Kitsap County Homeless Housing and Services System Study:

Current Assessment and Opportunities for System Improvements

Clegg & Associates
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Kitsap Regional Coordinating Council

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Executive Summary

The Kitsap Regional Coordinating Council (KRCC) commissioned Clegg & Associates to conduct a study of the homeless housing and services system in Kitsap County. The study drew on a great deal of discussion with funders and providers about opportunities to build on system strengths, particularly moving toward best practice models for coordinated entry and Housing First approaches. A large number of stakeholders shared their input through key informant interviews, focus groups, Continuum of Care Coalition meetings, and participation in a stakeholder group for the study. Those conversations, combined with changes in state and federal homeless funding guidance and recent implementation of the HMIS data system, make 2011 – 2013 an excellent timeline to consider changes.

The Kitsap County Homeless Housing and Services System Study presents three primary recommendations to improve the homeless housing and services system in Kitsap County:

- Implement coordinated entry, using a One Stop model
- Prioritize Housing First approaches, particularly homelessness prevention, Rapid Re-housing, and permanent supportive housing
- Integrate multiple funding streams for homeless and housing services within the jurisdiction of a single entity, the Kitsap Regional Coordinating Council

Coordinated Entry

Coordinated entry ensures that people at risk of or experiencing homelessness can easily access an effective bundle of housing and services. Based on stakeholder feedback, best practice guidance, and the strong history of successful referrals among Kitsap County providers, the study recommends a One Stop approach to coordinated entry with a common assessment tool, prevention and Rapid Re-housing programs, and a landlord liaison function. The One Stop model provides an integrated set of prevention, assessment, case management, advocacy, access, and referral services and resources to individuals and families who are at risk of homelessness or are already homeless.

Housing First

Housing First is a philosophy that vulnerable and at-risk homeless households respond better to interventions and services after they are in their own permanent housing, rather than while living in temporary facilities. Housing First strategies place people in permanent housing as quickly as possible, or help them retain their current housing, and then provide customized services to stabilize their lives. This is in contrast to the previous continuum of care philosophy, which held that people should move through a series of time-limited emergency and transitional housing services to first stabilize their lives before being placed in permanent housing. Keys to the Housing First philosophy is the belief that everyone deserves housing and that people can benefit more from services once they have their own place to live.

Housing First strategies – particularly homelessness prevention, Rapid Re-housing, and permanent supportive housing – are increasingly favored as best practice models by clients and by state, national, and foundation funders. Ideally, a coordinated entry system should have a robust array of these options. Kitsap County currently has some but not a sufficient amount of each of these housing options.

Integration of Multiple Funding Streams

KRCC is well positioned to manage housing and homeless funds for the participating jurisdictions in Kitsap County. Having a single entity play that role has many advantages, particularly braiding together multiple funding streams into a single coordinated annual application process. The process would have compatible expected outcomes and performance measures and would result in coordinated release of funds and simplified reporting requirements.

The following figure shows how funding for homeless housing and services in Kitsap County would look different with the implementation of the study's recommendations.

Proposed Paradigm of Funding and Service Delivery
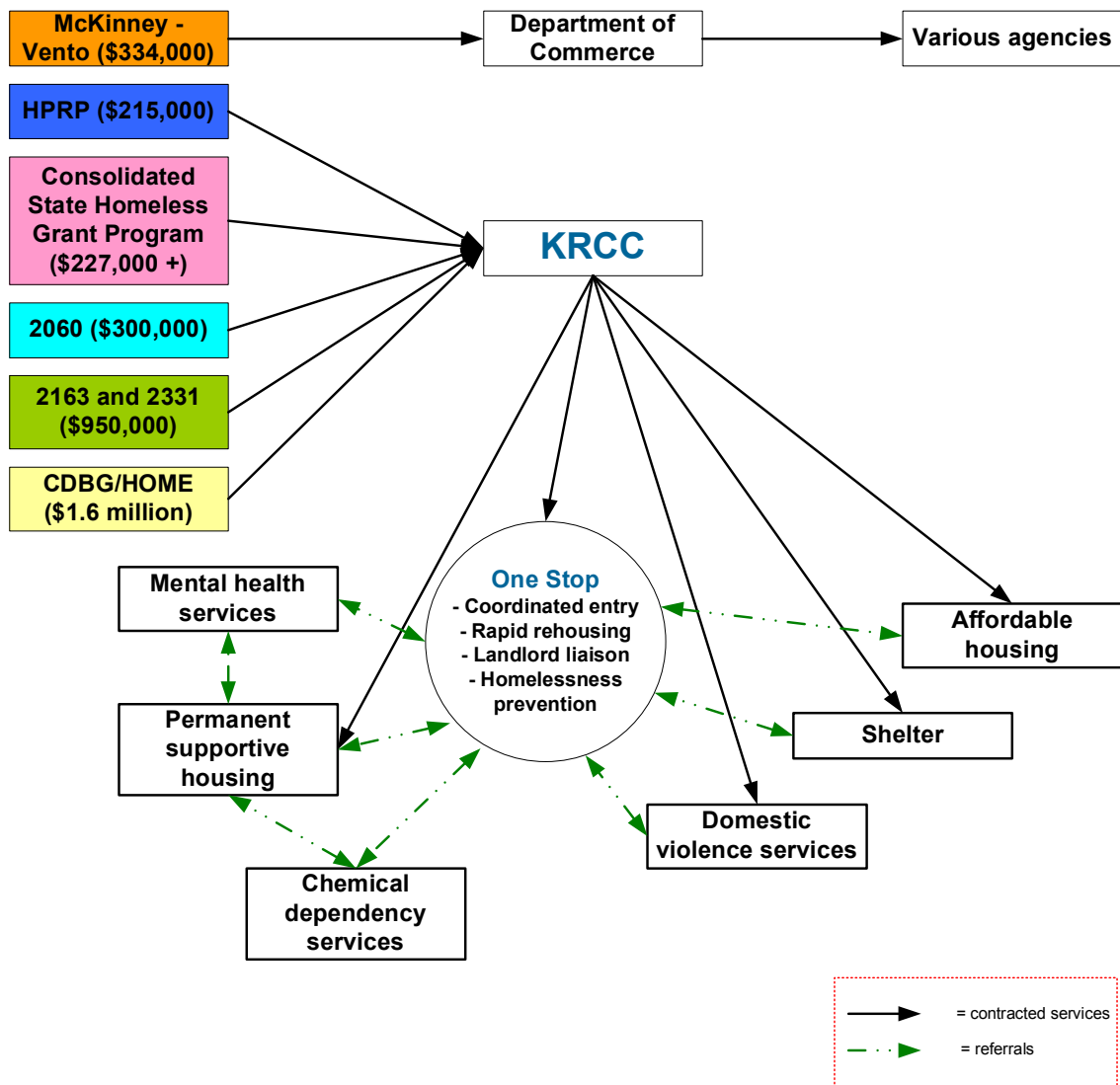
Timeline for Implementation

2010:

- Adopt key elements of new system and implementation timeline
- Establish an advisory group to develop the specific design of coordinated entry
- Continuum of Care Coalition establishes a subcommittee to build capacity for Housing First models

2011:

- Design One Stop coordinated entry, including common assessment tool, referral criteria, and program requirements
- Build capacity to implement Housing First, including identifying policy changes, building partnerships between housing and service providers, and training and technical assistance opportunities
- Establish goals and performance measures for the new system
- Contract with Department of Commerce for new Consolidated Homeless Grant funds
- Prepare an RFP for all homeless housing and services, except balance of state McKinney-Vento
- Select coordinated entry/One Stop agency and referral agencies

2012:

- Begin six month start-up phase of One Stop and fully operate starting in July
- Begin transition of selected affordable housing programs to Housing First model
- Convert Coordinated Entry Advisory Group to Oversight Group

2013:

- Assess emergency shelter capacity and propose any necessary changes
- Continue to expand resources to support prevention, Rapid Re-housing, and permanent supportive housing
- Explore opportunities to increase income sources for homeless people
- Produce report to the community on the impact of the new system

Introduction

The Kitsap Regional Coordinating Council commissioned a study of the homeless housing and services system in Kitsap County to determine strengths and weakness of the current system and to identify opportunities for improvement. This report, prepared by Clegg & Associates, presents an assessment of the current system's structure, programs, and financing informed by Kitsap County agency providers and other experts on homelessness in Washington State. It then compares Kitsap County's approach to current best practices in ending homelessness and suggests improvements in program models, financing, and contracting that could increase the impact of current resources in ending homelessness for individuals and families in Kitsap County.

This study's approach included a great deal of discussion with funders and providers about opportunities to build on system strengths, particularly shifting the use of some resources to best practice models for coordinated entry and Housing First approaches. A large number of stakeholders shared their input through key informant interviews, focus groups, continuum of care meetings, and participation in a stakeholder group for the study. Those conversations, combined with changes in state and federal homeless funding guidance, recent implementation of the HMIS data system, and KRCC's previous decision to limit homeless funding under their jurisdiction to one year contracts makes 2011 – 2013 an excellent timeline to consider changes.

This report is organized into five sections: 1) a summary of the current system needs, programs, and financing 2) a description of current best practices for ending homelessness; 3) a summary of findings from key informant interviews and stakeholder group and continuum of care meetings; 4) opportunities for improvements in Kitsap County's system, including changes in system structure, financing, and procurement; and 5) suggested implementation tasks and timeline.

Kitsap County: Current System Needs, Programs, and Financing

Need

Homelessness affects a number of Kitsap County residents. The 2010 Point-in-Time Count, found 672 homeless people on one night in January 2010. As is true for counties throughout the state, the count is inexact and likely under-represents the true number of homeless people in Kitsap County. The table below shows the number of homeless people reported in the annual Point-in-Time Count since 2005.
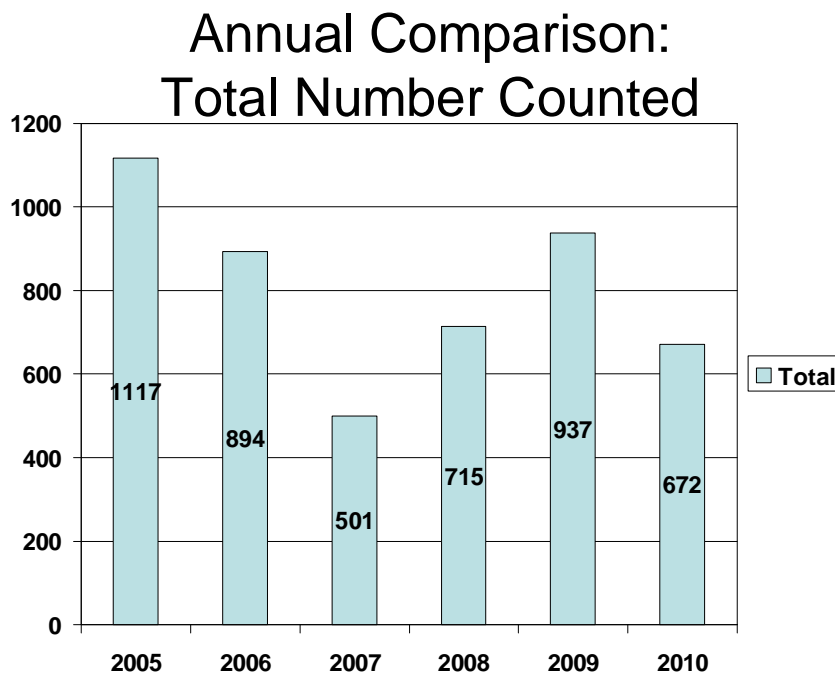
Source: Kitsap Continuum of Care Coalition, 2010 Kitsap Homeless Point-in-Time Results

Data collected during the Point-In-Time Count suggests that a significant portion of homeless residents are not being served by the homeless housing and services system. Thirty one percent report living temporarily with family or friends, 9% outdoors, and 7% in their car or abandoned vehicle. An additional 13% report living in an emergency shelter, as shown in the following chart.
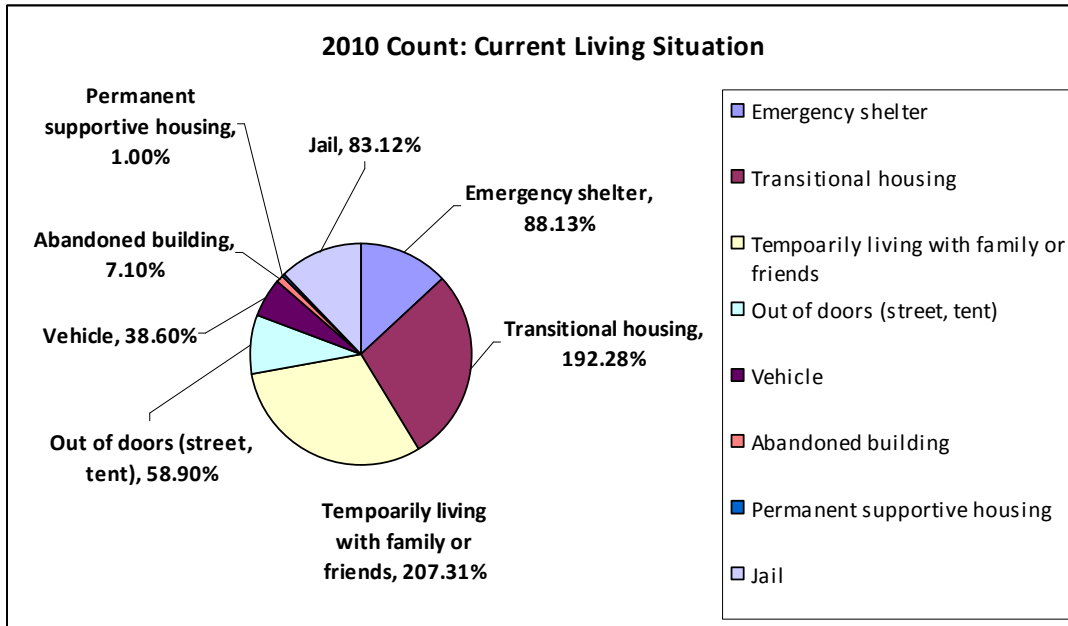
2010 Count: Current Living Situation

Permanent supportive housing, 1.00%

Jail, 83.12%

Emergency shelter, 88.13%

Abandoned building, 7.10%

Vehicle, 38.60%

Transitional housing, 192.28%

Out of doors (street, tent), 58.90%

Tempoarily living with family or friends, 207.31%

Legend:
- Emergency shelter
- Transitional housing
- Tempoarily living with family or friends
- Out of doors (street, tent)
- Vehicle
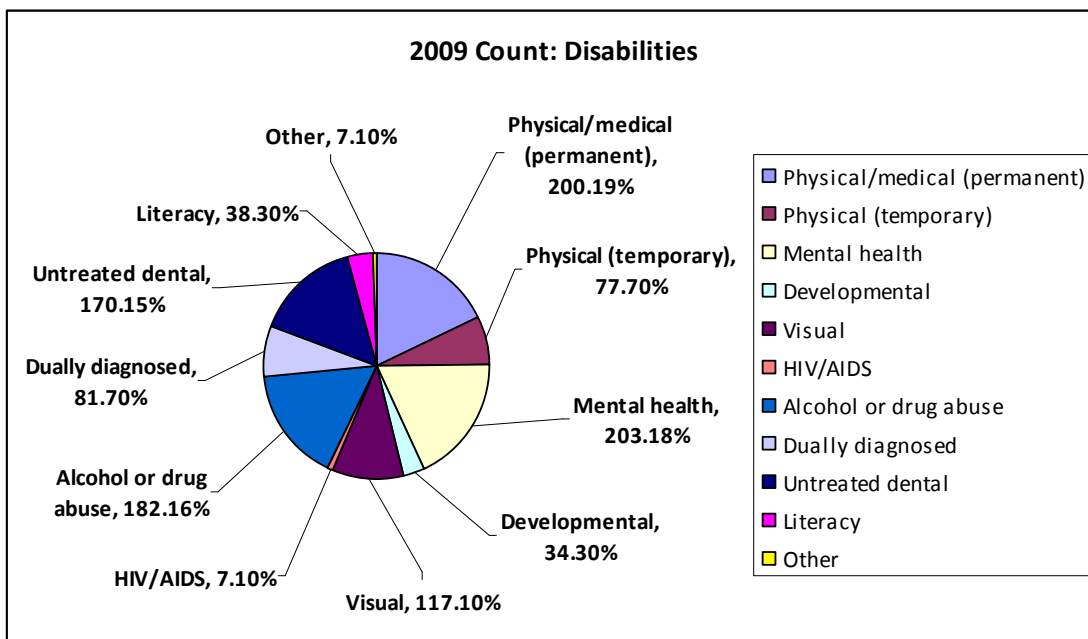- Abandoned building
- Permanent supportive housing
- Jail

Source: Kitsap Continuum of Care Coalition, 2010 Kitsap Homeless Point-in-Time Results

Data from the 2009 Point-in-Time Count suggests that many of Kitsap County's homeless are living with disabilities. The following chart shows the types of disabilities that are reported among those that have disabilities in Kitsap's homeless population. People reporting disabilities among Kitsap's homeless population included 19% with permanent physical or medical disabilities, 25% with mental health or dually diagnosed disabilities, 3% with developmental disabilities, and 16% with substance abuse disabilities. A significant portion of these populations may require supportive services to remain stable in housing.

