

THE Road

[H O M E]



Ending Chronic Homelessness

A TEN YEAR PLAN FOR PIERCE COUNTY

WELCOME!

The Pierce County Coalition for the Homeless presents “The Road Home: Ending Chronic Homelessness—A Ten Year Plan for Pierce County” with the confidence that chronic homelessness is a serious, community based crisis. We believe that there are solutions to the problems of chronic homelessness, that solving chronic homelessness is one of many important steps to ending overall homelessness, and that solving homelessness is critical to the overall economic development and health of Tacoma and Pierce County. The Road Home presents a plan based on these beliefs with reasonable goals to achieve within the next ten years.

A big concern for the Homeless Coalition is the finding that 10% of the homeless population consumes over 50% of the resources (Burt, Laudan & Lee, 2001). Individuals experiencing chronic homelessness are heavy users of costly public resources, such as emergency medical services, psychiatric treatment, detox facilities, shelters, and law enforcement. Other research has found that providing housing actually saves money — a mentally ill homeless person uses \$41,000 annually in publicly funded services; putting that person into supportive housing can decrease these costs by \$16,000 (Riley, 2004).



Coalition for the Homeless

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EXECUTIVE SUMMARY

IN PIERCE COUNTY TODAY, approximately two hundred and forty people are chronically homeless and disabled on the streets and in the shelters of our community. We believe this is two hundred and forty too many. We believe it is possible to more effectively engage these individuals in the services and resources they need and want.

Pierce County's ten year plan describes a fundamental shift in how our systems support, treat, and house this vulnerable population. It outlines a response that begins with prevention and ends in safe, decent, truly affordable permanent housing.

The plan requires that many of our current systems mobilize their services in new and unique ways as our community develops long-term solutions to the issues of the chronically homeless; a group of people who come to the door with a mixture of mental illness, substance addiction, criminal history, and physical or developmental disability.

The costs of not addressing the needs of this population already strain the limited resources of our shelters, jails, medical detoxification services, hospital emergency rooms, and law enforcement personnel. Over time, the investment in long term solutions will enable the more effective use of these resources and reduce their repeated, expensive use by the chronically homeless population.

PRIMARY ISSUES

The following ten areas are the primary issues identified in this plan:

- Effective Leadership
- Housing
- Treatment and Services
- Systems
- Changing Public Perception
- Community Engagement
- Resource Allocation
- Employment and Education
- Policy
- Research

These are some of the critical elements of the plan:

- **Develop effective leadership to guide system reform**
- **Develop low-cost permanent housing**
- **Integrate housing with treatment and services on demand**
- **Develop a wide array of education and employment opportunities**
- **Develop an aggressive public relations campaign**
- **Engage the community: define opportunities for participation in the solution**

The result of implementing this plan over the course of the next ten years will be an increase in our productive citizenry, better use of limited resources, safer neighborhoods, and a more efficient and effective housing and service system for all residents.

PLAN DEVELOPMENT

THE INITIAL INSPIRATION FOR creation of “The Road Home: Ending Chronic Homelessness—A Ten Year Plan For Pierce County” was a request from the US Department of Housing and Urban Development (HUD) and the Interagency Council on Homelessness for jurisdictions across the nation to focus on the issue of chronic homelessness. The request came at a time when the Pierce County community was dealing with the consequences of chronic homelessness on the streets of its largest metropolitan area and reviewing the results of a Homeless Count that indicated a tremendous gap in housing and services for the targeted population.

After analyzing the homeless count results and other local data, it became apparent that Pierce County's five-year focus on developing emergency and transitional housing for homeless families with children is well on the way to meeting the needs of that population, although there is still much to be done in regard to service provision and permanent housing. Unfortunately, the same data indicated that neither service nor housing for the ten percent of homeless who meet the 'chronic' definition was producing a measurable change in that population's living situation.

The Tacoma/Pierce County Coalition for the Homeless and Continuum of Care, a network of more than seventy public and private organizations as well as individuals who are homeless and/or concerned with homelessness, committed to undertake the task of producing and spearheading the implementation of a plan to address

WHAT IS CHRONIC HOMELESSNESS?

- Unaccompanied individuals
- Homeless for a year or more or four times in a three year period
- Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability
- Frequent histories of hospitalization, incarceration, unstable employment
- Average age in the early 40's

the needs of the chronically homeless; a plan that was specific, practical, and fundable.

To that end, the group has convened representatives from the business and medical communities, mental health and substance abuse service providers, law enforcement, housing/homeless service providers, mainstream service providers (Veterans Administration, Department of Corrections, Social and Health Services, etc.), the faith community, and the homeless community to assist in creating a plan that reduces barriers to stability for this vulnerable population.

To ensure that the consumer's perspective was accurately represented, twenty-four currently or formerly chronically homeless individuals participated in four focus groups in which a series of questions targeted to the causes of and solutions to homelessness were asked of each. Their responses indicated that a majority abuse drugs and/or alcohol to the extent that it directly impacts stable employment, family relationships, and housing. They also reported that extended time on the street had diminished what life skills they once possessed, impacting their ability to

WHY TARGET CHRONIC HOMELESSNESS?

