Revised Draft - Clallam County Ten Year Plan to End Homelessness - 2005-2015

Objective 1 - Prevention/Housing First, Diversion and Re-entry Strategies

Objective 1 -	Prevention/Housing First, Diversion and Re-entry Strategies
Strategy 1	Ensure rapid placement into permanent housing, or maintenance of current permanent housing, through increased
	prevention, short-term rental, and utility assistance options for households.
Description : This	s strategy ensures maintenance and expansion of placement and rental assistance support for homeless and at-risk
households, throu	gh existing Housing Resource Centers in Port Angeles, Sequim, and Forks and through permanent housing
	RCs provide a rigorous assessment of household needs, utilizing an established assessment tool; offer education,
counseling and pla	acement services; maintain a current vacancies list; connect households to community-based support services; and
work to expand th	e housing inventory through landlord engagement and outreach. Tenant education currently includes 'Ready to
Rent' classes, fina	ancial literacy and budgeting assistance, as well as help with setting up protective payees or accessing legal
assistance. Existi	ng Housing First programs include two Washington Families Fund projects, the Transitions-to-Housing project,
transitional housing	ng for youth 18-24, and Section 8 Tenant-Based Rental Assistance for homeless families and chronically homeless
single adults. Pro	posed changes include increasing the number of households served by existing programs, and new services,
including short-ter	m rental assistance for homeless youth 18-24 years of age, establishment of group foster homes for youth under age
18, and serving ac	ctive military families and returning veterans (and their families). Educational information will be expanded to include
information on mo	rtgage assistance and foreclosure issues, as well as a focus on requiring a smoke-free housing environment.
Evidence of	Short-term rental assistance to prevent eviction or to obtain permanent housing has been demonstrated to be cost-
Strategy's	effective. Studies have shown that the cost of shelter is 7-20 times the amount of rental assistance to prevent an
Effectiveness	eviction and avoid a household from unnecessarily relocating two times. Short-term rental assistance and utility
	assistance were major components of Columbus, Ohio's success in reducing homelessness by 46% in 7 years.
Population to	Any homeless individual or family, including youth, veterans, victims of domestic violence or sexual assault. Any
be Served	household at imminent risk for homelessness, including those with poor credit, poor rental history, recent job loss,
	felony convictions, and/or disabilities.
Extent of Need	The 2009 Point-in-Time Count found 112 homeless households couch surfing, on the streets or in emergency
	shelter, and 142 households living in transitional (non-permanent) housing.
Organizational	SHCC, HACC, WEOS, OlyCAP, Dream Center, St. Vincent's, MANNA, Sequim Community Aid, HFCC, Forks
Responsibility	Abuse, DSHS/DCFS, veterans groups, local government
	Action Steps/Measures for 2009-2015
Specific	1. Increase sustainable prevention financial assistance resources.
Actions	2. Establish partnerships with new multi-family housing projects to create transition-in-place set-asides.
	3. Increase transitional-in-place housing options for single adults with temporary disabilities.
	4. Establish a 'shared housing' board or website at HRCs, to post roommate needs. Make available a shared
	housing life skills class or informational video on how to choose, and be, a good roommate.
	5. Actively outreach to the military community to increase preventive housing placement and rental assistance
	services, as well as connections with community-based employment and support services.
	6. Establish short-term housing with supportive services for returning veterans and their families.
	7. Expand transition-in-place housing to serve veterans in Sequim and Port Angeles.
	8. Negotiate with landlords for a clause in the lease requiring a smoke-free environment for participants in
	transition-in-place housing programs.
	9. Work with local landlords to maintain units at a rent level affordable to very low income in exchange for master
	leases that include provisions for guaranteed maintenance and rehabilitation of units, and development of a
	revolving maintenance/repair fund.
	10. Provide mortgage and foreclosure informational classes and counseling at the HRCs.
	11. Provide screening for referral to 'foster home' shelter, or mediation, intervention and counseling leading to
	family reconciliation where appropriate.
Intermediate	1. 50% more households provided with prevention financial assistance resources than in 2008, including 50% more
Measures and	military households in Sequim and Port Angeles.
Benchmarks	2. 40 additional units of low-income housing (<30%AMI) at new multi-family housing projects.
	3. 20 new transition-in-place units for single adults with temporary disabilities, and 24 in Sequim, Port Angeles and
	Forks for veterans.
	4. 20 households obtain shared housing / Oxford House model.
	5. 18 homeless youth per year provided with screening, counseling, and appropriate housing placement.

