

FRANKLIN COUNTY RESOLUTION NUMBER 2013 053

BEFORE THE BOARD OF THE COMMISSIONERS OF FRANKLIN COUNTY,
WASHINGTON;

RE: A RESOLUTION TO ACCEPT THE 10-YEAR PLAN TO END
HOMELESSNESS, PHASE TWO, UPDATE 2012; SUBMITTED BY BENTON
AND FRANKLIN COUNTIES DEPARTMENT OF HUMAN SERVICES

WHEREAS, the original 10-Year Plan to End Homelessness, Phase One was adopted in 2006;
an update was needed in order to more closely align the strategic goals and desired outcomes;
and

WHEREAS, the State has sought greater participation from the counties and recently issued
grants to the counties that include the Housing and Essential Needs Grant and the Consolidated
Homeless Grant; and

WHEREAS, the 10-Year Plan to End Homelessness, Phase Two, Update 2012 emphasizes the
impact that homelessness has on the collateral human services systems, primarily mental
health and substance abuse services. It recognizes that homelessness in the most critically ill
population elevates costs in other areas of the public safety net. "Housing First" approaches to
engaging the seriously ill individuals will aid in managing the costs curve of the collateral
system; and

WHEREAS, the plan also looks briefly at the coordinated entry approach to streamlining service
delivery; NOW THEREFORE,

BE IT RESOLVED, that the Board of Franklin County Commissioners hereby accept the
proposed 10-Year Plan to End Homelessness, Phase Two, Update 2012; and

BE IT FURTHER RESOLVED, that the Chairman of the Board of Franklin County
Commissioners be, and hereby is authorized to sign this resolution, on behalf of Franklin
County, accepting the 10-Year Plan to End Homelessness, Phase Two, Update 2012; submitted
by Benton and Franklin Counties Department of Human Services.

Dated this 30th day of January, 2013



Chair



Chair Pro Tem

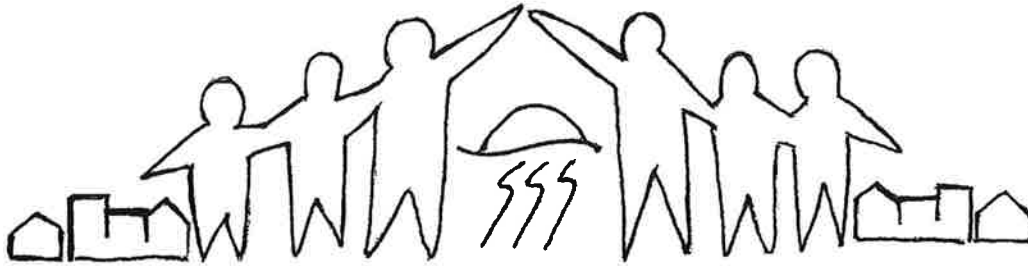
Attest:


Clerk to the Board



Member

Constituting the Board of County Commissioners,
Franklin County, Washington



**10-YEAR PLAN TO END
HOMELESSNESS
PHASE TWO
UPDATE 2012**

Submitted By

Benton and Franklin Counties

Department of Human Services

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Board of County Commissioners

Benton County	Franklin County
Shon Small, Chair	Rick Miller, Chair
Jerome Delvin, Chair Pro Tem	Robert E. Koch, Chair Pro Tem
James Beaver, Member	Brad Peck, Member

10 Year Plan to End Homelessness Update

Phase Two

Planning Committee

Member Name	Agency
Amy Hetrick	The Salvation Army
Cathy Merrill-Holle	Community Action Connections
Byron Brown	Union Gospel Mission
Dan Aspiri	Domestic Violence Services
Deborah Bluher	City of Richland
Gail Brown	Department of Human Services
Jeff Adams	City of Pasco
John Tuttle	Developmental Disabilities
Mark Lee	Vista Youth Center and My Friends Place Youth Shelter
Robin Callow	Catholic Family and Child Services
Steve Gaulke	Therapeutic Innovations and Recovery
Tammie Washburn	DHS Housing Services
Tracy Diaz	Benton and Franklin Counties DHS

BENTON FRANKLIN HOUSING CONTINUUM OF CARE

Voting Membership Seats

REPRESENTING	VOTING MEMBER NAME	AGENCY
1. City of Kennewick	Carol Evans	City Government
2. City of Kennewick	John Hubbard	City Government
3. City of Richland	Deborah Bluher	City Government
4. City of Pasco	Jeffrey Adams	City Government
5. City of Pasco	Al Yenney	City Government
6. City of West Richland	Richard Bloom	City Government
7. City of Kahlotus	Patti Hamilton	City Government
8. City of Connell	Gary Walton	City Government
1. Member At Large	Becky Gauthier	United Way
2. Member At Large	Bryon Brooks	Union Gospel Mission
3. Member At Large	Shawna Wolf	Work Source
4. Member At Large	Christy Watts	Ben Franklin Transit
5. Member At Large	Gordon Cable	Crisis Response Unit
6. Member At Large	Jeff Pierce	Dept. of Social and Health Services
7. Member At Large	Judith Gidley	Community Action Connections
8. Member At Large	Amy Hetrick	Salvation Army
9. Member At Large	Kelly Abkin or Daniel Aspiro	Domestic Violence Services
10. Member At Large	Karlene Navarro	Kennewick Housing Authority
11. Member At Large	Linda Tirico	Community Member
12. Member At Large	Christy Rasmussen	Pasco City Schools
13. Member At Large	Toni Neihold	Educational Service District 123
14. Member At Large	Mark Lee	Vista Youth Center
15. Member At Large	Johan Curtiss	Columbia Basin Veterans Coalition
16. Member At Large	Michelle Owen	Lourdes Counseling Center
17. Member At Large	Andy Anderson	Housing Authority of Pasco
18. Member At Large –Chair	Rich Barchet	SEC Affordable Housing
19. Member At Large	Robin Callow	Catholic Family and Child Services
20. Member At Large	Sandra Owen	Benton Franklin Health Department
21. Member At Large	Steve Gaulke	Therapeutic Innovations and Recovery
22. Member At Large	Tami Driver	My Friend's Place Youth Shelter
23. Member At Large	Tammie Washburn	Department of Human Service
24. Member At Large	Teresa Richardson	Habitat for Humanity
25. Member At Large	Terry Buck	Dept. Developmental Disabilities

Contact Information

Plan Contact Person: Tracy Diaz, Deputy Administrator

Organization: Benton and Franklin Counties Department of Human Services

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Executive Summary

According to the 2012 Point In Time count at any time, at least 891 people in Benton and Franklin Counties are homeless. Throughout the year, many more face the prospect of losing their homes due to precarious financial conditions, domestic violence, health crisis, chronic mental health, and chemical dependency conditions. People being released from psychiatric hospitalization and incarceration also face challenging community re-entry issues. Furthermore, the rising cost of housing, lack of available affordable housing and stagnant wages increase the risk of people losing their housing and make it increasingly difficult to find housing.

History

The Washington State Legislature approved the Senate House Bill 2060 Low Income Housing Program in 2002. It provides a source of grant funding for low income housing capital projects and operations/maintenance. Engrossed Second Substitute House Bill 2163, passed in 2005 in order to provide a statewide integrated approach to homelessness.

- It created a State Council on Homelessness, whose mission is to align State policies and practices across many State agencies and departments towards a single goal: reducing homelessness.
- It requires Washington State Department of Commerce to oversee the implementation of the provisions of 2163; create a statewide strategic plan to house homeless persons; assist local governments in developing 10-year Homeless Housing plans with the goal to reduce homelessness by 50% by 2015; coordinate an annual census of homeless persons.
- It creates a funding source for programs that directly addresses the goals identified in the 10-year Homeless Housing Plans.

The Benton and Franklin County Board of Commissioners contracted with Benton Franklin Community Action Committee (BFCAC) to develop Phase One of the 10-year Homeless Housing Plan. BFCAC along with the Housing Continuum of Care Task Force developed a 10-year Homeless Housing Plan based on the identified needs. The plan included objectives, strategies, and actions that would reduce homelessness.

