



Thurston County, Washington Homeless Housing Plan 2017-2022



Thurston County Homeless Housing Plan

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INTRODUCTION

FORWARD

This Thurston County Homeless Housing Plan is presented in the midst of a changing landscape. Our region finds itself with newly aligned leadership, additional funding resources, and a stronger, more cohesive network of stakeholders than ever working together to effectively respond to homelessness in our community. Yet there are many challenges and we are now facing a growing crisis which touches every community, city, school, and neighborhood in Thurston County. Our latest point in time census shows a significant increase in homelessness after a short period of modest reductions. More people than ever in Thurston County are living outdoors in our parks, woods, alcoves, and streets. Children now make up more than a 1/3 of our homeless population. Our classrooms are full of students struggling to learn and meet their basic needs while sleeping in cars at night. There are significant racial and economic disparities among populations in our community that we must address. Our shelters are all functioning above occupancy and our demand for supported housing for our most vulnerable far exceeds supply. While our economy is strong and growing, local businesses struggle to care for the residents who find shelter in their alcoves and serve the community. Rents are steadily rising, vacancy rates are falling and low income individuals and families are forced to compete for limited affordable housing resources.

The intent of this Homeless Housing Plan is to ensure that homelessness is rare, brief and a one-time occurrence in Thurston County. By gathering the best of all practices and constructing the most effective service networks, this plan offers a new framework for a regional response to guide people who are experiencing homelessness or at risk to evidence based services and to housing stability as quickly as possible. Building upon the work of our local continuum of care and our Thurston Thrives community health improvement initiative, this plan represents our community's best efforts to identify key goals and strategies to end homelessness. Beyond the baseline State-required elements, this plan also includes public policy goals intended to strengthen the role of local governments in reducing homelessness. The Homeless Housing Planning team incorporated all these elements into a document that outlines the specific tasks, lead agencies, milestones and the intended outcomes. Each objective and strategy identified in the "Homeless Housing Plan – Work Plan" charts will be further developed in detailed work plans that will ultimately become part of the Homeless Housing Plan. As a living document, this plan will be subject of annual review and updates.

One chilly Sunday morning last spring, a group of continuum of care team members that included a county commissioner, a city housing expert, a formerly homeless citizen, a nonprofit housing developer, and a supportive service provider, gathered downtown to work together to write components of the plan. The irony, purpose, and conviction to our goals was ignited when we saw a man just released from the hospital, struggle to climb out of his wheelchair, vomiting, and lay down on a bench just outside the window where we had gathered. The picture of that man is a reminder that homelessness in Thurston County is very real and we must work together,

undivided, with compassion, creativity, and commitment to address what I believe is one of the biggest public health crises we have ever seen. I humbly thank all those that do this work every day and have brought this plan to end homelessness in Thurston County forward for action.

Schelli Slaughter, Thurston County Public Health & Social Services Director





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Executive Summary

Summary of Homeless Housing Homeless Housing Plan Strategic Plan Goals

This Homeless Housing Homeless Housing Plan is a living document that will be updated annually with progress documentation and will be used to organize and deliver housing solutions to meet the specific needs of people who are homeless or near homeless. Although, appropriate housing is a solution for all the populations, there is not a 'one-size-fits-all' approach recommended. People served will require various levels of service based upon their unique circumstances.

In addition to background information and the extent of the need in Thurston County, this plan outlines the mission, vision, core values, key goals, strategies, and many of the important implementation actions necessary to successfully eliminate homelessness in Thurston County. It will enable our community to develop a more strategic, focused approach to ending homelessness. This plan will lead to positive and innovative systemic changes in the way our community addresses homelessness.

Many agencies will be able to use the detailed work plan included herein to guide local and state homeless funding so that our community can move the homeless to stable housing and maximum self-sufficiency as quickly as possible. This will create a balance between each of its fundamental components for maximum impact.

Summary of Strategic Goals:

The Homeless Housing Plan calls for a regional focus on the following three primary strategic goals:

- 1) **Increase Housing Inventory: 500 Units** Expand the inventory of low-income housing in both non-profit and for-profit sectors and grow the sources of available funding. Goal of 500 total units to include sub-goals for each homeless sub-population, including 360 units for single adults, 100 units for families with children, and 40 units for youth (*Numbers taken from the Vulnerability Index wait list, indicates the people to be housed to achieve Functional Zero (Defined in Appendix E Definitions) (PLEASE SEE PAGE 22 IN THE WORK PLAN)*)
- 2) **Standardize Best Practices:** Establishment of system-wide basic standards for all service providers to increase housing placement and reduce returns to homelessness. Strategies also to address best practices for Coordinated Entry (CE) and Homeless Management Information Systems (HMIS) reporting. (*PLEASE SEE PAGE 31 IN THE WORK PLAN*)
- 3) **Regionalize Public Homeless Policy:** Build a cohesive, regional policy framework via zoning, development and related policy areas to create a unified and effective approach. Focus to include: a. Increased Housing Densities; b. Creation of Regional Housing Development Standards; and, c. Integration of Regional Planning Processes; and, d. Explore Other Municipal Resources. (*PLEASE SEE PAGE 35 IN THE WORK PLAN*)

Homeless Housing Planning Process

The acknowledgements on page 2 identify the broad range of community participation in the planning process, as required by State statute. The initial draft was developed by the County Homeless Coordinator, who worked with the Housing Action Team’s Homeless Housing Hub and the Coordinated Entry team to develop the initial goals, strategies and milestones which was then delivered to the County by mid-2016.



Phase two involved a smaller Homeless Housing Planning team composed of the lead agencies from the Coordinated Entry team and supported by the Homeless Housing Hub members. The planning team reviewed the County’s **Housing Inventory** (HIC) (*See Appendix link: www.co.thurston.wa.us/Housinginventorychart*); researched best practices in housing and service programs; reviewed model plans from other Washington Counties; conferred with regional stakeholders; and, developed milestones for homeless populations for each demographic. These objectives, strategies and tasks are identified in the “Homeless Housing Plan – Work Plan” charts on page 22.

Public Review Process

As a Thurston County planning document, this draft will be made available through the below-listed public process sequence to solicit comments and suggestions from public officials throughout Thurston County; service providers affected by the plan; the general public; other stakeholders; and, those experiencing homelessness. Please note that the steps of this public review process are as follows:

Homeless Housing Plan – Public Process:

1. **Continuum of Care--Homeless Housing Hub** (*Final development & preview*)
2. **Thurston Thrives Housing Action Team**
3. **Thurston Thrives Coordinating Council**
4. **All eight (8) jurisdictions in Thurston County**
5. **Final Revisions** by Homeless Housing Planning Team
6. **Thurston County Commission** Final Approval & Submission to State Commerce

Please note that some steps of the review may occur concurrently rather than sequentially. The Thurston County Commissioners may elect to hold a public hearing to seek broader public commentary. Upon approval of the final draft plan, the Thurston County Commission will submit the plan to Washington State Department of Commerce.

HOMELESS HOUSING PLAN OVERVIEW

History of Homeless Strategic Planning

Since the early 1980's, Thurston County has mobilized a series of task forces, each of which developed plans to address homelessness. More recently, starting in 2005 our County has mobilized around the strategies in a 10-year homeless planning process, first with the intent to end homelessness, then with the refined goal to reduce it by half. Now, 12 years later, we have a greatly expanded and strengthened service network, we have invested an estimated 30 million dollars on a range of programs to build new housing, renovate existing homes, provide rental subsidies and provide a broad range of supportive services. These investments have helped thousands of people with housing stability and assistance to remain housed. And yet, recent homeless census data shows the number of homeless people in Thurston County appears to be growing after a short period of modest reduction. This growth in homelessness has multiple impacts.

Triple Impact of Homelessness

First and foremost, homelessness impacts people, disrupting the lives of families and individuals who lose their homes for a variety reasons. **Second**, homelessness impacts local governments of all sizes, requiring public officials to identify and prioritize precious resources to fund effective responses. And **third**, homelessness impacts the surrounding neighborhood given that the lack of adequate homeless resources often leaves people experiencing homelessness to fend for themselves, forcing them to develop makeshift accommodations that may create negative impacts. The collateral effect of this triple-impact is significant, and it compels public policy makers from all levels of government to refine existing policies and to consider new approaches. This Homeless Housing Plan is offered in that spirit.

“Homelessness should be rare, brief and a one-time occurrence.”

**U.S. Interagency Council
on Homelessness**

Changing Local Policy Landscape

The County is in the midst of re-aligning homeless policy and leadership. Recent elections have created a complete turnover of leadership on the County Commission and a new Public Health and Social Services director was appointed. The previous Home Consortium body that consisted of elected officials ended and Thurston Thrives, a public private partnership joining local government, health, education, business, and nonprofit leaders together focused on improving community wide health was created. For the past three years, the Housing Action Team of Thurston Thrives has refined its policy development role, which this year mobilized local non profit housing developers to produce a highly collaborative **“Housing Pipeline”** proposal to leverage additional funds to our community. The City of Olympia created an Ad Hoc Committee on Housing and Homelessness:

This newly created committee has just finalized its work plan, which draws heavily from the City of Seattle’s Pathways Home Plan. Other Thurston County Jurisdictions are exploring new methodologies to increase revenue for housing resources.

Our local Continuum of Care merged several groups together, into one strong, cohesive body with members representing a broad and diverse group of stakeholders including experts, providers, former and current houseless citizens, and representatives from local governments. The local continuum of care met for over a year developing this plan based on local needs and best practices.

At the national level, recent leadership changes may alter homeless policy and resources. Previously, in July 2016, the U.S. Interagency Council on Homelessness adopted a new vision that homelessness becomes a *rare, brief, and one-time occurrence* and laid out benchmarks for communities to use as they take action toward goals set forth in *Opening Doors*, that outlines specific criteria and benchmarks to help guide community-level actions to end homelessness for Veterans, families, youth, and people with disabilities. (usch.gov/opening-doors).

Guiding Framework from Department of Commerce

The Homeless Housing Planning Team has examined many sources to develop this plan, including local, state and national best practices in service delivery as well as new trends in governance. These principals are summarized as follows:

- **Best-Practices = Best Funding:** Expand funding for best practices and data-driven programs that quickly move people from homelessness to housing, such as diversion, rapid re-housing, and various models of permanent supportive housing;
- **Prioritize Via Vulnerability Index:** Prioritize shelter and housing resources for unsheltered people with the longest history of homelessness by utilizing a centralized vulnerability index tied to the coordinated entry system;
- **All Roads Lead to Housing:** Orient all elements of a cohesive and comprehensive homeless response system toward permanent housing;
- **Stronger Together:** Build concrete linkage between social service funding plans and other regional governance planning policies to ensure that public policy and services are aligned with a cohesive homeless response plan.



State Statutory Requirements:

Ten Year Plans (adopted locally as a Homeless Housing plan) are required by the **State Homeless Housing and Assistance Act (2005)** to guide efforts to reduce homelessness by half (**RCW 43.185C.050**). The State Department of Commerce released the State's Homeless Housing Strategic Plan in January 2017, which identifies seven primary goals for homeless crisis response systems listed as follows:

- Goal 1:** Effective and efficient **coordinated access and assessment** for services and housing.
- Goal 2:** Effective and efficient **crisis response system** as measured by cost per successful exit to permanent housing.
- Goal 3:** Identify **policy changes and resources** necessary to house all unsheltered people.
- Goal 4:** Quantifying **what would reduce the number** of new people becoming homeless.
- Goal 5:** Transparent and meaningful **accounting of state and local recording fee funds**.
- Goal 6:** Fair and **equitable resource distribution**.
- Goal 7:** **Increased investments** in housing unsheltered families with children, unsheltered chronically homeless people, and preventing youth from exiting systems to homelessness.

