

2010 Update

Clallam County 10-Year Plan to End Homelessness

Beliefs

We believe access to housing is a basic human right, and homelessness contradicts the right to safe and adequate shelter. We believe acknowledging housing as a human rights issue improves how people who are experiencing homelessness are viewed and treated. These beliefs help set the proper context for addressing homelessness through approaches that extend dignity and protection to people and aim to re-establish their rights.

- **Clallam County Homelessness Task Force**

Core Values

- ❖ Homelessness is unacceptable.
- ❖ There are no “homeless people,” but rather people who have lost their homes who deserve to be treated with dignity and respect.
- ❖ Homelessness is expensive; it is more cost-effective, fiscally and societally, to invest in solutions.
- ❖ Homelessness is solvable; we have learned a lot about what works.
- ❖ Homelessness can be prevented.
- ❖ There is strength in collaboration and by planning and working together, we can continue to reduce and end homelessness in Clallam County.

Introduction

The success of the Clallam County 10-Year Plan to End Homelessness hinges on accountability. In an effort to ensure that we are tracking the ongoing progress of the plan and making necessary adjustments, Clallam County is utilizing the Housing Management Information System (HMIS) to collect data about clients who are homeless and to shed light on the extent, characteristics and causes of homelessness. Homeless service providers in Clallam County, such as the Housing Resource Centers and supportive housing programs collect information about their clients so that it can be matched with information from other providers in the state to get accurate counts of clients who are homeless and information on the services they need and receive.

Learning which services prove most helpful in ending homelessness and sharing this information with policy makers has improved both service and resource availability. HMIS also benefits local service agencies directly by enabling caseworkers to easily track client progress and make referrals to other programs.

Hundreds of people are homeless on any given night in Clallam County. But these people may not be visible to the general public. They are hidden in apartments, where they move from one couch to another; or in available shelters; or in cars or campgrounds. Some are victims of domestic violence. Some are single adults – many of whom have brain disorders related to mental illness and/or addiction. Some are veterans. Some are very young adults, barely more than children, living on their own. Some are children.

Homelessness in Clallam County is not, in the first place, due primarily to a lack of housing. Instead, homelessness is a problem of insufficient income and resources, a lack of employment or life skills, and health problems (primarily mental health, substance abuse or

Domestic Violence/Sexual Assault). Sometimes it is a combination. A fundamental underlying problem is the lack of good paying jobs in the area, combined with lack of attitudinal and work skills required to qualify for and hold such jobs, which result in people becoming homeless.

The challenge for a homeless strategy is to both provide immediate shelter to those facing a night on the street, and at the same time to provide long-term help for people to get back on their feet and become economically independent. This takes a high level of commitment on the part of the people who are homeless on the one side, and on the part of the community on the other. The Clallam County Plan to End Homelessness is founded upon an ethic of responsibility for everyone involved.

It has been five years since the Homelessness Task Force first presented its plan for ending homelessness. In that time, we have learned much and gained access to new and more effective methods for targeting those experiencing homelessness. But there is still much more work to do. This plan creates the framework for accomplishing the ambitious goals of preventing and ending homelessness.

Historical Perspective

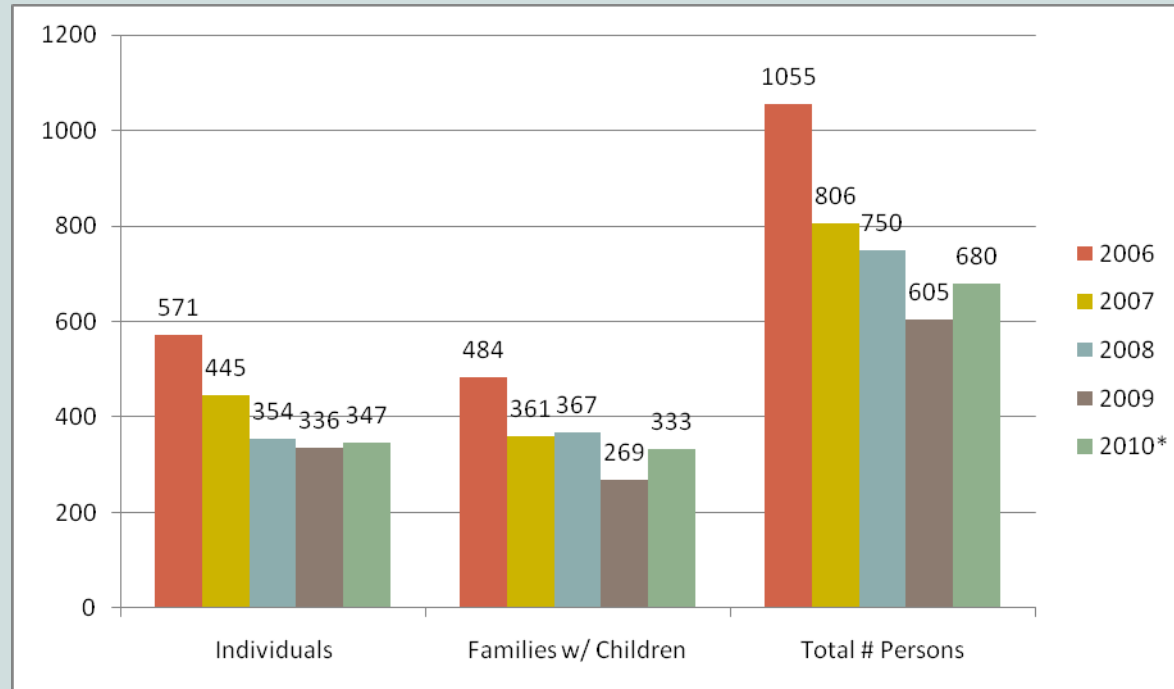
Clallam County, Washington is the most northwestern county in the continental United States. Seattle is a three hour drive. The county is off the interstate highway system and has no major transportation links to Seattle and the I-5 urban corridor. Approximately 70,000 people live in the 1,754-square mile county, which includes four tribal nations within its borders. American Indians are the largest minority group, about 5.1% of the population (as compared to 1.6% for Washington State as a whole). Poverty levels are high and persistent, particularly in the remote west end of the county.

In 2003 the large and collaborative Shelter Providers Network organized the first county-wide survey of homeless people. What we learned started a chain of events, which ultimately led to a community-wide visioning process around ending homelessness. The 10-Year Plan took two years to develop, but was unanimously adopted by the Clallam County Commissioners in December of 2005. In Clallam County, all three incorporated cities have elected not to have separate 10-Year Plans, but to be included in the Clallam County Plan.

As a part of the 10-Year Plan, the Clallam County Homelessness Task Force (HTF) was established as an advisory committee to the Clallam County Board of Commissioners. Members of the task force are representatives from Clallam County Health and Human Services; the cities of Port Angeles, Sequim and Forks; Clallam County Tribal governments; Olympic Medical Center; Housing Authority of the County of Clallam; Peninsula Community Mental Health Center, Healthy Families of Clallam County, West End Outreach Services, Serenity House of Clallam County; Olympic Community Action Programs; United Way of Clallam County; WorkSource, and

several representatives from the local homeless or formerly homeless community. The HTF has been the organization to draft and recommend to the County Commissioners the objectives and strategies outlined in the 10-Year Plan.

Table 1. Point-In Time Homeless Count – 2005 to 2010



The point-in-time count in January 2006 surveyed 668 homeless or at-risk households, with 1,055 individuals; that count has been used as a baseline to measure progress. Since 2006, total homelessness in Clallam County has been reduced by 43%.

*The 2010 count includes survey of those in Permanent Supportive Housing.

Table 2. Reasons for Homelessness by Household (2010 Point-In Time Count)

In order to create a strategic plan to end homelessness, it is first necessary to identify the causes of homelessness. The following table summarizes many of the causes commonly listed for homelessness by people responding to the 2010 Point-In-Time Homeless Count survey.

