



HOMELESS PREVENTION & RESPONSE SYSTEM

# **STRATEGIC PLAN**

**JULY 2017**

## Contents

<b>I.</b>	<b>Introduction</b>	<b>1</b>
<b>II.</b>	<b>Purpose</b>	<b>1</b>
<b>III.</b>	<b>Landscape Assessment: Homelessness in Snohomish County</b>	<b>2</b>
<b>A.</b>	<b>Causes of Homelessness in Snohomish County</b>	<b>2</b>
<b>1.</b>	<b>Community-Level Determinants</b>	<b>2</b>
<b>2.</b>	<b>Social Determinants</b>	<b>4</b>
<b>3.</b>	<b>Causes of Homelessness among Youth and Young Adults</b>	<b>6</b>
<b>B.</b>	<b>Local Data</b>	<b>6</b>
<b>C.</b>	<b>Subpopulations of Individuals and Families Experiencing Homelessness</b>	<b>7</b>
<b>D.</b>	<b>Homeless Housing and Services System</b>	<b>12</b>
<b>E.</b>	<b>System Performance Measures</b>	<b>17</b>
<b>IV.</b>	<b>Goals, Objectives, and Strategies</b>	<b>19</b>
	<b>Goal 1: Equity of Access and Rapid Response to People in Need</b>	<b>19</b>
	<b>Goal 1, Objective 1: Comprehensive and Coordinated Outreach</b>	<b>19</b>
	<b>Goal 1, Objective 2: Streamlined System</b>	<b>20</b>
	<b>Goal 2: Effective and Efficient</b>	<b>21</b>
	<b>Goal 2, Objective 1: Maximize System Capacity</b>	<b>21</b>
	<b>Goal 2, Objective 2: Training &amp; Support on Evidence-Based Practices</b>	<b>24</b>
	<b>Goal 3: Cross-System Approach</b>	<b>26</b>
	<b>Goal 3, Objective 1: Integrated Care</b>	<b>26</b>
	<b>Goal 3, Objective 2: Criminal Justice</b>	<b>27</b>
	<b>Goal 3, Objective 3: Education and Employment</b>	<b>28</b>
	<b>Goal 3, Objective 4: Other Systems of Care</b>	<b>31</b>

## Appendices

Appendix A	Data on Causes and Impacts of Homelessness in Snohomish County
Appendix B	Individuals and Families Experiencing Homelessness in Snohomish County
Appendix C	Homeless Housing Inventory and Costs
Appendix D	System Performance
Appendix E	Strategic Plan-System Performance Measures Crosswalk
Appendix F	Partnerships to End Homelessness Work Plan

## I. Introduction

A safe, stable, and affordable home is one of the most basic needs for any individual or family. Without a stable home, it is far more difficult for a student to succeed in school, for a veteran to reenter civilian life, or for any individual or family to maintain basic health and wellbeing.

For more than 20 years, the Snohomish County Human Services Department (HSD) and Everett/Snohomish County Continuum of Care (CoC) planning body/Board have led a coordinated effort to prevent and end homelessness in Snohomish County. In recent years, the HSD and the Partnership to End Homelessness CoC Board have partnered with local agencies to implement system transformations that focus on the most effective and efficient interventions for quickly moving individuals and families experiencing homelessness into permanent housing.

By targeting effective and efficient interventions and using evidence-based practices, we can ensure that every individual and family experiencing homelessness has a safe, stable, and affordable home. This Plan builds on the successes of recent systems transformations and outlines specific goals, objectives, and strategies for preventing and ending homelessness in Snohomish County. It is aligned with *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* from the U.S. Interagency Council on Homelessness, and has adopted the goals of ending homelessness among all individuals and families, including those experiencing chronic homelessness, veterans, and youth.

*Since the founding of our country, “home” has been the center of the American dream. Stable housing is the foundation upon which everything else in a family’s or individual’s life is built—without a safe, affordable place to live, it is much tougher to maintain good health, get a good education or reach your full potential.*

President Obama, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#), 2010, as amended in 2015.

This Plan has been adopted by the Partnership to End Homelessness, the governing body for the Everett/Snohomish County CoC, whose vision is that every person in Snohomish County lives in safe, stable, and affordable housing with access to necessary services and economic opportunity.

## II. Purpose

The purpose of this Plan is to enhance the community’s current response to preventing and ending homelessness, so that:

1. The homeless housing and service system **rapidly responds** to people in need by prioritizing the most vulnerable and provides **equitable access** to safe, stable, and affordable housing;
2. The homeless housing and service system utilizes **evidence-based practices** to **effectively and efficiently** assist people in crisis; and
3. There is an **integrated, cross-system approach** that prevents and ends homelessness in Snohomish County.

### III. Landscape Assessment: Homelessness in Snohomish County

#### A. Causes of Homelessness in Snohomish County

In order to both prevent and end homelessness, it is imperative to examine the various factors that may cause an individual or family to become homeless. Causes of homelessness in Snohomish County are nuanced and complex, and include community-level determinants, such as rising rental costs that outpace income growth and a lack of affordable housing, to social determinants, such as opioid addiction, mental health, and domestic violence. Refer also to **Appendix A** for additional **Data on the Causes and Impacts of Homelessness in Snohomish County**. It is important to note that national reports on the causes of homelessness are mirrored in local data from the Low-Income Needs Assessment conducted under the oversight of the County's Community Services Advisory Council and from the annual Point-in-Time Count, discussed in further detail below, conducted under the guidance of the Partnership to End Homelessness. Further, it is important to recognize that the causes reported below have their roots in macro-economic factors for which national-level public policy has been a contributing, if not driving, factor.

##### 1. Community-Level Determinants

###### Increasing Rents that Outpace Income Growth

There are numerous economic and social causes of homelessness but first among them is the growing variance between rent and income. In Snohomish County, average rental costs have grown at a much faster rate than increases in income and wages. From 2010 to 2015, the average rent for a two-bedroom unit in Snohomish County increased by 27.2%.<sup>1</sup> However, the median household income increased by 6.7%; and, the median hourly wage increased by 4.9%.<sup>2</sup> "National research shows a connection between rent increases and homelessness: a \$100 increase in rent is associated with an increase in homelessness of between 6 and 32 percent."<sup>3</sup>

The lack of income growth is closely tied to national and international forces that are restructuring the labor market with a particularly profound impact on low-wage workers.<sup>4</sup> This lack of income growth is coupled with a decline in public assistance, resulting in an increase in extreme poverty and decreasing housing stability among the most vulnerable individuals and families.<sup>5</sup>

###### Low Vacancy Rates

The effects of rising rents and stagnant wages are compounded by very low vacancy rates, making it even more difficult for individuals and families to access affordable housing. In 2017, the average vacancy rate

---

<sup>1</sup> Since 2015, rents have continued to rise; in 2017, the average two-bedroom rent was \$1,347, which is a 49.5% increase over 2010. Snohomish County Rent Reasonableness Survey, prepared by Patty Dupré, Dupre + Scott Apartment Advisors, Inc., 2010-2017.

<sup>2</sup> Washington State Employment Security Department, [Snohomish County Profile, County data tables](#).

<sup>3</sup> Washington State Department of Commerce, [Why is homelessness increasing?](#) January 2017, page 1.

<sup>4</sup> U.S. Interagency Council on Homelessness, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 2010, as amended in 2015](#), page 14, which is derived from Quigley, J., et al. 2001. *Homeless in California*, Public Policy Institute of California, University of California, Berkeley; \_\_\_\_\_, 2002. "Homeless in America, Homeless in California," *The Review of Economics and Statistics* 83(1); 37-51; Lowrey, A., "Cities Advance Their Fight Against Rising Inequality," *The New York Times*, April 6, 2014.

<sup>5</sup> Ibid.

of a two-bedroom apartment in Snohomish County was 3.7%.<sup>6</sup> The Washington State Department of Commerce reported that “[v]acancy rates below 5% [...] are generally too low, and lead to housing price inflation.”<sup>7</sup>

Low vacancy rates also impact the effectiveness of various homeless housing interventions that rely on private rental housing, such as rapid rehousing and scattered-site permanent supportive housing. While rapid rehousing has been shown to quickly house homeless individuals and families at relatively low costs, low vacancy rates make it difficult to locate and obtain safe and affordable housing in the private market.

### **Lack of Affordable Housing**

Snohomish County has a shortage of affordable and available housing units for low income households; the County has deficits of 27,752 and 24,179 units that are affordable and available for extremely low income households (less than or equal to 30% Area Median Income (AMI)) and for very low income households (between 30% and 50% AMI), respectively.<sup>8</sup> In Snohomish County, a lack of housing that is affordable to low-income households, particularly very low and extremely low income households, puts a large portion of our community at risk of becoming homeless. Historically, the measure of housing affordability was that households not spend more than 30% of income on housing costs, including rent and utilities; households that spend more than 30% are considered to be **cost burdened**.<sup>9</sup> Based on average rents in 2017, a household would need to earn **\$53,880** annually (or **\$25.90** hourly for a full-time worker) to afford a two-bedroom unit in Snohomish County without being cost burdened. A person earning Washington State’s minimum wage of \$11.00 per hour would need to work **94 hours per week** (the equivalent of **2.4 full-time jobs**) to afford a two-bedroom unit in Snohomish County.

*[...] millions of Americans-those who are severely cost burdened by housing costs-are vulnerable to homelessness, and [...] it is becoming harder to find affordable housing for people experiencing homelessness.*

National Alliance to End Homelessness, [As Rental Costs Rise, Incomes Fall, and Low-Income Renters Are Left Behind](#), December 15, 2015.

In jurisdictions that face rising rental costs, households often spend more than 50% of income on housing costs, which is considered **severely cost burdened**. Individuals and families who are severely cost burdened are more likely to experience homelessness as a result of an unexpected event, such as losing employment.<sup>10</sup> In 2015, 47.4% of Snohomish County rental households were cost burdened and 21.1% were severely cost burdened.<sup>11</sup> “The private market rarely produces new rental housing affordable to the lowest income households without public subsidy. [...] [Extremely low income] households are better

<sup>6</sup> Snohomish County Rent Reasonableness Survey, prepared by Patty Dupré, Dupre + Scott Apartment Advisors, Inc., 2010 to 2017.

<sup>7</sup> Washington State Department of Commerce, [Why is homelessness increasing?](#), January 2017, page 2.

<sup>8</sup> Housing Consortium of Everett and Snohomish County, [Housing Snohomish County Project](#), Phase I, June 2017. Unmet need was calculated by comparing “the number of income-restricted housing units available to the number of households paying more than 30% of their income towards housing costs.”

<sup>9</sup> U.S. Interagency Council on Homelessness, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#), 2010, as amended in 2015, page 38.

<sup>10</sup> National Alliance to End Homelessness, [The State of Homelessness in America](#), 2016, page 48.

<sup>11</sup> Washington State Employment Security Department, [Snohomish County Profile](#), Cost Burdened Renters.

served by deep subsidies determined by the tenant's income. [...] Unfortunately, these programs [i.e., Section 8, etc.] are not funded at the level needed to serve all of the nation's lowest income renters."<sup>12</sup>

In addition, a lack of affordable housing can lead to people living "doubled up," which is a housing situation that is often temporary and unstable. "People who are living with family and friends are described as living doubled up. [...] Not surprisingly, living doubled up has consistently been shown as the most common prior housed living situation of people who become homeless."<sup>13</sup>

## 2. Social Determinants

### Behavioral Health

Behavioral health issues, including mental illness and chronic substance abuse, are risk factors for homelessness. Behavioral health issues, in turn, are exacerbated by the experience of homelessness. The stresses and negative health effects of homelessness and behavioral health issues compound one another; individuals and families experiencing both homelessness and behavioral health issues face higher mortality rates and are more likely to face victimization than the general population.<sup>14</sup>

### ***Opioid Epidemic and Substance Use Disorders***

*While the [opioid] epidemic is notable for affecting people from any race, gender, socioeconomic status, or other identifier, its effects are felt in unique and notably harmful ways by people who are experiencing homelessness. Evidence indicates that substance use disorders are known risk factors for homelessness, and data clearly shows that substance abuse and overdose disproportionately impact homeless people.*

National Alliance to End Homelessness, [Opioid Abuse and Homelessness](#), 2016.

While the opioid epidemic has had a devastating effect across the State, it has had a disproportionate impact in Snohomish County. From 2011 to 2015, Snohomish County experienced 16.18% of all heroin-related deaths in Washington even though the County represents only 10% of the State population.<sup>15</sup> From 2010 to 2015, admissions to publicly-funded outpatient treatment programs with opiates as a primary substance, rose by 78.6% per 100,000 Snohomish County residents. From 2002 to 2015, the rate increased by 964.7% per 100,000 Snohomish County residents.<sup>16</sup>

Chronic substance abuse is a risk factor of homelessness and in some cases it is the direct cause of homelessness.<sup>17</sup> Substance abuse disrupts relationships with family and friends and can exhaust an individual's ability to rely on social networks. It can also lead to job loss and individuals already struggling to pay rent can end up losing their home. However, research has also shown that substance abuse is a

<sup>12</sup> National Low Income Housing Alliance, [The GAP: A Shortage of Affordable Homes](#), March 2017, pages 9, 10.

<sup>13</sup> National Alliance to End Homelessness, [The State of Homelessness in America](#), 2016, page 50.

<sup>14</sup> Treatment Advocacy Center, Office of Research & Public Affairs, [Serious Mental Illness and Homelessness](#), September 2016.

<sup>15</sup> Washington State Department of Health, [Opioid-Related Deaths in Washington State, 2006-2015](#).

<sup>16</sup> Washington State Division of Behavioral Health and Recovery System for Communicating Outcomes, [Performance and Evaluation. 2002-2015](#), March 2017.

<sup>17</sup> National Alliance to End Homelessness, [Opioid Abuse and Homelessness - Fact Sheet](#), April 5, 2016.

result of homelessness. “People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain temporary relief from their problems.”<sup>18</sup>

### ***Mental Health***

Serious mental illness can impact an individual’s ability to tend to essential self-care, form and maintain relationships, manage a household, and perform everyday social functions. These risk factors, coupled with the stresses of living with a mental illness, lead to higher rates of homelessness among persons with mental illnesses than the general population.<sup>19</sup> According to the National Alliance on Mental Illness (NAMI) Washington, 6% “of those with a mental health condition are homeless or in jail.”<sup>20</sup>

Nationally, a period of rising homelessness emerged in the 1980s due in part to the closing of state psychiatric institutions.<sup>21</sup> Decreasing availability of psychiatric hospital beds is correlated with increasing rates of homelessness.<sup>22</sup> A 2014 study by the Washington State Institute for Public Policy on the State’s capacity and utilization of psychiatric beds found that “[i]n 2011, Washington State ranked nearly last among all states in the total number of psychiatric beds available per person.”<sup>23</sup> In 2016, Washington State’s behavioral health system was ranked 47<sup>th</sup> out of 50 states due to high prevalence of mental illness and low access to care.<sup>24</sup>

### **Domestic Violence**

Domestic violence is a leading cause of homelessness among women and children. The risk is especially great for women and children with limited economic resources.<sup>25</sup> When fleeing or attempting to flee domestic violence, individuals and families are often isolated from their support networks and financial resources, making it difficult to obtain safe and stable housing.<sup>26</sup> For many, domestic violence is an immediate cause of homelessness. The Family and Youth Services Bureau found that “between 22 and 57% of homeless women report that domestic violence was the immediate cause of their homelessness.”<sup>27</sup> A national study found that a major cause of homelessness among children is “the ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for children and families.”<sup>28</sup>

---

<sup>18</sup> Didenko, Eugenia, and Nicole Pankratz, “[Substance Use: Pathways to homelessness? Or a way of adapting to street life?](#),” reprinted from “Housing and Homelessness” issue of Visions Journal, 2007, 4(1), 9-10.

<sup>19</sup> [National Coalition for the Homeless, Mental Illness and Homelessness, July 2009.](#)

<sup>20</sup> National Alliance on Mental Illness Washington, [Advocacy.](#)

<sup>21</sup> U.S. Interagency Council on Homelessness, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#), 2010, as amended in 2015.

<sup>22</sup> Treatment Advocacy Center, Office of Research & Public Affairs, [Serious Mental Illness and Homelessness](#), September 2016.

<sup>23</sup> Washington State Institute for Public Policy, [Inpatient Psychiatric Capacity and Utilization in Washington State](#), January 2015.

<sup>24</sup> Mental Health America, [2016 State of Mental Health in America – Ranking the States.](#)

<sup>25</sup> HUD Exchange, [Domestic Violence and Homelessness](#)

<sup>26</sup> National Alliance to End Homelessness, [Issues: Domestic Violence.](#)

<sup>27</sup> Family and Youth Services Bureau, [Domestic Violence and Homelessness: Statistics \(2016\)](#)

<sup>28</sup> The National Center on Family Homelessness at American Institutes for Research, [America's Youngest Outcasts.](#)

*“Domestic violence is a primary cause of family homelessness because many victims leave their homes to pursue safety. [...] Victims of domestic violence need housing options that meet their immediate and long-term needs.”*

Commissioner Rafael Lopez, U.S. Department of Health and Human Services’ Administration on Children, Youth, and Families, as quoted in the Department of Justice, Office of Public Affairs, [Justice News](#), November 4, 2015.

From 2011 to 2016, the annual number of calls to North Sound 2-1-1, in which the caller sought referral to domestic violence emergency shelter increased 49%, from 152 to 295 requests.

### 3. Causes of Homelessness among Youth and Young Adults

Causes of homelessness for youth and young adults and their experiences with homelessness are often very different than adults’ experiences. “Causes of homelessness among youth fall into three inter-related categories: family problems, economic problems, and residential instability.”<sup>29</sup>

*Most unaccompanied youth experiencing homelessness, particularly those in at-risk groups, have significant experience with trauma. Traumatic experiences can include multiple types of abuse, neglect, and exposure to violence. Youth often leave home as a result of a severe family conflict, which may include physical and/or sexual abuse.*

U.S. Interagency Council on Homelessness, [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#), 2010, as amended in 2015, page 21.

Youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) face an increased risk of homelessness. The causes of homelessness among LGBTQ youth include family conflict, physical abuse, sexual abuse, abandonment, and rejection by parents and guardians. While homeless, LGBTQ youth experience greater physical and sexual exploitation than their heterosexual peers. National estimates indicate that one in five homeless youth identify as LGBTQ.<sup>30</sup>

## B. Local Data

### Point-In-Time Count

The Point-in-Time (PIT) Count, which is required by the U.S. Department of Housing and Urban Development (HUD), is a count of the number of homeless individuals and families who are **sheltered**<sup>31</sup> and **unsheltered**<sup>32</sup> in Snohomish County. The PIT Count, conducted annually by community partners, volunteers, and HSD staff in the last 10 calendar days of January, is used to analyze overall trends, inform funding priorities for homeless housing and services, and track progress toward the goal of preventing

<sup>29</sup> National Coalition for the Homeless, [Homeless Youth NCH Fact Sheet #13](#), August 2007.

<sup>30</sup> National Alliance to End Homelessness, [Incidence and Vulnerability of LGBTQ Homeless Youth](#), 2007.

