

A Place for Everyone- Steps for Ending Chronic Homelessness

What perceptions do you have of homelessness? For many it is the picture of a single male, perhaps holding a handmade sign asking for money. For some perhaps it is a picture of the Depression when families packed all they had and headed to places like California, Oregon and Washington, looking for work.

Twenty years ago there was not widespread homelessness in America. Tonight newly 1 million people will be homeless. The beginnings of this new wave of homelessness started in the 1960's and 70's with the deinstitutionalization of mental health patients.

The responsibility for caring for ex-long term residents of state mental institutions were supposed to be transferred to community based mental health centers. However, the funds to support community based mental health care were never appropriated or were cut. Until the late 1970's many ex-residents lived in single resident occupancy units in low cost hotels or rooming houses. Between the mid 1970's and the mid 1980's, **the country lost 780,000 units** with rents less than \$250 mostly because of urban renewal, inflation and or gentrification. By 1990 housing cost rose so dramatically that a person would have had to spend their entire SSI (Social Security Insurance) check on rent. Also, between 1980-1987 federal expenditures on public housing were cut. By 1995 the number of low-income renters exceeded the number of low cost units by 4.4 million.

Housing costs have risen. Earnings from employment and from benefits have not kept pace with the cost of rent for low-income people. Mainstream social programs like welfare, Medicaid, mental health care, substance abuse treatment, veterans assistance do have the ability to prevent and end homelessness, but cuts in spending to these programs and changes in outcome priorities have prevented these organizations from being able to respond adequately.

Affordability Gap

Households in Jefferson County who rent	2,780		
% Living below Federal Poverty Level (\$9,310 for a family of 1, \$18,850 for a family of 4)	25.1%		
% Renters who are cost burdened	42.4%		
% Renters who are severely cost burdened	22%		
Max affordable monthly housing cost	30% AMI	50% AMI	
	\$392	\$653	
Fair Market Rent for Jefferson County	1 Bdr	2 Bdr	3 Bdr
	\$443	\$545	\$738

Housing Wage Gap

Hourly Wage @ 40hrs. /wk. Needed to Afford:	1 Bdrm	2 Bdrm	3 Bdrm
	\$8.52	\$10.48	\$14.19
# Of work Hours/wk Necessary @ minimum wage	49	60	81

Jefferson County Area Median Income (AMI) from HUD- \$52,220 per year/\$4,350 per month.
30% of AMI is \$15,660 per year.

Why are people Homeless?

Homelessness can be broken down into three general categories.

1. Chronic Homelessness refers to an extended episode of homelessness (more than one year or four or more times over a three-year period).
2. Episodic Homelessness is sporadic use of the shelter system. People leave shelters when they get income or use them seasonally.
3. Transitional Homelessness last for a brief period. It is usually due to economic hardship and temporary housing loss.

Factors that contribute to homelessness

People are homeless because there isn't enough affordable housing.

In Jefferson County there is a need for:

- Rent subsidies for people who are rent burdened.
- Affordable housing construction incentives
- Appropriate funding for housing and services
- A funding plan for building housing

People are homeless because work doesn't pay enough to cover the cost of housing. Some homeless have lost their jobs and have no savings. Some cannot find employment or are taking a long time to find employment.

Living Wage Crisis in Washington State	
Living Wage – Calculated using a subsistence budget, 33% less than average family income	
Livable Wage for a Family of Four in Washington State	\$33,829.30
% Of jobs with the most growth that pay less than a Living Wage	71%
% Of above jobs that pay less than half a Livable Wage	46%
The fast food, retail services, grocery, health care, janitorial and security industries employ low wage workers in Washington's fastest growing occupations. An examination of CEO salaries in these industries finds CEO compensation ranging from 143 to 812 times the median income of workers. Compensation can range from \$14 - \$16 per minute.	

People are homeless because mental illness and/or substance abuse interfere with their ability to obtain and retain housing and/or employment.

Total # of chronic homeless in JC	Stated disabilities			
56	Substance Abuse	Mental Illness	Mental Illness and SA	3 or more disabilities
	10	5	4	17

Solutions for chronic homeless include permanent low demand housing and medical care.

People are homeless because the safety net or mainstream systems have been compromised.

- Funding cuts limit our ability to sustain existing useful programs.
- Changes in state and federal policies result in mainstream organizations having to restructure internally and adopt new objectives and outcomes. This is an added workload in and of itself. It further compromises our ability to help prevent and end homelessness.

Budget Cuts

Proposed Cuts in the federal budget for fiscal year 2005 Highlights

- Total grants to State and local governments \$28 billion less than FY2004
- Notable cuts- local law enforcement, juvenile justice, community policing services, violence against women. Some funds would go up but overall the Office of Justice would be cut by almost \$900 million, or 25%
- State and local homeland security and firefighter assistance under Community Development funding would be cut, emergency food and shelter under Income Security.
- Grants to States for Medicaid accounts

Washington could lose an estimated \$558.2 million if the FY2005 passes unamended including:

- Housing Assistance \$39,822,860
- Title I education assistance \$11,933,319
- Community Development \$2,354,055
- Clean Water Fund \$10,888,142

People are homeless because they are fleeing abuse. This category includes foster children, runaways and victims of Domestic Violence

People are homeless because:

- They are resistant to or have given up receiving help that could stabilize their housing situations
- They are not aware of help
- They choose to balance their small income and oftentimes mental health needs by living simply in public and private spaces
- They do not qualify for public funded housing
- Personal behaviors, bad credit or poor landlord references interfere with their ability to obtain and retain housing.