Strategy 2

Ensure rapid housing for offenders upon discharge from prison or jail, and housing support for participants utilizing drug, mental health, and family courts that divert people from local jails.

Description: Make a thorough needs assessment and develop a comprehensive discharge plan for offenders released from prison or jail. Ensure rapid placement into housing and appropriate community resources in place at discharge. Maintain collaboration with local drug, mental health, and family courts providing specialized treatment of persons with drug addictions, mental health issues, or family conflict in lieu of jail. Provide housing and rental assistance to identified homeless, rental assistance to those at risk of homelessness, and budgeting and rental readiness information, as needed, to all households.

Evidence of Strategy's Effectiveness

A New York City study of 5,520 state inmates, conducted by the Vera Institute of Justice, showed that parolees released without housing in place were 7X more likely to be rearrested in the first month after release. Another study of 48,424 persons found that time since prison release and history of residential instability were the most salient risk factors associated with shelter use, and that shelter use increased risk of subsequent reincarceration. Stephen Metraux and Dennis P. Culhane, Homeless Shelter Use and Reincarceration Following Prison Release, *Criminology & Public Policy* 3(2):139, March 2004. Median daily costs for prison and jail are \$59.43 and \$70.000 respectively, compared with \$30,48 for supportive housing. Report: Homelessness and Prisoner Re-Entry, Bureau of Justice Assistance, National Alliance to End Homelessness. New York State's drug court and Erie County social services found that drug court saved the county \$2,102,641 in public assistance, foster care, substance-free births, and child support. Graduates in 2000 saved \$1,349,154 in public assistance by finding employment. Family members of graduates saved \$206,586 in public assistance. The county saw \$58,000 savings in foster care. Improved child support reduced public assistance by \$97,392. Child support office collected over \$15,000 in arrears payments. Report: *Drug Court Savings Extend Beyond Prison Costs*, March 26, 2004.

Population to be Served

Offenders released from prison or jail into Clallam County. Persons with chronic mental health, substance abuse and/or family conflict issues who have committed a crime.

Extent of Need

Resources currently lack within DOC for providing adequate pre-release planning, and ensuring stable housing and supportive services upon discharge. Clallam County sees an average of 15-20 offenders released into the community each year. As of 2008, funding has been found to begin providing these services; this funding is secure for 2 years. 112 homeless or at-risk people per year participate in drug, mental health, and family courts, and require services. An estimated 100 additional homeless have difficulty securing housing because of their criminal history.

Organizational Responsibility

offenders.

HACC, SHCC, WEOS, PCMHC, CC, DOC, prisons, law enforcement, HRCs, landlords, Shelter Providers Network

Specific Actions

- 1. Use a housing first approach, combined with short-term or time-limited rental assistance, for re-entering
- 2. Develop a community transitions network for reentry that creates a reentry plan with safety net and follow-up plan for homeless individuals leaving state and federal institutions. Use interagency MOUs to implement coordinated discharge planning, with a strong focus on employment and education.
- 3. Work with landlords to maintain units at an affordable rent level, in exchange for master leases that guarantee unit maintenance and rehabilitation, and development of a revolving maintenance / repair fund.
- 4. Increase the number of agencies and individuals able to provide protective payee services, and offer this as an incentive to landlords to rent to high-risk households.
- 5. Revise policies that deny affordable housing due to credit history, previous felonies and other barriers.
- 6. Establish shared housing with on- and off-site therapeutic services for sex offenders.
- 7. Establish affordable, smoke-free housing units for hard-to-house populations, including felons.