2009 Count: Disabilities

Other, 7.10%

Literacy, 38.30%

Untreated dental, 170.15%

Dually diagnosed, 81.70%

Alcohol or drug abuse, 182.16%

HIV/AIDS, 7.10%

Visual, 117.10%

Developmental, 34.30%

Mental health, 203.18%

Physical (temporary), 77.70%

Physical/medical (permanent), 200.19%

Legend:
- Physical/medical (permanent)
- Physical (temporary)
- Mental health
- Developmental
- Visual
- HIV/AIDS
- Alcohol or drug abuse
- Dually diagnosed
- Untreated dental
- Literacy
- Other

Source: Kitsap Continuum of Care Coalition, 2010 Kitsap Homeless Point-in-Time Results

Current System Funding

Funding for Kitsap County's current affordable housing and homeless housing system comes from multiple sources, including federal funding sources such as McKinney-Vento and CDBG, and state sources such as 2060 and 2163. The following table shows major funding sources for 2010.

Funding Sources in Kitsap County

McKinney-Vento Homeless Assistance	$334,000
Homelessness Prevention and Rapid Re-housing (HPRP)	$215,000 for 3 years
Transitional Housing Operating and Rent (THOR)	$33,000
Emergency Food and Shelter Program (EFSP)	$194,000
Affordable Housing for All (2060)	$200,000
Homeless Housing and Assistance Act (2163)	$550,000
Community Development Block Grant (CDBG)/HOME	$1.6 million

Source: The Future of Homeless Housing Funding and Services, June 2010, Created by Kirsten Jewell, KRCC

Current Homeless Housing Stock

For homeless people, market rate housing is often not an affordable option. Kitsap County does have a variety of subsidized housing options, although demand far outstrips the supply of available units. Subsidies that make market rate housing affordable include short-term/emergency rental or mortgage assistance and longer term rent subsidies like federal Section 8 vouchers. Kitsap County also has units of housing with services including time-limited transitional housing typically used for homeless families and permanent supportive housing, which is not time-limited and typically used for homeless people with disabilities. Kitsap County's existing stock also includes shelter beds for men, women, and families.

Subsidized Housing in Kitsap County, by Type

Short-Term Housing Subsidies (Prevention measures including short-term rental & mortgage assistance)	Dollar amount available varies from year to year
Emergency Shelter (1 – 90 days stay, no cost)	Existing Beds: 104
Transitional Housing (Case managed — up to 2 year stay — 30% of income is paid in rent)	Existing Beds: 355
Supportive Housing (On-site 24-hour services — 30% of income paid in rent)	Existing Beds: 233
Permanent Subsidized Housing (low or no services — no time limit on stay — below 80% of area median income to qualify)	Existing Units: 2,719
Rent Subsidies (Section 8 rental vouchers)	1,226 Housing Choice Vouchers

Source: Heading Home – Kitsap Homeless Housing Plan, 2008 Update

Emergency shelter, transitional, and permanent housing stock in Kitsap County are administered by a number of service providers, as shown in the following tables, which are taken directly from the 2008 Homeless Housing Plan.

Emergency Shelter

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds Ind.	Number of Year-Round Beds Fam.	Geo Code	Target Pop A	Target Pop B	Family Units	Family Beds	Indiv. Beds	Total Year-Round
Current Inventory											
St. Vincent De Paul	Women's Shelter	N			539035	M		2	11		11
YWCA	ALIVE Shelter	DV			539035	FC		1	17		17
Catholic Community Serv	Benedict House	N			539035	SM				14	14
Kitsap Community Resources	South Court	PS		6	539035	FC		3	6		6
Kitsap Community Resources	8th Street Shelter	PS		1	539035	FC		1	4		4
Kitsap Community Resources	One Church One Family	PS		2	539035	FC		2	10		10
Kitsap Community Resources	South Park	PS		3	539035	FC		3	12		12
Kitsap Community Resources	Duplex I	PS		2	539035	FC		2	12		12
Kitsap Community Resources	Duplex II	PS		2	539035	FC		2	12		12
	TOTALS			16				16	84	14	98
Under Development		**Anticipated Occupancy Date**									
St. Vincent de Paul	Women's Shelter *	December 1, 2009								17	17
						TOTALS		0	0	17	17
Unmet Need						**TOTALS**					

*This shelter will replace the current shelter, so there will be a net gain of 6 beds.

Transitional

Provider Name	Facility Name	Part. Code	Number of Year-Round Beds Ind.	Number of Year-Round Beds Fam.	Geo Code	Target Pop A	B	Family Units	Family Beds	Indiv. Beds	Total Year-Round
Current Inventory											
Housing Resources Board	Island Home	N			539035	FC		10	26		26
BHA/Kitsap Community Resources	McKinney Program	PS		75	539035	FC		25	75		75
Catholic Community Services	Benedict House	N			539035	M		1	2	10	12
KCCHA/Kitsap Community Resources	Rotary Duplex (Martin Avenue)	PS		12	539035	FC		2	12		12
KCCHA	Liberty Bay	N			539035	SMF				5	5
Kitsap Community Resources	Opal Court	PS		27	539035	FC		9	36		36
KCCHA/Kitsap Community Resources	Lippert	PS		30	539035	FC		7	28		28
KCCHA/YWCA	Eli's Place	DV			539035	FC	DV	2	8		8
AGAPE UNLIMITED	Koinonia Inn	N			539035	FC		1	14		14
Kitsap Mental Health Services	Burwell House	N			539035	SMF				10	10
Washington Department of Veteran Affairs	Building 9 for Veterans	N			539035	SMF	VET			40	40
Kitsap Community Resources	Frank Chopp*	PS			539035	FC		2	6		6
Kitsap Community Resources	Hewitt	N			539035	FC		6	24		24
Kitsap Community Resources	Olympic College	N			539035	FC		6	28		28
	TOTALS							79	291	65	356
Under Development		Anticipated Occupancy Date									
Washington Department of Veteran Affairs	Building 9 for Veterans**	July 1, 2009			539035	SMF	Vet			20	20
						TOTALS				20	20
Unmet Need						**TOTALS**					

*2 units are currently used, with a possibility of a total of 6

**This will be an additional 20 beds at this site.

Permanent Supportive

Provider Name	Facility Name	Part. Code	Number of Year-Round Beds Ind.	Number of Year-Round Beds Fam.	Geo Code	Target Pop A	B	Family Units	Family Beds	Indiv. Beds	Total Year-Round
Current Inventory											
AGAPE UNLIMITED	Sisyphus II Housing-Tenant Base	N			539035	M		1	4	7	11
Kitsap Mental Health	Supported Living Program	N			539035	SMF				36	36
KCCHA	Liberty Bay	N			539035	SMF				12	12
KCCHA	Chico Passage	N			539035	SMF				6	6
Kitsap Tenant Support	Community Based	N			539035	SMF				17	17
AGAPE UNLIMITED	Sisyphus II Housing-Tenant Base	N			539035	M		9	28	5	33
AGAPE UNLIMITED	Sisyphus II Housing-Tenant Base	N			539035	SMF				18	18
Kitsap Mental Health	Burwell House	N			539035	SMF				5	5
Kitsap Mental Health	Supported Living Program	N			539035	FC		2	6		6
Archdiocesan Housing Authority	Max Hale Center	N			539035	M		20	40	33	77
	TOTALS							12	44	111	155
Under Development		Anticipated Occupancy Date									
						TOTALS					
Unmet Need						**TOTALS**					

Source: Heading Home – Kitsap Homeless Housing Plan, 2008 Update

Data on Kitsap County's homeless population and available homeless housing and services suggests that there is a substantial amount of unmet need. In the near future, data from the recently implemented HMIS system will quantify exactly the amount of unmet need as the county will be able to produce an undocumented count of people in need of services and the system's ability to meet them. However, the substantial portion of homeless people identified in the most recent Point-in-Time Count as unsheltered, living in unstable situations, or in emergency shelter suggests that resources of all kinds are insufficient to meet demand.

Elements of a Best Practice Homeless Housing and Services System

(Compiled from the National Alliance to End Homelessness and Corporation for Supportive Housing)

Reduce the number of homeless persons

Emergency Homelessness Prevention: Programs that connect people in danger of losing their housing with emergency services; temporary rent, mortgage, utility, or other types of cash assistance; and case management and advocacy aimed at pursuing all options to keep people in housing.

Systems Homelessness Prevention: Clear paths to housing for people exiting jail, foster care, mental health, and medical care facilities.

Data: Including Point-in-Time Counts and HMIS, in order to understand homeless populations and their specific needs.

Community Planning: Developing 10 year plans and using collaborative processes to address homelessness.

Reduce the amount of time a person spends being homeless

Coordinated Entry: People at risk of or experiencing homelessness can easily access an effective bundle of housing and services. Processes that guide access to services are transparent and based on a standardized assessment.

Outreach: To people experiencing homelessness, including the ability to connect homeless people to housing and services.

Increase the number of people moving to permanent housing after receiving homeless assistance

Housing First: A philosophy that vulnerable and at-risk homeless households respond better to interventions and services after they are in their own permanent housing, rather than while living in temporary facilities. Housing First strategies place people in permanent housing as quickly as possible, or help them retain their current housing, and then provide customized services to stabilize their lives. This is in contrast to the previous continuum of care philosophy, which held that people should move through a series of time-limited emergency and transitional housing services to first stabilize their lives before being placed in permanent housing. Keys to the Housing First philosophy is the belief that everyone deserves housing and that people can benefit more from services once they have their own place to live.

Rapid Re-housing: Assistance for homeless people, often families, from housing locators who search the local housing market and build relationships with landlords, paired with home-based, short-term case management.

Permanent Supportive Housing: Affordable housing paired with supportive services for chronically homeless and other populations with barriers to stability, including mental illness, chemical dependence, and chronic health conditions. Permanent supportive housing can be provided in one structure or at scattered sites.

Interim Housing/Emergency Shelter: Emergency shelter for homeless people that the system lacks capacity to serve or needs additional time to fully assess. Unlike traditional emergency shelters, stays

in interim housing are not expected to last for a set number of days, with the goal instead being to move people into permanent housing as quickly as possible.

Streamlining and Integration of Funding Processes *(to support the development of additional housing stock)***:** A unified or coordinated process for the allocation of resources, which allows agencies to effectively plan for the development and operation of supportive housing, including consistent standards for eligibility and a shared set of priorities.

Reduce the number of people who recede back into homelessness after obtaining permanent housing

Benefits and Employment Assistance: Help connecting homeless families and individuals to mainstream programs such as TANF, SSI, Medicaid, and other government assistance programs and career-based employment services. Employment programs that help homeless people who are able to work increase their income are key to creating turnover in affordable housing stock. Employment strategies include hiring in-house, micro-enterprise, job development and placement, and linkages to employment and training resources.

Increase accountability of funders and providers

Standards: Establish and monitor standards community-wide using HMIS.

Performance-based Contracts: Identify performance measures and document with HMIS data to tie contracts more closely to outcomes.

Key Findings from Interviews and Stakeholder Meetings

Feedback on the strengths, weaknesses, and desired areas of improvement for the county's homeless housing and services system was remarkably cohesive. Interview respondents and participants in meetings of the study stakeholder group and Continuum of Care Coalition agreed on a number of key points about the current system. These areas of agreement are outlined in the following section.

A theme that spanned meeting and interview discussions was the need to adopt a coordinated entry system. Respondents raised this issue repeatedly. Most favored a One Stop approach, with one central place to send clients for assessment, in order to create a less fragmented experience for clients and to create efficiencies for providers and the system as a whole.

In addition, many meeting and interview participants voiced an interest in increasing Housing First models in the county. Housing First is a philosophy that argues that the best approach to homelessness is to permanently house homeless people as quickly as possible, and then to provide the services they need to stabilize their lives. This is in contrast to the previous Continuum of Care model, which suggested that it was better to stabilize people before placing them in permanent housing, particularly through a time-limited series of steps from emergency shelter, to transitional housing, and then to permanent housing. Housing First is primarily implemented through Rapid Re-housing with time-limited case management and through permanent supportive housing with wrap-around supportive services for higher barrier clients.

To fully understand the strengths and weaknesses of the current homeless housing and services system, we interviewed a number of agency representatives in Kitsap County, as well as experts on homelessness in Washington State. These interviews included:

- Larry Eyer, Kitsap Community Resources
- Jim Baker, Salvation Army
- Leif Bentsen, Kitsap County, Veterans Affairs
- Jackie Brown, YWCA ALIVE Shelter
- Tony Caldwell, Housing Kitsap
- Darlene Cook, Kitsap Community Resources
- Manny Cruz, Kitsap Mental Health Services
- Mike Curry, Benedict House
- Gail DeHoog, Whatcom County Health Department
- Kathryn Felix, Kitsap Mental Health Services
- Janice Foucher, Agape Unlimited
- Dave Frederick, Coffee Oasis
- Tedd Kelleher, Washington State Department of Commerce
- Betsi Kuker, Kitsap Recovery Center
- Jennifer Laslovich, Housing Kitsap
- Emily Nolan, Building Changes
- Robin O'Grady, West Sound Treatment Center
- Stephanie Reinauer, Whatcom Homeless Service Center
- Sally Santana, Inter-Faith Network
- Kelly Schwab, Kitsap Mental Health Services
- Gary Simpson, Kitsap County Sheriff's Office
- David Wertheimer, Gates Foundation
- Kurt Wiest, Bremerton Housing Authority
- Greg Winter, Opportunity Council

A key facet of our analysis as we developed options for system improvements is the work being done in other counties in Washington State, particularly smaller counties that have implemented coordinated entry systems. Input from interviewed staff in these other counties was critical to the development of this report, as we drew heavily from Whatcom County as the base for our proposed model of coordinated entry and Housing First strategies that prioritize prevention, Rapid Re-housing, and permanent supportive housing.

We also held a focus group with clients at Kitsap Community Resources, to learn more about their experiences in locating and obtaining resources in the current homeless housing and services system. Clients gave feedback about the services that are working well and areas where they would like to see improvements in the system.