- This population is in great need of assistance and special services
- This population consumes a disproportionate amount of costly resources
- This population has a visible impact on the community's safety and sense of community
- Effective new strategies exist to engage and house this population
- Addressing this need has the potential to increase resources for other homeless groups, including youth and families
- It is a finite problem that can be solved¹

plan, organize, and budget. All but one said s/he would like to have a living wage job. All defined their greatest need as flexible permanent housing, with room for mistakes.

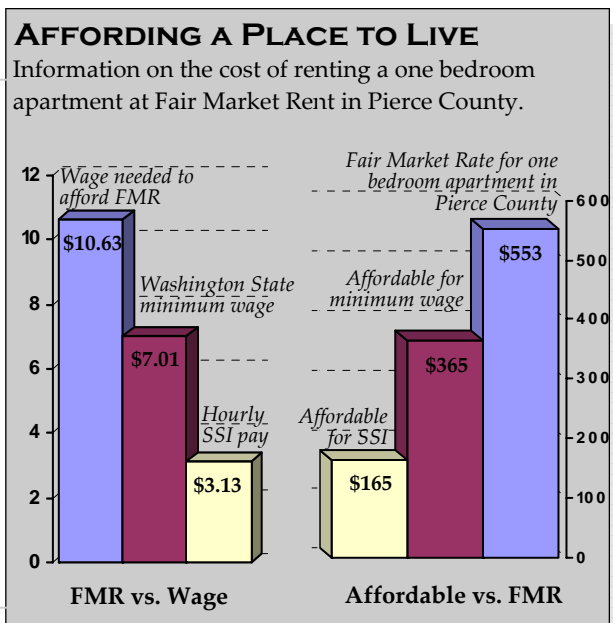
Pierce County's 2003 Homeless Count identified more than two hundred people as meeting the criteria for being considered chronically homeless. Fifty-seven percent of these individuals were unsheltered during the one night count, with the majority of those remaining living in temporary emergency shelters. Only six percent slept in a different location. Sixty-nine percent were male; thirty-seven percent reported substance abuse and/or addiction; twenty-seven percent had a physical disability; thirty percent experienced mental illness; eighteen percent were victims of domestic violence; two percent were HIV positive, and; nineteen percent were veterans (see "Breakdown of the Chronically Homeless," p. 4).

Pierce County expends millions of public and private dollars each year on emergency shelters,

¹ *The 10-Year Planning Process to End Chronic Homelessness in Your Community, a Step-by-Step Guide, US Inter-agency Council on Homelessness*

transitional housing, case management, chemical dependency services, emergency medical care, emergency response (police, fire, paramedics), drop-in centers, and mental health care specifically for this target population. And yet, the population continues to cycle through the available programs and services, often becoming victims and perpetrators of violence on the streets. Their visibility on the streets is a constant reminder of our failed systems of care and of a fundamental lack of housing options to address a growing need.

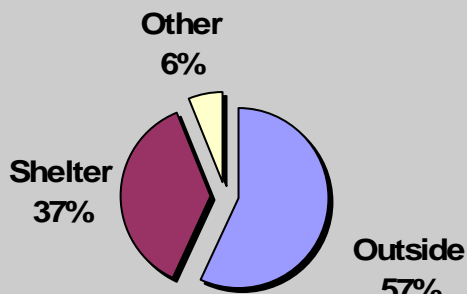
In Pierce County, an individual working forty hours a week must earn \$10.63 per hour to afford a one bedroom apartment (152% of minimum wage). A person making minimum wage (\$7.01/hr.) must work sixty-one hours a week to make the rent. A minimum wage worker can afford monthly rent of no more than \$365; the Fair Market Rent (FMR) for a one-bedroom is \$553. An SSI recipient in Pierce County receives \$552 monthly - one dollar less than the FMR (see "Affording a Place to Live" below).



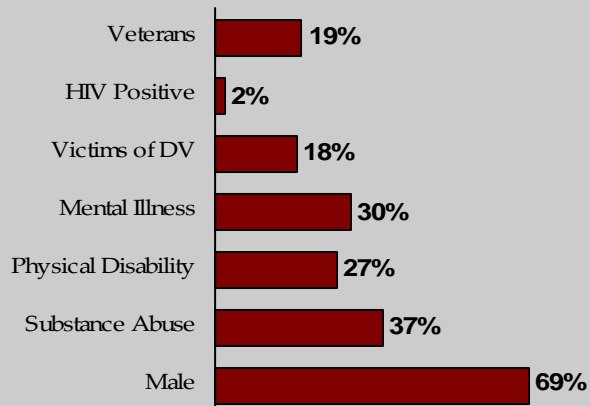
BREAKDOWN OF THE CHRONICALLY HOMELESS

The following information was found during the Pierce County's 2003 Homeless Count. There were more than 200 people identified as chronically homeless in Pierce County.