Action Steps/Measures for 2009-2015

Intermediate Measures and Benchmarks

- 1. 15-20 re-entering offenders per year are provided with rapid housing and short-term rental assistance.
- 2. A community transitions network for reentry is in place and operational. Interagency MOUs are signed.
- 3. Protective payee resources / slots are increased by 50%.
- 4. A task group is formed that works with landlords, property managers, and government to negotiate agreements and ordinance and policy revisions.
- 5. The transitions network to address systems changes in the prison system is formed and operational.
- 6. A supervised therapeutic housing program for sex offenders residing in this county is developed.
- 7. 8 affordable, smoke-free housing units are made available for felons; 4 / 8 are for chronically homeless.

Objective 2 - Permanent Supportive Housing (PSH) Strategy

	Permanent Supportive Housing (PSH) Strategy
Strategy 1	Maintain and increase permanent supportive housing (PSH) for chronically homeless individuals and families.
	ntain and develop additional affordable housing for chronically homeless individuals and families with physical,
	parriers, that provides on- and off-site supportive services to address those needs. Develop MOUs with providers
	collaborative, individualized services to residents requesting this assistance.
Evidence of	One study found that supportive housing resulted in a 57% decrease in ER visits, 58% drop in number of inpatient
Strategy's	days, and 100% drop in usage of public residential mental health program facilities amongst those discharged from
Effectiveness	prison or jail. Richard Cho, All the Way Home: Re-entry and Housing, July 13, 2005, NAEH Conference. In a
	study of 236 single adults who entered supportive housing in San Francisco, with 80% dually diagnosed, 81%
	remained in permanent supportive housing at least one year. 37% visited the ER, compared with 53% prior to
	housing placement. Average number of visits dropped from 1.94 to .86, and total number of ER visits decreased
	from 457 to 202. Hospitalization rate reduced from 19% to 11%, as did mean number of admissions per person
	(from .34 to .19 admissions). Tia E. Martinez, J.D. and Martha R. Burt, Ph.D., Impact of Permanent Supportive
	Housing on the Use of Acute Care Health Services by Homeless Adults, <i>Psychiatric Services</i> 57:992-999, July
	2006.
Population to	Chronically homeless individuals and families. Chronically homeless is defined as long-standing homelessness
be Served	(over a year) or four episodes of homelessness within three years. The definition also implies one or more barriers,
	such as mental illness, substance abuse issues, or physical disabilities.
Extent of Need	The 2009 Point-in-Time count found 106 homeless individuals qualifying as being chronically homeless; of this,
	26% are veterans. The estimated number of chronically homeless families is 30 households.
Organizational	WEOS, HACC, SHCC, PCMHC, Lutheran Community Services, substance abuse treatment programs, CCHHA
Responsibility	
	Action Steps/Measures for 2009-2015
Specific	1. Maintain outreach and shelter to connect chronically homeless individuals to community resources.
Actions	2. Establish MOUs with jails, hospital districts and others to determine high users of emergency systems and focus
	on coordinated supportive housing placement.
	3. Retain existing, and increase the number of permanent supportive housing units for chronically homeless
	families in Clallam County, including families of veterans units.
	4. Maintain permanent 811, PATH, TBRA and Tempest permanent supportive housing units.
	5. Build Maloney Heights in Port Angeles, a mixed-use property offering self-help home ownership to families, and
	permanent supportive housing for chronically homeless.
	6. Develop additional 'low demand' permanent supportive housing in Port Angeles, with day center, for continued
	outreach to chronically homeless persons, including veterans.
	7. Develop shelter plus care permanent supportive housing with supportive services.
	8. Renovate or rehab SRO-type housing in PA and Sequim as permanent housing with support services.
	9. Establish scattered site permanent supportive housing for dual diagnosis clients in PA and Sequim.
	10. Develop Sarge's Place, a multi-jurisdictional veterans' housing project with supportive services.
	11. Convert aged motel properties to low-cost, low-demand permanent housing with some supportive services
	targeting persons with physical or developmental disabilities.
	12. Create PSH through acquisition / rehabilitation of existing properties, or new construction.
Intermediate	1.12 additional permanent supportive housing units in place for chronically homeless families in Clallam County,
Measures and	including families of veterans units.
Benchmarks	2. 86 units of 515 opt-outs in Forks and Port Angeles, and 47 units of 811, PATH, TBRA and Tempest permanent
	supportive housing units preserved.
	3. 28 SROs built at Maloney Heights in Port Angeles, with 8 set-asides for veterans.
	4. 20 chronically homeless housed in 'low demand' permanent supportive housing in PA.
	5. 8 chronically homeless veterans housed in permanent supportive housing in Forks.
	6. 15 units of shelter plus care permanent supportive housing.
	7. 30 units of SRO-type housing in Port Angeles rehabbed as permanent supportive housing.
	8. 20 (12, for chronically homeless) new scattered site permanent supportive housing units for mental health and
	substance abuse clients in Port Angeles and Sequim.
	9. 30 units of permanent supportive housing renovated in Sequim.
	10. 18 units of multi-jurisdictional veterans housing project with supportive services are developed.
	11. 40 units (15, for chronically homeless) of permanent supportive housing through acquisition / rehabilitation of
	existing properties, or new construction.

