Ten-Year Plan
To Reduce Homelessness in
Chelan & Douglas Counties
2015 Action Plan Update

November 2015

ACKNOWLEDGEMENTS

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- The Chelan-Douglas Homeless Steering Committee*
- The Chelan-Douglas Homeless Task Force*

* See Appendix A for a complete list of member agencies

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INTRODUCTION

Homelessness and housing instability are devastating for those experiencing it, but it also has serious impacts on the larger community. These impacts are felt in Chelan and Douglas counties in a variety of ways. On any given day, approximately 400 people in Chelan and Douglas counties may be experiencing homelessness. Hundreds more are at-risk of losing their homes due to uncertain financial conditions, domestic violence, health crises, and chronic mental health and chemical dependency conditions. People being released from jails, hospitals, and mental health facilities often have nowhere to go and end up homeless as well. Additionally, stagnant wages, rising housing costs, and a shortage of housing units makes it increasingly difficult to for people to find and maintain affordable housing.

Unfortunately, these are common experiences in counties across Washington State and across the entire nation. Recognizing these impacts, the Washington State Legislature passed the Homeless Housing & Assistance Act in 2005 requiring each county in Washington State to:

- Establish a Homeless Task Force
- Develop a ten-year plan to reduce homelessness
- Use homeless funds generated as a result of the legislation specifically for homeless reduction activities
- Implement a Homeless Management Information System (HMIS) to collect client data to measure performance
- Conduct a Point-in-Time Count each January, which is an annual, one-time "snapshot" of homeless individuals (sheltered and unsheltered) in our region

Since that time, Chelan and Douglas counties have been working systematically to implement these components in order to reduce and alleviate the impacts of homelessness on individuals, families, and our larger community. In addition to completing the items outlined above, significant progress has also been made in the following areas:

- A strong leadership & organizational structure has been established through the Homeless Steering Committee and Homeless Task Force.
- A continuum of care has been developed that provides services ranging from outreach, emergency shelter, transitional housing, rental assistance, permanent supportive housing, and case management.
- The Homeless Management Information System (HMIS) has been implemented and has allowed for more sophisticated data collection & analysis to occur.
- A coordinated entry/assessment system, the Community Housing Network, has been developed and is scheduled to be launched in October 2015.

However, the work is far from finished. Although there has been an overall reduction in homelessness in Chelan-Douglas counties since the original plan was published (487 homeless people in 2006 vs. 415 in 2015), the reduction is not nearly enough. Of the 415 homeless individuals counted in the 2015 Homeless Point-in-Time Count, 112 were unsheltered (living outside or in places not meant for human habitation) and 303 were residing in emergency or transitional programs. (See Appendix B for a complete breakdown of PIT data by year from 2006 – 2015.) There is also a waiting list for rental assistance to help households who are at-risk of losing their existing housing. As of August 2015, there are approximately 200 households on the waiting list for prevention assistance. These numbers are simply unacceptable for our community.

About the Original Ten-Year Plan

Chelan and Douglas counties combined their efforts in reducing homelessness through an interlocal agreement signed in 2006 and updated in 2011. The City of Wenatchee serves as the lead entity for overseeing the development and administration of the counties' homeless plan. The original *Ten-Year Plan to Reduce Homelessness in Chelan & Douglas Counties* was published in 2005 and has been updated periodically thereafter. It was developed collaboratively with the assistance of the Chelan Douglas Homeless Task Force. It documents our community's commitment to reducing homelessness in our region and outlines strategies to support this goal with a focus on long-term, proactive, and sustainable solutions.

Limitations of the Original Ten-Year Plan

The original Ten-Year Plan was based on best practices known at the time. It favored an emergency response approach which leaned heavily toward emergency shelters and transitional housing. A key component was the concept of "housing readiness". The underlying belief of housing readiness is that individuals must address the non-housing issues that led to their homelessness prior to being "ready" to enter permanent housing. Individuals are required to move through different "levels" of housing (i.e. transitional housing) prior to being ready to live permanently on their own. During these transitions, clients would obtain case management services & training to help them successfully transition to permanent independent housing. The limitation of this approach is that individuals could spend years in emergency shelters and transitional programs before being deemed "ready" for housing. Since that time, extensive research has been done which strongly supports Rapid Rehousing and Housing First approaches which move the homeless individual or household immediately from the streets or homeless shelters into their own housing. It is based on the concept that a homeless individual's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained.

Another limitation of the original plan is that it tended to focus on homelessness as an isolated issue that could be addressed primarily through homeless service providers. Since that time, it's been realized that homelessness does not occur in a silo. It is a complex, multi-faceted problem that requires broad community support. Successful efforts to address homelessness must be coordinated and integrated with the entire community including hospitals, mental health providers, chemical dependency providers, law enforcement, non-housing social service providers, school districts, Veterans organizations, faith-based groups, business groups, as well as the larger general public. Efforts must also be aligned with broader regional, state, and national initiatives such as the Affordable Care Act and Affordable Communities of Care.

These are major shifts in philosophy and approach. As a result, our Ten-Year Plan needs to be updated to reflect the enormous changes occurring in the homelessness field and our strategies must be adjusted accordingly.

Purpose of the 2015 Chelan-Douglas Homeless Action Plan Update

This current update was developed with the assistance of the Homeless Task Force and the Homeless Steering Committee through countless meetings and feedback on issues facing the region. These groups represent a coalition of individuals who are committed to addressing homelessness in our region (see Appendix A for a detailed description of the Homeless Steering Committee, the Homeless Task Force, and the City of Wenatchee which serves as the lead agency for homeless funds).

This new document, the *2015 Chelan-Douglas Homeless Action Plan* (the "Plan") is an update to the original ten-year plan. This revision updates the original plan's housing goals and strategies in response to shifts in the homeless population and to align with current best practices and lessons learned as outlined in the section above. The plan will continue to be updated periodically to respond to emerging issues, trends and changes in resources.

The goal of the Plan is to ensure that our homeless system is as effective, efficient, and humane as possible and that homelessness becomes an increasingly rare and brief experience for individuals and families in our region. Toward that end, the Plan is designed to guide the community's efforts to prevent and reduce homelessness over the next several years with the expectation that:

- Funders will use the Plan in making decisions regarding allocations of resources;
- Providers of homeless services will use the Plan to inform service delivery and program design; and
- Specialized task forces will be developed to implement specific parts of the Plan.