<sup>31</sup> A homeless individual or family who is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

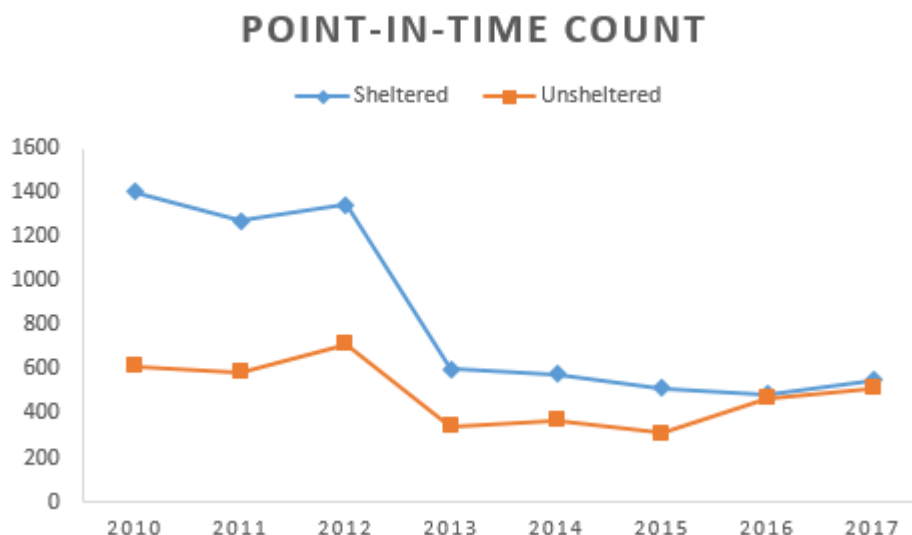
<sup>32</sup> A homeless individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.



and ending homelessness in Snohomish County. There were 1,066 individuals and persons in families counted in the 2017 PIT Count, an 11% increase from the year prior. Of those, 515 were unsheltered, a 9% increase from the year prior.

#### **Note on the PIT Count**

While it does allow for a review of the trends in homelessness from year to year, it is important to note that there are inherent limitations to the PIT data. The PIT Count is a snapshot from a single night and the data are limited to the individuals and families who are contacted and surveyed on that night. While PIT outreach efforts are extensive, it does not reach every person experiencing homelessness. PIT data are further limited by changes to the data elements that HUD requires to be collected, as well as changes to relevant definitions, including HUD's 2012 change to the definition of homelessness and 2016 change to the definition of chronic homelessness. During 2011 and 2012, the PIT Count methodology changed, allowing for better deduplication of the persons counted. As a result of the reclassification of transitional housing beds in 2013, the number of "sheltered"<sup>33</sup> persons significantly decreased.



#### **Snohomish County Homeless Management Information System (HMIS)**

The Snohomish County Homeless Management Information System (HMIS) is a database used by agencies that provide housing and needed services to individuals and families who are homeless or at-risk of homelessness. HMIS assists agencies to record and track client service data, generate reports, and provide information helpful to funders, planners, and policymakers, and increase coordination among provider agencies. HMIS collects data on individuals and families through coordinated entry, outreach, homelessness prevention, emergency shelter, transitional housing, supportive services, and permanent housing, including rapid rehousing, permanent supportive housing, and other permanent housing.

### **C. Subpopulations of Individuals and Families Experiencing Homelessness**

Through the PIT Count and the Snohomish County HMIS, data on homeless subpopulations is gathered in order to tailor interventions to their unique needs.

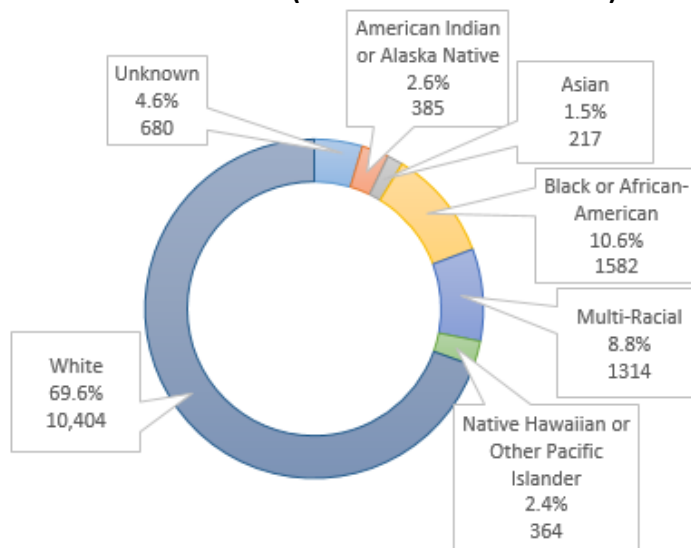
---

<sup>33</sup> "Sheltered" persons include persons in emergency shelter and transitional housing.

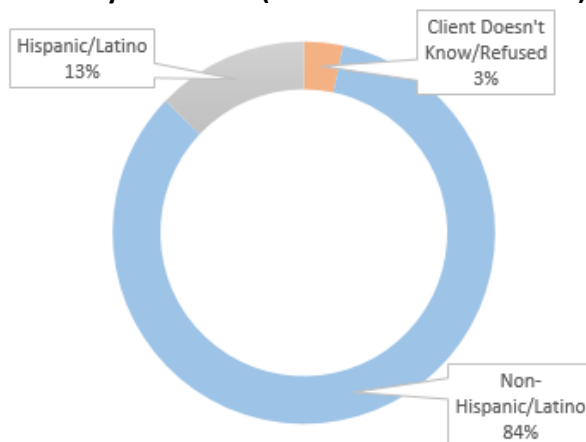
### Racial and Ethnic Identification

Individuals and families enrolled in the Snohomish County HMIS are disproportionately people of color; 25.8% of persons enrolled in HMIS identified as American Indian or Alaska Native, Asian, Black or African American, Multi-Racial, or Native Hawaiian or Other Pacific Islander, whereas 19.7% of the general Snohomish County population identified as such. Furthermore, 12.9% of persons enrolled in HMIS identified as Hispanic/Latino, compared to 10.0% in Snohomish County. While African Americans represent close to 3% of the Snohomish County population, they represent almost 11% of those enrolled in HMIS.<sup>34</sup>

**Race of Persons (Calendar Year 2016 HMIS)**



**Ethnicity of Persons (Calendar Year 2016 HMIS)**



**Federally-Recognized Subpopulations** While the causes of homelessness are unique for every individual and family experiencing homelessness, the following four distinct subpopulations are identified in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* as tending to have clusters of needs that must be addressed to target programming to prevent and end homelessness among them.

<sup>34</sup> U.S. Census Bureau, [American FactFinder](#), 2011-2015 American Community Survey 5-Year Estimates.

This “topography” of homelessness is widely utilized in the development and analysis of evidence-based programming.

### **Veterans Experiencing Homelessness**

There were 43 unsheltered homeless veterans counted in the 2017 PIT count, a 19.4% increase from the year prior. In Calendar Year 2016, HMIS data show that 6.0% of the adult homeless population identified as veterans. Among veterans, the causes of homelessness are similar to those in the general population and include disparities between income and rent, lack of affordable housing, and social determinants, such as behavioral health. However, veterans often have unique needs because of their experiences with combat and repeated deployments, which can create additional risk factors for homelessness, including Post-Traumatic Stress Disorder and traumatic brain injury. These factors also increase the risk of substance abuse disorders and other behavioral health issues. A study to determine the leading risk factors for homelessness among veterans indicated that substance abuse may have the highest impact on relative risk for homelessness among this population.<sup>35</sup>

Cross-system coordination by service providers is key to identifying veterans who are experiencing homelessness and connecting them to needed services. Generally, veterans with less than honorable discharge are not eligible for Veteran Affairs benefits and services; therefore, other flexible funding sources are essential to serving this population.

*[...] [L]ike their non-veteran counterparts, many homeless veterans can exit homelessness with the help of rental assistance and a few additional services. [...] However, numerous homeless veterans face some of the same challenges as people experiencing chronic homelessness: mental illness, substance abuse and addiction, and physical disability. For veterans, many of these ailments may be the result of service-induced trauma. As such, the first step to ending homelessness among veterans is to address vulnerability factors when soldiers are discharged.*

National Alliance to End Homelessness, [Veterans – Solutions](#).

### **Individuals and Families Experiencing Chronic Homelessness**

There were 313 unsheltered chronically homeless individuals<sup>36</sup> counted in the 2017 PIT count, a 48.3% increase from the year prior. In Calendar Year 2016, HMIS data show that 256 persons were chronically homeless. A chronically homeless individual is a person with a qualifying disability who has experienced homelessness for 12 months or longer, either continuously or cumulatively in at least four episodes in the last three years.<sup>37</sup> Chronically homeless individuals often cycle in and out of public systems, such as jails, prisons, hospitals, and emergency shelters; these “frequent utilizers” have a significant financial impact

---

<sup>35</sup> Tsai J, Kaspro WJ, Rosenheck RA. Latent Homeless Risk Profiles of a National Sample of Homeless Veterans and Their Relation to Program Referral and Admission Patterns. Am J Public Health. 2013 December; 103 (Suppl 2): S239–S247.

<sup>36</sup> The U.S. Department of Housing and Urban Development (HUD) published the [Defining “Chronically Homeless” Rule](#) (FR-5809-F-01) on December 4, 2015; a chronically homeless individual or family has a disability, currently lives on the streets or in emergency shelter, and has lived on the streets or in emergency shelter continuously for at least 12 months, or on four (4) separate occasions in the last three (3) years where the combined occasions equal at least 12 months.

<sup>37</sup> Ibid.

on communities because of their frequent use of high-cost interventions.<sup>38</sup> PIT data from 2017 clearly shows that the incidence of single and co-occurring behavioral health disorders are on the rise among chronically homeless individuals, as are co-occurring disorders coupled with one or more chronic physical health conditions.

Overwhelming evidence shows that chronically homeless individuals with long histories of substance abuse can achieve stability and positive health outcomes in supportive housing.<sup>39</sup> Low barrier and housing first approaches coupled with strong partnerships between behavioral health and housing service providers are key components to successful programs serving this subpopulation. “The importance of making a variety of safe, affordable housing options available cannot be overstated. Without housing, services and supports cannot be effective.”<sup>40</sup>

### ***Families with Children Experiencing Homelessness***

There were 44 unsheltered homeless persons in families with children<sup>41</sup> counted in the 2017 PIT count, a 25.7% increase from the year prior. Families with children represented 37% of the households enrolled in HMIS during Calendar Year 2016. Families experiencing homelessness face significant challenges, including poverty, high rates of domestic violence, and behavioral health issues. In addition, they often have young children. In 2016, HMIS data show that 51.4% of families with children had at least one child under the age of 6. Women are also overrepresented in this subpopulation. In 2016, 57.2% of families with children in HMIS were headed by single women. These local trends match those at the national level. A report from the U.S. Department of Health and Human Services found that “the typical profile of a homeless family is one headed by a single woman in her late 20s with approximately two children, one or both under 6 years of age.”<sup>42</sup>

Research on early brain development shows that toxic stress resulting from homelessness – even short periods of homelessness and pre-natal homelessness – can have lifelong impacts on a child’s physical, cognitive, social, and behavioral health.<sup>43</sup> Interventions that rapidly move families to permanent housing are critical for families with children. Families experiencing homelessness are often able to quickly access permanent housing with assistance from less intensive interventions.<sup>44</sup> Rapid interventions that include navigation services and connections to mainstream resources are a best-practice for this subpopulation.

### ***Unaccompanied Youth and Young Adults Experiencing Homelessness***

There were 66 unsheltered unaccompanied homeless youth and young adults under the age of 25 counted in the 2017 PIT count, a 53.5% increase from the year prior. HMIS data show that there were 163 unaccompanied youth enrolled in HMIS during Calendar Year 2016. However, data on homeless youth has

---

<sup>38</sup> Harding, Courtney S., and Caterina G. Roman, Temple University, Identifying Discrete Subgroups of Chronically Homeless Frequent Utilizers of Jail and Public Mental Health Services, Criminal Justice and Behavior, 2017, Vol. 44, No. 4, April 2017, 5011-530.

<sup>39</sup> U.S. Interagency Council on Homelessness, ["Strategies to Address the Intersection of the Opioid Crisis and Homelessness"](#), February 2017.

<sup>40</sup> Substance Abuse and Mental Health Services Administration, [Blueprint for Change](#)

<sup>41</sup> To be counted, families with children must have at least one (1) adult age 18 and older.

<sup>42</sup> Rog, Debra J., Ph.D., C. Scott Holupka, Ph.D., and Lisa C. Patton, Ph.D., U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, [Characteristics And Dynamics of Homeless Families With Children](#), Fall 2007.

<sup>43</sup> Sandel, Megan, MD MPH, Richard Sheward, MPP, and Lisa Sturtevant Ph.D., [Compounding Stress: The Timing and Duration Effects of Homelessness on Children's Health](#), June 2015.

<sup>44</sup> U.S. Department of Housing and Urban Development, [Rapid Rehousing](#).

been historically limited given that youth may hide their homelessness or not access public systems.<sup>45</sup> Therefore, it is useful to consider data from other systems of care to get a more nuanced picture of homelessness among youth.<sup>46</sup> The Department of Education reported that from School Year (SY) 2013-2014 to SY 2014-2015, the number of unaccompanied homeless students<sup>47</sup> in Snohomish County rose by 148 students, from 252 to 400, representing a 59% increase.<sup>48</sup>

Youth experiencing homelessness are more likely to suffer academically than their stably housed peers. They are more likely to drop out of school and have higher absentee rates; on average, they score substantially lower on state tests.<sup>49</sup> In Snohomish County, data show that the graduation rate for students who are homeless is 51.3%, which is 28.3% points lower than the rate for all students.<sup>50</sup> “Housing is a fundamental component of stability for a young person, yet housing alone will not support the transition to a healthy, productive adulthood. A more holistic and coordinated approach is needed to provide young people with the educational, emotional, and safety supports to develop into healthy adulthood.”<sup>51</sup>

### **Additional Subpopulations**

Two additional subpopulations of note that are not included in the national topography are survivors of domestic violence and seniors.

### ***Survivors of Domestic Violence***

There were 135 unsheltered homeless individuals counted in the 2017 PIT who reported they were fleeing or attempting to flee domestic violence, a 35% increase from the year prior. More than 15% of households enrolled in HMIS in Calendar Year 2016 reported experiencing domestic violence. The experiences of domestic violence and homelessness can have long term effects on health and wellbeing. In addition to the risk of injury and death, persons fleeing or attempting to flee domestic violence face increased risk of adverse health conditions. Women who have experienced domestic violence are 80% more likely to have a stroke, 70% more likely to have heart disease, 70% more likely to drink heavily, and three times as likely to contract a sexually transmitted disease.<sup>52</sup> For children, the trauma caused by exposure to domestic violence affects their academic success, likelihood of becoming a victim or perpetrator of violence, and overall physical and emotional health.<sup>53</sup> As a child’s exposure to Adverse Childhood Experiences (such as

---

<sup>45</sup> Washington State Department of Commerce, [Office of Homeless Youth Prevention & Protection Programs 2016 Report](#), December 2016.

<sup>46</sup> Under HUD, homelessness is defined more narrowly than under the U.S. Department of Education. For education purposes, the federal McKinney-Vento Act more broadly defines homelessness in an effort to provide protections and supports for students living in a variety of unstable housing situations: homeless children and youth is defined as those who lack “a fixed, regular, and adequate nighttime residence,” and includes children and youth who are living in doubled up situations.

<sup>47</sup> An unaccompanied homeless student is a homeless youth who is not in the physical custody of a parent or guardian.

<sup>48</sup> U.S. Department of Education, [EdFacts Initiative](#).

<sup>49</sup> State of Washington Office of Superintendent of Public Instruction, [Report to the Legislature, UPDATE: Homeless Students Data 2016](#), January 2017.

<sup>50</sup> State of Washington Office of Superintendent of Public Instruction, [Dropout and Graduation Reports](#).

<sup>51</sup> Washington State Department of Commerce, [Office of Homeless Youth Prevention & Protection Programs 2016 Report](#), December 2016, page 6.

<sup>52</sup> Center For Disease Control, [Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence](#), 2005.

<sup>53</sup> Futures Without Violence, [The Facts On Children's Exposure to Violence](#).

domestic violence) increases, so does the risk of mental distress, depression, disability, lowered educational attainment, heart disease, and stroke.<sup>54</sup>

Too often, the lack of affordable housing causes persons fleeing or attempting to flee domestic violence to experience homelessness or stay in an abusive household.<sup>55</sup> Immediate housing and tailored services are needed to assist persons fleeing or attempting to flee domestic violence.

### **Seniors**

Individuals 65 years of age and older are a rapidly growing cohort. “As 10,000 people turn 65 every day in the US, and the population ages in general, the homeless population will age. [...] When one considers economic factors, even more seniors are aging into poverty and homelessness.”<sup>56</sup> The inability to remain in one’s home has significant cost implications to not only the housing system but also to health and behavioral health care and emergency management systems. Efforts aimed at preventing this growing population from becoming homeless are essential.<sup>57</sup>

Nationally, in 2014, 31% of the homeless population were people over the age of 50; that same year, there were 306,000 people over 50 who were unsheltered, which represents a 20% increase since 2007.<sup>58</sup> National projections indicate that this number may be expected to more than double if public policy changes and associated program interventions are not instituted now.<sup>59</sup> Locally, HMIS data show that 29.1% of heads of households enrolled in HMIS during Calendar Year 2016 were 50 years of age and older. Older adults who are homeless are more likely than their younger counterparts to have chronic medical conditions and cognitive impairments; “[...] one study found that they were 3.6 times as likely to have a chronic medical condition as homeless adults under 50.”<sup>60</sup> Many older adults who are homeless require longer term interventions targeted to persons with high service needs, such as permanent supportive housing.<sup>61</sup>

## **D. Homeless Housing and Services System**

The process by which individuals and families access permanent housing through the homeless housing and service system has undergone an extensive review, re-design, and implementation process over the past eight years under the Investing in Futures (IIF) initiative, which was designed to increase the efficiency and effectiveness of Snohomish County’s homelessness housing and service system, and improve the

---

<sup>54</sup> Centers for Disease Control and Prevention, [About Behavioral Risk Factor Surveillance System ACE Data](#).

<sup>55</sup> Commissioner Rafael Lopez, U.S. Department of Health and Human Services’ Administration on Children, Youth, and Families, as quoted in the Department of Justice, Office of Public Affairs, [Justice News](#), November 4, 2015.

<sup>56</sup> Justice in Aging: Fighting Senior Poverty through Law, [How to Prevent and End Homelessness Among Older Adults](#), Special Report, April 2016.

<sup>57</sup> CSH and Hearth: Ending Elder Homelessness, [Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing](#), Revised Policy Paper Prepared for the National Leadership Initiative to End Elder Homelessness, December 2011.

<sup>58</sup> Nagourney, Adam. “[Old and on the Street: The Graying of America’s Homeless](#),” New York Times, May 31, 2016.

<sup>59</sup> In Focus, [Aging and Housing Instability: Homelessness among Older and Elderly Adults](#), A Quarterly Research Review of the National HCH Council: Vol. 2, Issue I, September 2013.