Objective 3 - Adequate and Affordable Permanent Housing Choices in Clallam County

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Strategy 1	Ensure an adequate supply of affordable, accessible housing targets for homeless, formerly homeless, and very low-income households.	
Description: An a	adequate supply of affordable, accessible housing is needed for homeless households, and for households at risk of	
	cause of rents that exceed 30% of their income. This strategy can be approached most successfully by considering	
many types of her	using choices, including service-supported housing, subsidized public housing, voucher-assisted housing, tax credit	
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	ixed income developments, self-help and affordable home ownership, rehab and renovation of existing rental and	
•	se of RVs for small scale housing, mobile homes, dorm-like settings, and shared living, especially for those wanting	
recovery support.		
Evidence of	Research has found that rapid housing in an affordable setting is the greatest indicator of success in eliminating	
Strategy's	potential for homelessness. Once housing is in place, then supportive services help support this goal, but	
Effectiveness	permanent housing is the most important component.	
Population to	All homeless and low-income (i.e., at-risk) households, as well as special needs groups, including pregnant teens	
be Served	and young adults, minor accompanied youth, at-risk young adults, those in recovery, veterans, victims of domestic	
	violence and sexual assault.	
Extent of Need	According to the 2009 Point-in-Time Count, only 1% of households in Clallam County are homeless. About 12% of	
Extent of Neca	Clallam County households live below the poverty level. There is a particular paucity of housing in the west end of	
	the county. Currently, there are few shared housing or safe housing programs for homeless pregnant teens and	
O	youth and adults exiting recovery programs.	
Organizational	CCHFH, HACC, Tribal Housing Authority, Shelter Providers	
Responsibility		
	Action Steps/Measures for 2009-2015	
Specific	1. Move, renovate, and re-purpose houses / structures on public property scheduled for demolition.	
Actions	2. Preserve, improve, redevelop or transfer ownership to preserve affordable and adequate mobile home housing.	
	3. Develop 150 units of multi-family rental housing, mixed income developments, with set-asides for extremely low-	
	income households.	
	4. Establish a redevelopment plan for public housing, with the goal to increase quality, sustainability, and the	
	number of units available for very low and extremely low-income households.	
	5. Build or purchase 25 new units of self-help housing, annually.	
	6. Work closely with tribal housing authorities to increase on- and off-reservation housing development for enrolled	
	tribal members, including permanent supportive housing.	
	7. Develop additional housing resources for west end households, through redeveloping existing public housing to	
	increase density, and through partnering with Archdiocese Housing Authority.	
	8. Develop RV housing for single adults without disabilities with incomes less than 30% AMI. Ask RV dealers to	
	donate older trade-ins or obtain trailers seized by law enforcement. Work with cities and county on zoning and	
	environmental concerns.	
	9. Establish appropriate supportive housing choices for pregnant teens.	
	10. Develop therapeutic clean and sober permanent housing for youth and adults returning from treatment.	
	11. Preserve potential 515 opt-outs in Sequim and Port Angeles.	
Intermediate	1. 10 homes are renovated in lieu of demolition; 5 are reserved for households with incomes <30% AMI.	
Measures and	2. 30 RV / mobile homes are preserved, improved, or redeveloped into affordable and adequate housing, with at	
Benchmarks	least 15 units for <30% AMI.	
	3. 40 of 150 units of multi-family mixed income developments are set aside for <30% AMI.	
	4. 15 out of 25 new self-help housing units are set aside for <30% AMI.	
	5. 20 units of additional on- and off-reservation housing are available to enrolled tribal members.	
	6. 5 units of supported housing / beds are available for pregnant teens.	
	7. Additional Oxford House type of housing is available for 20 youth and adults who are returning from treatment.	

