

Cowlitz County Housing First Coalition



*Cowlitz County Ten Year Plan to End Homelessness
2011 Update*

Unabridged Edition

Adopted January 19, 2011
Cowlitz Housing First Coalition

Adopted April 5, 2011
Cowlitz County Board of Commissioners



True collaborations are not just about working together and doing essentially the same things— but rather they are about setting collective priorities, using resources in different ways, incorporating different perspectives.

Julie White, The Trillium Foundation

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF COWLITZ COUNTY, WA.

Resolution of Adoption)
of the Cowlitz Ten Year)
Homeless Plan - 2011)
Update)

RESOLUTION NO. 11 036

Whereas, the Cowlitz Housing First Coalition, with the assistance from staff of the Cowlitz-Wahkiakum Council of Governments (CWCOG), has developed an update to the 2007 Cowlitz Ten Year Homeless Plan;

Whereas, the federal HEARTH Act and the State of Washington will restructure homeless programs and will require each jurisdiction to achieve performance targets attached to funding;

Whereas, the plan is required by state statute, (Homeless Housing Assistance Act of 2005) with updates at intervals no less than every five (5) years;

Whereas, the CWCOG staff analyzed a wide array of data and best practices from many sources to give the county's homeless plan a more strategic approach;

Whereas, the Cowlitz Housing First Coalition examined various models for addressing homelessness and crafted a revised set of strategies that now comprise the updated plan;

Whereas, the plan takes a comprehensive, proactive approach to impact root causes 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 CWCOGs Board of Directors, at its March 24, 2011 meeting, reviewed the plan and has forwarded it to Cowlitz County for consideration;

Now, therefore, be it resolved, that the Board of Commissioners of Cowlitz County hereby adopts the Cowlitz Ten Year Homeless Plan – 2011 Update.

This resolution is hereby adopted this 5th day of April, 2011.

BOARD OF COUNTY COMMISSIONERS
OF COWLITZ COUNTY, WASHINGTON



absent-excused
George Raiter, Chairman

Michael A. Karnofski
Mike Karnofski, Commissioner

James Misner
James Misner, Commissioner

Attest:

Jenny Ostrem
Acting
Clerk of the Board

TABLE OF CONTENTS

Section 1: Introduction	6
▪ Plan Purpose & Process	7
Section 2: The External Environment	11
▪ Federal & State Changes Affecting Local Programs	12
▪ Ten Indicators of Effective Continua of Care	17
Section 3: Needs Summary	18
▪ Key Findings	19
▪ Homeless Housing Needs Summary	20
Section 4: Vision & Values	22
▪ Mission Statement & Core Beliefs/Values	23
▪ Four Core Approaches	24
▪ Goals & Objectives	25
▪ Resource Allocation Policies	26
Section 5: Retooling the Homeless Continuum of Care	30
▪ System Needs & Proposed Changes	31
▪ Cowlitz County Housing Typology	40
▪ Key Strategies	41
▪ Short-Term, Transitional, and Long-Term Strategies	46
Section 6: Epilogue	56
▪ What's in a Changed System?	57
Section 7: Appendix	58
▪ Envisioning Solutions	59
▪ Homeless Housing Inventory	67
▪ Annual Estimated Local Public Funds Available	68
Section 8: Best Practices Guide	To Be Developed

ACRONYMS

CAP	Community Action Program
CBO	Community-Based Organization
CHG	Consolidated Homeless Grant
CHOB	Community House on Broadway
CoC	Continuum of Care
COD	Co-Occurring Disorder
DAPC	Drug Abuse Prevention Center
Doc Fees	Document Recording Fees
ESHP	Emergency Shelter & Homeless Prevention
ESS	Emergency Support Shelter
FBO	Faith-Based Organization
FEMA	Federal Emergency Management Agency
FTE	Full-Time Equivalent
HEARTH	Homeless Emergency Assistance & Rapid Transition to Housing
HMIS	Homeless Management Information System
HOME	HUD's Housing Partnership Program
HPRP	Homeless Prevention & Rapid Rehousing
HUD	U.S. Department of Housing & Urban Development
LL	Landlords
LV	Longview
PATH	Program for Assistance in Transition from Homelessness
PIT	Point In Time
PSH	Permanent Supportive Housing
PT	Part Time
SOAR	Social Security Outreach, Access & Recovery
SSDI	Social Security Disability Income
SSI	Social Security Income
TBRA	Tenant-Based Rental Assistance
TH	Transitional Housing
THOR	Transitional Housing Operating & Rent
VA	U.S. Veterans' Administration
VASH	Veterans Affairs Supportive Housing

Section 1

Introduction

PURPOSE OF THE TEN YEAR PLAN UPDATE

~ Why are we updating a plan that is only five years old? ~

The original Cowlitz Ten Year Plan was adopted in 2007 and contained Short Term Strategies that addressed a two-year time frame. These are now out of date and need to be revisited.

There is recent research and new data identifying more effective ways of reducing and ending homelessness.

Much progress has been made to increase the capacity of the Cowlitz homeless system. In 2006, the system had a total of 269 beds; in 2010, there were 462 due to implementation of several projects. For the first time, in 2009, there were enough beds in the system for every homeless person identified in the annual count. This was also true in 2010; yet, there were still unsheltered people without access to housing and services.

Between 2006 and 2009, Cowlitz County experienced a 28% decrease in homelessness, but counts have recently returned to levels seen prior to the economic boom years in the middle of this decade. With the Great Recession of 2008, homelessness has increased locally by 32% and there are still unsheltered people living on the streets, despite the increase in the number of beds. This indicates that the system as a whole is not functioning optimally.

The federal statutes addressing homeless and funding for homeless needs was significantly modified in 2009. It established performance benchmarks that are passed to the states and on to local governments. These changes will pass through the state to the local level in the near future. Our Coalition needs to be prepared for these changes.

The “Great Recession” has caused a restructuring of government at state and local levels. Consolidation of homeless funding programs at the state level and accompanying requirements for outcomes and accountability from the federal and state level demands a more rigorous approach to reducing absolute numbers of homeless persons.

APPROACH OF THIS UPDATE

Members of the Cowlitz County Housing First Coalition determined that the Ten Year Plan update should build on the strengths of the 2007 plan and include an exploration of the following questions:

- ❑ What would the ideal system look like? What would look the same? Different? Who would be involved? What new players need to be added?
- ❑ How do we integrate a “housing first” approach into our system?
- ❑ What best practices do we need to employ?
- ❑ What priorities are needed to improve outcomes?
- ❑ How do we support members in meeting requirements for increased accountability?
- ❑ How can we foster better communication, coordination, and genuine collaboration?
- ❑ What approaches would increase our ability to leverage funding and increase results, as a Coalition?

THE PROCESS

A Ten Year Plan Update Work Group began meeting in late February 2010, and consisted of five Coalition members. They met throughout 2010 to formulate a revised Ten Year Plan, using input from the full Coalition at specific points. The group consisted of Ilona Kerby (Lower Columbia CAP), Sherrie Tinoco (Emergency Support Shelter), Chris Pegg (Longview Housing Authority), Gus Nolte (Drug Abuse Prevention Center) and Michael Torres (Lower Columbia CAP), with other contributors, from time to time.

The group worked through five basic steps:

1. Review of proposed changes to homeless programs at the federal and state levels, which entailed significant departures from past practice. These are outlined beginning on page 10. Estimating needs for housing and services among the local homeless population and identifying gaps in our homeless system of care.
2. Articulating strategies to address the needs and gaps as outlined in the 2010 Homeless Housing Needs Estimate Report, prepared in May 2010 for this effort.
3. Prioritizing strategies so that these would reflect the concerns as well as the vision of the Coalition.
4. Recommending a set of strategies over time that should create a quantitative and qualitative impact on homelessness in Cowlitz County.

In May 2010 an all-day workshop was held with Coalition members for Envisioning Community Approaches to Homelessness. This workshop identified three key areas where there are high needs and gaps in the system, as outlined on the following page. These core areas were the subject of further workshops over the summer of 2010 at monthly Coalition meetings, and resulted in an array of strategies, projects, and activities that would address these gaps.

These areas included: 1) Lack of Life Skills; 2) Affordable Housing Supply; and 3) Fragmentation of the System. Further details on the work conducted by the Coalition to explore solutions to each of these issues can be found in the Appendix.

The Ten Year Plan Work Group took this work and added to it using historical data, best practice information, and their respective professional opinions. They ended up with a list of 53 strategies and activities, which were evaluated on three factors: the importance or priority of the project, the urgency of the need for the project, and the sequence needed to support activities in a logical flow. This ranking process allowed the list to be narrowed to 26 key projects and 16 additional activities of importance.

Given these overall rankings, the group then worked on prioritizing the highest-ranking 26 strategies along a timeline for implementation. Activities assigned to the short, mid- and long-term were then checked against local resource capacity to determine if its implementation was a realistic expectation, given budget limitations. A recommendation was developed for short-term (1-2 years), transition (3-4 years) and long-term priorities. These were presented for feedback at the December 2010 meeting of the Cowlitz Housing First Coalition.

In late 2010, the Coalition conducted a re-examination of Key Beliefs & Core Values, to ensure that the work was going in a direction consistent with what our hearts and minds were telling us. These are presented on page 21_. A summary of the desired results that Coalition members hope to see from the Ten Year Plan Update is found on page 22. A description of the four core strategies outlined in the 2007 Ten Year Plan, which remain the organizing framework to accomplish our mission, is found on page 23.

This final plan was presented and adopted by the Cowlitz Housing First Coalition at its annual meeting on January 19, 2011, and represents a full year of deliberative effort.

It is the intent of the Coalition that the Ten Year Plan continues as a living document, actively guiding decision-making on projects and priorities to address homelessness in our communities. To that end, the priorities presented in this document will be revisited on regular basis using community data, new evidence about best practices and what is working, as well as the unique trends and issues presented in our community.

Section 2

State and Federal Actions Affecting Local Homeless Programs

Introduction

Legislative and programmatic changes at the federal and state level have been a key factor in this plan update. The McKinney-Vento Act guided federal priorities, programs and funding over the past three decades. Reauthorization of the Act in 2009 as the HEARTH Act proposed a very different framework for homeless programs. Federal agencies, including the U.S. Department of Housing and Urban Development (HUD), have adopted a focus on performance, outcomes, and accountability. This is based on extensive tracking of program outcomes across the U.S. over the past two decades to evaluate what works best.

More funding decisions will be based on data-driven programs that are responsive to needs “on the ground” in communities across the nation. One of the first of these was the initiative to End Chronic Homelessness. The success seen in communities across the nation using a “housing first” approach has been incorporated into programs that also deal with family homelessness. Another one of these is the Homeless Prevention & Rapid Rehousing Program (HPRP), initially funded through the economic stimulus of 2009. Because HPRP reflects evidence-based successes in the field, the HEARTH Act places greater emphasis on prevention and rapid rehousing, and calls for a doubling of the former “Emergency Shelter Grant” program that allocates significant resources for prevention and rapid rehousing at the local level.

The federal funding for shelters, homeless prevention and rapid rehousing are funneled through the states. Washington State enhances these funds, which then flow to a number of local providers in each county. Beginning in 2012, the Washington State Department of Commerce will implement the Consolidated Homeless Grant Program (CHG). State and federal resources will be combined into a single pot of funds with counties administering the dollars. This approach offers a number of advantages, including greater transparency and accountability at the local level. It is also essential for aligning local programs and providers to work strategically towards achieving the performance benchmarks for each county. Implementation of the CHG is assumed as the operating platform for the projects and priorities established in this plan update. A summary of state and federal changes is provided on the next few pages.

