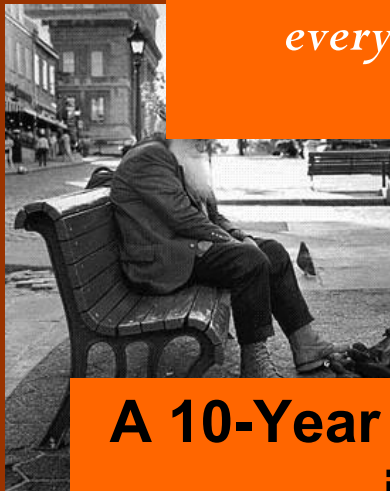




*“The road to homelessness ends with the commitment of the community that everyone is entitled to affordable housing.”*



**A 10-Year Plan to End Homelessness in Yakima County**





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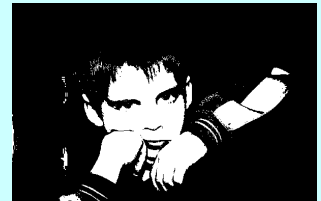
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# HOMELESS NETWORK OF YAKIMA COUNTY

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## MISSION

The mission of the Homeless Network of Yakima County (Network) is to advocate for the homeless people of Yakima County in order to improve the quality of life, increase public awareness of issues of homelessness, impact public policy, and to prevent and end homelessness.

## VISION

The Homeless Network will focus on realizable strategies to move homeless individuals and families beyond shelter to permanent housing and self-sufficiency by looking at a comprehensive range of needs and develop the local capacity to meet these needs. The Network will identify ways of coordinating and linking resources to avoid duplication by involving agencies and individuals currently involved with homeless and involve stakeholders outside of the traditional homeless system with a shared goal of building a comprehensive system to end homelessness and prevent return to homelessness.

## OPERATING PRINCIPLES

The *Homeless Network* is an association of emergency housing providers, service providers, community leaders, and any other interested person or entity who are concerned about addressing the emergency, transitional and permanent needs of the homeless. The purpose of the Network is:

1. Provide a place to share ideas, concerns and resources applicable to homeless issues and foster collaboration in addressing needs of the homeless.
2. Increase community awareness related to the causes of homelessness, the needs of homeless people and ways to end homelessness through a program of public education and advocacy.
3. Participate in developing and supporting public policy to assist homeless people and work toward ending homelessness.
4. Research and develop resources to support Network and Continuum of Care projects.
5. Develop, implement and annually review county-wide plans to end homelessness.

# HOMELESS NETWORK OF YAKIMA COUNTY

## HOMELESS NETWORK MEMBERSHIP

Campbell Farm	Providence Health System/Providence House
Care Bearers	River Rock Consulting
Casey Family Programs	St. Vincent de Paul
Center for Change	State of Washington Department of Corrections
Central Washington Comprehensive Mental Health	The Salvation Army of Yakima
City of Yakima Office of Neighborhood Development	Triumph Treatment Services
Community Residential Services Association	Union Gospel Mission Ministries
Community Volunteers	United Way of Yakima County
Consumer Credit Counseling Services of Yakima Valley	Yakima Association of Churches
Diocese of Yakima Housing Services	Yakima County Coalition for the Homeless
DSHS Region 2 Dept. of Child and Family Services	Yakima County Dept. of Community Services
DSHS Region 2 Juvenile Rehabilitation Administration	Yakima Family YMCA
Elmview	Yakima Federal Savings & Loan Association
EPIC	Yakima Health District
For A Better Tomorrow	Yakima Housing Authority
Homeless and Formally Homeless Volunteers	Yakima Interfaith Coalition/La Casa Hogar
Next Step Housing	Yakima Neighborhood Health Services
Northwest Justice Project	Yakima Public Schools
Office of Rural & Farm Worker Housing	Yakima Valley Farm Workers Clinic – N.C.A.C.
Oxford House Inc.	Yakima Valley Partners Habitat for Humanity
Parent Trust for Washington Children	YWCA of Yakima

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# HOMELESS NETWORK OF YAKIMA COUNTY

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## PLANNING

This ten-year plan to end homelessness in Yakima County by 2015 is the end result of a communitywide concern at the growing number of those at risk of becoming homeless as well as actual homeless individuals and families in the county. Towards the goal of ending homelessness, a coalition of over 40 local homeless service providers and involved individuals formed the Homeless Network of Yakima County (Network). Members include:

Mental health providers	Correctional representatives
Local government representatives	Funders
Health care providers	Housing finance services
Affordable housing providers	Child abuse/neglect service providers
Shelter providers	Foster care services providers
Substance abuse providers	Community developers
Domestic violence services providers	Veterans services providers
Homeless individuals	Legal services providers

As part of the planning process the Network conducted “Point in Time” homeless counts which have provided base-line measurement data on the homeless population. The “Point in Time” data has been used to identify areas of emphasis. Based on these areas, the Network established the following four objectives:

- Reduce the number of homeless families
- Reduce the number of non-chronically homeless individuals
- Reduce the number of chronically homeless individuals
- Reduce the number of homeless youth

Under each of these four objectives the *Homeless Network* has established four strategies:

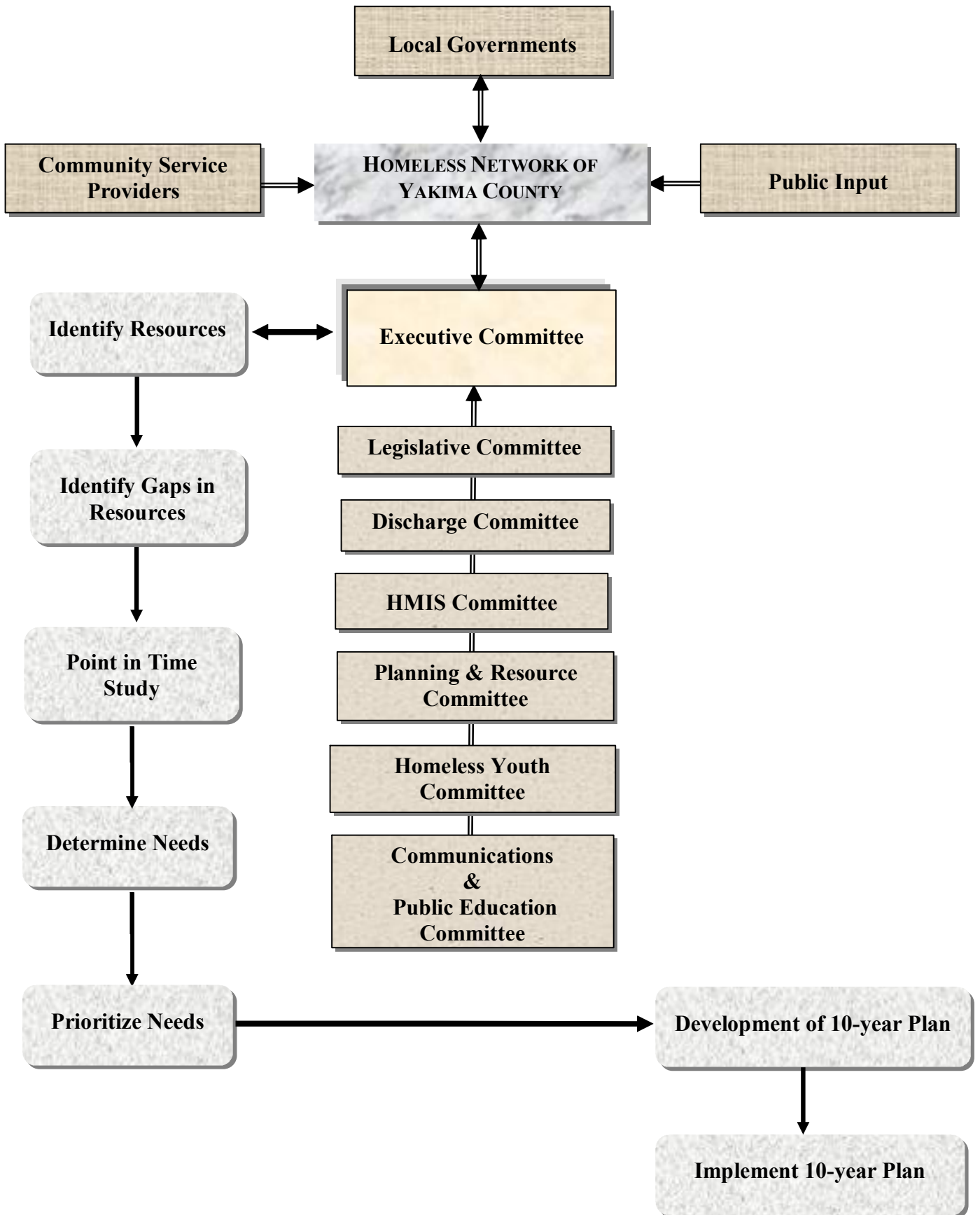
- Housing
- Prevention
- Income
- Health

To address each of the four objectives and strategies under the 10-year plan the Network has identified several activities both long-term and short-term that can be implemented to achieve the goal of reducing homelessness in Yakima County.

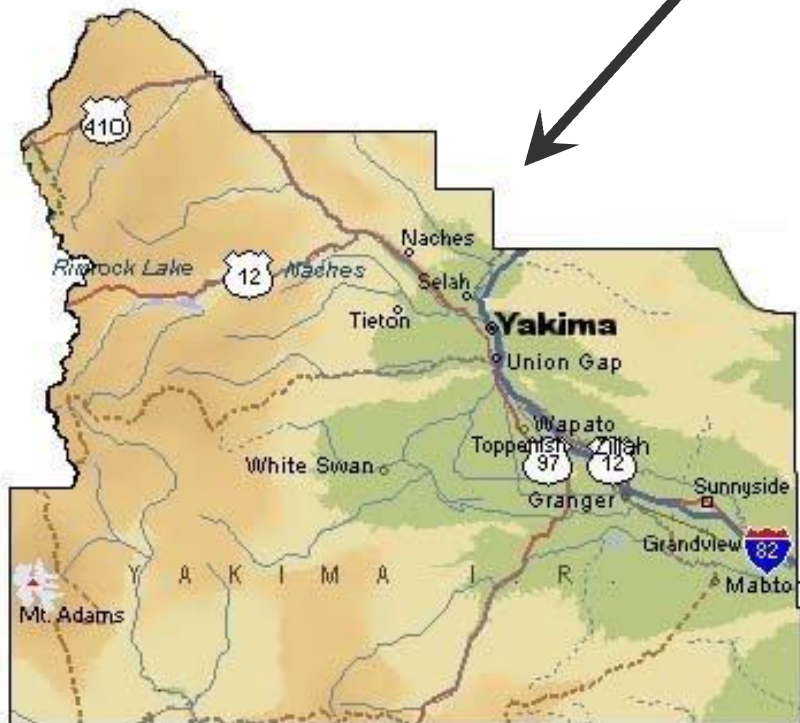
This *continuum of care* approach will streamline the current system so homeless people can move back into society through a coordinated housing and service system that addresses all of their immediate needs.

The *Homeless Network* believes that a community commitment to carrying out these approaches and strategies will positively impact those who are already homeless as well as those at risk of becoming homeless. By doing so the quality of life can and will be enhanced for individuals, families, and Yakima County as a whole.

# HOMELESS NETWORK OF YAKIMA COUNTY



# Yakima County, Washington



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# YAKIMA COUNTY

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## COUNTY OVERVIEW

Yakima County is the state's second largest county in terms of square miles (4,296 miles) and has the seventh largest population (226,727). It is unique in the State in having the largest concentration of minority populations in the state; over 50 percent of Yakima County's population is individuals of Hispanic background. According to the Office of Financial Management, one-half of the entire state's Native American population lives in the County. Yakima County is also home to the largest population of migrant and seasonal farm workers in the State. According to the Washington Migrant and Seasonal Farm Workers (MSFW) Enumeration Study for Washington State, there are 81,175 migrant and seasonal farm workers, including family members, temporarily resident in Yakima County.

The area's economic basis – agriculture and service industries – employs over 60 percent of the working population. Work in these sectors is traditionally low paying, is subject to seasonal employment, and offers little or no opportunities for upward advancement. Full-time occupations that pay more than minimum wage account for less than 13 percent of the work force.

Yakima County has been designated an “economically distressed” county by the Washington State Legislature due to the county's chronically depressed economy. Only 22 percent of the land surface is taxable because of a Federal Military Training Center and the Yakama Indian Reservation. Despite the injection of millions of State and Federal dollars in the form of employment and training programs annually for the past 20 years, the county continues to experience severe economic hardships. Nearly 40 percent of the county's population over the age of 16 is not in the work force. Chronic unemployment in the county – which averages between 9 – 11 percent annually - continues to be twice the state average.

## POPULATIONS AT RISK

Unemployment, low wages, chemical dependency, mental illness and insufficient income are established precursors to homelessness. On this basis, all available indicators show that Yakima County has the potential of having a large pool of individuals and families who are at risk of becoming homeless.

### *Living In Poverty* -

Nearly a quarter of Yakima County's population live at or below poverty level. Even among those not in poverty, 42 percent are forced to seek some form of public assistance some time during the year. This is due, in part, to the County's median household income; Yakima County ranks 24<sup>th</sup> among the state's 39 counties with an annual median household income of \$39,022; almost 25 percent below the state average of \$51,794. The number of individuals visiting area food banks per 1,000 population in Yakima County is 80 percent greater than the state average (1,897 versus 1,051). Similarly, families receiving Temporary

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## YAKIMA COUNTY

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Assistance for Needy Families (TANF) is 123.65 per 1,000 in Yakima County compared with the state average of 63.92.