Objective 4 - Adequate, Coordinated and Collaborative Supportive Services Strategies

Strategy 1	Maintain and expand outreach to subpopulations of the homeless, including youth, veterans, and chronically	
0,7	homeless.	
Description: Outr	each includes Veterans Stand Downs, Homeless Connect/Housing Resource Fairs, Youth/Young Adult Fairs, Point-	
in-Time Count acti	ivities and events, community meals, going to areas frequented by homeless, posting fliers, a website, 211 and other	
telephone lines, in	telephone lines, informational talks to business owners, law enforcement, and service provider referral sources, and media coverage.	
Evidence of	Street outreach resulted in greater use of the Dream Center by homeless youth. PATH outreach to veterans,	
Strategy's	Point-in-Time Counts, Veterans Stand Downs, Housing Resource Fairs, and Youth / Young Adult Fairs have	
Effectiveness	helped identify homeless and result in their seeking services. Notifying the community of available resources to the	
	homeless has resulted in greater usage of emergency programs. 211 has reported community inquiries about	
	services available to the homeless.	
Population to	All homeless individuals and families, including youth, veterans, and victims of domestic violence or sexual assault.	
be Served		
Extent of Need	The 2009 Point-in-Time Count found 618 homeless individuals, including minor children in families. Over an	
	annual period, an estimated 280 individuals and 110 families households are 'unsheltered and homeless'.	
Organizational	HRCs, Dream Center, veterans groups, churches, social service providers, school district and other educators,	
Responsibility	DSHS, CPS, CC Juvenile Services, legal representatives, employers and employment companies, health care	
	providers, food and clothing banks, service clubs	
	Action Steps/Measures for 2009-2015	
Specific	1. Organize Homeless Connect outreach events, in conjunction with the Veterans Stand Downs and Day of Caring,	
Actions	to immediately connect homeless individuals and families with housing and services.	
	2. Identify and provide outreach services to soon-to-be-discharged veterans and veterans returning to the Olympic	
	Peninsula, as well as to their immediate families.	
	3. Maintain outreach to homeless youth, veterans and unsheltered, and connect them with appropriate community	
	resources.	
	4. Establish appropriate outreach to unsheltered mentally ill and persons chronically addicted to alcohol.	
Intermediate	1. 40 individuals, all chronically homeless individuals, and 15 families per year served by Homeless Connect	
Measures and	outreach events, and linked to housing placement.	
Benchmarks	2. 40 veterans per year are provided with housing and services, thanks to outreach efforts.	
	3. 32 homeless youth per year are provided with housing and / or services, due to outreach services.	
	4. 25 chronically mentally ill or chronic inebriates who are unsheltered access services and safe housing.	