- People living unsheltered are promptly identified and engaged.
- Diversion strategies are used first to solve a housing crisis. Family and friends are engaged if the situation is safe and appropriate.
- People are prioritized based on need, using a transparent and consistently applied coordinated entry process.
- Access to housing and services is contingent on rules no more restrictive than typical leases.
- Housing and service goals are client driven.
- Clients are supported in developing housing stability plans that address client safety, barriers to permanent housing, and self-sufficiency.
- Programs quickly move most clients into market rate housing, and stay available as requested to maintain housing stability.
- Programs provide the minimum assistance needed to secure housing and only offer more when it is necessary to prevent a return to homelessness.
- Programs should intervene with permanent supportive housing when clients have a disability that impacts their ability to live independently, and market-rate housing placements have proven ineffective in resolving their homelessness.
- Programs share client data between systems as allowable to improve coordination of services.

Alignment with Other Public Planning Documents:

The Homeless Housing Homeless Housing Planning team reviewed other relevant plans to learn

how homeless shelter, transitional housing and supportive services are addressed by jurisdictions throughout the County. Part of the Work Plan for the first year will be to find and articulate the linkage between these plans, which include the following:

- **Homeless Student K-12 Plan** Office of the Superintendent of Public Instruction (OSPI);
- **Thurston County Comprehensive Plan:** All applicable sections of the primary planning document that serves the guiding framework for the entire county;
- **Local (Municipal) Comprehensive Plans:** All applicable sections, particularly the Housing Chapters that address affordable housing. Notably, Lacey’s Comprehensive Plan specifically calls for homeless accommodations;
- **Joint County - City CDBG Consolidated Plan:** Sections which identify actions to address homelessness;
- **Draft Olympia Downtown Strategy:** Section on Homelessness and the “Housing Tool Kit”;
- **Sustainable Thurston:** Section which addresses affordable housing; and,
- **Olympia Ad Hoc Committee on Housing and Homelessness:** This newly created committee has just finalized its work plan, which draws heavily from the City of Seattle’s Pathways Home plan.

As presented under the “**Public Policy Goals**” Objective, this Homeless Housing Plan identifies potential alignments with these and other plans, specifically addressing the need to foster a more consistent regional approach to homelessness, affordable and low-cost housing.

Implementation & Annual Review

Upon approval, the Homeless Housing Plan will become the guiding strategy for funding homeless needs addressed by various fund sources from local jurisdictions, along with State, Federal and other funding sources this plan will also provide a policy framework for the interface between local governments, the Housing Action Team and the Homeless Housing Hub local Continuum of Care. This plan suggests potential draft charters and the revision of existing charters for these bodies that include annual reviews and updates to the Homeless Housing Plan. Further, the applicable elements of this plan will be integrated and/or linked into local governance and other planning documents as possible to foster a more suitable environment to encourage the production of affordable and low-cost housing, supplemented by supportive services.

Each work plan within the Homeless Housing Plan will be summarized in an annual report to the Thurston Thrives Housing Action Team’s Homeless Housing Hub for review. Reports will chart progress on key indicators and include recommendations for updates as needed. Recommendations will be submitted for review and approval via the Thurston Thrives Housing Action Team.

Tracking the Homeless Housing Plan - Performance Measurements

Progress on the Homeless Housing Plan is formally tracked primarily by two methodologies. One source reports on unsheltered people, who are counted each year by the **Annual Point in Time (PIT) Homeless Count** of Sheltered and Unsheltered Persons, more commonly referred to as the annual

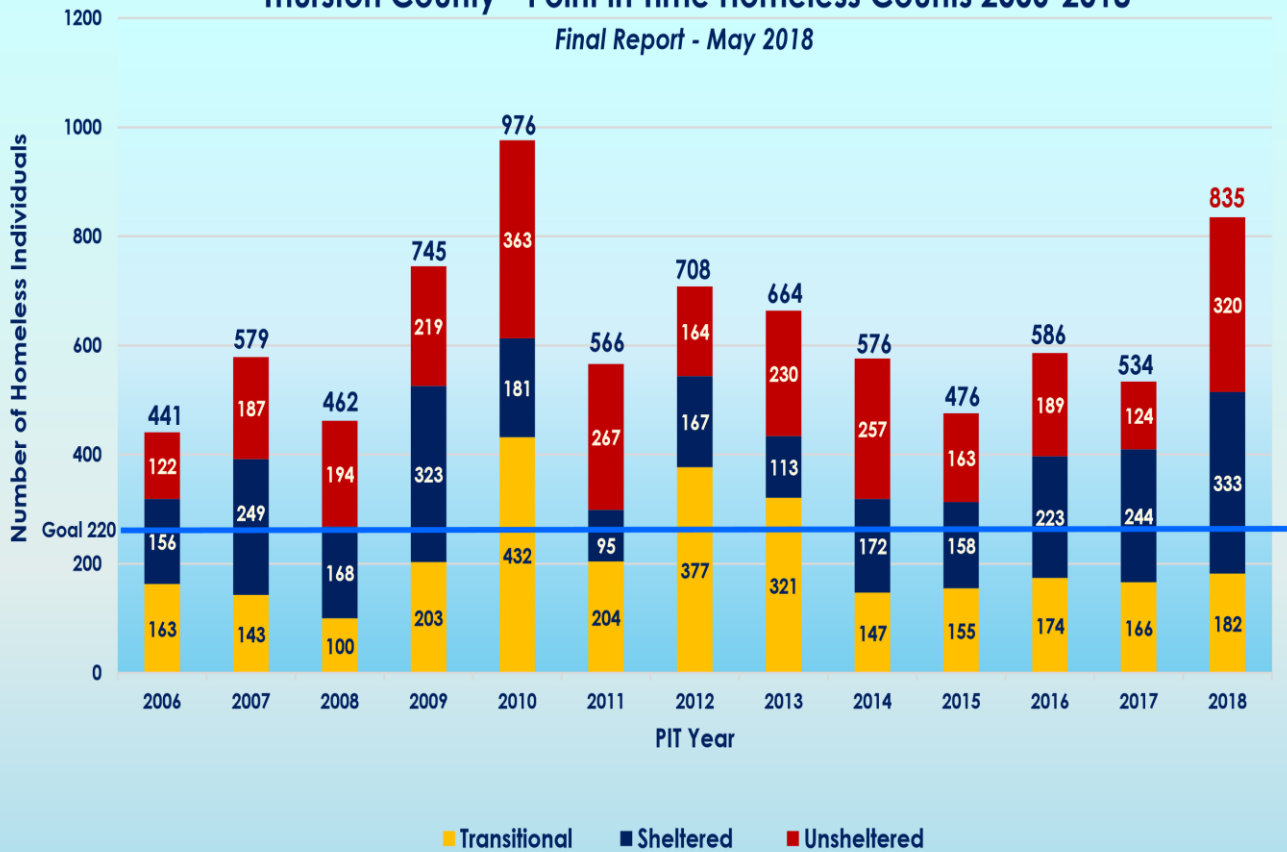
Homeless Census. The other method reports on people receiving services from a state or federally funded program via the **Homeless Management Information System (HMIS)**, which collects client-level data on the provision of housing and services to individuals experiencing homeless and families and persons at risk.

However, there are often significant differences between the data sets given the different methodologies, populations represented and other factors. Another goal for the Work Plan is to improve both these methodologies in tracking the number of homeless people as a means of measuring performance of the Homeless Housing Plan.

PIT Annual Homeless Census Since 2006, homelessness in Thurston County appears to have followed the pattern of the Great Recession, spiking by 2010 and then receding. At that time many county plans, including Thurston County's were revised, recognizing the goals would not be met. By 2015 many communities faced the after-effects of the Great Recession, with a return to increased rental and real estate prices, and declining funding for some homeless and affordable housing programs. Not surprisingly, the number of individuals and families experiencing homelessness are now at or above 2005 levels. Since then, Counties have examined what was missing from their initial plans, even the best of them. Such is the case with the Thurston County plan from 2005 – which was awarded best plan in the state by Washington's Department of Commerce.

Thurston County - Point in Time Homeless Counts 2006-2018

Final Report - May 2018



Thurston County PIT Progress Chart – Explanatory Notes by Year

2006: 1st year baseline of 441 - Reduction goal = 222

2008: Decrease due to large inventory of new housing

2010: Increase correlates with Recession highpoint

2011: Transitional Housing Stock converted to Permanent

2011: Decrease due to large inventory of new housing

2015: Homelessness drops with Recession recovery

2017: Decrease due to limited staff capacity

2018: Homeless increase correlates with rent increases

Data: Homeless Management Information System (HMIS) & Coordinated Entry System



The County collects data via the **Homeless Management Information System (HMIS)**, which collects client-level data and data on the provision of housing and services to individuals experiencing homeless and families and persons at risk of homelessness. Ideally, the Homeless Housing plan would be based on data generated through HMIS to ensure real-time linkage of strategies to needs. However, County HMIS data is still under 60% current in several program areas. As a result, the strategies are based on the most recent Vulnerability Index statistics and the most recent PIT Homeless Census results.

Coordinated Entry The State mandates that all funding recipients utilize a system of “Coordinated Care” to ensure that there is a key point of access to shelter, housing and services. System requirements also stipulate that CE intake of clients includes a comprehensive assessment of all households through the “Vulnerability Index” to ensure that those individuals who are most vulnerable / heaviest users of services are given priority status in housing and service placement. In Thurston County, the primary entry points have been designed around three sub demographic groups:

SideWalk:	Single adults and couples without children
Family Support Center:	Families with children
Community Youth Services:	Youth ages 17 and under and ages 18 – 24

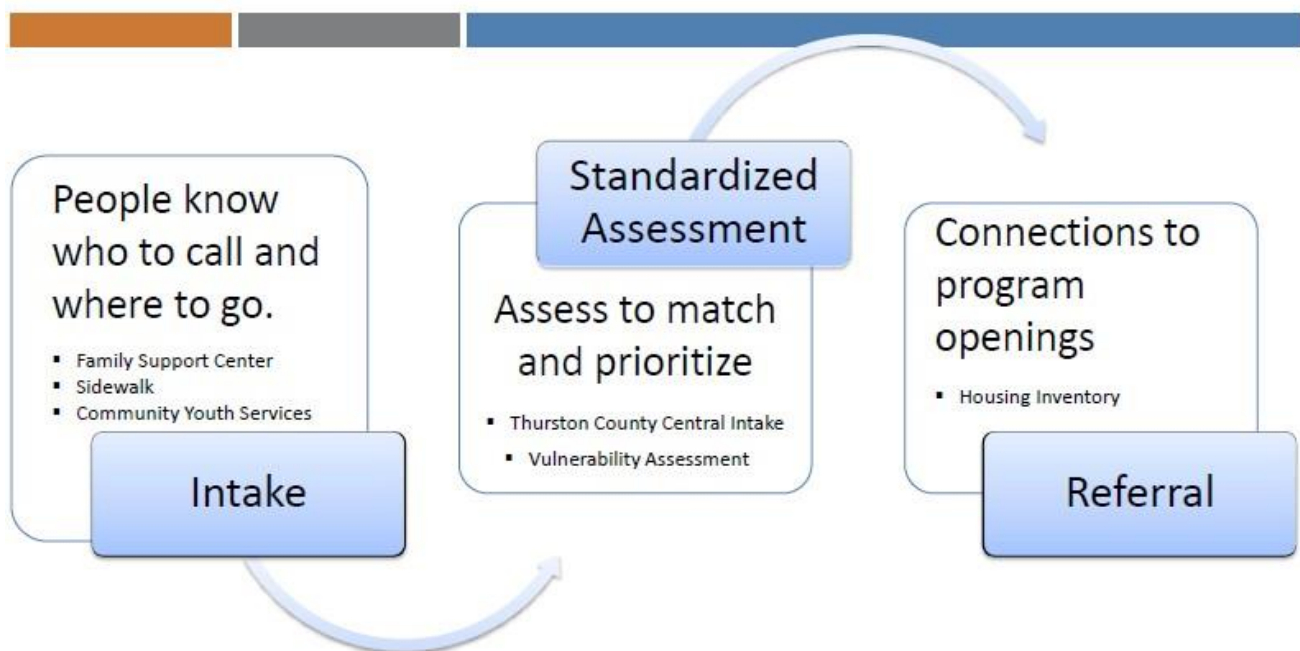
Additionally, there are service agencies that work directly with those fleeing domestic violence and those with veteran status. In both circumstances access to these specific services have attempted to be integrated through the CE entry points.