We met with agency representatives and community members throughout the process as we developed our findings and options for improvement, including discussions with the Continuum of Care Coalition and participants at two study stakeholder group meetings. The input of the study stakeholder group was particularly important in shaping our recommendations; for example, the groups' preference for a One Stop model of coordinated entry rather than a more decentralized approach encouraged us to pursue a One Stop approach. Participants at the study stakeholder group meetings included:

- Joel Adamson, Bremerton Rescue Mission
- Jim Baker, The Salvation Army
- Jo Clark, SUFK
- Darlene Norris Cook, Kitsap Community Resources
- Many Cruz, Kitsap Mental Health Services
- Phedra Elliott, Housing Resources Board
- Larry Eyer, Kitsap Community Resources
- Diana Gilman, Agape
- Patty Haver, South Kitsap School District
- Kirsten Jewell, Kitsap Regional Coordinating Council

- Jennifer Laslovich, Housing Kitsap
- Walt Le Couteur, Bremerton Rescue Mission
- Barbara Malich, Peninsula Community Health Services
- Murray Prins, Helpline House
- Raekenea Rodriguez, North Kitsap Fishline
- Sally Santana, Kitsap Inter-faith Network
- Gary Simpson, Sheriff's Office
- Sarah Van Cleve, Bremerton Housing Authority
- Marie Vila, City of Bremerton
- Kurt Wiest, Bremerton Housing Authority

Key current system strengths

- Strong networking, communication, and collaboration among agencies
- Agencies have clearly defined client populations
- Multiple agencies work together to provide services and housing for clients, though formal processes are lacking
- Community engagement and support for efforts to address homelessness
- Strong faith-based commitment and volunteering for homeless initiatives
- Creative solutions in the face of limited funding are developing stopgap solutions, such as tent cities and Safe Park
- Emergency services, such as food banks, meals, and homeless day services, help to mitigate the needs of homeless individuals and families as they wait for services or choose not to engage with the system

Key current system weaknesses

- Insufficient affordable housing available
- Insufficient permanent supportive housing
- Public transportation limited in hours and coverage, making it difficult for clients to travel from place to place for services or for jobs
- Funding is inadequate and not predictable, leaving agencies uncertain about their ability to maintain existing housing and programs, or expand housing and services
- Client entry into the system is confusing, disengaging, and slow
- Waiting lists are long and uncoordinated
- Demand for case management services outpaces supply
- Few job opportunities has limited the turnover of subsidized affordable units
- Limited number of jobs means housing instability for Rapidly Re-housed families

Comparison of the Current Kitsap County System with Best Practices in Homeless Housing and Services

Reducing the number of homeless persons

Planning and data: Kitsap County's ability to reduce the number of homeless people benefits from strong community planning processes and data systems. Kitsap County has a robust set of community plans and the Continuum of Care Coalition provides a collaborative forum to discuss homelessness initiatives. All agencies are using HMIS, which will improve the availability of data on service utilization and unmet need. However, as many key informants point out, the Point-in-Time Count remains a poor measure of housing and service needs.

Emergency homelessness prevention: Prevention of homelessness for high risk individuals and families is the most cost effective approach to ending homelessness. Kitsap County has homelessness prevention cash assistance for individuals and families who find themselves at risk of homelessness due to financial crises, which funds emergency rent and utility bill assistance. However, resources for this program are limited and regularly run out before the end of each month.

Systems homelessness prevention: Homelessness prevention can occur at the systems level for clients being discharged from criminal justice, inpatient mental health and chemical dependency treatment, and hospitals. Systems-level homelessness prevention in Kitsap County relies on strong but informal ties between agencies. While the informal connections to agencies that provide assistance with housing, mental health, and chemical dependency are successful, a more formal system would increase the number of people at risk of homelessness who are able at release from an institutional setting to get the housing and services that they need. Also, as pointed out in the 2008 Homeless Housing Update, housing and homeless agencies in the community lack specific expertise in working with individuals re-entering the community from prison or aging out of foster care.

Reduce the amount of time a person spends being homeless

Coordinated entry: There is a great deal of interest in Kitsap County in implementing a coordinated entry system. Kitsap County's ability to reduce the amount of time a person spends homeless is limited by its lack of coordinated entry and by widespread waiting lists for housing and services of all types. The agencies providing housing and services to homeless people have distinct roles, serve distinct client populations, and usually make good referrals to one another. However, from a client perspective, there is no easy way to determine which services are available and the resources for which they are eligible. Homeless and at risk people often do not know where to go, the documentation that might be required, and do not have transportation options to travel to multiple sites. In addition, because information-sharing about agencies' services and requirements is informal, agencies cannot refer a client and know with certainty that the client will be found eligible or that the resources to serve them will be available.

While the community resource guide is frequently updated and broadly distributed and 211 fields a number of calls about housing and homelessness, there is no clearly defined entry point into the system. Agencies such as the Salvation Army, Kitsap Community Resources, and DSHS often become the unofficial front door into the system due to the lack of a central service point equipped to help individuals and families through the intake and entry processes.

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Waiting lists are widespread and long. Waiting lists are not coordinated across agencies and some agencies choose not to maintain lists at all due to the difficulty of locating homeless individuals and families once services are finally available.

Outreach: Outreach is limited by lack of resources, both to fund outreach activities and to fund the housing and services that the people who are engaged by outreach will need. The Salvation Army and several other organizations provide emergency food and personal care services that become an informal form of outreach and engagement with homeless individuals and families.

Increase the number of people moving to permanent housing after receiving homeless assistance

Permanent housing supply: Kitsap County lacks adequate supply of affordable housing to meet current demand. There are insufficient funds for rent subsidies to make more housing affordable and resources to create additional housing dedicated to low-income populations are limited. The result is that demand for affordable housing and permanent supportive housing far outstrips the need. This problem is exacerbated by lack of jobs, which means that few individuals or families can move from subsidized units to free them up for others. Some agencies are dedicating staff time, individually, to develop relationships with private landlords to place their clients in private market affordable housing. They report that landlords are more likely to accept their clients because their clients are tied to an agency that can provide services, they have an agency that they can call in case of crises, and often the client brings a source of subsidy or enrolls in protective payee services to guarantee that they will pay rent. However, a challenge in placing clients in private market affordable housing is funding for assistance with deposits, as well as concerns about the safety and quality of the housing that landlords are willing to rent to clients without the regular rental, credit, and criminal history checks that often screen them out.

Funding processes: Public financing for the development of affordable housing requires multiple sources and long timeframes to assemble them. Often, resources are not sufficient to assure project sponsors that they will be able to maintain their housing stock over time. Programs and services for homeless people are operated independently with separate goals and funding cycles. While the Funding Leadership Group has begun to improve communication and create shared expectations about future funding decisions, more coordination of funding goals, requirements, and processes is needed.

Focus on emergency response: Much of the considerable momentum to address homelessness in Kitsap County focuses on emergency shelter and temporary solutions, such as tent cities and Safe Park, rather than permanent housing. While these strategies meet important and immediate needs, they do not reduce homelessness — instead, offering an approach to manage it. The focus on emergency support also is a lower risk choice for providers concerned about the cost and uncertainty of funding housing programs, particularly the permanent supportive housing that is needed.

Housing First and Rapid Re-housing: Kitsap County's existing homeless housing and services system includes resources dedicated to the Continuum of Care approach, where individuals and families move from emergency shelter to transitional housing to permanent housing. When a family stabilizes at each level of the continuum, they then move to the next level. In comparison, Rapid Re-housing and Housing First projects place families and individuals in permanent housing as soon as possible, and then bring home-based services to them. Their housing is stable from the beginning and the services are individualized and fluctuate in intensity over time. Most agencies in the county believe that Housing

First and Rapid Re-housing projects would offer a more effective approach that would benefit many of their clients, but that implementation would require additional funding and coordination of services with other agencies. Agencies in the county that have recently received foundation funding for Housing First and Rapid Re-housing pilot projects report early successes with their programs.

Reduce the number of people who recede back into homelessness after obtaining permanent housing

Benefits and employment assistance: Agencies are helping clients to identify and apply for the benefits for which they are eligible. Currently, lack of clear information about eligibility and documentation often results in clients making repetitive and redundant trips to DSHS to complete applications for benefits. DSHS is currently considering a kiosk system to make the application process easier to start from various locations.

Work readiness programs are available in the county, but are impeded by a lack of jobs in which to place graduates. Agencies, such as Coffee Oasis, that have been successful in creating jobs for their clients, have done it by developing individual relationships with employers as well as developing microenterprises to train and employ their own clients.

According to the Kitsap County Consolidated Plan, the public considers job creation, employment for homeless populations, and availability of affordable housing "critical needs," ranking them the top three highest needs in the county. The difficulty in obtaining employment creates a problem for the county's homelessness prevention and Rapid Re-housing initiatives, which depend on temporary funding that requires households to find steady income within a few months of initial assistance.

Accountability and quality assurance: Full implementation of the HMIS data system will help the county to establish and monitor standards community-wide. A consolidated funders' entity is currently a requirement of the new State Department of Commerce Consolidated Homeless Grant. Kitsap County is already well positioned to meet that requirement through the KRCC. Next steps could include coordination of funding applications, timelines, outcomes, and reporting requirements at the funder level and performance based contracts at the provider level.

Opportunities for System Improvements

Successful systems to end homelessness must have sufficient resources. Equally important, those systems should also be client centered, provider informed, and funder driven to be successful. While there are not currently sufficient resources to end homelessness in Kitsap County, it is possible to enhance the impact of current resources to reduce homelessness by creating a structure that is accessible and appropriate for homeless people, informed by the knowledge and capacity of the provider network, and defined and measured by funders.

Based on these principles, Kitsap County has the opportunity to make significant improvements with current resources. Creating coordinated entry and increasing emphasis on prevention are critical steps to make the system more client-centered. Increasing the emphasis on affordable housing and Housing First models is essential to reduce rather than manage homelessness. Coordinating funding around a well defined structure and common outcomes will result in a more cost effective funder-driven system.

In judging the following client centered, provider informed, and funder driven strategies, it may be useful to consider the following criteria:

- Benefit to clients
- Alignment with best practices
- Feasibility, given state and federal funding requirements
- System-wide cost implications
- Potential for implementation in Kitsap County

All strategies suggested in this report are based on the following assumptions:

- Can be implemented within available resources
- No major changes in purchasing housing or services will occur until 2012
- All funds for homeless housing and services administered by KRCC will be issued in an RFP/coordinated application for purchase of homeless housing and services in the fall of 2011
- All current provider agencies will be invited to respond to the RFP

Coordinated entry

Coordinated entry is a best practice that is promoted by major funders such as HUD, the State Department of Commerce, and the Gates Foundation. Coordinated entry provides a uniform method of entry into the homeless housing and services system so that the housing and service assistance that people receive is transparent, fair, and appropriate, rather than governed by chance. Coordinated entry has a number of benefits, including:

- Ease of accessing services for clients
- Ease of intake, assessment, and referral for service agencies
- Better alignment of service delivery with client needs based on a standardized assessment process and connection to multiple types of resources
- Increased ability to track data on unmet need for services at the community level, by creating an unduplicated count of people receiving and waiting for services

Implementing coordinated entry can take different forms. For example, different counties in Washington State have been successful with both centralized and decentralized models. Some models use a centralized One Stop approach, while others use multiple intake agencies that are tied together through a common assessment tool and referral agreements. In either case, the coordinated entry process can be customized for families and single adults. In some centralized models, case management related to housing stability is centralized, although most decentralize case management at the referral agency level. Some counties have a centralized landlord liaison function within the centralized One Stop entity.

Given the limited resources available in Kitsap County (as is common for counties through the state), the strong history of successful referrals among Kitsap County providers; the input received through key informant interviews, the Continuum of Care Coalition, and the study stakeholder group; and best practice guidance from state and national levels — *we recommend a One Stop centralized coordinated entry with a common assessment tool, prevention and Rapid Re-housing programs, and a landlord liaison function. We also recommend maintaining decentralized case management, at the referral agency level, for all clients except those low barrier individuals and families served by the Rapid Re-housing function of the One Stop.* This model is described further in the following sections.

One Stop model

The One Stop provides an integrated set of prevention, assessment, case management, advocacy, access, and referral services and resources to individuals and families who are at risk of homelessness or are already homeless. The One Stop typically performs the following functions:

- Serves as a pass-through point for rental subsidies and homelessness prevention services
- Manages the coordinated waiting list
- Performs landlord outreach and liaison, including managing funds to mitigate damages

Certain priorities and guidelines govern the work of successful One Stop coordinated entry systems. Key characteristics include the following:

- There is a single point of entry — additional outreach can be done by staff at other agencies and by volunteers on the street, but the full assessment that guides housing and service placement is conducted by the One Stop
- The emphasis on homelessness prevention is paramount — case managers use resources such as emergency rental assistance, advocacy, and other tools to help families who are at risk of losing their housing stay housed
- The coordinated entry provider uses a standardized assessment tool to match clients with appropriate housing and service providers
- Agencies clearly define their service populations, including the populations that they are unable to serve — funders, housing and service providers, and the coordinated entry provider agree on the types of clients that should be referred to each agency
- In order to receive public funding, providers agree to accept appropriate clients referred by the coordinated entry provider
- Agencies and the One Stop work together to share information about housing and service availability, using agreed upon processes, such as HMIS, email, or other mechanisms
- Agencies and the One Stop work together to develop standards for case management

Kitsap County already has key components of coordinated entry in place. The implementation of HMIS in the county allows service providers to enter and share real-time data. The One Stop approach will build on this capacity and increase resources available to homeless people and to service providers.

The figure on page 28 shows a model of how the One Stop and service providers would work together to connect clients with housing and services in Kitsap County. People needing assistance either go first to the One Stop or to a local service provider, who would complete a quick intake into HMIS before referring them to the One Stop for a more comprehensive assessment. In addition, volunteers doing outreach with homeless people on the street could use a paper form of the agency HMIS intake and provide that information to the One Stop to start a client profile and set up an appointment for assessment.

Using a standardized assessment tool, the One Stop then makes a determination based on the person's needs and availability of resources. If the person is currently housed but in danger of losing their housing, the One Stop provides them with homelessness prevention services, including emergency financial assistance, advocacy, and case management. If the person is homeless and has high barriers that require permanent supportive housing and resources are currently available, the One Stop sends their information to an agency that can serve them. If the person is homeless but does not have barriers that would require permanent supportive housing, the One Stop provides them with Rapid Re-housing services, if resources are available. For clients with additional service needs, such as victims of domestic violence and youth and young adults, the One Stop would also connect them to case management at an appropriate service agency.

When appropriate resources are not available to serve a client, the One Stop would place the client on a coordinated waiting list. They may also refer them to an emergency shelter until a unit is available. Service providers notify the One Stop when they have resources that become available and the One Stop then refers clients that match their criteria from the waiting list.

Over time, the One Stop should create additional efficiencies and system-wide cost savings by consolidating functions. The One Stop can become the clear point of entry into the system and multiple agencies will stop playing a role in initial client intake into HMIS. The One Stop should also become the clear point of responsibility for landlords and agencies will no longer need to devote staff time to developing relationships with landlords — with the exception of permanent supportive housing that agencies deliver to high barrier clients in private market units.