Ctuata au - 0	Catablish notice group to address barriers to hampless because halds receiving affectable accessible management
Strategy 2	Establish policy group to address barriers to homeless households receiving affordable, accessible permanent
D ' ' ' O	housing from current and projected new housing sources.
	tain policies and laws restrict establishment of additional affordable housing options, such as zoning and few financial
	dlords. In addition, greater communication is needed between housing, corrections, and service providers to ensure
	ess being released from institutions receive rapid housing with coordinated supportive services appropriate to their
needs.	
Evidence of	Changes in zoning laws will allow for more cost-effective housing options. Offering incentives and supports to
Strategy's	landlords to provide affordable housing also opens up more housing options for the homeless. The best outcomes
Effectiveness	are seen when all providers communicate with each other and coordinate services that are client-centered.
	Veterans, offenders, and chronically homeless are three subpopulations that have special needs, requiring diligent
	attention to ensure service coordination and eliminate cross-system barriers. Provision of rehabilitative and basic
	needs services for incarcerated homeless individuals early in their incarceration time increases likelihood of a
	positive outcome upon release. Tracking of service usage will aid in identifying and implementing housing and
	supportive service strategies that will limit unnecessary use of expensive resources, such as the ER, mental health institutions, and prisons.
Population to	All homeless, especially those being discharged from institutions.
be Served	All homeless, especially those being discharged from institutions.
Extent of Need	An estimated 150 total households face policy or system barriers in accessing housing.
Organizational	HACC, SHCC, Shelter Providers, local and state government, local and state representatives, PCMHC, WEOS,
Responsibility	OMC, jails, substance abuse providers, veterans groups, faith-based community
тоороновансу	Action Steps/Measures for 2009-2015
Specific	1. Work for inclusionary zoning to provide developers with incentives such as density priority permitting and
Actions	reduced fees for developing affordable housing. Develop property exemptions or other incentives for landlords
	who agree to rent to households with incomes below 30% AMI.
	2. Remove barriers in all jurisdictions for accessory dwelling units.
	3. Support statewide legislative initiatives that bring substandard units up to standard (e.g., converted garages).
	4. Develop memorandums of understanding with medical, mental health, substance abuse, jail, and other providers
	to identify and track those chronically homeless individuals who are the highest users of expensive community
	resources.
	5. Establish a policy group, as part of the CCHTF, to identify and develop strategies to address systems changes
	that will ensure a safety net, for all veterans, of resources and coordination across mainstream and community
	agencies.
	6. Establish a task force, as part of the CCHTF, that develops strategies to address systems changes, ensuring
	inmate needs are met early into incarceration time, including mentoring, education, literacy, work skills, substance
	abuse treatment, mental health, housing, ID, birth certificate and other necessary documentation, social networks,
	etc. Remove discharge planning barriers, to ensure released offenders a place to stay, financial support, and links
	to community resources and services.
Intermediate	1. An operational task group to advocate for local and state zoning changes and financially based landlord
Measures and	incentives is established.
Benchmarks	2. An operational task force to address systems changes to allow for a safety net for veterans is established.
	3. An operational task force to address systems changes to allow for earlier intervention and services to offenders
	is established.
1	4. MOUs are in place with providers, to allow for greater interagency collaboration.

Strategy 3 Provide adequate education, training, placement, and follow-up services to ensure stable, living-wage employment for homeless adults and youth. **Description**: Maintaining permanent housing is predicated on having adequate financial resources. Many homeless households lack soft and hard employment skills to secure and maintain living wage employment. Education and training geared towards employment are critical, as well as placement and follow-up services. Studies show the importance of stable employment in breaking the cycle of homelessness. In one study, 49 Evidence of Strategy's people released from NY prisons and jails were tracked for 30 days. Most of those that obtained work were re-**Effectiveness** hired by former employers or had help from family or friends. Few found new jobs on their own, often because they didn't know how to do a job search or find employers who would hire ex-offenders. Many lacked IDs, so they were unable to apply for Medicaid. Supportive families were an indicator of success across the board, correlated with lower drug abuse, greater likelihood of finding jobs, and less criminal activity. For those with some income or family support, parole supervision served as an important external check on substance abuse and criminal behavior; most people appreciated being monitored. Report: The First Month Out: Post-Incarceration Experiences in New York City, Vera Institute of Justice A 'Returning Home' study in Maryland and Illinois found that those who held a work release job in prison were more likely to be fully employed for a longer time after leaving prison. Visher et. al., Baltimore Prisoners' Experiences Returning Home, La Vigne et. al., Chicago Prisoners' Experiences Returning Home. The Opportunity to Succeed (OPTS) evaluation found that participants who interacted with a case manager were more likely to report full-time employment and maintained their employment for a longer time than those receiving no case management. More than 1/3 reported having difficulty obtaining a car for work or emergencies and almost 1/4 had difficulty accessing public transportation. Illinois ex-felons who were unemployed were more likely to be reincarcerated after release. Rossman & Roman, "Case-Managed Reentry and Employment: Lessons from the Opportunity to Succeed Program" Justice Research and Policy 5(2): 75-100, 2003. Population to All homeless and at-risk households who require assistance with securing and maintaining living-wage

Population to be Served

All homeless and at-risk households who require assistance with securing and maintaining living-wage employment, or if not able to work, assisted with applications for financial assistance.