A Phased Approach to Planning

This updated 10-Year Plan represents Benton and Franklin Counties second phase of planning under the Homeless Housing and Assistance Act. During the first phase of planning in 2005 the bi-county Housing Continuum of Care Task Force was developed and the planning committee identified major homeless housing and prevention gaps and priorities for funding to reduce homelessness. This current phase of planning was designed to (A) update the Phase One plan to more closely align with strategic goals and desired outcomes, (B) focus on unique populations identified by the annual point and time count (C) develop goals and plans addressing the current homeless housing needs in Benton and Franklin Counties.

Scope of Phase Two Plan Strategies

- Implement a Bi-County Coordinated Entry System
- In recognition that homelessness results from a complex set of challenges for individuals and families;
 - create more linkages across community services, and
 - provide comprehensive case management.
- Begin to focus on outcomes and evaluation data to improve and determine effective services.
- Encourage flexibility in providing services and meeting housing needs.
- Focus on currently underserved “special need” populations.

Benton Franklin Housing Continuum of Care Components

Mission and Goals

The Benton Franklin Housing Continuum of Care (the “Continuum”) is organized and shall be operated as a Joint Advisory Task Force for Benton and Franklin counties (the COUNTIES). The mission, vision, and goals of the Continuum are as follows:

Mission

Our Mission is to provide a strong and supportive continuum of care system for at-risk and/or homeless individuals and families that will reduce and help prevent homelessness; provide access to affordable, stable, and decent housing and promote achievement of the highest possible level of self-sufficiency.

Vision

- Provide a system of care which addresses’ basic human needs, including safe and decent shelter.
- Utilize and reinforce the natural support systems of the broader community.
- Operate collaboratively as a network of community agencies, governments, businesses, and individuals to respond to the individual needs of lower to moderate-income and homeless persons.
- Promote economic stability and self-sufficiency while creating opportunities for enhancing individual responsibility.
- Integrate services for the homeless and for those at risk of homelessness to promote housing stability.

Acknowledge that only through adequate consistent funding and clear communication can the system respond to individual and community needs.

Goals

- To communicate, coordinate and collaborate among providers and others in the development of the Benton and Franklin County 10-Year Homeless Housing Plan to work toward reducing homelessness. The Plan is used in securing resources and funding pertaining to the concerns of people who are without a safe, decent, and affordable place to live.
- To develop and recommend the Continuum’s objectives, projects and strategies to meet specific needs that will increase housing, decrease homelessness; alter the public’s perception of homelessness; provide education; training and technical assistance to advocates, providers and other Continuum members.
- To invite and encourage low-income/homeless individuals to participate in the planning process through public meetings held at Community Based Organizations and/or by any other means, as the Continuum may deem appropriate.

Core Values and Planning Principles of Phase Two of the 10-Year Plan

Values

- Homelessness is unacceptable unless it is the personal choice of a mentally competent adult, in which case we are bound to respect the free agency of that person.
- Homelessness is expensive; it is more cost-effective, fiscally and societally, to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- There is strength in collaboration; and by planning and working together we can continue to reduce and end homelessness in Benton and Franklin Counties.

Principles

- Efficiency- Increase efficiency of existing housing and service system through coordination, collaboration, and communication between agencies for the benefit of the homeless population.
- Flexibility- Emphasize ability of housing and services strategies to easily adjust to emerging trends and needs, both in the homeless population and in the housing market.
- Sustainability- Implement strategic distribution of available funding streams, identify and pursue additional funding sources.
- Innovation- Incorporate best practices, new research, and case studies.
- Awareness- Ensure that our community, through education and outreach, is a place where all are accepted and build public and political will to focus on the problem.
- Defining and Documenting- Define success and collect accurate data about the problem and the solutions.

Planning

- Begin with collection of credible data defining the challenge.
- Analyze the nature, extent, and location of the problem.
- Creditable data from multiple sources has fueled the development of a localized plan.
- Homeless Management Information System provides quality data.
- Collaboration is essential.

Goal

- To reduce homelessness by fifty (50%) in Benton and Franklin County by 2015, with an overall goal of ending homelessness.

Key Components/Definitions

For the purposes of the Plan, “**homelessness**” is defined as an individual or family who is not able to acquire and maintain permanent, safe, affordable, and decent housing.

Affordable Housing—Housing which may be purchased, leased, or rented at or below 30% of family income.

Stable Housing—Permanent or long-term housing which is not prone to change.

Decent Housing—housing which meets health and safety standards set forth by Housing Quality Standards.

Prevention is the first key to reducing homelessness. Homeless prevention activities include income supports, rental assistance, tenant education/training and advocacy, and maintenance of existing housing stock. Stabilization services such as one-time emergency funds to prevent eviction and crisis intervention assist those at risk of becoming homeless to maintain their housing.

Coordinated Entry is the facilitation of efficient connections to individuals with the best and most appropriate resources to prevent and decrease homelessness. Uses a uniform intake and basic assessment tool that includes; collection of required HMIS data, evaluation of client housing and service needs, maintenance of current housing inventory and space availability, maintenance of comprehensive wait list as needed and screening for eligibility for all partner agency housing and services.

Housing-First is both a strategy and a philosophy premised on the belief that vulnerable and at-risk homeless households respond better to interventions and support services after they are in their own permanent housing, rather than while living in temporary facilities.

Outreach and Assessment acknowledges that some homeless persons are unable or unwilling to accept shelter services (sometimes, unwilling to accept or seek assistance is related to past, often traumatic, life experience or negative experiences seeking or receiving assistance). Outreach efforts, such as street outreach to people residing in places not fit for human habitation, identify and address a person’s immediate needs and provide a link for the individual to receive ongoing support.

Emergency Shelter offers a safe, secure, time-limited place for individuals and families to reside while they prepare to move into other housing. Generally, includes some supportive services.

Transitional Housing is longer term housing than emergency shelter. Allows stays for up to two years with rent set typically at 30% of client’s income. Supportive services are included to prepare individuals in obtaining housing and live self-sufficiently.

Permanent Supportive Housing provides long-term, safe, decent, and affordable housing for individuals and families. Permanent Supportive Housing offers below market rates that can serve particular populations in need of ongoing supportive services and assistance, such as mentally or developmentally disabled, those with chronic substance abuse and others with special needs.

Supportive Services are often needed to help homeless people move towards self-sufficiency and independent living. Services such as substance abuse treatment, employment, education and job readiness, budgeting workshops, parenting classes, transportation, and renter education may be provided as part of or independently as a program. This plan focuses on “housing case management”.

Case Management is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality, cost-effective outcomes.

Causes of Homelessness

The housing affordability crisis in the United States has been a driving factor for a growing homeless population. When it is not possible to obtain affordable housing residents with low incomes inevitably pay a larger percentage of their income toward housing costs, or they combine households to share housing costs, and those who are living in overcrowded situations are at risk for homelessness. Many low-income individuals and families are forced to make critical choices when their income is not sufficient to meet their basic living needs. It may mean fewer meals, no health care, and loss of utilities, overcrowded housing, or eviction.

In 2007 the U.S. department of Housing and Urban Development (HUD) released the Annual Homeless Assessment Report, this was the department's first report on homelessness since 1984, it was estimated that 700,000 to 754,000 people were homeless on any given night. People staying in homeless shelters represent only a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily double-up situations. Homeless services are available but are only meeting a portion of the needs. People who are homeless may be experiencing mental health and/or substance abuse issues that impact their housing stability and ability to access available services. This population is overrepresented in the homeless population compared to the general population. The difficult-to-serve individuals with multiple barriers are often times referred to as the five-fifty population. In other words five percent consume fifty percent of the available resources.

Each year local government, homeless service providers, and social service agencies in Benton and Franklin County participate in a one day Point In Time count (PIT) of homeless individuals and families on the streets, in shelters, in transitional housing and exiting institutions into homelessness. In addition, although HUD now does not consider individuals and families in double up situations, we do count those individuals as "at risk" of homelessness.

Homelessness is an issue not only of housing, but also of living wage jobs and services for those who need them. The cost of housing places a severe burden on those with limited income. In 2009, a household consisting of two adults and two children would need an income of \$27,520 to be able to afford to rent a two-bedroom unit at fair market rents. If looked at today, that same worker would have to work 62 hours per week at state minimum wage to afford the rent on a two-bedroom unit. In 2009, thirty-nine percent (39%) of all renters in the two-county area are unable to meet the affordability standard (The National Low Income Housing Coalition, 2009).

