2003-2005 Washington State Homeless Families Plan

Prepared by

The Department of Community,
Trade and Economic Development
Martha Choe
Director

and

The Department of Social and Health Services
Dennis Braddock
Secretary

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Executive Summary: 2003-2005 Homeless Families Plan

Plan Mission:
Prevent and reduce homelessness of families with children by effectively coordinating and using available resources.

Plan Goals:
-Shelter homeless families.

-Return homeless families to stable housing.

-Enhance access to needed DSHS services by homeless families.

-Assist families likely to become homeless with maintaining stable housing.

- Improve DSHS staff understanding of homelessness and knowledge of resources

Washington: A Leader in Addressing Homelessness
As a result of the 1999 Homeless Families Plan, Washington State has become a recognized leader in effectively addressing the needs of homeless families.

A comprehensive system of community-based homelessness prevention, emergency shelter, transitional housing, and mainstream Department of Social and Health Services (DSHS) and Department of Community, Trade and Economic Development (CTED) programs provide Washington's families with a safety net of last resort when issues such as job loss, low incomes and domestic violence result in homelessness.

Plan Investments Yield Results
In SFY 2001, the $12.7 million provided by the Homeless Families Plan supported:

- 607,608 bednights of emergency shelter (a "bednight" is one person provided one night of shelter)
- 632,238 bednights of homelessness prevention
- transitional housing for 1,889 children in 858 families
- 24,084 instances of Temporary Assistance to Needy Families (TANF) Additional Requirements - (AREN) to families for one-time financial assistance to prevent or quickly resolve homelessness
- the building or preservation of 42 units and 32 beds of transitional housing

Plan Fosters Effective Integration of Services
Beyond the funding of much-needed programs to help families, the Plan has fostered an unprecedented integration of housing and social services. The Plan has brought together these historically separate silos of policy and funding.

Washington State Selected to Serve As National Model

of Integration

The Plan was instrumental in Washington State being chosen to participate in the Homeless Families Policy Academy, through which the federal government hopes to gain insight in how to integrate housing and "mainstream" services (i.e., TANF, Medicare) with housing programs.

Building on the Plan's foundation, the Policy Academy team of representatives from community service providers; DSHS; CTED; and the Washington State Coalition for the Homeless has continued the work of improving homeless services though better integration and measurement of outcomes.

Washington State's efforts to link mainstream and housing resources are essential as the federal Department of Housing and Urban Development (HUD) moves to discontinue the funding of services for homeless persons.

HIGHLIGHTS OF 2001 – 2003

DSHS Report on Homeless Families

Higher rates of homelessness exist in rural areas.

The comprehensive 2001 DSHS study of homeless families has provided policy makers with critical information needed to effectively address homelessness.

This information has contributed to the planning efforts of state agencies and homeless advocates who have been working together to improve the delivery of services to homeless parents and their children.

Key findings include:

- 750 families are sheltered in emergency housing each night
- Higher rates of homelessness exist in rural areas relative to population
- Families were homeless for 1/3 of the year, on average
- Homeless parents do not disproportionately abuse alcohol and other drugs

No Wrong Door

DSHS instituted the No Wrong Door model as an integrated multi-disciplinary approach to providing human services to individuals and families. Two pilot Community Services Office (CSO) sites focus on homeless issues and homeless families with children.

No Wrong Door sites have instituted team-based case management with multiple services providers from within DSHS and outside agencies. This model shows great promise for better delivery of services to clients with multiple needs - including homeless families.

Barriers Removed for Working Connections Child Care

An improved application process has made it easier for homeless families to access DSHS's main subsidy childcare program, Working Connections Child Care (WCCC).

Access to the WCCC program was improved by providing:

- A toll-free statewide phone system that families can call to connect with their local office and determine their eligibility over the phone; and
- A website explaining benefits eligibility.

Changes to the eligibility criteria for the Homeless Child Care Program during SFY 2002 also increased the availability of these crisis-centered, short-term childcare services.

Safe Babies, Safe Moms Substance Abuse Treatment

The Safe Babies, Safe Moms program continues to provide critical transitional housing and services for families, many of whom have been homeless. Currently, this program serves approximately 275 substance-abusing pregnant, post-partum, and parenting women and their children (0-3) at project sites in three counties. The DSHS project works to stabilize women and their young children through a targeted intensive case management approach. The project helps families to transition from public assistance to self-sufficiency.

Statewide Continuum of Care Planning

In 2001, HUD awarded the Continuum $1.9 million to help fund 11 homeless projects in rural Washington.

CTED continues to lead a strong consortium of counties in implementing a Rural Continuum of Care, which is a comprehensive system of homeless services where there are fewer resources and limited capacity to support an adequate base of housing and services.

In 2001, HUD awarded the Continuum $1.9 million to help fund 11 homeless projects in rural Washington.

More recently, CTED, the Rural Steering Committee and the Washington State Coalition for the Homeless initiated a joint effort to improve the local cooperation of the mental health provider community (including the Regional Support Networks) and local homeless housing and service providers. Forums and workshops helped to jumpstart planning efforts in two communities to develop new permanent supportive housing for their area.

Sound Families Partnership

In July 2000, the Bill & Melinda Gates Foundation committed $40 million to establish Sound Families for the benefit of homeless families in the Puget Sound region.

CTED, along with local government and nonprofit organizations have worked with the Gates Foundation in evaluating and helping to bring about viable projects to fulfill the goal of building nearly 1,500 transitional housing units over the next three years. The Secretary of DSHS serves on the Sound Families Steering Committee. Almost 300 housing units have been funded to date.

Dedicated Funding for Housing

In 2002, the Legislature passed and Governor Locke signed into law House Bill 2060, which adds a ten-dollar surcharge on each document recorded by county auditors, to fund local and state low-income housing needs. This provides a critical new source of funding for affordable housing across the state.

Sixty percent of the funds are directed to local

governments to fund low-income housing.

The remaining funds are deposited into the Housing Trust Fund (HTF) administered by CTED for operating and maintaining low-income housing and emergency shelters.

HIGHLIGHTS OF NEXT STEPS: 2003-2005

A woman with two small children living in her car was provided emergency and transitional housing by Housing Hope in Everett, using Homeless Families Plan funding. Six months of shelter helped the woman earn a nursing assistant degree, which led to a job as a nurse practitioner. She is now living in her own apartment, and is building her own home through a self-help home ownership program.

"Before I came and got help, I didn't know where to turn. I felt like I was going to have a nervous breakdown. With the rent assistance that the program provided me, I have been able to get my life back on track. It feels wonderful to be able to provide for my daughter on my own."
- Seattle El Centro de la Raza Program

The upcoming biennium presents an opportunity for Washington State to build on the successes of earlier plans by further improving service integration and performance measurement. The funding, first provided under the 1999 Plan, will continue to play a key role in addressing the needs of homeless families with children.

Momentum resulting from the 2003-2005 Plan and the Policy Academy initiatives will help address the challenges presented by dwindling state and federal resources.

In the 2003-2005 biennium CTED, DSHS, and community partners will:

Develop the Next Stage of the Homeless Families Plan Using the Policy Academy Process

The Policy Academy Team, representing community and state stakeholders, will work to develop the next stage of the Homeless Families Plan, by adapting and expanding the following Academy priorities:

- Elevate homelessness
- Tie case management to housing
- Examine existing practices for opportunities to strengthen linkages to mainstream services
- Improve linkages between mental health and chemical dependency systems
- Build local capacity

Pilot Integration of DSHS and Community-Based Services

DSHS will continue to pilot two approaches to service integration in Bellingham and Everett, involving Community Service Office staff working side by side

Participant

Community Service Office staff working side-by-side with community service providers to assist homeless families. If successful, the models may be deployed statewide.

Bring DSHS and Community-Based Staff Together
DSHS CSO staff and community-based homeless service providers will participate in cross-agency training on how best to serve homeless families. The training will be an opportunity for community providers and DSHS staff to identify how they can link mainstream and housing resources to serve homeless families.

Begin Deploying the Homeless Management Information System
CTED will deploy the first pieces of the Homeless Management Information System, which will provide policy makers additional insight on how best to use the resources tied to the Homeless Families Plan.

Improve Data Collected by Program Serving the Homeless
DSHS, CTED, and community-based program representatives will meet regularly to refine and monitor the data collected about homeless persons. Although most social service programs serve some homeless families, many do not have a reliable way of measuring the service they are providing homeless families. This effort will build on the successful effort to standardize the data collected by Homeless Management Information Systems now being deployed.

Chapter 1 – Introduction

Mission

The mission of the Homeless Families Plan is to: Prevent and reduce homelessness of families with children by effectively coordinating and using available resources.

Goals

The goals of the Plan are to:

- Shelter homeless families
- Return homeless families to stable housing
- Increase the number of families accessing needed Department of Social and Health Services (DSHS) services
- Assist families likely to become homeless with maintaining stable housing
- Generate new information on the way homeless or at-risk families use DSHS services, and the impacts of those services on their ability to regain or maintain stable housing
- Improve DSHS staff and contractor understanding of homelessness and participation in homelessness planning

Background

In Seattle El Centro de la Raza helped a homeless family of eight with rent assistance and case management for eleven months. The family was able to become self-sufficient and has been living in their own home, which they purchased themselves.

In December 1997, the Washington State Supreme Court, in a 5-4 majority opinion, upheld the King County Superior Court's ruling that DSHS must "develop, administer, supervise, and monitor a coordinated and comprehensive plan that establishes, aids, and strengthens services for the protection and care of homeless...children." The Superior Court's ruling was based on RCW 74.13.031(1), the child welfare statute that authorizes DSHS to prepare a plan for use of federal child welfare funds, and to provide services to abused, neglected, and dependent children and their families.

The State Supreme Court also ruled on the circumstances in which juvenile courts may require DSHS to provide housing assistance to homeless families with children in lieu of placing or retaining the children in out-of-home placements such as foster care. The Court ruled that the juvenile courts'

authority to order DSHS to provide housing assistance is limited to cases in which homelessness is the primary factor for placing or retaining children in out-of-home placements. The housing assistance may include referrals to federal, state, local, or private agencies or organizations, assistance with forms and applications, or financial subsidies for housing.

In cases in which there are multiple factors involved such as abuse and neglect, as well as homelessness, the Court ruled that the case manager, not the court, has the authority to determine what types of services are needed and in which order.

In its Findings of Fact, Conclusions of Law and Order, the King County Superior Court summarized expert testimony stating that "an effective plan to address the needs of homeless children would include prevention services, adequate emergency programs, and programs to assist families to obtain affordable housing." The two agencies have used these service categories as a guide for organizing planning activities and developing action steps for the original Homeless Families Plan, the subsequent Homeless Families Plan for the 2001-2003 biennium and this updated plan for the 2003-2005 biennium.

Legislation

The Legislature and the Governor agreed that a significant amount of new resources were necessary to implement the Plan and assist homeless families with children. Their unanimous concurrence on a well-defined state policy to improve services for homeless families with children and the $25.5 million they committed toward that goal laid the foundation for change.

After extensive debate and amendments, the Washington State Legislature passed E2SHBa 1493 (Chapter 267, Laws of 1999) to establish state policy and legislative intent on services to homeless families and define CTED's and DSHS' roles and responsibilities. This state policy calls for effective collaboration and

coordination of services provided by the two state executive agencies. It envisions an ongoing partnership of the state agencies with local communities to focus on solutions and resources at the local level.