This Plan is not meant to be a comprehensive review of the homeless continuum of care; rather, this Plan assumes the continuum of care is operating and identifies specific areas where more improved efforts can be done. This focus does not mean that services will be discontinued for people who are homeless or at-risk for homelessness and do not fit into these areas of emphasis. Instead, the focus signifies the need for prioritized additional attention in these areas over the next several years.

Major Gaps in the Chelan-Douglas Continuum of Care

Based on feedback from the Homeless Steering Committee and the Homeless Task Force as well as a variety of other community partners, the following areas were identified as major gaps facing our homeless response system:

- Insufficient services supporting the chronically homeless
- A need to evaluate the effectiveness of our homeless system components and to then realign funding to support best practices
- Lack of affordable housing
- Insufficient services supporting youth including unaccompanied youth under 18
- Limited formal coordination of homeless services
- Limited or inconsistent data collection & analysis capabilities

Based on the system gaps identified above, this Plan is organized into six priority areas with equal weight:

- Priority I: Expanding services for the chronically homelessness
- Priority II: Improving the responsiveness of all components of our homeless response system
- Priority III: Increasing the development of and access to affordable rental housing
- Priority IV: Addressing homelessness & the risk of homelessness for children & youth
- Priority V: Improving coordination of services through coordinated entry
- Priority VI: Strengthening our data collection and analysis systems

PRIORITY I: EXPANDING SERVICES FOR THE CHRONICALLY HOMELESS

During the one-day Point-in-Time count in 2015, 28 people were identified as chronically homeless. A person or family is considered to be chronically homeless if they have been homeless continually for over a year or at least four times in the past three years and have a disabling condition. People who are chronically homeless often need a special type of long-term assistance known as permanent supportive housing. Permanent supportive housing offers long-term rental assistance and case management services to provide housing stability while progress is made towards their health and other life goals.

The "housing first" model of permanent supportive housing is the most effective method with this population. The housing first model provides stable housing first, and then provides the case management services needed for participants to thrive, but housing is not conditioned upon service participation. There are numerous studies that show it is more cost effective as a society to provide subsidized housing and services to this population than for them to live outside or in emergency shelter. Ending chronic homelessness by having sufficient permanent supportive housing in the community is better for the people served, the community at-large, and it lessens demand on emergency shelter and other emergency services so other populations have better access.

Efforts in this section fall into three categories: A) Increasing outreach to chronically homeless individuals in order to improve their access to services; B) Increasing the amount of housing first capacity; and C) Increasing community and provider support for housing first through ongoing communication and training.

A. Improving access through targeted outreach

People who are chronically homeless often distrust homeless service providers and may not apply for help on their own. They may also not access services due to mental health issues, chemical dependency, or a lack of knowledge of where to receive assistance. As a result , having well-trained outreach teams who can find people who are homeless, build relationships, and help them connect to the resources and services needed for them to regain housing, is critical to a successful homelessness system.

Currently, one local agency provides homeless outreach services. However, the program focuses primarily on the Wenatchee area and currently operates on a part-time basis due to limited funding. Our region does not currently have a comprehensive, region-wide outreach program.

B. Housing-First Capacity

Progress has been made in recent years in developing permanent supportive housing in our region. In 2014, the Women's Resource Center opened a 16-bed site-based permanent supportive housing facility, Parkside, for chronically homeless individuals with mental health issues. This was a major enhancement to our homeless response system. However, there is still not enough capacity to serve all the chronically homeless individuals who need it. In addition, the facility has not fully adopted a Housing First service model, although they are planning to transition to this approach in the next few years. As result, our region currently does not have adequate Housing First units need to meet the needs of the chronically homeless in our community.

C. Increase community and provider support for Housing First through ongoing communication and training

It is not an easy switch for the public at-large to support a Housing First approach in their communities. It may also be challenging for housing providers to incorporate a Housing First model into their daily practice. It is important for the Housing First philosophy to be supported by the larger community and then adopted at all levels of provider organizations from their board of directors to their direct-service staff. New skills need to be developed and implemented into service delivery.

To address the limitations outlined above in our chronically homeless services, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Expand outreach to chronically homeless individuals in order to improve access to services		
a. Based on best practices, identify a model for a regional homeless outreach program and develop a detailed program implementation plan including the following: - Sufficient outreach capacity to cover the entire geographic area of Chelan & Douglas counties; - Utilizing strategies such as trauma-informed care, motivational interviewing, harm reduction, and other evidence-informed practices to successfully engage people who are living outside; and - Expanding outreach activities to specific subpopulations who may have unique outreach needs (i.e. youth, Veterans, seniors, individuals with behavioral health disorders).	1st Quarter 2017	Homeless Task Force
b. Contract with a local service provider to oversee the implementation & management of the outreach program.	2nd Quarter 2017	City of Wenatchee Homeless Steering Committee
c. Conduct a formal evaluation of the outreach program to assess effectiveness and identify opportunities for improvement.	2nd Quarter 2018	Homeless Steering Committee
Increase Housing First Capacity		
a. Establish a regional Housing First Advisory Committee to: – Identify Housing First needs in the region – Establish key community partnerships needed to increase housing-first capacity.	August 2015	Women's Resource Center Housing First Advisory Committee
b. Develop a long-term strategic plan to expand Housing First programs in the region.	4th Quarter 2016	Women's Resource Center Housing First Advisory Committee
c. Prioritize funding to support Housing First programs	4th Quarter 2016	Homeless Steering Committee
Provide targeted communication & training to establish community & provider support for Housing First		
a. Develop & implement a community outreach plan to publicize the benefits of Housing First approaches.	3rd Quarter 2016	Women's Resource Center Housing First Advisory Committee

b.	Assist service providers in shifting to a Housing First approach by providing staff training & mentoring opportunities for both directors and front-line staff, especially in regards to harm reduction, trauma informed care, and crisis intervention.	3rd Quarter 2016	Women's Resource Center Housing First Advisory Committee

Outcome Measures:
The following indicators and outcomes will be used to measure progress in this section:

- Reduction in the number of people who are counted as chronically homeless on the annual Point-in-Time count (50% by 2020)
- Reduction in the number of Veterans who are counted as chronically homeless on the annual Point-in-Time count (50% by 2020)

PRIORITY II: IMPROVING THE RESPONSE TO HOMELESSNESS

Great strides have been made in the previous decades creating a comprehensive homeless response system in Chelan and Douglas counties. Therefore, the system must be maintained while addressing areas where improvements or enhancements are needed. This section briefly covers the different aspects of the community's homelessness system, highlighting what is needed to maintain it and identifying areas for improvement.