Common assessment tool

All coordinated entry systems use a common assessment tool that measures level of need for housing and services, barriers, and program eligibility. Different counties in Washington State have adopted their own common assessment tools, which may provide a starting point in developing a common assessment for Kitsap County. While the tools may vary, a common assessment tool should:

- Contain a set of standard questions
- Focus on both immediate and long-term needs
- Use a common set of criteria to determine the relative severity of an applicant's present situation and match services in type and intensity

- Gauge an applicant's readiness for change
- Focus on the needs of the whole family unit, including children
- Take advantage of technology for gathering, sharing, and processing data
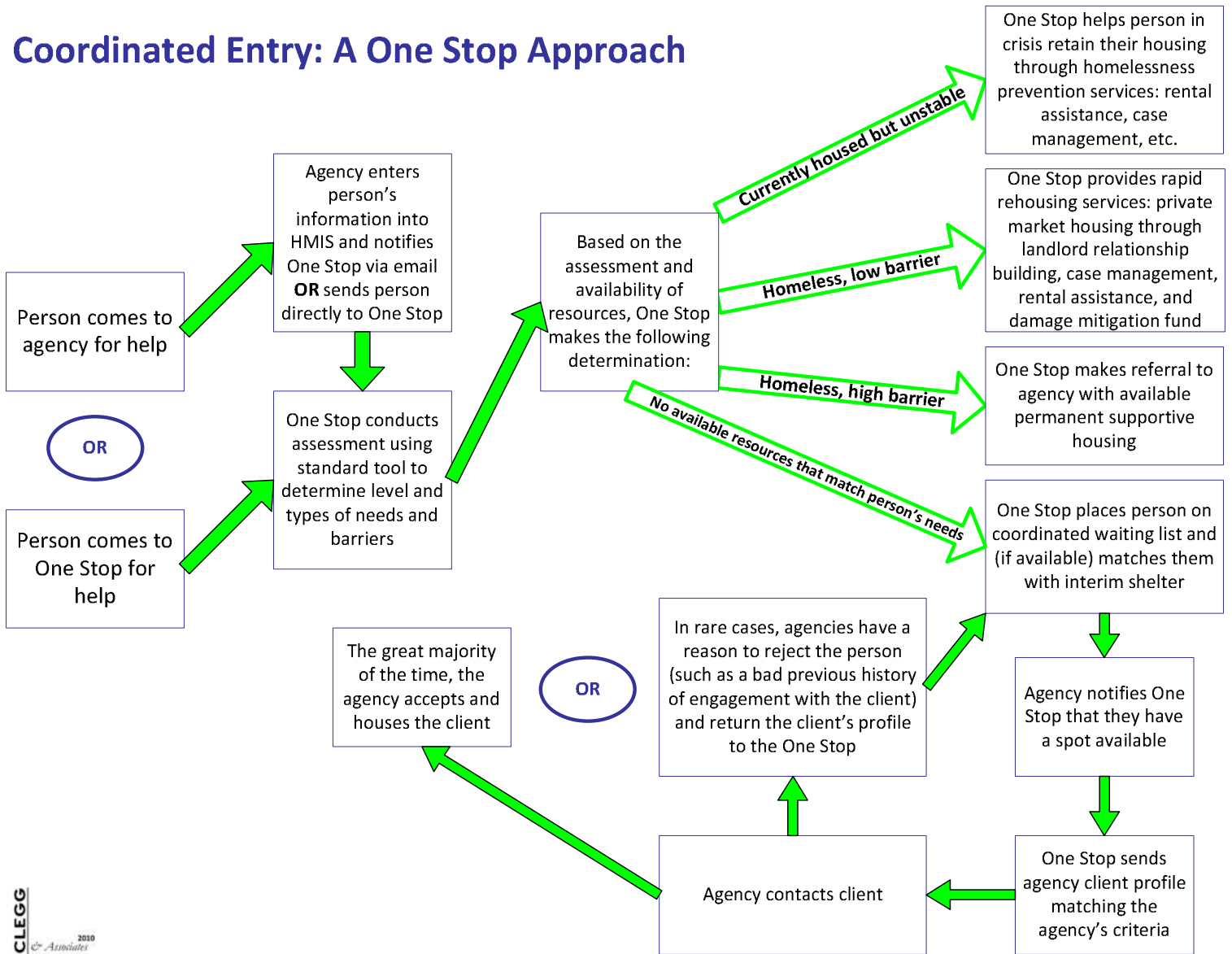
Housing First strategies

Housing First strategies — particularly homelessness prevention, Rapid Re-housing, and permanent supportive housing — are increasingly favored as best practices models by clients and by state, national, and foundation funders. Ideally, a coordinated entry system would have a robust array of these options. Kitsap County currently has some but not a sufficient amount of each of these housing options.

The Housing First approach for permanent supportive housing has been proven to be effective for high barrier clients, such as chronically homeless single adults with disabilities. It can be delivered in privately owned rental units with rent subsidies and ongoing supportive case management to assist clients to keep their housing. Permanent supportive housing is also delivered in dedicated, publically financed units, like those operated by Kitsap Mental Health.

Rapid Re-housing is often used for low and moderate barrier clients. Rapid Re-housing often draws on affordable units in the private market by developing relationships with landlords and providing short-term rental assistance and flexible low intensity case management to meet both clients' and landlords' needs. Kitsap County now has a small Rapid Re-housing program. In addition, individual agencies have developed relationships with some private landlords for a variety of types of housing programs.

Homelessness prevention helps families and individuals maintain their housing through financial assistance for rent, utilities, and other types of emergencies. It also provides flexible case management to connect households to other resources that can help them maintain and increase their housing stability. Prevention services also work with landlords to identify steps that can be taken to prevent eviction.

Coordinated Entry: A One Stop Approach

Person comes to agency for help

OR

Person comes to One Stop for help

Agency enters person's information into HMIS and notifies One Stop via email **OR** sends person directly to One Stop

One Stop conducts assessment using standard tool to determine level and types of needs and barriers

Based on the assessment and availability of resources, One Stop makes the following determination:

Currently housed but unstable

One Stop helps person in crisis retain their housing through homelessness prevention services: rental assistance, case management, etc.

Homeless, low barrier

One Stop provides rapid rehousing services: private market housing through landlord relationship building, case management, rental assistance, and damage mitigation fund

Homeless, high barrier

One Stop makes referral to agency with available permanent supportive housing

No available resources that match person's needs

One Stop places person on coordinated waiting list and (if available) matches them with interim shelter

Agency notifies One Stop that they have a spot available

One Stop sends agency client profile matching the agency's criteria

Agency contacts client

In rare cases, agencies have a reason to reject the person (such as a bad previous history of engagement with the client) and return the client's profile to the One Stop

OR

The great majority of the time, the agency accepts and houses the client

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Funding System Improvements

Transitioning to a new service model, including the coordinated entry One Stop with increased prevention, landlord liaison, and Rapid Re-housing resources, will require one-time start-up funding and reprogramming of existing resources now administered by KRCC. For Kitsap County to adopt the homeless housing and services system envisioned in this report, funders must make priorities and expected outcomes explicit and must implement those priorities through a coordinated funding application and performance-based contracts. Clearly, there are not sufficient resources available to fund a system that could end homelessness in Kitsap County. However, there are sufficient resources to put all of the critical elements in place. We recommend the following priorities as a starting point:

- Create a coordinated entry One Stop with a common assessment tool and centralized prevention, Rapid Re-housing, and landlord liaison services
- Maintain funding for programs that provide affordable housing, with higher priority for Housing First models
- Maintain existing interim housing/emergency shelter to address emergency needs among single adults, youth, families, and women involved in domestic violence — carefully track emergency need over time to determine what is sufficient capacity for interim housing/emergency shelter and reassess capacity as needed based on permanent housing placement rates and waiting list data

Costs

The actual cost of coordinated entry and Housing First strategies in Kitsap County will depend on the scale of services and service model that is adopted. In Whatcom County, a similar model to the one envisioned in this report costs approximately $675,000 per year to operate. Included in that figure are project management, administrative assistance, supplies, rent, Rapid Re-housing coordinator, landlord liaison coordinator, homeless prevention financial assistance, shallow rent subsidy, short term case management for Rapidly Re-housed households, and risk mitigation funding for landlords *(Source: Phase III Update to the 10-Year Plan to End Homelessness in Whatcom County, created by Gary Williams, Whatcom County Health Department).*

Actual costs for Kitsap County will vary depending on the number of total households it decides to target for services such as prevention and Rapid Re-housing, as well as the staffing structure chosen. There will also be initial start-up costs in addition to the ongoing operating costs, such as the development of policies and procedures, negotiation of memoranda of understanding among participating agencies, and staff training. Costs will also depend on the proportion of high need and low need clients that are served. This will be influenced by the decision that Kitsap County makes whether to prioritize clients based on need and vulnerability or to adopt a first-come first-served approach.

High barrier clients need more intensive support services, which are more expensive for the system to provide. The Washington Families Fund allocates funding for on- and off-site supportive services for families based on need, as determined by using a uniform assessment tool, allocating $1,500 per unit per year for low/moderate needs families and $7,500 per unit per year for high needs families. The Washington State's Mental Health Housing Action Plan suggests the average cost of permanent

supportive housing for individuals with chronic mental illnesses is a rent subsidy of $3,500 per unit per year and supportive services costs of $8,000 per unit per year.

Possible funding plan

Kitsap County's existing homeless housing and services resources, as well as forthcoming 2331 dollars, can be used to fund the system improvements proposed in this report. The sources most aligned to fund the One Stop are the document recording fees managed by KRCC, including 2331, 2163, 2060, the new state Consolidated Homeless Grant (CHG), and the three-year federal Homeless Prevention and Rapid Re-housing Program (HPRP). The fund sources most aligned for Housing First projects are 2060, CDBG, HOME, McKinney-Vento, and CHG.

Based on the current available funding described on page 8 of this report, the document recording fees in Kitsap County are approximately $950,000 combined for 2163 and 2331 funding and $200,000 for 2060. These sources could be tapped to fund the implementation of the full One Stop and to expand affordable housing/Housing First approaches. Clearly, this would result in the reduction of funding for some current programs that duplicate services of the new One Stop, as well as potentially decreased allocations to programs that do not provide services that are system priorities.

Adopting coordinated entry and best practices in Housing First strategies will position Kitsap County competitively to win additional funding from both current and new sources. For example, Whatcom County supplemented recording fees, their primary source of funding for coordinated entry, by leveraging federal Rapid Re-housing grant funding, SHP, mental health housing funding, Gates Foundation funding, and VASH vouchers. In addition, they have launched a new project with their police department contributing funding for case management with the expectation that coordinated entry will reduce their most frequent contacts/highest cost population among the chronically homeless.
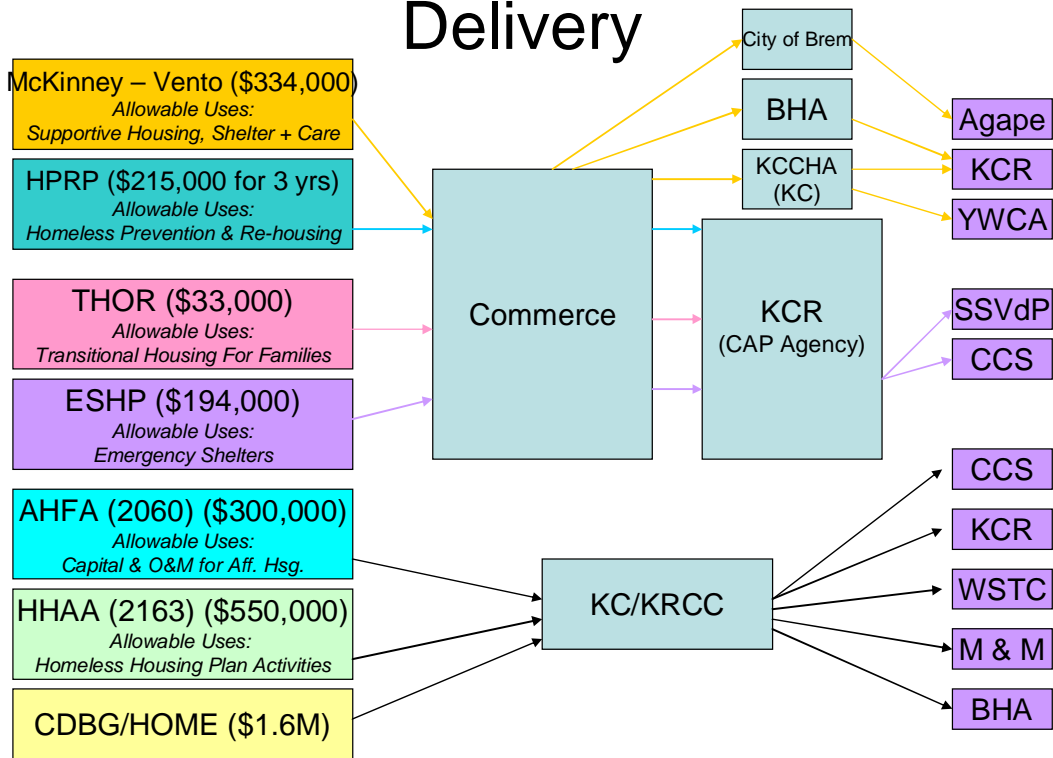
The priorities suggested in this report are aligned with new directions at HUD, at the Department of Commerce, and at several major private foundations. By moving to implement them, Kitsap County will be more competitive for new funding that may become available from these sources.

Fund management changes

KRCC is well positioned to manage the housing and homeless funds for the participating jurisdictions in Kitsap County. Having a single entity play that role has many advantages. For example, there are two major policy changes that could be implemented by a single fund administrator like KRCC. The first policy is braiding together multiple funding streams into a single coordinated annual application process. The process would have compatible expected outcomes and performance measures and would result in coordinated release of funds and simplified reporting requirements. The second policy change is moving to performance-based contracts that provide flexibility for provider agencies while holding them accountable for meeting the performance measures established by funders. The fully implemented HMIS system could allow the selection of the vital few performance measures and will make comparable reporting on those performance measures very straightforward.

Structurally, the homeless housing and services funding in Kitsap County would look different if the strategies suggested in this report are implemented. The following figure shows how homeless housing and service funds are currently distributed.

Current Paradigm of Funding Delivery

McKinney – Vento ($334,000)
Allowable Uses:
Supportive Housing, Shelter + Care

HPRP ($215,000 for 3 yrs)
Allowable Uses:
Homeless Prevention & Re-housing

THOR ($33,000)
Allowable Uses:
Transitional Housing For Families

ESHP ($194,000)
Allowable Uses:
Emergency Shelters

AHFA (2060) ($300,000)
Allowable Uses:
Capital & O&M for Aff. Hsg.

HHAA (2163) ($550,000)
Allowable Uses:
Homeless Housing Plan Activities

CDBG/HOME ($1.6M)

Commerce

City of Brem

BHA

KCCHA (KC)

KCR (CAP Agency)

Agape

KCR

YWCA

SSVdP

CCS

KC/KRCC

CCS

KCR

WSTC

M & M

BHA

Source: The Future of Homeless Housing Funding and Services, June 2010,
Created by Kirsten Jewell, KRCC

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The following figure shows how the paradigm could change if the opportunities identified in this report are implemented.