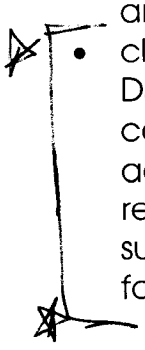
The following are the major elements of the legislation. The Legislature:

- intends that services to homeless families with children shall be provided within funds appropriated for that specific purpose by the legislature;
- intends that children must not be placed or retained in out-of-home placements if homelessness is the primary reason for placement;
- directs DSHS, under a new section included in DSHS' general authorizing statute, Chapter 43.20A, to collaborate with CTED in the development of the Plan, and assume responsibility for administering and monitoring portions of the Plan relevant to DSHS;
- directs CTED to be the principle state department responsible for providing shelter and housing services to homeless families with children, and for coordinating, planning, and overseeing the development of a comprehensive and coordinated state plan for homeless families with children;
- deletes DSHS' responsibilities, under the child welfare statute, RCW 74.13.031(1), for developing a plan for homeless children;
- directs CTED to develop and implement a database to collect information on homeless families with children, within amounts appropriated for this specific purpose;
- authorizes DSHS, in cases in which homelessness is the *primary* reason for a child's placement or retention in out-of-home care, to assist families with housing services within funds appropriated for this specific purpose. These housing services

In Wahkiakum County, a young single working mother of two, after 12 months on THOR, paid off major bills and fines, regained her driver's license and got on Section 8. She greatly appreciated not only the financial assistance but also the opportunity to find out for the first time that she and her children are able to live on their own.

may include, but are not limited to, referrals to federal, state, local, or private agencies or organizations, assistance with forms and applications, or financial subsidies for housing; and

- clarifies that the Juvenile Court's ability to order DSHS to provide housing assistance is limited to cases in which homelessness or the lack of adequate and safe housing is the primary reason for an out-of-home placement, and is subject to the availability of funds appropriated for this specific purpose.



Achievements of Earlier Plans

Previous Homeless Families Plans have served as the catalyst and focal point for evolving collaborations between state and local government and the private sector leading to dynamic strategies intended to help Washington State homeless families with children achieve housing stability.

Innovations began with the implementation of the first biennial plan for SFY 1999 - 2001.

Activities included:

- DSHS and Division of Children and Families staff training on homelessness
- New Section 8 housing voucher program (Welfare-to-Work vouchers)
- Local and statewide rural Continuum of Care planning
- Changing the Additional Requirements Emergent Needs Program (AREN)

Funding accomplishments included:

- Expanding funding of the AREN Program and Diversion Cash Assistance (DCA) Program
- Additional Emergency Shelter Assistance Program (ESAP) funds
- Creation of the Transitional Housing Operating and Rent program
- Dedication of capital preservation and construction funds for housing projects

- Improved data collection methods and practices by CTED and DSHS

Coordination accomplishments included:

- New collaborative relationships between CTED, DSHS, and the Washington State Coalition for the Homeless
- New relationships between community-based housing providers and DSHS staff, including DSHS participation in local Continuum of Care planning processes

Chapter 2 – Characteristics of Homeless Families

Homeless Families Helped by Shelters

An estimated 750 families consisting of 2,529 adults and children were relying on shelters during one night in mid-2000.

Statewide, an estimated 750 families consisting of 2,529 adults and children were relying on shelters during one night in mid-2000 based on the Department of Social and Health Services (DSHS) study, *Homeless Families in Washington State*. The study was based on interviews with 411 families between late June and September 2000. In addition, 70 shelter providers and 27 welfare administrators and key members of their staff were interviewed to understand issues the shelters and welfare staff face in serving homeless families. For a full copy of this report, see:
www1.dshs.wa.gov/rda/reports/11miscellaneous/11%5F98.htm

The U.S. Census 2000 reported an estimated 5,387 people living in emergency and transitional shelters in March 2000. By comparing the DSHS study's estimate of **2,529 *persons in families*** using shelters to the U.S. Census estimate of ***total persons***, then it appears that just under half (about 47 percent) of the persons staying at shelters across the state are there as part of a family unit with either a pregnant woman or at least one child present. Since these estimates were prepared based on data collected in different months using different surveys, this comparison should be considered as very tentative.

Change Over Time

Homelessness among families receiving Temporary Assistance to Needy Families (TANF) has increased at a faster rate than the rise in TANF caseloads over the last two years. Specifically, the number of homeless TANF families per month has increased by 6 percent between FY2001 and FY2002 compared to an increase of just under 1 percent among TANF families overall.[1] As economic conditions in the state worsened, the average monthly number of TANF families recorded as homeless rose from 452 in FY2001 to 481 in FY2002. In comparison, the average monthly number of TANF families overall rose from 54,525 to 54,999 over the same two-year period.[2]

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[1] The source of this information is the DSHS Automated Client Eligibility System (ACES) which records information on homelessness of welfare recipients (in assistance units).

[2] These counts include a small number of clients who receive cash assistance under programs other than TANF.

Living Arrangements During this Homeless Period and Before

80 percent had lived in two or more other homeless places before the shelter. More than half the respondents had been homeless previously.

On average, the families already had been continuously homeless for nearly four months: 39 days at the shelter and 77 days before the shelter. At the time of the interview, their homelessness had not yet ended.

While homeless, the families moved often: 80 percent had lived in two or more other homeless places before the shelter and 54 percent had lived in three or more prior homeless places.

Temporary shared living was the most common homeless living arrangement. Thirty-nine percent of the families came to the shelter from a shared-living arrangement. The families' second most frequent living arrangement was other shelters. Twenty-two percent of the families came to the shelter from another shelter. For every 100 admissions to their present shelters the families had had 68 previous shelter admissions during the past year.

More than half the respondents had been homeless previously. For 42 percent, this was their first homeless experience. During the last twelve months, 26 percent of the families had been homeless, then housed, then homeless again. Forty-four percent had been homeless before the last year.

Sources of Money and Access to Welfare Benefits

Only 73 percent said they had been to a CSO since becoming homeless.

Before the families were homeless, in any given month, between 30 and 35 percent were getting cash assistance from welfare programs, mostly TANF, and between 40 and 45 percent were getting food stamps. Access to welfare benefits increased sharply soon after the families became homeless. Within three months after becoming homeless, between 60 and 65 percent were receiving cash assistance in any given month and between 70 and 75 percent were getting food stamps. Since becoming homeless, 44 percent of respondents had gotten some money from paid work and 22 percent had received financial help from their families.

Supplemental emergency housing grants, called Additional Requirements for Emergent Needs, or AREN, were received by 20 percent of the respondents in the 12 months before becoming homeless. Between the onset of their most recent homeless period and the end of calendar year 2000, 32

percent received an AREN grant.

Nearly all (97 percent) of the respondents had been to a Community Services Office (CSO), often called the "welfare office," at some time in their lives, but only 73 percent said they had been to a CSO since becoming homeless. Most (85 percent) of the administrators and lead staff workers we interviewed at these offices reported that homeless families are given priority or expedited service when applying for welfare benefits. Lack of necessary documents is a common problem for homeless families when applying for welfare benefits, cited by over 40 percent of the welfare office administrators and shelter providers we interviewed.

Work and Participation in WorkFirst

In the week before the interview, 21 percent of respondents and their spouses or partners had worked 20 hours or more. Thirty percent said they could not work due to illness, disability, treatment, or counseling.

Fifty-eight percent of the respondents participated in WorkFirst in the month before the interview, based on DSHS records and the state-defined participation rate which includes working 20 or more hours in the prior week, being employed in a work study position, looking for work, preparing for work, or being under a short-term (three months or less) sanction. This rate is lower than the 93 percent found for TANF recipients in general in August 2000, mostly due to fewer homeless families working or preparing to work compared to TANF recipients in general. Twenty-five percent of the homeless respondents who were receiving TANF in the month of our interview were exempt or deferred from work-related WorkFirst activity, roughly the same percentage (28 percent) as TANF families in general. Homeless families, however, were much more likely to be deferred while they resolved issues related to homelessness (12 versus 2 percent). Eighty-one percent of the CSO administrators we interviewed said their CSOs deferred homeless families from WorkFirst work preparation requirements for limited time periods to give the families time to find a place to live.

Drug and Alcohol Use

The Multi-

Rates of drug and alcohol use by the homeless respondents in this study were compared to rates for women aged 18 to 54 living below 200 percent of the Federal Poverty Level based on a conveniently available statewide household survey in the

Service Center in South King County assisted a pregnant woman recovering from substance abuse move into permanent housing. She had been working with a street outreach program and has recently purchased a fixer upper house.

mid-1990s. The homeless respondents and women in poverty had the same rates of drinking in their lifetime (93 percent) and binge drinking in the last 18 months (23 percent). For overall rates of drinking in more recent periods, however, the homeless respondents reported lower rates of drinking than women in poverty. Sixty-eight percent of homeless respondents reported drinking in the last 18 months compared to 74 percent of women in poverty. In the last 30 days, only 20 percent of the homeless respondents reported drinking, compared to 60 percent of women in poverty. These lower recent alcohol use rates among homeless respondents could reflect a change in drinking patterns while living at shelters where the use of alcohol is normally prohibited, under-reporting, or successful efforts to reduce their use of alcohol.

Comparisons between self-reported drug use of homeless respondents and that of women in poverty produced mixed results. Lifetime rates of drug use were about the same for many drugs: hallucinogens (25 versus 24 percent), stimulants (33 versus 30 percent), and opiates other than heroin (9 versus 8 percent) but were higher among homeless respondents for other drugs: marijuana (72 versus 53 percent) and cocaine (38 versus 21 percent). Differences, however, were not tested for statistical significance and could be due simply to chance or measurement.

Drug use in recent periods (past 18 months and last 30 days) was determined for two general categories: marijuana and any illicit drug other than marijuana. Differences between homeless respondents and women in poverty were small and could have been due to chance. In the last 18 months, marijuana use was reported by 10 percent of homeless respondents and 15 percent of poor women while use of other illicit drugs was reported by 13 percent of homeless respondents and 10 percent of poor women. Rates of marijuana use in the last 30 days dropped to five percent for the homeless and nine percent for women in poverty, and past-month use of other illicit drugs was only three and five percents, respectively.

Recent indicators of need for chemical dependency treatment appeared to be quite similar for homeless

respondents and women in poverty. Of the homeless respondents, 17 percent met screening criteria for substance abuse or dependence in the last year, whereas, of the women in poverty interviewed in the mid-1990s, 14 percent had an alcohol or drug use disorder in the last 18 months. Homeless respondents were more likely than women in poverty, however, to have received treatment, counseling, or assistance from self-help groups (e.g., Alcoholics Anonymous) for drug or alcohol use at some time in their lives: 29 percent versus 11 percent. According to records from the DSHS Division of Alcohol and Substance Abuse, 21 percent of the homeless respondents had received publicly funded alcohol or drug abuse treatment (inpatient, outpatient, or methadone) within a recent 2½ year period (July 1998-December 2000).

Mental Health

One-third of the respondents had indications of major depression in the last year, and one-third had panic disorder in the same period. In contrast, a 1994 survey of households in Washington State resulted in much lower estimated rates for each of these mental health problems among women in poverty aged 18 to 54: 12 percent for major depression and six percent for panic disorder. Almost half (45 percent) of the homeless respondents reported getting mental health treatment at some point in their lives, and a quarter had received some form of publicly funded treatment in a recent 2½ year period according to DSHS records from the Mental Health Division.