*Chemical Dependency* - Among youth aged 10-17, 23.7 per 1,000 are clients of state-funded chemical dependency programs; this exceeds the state average of 11.09. Among adults this rate is 23.11 per 1,000 compared with the state average of 11.83.

*Mental Illness* - The Washington State Mental Health Division calculates there are in excess of 7,000 Seriously Mentally Ill (SMI) individuals in Yakima County. Of this population 160 have been identified as homeless.

### CONDITIONS FOR HOMELESSNESS

A shortage of affordable housing plays a significant role in homelessness. Less than 1 percent of all housing in the County has been built over the past 10 years despite a population increase of 5 percent. There are 358 housing units available per 1,000 population which is 20 percent lower than the state average. The current homeownership rate in Yakima County is 62.8 percent. Of the available housing units in the County 36 percent are renter occupied units with an average vacancy rate of only 5.5 percent. As a result, housing in the County is in short supply. The lack of housing is most pronounced outside of the county's urban areas. In townships such as Parker and Outlook no new homes have been built in nearly 20 years.

This shortage of available housing has put a premium on what housing is available. The average price per home is \$125,700 which represents an increase of 33.7 percent over the past ten years. The average monthly rent for a two bedroom home is \$596. It requires a median income family to pay over half (55%) of their available income to rent a two bedroom home. Nearly 36 percent of renter occupied households in Yakima County spend 30 percent or more of their available income on rent. As a result, many families live in substandard homes or share a residence with other families. Others, however, become homeless. In Yakima County there are over 450 individuals in emergency or transitional shelters.

The need for a community wide approach to reducing homeless is demonstrated by a Point-in-Time survey of Yakima County's homeless population conducted in January 2006. In this survey 1,190 individuals and 801 households were identified as being homeless. 355 were identified as children age 0-17, 800 were between the ages of 18-64, 90 individuals reported that they were either living on the streets or in a car, 92 reported being homeless more than one year. Reasons included 213 unable to pay rent or mortgage, 187 lack of job skills, 175 drug or alcohol use, 147 mental illness, 143 job loss.

## SECTION 1 – EMERGENCY SERVICES

In most instances **emergency services** are the first point of contact between those at risk of becoming homeless or who are already homeless, and a community's social service network. Emergency services by themselves, however, can do little more than alleviate a crisis or emergency situation. Instead, they must be part of a broader scheme to address homelessness.



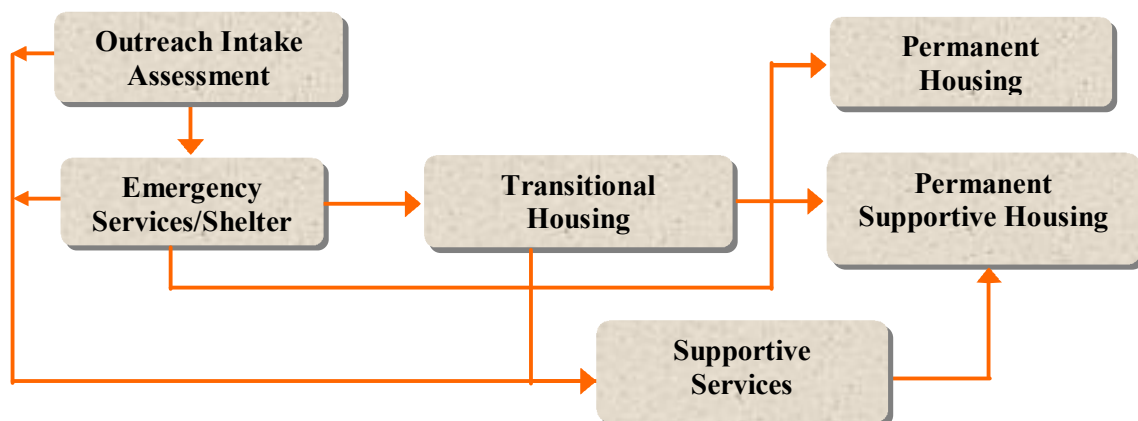
The experience of homeless providers across the country over the past ten years has demonstrated that the most effective in terms of resource use and efficient means of providing homeless emergency services is within the context of a comprehensive *continuum of care* service model. The effectiveness of this model has been described by the Department of Housing and Urban Development (HUD) as a new tool "for addressing the problem of homelessness" and incorporated into the McKinney Act.

### A MODEL FOR SUCCESS

HUD has identified the fundamental components of a comprehensive *continuum of care* system to be:

- ◆ Outreach, intake, and assessment to identify an individual's or family's service and housing needs, and link them to appropriate housing and/or service resource
- ◆ Emergency shelter and safe, decent alternatives to the streets
- ◆ Transitional housing with supportive services to help people develop the skills necessary for permanent housing
- ◆ Permanent housing and permanent supportive housing

### COMPONENTS OF A CONTINUUM OF CARE HOMELESS SYSTEM



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## SECTION 1 – EMERGENCY SERVICES

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*“Homelessness is a large, complicated problem that can be addressed and ended only through a comprehensive, multi-faceted approach...”*

*-- HNYC Member*

An effective “continuum of care” system - including emergency services - is coordinated. It not only includes the fundamental components identified by HUD, but also the necessary linkages and referral mechanisms among these components to facilitate the movement of individual and families toward permanent housing and self-sufficiency. It balances available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

In using a “continuum of care” model to address homelessness, emergency services are a critical element of each stage in the continuum process. Too often emergency services are viewed as an end in themselves – once emergency services have alleviated a particular situation there is no longer a "crisis" and there is no need for emergency services to be continued. This is not to say, however, that the conditions that fostered the crisis have been resolved, or that a similar crisis will not occur at some later point in time.

Three characteristics must be present in order for emergency services - including emergency shelters – to be effective in this continuum. First, emergency services must be

*“You can not just turn your head to the homeless and pretend they aren’t there. They need the focus of the entire community.”*

*-- HNYC Member*

coordinated and integrated with all other homeless services in the continuum. This requires that emergency service providers share resources, not duplicate them. Secondly, the transition from one service to another needs to be seamless and have minimal barriers. This will ensure that a person or family in need of a specific service will not “fall through the gaps.” The third and final characteristic is that emergency services – including emergency shelters – must be readily available and assessable by the individual and family in need, and by the “continuum of care” service providers.

In this methodology case management plays a multi-faceted role. It is the primary means of linking the individual/family in need of services with those services through outreach. It provides continuity to the individual/family throughout the continuum of care process.

During this process case managers act as a single point of contact for accessing services across the multitude of services providers. In this role case managers help prevent the duplicated of services as well as identifying resources to fill potential gaps in the service continuum.

### **Did You Know ...**

**Annually, the Emergency Shelter Assistance Program in Yakima County:**

- Serves over 2,000 individuals
- 700 households
- Provides 22,000 bed nights

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## SECTION 1 – EMERGENCY SERVICES

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### HOMELESS SERVICES IN YAKIMA COUNTY

ISSUE:

*Lack of coordination and funding among emergency service providers results in duplicate services and gaps in services*

There is currently only one health care provider in Yakima County that specifically targets the homeless. The county is fortunate, however, to have a number of emergency services available to the homeless. Four hospitals – two in Yakima, one in Toppenish, and one in Sunnyside – offer emergency medical care. The countywide County Designed Mental Health Professional (CDMHP) system provides substance abuse or mental health intervention on a crisis basis. Two toll-free bilingual crisis lines provide information about, and make referrals to, critical services available to any caller around the clock. Numerous food and clothing banks are scattered across the county. A family crisis program in Yakima covers the county north of the City of Union Gap; another family crisis program in Sunnyside serves families in need south of the City of Union Gap. Both the Yakima and Sunnyside programs have a limited capability of providing temporary emergency/crisis housing to victims of

domestic violence and connecting the victims with other services (i.e. counseling, medical care, etc.) Normally, crisis housing for domestic violence victims ranges from three days to a week. During this time the individual or family’s needs are assessed and longer-term housing is arranged is necessary.

There are two types of emergency shelter programs for the homeless available in Yakima County. The first type is the “facility based shelter”. There are currently three facilities available to any individual/family needing shelter in the county, all of which are located in the City of Yakima. These shelters can accommodate 96 single adults and 166 families for various lengths of time, depending on the provider. The second type of shelter program is the “motel voucher” system. There are five voucher programs in the county; two in Yakima, one in Grandview, one in Toppenish, and one in Sunnyside

Very limited emergency shelter is available to several specialized homeless populations. The Projects for Assistance in Transition for Homeless (PATH) has four crisis beds available for those with mental health problems. The homeless veterans’ shelter can provide 12 beds. Other underserved homeless populations include individuals/families participating in substance abuse treatment, individuals with HIV/AIDS, substance abusers who are not in treatment, and homeless youth.

All shelter programs in Yakima County provide information and referrals when they are unable to assist a homeless an individual or family. Providers in upper county report a shortfall of 170 shelter placements a week; in the lower county approximately 60 requests for emergency shelter go unmet weekly.

There is currently a limited countywide network to share information among emergency service providers. This is due, in part, to providers having different funding sources,

CHALLENGE:

*Create a coordinated emergency services system that will be adequate to meet the needs of homeless persons in crisis*

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## SECTION 1 – EMERGENCY SERVICES

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different reporting requirements, and diverse target populations. Information, therefore, tends to be shared within agencies, not across them. As a result, some providers may not utilize available resources. Similarly, due to the lack of coordination among providers, services are often fragmented with little or not continuity. Consequently, a crisis situation that threatens an individual's or family's housing stability may go unresolved.

### **Did You Know ...**

#### **Annually, in Yakima County:**

- **1,847 individuals were turned away from shelters**
- **459 households were turned away from shelters**

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## SECTION 2 – MAINSTREAM SERVICES

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People often need services, and low-income people must turn to public systems to secure the services they need. Some need services in order to work and earn the money to pay rent. Others need services, regardless of their income, in order to meet their basic responsibilities as a tenant and remain in housing. Public systems also supply medical care, job training, education, mental health treatment, childcare, substance abuse treatment, and transportation. Those systems are almost uniformly overburdened, and in many cases are not keeping up with new demands. These public systems require realistic funding and good policies to address new challenges.



Many mainstream service programs unintentionally work against homeless individuals and families who attempt to negotiate these systems. Homelessness is often a function of a mainstream system's inability to deal with issues such as lack of an address and telephone, illiteracy, loss of documentation, and incomplete medical records. For homeless people already beset with crises, navigating the system becomes yet another obstacle to stability.

### SPECIAL HOMELESS POPULATIONS

*“Street life is a culture unto itself”*  
-- Network Member

Special populations of homeless individuals and families or those at risk of homelessness (i.e. veterans, youth, mentally ill-chemically addicted (MICA), individuals leaving institutions, domestic violence victims, etc.) often require multiple, integrated services. Without such services and the ability to readily access them, the homeless will remain without a permanent shelter and those at risk will become homeless. National studies have shown that three types of services are most needed among the homeless populations.

1. Mental health treatment is essential so that people with mental illness can earn money and pay rent, and for those with the most severe illnesses, so they can meet other responsibilities. A great deal of current chronic homelessness can be traced to the lack of a system of community treatment, linked with housing, to replace the system of decreasing beds available in state hospitals due to the closure of units at both Western State Hospital and Eastern State Hospital. Over the last decade there has been a 30 percent decline in the number of people cared for in state psychiatric hospitals. In Yakima County there are over 100 bed units available for mentally ill individuals who would be otherwise homeless.
2. The substance abuse treatment system is facing a severe treatment gap. The National Association of State Alcohol and Drug Abuse Directors indicates that 50 percent of those who need treatment receive it. Waiting times for treatment at publicly funded clinics often preclude effective help for those without stable housing. Currently there are 55 beds in halfway or transition housing programs

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## SECTION 2 – MAINSTREAM SERVICES

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specifically identified for individuals leaving substance abuse treatment in the County.

3. Childcare is another important service. As welfare becomes less available to low income communities, single parents must work in order to stay housed. Public childcare is especially important for those at risk of homelessness. Homeless parents are less likely to have functioning networks of social supports, such as family members or friends who could care for their children, than are poor parents in general. Nationally, only one out of ten children who are eligible for child care assistance under federal law receives any help.

### Did You Know ...

- **Over 40% of homeless persons are eligible for disability benefits, but only 11% actually receive them.**
- **Although up to 39% of homeless people are mentally disabled, fewer than 11% of them receive disability benefits**

*NATIONAL LAW CENTER ON HOMELESSNESS AND*

Homeless individuals living with HIV/AIDS must confront several additional issues that further complicate their situation such as access to transportation, medical management, and discrimination. Individuals who are HIV positive or diagnosed with AIDS are required to take medication at certain times with specific foods. Homeless patients generally do not have available food or water to satisfy these requirements. Or, medications may need to be mailed to a home address, further complicating the homeless HIV/AIDS patient's treatment. In Yakima County there are 5 beds and 13 voucher rental assistance slots reserved specifically homeless individuals living with HIV/AIDS.

### ACCESSING REGULAR SERVICES

*“People seeking services are often sent to numerous service providers only to learn at each stop that ‘we have no funds for that go... to other provider.’”*  
-- Network Member

Mainstream health and social service programs are important funding sources for promoting many services that can help people transition from homelessness to stability. For those who qualify Medicaid law defines required services and optional services states can add. Within federal guidelines, states have limited flexibility within Medicaid to define who is eligible, what services they can receive, and how much is paid for those services. For both eligibility and services, in some instances states can apply for waivers, subject to Federal approval, to serve additional individuals or to provide additional services. Even when mainstream services exist, either to prevent homelessness or that can help people transition from homelessness to stable permanent housing, these services are not always accessed and utilized. Individuals/families in need of services

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## SECTION 2 – MAINSTREAM SERVICES

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must first know that a particular service exists; then they have to know where these services are available.