Proposed Paradigm of Funding and Service Delivery
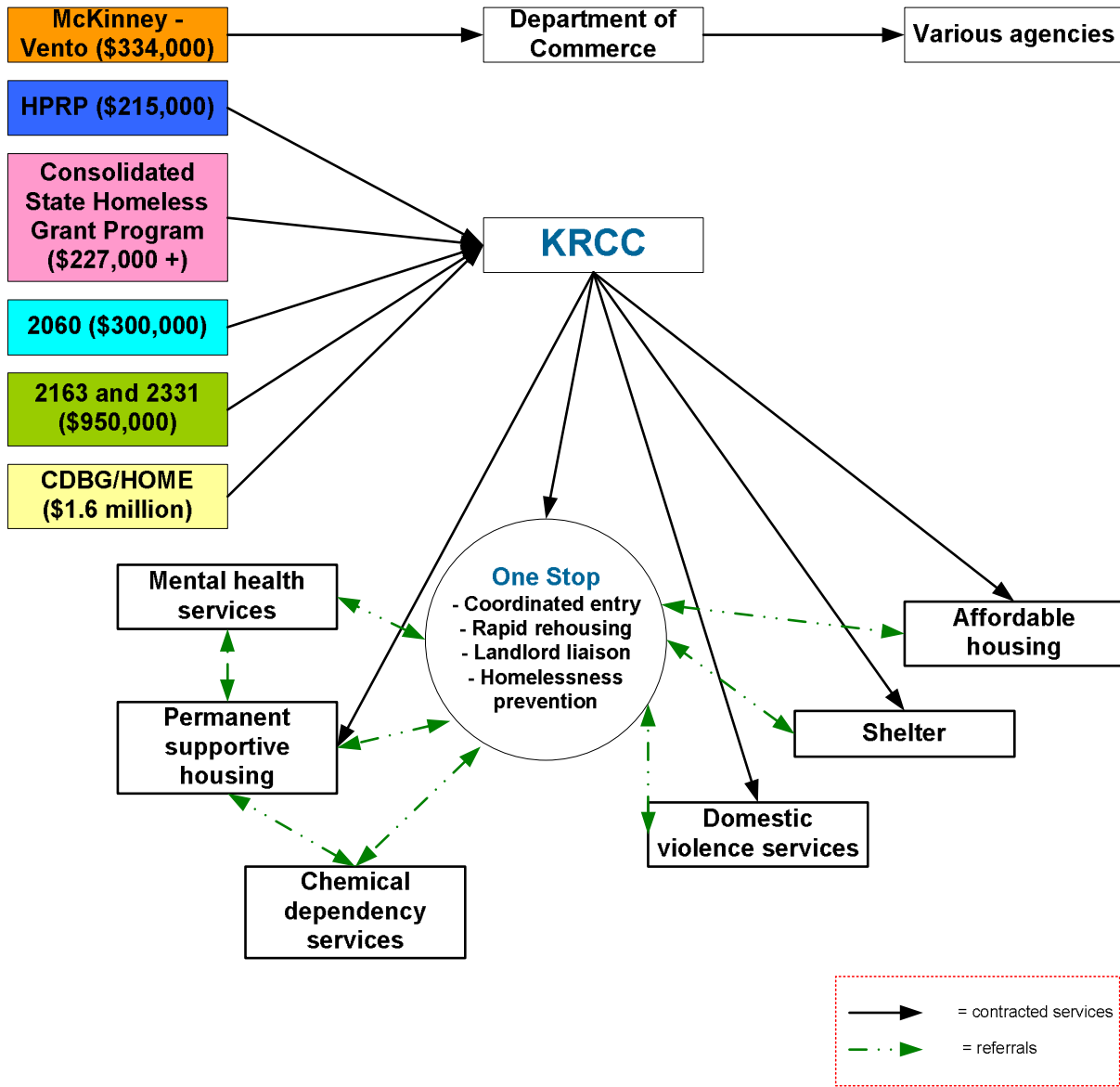
Suggested Schedule for Implementation of System Improvements

2010

- Kitsap County adopts key elements of new system and implementation timeline

- KRCC establishes an advisory group made up of funder and agency representatives, including managers from agencies working directly with homeless, mental health, chemical dependency, domestic violence, and criminal justice populations, to develop the specific design of coordinated entry

- Continuum of Care Coalition establishes a subcommittee to build capacity for shifting the system to Housing First models

2011

- Design One Stop coordinated entry — Advisory Group lead

  1. Establish policy for prioritizing clients for available housing and services

  2. Adopt a common assessment tool

  3. Develop referral criteria and policies for declining referrals

  4. Develop program requirements and budget parameters

- Build capacity to implement Housing First — Continuum of Care Coalition lead

  1. Identify the necessary policy changes

  2. Build partnerships between housing and service providers

  3. Identify training and technical assistance opportunities to build Housing First skills

- Establish goals and performance measures for the new system — KRCC lead

- Contract with Department of Commerce for new Consolidated Homeless Grant funds — KRCC lead

  1. Finalize system components and costs and establish financing plan for 2012 – 2013 implementation

  2. Prepare an RFP for all homeless housing and services, except balance of state McKinney-Vento, in September 2011

  3. Select coordinated entry/One Stop agency and referral agencies and negotiate performance based contracts to begin January 2012

  4. Identify potential new funding sources from the private sector, explore public-private partnerships to add resources to the new model

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2012

- Begin six month start-up phase of One Stop: January to June — One Stop agency lead

  1. Develop referral agreements

  2. Develop policies and procedures

  3. Hire and train staff

  4. Expand private landlord participation

  5. Design and implement communication strategies targeted to homeless people, service providers, landlords, and the community at large

- Full operation of all One Stop services from July to December — One Stop agency lead

- Begin six month transition of selected affordable housing programs to Housing First model

- Convert Advisory Group to Oversight Group, add client representatives to provider and funder representatives, and develop ongoing monitoring and improvement process

2013

- Assess emergency shelter capacity post-implementation of the new system and propose any necessary changes in policies, capacity, and funding — Continuum of Care Coalition lead

- Continue to expand resources to support prevention, Rapid Re-housing, and permanent supportive housing — KRCC lead

- Explore opportunities to increase income sources for homeless people, including securing eligible benefits and providing training and employment assistance — Continuum of Care Coalition lead

- Produce report to the community on the impact of the new homeless housing and services system — KRCC lead

Snapshot of Schedule for System Improvements	
Lead	**Steps**
2010	
Kitsap Regional Coordinating Council	• Adopt key elements of new system and implementation timeline • Establish an advisory group on coordinated entry
Continuum of Care Coalition	• Adopt key elements of new system and implementation timeline • Establish a subcommittee to build capacity for Housing First strategies
2011	
Kitsap Regional Coordinating Council	• Establish goals and performance measures for the homeless housing and services system • Contract with Department of Commerce for new Consolidated Homeless Grant funds • Finalize financing plan for 2012 – 2013, including system components and costs • Prepare RFP for homeless housing and services • Select coordinated entry/One Stop agency • Negotiate performance-based contracts to begin 2012 • Identify potential new funding sources from the private sector and public-private partnerships
Continuum of Care Coalition, Housing First Subcommittee	• Identify policy changes to promote Housing First models • Build partnerships between housing and service providers • Identify training and technical assistance opportunities
Coordinated Entry Advisory Group	• Establish policy for prioritizing clients for available housing and services (level of need or first come/first serve) • Adopt common assessment tool • Develop referral criteria and policies for declining referrals • Develop case management standards • Develop program requirements and budget parameters

Snapshot of Schedule for System Improvements (Cont'd)	
Lead	**Steps**
2012 (January – June)	
One Stop agency	• Develop referral agreements • Develop policies and procedures • Hire and train staff • Expand private landlord participation • Design and implement communication strategies for homeless people, service providers, landlords, and the general community
2012 (July – December)	
Kitsap Regional Coordinating Council	• Convert Coordinated Entry Advisory Group to Oversight Group, adding client representatives to provider and funder representatives
Coordinated Entry Oversight Group	• Develop ongoing monitoring and improvement processes for coordinated entry
One Stop agency	• Implement full operation of all services
Selected affordable housing programs	• For affordable housing programs selected in the 2011 RFP, begin transition to Housing First models
2013	
Kitsap Regional Coordinating Council	• Continue to expand resources to support prevention, Rapid Re-housing, and permanent supportive housing • Create community report assessing the impact of the new homeless housing and services system
Continuum of Care Coalition	• Assess emergency shelter capacity • Propose any needed system changes in policies, capacity, and funding • Explore initiatives to increase income for homeless people

Appendix 1: Best Practices Research on Preventing and Ending Homelessness

Metropolitan Housing and Communities Center

February 2009

Preventing and Ending Homelessness—Next Steps

Mary Cunningham

Recommendations

- Bring Housing First and permanent supportive housing to scale
- Expand rapid rehousing for families
- Fully invest in rental housing and homelessness programs for veterans
- Make mainstream systems accountable
- Ramp up emergency prevention programs
- Invest in housing programs that help build stronger people and families

The housing crisis and corresponding recession will hit the poorest Americans the hardest. Many families and the most vulnerable citizens—those growing older, those living with disabilities, low-income children, and youth—will fall through the cracks into homelessness. As they struggle to get by, the systems set up to help them are strained beyond measure: state and local budgets are reporting large deficits; foundations are watching their endowments and the stock market; nonprofits are feeling the squeeze as donors tighten their belts; and the federal government is spending taxpayer dollars on bank bailouts and the ongoing wars in Iraq and Afghanistan, leaving little for investing in housing programs. Until recently, some communities were making progress—or at least holding the line—on ending homelessness. Today, the grim economic forecast, along with an across-the-board budget crunch, bodes poorly for these communities and the people they serve.

In 2000, the National Alliance to End Homelessness developed a plan to end homelessness in the United States within 10 years. This plan inspired communities to employ new, research-driven and -supported approaches, including permanent supportive housing and rapid rehousing programs. These strategies, hailed as a significant "paradigm shift" in how communities respond to homelessness, were showing progress—until recently. Today, the economic crisis is making it difficult for communities to keep up with the increased demand for homeless services. Cities across the nation that were once reporting declines in homelessness are reporting increases and requests for emergency assistance, particularly among families.

It has been nearly 10 years since communities embarked on efforts to end homelessness. Today, there are numerous accomplishments to acknowledge, challenges to endure, and new setbacks to overcome. This brief examines the current state of homelessness in America, how community responses are changing, what is working, and, most important, what policymakers should be doing to move forward, not backward.

Homelessness by the Numbers: Causes, Spells, and Length of Time

Researchers have spent the past two decades uncovering what causes homelessness, and while the evidence shows that poverty and personal difficulties such as mental illness, substance use, and health problems leave people vulnerable to homelessness, the primary driver of homelessness is the availability of affordable housing (Burt 2001). As economists Quigley and Raphael (2000, 1) note, "Rather modest improvements in the

Urban Institute a nonpartisan economic and social policy research organization

Despite the significant buildup of emergency and transitional housing, homelessness has remained a problem, leaving many communities frustrated and hopeless.

affordability of rental housing or its availability can substantially reduce the incidence of homelessness in the U.S." In basic terms, "too many poor people are asked to chase too few low-cost housing units," and the way to solve the problem of homelessness is to solve the housing affordability problem (Sclar 1990, 1,039).

Housing is considered affordable when a household pays no more than 30 percent of its income on rent. According to the Joint Center for Housing at Harvard University (2008), 17.6 million households (16 percent of all American households) are severely cost burdened, meaning they are paying more than 50 percent of their income toward housing. This cost burden leaves too many households in precarious housing situations, making tough decisions about how to make ends meet. In the extreme, some end up homeless.

Indeed, far too many people are homeless in the United States. HUD's Annual Homeless Assessment Report reveals that 1.6 million people used homeless shelters in a one-year period (HUD 2008a).[1] The recent HUD data confirm some findings from previous studies: most people using homeless shelters are individuals (70 percent, or 1.1 million), largely represented by men 31 to 50 years old. A smaller proportion of those using shelters are members of homeless families: 30 percent, or 473,541 people in 131,000 households (HUD 2008a).

The HUD data also highlight a few surprises. As noted, about 131,000 families, with approximately 300,000 children, used shelter throughout the year, a small percentage (about 12 percent) of all households using shelter.[2] While this number does not include homeless families outside the shelter system (living on the street, in cars, and abandoned buildings), the small number suggests that ending homelessness among families is a manageable and solvable problem.

There is some bad news too. Homelessness appears to be rising among older people. According to the HUD data, approximately 23 percent of the individual adult sheltered homeless population is older than 50, while the last national study,

conducted by the Urban Institute in 1996, found that only 8 percent of the homeless population was age 55 and older (HUD 2008a; Burt et al. 1999).[3] The most obvious explanation is that this trend mirrors the overall increase in older people in the general population, driven by the baby boom generation. However, some people are remaining homeless for longer periods as they age, and some older people are becoming homeless for the first time after having led relatively stable lives (Hahn et al. 2006; Culhane et al. 2007; Shinn et al. 2007). These findings suggest that affordable housing programs for seniors, which have had their funding cut considerably in recent years, are not meeting the current demand and will certainly not meet the future demand, leaving older Americans vulnerable to homelessness (National Low Income Housing Coalition 2008).

When an individual or family loses housing and seeks help to end their homelessness, they enter a homeless system called a continuum of care (CoC), made up of outreach services, emergency shelters, transitional housing, and, more recently, permanent supportive housing. Nationwide, there are 211,451 emergency shelter beds, and for most people the point of entry is emergency shelters—though some may enter directly into transitional housing programs. For those unable to move back into housing from emergency shelter, transitional housing programs, with nearly 211,205 beds across the country, provide housing and services designed to help people move to permanent housing by helping them gain employment, increase their income, and address substance use (HUD 2008a). Transitional housing is time limited (usually two years), during which participants are required to work with staff on achieving housing and employment goals. In many programs, participants must also abide by program rules such as maintaining sobriety (Burt 2006).

For most families, homelessness is temporary: 76 percent of those using emergency shelter leave before three months, and 23 percent leave within a week (HUD 2008a). Research in

Philadelphia, Columbus, Massachusetts, and New York City finds that only a small proportion (approximately 20 percent) of families entering the system are "long-term stayers," and an even smaller proportion (approximately 8 percent) have multiple episodes of homelessness (Culhane et al. 2007). Interestingly, families with multiple episodes of homelessness also show the highest use of other public services such as involvement in child welfare services, suggesting they are the highest need families.

Together, these data demonstrate that prevention efforts to help families stay in housing are critical to keeping new cases from entering the homeless system and could help alleviate some of the pressure on emergency shelters. The data also demonstrate that some families may have higher needs than others and speak to the importance of targeting housing and service interventions based on an assessment of need (with the most intensive interventions going to those families with the highest needs). For example, a high-need family may need permanent supportive housing, while a low-need family may only need a housing subsidy or short-term housing assistance with transitional services.

Individuals exit homelessness slightly faster than families, although a subset of single adults experiences chronic homelessness. Converging sources suggest that between 10 and 29 percent of the individual adult homeless population is chronically homeless, which, by definition, means they are disabled and homeless for long periods or repeatedly (Kuhn and Culhane 1998; HUD 2008a). In recent years, HUD has targeted permanent supportive housing resources to chronically homeless adults with impressive results; these efforts should continue. No programs, however, respond to the needs of single adults who enter and exit the system quickly; these adults make up the largest portion of the homeless population. Low-cost housing, in the form of single room occupancy (SROs), and links to job training and retention are critical for preventing homelessness for this population.

Movement to End Homelessness: Making Progress?

During the 1980s and 1990s when widespread homelessness emerged, the response came largely in the form of emergency shelter and transitional housing. At the time, most policymakers and advocates thought homelessness was a temporary problem—a result of the recession, the crack epidemic, and the deinstitutionalization of people with mental disabilities. Over time, largely because of a significant loss in affordable housing during the same period, homelessness became a permanent fixture in American society. Today, HUD funds approximately 422,000 emergency shelter and transitional housing beds, and the federal government spends $2.4 billion annually on homeless services programs (National Alliance to End Homelessness 2008a; HUD 2008a).

Despite the significant buildup of emergency and transitional housing, homelessness has remained a problem, leaving many communities frustrated and hopeless. While emergency services are critical to meeting the immediate needs of homeless people, they do not provide people with what they need the most—permanent housing. Because of this, shelter-based responses have often been described as "managing the problem" rather than ending it. Further, while transitional housing's primary goal is improving economic self-sufficiency through employment so individuals and families can live independently after some time, its success rates are mixed. Sixteen percent who leave transitional housing remain homeless, 35 percent continue to rely on housing subsidies, and only 28 percent move to permanent housing without a housing subsidy (HUD 2005). Even those who successfully overcome personal challenges find themselves ill equipped to afford housing in today's tight rental markets (Northwest Institute for Children and Families 2007). These findings raise questions about which households should be targeted for transitional housing and whether it would be more cost-effective to provide households with a housing voucher sooner rather than later.