Where the chronically homeless sleep:



Characteristics of the chronically homeless:



The lack of a fixed address makes obtaining employment difficult. Chronically homeless unemployed individuals report that this is compounded by a lack of transportation, limited opportunities to shower and wash clothing, and employers' recognition of shelter addresses when used to establish a residence on job applications. The lack of cooking and refrigeration facilities while living on the street make something as simple as having a brown bag lunch to take to the job site or on employment searches almost impossible.

In the two primary emergency shelters for unaccompanied men and women in Pierce County, the homeless are limited to thirty consecutive nights of shelter each year. Some extensions are granted for people who are employed, others return to a system of 'first-come, first-served' at the end of the thirty day period. Shelters open in late afternoon or early evening and close again in early morning. During daylight hours, shelter users must leave the premises with all their belongings. There are several hot meal sites in Ta-

coma's central area, one drop-in center with limited days and hours of operation, and one service center -also with limited hours - where showers and laundry facilities are available for use. This creates a daily migration, known as 'doing the loop' from shelter site to meal site to service site to shelter.

City of Tacoma and Pierce County governments expend approximately \$2.8 million dollars annually on emergency shelter, case management, outreach, and drop-in centers for the chronically homeless population. Research is currently being conducted to determine the amount of Federal and State funds for chemical dependency and mental health services spent locally specifically for this population each year, as well as amounts expended for emergency response (fire, paramedics), emergency medical use, and incarceration. Estimates place these expenditures in the multi-million dollar range as well.

Despite the disproportionate amount of funding spent on a relatively small percentage of Pierce

County's homeless the same individuals continue to cycle through these available programs and services, often becoming victims and perpetrators of violence on the streets or victims of exposure and ill health. Their visibility on the streets is a constant reminder of our failed systems of care and of a fundamental lack of housing options to address a growing need.

"WHATEVER LIFE SKILLS I HAD WHEN I GOT OUT HERE ARE GONE NOW; I NEED HELP TO LEARN HOW TO PAY BILLS, BALANCE A CHECK-BOOK, AND JUST LIVE A NORMAL LIFE AGAIN."

—Focus group participant, 2004

IMPLEMENTATION

TO CREATE A PLAN THAT WOULD serve as a starting point for local efforts, three teams were established: Leadership Team, Work Group, and Core Team.

LEADERSHIP TEAM

The Leadership Team was selected based on positions of authority in the systems directly impacted/impacting the chronic homeless and for their ability to effect and support change within those systems. Their primary responsibilities:

- Provide guiding vision to the work and core teams

WORK GROUP

The Work Group was selected to provide creative and transformational thinking, a systems approach, and experience and expertise with the issues facing the chronically homeless. Their primary responsibilities:

- Research, design and draft the plan
- Act as a point of contact for others

CORE TEAM

The Core Team was selected to provide guidance and administrative oversight to the process. Their primary responsibilities:

- Synthesize, organize, and report on the work of the process partners
- Produce the plan, based on the work of the process partners

In a series of working sessions, the teams identified a set of Guiding Principles to use in developing a plan to end chronic homelessness.

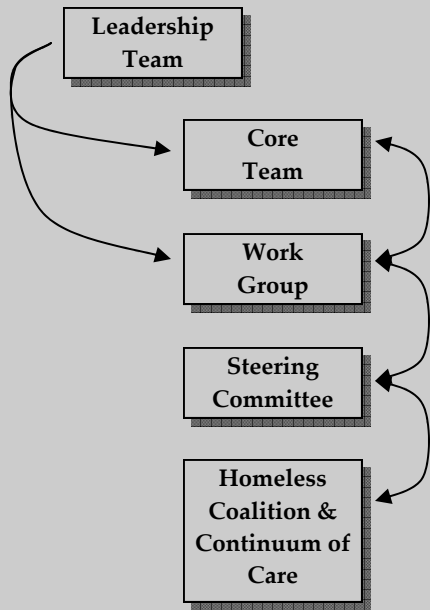
GUIDING PRINCIPLES

The planning process to end chronic homelessness in ten years will be guided by the following shared beliefs and principles:

- Homelessness is unacceptable in Pierce County
- Build a community that works for all its residents
- Create solutions that focus on the needs of clients
- Suspend personal and organizational agendas for the greater good
- Build a holistic system that is responsive, efficient and effective
- Systemize communication, cooperation and collaboration
- Seek innovative solutions, challenge the status quo
- Build a system that looks to the long term
- Recognize untapped human potential
- Change public perception of chronic homelessness
- Create supportive public and private policy
- Develop consistent leadership

TEAMS STRUCTURE

Interactions between the teams will be as follows:



PRIMARY ISSUES

THE TEAMS IDENTIFIED TEN primary areas to be addressed in creating a plan that begins with prevention of homelessness and ends with permanent, stable housing. The ten primary areas are listed below:

EFFECTIVE LEADERSHIP

Consistent, effective leadership within the public and private sectors is integral to successful solution of chronic homelessness. Leadership has the ability to develop policy that makes active participation in ending homelessness profitable to business and establishes a reliable source of funding for successful programs.