Many people earning low income turn to housing assistance providers to help them bridge the gap between the amount they can afford and the rising housing costs in the county. Providers of housing assistance include non-profit community based organizations, local government, faith base community agencies and public housing authorities that provide assistance through various programs, including facility based units and rental assistance. However, many of these programs have extensive waiting times for a person to receive assistance, as there is more demand for assistance than the existing funding can meet.

High housing costs, lack of affordable housing and stagnant income are three of the most significant factors causing homelessness, but there are other factors that cause or compound homelessness. These factors include:

Domestic violence affects many individuals who experience homelessness. Many of the women and children that are homeless left an abusive situation. Lack of affordable housing and limited shelter space leave individuals experiencing violence few choices and many will stay in unsafe situations for lack of other options.

Mental and physical health disabilities may compound an individual's ability to obtain or maintain affordable housing. While availability of mental health services has decreased in recent years a strong demand for services continues. People with mental illness who lack supportive services often have a difficult time maintaining their housing. Homeless people suffer from high rates of mental and physical health problems which worsen by living on the streets and in shelters. The lack of residential stability makes healthcare delivery more complicated. Health conditions that require ongoing treatment such as diabetes, HIV, addiction, and mental illness are difficult to treat when people are living in a shelter or on the streets. Homeless individuals often lack access to preventative care and wait for a crisis or a trip to the emergency room for treatment. Overall, as many as thirty percent (30%) of the homeless individuals self-report a health related problem.

Drug and alcohol abuse are significant contributors to homelessness because of the impact on health, family, finances, and the ability to obtain and retain employment. It is estimated that as many as twelve percent (12%) of homeless individuals self-report a substance abuse problem.

Generational poverty is also a contributing factor to homelessness. If you grow up poor there is a higher chance that you will remain poor. The lack of education or vocational skills among families makes it difficult to find employment at a living wage, or to establish a stable educational environment for children. Research indicates that the longer people are in poverty the less likely they are to escape it. Twenty-five percent (25%) of people who were consistently poor before age seventeen were still poor at age twenty-six (John Iceland, Poverty in America 2003).

Loss of system support for people leaving jails, prisons, hospitals, foster care, or treatment facilities can tend to land someone onto the streets and ultimately lead to homelessness. They face challenges in finding work and a place to live.

Situations Causing Homelessness-Cities by Homeless Persons, 2009

Situation Cited	Number of Homeless Citing Cause
Loss of Job	119
Mental Illness	113
Drug or Alcohol Use	81
Unable to Pay Rent/Mortgage	76
Family Break Up	75

(Source: 2010-2014 Tri-Cities Consolidated Plans)

It is important to understand not only the causes of homelessness, but also the different ways that homelessness manifests itself. Different subpopulations of homeless people such as chronically homeless, families, youth, veterans, the elderly and the disabled require special and different types of housing strategies.

Chronically Homeless People are defined by HUD as homeless individuals with a disabling condition (substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either; 1) continuously for one whole year or 2) four or more times in the past three years. Chronically homeless people are in need of housing, but often in need of other services such as mental health, basic health care, and substance abuse treatment. Chronic homelessness is long term or repeated homelessness accompanied by a disability. Research reveals that between ten (10%) to twenty (20%) percent of homeless single adults are chronically homeless. Few people in this chronic group are likely to generate significant earnings through wages. While they may have some income from wages and/or public benefits they will require long-term assistance in both housing and services.

Episodically Homeless are often times individuals who use the shelter repeatedly. This group is estimated to constitute nine percent (9%) of the homeless single population. This group has a high public cost when housed in shelters because its members seem frequently to interact with other very costly public service systems, particularly jails, prisons and hospitals.

Transitionally Homeless are those who have a one-time and short-term stay in the homeless assistance system, exit it and return infrequently if at all. The majority of families and single adults who become homeless fall into this category. They have most often had a financially related housing crisis that has resulted in their homelessness.

At Risk of Homelessness individuals or families usually are paying a high percentage of their income for housing (typically fifty percent (50%) or more), and are living in substandard or overcrowded housing. Substandard housing is defined as housing that does not meet local housing codes. At risk of homelessness can also include individuals or families living in motels without the financial ability to pay for ongoing shelter.

(National Alliance to End homelessness, Homeless Policy Focus Areas, 2007)

Scope of the Problem in Benton and Franklin County

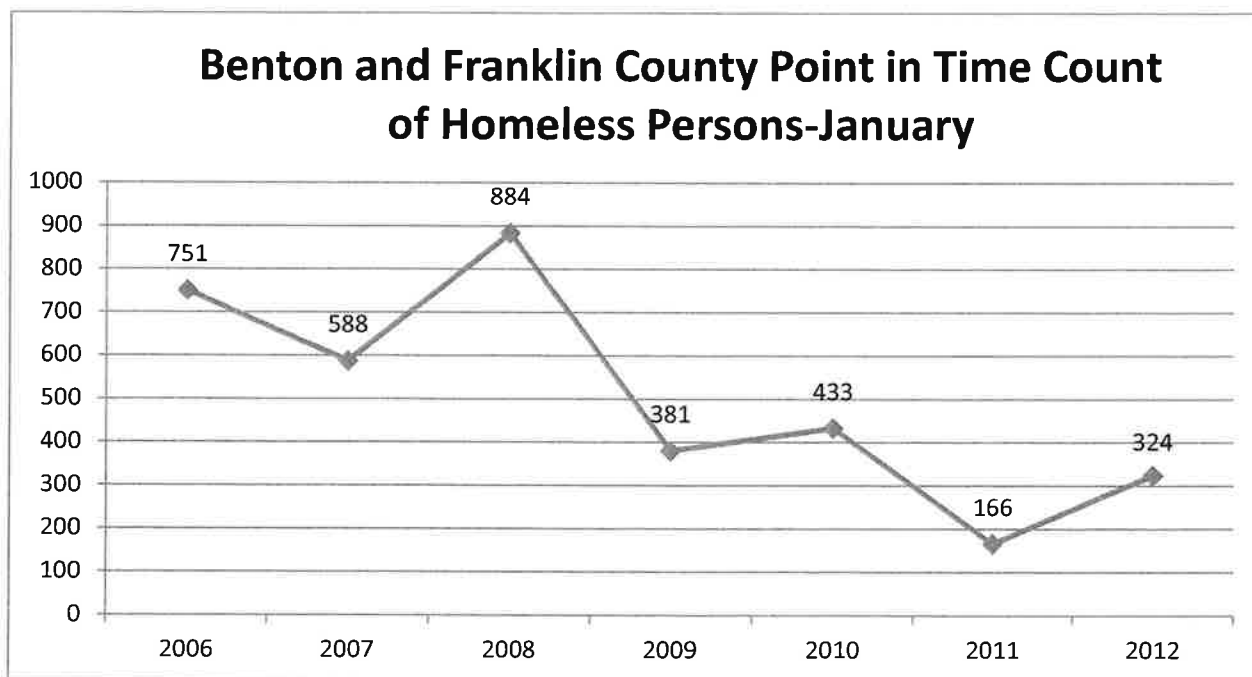
The Point In Time (PIT) count has been conducted nationwide for many years. The data provides evidence of trends that can be evaluated nationally, by state and locally. Based on the 2011 Point In Time count, the Homeless Research Institute concluded the following on a national level:

“Based on new evidence about increased poverty and future economic trends, the Homelessness Research Institute at the National Alliance to End Homelessness estimate that in the next three years homelessness in the United States could increase by 5 percent, or 74,000 people.

Median income levels have decreased by 2 percent. Unemployment remains above 9 percent. Nearly 50 million people remain without health insurance. As a result of these difficult economic times, demographic shifts have occurred, including an 11 percent increase in the number of households living in doubled up housing situations.”

Benton and Franklin Counties are able to use the data collected from the PIT to document increases and/or decreases in the local homeless population. The PIT also identifies sub-populations (age, gender, disabilities, etc.). The 2012 PIT data has assisted the 10-Year Planning Committee in determine priority populations and necessary services.