This section contains five parts: A. Rapid Rehousing; B. Permanent Supportive Housing; C. Homelessness Prevention; D. Transitional Housing; and E. Emergency Shelter.

A. Rapid Rehousing

Once a household is experiencing homelessness, the goal is to help them return to stable, permanent housing as quickly as possible. Rapid Rehousing is an emerging best practice that combines assistance identifying housing in the rental market with time-limited rental assistance and case management services that help the household stabilize. Unlike traditional transitional housing programs that provide assistance for a set period of time, a core tenet of Rapid Rehousing is that assistance is provided for as short a duration as possible, while still allowing the participating household to achieve housing stability through case management support.

Efforts to rapidly rehouse households who are homeless will continue by:

1. *Identifying and addressing housing barriers;*
2. *Helping households locate & obtain rental housing; and*
3. *Utilizing a service-enriched progressive engagement model that provides the level and duration of support needed for each household's unique needs.*

B. Permanent Supportive Housing

People who are chronically homeless and have the highest needs require Permanent Supportive Housing in order to achieve housing stability. Permanent Supportive Housing can either be scattered-site or site-based and provides non time-limited rental assistance and the supportive services required by people who have significant mental health, chemical dependency, and/or physical health challenges. The "housing first" model of service delivery is a best practice, where access to housing comes first and then services are offered once someone is stably housed.

Efforts to utilize Permanent Supportive Housing effectively will be continued by:

1. *Utilizing a Housing First model that includes comprehensive and effective case management services;*
2. *Narrowly targeting intervention toward people who are chronically homeless or homeless and at-risk of chronic homelessness; and*
3. *Prioritizing those who have the highest needs as determined by an evidence-based assessment.*

C. Homelessness Prevention

The most humane and cost-effective way for the community to respond to homelessness is to prevent it from happening in the first place. The most effective ways to prevent homelessness—access to affordable housing, physical and behavioral health services, and living wage jobs—are outside the direct control of the homelessness system. However, active partnership in these broader advocacy efforts is

required so that the policies and strategies are inclusive of the needs of people who are homeless or at-risk of homelessness.

While this broader work to address the root causes of homelessness is occurring, efforts within the homelessness system aimed at prevention must continue by:

1. *Providing time-limited rental assistance and/or housing search and stabilization services to households that are most likely to become homeless; and*
2. *Making connections with other systems, such as schools, healthcare providers, child welfare agencies, and jails, that can help identify households that are at high risk of homelessness as early as possible.*

D. Transitional Housing

Transitional housing assistance in the community can be broken into two categories: site-based transitional housing, where people who are homeless can live and receive services for a period of time before graduating and moving out, and scattered-site transitional housing (or transition-in-place), where the rental assistance and services are time-limited, but the program participant can continue to live in the same rental unit after assistance ends. Both of these types of transitional housing have specific benefits and drawbacks, which make them most effective and cost-efficient when narrowly targeted.

Site-based transitional housing provides the opportunity to deliver a higher level of services and to provide housing without relying on finding a landlord or property management company willing to rent to the participant (because the site-based transitional housing provider is the landlord). It also allows participants to build a positive rental history. However, site-based transitional housing is a more costly intervention than rapid re-housing. It is also less effective than rapid re-housing because participants have to move at the end of the program and find a landlord or property management company willing to rent to them.

Scattered-site transitional housing has the benefit of being able to communicate to a potential landlord or property management company that the program length is at least as long as the lease agreement, but is also considered a more costly intervention than rapid re-housing.

Efforts to utilize transitional housing effectively will be continued by:

1. *Limiting site-based transitional housing to special populations who would have difficulty accessing or being successful in scattered-site housing (i.e., youth under 18, people under 25 with young children, people exiting a system of care, individuals fleeing domestic violence); and*
2. *Targeting scattered-site transitional housing to households that would be unable to find landlords willing to rent to them if they received a shorter rental subsidy.*

E. Emergency Shelter

Having immediate access to shelter from the elements when a household experiences a housing crisis is an important part of the homelessness system. The demand for short-term emergency shelter is dependent on the community's success at preventing people from becoming homeless and how quickly they are able to regain housing once they have accessed emergency shelter.

While working to lower the demand on the emergency shelter system, efforts must continue to provide emergency shelter by:

1. *Maintaining adequate levels of emergency shelter until such a time when the demand for such shelter is less than the supply;*

2. *Eliminating barriers such as lack of transportation or clean and sober requirements that might prevent people who are homeless from accessing emergency shelter; and*
3. *Focusing services in shelters to help people quickly regain housing.*

To address the improvements to our homeless response system outlined above, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Improve the responsiveness of all components of the homeless response system		
a. Evaluate the mix of homeless services in the region and realign funding to support programs that research has proven to be effective (i.e. Rapid Rehousing, Housing First).	Annually in September to align with funding application cycle	Homeless Steering Committee
b. Evaluate program eligibility requirements of homeless service providers to determine if criteria is inadvertently creating barriers to client entry (i.e. clean & sober requirements) and to ensure compliance with federal fair housing laws.	1st Quarter 2017	Homeless Steering Committee & Coordinated Entry Committee
c. Expand the capacity of shelter providers to provide diversion and case management services to help people quickly regain housing.	2nd Quarter 2018	Homeless Steering Committee Shelter Providers
d. Limit site-based transitional housing to special populations who would have difficulty accessing or being successful in scattered-site housing (i.e., youth under 18, people under 25 with young children, people exiting a system of care, individuals fleeing domestic violence).	2nd Quarter 2018	Homeless Steering Committee Transitional Providers
e. Using input from service providers, develop & implement a regional provider training plan to increase staff capacity to incorporate best practices into their processes (i.e. trauma-informed care, harm reduction, motivational interviewing, crisis intervention, peer mentoring & interviewing, fair housing law).	2nd Quarter 2017	Homeless Task Force
f. Require agencies that seek rental assistance, emergency shelter, transitional housing, or permanent supportive housing funding to have documented, proactive processes in place to provide progressive case management services.	2nd Quarter 2018	Homeless Steering Committee Service Providers

Outcome Measures:

The following indicators and outcomes will be used to measure progress in this section:

- Funding decisions will be aligned to support programs working to meet service standards.
- Increase in the percentage of site-based transitional housing that is limited to special populations (50% by 2020)
- Increase in the percentage of households helped through prevention, rapid rehousing, transitional housing, and permanent supportive housing that do not later experience homelessness (80%)
- Reduction in length of emergency shelter stays by 50% by 2020

PRIORITY III: INCREASING THE DEVELOPMENT OF & ACCESS TO AFFORDABLE HOUSING

Lack of affordable low-income housing is universally recognized by local homeless service providers as one of the major barriers to addressing homelessness. This is exacerbated by the following factors:

- The supply of affordable housing for low-income persons is both inadequate to meet the demand and it is mismatched with respect to household incomes. Mismatched housing occurs when higher income households permeate the market for housing that is affordable to lower income households, thus, lower income households find few or no opportunities for housing they can afford.
- There is a significant stagnation in the development of new, affordable multi-family housing, resulting in low vacancy rates and the upward pressure on rental rates. On average, the multi-family unit rental vacancy rate in the Wenatchee valley ranges from 1% - 3%.
- There is a need for public & private housing development partnerships in the community which would focus on and pursue affordable low-income housing.
- Due to the low rental vacancy rates, local landlords have little incentive to rent to lower income households with limited or poor credit histories, felony convictions, or poor rental histories.
- The continued lack of living-wage jobs put more families and individuals in financial jeopardy with an increased housing cost burden. A large proportion of jobs in the Wenatchee valley are agriculturally- or service-based, and as a result, tend to pay lower wages.
- Clients continue to face significant barriers in locating, qualifying for, and maintaining affordable housing. Increased follow-up services are needed for persons "graduating" from homeless housing programs in order to help them obtain and then maintain long-term rental housing. Key services include rental application/qualification assistance, landlord liaison/outreach services, tenant education, security deposit assistance, background records sealing/expunging, eviction prevention interventions, financial literacy & budgeting training, and vocational training and mentoring.

To address the affordable housing challenges outlined above, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Promote the development of affordable housing in Chelan-Douglas Counties		
a. Collaborate with the cities of Wenatchee & East Wenatchee to incorporate strong affordable housing components in local development plans (i.e. Comprehensive Area Plan; Community Development Block Grant Consolidated Plan) including: – Land use and zoning policies that encourage affordable housing development (i.e. infill housing, cottage housing, up-zoning); accessory dwelling units; zero lot line development; density bonuses; fee waivers & expedited permitting for affordable housing projects) – Cultivating strong public/private partnerships to build the community capacity to develop new multifamily and innovative housing with long-term affordability. – Pursue public/private partnerships to develop subsidized housing.	On-going	Cities of Wenatchee & of East Wenatchee
Preserve the existing local rental inventory through local Code Enforcement efforts to promote the safety and quality of rental housing and to encourage landlord compliance.		
a. Through the efforts of a full-time designated Code Compliance Officer, require properties, including rental units, to comply with city code including housing, building, and zoning requirements.	On-going	City of Wenatchee

b. Partner with landlords to investigate a rental registration program with the goal of promoting crime-free housing and improved neighborhood living conditions.	1st Quarter 2017	Cities of Wenatchee & East Wenatchee
Expand the rental housing inventory through landlord engagement & outreach		
a. Research best practices for landlord liaison/engagement program models to encourage landlords to rent to people who have poor credit, past evictions, and/or a criminal record or other felonies. Program components may include landlord incentives, damage guarantee programs, tenant liaison/case management services, and tenant education.	1st Quarter 2016	Rapid Rehousing Committee
b. Identify a model for a regional landlord liaison/engagement program and develop a detailed program implementation plan.	3rd Quarter 2016	Rapid Rehousing Committee
c. Contract with a local service provider to oversee the implementation & management of the landlord liaison program.	4th Quarter 2016	City of Wenatchee
d. Conduct a formal evaluation of the landlord liaison program to assess effectiveness and identify opportunities for improvement.	2nd Quarter 2017	Rapid Rehousing Committee
Increase clients' abilities to obtain and maintain long-term rental housing		
a. Allocate additional grant funding to support increased housing stability services focused on helping clients obtain and maintain long-term rental housing (i.e. rental application/qualification assistance, landlord/tenant liaison, tenant education, security deposit assistance, background records sealing/expunging, eviction prevention interventions, financial literacy & budgeting training, and vocational training and mentoring.)	January 2016	Homeless Steering Committee
b. Allocate grant funding for eviction protection services to ensure free legal aid is available for clients at-risk of eviction.	January 2016	Homeless Steering Committee
c. Develop a records sealing/expunging program to: – Train local service providers on how to help clients expunge backgrounds which may impede their ability to obtain housing (i.e. criminal records). – Provide free legal services to clients to assist them in completing the sealing/expunging process.	4th Quarter 2016	Homeless Task Force Volunteer Attorney Services
d. Provide training opportunities for service provider staff to keep them up to date on helping clients access benefits and services (e.g. SOAR training, resource networking, training on responses to behavioral health crises).	4th Quarter 2016	City of Wenatchee
e. Provide training opportunities for service providers to keep them up-to-date on disability & fair housing rights to help ensure equal access to housing by people with disabilities.	4th Quarter 2016	City of Wenatchee
f. Establish a Jail Diversion Program based on a collaborative partnership between law enforcement, court officials, prosecutors, mental health providers, and substance abuse treatment agencies. Homeless individuals arrested for public drunkenness or nuisance would be offered the option of treatment in lieu of custody, followed by ongoing continuum of care and wrap-around services.	1st Quarter 2019	Homeless Steering Committee Homeless Task Force
Provide targeted communication & training to establish community, developer, and landlord support for affordable housing development.		
a. Develop & implement a community outreach plan to publicize the need for affordable housing development.	1st Quarter 2017	Homeless Task Force

Outcome Measures:

The following outcomes will be used to measure progress in this section:

- Increase in percentage of clients who are stably housed 1 year after program exit
- Decrease in the average time on the coordinated entry wait list for rapid rehousing
- Increase of rental vacancy rate to 5% in the Wenatchee valley.
- Identification of potential public/private affordable housing development partnerships by 2017.