Factors Contributing to Homelessness	Number of Respondents	Percent
Unable to Pay Rent/Mortgage	246	39%
Alcohol or Drug Use	198	31%
Language Barrier	4	.6%
Evicted for Non-Payment	79	12%
Evicted for Other Reasons	56	9%
Lack of Childcare	31	5%
Mental Illness	151	24%
Job Loss	165	26%
Poor Credit Rating	158	25%
Victim of Domestic Violence/Sexual Assault	144	23%
Medical Problems	96	15%
Lack of Job Skills	87	14%
Temporary Living Situation Ended	164	26%
Discharged from Institution or Jail	31	5%
Convicted of a Felony	81	13%
Convicted of a Misdemeanor	38	6%
Medical Bills Costs	51	8%
Failed Job Drug-Screening	2	.3%
Family Break Up	152	24%
Aged Out of Foster Care	13	2%
Responded to One or More Category	638	94%
Total Surveys Completed	680	100%

Table 3. Duration of Homelessness by Household

Time Homeless	2008	2009	2010
One Month or Less	30	43	276
2-3 Months	28	39	0
4-12 Months	38	72	8
More than 1 Year	133	146	77

Data Source: PIT 2008, 2009 & 2010

Anticipated trends:

Trend: Family homelessness will be negatively impacted by the significant cutbacks in TANF assistance and other DSHS programs.

Increased incidence of family homelessness as well as reduced ability for families to move away from homelessness are expected impacts of cutbacks in Temporary Assistance to Needy Families (TANF) now being implemented and foreseen in the future. Many homeless families are close to the five year time limit of TANF assistance. With hardship extensions no longer being granted, homeless households will not only lose benefits that sustain their basic needs, but will also lose supportive services including education and employment support. A reduction in eligibility for Working Connections Child Care means some working poor families will lose their childcare subsidies, resulting in price-burdened childcare cost. Reductions in TANF emergency services dollars (ARENS funds) will leave TANF caseworkers less able to fund families' requests for emergency utility, rent and transportation assistance. Further, a family's ability to increase skills to find employment or better paying jobs will be significantly compromised with the reduction of employment related services and tuition assistance.

Trend: Emphasis on employment and job training, with increased community collaboration, will help individuals who are homeless achieve self-reliance.

Clallam County has recognized the need to enhance low-income and homeless individuals' capacity and skills to secure and retain employment, earn higher wages, obtain better-quality jobs, and, where appropriate, gain greater access to state and federal benefits and tax credits. Collaborative actions that are now beginning will grow to deliver, expand and sustain social service programs that help clients achieve these goals. Two examples of this trend are (1) the new Port Angeles WorkFirst HUB which is a partnership of DSHS-

Port Angeles Community Services, OlyCAP, Peninsula College and WorkSource; and (2) Serenity House and West End Outreach Service's participation in the Building Changes Economic Opportunities Initiative, an employment-focused capacity building grant.

Trend: Both state and federal funding for homelessness programs are changing and evolving.

In particular, federal funding through McKinney Vento Homeless Assistance programs has been re-authorized under the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). The HEARTH act increases the emphasis on homeless prevention, adds rapid re-housing as a solution to homelessness and expands the HUD definition of homelessness. Funding will be closely tied to performance in these areas and measured through stringent HMIS requirements. Interesting for Clallam County is the provision in the HEARTH act for the Rural Housing Stability Assistance Program, created to provide targeted assistance to qualified rural areas.

At the state level, the Washington State Department of Commerce is proposing to consolidate all state homeless funding by funneling assistance through the county entities implementing local 10-year plans to end homelessness. The state is also establishing additional guidelines for the consolidated funding and requires that the funding be tied to the local 10-year plan strategies. Some of the financial assistance programs have been in existence for up to 20 years and may require regulatory or legislative change for identified use.

Trend: Detailed plans to end veterans' homelessness, at state and federal level.

Veterans comprise about 12% of homeless adults. The Clallam County HMIS data puts the number a little higher in our community, at about 14% of homeless adults. Today there are more homeless Vietnam-era veterans than troops who died during that war. We are already seeing some of the 1.6 million Americans who deployed to the wars in Iraq and Afghanistan living on our streets and in shelters. The Veterans Administration has dramatically increased the number of VASH housing vouchers for the most vulnerable of homeless veterans and is developing short-term rental assistance programs for returning vets and other Housing First interventions, with the aim to end veterans' homelessness in the next five years.

Washington State has been very active in developing a statewide plan, based on the federal model. VASH vouchers have significantly increased in the state, helping local communities develop permanent housing solutions for chronically homeless veterans.

Trend: Changes in state program of general assistance to individuals.

This will negatively impact between 125 and 200 unemployable single adults in Clallam County before the end of 2010, sharply increasing the number who become or remain homeless and limiting their access to basic needs, including food, medical care, and treatment.

Plan Goals and Strategies

1. Prevent People from Becoming Homeless – Prevention, Diversion and Re-Entry
2. Housing First – Permanent Housing and Permanent Supportive Housing
3. Link People to Appropriate Services and Remove Barriers
4. Increased Leadership and Civic Engagement
5. Expand Data Collection – Better understand the impact of our efforts and to more clearly reveal nature and scope of homelessness in Clallam County

Homelessness Prevention is an essential element of any effort to end homelessness. To close the front door of entry into homelessness, the central challenge of prevention is targeting our efforts toward those people who will become homeless without the intervention.



The most widespread activities provide assistance to avert housing loss for households facing eviction. Other activities focus on moments when people are particularly vulnerable to homelessness, such as at discharge from institutional settings (e.g., mental hospitals, jails, and prisons) and escaping family violence. Given that the causes and conditions of becoming homeless are often multifaceted, a variety of strategies to prevent homelessness is required. *Effective activities* must be capable of stopping someone from becoming homeless (primary prevention) or ending their homelessness quickly (secondary prevention). An *efficient system* must target well, delivering its effective activities to people who are very likely to become homeless without help.

Homelessness prevention practices

Intake and assessment	<ul style="list-style-type: none"> ❖ Information and referral about available resources ❖ Budgeting and debt reduction, handling credit and improving credit rating/history ❖ Links to entitlements and community services ❖ Housing search assistance ❖ Expand vulnerability assessment to include employability and family dynamics assessment
In-kind emergency assistance	<ul style="list-style-type: none"> ❖ Food, clothing, transportation, furniture, medical care, shelter
Cash assistance to maintain or obtain housing	<ul style="list-style-type: none"> ❖ Deposits (first month's rent, last month's rent, security) ❖ Arrearages (rent, mortgage, utilities) to prevent eviction or foreclosure ❖ Moving costs, credit and rental history checks
Links to more sustained help	<ul style="list-style-type: none"> ❖ Mental health treatment ❖ Substance abuse treatment ❖ Training and employment assistance and support, job search ❖ Links to benefits: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Veteran's Administration, WorkSource, food stamps, housing subsidies, local programs ❖ Advocacy to navigate support services systems ❖ Access to affordable health care
Other cash assistance	<ul style="list-style-type: none"> ❖ Automobile loan or repair ❖ Short-term rental payments for people with disabilities waiting for SSI ❖ Special funds associated with Memo of Understanding arrangements, described below
Legal and other assistance to retain housing	<ul style="list-style-type: none"> ❖ Expand mediation with property owners around rents, heat or utilities, elimination of hazardous conditions ❖ Supportive services to assure housing retention once families or singles move to housing
Mainstream agencies assuming prevention responsibilities for own clients, inmates, consumers	<ul style="list-style-type: none"> ❖ Supportive services to assure housing retention ❖ Employment links and supports ❖ Discharge planning, especially linked to housing, services and employment

Housing First is a best practices alternative to the current system of emergency shelter/transitional housing, which has tended to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk families who have become homeless are more responsive to interventions and social services support *after they are in their own housing*, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