The Continuum of Care for the Homeless

Federal steps towards helping the homeless

In 1994 the US Department of Housing and Urban Development (HUD) initiated the Continuum of Care process to encourage and coordinate strategic approaches to planning for programs that assist individuals and families who are homeless. The Continuum of care approach is the mechanism by which McKinney homeless assistance funds for Shelter Plus Care, supportive Housing Program, and Section 8 rehabilitation have been consolidated into one competitive grant. The Key Elements of the Continuum of Care approach are:

- Strategic planning
- Data collection systems
- Inclusive processes

The goal of ending chronic homelessness was first articulated in July 2000, when the National alliance to end Homelessness included it as part of its ten-year plan to end

homelessness altogether. The Department of Housing and Urban Development accepted this goal in 2001. President Bush made "ending chronic homelessness* in the next decade a top objective" in his FY 2003 budget.

Local Efforts

In 1992 the Homeless Planning Committee met on Jefferson County. They organized to find services and shelter for persons without housing. They also responded to specific needs or crisis.

In 1997 the Olympic community Action Program sponsored a planning meeting with 28 social service representatives and members of the community. They developed priorities for our homeless problem and created a 1-year action plan.

In 2001 another planning group met and determined that we needed up to date information on our local needs and resources. The Continuum of Care for Jefferson County was formally created with Olympic Community Action Council being the lead agency.

The Continuum has identified local barriers to affordable housing. They fall into four categories:

1. Lack of sufficient income to afford available homes.
2. Insufficient information / understanding about affordable housing among local citizens.
3. Little history of collaboration among stakeholders.
4. High cost of developing new housing: including land, infrastructure, and construction.

The Continuum has taken steps to address these barriers. *LIST some completed action items:*

The Continuum group created a Five-year action plan for 2001-2005

1. Create a County-Wide Housing Coalition
2. Support Affordable Housing Projects in the development Process
3. Initiate Planning for Adult Shelter Projects
4. Initiate a Major Campaign to Increase Affordable Housing
5. Increase the Use of a Strong Case management Model in Homeless Programs
6. Expand Housing Rehabilitation Programs in Port Townsend

What is happening today?

In 2002 the United States Interagency Council On Homelessness was reactivated. The mission of the council is to develop and implement a comprehensive national approach to end homelessness in the United States through interagency, intergovernmental, and intercommunity collaborations. The Council was created as an independent establishment through the Stewart McKinney Homeless Assistance Act of 1987. It is composed of twenty Cabinet Secretaries and agency heads. To date over 100 cities and some states have committed themselves to developing a plan to end chronic homelessness in 10 years.

Currently, the ICH is taking the federal lead in the campaign to end Chronic Homelessness in 10 Years. Every community that receives McKinney Homeless funding has been encouraged to write a 10 Year Plan to End Chronic Homelessness.

The chronically homeless represent 10% of the homeless population, yet they consume over 50% of homeless resources. In Jefferson County, approximately 30% of individuals counted in our Point In Time survey were chronically homeless. The ICH plans to end chronic homelessness with a housing first approach, new federal funding and interagency collaboration. The 10-year planning process requires:

- A long term commitment
- Staff time and energy
- A willingness to forge new partnerships
- An ability to think creatively about old problems and existing resources

Indeed, collaboration and a strong working group made up of staff from all stakeholders is the successful model being used across the country to create needed outputs and adapt to new funding processes.

The Continuum of Care for the Homeless Planning group for Jefferson County Washington is pleased and proud to present to you our Ten Year Plan for Ending Chronic Homelessness.

Our Vision

The following vision was developed in April 2001 through a visioning process involving members of the Jefferson County Continuum of Care Planning Committee:

We visualize a Continuum of Care for the homeless in Jefferson County that provides adequate shelter and housing resources, along with a menu of services effectively utilized by an active and collaborative provider community to plan and implement programs and activities that facilitate homeless persons towards independence, (*or stable housing?*).

The principal elements of this Continuum are:

- Adequate shelter and transitional housing beds will be available for the period
- Affordable housing will be available and in adequate supply needed by the client.
- A full range of services will be made available, including a solid base of intensive case management services.
- Services will be provided throughout the county, and transportations will not be a barrier
- Barriers to obtaining access to services will be reduced.
- Prevention activities will be adequate to reduce the number falling into homelessness
- Foster care will be adequate for housing youth
- There will be a close working collaborative with regular meetings on an administrative and clinical level, and there will be adequate resources to afford to meet and plan collaboratively.
- Living wage jobs will be obtainable for those who seek them

Challenges to be met

We need to:

- Bring our projects into alignment with current and future funding streams
- Adopt a financing strategy that works for the size and makeup of our community
- Increase our capacity (time, money and know-how) to get the work done.
- Increase our knowledge of building affordable housing and shelters, and funding strategies that lead to a net increase in resources into Jefferson County.
- Create the infrastructure to develop and maintain public housing
- Adopt a new, "way we always do things"

Our Strategies

Our strategies are based on the comprehensive approach of the National Alliance to End Homelessness. Along with other Continuums of Care across the country, we support and endorse their 4-step model and agree that these steps should be taken simultaneously.