All agencies managing CE points of entry are currently located in downtown Olympia, supplemented by a single phone number called the **Housing Hotline (1-844-628-7343)** for those in need of services who are unable to access these physical locations. While there has been significant demand at each access point, there are known “side-doors” to the system and attempts to implement consistent and sufficient data collection have struggled. Launched in 2012, the CE system is still relatively young, and each agency is building capacity with their VI screening and data collection. Part of the 5 Year Plan includes a work plan to improve data quality, efficiencies and to resolve State Commerce concerns regarding performance.

The diagram below, titled, “**What is Coordinated Entry in Thurston County?**” illustrates the “client flow” or how people experiencing homelessness are able to work their way through this CE system.

The Coordinated Entry Team also works to manage a comprehensive, by name listing for the Vulnerability Index, the current best practice for identifying and prioritizing the street homeless population for housing according to the fragility of their health. This listing is referred to as the “Master List” from which the chart on Page 21 obtains the numbers of households in need of housing or emergency shelter.

What is Coordinated Entry in Thurston County?



Vulnerability Index

The Vulnerability Index is administered in a form of a survey, which captures a homeless or street dependent individual’s health and social status. It identifies the most vulnerable using a web-based data system that produces a report on the interview subjects that is summarized with a numeric “vulnerability” rating. Anyone with a score of 10 or higher is considered at the highest risk based on specific health conditions, combined with duration of homelessness, that cause people experiencing homelessness to be most at risk for dying. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support.

For individuals who have experienced homelessness for at least six months, one or more of the following markers place them at heightened risk of mortality:

Vulnerability Index Criteria:

- 1) More than three hospitalizations or emergency room visits in a year;
- 2) More than three emergency room visits in the previous three months;
- 3) Aged 60 or older;
- 4) Cirrhosis of the liver;
- 5) End-stage renal disease;
- 6) History of frostbite, immersion foot, or hypothermia;
- 7) HIV+/AIDS; and,
- 8) Tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition.



The vulnerability assessment and prioritization of people experiencing homelessness creates a “Master List” of individuals seeking housing. This master list is maintained by the Coordinated Entry system and is updated regularly. The master list is the current “real time” number of homeless individuals seeking housing in Thurston County.

Homeless Needs Analysis

There are three data sets that present the scope of the current number of people experiencing homelessness in Thurston County:

- 1) **Point in Time Count** or the Homeless Census presents numbers and demographics from a single day census held in January each year;
- 2) **Homeless Student Report** Annual report from Office of the Superintendent of Public Instruction on homeless students, K-12, in all Thurston County school districts.
- 3) **Warming Center Survey Results** Survey on the visitors to the Downtown Olympia Warming Center, of whom at least 90% are homeless.
- 4) **HMIS Data** Information collected from beneficiaries in state-funded programs.

Point In Time Homeless Census Results

The first data set is the annual “Point in Time Count of Homeless People”, also referred to as the Homeless Census. A chart with the total numbers, (found on page 9) shows that in spite of 11 years of Thurston County’s best efforts, homeless has not returned to the starting point of 441 people experiencing homelessness found in 2006, much less have the numbers been reduced to the goal of 221. After several years of decline, homelessness is increasing again. Below is longitudinal chart that represents trends from 2006 – 2016.

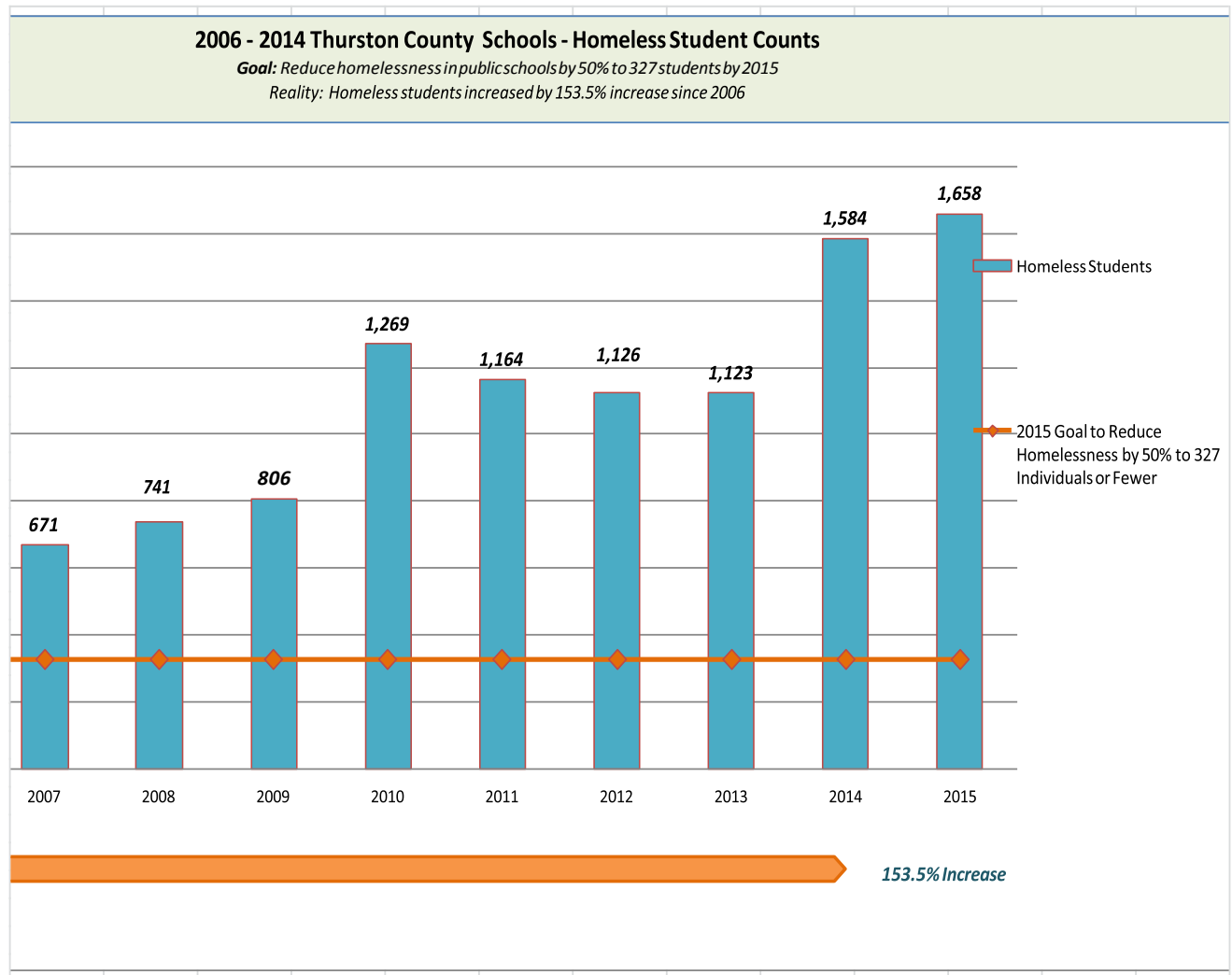
Homeless Populations and Sub-Populations, 2006 - 2016

Thurston County Census 2006 – 2016: Trends in Demographics of Homelessness											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Out of Doors	122	187	154-94	219	363	269	164	230	257	163	189
Shelters	156	167-132	118	123	181	141	167	113	172	158	223
Transitional Housing	163	143	100	203	432	260	377	321	147	155	174
Subtotals**	441	579	462	745	976	568	708	664	576	476	586
Jails & Medical Institutions	55	38	17	109	146	98	122	175	214	74*	Unk
Friends	104	103	150	159	162	74	156	145	113	71	Unk
Total	600	720	629	1013	1284	740	1110	1006	926	621	586
Youth - Total Sheltered & Unsheltered - (17 & under)	115	111	187	228	420	144	188	157	106	100	Unk
Families with Children - Total - Sheltered & Unsheltered	151	196	151	275	289	162	121	277	195	161	201
Single Men & Women - Total - Sheltered & Unsheltered	290	383	311	470	663	387	603	409	404	306	377
Elderly – Total Sheltered & Unsheltered (65 & over)	4	3	11	7	16	3	10	7	11	8	Unk
Veterans – Total - Sheltered & Unsheltered	75	6	76	18	68	42	63	38	45	39	50
Mental Illness (self-reported disability)	156	292	288	356	407	249	153	222	141	132	Unk
Drug and Alcohol Addicted	122	149	125	164	168	41	37	80	60	56	Unk
Chronically Homeless	103	210	84	98	99	78	64	125	124	89	99
*Numbers vary between state report and county report for this demographic in these years.											
**HUD-defined Homelessness											

PLEASE NOTE: Detailed information from the 2017 Thurston County Homeless Census not yet available

Public School - Homeless Students Annual Report

The second set of data come from the Office of the Superintendent of Public instruction. These data are compiled from a year-long census that includes students staying with friends and family—a demographic *not* included in the County Census. The School District homeless student numbers are collected over the prior full school year, in this case, 2014 - 2015, which ended seven months before the January 2016 census. While some of these students are in more stable situations than the households represented in the PIT Homeless Census, these numbers still reflect a large segment of the population without housing stability. Further, the numbers reflect the student only, not the additional people without housing stability – parents or guardians and younger siblings not yet in public schools.



Interfaith Works Warming Center Report – Unsheltered Snapshot

Data from an independent non-profit organization

A third set of data comes from the Interfaith Works Warming Center, which serves people experiencing homelessness and street dependent people, of whom an estimated 90% are homeless. The methodology involved service providers taking a voluntary survey of warming center clients. This survey presents the most accurate information about unsheltered homeless people who are not enrolled in formal programs funded by the County or tracked in HMIS.

Following is a snapshot of those survey results:

- 114 Survey respondents over a two-week period
- 171 People on average visiting the Warming Center each day
- 108 Average per day at FCC/TUCO
- 193 Average per day at 408 Olympia St.
- 35% People report they are originally from Thurston County, with an average length of residency of 26 years
- 65% People report they are originally from outside of Thurston County, but with an average length of residency of 7 years.

- 16% Respondents have lived in Thurston County one year or less.
- 82% Responded that they spend the most time in Olympia
- 10% Responded that they spend the most time in Lacey
- 8% Responded that they spend the most time in Tumwater
- Family and Jobs Cited as most common reasons people come to Thurston County from other places.
- 45% Spend each night unsheltered in doorways, camps or vehicles
- 45% Sleep at local shelters, including at Salvation Army
- 8% Staying with family/friends/couch surfing
- 42 Average age of guests at the Warming Center
 - Ages 18-24 12%
 - Ages 25-39 33%
 - Ages 40+ 55% (older cohort is predominantly male)
- 69% Report spending any money they have in downtown Olympia. (10% Capital Mall, 6% other Westside, 7% Tumwater, 2%, Lacey, 5% on Bus Passes)
- 64% Male
- 35% Female
- 1% Identify as non-binary/Transgender
- 83% Guests with a persistent mental illness
- 65% Guests with a physical disability/chronic health condition
- 67% Guests with substance use challenges
- 51% Guests experiencing all three sets of challenges simultaneously

Preventing Homelessness

Cost Burdened Households

There are a growing number of households in Thurston County who are not directly facing homelessness but have an unstable housing circumstance that puts them at risk.