<sup>60</sup> CSH and Hearth: Ending Elder Homelessness, [Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing](#), Revised Policy Paper Prepared for the National Leadership Initiative to End Elder Homelessness, December 2011.

<sup>61</sup> Justice in Aging: Fighting Senior Poverty through Law, [How to Prevent and End Homelessness Among Older Adults](#), Special Report, April 2016.

experiences of the individuals and families who access this system. The key elements to system re-design are outlined below.

### **Outreach Services**

Outreach workers engage individuals and families who are experiencing homelessness in services and connect them to housing through the Coordinated Entry system; see below for additional information on Coordinated Entry. In Snohomish County, outreach efforts reach individuals and families who are unsheltered and living on the streets or in other places not meant for human habitation: the Outreach Coalition is a cross-system collaboration that identifies areas in Snohomish County where homeless individuals and families are known to live and coordinates outreach to these individuals and families; in addition, Law Enforcement Embedded Social Workers provide outreach to homeless individuals to engage them in needed services. Outreach efforts also reach individuals and families who are in institutions, such as jail, to keep them from becoming homeless again, and those who are at imminent risk of homelessness through such programs as the Student Support Advocacy Program, which provides supports for high-risk students.

### **Low-Barrier and Housing First**

Consistent with federal and state guidance on evidence-based practices, Snohomish County's Partnership to End Homelessness has adopted a low-barrier and housing first approach and is expanding implementation to all levels of the homeless housing and service system. A core principle of housing first is the belief that all people are ready for housing. Housing first means that no individual or family is denied housing because they face challenges with sobriety or substance use, poor credit or financial history, or have past involvement with the criminal justice system. Instead, safe and stable housing is viewed as the first step in meeting these challenges and provides individuals and families with a foundation on which they are then able to work on overcoming barriers to housing stability. Housing first also creates efficiencies in the homeless housing and service system by providing pathways to permanent housing for chronic users of costly emergency response, health care, behavioral health, and other social services.

Client choice is an essential component of housing first. Individuals and families are more likely to maintain housing stability when they have a choice in housing and services. Service providers engage individuals and families by providing meaningful opportunities to participate in services.

Housing and service providers that use a housing first approach require a high level of training and skill. Providers must have the ability to serve individuals and families with varying needs, including co-occurring mental health and substance use disorders. Wellness and recovery action plans are an important component for teams using a Housing First approach. Staff should have access to training on motivational interviewing, crisis intervention, harm reduction, and trauma informed care.

### **Coordinated Entry and Navigation Services**

Coordinated Entry is a process for people who are homeless or at-risk of homelessness to access needed homelessness prevention, housing, and other services. Coordinated Entry incorporates uniform screening and assessment, prioritization and program matching, and connections to mainstream services to help those seeking housing and services access programs more efficiently.

Coordinated Entry assessment, referrals, and access to IIF Navigators are available through nine (9) sites located throughout the region so that individuals and families have multiple locations from which they can access housing and services:

- North Sound 2-1-1 provides 24-hour per day access to Coordinated Entry via the telephone; and

- Physical sites provide standardized access to housing and services in conjunction with the specialized service delivery.

Every Coordinated Entry site offers information and referral services to any individual or family seeking housing services and refers individuals and families who are literally homeless and at imminent risk of homelessness to IIF Navigators who provide a range of homeless prevention and rehousing services. IIF Navigators work with individuals and families not only to address their current housing crisis, but also to address their immediate barriers to housing stability by providing direct referrals to tailored services by Coordinated Entry service partners, including landlord dispute resolution and family mediation, civil legal assistance, mental health and substance use disorder services, and a range of employment and job training programs. By providing these next-step referrals, IIF Navigators can assist individuals and families to identify and resolve their immediate barriers to housing stability and retention, regardless of whether a housing intervention is immediately available to address their situation.

Homeless housing vacancies are filled according to Orders of Priority adopted by the Partnership to End Homelessness CoC Board; prioritization is based on the length of time an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter *and* the severity of the individual's or family's service needs. These Orders of Priority have been adopted to ensure that the community's most vulnerable individuals and families are housed as quickly as possible.

### **Homelessness Prevention**

In addition to the services provided by IIF Navigators, homelessness prevention provides short-term rental assistance and other services to assist individuals and families who are at imminent risk of homelessness<sup>62</sup> in maintaining their own housing. Homelessness prevention also provides housing search and move-in assistance when it is necessary to move to another permanent housing situation due to concerns for safety, stability, and/or affordability. By providing prevention services, individuals and families are assisted in maintaining their own housing, keeping them from needing the assistance from more intensive interventions, such as those described below.

### **Homeless Housing Inventory**

The homeless housing inventory in Snohomish County reflects the local effort to create a homeless housing system that is adaptable and data driven. Annually, the HSD collects data on the County's homeless housing inventory, which includes a count of the number of units and beds *available* through **emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and other permanent housing**. These data are used in conjunction with HMIS and PIT Count data to conduct a gaps analysis of needed resources in the community. The data are combined with current information on evidence-based practices to target resources to the most effective and efficient interventions.

**Emergency Shelter** offers temporary, short-term shelter and crisis services to homeless individuals and families. For many, emergency shelter is the only option to immediately alleviate a short-term housing crisis. Like other successful interventions, emergency shelters maintain a strong focus on quickly assisting individuals and families in moving to permanent housing, either on their own or with the assistance of another intervention via the Coordinated Entry System (e.g., rapid rehousing). In Snohomish County,

---

<sup>62</sup> A household who is at imminent risk of homelessness is one who will imminently lose their primary nighttime residence within fourteen (14) days; AND has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing. This definition includes households who are facing eviction due to non-payment of rent.



emergency shelters operate under a variety of program models, including year-round, drop-in, and seasonal (i.e., shelters that are open during the cold weather season); some emergency shelters are also targeted to specific subpopulations, such as youth and young adults, or survivors of domestic violence. A 52 unit emergency shelter serving survivors of domestic violence in Snohomish County is the largest facility of its kind in the State.

Emergency shelters in Snohomish County are at various stages of transitioning to a low-barrier approach. Low-barrier shelters are essential to ensuring the homeless housing and service system is accessible to those most in need. These shelters also increase system efficiencies by creating pathways to permanent housing for chronic utilizers of emergency services.

**Transitional Housing** provides temporary housing and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Snohomish County has undergone systems change to target resources to rapid rehousing and permanent supportive housing, which have been shown to be more effective and efficient than transitional housing at moving individuals and families to permanent housing. “People whose primary barrier to housing stability is economic in nature do not require transitional housing, nor do people with serious mental illnesses who may be better served in other program models, such as permanent supportive housing.”<sup>63</sup> However, transitional housing may be well-suited for addressing the unique needs of certain populations, such as youth and young adults and survivors of domestic violence.

**Rapid Rehousing** assists individuals and families to move quickly into their own housing unit by providing housing search assistance, short-term rental assistance, tailored services and supports. Rapid rehousing programs can serve a broad population of individuals and families experiencing homelessness.

*Communities around the country have found that [rapid rehousing] has transformed their response to homelessness by increasing the number of people they are able to serve, reducing the overall number of people experiencing homelessness on any given day, and ultimately helping households exit homelessness quickly to permanent housing and avoid a return to shelter.*

National Alliance to End Homelessness, [The Role of CoC Lead Agencies in Expanding Capacity and Improving Performance](#), February 2017, page 1.

Rapid rehousing is one of the most effective and efficient homeless housing interventions. In 2008, HUD launched the [Family Options Study](#), which tracked the outcomes of families who had spent at least seven (7) nights in emergency shelter; the study demonstrated that rapid rehousing had significantly lower costs than both transitional housing and emergency shelter.<sup>64</sup> Research has also shown that individuals and families assisted by rapid rehousing experience high rates of permanent housing placement and low returns to homelessness.<sup>65, 66</sup> In Washington State, the Ending Family Homelessness Initiative, which connected families receiving Temporary Assistance for Needy Families (TANF) to rapid rehousing

<sup>63</sup> National Alliance to End Homelessness, [The Role of Long-Term, Congregate Transitional Housing in Ending Homelessness](#), March 4, 2015.

<sup>64</sup> U.S. Department of Housing and Urban Development, [Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families, Summary Report](#).

<sup>65</sup> HUD, [Rapid Rehousing](#)

<sup>66</sup> HUD, [Evaluation of Rapid Re-housing for Homeless Families Demonstration](#)

assistance, mainstream resources, and employment services, yielded positive performance outcomes in housing stability, employment, and criminal justice involvement.<sup>67, 68</sup>

**Permanent Supportive Housing** is a housing intervention that offers permanent housing and supportive services to assist homeless persons with disabilities or families in which one adult or child has a disability. Through the Continuum of Care (CoC) Program and other federal, state, and local funding sources, Snohomish County has steadily increased its permanent supportive housing inventory. Permanent supportive housing includes HUD-Veterans Affairs Supportive Housing (HUD-VASH), which is operated by the Housing Authority of Snohomish County and combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with services provided by the U.S. Department of Veterans Affairs (VA).

*Study after study has shown that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.*

U.S. Interagency Council on Homelessness, [Supportive Housing](#), January 18, 2017.

For individuals and families experiencing chronic homelessness, permanent supportive housing using a housing first approach is an evidence-based best practice. The effectiveness of permanent supportive housing in improving client health and housing stability has been well documented. Furthermore, this intervention has led to significant reductions in public costs incurred by health care services, emergency room visits, behavioral health services, incarceration, and interactions with law enforcement.<sup>69</sup>

In response to the growing number of individuals and families experiencing chronic homelessness in Snohomish County, the number of permanent supportive housing beds dedicated for use by chronically homeless individuals and families has increased by 21% in the past three (3) years.<sup>70</sup> Snohomish County is also currently investing in a low-barrier, housing first development to be built in the City of Everett that will expand the inventory of permanent supportive housing by 65 beds, representing an increase of 4.5%.

**Other Permanent Housing** provides housing with or without supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability. In Snohomish County, many other permanent housing beds are supported by Public Housing Authorities with Project Based Vouchers.

### Notable System Changes

The following chart shows changes in the housing interventions available in Snohomish County. As is demonstrated, Snohomish County has decreased the number of transitional housing beds while dramatically increasing the availability of permanent supportive housing, which is consistent with research on the effectiveness of this latter type of housing. Please note that the decrease in other

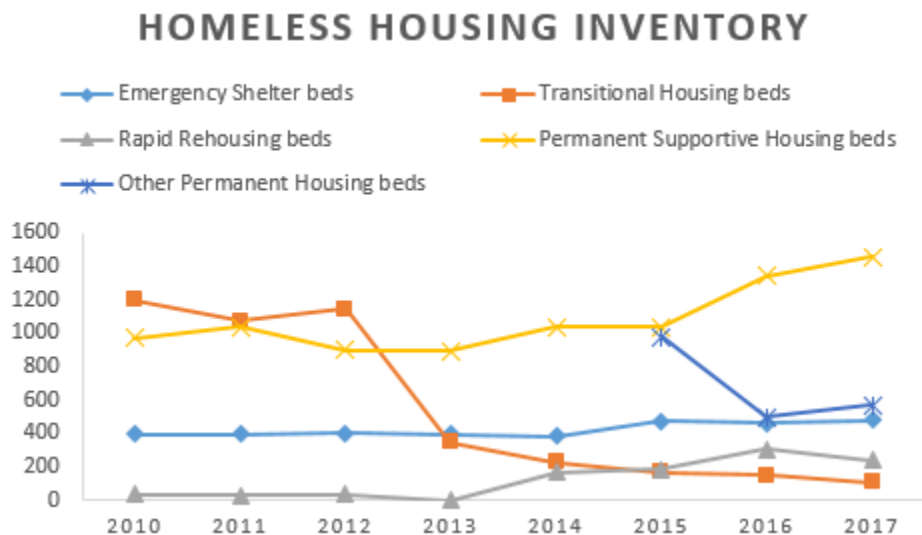
<sup>67</sup> National Alliance to End Homelessness, [Ending Family Homelessness Initiative: Providing Rapid Re-housing to Families in Washington](#), September 9, 2014.

<sup>68</sup> Washington State Department of Social and Health Services, [Impact of Housing Assistance on Outcomes for Homeless Families](#), August 2015.

<sup>69</sup> National Low Income Housing Alliance, [Cost Savings with Permanent Supportive Housing](#), March 1, 2010.

<sup>70</sup> The number of permanent supportive housing beds dedicated for use by chronically homeless persons reported here excludes HUD-VASH.

permanent housing is in large part the result of converting this housing type to permanent supportive housing. While the use of rapid rehousing has increased, it is largely constrained by the availability of housing in the rental market, as discussed above. The number of shelter beds has remained relatively stable; this too, is consistent with practices in progressive jurisdictions that are maximizing the allocation of resources to evidence-based practices aimed at ending homelessness, while continuing to dedicate resources as needed to managing it.



*Snohomish County's commitment to increasing housing and service interventions that are cost effective and evidence-based is demonstrated by the increase in rapid rehousing and permanent supportive housing beds and decrease in transitional housing beds.*

\*Other Permanent Housing data were not required to be reported until 2015.

## E. System Performance Measures

The homeless housing and service system is regularly assessed using performance measures adopted by the Partnership to End Homelessness; these include system, project, and population specific measures. By regularly measuring and reviewing specific data points, the PEH is better able to assess and make improvements to the system. *Please note that these measures differ from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) measures established by the U.S. Department of Housing and Urban Development (HUD).*<sup>71</sup> *These custom measures were developed to better inform local performance of our system, although the HEARTH measures are collected, reviewed and reported to HUD.*

Measure	Description <sup>72</sup>	Applicable Intervention(s)
<b>Number of Homeless Persons</b>	Total number of unsheltered homeless persons in the Point-in-Time Count	

<sup>71</sup> HUD Exchange, [System Performance Measures](#).

<sup>72</sup> This is a summary description of the performance measures; it does not provide the full methodology.

<b>Length of Stay</b>	Average number of days households remain in Emergency Shelter and Transitional Housing	Emergency Shelter Transitional Housing
<b>Days to Move-In</b>	Average number of days for Rapid Rehousing to assist households to move into permanent housing	Rapid Rehousing
<b>Total Income</b>	Percentage of adults who increase their total income from enrollment to exit	Transitional Housing Rapid Rehousing Permanent Supportive Housing Other Permanent Housing
<b>Retention</b>	Percentage of households who remain in Permanent Supportive Housing or Other Permanent Housing, or exit to permanent housing	Permanent Supportive Housing Other Permanent Housing
<b>Exits to Permanent</b>	Percentage of households who exit Street Outreach, Emergency Shelter, Transitional Housing, or Rapid Rehousing to permanent housing	Street Outreach Prevention Emergency Shelter Transitional Housing Rapid Rehousing
<b>6 Month Returns</b>	Percentage of households who exit Street Outreach, Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing to permanent housing, but, within 6 months of the exit, return to: <ul style="list-style-type: none"> <li>- Street Outreach, Emergency Shelter, Transitional Housing, or</li> <li>- Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing, where the households' prior residence is a place not meant for human habitation, safe haven, or emergency shelter</li> </ul>	Street Outreach Emergency Shelter Transitional Housing Rapid Rehousing Permanent Supportive Housing Other Permanent Housing
<b>12 Month Returns</b>	Percentage of households who exit Street Outreach, Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing to permanent housing, but, within 12 months of the exit, return to: <ul style="list-style-type: none"> <li>- Street Outreach, Emergency Shelter, Transitional Housing, or</li> <li>- Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing, where the households' prior residence is a place not meant for human habitation, safe haven, or emergency shelter</li> </ul>	Street Outreach Emergency Shelter Transitional Housing Rapid Rehousing Permanent Supportive Housing Other Permanent Housing

For additional information on current system performance, refer to **Appendix E, System Performance**.

## IV. Goals, Objectives, and Strategies

As described above, the Snohomish County Human Services Department (HSD) and the Partnership to End Homelessness (PEH) Continuum of Care (CoC) Board strive to continue building on successful, innovative practices that have transformed the Everett/Snohomish County CoC homeless system. The HSD and the PEH lead a coordinated community approach to address homelessness within the context of a growing Snohomish County population. The PEH and the HSD have established Goals, Objectives, and Strategies that are data-driven and evidence-based to prevent and end homelessness in Snohomish County as outlined below. In adopting these Goals, Objectives, and Strategies, it is important to note that their success is limited by the resources available.

These Goals, Objectives, and Strategies are aligned with the current efforts being taken by the PEH. Annually, the PEH focuses the work of their Committees on selected strategies; as part of this process, the PEH develops a Work Plan, which includes implementation dates and names of responsible parties; refer to **Appendix F, Partnership to End Homelessness Work Plan**.

### Goal 1: Equity of Access and Rapid Response to People in Need

The homeless housing and service system must **rapidly respond** to people in need by prioritizing the most vulnerable and must provide **equitable access** to safe, stable, and affordable housing.

#### Goal 1, Objective 1: Comprehensive and Coordinated Outreach

Comprehensive and coordinated outreach ensures that people in need have access, through the Coordinated Entry System, to safe, stable, and affordable housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS	
Outreach Coalition	The Outreach Coalition, which includes representation from housing and service providers, agencies serving homeless youth, behavioral health providers, and law enforcement embedded social workers, identifies areas in Snohomish County where homeless individuals and families are known to live and coordinates outreach to these individuals and families. By building rapport and trust, outreach workers ensure that unsheltered individuals and families are enrolled in Coordinated Entry and have individualized support from an IIF Navigator to access needed housing and services.
Embedded Social Workers	Law Enforcement Embedded Social Workers from Snohomish County and the Cities of Everett and Monroe provide outreach to homeless individuals and families and connect them to needed services, such as treatment for substance use disorders, and Coordinated Entry. This effort is anticipated to expand to the City of Arlington and unincorporated North County in 2018.
In-Reach to Jail	An IIF Navigator works with justice-involved homeless persons in the County jail to conduct a Coordinated Entry intake and to plan for housing and services after discharge. The IIF Navigator makes referrals to other needed services, such as behavioral health services.

Justice Involved Youth	The Cocoon House-Denney Juvenile Justice Center partnership – Transitional Planning Program – is an innovative partnership that was developed because of high recidivism rates among justice-involved youth and the need to generate more effective discharge planning, so that youth are not discharged to homelessness or the foster care system without a support plan.	
Map Homeless Encampments	The HSD is developing mapping software to track homeless encampments to better target outreach efforts.	
STRATEGIES		
	STRATEGY	ACTIVITIES
Equitable Access	Ensure that all individuals and families have equitable access, through Coordinated Entry, to the homeless housing and service system	Conduct an analysis of the demographics of the homeless individuals and families served by the Coordinated Entry System to ascertain whether certain groups are disproportionately represented or underrepresented and make changes to the system, as appropriate, to ensure equitable access.
		Translate Coordinated Entry materials into Spanish, Russian, Vietnamese, Arabic, and Somali, which represent the most frequently spoken non-English languages in Snohomish County. Work with agencies providing Coordinated Entry navigation services to increase the number of staff who are fluent in frequently spoken non-English languages.
In-Reach	Increase in-reach to jails, juvenile justice centers, hospitals, triage facilities, and other institutions	Increase in-reach in institutions to ensure that individuals who were on the streets or in emergency shelter immediately before entering the institution are enrolled in Coordinated Entry and are not discharged back to the streets. In-reach includes referrals to other needed services, such as behavioral health services.
Prevention Outreach	Increase outreach to households who are at-risk of homelessness	Increase outreach to individuals and families who are at risk of becoming homeless by providing referrals to needed housing and services. Target outreach to programs that typically serve individuals and families who are at risk of homelessness (e.g., energy assistance, senior services, early childhood education, etc.).