1. Plan for Outcomes
2. Close the Front Door
3. Open the Back Door
4. Build the Infrastructure

Step 1 Plan for Outcomes

Simply managing homelessness does not create the outcome we are looking for. We need to plan to end homelessness. Our objectives for Step 1 are:

- Collect better local data
- Utilize a planning process that brings not just members of the assistance community but members of state and local government to the table as well.

We will collect data at the local level. We will evaluate our mix of services so that we may identify prevention needs for our community. We will use this data for writing grant proposals, creating gaps analyses, assessing housing needs, and advocacy.

We will continue to utilize our community based Continuum of Care planning process to guide us in focusing on the outcome of ending homelessness. Our local planning will utilize the full range of resources available at the local, state and federal levels for short term, transitional and permanent housing; case management to address barriers to self sufficiency and support services; and living wage job development.

ACTIONS

- Conduct Point in Time homeless count in January 2005
- Establish or utilize present data gathering systems for: hospital, DSHS, law enforcement, churches, school district, and WorkSource
- Utilize PIT survey data to identify specific needs of each subpopulation of homeless and to determine the number of beds/housing units needed.
- Utilize the Homeless Management Information System to
- *Include any tools for monitoring outcomes*
- Continue to conduct outreach to people who are homeless, especially the youth.
- Review outcome measures and monitoring procedures for all major stakeholders
- Fully implement ServiceLinks information system for clients and service providers.

NEEDED COMMITMENTS

Step 2 Close the Front Door

We close the front door through homeless prevention programs. Many families and individuals are at risk for homelessness because of a high rent burden, (paying more than 30% of income for housing expenses). Services through existing safety net programs like food stamps, TANF and fuel assistance are limited. . Income supports allow clients to maintain good rental or ownership histories. Mainstream systems today are under funded relative to the true need for these supports. This step also addresses discharge planning from institutions like jail, mental hospitals and foster care. Prevention holds the promise of saving money on expensive systems of remedial care.

ACTIONS

- Identify, secure and maintain adequate funding for our mainstream programs and non-profit social support centers.
- Identify prevention best practices
- Write a homelessness prevention plan and apply for funding
- Establish effective housing retention services
- Assess local and regional discharge planning and outcomes
- Meet the special housing needs of exiting offenders
- Advocate for economic security vs. just getting a job.
- Advocate for policy changes that will assure that mainstream programs are able to actually address the needs they were set up to meet.
- Advocate for adequate rental assistance programs.

Needed Commitments

OlyCAP	Hospital/JMH/Dept. of Corrections	City and County
DSHS	Local Planning Area-DSHS and WorkSource primarily	

Step 3 Open the Back Door

People should be helped to exit homelessness as quickly as possible through a housing first approach. For the chronically homeless, this means permanent supportive housing with services- a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults it means getting people very quickly into permanent housing and linking them with services. This is the most challenging step. We do not have a large population of homeless and each subpopulation requires a different kind of housing solution. Because of our size we will seek to be creative in our solutions and our financing.

ACTIONS

- Increase our knowledge base regarding funding schemes for rural communities.
- Use scattered site solutions as well as the construction of multifamily units
- Locate regional as well as local partners for housing construction and provision of services
- Utilize our Comprehensive Planning Housing Elements to promote affordable housing
- Utilize present sources of funding for housing construction.

Commitments Needed

All major stakeholders

Step 4 Build the Infrastructure

Ultimately, people will continue to be threatened with instability until the supply of affordable housing is increased; incomes are adequate to pay for necessities such as food, shelter and health care; and people can receive the services they need. Attempts to change the homeless assistance system can result in building an infrastructure that can address the larger context of people with low incomes. Healthy families return the investment to the community through increased sales tax revenues and a decreased need for expensive services like the emergency room.

At the federal level, organizations like DSHS and the Veterans Administration are beginning to collaborate to address the needs of the homeless. We could possibly see the effects of these new collaborative efforts at the local level in 2 – 3 years. Our infrastructure needs to be designed so that we can capture these collaborative-based funds.

ACTIONS

- Develop comprehensive proposals that meet new collaborative funding objectives
- Include funding our collaborative* efforts as a top priority
- Increase our knowledge base of the issues.
- Make use of effective models.
- Utilize the CATPilot system for effective intake, development of plans of action for clients, provide system wide case management
- Work with Employment Security to identify and implement services for the homeless
- Implement ServiceLink information system for clients and service providers
- Expand our volunteer network