**ISSUE:**

*There are no easily assessed entry points for people needing services for homelessness.*

Going from one service provider to another in order to possibly get the necessary services may be a formidable task; for some – especially those in rural areas such as Yakima County where there is no public transportation to link out lying areas with urban centers – it is an impossible task. The end result is to give up and accept the inevitable – homelessness.

A variety of resources are available in Yakima County to prevent homelessness. These are primarily concerned with providing some form of limited, short-term financial assistance. Virtually nothing exists in the way of services that show people how to avoid homelessness or develop the life-skills to maintain stability.

The homeless of Yakima face a daunting task of trying to get help. While there are resources available locally, these resources have historically been dispersed among multiple providers, primarily in the upper county. An individual or family at risk of becoming homeless, or who are already homeless, cannot simply “drop in” and automatically and quickly be linked with the necessary array of services. Too often available services are 20+ miles away from the individual/family needing them and there is no way for the individual/family to travel that distance.

**CHALLENGE:**

*Establish entry points that provide all the services necessary to address homelessness.*

The homeless resources in Yakima County are not “user friendly” to homeless people. Without a “user friendly” system, homelessness will not improve in this area. Homeless people will continue to give up due to all the barriers within the present system.

**Did You Know ...**

- **Among those eligible for food stamps, only 37% receive them.**
- **Among families eligible for welfare benefits, only 52% receive them.**

**Nation Law Center on Homelessness and Poverty**

Given the currently available resources in the county a primary need is to streamline the system so homeless people can move back into society through a coordinated service system that connects them with all of the necessary services.

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## SECTION 3 - DATA

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From the perspective of mainstream society the homeless are almost invisible. Without a fixed residence the homeless are disconnected from local nuclear communities such as families, neighborhoods, and educational systems in which primary social bonds are developed, and the greater society in general. This disconnect separates the homeless individual or family from “normal” social supports. As a result, assessing the need for these supports only occurs in times of a family or individual “crisis”. While



intervention may resolve immediate issues, the conditions or circumstances that led to a family or individual becoming homeless remain unchanged. Too often the family or individual reverts to homelessness once the immediate crisis has been resolved.

### THE FACE OF HOMELESSNESS

No single set of characteristics can define all homeless individuals or families. Each person or family without permanent, stable housing is unique. Some are veterans, others are in the process of leaving an institution, while still others are Mentally Ill and Chemically Addicted (MICA). There are, however, patterns of behavior that help to identify major types of homelessness. It is important to understand these types of homelessness in an effort to address the problem.

#### Did You Know ...

##### Among the homeless population nationally

- 50% are African-American
- 35% are White
- 12% are Hispanic
- 2% are Native American
- 1% is Asian



National Law Center on Homelessness and Poverty

The first homeless group to address when seeking to end homelessness is the group that lives within the shelter system itself – the **chronically** homeless. While the single homeless population represents 50 percent of all homeless, the **chronically** homeless represent 10 percent of the single homeless population.

Few people in this chronic group are likely to ever generate significant earnings through wages. While they may have some income from wages and/or public benefits, they will require long term subsidization of both housing and services to support them.

The people who use shelters repeatedly, often called the **episodically** homeless group, constitute approximately 9 percent of the single population. This population often

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## SECTION 3 - DATA

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includes victims of domestic violence. This group has a high public cost when housed in shelter because many of its members seem frequently to interact with other very costly public systems, particularly jails, prisons, and hospitals. Many are active substance abusers.

The *episodically* homeless group requires a flexible strategy that addresses both their housing needs (for those with mental health and/or chemical dependency issues both when in treatment and in relapse) and their need for treatment. When they are in treatment, or compliant with treatment requirements (i.e. clean and sober), supportive housing or private sector housing are good options. When they are unable to find acceptable treatment, or unwilling to partake in treatment or treatment regimens, other housing options must be found. Current policies in which *episodically* homeless people sleep in the street, in shelters, hospitals and penal institutions jeopardize public safety (primarily for them) and/or have high public costs.

There are different views about how best to address episodic homelessness. There are those who believe many *episodically* homeless people are those currently unwilling to engage in chemical dependency or mental health treatment. Therefore they believe it is necessary to create a type of housing that recognizes chemical dependency or mental illness, makes services available, but does not require sobriety or “stability”. Models of so-called “low demand” housing exist, and it has further been suggested that low cost hostel or dormitory type housing with daily or weekly rental terms be developed. Others believe that most treatment available for chemical dependency or mental illness is not appropriate for this group (too short term, no follow-up recovery or transitional housing) and that the solution for the episodic group is a sufficient supply of appropriate treatment. Either options, or a mix of options, are probably needed.

ISSUE:

*Planning and developing projects that respond to the needs of homeless people in Yakima County*

Those who have relatively short stays in the homeless assistance system exit it and return infrequently, if at all, have been called the ***transitionally*** homeless. The majority of families and single adults who become homeless fall into this category, including domestic violence victims. They have had a housing crisis that has resulted in their homelessness. Despite the near universal shortage of affordable housing for poor people, they will find a way to house themselves. Since the homeless system is unable to address the real cause of their problem – the overall shortage of affordable housing – the best course of action is to facilitate their accommodation to this shortage and help them make it more quickly.

Nationally, the *Housing First* approach for most transitionally homeless families has proven to be effective. The focus of this approach is upon getting families very quickly back into housing and linking them with appropriate mainstream services – reducing their stay in housing to an absolute minimum.

For families in which the head of household has a chronic and longstanding illness that requires treatment, appropriate services must be attached. In this case attached services must include medical services, housing for family members, followed by an intermediate

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## SECTION 3 - DATA

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level of supportive housing. This is also a model for the chronically homeless, single people.

**ISSUE:**

*Lack of coordinated local data hinders identifying the scope of homelessness, and effectively accessing available resources*

For families fleeing an immediate domestic violence situation, a *Housing First* approach is unlikely to be effective. Such families typically need a period of four to six months in a sheltered and secure environment in order to sever ties with the batterer. A major component of this transition must be the identification of affordable housing available at its completion.

Similarly for *transitionally* homeless single adults, the emphasis should be placed upon facilitating their move to permanent housing. Housing services, case management services, and follow-up services can be effectively utilized to maximize housing stability.

The current orientation is to keep people in the system for long periods of time, either because there is no place for them to go (*chronically* and *episodically* homeless), or because it is assumed that people are homeless because of some set of personal problems that can be “fixed” by the homeless system (families, *transitionally* homeless single adults). To end homelessness a different approach can be taken. People should be placed in housing as rapidly as possible and linked to available services.

### HOMELESS COUNT

Any survey or attempt to count of the homeless in the county is, at best estimation. The U.S. Census Bureau acknowledged the logistical difficulties in its count of 300+ individuals using emergency shelters in the City of Yakima. Rural areas south of Union Gap are especially hard to survey; the number of homeless in the lower valley has not been established.

Data from the 2006 “Point in Time” homeless count indicates considerable growth in the homeless population in Yakima County. A total of 1265 unduplicated individuals and 940 households were counted as homeless. Of these 355 individuals (28%) were youth 0-17 years of age, 153 (12%) were considered chronically homeless, and 85 (7%) were victims of domestic violence. Of those counted, 160 (13%) suffered from mental health problems, 225 (18%) had a history of substance abuse, with 81 (6%) dually diagnosed (mentally ill and chemically addicted.) Untreated dental disease was found in 102 individuals.

On the night the count was conducted, 117 were found out of doors, 20 were found in their cars and 15 living in abandoned buildings.

**CHALLENGE:**

*Develop a system to accurately collect, distribute, and coordinate data. This data will be used to access the scope of homelessness, and developing projects that address the needs of homeless people in Yakima County.*

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## SECTION 3 - DATA

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The greatest number of homeless was found in temporary housing including emergency shelters 153 (12%), transitional housing 305 (24%) or temporarily staying with family or friends 339 (27%).

The National Alliance to End Homelessness acknowledges that *“the extent of homelessness may never be known”*. This difficulty in locating and identifying homeless individuals and families is compounded by the lack of an information and data sharing system among the 20 agencies in Yakima County currently providing services to homeless adults, youth, and families. The lack of such a system compartmentalizes services to the homeless and inhibits the successful use of a “continuum of care” approach to the application of services. It also reduces capacity of these agencies to develop the resources necessary to address the needs of the homeless.

Every local government needs solid information on who is homeless, why they became homeless, what homeless and mainstream assistance they receive, and what is effective in ending their homelessness. This information is needed on a city- and county-wide basis, not just a program-by-program basis. This allows trends to be monitored to determine what is causing homelessness, to assess what types of assistance are available to address homelessness, and to fill the resulting gaps.

While there are numerous services available to the homeless, these services are not coordinated. Severe limitations on providers’ ability to address the needs of the homeless are exacerbated by:

- ◆ The availability of appropriate accommodations for the number of homeless generally and for families and unaccompanied youth in particular.
- ◆ The uneven distribution of resources throughout the county. There are significantly fewer services below Union Gap than in the entire City of Yakima.
- ◆ Long distances between urban centers and the absence of any transportation system beyond the City of Yakima. This often makes the job of connecting homeless individuals and families with available services such as jobs and low-cost housing impossible.

### **Did You Know ...**

#### **Among the homeless population in Yakima County :**

- 3% are African-American
- 50% are White
- 32% are Hispanic
- 13% are Native American
- 2% are "Other"

*National Law Center on Homelessness and Poverty*

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## SECTION 4 - OUTREACH

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In order to be effective, the *continuum of care* must be integrated and coordinated so that when homeless people make contact with one agency in the system, they can be linked across agencies with the full range of housing and support services they need to stabilize their lives and maximize their self-sufficiency. Therefore, an information and referral system which provides accurate and up-to-date information about service and housing availability and which effectively links people with what they need is an absolutely essential aspect of a fully-functioning *continuum of care*.



### THE IMPORTANCE OF INFORMATION SHARING

This information should be accessible to outreach workers, case managers, homeless people, and the general public. In addition to an accessible information and referral system, outreach is an important mechanism for connecting people with the services they need. For many people, an outreach worker provides the first point of contact with the service system; this may be through shelter day centers, multi-service or day drop-in centers, crisis hotlines, safe havens for domestic violence victims or the homeless mentally ill, informational street hand-outs, or mobile outreach workers who work on the streets.

*“I often hear how many of these people don’t want to go to agencies or their families to ask for help. They feel embarrassed and ashamed of their situations.”*

*-- Network Member*

Outreach is particularly important for people who are reluctant to make contact with the service system on their own. While for some people, one contact with the system may be enough to link them with needed

services; for many others, street homeless, people with mental health disabilities and others who have had negative experiences with the service system, repeated contacts over time are necessary to build trust. This process of building trust and assessing needs is called **engagement**.

*Engagement* occurs in various stages beginning with first contact where the outreach worker seeks to become a familiar face and begins to establish credibility; proceeding to initial engagement tactics where the worker attempts to engage the potential clients in conversation and uses small incentives to facilitate interaction, such as provision of needed items (toothbrushes or socks); and continuing to more ongoing engagement tactics where the worker begins to “hangout” with clients and helps them to meet needs that can be easily addressed, such as transportation, clothing, or basic medical care. Ultimately, if successful, the outreach worker will be able to assist clients in identifying their longer-term needs and accessing the services that can help them to move out of homelessness.

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## SECTION 4 - OUTREACH

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### BARRIERS TO RECOVERY

The barriers to ending homelessness are significant, yet can be overcome if communities are committed to identifying and addressing the causes of homelessness and the needs of homeless people. Outreach can provide the continuity and stability that is required to engender trust. As with other services, outreach efforts must be coordinated and jointly planned. Information must be shared among outreach providers who, in turn, must coordinate responses with the ultimate goal of accessing permanent affordable housing and the necessary supportive services for all homeless population groups. Most importantly, outreach must be a fundamental component of the *continuum of care* model.

*“People walking the streets become invisible to our communities.”*  
-- Network Member

Many homeless people suffer from mental illness, substance abuse, or domestic violence; the development of trusting relationships can take years. The number of homeless individuals inevitably exceeds the number of outreach staff available to help them achieve more stable lifestyles. In order to bridge this gap, volunteers, including members of faith communities, students, business, and neighborhood organizations, need to be recruited and trained by skilled outreach teams to assist with this effort.

Most importantly, homeless people must be viewed as valuable members of society with special needs. Specialized services for each homeless group – chronic, episodic, or transitional – must be geared toward stabilization and permanent housing, rather than warehousing. Expanded and intensified outreach, combined with innovative approaches such as the *Housing First* model will have a positive impact on reducing the incidence of homelessness for people with multiple problems who have been homeless for significant periods of time. Outreach is a first and necessary step in this process.

#### Did You Know ...

##### Among the homeless population nationally:

- Among those eligible for food stamps, only 37% receive them.
- Among families eligible for welfare benefits, only 52% receive them.

*Nation Law Center on Homelessness and Poverty*

Outreach can play an important role in ending homelessness by engaging people who are living on the streets and getting them into housing. A key ingredient of effective outreach is a rapid link to housing, which necessitates some form of low-demand housing – housing with few rules or requirements. Youth or adults who are living on the streets often have a mental illness or substance addiction. Mandating treatment or sobriety can drive them away. Outreach that provides low-demand housing minimizes the negative effects of street living, which include worsened mental and physical health. When people

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## SECTION 4 - OUTREACH

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feel safe and secure, they are more likely to participate in treatment. Housing has this effect.