According to the Washington State Housing Needs Assessment¹, in 2015 there were approximately 23,000 households in Thurston County classified as cost-burdened and severely cost-burdened.² **This represents about one third of the total community.**

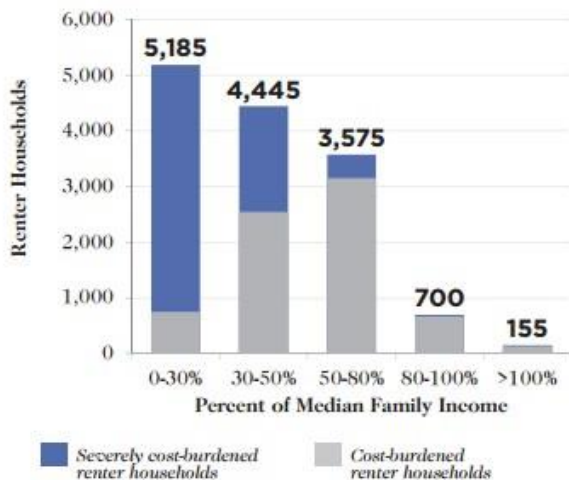
In addition to being cost-burdened or severely cost burdened, households earning between 0% - 80% of Median Family Income (MFI) are classified as Low-Income Households according to HUD. The combination of *cost burdened* and *low income* creates a high likelihood of housing instability, which significantly increases the risk of a household becoming homeless. Based on the information from the 2015

It appears there are over 23,000 households in Thurston County who are both cost-burdened and low-income. These households are at risk of homelessness

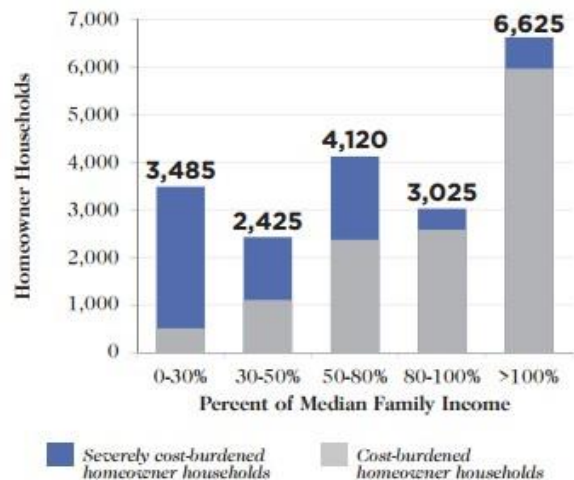
2015 Washington State Housing Needs Assessment: Thurston County

Cost Burden

Cost-Burdened **Renter** Households



Cost-Burdened **Homeowner** Households



Housing Needs Assessment, it appears there are **over 23,000 households (13,000 renters and 10,000 homeowners) in Thurston County that are at risk of homelessness.**

Non-profit housing developers estimate \$222,000 average to build a new unit of affordable housing. If new construction of housing was the primary affordable housing strategy, it would cost **\$2.886 billion** to address housing affordability for low income renters - and that would only assist those in rental housing. By contrast, Thurston County allocated approximately \$800,000 for construction of new affordable housing in 2017, **or 0.05% of the need.**

¹ www.commerce.wa.gov/housingneeds

² Cost burdened is defined as a household paying more than 30% of gross income toward housing costs. Severely cost burdened is defined as households paying more than 50% of gross income toward housing costs.

The scale of the housing affordability crisis in our community radically exceeds the scope of the homeless housing **and** affordable housing systems in Thurston County. We cannot build or subsidize our way out of a crisis of this scale. Strong land use policies, developer incentives, and increased housing densities, however, could offer strategies for stabilizing housing costs and offer a much-needed solution for preventing homelessness across the county. The Homeless Housing Homeless Housing Plan includes these strategies.

HUD INCOME LIMITS & HOURLY WAGES

Income Level Classification (% MFI)	Hourly Wage Equivalent*			
	1-Person Household	2-Person Household	3-Person Household	4-Person Household
Extremely Low (0% - 30%)	\$0 - \$7	\$0 - \$8	\$0 - \$9	\$0 - \$10
Very Low (30% - 50%)	\$8 - \$12	\$9 - \$13	\$10 - \$15	\$11 - \$17
Low (50% - 80%)	\$13 - \$19	\$14 - \$22	\$16 - \$24	\$18 - \$27

*Hourly Wage Equivalent is calculated based off of a standard 40 hour work week for 52 weeks annually.

The combination of *cost burdened* and *low income* creates a high likelihood of housing instability, which significantly increases the risk of a household becoming homeless. Based on the information from the 2015 Housing Needs Assessment, it appears there are over 23,000 households (13,000 renters and 10,000 homeowners) in Thurston County that are at risk of homelessness. Even if they are able to successfully avoid becoming homeless, they are most likely existing under high levels of chronic stress and potentially existing in substandard housing or living conditions. This has significant implications on the ability for the homeless service system to project demand for services and also impacts other focus areas of [Thurston Thrives today](#). Currently, almost all homeless prevention and rental assistance is available only to those classified as Extremely Low Income, earning between 0% - 30% of MFI. That still leaves almost 8,700 income qualified, cost-burdened households who may need support to remain housed or may become homeless. This potential demand poses great risk to the effectiveness of the Homeless and Affordable Housing Service System in several ways:

1. Without the ability to alleviate the cost burden with adequate affordable housing inventory, reducing the number of households in need of homeless housing services is beyond our control.
2. There are about 14,700 households struggling that we know almost nothing about because they are ineligible for services and therefore most likely not seeking assistance.
3. We know this volume of demand on the homeless service system far outweighs the current funding available.
4. The majority of cost burdened and severely cost burdened households across the income spectrum face a greater risk of becoming homeless as rents rise and becomes less “affordable.”

Affordable Housing – A Paradox of Costs

As shown in the chart below, non-profit housing developers estimate an average of \$222,000 per unit cost to build a new housing units. If new construction of housing was the primary affordable housing strategy, it would cost **\$2.886 billion**, and that would only assist those in rental housing. It would still require rental subsidies like Section 8 vouchers³ to assist with the rent costs. Currently, the ratio of eligible households who are waiting for a Section 8 voucher relative to distributed vouchers is 2 to 1. Additionally challenging, is the actuality that many households who are able to return to stable, market-rate housing after receiving homeless housing services

³ See [Housing Choice Voucher details](#)

and without a Section 8 voucher, find themselves still classified as cost burdened, often times paying over 40% of their incomes toward their “permanent” housing solution. This illustrates the cycle in which newly experiencing homelessness are often right behind those who are successfully placed in subsidized housing project.

Average Housing Development Costs per Unit

Derived from the Thurston Thrives Housing Action Team’s “Housing Pipeline” chart – Appendix C

Developer	Pipeline			Re-calculated	Difference
	Cost / Unit	Total Project Cost	Total Units	Total Cost / Total Units	
TCHA	\$195,000	\$1,500,000	6	\$250,000	\$55,000
FFC	\$150,000	\$450,000	3	\$150,000	\$0
LIHI	\$300,638	\$18,590,600	60	\$309,843	\$9,205
FSC	\$253,788	\$17,000,000	44	\$386,364	\$132,576
Panza	\$116,667	\$3,500,000	30	\$116,667	\$0
FFC	\$156,000	\$468,000	3	\$156,000	\$0
TCHA	\$155,000	\$1,500,000	8	\$187,500	\$32,500
Average	\$189,585			\$222,339	

Supportive Services

Following the best practice of **Housing First**, housing placement is the first step, and that is followed quickly by wraparound social services, tailored to meet the needs of the household in a **Person-Centered** approach. Many individuals and families seeking housing are in need of support services, either to position them to be able to access placement into permanent housing or increase the likelihood that they are able to remain stably housed after placement has occurred. Thurston County service providers follow harm-reduction philosophy as part of a Housing First model. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to access housing or a condition of maintaining it. Support services are also available to households regardless of where they are in the housing placement process and may continue even if successful placement into permanent housing is not achieved.

The following chart identifies a number of key support services available to households seeking housing stability through the homeless housing service system. While listed separately, nearly all of the services presented would benefit from case management that ensures the right package of services and referrals are offered. Of particular note is the need to integrate chemical/alcohol dependency into all service packages:

Social Services and Providers

Services	Provider
<i>Mental Health</i>	<i>BHR, County BHO</i>
<i>Drug / Alcohol Treatment</i>	<i>County Chemical Dependency / BHR</i>
<i>Peer Support Services</i>	<i>Capital Recovery Center</i>
<i>Parenting Skills</i>	<i>Family Support Center</i>
<i>Vocational Training</i>	<i>SPSCC</i>
<i>Personal Finance</i>	<i>Asset Building Coalition</i>

<i>Social Security Disability Assistance</i>	<i>SideWalk</i>
<i>Independent Living Skills</i>	<i>Community Youth Services</i>
<i>Case Management</i>	<i>Asst. agencies</i>
<i>Domestic Violence Advocacy</i>	<i>Safespace, Family Justice Center</i>
<i>Food</i>	<i>Thurston County Food Bank</i>

Please note: More detailed services and the full network of service providers are listed on the Thurston County Crisis Clinic’s website: <http://www.crisis-clinic.org/CommServicesList.php>

THURSTON COUNTY GOALS FOR FUNCTIONAL ZERO

What is “Functional Zero”?

The primary goal of the Homeless Housing Homeless Housing Plan is to get to “Functional Zero” for all populations experiencing homelessness. Functional Zero is defined as follows:

“At any point in time, the number of people experiencing sheltered or unsheltered homelessness will be no greater than the current monthly housing placement rate for that specific demographic of people experiencing homelessness.”

The following infographic clarifies “Functional Zero” for homeless veterans:

What is Functional Zero?



Number of Veterans Experiencing Homelessness ≤ Average Monthly Veteran Housing Placement Rate = **Functional Zero**

At any point in time, the number of veterans experiencing homelessness in a community will be no greater than that community’s average monthly housing placement rate for veterans.

Thurston County's "Functional Zero" Goals for the Homeless Housing Plan

The State requires that "systems receiving Commerce funds to prioritize serving people who are unsheltered by 1) increasing the proportion of unsheltered served by 10 percentage points, or 2) functionally ending unsheltered homelessness for at least two subpopulations." To that end, the Homeless Housing Plan establishes the following goals to achieve **functional zero**.

Population	Initial Population 2016 PIT *	Initial Population Vulnerability Index	Percentage of Functional Zero	Goal Achieved
Veterans	50	<i>TBD</i>	100%	1 st Year / 2018
Families with Children	201	100	100%	1 st Year / 2018
Youth	100	40	50%	3 rd Year / 2020
Single Adults	377	360	50%	3 rd Year / 2020
Youth	100	40	100%	5 th Year / 2022
Single Adults	377	360	100%	5 th Year / 2022

*Detailed data from the 2017 PIT Count not yet available

First-Time Homeless Households

Homelessness is not a static demographic issue. As evidenced in the 11 years of the Homeless Census, many of the initial 441 people were stably housed, however the Great Recession produced a steady increase until 2010. Since then, the number has come down, but not to the goal of 222 people, or half of the starting point.

While Thurston County has made great strides in building new housing for people experiencing homelessness and funding comprehensive supportive service systems, new people continue to fall into homelessness. System entry rates tell us the number of people who become homeless over the course of a year and present a picture of the volume of need for diversion and rapid rehousing services. Highly vulnerable households tend to be homeless for long periods of time and make up a more static population, so the current number on the vulnerability index indicates the need for permanent supportive housing. What this means is that is the Thurston County goals for "functional zero" will be met for veterans and families with children by 2018.