Extent of Need

900 households

Organizational Responsibility

WorkSource, Peninsula College, OlyCap, SHCC, Pathways to Employment, Skills Center, EDC, businesses, school districts, landlords, Vet Center, PCMHC, WEOS, Social Security Administration, HFCC, Forks Abuse

Action Steps/Measures for 2009-2015

Specific Actions

- 1. Work with local high school and college training programs to develop 1-2 year career-building educational programs.
- 2. Establish sub-committee of CCHTF to devise employer outreach, supportive employment, and placement plans in the community. Identify incentives and tax benefits to employers.
- 3. Develop local SOAR capacity, including presumptive eligibility, for families and individuals.
- 4. Develop specific income-building, budgeting and savings education curriculum and other asset-building activities for project participants.
- 5. Implement best practices toolbox of one-on-one case management tools for use with individuals, families and youth, to establish a savings and budgeting plan, and develop / implement a plan for increasing income (i.e., employment, training, advanced schooling).
- 6. Establish an Asset Building Coalition to help households develop financial household stability through such programs as IDAs, mentoring, developing matching plans, etc.
- 7. Advocate for establishing financial support for education / training for youth exiting foster care, such as specific 'scholarship' fund at Peninsula College.

Intermediate Measures and Benchmarks

- 1. 25 youth per year participate in and complete high school and college 1-2 year career-building education / training programs.
- 2. A policy group (CCHTF), focused on employment facilitation, is established.
- 3. SOAR-type assistance is available for 100 households annually, and is tracked.
- 4. Budgeting and income building classes, and 1:1 support are provided to 350 individuals per year, with outcomes tracked.
- 5. 200 individuals per year are engaged through the Asset Building Coalition, with outcomes tracked.

Strategy 4 Address medical and behavioral resource needs of homeless individuals and families. **Description**: Incidence of medical and behavioral issues amongst the homeless, particular chronically homeless, tends to be greater than in the general population in part due to a history of unhealthy living conditions, as well as from genetics, injury, or trauma. At the same time, the level of services available isn't adequate to meet the needs. A significant number of homeless households have multiple barriers, including untreated medical health, mental health, and / or substance abuse issues; those who have experienced trauma, such as veterans or survivors of domestic violence, have special counseling needs. Evidence of Many published studies focus on offenders, but medical and behavioral issues are present in many other homeless Strategy's households. One prison study found 83% of those incarcerated had substance abuse issues, with only 15% **Effectiveness** receiving treatment while in prison. Winterfield and Castro, Returning Home Illinois Policy Brief: Treatment Matching, The Urban Institute, 2005; Report: Baer, et. al., Understanding the Challenges of Prison Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio, Urban Institute, January 2006. Another study found that those most likely to be rearrested after release had more extensive criminal and substance abuse histories and were more likely to have used drugs before prison as well as after release. Prison-based drug treatment, especially when coupled with aftercare treatment in the community, has been shown to reduce drug use and criminal activity. Gaes, et. al., Adult Correctional Treatment, in Prisons, edited by Tonry and Petersilia, University of Chicago Press, 1999. In a third study, prisoners identified drug use as the primary cause of many of their past and current problems. Visher et. al., Baltimore Prisoners' Experiences Returning Home, La Vigne et. al., Chicago Prisoners' Experiences Returning Home; Report: Baer, et. al., Understanding the Challenges of Prison Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio, Urban Institute, January 2006. Population to All homeless and at-risk households, including youth, veterans, victims of domestic violence and sexual assault be Served **Extent of Need** Households that qualify for Medicare or Medicaid benefits are not quaranteed adequate medical attention, with many local providers having reached their capacity for serving this population and not accepting new patients. Many other households without this assistance can't afford the rising cost of insurance coverage, limiting their ability to access services. Presently, there are no local detox and short-term crisis beds. CCHHS, Hospital Districts, PCMHC, WEOS, substance abuse providers, social service and health care providers, **Organizational** Responsibility Veterans Administration, HFCC and Forks Abuse, Family Planning, Prevention Works, DSHS Action Steps/Measures for 2009-2015 **Specific** 1. Advocate for maintaining free or reduced cost medical clinics, like Dungeness Valley and VIMO. Find Actions permanent location, with adequate service space. Increase schedule availability. 2. Advocate for mental health and chemical dependency services to be available at or in collaboration with free clinics, for homeless clients without Medicaid or a mental health provider. 3. Advocate for maintaining a free or reduced cost dental clinic. 4. Advocate for expanding capacity and accessibility of veterans' virtual clinic. 5. Advocate for establishing local detox and short-term crisis beds. 6. Advocate for offering living skills classes, tutoring, adult mentoring, and other educational services, housing, employment placement, and substance abuse treatment to homeless and at-risk youth. 7. Advocate for addressing the working uninsured population's health care needs. 8. Advocate for ensuring availability, appropriateness, eligibility, and affordability of counseling programs for homeless households, including mental health, domestic violence, substance abuse, crisis, and parent/youth conflict. 9. Advocate for establishing parent support systems through a hotline service, counseling resources, parent education strategies, and dispute resolution. 10. Advocate for establishing a community policing team that works in concert with the mental health outreach 11. Develop and disseminate a resource and referral list to key medical, mental health, substance abuse, housing,