### Goal 1, Objective 2: Streamlined System

A streamlined system ensures that current interventions and resources are used effectively and efficiently, with a focus on reducing redundancies and barriers to access by having a robust and responsive Coordinated Entry System.

<b>EXAMPLES OF CURRENT INNOVATIVE EFFORTS</b>	
Low-Barrier & Housing First	Snohomish County has adopted a low-barrier and housing first approach and is expanding implementation at all levels, from Coordinated Entry to homeless housing and services, to quickly house individuals and families who are experiencing homelessness: individuals and families are served regardless of their sobriety or substance use, poor credit or financial history, eviction history, or past criminal justice involvement.

Prioritization	Through Coordinated Entry, homeless individuals and families with the longest histories living on the streets or in emergency shelter and the most severe service needs are prioritized for homeless housing and services. Prioritization, coupled with a low-barrier and housing first approach, ensures that the most vulnerable in Snohomish County are served.	
Leverage Supports	IIF Navigators assist individuals and families to leverage existing personal and social support networks by providing limited, flexible assistance to quickly assist households to move to permanent housing.	
STRATEGIES		
	STRATEGY	ACTIVITIES
Standardized Assessments	Provide training and technical assistance	Provide ongoing, at least annual, training and technical assistance to ensure fidelity of standardized assessments to the Coordinated Entry Policies & Procedures. In order to ensure that the Coordinated Entry system is equitable and meets the needs of persons who disproportionately experience homelessness, standardized assessments must be provided consistently and in a culturally competent manner that recognizes each individual’s unique needs.
	Community Feedback	Gather information and data about the Coordinated Entry System

## Goal 2: Effective and Efficient

The homeless housing and service response system must utilize **evidence-based practices** to **effectively and efficiently** assist people in crisis.

### Goal 2, Objective 1: Maximize System Capacity

Snohomish County has a robust homeless housing and service system, with innovative interventions targeted to the community's most vulnerable. Maximizing the system's current capacity – by using evidence-based practices, fully utilizing existing interventions, and allocating funding to interventions that successfully move homeless individuals and families to permanent housing – will allow Snohomish County to work toward achieving the goal of preventing and ending homelessness.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS	
Collaborations to Develop Capital Projects	<p>Snohomish County, the City of Everett, and the State of Washington are collaborating to launch three new capital projects over the course of the next two years:</p> <ol style="list-style-type: none"> <li>1) Cocoon House is in the process of developing a new 40 unit facility that will provide a variety of housing interventions targeted to youth and young adults. The facility will include short-term shelter, transitional housing, and permanent supportive housing. The new facility will also include wraparound on-site programs and services designed to support youth in their effort to stabilize, complete their education, and re-integrate with their families and communities.</li> <li>2) Catholic Housing Services is in the process of developing a new 65 unit low-barrier permanent supportive housing development that will prioritize chronically homeless individuals and veterans. The facility will provide on-site services and case management. Residents will have access to behavioral health and employment services.</li> <li>3) Housing Hope is in the process of developing a new 65 unit workforce housing development that will provide affordable housing for low-income individuals including literally homeless individuals, veterans, and individuals with behavioral health issues. The facility will also provide workforce development services designed to prepare individuals who are homeless or at risk of homelessness for jobs and career pathways in industries with projected growth.</li> </ol>
Maximize Current Resources	Through local competitions, funding is prioritized for effective interventions to strategically improve the homeless response system; Snohomish County has increased the supply of housing interventions that successfully assist homeless individuals and families to obtain and maintain permanent housing, such as permanent supportive housing and rapid rehousing. Funding is also prioritized for permanent housing projects that are dedicated for use by chronically homeless individuals and families.
System Performance	The PEH has adopted performance measures; performance is regularly reviewed to determine ways to improve the effectiveness and efficiency of the homeless housing and service system, including an annual analysis of gaps. Performance measures are also used to make funding decisions. Refer to <b>Appendix E, System Performance Measures</b> . Performance measures include population-specific measures, which account for the unique and varying needs of homeless subpopulations, including, but not limited to youth and young adults, persons fleeing or attempting to flee domestic violence, veterans, and persons experiencing chronic homelessness.
Dashboards	HMIS provides customizable dashboards that report on system and project performance. These dashboards provide data for monitoring and opportunities for training and technical assistance to improve performance and outcomes by allowing homeless housing and services providers to make adjustments to project implementation as needed.
Innovative Project Models	Emergency shelters have implemented innovative practices by providing rapid rehousing and partnering with employment services to move individuals and families quickly into permanent housing.
Landlord Engagement	Landlord supports are offered through the homeless housing system. Landlords in the private market are engaged to create and sustain essential partnerships that are needed to fully utilize current interventions, such as rapid rehousing and scattered-site permanent supportive housing.



STRATEGIES		
	STRATEGY	ACTIVITIES
Maximize Utilization	Maximize utilization of current housing inventory and interventions	Monitor and report on project utilization system-wide. Provide technical assistance to projects that have lower utilization or reallocate funding to more effective interventions.
		Monitor and report on project spend down system-wide to ensure the full expenditure of project funds. Provide technical assistance to projects that fail to fully expend project funds or reallocate funding to more effective interventions.
Rapid Rehousing as a Bridge	Use rapid rehousing as a “bridge”	Through Coordinated Entry, use rapid rehousing as a “bridge” to permanent supportive housing when the individual or family has a disability and needs ongoing assistance to remain in permanent housing; use rapid rehousing as a “bridge” to other permanent housing when the individual or family does not have a qualifying disability, but needs ongoing assistance to remain in permanent housing.
Cost Effectiveness	Measure Cost Effectiveness	<p>Develop indices to measure cost effectiveness and collect baseline data to fund the most cost effective interventions. Indices must include consideration of project performance (i.e., successfully assisting homeless individuals and families to move to permanent housing, etc.).</p> <p>Refer to <b>Appendix D</b> for data on the cost of interventions by project type.</p>
By-Name Lists	Create “By-Name” Lists for homeless subpopulations	Consider creating “By-Name” Lists for youth and young adults, families with children, chronically homeless, long-term shelter stayers, and other identified subpopulations.
Maximize Housing Options	Create opportunities for individuals and families to move from permanent supportive housing to other subsidized housing	Explore opportunities for individuals and families in permanent supportive housing who are able – and want – to move to a less supported environment to access other subsidized housing.
Permanent Housing Capacity	Increase the capacity of permanent housing interventions	Develop new affordable, low-barrier housing units, including units that are accessible, for homeless individuals and families.
		Seek opportunities to expand collaboration between homeless housing providers and non-profit housing developers to provide affordable housing options (e.g., set-aside units).

		Work with the Housing Consortium of Everett and Snohomish County, housing developers, service providers, and local governments to create a “pipeline” of capital projects that aligns capital funding efforts across the system.
Emergency Shelters	Increase the capacity of Low-Barrier Shelter	Explore opportunities to expand low-barrier shelter capacity in Snohomish County, including low-barrier emergency shelter dedicated to homeless youth and young adults, ages 18 to 24.
	Leverage existing supports and networks	Leverage a household’s existing personal and social support networks by providing limited, flexible financial assistance to quickly assist households in emergency shelter to move to permanent housing.
Youth Specific Interventions	Develop youth-specific interventions that are tailored to the unique needs of homeless youth and young adults	Increase efforts to re-connect youth to caring family members and/or community partners.
		Dedicate additional beds, including permanent supportive housing, to homeless youth and young adults and integrate substance abuse and behavioral health services into those housing resources. In tandem, provide intensive supports to re-engage youth with vital age-appropriate, assessment-driven stabilization, health, income-earning, and skill-building resources.

## Goal 2, Objective 2: Training & Support on Evidence-Based Practices

Training and support ensures that housing and service providers have the tools and skills necessary to implement client-centered, evidence-based practices.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS	
Evidence-Based Practices	Ongoing training and technical assistance are provided to ensure fidelity to evidence-based practices and that services and housing are offered consistently across providers.
Providers Group	A Rapid Rehousing Providers group meets regularly to participate in training topics, such as helping individuals and families without financial resources to increase income, motivational interviewing, supported employment, negotiating with landlords, and dispute resolution skills.

STRATEGIES		
	STRATEGY	ACTIVITIES
Low-Barrier & Housing First Approach	Provide training on low-barrier and housing first best practices	Provide ongoing training on low-barrier and housing first best practices and on overcoming common challenges to ensure system-wide fidelity to this approach. Fidelity to a low-barrier and housing first approach will increase the number of persons who can be served through Coordinated Entry by reducing barriers to receiving needed housing and services, and increasing the speed with which individuals and families obtain permanent housing.
Trauma Informed Care	Provide training on trauma informed care	Provide ongoing training on service delivery that is sensitive to individuals' and families' lived experiences.
Harm Reduction	Provide training on incorporating harm reduction strategies	Provide ongoing training on incorporating harm reduction strategies to remove chemical dependency barriers within housing programs. Harm reduction is an evidence-based approach to treatment that emphasizes reducing the harmful impacts of substance abuse.
Cultural & Linguistic Competency	Provide training on cultural and linguistic competencies	Provide ongoing training on service delivery that is culturally and linguistically competent. "Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery. [...] Practice is driven [...] by client preferred choices, not by culturally blind or culturally free interventions." <sup>73</sup>
Landlord Training	Create landlord training opportunities	Provide ongoing training to private market landlords to eliminate stereotypes and biases, and to reduce screening criteria that act as barriers to individuals and families obtaining housing.
Peer Support	Expand peer support programs	Provide training and support to agencies developing or expanding peer support programs. Research has shown that peer support facilitates recovery and reduces health care costs for individuals experiencing mental and/or substance use disorders. <sup>74</sup> Peer support programs have also shown to be effective for subpopulations of youth and young adults <sup>75</sup> , veterans <sup>76</sup> , and the broader homeless population. <sup>77</sup>

<sup>73</sup> Georgetown University Center for Child and Human Development, National Center for Cultural Competence, [Conceptual Frameworks/Models, Guiding Values and Principles](#).

<sup>74</sup> Substance Abuse and Mental Health Services Administration, [Peer Support and Social Inclusion](#).

<sup>75</sup> U.S. Department of Housing and Urban Development, [Ending Youth Homelessness Guidebook Series: Promising Program Models](#).

<sup>76</sup> U.S. Department of Housing and Urban Development, [HUD-VASH Best Practices, April 2012](#).

<sup>77</sup> National Alliance to End Homelessness, [The Role of Peer Support in Ending Homelessness](#), August 20, 2014.

### Goal 3: Cross-System Approach

There must be an **integrated, cross-system approach** to prevent and end homelessness in Snohomish County.

#### Goal 3, Objective 1: Integrated Care

“Housing is a key component of health and health care. Moreover, effective strategies to end homelessness must always take into account the extent of health conditions and disability faced by homeless people.”<sup>78</sup> Cross-system collaboration with integrated care, including health and behavioral health systems, will ensure that individuals and families who are experiencing homelessness or who are at risk of homelessness receive the services needed to obtain and maintain permanent housing.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS		
CHART	The Chronic Utilizer Alternative Response Team (CHART) is a partnership, with representation from criminal justice, emergency response, human services, and research, which identifies chronic utilizers of costly criminal justice and emergency response systems. Each identified individual receives wrap-around services from a specialized team that helps connect individuals to treatment providers, public defenders, social workers, and medical professionals. CHART has brought together a number of key stakeholders, including the Snohomish County HSD, City of Everett, Everett Police Department, Everett Fire Department, Providence Regional Medical Center, Snohomish County Jail, and Everett City Attorney’s office.	
TotalHealth! Pilot	HSD and Providence Regional Medical Center Everett are developing an interdisciplinary collaboration that will launch an initiative that connects patients from various clinical and behavioral health sites with IIF Navigation services. The initiative will integrate health and social services with the goal of achieving improved housing stability and better health outcomes while reducing health care costs. The TotalHealth! Pilot is focused on the social determinants of health by connecting health care efforts to prevent and end homelessness, and identifying new opportunities for coordination in low-income communities and among underserved populations. In addition, the pilot will address access to health care and social determinant services experienced by those disproportionately impacted by homelessness, such as people of color and pregnant and parenting youth.	
STRATEGIES		
STRATEGY		ACTIVITIES
Opioid Use Disorders	Assess trends and best practices to develop innovative, cross-system strategies to treat opioid use disorders	Participate in local stakeholder meetings aimed at reducing opioid use disorders and addressing gaps in housing and services.
Integrate Services	Expand on successful interventions that provide behavioral health services	Explore options to expand successful interventions that provide behavioral health services to individuals and families in homeless housing, such as Housing Liaison Services (WRAPS).

<sup>78</sup> National Alliance to End Homelessness, [Health Care](#).

		Integrate behavioral health services, including both substance use and mental health services, with homeless housing via a referral network. Co-locate integrated services for ease of access.
Mainstream services	Strengthen and enhance collaborations with agencies providing mainstream benefits	Establish and cultivate cross-systems collaborations with agencies providing Foundational Community Supports (1115 Medicaid Waiver) for chronically homeless individuals and families.
Hospitals	Expand respite care programs	Partner with medical service providers to explore opportunities for expanding respite care programs for people experiencing homelessness who are exiting hospitals.
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.

### Goal 3, Objective 2: Criminal Justice

“Having a criminal record is a significant barrier to housing and employment and puts many people at risk of homelessness.”<sup>79</sup> Cross-system collaboration with the criminal justice system will ensure that individuals and families who are experiencing homelessness or who are at risk of homelessness receive the services needed to obtain and maintain permanent housing.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS	
Diversion and Integration	A municipal diversion opportunity allows low-level offenders to complete community service as an alternative to prosecution.
	The County is renovating the historic Carnegie Building into a Community Service Center that will serve individuals with mental health and/or substance use disorders who come into contact with the criminal justice system. The Community Service Center will provide a variety of support and services in one location, including mental health and chemical dependency assessments, connections to mainstream resources, housing supports, and access to Coordinated Entry.
	An oversight committee is exploring the feasibility and process to transform the facility previously used by the Snohomish County Community Corrections Division for Work/Education Release into a space for homeless individuals with behavioral health issues who come into contact with the criminal justice system.

<sup>79</sup> National Alliance to End Homelessness, [Re-Entry](#).

	Chemical Dependency and Drug Courts better serve the community by addressing public safety and expedited reunification of children with their parent(s) by reducing criminal justice involvement of persons with mental illness or chemical dependency, and promoting systems collaboration.	
Behavioral Health	County Jail Transition Services (JTS) notifies mental health agencies when clients are incarcerated; agencies are responsible for care coordination and release planning. Those identified with behavioral health needs who are not enrolled in the mental health system are screened by JTS and referred to agencies for release planning, housing resources, and support.	
STRATEGIES		
	STRATEGY	ACTIVITIES
Youth	Expand youth transition services	Strengthen post-release transition services for justice-involved youth.
	Expand legal services for youth and young adults	Expand legal services available to youth and young adults who are homeless or at risk of homelessness (i.e., including counseling, representation, sealing juvenile convictions that are a barrier to accessing housing).
Integrated Legal Services	Strengthen integration of legal services	Strengthen integration of legal services and homeless housing to assist individuals and families in overcoming barriers to obtaining and maintaining housing, such as past criminal justice involvement.
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.

### Goal 3, Objective 3: Education and Employment

“Employment services can help people build the skills necessary to increase their income, attain financial independence, and maintain housing. Such services have also been shown to increase confidence and positive mental health outcomes, even for populations traditionally believed to be unsuitable for regular employment.”<sup>80</sup> Cross-system collaboration with the education and employment systems will ensure that

<sup>80</sup> National Alliance to End Homelessness, [Economic Security](#).

individuals and families who are experiencing homelessness or who are at risk of homelessness receive the services needed to obtain and maintain permanent housing.

EXAMPLES OF CURRENT INNOVATIVE EFFORTS		
Housing and Employment	Employment services are integrated into the services provided through Coordinated Entry and homeless housing and service providers. Referrals are also made to employment navigation services at Workforce Snohomish.	
	Several pilot projects focus on connecting homeless individuals and families to employment services: a pilot project quickly connects local emergency shelter participants to life-skills classes focused on employment and financial management; a supported employment pilot project is available for families receiving Temporary Assistance for Needy Families (TANF) with mental health barriers who are working with an IIF Navigator or who are enrolled in rapid rehousing; and another pilot project provides employment services targeted for participants of rapid rehousing.	
	Employment providers and rapid rehousing providers use a uniform employment assessment/action planning tool, the Employment Readiness Scale™, to facilitate shared case management.	
Homeless Students	Through the Homeless Student Stability Program, homeless students are provided with case management and supportive services, flexible funds, and rental assistance.	
	The Student Support Advocacy Program provides supports for students identified as high risk for chemical dependency and/or mental health issues; Student Support Advocates (SSAs) are placed in schools to help identify at-risk students’ needs and connect students and families with vital services in and outside of the K-12 system. SSAs provide case management to youth and their families, including youth struggling with substance use, mental health, housing, and family-related-issues. SSAs provide connections to housing services, substance use and mental health assessments, and treatment. Currently, 18 SSAs operate in 21 middle and high schools across Snohomish County. Due to the success of the program, an additional 10 SSAs are being added. The program will also expand to the elementary school level.	
	Homeless housing and service providers work with McKinney-Vento Liaisons at local school districts to ensure that children are enrolled in school (or Head Start or Early Childhood Education & Assistance Program) and connected to needed services. Local school district liaisons also have access to the Snohomish Count HMIS for better coordination of services.	
STRATEGIES		
STRATEGY		ACTIVITIES
McKinney-Vento Liaisons	Enhance the partnership between homeless housing providers and McKinney-Vento liaisons	Ensure that homeless housing and service providers regularly attend meetings with school liaisons to ensure that homeless students are identified and prioritized for education-related services.

		Expand the number of school district liaisons who utilize HMIS for coordination of services across all Snohomish County school districts.
		Create greater access to behavioral health services, targeting youth with K-12 Individual Education Plans who are at risk of dropping out of school and/or are highly isolated, those with high vulnerability scores, and those with other risk assessments that suggest they may be subject to harm or victimization. Including expanding the number of school districts that participate in the Student Support Advocacy Program, as well as the number of advocates available to assist high risk students.
Employment Services	Increase supported employment services	Strengthen connections between homeless housing service providers and agencies providing Individual Placement and Support (Supported Employment) services, including Snohomish County's supported employment programs for individuals with developmental disabilities.
Youth Education and Employment	Increase education, employment, and independent living supports for youth and young adults	Strengthen supported "on ramps" for homeless youth to accelerate their return to high school, GED completion, and job training programs to ensure youth receive the navigation and emotional support to make difficult life changes. Beyond the intensive educational assistance, this hands-on support for homeless youth should also address the emotional and health issues, self-efficacy and outcome expectancy, and behavioral issues that homeless children and children living in other transitional situations, such as foster care, experience.
Employment Services	Strengthen integration of employment and life skills services	Strengthen employment and life skills services to assist individuals and families in increasing their income. Services should be individualized and meet the strengths and needs of each individual.
Daycare	Increase affordable quality daycare	Seek opportunities for increasing affordable quality daycare to allow individuals with children to increase income through employment.
Employer outreach	Recruit employers to hire persons experiencing homelessness	Collaborate with Workforce Snohomish to create outreach programs encouraging local employers to train and hire persons experiencing homelessness.
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.