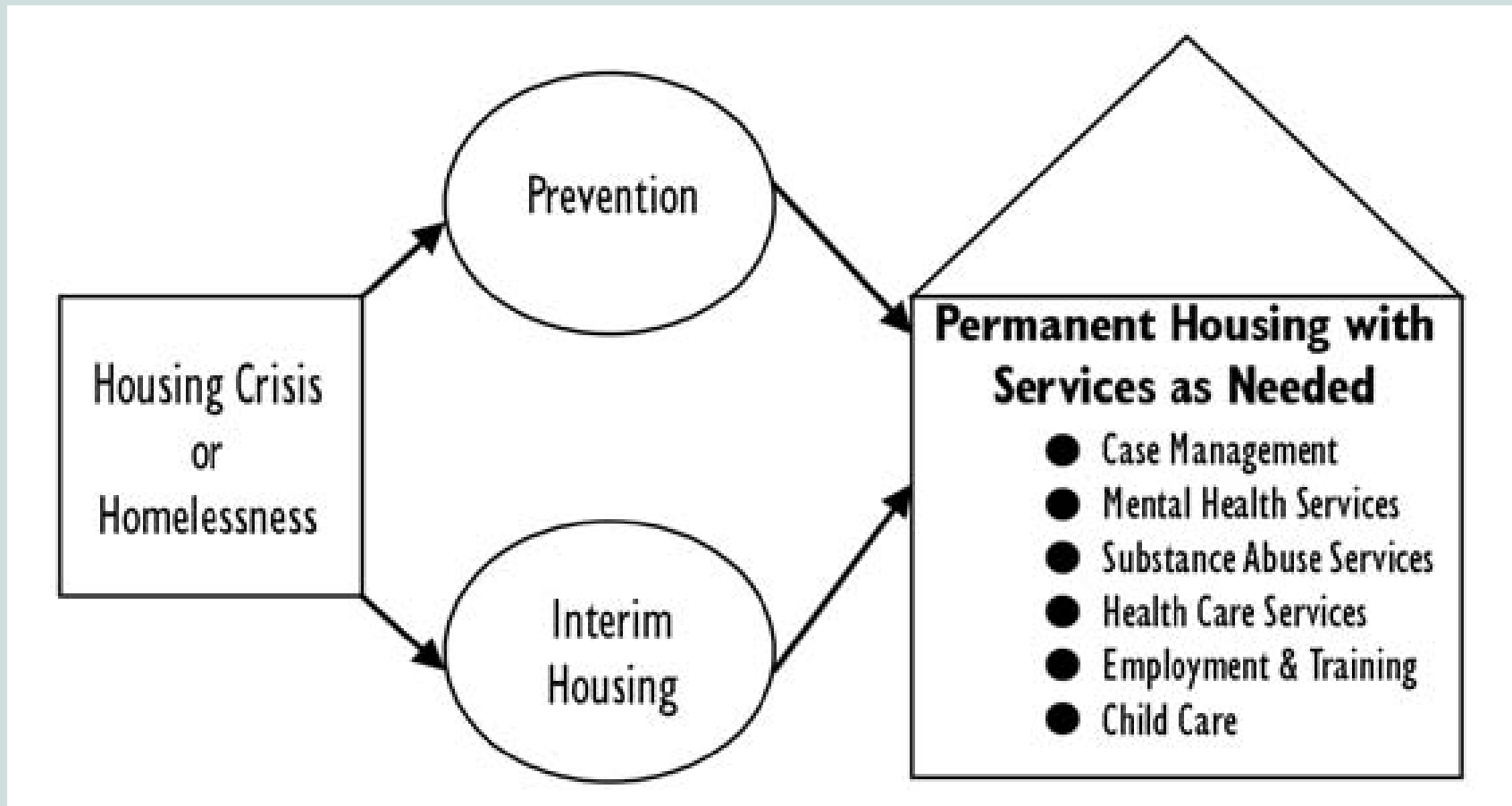
The housing first approach stresses the return of families to independent living as quickly as possible. Created as a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology:

- provides crisis intervention to address immediate family needs, while simultaneously or soon thereafter assisting families to develop permanent housing and social service plans;
- helps homeless families move into affordable rental housing in residential neighborhoods as quickly as possible, most often with their own lease agreements;
- provides six months to one year of individualized, home-based social services support *after the move* to help each family transition to stability.

The housing first approach provides a link between the emergency shelters/transitional housing systems that serve homeless families and the mainstream resources and services that can help them rebuild their lives, as members of a neighborhood and a community in permanent housing. In addition to assisting homeless families in general back into housing, the approach can offer an individualized and structured plan of action while providing a responsive and caring support system.

The combination of housing relocation services and home-based case management enables homeless families to break the cycle of homelessness. The methodology facilitates long-term stability and provides formerly homeless families who are considered *at risk of another episode of homelessness* with the support and skill building necessary to remain in permanent housing.

Housing First System



Increased Supply of Permanent Supportive Housing

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance use, domestic violence/sexual assault, mental illness, and HIV/AIDS.



- Supportive housing is permanent housing. People who live in supportive housing sign leases and pay rent, just like their neighbors. Supportive housing is not the same thing as shelters, but they complement each other. Shelters work well for what they're designed for—emergencies and short-term situations—not as long-term housing.
- Supportive housing is cost-effective. It costs less money to house someone in stable, supportive housing than it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing.

Link People to Appropriate Services and Remove Barriers to Mainstream Services

Clallam County is fortunate to have strong interagency collaborations in place. The Shelter Providers' Network is comprised of agencies, churches and other programs that provide emergency, transitional, and permanent housing to people who are homeless. The objective now is to expand on what already exists in the community to support a tiered system for determining the amount and types of supportive services needed by each individual household and explore avenues to remove barriers encountered by those who are homeless. This can't happen without better access to mainstream and community-based resources. Homeless families require the basic needs of shelter, food, clothing, health and dental care. Beyond this, supportive services such as case management, life skills information, employment support, counseling, substance abuse recovery assistance, education, transportation and childcare must be adequate, accessible and affordable to people who are experiencing homelessness.





Expand Data Collection

The Homeless Management Information System (HMIS) is a system for tracking persons who are homeless and services rendered to them. This objective data can be used to identify system gaps and barriers and plan future strategies to assist those who are homeless. Data can be effectively used to measure progress in reducing the incidence of homelessness, cost of housing and services and outcomes that are a result of strategic implementation. HMIS data can also be used to educate the public on the issues of homelessness and increase civic participation in solutions.



Increased Leadership and Civic Engagement

Strong leadership is key at federal, state, and local levels and across all sectors to establish and implement action plans that achieve results for people experiencing chronic homelessness, and for families, youth and children, including Veterans and their families.

Contact Information Chart

Jurisdiction: Clallam County	Other Jurisdictions Represented in this Plan: Cities of Sequim, Port Angeles and Forks
Date of Original Plan Adoption: December 13, 2005	

Jurisdiction Contact Person		Plan Contact Person	
Name:	Jill Dole	Name:	Kathy Wahto
Title:	Clallam County Health & Human Services	Organization:	Serenity House of Clallam County
Address: 223 E 4th Street, Suite 14 Port Angeles, WA 98362		Address: PO Box 4047 Port Angeles, WA 98363	
Phone:	360-565-2608	Phone:	360-452-7224
Email:	jdole@co.clallam.wa.us	Email:	serenity@olyphen.com
Fax:	360-417-2583	Fax:	360-452-0806