Domestic Violence

Ninety percent of the respondents answered questions about domestic violence by intimate partners in the last year. Emotional abuse was reported by 44 percent of them, physical abuse by 27 percent, and sexual abuse by 10 percent. Of those who had experienced some form of domestic abuse, one quarter had gone to a medical care provider to seek care as a result of the violence, half had law enforcement involvement in their domestic situation, and one third had received a court-ordered protective order.

Overall statistics regarding the use of domestic violence shelters indicate domestic violence continues to be a significant cause of homelessness for families.

Washington State
Domestic Violence Emergency Shelter Statistics[4]
July 1, 2000 - June 30, 2001

Service Data

Category	Number
Total Adults and Children Served	25,031
Adults (>18)	15,175
Children (<18)	9,856
Total Adults and Children Sheltered[5]	6,727
Bednights	123,418
Average Length of Stay at Shelter	14.86
Total Turnaway/Unable to Shelter	32,957

Domestic Violence Hotline

27,994 calls to the statewide, toll-free domestic violence hotline

Family Services

Over a third of the families had received services from DSHS Children's Administration during a recent 2 ½ year period including Children's Protective Services' (CPS) case management, risk assessments, and counseling as well as other family reunification services and support for basic needs. During this same period ten percent of the homeless respondents were involved in Children's Administration cases in which at least one child was removed from their home.

Twenty-eight percent of the respondents had children who were not living with them at the shelter at the time of our interview. Three quarters of these children were living with another family member, 11 percent were in foster care, and

[4] Data collected from 44 domestic violence shelter/safe home programs that contract with the Department of Social and Health Services, Children's Administration, Division of Program and Policy, to provide emergency shelter and support services. Questions should be directed to the DSHS Program Manager at (206) 923-4910.
[5] There are approximately 704 domestic violence emergency shelter/safe home beds in the State of Washington.

five percent were living with their adoptive parents.

How Shelters Operate

Within Washington State we identified 152 programs that provided shelter to homeless families, and we interviewed staff at 70 of these shelters. Of the 152 shelters, 130 received state funding: 86 emergency shelter funds only, 36 both emergency and domestic violence funds, and eight domestic violence funds only. Twenty-two shelters got no state funds to operate their programs. At the shelters where we interviewed lead staff, the types of living accommodations they provided families included rooms or apartments in one building (77 percent), vouchers for motel or hotel rooms (46 percent), and scattered rooms or apartments (13 percent).
Of the 70 providers interviewed, 60 said they had a rule stipulating the maximum length of stay, ranging from two days to two years, with 23 percent using a 90-day maximum, 20 percent using 60 days, and the rest providing some other time limit. Limits were somewhat flexible, however, with providers who had maximum stay rules estimating that about 26 percent of their families were likely to stay an extra week or so.

In addition to providing shelter, these programs provide many other services to families as well. These include help in finding housing (96 percent of the providers), clothing (93 percent), case management (90 percent), food or meals (86 percent), and help in getting welfare benefits (84 percent).

Almost half (47 percent) of the families we interviewed got into their current shelter without any delay, and another third got in within a week. Twenty percent waited longer than a week. Of those who had to wait at least one day, some were given motel vouchers by the shelter or another temporary place to stay, but most had to remain wherever they were living, usually a place shared with family or friends.

Chapter 3 - Program Descriptions

DEPARTMENT OF COMMUNITY, TRADE, AND ECONOMIC DEVELOPMENT (CTED)

Community Services Block Grant Program

Program Description

The CSBG program provides federal funds from the U.S. Department of Health and Human Services (HHS) for a number of social services including Housing Services and Emergency Services/Crisis Intervention Services. Services include assistance to low-income and homeless people to meet housing needs and assistance designed to respond to sudden and unexpected emergencies.

Eligibility Requirements

A household must have gross income at or below 125 percent of poverty.

Outcomes – FFY 2001

A total number of 6,086 people were assisted with job preparation, placement or development. The block grant assisted 430 people in obtaining a diploma or GED, while 4,083 participated in money management programs. The grant also allowed 4,851 people to obtain permanent housing and 2,208 to complete repairs or rehabilitation on their homes. Medical treatment or preventative services were obtained by 22,089 recipients of block grant monies.

How Services are Delivered

CTED contracts with deliver emergency assistance and housing services at the local level. Community Action Agencies serve a single county or a multi-county area and all counties in Washington State are covered by a Community Action Agency.

How the Program Serves Homeless Families

Community action agencies vary in their use of CSBG funds but many provide direct housing assistance as well as services that will prevent homelessness such as money management skill building and job placement

services.

Gaps
The gaps in communities vary although funding is often a problem especially in rural areas of the state with limited capacity and local resources for human services.

Domestic Violence Legal Advocacy Program

Program Description
The Domestic Violence Legal Advocacy Program, administered by the Office of Crime Victims Advocacy, is a federally funded program that distributes federal Byrne funds to 48 service providers statewide to provide a variety of services to victims of domestic violence. These services seek to enhance the victim's access to the criminal justice system through the provision of legal advocacy. The services allow the victim an opportunity to petition the court for orders of protection, orders for financial support and/or crime victim compensation. The list of services provided include but are not limited to, information and/or assistance with protection orders, assistance with legal separation orders, assistance with legal separations, child custody, visitation. The client population includes victims made homeless as a result of abuse and who need access to shelters.

Eligibility Requirements
Any victim of domestic violence is eligible for these services.

Outcomes – SFY 2001
17, 633 adults and 17, 458 children received assistance from the 48 contracted service providers in the state during this state fiscal year.

How Services are Delivered
Each year the state receives federal Bryne money. The Office of Crime Victims Advocacy currently contracts with 48 organizations that provide direct services if they meet the following criteria:

- Have a department/unit whose primary focus

includes providing advocacy based counseling for victims of domestic violence
- Provide direct legal advocacy services for their clients
- employ a legal advocate whose primary focus includes advocacy within the legal system for victims of domestic violence
- Legal advocacy meet or exceed state required training hours to ensure/maintain competence.

How the Program Serves Homeless Families
Legal advocacy services are offered at emergency shelters, domestic violence shelters and transitional housing programs. Referrals are also made through the state domestic violence hotline. Service provider agencies conduct some form of outreach at the local community level although the level varies from agency to agency.

Gaps
Our records indicate that as far back as 1991 shelters were full and this continues to be the case. Funding levels continue to be low and are a service barrier in terms of number of clients the shelters can accept at the current funding levels. Some shelters do not accept young teenage sons of victims forcing victims to make choice between seeking shelter/ services or keeping the family intact. There continues to be a need for prevention / outreach services particularly with the homeless population. Other barriers include inadequate staff and lack of funding to obtain sufficient amounts of legal assistance and legal expertise.

Early Childhood Education and Assistance Program & Head Start

Program Description
ECEAP and the federal Head Start program are both "whole child" comprehensive, family focused pre-kindergarten programs designed to help children and their families in poverty to prepare for and succeed in school. Both programs serve 3- and 4-year old children, and Head Start serves 5-year olds as well. Early Head Start serves children and their families in poverty from birth to 3 and is available in limited areas

around the state.

Eligibility Requirements
Family income must be at or below 100 percent of the federal poverty level for Head Start. ECEAP serves families at 110 percent or below. Both programs are allowed to use up to 10% of their enrollment to serve children and families above the income limits but otherwise at risk of school failure due to developmental or other delays.

Outcomes – SFY 2001
ECEAP served 7,879 children and their families for FY01. 27,711 social service referrals were made, and children were linked to 5,925 medical exams, 6,029 dental exams, and 7,238 immunizations. All activities contributed to the overall goal of school readiness. Head Start data unavailable.

How Services are Delivered
Both ECEAP and Head Start contract with local service providers around the state. Each program is expected to perform community needs assessments and work with local input to design a relevant service delivery system, within a framework of flexible statewide program standards. Contractors include school districts, educational service districts, community colleges, county governments, private non-profits, and tribal organizations. Services can be delivered in combinations of centers, homes, and family childcare settings.

How the Program Serves Homeless Families
ECEAP and Head Start provide consistency for children through high quality preschool education, family support and social services, medical and dental screenings/follow-up, nutritious meals, parent education and involvement. Services are individualized for families and children. Programs assist families with links to social services and resources to get jobs, childcare, housing, etc.

Gaps

Not all Head Start and ECEAP programs offer full day, full year service or wrap-around child care. Funding remains an obstacle as both programs combined reach only an estimated 60% of eligible children in Washington State.

Emergency Food Assistance Program (EFAP)

Program Description
EFAP provides funding to food banks and distribution centers to pay for the purchase of food, operational costs and equipment, and to tribes to pay for food vouchers.

Eligibility Requirements
The assistance is for families who state that they do not have the means to provide food for their families. Food banks and tribes may create additional eligibility requirements, but the requirements must be nondiscriminatory. Additional eligibility requirements must be submitted in writing.

Spending
SFY 2002 $4,263,226. This included $500,000 in proviso funds for equipment purchases and $250,000 in special storm funds, neither of which is part of EFAP's carry forward budget.

Outcomes SFY 2002
1,232,000 clients (unduplicated count) visited food banks an average of slightly over 5 times per year, resulting in 6,268,000 total visits. Tribes provided vouchers to 9,900 clients, who returned an average of slightly less than twice during the year for a total of 16,500 visits.

How Services are Delivered
Clients visit food banks to apply for emergency food assistance. Typically they are given 3-7 days worth of food for their families. Some food banks also deliver bags of food to people who are homebound. Clients applying for vouchers with tribes usually fill out a simple application form, then receive a voucher worth a certain value to take to a local grocery store.

How the Program Serves Homeless Families
Almost all food banks try to accommodate homeless people by putting together bags of food that require little or no preparation and that can be cooked over a campfire. Some homeless shelters actually operate their own food banks that receive EFAP funding. Many tribes report providing services to the homeless.

Gaps
Food banks depend on cash and food contributions from individuals and companies, and these are not always sufficient to meet the need. Food banks sometimes do not have sufficient supplies of appropriate food for homeless families. In rural areas transportation is a problem for those homeless people who do not have cars. A few food banks make an effort to take boxes of food to where homeless people gather in rural areas. However, because most rural food banks are operated by volunteers who are senior citizens this service is difficult to provide.

Emergency Shelter Assistance Program (ESAP)

Program Description
The Department of Community, Trade and Economic Development helps fund emergency shelter and homelessness prevention services through a network of 167 community-based homelessness service providers.

Eligibility Requirements
Any person or family who does not have decent and safe shelter, and insufficient funds to obtain shelter, is eligible to receive shelter funded by ESAP. Persons with an immediate, documented threat of losing their current housing (i.e., an eviction notice) are eligible to receive homelessness prevention services.

Outcomes – SFY 2001
Community-based organizations participating in ESAP provided 1,220,097 shelter bednights to 49,878 individuals in 31,185 households; and 716,011 prevention bednights to 34,250 individuals in 12,112 households.

How Services are Delivered

A network of 167 community-based organizations provided emergency shelter and homelessness prevention services throughout the state.

People receiving the services funded by ESAP can receive up to 90 days of assistance in the form of:

- Traditional shelter
- Rent/mortgage assistance to prevent eviction
- First month's rent deposit to move out of a shelter and into housing
- Landlord mediation
- Case management services

ESAP gives homeless families and individuals a safe, warm and dry place to stay. In addition, local service networks, coordinated by an ESAP lead agency, work together to ensure that not only shelter but housing and extended services are available to help homeless people rebuild their lives.

How the Program Serves Homeless Families

Half of the program funds are dedicated to homeless families with minor children, and much of the other flexible funding is also used to serve families. The program requires that providers work with families to ensure that they are receiving all the Department of Social and Health Services (DSHS) assistance they are eligible to receive.