### AVAILABLE RESOURCES

Yakima County has a multitude of limited stand-alone outreach services to the homeless. These individual services were not, however, originally designed as components of an integrated “continuum of care”. As a result, the currently available outreach services are not centralized.

**ISSUE:**

*There is no central place (e.g. safe haven) for people who are homeless or at risk of becoming homeless to access information about services and potential resources.*

The Yakima County Coalition for the Homeless (YCCH) provides limited outreach by bilingual staff (Spanish/English) to homeless individuals and families (approximately 20 per week) at emergency shelters, food banks, health clinics and the Community Services Offices for the Department of Health and Social Services (DSHS). When homeless persons are encountered, a brief assessment is conducted to identify the most appropriate shelter resources and referrals are made. Bilingual staff also provides information and makes referrals to individuals and families who walk into the YCCH office location (approximately 50 per week).

The Yakima Health District has bilingual staff that provides street outreach targeting chemically dependent and dually diagnosed people at risk of HIV/AIDS. They provide information about shelter and housing resources and make referrals when they encounter homeless people (approximately 15 per week).

The DSHS Community Service Office staff provide information and referral to homeless people who apply for benefits.

Central Washington Comprehensive Mental Health operates two homeless programs. The first is Projects for Assistance in Transition for Homelessness (*PATH*). This is for individuals identified as having a Serious Mental Illness (SMI). The second program is a 12-bed shelter for homeless veterans.

Open Line (community crisis line) and Access (community information line) receive phone calls from individuals and families experiencing a housing emergency and volunteers provide information and make referrals to shelter programs.

**CHALLENGE:**

*Establish a centralized information and referral point for people who are homeless or at risk of becoming homeless*

Triumph Treatment Services has put in place since July 2000 an outreach program called P-CAP (Parent-Child Assistance Program). It provides outreach, mentoring, and follow-up for three years to pregnant and postpartum substance using women in Yakima County. Homelessness is often an issue for them. Northwest Justice Project conducts outreach of farm labor camps during the growing season. In the course of this outreach housing needs are identified and, when appropriate, referrals are made.

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## SECTION 4 - OUTREACH

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The YWCA Family Crisis Program in Yakima and the Lower Valley Crisis and Support Services in Sunnyside provide outreach to victims of domestic violence and families in crisis. Both programs provide temporary/crisis shelter assistance, arrange for transitional shelter assistance, and information and referral services.

In order to utilize services or potential resources of any type, several steps must be complete. The first of these steps is to know that services and resources exist. The second step is to know where to find these services and resources. The final step is to be able to access these services and resources. Each of these steps may be a significant barrier to the homeless seeking assistance. Outreach is a major tool in overcoming these potential barriers.

### THE IMPORTANCE OF OUTREACH

Outreach services need to adopt the goal, successfully used in other communities, of moving people into shelter for their own safety. In focus groups, homeless people voiced support for additional training for outreach workers. Training among law enforcement

*“Providing resources in Yakima County to streamline the system so homeless people can move back into society through a coordinated service system will improve our area immensely.”*

*-- Network Member*

personnel is particularly needed because homeless people indicated that law enforcement involvement in outreach would not be helpful. However, the experience of other communities is that people involvement is essential to help move homeless people off the street for their own safety, particularly when the weather is dangerously cold.

A basic step to end chronic homelessness in Yakima County is for the existing outreach capacity of service providers to be expanded to fully meet the level of need. The linkages between the outreach component and the rest of the service system must be improved so that clients can be immediately linked to housing and services when they are ready to access them. This can be achieved by developing referral agreements between outreach providers and housing and service programs. These agreements need to include the dedication of engagement housing and permanent housing slots for access for clients referred by the outreach component.

## SECTION 5 - SHORTEN HOMELESSNESS

Ending homelessness will not be realized unless a comprehensive, community-wide investment is made in redefining systems of care and removing existing barriers to services. For homeless people, lack of clean clothes, phone, mailing address, and documentation can make securing work difficult if not impossible. For a homeless person who suffers from mental illness, compiling the required medical records and completing the application process for public benefits can be insurmountable task. For a homeless teen, entry into the school system may be impossible unless trusting relationships can be developed.

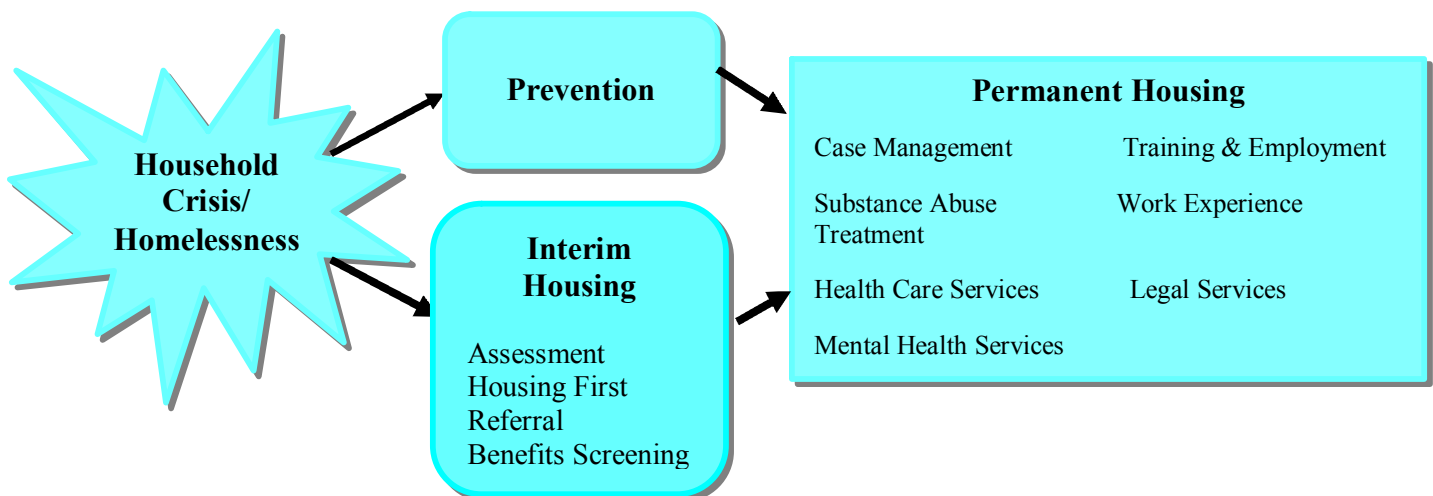


### ENDING HOMELESSNESS

Ending homelessness requires an alignment of resources to reduce the duration of each spell of homelessness, and prevent recurrence. In the “continuum of care” model, this means using a community plan to seamlessly organize and deliver housing and services to meet the specific needs of people who are homeless or at risk of becoming homeless as they move to stable housing and maximum self-sufficiency. It includes strategies to end homelessness and prevent a return to homelessness.

### HOUSING FIRST

One of the more successful approaches to date is the *Housing First* model. This approach is critical to successfully ending homelessness. *Housing First* involves addressing the immediate barriers to housing so that homeless people can move into permanent housing as quickly as possible. Service needs are addressed through home-based case management, which helps stabilize the family, ensure that they will have sufficient income to sustain their housing, and prevent a recurrence of homelessness.



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## SECTION 5 - SHORTEN HOMELESSNESS

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*“Coordination of a community of vision and current delivery of service will greatly enhance the quality of service as for homeless people and enhance the effective use of limited resources.”*

*-- Network Member*

Effective implementation of a *Housing First* approach requires the creation of a full continuum of housing opportunities. To accomplish it will be necessary to:

- ◆ Develop short-term interim housing focused on helping people access permanent housing as quickly as possible. Services provided in interim housing would include housing search assistance and case management to help address immediate needs and identify longer-term issues to be dealt with once in permanent housing.
- ◆ Develop programs throughout the county to create additional housing units. These units would be designed to provide a way in off the streets for those who are unwilling or unable to access other housing options – it has no time limits on length of stay, has few rules and requirements, and offers access to services on an optional basis.
- ◆ Expand the availability and accessibility of permanent housing affordable to people with extremely low incomes. Typically people with extremely low incomes are those who are living on public benefits, are homeless and have no source of income, or are employed earning only minimum wage.
- ◆ Facilitate the development of more supportive housing. Supportive housing is affordable permanent housing that is linked to an integrated and individualized package of services and supports designed to maximize health, self-sufficiency and quality of life. This type of housing is essential for chronically homeless people and others with serious disabilities.

For such a system to be effective, the incentives embedded in the homeless assistance system have to reflect these outcomes. Examples of such incentives include:

**ISSUE:**

*There are limited opportunities to develop self-sufficiency because of a lack of resources, opportunities, housing and continuum of support services.*

- ◆ Shelters and other homeless services providers should have access to and incentive to use prevention resources to avert a homeless episode.
- ◆ Shelters and transitional housing providers should have incentives to move people out of homelessness and into stable permanent housing as quickly as possible. To the maximum extent possible, a homeless person's service needs should not delay his or her entry into permanent housing.
- ◆ Structures should be in place to meet the service needs of re-housed households to be able to remain in stable housing.
- ◆ Homelessness providers should be held accountable for people they have served in the past and should be rewarded to the degree that their former clients continue to have stable housing.
- ◆ At the same time, homelessness providers should be encouraged to serve people who have the most barriers to permanent housing

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## SECTION 5 - SHORTEN HOMELESSNESS

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and are most likely to be homeless longest.

- ◆ Outcome measures should track the number of people who become homeless, the average length of homeless episodes (not necessarily the average stay in a shelter), and the rate of recidivism.
- ◆ Homelessness programs should be discouraged from using time limits, sanctions, or other devices that may reduce shelter use but do not end homelessness.

Safe and secure housing is one component of escaping homelessness for individuals and families. In the long term, success in escaping homelessness depends on developing self-sufficiency. This, in turn, can best be accomplished by developing resources and supportive services that provide opportunities for developing self-sufficiency.

Community resources not specifically targeting homeless people provide emergency and remedial assistance to anyone who is in need. A variety of social service agencies have signed on as “partners” and the intake/assessment staff and case managers facilitate access to these services for homeless clients. Case Management as an integral component of transitional housing programs has as a primary goal linkage to other supportive services in the community which are necessary if homeless individuals and families are to become self sufficient.

The development of county-wide integrated systems and multidisciplinary services with the goal of coordinating services to the homeless is essential to end homelessness. This requires the integration of services to share client information, resources and planning in order to address the multiple problems often experienced by homeless individuals and families, including lack of and barriers to, service.

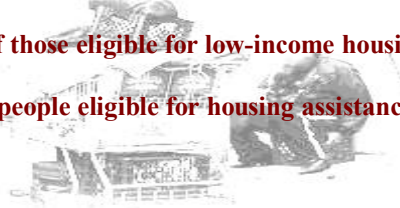
### CHALLENGE:

*Expand opportunities to develop self-sufficiency by increasing resources, diversifying opportunities, and broadening the continuum of supportive services*

### **Did You Know ...**

#### **Among the homeless population nationally:**

- **Fewer than 30% of those eligible for low-income housing receive it**
- **Only 30% of poor people eligible for housing assistance actually receive it.**



**National Law Center on Homelessness and Poverty**

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## SECTION 6 - RAPID REHOUSING

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Rapid rehousing of families and individuals with greater challenges requires flexibility in providing follow-up support and case management. Experience has shown that the flexibility to provide follow-up assistance for those rapidly rehoused remains cheaper than allowing those with significant challenges to remain in transitional housing.



Experience has shown that without integrated systems at the administrative and client levels, homeless individuals tend to cycle through the system without making gains toward long-term housing stability. While most homeless families get themselves back into housing quickly after they become homeless, services delivered in the homeless system seem to have little effect on the eventual stability of these families in housing. This lack of progress toward stability testifies to the often-fragmented service delivery system.

*“Temporary housing helps hold the family together while they seek better circumstances, opportunities for self-reliance.”*

*-- Network Member*

Many homeless people suffer from chronic health conditions, mental illness and substance abuse. Unfortunately the homeless, health and substance abuse systems are not always able to adequately address the needs of individuals with multiple needs. Compared to the general population, homeless people have significantly higher rates

of many acute and chronic illnesses, including HIV/AIDS, which are exacerbated by malnutrition, substance abuse, injuries, and increased risk of communicable diseases.

### TRANSITIONAL HOUSING

Various homeless population groups require transitional housing that is tailored to address their specific needs. Irrespective of the type of transitional housing, programs should focus on removing significant barriers to both obtaining and sustaining housing. Transitional housing should provide housing to homeless people who are not deemed “housing ready” and provide supportive “wrap-around” services to maintain housing. In this type of housing it is important to remember that transitional housing is another component in the continuum of care.

One of the principle features of effective transitional housing is that it uses centralized, integrated, multidisciplinary services as a support. Multidisciplinary services provide physical and mental health, substance abuse, social and vocational services as a means of stabilizing the individual or family during the transition process.

*“Most do not choose to be homeless but could not avoid it. We need housing services available for these people to help them overcome any obstacles in their way.”*

*-- Network Member*

In many respects, housing stability is a function of a household’s ability to access fundamental resources and supports that assure that, when a

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## SECTION 6 - RAPID REHOUSING

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crisis occurs, it does not threaten the security of that housing. For all of us, these supports include affordable healthcare with mental health and substance abuse treatment services, livable wage employment and/or other income supports, and for families, childcare. These supports are all the more critical for poor households, for whom a crisis often means choosing between addressing essential needs for housing, food, or medical care.