While emergency services can meet the immediate needs of homeless people, they do not provide what people need the most— permanent housing.

3

Frustrated by the lack of progress, in 2000, the National Alliance to End Homelessness announced a plan to end homelessness in 10 years.[4] The core of the plan was helping people get back into permanent housing; it called on communities to transform their homeless systems, ensure rapid rehousing, and emphasize targeting interventions based on the needs of individuals and families, with the deepest housing subsidies and most intensive services going to those with the highest needs. The plan also called for significantly increasing the availability of affordable housing and the strength of the social safety net. In 2001, a few communities—Chicago, Indianapolis, and Memphis—heeded the call to action and announced the first community plans to end homelessness.

Not long after, President Bush announced an initiative to end chronic homelessness among disabled adults who were homeless repeatedly or for long periods, and the newly invigorated Interagency Council on Homelessness and HUD began encouraging communities to develop plans to end homelessness. Congress committed to creating 150,000 permanent supportive housing units. The national leadership led to hundreds of community planners across the country—mayors, governors, nonprofits, the private sector, and advocates—joining forces to end homelessness among individuals, families, and youth in their city or state. Today, over 200 plans to end homelessness are in place across the country, and hundreds more are under development.[5] Taken together, these efforts represent a national movement to end homelessness. While some plans remain on the shelf, many communities are implementing their blueprints. This work is producing tangible results and has, in many cities, changed how communities respond to homelessness.

A majority of the plans call for shifting to Housing First approaches that help people who experience long-term homelessness access housing rapidly, and then, after the household is stably housed, provide services to help with housing and eco-

The cost of permanent supportive housing is offset by savings in public services that homeless people use while living on the street or in shelter.

nomic stability. This approach challenges the popularly held notion of "housing readiness"—that people who experience homelessness must overcome their personal challenges, such as mental illness, substance abuse, and chronic health conditions, before entering housing. The core of this belief is that many of these problems are what led homeless people to homelessness in the first place; therefore, to end their homelessness, programs have to end the personal problems. The empirical evidence, however, shows that this is not true.

The impetus for the shift from housing readiness programs to Housing First programs is due, in part, to research from the University of Pennsylvania. It shows a small subset (about 10 percent) of the single adult homeless population is using 50 percent of the shelter services available, and that deploying Housing First and permanent supportive housing can help chronically homeless people with serious mental illness, including substance use disorders, access and maintain housing (Kuhn and Culhane 1998; Culhane, Metraux, and Hadley 2002). Importantly, the data show that the cost of permanent supportive housing is offset by savings in public services (such as emergency room visits, jail stays, and mental health facilities) that homeless people use while living on the street or in shelter. In other words, it costs a lot to do nothing about homelessness.

Other studies show similar findings: one randomly controlled study of Pathways to Housing, the program credited as one of the first Housing First models for chronically homeless adults, showed that the treatment group (those who received permanent supportive housing under a Housing First umbrella) reported spending less time homeless and more time stably housed than the control group (Tsemberis, Gulcur, and Nakae 2004). A study of two San Francisco permanent supportive housing sites found that 81 percent of residents remained in housing for at least one year, and that housing placement reduced emergency department and inpatient services (Martinez and Burt 2006). Together, this research debunks the notion of "housing readiness."

A body of research on how to respond to family homelessness has also emerged. Most families who experience homelessness have different needs than chronically homeless adults. They have lower rates of substance abuse and mental health challenges than homeless adults, and homeless families' characteristics more closely match other low-income families' (Bassuk 1996; Rog and Buckner 2007). For these reasons, helping homeless families get back into housing largely depends on their ability to pay rent and their capacity to navigate the rental market, as well as the availability of affordable housing in the community. Housing vouchers alone can help families exit homelessness (Khadduri 2008; Mills et al. 2007; Rog and Buckner 2007). The problem is that there are not enough vouchers for every family who needs one; further, not every family that experiences homelessness needs a voucher.

Some researchers argue that most families can exit homelessness with relatively little assistance—enough for the first month's rent and security deposit, for example (Culhane et al. 2007; Culhane and Metraux 2008). This theory is largely untested, though shallow housing subsidies ($175–$475 a month, depending on household size) can prevent homelessness among people living with HIV/AIDS (Dasinger and Speiglman 2007). Program data from Hennepin County, Minnesota's rapid rehousing program—one of the first in the country—support the argument that many families, those with the lowest barriers to housing, can be rapidly rehoused with a one-time infusion of cash assistance and transitional services, while those with the highest barriers to housing are targeted for permanent supportive housing (National Alliance to End Homelessness 2005a). The big policy question is how to assess and target different levels of housing subsidies and services to appropriately match family needs. Congress recently appropriated $25 million for a rapid rehousing demonstration that will allow communities to test this question empirically.

These changes in practice are producing results. A handful of communities—San Francisco, California; Portland,

Oregon; New York City, New York; Denver, Colorado; and Norfolk, Virginia—were implementing Housing First initiatives and showing declines in homelessness and increases in permanent housing for homeless people (National Alliance to End Homelessness 2005b–c, 2007a, 2007c, 2008b). In 2007, HUD was able to measure change in homelessness from year to year for the first time ever nationally, using one-night point-in-time counts collected by CoCs from across the country. Using these data, HUD reported a national decline of 11 percent in homelessness from 2006 to 2007 and a 30 percent decrease in the number of chronically homeless adults from 2005 to 2007 (HUD 2008a, 2008b). While these data have some limitations—the study's authors attributed this decline to both real progress in helping homeless individuals and families get back into housing and changes in data collection methods—HUD and many advocates, researchers, and homeless service providers celebrated these findings as a sign that Housing First efforts and targeted permanent supportive housing programs were working (HUD 2008a).[6]

Certainly the data show that declines in homelessness correspond with significant increases in permanent supportive housing. From 2002 to 2007, 65,000 and 72,000 units were created; about half were already open in 2007, and the remainder were still under development (Corporation for Supportive Housing 2008). When completed, these units will effectively double the stock of permanent supportive housing. According to the Corporation for Supportive Housing (2008), about 20 percent of the permanent supportive housing beds created during that period went to families; 47 percent went to chronically homeless adults, and 33 percent went to other vulnerable single adults. Today there are 188,000 permanent supportive housing beds across the country (HUD 2008a).

The Economic Crisis, Hurricanes, and the Ongoing Wars

The data showing declines in homelessness, however, predate the economic crisis

Housing vouchers alone can help families exit homelessness.

and explosion in foreclosures. Economists are predicting a long, deep recession, with some analysts estimating that the downturn could push 7.5 to 10.3 million more people into poverty (Parrott 2008). The lack of affordable housing matched with rising unemployment will hit the poorest the hardest. With no cushion, budgets in low-income households cannot respond to these pressures, leaving many homeless or teetering on the periphery of homelessness—a precarious position where emergencies or unforeseen circumstances could lead to stays in emergency homeless shelters. No national data are yet available, but some communities—including Massachusetts, New York City, and Hennepin County—are reporting increases in homelessness during the past year, particularly among families.[7] Significant increases in homelessness are expected in early 2009 when communities conduct their homeless counts.

In addition to those at risk of homelessness because of job loss and strain on household budgets, the big unanswered question is how many of the 2.2 million households with subprime loans potentially facing foreclosure over the next few years will end up homeless (Center for Responsible Lending 2008). The pathways to homelessness for these households are not immediate; usually there are many stops along the way—a rental unit, the couches of friends or family, low-cost motels—and emergency shelter is frequently a last resort. Most families facing foreclosure will not end up homeless. Some, though, end up in emergency shelters. Michigan, for example, reports that 3 percent of the households who entered shelters in January 2007 came as a result of foreclosure; it is unclear if these households were previous home owners or households that were renting in properties that were foreclosed on.[8] Low-income renters living in foreclosed properties are likely at the highest risk in this group. These households often have no notice, lose their security deposits, and are left with no place to turn except the homeless system.

On top of problems with the economy, the national safety net is weak—torn and frayed after years of budget cuts. During the past 10 years while homeless systems have been transforming their response, support for affordable housing programs has evaporated. Despite housing's importance in ending homelessness, the Bush administration has repeatedly slashed the HUD budget for publicly assisted housing programs. Today, only one in four people who qualify for assisted housing receive it (Turner and Kingsley 2008).

Other mainstream systems—hospitals, jails, prisons, and mental health facilities—also contribute to homelessness. Nationwide, people leaving prison, hospitals, and foster care are unable to find housing and are entering shelters, demonstrating the limitations of the homeless system to solve the problem. As many as 5 percent of individual adult shelter entrants spent the previous night in a jail, prison, or juvenile detention facility, while converging data suggests that "20 to 25 percent of released prisoners will be homeless within a year following their release" (HUD 2008a; Travis 2005, 240). Further, some research shows that arrest history is a predictor of long-term homelessness, highlighting the need to intervene early (Caton, Wilkins, and Anderson 2007).

Youth aging out of foster care—nearly 20,000 each year—are another high-risk group. Homelessness is a common experience for adults who spent time in child welfare settings: the only national study to look at the issue, conducted by the Urban Institute in 1996, found that 27 percent of homeless clients were placed in out-of-home care (foster care, a group home, or other institutional setting) during their childhood (Burt et al. 1999). These statistics highlight a major public policy flaw: even if homeless systems help people exit homelessness faster, a new line each day is waiting to enter—often people coming from systems that have failed them.

Broader issues—such as the ongoing wars in Iraq and Afghanistan—affect homelessness as well. According to the Department of Veterans Affairs, as many as 154,000 veterans are homeless on a given night (Kuhn and Nakashima 2008). Most

Today, only one in four people who qualify for assisted housing receive it.

are Vietnam veterans, still struggling with the residual effects of war, and an estimated 44,000 to 64,000 are chronically homeless (National Alliance to End Homelessness 2007b). The effects of the ongoing wars remain unknown, though about 1,350 veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom have been identified by the VA as homeless or at risk of homelessness (Perl 2007).

While this number remains small, other troubling indicators, such as the rates of traumatic brain injury and post-traumatic stress disorder among new veterans, are alarming (Hoge, Auchterlonie, and Milliken 2006; Perl 2007). Further, while there are significant programs to help veterans buy homes, rental assistance programs that cover the gap between low incomes and the high cost of housing are small relative to need (Roisman 2005). The Government Accountability Office (GAO) finds that more than a half million low-income veterans were paying too much for housing in 2005, leaving them at risk for homelessness (GAO 2007).

Finally, the recent natural disasters—notably Hurricane Katrina—have had devastating consequences. In the two years after Hurricane Katrina, the fair-market rent for a two-bedroom unit in the New Orleans metropolitan area increased 32 percent from $676 in 2005 to $990 in 2007 (Brookings Institution and Greater New Orleans Community Data Center 2008). It is not surprising, then, that nearly 12,000 people are homeless in New Orleans—double the number from before the storm (Unity 2007). Efforts to eliminate homeless encampments—where hundreds of people were living under an interstate and in Duncan Plaza—by providing permanent supportive housing have helped people with serious needs (Unity 2007). Yet thousands remain homeless waiting for permanent supportive housing and housing vouchers.

What Is Next?

Today many communities are holding on tightly to any progress in ending homelessness. Economic problems, the foreclosure

crisis, broader factors, and the strain on emergency response systems for poor people could lead to significant, across-the-board increases in homelessness and will likely result in the need for more emergency shelter. But, as history shows, the answer is not building more temporary shelter—it is increasing the availability of affordable housing. Policymakers face a daunting to do list with competing priorities; decisions will be difficult. They should focus on the lessons learned from research during the past decade and continue the effort to end homelessness by investing in housing, specifically:

- **Bring Housing First and permanent supportive housing to scale.** While communities have adopted and implemented Housing First programs, the innovations remain small-scale. To ensure continued progress on ending homelessness among adults with long homeless histories, Congress should expand efforts to create permanent supportive housing. The Corporation for Supportive Housing and the National Alliance to End Homelessness estimate that 90,000 units are needed to end chronic homelessness among single adults. These units should be targeted to those with the highest needs, including older, chronically homeless people with significant health problems. In addition, Congress should significantly expand access to permanent supportive housing for families that need it. This means targeting these higher-service intensity interventions to families with severe substance abuse and mental health problems. Finally, the homelessness problem in New Orleans can no longer be ignored. Congress must provide enough permanent supportive housing units for people with serious mental illness and physical health problems and additional resources for housing subsidies to the working poor who cannot afford the high cost of rental housing after Hurricane Katrina.

- **Expand rapid rehousing for families.** To better serve families, homeless systems must shift their resources from

The answer to this financial crisis is not building more temporary shelter— it is increasing the availability of affordable housing.

costly transitional housing programs toward rapid rehousing programs that provide different housing subsidy and service levels to families based on their needs (i.e., shelter diversion assistance and shallow and short-term housing subsidies with transitional services and permanent supportive housing). To do this, Congress must appropriate additional resources to rapid rehousing programs and give communities the flexibility to convert transitional housing resources to either short-term interim housing or permanent supportive housing for high-need families. Once families are living in stable, safe, affordable housing, providers should connect them to community-based supports to help them maintain housing stability and improve their economic well-being.

- **Fully invest in rental housing and homelessness programs for veterans.** No one who served in the United States military should be homeless. To help veterans who are already homeless, Congress should invest in the HUD-VASH program, fully funding 66,000 HUD-VASH vouchers for chronically homeless veterans. In addition, GAO data indicate that many veterans are severely rent burdened and have trouble accessing HUD housing programs. This demonstrates the need for a rental assistance program for veterans. It could come in the form of a housing supplement to VA benefits. Further, to prevent homelessness among new veterans, Congress should invest in a pilot homelessness prevention program.

- **Make mainstream systems accountable.** During the past two decades, the homeless system has become the de facto safety net for the most vulnerable people. Mainstream systems such as prisons, jails, mental health facilities, hospitals, child welfare agencies, foster care, and juvenile justice can all help prevent homelessness by improving discharge planning to include a housing component. There should be zero tolerance for discharges into homelessness, and policymakers should provide

The research is clear: an adequate supply of affordable rental housing is the key ingredient to preventing widespread homelessness.

incentives to mainstream systems to prevent shelter entry. In some communities, the Department of Corrections is partnering with homeless service providers to provide permanent supportive housing for people cycling between homelessness and incarceration; these investments can save taxpayers money and decrease recidivism. Discharge programs like these, though promising, remain small. Policymakers should expand funding to facilitate these partnerships and provide housing resources. Funding for these housing programs should not come from McKinney-Vento homeless assistance programs, which are already struggling to meet the needs of those sleeping on the street or in shelters.

- **Ramp up emergency prevention programs.** As researcher Martha Burt has observed, "homelessness is America's revolving door crisis" (2001, 1). Indeed, the data on homeless service use show that without considerable prevention efforts, there will be a continual flow of people experiencing homelessness and residential instability. The current economic crisis will leave even more people at risk of homelessness. Building more emergency shelters is not the answer. Through an economic stimulus package, Congress should significantly increase funding for homelessness prevention. These resources should focus on helping people stay in housing and—for those who are already homeless—get back into housing by providing emergency assistance for household expenses (e.g., utility payments), short-term or medium-term rental assistance, and housing relocation and stabilization services. Further, as Congress drafts legislation to respond to the foreclosure crisis, special attention should go to renters living in properties at risk for foreclosure; these households need notice to move and relocation assistance to transition to stable housing.