Gaps

Although requests for shelter are duplicated when people try several shelters over a period of days, turnaways are an indicator of shelter demand. There were 40,267 unfilled shelter requests by homeless families with children in SFY 2001.

Emergency Shelter Grants Program (ESGP)

Program Description

ESGP provides federal funds from the U.S. Department of Housing and Urban Development (HUD) to local nonprofit organizations, local governments or housing authorities to provide emergency shelter and services to eligible persons in non-entitlement areas of the

state. The non-entitlement areas of the state include all cities and counties except for City of Seattle, King County, City of Tacoma, Pierce County, Snohomish County, and City of Spokane. Currently, ESGP funds are awarded to local organizations through a formula allocation process.

Eligibility Requirements

Individuals and families must be homeless. Homeless means: (a) An individual or family which lacks a fixed, regular, and adequate nighttime residence; and (b) An individual who has a primary nighttime residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including voucher-paid hotels, congregate shelters, and transitional housing for persons with mental illness); (2) An institution that provides a temporary residence for individuals intended to be institutionalized; or (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State Law.

Outcomes - FFY 2001

- Approximately 19,214 individuals were served in FFY 2001
- An average of 2,355 children were provided shelter and services daily
- An average of 4,126 adults were provided shelter and services daily
- An average of 1,103 individuals were provided with a service other than shelter

How Services are Delivered

Services are delivered through 27 contractors made up of local government and non-profit organizations.

How the Program Serves Homeless Families

ESGP funds are used to cover emergency shelter and transitional housing operating costs, including

maintenance, repair, security, operation, insurance, utilities, food, fuel and furnishings. Essential services can also be provided, including services for employment, health, drug abuse, and education.

Homeless Families Housing Program

Program Description
Capital funds are awarded for the construction, acquisition, and/or rehabilitation of facilities for emergency shelter and transitional housing units for homeless families and survivors of domestic violence. There are two specific set-aside funds: Homeless Families with Children ($5 million) and Survivors of Domestic Violence ($1 million for the 01-03 biennium).

Eligibility Requirements
Funds are awarded to non-profit housing developers to serve homeless families with children or survivors of domestic violence. Organizations eligible to receive funding include Community Housing Development Organizations, community-based development organizations, federally recognized Indian tribes in Washington State, local governments, non-profit organizations, public development authorities, public housing authorities, regional or state-wide nonprofit housing assistance
organizations and Regional Support Networks established under RCW Chapter 71.24.

Outcomes - SFY 2001
Building or preserving 42 units and 32 beds of transitional housing.

How Services are Delivered
Funds are awarded through a competitive process to eligible non-profit organizations.

How the Program Serves Homeless Families
Acquisition, rehabilitation and/or construction of emergency shelters and transitional housing are the

focus of this program. In order to receive set-aside funds, special needs projects must provide support services for families.

Gaps
Some areas of the state, particularly rural communities, have limited capacity and resources to develop new housing.

Low Income Home Energy Assistance

Program Description
This program provides fuel assistance payments to low-income households to help with the high costs of home heating. Funds are distributed by formula statewide and service providers are Community Action Agencies and units of local government.

Eligibility Requirements
Households must have an income at or below 125 percent of the federal poverty level and be able to show that they have heating costs.

Outcomes – FFY 2001
Over 56,000 low income households received an energy assistance benefit

How Services are Delivered
Applicants are determined eligible through an eligibility process at their local Community Action Agency or Energy Assistance Program provider. Benefits payments are paid directly to the heating fuel vendor on behalf of the household.

How the Program Serves Homeless Families
Energy payments are a form of homelessness prevention because they enable a low-income household to remain in the housing.

Gaps
LIHEAP benefits are not an entitlement program and funding is not sufficient to help all the families who need help. The program funding was only able to

provide benefits to about 18 percent of the eligible population.

Supportive Housing Program (SHP)

Program Description

SHP is a competitive federal grant from HUD that CTED administers to help people who are homeless in rural areas of Washington State. SHP provides longer term housing assistance and services so that homeless families, single adults and youth are able to break the cycle of homelessness and achieve self-sufficiency.

Eligibility Requirements

Participants must meet HUD's definition of homeless. Homeless persons are those who reside in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or in an emergency shelter; or in transitional or supportive housing; or is being evicted within a week from private dwelling units and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she
lacks the resources and support networks needed to obtain housing.

Outcomes – FFY 2001

776 households served.

How Services are Delivered

CTED contracts with local project sponsors who provide housing assistance and case management services to people who are homeless in sixteen counties across the state.

How the Program Serves Homeless Families

SHP provides rental assistance for up to two years for eligible households. Other services include case management, housing search assistance, transportation, job referrals or training, job retention, education, mental health counseling, and other human services.

Gaps
The priority gap identified in the state's rural continuum of care is more transitional housing and case management services. Rural communities often lack the resources and capacity to offer more than basic emergency services. The SHP program provides the additional support needed to address the root causes of homelessness and help families and individuals achieve self-reliance and housing stability.

Tenant Based Rental Assistance Program (TBRA)

Program Description
CTED allocates a certain portion of federal HOME funds from HUD to be used for rental assistance for eligible households in jurisdictions that do not receive their own HOME allocation directly from HUD. Eligible households are able to receive rental subsidies that enable them to pay no more than 30 percent of their household income for rent. Assistance is provided for two years. CTED awards TBRA funds through an annual competition and organizations eligible to receive TBRA funds must have experience in administering a rental assistance program.

Eligibility Requirements
Eligible clients are individuals and families with incomes at or below 60 percent of the median household income for their county.

Outcomes – FFY 2001
237 families served.

How Services are Delivered
Rental assistance is delivered through housing authorities, community action agencies, and units of local government that collaborate with other local service providers to provide a variety of services.

How the Program Serves Homeless Families
Homeless families are one of the priority populations in this program. TBRA enables homeless families to transition from shelters to permanent housing. Participants typically receive case management

services in addition to rental assistance. Variations on services are based on local program designs.

Gaps
If a community lacks sufficient affordable housing stock, or the resources to enhance the 5% administrative fee, then TBRA resources may go unused. There is no TBRA funding available for services or case management, and local programs must rely on other, often-scarce resources to support families who are trying to achieve self-sufficiency.

Transitional Housing, Operating and Rent Program (THOR)

Program Description
The THOR program provides homeless families with children with up to two years of rental assistance, transitional facility operating subsidies, and case management to help them transition to permanent housing and self-sufficiency. The program is funded through the State General Fund. CTED awards THOR funds to eligible lead agencies in local Continuum of Care planning groups, according to a modified version HUD's allocation formula. 32 counties received THOR funds in 2001.

Eligibility Requirements
Eligible clients are homeless families with pregnant women or children under the age of 18, with incomes at or below 50 percent of the median household income for their county. THOR clients must be willing to create and follow through with a Housing Stability Plan for case management and progress assessment.

Outcomes – SFY 2001
- 858 families served; 1,889 children or pregnant women served.
- 46% transitioned to unsubsidized housing; 35% transitioned to subsidized housing.
- 71% continued to maintain permanent housing 6 months after leaving the program.

How Services are Delivered
Rental assistance or operating subsidies are delivered

through housing authorities, community action agencies, and units of local government that collaborate with other local service providers to provide a variety of services.

How the Program Serves Homeless Families
THOR enables homeless families to transition from shelters to permanent housing. Families receive case management services in addition to rental assistance. Participants must collaborate with their case managers to create a Housing Stability Plan that will connect them to a wide variety of services to address any and all barriers to reaching self-sufficiency. The case manager is responsible for tracking the family's progress, and modifying the Plan as goals are reached or problems arise.

Gaps
This is a very successful and popular program that delivers much-needed housing assistance and case management to families in need. There is always a demand for additional funds. Case management is the key to success in the THOR program, and contractors continue to search for ways to increase resources for case management for families who receive THOR assistance.

Weatherization Program

Program Description
The Weatherization Program provides energy efficiency and repair services to keep energy affordable and housing structurally sound.

Eligibility Requirements
The household must have an income at or below 125 percent of the federal poverty guidelines. All owner and rental households may be served – targeted groups include the elderly, people with disabilities, children under the age of six. Homeless shelters have also been served.

Spending FFY 2001
Total federal and state weatherization funding: $15,900,000

Outcomes – FFY 2001
Over 4700 low-income homes weatherized resulting in, on average, 20% reduction in heating energy usage/costs.

How Services are Delivered
The weatherization services were delivered through a statewide network of 26 community based non-profit agencies.

How the Program Serves Homeless Families
Emergency shelters and transitional housing are eligible for weatherization services. Services to families with children under the age of six and household with high energy bill are prioritized to help keep families in their housing and avoid homelessness. Outreach is conducted at the local level through community media, utility companies, and other service providers.

Gaps
The gaps in communities vary although funding is often a problem especially in rural areas of the state with limited capacity and local resources for human services.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Additional Requirements – Emergent Needs (AREN)

Program Description

A Temporary Assistance to Needy Families (TANF)/State Family Assistance (SFA) family may qualify for a special payment to prevent the loss of housing, to secure new housing for homeless families, or to obtain new housing for victims of domestic violence. The payment may also be used to prevent a utility shut-off, provide food when no other resource is reasonably available, and to secure necessary clothing in the event of a natural disaster when relief is not immediately available through federal or state disaster assistance.

Eligibility Requirements

The family must be receiving TANF/SFA and must demonstrate their need for additional requirements resulted from a situation that was beyond their control. These families are also eligible for medical assistance.

Outcomes – SFY 2001

In SFY 2001 24,169 families received AREN assistance.

How Services Are Delivered

Services are available through 61 Community Services Offices (CSO) located throughout the state. Applications are approved on a case-by-case basis to eligible TANF/SFA families.

How the Program Serves Homeless Families

TANF/SFA families may receive special payments for emergent housing needs to:

- Secure new housing if the family is homeless
- Obtain new housing for victims of domestic violence
- Obtain new housing when the premises contains a material defect which jeopardizes the occupants' health and safety and the landlord fails to correct the defect
- To prevent eviction

In order to qualify for AREN, a family must demonstrate that the lack of funds to meet their emergent housing needs resulted from circumstances beyond their control. The AREN program is not designed to provide ongoing assistance.

Child Protective Services (CPS)

Program Description
CPS performs investigations and provides family assessment and protective services for children reported to be victims of child abuse, neglect, or abandonment.

Eligibility Requirements
The CPS referral must meet department risk-screening criteria in order to be accepted for investigation. Family income level is not an eligibility factor. Families must have a current open Children's Administration/Division of Children & Family Services (CA/DCFS) case and with children at substantial likelihood of being placed out of the home. Also youth who have been in out-of-home care and who will be reunified with their family are eligible for services

Outcomes – SFY 2001
Over 41,000 CPS referrals were accepted for investigation in SFY 2001.

How Services Are Delivered
Services are available to children and families residing in any location who have entered the CPS system through an accepted report of child abuse or neglect. An array of services are included that target the reduction of abuse or neglect.

How the Program Serves Homeless Families
There are informal and formal service agreements with families and community members and organizations to assist families receiving CPS services, including those who are homeless.

Gaps
Frequent mobility may contribute to lack of family follow-though in prevention and treatment services. By policy mandate and design CPS is an intervention program. In some cases, limited availability of prevention resources may be a barrier that leads to increased need for CPS intervention.

Consolidated Emergency Assistance Program (CEAP)

Program Description
Note: As a result of the Homeless Families Plan and the budget enacted for FY 99-01, the Legislature transferred about 80% of the CEAP funds to CTED.