HOUSING

An adequate supply of truly affordable housing is paramount. It is essential to provide housing linked to treatment and case management services. Housing must be flexible and allow for mistakes on the part of tenants without the immediate threat of eviction and recurring homelessness.

As housing costs rise, greater numbers of people find their ability to obtain or maintain housing in peril, highlighting the need for a reliable and centralized source of rental and utility assistance - linked to financial management education and access to affordable housing - to prevent the initial occurrence of homelessness.

TREATMENT AND SERVICES

The chronically homeless have multiple barriers to successful independent living. Sixty to seventy percent experience chemical dependency and/or mental health issues. Therapeutic treatment and case management services must be offered that meet them at their level, are flexible and adaptable to individual needs, and have a stability of funding that allows for long term usage. Improved information sharing and coordination among programs and organizations will maximize public and private resources while improving system outcomes.

SYSTEMS

Improving communication across the systems created to address the needs of the chronically homeless population will result in service delivery that is more user-friendly, flexible, and effective. The effects of reducing service gaps and duplication will be more efficiently operating systems of care and more responsible use of public and private resources.

CHANGING PUBLIC PERCEPTION

Public perception of an issue dictates the community's response. It creates political will, directs the allocation of resources, and builds a sense of shared responsibility and a commitment to change.

Communities across the country are seeking and finding solutions to what has seemed an intractable problem. Pierce County joins an ever-expanding movement to identify and implement the practices that are meeting with success in other areas and reducing the public and private impact of chronic homelessness.

COMMUNITY ENGAGEMENT

Partnerships between individuals, churches, business, government, and social services are essential to this effort. A strong sense of community generally carries with it a recognition of the individual's responsibility to contribute to the health of the community as a whole. Community engagement can be expressed in volunteering, commitment of financial resources, communication with elected officials, and in acceptance of individuals with substantial barriers to stability.

RESOURCE ALLOCATION

Sufficient and stable sources of funding translate into targeted prevention efforts, an adequate supply of housing, individualized and standardized services to meet the needs of the individual, consistent leadership, education, supported employment, and well-trained and long term staff. The appropriate allocation of resources can help drive progressive policy and use of evidence-based best practices, contributing substantially to success in attaining desired outcomes.

EMPLOYMENT AND EDUCATION

Education is the strongest preventive measure a community can undertake, whether the focus is academic or vocational. The development of a marketable skill can mean the difference between a rough patch and long term homelessness. It is important for all members of a community to contribute to that community through meaningful work, and to generate at least a portion of the income required to sustain the individual.

POLICY

Many current policies and administrative guidelines are counterproductive to providing effective service to the chronically homeless population. The level of service provision, as well as communication and collaboration between service providers could be positively impacted by streamlining systems at the policy level and by enacting new policy that reflects a commitment to economic justice. It is also essential to identify those areas in which actual regulatory barriers to service exist, particularly in provision of assistance to chronically homeless youth under the age of eighteen.

RESEARCH

It is essential to amend the infrastructure that contributes to chronic homelessness through research and development of best practice models. It is equally important to institute a system that continually measures the effectiveness and efficiency of the developing system to ensure that performance based outcomes are met by both consumers and providers.

ACTION PLAN

IN IDENTIFYING ACTION STEPS FOR each of the ten primary areas it became apparent that there was considerable overlap in the kinds of activities that needed to be undertaken for each. For instance, each had an element of prevention and many shared a requirement for activities targeted to eliciting community engagement or to changing public perception.

To simplify the response the community must make, these essential activities were synthesized into six crucial components or action strategies. Each strategy contains multiple, specific action steps.

Some steps, by their nature, will be ongoing and will require support throughout the process. Together, these constitute the Pierce County community's plan for ending chronic homelessness in ten years.

ACTION STRATEGY 1:

DEVELOP EFFECTIVE LEADERSHIP TO GUIDE SYSTEM REFORM

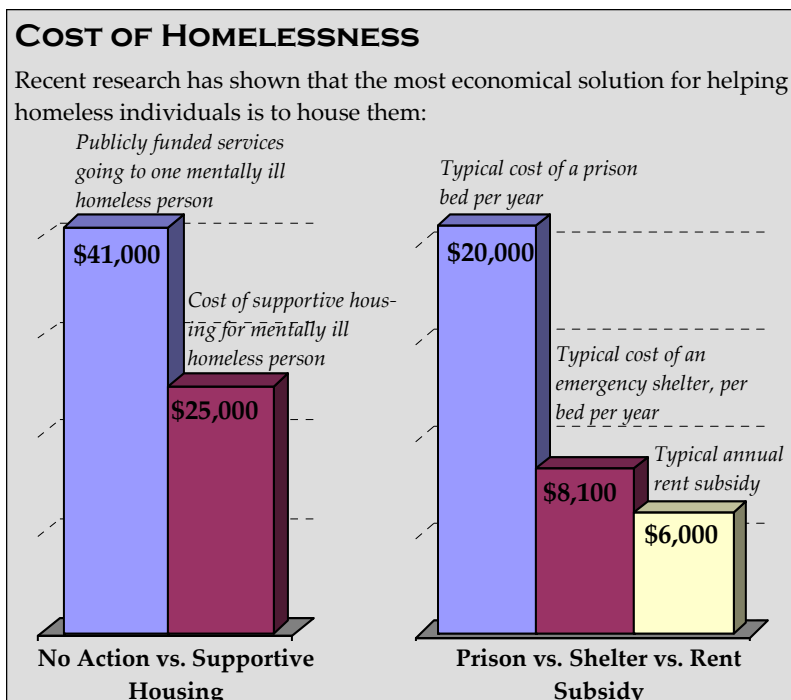
Current Efforts for Action Strategy 1:

Obtain jurisdictional endorsement of the community plan: Activity is underway to obtain Pierce County and City of Tacoma government endorsement of The Road Home by October, 2004. Efforts to secure endorsement from other jurisdictions and community and neighborhood organizations are also in process, with an expected completion date of December 2004.

Select and retain core leadership to maintain system integrity and accountability and to direct advocacy efforts: A Core Guidance Team has been established to guide the transition from planning to implementation. The team will establish an Advisory Council that includes representatives of business, emergency services, government, law enforcement, education, consumers, service providers, and local housing authorities by October 2004.

Engage law enforcement as active participants in tracking and delivery to services: A comprehensive street count with a focus on identifying, by individual, this target population will be conducted in January, 2005. Fire/emergency personnel and law enforcement will play an essential role in both counting and subsequent tracking efforts.

Collaborate with state and local corrections systems and Western State Hospital to amend incentives surrounding institutional discharge policies: Washington



State's Department of Corrections and Pierce County jail officials met throughout 2003-04 to establish a process for addressing the pre-release needs of inmates in order to increase successful transitions to community life and reduce homelessness. The Director of Western State Hospital participated as a member of The Road Home's Leadership Team and will be solicited for membership on the Advisory Council. DOC staff currently serves as co-chair of the Homeless Coalition. This collaboration will continue to be built throughout 2004/05.

Planned Action Steps for Action Strategy 1:

- Identify an individual to provide ongoing, consistent, and visionary leadership in all aspects of the community - January, 2005
- Develop consistent message and establish modes of communication with all impacted systems (mental health, substance abuse, institutions, law enforcement, business, builders, etc.) - January 2005
- Identify advocacy leadership - January 2005
- Engage business support - Business leaders will be solicited for participation in the Advisory Committee, March 2005
- Identify and develop stable funding sources for housing and services targeted to chronic homeless population - June 2005
- Advocate for funding and policies requiring treatment on demand in an integrated system - Advocacy will be based, in part, on results of the planned Model Demonstration Project, June 2005
- Coordinate efforts to establish treatment on demand within provider systems - June 2005
- Provide issue education to all candidates for elective office - October 2005

- Encourage government and construction leadership support and financing of research and alternative architecture - December 2005
- Advocate for all government and human services funding provider budgets to reflect plan goals and objectives - December 2005
- Streamline systems at local, state, and federal policy levels and support enactment of new policy that reflects a commitment to economic justice - December 2005
- Coordinate efforts to remove regulatory barriers to serving chronically homeless youth under the age of eighteen - December 2005
- Create and foster business and public partnerships utilizing tax breaks and incentives to builders of low-income affordable housing - December 2006

ACTION STRATEGY 2:

DEVELOP LOW-COST PERMANENT HOUSING

Current Efforts:

Identify three providers to develop low-barrier housing and services pilot project: A Model Demonstration Project Team has been established and is currently engaged in developing a 'Housing First' model that will combine no-barrier permanent housing linked to supportive services.

Potential housing units have been identified and participating service agencies are working collaboratively to identify individual agency roles and resources for the project. In addition, Metropolitan Development Council has submitted an application for Continuum of Care service dollars to create thirty beds of permanent supportive housing in partnership with Greater Lakes Mental Health and Pioneer Human Services

(Continued on page 12)

ACTION STRATEGY

2005

JANUARY

- Identify an individual to provide ongoing, consistent, and visionary leadership in all aspects of the community
- Develop consistent message and establish modes of communication with all impacted systems
- Identify advocacy leadership
- Review and provide service provider education on current eligibility programs
- Examine outcomes and strengthen existing partnerships with law enforcement to move chronically homeless individuals to appropriate housing and services as an alternative to jail