### Goal 3, Objective 4: Other Systems of Care

Cross-system collaboration with other systems of care, including child safety and youth transition services, and services for veterans and seniors, will ensure that individuals and families who are experiencing homelessness or who are at risk of homelessness receive the services needed to obtain and maintain permanent housing.

<i>EXAMPLES OF CURRENT INNOVATIVE EFFORTS</i>	
Family Unification Program	The Snohomish County HSD, Housing Authority of Snohomish County (HASCO), Children's Administration, Youthnet, and nonprofit providers coordinate referrals, housing placement and services for youth and families to access the Family Unification Program (FUP). FUP provides stable housing to families at risk of separation due to homelessness, and youth over the age of 18 who have previously been in foster care. Children's Administration and HASCO coordinate with providers who assist youth and families with housing search and voluntary ongoing housing stability services.
Veterans By-Name List	A coalition of veteran service and housing providers operate a "By-Name List" of veterans experiencing homelessness in Snohomish County. A By-Name List allows partners to know every individual by name, identify the specific needs of each person, and quickly adjust strategies and tailor service options. These lists are used during reoccurring stakeholder meetings to connect individuals to housing, behavioral health, healthcare, and employment services. The By-Name list is an evidence-based best practice for serving veterans experiencing homelessness. <sup>81</sup>
Hope Options	Hope Options promotes stable housing and independent living for vulnerable seniors, 60 years of age and older, in Snohomish County who meet specific vulnerability criteria, including mental health or behavioral issues. The program, which is operated by the Everett Housing Authority, provides intervention and case management services to seniors whose housing has become unstable to prevent the individual from needing to move or becoming homeless. Services include advocacy, supportive services, and housing assistance through Section 8 or project-based vouchers.

<i>STRATEGIES</i>		
	<i>STRATEGY</i>	<i>ACTIVITIES</i>
Child Safety and Youth Transition Services	Expand youth transition services	Partner with child welfare, foster advocates, and homeless youth service providers to ensure foster youth have post exit support after aging out of the foster care system.
	Enhance coordination with DSHS	Enhance coordination with the Washington State Department of Social and Health Services to identify families involved with Children's Administration services who are homeless or at risk of homelessness and quickly connect them to needed services.
	Connect youth to needed services	Strengthen coordination with Children's Administration and foster care organizations to ensure that vulnerable youth who do not meet the criteria for foster care are connected to housing and services.

<sup>81</sup> HUD Exchange, [Vets @ Home Toolkit: Identifying and Engaging Veterans Experiencing Homelessness](#).

Services for Veterans	Landlord engagement	Enhance current landlord engagement efforts to include veteran service and advocacy organizations to create strong relationships with community landlords and increase housing units available to veterans experiencing homelessness.
	Explore opportunities to increase supportive services	Work with Veterans Affairs and Snohomish County Veterans' Assistance to assess and evaluate resources available to assist veterans to obtain and maintain housing. Explore opportunities to fill needed gaps in behavioral health resources, employment services, case management, peer supports, and community networks.
Services for Seniors	Expand prevention services for seniors	Strengthen the coordination and referral process between homelessness prevention providers and senior service providers to ensure that seniors at risk of homelessness remain in safe, stable, and affordable housing.
	Increase seniors' access to housing retention programs	Expand outreach to senior service providers to increase seniors' access to programs that can assist them in maintaining their housing, including Snohomish County's Minor Home Repair, Community Housing Improvement Program, Weatherization, and Energy Assistance.
	Joint training for housing and senior service providers	Coordinate a joint training between homeless housing and service providers and senior service providers. Training will focus on increasing awareness of program availability, eligibility requirements, and the unique needs of seniors who are or have experienced homelessness.
	Increase services tailored to seniors who are homeless or at risk of homelessness	Explore opportunities for increasing in-home care, end of life care, and other services tailored to the needs of seniors in the homeless housing system.

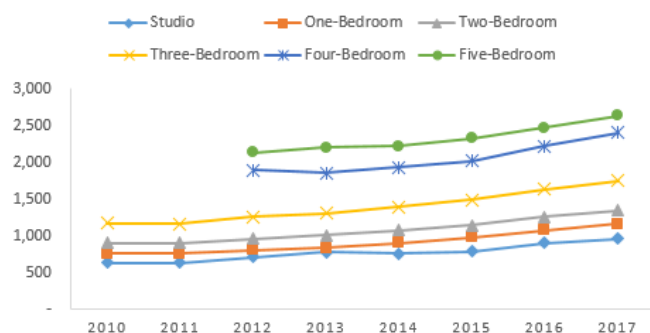
<b>Appendix A: Data on Causes and Impacts of Homelessness in Snohomish County .....</b>	<b>1</b>
<b>Appendix B: Individuals and Families Experiencing Homelessness in Snohomish County.....</b>	<b>6</b>
<b>Appendix C: Homeless Housing Inventory and Cost .....</b>	<b>9</b>
<b>Appendix D: System Performance .....</b>	<b>10</b>
<b>Appendix E: Strategic Plan-System Performance Measures Crosswalk .....</b>	<b>14</b>
<b>Appendix F: Partnership to End Homelessness Work Plan.....</b>	<b>24</b>

## Appendix A: Data on Causes and Impacts of Homelessness in Snohomish County

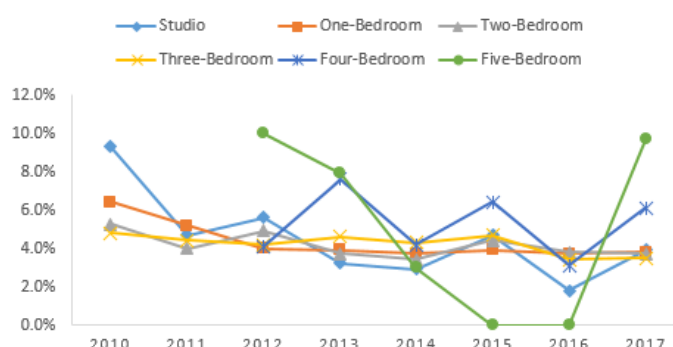
### 1. Community-Level Determinants

#### Snohomish County Rental Housing<sup>1</sup>

##### AVERAGE RENTS

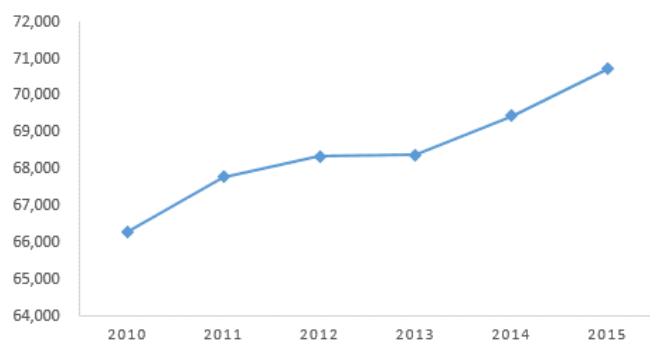


##### AVERAGE VACANCY RATES



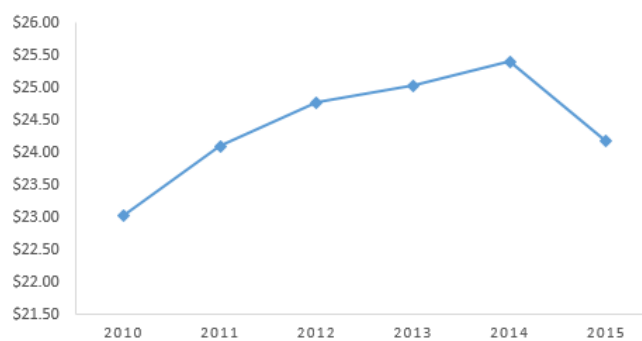
#### Snohomish County Incomes<sup>2</sup>

##### MEDIAN HOUSEHOLD INCOME



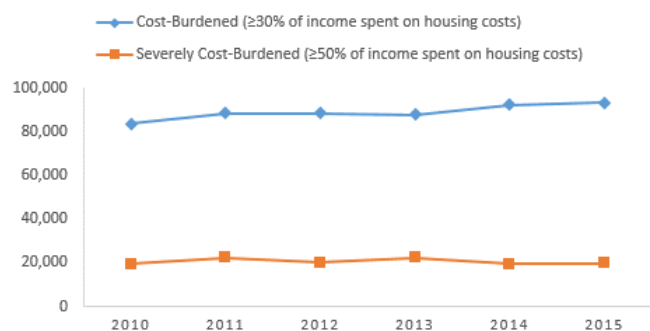
#### Snohomish County Wages<sup>3</sup>

##### MEDIAN HOURLY WAGE

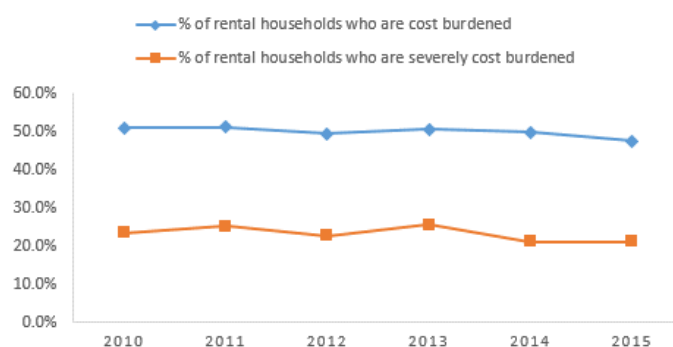


#### Snohomish County Cost Burdened Households<sup>4</sup>

##### NUMBER OF HOUSEHOLDS



##### PERCENT OF HOUSEHOLDS



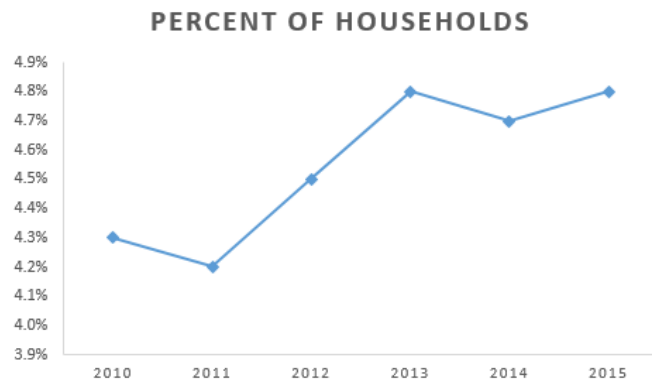
<sup>1</sup> Snohomish County Rent Reasonableness Survey, prepared by Patty Dupré, Dupre + Scott Apartment Advisors, Inc., 2010 to 2017. Excludes 2010 to 2011 data for four- and five-bedroom units.

<sup>2</sup> U.S. Census Bureau, [American FactFinder](#), 2011-2015 American Community Survey 5-Year Estimates.

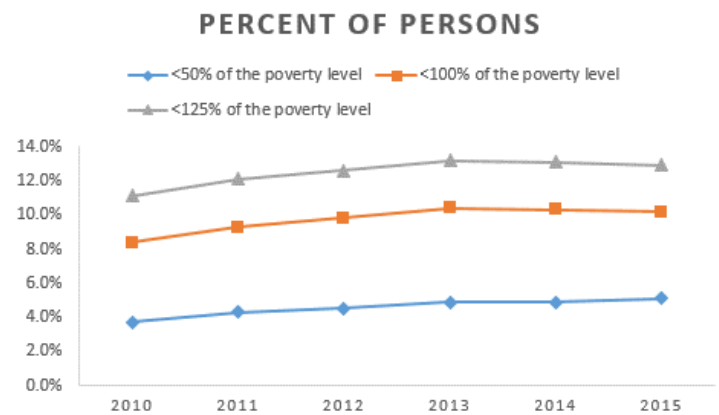
<sup>3</sup> Ibid.

<sup>4</sup> Washington State Employment Security Department, [Snohomish County Profile](#), Cost Burdened Renters. July 2017

**Snohomish County Households with <\$10,000 Annual Income<sup>5</sup>**

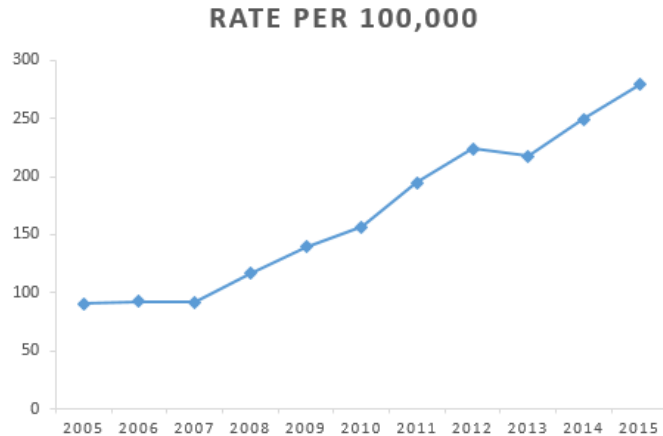


**Snohomish County Persons at Specified Levels of Poverty<sup>6</sup>**

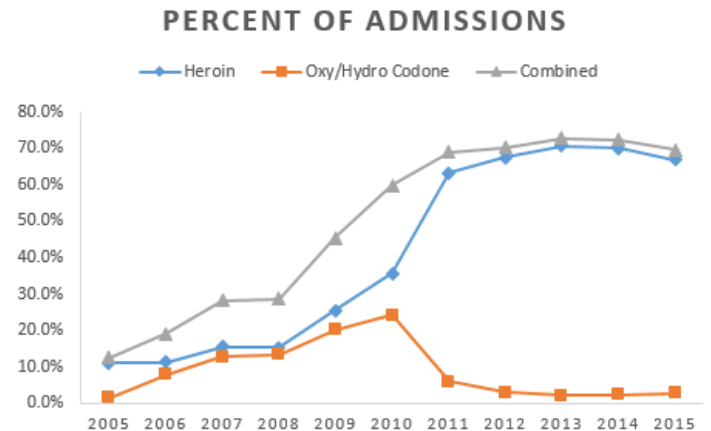


## 2. Social Determinants

**Snohomish County Treatment Admission Rate Where Primary Substance Includes Opiates<sup>7</sup>**



**Snohomish County Adult Detoxification Admissions Due to Heroin and/or Oxycodone/Hydrocodone<sup>8</sup>**



<sup>5</sup> U.S. Census Bureau, [American FactFinder](#), 2011-2015 American Community Survey 5-Year Estimates.

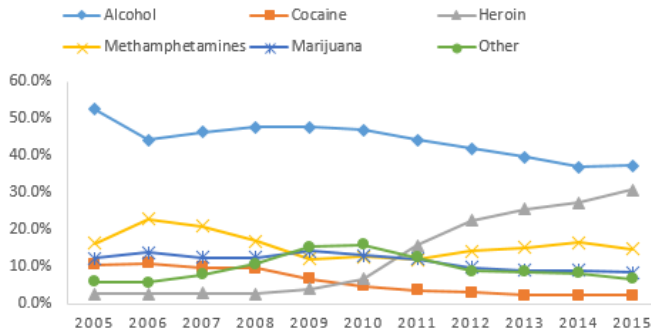
<sup>6</sup> Ibid.

<sup>7</sup> Washington State Division of Behavioral Health and Recovery System for Communicating Outcomes, Performance and Evaluation (SCOPE). 2002-2015, March 2017. Rates reflect publicly funded treatment via outpatient, intensive inpatient, recovery housing, long-term residential, and opiate substitution modalities, for which the primary substance is listed as heroin, oxy/hydrocodone, prescribed opiate substitute, non-prescription methadone, or other opiate. Data include both youth and adults where Snohomish County is listed as the county of residence.

<sup>8</sup> Ibid. Data include adult detox admissions where primary substance listed is heroin and/or oxy/hydrocodone as a percentage of total outpatient admissions for Snohomish County adult residents.

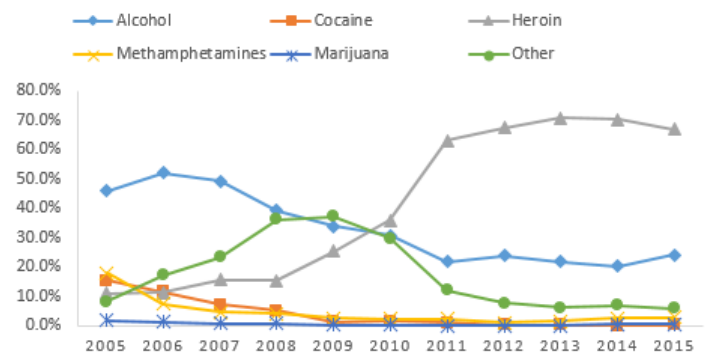
### Snohomish County Adult Outpatient Treatment Admissions<sup>9</sup>

#### PERCENT OF ADMISSIONS



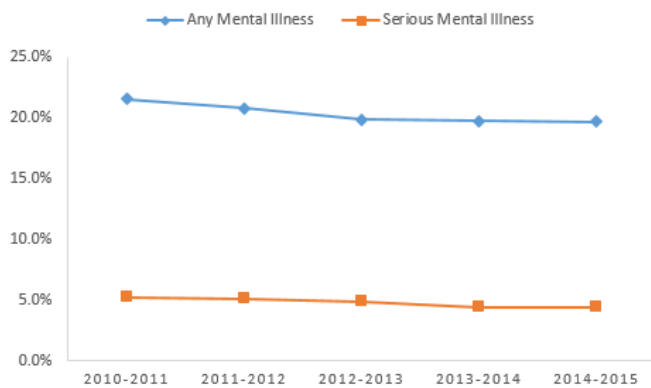
### Snohomish County Adult Detoxification Admissions<sup>10</sup>

#### PERCENT OF ADMISSIONS



\* "Other" includes amphetamines, barbiturates, benzodiazepines, hallucinogens, inhalants, major tranquilizers, other sedatives, other opiates, over the counter, PCP, oxy/hydrocodone, prescribed opiate substitute, tobacco, non-prescription methadone, other, none, and unknown.

### Washington State Past Year Mental Illness Among Adults<sup>11</sup>



### Washington State Past Year Mental Health Treatment/Counseling Among Adults with Any Mental Illness (Annual Average, 2010-2014)<sup>12</sup>



## 3. Community Needs Assessment

In 2015, the Snohomish County Community Action Partnership conducted a [Community Needs Assessment](#) (CNA) that assessed the causes and conditions of poverty in Snohomish County as well as the resources available to alleviate the effects of poverty. As part of the CNA, information was collected via focus groups and surveys from direct service providers, executive directors of social service agencies, elected officials, and low-income households. Some of the CNA findings were:

<sup>9</sup> Ibid. Data include adult admissions to publicly funded outpatient treatment for Snohomish County adult residents as a percentage of total adult outpatient admissions.