Overall, Benton and Franklin Counties have seen an increase in homeless individuals since last year. The graph below represents the population that Washington State classifies as “homeless.” These individuals would be living in emergency shelters, transitional housing, or on the streets.



The PIT is a one day event and only represents the homeless population on that given day. The count is a “snapshot” of a single day in an attempt to determine the homeless population. The count is conducted nationally on a yearly basis during the last week of January. Overall Washington State saw an increase in homelessness. It is estimated that there are approximately 20,000 homeless individuals currently in the State of Washington.

Recently, the survey tool used was revised to account for the change in HUD’s definition of “homelessness.” Benton and Franklin Counties collected 1272 completed surveys, but the state graph below represents only the population in which Washington State is considering “homeless” based on specific criteria and certain Homeless Management Information System identifiers.

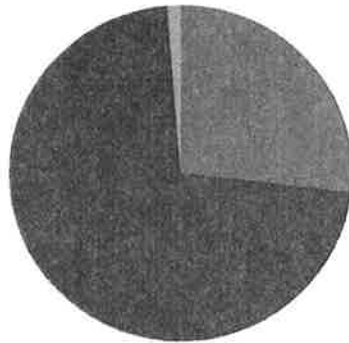
2012 SUMMARY

Benton-Franklin Counties				
324 Total (ES, TH, Unsheltered)				
Part 1: Homeless Population	Sheltered		Unsheltered	Temporarily Living with Family or Friends*
	Emergency	Transitional		
Number of Families with Children (Family Households):	12	18	5	111
Number of Households <u>without</u> Children:	105	37	54	195
Number of Households <u>without</u> Adults (nobody over 17 years old):	3	0	1	3
A. Number of Persons in Families with Children:	43	56	15	353
B. Number of Single Individuals and Persons in Households <u>without</u> Children:	108	41	57	211
C. Number of Persons in Households <u>without</u> Adults (nobody over 17 years old):	3	0	1	3
(Add Lines A & B & C) Total Persons:	154	97	73	567
Part 2: Homeless Subpopulations	Sheltered		Unsheltered*	Temporarily Living with Family or Friends*
	Emergency	Transitional		
a. Chronically Homeless Individuals	37	NA	20	NA
b. Chronically Homeless Families	4	NA	0	NA
c. Persons in Chronically Homeless Families	13	NA	0	NA
d. Mentally Disabled	39	24	14	41
e. Persons with alcohol and/or other drug problems	12	19	6	19
f. Veterans	11	5	8	8
g. Persons with HIV/AIDS	0	0	0	0
h. Victims of Domestic Violence	22	7	9	35
i. Unaccompanied Youth (Under 18)	3	0	1	3
j. Children (Under 18) in Families	30	33	9	206
k. Physically Disabled	33	8	11	34
l. Seasonal Agricultural Workers	0	1	2	4
m. Persons with both substance use and mental health problems	8	9	3	11
n. Senior citizens (aged 65 or older)	5	1	4	2

Per official State Counts released May 23, 2012

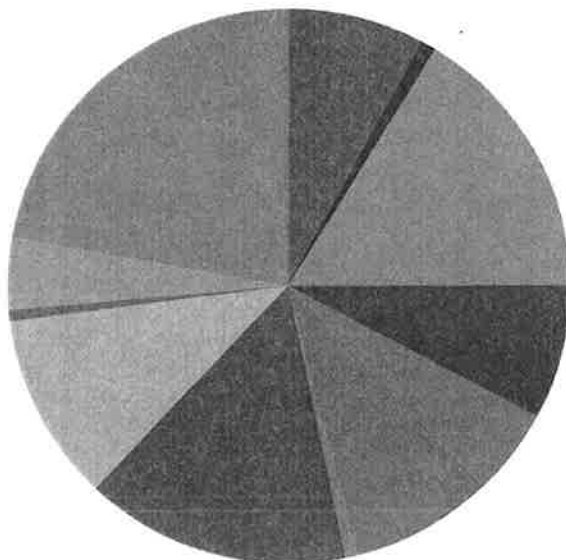
According to the 2012 Benton and Franklin County Point In Time Count:

Combined "Homeless" Population in Benton and Franklin Co.



- Families with Children=27%
- Households without Children=72%
- Households without Adults=1%

"Homeless" Subpopulations



- Chronically Homeless Individuals=8%
- Chronically Homeless Families=1%
- Mentally Disabled=16%
- Individuals with Substance Abuse Problems=8%
- Veterans=5%
- Victims of Domestic Violence=8%
- Unaccompanied Youth (under 18)=1%
- Children (under 18) in Families=15%
- Physically Disabled=11%
- Agricultural Workers=1%
- Individuals with dual diagnosis=4%
- Individuals over the age of 50=22%

Current Housing Inventory and Programs

Emergency Shelters

Agency	Clientele	Capacity
Tri-City Union Gospel Mission	Women and Women/Child Shelter	30
Tri-City Union Gospel Mission	Single Male Shelter	105
Domestic Violence Shelter	Women and Women/Child shelter	35
Domestic Violence Shelter	Male Victims/When shelter is full	Motel vouchers-varies
New 2012		
My Friend's Place	Teen ages 13-17 Shelter	16
My Mommy and Me	Parenting Teens and their children	6
Ken & Teresa's Place (TIR)	Homeless Day Shelter	Provides services to about 40 individuals per day

Transitional Housing Programs

Agency	Clientele	Capacity
Tri-City Union Gospel Mission	Longer term residence participating in program	8 units
Domestic Violence	Longer term DV victims	2 units & 2 under development
Elijah Family Homes	Families in recovery	9 units (1 house & 4 duplexes)
Oxford Homes (not on HIC)	Singles & Families in recovery	15 units
Cullum House	Individuals with Mental Health Issues	8 Beds
New 2012:		
Columbia Basin Veterans Coalition	Wagenaar-Pfister House for Veterans	6 beds
Lourdes Counseling Center	Supported Living Program for individuals with mental illness	22 beds
BFDHS Chemical Dependency Housing Program	For households in recovery, exiting treatment or institution	20 Individuals

Permanent Supportive Housing

Agency	Clientele	Capacity
BFDHS Shelter Plus Care	Homeless Mentally ill individuals with match services	16 Households
BFDHS HOPWA (HIV/AIDS)	HIV/AIDS rental subsidies	14 Households
Community Action Connections	Bateman 1 and 2	42 Individuals
Community Action Connections	Choices 1 and 2	49 Individuals
New 2012		
BFDHS Housing Program	For disabled individuals in recovery with match services	10 Households
Genesis Housing	Low Income and Agriculture Workers	Under Construction 51 Units

Other Housing Assistance Programs

Agency	Clientele	Capacity
BFDHS HEN Program	Determination by DSHS	Varies
Salvation Army HEN Program	Determination by DSHS	Varies
Community Action Connections HEN Program	Determination by DSHS	Varies
Lourdes Counseling Center HEN Program	Determination by DSHS	Varies
Salvation Army Rent and Shelter	Households below 50% AMI Emergency shelter vouchers and rental assistance	Varies
Community Action Connections Rent and Shelter	Households below 50% AMI Emergency Shelter vouchers/Rent Assistance	Varies
BFDHS HOPWA	Variety of services for individuals with HIV	Varies
Domestic Violence Shelter	Rent Assistance for Victims of DV and below 50% AMI	Varies
Community Action Connections	Families below 50% AMI graduated subsidy model	7 Households
Community Action Connections-TBRA	Up to two years rental assistance	33 Household
New 2012		
Catholic Family & Child Services	CFCS clients-One Year Low Income Housing Program	10 Households
Catholic Family & Child Services	Rental Assistance for up to 180 days	22 Households
BFDHS Jail Release Program	For individuals being released from jail up to one year graduated subsidy	60 Households
Lourdes Counseling Center Rental and Shelter Program	Emergency shelter vouchers and rental assistance for LCC clients with mental illness	40 Households
Community Action Connections CDBG	Non-entitlement areas; North Franklin and West Benton County	Varied
Vista Youth Center	Emergency Shelter vouchers and first time rent program for young adult on a 120 day graduated subsidy model	10 households
Community Action Connections ESG	Homeless Prevention and Rapid Rehousing	Varied