Planning Group Name: Homelessness Task Force		
Name	Agency	Representing
Kent Meyers	City of Port Angeles	City of Port Angeles
Bert Black	Quileute Tribe	Tribal Governments
Florence Bucierka	Clallam County Health and Human Services	Clallam County
Patty Busse	WA Dept. of Social & Health Services	DSHS Representative
Tom Cantwell		Business Representative
Bob Dunlap	MANNA	Faith Community
Cheri Fleck	West End Outreach Services	Mental Health Services
Jim Graham	Voices for Veterans	Veteran's Representative
Susan Hillgren	The Answer for Youth	Youth Issues Representative
David Hiner		Homeless Representative
Timothy Hockett	Olympic Community Action	Olympic Community Action
Jean Irvine		Landlord/Property Mgmt
Becca Korby	Healthy Families of Clallam County	Healthy Families
Ingrid Larson-Alexander	Elder Law Attorney	Business Community
Mike McEvoy	WorkSource	WorkSource
Ted Miller	Councilperson	City of Sequim
Bryon Monohon	City of Forks	City of Forks
Jody Moss	United Way of Clallam County	United Way
Pete Peterson	Clallam County Juvenile Services	Law & Justice
Valerie Proctor		Homeless Community
Dawn Saiz	Peninsula Community Mental Health Center	Peninsula Community Mental Health Center
Brenda Tassie	Olympic Medical Center	Olympic Medical Center
Pam Tietz	Housing Authority of the County of Clallam	Housing Authority
Ronnie Lee Williams		Homeless Community
Kathy Wahto	Serenity House of Clallam County	Serenity House
Nick Wollum		Homeless Representative

Goal 1

Prevent People from Becoming Homeless – Prevention, Diversion and Re-Entry Strategies

Ensure rapid placement into permanent housing, or maintenance of current permanent housing for all populations, through increased prevention, short-term rental, and utility assistance options for households.

Strategies	Description/Specific Actions
<p>Housing Resource Centers</p> <p>Maintain regionalized Housing Resource Centers (HRCs) used by service providers and landlords as a central point of contact and to increase alternative housing options for at-risk tenancies. Need to emphasize community wide coordinated entry, assessment and housing assistance. This is now a state requirement for plans and consolidated funding.</p> <p>Bridge Housing (aka emergency shelter or transitional housing) - Continue access to available Bridge Housing while working toward increasing numbers and accessibility to permanent supportive housing. Certain circumstances, such as fleeing domestic violence and/or sexual assault, will always mean there is a need to provide emergency shelter.</p>	<p>Utilize Housing Resource Centers to provide a comprehensive assessment of household needs and construct housing services plans for families and individuals who are homeless or at-risk. Add to assessment employability and family dynamics assessment. Offer education, counseling and placement services.</p> <ul style="list-style-type: none"> ➤ Maintain a current vacancies list and a shared housing board. ➤ Connect households to community-based support services. ➤ Expand the housing inventory through landlord engagement and outreach. ➤ Work with landlords to maintain units at an affordable rent level, in exchange for master leases that guarantee unit maintenance and rehabilitation, and develop a revolving maintenance/repair fund. ➤ Increase the number of agencies and individuals able to provide protective payee services, and offer this as an incentive to landlords to rent to high-risk households. ➤ Work with local landlords to prevent homelessness through eviction, and establish incentives for landlords to rent to lower income households with limited or poor credit histories, felony convictions, or poor rental history. ➤ Develop memorandums of understanding with medical, mental health, substance abuse, jail, and other providers to identify and track those chronically homeless individuals who are the highest users of services. ➤ While continuing provision of Bridge Housing (aka emergency shelter) for certain circumstances, work toward access to permanent housing by increasing collaboration between HRC, bridge housing and supportive services for our most vulnerable homeless citizens.
<p>Short- and Medium-Term Rental and Utility Assistance</p>	<ul style="list-style-type: none"> ➤ Expand successful local programs that provide short-term and medium-term rental assistance to prevent eviction or foreclosure and stabilize residency. ➤ Increase sustainable prevention financial assistance resources through federal, state, local, and private resources. ➤ Provide utility assistance for past-due utility bills to avoid utility shut-off and lease non-

	<p>compliance.</p> <ul style="list-style-type: none"> ➤ Develop aftercare plan, linked to mainstream agencies and lead social services provider.
<p>Diversion/Discharge Planning</p> <p>Work with local institutions such as our hospitals, nursing homes, treatment centers, and jail or correctional facilities to identify individuals leaving institutions at discharge with no home to which they can return and develop a comprehensive discharge plan designed to prevent discharge to homelessness.</p>	<ul style="list-style-type: none"> ➤ Cross-train staff in the homeless service system and staff within local medical and correctional institutions to stem the trend of discharges to homelessness. ➤ Memorandums of Agreement with jails, hospital districts and others to determine high users of emergency systems and focus coordinated supportive housing placement. <p><u>Ex-Offenders</u></p> <ul style="list-style-type: none"> ➤ Ensure rapid re-housing for offenders upon discharge from prison or jail, and housing support for participants utilizing drug, mental health, and family courts that divert people from local jails. ➤ Use a housing first approach, combined with short-term or limited-time rental assistance for re-entering offenders. ➤ Establish an integrated network of law and justice, social services, mentoring, faith-based, housing, medical, and employment supports for reentry that creates a reentry plan with a safety net and follow-up plan for homeless individuals leaving state and federal institutions. Use interagency agreements to implement coordinated discharge planning, with a strong focus on employment and education. ➤ Establish shared housing with on- and off-site therapeutic services for sex offenders. ➤ Establish affordable housing units for hard-to-house populations, including felons, through the faith-based community. <p><u>Youth/Young Adults</u></p> <ul style="list-style-type: none"> ➤ Increase understanding about youth and young adult homelessness by providing information to schools, community centers and service providers regarding the causes and outcomes of family crisis, warning signs for at-risk youth, and the availability of intervention services. ➤ Partner with the foster care system to provide appropriate housing placement for youth aging out of foster care. ➤ Provide screening for homeless youth for referral to foster home shelter, or mediation, intervention and counseling leading to family reconciliation where appropriate. ➤ Offer living skills classes, tutoring, adult mentoring, and other education services, housing, employment placement and substance abuse treatment for homeless and at-risk youth. ➤ Expand rental assistance vouchers for youth aging out of the foster care system, juvenile justice or living on the streets. ➤ Advocacy to navigate support services systems <p><u>Veterans</u></p> <ul style="list-style-type: none"> ➤ Active outreach to the military community to increase preventive housing placement and connections to community-based employment and support services for veteran's leaving

Diversion/Discharge Planning, cont.	<p>active service, including those identified as most vulnerable due to duty-related activity or because they were victims of criminal activity during their tour of duty.</p> <ul style="list-style-type: none"> ➤ Identify and prioritize level of need and develop specialized strategies endorsed by local veterans groups. ➤ Advocate for changes in Veteran's Administration assistance that recognize rural challenges. ➤ Decentralize medical services for elderly, disabled or wounded veterans so that veterans can seek and receive medical treatment in their own community. ➤ Ensure family supports and needs are part of Veteran's discharge plan. ➤ Establish short-term housing with supportive services for returning veterans and their families when permanent housing assistance is not feasible. ➤ Advocate for education and job training supports for veterans. ➤ Actively seek funding for VASH – vouchers from HUD.
Housing Counseling and Education	<ul style="list-style-type: none"> ➤ Provide eviction prevention services and foreclosure prevention counseling at HRCs. ➤ Provide mediation and/or intervention between landlords and tenants designed to keep tenants in their units. ➤ Expand rental education programs that increase the likelihood that people, who obtain permanent housing after having been homeless, will ultimately be successful and stable as tenants and not repeat their cycle through homelessness. ➤ Make available life skills class or informational video on how to choose, and be a good roommate. ➤ Provide Financial Literacy Classes and budgeting assistance. ➤ Provide information and referral to Smoke Free Housing.