2010 FEDERAL & STATE CHANGES AFFECTING HOMELESS PROGRAMS

Implementation of the HEARTH Act of 2009 (Federal Statute)

Outcome Focus:

1. Reduce number of homeless persons
2. Reduce time spent in homelessness
3. Increase the number of people placed in permanent housing (WA State addition)
4. Reduce recidivism (repeated episodes of homelessness)

Strategic Focus:

- Homeless Prevention
- Rapid Rehousing
- Permanent Supportive Housing for the Chronically Homeless

Washington State Consolidation of State Homeless Programs – Proposed for Implementation in 2012

Basic Requirements

- Develop a Coordinated Assessment Process tied to Tailored Housing/Services
- At least 35% of homeless served must be in families with children; Half of state funds must be used to assist households receiving rental assistance (90 days-24 months)
- Conduct/Update a Homeless Housing Inventory
- Update Local Plans every 5 years
- Implement an approved HMIS Data System
- Participate in Annual Point In Time Counts

System Refocus – Suggested Directions

- Shelter Buildings – reserved for populations with special needs or facing life threatening problems (DV, chronic inebriates). This includes motel vouchers for people waiting for permanent units.
- Transitional housing (buildings) used only for narrowly focused high-service needs (prison release, pregnant young women, sober living treatment, etc.)
- General purpose/family shelters and family transitional housing units are converted to permanent affordable housing or permanent supportive housing.

FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS :: 2010

The U.S. Interagency Council on Homelessness (USICH) developed and published the first federal strategic plan to end homelessness in 2010. The focus of this plan is interagency collaboration that aligns mainstream housing, health, education and human services to prevent Americans from experiencing homelessness. Strengthening of existing partnerships and forging of new alliances at the federal levels of government are key features. The plan contains four key goals:

- ✓ Finish the job of ending chronic homelessness in five years
- ✓ Prevent and end homelessness among veterans in five years
- ✓ Prevent and end homelessness for families, youth, and children in ten years
- ✓ Set a path to ending all types of homelessness.

The federal strategic plan seeks to accomplish this through five core approaches or themes:

1. Increase leadership, collaboration and civic engagement at all levels of government and across all sectors.
2. Increase access to stable and affordable housing for people experiencing or most at-risk of homelessness, and provide access to permanent supportive housing for chronically homeless persons.
3. Increase economic security by increasing meaningful and sustainable employment as well as access to mainstream programs and services to reduce vulnerability to homelessness.
4. Improve health and stability by integrating primary and behavioral health care services for persons experiencing or most at-risk of homelessness; improve discharge planning from community institutions of care, and advance health and housing stability for high users of public services and systems..
5. Retool the homeless crisis response system to incorporate best practices for crisis response programs, enhanced coordination with mainstream resources, and improved collaboration among all federal, state and local agencies addressing homelessness.

USICH will publish an annual report card on progress towards plan goals and targets and progress in implementing strategies at the federal level and across the country. Annual updates to the plan will consider changes in the environment, successes, unexpected opportunities and barriers, and new research and information. Evaluations of initiatives will identify improvements for people served by these initiatives and how agencies collaborate to facilitate those improvements.

U.S. VETERANS' ADMINISTRATION FIVE YEAR PLAN TO END HOMELESSNESS & WASHINGTON STATE VETERANS HOUSING PLAN

Due to the large numbers of military personnel returning to the U.S. following the wars in Iraq and Afghanistan and the difficulties many have had in transitioning to successful civilian life, the federal Veterans' Administration developed a Five Year Plan to End Homelessness Among Veterans that was issued in November of 2009. Likewise, the Washington State Department of Veterans' Affairs has developed a Veterans' Housing Plan which was rolled out in early 2010. Much progress has already been made, and homelessness among veterans is already on the decline by 18%, across the nation (*Opening Doors*, 2009). The Five Year Plan works towards maintaining this effort until the last homeless veteran is off the street.

The key findings of these efforts included:

- ✓ 131,000 veterans are estimated to be homeless on any given night (2008)
- ✓ Homelessness is often a consequence of multiple psychosocial factors, including unstable family supports, job loss, inadequate job skills, health problems, substance use disorder, or other mental health concerns.
- ✓ Homeless services cannot be provided in isolation.
- ✓ Homeless services must be comprehensive.

The VA has adopted a philosophy of “no wrong door”, meaning that all veterans seeking to prevent or get out of homelessness must have easy access to programs and services. Any door a veteran comes to must offer them assistance. The federal and state veterans' homeless strategy is built upon six core pillars, which mirror approaches to ending homelessness among many other populations:

1. Outreach and/or Education – led by the VA and community partners; use of the VA National Homeless Call Center
2. Treatment – access to treatment under a “no wrong door” approach which includes: assessment, comprehensive treatment and rehabilitative treatment (medical, dental, mental health care and substance abuse care)
3. Prevention – programs for justice-system involved veterans; supportive services for low-income veteran families
4. Housing and/or Supportive Services – provision of transitional and permanent housing with supportive services in collaboration with federal and community partners; provision of community-based residential treatment

5. Income/Employment/Benefits Assistance – includes employment assistance, access to entitlement benefits, short-term financial assistance, vocational rehabilitation and supportive employment
6. Community Partnerships – builds on the successful strategy that has made it possible to reduce veteran homelessness

Causes of homelessness among Veterans are similar to causes of homelessness among non-Veterans—interrelated economic and personal factors and a shortage of affordable housing. Combat introduces additional factors, such as post-traumatic stress. Like other populations, the complexity of navigating systems makes it difficult for Veterans to get their needs met. Veterans need the same basics—jobs, affordable housing, and access to health and behavioral health care—that other single adults or families need. Veterans experiencing chronic homelessness benefit from comprehensive health care combined with a unique array of benefits, and increased access to permanent supportive housing. There are unique and robust programs and supports available for Veterans although for some, their lack of awareness about programs or their ambivalence about seeking care may keep them from receiving these services. Outreach and education, reducing barriers to services, and housing assistance are the key components of the five year plan to end homelessness among veterans.

10 INDICATORS OF EFFECTIVE CONTINUUMS OF CARE

1. **Using Data to Evaluate Outcomes, Verify Plan Assumptions & Measure Success** and to make periodic adjustments to improve programs, services and the safety net system.
2. **Implementing Evidence-Based Practices** – Embracing and incorporating established best practices such as Motivational Interviewing, Integrated Dual Disorder Treatment, Shared Decision Making, Harm Reduction, etc.
3. **Culture of Openness, Appreciation of Inquiry & True Collaboration** -- not just working together on the same things, but setting collective priorities, using resources in different ways, and incorporating different perspectives.
4. **Collaboration with Mainstream Systems** – Avoid creating a “Parallel System” for homeless persons. Partner with agencies offering resources such as TANF, WorkSource, Medicaid, Public Housing, Health Care, etc.
5. **Maximize Shelter Diversion** – Use prevention/rapid rehousing as the “front door” to shelter for those who cannot be immediately housed; Use shelters as “interim housing” for those awaiting placement who are difficult to house.
6. **Emphasis on Prevention & Rapid Rehousing** – Targeted prevention with “just enough” assistance; Immediate placement into permanent housing (public/private market mix), with short term rental assistance and services.
7. **Invest in Low Barrier & Permanent Supportive Housing Options** – Tier 1 Shelter (low barrier); Low Demand Housing is not contingent on participation in services; reserve Permanent Supportive Housing for disabled unable to stay housed without the provision of on/off-site supportive services.
8. **No Wrong Door Approach / Centralized Intake** - Coordinated Assessment Tool; Access to housing and services no matter where you enter the homeless system.
9. **Strong Program Linkages to Housing** – Defined, clear referral protocols, coordinated targeting, communitywide system of prioritizing wait lists.
10. **Comprehensiveness of the System: Provision of Housing & Services to All Homeless Populations** (chronic, youth, ex-offenders, dually diagnosed, disabled, etc.) and elimination of service gaps.

The above indicators were used to evaluate local system needs using best practices collected from information presented in the national 2010 HUD HEARTH Act conference sessions.

SECTION 3

NEEDS SUMMARY

KEY FINDINGS

2010 Cowlitz County Homeless Housing Needs Report

1. There is a gap of approximately 250 units of housing available for renters at the lowest income range (0-30% of Area Median Income or AMI). Low income, disabled renters have the greatest housing affordability gap.
2. Cowlitz County will lose at least 266 units of affordable, market-rate housing between 2008 and 2011, including 184 units at River City Mobile Home Park, 62 units at Maple Terrace Apartments, and 20 units of affordable housing at The Stratford, which will be converted to transitional housing for veterans.
3. There is a need for at least 555 units—and perhaps as many as 1,250 units—of affordable housing reserved specifically for very low income persons, so that people do not become homeless, and to provide places to go when people are ready to exit the homeless system.
4. Our local Point In Time Count has ranged from a low of 330 persons (2009) to a high of 472 (2006). There was a 28% decline in the homeless count between 2006 and 2009. The number of “doubled up” has grown steadily, from a low of 95 persons (2006) to a high of 373 (2010). Though not technically homeless, this is an at-risk population that has shown significant increase, reflecting better counts, and mirroring national trends.
5. Just over 1,600 households stayed in local shelters during 2009. Of these, only 280 were known to exit to transitional or permanent housing. Another 228 households were provided with emergency homeless prevention or rehousing assistance.
6. Across our state, the vast majority of homeless persons—over two-thirds—are homeless for 90 days or less; only one-third are homeless for more than 90 days. In Cowlitz County, the reverse is true: 1/3 are homeless for 90 days or less, and 2/3 are homeless for more than 90 days. This indicates a significant proportion of

people who are homeless for long periods of time (not necessarily chronically homeless), as well as bottlenecks in the homeless system with no housing to which people can exit

7. The number of beds in the Cowlitz homeless system at any given time is usually equal to or greater than the actual number of homeless persons enumerated in any given Point In Time count, including those who are unsheltered and on the street. There is a need to focus on allocation of beds, particularly for single adults, and the criteria to access those beds. Additional focus is needed on use of supportive services to help people secure housing and remain stably housed, including those doubled up with others.
8. There is a need for about 175 units of permanent supportive housing, based on the 2010 Point In Time Count as a baseline. Permanent supportive housing is reserved for people who have a long-term disability that interferes with their ability to remain stably housed without supportive services.
9. Prior to 2010, most prevention assistance was allocated to families. Very few resources are reserved for single adults, who represent up to 50% of the homeless population in a given year. Assistance to single adults is also very limited in mainstream service programs.
10. Emergency shelter, transitional housing and permanent supportive housing is lacking for those with special needs who are hard to serve or who are not currently served by the system. Gaps were identified for physically disabled, mentally ill, chronically homeless, youth, and those with medical treatment needs.
11. A coordinated discharge planning system that includes affordable housing resources for youth transitioning from foster care, people leaving medical and psychiatric care facilities and ex-offenders is needed.
12. Outreach and shelter for homeless youth transitioning from foster care, substance abuse treatment, hospital discharge, and release from juvenile justice system is lacking.
13. An adequate supply of “Safe & Sober” transitional housing for recovering substance abusers is needed.
14. A single point of entry or “no wrong door” approach into the homeless services system is needed in across communities throughout the county.