3,066 people fell into homelessness in 2016, suggesting that significant increases in diversion and rapid rehousing are needed. This plan aims to meet the needs of vulnerable households by calling for conversion of existing homeless housing projects to the Housing First model to better serve vulnerable households, and through passage of a housing levy to fund the creation of 500 new permanent supportive housing units.

1st-Time Homeless Households (Estimated)			
	Families	Adults	Youth
System Entry 2016	335	1508	(included in other 2 columns)
Annual Diversion Goals	130	700	120
Annual RRH Goals	140	150 (Not HEN or VA)	21

The overall homeless population is not a static group of people. There is constant turnover of people falling into homelessness and people moving to housing. The number of people experiencing homelessness is therefore measured in two ways: 1) “point in time” counts that attempt to identify the number of people who are homeless at a given time, and 2) system entry rates to understand how many people fall into homelessness over the course of a year. Ideally these numbers are broken out into subpopulations including families, childless adults, youth / young adults, and veterans. We are currently waiting for county staff to generate the reports for these data breakouts. We have used loose estimates of subpopulation entry rates based on applying percentages from past years’ PIT data to the total system entry rate for 2016. We used these estimates to set goals for housing placement rates in the draft Homeless Housing Plan. These goals may be adjusted once we have received subpopulation breakout numbers from the County.



Homeless Housing Plan – Work Plan

The charts on the following pages presents the 5 Year Plan in outline format, identifying specific goals, objectives and strategies and tasks; lead agencies; start dates, and the first 3-year milestone. This outline is intended to simplify the plan for use by policy makers, funders and other community planners across Thurston County. As a living plan, these strategies and tasks will be subject to annual review as coordinated by the Housing Action Team’s Homeless Housing Hub, and proposed amendments will be subject to review and approval by the County Commission. ***PLEASE NOTE: Work groups will be formed and begin work immediately upon approval of Homeless Housing Plan.***

Goal #1: Expand Housing Resources

Reduce Homelessness in Thurston County by Half in Homeless Housing or by December 31, 2022.

Sub- Goals: Reduce length of stay in shelters (to <20 days) and overall length of time homeless; Increase exits to permanent housing by 80%; Reduce returns to homelessness to 5% or less; achieve functional zero unsheltered family & veteran people experiencing homelessness in one; achieve functional zero unsheltered homelessness overall in 5 years; Increase of new housing units in the community should align with serving the communities most vulnerable and address the greatest need in housing shortages. Current housing inventory such as Recovery Housing is allowable but consideration of any new units should focus on the best practices of Housing First and Low Barrier in order address the community’s greatest need.

HOUSING OBJECTIVE A: Increase inventory of diversion, rapid rehousing, and Permanent Supportive Housing

Strategy: Housing A- 1: Successfully identify and divert all applicable households.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Increase diversion placements for families with children	Family Support Center Local jurisdictions and other funders	September 2017	Increase placements to 130 per year	Goal accomplished in year three
Increase diversion placements for singles (including seniors, veterans, mentally ill, disabled and other sub-populations)	SideWalk Local jurisdictions and other funders	September 2017	Increase placements to 500 per year	Increase placements to 700 per year
Increase diversion or family	Community Youth Services.	September 2017	Increase placements	Increase placements to 120 per year

reunification for youth	Local jurisdictions and other funders		to 84 per year	
Identify new resources for diversion funding, create a diversion fund	Local jurisdictions and other funders	September 2017	Funding achieved to support targets above	Funding achieved to support targets above

Strategy: Housing A- 2: Quickly rehouse all eligible households

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Increase Rapid Re-housing placements for families with children	Family Support Center, SSVF local funders	September 2017	Increase placements to 140 households per year	Goal achieved in year 3
Increase Rapid Re-housing placements for vulnerable adults	SideWalk, Community Action Council, SSVF and other local funders	September 2017	Increase placements to 100 per year	Increase placements to 150 per year
Increase Rapid Re-housing placements for youth and young adults	Community Youth Services local funders	September 2017	Increase to 14 available placements	Increase to 21 available placements
Develop and implement a community-wide plan for addressing barriers, including landlord outreach, landlord incentives, public education, etc.	Rapid re-housing providers, CoC, TCPHSS, HATC	July 2017	Plan written by end of 2017, implemented 2018	TBD

Strategy: Housing A-3: Develop sufficient Permanent Supportive Housing stock to serve the most vulnerable

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
All new homeless housing units should be focused on Housing First/Low Barrier	CoC for planning & implementation Enforced by TCPHSS	2017	Conversion 100% completed	TBD

Add 500 new units of affordable & Permanent Supportive Housing, including Transitional Housing for youth and young adults, in 7 years	HAT Blue Team "Pipeline" program (See Appendix) HOME Fund housing levy	2017	20% or 200 new housing units Completed; 20% 100 new units under construction	TBD
Establish vulnerability-based priority admission for PSH system-wide	Coordinated Entry providers	2017	Completed in 2017	TBD

HOUSING OBJECTIVE B: *Eliminate Chronic Veteran Homelessness in Thurston County*

Strategy: Housing B-1: Create partnerships and utilize best practices for appropriate placement of Veterans and their families experiencing chronic homelessness.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a)Develop partnerships with community housing service providers, and veteran’s specific housing providers to establish a Veteran coordinated access network.	Lacey Veterans Services HUB	August 2016	Create an MOU between permanent supportive housing and coordinated entry sites to create barrier free access to services for veterans and their families.	TBD
b)Utilize the CE screening tools to identify chronic Veterans experiencing Homelessness, placing most vulnerable Veterans into permanent supportive housing on a priority list.	CE and Host sites	August 2016	All CE and Host sites are utilizing appropriate screening tools that are vulnerability based.	TBD
c)Create a list of every Veteran and their families who are experiencing homelessness in Thurston County.	Master List Group	August 2016	By maintaining the list continuity quick and barrier free access to housing and services.	TBD
d)Place all identified chronic disabled veterans into permanent supportive housing who are currently on the master list.	Master List Group	February 2017	Rapid placement of those deemed “most vulnerable into housing”	TBD

Strategy: Housing B-2: Coordinate mental health access and veteran specific program eligibility.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a)Identify and inform eligibility of Veterans specific mental health resources to homeless veterans population	Lacey Veterans Services Hub	August 2016	Have Identified mental health services for Veterans in County regardless of discharge	TBD
b)Create a local enrollment point for veterans services to determine eligibility and increase use	Lacey Veterans Services Hub	October 2016	Create broad access to mental health services within existing framework	
c)Increase access to American Lake Hospital by identifying and reducing veteran population transportation barriers	Lacey Veterans Services Hub	March 2017	Have dedicated 24hr public transportation route to American lake hospital	TBD
d)Conduct County outreach of available mental health resources for Veterans	Lacey Veterans Services Hub	October 2016	Increased Mental Health resources for veterans in County	TBD

Strategy: Housing B-3: Create a finance development task force to continue to create affordable housing for veterans and their families

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Create an analysis of funding sources and streams.	Lacey Veterans Services Hub	October 2016	Have dedicated resources for applying for veterans Services and program funding	TBD
b)Apply to Federal and private grants as a Veterans consortium	Lacey Veterans Services Hub	TBD	TBD	TBD
c)Develop Veterans and Families affordable housing Units	Homeless Housing Hub, Lacey Veterans Services Hub, Private and non-profit developers	TBD	TBD	TBD

HOUSING OBJECTIVE C: Achieve functional zero for Veterans

Strategy: Housing C-1: Create coordinated veterans employment housing hub for transitional Veterans and Job able veterans to reduce chronic homelessness

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Unite Veteran-specific employment services and housing groups to Identify transitioning and Job- able veterans.	Lacey Veterans Services HUB	October 2016	Create network of local employers, Veteran specific employment providers, Community housing programs, and Veterans Services Providers to rapidly house, employ and transition Veterans into the community	TBD
b) Rapid Placement of transitioning and job able veterans into GPD programs	Masterlist Group	August 2016	A clear pathway for consumer and providers on placement into GPD units in and out of County	TBD
c) Coordinate education and employment resources and referrals for Veterans specific programs to reduce homelessness amongst Identified Veteran Population	Lacey Veterans Services Hub	October 2016	Create opportunity pathways at local colleges, vocational schools, and trade unions for Veterans and their families to increase stability.	TBD
d) Develop Multi Family opportunity housing units for Job able Veterans	Lacey Veterans Services Hub, Developers	October 2019		TBD

Strategy: Housing C-2: Create affordable housing for aging Veterans Population

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Date Completed/Verified
a) Create working group dedicated to aging Veterans Population.	Lacey Veterans Services, Lacey Senior Services Center	March 2017	Create sustainable long term solution to aging veteran population	TBD
b) Inform aging Veteran population on Veterans Benefits, Financial Planning, and Community services.	Lacey Veterans Services Hub	April 2017	“No wrong door” information available by brochure, internet, and all County Housing Program funded agencies	TBD
b) Create affordable multi-family	Homeless Housing Hub,	Oct 2019	(See Housing Chart Above)	TBD

units for aging Veterans Population.	Family Support Services			
c) Coordinate with USDA on Rural Veterans Housing to reduce risk of Homelessness	Lacey Veterans Services Hub	October 2018	Create Service Impact of USDA grants in for Veterans in Thurston County	TBD

HOUSING OBJECTIVE D: *Strengthen existing shelter capacity to maximize exits to housing*

Strategy: Housing D-1: Strengthen existing shelter capacity

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Preserve existing shelter capacity while adding PSH by developing dual-use PSH/shelter projects (e.g. Drexel and Pear Blossom) in place of existing shelter programs	HHH, Coordinated Entry Team, Shelter providers	Sept. 2017	Expansion of dual-use (day center & night shelter) facilities from two to four	Full system of dual-use shelters (day center & night shelter) capacity for youth, families with children, single adults (including specific sub-populations)
Expand shelter programs to 24/7, year round operations through the same strategy as item "a" above	HHH, Shelter providers, Coordinated Entry Team, TC	October 2017	Rosie's/YAS will have secured funding to expand hours	TBD
Develop plan for gradual reduction of local shelter funding to increase housing resources (without loss of shelter capacity) based on benchmarks for construction of permanent supportive housing and dual-use projects	TCPSS, HHH	TBD	TBD	TBD
Convert publicly funded shelters to become low barrier	TC PHSS	September 2017	Policy implemented 2017	TBD
Ensure adequate Hazardous Weather Sheltering	Hazardous weather task force including	September 2017		
Reduced unsheltered populations, address encampments	HHH, TCPHSS	August 2018		

HOUSING OBJECTIVE E: Provide adequate support services for housing stability

Strategy; Housing E-1: Ensure that voluntary supportive services and flexible retention funds are available to all people placed into permanent housing

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Make “flexible funding” an allowable use of local housing funds	local funders in coordination with HHH	Sept. 2017	Model policies adopted by 50% of local governments	Model policies adopted by 100% of local governments
b) Develop new sources of flexible funding	HHH, local funders, TC PHSS	Sept. 2017	TBA	
c) Utilize landlord mitigation program and advocate for expansion	HHH, Homeless Coordinator	Sept. 2017	TBD	TBD
d) Provide funding to ensure adequate supportive services (ie. case management)	local funders in coordination with HAT	September 2017	TBD	

Strategy Housing E-2: Increase job and income growth for people placed into permanent housing once housing stability is achieved