Goal 1 Measures of Impact:

1. Fifty percent (50%) more households provided with prevention financial assistance resources than in 2008, including 50% more military households.
2. Forty (40) additional units of low-income housing (<30% of area median income) at new multi-family housing projects.
3. Twenty (20) new transition-in place units for single adults with temporary disabilities.
4. Twenty (20) households obtain shared housing using the Oxford House model which provides an independent, supportive and sober living environment.
5. Twenty-five (25) homeless youth per year provided with screening, counseling, and appropriate housing placement.
6. Fifteen to twenty (15-20) re-entering offenders per year are provided with rapid housing and short-term rental assistance.
7. A community transitions network for re-entering offenders is in place and operational. Interagency memorandums of agreement are signed. This includes forming a group that works with landlords and property managers to negotiate housing choices for re-entering offenders.
8. A supervised therapeutic housing program for sex offenders residing in this county is developed.
9. Eight (8) affordable units are made available for felons, 50% of these for people who were chronically homeless.

Goal 2

Housing First - Permanent Housing and Permanent Supportive Housing Strategies

Using a “Housing First” model ensures an adequate supply of affordable, accessible housing targets for homeless, formerly homeless and very-low income households.

Strategies	Description/Specific Actions
Ensure adequate supply of affordable, accessible housing targets for homeless, formerly homeless and very low-income households, including homeless families, non-chronically homeless individuals, chronically homeless individuals, and homeless youth.	<ul style="list-style-type: none"> ➤ Increase availability of all types of housing choices, including service-supported housing, subsidized housing, rental assistance, tax credit rental housing, mixed income developments, mobile homes, dorm-like settings, shared living, and self-help/affordable home ownership. ➤ Utilize short-term rental assistance combined with support services targeted to families and singles that are homeless to facilitate rapid exits from homelessness and create a supported bridge back into the private housing market. ➤ Work to preserve local housing inventory, rehabilitate deteriorated properties using capital funds from available resources. ➤ Move, renovate and re-purpose houses/structures on public property scheduled for demolition. ➤ Preserve, improve, redevelop or transfer ownership to preserve affordable mobile home housing. ➤ Create new permanent affordable supportive housing units. ➤ Develop at least 150 units of multi-family rental housing, mixed income developments, with set-asides for extremely low-income households. ➤ Establish a redevelopment plan for public housing, with the goal to increase quality, sustainability, and the number of units available for very low and extremely low-income households. ➤ Build or purchase 25 new units of self-help housing annually. ➤ Work closely with tribal housing authorities to increase on- and off-reservation housing development for tribal members, including permanent supportive housing. ➤ Develop recreational vehicle housing for single adults with extremely low incomes. Ask vehicle dealers to donate older trade-ins or obtain trailers seized by law enforcement. Work with cities and county on zoning and environmental concerns. ➤ Establish appropriate supportive housing choices for pregnant teens. ➤ Develop therapeutic clean and sober permanent housing for youth and adults returning

	<p>from treatment.</p> <ul style="list-style-type: none"> ➤ Identify and preserve existing inventory of affordable housing, including properties assisted with USDA-Rural Development rental assistance.
Maintain and increase permanent supportive housing for individuals and families who are homeless and chronically homeless.	<ul style="list-style-type: none"> ➤ Maintain and develop additional affordable housing that provides on- and off-site supportive services to address the needs of individuals and families with physical, mental, or social barriers, who are chronically homeless. ➤ Develop agreements with providers and offer optional collaborative, individualized services for residents requesting this assistance. ➤ Outreach to connect individuals who are chronically homeless to community resources. ➤ Memorandums of Agreement with jails, hospital districts and others to determine high users of emergency systems and focus coordinated supportive housing placement to reduce level of use. ➤ Preserve existing and increase the number of permanent supportive housing units for families and individuals in Clallam County, who are homeless and chronically homeless, including victims of domestic violence or sexual assault and veterans and families of veterans. ➤ Develop additional “low demand” permanent supportive housing with day center for continued outreach to chronically homeless persons, including veterans. ➤ Renovate/create Single Room Occupancy (SRO) housing as permanent housing with services. ➤ Convert aged motel properties to low-cost, low-demand permanent housing with some supportive services targeting persons with physical, mental or developmental disabilities. ➤ Create permanent supportive housing through acquisition and rehabilitation of existing properties, or new construction. ➤ Match program – people who have rooms or space in their house that can be made available to those in need.

Goal 2 Measures of Impact:

1. Twelve (12) additional permanent supportive housing units in place for chronically homeless families in Clallam County, including families of veterans.
2. Preserve remaining 20 units of USDA Rural Development Rental Assistance in Forks, and preserve 30 units of Tenant-Based Rental Assistance (TBRA), 13 Tempest Permanent Supportive Housing Units, and the PATH outreach program.
3. Twenty-eight (28) new units of permanent supportive housing for chronically homeless individuals, including veterans are constructed in Port Angeles.
4. Twenty (20) chronically homeless people are housed in “low demand” permanent supportive housing.
5. Eight (8) units for homeless veterans are created through acquisition/rehabilitation or new construction in Forks.
6. Fifteen (15) units of permanent supportive housing are created through HUD’s Supportive Housing Program.
7. Thirty (30) units of SRO-type housing is rehabilitated as permanent supportive housing.
8. Twenty (20) (12 for chronically homeless) new scattered site permanent supportive housing units for mental health and substance abuse

clients is created.

9. Thirty (30) units of permanent supportive housing are renovated in Sequim.
10. Eighteen (18) units of multi-jurisdictional veterans housing with supportive services are delivered.
11. Forty (40) units (15 chronically homeless) of permanent supportive housing added through acquisition/rehabilitation of existing properties or new construction.
12. Ten (10) homes are renovated in lieu of demolition; five are reserved for households with incomes <30% of area median income.
13. Fifteen (15) out of 25 new self-help housing units are constructed.
14. Twenty (20) units of additional on- and off-reservation housing are available to tribal members.
15. Six (6) units of supported housing/beds are available for pregnant teens.
16. Additional Oxford House type housing is available for 20 youth and adults who are returning from treatment.

Goal 3

Link People to Appropriate Services and Remove Barriers

Sufficient and Coordinated Supportive Service Delivery Strategies

Strategies	Description/Specific Actions
Maintain and expand upon outreach to subpopulations of homeless people, including youth, veterans and those who are chronically homeless.	<p>Outreach includes:</p> <ul style="list-style-type: none"> ➤ Veterans' Stand Downs (Veterans' Resource Fair) ➤ Homeless Connects (Resource Fair for people who are homeless or at risk of homelessness) ➤ Youth/Young Adult Fairs ➤ Point-in-Time Homeless Count activities and events ➤ Community meals ➤ Service teams visiting areas frequented by people who are homeless ➤ Identifying and providing outreach services to soon-to-be-discharged veterans returning to the Olympic Peninsula, as well as their immediate families ➤ Posting fliers ➤ Utilizing agency websites, 211, and other telephone hotlines ➤ Informational talks to business owners, law enforcement, and service provider referral sources ➤ Media coverage ➤ Appropriate outreach to unsheltered people who are mentally ill and/or chronically inebriated
Provide adequate education, training, placement and follow-up services to ensure stable, living wage employment for homeless adults and youth.	<p>Maintaining permanent housing is predicated on having adequate financial resources. Many homeless households lack soft and hard employment skills to secure and maintain living wage employment. Education and training geared towards employment are critical, as well as placement and follow-up services.</p> <ul style="list-style-type: none"> ➤ Work with local high school and college training programs to develop one to two year career-building educational programs. ➤ Establish sub-committee of Clallam County Housing Task Force to devise employer outreach, supportive employment, and placement plans in the community. Identify incentives and tax benefits to employers. ➤ Reduce barriers in accessing SSI/SSDI benefits for people who are homeless. Improve efficiencies in filing applications, resulting in reduction of appeals and delays in benefits; provide SSI/SSDI Outreach, Access and Recovering (SOAR) training to service providers in