The CEAP program provides a cash grant to families with specific emergent needs such as shelter, household maintenance, food, clothing, medical, and job-related transportation or clothing. The cash payment is limited to the amount needed for the emergent need, or the TANF grant payment standard based on family size, whichever is less. A family may receive CEAP benefits only once in a 12-month period.

Eligibility Requirements
To receive CEAP, all household members must be ineligible for TANF, State Family Assistance, Refugee Cash Assistance, and Diversion Cash Assistance. To qualify for CEAP, a family may have income up to 90% of the TANF grant standard. Any non-exempt family resources, such as money in a bank account, are deducted from the CEAP payment. When CEAP is authorized, eligibility for medical assistance is also determined.

Outcomes – SFY 2001
An average of 125 people received CEAP each month for SFY 2001.

How Services Are Delivered
DSHS headquarters and field offices work closely with CTED staff and contracted housing providers to assist families and connect them with the appropriate

resources.

How the Program Serves Homeless Families
This program is designed as a homelessness prevention resource for non-TANF eligible families. Most of the families served are not currently residing in emergency shelters or transitional housing, but some who are may qualify and need this resource in order to secure new housing. The maximum amount of payment per family and the once-in-12-months use limits the help each family may receive. These and other restrictions are imposed by statute and rule to make the limited funds available to as many eligible families as possible.

Diversion Cash Assistance (DCA)

Program Description
The purpose of DCA is to provide an alternative to ongoing TANF/SFA assistance by providing the family a one-time cash payment to meet specific emergency needs. DCA may pay for emergent needs such as shelter, transportation, or medical assistance. The payment is limited based on need, up to a maximum of $1,500. A family can only receive a DCA grant once in a 12-month period.

Eligibility Requirements
A family must be eligible for TANF/SFA and must demonstrate that the DCA payment would enable them to either achieve or maintain self-sufficiency. If the family receives TANF within 12 months of receiving DCA, they must repay a pro-rated portion of the DCA amount. If the family is eligible for DCA, they are also eligible for medical assistance.

Outcomes – SFY 2001
For SFY 2001, an average of 810 people received DCA benefits each month.

How Services Are Delivered
Services are available through 61 CSOs located throughout the state. Applications are approved on a

case-by-case basis to eligible TANF/SFA families.

How the Program Serves Homeless Families
Families who are eligible for TANF and apply because of an emergent housing need may choose to receive a DCA payment in lieu of TANF. The family must demonstrate that the DCA payment will allow them to achieve or maintain self-sufficiency. The majority of DCA payments are used for housing. In the event a family begins to receive TANF within 12 months of receiving DCA, the DCA payment is considered a loan and must be repaid. The amount of the repayment is prorated based on the number of months the family was able to stay off of TANF. DCA is repaid by deducting the payment directly from the family's TANF cash grant.

Domestic Violence Shelters

Program Description
Shelter/safe home and supportive services are provided to victims of domestic violence and their children through department contracts with eligible community based agencies.

Eligibility Requirements
Priority for shelter is given to victims in immediate danger or at risk; services are available to domestic violence victims and their children.

Outcomes – SFY 2001
Services are provided through 44 domestic violence shelter/safe home programs. For SFY 2001, 25,031 adults

and children received services. Of these, 6,727 were sheltered for a total of 123,418 bed nights. This information is based on quarterly data submitted by contractor programs.

How Services Are Delivered
Contracted agencies provide shelter and work with victims on safety planning, advocacy for needed services/system response, and post-shelter options,

including housing.

How the Program Serves Homeless Families
A few programs allow longer time in shelter (more than 30 days) if housing is not available and space is available given priority for sheltering. If shelter space is not available, the agency refers the caller to other sources of possible housing.

Gaps
There are limited domestic violence shelter/safe home beds and resources to provide more comprehensive, in-depth services, such as age appropriate children's services, chemical dependency and mental health services, legal services, culturally competent services for specific cultural and ethnic populations. Access to services in rural communities without public transportation is limited. There are limited transitional and permanent housing options beyond emergency shelter/safe home facilities.

Family Preservation Services (FPS)

Program Description
FPS provides in-home counseling services for at-risk families to prevent out-of-home care and to return children home who are already in out-of-home care.

Outcomes – SFY 2001
It is estimated that 2,300 families received FPS and Intensive FPS in SFY 2001. (This number may represent families who received multiple services).

How Services Are Delivered
Families may be served in any residential location. If the family has an open case with DCFS and the child is at risk of being placed into care, the DCFS social worker can authorize FPS. In certain CPS cases, staff and contracted providers approach families and inform them of FPS services as an option.

How the Program Serves Homeless Families
The interventions can provide clinical support and assistance with identification of community resources

for permanent housing. Brochures on services are provided to agencies with links to serving homeless families.

Foster Care Program

Program Description
The Foster Care program provides out-of-home placements and related supportive services for children from birth to age 18.

Eligibility Requirements
Placement of children due to abuse, neglect, or abandonment.

Outcomes – SFY 2001
The number of children served each month in Family Foster Care has ranged between 7500 and 8500 over the past five years, including SFY 2001.

How Services Are Delivered
The Foster Care Program coordinates services and assists families to acquire or maintain housing and to develop and support case plans for child and family unification. The program works closely with hospitals, foster parents, parents, public health departments, juvenile courts, guardians ad litem, mental health programs, and educational institutions.

How the Program Serves Homeless Families
The Foster Care program provides case management services that can help families maintain precarious housing situations or re-establish housing.

Gaps
Homelessness makes it difficult to locate and work with families. In addition, these families may have significant fears about working with the bureaucracy. Some families may require services more intensive and long-term than the system can provide.

Home Based Services

Program Description
Home Based Services are designed to prevent or resolve family problems that may result in the need to place the children in out-of-home placements.

Eligibility Requirements
The family or individual must have an open case with the DCFS' CPS, Child Welfare Services, or Family Reconciliation Services.

Outcomes – SFY 2001
Over 13,000 clients received one or more home-based service in SFY 2001.

How Services Are Delivered
By design, the services offered are flexible and tailored to the individual needs of the family. The program may include the purchase of basic goods and services, paraprofessional services, parent training, in home counseling.

How the Program Serves Homeless Families
In some cases, Home Based Services may be a source of limited funds for rental or other housing assistance to enable a potentially homeless parent to retain housing. This type of assistance is for the purpose of helping the family to retain or regain physical custody of a child in out-of-home care.

Gaps
The Home Based Services budget is limited. Basic needs assistance is time-limited and subject to resource availability. Some private providers are reluctant to be involved with the DSHS social services payment system.

Homeless Child Care

Program Description
The Homeless Child Care program offers childcare subsidies for homeless families. The goal of the program is to support parent efforts in securing permanent housing, seeking employment, attending appointments for health care, treating substance abuse, obtaining legal assistance or other social

services needed to achieve family stability.

Eligibility Requirements
The family must be homeless or in temporary or transitional housing, need childcare due to involvement in approved activities identified above, and not be eligible for other subsidized childcare programs.

Outcomes – SFY 2002
1585 is the duplicated count of children receiving childcare in SFY 2002 (children are counted each month the family receives child care).

How Services Are Delivered
The program provides regular, or special need childcare for homeless children whose families meet the eligibility criteria. Children ages 0 - 5 receive priority services; children to age 12 may be served. Authorizations are made to licensed/certified childcare providers at standard DSHS subsidy rates for a limited period of time. Bonuses available to providers help increase accessibility for homeless children. Limited resources are available for augmented services associated with childcare, such as lunch, transportation and field trips.

How the Program Serves Homeless Families
Contracted agencies perform outreach activities and work with local shelters, state offices, and other organizations that serve the homeless population.

Gaps
Licensed providers are not always able to provide short-term, drop-in childcare. Only families involved in approved activities are able to access this program.

This program is available statewide and in most areas all eligible families who apply can be served. Contracted agencies frequently report that many homeless families are able to access DSHS/Working Connections Child Care Program. This mainstream service provides greater stability for the family and is

the preferable choice.

Housing Support Services (Pregnant and Parenting Women)

Program Description
The program provides housing for women and their children in a drug and alcohol free residence. Housing may be shared or independent living in an apartment. Women are linked via case management to medical care, family planning services, vocational/employment services and stable housing. They receive support through monitoring of treatment participation and other services as necessary. Women may stay up to 18 months.

Eligibility Requirements
Women must be alcohol/drug free and have completed treatment within the last 12 months or currently be in treatment.

A participant's income must below 185% of the Federal Poverty Level at the time of entry into housing support services.

Outcomes – SFY 2001
Approximately 160 women and children are served each year.

How Services Are Delivered
The program reduces use of emergency shelters by providing alternative housing.

How the Program Serves Homeless Families
The program reduces the incidence of families (women and children) ending up on the streets. Services are available in Clark, Yakima, Thurston, King, Spokane, Kitsap and Pierce Counties. In some counties the housing is in single-family residences where several women and their families share a house. In other counties, service providers contract with DASA to find apartments for women and children.

Medicaid Treatment

Program Description

Child Care

Medically necessary psychosocial services are provided to young children at risk of child abuse and neglect.

Eligibility Requirements
Families must have a current open DCFS case or be a family for whom referrals of abuse/neglect have been made and accepted for investigation. Children may be living in their own family homes or in foster care.

Outcomes – SFY 2001
500 children receive services each month.

How Services Are Delivered
Each child is assessed and an Individual Treatment Plan is developed to address identified needs. Services include:

- Therapeutic play
- Individual counseling for behavior modification
- Family counseling
- Group interventions for both the child and parents
- Monthly home visits
- Facilitated groups for care givers

How the Program Serves Homeless Families
Children living in a variety of residential settings are served, including emergency shelters and transitional housing. Four hours a day are provided in the program, plus round trip transportation.

Medical Assistance for Categorically Needy (CN)

Program Description and Eligibility

CN Family Medical
Families with dependent children under age 19 whose income and resources are below TANF limits may receive both cash and CN-Family Medical benefits. Persons can apply for medical assistance without applying for cash. While a TANF cash grant may be limited to five years, there is no time limit on CN-Family Medical benefits as long as the household is otherwise eligible.

Help for working families
Working families are eligible for 12 months of extended CN benefits when they lose TANF cash or CN-Family medical due to earned income increases above program standards. This medical extension is sometimes called Transitional Medical Assistance (TMA). A premium is charged for the second six months for non-pregnant adults when the family's countable income is over 100% of the federal poverty level. American Indian/Alaska Natives are exempt from payment of premiums.

Help for pregnant women
The CN medical program for low-income pregnant women has no resource limits and the income limits are based on 185 percent of the federal poverty level. A pregnant woman can be eligible at any time during her pregnancy. Once eligible, the woman continues to be eligible throughout the pregnancy and postpartum period regardless of changes in income and household composition. Family planning is available for an additional 10 months regardless of how the pregnancy ends.

Children's Medical Programs
Newborns are automatically eligible for CN coverage for 12 months if their mothers received medical benefits at the time of the child's birth. There are no income or resource limits. Children under 19: This CN program has no resource limit and income limits are based on 200% of the federal poverty level. Living with a parent/guardian is not a requirement. Children remain eligible for 12 months regardless of change in circumstances. For working families with income between 200% and 250% federal poverty level, the Children's Health Insurance Program (CHIP) is available.

How Services Are Delivered
Applications are available through neighborhood CSOs. Persons who have access to public computers (i.e., libraries, government or community advocacy offices) can apply on-line. A face-to-face interview is

not necessary if the family is applying only for medical.