11. Develop and disseminate a resource and referral list to key medical, mental health, substance abuse, housing, church, social service, and law enforcement personnel.

Intermediate Measures and Benchmarks

- 1. Permanent locations, with suitable space and on-site mental health and chemical dependency services, are found for medical, dental, and veterans' virtual clinics.
- 2. 12 detox and short-term crisis beds are available locally.
- 3. The number of treatment and mental health slots for homeless is increased to 12.
- 4. A working subcommittee is developing a plan to address working uninsured health needs, and gaps in counseling programs for all homeless households. The subcommittee is also developing a plan to establish greater parent support systems for youth and their families.
- 5. A resource directory is developed, maintained, and distributed.

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Strategy 5	Develop a broad-based, long-term strategy or blueprint for marshalling community support, political will and		
	adequate funding to address housing and related needs for the homeless population in Clallam County.		
	Description : Creative, broad-based, long-term funding options must be explored to minimize reliance on government and other grant		
sources, which eb	bs and flows according to economic and political factors.		
Evidence of	Knowing the extent and details of local homelessness is critical in determining direction to addressing this issue.		
Strategy's	Evaluating results of efforts helps identify best practices for its resolution and for effectively assisting this		
Effectiveness	population.		
Population to	All homeless individuals and families, including youth, veterans and victims of domestic violence or sexual assault.		
be Served			
Extent of Need	The 2009 Point-in-Time homeless count surveyed 618 homeless. The estimated annual number of those		
	experiencing homelessness in Clallam County is 2,670.		
Organizational	CCHTF, Shelter Providers Network, PCMHC, WEOS, DV / SA programs, Hospital Districts, Substance Abuse /		
Responsibility	Mental Health Advisory Board, United Way		
	Action Steps/Measures for 2009-2015		
Specific	1. Conduct annual Point-in-Time Counts and publicize results.		
Actions	2. Conduct Housing Needs Assessments in cities and county and publicize the results.		
	3. Ensure countywide HMIS implementation and participation.		
	4. Meet monthly for planning sessions to identify additional funding sources and prioritize capital and service		
	projects, countywide.		
	5. Éstablish a policy workgroup of CCHTF to develop financial blueprint of Ten Year Plan.		
	6. Establish guidelines for a potential revolving capital development fund.		
	7. Expand Gifts-in-Kind and other community-based programs, to increase resources for housing and housing		
	rehab materials.		
Intermediate	1. The Point-in-Time count is conducted yearly.		
Measures and	2. All shelter providers are utilizing the HMIS system.		
Benchmarks	3. A task group is in place that identifies, prioritizes, and pursues funding streams and opportunities, including		
	capital and service project funding, DVA funding, funding for chronically homeless housing, and funding for		
	supportive services.		