	<p>Clallam County.</p> <ul style="list-style-type: none"> ➤ Support effective economic opportunities initiatives which recognize that for households to become self-sufficient, they must have access to opportunities to build household income. Develop specific income-building, budgeting and savings education curriculum and other asset-building activities. ➤ Implement best practices toolbox of one-on-one case management tools for use with individuals, families and youth, to establish a savings and budget plan, and develop/implement a plan for increasing income (i.e., employment, training, advanced schooling). ➤ Establish an Asset Building Coalition to help households develop financial household stability through such programs as Individual Development Accounts (IDAs), mentoring, matching plans, etc. ➤ Advocate for establishing financial support for education/training for youth exiting foster care, such as specific scholarship fund at Peninsula College.
Establish policy group to address barriers to homeless households receiving affordable, accessible permanent housing from current and projected new housing sources.	<p>Certain policies and laws restrict establishment of additional affordable housing options. Offering incentives and support to landlords to provide affordable housing also opens up more housing options for people who are homeless. The best outcomes are seen when all providers communicate with each other and coordinate services that are client-centered. Veterans, offenders, and chronically homeless are three subpopulations that have special needs, requiring diligent attention to ensure service coordination and eliminate cross-system barriers. Provision of rehabilitative and basic needs services for incarcerated individuals who were homeless prior to incarceration, early in their incarceration time increases the likelihood of a positive outcome upon release. Tracking of service usage will aid in identifying and implementing housing and supportive service strategies that will limit unnecessary use of expensive resources, such as the emergency rooms, mental health institutions and prisons.</p> <ul style="list-style-type: none"> ➤ Work for inclusionary zoning to provide developers with incentives such as density bonuses, priority permitting, or reduced fees for developing affordable housing. Develop property exemptions or other incentives for landlords who agree to rent to households with extremely low incomes. ➤ Remove barriers in all jurisdictions for accessory dwelling units. ➤ Support statewide legislative initiatives that bring substandard units up to standard (e.g. converted garages). ➤ Establish a policy group, as a part of the Clallam County Homelessness Task Force, to identify and develop strategies to address system changes that will ensure a safety net for all through coordination of resources across mainstream and community agencies. ➤ Establish a policy group, as a part of the Clallam County Homelessness Task Force to addresses system changes needed to ensure inmate needs are met early in incarceration time. Providing mentoring, education, literacy, work skills, substance abuse treatment, mental health treatment, and assistance with other necessary documentation and social networks <i>prior to release</i> will help remove discharge barriers.

<p>Address medical and behavioral resource needs of individuals and families who are homeless.</p>	<p>Incidence of medical and behavioral issues among those who are homeless and chronically homeless, tend to be greater than in the general population. This is generally due to a history of unhealthy living conditions, injury or trauma. The level of services available is not adequate to meet these needs. A significant number of homeless households have multiple barriers, including untreated medical health, mental health and/or substance abuse issues; or those who have experienced trauma, such as veterans or survivors of domestic violence or sexual assault.</p> <ul style="list-style-type: none"> ➤ Maintain free or reduced cost medical clinics. Increase schedule availability. ➤ Advocate for mental health and chemical dependency services to be available at or in collaboration with free clinics, for clients who are homeless and without Medicaid, health insurance, or a mental health provider. ➤ Maintain a free or reduced cost dental clinic. ➤ Expand capacity and accessibility of veterans' virtual clinic. ➤ Advocate for local detoxification and short-term crisis beds. ➤ Address the working uninsured or underinsured population's health care needs. ➤ Ensure availability, appropriateness, eligibility and affordability of counseling programs for homeless households, including mental health, domestic violence or sexual assault, crisis, and parent/youth conflict resolution. ➤ Support the establishment of parent support systems through a hotline service, counseling resources, parent education strategies and dispute resolution, and respite options. ➤ Support the establishment of a community policing team that works in concert with the mental health outreach team. ➤ Establish closer links between housing programs and food and nutrition programs.
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Goal 3 Measures of Impact

1. Forty (40) individuals, all chronically homeless and 15 families per year served by Homeless Connect outreach events, and linked to housing placement.
2. Forty (40) veterans per year are provided with housing and services.
3. Thirty-two (32) homeless youth per year are provided with housing and/or services.
4. Twenty-five (25) chronically mentally ill people or chronic inebriates who are unsheltered access services and safe housing.
5. An operational task group to advocate for local and state zoning changes and financially based landlord incentives is established.
6. An operational task force to address system changes to allow for a safety net for veterans is established.
7. An operational task force to address system changes to allow for earlier intervention and services to offenders is established.
8. Memorandums of Agreement are in place with providers, to allow for greater interagency collaboration.
9. Twenty-five (25) youth per year participate in and complete high school and college one to two year career-building education/training programs.
10. A policy group, focused on employment facilitation, is established.
11. SSI/SSDI Outreach, Access and Recovering (SOAR)-type assistance is available for 100 households annually.
12. Budgeting and income building classes, and 1:1 support are provided to 350 individuals per year.
13. Two hundred (200) individuals per year are engaged through the Asset Building Coalition.

14. Permanent locations, with suitable space and on-site mental health and chemical dependency services are found for medical, dental and veterans' virtual clinics.
15. Twelve (12) detoxification and short-term crisis beds are available locally.
16. The number of treatment and mental health slots for people who are homeless is increased to 12.
17. A working subcommittee is developing a plan to address working uninsured or underinsured health needs, and gaps in counseling programs for all homeless households. The subcommittee is also developing a plan to establish greater parent support systems for youth and their families.

Goal 4

Increased Leadership and Civic Engagement

Strong leadership is needed at federal, state, and local levels and across all sectors to establish and implement the 10-Year Plan to End Homelessness and achieve results for individuals and families, youth and children, including Veterans and their families experiencing chronic homelessness or first-time economic homelessness.

Strategies	Description/Specific Actions
Provide and promote collaborative leadership at all levels of government and across all sectors to inspire our citizens to commit to preventing and ending homelessness.	<ul style="list-style-type: none"> ➤ Develop a communications plan for increased public awareness of who experiences homelessness, the underlying causes of homelessness, and how everyone throughout the county can play a role in ending homelessness. ➤ Provide annual update on 10-Year Plan activities, outcomes and homeless data trends to local governments and make available to the public. ➤ Develop a Public Education Campaign to de-mystify homelessness. ➤ Engage state, local and tribal leaders in a renewed commitment to prevent and end homelessness in their communities. ➤ Convene regular briefings for elected officials and leaders in the nonprofit and business communities throughout the county to inform them of activities related to ending homelessness in Clallam County and invite them to participate in plan implementation. ➤ Involve citizens – including people with firsthand experience with homelessness – and the private sector – businesses, nonprofits, faith-based organizations, foundations, and volunteers – in efforts to prevent and end homelessness.
Creative, broad-based, long-term funding options must be explored to minimize reliance on government and other grant sources.	<ul style="list-style-type: none"> ➤ Meet monthly for planning sessions (Shelter Providers Network) to identify additional funding sources and prioritize capital and service projects, countywide. ➤ Coordinate funding applications among non-profit agencies. ➤ Seek opportunities to reward communities and agencies that are collaborating to make significant progress in preventing and ending homelessness. ➤ Support and coordinate public policy work that will help end homelessness in Clallam County. Identify the legislative changes necessary to end homelessness. Increase legislative advocacy support for funding for housing and homeless programs.
Support and participate in regional planning efforts for housing, employment and services.	<ul style="list-style-type: none"> ➤ Support multijurisdictional planning efforts that integrate housing, land use, economic and workforce development, transportation, and infrastructure investments in a manner that empowers jurisdictions to consider the interdependent challenges of: (1) economic competitiveness and revitalization; (2) social equity, inclusion, and access to opportunity;

	<p>(3) energy use and climate change; and (4) public health and environmental impact.</p> <ul style="list-style-type: none">➤ Promote better balance between the location of jobs and housing.➤ Support measures to preserve existing housing stock.
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Goal 5

Expand Data Collection

Knowing the extent and details of local homelessness is critical in determining direction to addressing this issue. Evaluating results of the efforts helps identify best practices for its resolution and for effectively assisting this population.