- **Invest in housing programs that help build stronger people and families.** The research is clear: an adequate supply of affordable rental housing is the

key ingredient to preventing widespread homelessness. To end homelessness, Congress must rebuild rental housing policies, invest in publicly assisted housing, and develop affordable housing in the private market. Cost is no excuse; it is a question of priorities. In the past, Congress has favored home ownership and has extended significant financial benefits to home owners (Carasso et al. 2005). Much more attention should be paid to investing in rental housing by significantly increasing public investment in housing vouchers and financial incentives to state and local governments to produce affordable housing. Congress should fund an additional 200,000 vouchers a year for the next five years and significantly invest in affordable housing programs—such as 202 and 811—for the elderly and people with disabilities. Other low-cost housing, such as SROs, is needed to ensure single adults with low wages can afford housing instead of relying on emergency shelter or motels. Finally, Congress should fully fund the National Housing Trust Fund at $5 billion annually.

The United States is at a critical juncture. A decade of research has shown what works in ending homelessness, and hundreds of communities were implementing these evidence-based solutions and—until recently—reporting declines in homelessness. The economic turmoil threatens this hard-earned progress, significantly increasing the number of people at risk of homelessness and, thus, the need for stable and affordable housing. Policymakers have a choice: they can continue to pour resources into short-term fixes—like emergency shelter and transitional housing—and watch the homeless numbers swell, or they can focus on long-term solutions by seriously investing in affordable housing programs. Research shows that the latter is better public policy and can be cost-effective.

Notes

1. The one-year period covers October 1, 2006, to September 30, 2007.

2. This estimate is the first that uses actual counts from shelter utilization data over the course of a full year; earlier estimates were based on assumptions about turnover rates in shelter. As domestic violence shelters do not report data to HMIS, this number does not include households that use domestic violence shelters.

3. These data cannot answer the question "How much did homelessness among older people increase by?" because of the differences in methodologies between the two studies. Still, the data provide a rough sketch of how homelessness has changed among older people.

4. See National Alliance to End Homelessness, "A Plan, Not a Dream: How to End Homelessness in Ten Years," http://www.endhomelessness.org/content/article/detail/585.

5. See U.S. Interagency Council on Homelessness, "City and County Ten Year Plan Updates," http://www.ich.gov/index.html; National Alliance to End Homelessness, "Community Plans," http://www.endhomelessness.org/section/tools/communityplans.

6. See also Rachel Swarns, "U.S. Reports Drop in Homeless Population," *New York Times*, July 20, 2008.

7. Massachusetts data from Department of Transitional Assistance, "Homeless Family Caseload: FY 2005, FY 2006, FY 2007, FY 2008, and FY 2009," http://tinyurl.com/7s54yr. New York City data from Department of Homeless Services, "Daily Report 12/30/2008: Day-by-day census figures on New York City's homeless population," http://www.nyc.gov/html/dhs/downloads/pdf/dailyreport.pdf. Hennepin County data from an unduplicated number of families in shelter by month 2008 (unpublished). See also Wendy Koch, "Homeless Numbers 'Alarming,'" *USA Today*, October 22, 2008.

8. Barbara Ritter, personal correspondence with the author, November 2008.

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Policymakers can pour resources into short-term fixes and watch the homeless numbers swell, or they can focus on long-term solutions by seriously investing in affordable housing programs.

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2010

Appendix 2: Screening Tools

BUILDING CHANGES
END HOMELESSNESS TOGETHER

Washington Families Fund
A Public-Private Partnership

Washington Families Fund Homelessness Systems Initiative
Initial Screening Instrument Draft

The primary objective of the initial screening is to quickly determine whether a family is in need of homelessness related housing services. This screening will also help determine whether the household meets the definition of family and any age requirements. The following is a list of domain items included in the initial screening instrument:

Initial Screening Instrument	
A.) Head of Household Demographic and Contact Information	• Name • Date of birth • Gender • Proficiency in English • Address • Phone number • Email
B.) Current Living Situation and Housing Assistance Needed	• Living situation (last night) • Length of stay • Living situation (tonight) • Type of housing assistance needed
C.) Household Composition	• Number of adults in household • Number of children in household • Number of children living away • Potential reunification of children • Pregnancy status of household members

Prepared by Westat

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Washington Families Fund Homelessness Systems Initiative
Initial Screening Instrument Draft

Purpose - The initial screening is to determine whether families need assistance from the homeless service system.

A. **Head of Household Demographic and Contact Information –**
I am going to ask you a few questions about yourself and for your contact information so we can reach you for follow-up appointments. We want to make sure you and your family receives the services you need in the most efficient way possible.

1.) **Could you please tell me your first and last name?**

   First name: _____   Last name: _____

2.) **What is your date of birth – provided in month/day/year?**

   Date of Birth: _____/_____/_____

3.) **What is your gender?**

   Gender: [ ] Male [ ] Female [ ] Transgender

4.) **We would like to make sure you receive the services you need and can provide interpreter services for future interviews if necessary.**

   Are you comfortable with reading, writing and speaking in English?

   [ ] Yes [ ] No

   If no, which language would you need to have for interpreter services? _____

5.) **If possible, we'd like to know the address where you are living now? Can you provide an address where you receive mail?**

Street Address: _____

City, State Zip: _____, _____ _____

6.) **If possible, can you provide an email address where we can contact you for appointments?**

   Email: _____

7.) **We're also interested in phone numbers where we can contact you for follow-up appointments, etc. Could you provide a phone number where you can be reached during the day or evening? Also, do you have a mobile phone number?**

   Cell (____) ____-_____ Daytime: (____) ____-_____ Evening: (____) ____-_____

1

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Date_____ Time _____:_____ Interviewer Name_____

B. **Current Living Situation and Housing Assistance Needed –**
I am going to ask you a few questions to better understand your current living situation and what types of housing assistance you may need.

1.) **Where were you staying** *last* **night?** (Please code respondent's answer in the most appropriate category below)
[ ] House/apartment rented by you
[ ] House/apartment owned by you
[ ] Temporarily living with family or friends (i.e. staying on a couch, staying in an extra bedroom)
[ ] Living in your car
[ ] Living on the streets
[ ] Hotel/motel
[ ] Emergency Shelter
[ ] Transitional housing for homeless
[ ] Permanent housing for formerly homeless
[ ] Hospital or psychiatric hospital
[ ] Substance abuse treatment center, including detox
[ ] Jail, prison, or juvenile facility
[ ] Foster care/ group home

2.) **How long have you been staying at this particular location?**

Days_____ Weeks _____Months_____ Years_____

3.) **Will you be staying at the same place tonight?**
[ ] Yes [ ] No

If no, do you have a place to stay?
[ ] Yes [ ] No

If yes, how long can you stay there? _____

4.) **What type of housing assistance do you need?** (Please fill in response and select the options below that best apply).
_____
_____
_____
_____ [ ] Help with paying rent/mortgage
[ ] Help with paying utility bills
[ ] Help with resolving issues with landlord
[ ] Help with finding a place to live, currently homeless
[ ] Help with finding a place to live, facing an eviction
[ ] Help with finding a place to live, home is condemned or un-inhabitable (i.e. by a fire, flood, etc)
[ ] Help with finding a place to live, having conflicts with a household member
[ ] Other
[ ] None of the above

2

Date_____   Time _____:_____   Interviewer Name_____

C.   **Household Composition –**
These next set of questions will give us a better understanding of who is living in your household and will help us in determining the housing that best fits your family needs.

1.) **Not including yourself, how many other adults 18 or older are there in your household?** _____

2.) **How many children under 18 years of age living with you?** _____

3.) **Do you have children under 18 years of age who currently aren't living with you?**
     [ ] Yes [ ] No

     If yes, will any of these children return to living with you *if you had housing*?
     [ ] Yes [ ] No

          If yes, how many will return to living with you? _____

4.)   **Are you or someone in your household currently pregnant?**
     [ ] Yes [ ] No

     If yes, whom? _____

Script – County specific script thanking family for information and providing instructions on next steps.

Decision: [] Follow-Up for Housing Assistance   [] No Follow-up for Housing Assistance

3

Washington Families Fund Homelessness Systems Initiative
Follow-up Screening Instrument

The purpose of this screening instrument is to build off the results of the initial screening and help identify and triage the housing and service needs of families. The following is a list of domain items included in the follow-up screening instrument as well as options for a more detailed question set for specific domains.

	Follow-Up Screening Instrument	Long Form Questions
A.)Head of Household Demographic Information	• Name • SSN • Date of birth • Gender • Marital status • Race • Ethnicity • Veteran status	

B.)Household Composition	• Number of adults
	• Number of children
	• Children living away
	• Potential reunification
	• Pregnancy status
		• Number of children
		• *For each child:*
		  • Name
		  • Social Security Number
		  • Gender
		  • Date of birth
		  • Physical disability
		  • School enrollment status
		  • Name of school
		  • Living situation
		  • Potential reunification
		
		• Number of adults
		• *For each adult:*
		  • Name
		  • Social Security Number
		  • Gender
		  • Date of birth
		  • Physical disability
		  • Relationship
		  • Employment status
		  • Pregnancy status
		  • Veteran status

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C.)Housing Situation	• Living situation • Length of stay • Ability to stay tonight • Types of housing assistance needed • Homeless history • Moving history • Loss of housing subsidy • Prior receipt of prevention services	
D.)Education Employment and Income History	• Education level • Current employment status • Permanent or temporary job • Length of employment • Earnings per month • Work history • Looking for work • Ability to work • Employment status of other household members • Other sources of income • Total monthly household income • Amount paid in rent • Amount of debt	• Sources and amount of debt
E.)Service Needs and Considerations	• Applying for basic benefits • Obtaining basic needs • Transportation • Childcare • School enrollment • Child developmental disability • Involvement with CPS • Foster care • Domestic violence • Serious medical issues • Mental health issues • Substance abuse issues • Criminal issues	

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Date_____ Time _____:_____ Interviewer Name_____

Washington Families Fund Homelessness Systems Initiative
Follow-up Screening Instrument

Purpose - Building off the results of the initial screener, this screening helps identify and triage the housing and service needs of clients.

Script - I would like to ask you a series of questions about yourself, your family, and any particular challenges you are facing right now. This will help us determine what services you need and the best way for us to help you. Your answers will be kept confidential.

A. **Head of Household Demographic Information–**
   These first set of questions will help us collect some basic information about you.

1.) **Please tell me your first and last name?**
   First name: _____   Last name: _____

2.) **What is your Social Security Number?**
   SSN: _____

3.) **What is your date of birth?**
   Date of Birth: _____/_____/_____

4.) **What is your gender?**
   [ ] Male [ ] Female [ ] Transgender M to F [ ] Transgender F to M [ ] Refused

5.) **What is your current marital status?**
   [ ] Single, Never Married [ ] Married [ ] Living with a Partner [ ] Separated
   [ ] Divorced [ ] Widowed [ ] Other

6.) **What is your race? (Please select all that apply)**
   [ ] American Indian   [ ] White
   [ ] Asian   [ ] Native Hawaiian/ Pacific Islander
   [ ] Black/African American   [ ] Don't Know
   [ ] Refused

7.) **Are you Hispanic or Latina?**
   [ ] Yes, Hispanic/Latino
   [ ] Non-Hispanic/Non Latino
   [ ] Don't Know
   [ ] Refused

8.) **Were you ever on active duty military service in the Armed Forces of the United States?**
   [ ] Yes [ ] No

1

Date_____   Time _____:_____   Interviewer Name_____

B.   Household Composition –   *(Long form available for this section.)*
These next set of questions will give us a better understanding of who is living in your household and will help us in determining the housing resources that best fits your family needs.

1.) Not including yourself, how many other adults 18 or older are there in your household? _____

2.) How many children under 18 years of age living with you? _____

3.) Do you have children under 18 years of age who currently aren't living with you?
     [ ] Yes [ ] No

          If yes, will any of these children return to living with you *if you have housing*?
          [ ] Yes [ ] No

          If yes, how many will return to living with you? _____

4.)   Are you or someone in your household currently pregnant?
     [ ] Yes [ ] No

          If yes, whom? _____

2

Date_____   Time _____:_____   Interviewer Name_____

C. Housing Situation –
  I am going to ask you a few questions to better understand your current and past living situations and what types of housing assistance you may need.

  1.) In the last interview, you indicated you were staying in/with _____.
       Are you still staying in the same place?
       [ ] Yes [ ]No

  2.) If no, where are you staying *now*?
       [ ] House/apartment rented by you
       [ ] House/apartment owned by you
       [ ] Temporarily living with family or friends (i.e. staying on a couch, staying in an extra bedroom)
       [ ] Living in your car
       [ ] Living on the streets
       [ ] Hotel/motel
       [ ] Emergency Shelter
       [ ] Transitional housing for homeless
       [ ] Permanent housing for formerly homeless
       [ ] Hospital or psychiatric hospital
       [ ] Substance abuse treatment center, including detox
       [ ] Jail, prison, or juvenile facility
       [ ] Foster care/ group home

  3.) How long have you been staying at this particular location?
       Days_____   Weeks _____Months_____   Years_____

ASK CLIENTS LIVING IN OWN HOUSING OR STAYING WITH FAMILY OR FRIENDS

       4.) Is this a place where you will be able to stay tonight?
            [ ] Yes [ ] No

            If yes, how long can you stay there? _____

       5.) What types of assistance would you need to stay in this housing?
           (Probe and select the options that best apply.)
           [ ] Help with paying rent/mortgage
           [ ] Help with paying utility bills
           [ ] Help with resolving issues with other household members/landlord; including
               resolving an eviction notice
           [ ] Help with finding transportation resources so that I can travel to work
           [ ] Other _____
           [ ] None of the above, I cannot stay in this housing

3

Date_____   Time _____:_____   Interviewer Name_____

ASK ALL CLIENTS – I'm going to ask you some question s about prior living situations and experiences to try to best match you with housing and services that best fit your needs. Please know that your answers to any of these questions will not disqualify you from receiving services, but will help us in understanding what type of housing services you are qualified for.

5.) **Prior to this episode, have there been times in the past three years when you haven't had a regular place to live? I mean times when you did not have a regular place to stay and you were staying in a homeless shelter or temporarily in an institution because you had nowhere else to go. This could also include staying in a place not typically used for sleeping, such as on the street, in a car, in an abandoned building, or in a bus or train station.**
[ ] Yes [ ] No

   If yes, how many times have you been in this situation?
   [ ] 1 time
   [ ] 2 times
   [ ] 3+ times
   [ ] Don't Know

6.) **In the past year, have you had to move from a living situation?**
[ ] Yes [ ] No

   If yes, how many times have you moved?
   [ ] 1 time
   [ ] 2 times
   [ ] 3+ times
   [ ] Don't Know

7.) **Have you ever experienced the loss of a housing subsidy (i.e. Section 8)?**
[ ] Yes [ ] No [ ] Don't Know

   If yes, when? ____/____

8.) **In the past year, have you received services to prevent you from losing your housing?**
[ ]Yes [ ]No

   If yes, what kind of services have you received?
   (Check all that apply)

   [ ] Financial assistance
   When? _____/_____

   [ ] Landlord mediation
   When? _____/_____

   [ ]Other   _____
   When? _____/_____

4

Date_____   Time _____:_____   Interviewer Name_____

D. **Education, Employment and Income History –**
This next set of questions is about your education, work history and the current income your family receives.