Homeless Housing Needs Summary

Notes: These are duplicated counts; individuals may appear in more than one category. This inventory examines bed capacity for “special needs” populations, and does not use general groupings such as “families” or “individuals” without some type of special need. In 2010, 62% cited economic reasons as the primary cause of their current housing status.

Special Needs Population	Existing HH Units	Individual Beds (estimate)	2010 Sheltered Persons	2010 Unsheltered Persons	Notes
DOMESTIC VIOLENCE	58	165	170	3	ESS and CHOB serve families fleeing domestic violence
VETERANS	88	162	27	6	Longview Housing Authority offers vet housing
ADDICTED	143	227	11	16	Primarily through DAPC & Oxford Houses
MENTALLY ILL	93	93	28	9	Primarily through Kelso Housing Authority
CHRONIC	0	0	7	17	7 were staying in shelter or transitional
YOUTH	0	0	1	3	Another 68 were counted as “couch surfing”
CO-OCCURRING DISORDER	0	0	12	11	
EX-OFFENDERS	0	0	25	6	
HIV/AIDS	3	9	2	1	Typical of Point In Time (PIT) count results
SEASONAL/AG WORKERS	76	228	0	0	Subsidized Permanent Housing available; rarely are any seasonal/ag workers identified in the PIT count
SENIORS 65+	--	--	0	0	Rarely found in PIT Count
DISABLED	710		35	22	25 were in emergency shelter; 10 in TH
TALLY			318	94	Special populations often fit in <u>more than one category</u> , hence the duplicated count
<u>ACTUAL</u> COUNT			362	72	362 sheltered homeless; 72 unsheltered; there is overlap/duplication between categories; also, some were “sheltered” in a temporary shelter the <u>night before</u> but were unsheltered the day of the count; the temporary shelter closed the day prior.

Section 4

Vision & Values

COWLITZ HOUSING FIRST! COALITION ~ MISSION STATEMENT

To build community awareness, support and involvement in efforts to end homelessness through collaboration and systems change.



KEY BELIEFS & CORE VALUES

- There are no “homeless people” but rather people who have lost their homes who deserve to be treated with dignity and respect.*
- We need to give consideration to how our limited public resources can be invested for maximum impact.*
- There is strength in collaboration and we can all make a difference.*
- Homelessness is expensive—it’s better to invest in prevention and solutions.*
- Housing is a basic human right.*
- Our job is to return people to their normal, not our normal.*
- We should tackle the most visible and problematic issues first.*



TEN YEAR PLAN UPDATE – DESIRED RESULTS

PLAN CONTENTS

- The Plan should be action-oriented, with specified priorities.
- Develop a fair plan that maintains vital services, reduces unnecessary expenses and allows some new projects
- Ensure the plan is based on reasonable resources and realistic goals.
- Attract additional funding to the table

IMPROVE THE SYSTEM

- Create a central place to assist the homeless and/or implement a “one stop shop” with all agencies and services under one roof.
- Develop an effective approach to rapidly re-house those who are homeless.
- Offer transportation for clients outside the Longview-Kelso urbanized area to access needed services.
- Define a clear referral system and protocols for referrals; ensure all partners are aware of these procedures.
- Conduct an area-wide inventory of shelters and associated services.
- Reduce the recidivism of individuals and families that are homeless.
- Generate follow-up data to indicate our level of success at helping people become stably housed.

ENHANCE COLLABORATION

- Ensure transparency for all partners in the plan and the planning process.
- Work more collaboratively to maximize results, share resources, and shoulder the tasks to implement the Ten Year Plan.

COMMUNITY ENGAGEMENT

- Develop an education and outreach program to increase awareness, generate support, and encourage community participation.

UN-SERVED & UNDERSERVED POPULATIONS

- Reduce the population of chronically homeless in downtown, along the riverbanks and in other locations.
- Provide re-entry services and housing for ex-offenders. Educate the community about the resulting decrease in criminal activity.
- Assist very low income families who find it hard to afford housing.
- Offer options for youth who come from situations that force them onto the streets.

~ FOUR CORE APPROACHES ~

CARRIED OVER FROM COWLITZ COUNTY'S 2007 TEN YEAR PLAN

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.

TEN YEAR PLAN UPDATE ~ GOALS & OBJECTIVES

1) Focus efforts on outcome-based programs and activities that prevent and reduce homelessness:

- a) Prevent homelessness
 - i) Reduce the number of unsheltered households through outreach and prevention (HEARTH Act)
- b) Reduce the number of homeless persons
 - i) Reduce number of newly homeless by at least 10% per year (HEARTH Act)
- c) Reduce length of time spent in homelessness
 - i) Average lengths of homeless episodes is less than 21 days (HEARTH Act)
- d) Increase placements to permanent housing (WA Commerce)
- e) Reduce recidivism (repeat episodes of homelessness)
 - i) Less than 5% become homeless again at any time within the next 2 years (HEARTH Act)

2) Expand local programs and activities to provide services for populations that are currently not served or under-served by the local homeless system:

- a) Youth
- b) Chronically homeless
- c) People with multiple/high service needs (e.g. mental illness, co-occurring disorder) who lack housing
- d) People exiting institutions – jail, prison, psychiatric hospitals, hospitals, foster care, etc.

3) Increase access to mainstream services

- a) Ensure that at least 90% of persons exiting systems will be referred to appropriate programs
- b) Advocate for expansion of mainstream services that form the infrastructure around the very poor
 - i) Advocate for expanded access to treatment for primary and behavioral healthcare for homeless persons
 - ii) Promote economic security with expedited access to income and housing benefits as well as meaningful employment opportunities through collaboration and implementation of local initiatives such as SOAR

4) Increase access to housing

- a) Coordinate functions that are not currently available or are being duplicated across agencies...e.g. Landlord Liaison/ Incentive Program, Housing Locator Services.

- b) Develop a coordinated assessment process that is tied to tailored housing and services customized to each household's need.
- c) Provide targeted financial assistance to prevent homelessness and to re-house those who have lost housing.
- d) Support projects that would expand the stock of affordable housing (market-rate and below-market), without restricting to a particular homeless group or subpopulation classification, unless there is an established best practice for doing so.
- e) Develop employment and life skills programs to facilitate the move towards independence and increase access to income benefits.

5) Develop data to evaluate program success and needed improvements

- a) Require HMIS participation for projects utilizing local, state or federal homeless dollars.
- b) Secure data-sharing agreements among all HMIS users to improve coordination and provide system-wide analysis.

6) Explore ways to improve or refocus the local homeless system for improved allocation of resources:

- a) Place emphasis on prevention, with Improved targeting of services
- b) Promote immediate placement in permanent housing (rapid rehousing) as an alternative to shelter stay
- c) Provide permanent supportive housing for the chronically homeless and homeless persons with disabilities
- d) Explore reuse of general purpose/family shelters and family transitional housing units for permanent affordable housing or permanent supportive housing.
- e) Re-orient shelter facilities to high/special needs or those facing life threatening situations (domestic violence, chronic inebriates, other high needs groups).
- f) Target transitional housing to those with high service needs (prison release, pregnant young women, domestic violence survivors, sober living treatment, etc.)
- g) Focus on programs and activities that will facilitate system integration:
 - i) Landlord incentives
 - ii) Discharge planning (and) agreements
 - iii) Prompt access to income and non-cash benefits

7) Support efforts of the Washington State Balance of State Continuum of Care

- a) Ensure that at least 35% of state homeless funds will serve families with children
- b) Dedicate at least half of state funding to assist households with rental assistance (Prevention and/or Rapid Rehousing for up to 24 months)
- c) Update the Homeless Housing Inventory each year
- d) Update Local Plans every 5 years
- e) Implement an approved HMIS Data System to evaluate overall system performance
- f) Participate in Annual Point In Time Counts

RESOURCE ALLOCATION POLICIES

1. Use local priorities to drive local funding decisions. Avoid funding simply to provide a local match needed for a project that is not a designated high priority of the Coalition.
2. Share information on new/additional funding and program outcomes for all homeless activities, regardless of funding source, on an on-going basis.
3. Support projects that serve multiple target populations or that integrate homeless/extremely low income persons into mainstream housing. Avoid increased fragmentation of housing and services on a project-by-project basis by targeting narrow subpopulations, unless there is an established best practice reason for not doing so.
4. Use the most restrictive funding sources for those activities it allows, reserving the more flexible funding streams for other uses.
5. Serve those who are creating high public services costs, those who are hardest to serve and those currently not being served by the system.
6. Provide the least amount of assistance that would be effective in stabilizing households. Avoid “one size fits all” approaches.
7. Assign funding priority to projects which refer people to existing community resources, rather than duplicating or replicating services.
8. Give funding priority to projects that will benefit persons who were residents of Cowlitz County at the time they became homeless.
9. Assign funding priority to projects which reflect established best practices. A synopsis of best practices will be developed and updated annually for this purpose.
10. Assign funding priority to projects that participate in the HMIS data collection system and share that data for the purpose of system-wide analysis.
11. Coordinate with local governments to develop a “check off” box in funding applications to indicate projects that are documented as a high priority in the Updated Ten Year Plan.
12. Use the Washington State Priorities of Government evaluation criteria as a general tool to guide planning and decision-making. Evaluate needs and priorities based upon:
 - What are the results that can be expected?
 - What strategies are most effective in achieving those results?
 - How should we prioritize spending to buy the activities that are most critical to implementing these strategies?

- How will we measure progress?

Section 5

Retooling the Homeless System

SYSTEM NEEDS & PROPOSED CHANGES

Gaps & Deficiencies

Gaps refer to missing components of our homeless service system, while deficiencies represent the need for expansion of existing system components. An analysis of the resources available to each sub-population group identified in our annual census or Point In Time Count was conducted as part of the planning process. This analysis shows the following gaps in the Cowlitz Homeless System:

UNSERVED POPULATIONS - GAPS

Chronically Homeless – There are currently no facilities or housing serving this population. A Low Barrier Shelter that could serve up to 30 persons has been identified as a need. This shelter would be a sleeping shelter only, and provide an opportunity for engagement and outreach. In addition, low barrier housing (housing that is not contingent on participation in any mandated services) is not available within the community. Permanent supportive housing (PSH) for this population is also non-existent, in a housing first model. Existing PSH requires compliance with mandated services, with the exception of Phoenix House. The estimate of chronically homeless persons ranges from 31-58 persons. The Salvation Army is planning a facility that would provide transitional housing and services for approximately 10 individuals at a time. The Longview Housing Authority has received 25 VASH vouchers to provide permanent supportive housing for veterans, some of whom may also be chronically homeless.

Youth – There are currently no facilities or housing oriented to the needs of homeless youth, particularly those aging out of the foster care system. A need has been identified for an emergency shelter and/or drop-in center to serve as a point of outreach and engagement. Transitional housing oriented to gaining life skills and moving towards independent living has been identified as a need. The number of homeless youth is estimated at 72.

Co-Occurring Disorders – This is currently no integrated treatment or housing for homeless persons who are suffering from both mental illness and substance abuse. The need for a Crisis Response Center has been identified, which would offer sub-acute detox and stabilization beds for those who need help to address one or both illnesses. There is no transitional or permanent supportive housing offering integrated treatment for this population.

Ex-Offenders – While 90 days of rental assistance is available to those released from state prisons, assistance is not available to those released from jail. The Longview Housing Authority is working with Cowlitz County Corrections to place released ex-offenders who are also veterans into their veterans programs, which include housing. While the populations listed above may benefit from specialized housing geared to their needs, ex-offenders are often simply denied housing due to their criminal record. A landlord incentive program, perhaps coupled with short-term rental assistance where needed, should go far in filling this gap.