***New in the Community but currently not on the housing inventory chart:**

*Columbia Basin Veterans Coalition Richland Transitional Housing Program

*Catholic Family and Children Services Veterans and their Families Housing Program

Acronyms:

*HOPWA = Housing Opportunities for Persons with AIDS

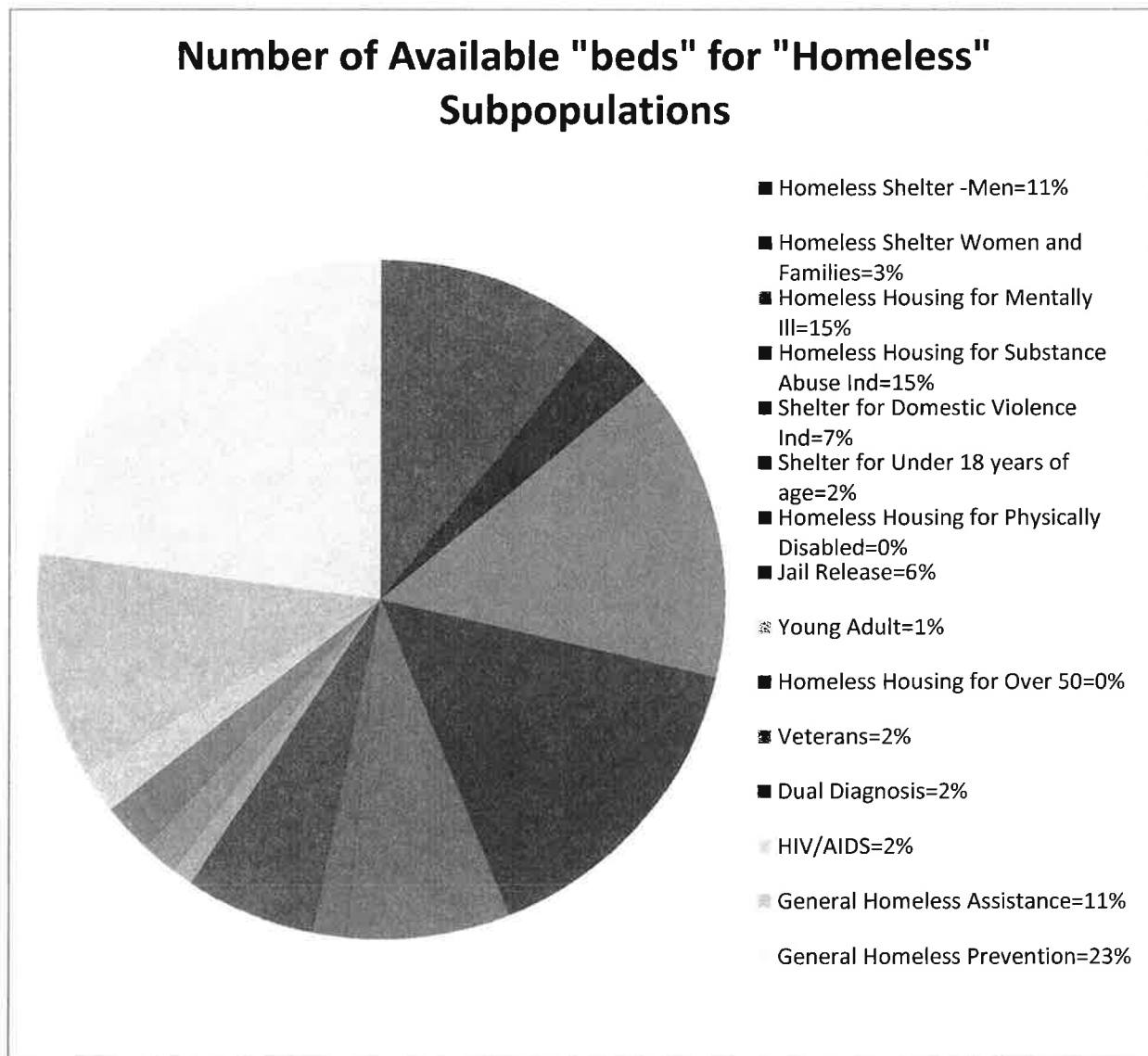
*HEN = Housing and Essential Needs

*TBRA = Tenant Based Rental Assistance

*HIC = Housing Inventory Chart

*ESG = Emergency Shelter Grant

According to the Washington State 2012 Benton and Franklin County Housing Inventory Chart:



Subpopulations Bed Availability and Gaps Based on 2012 Point In Time Count

Homeless Subpopulations	Emergency	Available beds	Gap	Transitional	Available beds	Gap	Temporarily Living with Family or Friends*	Permanent Housing Program Available	General Rental Assistance Available	Total Gap
a. Chronically Homeless Individuals	37	105	-68	0	8	-8	0	24	20	0
b. Chronically Homeless Families	4	30	-26				0	7	20	0
d. Mentally Disabled	39		30	24	30	-6	41	38	20	0
e. Persons with alcohol and/or other drug problems	12		10	19	15	4	19	20	20	0
f. Veterans	11		8	5	6	-1	8		10	6 Additional Beds in Development
h. Victims of Domestic Violence	22	35	-13	7	4	3	35	2	20	3
i. Unaccompanied Youth (Under 18)	3	16	-13	0		0	3			0
k. Physically Disabled	33	13	20	8	2	6	34	12	20	(40 depending on disability) 12 Additional Units In Development
l. Seasonal Agricultural Workers	0	4	-4	1	0	1	4	0		40 Units In Development
m. Persons with both substance use and mental health problems	8	0	8	9	6	3	11	20	10	0
n. Senior citizens (aged 65 or older)	5	2	5	1	0	1	2	0	5	3
TOTAL	217	270	1	107	270	44	363	123	145	

Based on the information provided in the Point In Time count homelessness continues to be a problem in Benton and Franklin County. With the recent increase in housing programs and available beds it is the goal that homelessness will decrease in spite of the high rate of unemployment and lack of affordable housing. The 10 Year Planning Committee reviewed the available data and revised the 10 Year Plan with the hope that agencies would adjust their services to address the underserved population and increase positive outcomes.

Findings from Phase One

In 2005-2006, public and private nonprofit agencies identified the following gaps in the local continuum of care system. Per the Phase One 10-Year Homeless Housing Plan these gaps were identified as critical through an analysis of needs and resources:

1. Gaps in Services

- Case Management
- Rental Assistance

2. Gaps in Housing

- Transitional housing for all homeless populations with intensive case management
- Youth Shelter
- Affordable permanent housing

3. Gaps in the System

- Centralized client intake, assessment, and referral system for all homeless populations.

Summary

- *Rent Assistance/Homeless Prevention and Support Services/Case Management:* Homeless prevention and comprehensive support services continue to be in short supply. As a community, we need to increase or establish key prevention services for persons in crisis and extend follow up services for persons “graduating” or “completing” a homeless housing program. We see by far too many individuals and/or families that received rental assistance only to return to homelessness immediately after “completing” the program. Key services include eviction prevention interventions, security deposit assistance, document recovery, vocational training and mentoring, financial literacy, and conflict resolution. Case management is often short term and “cookie cutter.” With more complicated issues and barriers facing our homeless population case managers need specialized training in specific areas when dealing with many of the individuals enrolling into their programs.

According to the 10-Year Plan Phase One, specific action steps were suggested in order to (A) improve and increase case management capabilities and improve coordination among providers, and (B) identify and increase additional funding. It appears that very few of these action steps have been implemented. Over the course of the past six years new funding sources have been identified and utilized, but more importantly, an evaluation needs to be completed as to whether the current programs receiving those funds are implementing the most successful program and producing positive outcomes.

Common components in a successful rental program would include 1) hiring and training “housing advocates” who work closely with private sector landlords and homeless clients; 2) existing services providers extend their support services to help clients remain in their permanent housing; 3) sources of rental subsidy; and 4) adequate temporary shelter facilities to house clients until permanent housing can be secured.