MARCH

- Engage business support - Business leaders will be solicited for participation in the Advisory Committee
- Develop leadership and neighborhood resident tours of existing facilities
- Develop a consistent presence in neighborhood organizations to address community concerns and deliver factual information

JUNE

- Identify and develop stable funding sources for housing and services targeted to chronic homeless population
- Advocate for funding and policies requiring treatment on demand in an integrated system - Advocacy will be based, in part, on results of the planned Model Demonstration Project,
- Coordinate efforts to establish treatment on demand within provider systems
- Identify potential housing developers
- Implement Homeless Management Information System and incorporate findings
- Organize education and employment task force as subset of Policy Academy

JULY

- Identify social justice ministries in all faiths to engage congregations in mentoring programs for individuals transitioning to stable housing
- Encourage business assignment of 'loaned executives' to the planning and development process

- Define pathways of support and engagement for all aspects of community, including civic and service clubs, faith based organizations, employers, schools, law enforcement, business community

OCTOBER

- Provide issue education to all candidates for elective office
- Conduct and collect research necessary to inform decisions and actions

DECEMBER

- Encourage government and construction leadership support and financing of research and alternative architecture
- Advocate for all government and human services funding provider budgets to reflect plan goals and objectives
- Streamline systems at local, state, and federal policy levels and support enactment of new policy that reflects a commitment to economic justice
- Coordinate efforts to remove regulatory barriers to serving chronically homeless youth under the age of eighteen
- Encourage housing authorities to set aside units for this population in partnership with service providers - based on Model Demonstration Project

EARLY 2006

- Develop centralized source of reliable rental and utility assistance to prevent eviction and homelessness
- Develop implementation strategies for consumers, such as:
 - Develop business enterprises run by current and former chronically homeless individuals
 - Develop low-barrier temporary job bank
 - Provide incentives for at-risk populations to remain in educational or vocational programs
 - Utilize consumers in community restoration projects
 - Develop model of community service commitment for recipients of education and employment services
 - Provide free and accessible life skills and employment search skills training

COLOR GUIDE

Action Strategy 1

Action Strategy 2

Action Strategy 3

Action Strategy 4

Action Strategy 5

Action Strategy 6

TIMELINE

- Develop implementation strategies targeted to systems, such as:
 - Collaborate with educational institutions to develop scholarship and other incentive programs
 - Collaborate with community organizations and individuals to establish mentoring programs
 - Integrate skills training into existing treatment programs
 - Provide business incentives to train and employ the target population
 - Support the creation and retention of living wage jobs
 - Encourage contractor recipients of government funding to hire chronic homeless in low barrier jobs
 - Create consumer-run employment centers

MID 2006

- Create systems task force, comprised of service provider management level staff, as subset of Policy Academy
- Develop common intake materials within like systems
- Amend current confidentiality laws to allow information sharing among service providers
- Increase funding and expand hours of operation of existing drop-in centers
- Develop minimum case management standards for individuals utilizing system services
- Create homeless services information centers for new arrivals, located at transportation hubs
- Develop assessment centers at existing shelters with standardized training for case managers
- Institute client-dedicated case managers
- Develop prevention programs for at-risk individuals, including rental and utility assistance and targeted housing counseling
- Develop integrated outreach and engagement teams providing services from a one-stop mobile eligibility unit
- Integrate outreach and engagement systems with health providers and law enforcement
- Educate and inform agency staff of resources immediately available to consumers
- Amend current institutional discharge policies to include immediate access to services
- Create a local From Institutions to Community Housing (FITCH) committee to work collaboratively with state level FITCH and engage leadership of impacting systems

LATE 2006

- Create and foster business and public partnerships utilizing tax breaks and incentives to builders of low-income affordable housing
- Work collaboratively with Department of Corrections and local law enforcement and jail personnel to research development of community-safe housing for recently released inmates as a preventive strategy

MID 2007

- Develop centralized intake system, including a 24 hour assessment and service center with access to showers, laundry and food
- Develop system of treatment on demand for chronically homeless consumers of substance abuse and mental health services
- Work collaboratively with Pierce County Coordinated Transportation Coalition, Washington State Department of Transportation, and Pierce Transit to develop low cost transportation to services for target population
- Develop minimum case management standards for individuals moving into permanent housing
- Develop and implement outcome based evaluation process for case management and for the system as a whole
- Institute a tracking system to monitor the individual's ability to navigate service system

ONGOING

- Advocate for architects and American Institute of Architects to develop plans for low cost housing and affordable housing communities
- Increase community and consumer awareness of educational and vocational options available
- Support collaborative relationships with individuals, organizations, associations, faith communities, and businesses to ensure ongoing support structure and safety net
- Develop a minimum two hundred fifty units of low cost, supportive housing by December 2011

COLOR GUIDE

Action Strategy 1
Action Strategy 2
Action Strategy 3

Action Strategy 4
Action Strategy 5
Action Strategy 6

Develop partnerships and incentives for property owners to rent to higher-risk tenants: The Grand Chance program, housed at Associated Ministries, offers property owners a 'bond' of up to \$1,000 to accept higher risk tenants. The 'bond' guarantees financial coverage beyond standard damage deposit and last month's rent fees for flexibility in housing people with poor credit or tenant histories, felony records, or other barriers.