Strategies	Description/Specific Actions
Implement the requirement that all projects associated with the strategies outlined in this plan participate in the Clallam County Homeless Management Information System (HMIS)	<ul style="list-style-type: none">➤ HMIS is a system for tracking persons who are homeless and the services rendered to them.➤ Ensure county-wide HMIS implementation and participation.➤ Conduct Annual Point-In-Time Counts of homeless people.➤ Evaluate Annual Point-In-Time Count against other available sources of information (i.e., Department of Social and Health Services information).
Effective use of HMIS data for planning	<ul style="list-style-type: none">➤ Data used to identify system gaps and barriers.➤ Data used to increase public awareness and mobilize public action that results in increased resources for improving the Clallam County response to homelessness.➤ Maximum protection of the privacy rights of individuals and families who use services in HMIS system.

Clallam Ten Year Plan Update 2014-2015

Goal 1 – Prevent People from becoming homeless, through prevention, diversion, rapid re-housing and re-entry strategies

Continue using a “Coordinated Intake and Assessment” community-wide system to ensure rapid placement into permanent housing or maintenance of current housing for all populations, through increased prevention, short-term rental assistance and utility assistance options. Continue to ensure there is crisis or bridge housing assistance for 1) households fleeing domestic violence or sexual assault and 2) for households experiencing literal homelessness.

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
Continue conversion of 'bridge' housing (Shelters and Transitional) to non-time-limited, low-rent step out of homelessness	SHCC Single Adult, Family Shelter and Evergreen, HFCC	1 July 2013-30 June 2015 UNDERWAY	\$211,000 McKinney and local match	16 family HH and 20 Single Adult HH will have PH single or shared units
Convert supportive services only case management services to rapid re-housing assistance at SAS office location	SHCC Single Adult	1 July 2013-30 June 2014 UNDERWAY	\$25,000 McKinney, state re-housing assistance and local match	Staffed intake and assessment services re-housing up to 75 households annually
Support Drug Court, jail/prison diversion assistance in county	PBH, CCHHS, City of PA, CC Jail, CC Drug Court, SHCC, Olympic Medical Center	1 May 2013-15 Jan 2014 UNDERWAY	\$28,000 Annually Local Behavioral Health, 2 nd Chance Act	20 HH annually with housing assistance and coordinated services for specific barriers
Establish a countywide HEN-like program that provides housing assistance and other essential items to young adults 18-24 or emancipated youth (referred from outreach or direct services or self-referred). Housing Safety plan must be connected to longer-term stability around education or vocational goals	SHCC HRCs and outreach partners	1 Jan 2014- ongoing	\$98,000 (HEN target population) RHY Transitional Living	44 HH annually, with capped housing assistance and community plan for services
Establish a countywide HEN-like program that provides housing assistance and other essential items to low income clients leaving in-patient or in outpatient treatment. Housing plan connected to sobriety.	SHCC HRCs, Treatment Center, County HHS, Treatment Providers, DBHR	1 Jan 2014-ongoing	\$32,500 (HEN target population)	20 HH annually, with three months housing assistance subsidy and community plan
Support virtual HRC capacity in Clallam Bay, Neah Bay, LaPush and additional sites in Forks and east Clallam county.	SHCC , EFSP agencies, FAP and Tribal entities	Jan 2013—April 2016	\$95,000 (Annual), Foundations, 2163	85-100 HH (Annual) Receive intake, assessment and financial services in local community
Build expanded landlord relationships through education, support by case managers, working out background checks/screenings, etc. Provide tenant education through ready-to-rent and HUB classes, support by case managers, tenant association, peer-to-peer mentorship, classes on how to be a neighbor. Educate case managers to remove barriers to housing.		UNDERWAY		

Goal 2 - Housing First - Permanent Housing & Permanent Supportive Housing Strategies

Use a "Housing First" model to ensure an adequate supply of accessible, affordable and safe housing for homeless, formerly homeless and very low-income households. Support tribal housing relocation and adequate choice in tribal communities. Continue to research emerging practices and opportunities for acquiring or constructing very affordable multi-family housing in all parts of the county.

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
1. Develop at least 150 units of multi-family rental housing, mixed income developments, with set-asides for extremely low-income households. a. Mt. Angeles View Public Housing Redevelopment #1 b. Eklund Heights – Phase I – 13 Units Phase II – 37 units	a. Peninsula Housing Authority b. Peninsula Housing Authority	Start: Winter 2013 Complete: Summer 2020 Phase 1: ACCOMPLISHED Phase 2 Complete: Fall 2016	\$58 million - HUD, HTF, Tax credits \$11 million - HTF, Tax Credits, FHLB	Up to 234 Units 50 units
2. Continue to work to preserve local affordable housing inventory and/or convert existing properties to affordable housing. Possibilities to explore include: a. Oxbow Apartments Preservation b. Sunbelt Apartments Redevelopment UNDERWAY c. Pursue additional opportunities at Melody Circle in Port Angeles, Greathouse Motel & new construction in Sequim and West End	a. Peninsula Housing Authority b. Serenity House, Peninsula Behavioral Health, Peninsula Housing Authority c. Serenity House	Start: 2016 Complete: 2017 UNDERWAY Start: Jan 2014 Complete: July 2016	\$1.5 million FHLB, USDA-RD, HTF \$1.86 million FHLB, HTF, CDBG \$600,000- \$1,000,000HTF, Tax Credits, 811	20 units preserved 17 units pres/redev. 11 new units created
3. Create new permanent affordable supportive housing units. a. The Outpost b. Expand SHP Leasing Program c. Expand VASH Program – apply for additional 10 vouchers	a. NORVHN and Peninsula Housing Authority b. Peninsula Housing Authority c. Peninsula Housing Authority, VA	ACCOMPLISHED Start: Spring 2015 Complete: Spring 2016	\$500,000 HTF \$140,000 HUD McKinney \$1.5 million HUD, VA	4 units for Veterans and their families 15 units for chronically homeless individuals 35 units for Veterans
4. Research Snohomish model for extremely affordable multi-family housing, using no gov't capital or subsidies	Northwest Partnership			
5. Continue to build up to 15 units of self-help housing annually.	Peninsula Housing Authority, Habitat for Humanity, Homeward Bound Land Trust	Start: Ongoing Complete: Ongoing	\$2.4 million/year USDA-RD, Habitat, HTF, HUD SHOP	15 units annually
6. Support and encourage tribal housing authorities to increase on- and off-reservation housing development for tribal members, including permanent supporting housing. a. Sail River Longhouse	Homelessness Task Force, Shelter Providers Network Makah Tribe	Start: Ongoing Complete: Ongoing UNDERWAY	\$2.7 million (C) -HUD, HTF, FHLB, Tax Credits, Enterprise	21 units for homeless families & individuals

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
7. Complete/Update Housing Needs Assessment. Identify specific populations/type of housing need remaining.	Project undertaken by Dept. of Commerce	Start: Fall 2013 Complete: 2014	Gates, WAHA, BIAW Realtors, HFC, et.al.	Data obtained to focus efforts.

Goal 3 – Ensure access to appropriate services and remove barriers

Maintain and expand sufficient and coordinated supportive services to support long-term housing stability and household safety and independence. Maintain strong network of outreach and basic needs provision for homeless and at-risk people. Focus on employment services, parenting and early childhood education and development supports and vocational training programs for survivors of domestic and/or sexual violence, youth, young adults, Veterans and parents with minor children. Focus on integrating housing stability and related services to community integrated health care, as a long-term goal of health care reform.