- *Centralized Intake:* The idea of a “one-stop” system for identification, intake, and tracking of homeless individuals and families was presented in the 10-Year Plan Phase One. This concept of a “one-stop” has been implemented for one specific agency within the bi-county community but is not effective for the entire housing community nor is it meeting the concept of a Centralized Coordinated Intake. The current system which is being implemented serves only the clients whom are receiving services within that agency. In addition, the process is very time consuming and often times takes three to six weeks to complete the intake, assessment and meet with a “case manager.” Clients that are determined eligible for one of the program this agency offers are often times placed on a wait list until actual services can be offered. This system neither maintains a bi-county-wide available housing database coordinated with other providers, nor maintains emergency shelter bed space. Although this system may appear to be successful for the agency implementing it, the current procedure and concept would not be effective for the entire bi-county total provider network.
- *Housing Capacity for all homeless population:* The supply of affordable housing to low-income persons is both inadequate to meet the demand and mismatched with respect to household incomes. Mismatched housing occurs when higher income households permeate the market for housing that is affordable to lower income households, thus, lower income households find few, or no opportunities for housing that they can afford. According to housing service providers in Benton and Franklin Counties, the lack of affordable housing tops the list of client needs.

Emergency, transitional, and permanent service-enriched housing capacity has improved within the last two years. Benton and Franklin Counties Department of Human Services took a more active role in housing in 2011. Since that time the available homeless housing beds has increased by over 400 according to the Housing Inventory Chart (HIC). This is mainly due to an increase in housing service provider, improved networking and collaboration, program development, and increased distribution of funds. The following areas have seen improvement in the last two years:

- Housing for mentally ill
- Housing for individuals with substance abuse issues
- Housing for victims of domestic violence
- Housing for homeless youth
- Housing for veterans
- Homeless outreach

Although in many areas we have seen an improvement, housing capacity for all homeless subpopulations continues to be inadequate to meet the need.

Planning Process Phase Two

The 10-Year Plan Phase Two Planning Process began in March 2012. The following steps were completed:

- Convened the 10-Year Plan Phase Two Committee on four occasions. The committee consisted of housing providers, program providers, and city planners.
- Set objectives and values prior to the actual writing of the 10-Year Plan Phase Two.
- Reviewed previous Point In Time Counts, Housing Inventory Charts, Homeless Dashboards, and evaluated trends and changes which occurred over the years.
- Reviewed the current Point In Time Count and Housing Inventory Chart to determine results in program implementation.
- Evaluated changes within the bi-county community including geographical and economical.
- Read the 2010-2014 Tri-City Consolidated Plans for additional information.
- Reviewed last Community Needs Assessment.
- Evaluated previous and current housing programming as it relates to the 10-Year Plan, considering; accomplishments, gaps of services and areas of improvement.
- Defined case management and how it relates to housing.
- Sent out questions to interested parties for additional feedback.
- Researched evidence-based programs and the HEARTH Act to determine the direction of federal and state housing goals.
- Reviewed four other Washington State 10-Year Plan Updates.
- Visited and researched five other counties' Coordinated Entry Systems currently operating in Washington State.
- Determined that outcomes are necessary as opposed to outputs. Used the Homeless Management Information System (HMIS) to the fullest to gather data to determine outcomes and effectiveness of housing programs.
- Completed survey of housing needs via Survey Monkey.

Action Areas

1) Prevent Homelessness

In most cases a household on the edge of homelessness can avert the crisis themselves or regain financial stability with a small amount of financial support and the necessary supportive services. The cost to a family, to service agencies and the community when someone actually becomes homeless is immense compared to the minimal cost of prevention. Prevention can be eviction reversal or assistance with foreclosure. It could also include mortgage assistance, utility assistance, transportation assistance, and food assistance.

2) Maintain and Increase Types of low-income and homeless housing services

Each type of housing in the continuum plays a key role in moving people from homelessness to self-sufficiency. Emergency shelters provide immediate relief from homelessness and the opportunity to connect to service providers. Transitional housing or rapid rehousing with supportive services provides the time needed to become stabilized. Permanent supportive housing is needed for individuals who cannot become self-sufficient. Affordable housing is a necessary option for many low income people whether they have experienced homelessness or not.

More of each type of subsidized housing is needed in Benton and Franklin Counties to meet the needs of the homeless in our community if they are to succeed in being rehoused. This will require maintaining the existing funding and the development new funding sources to support additional housing and services.

It is important to explore innovative solutions to assist the homeless, and build landlord and developer relationships and incentives. Existing agencies also require assistance with expertise and experience to expand their programs. This assistance can be developing pilot projects, gleaning from other communities and hiring staff with indirect and direct housing service experience.

3) Focus on Underserved Populations

Certain homeless populations require specific services or housing situations to be able to acquire and sustain housing. Many programs exist to serve particular populations, such as veterans, mentally ill, and victims of domestic violence. However, several homeless sub-populations in Benton and Franklin Counties still lack the programs and housing opportunities needed. These sub-populations include the elderly, the physically and medically disabled and specific sub-populations that are unable to stay in the emergency shelter.

Because of their special needs and multiple barriers, these populations have little hope of regaining housing without programs specifically designed to meet their needs and in order to design the program an agency must have the knowledge and expertise to administer such a program in order for it to be successful.

As mentioned before the five-fifty population has the largest need for services but also uses the largest number of available resources on a continuous basis. By serving this population with complete and adequate services, this population also has the greatest potential for overall cost savings across several human service categories.

4) Provide Supportive Services for all homeless populations

Supportive services provide the tools for people to overcome the crisis and dire circumstances that made them homelessness. Housing alone is usually not enough to enable them to make this transition and maintain long term housing.

Supportive services include a variety of activities including employment referrals, mental health counseling, asset building, financial literacy, basic life skills, budgeting, substance abuse recovery programs, vocational training, educational assistance, and many others.

Current supportive services must be expanded to meet the needs of all homeless people.

5) Increase the efficiency of the housing system through data collection, planning, outcomes and advocacy

At a time when demand is increasing and resources are decreasing, doing more with less is imperative. Increasing efficiency of the homeless housing system is one way to accomplish this. We need better and more meaningful data, good planning, and the community collaboration that will work on solutions to this complex problem.

Trusted, accurate, and comprehensive data is essential to assess which housing and services programs are effective, where gaps persist, and what else is needed. Until 2012 data collect varied and was unreliable and it was not complied regularly. Recently, providers have been working with Benton and Franklin Counties Department of Human Services to standardize and produce good quality data.

With good data and good planning increased collaboration and communication will improve among agencies working on decreasing homelessness. It will allow increased efficiency, decreased duplication of services, strategic evaluation of service delivery, and an accurate measurement towards performance measures.

Ensuring that the Point In Time count is implemented consistently each year will also increase the value of the collected data, because the year to year comparisons will not be skewed by different implementation methods, lack of volunteers or inconsistencies.

Phase Two
Objectives and Strategies

<u>INCREASE AND IMPROVE SYSTEM EFFICIENCY</u>
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Objective One—Implementation of Bi-County Coordinated Entry System

Strategy 1A—Coordinated Entry System for all homeless persons in order to:

- Decrease the amount of time one is homeless
- Reduce the negative experience of being homeless
- Ensure proper housing availability for all homeless populations
- Improve our ability to collect and report data
- Increase efficiencies among the providers of housing services
- Provide a client-friendly intake and referral process

Strategy 1B—Develop coordinated Housing Interest List

Strategy 1C—Develop coordinated Data Base of Homeless Beds

Strategy 1D—Develop Partnership Advisory Team to provide leadership and direction for the implementation of the Coordinated Entry System

Strategy 1E—Develop Housing Locator Tool to assist homeless individuals in finding and securing appropriate permanent housing.

Objectives Two—Implement effective data collection and improve coordination efforts across agencies.

Strategy 2A—Point In Time Count—Develop and document a consistent methodology for the annual Point In Time Homeless Count.

Strategy 2B—Continuum of Care Task Force—Continue to improve the Continuum of Care Task Force as a forum for agency communication, education, and collaboration.

Strategy 2C—HMIS—Maintain bi-county wide HMIS system in order to:

- Comply with state standards
- Compare data among providers to improve and refine the processes
- Allow agencies to measure and report outcomes
- Define and document successes
- Produce aggregate information in order to improve planning for homeless needs
- Accountability regarding homeless services spending as it relates to results
- HMIS allows local, regional and state-level collaborative to keep track of who is homeless, how each homeless household is being served by local programs and how well they succeed in exiting homelessness to permanent housing.