CN medical programs provide full scope medical services including prescriptions but have limits on dental programs. Washington's managed care plan is called Healthy Options and is provided to families with children. About one-third of Medicaid clients are in managed care plans. Other clients have fee-for-service which means they can see any physician who will accept the Medicaid payment.

How the Program Serves Homeless Families
Access to healthcare allows homeless families to reach and maintain the wellness necessary to pursue employment, housing and family stability.

Gaps
Homeless families face some barriers including:

- Limited access to community education about programs;
- Systems geared to persons who have mailing addresses don't serve:
- Those who may move before the application is approved; and/or
- Don't get the medical ID card to give their care provider; or
- Are assigned a managed care provider based on their residence and don't know how to disenroll while they seek an address;
- Current application methods (phone, mail, FAX or online) may not suit these families. Providing program information and application forms to those who deal directly with homeless families might be beneficial.

Pregnant, Post-partum, Parenting Women (PPPW) Chemical Dependency Residential Treatment

Program Description
This program provides gender specific residential treatment for women and their children up to the age of six.

Eligibility Requirements
Pregnant, post-partum, parenting women are eligible

for services.

Outcomes – SFY 2001
250 women + 250 children 5 years or younger.

How Services Are Delivered
While receiving residential chemical dependency services, women are linked to other relevant services such as vocational, employment, and financial assistance, medical, mental and behavioral health providers, and child development and educational resources.

How the Program Serves Homeless Families
Women are referred to treatment through a variety of sources, including outreach to homeless shelters, domestic violence programs, behavioral health services, primary care providers, and other systems serving women and children. Transitional housing is provided for up to 18 months to women who have completed treatment or who are currently in treatment. Safe housing has been demonstrated to stabilize recovery and the family functioning.

Regional Support Networks

Program Description
The Mental Health Division (MHD) contracts with 14 mental health authorities known as Regional Support Networks (RSNs). RSNs are autonomous administrative entities accountable for the provision of local mental health services, which they purchase through sub-contracts with licensed/certified providers. RSNs receive consolidated funding based on a distribution formula and capitated rate for eligible service recipients.

Eligibility Requirements
All individuals are eligible for crisis services. An eligible service recipient is defined as Medicaid eligible, which means the recipient must have exhibited a chronic and serious mental illness with substantial adverse effects on the person's cognitive or volitional funding, or appear to have a mental illness and be in need of medically necessary treatment. Eligible children must

have severe emotional disturbances and meet other specific situational criteria.

Outcomes – SFY 2001
6,801 homeless individuals received services in community outpatient settings in calendar year SFY 2001. Statewide, 6,231 homeless adults received mental health services funded by RSNs, and 579 homeless children received mental health services. All fourteen RSNs include homeless individuals as part of their service population.

How Services Are Delivered
Service recipients are provided individualized and tailored care through teams, flexible funds, and advocacy services such as the RSN Ombudsman services. Some RSNs are able to provide services only to the most severely ill persons who are Medicaid eligible and display "medical necessity." These people are eligible for a standardized array of services which include an involuntary treatment program; and a prepaid health plan which provides 1) mental health services; and 2) community psychiatric inpatient care when authorized.

How the Program Serves Homeless Families
Mental health services are provided to homeless individuals by all RSNs. However, on-the-street outreach and engagement services are funded primarily through the Federal Projects for Assistance in Transition from Homelessness (PATH) Program. Through the program, Center of Mental Health Services (CMHS) distributes Federal funds to states and territories to support the delivery of services to individuals with serious mental illness (and those with co-occurring mental and substance abuse disorders) who are homeless or at risk of becoming homeless. States are required to match funds with $1 for every $3 received in federal funds, and they have considerable flexibility in designing programs to meet the specific needs of the state's homeless people with mental illness. In recent years, state and local support was more than double the sums required by the match.

The RSNs who received PATH funding in fiscal year 2001 were North Sound, Pierce, King, Thurston, and Spokane. Over 1999 homeless individuals received services through these PATH programs.

Gaps
Gaps in services arise due to limitations on both fiscal and staff resources, limitations on eligibility, and limitations on engagement and prevention services. Other barriers are created by lack of public awareness of services and historical resistance to formal service systems.

State Family Assistance (SFA) Program Description

The SFA program provides the same services and cash payments provided as part of the TANF program.

Eligibility Requirements
SFA eligibility follows TANF eligibility criteria, except the family must consist of legal immigrants who are ineligible for TANF solely because of their immigration status. SFA is also available for children under 21 who are in special education or making satisfactory academic progress in a full-time secondary school program and are otherwise eligible for TANF.

Outcomes – SFY 2002
885 persons received SFA benefits in July 2002.

How Services Are Delivered
Services are provided through case management and related service delivery.

How the Program Serves Homeless Families
SFA is available to homeless families following the same process in which TANF is provided.

State Food Assistance Program (FAP)

Program Description
A component of the Basic Food Program that provides benefits used to purchase food.

Eligibility Requirements
Legal immigrants who otherwise qualify for federal food stamps but were cut off by federal law.

Outcomes – SFY 2001
A monthly average of 19,312 persons in 5,319 families received State Food Assistance benefits in SFY 2001.

How Services Are Delivered
This is a state program administered by DSHS through the CSO.

How the Program Serves Homeless Families
Homeless families are still eligible for the Basic Food Program even if they are living in and receiving meals at a shelter.

Homeless families qualify for expedited Basic Food. This means that they must receive their Basic Food benefits within 5 days after applying. Washington State chose to keep homeless families eligible for expedited Basic Food benefits even though the federal regulations no longer require it. In addition, people with very limited income and resources, migrant and seasonal workers, and people whose rent and utilities exceed their income and resources (at-risk for eviction) also qualify for expedited Basic Food benefits.

Substance Abuse Assessment and Treatment

Program Description
The program provides assessment, detoxification, and outpatient treatment and opiate dependency services. Examples of outpatient services are: (1) intensive outpatient, a concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families; and, (2) outpatient, individual and group treatment services of varying duration and intensity according to clinical eligibility criteria.

Eligibility Requirements

Indigent or low income addicted persons with priority for youth, pregnant and parenting women, intravenous drug users, and CPS referrals.

Outcomes – SFY 2001
Among homeless adults with children in their care, 164 individuals entered treatment (an additional 18 received detoxification services, which is not considered a treatment service). The following treatment services were provided:

Intensive Inpatient	36	
Long-Term Residential	18	
Recovery House	6	
Intensive Outpatient		57
Outpatient	41	
MICA (dual disorder) Outpatient		1
Opiate Substitution Treatment	5	

In SFY 2001, 84 homeless adolescents (younger than 18) received chemical dependency treatment. An additional 36 received detoxification services. The following treatment services were provided:

Division of Alcohol and Substance Abuse (DASA)

Intensive Inpatient	26	
Recovery House	6	
Intensive Outpatient		12
Outpatient	34	
MICA (dual disorder) Outpatient		1
Group Care Enhancement		2

There were ten homeless adolescents under 18 reporting they had children with them when they went into treatment.

How Services Are Delivered
Emergency shelters, including domestic violence shelters, refer and house people who utilize assessment and treatment services. Many counties participate in providing transitional housing for families in recovery from alcohol and other drugs.

How the Program Serves Homeless Families
Outreach is done specifically to reach pregnant women, youth, and intravenous drug users - many of whom are homeless our in transitional living situations including on the streets. Treatment providers attempt to help people with aspects of their lives that impact recovery - including homelessness. Some homeless patients are referred to residential treatment and are assisted with aftercare living arrangements.

Gaps
Limited treatment resources are available, and there is additional demand for safe and alcohol and drug free housing.

Substance Abuse Community Information Outreach and Referral Services

Program Description
This program funds Community Education activities, Alcohol/Drug Information School, Community Outreach, and Referral and Crisis services in the community. Services may be directed toward general or specific population groups.

Eligibility Requirements
Specific criteria vary by county; in general, services are available to pregnant and parenting women, battered women, and opiate intravenous drug users.

How Services Are Delivered
Service delivery varies from county to county. Some counties

meet with staff of emergency shelters and transitional housing agencies and distribute information about treatment resources. Some counties have direct outreach to domestic violence shelters and transitional housing. .

How the Program Serves Homeless Families
Alcohol and other drug addiction increases the risk of individuals and families losing income and housing. Outreach and referral programs address this risk in the client population. Most counties provide outreach to homeless people on the street through the

opiate/intravenous drug users outreach programs and pilot programs targeting pregnant women who may be homeless on the street.

Gaps
Outreach and referral services are limited. Limited funding results in most resources being directed to assessment and treatment services. Since treatment slots are limited, most outreach is also limited because demand already exceeds capacity.

Substance Abuse Shelter Services

Program Description
The program provides shelter to chemically dependent persons. Shelter services include Pregnant and Postpartum Women's Transitional Care Shelter, as well as sobering services. This is not a detoxification service; sobering services are for the chronic public inebriate and provide a safe place to sober up.

Eligibility Requirements
Indigent and low-income clients in need of safe and sober housing.

Outcomes – SFY 2001
300+ women and 300+ children 5 years or younger are served by the program each year.

How Services Are Delivered
DASA funded shelter services are open to all people in treatment who need shelter. Clients who live in housing situations that threaten their ability to maintain recovery are eligible for shelter services.

How the Program Serves Homeless Families
Outreach for shelter services is provided by staff in the treatment programs and limited to their clients who need shelter

Gaps
Many DASA shelter and transitional housing programs have limited space for clients with children. Housing support services are provided for up to 18 months to women who have completed treatment or who are

currently in treatment.

Support Services

Program Description
The program provides support services to persons seeking and participating in alcohol and drug abuse treatment. Support services include family support services, transportation, Alcohol and Drug Addiction Treatment and Support Act (ADATSA) living stipends, case management, childcare, and youth supervised recreation.

Eligibility Requirements
Services are available to clients in need of support services to enter and stay in treatment.

Outcomes – SFY 2001
Approximately 12, 500 people are served each year.

How Services Are Delivered
The program provides support services to persons seeking and participating in substance abuse treatment. Support services include:

- Child care
- Interpreters
- Group care enhancement
- Family hardship funds
- Intensive family case management
- Health care physicals
- Psychiatric evaluations
- Urinalysis
- Housing support

How the Program Serves Homeless Families
Clients in emergency shelters have needs for transportation, childcare and other support services to enter and stay in treatment, and these same services support people who are already in treatment to be successful.

Gaps
Support services are limited by available funds. Increased resources would increase the ability to assist people outside the traditional referral system. There is

no outreach for the services for people not currently in treatment.

Temporary Assistance to Needy Families (TANF) Program Description

TANF families receive employment and support services aimed at helping them achieve self-sufficiency. The TANF program provides low-income families with children with ongoing cash assistance for the basic necessities such as food, clothing, and shelter. The amount of the cash grant varies with family size.

Eligibility Requirements
Families with minor children who meet low-income and limited resource criteria are eligible for the TANF program. Families may receive TANF for a total of 60 months. Pregnant women who have no other children in their care are also eligible for TANF.

A family's net monthly income may not exceed the TANF payment standard. To support work, 50 percent of the family's gross earned income is exempt from consideration when determining eligibility and payment level. To be eligible for TANF, a family may have no more than $1,000 in countable resources.

Outcomes – SFY 2001
A monthly average of 57,753 households comprising 143,773 persons received TANF benefits in SFY 2001.