SYSTEM/PROJECT GAPS

Land Lord Incentive Program – A formalized, funded program to promote landlord participation in rehousing homeless families and individuals would feature the following components:

- **Damage Fund** – Funding pool would be used to restore any units damaged by homeless clients beyond normal wear & tear. Many are funded at around the \$10,000 range; experience has shown these are rarely used, if case-management is available for high-need tenants.
- **Landlord Liaison/Housing Locator** – An individual (full or part-time) would be tasked with recruiting landlords for participation in homeless housing programs for all participating agencies. They would generally represent the interests of the landlord. As a housing locator, this person would assist households with finding and securing rental housing; help prospective tenants negotiate with a landlord to address their housing barriers.
- **Certified Renter Training** – Trainer(s) would present curriculum to tenants with one or more housing barriers to assist them in rebuilding their renting/credit/criminal history and to help them address their barriers in the interim. Could be combined with Landlord Liaison/Housing Locator function.

Coordinated Assessment Tool/No Wrong Door/Single Point of Entry – A coordinated assessment tool will ensure that every participating agency is screening people using a basic set of criteria to determine the needs of the person. Individual agencies may screen in further detail for other, more specialized needs, but everyone will be using the same criteria, as a beginning point for assessment. This prevents the person from having to repeat their story multiple times to multiple agencies; assists in evaluating needs to minimize recidivism, and ensures that agencies are working off the same first page. An accurate assessment of each person's needs and barriers will be essential to the success of the Landlord Incentives Program, Short-Term Rental Assistance, and Housing Retention Team efforts, all of which work together to assure successful rehousing.

No Wrong Door is an approach that provides access to housing/services no matter which agency the individual ultimately enters. This is more than resource referral; there is, at minimum, a “warm hand off” to the more appropriate service provider, without a replay of the person's needs. This approach intends that the person will actually be able to access the housing/services needed, not simply be referred to where they are presumed available. The approach may require more outreach/engagement up-front, funding of slots to increase availability, or expedited access to benefits they are likely to be eligible to receive.

Single Point of Entry (SPOE) refers to one physical location where people can seek assistance to prevent or end their homeless situation. This would involve designating an existing provider or creating a new site that serves as the portal to services. This site may include other service providers in a “one stop” facility or could simply serve as the “front door” to the system. In the latter case,

some communities use the Homeless Prevention/Rapid Rehousing provider(s) as the front door; if they lack housing and cannot immediately secure it, they may be referred to a shelter or to interim (short-term) housing in lieu of a shelter. Some jurisdictions agree to employ a “virtual” SPOE by using electronic screening/assessment and incorporating this into a No Wrong Door approach.

SOAR Program – SOAR provides expedited access for homeless people to SSI or SSDI benefits, which then provides access to services and housing through the income and medical benefits that go with these programs. SOAR involves training a cadre of case managers in preparing SSI/SSDI applications that are less likely to be delayed or denied. Many programs can get approvals within 90 days. SOAR is more than training; it requires agreement to participate in a community partnership among all the key agencies involved in access to benefits. Some jurisdictions have dedicated staff providing this funding paid for by medical providers who can recoup payment for care previously written off to charity care.

Extreme Weather Shelter – Provision of sleeping space for approximately 30 persons during the winter months; most extreme weather shelters run continuously for three to four months in cold or wet climates. These facilities are often staffed by volunteers, sometimes utilizing homeless shelter residents as peer supervisors.

Low Barrier Housing & Services – Provision of permanent housing coupled with stabilizing supportive services for people who have been chronically homeless and have been identified as high users of system resources (shelters, jail, hospital, etc.). Typical service costs range from \$12,000-\$20,000 per person, per year for both housing and services. The range is broad because the level of service or severity of need may vary considerably from one person to another, though costs at the lower end of the range are typical. A pilot project to serve six (6) chronically homeless persons would cost approximately \$75,000-\$120,000 per year.

Housing Retention Team – Coaches or case managers assist families and individuals with maintaining housing stability. Services might include life skills training, certified renter training, tenant advocacy, referral to services to address needs as they emerge. Housing Retention Team might be expected to carry a caseload of 20 high-need households for one FTE; up to 40 for low- or moderate-need households.

Life Skills Training – Coaches or case managers provide training to clients of various agencies for specific life skills. This activity could be combined with renter training and/or Housing Retention Team, above.

Urban Rest Stop – Provides a convenient, accessible location for a hygiene station, laundry, voice mail, lockers, library, and consultation/referrals to services; also serves as an outreach location for short-term and long-term homeless. The facility would need two staff persons to maintain safety and security during operations. See <http://www.urbanreststop.org/>

Discharge/Reentry Program – Formalized protocols and/or Memoranda of Agreement among various community partners and service providers to prevent discharges to homelessness or to shelters. Cost of effort is the time needed to collaborate, plus any additional housing/service resources that may be needed to accommodate.

Interim Housing – Short-term housing for people who are homeless at the time they enter the system. This replaces the traditional emergency shelter and is used for rapid rehousing. A typical situation might be a household living on the street who has not located suitable housing or been approved for rental assistance. They may present a high-needs profile that requires lead time for successful rapid rehousing. Access to interim housing should be available 24/7, as emergencies do not happen only during regular business hours. Dollars used for shelters could be reprogrammed to use for master leased apartment units, purchased units reserved for short-term housing, sponsor-owned housing, or motel costs. The goal would be a placement into permanent housing within 21 days, to meet the new benchmarks for average length of stay in homelessness. This project is needed as a Transition Period activity, as Community House shifts from performing emergency shelter function to providing permanent supportive housing and Single Room Occupancy (SRO) permanent affordable housing.

SYSTEM DEFICIENCIES

Short-Term Rental Assistance/Rapid Rehousing – Up to 24 months of financial assistance would be available for deposits, moving, and/or rental expenses. This activity should be aligned and synchronized with the Housing Locator and Housing Retention Team projects. A basic funding level of around \$135,000 would fund intake and assistance for a maximum of 90 households (less if rental assistance model extends beyond 90 days, as currently administered). Funding for this program will be needed by or before the end of 2011, when Homeless Prevention & Rapid Rehousing (HPRP) funds are anticipated to be depleted.

Current program constraints prevent assisting those who have long-term economic hardships that prevent them from resuming their rental payments once the assistance is depleted. Partnerships with Longview and Kelso housing authorities are proposed as a bridge from transitional assistance to a permanent housing subsidy for those who have long-term assistance needs.

Permanent Supportive Housing – According to the Corporation for Supportive Housing, the need for permanent supportive housing can be gauged by evaluating Point In Time Count results. Utilizing the CSH methodology, it was determined that there is a need for up to 175 additional units of Permanent Supportive Housing for homeless persons with long-term disabilities who need supportive services to remain stably housed. Approximately 65 units additional are planned through the award of 25 VASH vouchers for veteran PSH and the conversion of Community House on Broadway for approximately 40 units during the mid-term.

Affordable Housing – The Homeless Housing Needs Assessment documented a need for at least 250 units of housing affordable to those at the very lowest end of the economic spectrum. An adequate supply of affordable housing is considered a key means of preventing homelessness in the first place, and provides a resource where people can exit the homeless system. Much of the existing stock of extremely and very low income housing is occupied by persons at higher income levels who are maximizing their housing dollar. Thus, the need is for housing that is coupled with income restrictions, ensuring its availability for those it is intended

to serve. This housing could be provided by acquisition of existing properties and subsequent renovation, if needed, or through housing development. In today's economic and housing market, acquisition appears generally to be the most cost-effective route.

Behavioral Health Services to Homeless Persons – Single adults that do not meet the qualifications for Medicaid cannot access mental health or substance abuse services, unless state funds for this purpose are restored. This would be particularly helpful for providing services and housing stabilization for chronically homeless persons that do not meet the categorical or medically needy qualifications. Use of the local Tenth of a Cent sales tax (no voter approval required) is a viable option to help address those with mental health, substance abuse, or co-occurring mental health/addiction disorders. The tax would cost consumers one penny on a sale of ten dollars. This fund allows both housing and service costs, and in today's economy would raise approximately \$750,000 per year, at sales tax collection levels, which are much lower than normal due to the recession. Increased/expedited access to SSI and SSDI for these clients through a SOAR initiative (see previous discussion) would also assist with service and housing costs for a difficult-to-serve population. For reference, see Revised Code of Washington at: RCW82.14.460

PROPOSED SYSTEM CHANGES

In addition to the implementation of projects to fill the gaps described above, system changes are proposed, as described below.

Fragmentation of Services – Many of the beds available on any given night are limited to specific populations, making them unavailable to others who are also in need. Where these restrictions are based on funder requirements there is little or no flexibility for reprogramming. Where these restrictions are based on agency policy, there is an opportunity to consider new ways to serve unmet needs.

This plan takes a significant step to reduce fragmentation by assigning funding priority for projects that are not limited to a specific sub-population, unless there is a best practice or safety reason for doing so. In addition, some of the system changes to be implemented over the longer term will address this need directly, by making flexible bed space available for emergency shelter (through interim ((short-term)) housing; low barrier shelter), re-programming some emergency and transitional housing beds to more flexible uses, and dedication of transitional housing resources for specific, targeted high-need groups, where that follows best practice guidance.

This approach makes the most efficient use of transitional housing, allowing more flexible use of emergency/interim housing and permanent or permanent supportive housing. This flexibility should allow our system to be more nimble when external situations create new challenges—such as economic recessions, increased homelessness, and/or reduced funding levels.

Housing & Service Models – A revised and updated description of housing types is found on pages 37-38. The new Housing Typology is based on the 2007 Ten Year Plan, but updates the descriptions to reflect the latest best practices, including housing first (see:

Permanent Housing with Transitional Services), Public Housing & Section 8, Permanent Supportive Housing that is specifically designated for homeless persons with a long-term disability that prevents them from reaching housing stability, Special Needs Housing for non-homeless persons with special needs, and Service-Enriched Affordable Housing that offers support services of varying degrees in market-rate affordable housing. This typology should assist Coalition housing and service providers in selecting the most appropriate model to ensure client success and funder support.

The State of Washington is promoting the approach of “titrated” services, which is consistent with a housing first model. This approach involves evaluating the unique needs of each household and adjusting the financial assistance and/or service levels to fit their needs, rather than offering programs with a “one size fits all” approach.

Purchase/rehabilitation of properties is the preferred approach to meeting housing needs, given the current state of the housing market and the high cost of land and development.

There are several projects that are currently in the planning stages, with the potential to be implemented within a relatively short time frame, should all necessary funding and approvals be issued. These include:

- 1) The Salvation Army – Proposed purchase of 9 units of transitional housing for chronically homeless persons
- 2) Family Health Center – Proposed new clinic site in Kelso, and a medically equipped van targeted to homeless outreach.
- 3) Mental Health Court – Problem solving court offering alternative to incarceration for homeless, mentally ill offenders, currently in the pilot program stage.

Emergency Shelter – This plan update incorporates current best practices and moves towards the rapid rehousing model over the short term (2-4 years). While the domestic violence shelter would continue to provide a place for women and families fleeing domestic violence for a safe haven, the Community House on Broadway would begin the transition from emergency shelter to providing permanent supportive housing to homeless persons with disabilities that prevent housing stability, and/or Single Room Occupancy (SRO) affordable, permanent housing.