Strategy 2D—Strategic Analysis of Funding Sources—Assess the various funding sources at work in Benton and Franklin Counties to better understand the allowable uses and stability of each source and to maximize their uses.

Strategy 2E—Improved outcomes—It is an unfortunate reality that many good intentions and sound solutions are not implemented or fail to produce desired outcomes. In order for positive outcomes to occur the following must take place:

- Increased public awareness through outreach and community-wide education to explain the causes of homelessness, the opportunities to reduce and prevent homelessness and the risks and rewards of implementing the 10-Year Plan Phase Two.
- Accountability of agencies receiving funding to follow through with proposed projects in a timely fashion and show success and outcomes (not outputs) in order to continue funding.
- Assessment of organizational structure and staffing including risk assessments based on history and current ability to serve the homeless population within the outline of this plan.
- Active engagement of the policy makers in the homelessness reduction planning process and encouragement to remove barriers to reducing and preventing homelessness.
- Adequate training for all agencies participating in the HMIS collaborative.

PREVENTION

Objective Three—Focus on prevention of Homelessness

Strategy 3A—Gap Assistance—Provide assistance to those in need to prevent eviction and foreclosure, to include:

- Improved referral system and coordination with community based organizations
- Emergency rental and mortgage assistance
- Assistance with rental deposits, first month rent, and credit checks
- Utility assistance including irrigation fees
- Transportation Assistance

Strategy 3B—Economic Independence—Provide education and training to support economic independence through living wage jobs, to include:

- Literacy Education (GED)
- Financial and Debt Counseling
- Employment and Job Training

Strategy 3C—Landlord/Tenant Mediation—Provide mediation and assistance to landlords and their tenants in order to prevent evictions.

Strategy 3D-Discharge Planning- Reduce the number of Individuals entering homelessness by providing discharge planning for those individuals being released from institutions including:

- County Jails
- Hospitals
- Treatment Facilities

Strategy 3E—Re-Entry Supportive Services—Develop and implement a rental program assistance program by offering landlord incentives for providing housing to individuals re-entering the community from institutions and correctional facilities.

Objective Four—Increase Affordable Housing Options—Work with current housing providers and developers to increase permanent housing availability.

Strategy 4A—Flexible housing—Build or create “flexible housing” that can be used in Housing First types of programs, allowing homeless households to be quickly placed in permanent affordable housing with the appropriate level of supportive services as needed.

Strategy 4B—Housing First Units for Veterans—Create Housing First units for veterans and their families.

Strategy 4C—Encourage Development of Affordable Housing—Encourage non-profit and private developers to create and rehabilitate additional units of affordable housing.

Strategy 4D—Plan for Future Affordable Housing—Preserve and acquire property to be utilized and developed as affordable housing.

Strategy 4E—Allow for “nontraditional housing options” which may include:

- RV Park Space Rent
- Couch Surfing
- Renting from family or friends
- Single occupancy rentals
- Long Term motel living
- Subletting

HOUSING WITH SERVICES

Objective Five—Focus on Underserved Sub-Populations

Strategy 5A—Expand Outreach Services—Implement a program specifically targeting outreach to special need populations and the chronically homeless, with the goal of improving their connections with housing and supportive services.

Strategy 5B—Drop in Services for individuals living on the edge or homeless by providing:

- Outreach
- Job placement services
- Clean-up center for showers and laundry

- Assistance in obtaining identification
- Connection to additional housing services
- Assessment of needs

Strategy 5C—Homeless Connect is recognized as a best practice. Events are not intended to supplant existing community service. Rather, they are periodic opportunities for the community to offer coordinated assistance in a way that supports the local 10-Year Plan to End Homelessness. This one-day, one-stop event will mobilize community volunteers and local service providers in order to:

- Invite and welcome homeless people
- Reduce barriers to services
- Provide immediate service outcomes
- Create sustainable and long term service partnerships
- Track and publicize results

Strategy 5D—Develop and/or increase housing and supportive services to the underserved homeless populations including:

- Non-Intimate domestic violence victims
- Medically discharged individuals into homelessness
- Homeless fathers with children
- Homeless individuals over the age of fifty
- Young adult first time renters
- Chronically Homeless Individuals

Objective Six—Comprehensive Supportive Services

Strategy 6A—Extended service hours to allow for homeless individuals and families to access services during evening hours, especially the “working poor” population.

Strategy 6B—Six month (180 days) rental assistance with mandatory case management:

- Require program participants receiving over 90 days (six month?) rental assistance to participate in mandatory case management including:
 - a) Regular case management meetings
 - b) Budgeting class
 - c) Job Search
 - d) Other classes or meetings determined in case management plan

Strategy 6C—Provide the following supportive services, as needed, to all homeless populations:

- Access to preventative and immediate health care
- Job Counseling and placement services
- Financial Counseling
- Mental Health Counseling
- Legal Services

- Transportation Services
- Substance Abuse Treatment
- Services for Domestic Violence Victims
- Services for Veterans

Strategy 6D- Employment Single Point-of-Entry- Develop a bi-county wide single point of entry employment system to assist the homeless population in accessing employment.

Objective Seven—Build, maintain and preserve emergency shelter programs with supportive services

Strategy 7A—Existing Emergency Shelters—Support the operations of existing Emergency Shelters to include:

- Family Shelter
- Men's Shelter
- Women's Shelter
- Shelter for Victims of Domestic Violence
- Youth Shelter

Strategy 7B—Increase Emergency Shelter, including Alternatives:

- Safe Parking Lots (areas where homeless individuals are allowed to park overnight. This is currently being done alongside the Union Gospel Mission behind TIR and in Wal-Mart parking lots.)
- Single Room Occupancy Units
- Motel Vouchers
- Medically Discharged
- Elderly Person with barriers
- Victims of non-intimate partner violence
- Fathers with children emergency shelter
- Emergency shelter beds for veterans

Objective Eight—Build, maintain and preserve transitional and permanent housing units with services for all homeless populations

Strategy 8A—Existing Transitional/Supportive Housing—Continue to support the existing transitional housing with support services in our community which includes:

- Union Gospel Mission Resident Participation Program
- Domestic Violence Families in Transition
- Elijah Family Homes for Families in Recovery
- Cullum House for Mentally Ill
- Wagenaar-Pfister House for Veterans
- Lourdes Counseling Center Supportive Living Program
- BFDHS Chemical Dependency Housing Program

Strategy 8B—Build, maintain, and preserve permanent supportive housing programs in our community to include programs for:

- Mentally ill individuals
- Adults with physical and developmental disabilities
- Chronic Substance Abusers
- Elderly and Frail
- Dual Diagnosis
- Chronically Homeless
- Disabled Veterans

Strategy 8C—Increase Transitional and Permanent Housing for Existing Stock—Increase available transitional housing by working with private landlords. This will include:

- Landlord Incentive Fund/Risk pool for guaranteed rent and damage payments
- Master lease agreements with private landlords to provide housing
- Develop Community Development Corporations (CDC) to assist in increasing the number of affordable housing units

Priorities

Prioritizing the many activities needed to end homelessness is challenging. The complexity of homelessness requires a wide and varied web of activities and services to solve it. At the same time, there is not enough funding to implement all of the recommended activities immediately.

The plan identifies different types of activities, as outlined in the key action areas and the objectives and strategies section. The challenge is balancing the use of available funding between these activities.

The Benton Franklin Department of Human Services and the Continuum of Care Housing Task Force sets priorities each year for homeless housing, affordable housing, and the Washington State Department of Commerce housing assistance funds. These priorities focus on the specific areas identified by the Benton and Franklin Counties Continuum of Care 10-Year Planning Committee and the gaps of services identified in the yearly Point In Time Count. It is recommended that priorities be reviewed and set annually which allows the counties to respond to the changes affecting homelessness and shifts in the homeless housing environment.

The annual priorities set are also coordinated with other plans and planning documents required by various state and federal funding sources:

- The Tri-Cities Consolidated Plan
- Countywide Planning Policies
- The Report on Impediments to Fair Housing
- The HEARTH Act

The Bi-County 2163 Steering Committee and each of the 2060 Steering Committees along with Benton and Franklin Counties Department of Human Services will be charged with developing annual community priorities for implementation of this plan, balancing emergent priorities, and long-term needs.

