long Term Activity:** Expand health care access through expanded hours and drop-in capability.

**Objective: Conduct adequate data collection & planning to efficiently manage limited resources for homelessness**

**Collaboration & Resource Staging**

**A. Effect system change that creates an integrated system of homeless prevention & assistance throughout the county.**

**Short Term Activity:** Establish a Memorandum of Agreement or similar tool to streamline provision of services & assistance and to provide tools for self-governance. | 03/01/07 | 09/30/07 | $0 | $0 | $0

**Responsible Parties:** All CoC Partners

**Intermediate Outcomes:** Enhanced accessibility to services and assistance; reduce multiple intakes;increased convenience

**Short Term Activity:** Develop a "consortium" model for outreach services at satellite locations throughout the county. | 04/04/07 | 12/31/08 | $0 | $0 | $0

**Responsible Parties:** PATH, CFHC, ESS, ESC, DAPC, LINK, CCHD, Vets, churches, other community partners

**Intermediate Outcomes:** Expanded accessibility to homeless prevention & services throughout the county

**Short Term Activity:** Use the Ten Year Plan to prioritize projects for local and outside funding. Coordinate local funding sources & target populations. Share plan priorities with funders. Provide letters of support for proposals that support intent & priorities of the plan. | 02/01/07 | ongoing | $0 | $0 | $0

**Responsible Parties:** Consortium partners; staff

**Intermediate Outcome**: Implementation of the Ten Year Plan in a cohesive, coordinated fashion.

**Short Term Activity:** Secure Homeless Housing Coordinator to provide staff support for Coalition activities.

**Responsible Parties**: Cowlitz County, cities, Coaltion partners

**Intermediate Outcome**: Staff support to carry out activities in support of the Ten Year Plan, including data management &outcome measures; provision of training on plan approaches; staffing for coordination meetings.

**Long Term Activity:** Build community awareness & political will by identifying a "Community Champion" to provide ongoing community leadership by spearheading information campaigns, community initiatives and fundraising.

**Long Term Activity:** Develop a consumer advisory group to monitor programs, remove barriers, and improve service delivery.

**Long Term Activity:** Recruit a broad array of key community players into the Coalition so that meaningful decisions can be reached & new policy directions established.

**Long Term Activity:** Develop a process to update community partners on accomplishments, evaluation, changing strategies, & opportunities.

**B. Ensure solid data gathering and analysis to support planning and service coordination**

**Short Term Activity:** Conduct comprehensive street counts of homeless persons. | 01/01/07 | annually | $0 | $0 | $0

**Responsible Parties:** Continuum of Care member agencies; local housing & service providers; school districts

**Intermediate Outcomes:** Identificaiton of homeless and special populations.

**Long Term Activity:** Develop an alternative (rural) model for conducting Point In Time Counts

**Objective: Conduct adequate data collection & planning to efficiently manage limited resources for homelessness**

**Collaboration & Resource Staging**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **B. Ensure solid data gathering and analysis to support planning and service coordination.** | | | | | | | | | | | |
| **Short Term Activity:** Explore the need for and feasibility of a local Homeless Management Information System (HMIS) to identify special populations, specific service needs, and track progress. | 06/01/07 | 10/30/07 | unkown | $0 | unknown | | | | | | |
| **Responsible Parties**: Coalition members; staff person | | | | | | | | | | | |
| **Intermediate Outcomes:** Go/No Go decision. | n/a | n/a | n/a | n/a | n/a | | | | | | |
| **Short Term Activity:** Conduct annual evaluation of plan implementation to identify what's working & needed course corrections. | 09/01/07 | 03/01/08 | $0 | $0 | $0 | | | | | | |
| **Responsible Parties:** All Coalition Partners | | | | | | | | | | | |
| **Intermediate Outcomes:** Enhanced accessibility to services and assistance; strategy adjustments. | | | | | | | | | | | |
| **C. Identify mainstream service resources and advocate for adequate funding levels.** | | | | | | | | | | | |
| **Short Term Activity:** Identify most critical mainstream services for ending homelessness. | ongoing | ongoing | $0 | $0 | $0 | | | | | | |
| **Responsible Parties:** State legislators, Congressional delegation, Coalition members, local governments, schools, housing & service providers. | | | | | | | | | | | |
| **Intermediate Outcomes:** Maintenance of current funding levels; Develop incentives for agencies that serve homeless persons efficiently. | | | | | | | | | | | |
| **TOTALS:** | | | **$7,825,000** | **$405,000** | **$1,724,500** | **50** | **100** | **81** | **15** | **486** | **169** |

**BEFORE THE BOARD OF COUNTY COMMISSIONERS OF COWLITZ COUNTY, WA**

Resolution of Adoption
of the Cowlitz Ten Year
Homeless Plan

RESOLUTION NO. 07 078

**Whereas,** the Cowlitz Homeless Housing Task Force, with the assistance of COG staff, and with the consultant Common Ground, recently completed development of a Cowlitz Ten Year Homeless Plan;

**Whereas,** the plan is required by state statue, the Homeless Housing Assistance Act of 2005 (House Bill 2163);

**Whereas,** the COG staff analyzed a wide array of existing data and information from many sources to profile the county's homeless situation;

**Whereas,** the Cowlitz Homeless Housing Task Force looked at many different techniques and models of addressing homelessness and crafted a series of strategies that now comprise the plan;

**Whereas,** the plan takes a comprehensive, proactive approach using the model of Housing + Services to get at the core of homelessness in the region;

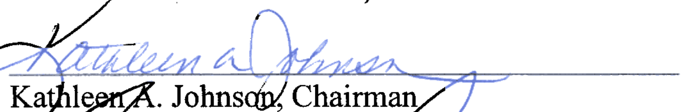
**Whereas,** the resulting plan, when adopted, outlines a proactive strategy consisting of programs and projects to achieve success in reducing homelessness or the threat of being homeless; and

**Whereas,** the Council of Governments board, at its April 26, 2007 meeting, adopted the plan and recommends adoption by Cowlitz County;

**Now, therefore, be it resolved,** that the Board of Commissioners of Cowlitz County hereby adopts the Cowlitz Ten Year Homeless Plan - 2007.

This resolution is hereby adopted this 19th day of June, 2007.

**BOARD OF COUNTY COMMISSIONERS**
**OF COWLITZ COUNTY, WASHINGTON**

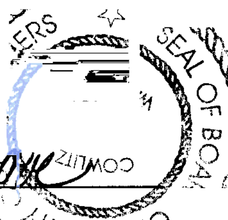


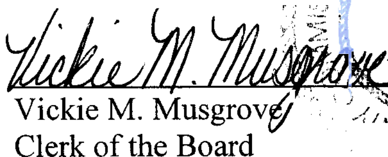
Kathleen A. Johnson, Chairman

George Raiter, Commissioner

Axel Swanson, Commissioner

**Attest:**





Vickie M. Musgrove
Clerk of the Board

999 Homeless Plan Resolution sh06-07