How Services Are Delivered
Support services are provided through ongoing case management and the development of an Individual Responsibility Plan. Services are generally focused on employment and include child care, transportation, referrals to programs for treatment for drug/alcohol addiction, and referrals to other agencies for domestic violence counseling.

How the Program Serves Homeless Families
For all programs, clients who state they are homeless are seen for assessment of emergent needs by financial or social service staff the day they contact the CSO. At the minimum, they obtain a referral to an

appropriate community resource.
TANF clients may receive AREN to prevent eviction or to obtain permanent housing if they are homeless.

While most adults in a TANF family must participate in work related activities or have their cash grants reduced, adults in homeless families may be deferred from immediate job search so that they can find housing to stabilize their family's living situation. Participants may be deferred for 30 days while working on issue resolution and have this serve as their full time work activity. If the participant needs additional time, the deferral may be extended. Childcare and/or transportation are available to assist them to locate housing and stabilize their situation.

Community workers, family planning nurses, and social workers visit areas that have a high number of homeless families and distribute information about key financial and food assistance programs. Nurses encourage pregnant women to enroll in First Steps. Community workers assist homeless families to secure housing.

During the TANF application process, an initial screening for domestic violence may result in referrals to shelters, and authorization of AREN for housing if the family is homeless. In addition to the ability to receive benefits at the CSO, persons who have experienced family violence or victims of domestic violence can receive mail through the Secretary of State's Address Confidentiality program. DV victims in the Address program can apply at any CSO for TANF, Medical Assistance, and Food Stamps. Homeless families with no mailing address can have their cash grants mailed to the local Community Services Office for pick up each month. With the conversion to an EBT card, benefits are available electronically. This eliminates the barriers encountered in receiving mail when the family is homeless or keeps moving from place to place.

Washington Basic Food Program (formerly Food Stamps)

Program Description
The program provides benefits used to purchase food.

Eligibility Requirements
Eligible families and individuals must meet low-income and low resource requirements.

Outcomes – SFY 2001
An average of 317,231 persons in 144,647 families received Basic Food benefits each month in SFY 2001.

How Services Are Delivered
This is a federal program administered by DSHS. The Basic Food application is completed jointly with the TANF and medical assistance applications, to reduce the need for a family to make multiple trips to the CSO.

How the Program Serves Homeless Families
Homeless families are still eligible for Basic Food even if they are living in and receiving meals at a shelter.

Homeless families qualify for expedited Basic Food. This means that they must receive Basic Food within 5 days after applying. Washington State chose to keep homeless families eligible for expedited Basic Food even though the federal regulations no longer require it. In addition, people with very limited income and resources, migrant and seasonal workers, and people whose rent and utilities exceed their income and resources (at-risk for eviction) also qualify for expedited Basic Food.
The state contracts with community non-profit organizations to provide Basic Food Education and outreach. These non-profits provide information about the Basic Food Program and the address of the local CSO to clients at their agency and at places in the community such as food banks, senior meal sites, homeless shelters, migrant housing, and low-income housing.

Homeless families move from CSO to CSO and lack a

mailing address. To address this barrier, DSHS had allowed clients who lack their own residence to pick up their food stamps at the CSO, a PO Box, or another residence. The State's conversion from paper food stamps to an Electronic Benefits Transfer (EBT) system, completed in 1999, has greatly reduced this barrier. With an EBT (debit) card, the monthly benefits do not have to be mailed or picked up; they are automatically available on the card.

Gaps

Outreach funds are limited by the availability of state matching funds to draw federal dollars.

DEPARTMENT OF HEALTH

Community and Migrant Health Centers (CMHC)

Program Description and Eligibility

Low income and uninsured people may receive primary care medical, dental, and if available, mental health services regardless of ability to pay in the network of federal and state funded CMHCs. As a requirement of both the state and federal funds, the CMHCs must provide services to regardless of their method of payment (Medicaid, Medicare, private pay, and sliding fee discount). There are 29 not- for-profit clinics that operate approximately 120 delivery sites.

Outcomes

A total of 389,335 medical clients and 135,892 dental clients received services at the Community Health Clinics (CHC). Out of the total number of clients receiving services at the community health clinics, 86% (328,673 medical and 120,393 dental clients) had incomes below 200% of the federal poverty level.

Thirty-six percent of the client population (162,857) with incomes below 200% of the federal poverty level had no insurance coverage such as Medicaid, Medicare, or Basic Health (BH). This is the primary population that Community Health Services (CHS) grant funds assist in paying for services. (Based on CY 2001, data provided courtesy of Community Health Services, WA State Health Care Authority).

How the program serves Homeless Families

CHCs receive additional federal funds through the Public Health Service Act, Health Care for the Homeless program. These CHCs are located in Pierce, King, Skagit, Spokane, and Whatcom Counties. The CHCs provided medical services to 14,846 men, women, and children and dental services to 1,330 during calendar year 2001.

Gaps

While CHCs are located in many underserved urban

and rural areas, there are areas of the state where there is not a publicly funded health center. Additionally there are capacity issues as a result of the shortage of health care professionals. Any reduction in Medicaid eligibility will increase the number of uninsured and the demand for access through these resources.

Chapter 4 - Progress Report

This chapter describes notable activities undertaken by community providers, Department of Community, Trade and Economic Development (CTED), and Department of Social and Health Services (DSHS) to better serve homeless families in Washington State. These innovative strategies are showing positive results.

Washington State Policy Academy

"I was pregnant when I was fourteen and didn't have a place to live. When my daughter was born we moved in and out of friends' houses a lot. It was tough and troubling. I felt like we were always getting in the way of others. The folks at Kitsap Community Resources have taught me a lot, including parenting skills. It has been possible for me to graduate from school, be successful at my job and achieve goals like getting my own place to raise my children."
- Kitsap Community Resources Teen Parent House and Transitional Housing Program Participant

In September 2001, Washington was one of eight states chosen to participate in a National Policy Academy entitled, "Improving Access to Mainstream Services for Persons Who Are Homeless; Policy Academy for Families with Children." In November 2001, the federal departments of Health and Human Services (HHS) and Housing and Urban Development (HUD) co-sponsored the Policy Academy for state and local policy makers.

The goal of the Academy was to assist state and local policymakers to develop a state action plan. The intent was to improve access to mainstream health and human services that are coordinated with housing for homeless families with children. Participation in the Academy was determined by the federal sponsors, and included ten people from Washington State. The sponsors specified mandatory participation from state directors for mainstream services of Temporary Assistance to Needy Families (TANF), Medicaid, Alcohol and Substance Abuse, Mental Health, Head Start, and representation from the legislature and the Office of the Governor. Washington's team added participation from the chair of the Governor's State Advisory Council on Homelessness, the Executive Director of the Washington State Homeless Coalition, and a representative of the Association of Washington State Housing Authorities.

The Academy consisted of two days of information sharing and technical assistance from the federal sponsors as they supported staff to evaluate the

strengths and identify the gaps and opportunities to improve access to mainstream services for homeless families.

Since November 2001, the Washington State Policy Academy has continued to meet and develop the state's Action Plan for homeless families. Four priorities were identified:

Priority 1: Elevate Homelessness – Articulate a vision throughout government and educate the public regarding homelessness
Priority 2: Case Management and Housing Services Connected and Coordinated – Across government, community services, cultures
Priority 3: Improving Linkages – With and between the mental health and chemical dependency systems
Priority 4: Building Capacity – Seek opportunities to serve diverse communities and identify best practices.

DSHS, CTED and the rest of the Academy members will be integrating these priorities into the Homeless Families Plan over the next two years.

DSHS Homeless Families Study Report Widely Distributed

750 families are sheltered in emergency housing each night.

The study of homeless families being helped by shelters provided the most comprehensive description of homeless families ever compiled in our state. It has been especially useful to policy makers concerned with the problem of homelessness and provided them information on how many children were living with their parents at shelters or living elsewhere, how long the family had been homeless, where they tended to live before coming to a shelter, and how many received public assistance once they became homeless. This information has contributed to the work of state agencies and homeless advocates who have been working together to improve the delivery of services to homeless parents and their children.

Points of interest include the following:

- 750 families are sheltered in emergency housing each night
- Higher rates of homelessness exist in rural areas relative to population

- families were homeless for about 1/3 of the year, on average.

No Wrong Door

DSHS has 10 No Wrong Door start-ups in place

The No Wrong Door model is an integrated multi-disciplinary approach to providing human services to individuals and families in need. Currently, DSHS has 10 No Wrong Door start-ups in place. With the exception of Management Services Administration, which is not involved directly with delivery of social services, all administrations are involved in at least one of the No Wrong Door models. Initially administrations have chosen to focus No Wrong Door practices on clients with multiple needs and challenges. Case staffing is the primary strategy to better serve clients, as well as a new reliance on multiple partners within and outside of the department.
The Community Services Division pilot project in three Community Services Offices (CSO) coordinates team-based case management with co-located and off-site partner providers.

The following scenario highlights the new practices. A homeless, abused woman with two children appears at the local Community Services Office for help. A case manager performs an initial need assessment and determines that the mother needs housing, transportation, medical care, money, food, child care, counseling, a job, and information about how to stay safe. The case manager next makes referrals to team members, including a family planning nurse, childcare personnel, a social worker, an Employment Security Department job coach, and a domestic abuse counselor. All of these services are immediately available during the client's first office visit.

Community Service Organization Best Practices in Serving Homeless Families

All regions of the Community Service Division describe intensive efforts to more effectively serve homeless clients.

These include:

- Continuum of Care and Homeless Task Force involvement

- New collaborations that use a triage approach, including outreach and case management from community partners to seriously mentally ill homeless people
- Same day intake for non-TANF and next day intake for TANF clients who are homeless
- Special focuses on serving homeless by CSO social workers and administrators
- In-depth assessments to identify and deal with underlying problems of homelessness

TANF Timeline Extensions for Those Most in Need

At the request of the Governor's Office and in partnership with stakeholders, the Economic Services Administration has developed numerous program improvements to better serve TANF clients. Multi-agency teams who review the family's status and develop intensive employment plans are assessing all families nearing the 60-month time limit.

It is also recognized that there are many families who, through no fault of their own, need additional support services and an extension of the 5-year time limit. These families include grandparents and other adults who are caring for related children, persons with disabilities, and those persons who are caring for family members with disabilities, including children with special needs. DSHS will continue to maintain a safety net program for impoverished children so that they will not be penalized if the parent chooses not to participate in WorkFirst activities. In this situation children will receive grant funds through a protective payee.

Application for DSHS Benefits Gets Easier

Families needing assistance can now apply using a simplified form available online, by phone, at local DSHS offices, or by mail.

Application for cash, food and medical assistance became easier and faster on July 1, 2002 when the agency introduced a simpler, shorter application form. Many people, who are eligible for benefits, including homeless family members, haven't applied for benefits because the paperwork has been so complicated.

The new application is much shorter and easier to read and fill out. Diverse government agencies and advocacy groups helped with the project to develop

a better application form, including Social Security Administration, Health and Human Services, Food and Nutrition Service, Hopelink, and Columbia Legal Services.

95% of the DSHS clients who tried out the new form said it was easy to complete and understand. The application form is available in English and 29 other languages, online (www.onlinecso.dshs.wa.gov), at local DSHS offices, and by mail.

Removed Barriers for Working Connections Child Care

DSHS recognizes that homeless parents, in order to achieve independence, need an appropriate place to provide care for their children while they seek permanent housing, seek employment, attend appointments necessary to stabilize their situation, or as needed to reduce parental stress that threatens the health and safety of the family. Crisis-centered, short-term childcare is available to eligible homeless families through contracted community agencies, who authorize services to licensed/certified childcare providers.