- Establishment of a formalized public-private affordable housing development partnership by 2019.
- 75% of landlords/property managers who participate in the Landlord Liaison Program intend to continue renting to clients served by the program. (Landlord satisfaction survey)

PRIORITY IV: ADDRESSING HOMELESSNESS & THE RISK OF FUTURE HOMELESSNESS FOR CHILDREN & YOUTH

Homelessness and housing instability are devastating for anyone to experience, but it is especially destructive for children. It is unacceptable for there to be any children who are living in cars, tents, or other similar situations. Even if a child is housed, many live in situations where their housing is constantly at-risk. Other children may be stably housed for the time being, but are at-risk of homelessness as they enter adulthood due to limited education and employment options. Therefore, it's critical that our community identify the needs of these children and their families and then develop strategies for addressing them.

A full understanding of the extent of these issues for this population is unknown due to constraints with information sharing. The drop-in center for youth who are homeless and homeless liaisons in the school districts are the main points of contact for this population. However, there are confidentially issues that limit data sharing capabilities. These data-sharing challenges must be overcome so that the extent of the problem can be better understood and to design access points that do not put unnecessary barriers between youth and assistance.

Efforts in this section fall into three categories: a.) Enhancing data collection and sharing capabilities for homeless youth including unaccompanied youth. b.) Growing and aligning resources to best meet the needs of families with children who are homeless including strengthening job readiness training and education for parents; and c.) Strengthening connections with schools, colleges, and businesses to promote long-term employability for homeless youth, thereby increasing the chances for earning living wages in adulthood. The ability of homeless and low-income children to obtain living wage jobs as adults is one of the most powerful homeless prevention tools available.

To address the challenges outlined above, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Strengthen & enhance data collection for homeless and at-risk youth and use that data to inform long-term homeless planning and funding allocations especially in regards to these populations.		
a. Strengthen the homeless Point-in-Time (PIT) count to specifically target youth in order to establish an accurate baseline for future data analysis.	January 2016	Point-in-Time Count Committee
b. Increase community capacity to engage with homeless youth more effectively though more intensive outreach & collaboration with schools, youth centers, and other youth access points.	4th Quarter 2016	Coordinated Entry Committee School Districts Youth Centers
c. Using PIT, HMIS, and Coordinated Entry, and other community partner data, identify unique needs for children, teens, and youth and then develop specific strategies for addressing them (i.e. short-term youth crisis beds, youth transitional housing, training/education programs, job mentoring, etc.).	2nd Quarter 2017	Homeless Steering Committee Homeless Task Force
d. Create a data sharing agreement between coordinated assessment and the homeless school liaisons.	3rd Quarter 2017	Coordinated Entry Committee

Growing & aligning resource to meet the needs of homeless families & children		
a. See Section I, *Chronically Homeless Outreach*, and Section II, *Improving the Response to Homelessness*, for specific activities which will be undertaken for rapid rehousing, homelessness prevention, & homeless outreach. These activities will particularly benefit homeless families with children.		
b. If resources are limited, prioritize families with children and unaccompanied youth higher within the coordinated entry prioritization process.	2nd Quarter 2016	Coordinated Entry Committee
c. Create a better connection to employment services for those youth and young adults who are not immediately "job ready".	2nd Quarter 2017	Homeless Task Force
Strengthening community connections to promote long-term employability as children enter adulthood		
a. Support local school and community-based programs that support youth including after school programs, community center programs, youth mentoring/job training programs, and United Way Opportunity Communities activities.	On-going	Homeless Task Force

Outcome Measures:

The following outcomes will be used to measure progress in this section:

- Decrease in percentage of unsheltered families in the PIT (50% in 2020).
- Increase in percentage of families who are stably housed 1 year after program exit (75% in 2020).
- Decrease in the number of families on coordinated assessment waitlist (baseline to be established in 2016).
- Number of unaccompanied youth in the PIT count (baseline to be established in 2016)

PRIORITY V: IMPROVING COORDINATION OF SERVICES THROUGH COORDINATED ENTRY

Chelan & Douglas counties have a strong & highly committed network of housing providers, social service agencies, and faith-based organizations that provide services to homeless individuals. However, these programs were developed as stand-alone services, and were not designed as components of an integrated and coordinated homeless system. As a result, homeless services have not been formally coordinated.

Coordination is crucial to having an effective, efficient, and humane homelessness system. This begins with the coordinated entry system, which provides access to the community's homelessness prevention, emergency shelter, and housing programs for people who are homeless or at imminent risk of homelessness. By combining the eligibility and assessment process for dozens of programs, coordinated entry makes access easier for people seeking services and eliminates duplication of eligibility determinations.

Significant progress has been made in this area. A Coordinated Entry Committee was established in 2014 to develop a comprehensive coordinated entry system for the Chelan-Douglas region. The system is scheduled to be launched in October 2015. This is anticipated to provide significant improvements in service coordination and data collection. However, once the system is launched, ongoing system evaluation & enhancement will be required. See Appendix C for additional background information on the coordinated entry implementation.

To strengthen and enhance our coordinated entry system, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Improve coordination of homeless services through Coordinated Entry		
a. Launch first phase of the Coordinated Entry system.	October 2015	Coordinated Entry Committee
b. Implement a comprehensive marketing & community outreach plan to publicize the system.	March 2016	Coordinated Entry Committee
c. Conduct a formal evaluation of the system to assess effectiveness and identify opportunities for improvement.	3rd Quarter 2016	Coordinated Entry Committee
d. Using program evaluation data, develop a Phase 2 coordinated entry implementation plan.	July 2016	Coordinated Entry Committee
Increase collaboration between coordinated entry sites and non-housing service providers to establish a consistent housing referral process		
a. Identify and prioritize level of need and develop specialized strategies endorsed by local Veterans groups. Partner with local organizations working with Veterans to identify at-risk Veterans and quickly link them to appropriate services to prevent homelessness.	3rd Quarter 2016	Coordinated Entry Committee
b. Develop interagency agreements with jails, hospitals, mental health facilities, and chemical dependency centers to identify individuals who may be discharged into homelessness and to adopt coordinated discharge planning with an emphasis on housing stability.	2nd Quarter 2017	Coordinated Entry Committee
Increase the number of clients who are successfully diverted from entering the homeless system		
a. Develop & implement a diversion process that helps clients find housing outside of the shelter system while they receive services to stabilize their housing situation.	4th Quarter 2017	Coordinated Entry Committee

Outcome Measures:
The Coordinated Entry Committee is currently in the processing of designing a formal evaluation process for the coordinated entry system which includes specific performance outcome measurements. The evaluation plan is scheduled to be completed by November 2015 and will be used for this section's measurement criteria.