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Develop partnerships with mainstream providers, employers, and educational institutions to provide job training, educational opportunities, and supported employment opportunities	Asset Building Coalition, EDC, WorkSource, Thurston Thrives	April 2017	TBD	TBD
c) Explore innovative social enterprise opportunities to enhance economic equity of people experiencing homelessness	Asset Building Coalition, EDC, WorkSource, Thurston Thrives	April 2017	TBD	TBD
d) Increase availability of SOAR trained providers to maximize Soc. Sec. disability incomes	Asset Building Coalition, EDC, WorkSource, Thurston Thrives	2018	TBD	TBD

II Goal: Standardize Best Practices

Sub-Goals: *Establish best practices as basic standards; Maximize impact of existing resources; Foster stronger coordination across systems; Improve access to housing for vulnerable households and rural communities; strengthen data quality and reporting timeliness.*

BEST PRACTICE OBJECTIVE A: Prioritize unsheltered and vulnerable households, convert existing programs to Housing First / Low Barrier model

Strategy: Best Practice A-1: Provide adequate training and monitoring to support providers

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Provide community-wide training in best practices (motivational interviewing, MOAB, harm reduction, etc)	HHH, TC PHSS	2018	Well-developed quarterly cycle of training available to providers	All housing providers are certified in all training offered
b) Convert or modify existing programs to reflect best practices	HHH, TCPHSS	July 2017	Annual review to include assessment of utilization of best practice models (fidelity scores)	Providers' fidelity scores rate at least 90% system wide
c) Monitor implementation through CE referral turn-away reports, retention and eviction rates, and policy reviews	TC PHSS	2018	Ongoing	
d) Ensure adequate support of housing programs through integration with behavioral health and healthcare services (Objective B)	HHH, BHO, CPAL, TC PHSS	July 2017	Plan for assigning Medicaid funded support services to housing programs has been written; implementation started	100% of homeless housing programs have clinical support services attached

Strategy: Best Practice A-2: Integrate services & planning with the behavioral health and healthcare systems

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Coordinate care at the individual level through interdisciplinary teams	Vulnerability Index Teams (coordinated/facilitated by CE providers)	Ongoing	Ongoing	TBD

b) Establish cross-system planning with the BHO the CPAL (ACH), the CoC, and the Housing Action Team	CoC, BHO, CPAA, HAT, Healthcare Authority/Ameri Group, TC PHSS	July 2017	Plan for assigning Medicaid funded support services to housing programs has been written; implementation started	100% of homeless housing programs have clinical support services attached
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BEST PRACTICE OBJECTIVE B: Improve and enhance coordinated entry

Strategy: Best Practice B-1: Improve access to coordinated entry services

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Improved Intake & data quality, accurate data collection on all homeless sub-populations	TCPHSS, CE Providers	May 2017	70% compliance in data via contract requirements linking data entry to fund disbursement	Full compliance
Expand CE availability to 24/7	CE providers, and other local funders	September 2017	Expanded use of 1-800 phone access; Crisis Clinic Referrals	TBD
Improve CE access in rural communities	CE providers, and other local funders	September 2017	Ongoing	TBD
Publish a CE plan that meets HUD and Commerce guidelines	CE providers, CoC	ongoing	to be completed by May 2017	TBD

Strategy: Best Practice B-2: Address exits to homelessness from institutions

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
a) Advocate for rent assistance funds to be made available to inmates at jail release, funded by the criminal justice system (DOC model)	VACANT POSITION	TBD.	TBD.	TBD.

b)Coordinate services for high utilizers and vulnerable adults exiting institutions to homelessness	CE providers, hospitals, LE agencies	TBD.	TBD.	TBD.
c) Create a community strategy for ensuring registered sex offenders have access to housing	CoC, LE agencies	TBD.	TBD.	TBD.

BEST PRACTICE OBJECTIVE C: Enhance System Performance Reporting

Strategy: Best Practice C-1: Improve HMIS data quality

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Establish monthly peer-support review and skill sharing on HMIS Data Entry	HHH, TCPHSS	July 2017	70% compliance rate for timely data entry & accuracy via contract requirements	100% compliance rate for timely data entry & accuracy
Establish quarterly review of data quality & timeliness to ensure compliance with Commerce requirements	TC PHSS and Commerce	July 2017	70% compliance rate for timely data entry & accuracy	100% compliance rate for timely data entry & accuracy
Establish quarterly HMIS System update training	TC PHSS and Commerce	Sept. 2017	Full participation by all County Housing Program funded agencies	TBD
Revise all TC PHSS contract documents to require data entry compliance, linked to funding access	TC PHSS	Sept. 2017	Full participation by all County Housing Program funded agencies	TBD

Strategy: Best Practice C-2: Improve HMIS Reporting

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Monthly reporting on system entry, exits to housing, and length of stay (to measure success of inventory goals)	TC PHSS	July 2017	Monthly reports direct monthly housing placement targets system wide	TBD
Quarterly dashboard reports on returns to homelessness (to	TC PHSS	May 2017	Monthly reports direct monthly housing	TBD

measure success of best practices goals)			placement targets system wide	
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BEST PRACTICE OBJECTIVE D: Strengthen network of social services for all homeless sub-populations

Strategy: Best Practice D-1: Improve access to social services network for all demographic groups

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	5-Year Goal
Monthly Agency networking on service delivery methods	HHH	July 2017	Improved coordination and referrals for services	TBD
Technical assistance to essential services on best practices	Thurston Thrives	July 2017	Enhanced schedule of training	TBD
Expand funding sources for supportive services to ensure high functioning programs to support increased number of Permanent Supportive Housing units	TC PHSS, local funders	July 2017	20% increase in funding	TBD

III.Goal: Regionalize Public Homeless Policy

Coordinate a Cohesive Regional Policy Framework on Homeless Housing and Services.

Sub Goal: Create a regional body modeled after the Seattle Housing Affordability and Livability Agenda (HALA) scaled to Thurston County jurisdictional capacities and available resources; explore public policy options to maximize the development of new low cost housing resources; maximize public policy options to preserve existing low cost housing resources.

REGIONAL POLICY OBJECTIVE A: Develop Closer Alignment of Regional Comprehensive Plans, Development Standards, and Government Plans.

Strategy: Regional Policy A-1: Explore options to increase housing densities in all jurisdictions to support lower-cost housing and fair housing.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a) Explore increased housing densities via zoning and other policy tools.	Thurston Regional Planning Council (TRPC) and Regional Planning Departments	September 2017	50% Regional policy concurrence	TBD
b)Inclusion of Homeless Housing in Consolidated Plan “Housing Elements”.	TRPC and Jurisdictional planning staff	September 2017	50% Regional policy concurrence	TBD
c) Creation of Standardized “ Good Neighbor Plan ” to increase community support and mitigate negative impacts for siting projects.	TRPC and Jurisdictional Planning Staff	September 2017	50% Regional policy concurrence	TBD
d) Multi-modal Transportation Access	TRPC and Jurisdictional Planning Staff	September 2017	50% Regional policy concurrence	TBD
d) Regional Distribution of Homeless Housing and Services	TRPC and Jurisdictional Planning Staff	September 2017	50% Regional policy concurrence	TBD
e) Implement Fair Housing Plan	Fair Housing Committee (County, City of Olympia, HATC)	September 2017		

Strategy: Regional Policy A-2: Create Regional Housing Development Standards.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a)Inclusion of Smaller Scale / Low-Cost Housing (Micro apartments & tiny houses)	County Commission, City Councils, Jurisdictional Planning Staff	September 2017	50% Regional policy concurrence	TBD

b)Development Bonuses for Low-cost Housing	County Commission, City Councils, Jurisdictional Planning Staff	September 2017	50% Regional policy concurrence	TBD
c)Development Fee Mitigation	County Commission, TRPC, Jurisdictional Planning Staff	September 2017	50% regional Policy concurrence	TBD

Strategy: Regional A-3: Integration of Governmental Plans and Planning Processes.

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a)Inclusion of 10-Year Plan Elements in Applicable Plans (see appendix “Local Government Plans”	County Commission, TRPC, Jurisdictional Planning Staff	September 2017	Regional policy concurrence	TBD
b) Creation of Regional Planning Team to support Homeless Coordinator	County Commission, TRPC, Jurisdictional Planning Staff	September 2017	Regional policy concurrence	TBD
c) Coordinate with Office of Superintendent of Public Schools (OSPI) Homeless Students programs	Homeless Coordinator	May 2017	Linked reporting (PIT & OSPI Homeless Student Counts); alignment of resource planning; alignment of referrals	TBD
c) Work with other municipal planning efforts, i.e. Olympia Downtown Homeless Action Plan	Homeless Coordinator, municipal planners & other public officials	May 2017	Clear linkage of related homeless planning efforts and regional comprehensive plans	TBD

Strategy: Regional A-4: Explore Other Municipal and Funding Resources

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a)Develop regional index of all surplus public property	TRPC, Jurisdictional Planning Staff	September 2017	Regional index of all surplus public property annotated with conditions	TBD
b) Development of regional policy on utilization of surplus public property for affordable housing projects	TRPC, Jurisdictional Planning Staff	September 2017	Interjurisdictional agreements on regional policy for utilization of surplus public process for affordable housing projects	TBD
c) Coordinate with the regional “Housing Levy” effort	Housing Action Team, Coc HHH, City of Olympia	May 2017	Creation of a regional Housing Levy support by 4 primary jurisdictions	TBD

Strategy: Regional A-5: Develop a Comprehensive Inventory of Affordable and Low Cost Housing

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a)Develop regional index of affordable & low cost housing	TRPC, Jurisdictional Planning Staff	September 2017	Regional index of all affordable & low cost housing by jurisdiction	TBD

Strategy: Regional A-6: Clarify Roles and Relationships of Regional Planning Groups

Tasks	Responsible Party(ies)	Start Date	3-Year Goal	Homeless
a)Develop organizational chart of all planning, funding and policy bodies to clarify roles and responsibilities, including: Thurston Thrives, Housing Action Team and sub-teams; Community Investment Partnership; County Housing Program; County Homeless Coordinator	Thurston County Commission, Housing Action Team	May 2017	Clear Organizational chart	TBD
b)Confirm charter for Housing Action Team and expand roles to manage the 10-Year Plan review cycle	Thurston County Commission, Housing Action Team	May 2017	Specific charter and work plan	TBD
c)Confirm existing charter for Homeless Housing Hub and expand roles as needed	Thurston County Commission, Housing Action Team, Homeless Housing Hub	May 2017	Specific charter and work plan	TBD
d) Confirm existing charter for the “Blue Team” and clarify roles	Thurston County Commission, Housing Action Team	May 2017	Specific charter and work plan	TBD