Interim (short-term) housing would be phased into service at the same time, which would provide a location for households who are awaiting housing placement. Interim housing can be provided through master leasing of units, purchase/rehab of designated units, sponsoring agency-owned housing, or motel vouchers. A need for approximately 30 units of interim housing has been identified.

Transitional Housing – Given the requirement to reduce the average length of time spent in the homeless system and the focus on prevention, rapid rehousing and permanent supportive housing at the federal and state level, transitional housing has been “re-invented” to provide a niche for high-needs households who would have great difficulty achieving housing stability once re-housed.

Although Housing First is the preferred approach or best practice for most people, transitional housing that requires compliance with mandated services is an approach that is still in practice for specific populations, such as households who experienced domestic violence, those exiting jail or prison, those in recovery from addiction or youth/young adults aging out of foster care. Facility-based transitional housing is considered to offer the best assurance for program compliance and success.

This plan recommends reprogramming of the 20 rental units designated at Country Run Apartments for transitional housing to be used for people recovering from domestic violence, in recovery from addiction, or youth exiting foster care. This would occur once Community House has transitioned from emergency shelter to permanent supportive housing/SRO permanent housing. Lower Columbia CAP has 7 living units used as transitional housing that could be re-programmed for interim housing or for any of the high-need groups listed above. It is anticipated that Tenant-Based Rental Assistance administered through Longview Housing Authority and funded by Washington State HOME Program would continue to be utilized for veterans (20 units) and domestic violence (8 units). Stratford Arms, once converted to transitional housing for veterans, would continue as such, along with Fir/33rd Avenue homes and any other veteran housing. Three units currently earmarked for domestic violence funded through state THOR dollars would likely continue as rental assistance for homeless households, as part of the consolidation of state homeless housing dollars. The state will require that at least half of these dollars (approximately \$80,000 per year) be used to provide short-term rental assistance. This could fund the Short Term Rental Assistance/Rapid Rehousing Program once the federal stimulus dollars are depleted.

Short Term Rental Assistance could be adjusted to allow longer lengths of assistance beyond the 90 days currently offered. This would enhance housing stability for high needs households, and could enhance the success of Landlord Incentive Program, Housing Retention Team, and Life Skills Training. This program refinement would enhance the transition to housing stability and access to permanent housing subsidy through Section 8.

Partnerships with local housing authorities are anticipated to serve the as bridge between transitional housing for homeless persons and permanent affordable housing. Preferences for persons participating in transitional homeless housing or exiting permanent supportive housing would expedite access to affordable housing throughout the community. Other methods of partnering with local and regional housing authorities include provision of Project Based Vouchers, set-asides, or sponsor set-asides for homeless populations.

Permanent Supportive Housing (PSH) – This resource would be allocated to serve those who are homeless and have some long-term disability. It serves those who need supportive services in order to remain stably housed. It may be the preferred housing solution for a number of situations, including chronically homeless individuals and families, households with a member who struggles with mental illness/addictions/co-occurring disorders, or other high-need household. There are currently 77 units and 120

beds of permanent supportive housing available, with a need for up to 175 more units identified in the 2010 Homeless Needs Analysis.

The conversion of Community House to permanent supportive housing and the award of 25 VASH vouchers to Longview Housing Authority will address approximately one-third to one-half of the total estimated need. Residents of PSH often do “graduate” into permanent housing, but many remain limited in their ability for economic self-sufficiency. In these situations, partnerships with Longview and Kelso Housing Authorities will be critical in offering the opportunity to graduate into permanent housing so that others may benefit from the intensive supports available in this housing model.

Behavioral Health Services to Homeless Persons –Use of the Tenth of a Cent Local Option Sales Tax is a viable option to help address those with mental health, substance abuse, or co-occurring mental health/addiction disorders. The tax would cost consumers one penny on a sale of ten dollars and does not require local voter approval. This fund allows both housing and service costs, and would raise approximately \$750,000 per year, at current sales tax collection levels, which are much lower than normal due to the recession. Increased/expedited access to SSI and SSDI for these clients through a SOAR initiative (see previous discussion) would also assist with service and housing costs for a difficult-to-serve population.

COWLITZ COUNTY HOUSING TYPOLOGY

The following definitions of Permanent Housing and Services Models are updated from the 2007 plan, and are to be used in the implementation of the Ten Year Plan & Update.

Permanent Housing with Transitional Services

This term refers most often to scattered-site apartments in the private rental market, usually leased by formerly homeless families themselves or in some cases master-leased for a period of time by an agency serving such families. The major goal of this housing model is to help homeless individuals and families transition to stability in permanent housing, improve coping skills, develop stable living patterns, and establish links with community-based resources and services, where needed, for longer term support. The housing first/rapid rehousing approach to ending and preventing family homelessness, while promoting a variety of housing options, typically involves this housing model, often with either short-term or longer-term rental assistance, including Housing Choice Vouchers (Section 8). Once families are assisted back into permanent housing, service providers then offer families intensive, home-based case management services on a voluntary basis for a limited period of time (often six months to one year), while connecting vulnerable and at-risk families to mainstream systems to facilitate ongoing stability and support. Sometimes, intensive, home-based case management services are provided up to 2 years to families with special needs including mental illness and/or drug addictions (Beyond Shelter, 1999; Lanzerotti, 2004).

Public Housing

Public housing refers to housing publicly funded and owned through the Federal Department of Housing and Urban Development (HUD) and/or through state and local Public Housing Authorities (PHAs). It also refers to housing that is non-profit or for-profit owned and made affordable through Housing Choice Vouchers (Cohen et al., 2007). The major goal of this housing model is to provide housing that is affordable for low-income populations, including two-parent and single-parent families with children, extended families, individuals, persons with disabilities, people with special needs, elderly people, and so on. Examples of the housing plus services link include the Hope VI partnerships with federally assisted PHAs and the ROSS Program, which funds services coordinators to assist families to move towards economic security, enable elderly residents to age-in-place, and help individuals with disabilities to improve their quality of life.

Permanent Supportive Housing

The term “permanent supportive housing” generally defines housing that offers intensive support services to promote stable, independent living among persons who without such support would not be able to live independently. The major goal of this housing and services model is to prevent homelessness and/or its recurrence, or to end chronic or long term homelessness, through

the delivery of holistic, wraparound services, designed to help individuals and families to live independently and interdependently in the community (Cohen et al., 2004). Although individuals who are homeless, formerly homeless, or at risk of homelessness, are often targeted for supportive housing units, the model is increasingly being offered to homeless and at-risk families and youth/young adults with severe barriers to housing access and retention, including chronic health and/or mental health conditions that are at least episodically disabling (Corporation for Supportive Housing, 2007). As with other housing linked to services models, including special needs housing, permanent supportive housing is promoted as a valuable and cost-effective alternative to expensive institutional care, including hospitalizations, nursing homes, and foster care.

Special-Needs Housing

Special needs housing generally refers to permanent housing targeted specifically to persons with special needs, including those with psychiatric, cognitive, sensory, physical or neurological conditions that are permanent or likely to be permanent, or those who require ongoing care or treatment (e.g., individuals with HIV/AIDS, persons in recovery from substance abuse). The major goal of this housing and services model is to improve the quality of life of residents and to help them to live independently and interdependently (Cohen et al., 2004). Though special needs housing and permanent supportive housing are similar in nature, and could conceivably serve similar populations, the key distinctions often lie in the targeting of the housing and the historical emphasis of special needs housing on persons with a specific need irrespective of their homeless histories. Furthermore, special needs housing isn't necessarily service rich or intensive, whereas permanent supportive housing by definition is service rich.

Service-Enriched, Affordable Housing

The term "service-enriched housing" emerged in the 1990's to describe the integration of supportive services into the operation and management of affordable rental housing for the low-income population at-large. While residents of such housing might benefit from a wide array of services and resources, being considered "at risk" or possessing "special needs" are not their defining characteristics, unlike residents of other housing linked to services models. Even though not all service-enriched housing operators serve homeless families, the model can expand limited housing options for these families by providing a simple, cost-effective means for services coordination and navigation in the community at-large. Also known as "resident services model in affordable housing" or "affordable housing with resident services" (Proscio, 2006), the major goal of service-enriched, affordable housing is to promote improved quality of life and the social and economic well-being of residents. The three key elements of this model, crisis intervention and short-term case management, resource and referral, and resident participation in the decision-making process, are typically achieved through the presence of an on or off site services coordinator. The services coordinator has less an ongoing case manager or service provider relationship with tenants and more an as needed or desired service broker role, linking residents to programs and resources available in the surrounding community (Beyond Shelter, 1998; Tull, 2000; Proscio, 2006).

COWLITZ HOUSING FIRST COALITION ~ KEY STRATEGIES

Listed below are all of the strategies considered during the planning process. Their relative listing reflects the priority assigned to them by the TYP Update Committee. ***Italicized, bold type identifies strategies that are non-project activities involving Coalition members. These activities can generally be implemented without special funding allocation through collaborative efforts.***

ACCESS TO HOUSING

1) PRIMARY STRATEGIES

- ***Discharge/Re-entry Program***
- Rental assistance/rehousing assistance

2) SECOND TIER STRATEGIES

- ***Voluntary service model***
- Housing Locator/Housing Clearinghouse
- ***Coordination of Housing Plans between Systems of Care***

3) THIRD TIER STRATEGIES

- Interim Housing (very short-term housing/shelter)
- Low barrier continuum of housing

HOUSING SUPPLY

1) PRIMARY STRATEGIES

- Rental Assistance – Short/Medium/Long-Term (Tailored)
- ***Re-examine/realign system resources***

2) SECOND TIER STRATEGIES

- ***Umbrella housing programs (not targeted to specific populations unless based on best practice)***
- Landlord incentives (damage pool; bonding; case management; certified renter program)

3) THIRD TIER STRATEGIES

- Rental Rehab Program participation for properties to serve homeless households
- Foreclosure purchase program for affordable housing/Permanent Supportive Housing
- Create dedicated funding streams for affordable housing – e.g., Payment In Lieu of Taxes (PILOT) proceeds; county tax check-off box for donation, etc.