PRIORITY VI:
STRENGTHENING OUR DATA COLLECTION & ANALYSIS SYSTEMS

Quality data is essential to our community's efforts to address homelessness as it provides the foundation for program evaluation and for effective resource allocation. Local homeless data collection systems must be strengthened to ensure we have an accurate picture of the extent of homelessness in our community, including the characteristics and needs of homeless individuals.

The Chelan-Douglas Continuum of Care has made progress in developing standardized data collection & analysis capabilities. The Homeless Management Information System (HMIS) was adopted in 2010 and regional data sharing was established in 2014 between most of the local homeless service providers. In addition, there has been a consistent focus in recent years on improving the quality of the annual homeless Point-in-Time (PIT) count. However, there is still much improvement to be made especially in regard to the following areas:

- Point-in-Time Count: The PIT count is conducted annually in January and is a one-time "snapshot" of homeless individuals (sheltered and unsheltered) in Chelan & Douglas counties. It has been conducted annually since 2006 (see Appendix B for a detailed PIT breakdown by year). The data reflects significant fluctuations in homelessness between the years. These fluctuations likely represent inconsistencies in the PIT data collection process rather than actual fluctuations in the homeless population. As a result, strengthening & standardizing the PIT data collection process is a major opportunity for improvement.
- HMIS Data Analysis: In recent years, there has been an increased focus on using HMIS data analysis to identify service gaps, identify funding priorities, and evaluate grantee performance. All grantees who receive homeless funding have participated in basic data analysis/performance management training and those performance metrics have started to be incorporated into annual homeless planning activities. However, this is an area where significant gains can be made in the future.
- Data collection & analysis for sub populations: Our current HMIS reporting capabilities are somewhat limited in regards to gathering data to identify gaps for sub populations with special needs (i.e. unaccompanied youth; Veterans; individuals with disabilities, mental health issues, or chemical dependency issues). The establishment of a coordinated entry system in our region will provide more robust data that can assist in this area. Once that data is available, additional data analysis and community outreach will be conducted to identify housing needs for these sub populations and to develop specific strategies for addressing these gaps.

To address the data collection/analysis challenges outlined above, we will undertake the following:

Objectives/Outputs	***Target Date***	***Responsible Entity(s)***
Improve the accuracy of the annual homeless Point-in-Time Count (PIT)		
a. Obtain technical assistance from Commerce to develop a plan to improve the PIT count methodology.	November 2015	City of Wenatchee PIT Planning Group

b. Expand the scope of the count to more effectively include outlying geographic areas in Chelan-Douglas counties (i.e. Leavenworth, Chelan, Entiat) & expand the membership of the PIT Planning Group to include representatives from agencies who serve populations who may have not been adequately counted previously (i.e. unaccompanied youth, Veterans).	November 2015	City of Wenatchee PIT Planning Group
c. Contract with the local homeless outreach provider to implement PIT street outreach activities.	December 2015	City of Wenatchee
d. Conduct an evaluation of the 2016 PIT count to assess effectiveness and identify opportunities for improvement.	March 2016	PIT Planning Group
Strengthen & enhance the use of the Homeless Management Information System (HMIS) & the Coordinated Entry system to more accurately capture client data and more effectively use that data to inform long-term homeless planning and funding allocations especially in regards to vulnerable homeless sub populations (i.e. families, unaccompanied youth, Veterans, individuals with disabilities or mental health issues).		
a. Use HMIS and Coordinated Entry data to: – Identify gaps in our service system and develop strategies to address unmet needs especially in regards to vulnerable sub populations. – Use performance metrics to evaluate program performance and make program adjustments as necessary. – Collect data about people who seek services but are turned away from services (e.g. ineligible, screened out, or refuse services) to better determine prevention effectiveness. – Collect data on coordination and referrals with non-housing service providers (i.e. mental health & substance abuse centers, hospitals, police, schools).	Quarterly beginning 2nd Quarter 2016	Homeless Task Force Homeless Steering Committee
b. Provide quarterly dissemination of information to all providers and stakeholders about utilization and performance outcomes.	Quarterly beginning 2nd Quarter 2016	City of Wenatchee
c. Develop metrics which are user-friendly, useful, and accessible to the general public and provide annual updates on progress to the larger community.	Annually	City of Wenatchee Homeless Task Force

Outcome Measures:

The following outcomes will be used to measure progress in this section:

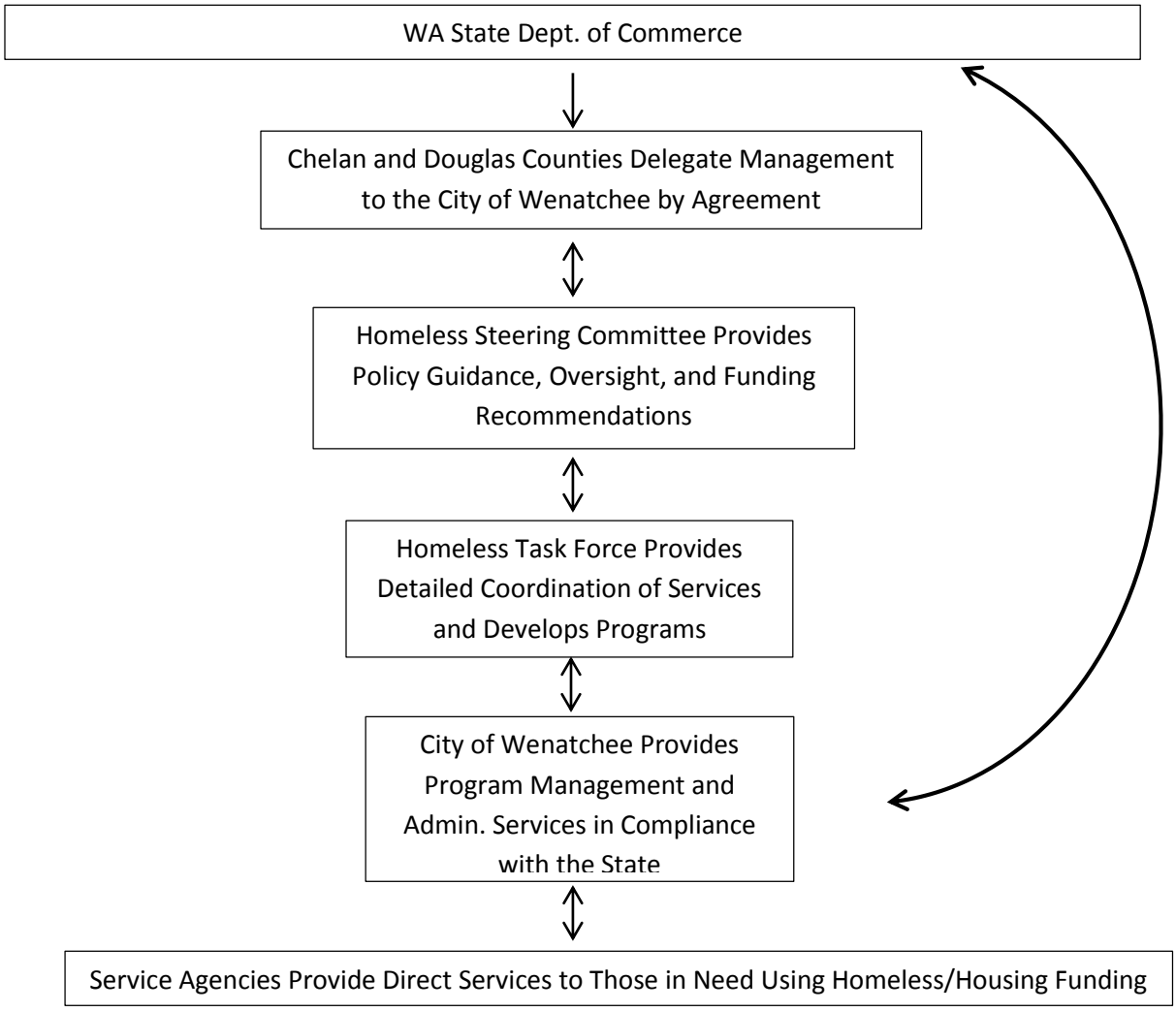
- 100% of agencies receiving homeless funding regularly use HMIS and collect necessary data for performance outcome measurement.
- Programmatic and resource allocation decisions are driven by performance data.
- 100% of homeless service providers participate in the annual Point-in-Time Count.
- Quarterly and annual performance reports are delivered promptly to the Homeless Steering Committee and Homeless Task Force.

APPENDIX A:

The Roles of the City, Homeless Steering Committee, & Homeless Task Force

The City of Wenatchee manages the Homeless and Housing funds on behalf of Chelan and Douglas Counties by agreement. These funds are collected by the Counties through recording fees as authorized by the State. This responsibility expanded to include management of the Consolidated Homeless Grant distributed by the Washington State Department of Commerce in 2012 and the Emergency Solutions Grant in 2015. A total of approximately $1 million in homeless/housing funds is received annually. If there is an unspent balance of county funds available at the end of each calendar year, the balance is added to the Homeless Reserve Fund. The use of this fund is governed by the Chelan-Douglas County Homeless Fund Balance Reserve Policy (see the side box on Page 21 for a description of the reserve policy).

The City of Wenatchee does not provide direct services, but manages these funds, by allocating funds through sub recipient grants to service providers. The management structure consists of the Homeless Steering Committee, the Homeless Task Force, and the City of Wenatchee which serves as the lead entity for the grants. In that role, the City provides one dedicated ¾ time City staff person from the Community and Economic Development Department. The City also provides accounting services, record keeping, and compliance monitoring all under the oversight of the state. The management structure is further depicted and described as follows.



The primary job of the City of Wenatchee is to administer the program in compliance with State requirements and to coordinate with service providers to develop programs and carry out homeless and housing initiatives necessary to provides services. This coordination involves balancing program requirements with community goals. The Homeless Steering Committee and Homeless Task Force help the City implement the program.

The Steering Committee helps the City by providing oversight, policy guidance, and funding allocation decisions. The Steering Committee is made up of representatives from both counties and from all of the cities in each county as part of the management agreement. The Steering Committee also has members from community organizations who do not provide homeless housing services using with funds from this program. These organizations include local media, the Community Foundation, United Way, the Chamber of Commerce, NW Justice Project, and typically several individual representing landlords, financial institutions, and interested citizens (see the table below for a detailed list of member agencies). One of the key purposes of this committee is to provide funding recommendations without conflict of interests. Therefore, a subcommittee is developed each year to evaluate grant applications. Members who have potential conflicts of interest do not serve on the funding evaluation subcommittee.

The Homeless Task Force is made up primarily of service providers and interested community members who want to help address homelessness by providing direct services (see the table below for a detailed list of member agencies). Many Task Force members do not receive grant funding, but participate in order to help with coordination of services, while other members who do receive funding help with more specific program development details. For example, the development of a coordinated entry system has involved several years of intense work by Task Force members. The distinction between the Steering Committee and Task Force is that the Task Force is very detail oriented with practitioners who potentially receive funding. The Steering committee provides high level oversight with input from the Task Force and the larger community to ensure that community goals are being addressed.

Homeless Steering Committee Member Agencies:

Catholic Family & Child Services
Chelan County
Chelan County Health District
City of Bridgeport
City of Cashmere
City of Chelan
City of East Wenatchee
City of Entiat
City of Leavenworth
City of Wenatchee
Community Foundation of North Central Washington
Confluence Health
Douglas County
NW Justice Project
Regional Support Network
Serve Wenatchee
United Way
Wenatchee Police Department
Wenatchee Valley Rental Association

Homeless Task Force Member Agencies:

Aging & Adult Care of Central Washington
Cashmere Valley Food Bank
Catholic Family & Child Services
Chelan County Health District
Chelan County Regional Justice Center
Chelan Valley Hope
Chelan-Douglas Community Action Council
City of East Wenatchee
City of Wenatchee
Columbia Valley Housing Authority
Confluence Health
Department of Social & Health Services
Employment Security Department
Entiat Valley Community Services
Habitat for Humanity
Hospitality Ministries
Housing Authority of Chelan County & The City of Wenatchee
Lighthouse Ministries
NW Justice Project
SAGE
Salvation Army
Serve Wenatchee
Service Alternatives
Shalom Church
Supportive Services for Veteran Families
Upper Valley MEND
Veterans Administration
Vets Serving Vets
Volunteer Attorney Services
Washington Female Veterans
Wenatchee Downtown Association
Wenatchee Police Department
Wenatchee School District
Wenatchee Valley College
Women's Resource Center
YWCA of Wenatchee

Chelan-Douglas County Homeless Fund
Fund Balance Reserve Policy

Due to annual revenue fluctuations from document recording fees and state funding sources, the following reserve amounts are recommended to be maintained for the Chelan Douglas County Homeless Fund:

- A cash flow reserve balance of $150,000 to protect against funding fluctuations.
- An emergency reserve fund of $100,000 for one-time emergency projects.