### WRAPAROUND SERVICES

Ensuring that households have access to a full range of resources and services to protect the stability of their housing can be achieved through the implementation of a “wraparound services” approach. “Wraparound services” refer to a comprehensive service provision model that guarantees that any and all services needed by an individual or family are integrated through a cohesive, individualized service plan that guides all service provision. This service approach should be infused across all components of its homeless service delivery system – prevention, interim housing, and permanent housing.

Service integration to achieve “wraparound services” must occur at both the system and client levels. In this mainstream agencies must enhance the accessibility of their services to homeless people. This can be facilitated through.

- ◆ Integrated services at the system level: System level service integration allows people and information to move easily between programs, thus maximizing the likelihood of successful outcomes, facilitating people’s transition from homeless services to community-based services once housing is regained, and allowing evaluation of outcomes and resource use from a system wide perspective.
- ◆ Integrated services at the client level: Client level service integration typically involves active case management to facilitate access to the full package of services needed as well as staff level coordination in which services are provided through a team approach or through grouping services at one or more strategic locations.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. The implementation of a “wraparound services” approach will mean that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency. Because service intensity is determined based upon client need, this may also mean that initially an agency provides daily or weekly case management, which may shift to monthly or on-call assistance over an extended period of time. For some, services will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith are secured.

## SECTION 6 - RAPID REHOUSING

### TRANSITIONAL HOUSING

***ISSUE:***

*There is a shortage of supportive and transitional housing opportunities for high-risk populations*

Transitional housing programs are severely limited in terms of both the number of housing opportunities available as well as the ability of these opportunities to adequately meet the needs of specialized homeless populations in a continuum of care.

Since 1989 the Yakima County Coalition for the Homeless has developed and operated a 35-transitional-housing unit program for families. This program includes limited case management and limited coordination of supportive services. Currently, Triumph Treatment Services, Care Bears, Central Washington Comprehensive Mental Health, and Clean House provide transitional housing for homeless populations with special needs.

The most significant gaps in services to special homeless populations are:

- ✓ Transitional housing in lower Yakima County
- ✓ Transitional housing for single adults infected with HIV/AIDS
- ✓ Transitional housing for adults recovering from substance abuse
- ✓ Transitional housing for homeless youth not living in families
- ✓ Adequate supportive services for these specialized populations

***CHALLENGE:***

*Increase supportive and transitional housing for high-risk homeless groups*

**DID YOU KNOW ...**

**Among the homeless population nationally:**

- 44% of homeless adults are employed full or part time.
- More than 3 million poor Americans spend more than half of their total income on housing.

***National Law Center on Homelessness and Poverty***

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## SECTION 7 - PERMANENT HOUSING

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Without permanent housing as an end goal, the entire continuum of care approach to homelessness services ceases to function as a dynamic system moving people toward stability and self-efficiency. Instead the system becomes a warehouse for people. The only lasting solution to homelessness is access to housing that is affordable and, for certain populations, linked to necessary support services. Permanent supportive housing - independent housing linked to comprehensive social, health and employment services - has proven to be very effective in enabling otherwise homeless people to obtain and maintain housing.



Permanent solutions to homelessness must address its fundamental cause: the inability to pay for housing.

Permanent solutions to homelessness must address both the shortage of affordable housing and the inadequacy of income to meet basic needs. Permanent solutions must also address the additional need for treatment for people suffering from disabilities.

### ELEMENTS OF A PERMANENT SOLUTION

According to the *National Law Center on Homelessness and Poverty* permanent solutions must:

- ◆ Ensure Affordable Housing      Provide subsidies to make existing housing affordable; create additional affordable housing through rehabilitation and, where needed, new construction
- ◆ Ensure Adequate Income      Ensure that working men and women earn enough to meet basic needs including housing, ensure that those able to work have access to jobs and job training, ensure that those not able to work are provided assistance adequate to meet basic needs, including housing
- ◆ Ensure Social Services      Ensure access to social services, including health care, child care, mental health care, and substance abuse treatment
- ◆ Prohibit Discrimination      Prohibit laws that discriminate against homeless people, including laws that specifically target them or activities they must engage in because they are homeless

Permanent solutions must also prevent people from becoming homeless. New policies that address the underlying structural causes of homelessness – by addressing housing, income and treatment problems – must coincide with specific prevention policies to stem the rising tide of homelessness.

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## SECTION 7 - PERMANENT HOUSING

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Increasingly, homelessness affects not only the very poor, but also working and middle class Americans. Middle class families are increasingly unable to afford to buy, or even rent, their own homes. Middle class workers are now facing rising unemployment, coupled with declining assistance from “safety net” programs.

*“A lot of people just don't have any place to go.”*

*-- Network Member*

Permanent solutions to homelessness reintegrate homeless people into society and foster self-empowerment. Policies that produce affordable housing by employing homeless people are among the necessary policies that strengthen the economy while also helping to end homelessness.

*“Often there isn't enough or available affordable housing which leads to these people living longer on the streets.”*

*-- Network Member*

Despite recent media reports to the contrary, polls consistently reveal that the majority of the American public supports aid to the homeless. According to the polls, the majority of the public understands the underlying causes of homelessness, and 81 percent would pay additional taxes to fund increased aid.

Providers in the County identify the lack of affordable housing as a significant cause of homelessness and a barrier to people trying to move out of homelessness. When the door to affordable housing is closed, many families languish in the system. Nationally, the average annual cost of placing the children of a homeless family in foster care is \$47,608, while the average annual cost for a permanent housing subsidy and supportive services for a family of equal size is about \$9,000. Without access to a housing subsidy, some families remain homeless for a longer period of time. Ironically, the cost of a voucher that would prevent homelessness or reduce the length of time families remain homeless is often less than the cost of providing shelter assistance.

The true cost of sheltering a family must also include the long-term effects on children of low self-esteem, poor nutrition, stress and other variables associated with instability. These costs are incalculable.

*DID YOU KNOW ...*

- **Yakima County has less than a 6% vacancy rate.**
- **In Yakima County 36% of households spend more than 30% of their income on rent.**

*-- American Community Survey*

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## SECTION 7 - PERMANENT HOUSING

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ISSUE:

*Lack of safe, decent and affordable permanent housing in Yakima County*

One of the primary challenges homeless people face is navigating the housing market. Most communities have a shortage of housing affordable for low-income households. Consequently, landlords can select the most appealing tenants, many of whom have higher incomes, and require a large sum of cash for a deposit and first and last month's rent. There is little incentive for landlords to work with potential tenants who have lower incomes, little savings, credit problems, or unstable housing histories.

Housing placement services can address many of the barriers homeless people face. Effective housing search services often include the following elements:

- ◆ Skilled housing search staff with knowledge of local housing markets and relationships with landlords
- ◆ Marketing and outreach to landlords
- ◆ Incentives for landlords to rent to homeless households
- ◆ Assurances to landlords that the housing services agency will assist with landlord/tenant problems
- ◆ Access to subsidies, such as vouchers, for households with extremely low incomes
- ◆ Coordination with service providers to ensure that a homeless person's service needs are met once he or she is in permanent housing
- ◆ Periodic follow-up work to prevent a housing crisis
- ◆ Services to address credit problems

The skills necessary to effectively place homeless people in private market housing combine those of a realtor and a caseworker. Locating and developing qualified staff is one of the greatest challenges to having an effective housing search and placement system.

Housing instability for extremely low-income individuals will continue until the supply of affordable housing increases substantially. While federal funding for affordable housing has dramatically declined over the past decade, states and municipalities have developed a number of strategies to respond to the housing needs of extremely low-income individuals.

The number of state and local housing trust funds has significantly increased since the 1990s leveraging resources to increase the supply of affordable housing for low-income people. Some counties and cities have developed inclusionary zoning programs, requiring developers to include affordable housing units when building new developments.

CHALLENGE:

*Expand housing opportunities for affordable permanent housing*

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## SECTION 7 - PERMANENT HOUSING

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This problem is further exacerbated by the cost of housing in the County and the disparity between housing costs and wages. Without sufficient permanent affordable housing, the continuum dead-ends with emergency shelter and transitional services. If homelessness is to be addressed, significant developing of housing units must be a central strategy.

Recent census information illustrates the difficulty of obtaining affordable permanent housing in Yakima County. Rental units comprise 36 percent of all housing in the County. Due to the large transitory population in the county, combined with a population increase of nearly 2 percent a year, available rental housing is in short supply; currently there is only a 5.5 percent vacancy rate. This shortage of rental housing has, in turn, driven the cost of a single bedroom rental house to \$511 per month. Much the same is true for residential homes. The average price per home in Yakima County is \$125,700 which represents an increase of 34 percent over the last ten years while median household income has only increased 30 percent over the same period.

Not only is permanent housing in short supply, affordable housing is practically non-existent.

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## SECTION 8 - SYSTEMS PREVENTION

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The majority of people who enter the homeless assistance system receive help and exit the system relatively quickly. But no sooner do people successfully exit the system than others replace them. This is why the number of homeless peoples does not decrease. If we are going to end homelessness we must **prevent** people from becoming homeless.



### APPROACHING PREVENTION

This can be done in two ways. The first is to demonstrate that although shifting responsibility for homeless people to the homeless system may seem to be cost efficient, it is actually more costly over all. For example, sending parolees to shelters rather than halfway houses may *seem* cost efficient. However, it can increase recidivism, and result in use of other costly systems such as hospital emergency rooms.

Second, systems can be rewarded for improving their outcomes, as measured by homelessness. Providing incentives to programs, which reduce the number of their clients or wards who become homeless, could do this. Conversely, it could be accomplished by penalizing these systems when a client becomes homeless.

In the past, homelessness prevention focused primarily on stopping eviction or planning for discharge from institutions like jail or mental hospitals. These are important, but we must take a more comprehensive approach.

It has long been argued that the most humane strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. Prevention efforts include strategies such as short-term rent or mortgage assistance, legal assistance

*“It is important to identify the situation that resulted in them being homeless, assist and educate them to prevent another occurring and allow them the opportunity to be a productive part of our community.”*

*-- Network Member*

programs, representative payee and direct payment programs, and housing placement services. They also include more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prisons, or treatment facilities are not discharged to the streets or shelter system, as well as strategies that seek to forestall homelessness in cases of family crises such as domestic violence. By far the most common prevention approach is the provision of one-time or short-term financial assistance.

Most homeless people are clients of a host of public social support systems, often called the *safety net*. Others are the wards of programs in the criminal justice system or the child welfare system (foster care). Together these programs and systems are called the *mainstream system*. In a way, homelessness is a litmus test – it can show whether the outcomes of the mainstream system are positive or negative. Insofar as their clients or

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## SECTION 8 - SYSTEMS PREVENTION

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wards end up homeless, programs of the mainstream system often have unintended bad outcomes.

### CHANGING MAINSTREAM SYSTEMS

*ISSUE:*

*There is no single point of entry that addresses legal, emergent, and supportive needs of people who are homeless or at risk of becoming homeless in Yakima County*

Generally speaking, these mainstream systems, while large in terms of scope and funding, are oversubscribed and underfunded relative to their responsibilities. Is it not surprising, therefore, that they are quick to shift responsibilities and costs elsewhere, when they are able. The homeless assistance system provides one such opportunity. To the degree that homeless programs take responsibility for a whole host of very poor people, the mainstream system does not have to. However, the homeless system is not large and well funded. It can meet immediate needs, but it cannot prevent people becoming homeless, and it cannot address their fundamental need for housing, income and services. Only the mainstream system has the resources to do this.

To end homelessness, the mainstream programs must prevent people from becoming homeless. In order to eliminate new cases of homelessness, community providers should:

- ◆ Expand existing prevention services, including emergency rental assistance, case management, housing search assistance, legal assistance, landlord mediation, money management and credit counseling
- ◆ Improve early identification and intervention efforts by mainstream health and social service agencies which are often in touch with households at-risk, all public, non-profit and faith-based health and social service providers could assess clients for risk of homelessness as part of client intake interviews
- ◆ Enhance discharge-planning efforts so that people leaving the criminal justice system, foster care, hospitals, mental health programs, and drug and alcohol treatment programs are not released into homelessness; this would involve the corrections system, foster care, hospitals, mental health programs, and drug and alcohol treatment programs to develop residential stabilization programs to connect clients to community housing and services prior to discharge

Homeless individuals and families have a large variety of needs, both short term and long term. These needs range from health concerns to legal issues, and employment. In many instances, however, it is difficult for homeless individual and families to access such individual services due to geography and the lack of transportation.

A variety of resources are available in Yakima County to prevent homelessness. These include: short term rental assistance to prevent evictions; help with first month's rent;

*CHALLENGE:*

*Establish a single point of entry system, which provides a comprehensive range of services and information.*

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## SECTION 8 - SYSTEMS PREVENTION

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security deposit payments and credit report fees to assist individuals and families in obtaining housing, housing repair programs through municipal and county Community Development Block Grant programs, assistance with utility payments, housing counseling and referrals, fair housing and landlord tenant information, and advocacy.

The following is an example of assistance available in Yakima County:

- ◆ Yakima County Coalition for the Homeless (YCCH) – advocacy with landlords, tenant training, security deposit guarantees, rental assistance for 10 families per year
- ◆ Opportunities Industrialization Center (OIC) – Yakima – emergency assistance to prevent homelessness up to 15 families per year
- ◆ St. Vincent De Paul: FEMA - rent assistance to prevent homelessness approximately 30-50 families per year
- ◆ Salvation Army – Yakima and Grandview
- ◆ Washington State Department of Social and Health Services, countywide – emergency rent assistance to prevent homelessness for TANF families
- ◆ City of Yakima Office of Neighborhood Development Services (ONDS) - fair housing and landlord tenant counseling and advocacy, home repair assistance
- ◆ Yakima Neighborhood Health Services – medical and dental services for low-income families and the homeless
- ◆ Northwest Justice Project - fair housing and landlord/tenant counseling and advocacy
- ◆ Volunteer Attorney Services - fair housing and landlord/tenant counseling and advocacy

### **Did You Know ...**

#### **Nationally**

➤ **40% of homeless families have children**

➤ **67% are single parent families**

***NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY***

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## SECTION 9 - INCOME

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Most homeless people will reenter housing without the benefit of a deep housing subsidy. For them, rehousing cannot occur without income. The quicker a minimal/livable income is obtained, the sooner a new home is possible.