Recommendations for State Policy Changes Needed to Address Homelessness

1. Encourage the state legislature to seek changes in those specific federal policies which negatively impact our community's ability to reduce or eliminate homelessness.
 - a) Modify the current HUD definition of "homelessness" to allow for less restrictive parameters in serving homeless populations. Current definition does not account for over crowding or at risk of homelessness.
 - b) Modify current federal HUD restrictions prohibiting substance abuser from accessing federal housing supports by allowing exceptions based upon active participation in substance abuse treatment and evidence of recovery.
2. Expand state support to efforts that divert mentally ill, substance abusers and individual with cognitive impairments from being jailed. Increase treatment, housing, and employment alternatives.
3. Eliminate federal blanket banishment of select drug abusers and felons from access to public housing resources based upon an individual's evidence of recovery and lack of arrest.
4. Provide some level of liability protection for housing providers that are willing to house and serve high risk individuals.
5. Provide clear standards for both tenants and rental property owners regarding the circumstances under which a month-to month tenancy may be terminated and eviction can occur.

Defining and Documenting Success

For a long time success in homeless programs was defined by how many people received housing services. Over time, the idea of what constitute success has shifted to focus on outcomes for the individuals served. It is no longer enough to say how many people received a particular service, but instead we must determine the efficacy of those services in reducing homelessness.

In addition, determining success in the area of reducing overall homelessness can be an elusive proposition. Several factors need to be taken into consideration:

- Population-The homeless population is in constant influx and ever changing of people who are becoming homeless at any given time, while at the same time previously homeless individuals become housed. Therefore, the overall number of homeless may stay relatively the same.
- Prevention Efforts- May be difficult to measure.
- Inaccurate Data or Counts- There are many homeless people who either do not consider themselves homeless because they are “staying with friends” or “living in their car” or “staying in a motel”, or they do not want to be counted due to a variety of personal issues. Our communities experience people that are homelessness but are not included in the data or counts.

Challenges notwithstanding, it is crucial that we develop ways to assess whether the time, effort and financial commitments to the homeless issues are effective.

Three tools will be used to assist with the evaluation of success:

- Annual Point In Time Count-Data collected from this one day event in January provides the state with basic statistics about Benton and Franklin County progress in reducing homelessness, and provides the Department of Human Services with information about the housing and services gaps.
- Homeless Management Information System (HMIS)-The collected data is used by the state to analyze the resources necessary to move individuals from homelessness to self-sufficiency. On a local level, it facilitates coordination between agencies and delivery of services to homeless individuals.
- Reports on homelessness by agency providers. Each agency is required to submit quarterly reports. In addition, collective meetings with agency services provides allows for a dissemination of information.
- Annual Continuum of Care Plan Evaluation Report reports accomplishment in each of the Strategic Goal & Objectives comparing proposed improvement to actual improvements.

Documenting Success

To access Benton and Franklin County success at reducing homelessness, the information will be provided by HMIS data, logic models, and outcome reports submitted by each agency quarterly.

The following performance measures provide ways to gauge the success of the programs employed:

Category	Standard	Source
Overall	Reduce the number of people who are homeless in Benton and Franklin County	Point in Time Count
Housing with Services and System Efficiency	Decrease the term (length) of homelessness	HMIS Data Homeless Dashboard
Housing with Services and System Efficiency	Individuals receiving rental assistance and services exit into permanent housing	HMIS Data Homeless Dashboard
System Efficiency	Decrease the amount of time it takes from the first point of contact to program entry to housing	Coordinated Entry System Data
Housing with Services	Increase the number of individuals exiting from a housing program with employment	HMIS Data Homeless Dashboard
Prevention	Increase and maintain the capacity of the homeless housing system	New providers and housing inventory
Housing with Services	Increase the number of individuals exiting from a housing program with increase of earned income	HMIS Data Homeless Dashboard
Prevention and System Efficiency	Decrease number of individuals re-entering the system and/or returning to homelessness within a year	HMIS Data Homeless Dashboard
System Efficiency	Improved quality of data	Monthly HMIS provider reports, Department of Commerce Reports
Prevention	Increase access to rental stock for people who experience homelessness	Landlord List Housing Locator
System efficiency	Increase the efficiency of the homeless housing system	HMIS, Point In Time Counts, Outcome Reports
Prevention	Prevent additional people from experiencing homelessness	New HMIS entries

Conclusion

Homelessness can be costly to the community as a whole. The State reports an estimated annual cost for providing supportive housing range from a low \$3,000 for less intensive services to \$8,000 for people who have been homeless for long periods of time and need intensive, long-term supports. By contrast, a 2006 Baylor University study reported that each chronically homeless individual cost the community approximately \$39,000 per year.

Lack of health insurance and preventative medical care is costly to low income and homeless people and to the healthcare system itself. Homeless people often rely on emergency room treatment for conditions which if treated early could be resolved at much less cost.

In addition to the direct costs of homelessness that we can track, there are those many costs that are less tangible but equally significant, because of their long term impact on both the individuals and families, but also on the institutions that serve them.

National studies report that children who are homeless are diagnosed with learning disabilities or speech and language impediments at a rate twice the norm. They are more likely to repeat grades, or not attend school at all. In addition to the costs to the child, there are significant costs to the school districts in meeting federal program mandates to provide needed services to homeless children.

Homelessness prohibits families from creating safe and stable environments where children can thrive. Homeless families most often live in a state of constant crisis based on many risk factors of their homeless status. We know that children growing up in homeless families are at greater risk of out of home placement, chronic health problems, emotional and psychological issues, poor school attendance, and performance.

Homelessness can severely impact the health and wellbeing of all family members. Children without a home are in poor health twice as often as other children, have higher rates of asthma, ear infections, stomach problems, and speech problems. Homeless children are twice as likely to experience hunger, and four times as likely to have delayed development.

Homeless children also experience more mental health problems, such as anxiety, depression, and withdrawal. Homelessness often causes separation which may lead to out-of-home placement. A homeless child is twice as likely to be placed into foster care or with relatives as housed children.

Homeless children are uniquely subject to victimization as a result of poverty, violence, and drug abuse that they encounter on the streets. Homeless children experience almost twice the number of traumatic events than housed children. Lifetime rates of sexual abuse among homeless children are twenty one percent (21%). (Better Homes Fund, 1999)

The most cost effective way to decrease homelessness is to prevent the endless flow of individuals and families who become homeless. Contrast this minimal cost for prevention with the immense cost to the family, social service agencies, and the community when a family becomes homeless. By focusing on preventing homelessness, we can most effectively reduce homelessness.

Benton and Franklin Counties enjoy a multitude of strengths that form a strong foundation for the strategies in this plan, although there are housing gaps that contribute to the plight of hundreds of homeless individuals. Reducing homelessness will require it to be one of our

community's top priorities. It will require us to integrate specific strategies to decrease homelessness and to implement broader policy changes to achieve an overall increase in affordable housing.

Improving coordination between agencies will be a necessary requirement in order to be successful in decreasing homelessness. The first step is the coordinated entry system and the coordinated housing interest list that Benton and Franklin Counties Department of Human Services is currently developing and plans to implement in 2013.

Advocacy in our local community and raising awareness is an issue within our community and is essential to creating the community that will work on the problem. Leadership on the issue of homelessness by our elected officials is the key to making the policy changes that are needed to pave the way for increased affordable housing.

Benton and Franklin Counties Homeless Housing Plan is an expression of a collective commitment to actively seek long term and sustainable solutions to the issue rather than to simply manage episodes of homelessness as they occur.

We need to examine our assumptions about this issue in the past, to honestly and critically assess our current activities and services, and ultimately do business differently, changing systems, redirecting existing resources, determining outcomes and program effectiveness, and secure commitments for additional funding.

It is evident that a new approach is needed since people keep falling into homelessness; those who are chronically homeless recycle through the system using resources without successfully gaining and maintaining housing. This 10-Year Plan Phase Two proposes strategies to correct the flaws. It builds on successful programs, expanding capacity to meet the level of need, creates new and innovative approaches, and knits them together into a comprehensive and effective bi-countywide system of care.