This reserve policy was reviewed and endorsed by the Homeless Steering Committee on August 27, 2014.

APPENDIX B: HOMELESS POINT-IN-TIME COUNT DATA BY YEAR

Chelan-Douglas Counties Homeless Point-in-Time Count Totals by Year

	Sheltered				Unsheltered				TOTAL (Sheltered & Unsheltered)				Chronically Homeless Individuals		
Year	HH w/out minors	HH w/ minors	HH w/only minors	TOTAL Sheltered	HH w/out minors	HH w/ minors	HH w/only minors	TOTAL Unsheltered	HH w/out minors	HH w/ minors	HH w/only minors	TOTAL Sheltered & Unsheltered	Emergency Shelter	Unsheltered	Total CH Individuals
2006	126	203	NR	329	83	75	NR	158	209	278	NR	487	18	8	26
2007	105	303	NR	408	60	35	NR	95	165	338	NR	503	105	7	112
2008	114	253	NR	367	30	12	NR	42	144	265	NR	409	29	5	34
2009	129	315	NR	444	28	3	NR	31	157	318	NR	475	17	0	17
2010	149	325	1	475	59	4	4	67	208	329	5	542	10	2	12
2011	108	189	0	297	55	4	0	59	163	193	0	356	19	9	28
2012	64	93	1	158	25	12	3	40	89	105	4	198	8	9	17
2013	123	114	2	239	62	4	0	66	185	118	2	305	4	10	14
2014	139	143	0	282	46	5	0	51	185	148	0	333	15	17	32
2015	143	157	3	303	63	48	1	112	206	205	4	415	10	18	28

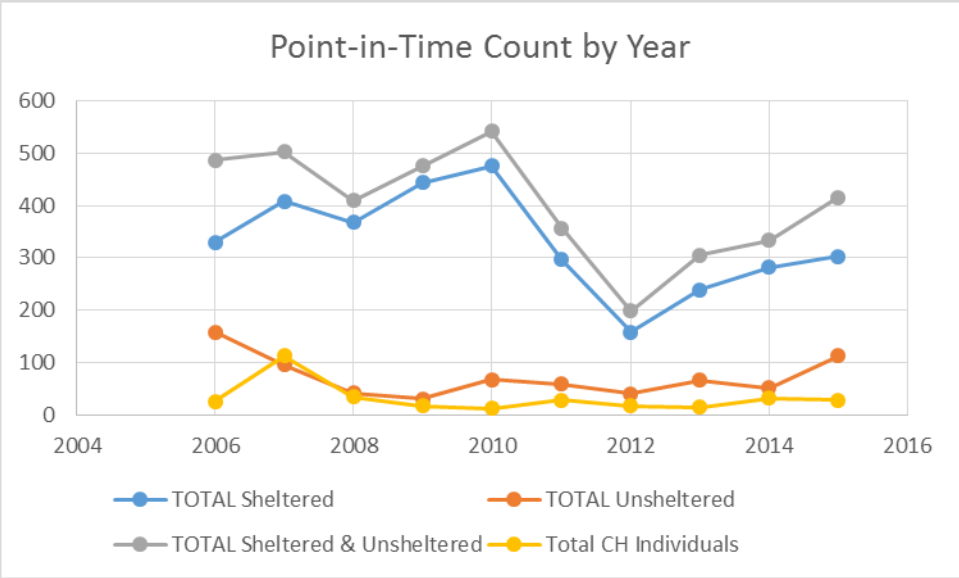
Note:

Count numbers reported above represent individuals not households

NR = Not Reported

CH = Chronically Homeless

APPENDIX B: HOMELESS POINT-IN-TIME COUNT SUMMARY BY YEAR



Year	TOTAL Sheltered	TOTAL Unsheltered	TOTAL Sheltered & Unsheltered	Total CH Individuals
2006	329	158	487	26
2007	408	95	503	112
2008	367	42	409	34
2009	444	31	475	17
2010	475	67	542	12
2011	297	59	356	28
2012	158	40	198	17
2013	239	66	305	14
2014	282	51	333	32
2015	303	112	415	28

APPENDIX C: Chelan-Douglas Coordinated Entry Program Background

Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people who are experiencing homelessness or people who at-risk of homelessness. Key elements of coordinated entry include:

- A designated coordinated entry phone hotline and designated coordinated entry sites with trained staff members;
- The use of standardized assessment tools to assess client needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in the Homeless Management Information System (HMIS); and
- Prioritization of clients with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated entry is now a requirement of receiving certain funding (namely the Consolidated Homeless Grant and Continuum of Care funds) from the Department of Housing & Urban Development (HUD) and is also considered a national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding housing or services;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

Chelan & Douglas counties solicited recommendations from the Washington State Department of Commerce for consultants to assist with the development and implementation of coordinated assessment in our region in 2014. Building Changes, a Seattle-based consulting group, had worked extensively with the Commerce Department in implementing coordinated entry in other counties across the state. Based on that recommendation, Building Changes was ultimately awarded a contract. Beginning in May 2014, Building Changes began working with the Chelan-Douglas Homeless Task Force on developing a coordinated entry process. A timeline of activities associated with this project is available below:

Coordinated Entry Activity	Date
Kick-off meeting	June 2014
Community training session	July 2014
Establishment of Coordinated Entry Planning Committee*	August 2014
Visioning & system mapping session	August 2014
Coordinated Entry model selection	October 2014
Site designations/site roles	December 2014

Assessment tool development	May 2015
Policies & procedures development	August 2015
Assessment tool integration in HMIS	September 2015
Implementation	October 2015
Data collection & evaluation begins	October 2015 - ongoing
Community outreach & marketing begins	January 2016

*Note: The Coordinated Entry Planning Committee is a sub group of the Chelan-Douglas Homeless Task Force which was focused on the initial planning & development of the coordinated entry system. The group was composed of a cross-representation of community members from a variety of organizations including homeless/housing providers, social service agencies, healthcare organizations, & faith-based organizations. See Appendix A for more information on the Homeless Task Force.