Housing for Health Strategy Map

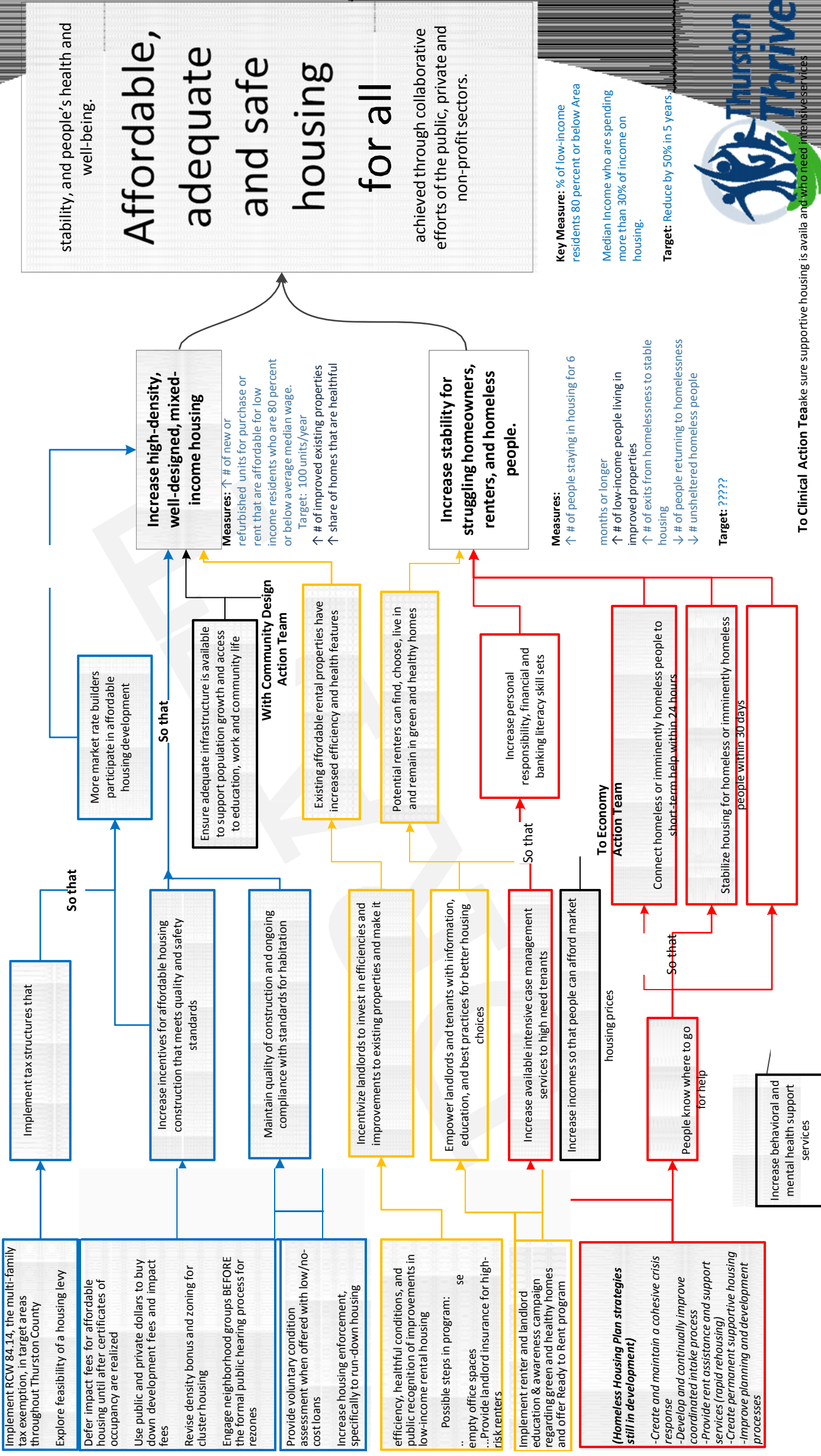
Appendix A

STRATEGIES - ACTIONS

OBJECTIVES

GOALS

VISION



To Clinical Action Teaake sure supportive housing is availa and who need intensive services

Thurston County Housing Pipeline Proposal Overview

Estimated Total Annual Funding Amount: \$630,500 (expected 2017 funding from HOME of \$417,600 and 2060 of \$212,900) Estimated Additional HOME CHOO funds: \$ 83,500

Total Proposals Submitted: 12		Total Target Pop		Annual Avg		Total CHOO eligible agencies: 2					
Total Agencies Responding: 9		Units Projected: Total 77 of # New 60 units		Avg Cost \$2							
Project Name	Agency	Pipeline Placement	City	Primary Type of project	New Units	Target Pop	Annual Avg	Total Project Budget	Target Demographics	Intent of Funding	Pro Forma
Golf Club	TCHA	2017	Lacey	Family	6	4	\$ 195,000	\$ 1,500,000	WFH	Construction	Yes
			THURSTON COUNTY HOMELESS HOUSING								
FFC Hornes XI	FFC	2017	Lacey		3	3	\$ 150,000	\$ 450,000	Mentally Disabled	Acquisition	Yes
				Multi-family (approximately 20 PSH units)	60	60	\$ 300,638	\$ 18,590,600	WFH Families, WFH Singles	Construction	Yes
Olympia Mixed Use	UHi	2018	Olympia		8	8	\$ 142,500	\$ 1,140,000	Disabled, Mentally III, WFH Families, WFH Singles, Disabled Vets	Construction	n/a
Deyoe Vista Phase	SPS Habitat	2018	Lacey	Single Family Own	8	8	\$ 142,500	\$ 1,140,000	Disabled Vets	Construction	n/a
				SRO /Oxford / Multi & Single Rental/ PSH	10	10	varies	varies	All but Wet housing	Acquisition / Rehab	Yes
Safe, Healthy, Affordable	Homes First**	2019	County wide		44	44	\$ 253,788	\$ 17,000,000	Homeless Families with Children, Mentally III, WFH Families, DV Survivors	Construction	No
Pear Blossom 2	FSC	2020	Olympia	Multi-family (approximately 22 PSH units)	44	44	\$ 253,788	\$ 17,000,000	Families, DV Survivors	Construction	No
OPEN POSITION 2020											
La Mancha	Panza	2020	Thurston County	SRO / PSH	30	30	\$ 116,667	\$ 3,500,000	Homeless Adults	PreDevelop / Construction	No
FFC Home		2021	fY / Lacey		3			468,000	Mentally D1 disabled		
Sequoia Landing	TCHA	2021	Tumwater	Multi-family	8	4	\$ 155,000	\$ 1,500,000	WFH	Construction	Yes

** Denotes CHDO Eligible Organization
 88 total anticipated Permanent Supportive Housing units

HOMELESS HOUSING HOMELESS HOUSING PLAN - DEFINITIONS

Coordinated Entry

Coordinated Entry paves the way for more efficient homeless assistance systems by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Maximizing impact of existing resources by preventing “creaming” and by prioritizing higher needs households for more intensive (and expensive) programs
- Reducing new entries into homelessness by consistently offering diversion resources upfront, reducing the number of people entering the system unnecessarily; and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Coordinated entry is a standardized process for intake, assessment, prioritization, and referral of households entering the system to providers working in the system. Coordinated entry in Thurston County is provided by three agencies (Family Support Center, SideWalk, and Community Youth Services) serving three distinct subpopulations (families with children, childless adults, and youth / young adults, respectively).

Diversion

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists. Diversion programs can also help communities achieve better outcomes and be more competitive when applying for federal funding. This paper will describe how communities can begin diverting families from entering their homeless assistance systems. Diversion is very similar to rapid rehousing but is typically faster, lower cost, and targeted to the point of system entry.

Emergency Shelter

Temporary, emergency intervention for people experiencing homelessness best when utilized only for a short time. In an ideal world we would have adequate housing and services for everyone that needs them thus eliminating the need for emergency shelters--a historically expensive and temporary intervention for homelessness. However, emergency shelters continue to play a vital role in our community safety net for highly vulnerable residents of Thurston County. Emergency shelters should be designed for maximum efficiency, minimum barriers and be tailored to serve the most vulnerable and at risk homeless population. To ensure evidence based practices, shelters should be based in the principles of housing first, low-barrier and trauma informed care.

http://100khomes.org/sites/default/files/Common%20Eligibility%20Criteria%20for%20Emergency%20Shelters%20FINAL_0.pdf

Functional Zero

“Functional zero” is a measurement for ending homelessness. We will have reached functional zero when the number of people experiencing homelessness at a point in time is less than the monthly housing placement rate. Effectively this means that the resources available fully meet or exceed the need and homelessness has ended as a mass-scale problem.

Harm Reduction

A philosophy that focuses on the risks and consequences of a particular behavior, rather than on the behavior itself. In terms of substance use, it means focusing on strategies to reduce harm from high-risk use, rather than insisting on abstinence. Abstinence from alcohol or drugs is not appropriate or possible for everyone. Abstinence is neither condoned nor condemned in harm reduction services. Instead it is considered one strategy among many others. Harm reduction interventions incorporate a spectrum of strategies from safer substance use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

With regard to housing, harm reduction means that tenants have access to services to help them address their substance use, mental health, personal care, nutritional or other challenging issues. It is based on the understanding that recovery is a long process, and that users need a stable living arrangement in order to address their addictions. Focus is on being healthier rather than on the unrealistic goal of being perfectly healthy right away. Harm reduction programs often provide stronger results than abstinence-only programs.

Principles of Harm Reduction are the basis for all successful Housing First programs and are applicable not only to active drug use or housing programs, but also to mental health challenges, conflict mediation, hygiene and general physical health. People make decisions within the context of their environment. Service providers coming from a harm reduction lens must always aim to “zoom out” to find the context for behavior rather than blaming the individual for their behavior. Every one of our clients has experienced trauma/is currently experiencing systemic trauma that has drastically affected their ability to manage their lives.

https://docs.google.com/document/d/1nW46y8KEoKFDjkdAFxJG5Dje3sEABTyWjA3_oM9pSsc/edit

Housing First

The Housing First Model offers housing without precondition or “housing readiness” requirements. Consumers are not required to be sober or to “work a program”. Housing is viewed as a support for - rather than a reward of - recovery. Rules and requirements in housing first programs are no stricter than a typical lease. Research shows that the best recovery outcomes are achieved through Housing First services (as compared to transitional systems and street homelessness).

Low Barrier

Housing (or shelter) where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing this often means that tenants are not expected to abstain from using alcohol or other drugs and are not required to engage in supportive services in order to maintain housing. Low-barrier facilities follow a harm reduction philosophy. “Low barrier” is fundamentally focused on going the extra mile to accommodate severe disabilities, including behavioral disabilities, and to support people based on the realities of the lives they are living rather than expecting them to conform to unrealistic program expectations.

Low barrier programs eliminate entry screening requirements to the greatest extent possible. Applicants are not turned away for criminal record, eviction history, refusal to engage in supportive services, credit problems, expulsion from other programs, or not being a “good fit”. More than this, “low barrier” is a philosophy that actively seeks to eliminate obstacles, challenges, and sources of discomfort for

consumers. Excessive paperwork, appointment-based services, excessive rules governing behaviors, regulating personal autonomy, and inaccessible locations all create obstacles to services for vulnerable people.

In practice, this means:

- Individuals are welcome to participate in available programs but not required.
- No length of stay requirements.
- Sobriety is not required.
- No one is denied service for not having valid ID.
- Criminal history generally does not exclude people from services.
- Couples stay together whenever possible.
- There will be secure storage space for personal items.
- Service animals and companion pets will be accommodated.
- People are not denied service for mental illness or related behaviors, or for not being “a good fit” with a program.

<http://lookoutsociety.ca/solutions/minimal-barriers>

<http://www.thepeopleshouseoly.org/blog/why-low-barrier-shelter>

Permanent Supportive Housing

Vulnerability based, non-coercive, non-judgemental, low-barrier, permanent housing for chronically homeless and permanently disabled individuals and families. Supportive services including but not limited to holistic health and medical, mental health, substance use, enrichment programs and case management are available on site for people who wish to engage in services or coordinated closely to reduce all possible barriers to residents accessing services once they are ready. As a costly intervention, PSH must be targeted to the people who are most likely to die if they are left on the streets using an objective, standardized assessment tool and placed through a coordinated entry system. An ideal candidate for PSH is a household or individual experiencing chronic homelessness, permanent physical, mental health or substance use related disability, chronic illness and high rates of interaction with law enforcement and emergency rooms.

Progressive Engagement

Flexible, individualized service provision aimed at providing the minimal amount of resources necessary to help someone non-coercively stabilize in housing and support services. In tandem with a standardized assessment process, progressive engagement helps to ensure that maximum access to resources is preserved for the most vulnerable community members who truly need maximum support. Progressive engagement is rooted in principles of motivational interviewing and harm reduction to create person-centered, client-led individualized service plans based on the stated needs of the client in their own voice. Progressive engagement is considered a best practice and required by all grantees of the Consolidated Homeless Grant.