Many of the employment models explored as part of welfare reform show how people can quickly obtain work, in many instances paying enough to afford a minimal rent. In order to stabilize housing, however, people who have been rehoused must be linked with longer-term, career-based employment services, giving them the tools they need to increase their earnings. In locations with higher rent levels, this will sometimes be necessary even to initially escape from homelessness. Mainstream systems such as those funded by the federal government under the Workforce Investment Act should be used for this purpose.

### THE ROLE OF INCOME IN HOMELESSNESS

Many homeless people are unable to work due to a disability, or unable to quickly earn enough to afford rent. They are often eligible for cash assistance from Supplemental

*“The wages they make aren’t enough to live on and they struggle from month to month trying to make ends meet. Unfortunately, eventually these people can’t support themselves and their families and wind up on the streets.”*

*-- Network Member*

Security Income (SSI), Temporary Assistance for Needy Families (TANF) or similar programs. Systems should be in place to work through the eligibility processes in these programs as quickly as possible. As the National Alliance to End Homelessness points out, this may require exceptions to local TANF procedures, which in some places

involve discouraging people from applying for benefits. These exceptions are worthwhile, however, because of the increased self-sufficiency that comes about as a result of more stable housing.

The term *economically disadvantaged* encompasses several sub-populations that may be dealing with homelessness. Each group has its own set of extenuating circumstances that further complicate homelessness. The elderly, for example, may be on a fixed income, thus affecting their access to housing, medical and dental care, and medication.

In general, the economically disadvantaged population tends to be homeless families in crisis. This includes domestic violence victims. These families face unaffordable housing and a shortage of supportive services.

Work does not pay for housing. According to the National Low Income Housing Coalition, there is no community in the nation in which a person working at minimum wage can afford to rent a one-bedroom unit. In Yakima County, a full-time worker would have to make \$12.71 per hour in order to afford a two-bedroom rental unit.

Alternatively, a person working at minimum wage would have to work 69 hours a week on average to afford a two bedroom home.

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## SECTION 9 - INCOME

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For the poorest Americans, reduced incomes are part of a long-term trend. Wages for the lowest-paid workers have gone down significantly in real terms over the past 20 years. The decline in real wages has gone along with an even greater deterioration in the availability and purchasing power of public benefits for the poorest and most afflicted people. In 1995 Congress amended the Supplemental Security Income program so that drug and alcohol addiction could not be considered grounds for disability. In 1996 Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act, which affected food stamp allocations for many people, eliminated SSI eligibility for some children, and turned the administration of welfare programs for families over to the states.

### TOWARDS A BETTER FINANCIAL BASE

***ISSUE:***

*There are limited opportunities for people who are homeless or at risk of becoming homeless to earn livable wages in Yakima County*

While there has been much controversy about the over-all impact of welfare reform, one fact that all concerned seem to agree on is that income of the very poorest families have gone down. Despite a superbly healthy economy, for example, the income of the poorest 20 percent of female headed families with children fell nearly \$600 since 2000. The erosion of income was caused largely by sharp reductions in government cash and food assistance for poor families.

In order to increase the economic self-sufficiency of homeless people, economic opportunities need to be expanded. This could include:

- ◆ Foster the creation of more employment opportunities for homeless people because homeless people often need help getting their foot in the employment door. This is due to a variety of reasons, including the lack of employment opportunities in today's economy, their limited work history and experience, and reluctance by employers to hire homeless people.
- ◆ Ensure that homeless people have access to supports to facilitate their success at employment. In order to be effective for homeless people, education and employment services must be offered as part of an integrated service package; people often need a variety of other services in order to enable them to make a success of their education, training and job search efforts. A priority in this service package must provide affordable child care slots for homeless people engaged in education and employment activities.

Economically Yakima County is chronically depressed. The average unemployment rate is twice the state average. Due to the predominance of service industry and seasonal jobs the average yearly income in the county is 33 percent below the state average. In order to afford an two bedroom residence an individual's annual salary must be higher than \$26,440. For many homeless individuals and families, including the so-called "working poor", earning a

***CHALLENGE:***

*Expand the opportunities for people to earn a livable wage.*

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## SECTION 9 - INCOME

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livable wage is almost beyond their means. Jobs are often difficult to obtain, wages are low, and there is no guarantee to job security.

For those who are already homeless simply finding a job is a Catch-22 situation. As one woman explained, *“You go in there and explain to people I am homeless. I need a job so I can get out of this homeless situation. They are not going to hire you because you are homeless.”*

### **Did You Know ...**

#### **Nationally**

- **31.1 million people lived at or below the poverty line.**
- **37.9 million Americans live without health insurance**



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## TEN YEAR PLAN

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### GOAL

**Reduce the number of homeless persons in Yakima County by 50% by the year 2015.**

### OBJECTIVES

- I. Reduce the number of Homeless Families**
- II. Reduce the number of non-chronically homeless individuals**
- III. Reduce the number of chronically homeless individuals**
- IV. Reduce the number of homeless youth**
- V. Conduct adequate data collection and planning to efficiently manage limited resources for homelessness**

### STRATEGIES

- 1. Develop, enhance and expand affordable housing stock**
- 2. Prevent homelessness from occurring**
- 3. Increase household income**
- 4. Improve access to health services**

# I. Reduce the Number of Homeless Families

## HOUSING STRATEGIES

Develop, enhance and expand affordable housing stock

### Activities:

- |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Short-term</b> | <ol style="list-style-type: none"> <li><b>1.</b> Develop (build or rehabilitate) 30 new units of affordable housing</li> <li><b>2.</b> Increase the number of units in organizations currently providing emergency, shelter, transitional and/or permanent supportive housing by 10%</li> <li><b>3.</b> Develop 56 additional clean and sober units</li> <li><b>4.</b> Increase the number of rental vouchers for homeless families by 15</li> </ol> |
| <b>Long-term</b>  | <ol style="list-style-type: none"> <li><b>5.</b> Develop (build or rehabilitate) 60 new units of affordable housing</li> </ol>                                                                                                                                                                                                                                                                                                                       |

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>1</b>	YCCH; Triumph Treatment Services; Next Step Housing; Yakima Diocese; YWCA  Thirty formally homeless families provided affordable housing	Jan-2006  Jul-2007	\$4,050,000	\$135,000  \$234,000		90	30		90	25 Construction 65 Rehabilitation

## I. Reduce the Number of Homeless Families

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Expand existing units by 12	Jan-2006  Jul-2007	\$1,620,000	\$54,000  \$93,600		36	12		36	36 Construction
<b>3</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Fifty-six formally homeless families provided transitional and permanent affordable clean & sober housing	Jan-2006  Jan-2009	\$7,560,000	\$252,000  \$436,000		168	56		168	42 Construction 126 Rehabilitation
<b>4</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Thirty-five formally homeless families receive housing vouchers	Jan-2006  Jan-2007	N/A	\$82,500  N/A		45	15		45	45 Vouchers

## I. Reduce the Number of Homeless Families

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>5</b>	YCCH; Triumph Treatment Services; Next Step Housing; Yakima Diocese; YWCA  Sixty formally homeless families provided affordable housing	Jan-2009  Jan-2011	\$8,100,000	\$270,000  \$468,000		180	60		180	45 Construction 135 Rehabilitation

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## I. Reduce the Number of Homeless Families

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**PREVENTION  
STRATEGIES**

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Prevent homelessness among families at imminent risk of losing housing

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**Activities:**

**Short-term**

1. Secure additional funding to expand Housing First opportunities for 50 families: cash assistance, transportation, utility support, communications, rent, intense case management and educational/job skill development
2. Develop an initiative where benefits providers and homeless services providers meet regularly to discuss ways to increase education on benefits and to establish multiple points of entry for all homeless services where homeless can apply for emergency assistance and obtain necessary information about housing options and screen for TANF, Medicaid, Medicare, Basic Health, GAU, VA and other assistance programs
3. Implement an intense case management system within housing projects using housing and homeless resource staff who will provide support and advocacy and maintain contact with individuals who are homeless or at-risk of becoming homeless
4. Create a coordinated training program that expands current educational opportunities combined with other living skills to assist people in maintaining their households
5. Create and distribute a printed resource information directory for homeless persons with services specified by categories
6. Develop an advocacy system to resolve disputes with landlords and prevent loss of housing for persons at risk of homelessness
7. Create a homeless peer support group that provides long-term follow-up, companionship and advocacy for families and individuals
8. Develop an online resource directory of housing services that includes an inventory and information about available low-rent housing options including housing for specialized populations and their criteria which is updated and maintained by service providers and can be accessed by the public
9. Develop public service campaign on the issues of homelessness and prevention and provide information about the availability of subsidized housing programs and how to access these resources
10. Expand weatherization and small home repair programs to low-

## I. Reduce the Number of Homeless Families

income individuals and persons at risk of homelessness

- 11.** Develop regular training and education for case managers and advocates (e.g. SOARS), develop networking opportunities

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

<b>Strategy</b>	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>1</b>	Yakima Homeless Network; YCCH; OIC; NCAC; Salvation Army; DSHS; WorkSource; Community College; Yakima Interfaith Coalition; EPIC; Yakima County; YNHS; CWCMH; CCCS; St. Vincent de Paul; Triumph (PCAP); <hr style="width: 10%; margin-left: 0;"/> 50 families receive supportive services and case management when they receive housing	Jan-2006  Jul-2007	N/A	N/A  \$115,000						

## I. Reduce the Number of Homeless Families

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	<p>YCCH; Health Care Coalition (Access Specialists); DSHS; CWCMH; 211; Hospitals; Yakima County</p> <hr/> <p>The time it takes for homeless families to qualify for assistance will decrease by 50%</p>	<p>Jan-2006</p> <p>Jan-2007</p>	N/A	<p>N/A</p> <p>N/A</p>						
<b>3</b>	<p>YCCH; Next Step Housing; Triumph Treatment Services; CWCMH; CCCS; YNHS</p> <hr/> <p>90% of the organizations providing housing and services will have a resource staff providing intense case management</p>	<p>Jan-2006</p> <p>Jul-2006</p>	N/A	<p>N/A</p> <p>\$272,000</p>						

## I. Reduce the Number of Homeless Families

<b>Strategy</b>	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>4</b>	CCCS; Salvation Army; EPIC; DSHS; OIC; CWCMH; Triumph Treatment Services; NJP; WSU Cooperative Extension; YWCA; YCCH  80% of all homeless families who go into permanent housing will have graduated from training program	Aug-2006  Jul-2007	N/A	N/A  N/A						
<b>5</b>	CCCS; Salvation Army; EPIC; DSHS; OIC; CWCMH; Triumph Treatment Services; NJP; WSU Cooperative Extension; YWCA; YCCH  Enough resource directories will be printed to give to every homeless person in the County	Jan-2006  Dec-2006	N/A	N/A  N/A						

## I. Reduce the Number of Homeless Families

<b>Strategy</b>	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>6</b>	NJP; Housing Help for Yakima; City of Yakima ONDS; Dispute Resolution Center; YCCH; DSHS; Landlord Assn; <hr/> Reduce the number of evictions by 50%	Jul-2006  Jan-2007	N/A	N/A  N/A						
<b>7</b>	Yakima Interfaith Coalition; Housing Help for Yakima; CWCMH (PATH); Davis High School (for youth); YCCH <hr/> Provide a homeless peer for every identified homeless family	Jul-2006  Jan-2007	N/A	N/A  N/A						
<b>8</b>	County; 211; 4People; YCCH <hr/> 90% of housing and homeless service providers actively participate in the online directory	Aug-2006  Aug-2007	N/A	N/A  N/A						
<b>9</b>	Network Public Education Committee; YCCH <hr/> Awareness of homeless issues increases by 50% based on community surveys	Jan-2006  Dec-2006	N/A	N/A  N/A						

## I. Reduce the Number of Homeless Families

<b>Strategy</b>	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>10</b>	County; OIC; Farmworkers Clinic; Habitat for Humanity; City of Yakima ONDS  Provide 100 additional families with weatherization services	Jul-2006  Jul-2007	N/A	N/A  \$150,000						
<b>11</b>	Yakima County; DSHS; SSI; CWCMH; YCCH; YNHS; NJP; Farmworkers Clinic; CCCS; Faith Based Organizations  A Networking group meets once a week and trainings are held quarterly	Jan-2006  Aug-2006	N/A	N/A  N/A						

# I. Reduce the Number of Homeless Families

## INCOME STRATEGIES

Increase household income for homeless families

### Activities:

- Short-term**
1. Establish Individual Development Accounts (IDA) for families or individuals to use towards a home purchase or education
  2. Develop bilingual job readiness program for homeless families and individuals that includes modules in life skills and pays scholarships, childcare, housing subsidy and transportation for specialized populations in safe, positive environments

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	Yakima Housing Authority, Sunnyside Housing Authority; NCAC; Yakima Diocese; Yakima Interfaith Coalition; CCCS  Provide new IDA accounts for up to 24 families a year	Jan-2006  Jul-2006	N/A	N/A  \$80,000						
2	CCCS; WorkSource; YCCH; Yakima Interfaith Coalition; DSHS; OIC; People for People; Farmworker's Clinic; Goodwill; UGM  75% of participants successfully graduate from program	Jan-2006  Jan-2007	N/A	N/A  \$55,000						