Work with jurisdictions (both County and Cities) to promote a housing levy: The City of Tacoma expects to offer voters the opportunity to initiate a housing levy in 2005. Coalition members are working as part of this effort.

Link housing to supportive services, developing collaboration throughout impacted systems: The demonstration project currently under development will offer a 'real time' illustration of the efficacy of this model, utilizing the collaborative resources of property management, substance abuse services, mental health professionals, and overall case management services.

Prioritize types of housing development required: The Interim Shelter Committee of the Coalition is currently researching alternative housing models for use in interim housing, including tent cities and other low-cost sustainable housing, for use during the development of more permanent supportive housing.

Work with jurisdictions to make land use policies, consolidated plans, and other applicable laws and guides consistent with development of low cost housing: Local jurisdictions are currently developing their five year Consolidated Plans. Coalition members are working with them to en-

sure that development of deeply affordable housing is represented in the plans.

Identify and access appropriate funding resources: Partnerships of Coalition members have identified and made application to Substance Abuse and Mental Health Services Administration (SAMHSA) and US Department of Housing and Urban Development (HUD) Continuum of Care for funding to support permanent supportive housing projects since Spring 2004.

Short Term Action Steps for Action Strategy 2:

- Review and provide service provider education on current eligibility programs - January 2005
- Develop leadership and neighborhood resident tours of existing facilities - March 2005
- Identify potential housing developers - June 2005
- Encourage housing authorities to set aside units for this population in partnership with service providers - based on Model Demonstration Project, December 2005
- Work collaboratively with Department of Corrections and local law enforcement and jail personnel to research development of community-safe housing for recently released inmates as a preventive strategy - December 2006

Mid Term Action Steps for Action Strategy 2:

- Advocate for architects and American Institute of Architects to develop plans for low cost housing and affordable housing communities - Ongoing
- Develop centralized source of reliable rental and utility assistance to prevent eviction and prevent homelessness - January 2006

Long Term Action Steps for Action Strategy 2:

- Develop a minimum two hundred fifty units of low cost, supportive housing - December 2011

ACTION STRATEGY 3:

INTEGRATE HOUSING WITH TREATMENT AND SERVICES

Short Term Action Steps for Action Strategy 3:

- Implement Homeless Management Information System and incorporate findings - June 2005
- Create systems task force, comprised of service provider management level staff, as subset of Policy Academy - June 2006
- Develop common intake materials within like systems - June 2006
- Amend current confidentiality laws to allow information sharing among service providers - June 2006
- Increase funding and expand hours of operation of existing drop-in centers - June 2006
- Develop minimum case management standards for individuals utilizing system services - June 2006
- Create homeless services information centers for new arrivals, located at transportation hubs - June 2006
- Develop assessment centers at existing shelters with standardized training for case managers - June 2006
- Institute client-dedicated case managers (each client has one case manager no matter how many systems they access; case manager acts as information and services conduit between client and systems) - June 2006
- Develop prevention programs for at-risk individuals, including rental and utility assistance and targeted housing counseling - June 2006

- Develop integrated outreach and engagement teams providing services from a one-stop mobile eligibility unit - June 2006
- Integrate outreach and engagement systems with health providers and law enforcement - June 2006
- Educate and inform agency staff of resources immediately available to consumers - June 2006
- Amend current institutional discharge policies to include immediate access to services- June 2006
- Create a local From Institutions to Community Housing (FITCH) committee to work collaboratively with state level FITCH and engage leadership of impacting systems (VA, DOC, HRSA, MH, SA, DDD, BIA) - June 2006

Mid Term Action Steps for Action Strategy 3:

- Develop centralized intake system, including a 24 hour assessment and service center with access to showers, laundry, food - June 2007
- Develop system of treatment on demand for chronically homeless consumers of substance abuse and mental health services- June 2007
- Work collaboratively with Pierce County Coordinated Transportation Coalition, Washington State Department of Transportation, and Pierce Transit to develop low cost transportation to services for target population- June 2007
- Develop minimum case management standards for individuals moving into permanent housing- June 2007
- Develop and implement outcome based evaluation process for case management and for the system as a whole - June 2007
- Institute a tracking system to monitor the individual's ability to navigate service system - June 2007

ACTION STRATEGY 4:
**DEVELOP EDUCATION AND EMPLOYMENT
OPTIONS**

Planned Action Steps for Action Strategy 4:

- Organize education and employment task force as subset of Policy Academy - June 2005
- Conduct and collect research necessary to inform decisions and actions (barriers, risks, best practices, etc.) - October 2005
- Develop implementation strategies for consumers - January 2006-, such as:
 - Develop business enterprises run by current and former chronically homeless individuals
 - Develop low-barrier temporary job bank
 - Provide financial and other incentives for at-risk populations to remain in educational or vocational programs
 - Utilize consumers in community restoration projects
 - Develop model of community service commitment for recipients of education and employment services
 - Provide free and accessible life skills and employment search skills training
- Develop implementation strategies targeted to systems - January 2006, such as:
 - Collaborate with educational institutions to develop scholarship programs
 - Collaborate with community organizations and individuals to establish mentoring programs
 - Integrate skills training into existing treatment programs
 - Provide business incentives to train and employ the target population
 - Support the creation and retention of living wage jobs
 - Encourage contractor recipients of government funding to hire chronically homeless in low barrier jobs
 - Create consumer-run employment centers
- Increase community and consumer awareness of educational and vocational options available - Ongoing

ACTION STRATEGY 5:
**DEVELOP AN AGGRESSIVE PUBLIC
RELATIONS CAMPAIGN**

Current Efforts:

- Develop a consistent message** - A Marketing and Outreach Team is currently developing talking points, marketing materials, and structure for community outreach. The group is charged with the following tasks, with a completion date of June 2005:
- Conduct a cost benefit analysis (housing and services vs. incarceration and emergency medical intervention)
 - Research root cause information - including precipitating factors and best practices for response to chronic homelessness
 - Identify and disseminate information on best practices, approaches, strategies, and success stories
 - Work collaboratively with Tacoma Partners group to provide public education on the distinction between the chronic street population and the chronic homeless
 - Solicit feature articles in local media
 - Create speakers' bureau and develop presentation materials, talking points
 - Recruit members of the business and philanthropy community as messengers
 - Facilitate press conferences to publicize plan implementation and success
 - Prepare and distribute media releases
 - Identify and target markets for the campaign, including general public, policy makers, community groups and organizations, business leaders
 - Develop curriculum for student education on issues of homelessness

ACTION STRATEGY 6: **ENGAGE COMMUNITY**

Short term action steps

- Examine outcomes and strengthen existing partnerships with law enforcement to move chronically homeless individuals to appropriate housing and services as an alternative to jail - January 2005
- Develop a consistent presence in neighborhood organizations to address community concerns and deliver factual information - March 2005
- Identify social justice ministries in all faiths to engage congregations in mentoring programs for individuals transitioning to stable housing - July 2005
- Encourage business assignment of 'loaned executives' to the planning and development process - July 2005

- Define pathways of support and engagement for all aspects of community, including civic and service clubs, faith based organizations, employers, schools, law enforcement and business community - July 2005

Midterm action steps

- Create opportunities for public to offer financial and volunteer support to homeless employment programs - January 2006
- Utilize speakers bureau to publicize client and system success - January 2006
- Utilize consumers in community restoration projects - March 2006

Long term action steps

- Support collaborative relationships with individuals, organizations, associations, faith communities, and businesses to ensure ongoing support structure and safety net - Ongoing

CONCLUSION

THE FIRST FIVE YEARS OF implementation require a concentrated collective effort that will involve all aspects of the Pierce County community. The challenge is to support those systems and services that are effective, transform or eliminate those that are not, and create an overarching, cohesive system that has as its goal the end of chronic homelessness.

Perhaps the greatest challenge will be in changing the way we think about the issue. While members of Pierce County's Coalition for the Homeless and Continuum of Care are committed to spearhead efforts, success will be dictated by the entire community's response. The largest obstacle we encounter may be the belief that no change is possible, that broken or flawed systems are so firmly entrenched that they cannot be repaired or eliminated.

Fortunately, the residents of Pierce County have a rich history of responding generously and creatively to the needs of the most vulnerable, as demonstrated by the community's ongoing response to hunger, education, and domestic violence.

And, again fortunately, representatives from victim advocacy groups, neighborhood organizations, business, government, medical care, mental health and substance abuse systems, law enforcement, Corrections, social services, and the homeless community have agreed - by their investment in this planning process - that change is not only necessary but eminently possible.

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RELATED ORGANIZATIONS

The Road Home was published by the Pierce County Coalition for the Homeless. Similar organizations include:

Beyond Shelter

Combats chronic poverty, welfare dependency and homelessness among families with children.

<http://www.beyondshelter.org>

Corporation for Supportive Housing

Supports the expansion of permanent housing opportunities linked to comprehensive services for people with chronic health challenges. <http://www.csh.org>

National Alliance to End Homelessness

Seeks to form a public-private partnership to reduce homelessness.

<http://www.naeh.org>

National Coalition for the Homeless

Seeks to end homelessness through public education, grass-roots organizing and technical assistance.

<http://www.nationalhomeless.org>

Washington State Coalition for the Homeless

Seeks to end homelessness in Washington State.

<http://www.endhomelessnesswa.org>

US Department of Housing and Urban Development

Promotes cooperation among federal agencies on homelessness issues.

<http://www.hud.gov/homeless/index.cfm>

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