Rapid Rehousing

Rapid re-housing provides a small amount of short-term rent assistance to move a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. While originally aimed primarily at people experiencing homelessness due to short-term financial crises, programs across the country have begun to assist individuals and families who are traditionally perceived as more difficult to serve. This includes people with limited or no income, survivors of domestic violence, and those with substance use

challenges. Although the Department of Commerce allows rapid rehousing assistance to be offered for up to 24 months, many programs find that (on average) four to six months of financial assistance is sufficient to stably re-house a household.

Recovery Housing

HUD defines Recovery Housing as housing in an abstinence-focused and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in community activities focused on supporting recovery. In its December 2015 policy brief, HUD recognized the value to communities that have adopted a system-wide Housing First orientation of adding a Recovery Housing option for chronically homeless people with mental and physical health problems who are recovering from substance abuse issues. The key to this approach is that it provides the participant with the option of choosing a program that supports their personal commitment to sobriety and holistic recovery

Transitional Housing (Youth)

Transitional Living Programs or Independent Living Programs provide longer term residential services to homeless youth (both minors and transition aged youth) who are unable to live with family either due to a lack of safety or a lack of family. The housing services offered are designed to help young people successfully transition to self-sufficient living.

Transitional Living programs should incorporate the Positive Youth Development (PYD) approach in the provision of stable, stable living accommodations for young people. PYD helps youth develop the skills necessary to become independent.

Trauma Informed Care

Trauma informed care is directed by a thorough understanding of the effects of trauma and the prevalence of these experiences in persons who seek services and the organizations that provide the service. Becoming Trauma Informed as an organization is a holistic and complete process that includes analyzation of all aspects of the organization from top to bottom with a fundamental understanding that the service delivery cannot be truly trauma informed if the organizational structure is not as well. It takes into account knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery.

Trauma informed care also recognizes that traditional service approaches can re-traumatize consumers and family members. Trauma informed providers are sensitive to the ways in which coercion and control (program rules, disciplinary actions, etc.) re-traumatize consumers and they actively support client choice and self-direction.

(see: <https://alamedacountytraumainformedcare.org/trauma-informed-care/trauma-informed-care-vs-trauma-specific-treatment-2/>)

Vulnerability Index

The Vulnerability Index (VI) is a tool for identifying and prioritizing people in the homeless and street dependent communities for housing according to the fragility of their health. The VI is administered in a form of a survey, which utilizes a ranking system to assess the individual's health, risk factors and the duration of homelessness. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support.

There are currently 499 households on the VI that score as “highly vulnerable”. These include 103

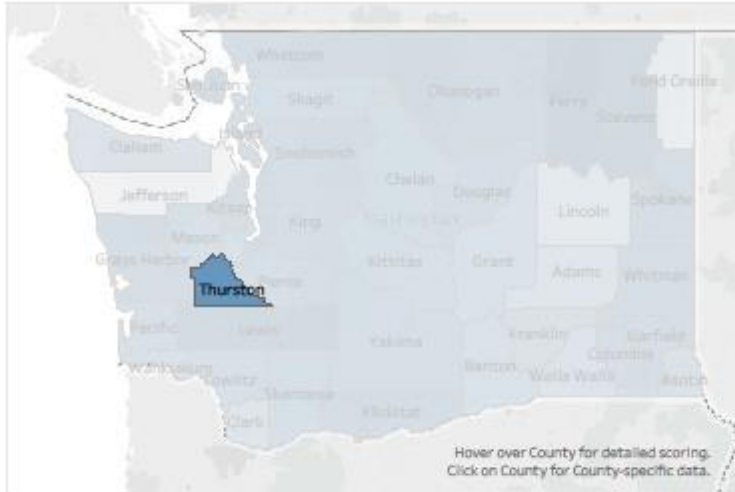
families, 362 homeless adults, and 44 youth / young adults. Resource limitations reduce access to vulnerable people who are currently hospitalized or incarcerated who have not been assessed for vulnerability. Additionally, the lack of outreach into Lacey, Tumwater, and rural Thurston County greatly limits VI assessments among the homeless in those areas.

Vulnerability-Based Prioritization

Prioritizing the people most likely to die on the streets and who have higher interactions with costly public services due to their unsheltered status is a more effective and cost effective approach to referrals from coordinated entry to providers. Thurston County coordinated entry providers adopted the use of an objective, standardized assessment tool (the VI-SPDAT <http://www.orgcode.com/product/spd>)

Washington State Homeless System Performance: County Report Cards

Total Project Entries	Length of Time Homeless	Exits to Permanent Housing	Returns to Homelessness	Unsheltered Entries
3,586	29	43%	17%	40%



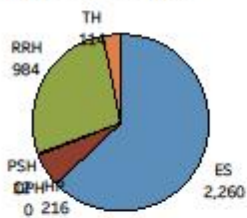
Instructions
Default numbers are state totals, averages, and medians. To obtain county level information, select the specific county on the map. Click anywhere else on the map to get back to the state numbers.

You can download a PDF copy of this report card on the bottom right corner of this dashboard.

How the data quality score is calculated
Each county is scored based on the completeness of data collected in HMIS (50%) and the quality of data submitted to the Department of Commerce for the 2016 Annual Report (50%).



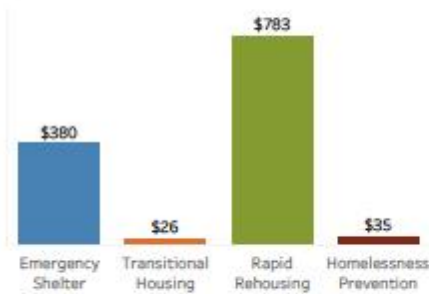
Entries By Project Type



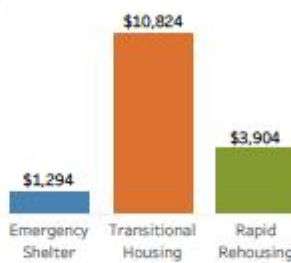
Housing Outcomes



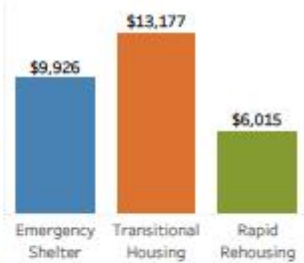
Cost Per Day



Cost Per Average Project Stay



Cost Per Exit to Permanent Housing



Thurston County Homeless Housing Homeless Housing Plan Participants

The State Affordable Housing Act (2005) requires broad participation in the creation of the Homeless Housing Plan, locally adapted as a Homeless Housing plan. To that end, the Homeless Housing Planning Team worked with a broad of people and organizations to develop, review and ultimately finalize of the 2017 Thurston County Homeless Housing Plan. Participants are listed by name and affiliation as follows:

Thurston County Commission:

Commissioner Bud Blake
Commissioner John Hutchings
Commissioner Gary Edwards

Thurston County Housing Program Staff

Schelli Slaughter, Health Department Director
Gary Aden, Housing & Community Renewal Program Manager
Thomas Webster, Community Housing Program Coordinator
Chanita Jackson, Community Housing Program Coordinator
Kathy Cooper, Community Housing Program Coordinator
Jeremy Wolf, Administrative Assistant
Aaron Rodriguez, Homeless & Affordable Housing Consultant

Homeless Housing Planning Team:

Schelli Slaughter, Homeless Housing Planning Team Chair & Incoming Thurston County Health Dept. Director

Aaron Rodriguez, Homeless & Affordable Housing Consultant
Anna Schlecht, Olympia Community Service Programs Manager & TYP Team Secretary
Darlene Hein, Olympia Free Clinic
Derek Harris, Community Youth Services & Homeless Housing Hub Chair
Derek Revisky, Lacey Veterans Services Hub
Meg Martin, Interfaith Works Shelter
Phil Owen, SideWalk
Theresa Slusher, State Housing Stability Manager DSHS ESA & Former County Homeless Coordinator

City of Olympia Staff:

Keith Stahley, Community Planning & Development Director
Leonard Bauer, Community Planning & Development Deputy Director
Anna Schlecht, Community Service Programs Manager
Amy Buckler, Senior Planner
Mark Rentfrow, Downtown Liaison

Thurston Thrives Housing Action Team:

County Commissioner Bud Blake, **Chair**
County Health Department Director, Schelli Slaughter, **Co-Chair**
Elisa Sparkman, Thurston County Education and Outreach Specialist
Andrew Oomen, South Sound Habitat for Humanity
Curt Andino, South Sound Habitat for Humanity
Danille Kettle, Community Youth Services
Danny Kadden, Interfaith Works
Darlene Hein, Olympia Free Clinic
Derek Harris, Community Youth Services
Doug DeForrest, Developer
Jessica Bateman, United Way & Olympia City Council
Jim Bellinger
Joel Baxter



Leah Hawtin
 Liz Davis, Thurston Thrives Coordinator
 Neil McClanahan, Tumwater City Council
 Phil Owen, SideWalk
 Ramsey Zimmerman, Thurston County Energy
 Sheri Nehl, Secretary Commissioners Assistant
 Sonya Rombough
 Tammy Smith, Housing Authority of Thurston County
 Tiffany Mueller, , South Sound Area Manager, LIHI
 Todd Parker
 Trudy Soucoup, Homes First
 Keith Stahley, Director Olympia Community Planning & Development
 Wayne Ballew, Thurston County Economic Development Council



Housing Action Team / Homeless Housing Hub:

Derek Harris	Community Youth Services Deputy Director & HHH Chair
Darlene Hein	Olympia Free Clinic Executive Director & HHH Vice Chair
Anna Schlecht	City of Olympia Community Service Programs Manager & HHH Staff Support
Mayra Pena	Asset Building Coalition
Vera Williams	Behavioral Health Resources
Ann Rider	Capital Recovery Center
Katherine Trahan	Capital Recovery Center
Bary Hanson	Catholic Community Services / Drexel House
Winfried Danke	Choice Regional Health Network
Valerie Ballew	Community Action Council
Kirsten York	Community Action Council
Sarah Harrison	Community Action Council
Derek Harris	Community Youth Services
Keylee Marineau	Community Youth Services
Judy Combes	DSHS Aging & Disability
Jeff Doyle	Emma Goldman Youth & Homeless Outreach Project (EGYHOP)
Jenny Lee	EGYHOP
Cassie Burke	EGYHOP
Em Pedersen	Family Support Center
Trish Gregory	Family Support Center
Natalie Moran	Family Support Center
Andrew Oommen	South Sound Habitat for Humanity
Trudie Soucoup	Homes First
Tammie Smith	Housing Authority of Thurston County
Jeanette Twitty	House of Matthew
Meg Martin	Interfaith Works
Danny Kadden	Interfaith Works
Kathy Turner	Low Income Housing Institute
Yul Gamboa	Molina Healthcare
Carlos Meija Rodreguez	Molina Healthcare
Mark Collins	Office of Public Defense
Darlene Hein	Olympia Free Clinic
Sara Pete	Timberland Regional Library
Jill Severn	Panza/Quixote Village
Raul Salazar	Panza/Quixote Village
TJ LaRocque	Providence St. Peter Hospital
Mary Pontarolo	Safeplace
Michael Galindo	Salvation Army

Appendix E – Homeless Housing Homeless
Housing Plan

Major Bill Lum	Salvation Army
Jill Esbesk	SideWalk
Phil Owen	SideWalk
Linda Terry	South Sound Senior Services
Jerry Gatton	Union Gospel Mission
Paul Knox	United Way
Jessica Bateman	United Way
Jennifer Gonzales	WA State VA Homeless VASH Programs
Christina Madalen	WA State Veterans Administration
Raheena Vail	WA State Veterans Administration
Travis Sayers	WA State Veterans Administration
Mary Captain	WA State Department of Corrections