# I. Reduce the Number of Homeless Families

## HEALTH STRATEGIES

Improve access to health services for homeless families

### Activities:

- Short-term**      **1.**      Establish access to bilingual medical and legal services to include families who may not be covered by medical coupons

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>1</b>	NJP; YNHS; Farmworker's Clinic; Yakima Interfaith Coalition; Yakima Health Care Coalition (KIDS Connect); YCCH; Triumph; Amiga's Unidas; Radio Cadena; Nuestra Casa;  80% of eligible families are enrolled in services	Jan-2006  Jul-2007	N/A	N/A  \$150,000						

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

### HOUSING STRATEGIES

Develop, enhance and expand affordable housing stock

#### Activities:

- Short-term**
1. Develop (build or rehabilitate) 30 new units of affordable housing
  2. Increase the number of units in organizations currently providing emergency, shelter, transitional and/or permanent supportive housing by 10%
  3. Develop 56 additional clean and sober units
  4. Increase the number of rental vouchers for homeless individuals by 25
  5. Develop 10 non-religious, wet housing units for individuals or persons waiting to get into treatment
  6. Develop 10 units for re-entry housing (persons coming out of institutions)
- Long-term**
7. Develop (build or rehabilitate) 20 new units of affordable housing

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	YCCH; Triumph Treatment Services; Next Step Housing; Yakima Diocese; YWCA  Thirty formally homeless individuals provided housing	Jan-2006  Jan-2009	\$960,000	\$141,000  \$69,000	30				30	10 Construction 20 Rehabilitation

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	Triumph, CWCMH, Yakima Interfaith Coalition; PATH; YCCH; Next Step Housing;  Expand existing units by 25	Jan-2006  Jul-2007	\$1,125,000	\$37,500  \$65,000	25				25	10 Construction 15 Rehabilitation
<b>3</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Fifty-six formally homeless individuals provided transitional and permanent affordable clean & sober housing	Jan-2006  Jan-2009	\$2,520,000	\$84,000  \$145,600	56				56	25 Construction 10 Rehabilitation

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>4</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations <hr/> Twenty-five formally homeless individuals provided vouchers	Jan-2006 Jan-2007	N/A	\$137,500  N/A	25				25	25 Vouchers
<b>5</b>	Yakima County; Triumph; Next Step Housing; <hr/> Ten formally homeless individuals provided housing	Jan-2006 Jan-2008	\$450,000	\$15,000 \$26,000	10				10	10 Rehabilitation
<b>6</b>	DOC; Next Step Housing; YCCH; Triumph; OIC; DSHS; CWCMMH <hr/> Ten formally homeless individuals provided housing	Jan-2006 Jan-2008	\$450,000	\$15,000 \$26,000	10				10	10 Rehabilitation

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
7	YCCH; Triumph Treatment Services; Next Step Housing; Yakima Diocese; YWCA <hr/> Twenty formally homeless individuals provided affordable housing	Jan-2009  Jan-2011	\$640,000	\$94,000  \$46,000	20				20	10 Construction 10 Rehabilitation

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

### PREVENTION STRATEGIES

Prevent homelessness among single adults

#### Activities:

#### Short-term

1. Create the capacity for institutions through interagency agreements to notify housing providers of individuals leaving their facilities and have housing options in place for those being discharged from treatment or institutions so they may be placed as they are released; remove barriers, facilitate the coordination and delivery of supportive services and provide case management to homeless individuals leaving institutionalized care
2. Increase the number of street outreach professionals to meet current and future needs
3. Secure additional funding to expand Housing First opportunities for 50 individuals: cash assistance, transportation, utility support, communications, rent, intense case management and educational/job skill development

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	CWCMH; Triumph Treatment Services; Police; DSHS; County, DOC, Network Re-entry Committee  100 persons coming out of institutions are provided case management with housing	Jan-2006  Jul-2007	N/A	N/A  \$80,000						

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	CWCMH (PATH), YNHS  100 additional homeless persons served a year	Jan-2006  Jul-2007	N/A	N/A  \$80,000						
<b>3</b>	Yakima Homeless Network; YCCH; OIC; NCAC; Salvation Army; DSHS; WorkSource; Community College; Yakima Interfaith Coalition; EPIC; Yakima County; YNHS; CWCMH; CCCS; St. Vincent de Paul; Triumph (PCAP);  50 individuals receive supportive services and case management when they receive housing	Jan-2006  Jul-2007	N/A	N/A  \$115,000						

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

### INCOME STRATEGIES

Increase household income for homeless individuals

#### Activities:

#### Short-term

1. Establish Individual Development Accounts (IDA) for families or individuals to use towards a home purchase or education
2. Develop bilingual job readiness program for homeless families and individuals that includes modules in life skills and pays scholarships, childcare, housing subsidy and transportation for specialized populations in safe, positive environments

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	Yakima Housing Authority, Sunnyside Housing Authority; NCAC; Yakima Diocese; Yakima Interfaith Coalition; CCCS  Provide new IDA accounts for up to 24 families a year	Jan-2006  Jul-2006	N/A	N/A  \$80,000						

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
2	CCCS; WorkSource; YCCH; Yakima Interfaith Coalition; DSHS; OIC; People for People; Farmworker's Clinic; Goodwill; UGM  <hr style="width: 20%; margin-left: 0;"/> 75% of participants successfully graduate from program	Jan-2006  Jan-2007	N/A	N/A  N/A						

## II. REDUCE THE NUMBER OF NON-CHRONICALLY HOMELESS INDIVIDUALS

### HEALTH STRATEGIES

Improve access to health services for homeless individuals

#### Activities:

#### Short-term

1. Network between existing agencies to identify homeless people not currently in care for HIV/AIDS, work in coordination with those agencies already helping to identify homeless people with HIV/AIDS and work together to get them to the appropriate community Ryan White funded programs and other programs for care
2. Develop collaborative process between mental health and substance abuse services to ensure coordination of care for dually diagnosed homeless persons

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	YCCH; YNHS; Care Bearers  All identified HIV/AIDS persons are referred to benefits and services	Jan-2006  Jul-2007	N/A	N/A  N/A						
2	CWCMH; Triumph;  Providers jointly case manage persons who are dually diagnosed	Jan-2006  Jul-2007	N/A	N/A  N/A						

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

#### HOUSING STRATEGIES

Develop, enhance and expand affordable housing stock

#### Activities:

- Short-term**
1. Develop (build or rehabilitate) 20 new units of affordable housing
  2. Increase the number of units in organizations currently providing emergency, shelter, transitional and/or permanent supportive housing by 10%
  3. Develop 35 additional clean and sober units
  4. Increase the number of rental vouchers for homeless individuals by 25
  5. Develop 10 non-religious, wet housing units for individuals or persons waiting to get into treatment

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	YCCH; Triumph Treatment Services; Next Step Housing; Yakima Diocese; YWCA  Twenty chronically homeless individuals provided affordable housing	Jan-2006  Jul-2007	\$900,000	\$30,000  \$52,000	20				20	10 Construction 10 Rehabilitation

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	Triumph, CWCMH, Yakima Interfaith Coalition; PATH; YCCH; Next Step Housing;  Expand existing units by 25	Jan-2006  Jul-2007	\$1,125,000	\$37,500  \$65,000	25				25	10 Construction 15 Rehabilitation
<b>3</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Thirty-five chronically homeless individuals provided transitional and permanent affordable clean & sober housing	Jan-2006  Jan-2007	\$1,575,000	\$52,500  \$91,000	35				35	25 Construction 10 Rehabilitation

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>4</b>	Triumph Treatment Services; YCCH; Next Step Housing; Faith Based Organizations  Twenty-five chronically homeless individuals provided vouchers	Jan-2006  Jan-2007	<i>N/A</i>	\$137,500  N/A	25				25	25 Vouchers
<b>5</b>	Yakima County; Triumph; Next Step Housing  Ten chronically homeless individuals provided housing	Jan-2006  Jan-2008	\$450,000	\$15,000  \$26,000	10				10	10 Rehabilitation

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

**PREVENTION STRATEGIES**

Prevent homelessness among chronically homeless single adults

**Activities:**

**Short-term**

1. Create the capacity for institutions through interagency agreements to notify housing providers of individuals leaving their facilities and have housing options in place for those being discharged from treatment or institutions so they may be placed as they are released; remove barriers, facilitate the coordination and delivery of supportive services and provide case management to homeless individuals leaving institutionalized care
2. Increase the number of street outreach professionals to meet current and future needs
3. Secure additional funding to expand Housing First opportunities for 50 individuals: cash assistance, transportation, utility support, communications, rent, intense case management and educational/job skill development

**PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES**

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	CWCMH; Triumph Treatment Services; Police; DSHS; County, DOC, Network Re-entry Committee  100 persons coming out of institutions are provided case management with housing	Jan-2006  Jul-2007	N/A	N/A  \$80,000						

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>2</b>	CWCMH (PATH), YNHS  100 additional homeless persons served a year	Jan-2006  Jul-2007	N/A	N/A  \$80,000						
<b>3</b>	Yakima Homeless Network; YCCH; OIC; NCAC; Salvation Army; DSHS; WorkSource; Community College; Yakima Interfaith Coalition; EPIC; Yakima County; YNHS; CWCMH; CCCS; St. Vincent de Paul; Triumph (PCAP);  50 individuals receive supportive services and case management when they receive housing	Jan-2006  Jul-2007	N/A	N/A  \$115,000						

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

#### INCOME STRATEGIES

Increase household income for homeless individuals

#### Activities:

#### Short-term

1. Establish Individual Development Accounts (IDA) for families or individuals to use towards a home purchase or education
2. Develop bilingual job readiness program for homeless families and individuals that includes modules in life skills and pays scholarships, childcare, housing subsidy and transportation for specialized populations in safe, positive environments

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	Yakima Housing Authority, Sunnyside Housing Authority; NCAC; Yakima Diocese; Yakima Interfaith Coalition; CCCS  Provide new IDA accounts for up to 24 individuals	Jan-2006  Jul-2006	N/A	N/A  \$80,000						

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
2	CCCS; WorkSource; YCCH; Yakima Interfaith Coalition; DSHS; OIC; People for People; Farmworker's Clinic; Goodwill; UGM  _____ 75% of participants successfully graduate from program	Jan-2006  Jan-2007	N/A	N/A  N/A						

### III. REDUCE THE NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS

**HEALTH STRATEGIES**

Improve access to health services for chronically homeless individuals

**Activities:**

**Short-term**

1. Establish a program where registered nurses accompany mental health case managers to provide "on the street" first aid and minor medical services with referrals made to other area providers for treatment of more serious conditions or access to supportive services
2. Establish proactive outreach and harm reduction for IDU's by providing day-to-day referrals for wound and abscess care and transfer care from the ER to neighborhood health clinics

**PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES**

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>1</b>	YNHS; CWCMH; Hospitals; Health District; Farmworker's Clinic; Triumph  All homeless persons have access to basic health services	Jan-2006  Jul-2006	N/A	N/A  \$170,000						
<b>2</b>	YNHS; Health District  All IDU's have access to wound care	Jan-2006  Jul-2006	N/A	N/A  N/A						

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

### HOUSING STRATEGIES

Develop, enhance and expand affordable housing stock

#### Activities:

#### Short-term

1. Develop youth center to combine housing, education, medical and other services for up to 10 youth
2. Create 10 additional cooperative or transitional housing for homeless youth
3. Support and sustain the number of units in organizations currently providing housing for youth

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>1</b>	EPIC; OIC; New Hope; DCFS; Farmworker's Clinic; Casey Family; Schools; CWCMH; Consumer Credit Counseling  Up to 10 youth receive services	Jan-2006  Dec-2006	\$200,000	\$47,000  \$23,000	10				10	10 Rehabilitation
<b>2</b>	DSHS; EPIC; OIC; Triumph Treatment Services  Provide up to 10 youth a year with housing and services	Jan-2006  Jan-2008	\$400,000	\$47,000  \$23,000	10				10	10 Rehabilitation

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
<b>3</b>	EPIC; Network Youth Committee  Increase support to current housing by 10%	Jan-2006  Dec-2006	N/A	\$7,400  \$4,600						

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

### PREVENTION STRATEGIES

Prevent homelessness among homeless youth

#### Activities:

#### Short-term

1. Encourage service providers to designate a youth point person and organize a contact list of point people in the community
2. Increase the number of street outreach professionals to meet current and future needs
3. Secure additional funding to expand Housing First opportunities for 50 individuals: cash assistance, transportation, utility support, communications, rent, intense case management and educational/job skill development

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	OIC; School Districts; Auhtanum Pioneer Church; NJP; EPIC  Provide one point person per youth serving agency	Jan-2006  Dec-2006	N/A	N/A  N/A						
2	CWCMH (PATH), YNHS  100 additional homeless persons served a year	Jan-2006  Jul-2007	N/A	N/A  \$80,000						

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
3	<p>Yakima Homeless Network; YCCH; OIC; NCAC; Salvation Army; DSHS; WorkSource; Community College; Yakima Interfaith Coalition; EPIC; Yakima County; YNHS; CWCMH; CCCS; St. Vincent de Paul; Triumph (PCAP);</p> <hr style="width: 20%; margin-left: 0;"/> <p>50 individuals receive supportive services and case management when they receive housing</p>	<p>Jan-2006</p> <p>Jul-2007</p>	N/A	<p>N/A</p> <p>\$115,000</p>						