HOMELESS SYSTEM EXIT STRATEGIES

1) PRIMARY STRATEGIES

- ***Coordination of services needed for successful exit***
- ***Skills/Job Training & Retraining for living wage jobs***
- Assistance w/move-in costs/rental assistance
- Follow-up case management/coaching

2) SECONDARY STRATEGIES

- Life Skills training – e.g., renter certification; financial literacy, etc.
- Employment opportunities/job development

3) THIRD TIER STRATEGIES

- Supported employment programs

SELF-SUFFICIENCY

1) PRIMARY STRATEGIES

- ***Jobs/Skills training for living wage jobs***
- ***Literacy/educational services***
- Life Skills training; renter certification; financial literacy

2) SECOND TIER STRATEGIES

- ***SOAR Program***
- ***Access to mainstream benefits***

3) THIRD TIER STRATEGIES

- Integrated primary & behavioral health care
- Child care
- Supported employment programs

HARD-TO-SERVE POPULATIONS

1) PRIMARY STRATEGIES

- ***Client-centered services***
- ***Coordinated assessment/tailored services/“No Wrong Door”***
- Outreach

2) SECONDARY STRATEGIES

- Single point-of-entry into services & housing
- Low barrier housing & services
- ***Voluntary service model***

3) THIRD TIER STRATEGIES

- Integrated primary & behavioral health care
- Project Homeless Connect (“stand-down” event for all homeless populations)
- Case Management Approaches/Best Practices
 - Cultural competence
 - Trauma-informed care
 - Consumer integration/peer counseling

SERVICE STRATEGIES

1) PRIMARY STRATEGIES

- ***Coordinated Assessment Tool/No Wrong Door***
- ***Discharge/Re-entry System - Funded Services/Agreements***
- ***Voluntary services***
- ***Titrated/tailored services***
- Housing Locator/Clearinghouse

2) SECONDARY STRATEGIES

- ***Brokering of Services (no single agency attempts to provide full service array for every person)***
- ***Integrated case management (case management teams, etc.)***
- Home-based case management (rapid rehousing/housing first)

3) THIRD TIER STRATEGIES

- Prevention coupled with case management
- Best Practices Implementation in Case Management
 - Cultural competence
 - Trauma-informed care
 - Critical Time Intervention
 - Consumer Integration
 - Others as identified

SUB-POPULATION GAPS/SPECIAL PROJECTS

1) PRIMARY STRATEGIES

- Low Barrier Housing & Services – Chronically Homeless
- Extreme Weather Plan (heat; cold; storm)
- Sub-acute Detox & Mental Health Crisis Center
- Drop-In/Day Center
- Satellite Service Centers

2) SECOND TIER STRATEGIES

- Crisis/Intensive Case Management – Behavioral Health
- Outreach

3) THIRD TIER STRATEGIES

- Permanent Supportive Housing for people with long-term disabilities
- Services Directory
- Youth Shelter/Drop In Center
- Youth Housing & Services
- Low Barrier Shelter
- Medical respite beds & services
- Project Homeless Connect (stand-down for all homeless)
- Problem-Solving Courts – e.g. housing court, mental health court

SYSTEM CHANGES/MANAGEMENT STRATEGIES

1) PRIMARY STRATEGIES

- ***HMIS Integration across the system, for all programs; use for analysis of how the system is functioning***
- ***Funding tied to Outcomes***
- ***Re-examine/re-align system resources***
- ***Coordinated Assessment Tool/No Wrong Door***
- ***Housing Locators/Housing Clearinghouse***

2) SECONDARY STRATEGIES

- Umbrella programs serving many populations

3) THIRD TIER STRATEGIES

- Single Point of Entry
- Integrated primary/behavioral health care
- Supported Employment

SHORT TERM FUNDING PRIORITIES

IN RANK ORDER

NOTE: “ESTIMATED COSTS” ARE PROVIDED SOLELY FOR DETERMINING THE SCOPE OF PROJECTS THAT BUDGETS MIGHT ACCOMMODATE IN A GIVEN YEAR. “COMMENTS” DESCRIBE THE PROGRAM DESIGN USED TO ESTIMATE COSTS AND DO NOT REFLECT PREFERRED ALTERNATIVES. THESE COST ESTIMATES AND DESCRIPTIONS ARE NOT INTENDED FOR USE IN DESIGN OF SPECIFIC PROJECT PROPOSALS.

Activity	Description	Estimated Cost	Comments
PRIMARY PRIORITIES			
Landlord Incentive Program	Damage Pool	10,000	Replenish as necessary
	Renter Training/Certification	12,500	.35 FTE provides 15 hours/wk.
	Landlord Liaison/Housing Locator	25,000	.65 FTE to recruit LL; find housing for clients as needed
	TOTAL	47,500	
Coordinated Assessment (No Wrong Door)	Common Assessment Tool – use models in WA state & others	-0- -0-	Required by WA state; work group effort, not a “project”
Single Point of Entry	Centralized intake location	Depends	Designate existing or purchase/build new center
SOAR Program	Implementation of local program for expedited access to SS/SSDI to facilitate access to housing	-0-	Staff and coalition partners. Locate ongoing funding source for partial FTE to run small program and expand training
Emergency Shelter	Community House operations	107,000	Phase into PSH by 2013/14; Total public costs in estimate (ESHP + Doc Fees + FEMA)
Domestic Violence Shelter	Emergency Support Shelter operation	76,000	ESHP + Doc Fees + FEMA
Extreme Weather Shelter	Seasonal Shelter(s) for men/families	20,000	Church or other FBO/CBO effort w/volunteers
Low Barrier Housing & Services	Housing First Pilot Project	75,000-108,000	Pilot to serve 6 people for one year only. Could add slots/higher-cost services
Permanent Supportive Housing	Unlimited stay & voluntary service model for homeless w/a disability that prevents housing stability	65,000	Master leasing cost for 10 units; no services included—could come from agencies serving clients without housing

SHORT TERM FUNDING PRIORITIES

IN RANK ORDER - CONTINUED

Activity	Description	Estimated Cost	Comments
Discharge/Re-entry Program	Protocols/MOUs with community partners to prevent homelessness	-0-	Staff & coalition partners
Coalition Coordination	Coordination, planning, evaluation	90,000	.60 FTE; need 2 PT positions instead of one
TOTAL		\$523,500	
SECONDARY PRIORITIES			
Case Management/ Coaching	Intensive case management for 40 high-need households	70,000	Staffing costs for 2.0 FTEs;
Life Skills Training	Skills training for targeted households	20,000	0.5 FTE to conduct training on- or off-site for agencies targeting clients
Urban Rest Stop	Hygiene station, laundry, voice mail, lockers, library, referrals, outreach	118,000	Daily operations; 2 persons on-site Lease/Rental + overhead & supplies
Short-Term Rental Assistance/ Rapid Rehousing	Less than 24 months rental assistance; deposits/moving/rent Add housing locator/case mgmt?	\$80,000	HPRP funding currently available; assumes funds expended by/before 2012, within short-term. Future ESG set-aside for this purpose or doc fees/HOME funding will be needed by/before end of 2011.
TOTAL		\$288,000	
COMBINED TOTAL		\$811,500	

SHORT TERM FUNDING PRIORITIES

CONTINUED

OTHER ONGOING ACTIVITIES			OUTSIDE FUNDING SOURCES
Veterans TBRA/HOME & Per Diem Program	Longview Housing Authority (LHA)	388,000	WA State HOME – 20 units/households Per Diem Case Managers – 20 units
Veterans Program – Clark & Woodland	LHA	60,000	8 households
Stratford Conversion to TH	LHA	190,000	LV HOME funded in 2010 for Transitional Housing
Veterans Transitional/PSH	LHA	Unknown 132,000	Fir Street House VASH Vouchers – 25 units
Domestic Violence TBRA	LHA & ESS	62,000	WA State HOME – 8 units/households
Phoenix House	LHA & DAPC		20 units of PSH for parents in recovery
WFF Family Services	DAPC & Emergency Support Shelter	97,775	Annual commitment over 10 year period
Chinook Apartments	Kelso Housing Authority (KHA)/LCMH		21 units of PSH for mentally ill homeless
LCMH Group Homes	Lower Columbia Mental Health		8 beds for homeless with mental illness
CAP Transitional Housing	CAP		7 units of transitional housing
Country Run Transitional	Community House		20 units of transitional housing
LV-K HOME TBRA	LHA/KHA	75,000- 117,000	10-15 units of TBRA for ESS, drug court, hope court and DAPC
One Stop Housing Assistance	CAP	212,000	Estimated balance of federal one-time funding for Homeless Prevention & Rapid Rehousing (HPRP)

**TRANSITION-TERM FUNDING PRIORITIES
IN RANK ORDER**

Activity	Description	Estimated Cost	Comments
NEW PRIMARY PRIORITIES			
Housing Clearinghouse	On-line housing inventory	20,000	Start-up costs; on-going maintenance--??
Low Barrier Shelter	Fixed location for approx. 30 adults	118,000	1.0 FTE; budget for operations & leased facility ONGOING COST
Interim Housing	Replaces emergency shelter with short-term housing units	216,000	30 units; master leased/purchase & reserve/sponsor-owned housing/motels; fund with ESHP/FEMA/Doc Fees ONGOING COST
TOTAL		\$354,000	
CONTINUED ACTIVITIES			
Landlord Incentive Program	Damage Pool	5,000	Replenish as necessary
	Renter Training/Certification	12,500	.35 FTE provides 15 hours/wk.
	Landlord Liaison/Housing Locator	25,000	.65 FTE to recruit LL; find housing for clients
	TOTAL	47,500	ONGOING COST
Permanent Supportive Housing	CHOB transition to PSH - Unlimited stay & voluntary service model for homeless w/a disability – 40 units	125,000	Phase into PSH by 2013/14; Total public costs in estimate (ESHP + Doc Fees + FEMA) 40 units PSH; 40 -50 units SRO housing ONGOING COST
Domestic Violence Shelter	Emergency Support Shelter operation	76,000	ESHP + Doc Fees + FEMA ONGOING COST
Extreme Weather Shelter	Seasonal Shelter(s) for men/families	20,000	Church or other FBO/CBO effort w/volunteers ONGOING COST
Low Barrier Housing & Services	Housing First Pilot Project	180,000-216,000	Expansion of pilot to serve 12 people for one year only. Could add slots/high-cost services ONGOING COST

TRANSITION-TERM FUNDING PRIORITIES

IN RANK ORDER - CONTINUED

Activity	Description	Estimated Cost	Comments
CONTINUED ACTIVITIES			
Case Management/ Coaching	Intensive case management for 40 high-need households	70,000	Staffing costs for 2.0 FTEs; ONGOING COST
Life Skills Training	Skills training for targeted households	20,000	0.5 FTE to conduct training on- or off-site for agencies targeting clients ONGOING COST
Urban Rest Stop	Hygiene station, laundry, voice mail, lockers, library, referrals, outreach	118,000	Daily operations; 2 persons on-site Lease/Rental + overhead & supplies ONGOING COST
Short-Term Rental Assistance/ Rapid Rehousing	Less than 24 months rental assistance; deposits/moving/rent	135,000	Future ESG set-aside for this purpose or use doc fees/HOME funding before end of 2011; 100 households @ \$900 avg. cost + 1.0 FTE ONGOING COST
Coordinated Assessment (No Wrong Door) and/or Single Point of Entry	Common Assessment Tool – use models in WA state & others Centralized intake location	-0- -0- Depends	Required by WA state; work group effort, not a “project”; Designate existing or Purchase/Build new center
SOAR Program	Implementation of local program for expedited access to SS/SSDI to facilitate access to housing	-0-	Staff and coalition partners. Locate ongoing funding source for partial FTE to run small program and expand training
Discharge/Re-entry Program	Protocols/MOUs with community partners to prevent homelessness	-0-	Staff & coalition partners
Coalition Coordination	Coordination, planning, evaluation	120,000	.60 FTE; need 2 PT positions instead of one ONGOING COST
TOTAL – CONTINUED	ACTIVITIES	911,500	
New + Continued Activities		\$1,265,500	

TRANSITION-TERM FUNDING PRIORITIES

CONTINUED

OTHER ONGOING ACTIVITIES			OUTSIDE FUNDING SOURCES
Veterans TBRA/HOME & Per Diem Program	Longview Housing Authority (LHA)	388,000	WA State HOME – 20 units/households Per Diem Case Managers – 20 units
Veterans Program – Clark & Woodland	LHA	60,000	8 households
Stratford Conversion to TH	LHA	190,000	LV HOME funded in 2010 for Transitional Housing
Veterans Transitional/PSH	LHA	Unknown 132,000	Fir Street House VASH Vouchers – 25 units
Domestic Violence TBRA	LHA & ESS	62,000	WA State HOME – 8 units/households
Phoenix House	LHA & DAPC		20 units of PSH for parents in recovery
WFF Family Services	DAPC & Emergency Support Shelter	97,775	Annual commitment over 10 year period
Chinook Apartments	Kelso Housing Authority (KHA)/LCMH		21 units of PSH for mentally ill homeless
LCMH Group Homes	Lower Columbia Mental Health		8 beds for homeless with mental illness
CAP Transitional Housing	CAP		7 units of transitional housing
Country Run Transitional	Community House		20 units of transitional housing
One Stop Housing Assistance	CAP	122,000	Estimated balance of federal one-time funding for Homeless Prevention & Rapid Rehousing (HPRP)
DELETED ACTIVITIES			
TBRA - LV-K HOME		75,000- 117,000	10-15 units of transitional housing via temporary rental assistance
REPROGRAMMED ACTIVITIES			
Community House			Emergency shelter to 40-50 units PSH with balance as affordable SRO housing
CAP Transitional Housing			7 units of transitional housing
Country Run Transitional			20 units of transitional housing –CHOB→ESS