1.) **What is the highest level of schooling you have completed?**
[ ] None
[ ] less than high-school (no diploma)
[ ] High-school graduate/GED
[ ] Post-secondary degree

2.) **Are you currently enrolled in a job training program?**
[ ] Yes [ ] No

3.) **Are you currently employed?**
[ ] Yes [ ] No

If Yes ---
Is this a permanent job or a temporary job?
[ ] Permanent [ ] Temporary/Seasonal

Approximately, how many months or years have you been working in this job? (What month and year did you begin this job?)
Months _____   Years_____

How many hours per week do you work? _____

How much do you earn per hour? _____

Have you received notice of termination or layoff? [ ] Yes [ ] No

If No---
When did you last work? _____/_____ [ ] Never Worked

Are you currently looking for work?
[ ] Yes [ ] No

What are your reasons for not working right now?
(Mark all that apply.)
[ ] Can't find a job
[ ] Laid off/Fired from previous job
[ ] Lack of adequate childcare
[ ] Caring for a family member with a disability or illness
[ ] Transportation issues
[ ] Treatment program requirements
[ ] Have an injury/illness
[ ] Physical disability
[ ] Mental disability
[ ] Would lose SSI or SSDI/Disability benefits

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Date_____   Time _____:_____   Interviewer Name_____

[ ] Would lose TANF or Medicaid
[ ] Other (Specify: _____)
[ ] Don't Know

4.) Is anyone else in your household working for pay?
[ ] Yes [ ] No

5.) In the last month, did your household receive any of these other sources of income?
(Mark all that apply)
[ ] TANF
[ ] SSI /SSDI
[ ] GAU/GAX
[ ] Unemployment
[ ] VA Benefits
[ ] Child Support
[ ] Alimony
[ ] Any other source (Specify: _____)

6.) How much is your total monthly household income (including your or anyone else if your household's employment)? _____

7.) Do you currently pay rent or mortgage?
[ ] Yes [ ] No

If yes, how much do you pay per month? _____

8.) About how much money overall do you believe you owe in debts? _____
(Long form available for this question.)

E.) Service Needs –
This next set of questions is about service needs that you and other members in your family may need. While some of these questions may seem personal, we are trying to ensure you receive both the housing and services you need.

Basic Needs –

1.) Do you need assistance in applying for basic benefits i.e.) Food Stamps, TANF, etc?
[ ] Yes [ ] No

2.) Do you need assistance in securing clothing and hygienic products (i.e. diapers)?

3.) Do you need assistance in finding obtaining a driver's license and getting access to a reliable vehicle?
[ ] Yes [ ] No

4.) Do you currently have access to public transit?
[ ] Yes [ ] No

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Date_____ Time _____:_____ Interviewer Name_____

Child Needs -

5.) **Do you need assistance with finding and enrolling your children into child care?**
[ ] Yes [ ] No

6.) **Do you need assistance with enrolling your children into school?**
[ ] Yes [ ] No

7.) **Have any of your children been diagnosed with a developmental or learning disability (such as a delay in language development, short attention span (ADD or ADHD), mental retardation, or autism, etc.)?**
[ ] Yes [ ] No

8.) **In the past 12 months have you had any involvement with Child Protective Services?**
[ ] Yes [ ] No

9.) **Are any of your children currently in foster care?**
[ ] Yes [ ] No

Family Health-Related Needs

10.) **Have any of your children ever been removed from your household by Child Protective Services?**
[ ] Yes [ ] No

11.) **In the past 12 months, have you or anyone in your household experienced any issues related to domestic violence?**
[ ] Yes [ ] No

12.) **In the past 12 months, have you or anyone in your household received or needed mental health services in a residential psychiatric facility, a hospital psychiatric ward, or an outpatient program?**
[ ] Yes [ ] No

13.) **In the past 12 months, have you or anyone in your household received or needed substance abuse treatment inpatient treatment, intensive outpatient treatment, or detoxification services?**
[ ] Yes [ ] No

14.) **Do you or anyone in your household have a serious health condition that has required medical care in the past 12 months (for example, diabetes, arthritis, HIV/AIDS, stroke, cancer, serious asthma, etc.)?**
[ ] Yes [ ] No

7

Date_____ Time _____:_____ Interviewer Name_____

Legal-Related Housing Barriers

 Some housing has exclusionary criteria based upon certain legal requirements. However, there are other housing resources available that do not prevent you from obtaining housing, regardless of your legal history. These next questions will help us in identifying and providing the best housing assistance for you and your family.

     15.) Do your or anyone in your household have a criminal record?
        [ ] Yes [ ] No

     16.) Have you or anyone in your household <u>ever</u> been convicted of a felony?
        [ ] Yes [ ] No

     17.) Are you or anyone in your household a registered sex offender or are charges currently pending?
        [ ] Yes [ ] No

     18.) Have you or anyone in your household ever been convicted of methamphetamine production, or are charges currently pending?
        [ ] Yes [ ] No

8

B. Household Composition –   *(Long form)*

These next set of questions will give us a better understanding of who is living in your household and will help us in determining the housing resources that best fits your family needs.

1.) How many children <u>under 18</u> do you have? Please include all of your children under 18, including any of your children who are not living with you now. This includes any stepchildren, foster children, children you might have adopted, and any other children in your household.

_____ # of children under 18

2.)   **Starting with your oldest child under 18:**
   a. **What is his/her first name?**
   b. **What is his/her Social Security Number?**
   c. **Is he/she a boy or a girl?**
   d. **When is his/her birth date?**
   e. **Does he/she have a physical disability that would require special housing accommodations?**
   f. **Is s/he currently enrolled in school?**
   g. ***[IF YES]* What school does he/she attend?**
   h. **Does s/he live with you now?**
   i. ***[IF NO]* Is there a plan for the return of your child?**

Name	Social Security Number	Gender	Date of Birth	Physical disability that would require special housing accommodations?	Enrolled in School?	*[IF YES]* What school?	Does s/he live with you now?	*[IF NO]* Is there a plan for the return of your child?
		1 Male 2 Female	(mm/dd/yyyy)	1 Yes 2 No	1 Yes 2 No		1 Yes 2 No	1 Yes 2 No 3 Unsure
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					

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Date_____ Time _____:_____ Interviewer Name_____

			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					

3.) Other than the children we just talked about, is there anyone else living in your household?
[ ] Yes [ ] No

4.) If yes, please tell me a little about each person in your household including name, date of birth and their relationship to you?
   a. **What is his/her first name?**
   b. **What is his/her Social Security Number?**
   c. **Is this person male or female?**
   d. **When is his/her birth date?**
   e. **Does he/she have a physical disability that would require special housing accommodations?**
   f. **What is his/her relationship to you?**
   g. **Is this person currently employed?**
   h. ***[IF FEMALE]* Is this person pregnant?**
   i. **Has this person ever served on active duty military service in the Armed Forces of the United States?**

Name	Social Security Number	Gender	Date of Birth	Physical disability that would require special housing accommodations?	Relationship to you?	Currently employed?	*[IF FEMALE]* Pregnant?	Veteran?
		1 Male 2 Female	mm/dd/yyyy	1 Yes 2 No	1 spouse/partner 2 son/daughter 3 parent 4 brother/sister 5 niece/nephew 6 grandparent 7 aunt/uncle 8 cousin 9 non-relative 10 other (specify)	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
			_ _ / _ _ / _ _ _ _					
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BUILDING CHANGES
END HOMELESSNESS TOGETHER

Washington Families Fund
A Public-Private Partnership

D. **Debt Question –** *(Long form)*

6.) **In order for me to understand your current situation, I need to know about any bills or debts that you might have. Please tell me if you currently owe money for any of the following and if so, how much?**

Do you owe money…	Yes	No	[IF YES] about how much?
a. for back rent?	1	2	_____
b. for back utilities, like gas, electric, or water?	1	2	_____
c. for cable television bills?	1	2	_____
d. for telephone/cell phone bill?	1	2	_____
e. for credit cards?	1	2	_____
f. to the housing authority?	1	2	_____
g. for student loans?	1	2	_____
h. to hospitals or for other medical debt?	1	2	_____
i. for car payments?	1	2	_____
j. for any other loan(s)?	1	2	_____
k. for money owed on bad checks?	1	2	_____
l. for legal bills?	1	2	_____
m. to friends and/or family?	1	2	_____
n. for anything else (like video rentals, furniture rental, storage fees, cash advances, etc.)?	1	2	_____

About how much money overall do you believe you owe? _____

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To be filled in by WHSC only: Case manager assignment_____ Agency_____ Enrollment date_____

Whatcom Homeless Service Center   **Enrollment ASSESSMENT**

Staff doing intake _____

Part 1: Basic Information

Today's Date: ___ /___/ _____   Time of Intake: _____

Best Phone:_____

☐Home ☐Cell ☐Message

Client Name: _____

Last   *First*   *Middle*

Alt. Phone:_____

☐Home ☐Cell ☐Message

Mailing Address:_____

City _____ County _____State _____ ZIP code _____

Please list each household member's information, starting with the Head of Household. Name / Relation to Head		Date of Birth	Gender	Education level? Training /certification? Current school?	General health compared to others your age: Excellent; Very Good; Good; Fair; or Poor	Race (all that apply)	Hispanic or Non.	Pregnant (Y/N)
		- -						
		- -						
		- -						
		- -						
		- -						
		- -						
		- -						

If pregnant, what is due date?_____

_____

Has any household member ever served on __active duty__ in the United States Armed Forces? YES ☐ NO ☐

Answer the following if client answered Yes for any household member. Name of HH member_____

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In which Service Era did you serve? _____(include mo/yr dates)

Number of months served in active duty _____
Which branch? ☐ Army   ☐ Navy   ☐ Air Force   ☐ Marines
Did client serve in a war zone?   YES ☐   NO ☐   If Yes, in which war zone did client serve? _____
Number of months served in a war zone? _____
Did you receive hostile or friendly fire while in a war zone?   YES ☐   NO ☐
Type of discharge received: ☐ Honorable ☐ General ☐ Medical ☐ Dishonorable ☐ Bad Conduct ☐ Other
_____

Part 2: Housing & Homelessness

Client's last known permanent address: *(90+ days; not shelter or time-limited housing – if client doesn't know,*
fill in zip code only) City _____ County _____ State _____ ZIP code _____

Where did the client stay last night? (Choose one only.)

○ Emergency shelter (including motel paid for by program/agency)
○ Transitional housing for homeless
○ Permanent housing for formerly homeless (City Gate, Lake Whatcom Treatment Center)
○ Hospital (non-psychiatric)
○ Jail, prison, or juvenile detention
○ Rental by client no subsidy
○ Staying or living in a family member's room, apartment, or house
○ Staying or living in a friend's room, apartment or house
○ Hotel/motel paid for without emergency shelter voucher
○ Place not meant for habitation (car, tent, outside)
○ Rental by client with other (non-VASH) housing subsidy (such as Section 8)
○ Psychiatric hospital
○ Substance abuse inpatient
○ Owned by client no subsidy
○ Owned by client with housing subsidy
○ Rental by client with VASH housing subsidy
○ Foster care home or foster care group home
○ Safe Haven
○ Other _____

Length of stay: How long has the client been staying at the place where they stayed last night?

○ 1 week or less   ○ Over 1 week, less than 1 month   ○ 1 to 3 months   ○ Over 3 months, less than 1 year   ○ 1 year or longer

What is the client's housing status?

☐ Stably Housed (STOP! Client does not qualify for program.)

☐ Housed @ Risk (don't know how long will be able to stay, e.g. couch surfing)

☐ Housed @ Imminent Risk (received notice from landlord, doubled up and violating a lease, etc.)

☐ Literally Homeless (unsheltered, emergency shelter, transitional housing, a motel, institution, etc.)

What circumstances caused your homelessness or put you at risk of homelessness? (Check all that apply.)

○ Alcoholism
○ Displacement
○ Domestic Violence
○ Eviction

○ Family Crisis
○ Health Problems
○ Illness

○ Mental Health Issues
○ New Arrival
○ Out of Home Youth

○ Substance Abuse
○ Primarily Economic Reasons
○ Transient on the Road

○ Don't know
○ Refused
○ Other_____

Is the client chronically homeless? YES ☐ NO ☐

Chronically Homeless = unaccompanied individual with a disabling condition who has been:

☐ continuously homeless for a year or more   OR   ☐ homeless 4 or more times in the past 3 years.

Part 3: Household Resources

Please record the client's income from the _last thirty days_ in the grid below. Include any income from these sources:

(1) Earned Income
(2) Unemployment insurance
(3) Supplemental Security Income (SSI)
(4) Social Security Disability Income (SSDI)
(5) Veteran's disability payment
(6) Private disability insurance
(7) Worker's compensation
(8) TANF
(9) General Assistance
(10) Social Security retirement income
(11) Veteran's pension
(12) Pension from a former job
(13) Child support
(14) Alimony or other spousal support
(15) Other income sources (describe)

☐ Check here if household has no income sources.

Household Member	Income Source	Income Amount

Are any of the adults in your household employed? YES ☐ NO ☐

HH member 1:_____ Hours worked last week:_____ Is employment *Permanent, Temporary or Seasonal?*

HH member 2:_____ Hours worked last week:_____ Is employment *Permanent, Temporary or Seasonal?*

Is anyone in your household looking to gain employment or increase work hours? YES ☐ NO ☐

Name of HH member(s)_____

Please identify which non-cash benefits the household has received in the _last thirty days_ by writing the initial of the family member if applicable.

(1) Food Stamps _____

(2) MEDICAID – Medical Assistance _____

(3) Medicare _____

(4) WA health care for children_____

(5) Veterans Admin. (VA) medical services_____

(6) Private health insurance_____

(7) Earned Income Tax Credit _____

(8) TANF Child Care Services _____

(9) TANF transportation services_____

(10) WIC _____

(11) Other TANF-Funded Services_____

(12) Section 8, public housing or rental assistance _____

☐ Check here if household has no non-cash benefits.

Part 4: Household Needs

Please fill out the following information for all household members.

	Initials of household member(s)	Condition expected to be on-going and substantially impairs the ability to live independently? (Y/N)	Client currently receiving services or treatment? (Y/N)	Describe condition
Does anyone in the household have a developmental disability?				
Does anyone in your household have a mental health problem?				
Does anyone in your household have a substance abuse problem? (Please indicate if drugs, alcohol, or both.)				
Does anyone in your household have a physical disability?				
Does anyone in your household have a chronic health condition? (a diagnosed condition that limits daily living & requires special assistance, e.g. heart disease, severe asthma, diabetes, arthritis, or cancer)				

Has anyone in your household experienced domestic violence? YES ☐ NO ☐

If yes, name(s) of household member(s)_____

If yes, how long ago did the experience occur?_____

Part 5: Housing History

If possible please provide the following information (this can be completed at the time of enrollment or at a later date but should reflect information from the time of enrollment):

Rental History – start with current or most recent landlord:

Have you ever rented an apt/house ? YES ☐ NO ☐   Have you ever owned an apt/house? YES ☐ NO ☐

- o   Dates: _____ to _____

Address or city: _____ Rent amount: $_____ Number of 3-day notices? _____

Will this landlord give client a good reference? _____ If not, why not? _____

Landlord name and phone number _____

Reason for leaving :_____

- o   Dates: _____ to _____

Address or city: _____ Rent amount: $_____ Number of 3-day notices? _____

Will this landlord give client a good reference? _____ If not, why not? _____

Landlord name and phone number

_____

Reason for leaving:

_____

Have you ever received a pay-or-vacate notice?   YES ☐ NO ☐

Have you ever received a Writ of Restitution?   YES ☐ NO ☐

Do you owe any money to a previous landlord?   YES ☐ NO ☐   How much?_____

Are you making payments?_____

Have you ever been on ANY subsidized housing program? (Public Housing, Sec 8, S+C, Project-Based etc) YES ☐ NO ☐

Where? _____   When? _____

Has client been to the Law Advocates Tenant Clinic (TC)? YES ☐ NO ☐ If yes, when? _____

☐ Check here if referred to TC

Part 6: Criminal History

Do any household members have a criminal history? YES ☐ NO ☐   **Name of HH member(s) _____**

Do you have any open cases? YES ☐ NO ☐   If yes, pleas explain_____

Do you have any Felonies? YES ☐ NO ☐   If Yes, please explain: _____

Misdemeanors? YES ☐ NO ☐   If yes, please explain: _____

Signature of ALL adult household members:

_____**date:**_____

_____**date:**_____