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

### INCOME STRATEGIES

Prevent homelessness among homeless youth

#### Activities:

#### Short-term

1. Establish Individual Development Accounts (IDA) for families or individuals to use towards a home purchase or education
2. Develop bilingual job readiness program for homeless families and individuals that includes modules in life skills and pays scholarships, childcare, housing subsidy and transportation for specialized populations in safe, positive environments

### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	Yakima Housing Authority, Sunnyside Housing Authority; NCAC; Yakima Diocese; Yakima Interfaith Coalition; CCCS  Provide new IDA accounts for up to 24 families a year	Jan-2006  Jul-2006	N/A	N/A  \$80,000						
2	CCCS; WorkSource; YCCH; Yakima Interfaith Coalition; DSHS; OIC; People for People; Farmworker's Clinic; Goodwill; UGM  75% of participants successfully graduate	Jan-2006  Jan-2007	N/A	N/A  N/A						

## IV. REDUCE THE NUMBER OF HOMELESS YOUTH

### HEALTH STRATEGIES

Improve access to health services for homeless youth

#### Activities:

#### Short-term

1. Establish a program where registered nurses accompany mental health case managers to provide "on the street" first aid and minor medical services with referrals made to other area providers for treatment of more serious conditions or access to supportive services
2. Establish proactive outreach and harm reduction for IDU's by providing day-to-day referrals for wound and abscess care and transfer care from the ER to neighborhood health clinics

#### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
1	YNHS; CWCMH; Hospitals; Health District; Farmworker's Clinic; Triumph  All homeless persons have access to basic health services	Jan-2006  Jul-2006	N/A	N/A  \$170,000						
2	YNHS; Health District  All IDU's have access to wound care	Jan-2006  Jul-2006	N/A	N/A  N/A						

## CONDUCT ADEQUATE DATA COLLECTION AND APLANNING TO EFFICIENTLY MANAGE LIMITED RESOURCES FOR HOMELESSNESS

### Activities:

- Short-term**
1. Conduct annual Point In Time count and publicize the results
  2. Conduct annual Continuum of Care Housing Inventory and publicize the results
  3. Increase HMIS participation

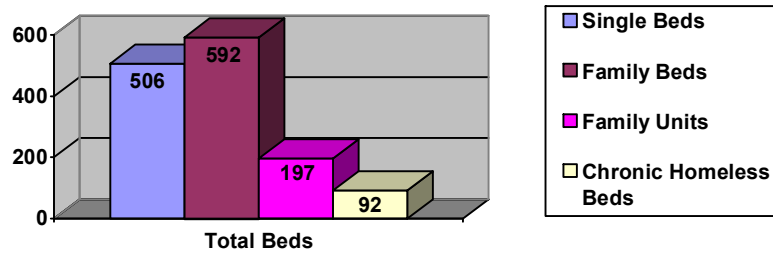
### PROJECTED TIME FRAMES, COSTS AND BEDS CREATED IMPLEMENTING STRATEGIES

Strategy	Who / Intermediate Outcome	Start Planning / Implementation Date	Capital Costs	Annual Housing Operating Costs / Annual Service Costs	Ind. Beds	Family Beds	Family Units	Chronically Homeless Ind. Beds	TOTAL BEDS	Beds created with vouchers, leasing, or renovation, or new construction*
<b>1</b>	YCCH; County; Homeless Network  All homeless persons counted annually	Nov-2005  Jan-2006								
<b>2</b>	County; Homeless Network  All current and future beds counted annually	Jan-2006  Mar-2006								
<b>3</b>	Homeless Network; County; YCCH  Increase participation by 50%	Jan-2006  Feb-2006								

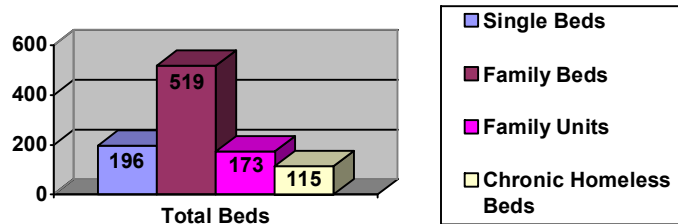
# TOTAL COST AND UNMET NEED FOR HOUSING THE HOMELESS

Yakima County's 10-year plan is an ambitious undertaking that will require the combined resources and efforts of local government, business, non-profit organizations, the faith community and individual citizens in order to achieve our ultimate goal of ending homelessness in Yakima County. The following tables and graphs represent our best estimate of the total cost and number of beds and housing units it will take to achieve our goal.

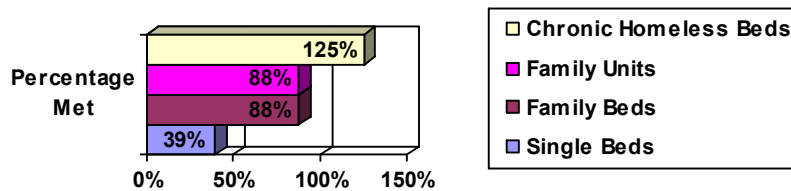
**Esitmed Unmet Need for Beds/Units**



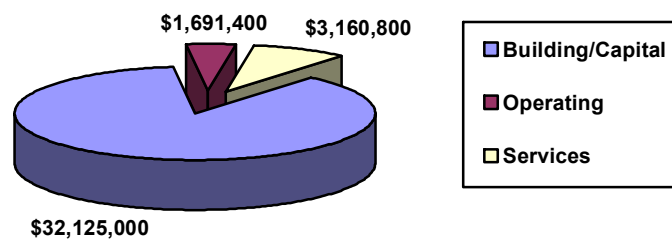
**Number of Beds/Units to be Created**



**Percentage of Need to be Met**



**Total Costs to Acheive Goal**



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## **RECOMMENDATIONS FOR STATE LEGISLATIVE AND POLICY CHANGES NEEDED TO ADDRESS HOMELESSNESS**

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1. Introduce legislation to prevent families from being evicted from November 1 - April 1 (winter months - similar to Minnesota law).
2. Increased funding for housing, food and utilities through the following State programs (ESAP, EFAP and LIHEP) and give a higher priority to serving the homeless.
3. Create easier ways within DSHS for homeless persons to access cash benefits similar to the national SOARS initiative.
4. Make serving the homelessness population a top priority in state agencies and programs.
5. Create and fund a Homeless Ombudsman program.
6. Pass legislation that would accommodate undocumented people with housing and services.
7. Ensure that the local 40% share of 2163 funds sent to the state goes back to the local community.
8. Increase the LIHEP funding in proportion to increasing energy costs; dedicate a portion to homeless prevention and allow more local input into how funds are allocated.
9. Require state agency officials and staff to serve on local Continuum's of Care so they can become more involved in local homeless and housing issues.
10. Change DSHS Additional Requirements to reflect the actual need and not some arbitrary set amount.
11. Increase funding for the State IDA program and target the homeless.
12. Include consumers' voice in state policy decision by appointing them to positions on key state committees such as the Interagency Council on Homelessness.

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## ATTACHMENT 1 - DEFINITIONS

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Affordable Housing

Defined as paying less than 30 percent an individual's income for housing.

At Risk of Becoming

Being on the brink of homelessness, often because of Homeless having extremely low income and paying too high a percentage of that income (typically 50 percent or more) on rent.

Beds

Typically used to describe overnight sleeping capacity in shelters.

Chronically Homeless

Also described as “hard to serve” homeless. Individuals who are homeless more than one year or more than three times in last three years; with disability.

Continuum of Care

A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes strategies to end homelessness and prevent a return to homelessness.

Domestic Violence

Patterns of coercive control in an intimate relationship. This control may be seen in physical assault or in more subtle, but equally devastating ways. Verbal, emotional, financial, and sexual abuse, as well as isolation, fall under the realm of abusive behaviors. Domestic violence crosses all racial, economic, ethnic, and religious communities.

Emergency Shelter

Short-term shelter for emergency situations (usually for 30 days, although it can be longer).

Homeless

According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994) a person is considered homeless who “lacks a fixed, regular, and adequate nighttime residence and; has a primary nighttime residency that is (A) a supervised

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## ATTACHMENT 1 - DEFINITIONS

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publicly or a privately operated shelter designed to provide temporary living accommodations, (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place for not designed for, or ordinary used as, a regular sleeping accommodation for human beings”.

### Homeless Youth

An unaccompanied youth under the age of 18 and not emancipated.

### Housing First

A Housing First approach rests on two central premises: Re-housing should be the central goal of our work with people experiencing homelessness, and by providing housing assistance and follow-up case management services after a family or individual is housed, we can significantly reduce the time people spend in homelessness. There are three components to this approach:

- **Crisis intervention, emergency services, screening and needs assessment:** Individuals and families who have become homeless have immediate, crisis needs that need to be accommodated, including the provision of emergency shelter. There should be an early screening of the challenges and resources that will affect a re-housing plan.
- **Permanent housing services:** The provision of services to help families access and sustain housing includes working with the client to identify affordable units, access housing subsidies, and negotiate leases. Clients may require assistance to overcome barriers such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up, and income source. Providers may need to develop a roster of landlords willing to work with the program and engage in strategies to reduce disincentives to participate.
- **Case management services:** The provision of case management occurs (1) to ensure individuals and families have a source of income through

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## ATTACHMENT 1 - DEFINITIONS

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employment and/or public benefits, and to identify service needs *before the move into permanent housing*; and (2) to work with families *after the move into permanent housing* to help solve problems that may arise that threaten the clients' tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

Outreach

Developing relationships, providing service delivery and resources to homeless individuals who generally live on the streets or other unsheltered settings.

Permanent Supportive Housing

Involves permanent, affordable housing with support services as needed.

Serious Mental Illness (SMI)

Respondent has a major disorder (such as depression, psychosis, or manic episodes) and meets at least one of these additional criteria: (1) Functional limitation that limits major life activities, ability to work, or taking care of personal needs such as bathing; (2) Mental health (MH) services use or desire for MH services; (3) Danger to self or others; (4) Dependence, i.e., inability to support one's self or provide for one's own medical care.

Transition Shelter

Refers to shelter provided to individuals for up to two years.

Wraparound Services:

A delivery methodology in which multiple community-based services and supports emphasize the strengths of the individual/family and includes the delivery of coordinated, integrated, highly individualized unconditional services that addresses all of the needs of the individual/family in a comprehensive manner.

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## PARTICIPANTS IN THE TEN-YEAR PLANNING PROCESS

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<u>Name</u>	<u>Agency</u>	<u>Representing</u>
<i>Tim Sullivan</i>	<i>United Way of Yakima County</i>	<i>Yakima County</i>
<i>Diana McClaskey</i>	<i>Next Step Housing</i>	<i>D&amp;A Housing</i>
<i>Robert Gutierrez</i>	<i>DSHS Yakima CSO</i>	<i>TANF Clients</i>
<i>Diana Trevino</i>	<i>Yakima Neighborhood Health</i>	<i>Homeless Health Issues</i>
<i>Rhonda Hauff</i>	<i>Yakima Neighborhood Health</i>	<i>Homeless Health Issues</i>
<i>Elisabeth Tutsch</i>	<i>Northwest Justice Project</i>	<i>Tenant Landlord Issues</i>
<i>Jack Maris</i>	<i>Central Washington Comprehensive Mental Health</i>	<i>Mental Illness and Street Outreach</i>
<i>Steve Hill</i>	<i>Yakima County</i>	<i>Yakima County</i>
<i>Carole Folsom-Hill</i>	<i>Yakima Interfaith Coalition</i>	<i>Single and Chronic Homeless</i>
<i>Larry Connell</i>	<i>Association of Churches</i>	<i>Faith Community</i>
<i>Rodona Baysinger</i>	<i>Northwest Community Action Council</i>	<i>Emergency Housing</i>
<i>Lupita Gutierrez-Parker</i>	<i>Yakima County Coalition for the Homeless</i>	<i>Homeless Families and HIV/AIDS</i>
<i>Julia Cedeno</i>	<i>Community Volunteer</i>	<i>Independent Grant Writer</i>
<i>Katrina Jones</i>	<i>YWCA of Yakima</i>	<i>Domestic Violence</i>
<i>Beth Dannhardt</i>	<i>Triumph Treatment Services</i>	<i>D&amp;A Treatment and Housing</i>
<i>Shon Hilton</i>	<i>Yakima County Coalition for the Homeless</i>	<i>HMIS</i>
<i>Geoff Baker</i>	<i>Consumer Credit Counseling Services</i>	<i>Consumer Credit and Counseling</i>
<i>Steven Mitchell</i>	<i>OIC of Washington</i>	<i>Housing and Weatherization</i>
<i>Robert Zink</i>	<i>Ahtanum Pioneer Church</i>	<i>Homeless Youth</i>
<i>Steve Gaulk</i>	<i>Central Washington Comprehensive Mental Health</i>	<i>(PATH) Homeless Outreach</i>
<i>Wally Lee</i>	<i>Triumph Treatment Services</i>	<i>D&amp;A Services and Housing</i>
<i>Ron Farino</i>	<i>Washington State Department of Corrections</i>	<i>Re-entry Housing</i>
<i>Ken Dove</i>	<i>Salvation Army of Yakima</i>	<i>Emergency Services</i>
<i>Lisay Baldoz</i>	<i>Yakima County Coalition for the Homeless</i>	<i>Homeless Families and HIV/AIDS</i>
<i>Pat Carlton</i>	<i>Next Step Housing</i>	<i>D&amp;A Housing</i>
<i>Annette Rodriguez</i>	<i>Yakima Neighborhood Health Services</i>	<i>Health Care for the Homeless</i>
<i>Stephanie Murphy</i>	<i>DSHS Wapato CSO</i>	<i>TANF Clients</i>

## **CONTACT INFORMATION**

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