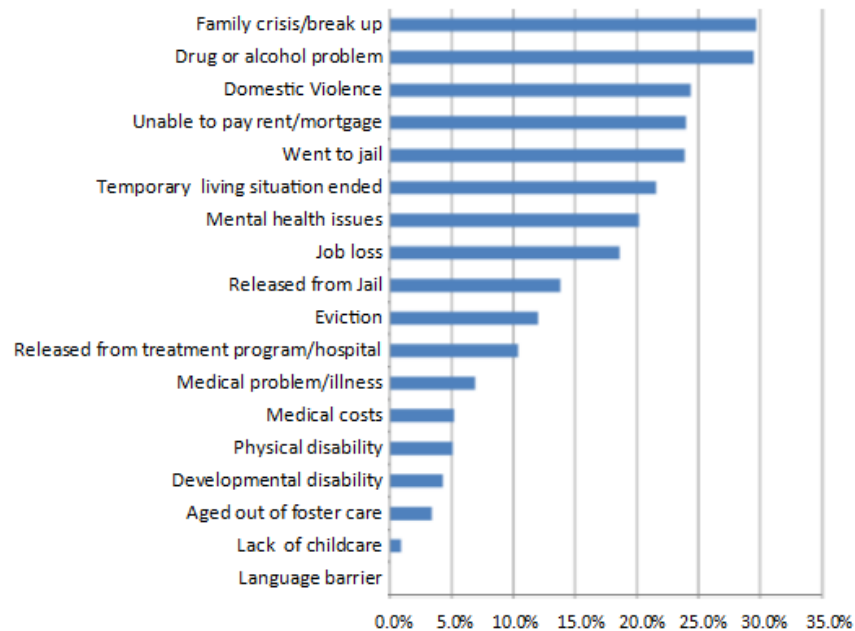
<sup>10</sup> Ibid. Data include adult admissions to publicly funded detoxification for Snohomish County adult residents as a percentage of total adult detoxification admissions.

<sup>11</sup> Substance Abuse and Mental Health Services Administration (SAMSHA), [National Survey on Drug Use and Health](#). **Any Mental Illness** is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders). **Serious Mental Illness** is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.

<sup>12</sup> SAMSHA, [Washington Behavioral Health Barometer](#), 2015.

- 68.8% of direct service provider respondents reported that safe and affordable housing was not easy to access, ranking just behind dental care (70.3%) as the second most difficult service to access in Snohomish County.
- 41.4% of low-income household respondents reported that their household expenses were more than a third of their households' monthly income.

In addition, one-on-one interviews were conducted with 222 individuals living in poverty, with a concerted effort to ensure interviewees were representative of the County as a whole in regards to geography, ethnicity, age, and language spoken. The interview assessment tool was translated in seven languages commonly spoken in Snohomish County. For those whom housing data were available, 22.1% reported they were experiencing homelessness. Of those experiencing homelessness, 56.5% reported having a mental health issue and 47.8% reported having a substance use issue. The following situations were identified as contributing to their homelessness:



Those experiencing homelessness reported substantial barriers to accessing medical services and they reported using emergency services at higher rates than low-income respondents who were not experiencing homelessness. Other findings included:

	Experiencing Homelessness	Not Experiencing Homelessness
Reported not receiving regular medical care	45.7%	19.8%
Reported receiving regular medical care from a primary care doctor	13.0%	40.1%
Reported using an ambulance in the past year	52.3%	20.9%
Reported that they or someone in their family needed medical help in the past year but did not get it	65.2%	37.5%
Reported that they or someone in their family needed dental help in the past year but did not get it	78.3%	52.5%

#### 4. Youth Needs Assessment

A homeless needs assessment that included a youth assessment was conducted in 2010 and has been regularly updated since then. The most recent update of the needs assessment, which was focused on youth homelessness, was conducted in the fall of 2016, and focused on the following: 1) main needs of homeless youth; 2) resources available to these populations; 3) how services are and are not coordinated and aligned; 4) identification of unmet housing and service needs of homeless youth and those at risk of becoming homeless; and 5) challenges of meeting the data, policy, and system

building needs necessary to better serve youth. In the most recent update, the Snohomish County Human Services Department (HSD) enlisted the assistance of a nationally recognized researcher and ethnographer.<sup>13</sup>

In addition to reviewing source documents and data, interviews were conducted with providers from various systems of care, and in-person interviews were conducted with 18 homeless youth in various locations across Snohomish County, including those areas where youth are known to gather, such as a downtown transit station, shopping malls, and in the parking lot outside of payday loan institutions.

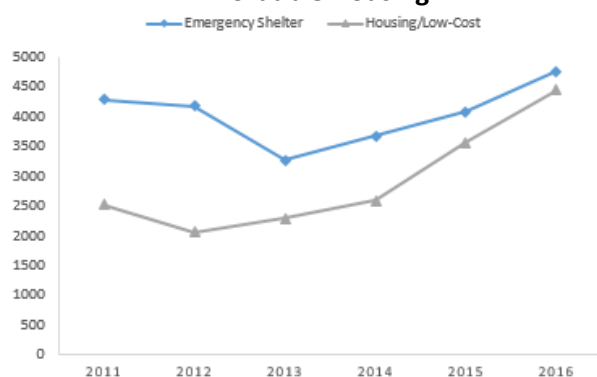
Interviews with providers and youth revealed the need for youth appropriate housing, transportation, and services in Snohomish County.

- The top gaps in services according to homeless youth providers included the need for more:
  - o Emergency shelter for youth ages 18 to 24,
  - o Affordable childcare,
  - o Detox/treatment accessibility, and
  - o More food resources to supplement Washington State Department of Social and Health Services benefits.
- The top service needs identified by youth (under 18) were:
  - o Affordable housing,
  - o Assistance obtaining training or education,
  - o Counseling,
  - o Work experience,
  - o Job training, and
  - o Substance abuse treatment.
- The top service needs identified by young adults (18 to 24) were:
  - o Affordable housing,
  - o Credit repair,
  - o Legal services,
  - o Substance abuse treatment,
  - o Landlord advocacy/housing search assistance, and
  - o Job leads/job placement assistance.

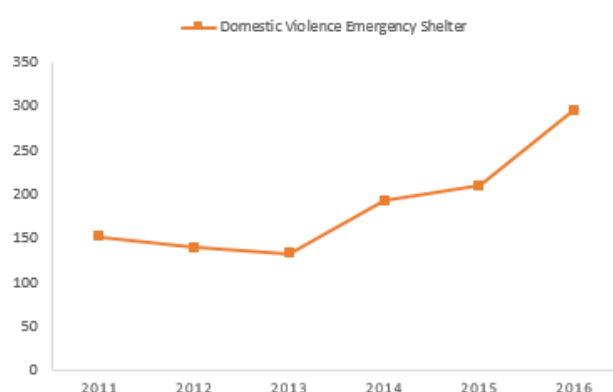
## 5. North Sound 2-1-1

North Sound 2-1-1 is a toll-free number that provides referrals to needed community resources. The graphs below track the annual number of calls to North Sound 2-1-1, in which the caller sought referral to emergency shelter, low-cost affordable housing, and domestic violence emergency shelter.

**2-1-1 Calls for Emergency Shelter and Low-Cost Affordable Housing**



**2-1-1 Calls for Domestic Violence Emergency Shelter**



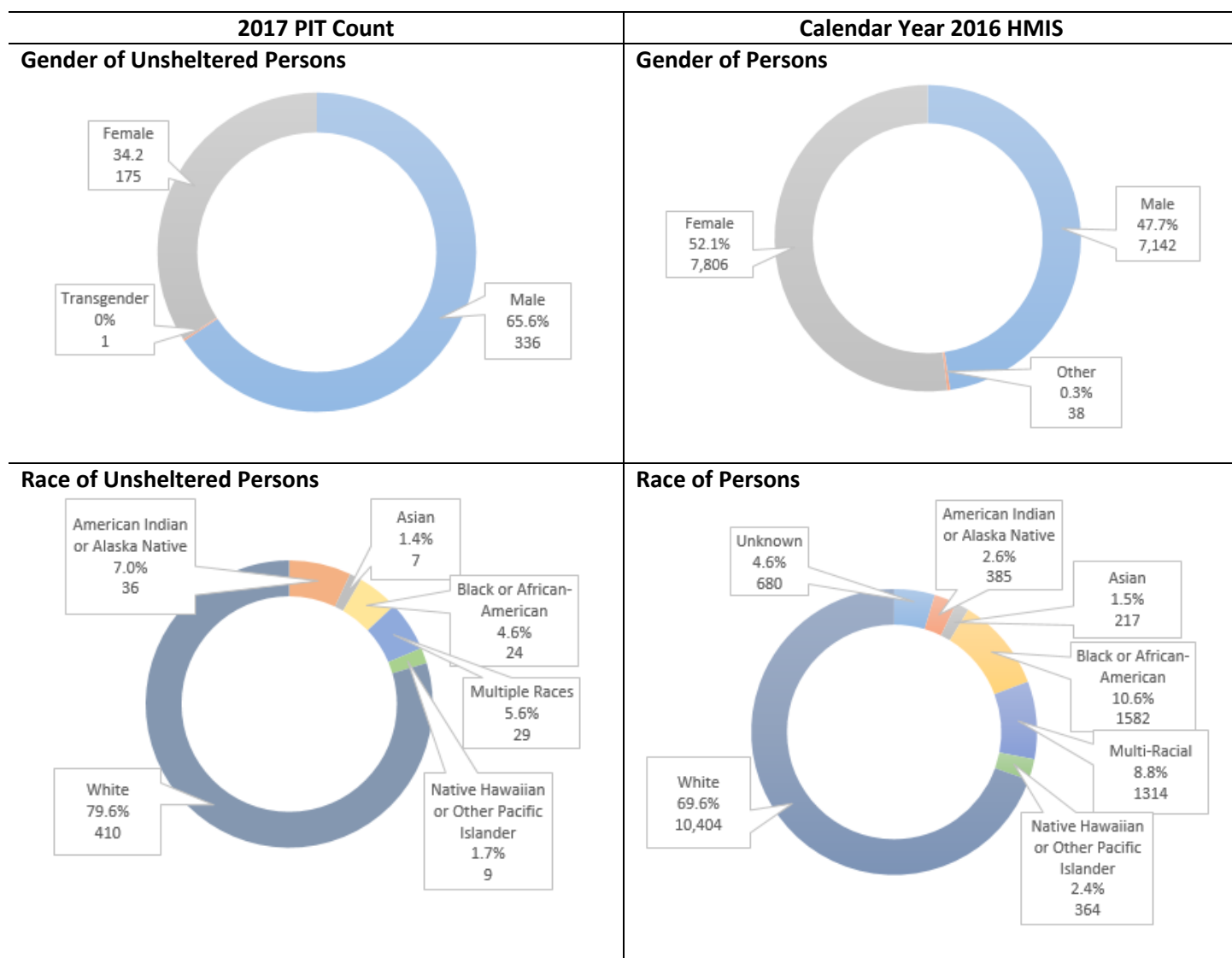
<sup>13</sup> Annie Laurie Armstrong, Business Government Community Connections.  
July 2017



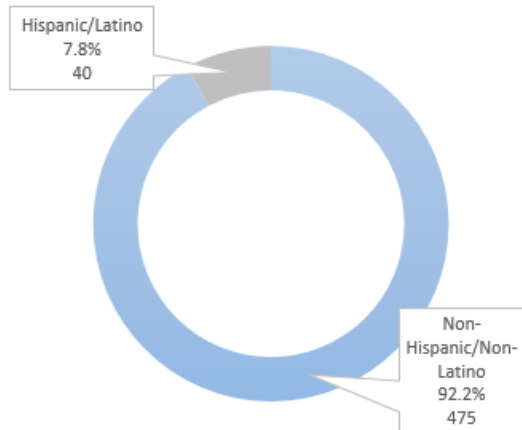
## Appendix B: Individuals and Families Experiencing Homelessness in Snohomish County

### A. Demographics of Individuals and Families Experiencing Homelessness

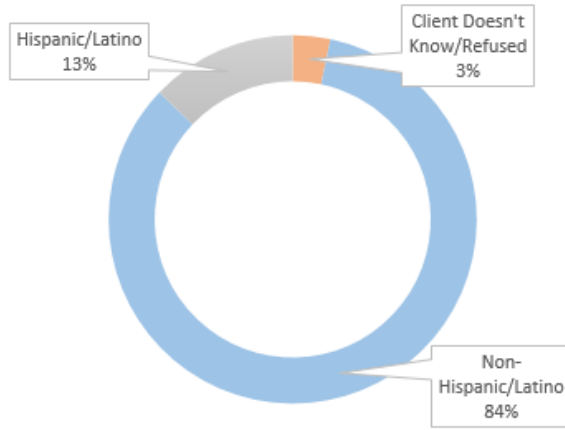
The **Point-In-Time Count** is a count of the number of homeless individuals and families who are sheltered (in emergency shelter or transitional housing) and unsheltered in Snohomish on a single night in the last 10 calendar days of January. Comparatively, the Snohomish County **Homeless Management Information System (HMIS)** is a database that collects data throughout the year on individuals and families served by various interventions, including coordinated entry, outreach, homelessness prevention, emergency shelter, transitional housing, supportive services, and permanent housing, including rapid rehousing, permanent supportive housing, and other permanent housing.



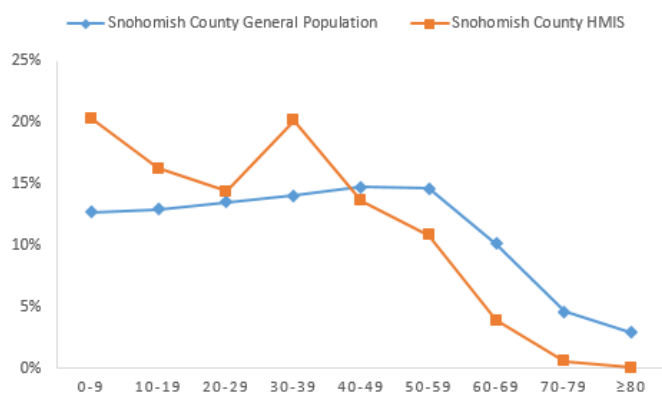
## Ethnicity of Unsheltered Persons



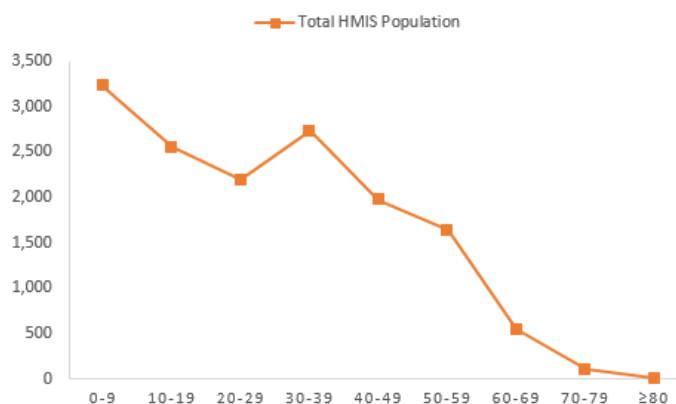
## Ethnicity of Persons



## Age Distribution (Calendar Year 2015 HMIS compared to Snohomish County General Population 2015<sup>14</sup>)

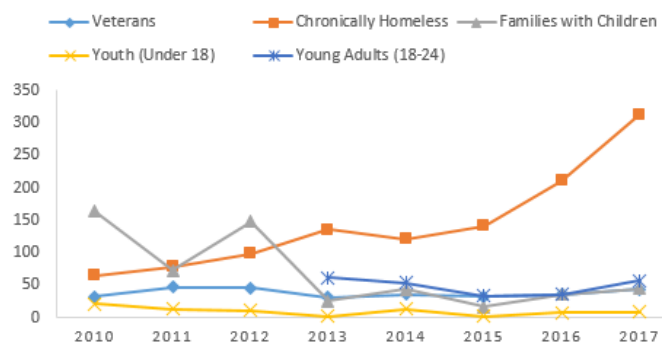


## Age Distribution (Calendar Year 2016 HMIS)



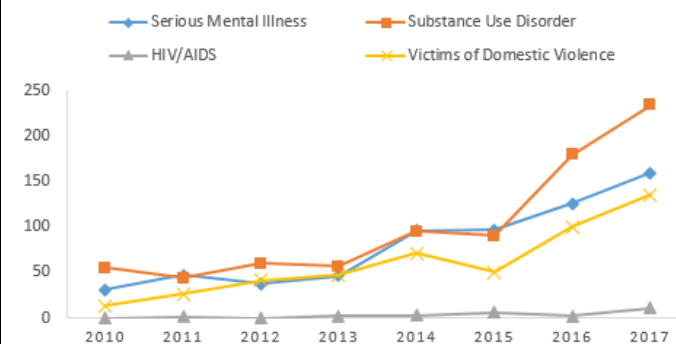
## B. Subpopulations of Individuals and Families Experiencing Homelessness (PIT Count Data)

### UNSHeltered PERSONS



\* Young Adults (18-25) data were not required to be reported until 2013

### UNSHeltered ADULTS

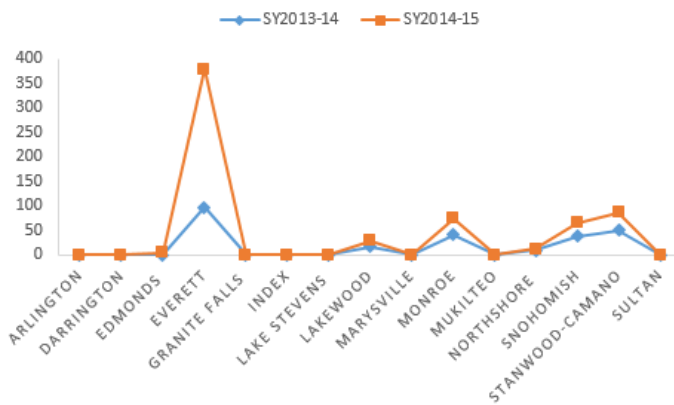


<sup>14</sup> U.S. Census Bureau, American Factfinder, 2011-2015 American Community Survey 5-Year Estimates.  
July 2017

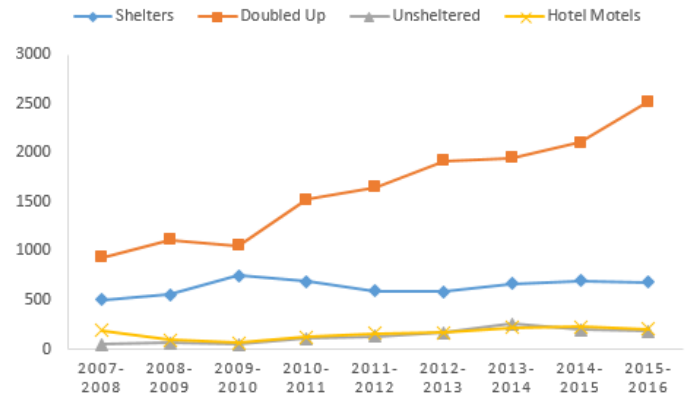
### C. Children and Youth Who Lack a Fixed, Regular, and Adequate Nighttime Residence

The U.S. Department of Housing and Urban Development (HUD) defines homelessness more narrowly than the U.S. Department of Education. For education purposes, the federal McKinney-Vento Act more broadly defines homelessness: homeless children and youth is defined as those who lack “a fixed, regular, and adequate nighttime residence,” and unlike the HUD definition, includes children and youth who are living in doubled up situations. An unaccompanied homeless student is a youth who is homeless, per the Department of Education definition, and who is not in the physical custody of a parent or guardian.