LONG-TERM FUNDING PRIORITIES
IN RANK ORDER

Activity	Description	Estimated Cost	Comments
ADDED PRIORITIES			
Youth Drop In Center	Drop In Center for outreach & engagement; perhaps a shelter	Unknown	Shelter function would require DSHS certification
Youth Housing	Transitional housing for youth 18-24 who have exited foster care	90,000	To serve 10 youths for one year with housing & services @ \$9,000 avg. cost/year/person
Outreach	Expand capacity for outreach activities by added FTE	40,000	Would need umbrella agency; could augment PATH program (mental health outreach)
Satellite Service Centers	Sites in north & south county (e.g. Urban Rest Stop/Central Intake)	Unknown	
Sub-Acute Detox/Mental Health /Sobering Center	8-10 beds; 16 maximum; free-standing or part of central crisis facility	450,000-500,000	Annual staffing & operating cost estimate only
Transportation	Shuttle to urban area & services for outlying county clients	Unknown	Use existing fleet owner
CONTINUED ACTIVITIES			
Landlord Incentive Program	Damage Pool	5,000	Replenish as necessary
	Renter Training/Certification	12,500	.35 FTE provides 15 hours/wk.
	Landlord Liaison/Housing Locator	25,000	.65 FTE to recruit LL; find housing for clients
	TOTAL	47,500	ONGOING COST
Permanent Supportive Housing	CHOB transition to PSH - Unlimited stay & voluntary service model for homeless w/a disability – 60 units	125,000	Phase into PSH by 2013/14; Total public costs in estimate (ESHP + Doc Fees + FEMA) 60 units PSH; 30 units SRO housing ONGOING COST
Domestic Violence Shelter	Emergency Support Shelter operation	76,000	ESHP + Doc Fees + FEMA ONGOING COST

LONG-TERM FUNDING PRIORITIES

IN RANK ORDER - CONTINUED

Activity	Description	Estimated Cost	Comments
CONTINUED ACTIVITIES			
Extreme Weather Shelter	Seasonal Shelter(s) for men/families	20,000	Church or other FBO/CBO effort w/volunteers ONGOING COST
Low Barrier Housing & Services	Housing First Pilot Project	180,000	Expansion of program to serve 12 people for one year only. Prior year clients' transition??? SOAR should help with transition/placement. ONGOING COST
Case Management/ Coaching	Intensive case management for 40 high-need households	70,000	Staffing costs for 2.0 FTEs; ONGOING COST
Life Skills Training	Skills training for targeted households	20,000	0.5 FTE to conduct training on- or off-site for agencies targeting clients ONGOING COST
Urban Rest Stop	Hygiene station, laundry, voice mail, lockers, library, referrals, outreach	118,000	Daily operations; 2 persons on-site Lease/Rental + overhead & supplies ONGOING COST
Short-Term Rental Assistance/ Rapid Rehousing	Less than 24 months rental assistance; deposits/moving/rent	135,000	Future ESG set-aside for this purpose or use doc fees/HOME funding before end of 2011; 100 households @ \$900 avg. cost + 1.0 FTE ONGOING COST
Coordinated Assessment (No Wrong Door) and/or Single Point of Entry	Common Assessment Tool – use models in WA state & others Centralized intake location	-0- -0- Depends	Required by WA state; work group effort, not a “project”; Designate existing or Purchase/Build new center
SOAR Program	Implementation of local program for expedited access to SSI/SSDI to facilitate access to housing	-0-	Staff and coalition partners. Locate ongoing funding source for partial FTE to run small program and expand training

LONG-TERM FUNDING PRIORITIES

IN RANK ORDER - CONTINUED

Activity	Description	Estimated Cost	Comments
CONTINUED ACTIVITIES			
Discharge/Re-entry Program	Protocols/MOUs with community partners to prevent homelessness	-0-	Staff & coalition partners
Coalition Coordination	Coordination, planning, evaluation	120,000	.60 FTE; need 2 PT positions instead of one ONGOING COST
TOTAL - CONTINUED	ACTIVITIES	911,500	
New + Continued Activities		\$1,516,500	
OTHER ONGOING ACTIVITIES			
OUTSIDE FUNDING SOURCES			
Veterans TBRA/HOME & Per Diem Program	Longview Housing Authority (LHA)	388,000	WA State HOME – 20 units/households Per Diem Case Managers – 20 units
Veterans Program – Clark & Woodland	LHA	60,000	8 households
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Chinook Apartments	Kelso Housing Authority (KHA)/LCMH		21 units of PSH for mentally ill homeless
LCMH Group Homes	Lower Columbia Mental Health		8 beds for homeless with mental illness
CAP Transitional Housing	CAP		7 units of transitional housing
Country Run Transitional	Community House/ESS/Other		20 units of transitional housing (reprogrammed)

LONG-TERM FUNDING PRIORITIES

CONTINUED

Activity	Description	Estimated Cost	Comments
DELETED ACTIVITIES			
TBRA - LV-K HOME		75,000-117,000	10-15 units of transitional housing via temporary rental assistance
REPROGRAMMED ACTIVITIES			
Community House			Emergency shelter to 40-50 units PSH with balance as affordable SRO housing
CAP Transitional Housing			7 units of transitional housing
Country Run Transitional			20 units of transitional housing – ESS or other

Section 6

Epilogue

What's In a Changed System?

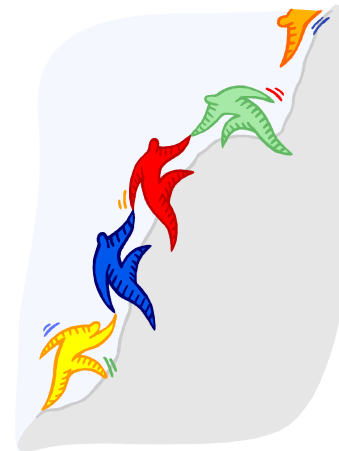
- Any “door” leads to effective bundle of housing and services for people who are homelessness or at-risk.
- Service and housing resources are allocated in a single or coordinated process, timed as needed for optimal program development and operation.
- Procedures, rules and funding are not improvised on a project-by-project basis, or on exceptional basis, but established in routine practice.

Source: Corporation for Supportive Housing

Elements of Systems Change

- Collaborative Planning
- Investment & Leveraging Resources
- Coordination, Streamlining & Integration of Funding
- Building Provider Capacity
- Quality Assurance: Establishing & Monitoring Standards
- Research & Data
- Communication & Advocacy
- Cultivating Leaders, Champions & Advocates
- Events that Compel Action
- A Neutral Catalyst

Source: Corporation for Supportive Housing



Section 7

Appendix

COALITION WORKSHOP: ENVISIONING SOLUTIONS

The Proposition: “What challenges prevent homeless people from accessing appropriate services that help them move towards a stable housing situation?”

The TOP THREE responses by Cowlitz Housing First Coalition participants in the “Envisioning Solutions” workshop held in May 2010 were:

Lack of Life Skills

- Limited by funding restrictions on education and support activities to assist with successful rehousing
- Low level of housekeeping and other life skills

Affordable Housing Supply

- Lack of affordable housing for extremely low income persons
- Affordable housing opportunities are needed to exit transitional housing
- No affordable housing options for domestic violence victims can lead them to return to their abuser

System Fragmentation

- Fragmented services and lack of case management or duplicative case management in agency “silos”
- Services are based on the program design, rather than client-centered services
- Barriers that discourage follow-through (i.e. lengthy paperwork)
- Requirements that restrict access to services (i.e., clean & sober requirements)

Other Identified Challenges (in rank order):

- **Mental Health**
- **Lack of Resources**
- **Lack of Employment Skills**
- **Lack of Qualifications**
- **Public Attitudes**
- **Relationships**
- **Self-Oppression**
- **Communication Skills**
- **Allowance for Natural Networks common to people living in poverty**

Lack of Life Skills

Possible Causes	Possible Solutions
<p>Growing up in generational poverty</p> <ul style="list-style-type: none"> ▪ Educational/home life continuity ▪ Family dysfunction/poor parenting ▪ Lack of role models ▪ Power and control by a significant other ▪ Healthy & fulfilling relationships ▪ Unmet Basic Needs 	<p>Funding</p> <ul style="list-style-type: none"> ▪ Tap into .01% sales tax funding, once approved ▪ Sustainable programs & services with housing support ▪ Find a best practice and seek new dollars ▪ Use existing resources <ul style="list-style-type: none"> ○ Understand funding streams ○ Target local resources
<p>Individual Barriers</p> <ul style="list-style-type: none"> ▪ Hard-to-Serve/Marginalized Community <ul style="list-style-type: none"> ○ Mental Illness/DSM diagnosis ○ Developmental Disability ○ Addictions ▪ Access to records & documentation, e.g. birth records, ID, etc. ▪ Pets/service animals typically not allowed ▪ Acceptance of Representative Payee ▪ Teens can't legally rent 	<p>Case Management</p> <ul style="list-style-type: none"> ▪ Client-centered services; holistic healing ▪ Life skills <p>Provide incentives & rewards for Participation</p> <ul style="list-style-type: none"> ▪ Asset Building Program (matched savings account) ▪ Section 8 Housing Voucher <p>Training</p> <ul style="list-style-type: none"> ▪ Train homeless in handyman & auto repair services ▪ Marketing of life skills to minimize stigma <p>Volunteer/Mentoring Resources</p> <ul style="list-style-type: none"> ▪ Peer mentoring program ▪ School mentoring ▪ Volunteer resources ▪ Faith-based community resources ▪ Adopt-a-Person/Family—civic groups, churches & businesses

Possible Causes	Possible Solutions
<p>Societal</p> <ul style="list-style-type: none"> ▪ Being “different”; Lack of acceptance ▪ Judgments about needing help; Lack of pride ▪ Media messages & culture ▪ Survival is the focus, not thriving ▪ Status Quo supported by the system ▪ Lack of opportunity for support to pursue education & training <ul style="list-style-type: none"> ○ Lack of access to training resources ○ Vocational training 	<p>Collaboration</p> <ul style="list-style-type: none"> ▪ Identifying who does what for who ▪ Identify who has mutually supporting services ▪ Develop formal agreements ▪ Partner agencies together to apply for funding