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Outputs
1. Employment <ul style="list-style-type: none"> a. Vocational <ul style="list-style-type: none"> - Vocational Assessments - Expand Peninsula College partnership for targeting specific subpopulations including retraining long-term unemployed, underemployed or people returning to employment, and young adults. b. Job Training <ul style="list-style-type: none"> - Engage mainstream businesses to create internships, training slots and other opportunities for homeless individuals to improve their earning abilities - Organize subsidies with the Department of Labor - Social Enterprises c. Adult Basic Education (literacy, GED) d. Post-Secondary Education e. Basic Employability Skills f. Wrap-Around Employment Supports 	Peninsula College, Work Source, Serenity House and SHCC HRC HUBs DSHS, local employers/businesses	Jan 2014 - ongoing		
2. Use SOAR model (SSI/SSDI Outreach, Access and Recovery) support system for people going into SSI track –provide SOAR training to service providers	SHCC & CHG subcontractors, DSHS, Dept of Commerce	Implement 2014-ongoing		Reduce barriers to SSI/SSDI benefits for disabled people who are homeless
3. Ensure access to Affordable Health Care programs, Navigators to assist uninsured low-income clients; local behavioral health providers set up to bill Medicaid for on-site supportive services at permanent supportive housing sites.	DSHS/CPS/SHCC, PBH, WEOS, Locally trained navigators, SPN, CCHTF	Ongoing	\$167,000	Up to 110 applications for SSI/SSDI tracked individuals leaving ABD

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
<p>4. Education</p> <p>a. Working with public schools—School programs - work ethic/values, educate school staff to respond to traumatic situations, linking partnership and coalition on early learning.</p> <p>b. Establish subcommittee to present to school boards information on the importance of community services and transition and mobility plans for homeless youth.</p> <p>c. Coordinate and deliver services to children/youth</p> <p>d. Dropout prevention</p> <p>e. Establish a system of parent support systems through a hotline service, counseling resources, parent education strategies and dispute resolution, and respite options.</p> <p>f. Identify new district/staff leadership and meeting with them to share information.</p> <p>g. Help children in homeless households — educate school staff to respond to traumatic situations</p>	CCHHS, Forks Abuse United Way, First Step, TAFY, SHCC, HFCC, Lutheran Comm. Svc., Concerned Citizens, Crime Victims Services, School Districts, Shelter Providers Network	Start: Oct. 2014 Complete: ongoing	\$25,000	c. 15 contacts monthly and referrals for services around housing and parenting supports e. Expand Capacity
Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
Jail/Prison Diversion & Reentry Develop an efficient method of local providers training other providers in specific specialties and a streamlined and updated method of local resources and appropriate referrals.	City of PA, City of Sequim, Clallam County Sheriff's Department, City of Forks, PBH, Outreach providers	Jan 2014-ongoing	\$56,000 (A) Second Chance Grant Hargrove Funds Dept. of Commerce	14 HH annually referred for services and housing and diverted from jail
Direct Service Provider Network Identify line staff from key housing/support service providers to meet, at a minimum, every other month to update and identify current available services and gaps in services.	SHCC, PHA, HFCC, TAFY, First Step, HRC	Jan 2014 – ongoing	Solidify and streamline collaborative inter-agency effort by continually sharing current information on resources, increase outreach and providers' capacity to end crisis, and decrease duplication of services and misinformation to clients served.	
Establish vocational and educational representation on the CCHTF to foster awareness in the community and help identify incentives and potential training and economic development funding.	CCHTF and BOCC	2014 - ongoing		Expand capacity
Support a Community Policing Team that works with a mental health professional to conduct outreach with homeless and at-risk struggling with mental illness	City of PA, City of Sequim, Clallam County Sheriff's Department, City of Forks, PBH, Outreach providers	Jan 2014 - ongoing	\$56,000 (A) Second Chance Grant Hargrove Funds Dept. of Commerce	14 HH annually referred for services and housing and diverted from jail
Support establishment of parent support systems through a hotline service, counseling resources, parent education strategies and dispute resolution, and respite options. Include new DSHS partnership for child support alternate planning for parents in arrears.	DSHS, CCHHS, United Way, First Step, TAFY, SHCC, HFCC	Oct 2014 - ongoing	\$25,000 (A)	15 contacts monthly and referrals for services around housing and parenting supports
Employment skills – vocational training, social enterprises, job opportunities, business partnerships, part time work, self esteem, vocational assessment, wrap-around employment support.	Peninsula College, Serenity House, DSHS, local employers/ businesses	Jan 2014 - ongoing		

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
Help children in homeless households – educate school staff to respond to traumatic situations		Ongoing		
Develop an efficient method of local providers training other providers on specific specialties and a streamlined and updated method of utilizing local resources and appropriate referrals.	HFCC, Shelter Providers Network	Oct. 2014 - ongoing		
For better outcomes for clients shared by CD/MH treatment providers and housing providers, develop protocols and partnerships between agencies to improve communication between the professional staffs to learn about available resources, housing and treatment options and funding gaps.	CCHHS, Treatment Providers, Shelter Providers Network	Jan 2016 -2020		

Goal 4 - Increased Leadership and Civic Engagement

Leadership is needed at federal, state, and local levels and across all sectors to establish and implement the 10-Year Plan to End Homelessness and achieve results for individuals and families, youth and children, including Veterans and their families experiencing chronic homelessness or first-time economic homelessness. We must provide and promote collaborative leadership at all levels of government and across all sectors to inspire our citizens to commit to prevent and end homelessness.

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
<p>1. Support multi-jurisdictional planning efforts that integrate housing, land use, economic and workforce development, transportation and infrastructure investments in a manner that empowers jurisdictions to consider the interdependent challenges of social equity, inclusion and access to opportunity.</p> <p>a. Develop Memorandums of Agreement with jails, hospital districts and others to determine high users of emergency systems and focus coordinated supportive housing placement to reduce level of use.</p> <p>b. Develop public education campaign for increased public awareness of who experiences homelessness, the underlying causes of homelessness, and how everyone throughout the county can play a role in ending homelessness</p> <p>c. Pursue multi-county funding opportunities for the Olympic Peninsula Region (Clallam, Jefferson, Island, Kitsap, Skagit and Whatcom counties).</p> <p>d. Continuation of Homeless Connect resource fair.</p>	<p>a. Working Group – City of Port Angeles, Clallam County Sheriff's Department, Serenity House, Peninsula Behavioral Health, Peninsula Housing Authority, Clallam County Health & Human Services, HFCC, Olympic Medical Center and substance abuse treatment providers.</p> <p>b. Homelessness Task Force subcommittee</p> <p>c. Relevant agencies</p> <p>d. CCHO, Shelter Providers Network</p>	<p>Start: Fall 2014 Complete: Spring 2015</p> <p>Start: Winter 2014 Complete: Spring 2015</p> <p>Complete: Ongoing</p> <p>Start: Ongoing Complete: Ongoing</p>	<p>CDBG Planning Grant</p> <p>\$5,000 Annually</p>	<p>Increased public awareness and understanding.</p>
<p>2. Explore broad-based, long-term funding options to minimize reliance on government and other grant sources.</p> <p>a. Complete feasibility study/ explore potential for Affordable Housing Levy.</p>	<p>a. Shelter Providers, Homeless Task Force, local government</p>	<p>Start: 2015 Complete: Until Accomplished</p>		

Specific Action Step	Accountability	Dates Start/Complete	Cost / Fund Source	Impact of Effort
3. Restorative justice program – Diversion Task Force. Seek improved clarity regarding vacating criminal history barriers.	City of Port Angeles, City of Sequim, Clallam County,			
4 Advocate for the State Legislature to expand the definition of those eligible for aid under Housing & Essential Needs (HEN) to include people with chemical dependency who are also homeless or at risk.	SNP, CCHTF, CD/MH Advisory Board, CD providers	Start by raising as campaign issue at public forums Ongoing until accomplished		
5. Increase public communication (awareness) of success in homeless programs, in neighborhood meetings. Establish communication committee under the Shelter Providers Network to actively engage in public policy advocacy, supported by documented data. Map out a planned and deliberate media/education strategy.	Shelter Providers Network Homelessness Task Force	Start: Oct. 2014 Complete: Ongoing		
6. Improve communication, which is the basis for education, by creating a video and one page data sheet for outreach about advocacy models that work, such as HEN and PSH.				