**Unaccompanied Homeless Students by Snohomish County School District<sup>15</sup>**



**Homeless Students in Snohomish County<sup>16</sup>**



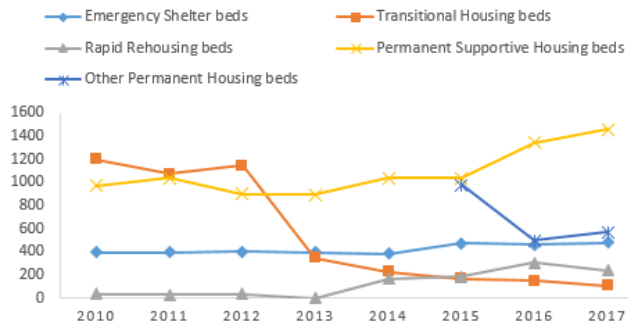
<sup>15</sup> U.S. Department of Education, [EdFacts Initiative](#).

<sup>16</sup> State of Washington Office of Superintendent of Public Instruction, [Education of Homeless Children and Youth Data Collection and Reports](#), 2007-2016.

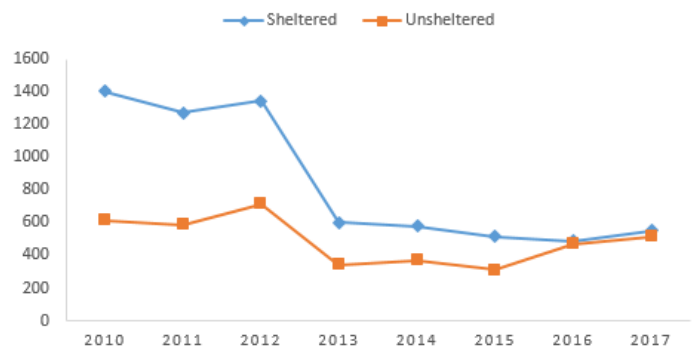
## Appendix C: Homeless Housing Inventory and Cost

The **Point-In-Time Count** is a count of the number of homeless individuals and families who are sheltered (in emergency shelter or transitional housing) and unsheltered in Snohomish on a single night in the last 10 calendar days of January. The **Housing Inventory Count** is a count of the number of homeless housing beds and units are available on that same night. A gaps analysis of the homeless needs and services available is conducted annually by reviewing the data from the PIT Count and Housing Inventory Count. These data also allow for a review of cost effectiveness.

### HOMELESS HOUSING INVENTORY



### POINT-IN-TIME COUNT



### Bed Utilization (2017 HIC)

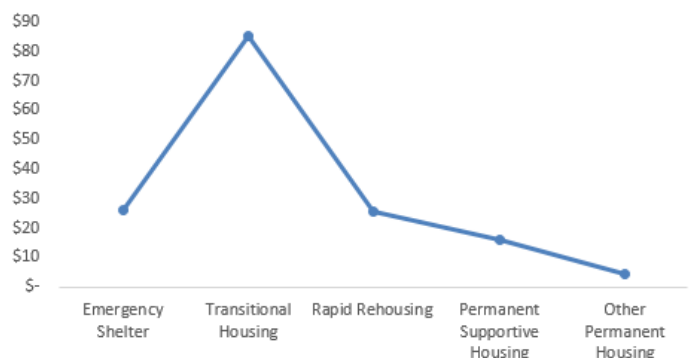
#### AVERAGE UTILIZATION



**Note on Bed Utilization:** It is important to note that the bed utilization rate has limitations, given that the number of beds available may be an estimate based on full utilization of all beds in a unit. For example, for those projects that serve households of varying sizes, a unit may be fully utilized even though all of the beds are not occupied.

### Cost by Intervention (2017 HIC)

#### COST PER DAY PER PERSON SERVED



## Appendix D: System Performance

Performance measures and goals<sup>17</sup>, Fiscal Year (FY) 2015 baseline data, and FY2016 performance data are outlined below. Annually, the CoC Board's Data & Analysis Committee sets and approves performance targets for the adopted measures by reviewing data on baseline performance and current performance. For more information on the performance measures, including a description of each measure, refer to **Section III.E of the Strategic Plan**.

<b>Number of Unsheltered Homeless Persons (Point-in-Time)</b>		<b>All Persons</b>	<b>Persons in Families with Children</b>	<b>Adults Only</b>	<b>Unaccompanied Youth / Young Adults</b>	<b>Chronically Homeless</b>	<b>Veterans</b>
Goal: Homelessness is prevented whenever possible or is otherwise resolved rapidly with appropriate housing and services.	2015 Baseline	312	16	302	2 / 33	141	32
	2016 Performance	471	35	429	7 / 36	211	36
	2017 Performance	515	44	462	9 / 57	313	43

\* The number of unsheltered homeless persons in the subpopulations listed above may be a duplicated count.

<b>All Households</b>		<b>System</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b> Goal: < 20 days	FY2015 Baseline	76			61	223			
	FY2016 Performance	87			72	247			
<b>Days to Move-In</b> Goal: < 14 days	FY2015 Baseline	30						30	
	FY2016 Performance	26						26	
<b>Total Income</b> Goal: 75%	FY2015 Baseline	34%				42%	57%	22%	46%
	FY2016 Performance	34%				26%	51%	27%	41%
<b>Retention</b> Goal: > 90%	FY2015 Baseline	92%					90%		93%
	FY2016 Performance	94%					94%		95%
<b>Exits to Permanent</b> Goal: 80%	FY2015 Baseline	31%	No Data	58%	18%	70%		58%	
	FY2016 Performance	32%	11%	73%	18%	60%		64%	
<b>6 Month Returns</b> Goal: < 5%	FY2015 Baseline	9.6%							
	FY2016 Performance	8.2%							
<b>12 Month Returns</b> Goal: < 5%	FY2015 Baseline	12.1%							
	FY2016 Performance	11.1 %							

<sup>17</sup> The PEH has established performance goals for All Households; the establishment of specific goals for subpopulations is currently in progress.  
July 2017

<b><i>Families with Children</i></b>		<b>System</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b>	FY2015 Baseline	96			73	171			
	FY2016 Performance	124			92	301			
<b>Days to Move-In</b>	FY2015 Baseline	35						35	
	FY2016 Performance	24						24	
<b>Total Income</b>	FY2015 Baseline	38%				32%	61%	26%	43%
	FY2016 Performance	41%				38%	44%	40%	41%
<b>Retention</b>	FY2015 Baseline	90%					93%		93%
	FY2016 Performance	93%					97%		95%
<b>Exits to Permanent</b>	FY2015 Baseline	63%		89%	50%	95%		66%	
	FY2016 Performance	70%		90%	58%	95%		72%	
<b>6 Month Returns</b>	FY2015 Baseline	2.8%							
	FY2016 Performance	2.6%							
<b>12 Month Returns</b>	FY2015 Baseline	4.1%							
	FY2016 Performance	4.6%							

<b><i>Adults Only</i></b>		<b>System</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b>	FY2015 Baseline	81			67	365			
	FY2016 Performance	89			78	273			
<b>Days to Move-In</b>	FY2015 Baseline	30						30	
	FY2016 Performance	27						27	
<b>Total Income</b>	FY2015 Baseline	31%				44%	55%	20%	86%
	FY2016 Performance	26%				17%	59%	20%	53%
<b>Retention</b>	FY2015 Baseline	90%					90%		90%
	FY2016 Performance	93%					93%		95%
<b>Exits to Permanent</b>	FY2015 Baseline	24%	No Data	54%	10%	66%		54%	
	FY2016 Performance	24%	11%	69%	9%	51%		61%	
<b>6 Month Returns</b>	FY2015 Baseline	7.8%							
	FY2016 Performance	7.6%							
<b>12 Month Returns</b>	FY2015 Baseline	10.5%							
	FY2016 Performance	11.3%							

<b><i>Unaccompanied Youth and Young Adults</i></b>		<b>System Youth / Young Adult</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b>	FY2015 Baseline	33 / 80			14	109			
	FY2016 Performance	33 / 115			15	125			
<b>Days to Move-In</b>	FY2015 Baseline	Insufficient						Insufficient	
	FY2016 Performance	Universe						Universe	
<b>Total Income</b>	FY2015 Baseline	/ 42%						23%	
	FY2016 Performance	/ 32%						40%	
<b>Retention</b>	FY2015 Baseline	/ 75%							
	FY2016 Performance	/ 87%							
<b>Exits to Permanent</b>	FY2015 Baseline	48% / 23%		36%	47%	50%		Insufficient	
	FY2016 Performance	48% / 31%		52%	50%	36%		Universe	
<b>6 Month Returns</b>	FY2015 Baseline	30% / 2.4%							
	FY2016 Performance	29% / 2%							
<b>12 Month Returns</b>	FY2015 Baseline	35% / 2.4%							
	FY2016 Performance	33% / 6.1%							

<b><i>Persons Experiencing Chronic Homelessness</i></b>		<b>System</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b>	FY2015 Baseline	76			37	252			
	FY2016 Performance	87			71	179			
<b>Days to Move-In</b>	FY2015 Baseline	19						19	
	FY2016 Performance	18						20	
<b>Total Income</b>	FY2015 Baseline	14%				17%	30%	9%	33%
	FY2016 Performance	25%				30%	30%	9.8%	68%
<b>Retention</b>	FY2015 Baseline	95%					88%		95%
	FY2016 Performance	95%					92%		95%
<b>Exits to Permanent</b>	FY2015 Baseline	35%			18%	71%		58%	
	FY2016 Performance	18%			8%	84%		52%	
<b>6 Month Returns</b>	FY2015 Baseline	3.7%							
	FY2016 Performance	8.2%							
<b>12 Month Returns</b>	FY2015 Baseline	6.5%							
	FY2016 Performance	12%							

<b>Veterans</b>		<b>System</b>	<b>Street Outreach</b>	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>	<b>Rapid Rehousing</b>	<b>Other Permanent Housing</b>
<b>Length of Stay</b>	FY2015 Baseline	64			62	Insufficient Universe			
	FY2016 Performance	113			113				
<b>Days to Move-In</b>	FY2015 Baseline	18						18	
	FY2016 Performance	15						15	
<b>Total Income</b>	FY2015 Baseline	29%					Insufficient Universe	27%	
	FY2016 Performance	28%						27%	
<b>Retention</b>	FY2015 Baseline	85%					85%		80%
	FY2016 Performance	94%					93%		100%
<b>Exits to Permanent</b>	FY2015 Baseline	43%	No Data	84%	6%			83%	
	FY2016 Performance	50%	40%	86%	14%			85%	
<b>6 Month Returns</b>	FY2015 Baseline	7.1%							
	FY2016 Performance	5.6%							
<b>12 Month Returns</b>	FY2015 Baseline	10.0%							
	FY2016 Performance	9.7%							



## Appendix E: Strategic Plan-System Performance Measures Crosswalk

The Snohomish County Human Services Department (HSD) and the Partnership to End Homelessness (PEH) Continuum of Care (CoC) Board have established Goals, Objectives, and Strategies that are data-driven and evidence-based to prevent and end homelessness in Snohomish County as outlined in **Section IV** of the **Strategic Plan**. This Crosswalk has been developed to further illustrate the positive impact the specific Strategies will have on System Performance.

### Goal 1: Equity of Access and Rapid Response to People in Need

#### Goal 1, Objective 1: Comprehensive and Coordinated Outreach

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Equitable Access	Ensure that all individuals and families have equitable access, through Coordinated Entry, to the homeless housing and service system	Conduct an analysis of the demographics of the homeless individuals and families served by the Coordinated Entry System to ascertain whether certain groups are disproportionately represented or underrepresented and make changes to the system, as appropriate, to ensure equitable access.	X						
		Translate Coordinated Entry materials into Spanish, Russian, Vietnamese, Arabic, and Somali, which represent the most frequently spoken non-English languages in Snohomish County. Work with agencies providing Coordinated Entry navigation services to increase the number of staff who are fluent in frequently spoken non-English languages.	X						
In-Reach	Increase in-reach to jails, juvenile justice centers, hospitals, triage facilities, and other institutions	Increase in-reach in institutions to ensure that individuals who were on the streets or in emergency shelter immediately before entering the institution are enrolled in Coordinated Entry and are not discharged back to the streets. In-reach includes referrals to other needed services, such as behavioral health services.	X						
Prevention Outreach	Increase outreach to households who are at-risk of homelessness	Increase outreach to individuals and families who are at risk of becoming homeless by providing referrals to needed housing and services. Target outreach to programs that typically serve individuals and families who are at risk of homelessness (i.e., energy assistance, senior services, early childhood education, etc.).	X						X

## Goal 1, Objective 2: Streamlined System

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Standardized Assessments	Provide training and technical assistance	Provide ongoing, at least annual, training and technical assistance to ensure fidelity of standardized assessments to the Coordinated Entry Policies & Procedures. In order to ensure that the Coordinated Entry system is equitable and meets the needs of persons who disproportionately experience homelessness, standardized assessments must be provided consistently and in a culturally competent manner that recognizes each individual's unique needs.	X						
Community Feedback	Gather information and data about the Coordinated Entry System	Conduct interviews with individuals and families who have accessed the Coordinated Entry System to ascertain causes of homelessness and reasons for returns to homelessness. Gather information from individuals' and families', particularly those who are disproportionately (under)represented, on their experiences with the Coordinated Entry System in order to improve the System' accessibility and functionality for the community's most vulnerable.	X						
		Solicit feedback from homeless housing and service providers on their experiences using the Coordinated Entry System to streamline and make other improvements to the system.	X						

## Goal 2: Effective and Efficient

### Goal 2, Objective 1: Maximize System Capacity

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Maximize Utilization	Maximize utilization of current housing inventory and interventions	Monitor and report on project utilization system-wide. Provide technical assistance to projects that have lower utilization or reallocate funding to more effective interventions.	X						
		Monitor and report on project spend down system-wide to ensure the full expenditures of project funds. Provide technical assistance to projects that fail to fully expend project funds or reallocate funding to more effective interventions.	X						

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Rapid Rehousing as a Bridge	Use rapid rehousing as a “bridge”	Through Coordinated Entry, use rapid rehousing as a “bridge” to permanent supportive housing when the individual or family has a disability and needs ongoing assistance to remain in permanent housing; use rapid rehousing as a “bridge” to other permanent housing when the individual or family does not have a qualifying disability, but needs ongoing assistance to remain in permanent housing.	X	X					X
Cost Effectiveness	Measure Cost Effectiveness	Develop indices to measure cost effectiveness and collect baseline data to fund the most cost effective interventions. Indices must include consideration of project performance (i.e., successfully assisting homeless individuals and families to move to permanent housing, etc.).  Refer to <b>Appendix D</b> for data on the cost of interventions by project type.	X	X	X	X	X	X	X
By-Name Lists	Create “By-Name” Lists for homeless subpopulations	Consider creating “By-Name” Lists for youth and young adults, families with children, chronically homeless, long-term shelter stayers, and other identified subpopulations.	X	X					
Maximize Housing Options	Create opportunities for individuals and families to move from permanent supportive housing to other subsidized housing	Explore opportunities for individuals and families in permanent supportive housing who are able – and want – to move to a less supported environment to access other subsidized housing.	X				X		
Permanent Housing Capacity	Increase the capacity of permanent housing interventions	Develop new affordable, low-barrier housing units for homeless individuals and families.	X	X				X	X
		Seek opportunities to expand collaboration between homeless housing providers and non-profit housing developers to provide affordable housing options (e.g., set-aside units).	X	X				X	X
		Work with the Housing Consortium of Everett and Snohomish County, housing developers, service providers, and local governments to create a “pipeline” of capital projects that aligns capital funding efforts across the system.	X	X				X	X

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Emergency Shelters	Increase the capacity of Low-Barrier Shelter	Explore opportunities to expand low-barrier shelter capacity in Snohomish County, including low-barrier emergency shelter dedicated to homeless youth and young adults, ages 18 to 24.	X						
	Leverage existing supports and networks	Leverage a household's existing personal and social support networks by providing limited, flexible financial assistance to quickly assist households in emergency shelter to move to permanent housing.	X	X				X	
Youth Specific Interventions	Develop youth-specific interventions that are tailored to the unique needs of homeless youth and young adults	Increase efforts to re-connect youth to caring family members and/or community partners.	X	X				X	
		Dedicate additional beds, including permanent supportive housing, to homeless youth and young adults and integrate substance abuse and behavioral health services into those housing resources. In tandem, provide intensive supports to re-engage youth with vital age-appropriate, assessment-driven stabilization, health, income-earning, and skill-building resources.	X	X	X	X	X	X	X

## Goal 2, Objective 2: Training & Support on Evidence-Based Practices

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Low-Barrier & Housing First Approach	Provide training on low-barrier and housing first best practices	Provide ongoing training on low-barrier and housing first best practices and on overcoming common challenges to ensure system-wide fidelity to this approach. Fidelity to a low-barrier and housing first approach will increase the number of persons who can be served through Coordinated Entry by reducing barriers to receiving needed housing and services, and increasing the speed with which individuals and families obtain permanent housing.	X	X			X	X	
Trauma Informed Care	Provide training on trauma informed care	Provide ongoing training on service delivery that is sensitive to individuals' and families' lived experiences.	X	X	X	X	X	X	X
Harm Reduction	Provide training on incorporating harm reduction strategies	Provide ongoing training on incorporating harm reduction strategies to remove chemical dependency barriers within housing programs. Harm reduction is an evidence-based approach to treatment that emphasizes reducing the harmful impacts of substance abuse.	X	X	X		X	X	X

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Cultural & Linguistic Competency	Provide training on cultural and linguistic competencies	Provide ongoing training on service delivery that is culturally and linguistically competent. "Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery. [...] Practice is driven [...] by client preferred choices, not by culturally blind or culturally free interventions." <sup>18</sup>	X	X	X	X	X	X	X
Landlord Training	Create landlord training opportunities	Provide ongoing training to private market landlords to eliminate stereotypes and biases, and to reduce screening criteria that act as barriers to individuals and families obtaining housing.	X	X	X		X	X	X
Peer Support	Expand peer support programs	Provide training and support to agencies developing or expanding peer support programs. Research has shown that peer support facilitates recovery and reduces health care costs for individuals experiencing mental and/or substance use disorders. <sup>19</sup> Peer support programs have also shown to be effective for subpopulations of youth and young adults <sup>20</sup> , veterans <sup>21</sup> , and the broader homeless population <sup>22</sup> .	X	X	X	X	X	X	X

<sup>18</sup> Georgetown University Center for Child and Human Development, National Center for Cultural Competence, [Conceptual Frameworks/Models, Guiding Values and Principles](#).