Affordable Housing Supply

Possible Causes	Possible Solutions
<p>Economic Conditions & Funding Systems</p> <ul style="list-style-type: none"> ▪ Costs of living: Cost to build/supply/live ▪ Economic Recession <ul style="list-style-type: none"> ○ Individuals in foreclosure → homelessness ○ Current lending market ○ Program funding levels ▪ Funding streams are over-subscribed & have too many special funding categories (silos & preferences) ▪ Need permanent housing to exit homeless system 	<p>System Response</p> <ul style="list-style-type: none"> ▪ Market analysis - determine affordability for our area ▪ Coordination of services ▪ Coalition/non-profit ownership of housing ▪ Coordination of funding sources ▪ Advocacy for restored funding & flexible funding streams ▪ Re-examine homeless housing models to better accommodate exits to permanent housing
<p>Housing Costs & Housing Supply</p> <ul style="list-style-type: none"> ▪ Chronic under-funding for low income housing, esp. extremely low income ▪ Conflicting requirements from multiple funders ▪ Cost of construction/housing ▪ Lack of affordable land ▪ Costs of permitting ▪ Capacity to meet need/demand 	<p>Funding</p> <ul style="list-style-type: none"> ▪ Find the money – identify sources, techniques <ul style="list-style-type: none"> ○ Target Rental Rehab program dollars for units targeted to low-income or homeless ○ Payment in Lieu of Taxes (PILOT) fees – Place in dedicated fund for new affordable housing ○ Add box to county tax forms for donations to fund homeless housing & services
<p>Landlords</p> <ul style="list-style-type: none"> ▪ Uninformed/misinformed landlords ▪ Strict approval criteria of many landlords <ul style="list-style-type: none"> ○ Fail background/credit/reference check ▪ No incentives for landlords to rent to homeless <ul style="list-style-type: none"> ○ Rental managers don't trust homeless 	<p>Landlord Incentives</p> <ul style="list-style-type: none"> ▪ Educate landlords/Outreach & build relationships ▪ Offer “Certified Renter” programs ▪ Develop LL Incentive Program <ul style="list-style-type: none"> ○ Create LL damage/repair fund ○ Provide bonding program for landlords ○ Case workers to advocate for clients with LL

Possible Causes	Possible Solutions
<p>Community Barriers/NIMBY-ism</p> <ul style="list-style-type: none"> ▪ Assumption that the homeless are not taking responsibility for themselves/their behavior ▪ Belief that Longview offers so many services that we become a magnet for homeless ▪ Community/individual fear ▪ Zoning barriers ▪ Abundance of empty homes 	<p>NIMBY-ism</p> <ul style="list-style-type: none"> ▪ Educate community leaders and general public <ul style="list-style-type: none"> ○ Public awareness program ▪ Seek community involvement/input in housing ▪ Create look-alike program for homeless: e.g., “Teacher/Police Next Door” ▪ Mixed-income housing – include very low income
<p>Personal/Health Issues</p> <ul style="list-style-type: none"> ▪ Lack of family-wage job opportunities ▪ Lack of job training/re-training ▪ Lack of re-entry jobs & training ▪ Income eligibility for programs set too low ▪ Poor credit history/poor current credit ▪ Leaving domestic violence reduces income ▪ Chronic mental illness ▪ Chronic disease & health problems ▪ Low literacy skills ~ can’t read/understand policies ▪ Lack of rental/tenant skills ▪ Physical appearance ▪ Lack of self esteem/lack of self-advocacy 	<p>Skill-Building</p> <ul style="list-style-type: none"> ▪ Case management for skill building ▪ Job skills training ▪ Job training for living wage careers ▪ Adjust eligibility guidelines for program participation ▪ Tenant training ▪ Identify health care access options/Referrals ▪ Provide mental health treatment where needed ▪ Mental health case workers advocate for tenants

Service Fragmentation

Possible Causes	Possible Solutions
<p>SYSTEM LEVEL</p> <p>Funder Barriers:</p> <ul style="list-style-type: none"> ▪ “Hero” bill ▪ Funding stream “silos” <p>Interagency Barriers:</p> <ul style="list-style-type: none"> ▪ Client case management by multiple agencies ▪ Inter-Agency turf/trust issues ▪ Interpretation of policies/guidelines varies ▪ Red tape between government & local agencies 	<p>SYSTEM LEVEL</p> <p>Funder Barriers</p> <ul style="list-style-type: none"> ▪ Advocacy with legislature regarding local needs ▪ Training on allowable advocacy activities <p>Interagency Barriers</p> <ul style="list-style-type: none"> ▪ Single Point of Entry into homeless services ▪ Case management services at a single point; client starts/ends in one place with single assessment tool ▪ Integration of services w/behavioral health (MH/SA) ▪ Tailored services to fit client needs ▪ Unified case management ▪ Tie funding to outcomes
<p>AGENCY LEVEL</p> <p>Program-centered services instead of client-centered</p> <ul style="list-style-type: none"> ▪ Programs designed to meet agency needs first; failure to meet them “where they are” ▪ Lengthy application requirements & extensive paperwork <p>Lack of trust between agencies & agency/clients</p> <p>Agency qualifications</p> <p>Interagency communications</p> <ul style="list-style-type: none"> ▪ Agency “cross-talk” ▪ Over-reliance on jargon ▪ Uneven knowledge levels among case managers ▪ Lack of information about available services 	<p>AGENCY LEVEL</p> <p>Client-centered services</p> <ul style="list-style-type: none"> ▪ Single Point of Entry into homeless services ▪ Coordinated assessment tool ▪ Tailored services to fit client needs ▪ Housing First programs/approaches <p>Lack of Trust</p> <ul style="list-style-type: none"> ▪ Bring client/agency together for services & info ▪ Staff training re: client barriers; new protocols <p>Interagency Communications</p> <ul style="list-style-type: none"> ▪ Shared databases/tracking outcomes & training ▪ “Virtual” one-stop service through database linkages or clearinghouse; Love Inc./Seattle/WorkSource model ▪ Services Directory/Matrix; 2-1-1 ▪ Staff training on available services & communications ▪ Staff training on policies/program guidelines

<p>INDIVIDUAL LEVEL</p> <p>Communications</p> <ul style="list-style-type: none"> ▪ Understanding what services are available & how they would benefit from them ▪ Language/hearing/literacy barriers ▪ Access to telephones; lengthy phone menus ▪ Human connection at Point of Contact <p>Requirements that restrict access to services</p> <ul style="list-style-type: none"> ▪ Clean & sober entry requirements ▪ Required termination for non-compliance ▪ Documentation ▪ Restrictive regulations ▪ Complex program design/narrow target pop. ▪ Transportation; lack of outreach; services only available at sites, “Solutions within Walls” <p>Lack of trust with agency staff</p> <ul style="list-style-type: none"> ▪ Lack of documents/documentation 	<p>INDIVIDUAL LEVEL</p> <p>Communications</p> <ul style="list-style-type: none"> ▪ Single Point of Entry into homeless services ▪ Coordinated assessment tool ▪ Case management services at a single point; client starts/ends in one place with single assessment tool ▪ Services Directory/Matrix; 2-1-1 <p>Requirements that restrict access to services</p> <ul style="list-style-type: none"> ▪ Expand available “Housing First” approaches ▪ Increase outreach/mobile services ▪ Assistance with documentation provided as a service ▪ Tailored services to fit client needs ▪ Integration of services w/behavioral health (MH/SA) ▪ Staff training on policies/program guidelines <p>Lack of Trust</p> <ul style="list-style-type: none"> ▪ Bring client/agency together for services & info ▪ Assistance with documentation provided as a service
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COWLITZ 2010 HOMELESS HOUSING INVENTORY + PLANNED UNITS

	Units/ Households	Family Beds	POTENTIAL Total Beds
EMERGENCY SHELTER			
Community House	92	0	92
CHOB Overflow	5	0	5
Emergency Support Shelter	0	36	36
Subtotal	97	36	133
TRANSITIONAL HOUSING			
Home Court Triplex	3	12	12
Home Court House	1	4	4
Sunrise House	1	4	4
284 18th	1	4	4
235 Carolina	1	4	4
Country Run Apartments	20	52	52
Mint Place THOR units	3	6	6
Stratford Studios (Planned)	20	0	24
Fir House	5	0	5
Subtotal	55	86	115
HOME Vouchers			
WA TBRA & Per Diem Grant - Vets	20	60	60
WA TBRA - DV	8	24	24
Woodland/Clark Vets	10	30	30
City of Woodland 2060 Vets	5	15	15
Drug Court - L-K (LHA)	13	39	39
Domestic Violence - L-K (LHA)	9	27	27
Drug Court - L-K (KHA)	5	15	15
Domestic Violence - L-K (KHA)	3	9	9
Total Transitional	128	305	334
TRANSITIONAL + EMERGENCY			
	225	341	467
Chinook Apartments	21	0	21
Phoenix House	20	60	60
LCMH Group Homes	8	0	8
LHA – 33 rd Ave. House (Planned)	3	0	3
VASH Vouchers (Planned)	25	3	28
Subtotal	77	63	120
ALL HOMELESS HOUSING			
	302	404	587
Special Shelters-Seasonal/Planned			
Cold Weather Shelter (seasonal)	25	30	30
Low Barrier Shelter (planned)	30	--	30

HOMELESS HOUSING BY SPECIAL NEEDS TYPE ANNUAL ESTIMATED LOCAL PUBLIC FUNDS AVAILABLE*

HOMELESS PROGRAMS/FUNDS	Amount	Subtotal
ESHP – Shelters & Prevention To be rolled into WA Consolidated Homeless Grant Program – 2012	146,000	
THOR – Transitional Housing To be rolled into WA Consolidated Homeless Grant Program – 2012	16,000	162,000
FEMA – Emergency Food & Shelter Program (Administered through special board under auspices of United Way)	27,000	27,000
Document Recording Fees		
Doc Fee #1 – 2060 Affordable Housing Fund	111,000	
Doc Fee #2 – 1359	100,000	
Doc Fee #3 – 2163 & 5767 & 2331 NOTE: This fee sunsets in 2014 unless renewed & also funds the State ESHP/THOR Programs for counties	210,000	421,000
TOTAL		610,000
OTHER LOCAL FUNDS – NOT SPECIFICALLY RESERVED FOR HOMELESS PROJECTS & NEEDS		
Longview-Kelso HOME	290,000	290,000
Longview CDBG – Public Services	55,000	55,000
Longview CDBG – Main Entitlement	240,000	240,000
TOTAL		585,000
COWLITZ COUNTY VETERANS’ RELIEF FUND		
Direct Assistance to Veterans – Annual Budget	60,000	
Other Services + Annual Operating Costs	40,000	100,000
Reserve Fund Balance (estimated)	325,000	325,000
TOTAL		425,000
OTHER POTENTIAL LOCAL SOURCES OF FUNDS		
.01% Sales Tax – Mental Health & Addiction Treatment & Housing Costs (* low estimate) State-authorized, non-voter approved sales tax increment for services & housing	750,000	
TOTAL		750,000

**A significant amount of outside funding potential exists from sources external to Cowlitz County which is not included here.*

HOMELESS PROGRAMS/FUNDS	Amount	Total
OTHER OUTSIDE FUNDER COMMITMENTS (Reflects only the Annual Ongoing Commitment Amount)		
Veterans Per Diem (case mgmt) & WA HOME TBRA Rental Assistance – Longview Housing Auth.	388,000	
Veterans VASH Vouchers – Permanent Supportive Housing – LHA	132,000	
Domestic Violence WA HOME TBRA Rental Assistance - LHA	62,000	
WA Families Fund - DAPC(20) & Emergency Support Shelter (8) – Services to 28 families/10 yr	97,400	679,400
One-Time Commitments		
Stratford Arms Renovation – 20 units – Longview-Kelso HOME Program - LHA	190,000	
Domestic Violence Permanent Housing in Woodland – Clark County HOME Program - LHA	200,000	889,400

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