<sup>19</sup> Substance Abuse and Mental Health Services Administration, [Peer Support and Social Inclusion](#).

<sup>20</sup> U.S. Department of Housing and Urban Development, [Ending Youth Homelessness Guidebook Series: Promising Program Models](#).

<sup>21</sup> U.S. Department of Housing and Urban Development, [HUD-VASH Best Practices, April 2012](#).

<sup>22</sup> National Alliance to End Homelessness, [The Role of Peer Support in Ending Homelessness](#), August 20, 2014.

## Goal 3: Cross-System Approach

### Goal 3, Objective 1: Integrated Care

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Opioid Use Disorders	Assess trends and best practices to develop innovative, cross-system strategies to treat opioid use disorders	Participate in local stakeholder meetings aimed at reducing opioid use disorders and addressing gaps in housing and services.	X				X	X	X
Integrate Services	Expand on successful interventions that provide behavioral health services	Explore options to expand successful interventions that provide behavioral health services to individuals and families in homeless housing, such as Housing Liaison Services (WRAPS).	X				X	X	X
		Integrate behavioral health services, including both substance use and mental health services, with homeless housing via a referral network. Co-locate integrated services for ease of access.	X				X	X	X
Mainstream services	Strengthen and enhance collaborations with agencies providing mainstream benefits	Establish and cultivate cross-systems collaborations with agencies providing Foundational Community Supports (1115 Medicaid Waiver) for chronically homeless individuals and families.	X			X	X	X	X
Hospitals	Expand respite care programs	Partner with medical service providers to explore opportunities for expanding respite care programs for people experiencing homelessness who are exiting hospitals.	X						
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.	X					X	X

### Goal 3, Objective 2: Criminal Justice

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Youth	Expand youth transition services	Strengthen post-release transition services for justice-involved youth.	X						
	Expand legal services for youth and young adults	Expand legal services available to youth and young adults who are homeless or at risk of homelessness (i.e., including counseling, representation, sealing juvenile convictions that are a barrier to accessing housing).	X	X	X			X	
Integrate Legal Services	Strengthen integration of legal services	Strengthen integration of legal services and homeless housing to assist individuals and families in overcoming barriers to obtaining and maintaining housing, such as past criminal justice involvement.	X	X	X	X		X	
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.	X	X	X			X	X

### Goal 3, Objective 3: Education and Employment

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
McKinney-Vento Liaisons	Enhance the partnership between homeless housing providers and McKinney-Vento liaisons	Ensure that homeless housing and service providers regularly attend meetings with school liaisons to ensure that homeless students are identified and prioritized for education-related services.	X						
		Expand the number of school district liaisons who utilize HMIS for coordination of services across all Snohomish County school districts.	X						
		Create greater access to behavioral health services, targeting youth with K-12 Individual Education Plans who are at risk of dropping out of school and/or are highly isolated, those with high vulnerability scores, and those with other risk assessments that suggest they may be subject to harm or victimization. Including expanding the number of school districts that participate in the Student Support Advocacy Program, as well as the number of advocates available to assist high risk students.	X	X	X			X	X

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Employment Services	Increase supported employment services	Strengthen connections between homeless housing service providers and agencies providing Individual Placement and Support (Supported Employment) services, including Snohomish County's supported employment programs for individuals with developmental disabilities.	X			X	X	X	X
Youth Education and Employment	Increase education, employment, and independent living supports for youth and young adults	Strengthen supported "on ramps" for homeless youth to accelerate their return to high school, GED completion, and job training programs to ensure youth receive the navigation and emotional support to make difficult life changes. Beyond the intensive educational assistance, this hands-on support for homeless youth should also address the emotional and health issues, self-efficacy and outcome expectancy, and behavioral issues that homeless children and children living in other transitional situations, such as foster care, experience.	X			X	X	X	X
Employment Services	Strengthen integration of employment and life skills services	Strengthen employment and life skills services to assist individuals and families in increasing their income. Services should be individualized and meet the strengths and needs of each individual.	X			X	X	X	X
Daycare	Increase affordable quality daycare	Seek opportunities for increasing affordable quality daycare to allow individuals with children to increase income through employment.	X			X	X	X	X
Employer outreach	Recruit employers to hire persons experiencing homelessness	Collaborate with Workforce Snohomish to create outreach programs encouraging local employers to train and hire persons experiencing homelessness.	X			X	X	X	X
Share Data	Share data between systems of care	As permitted, share data between systems of care to ensure that services are easily accessible and that individuals and families experiencing homelessness are not re-traumatized by duplicative questions and requests for information. Sharing data will help to reduce cross-system redundancies and overall costs to the community.	X	X	X			X	X



### Goal 3, Objective 4: Other Systems of Care

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY	ACTIVITIES		# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
Child Safety and Youth Transition Services	Expand youth transition services	Partner with child welfare, foster advocates, and homeless youth service providers to ensure foster youth have post exit support after aging out of the foster care system.	X						
	Enhance coordination with DSHS	Enhance coordination with the Washington State Department of Social and Health Services to identify families involved with Children's Administration services who are homeless or at risk of homelessness and quickly connect them to needed services.	X						
	Connect youth to needed services	Strengthen coordination with Children's Administration and foster care organizations to ensure that vulnerable youth who do not meet the criteria for foster care are connected to housing and services.	X						
Services for Veterans	Landlord engagement	Enhance current landlord engagement efforts to include veteran service and advocacy organizations to create strong relationships with community landlords and increase housing units available to veterans experiencing homelessness.	X	X	X			X	
	Explore opportunities to increase supportive services	Work with Veterans Affairs and Snohomish County Veterans' Assistance to assess and evaluate resources available to assist veterans to obtain and maintain housing. Explore opportunities to fill needed gaps in behavioral health resources, employment services, case management, peer supports, and community networks.	X			X	X	X	X
Services for Seniors	Expand prevention services for seniors	Strengthen the coordination and referral process between homelessness prevention providers and senior service providers to ensure that seniors at risk of homelessness remain in safe, stable, and affordable housing.	X						
	Increase seniors' access to housing retention programs	Expand outreach to senior service providers to increase seniors' access to programs that can assist them in maintaining their housing, including Snohomish County's Minor Home Repair, Community Housing Improvement Program, Weatherization, and Energy Assistance.	X						
	Joint training for housing and senior service providers	Coordinate a joint training between homeless housing and service providers and senior service providers to increase referrals to and from these systems of care. Training will focus on increasing awareness of program availability, eligibility requirements, and the unique needs of seniors who are or have experienced homelessness.	X				X		X

STRATEGIES			SYSTEM PERFORMANCE MEASURES						
STRATEGY		ACTIVITIES	# OF HOMELESS PERSONS	LENGTH OF STAY	DAYS TO MOVE-IN	TOTAL INCOME	RETENTION	EXITS TO PERMANENT	RETURNS
	Increase services tailored to seniors who are homeless or at risk of homelessness	Explore opportunities for increasing in-home care, end of life care, and other services tailored to the needs of seniors in the homeless housing system.	X				X		X

## Appendix F: Partnership to End Homelessness Work Plan

The Partnership to End Homelessness (PEH), the Board for the Everett/Snohomish County Continuum of Care (CoC), leads a collaborative, comprehensive, and cohesive system of care that eliminates homelessness in Snohomish County. The Goals, Objectives, and Strategies outlined in **Section IV** of the **Strategic Plan** are aligned with the current efforts being taken by the PEH.

The PEH has chosen to focus the work of their Committees this past year on the following three strategies outlined below. For additional detail, including other PEH identified strategies, refer to the PEH 2016 Work Plan.

Landlord Engagement	
PEH Strategies	Efforts & Responsible Parties
A. Landlord liaison: Develop relationships with new landlords who are willing to work with a variety of housing programs (i.e., Section 8, rapid rehousing, etc.) so that individuals and families can access affordable, safe, permanent housing.	Current Lead Agency: YWCA of Seattle, King County, Snohomish County (YWCA) <ul style="list-style-type: none"> <li>- Connect potential landlords to the YWCA landlord liaisons</li> <li>- Create a shared, comprehensive list of existing and prospective landlords</li> </ul>
1. Landlord training opportunities on: <ul style="list-style-type: none"> <li>- Reducing landlord screening criteria that act as barriers to individuals and families obtaining housing;</li> <li>- Accepting individuals and families who have barriers</li> </ul>	Create a common language (messaging) regarding the types of housing assistance programs available in Snohomish County, including marketing materials to standardize the landlord outreach and engagement effort <p>Continue to build capacity with training partners/resources, such as:</p> <ul style="list-style-type: none"> <li>- Northwest Justice Project</li> <li>- Snohomish County Legal Services</li> <li>- Volunteers of America Western Washington Dispute Resolution Center</li> <li>- Non-profit credit counseling agencies</li> </ul>
2. Create incentives for landlords to increase availability of housing units	Partner with policy advocates: <ul style="list-style-type: none"> <li>- Housing Consortium of Everett and Snohomish County</li> <li>- Homeless Policy Task Force</li> <li>- United Way of Snohomish County</li> </ul> <p>All PEH members</p>
Alignment with Strategic Plan	
Goal 2, Objective 1: Maximize System Capacity: <ul style="list-style-type: none"> <li>- Current Innovative Efforts: Landlord Engagement: Landlord supports are offered through the homeless housing system. Landlords in the private market are engaged to create and sustain essential partnerships that are needed to fully utilize current interventions, such as rapid rehousing and scattered-site permanent supportive housing.</li> </ul>	
Goal 2, Objective 2: Training & Support on Evidence-Based Practices	

- Strategies, Landlord Training: Create landlord training opportunities: Provide ongoing training to private market landlords to eliminate stereotypes and biases, and to reduce screening criteria that act as barriers to individuals and families obtaining housing.

**Goal 3, Objective 4: Other Systems of Care**

- Strategies, Services for Veterans: Landlord engagement: Enhance current landlord engagement efforts to include veteran service and advocacy organizations to create strong relationships with community landlords and increase housing units available to veterans experiencing homelessness.

<b>Employment</b>	
<b>PEH Strategies</b>	<b>Efforts &amp; Responsible Parties</b>
A. Integrate employment services at point of coordinated entry (including at shelters) so that families/individuals secure the necessary income to obtain safe, affordable, permanent housing	Members of the PEH who represent employment and housing establish and/or strengthen pathway for individuals and families to obtain the income needed to obtain and maintain housing
B. Connect homeless housing services with mainstream employment services	Members of the PEH who represent employment and housing establish and/or strengthen pathway for individuals and families to obtain the income needed to obtain and maintain housing
<b>Alignment with Strategic Plan</b>	
<p><b>Goal 2, Objective 1: Maximize System Capacity</b></p> <ul style="list-style-type: none"> <li>- Current Innovative Efforts: Innovative Project Models: Emergency shelters have implemented innovative practices by providing rapid rehousing and partnering with employment services to move individuals and families quickly into permanent housing.</li> </ul> <p><b>Goal 3, Objective 3: Education and Employment</b></p> <ul style="list-style-type: none"> <li>- Current Innovative Efforts: Housing and Employment: <ul style="list-style-type: none"> <li>o Employment services are integrated into the services provided through Coordinated Entry and homeless housing and service providers. Referrals are also made to employment navigation at Workforce Snohomish.</li> <li>o Several pilot projects focus on connecting homeless individuals and families to employment services: a pilot project quickly connects local emergency shelter participants to life-skills classes focused on employment and financial management; a supported employment pilot project is available for families receiving Temporary Assistance for Needy Families (TANF) with mental health barriers who are working with an IIF Navigator or who are enrolled in rapid rehousing; and another pilot project provides employment services targeted for participants of rapid rehousing.</li> <li>o Employment providers and rapid rehousing providers use a uniform employment assessment/action planning tool, the Employment Readiness Scale™, to facilitate shared case management.</li> </ul> </li> </ul> <p><b>Goal 3, Objective 3: Education and Employment</b></p> <ul style="list-style-type: none"> <li>- Strategies, Employment Services: Increase supported employment services: Strengthen connections between homeless housing service providers and agencies providing Individual Placement and Support (Supported Employment) services, including Snohomish County's supported employment programs for individuals with developmental disabilities.</li> <li>- Strategies, Youth Education and Employment: Increase education, employment, and independent living supports for youth and young adults: Strengthen supported "on ramps" for homeless youth to accelerate their return to high school, GED completion, and job training programs to ensure youth receive the navigation and emotional support to make difficult life changes. Beyond the intensive educational assistance, this hands-on support for homeless youth should also address the emotional and health issues, self-efficacy and outcome expectancy, and behavioral issues that homeless children and children living in other transitional situations, such as foster care, experience.</li> </ul>	

- Strategies, Employment Services: Strengthen integration of employment and life skills services: Strengthen employment and life skills services to assist individuals and families in increasing their income. Services should be individualized and meet the strengths and needs of each individual.
- Strategies, Employer Outreach: Recruit employers to hire persons experiencing homelessness: Collaborative with Workforce Snohomish to create outreach programs encouraging local employers to train and hire persons experiencing homelessness.

### Healthcare Services

PEH Strategies	Efforts & Responsible Parties
A. Incentivize participation in substance use and mental health services so that individuals and families can maintain safe, affordable, permanent housing	The PEH created the Healthcare Ad Hoc Committee to address this strategy

### Alignment with Strategic Plan

#### Goal 3, Objective 1: Integrated Care

- Strategies, Opioid Use Disorders: Assess trends and best practices to develop innovative, cross-system strategies to treat opioid use disorders: Participate in local stakeholder meetings aimed at reducing opioid use disorders and addressing gaps in housing and services.
- Strategies, Integrate Services: Expand on successful interventions that provide behavioral health services: Explore options to expand successful interventions that provide behavioral health services to individuals and families in homeless housing, such as Housing Liaison Services (WRAPS); Integrate behavioral health services with homeless housing: Integrate behavioral health services, including both substance use and mental health services, with homeless housing via a referral network. Co-locate integrated services for ease of access.

## Acknowledgements

Contributions to this Plan were made by the Partnership to End Homelessness (PEH)'s Strategic Planning Committee and Executive Committee, and by all members of the PEH.

PEH Strategic Planning Committee		PEH Executive Committee	
Mary Anne Dillon	<i>YWCA of Seattle, King County, Snohomish County</i>	Candy Banker	<i>Board Chair</i>
Amy Hess	<i>City of Marysville</i>	Jan Strand	<i>Vice Chair</i>
James Kee	<i>Community Health Center of Snohomish County</i>	Sarah Jayne Barrett	<i>Data and Analysis Committee Chair</i>
Lark Kesterke	<i>United Way of Snohomish County</i>	Mary Anne Dillon	<i>Strategic Planning Committee Chair</i>
Karen McKeen	<i>Domestic Violence Services of Snohomish County</i>	Mary Jane Brell-Vujovic	<i>Snohomish County Representative</i>
Mark Richardson	<i>Snohomish County Sheriff's Office</i>	John Hull	<i>Systems Coordination Committee Chair</i>
Pat Slack	<i>Snohomish County Sheriff's Office</i>	Vicci Hilty	<i>Resource Development Committee Chair</i>
Faith Simonelli	<i>Catholic Community Services</i>		
Mary Ellen Wood	<i>Interfaith Association</i>		

PEH Board Members		
Community Stakeholder Group	Board Representative	Organization
Adults without Children	John Hull	<i>Everett Gospel Mission</i>
Advocates (Homeless Policy Task Force Representative)	Faith Simonelli	<i>Catholic Community Services</i>
Affordable Housing Development Business	Mark Smith	<i>Housing Consortium</i>
Chemical Dependency	Marilyn Boe	<i>HomeStreet Bank</i>
Chronically Homeless	Cammy Hart-Anderson	<i>Snohomish County Human Services, Division of Behavioral Health &amp; Veterans Services</i>
Education (Early Childhood)	Sarah Jayne Barrett	<i>Catholic Community Services</i>
Employment/Training	Joe Varano	<i>Snohomish County Human Services, Division of Early Learning</i>
Employment (Supported)	Elizabeth Gordon	<i>WorkForce Snohomish</i>
Faith Based Organizations	Wendy Woolery-Toonstra	<i>AtWork!</i>
City of Everett (Government)	Mary Ellen Wood	<i>Interfaith Association</i>
Snohomish County (Government)	Rebecca McCrary	<i>City of Everett</i>
Healthcare	Mary Jane Brell-Vujovic	<i>Snohomish County, Human Services Department</i>
HIV/AIDS Issues	Julie Zarn	<i>Center for Community Health Transformation-Providence Institute for Healthier Communities</i>
Homeless Families	Sarah Jayne Barrett	<i>Catholic Community Services</i>
Hospital	Elizabeth Kohl	<i>Housing Hope</i>
Law Enforcement	Liga Mezaraups	<i>Providence Regional Medical Center Everett</i>
Legal	Pat Slack	<i>Snohomish County Sheriff</i>
Non-Profit Homeless Assistance Provider	Ben Haslam	<i>Snohomish County Legal Services</i>
Public Housing Authority	Mary Anne Dillon	<i>YWCA of Seattle, King County, Snohomish County</i>
School District	Janinna Attick	<i>Housing Authority of Snohomish County</i>
Social Services Provider (CSO)	Cynthia Jones	<i>Everett School District</i>
Transportation	Candy Banker	<i>Department of Social and Health Services</i>
Tribal Government	Todd Morrow	<i>Community Transit</i>
University	Misty Napeahi	<i>Tulalip Tribes</i>
Veterans, Organizations which serve	Jan Strand	<i>Edmonds Community College</i>
Victim Service Provider	Bob Reese	<i>Volunteers of America Western Washington</i>
Youth Issues	Vicci Hilty	<i>Domestic Violence Services of Snohomish County</i>
Youth Under 25	Tarah Wilder	<i>Cocoon House</i>
	Nataya Foss	<i>Youth Advisory Committee</i>

\* Personal Homelessness Experience is represented on the PEH Board

Additional critical contributions were made by the following staff:

Snohomish County, Human Services Department	
Jackie Anderson	<i>Division Manager, Housing &amp; Community Services</i>
Jess Jorstad	<i>Lead Data &amp; Program Analyst, HMIS</i>
Debbi Trosvig	<i>Supervisor, Office of Community &amp; Homeless Services</i>
Sam Scoville	<i>Grants &amp; Program Specialist, Office of Community &amp; Homeless Services</i>
Tyler Verda	<i>Grants &amp; Program Specialist, Office of Community &amp; Homeless Services</i>
Stephanie Wong	<i>Grants &amp; Program Specialist, Office of Community &amp; Homeless Services</i>
Nate Marti	<i>Researcher, Research Division</i>

## Partnership to End Homelessness

The Partnership to End Homelessness hereby adopts this Homeless Prevention and Response System Strategic Plan.

Approved this 27 day of June, 2017.

Candy Banker

Candy Banker  
Chair, Partnership to End Homelessness

6-27-17

Date

Jan G. Strand

Jan Strand  
Vice Chair, Partnership to End Homelessness

6/27/17

Date