This statewide program is available to all eligible families who apply for services. The large urban areas of our state see higher program usage than the rural areas – funds are transferred each year from low use counties to high use counties for the most effective use of funding. Contracted agencies report that many homeless families are able to access the primary DSHS childcare subsidy program, Working Connections Child Care (WCCC). This program offers greater family stability by providing long term child care subsidies.

Improved access to the application process has contributed to access for homeless families. Improvements include CSO On-Line, Help for Working Families' toll-free system of connecting families to local offices, and Regional Call Centers that complete the eligibility determination over the phone.

DSHS made changes to the eligibility criteria for the

Homeless Child Care Program during SFY 02 to increase its accessibility. Input is continually sought from contracted agencies to identify needs of clients and potential improvements.

Division of Alcohol and Substance Abuse (DASA) Outstations in Community Services Offices

Each of the 61 CSOs has a chemical dependency counselor available on at least a part-time basis on-site to provide screening and counseling to clients when appropriate. Contracted services are calculated depending on the size of the CSO and number of TANF clients served. The total number of full-time employees contracted through DASA is 29.2. Six CSOs have a counselor available 40 hours a week These services are acknowledged as very useful by CSO staff in providing quick referrals for treatment services and improving coordination of services to clients.

Domestic Violence Staff in Community Service Offices

To assist with identification of domestic violence issues, referrals and appropriate participation in WorkFirst staff, domestic violence counselors are co-located in 23 CSOs throughout Washington State. Because many families are homeless as a result of family violence, these services are perceived as critically important in stopping the cycle of family violence.

In addition to these contracted services, DSHS has a personal service contract with the Washington State Coalition Against Domestic Violence to provide front-line training services to all WorkFirst staff and community-based organization staff on family violence.

A new statewide group has been formed - the Family Violence Joint Advisory Committee with composed of representatives from all partner agencies, DSHS staff from line level to management level and clients of related services. Homelessness has been identified as an issue that needs to be addressed by this group.

Continued Funding of Homeless Families Plan (HFP)

As part of the 1999 Homeless Families Plan, the Legislature funded several new initiatives. These initiatives continue to be funded, including:

Initiatives

- $10 million per year for the Additional Requirements-Emergent Needs (AR-EN) program
- $2.5 million per year in DSHS Consolidated Emergency Assistance Funding (CEAP) transferred to CTED for distribution to community-based emergency shelter providers assisting families
- $2.5 million per year in additional Emergency Shelter Assistance Program (ESAP) dedicated to homeless families with children
- $5 million per year to provide transitional housing to homeless families
- $5 million per year in capital funds to preserve and build emergency and transitional housing for homeless families

Homelessness Training

In FY 2002, DSHS staff members from the Community Services Division were surveyed to identify Best Practices in the training on homelessness issues, resources, and effective service delivery they had received in SFY 2000. Related policies were reviewed and discussed.

Most staff throughout the state found the original training helpful. Benefits of the training included:

- increased awareness of the issues and obstacles homeless people face;
- learning how to identify homeless people and the processes by which they are accepted into different programs;
- specific information about resources and coordination with other programs;
- re-engaging the CSO in homelessness as a community issue;
- building a network and taking the time to think and talk about needs of homeless people.

The ongoing dialogue with community partners and providers to resolve needs of homeless clients that has followed the training event has contributed to increased organizational capacity and better

coordination of services.

DSHS and CTED Collaborations with Community Partners

Supported by the positive outcomes of these and other new activities, opportunities for collaboration and coordinated working relationships between CTED, DSHS, and the Washington State Coalition for the Homeless continue to emerge. The interrelated mission and goals of these groups, as well as the Governor's Advisory Council on Homelessness and the Continuum of Care planning groups throughout the state have formed the core of a united effort to provide effective, accessible services for homeless families with children.

Homeless Families Receive Substance Abuse Treatment

The Division of Alcohol and Substance Abuse (DASA) supports families with children as both a state and federal priority for publicly funded substance abuse treatment. Once individuals with children in their custody are assessed as needing and qualifying for treatment, they are moved to the front of what would otherwise be long waiting lists. Most enter treatment within a week to ten days following assessment.

In 2001, 164 homeless adult individuals with children in their care entered treatment: 60 received some form of residential care, while 104 were treated in outpatient settings. An additional 18 received detoxification services. In addition, 84 homeless adolescents (ages 12-17) received chemical dependency treatment. Of these, 10 homeless adolescents reported they had children in their custody when they entered into treatment.

Oxford Houses

DASA supports Oxford Houses, a financially self-sustaining, statewide model that provides housing and long-term behavior modification services to individuals who, having accessed mainstream services, would very likely otherwise by homeless, or likely relapse into substance abuse. There are currently 101 self-governing houses (an increase from 82 in the last report) spread out across the state: 74 of these houses are for men and 27 for women. Each house determines whether they will take children as well. A

total of 780 beds are available.

The recidivism rate in Oxford Houses is 5%. Approximately 80% of Oxford House residents with 20 or more months of recovery had been through two or more treatment programs prior to admission; 20% had been in 10 or more treatment programs. Some 68.8% of Oxford House residents had been homeless for an average of six months at some time prior to their admission; 22.6% reported homeless at the time of their admission to Oxford House. A 1998 study indicated a cost of $25 per day for DASA to house a recovering individual. Oxford House costs DASA approximately $25 per month per individual.

DASA administers a federally funded revolving loan fund that facilitates the opening of new Oxford Houses. In addition, DASA supports county-employed outreach staff to provide assistance to houses and peer-run local chapters. Oxford Houses are not certified by DASA.

Safe Babies, Safe Moms

The Safe Babies, Safe Moms program serves approximately 275 substance-abusing pregnant, post-partum, and parenting women and the children (0-3) at project sites in Snohomish, Whatcom, and Benton-Franklin Counties. The project represents a state-level consortium formed by DASA, and includes the DSHS Children's, Economic Services, and Medical Assistance Administrations; Research and Data Analysis; and the Department of Health. The program was set up in response to the birth of a disturbing number of alcohol- and drug-affected infants.

Safe Babies, Safe Moms provides a comprehensive array of services, with a goal of stabilizing women and their young children, identifying and providing necessary interventions through a targeted intensive case management approach, and assisting women in transitioning from public assistance to self-sufficiency.

Safe Babies, Safe Moms provides housing support

services for women and children, who stay up to 18 months in transitional housing. Of 330 women enrolled in the program since January 2000, 6.4% were homeless at the time of admission, and 25.8% were living in an alcohol/drug treatment facility or transitional housing. It is likely that a significant portion of this population would be homeless without this program.

Funding for the Safe Babies, Safe Moms program is coming to an end. Unless there is an additional budgetary allocation, the program will stop taking new clients for case management services on December 31, 2002, though women and children would remain a DASA priority population for residential treatment and housing support services.

Statewide Rural Continuum of Care Planning

CTED continues to lead a strong consortium of counties in rural areas around the state in developing a comprehensive system of homeless services where there are fewer resources and limited capacity to support an adequate base of housing and services. In 2001 CTED, the Rural Steering Committee and the Washington State Coalition for the Homeless initiated a joint effort to improve the local cooperation of the mental health provider community (including the Regional Service Networks) and local homeless housing and service providers.

The objective was to create new partnerships for developing permanent supportive housing projects for people who are disabled and homeless. Two statewide forums and five regional workshops, supported with HUD technical assistance funds, brought together key local partners. This jumpstarted planning efforts in two communities to develop new permanent supportive housing.

Also in 2001, more communities were acknowledged to be working within their jurisdiction to share information and to develop a community-wide system to help people who are homeless. Resources were shared so that all member organizations, especially

small organizations, could obtain federal funding to bolster their ability to offer expanded services beyond limited stays in emergency shelters. Each year since 1997, CTED has worked with member counties in the Rural Continuum of Care to obtain funding from HUD for a variety of homeless programs. In 2001, the state's Rural Continuum of Care program was awarded $1.9 million to help fund 11 homeless projects.

Sound Families Partnership

In July 2000, the Bill & Melinda Gates Foundation committed $40 million to establish Sound Families for the benefit of homeless families in the Puget Sound region. The most pressing need was to build housing that provided the social services necessary to support families in their transition back to independence and self-sufficiency. CTED, along with local government and nonprofit organizations such as the YWCA, have worked with the Gates Foundation to evaluate and develop viable projects to fulfill the goal of building nearly 1,500 housing units over the next three years

Almost 300 units have been funded to date. Each Sound Families grant award included a capital grant of approximately $27,000 per unit and an average service grant of $4,700 for support services. The one-time Sound Families grant award is intended to support 15%-20% of the capital and initial service costs. The state's Housing Trust Fund is also used to bridge the gap in capital financing.

Local Surcharge for Housing

In 2002, the Legislature passed and Governor Locke signed into law House Bill 2060 that provided for a surcharge of ten dollars on each document recorded by the County Auditor for the purposes of building a fund to support affordable housing projects for low-income households throughout Washington state. A portion of the revenue generated through this surcharge will be deposited into the Housing Trust Fund (HTF) administered by CTED for operating and maintenance of low-income housing. Housing projects serving very low-income persons will retain another portion. This includes rental assistance

programs and support funding for emergency shelters and licensed overnight youth shelters.

This is a new program and so the immediate impact on housing development and on housing for homeless families with children has not been determined. However, in a time of dwindling state revenue this is seen as a critical source of support to help bridge the gap in funding for housing. CTED has already developed guidelines for the funding that will be transmitted to the HTF and has made this resource available to eligible applicants in the Fall 2002 funding round. CTED will continue to monitor and evaluate the use of the surcharge revenues on housing projects for homelessness.

Chapter 5 - Report on Performance Measures: SFY 2001- 03 Homeless Families Plan

The overall purpose of performance measures in the Homeless Families Plan is to keep our focus on the ultimate outcome: helping families with children avoid homelessness or, if they are homeless, quickly regain and maintain housing stability.

The ultimate outcome is to help families secure stable housing.

Goal #1	Shelter Homeless Families.	Progress Report
Action Step	*Maximize use of Emergency Shelter Assistance Program (ESAP) resources.*	SFY 2001
Output Measures	• Number of shelter bednights per year provided in ESAP shelters.	1,220,097 bednights
	• Number of persons in families sheltered per year.	27,139 persons
	• Number of children in families sheltered per year.	17,405 children
	• Average length of stay in one shelter.	24 days
	• Number of families not sheltered.	47,031 incidents of families being turned away from shelter, individual families counted multiple times if turned away from more than one shelter)

Goal #2	Return Homeless Families to Stable Housing	Progress Report
Action Step #1	*Use capital funds to develop and preserve emergency and transitional housing for homeless families with children (including facilities for survivors of domestic violence with children.*	
Output Measures	• Number of emergency shelter beds developed or preserved. • Number of domestic violence shelter beds developed or preserved. • Number of transitional housing units developed or preserved. • Number of domestic violence transitional housing units developed or preserved.	SFY 2001 0 beds SFY 2002 30 beds SFY 2001 32 beds/2 units SFY 2002 12 beds SFY 2001 32 beds/42 units SFY 2002 161 units SFY 2001 0 beds SFY 2002 4 units
Action Step #2	*Use state general funds to provide rental assistance to return homeless families to stable housing and to provide operating subsidies to transitional housing facilities that assist families to move from crisis to stable, permanent housing.*	SFY 2001
Output Measures	• Number of households in families provided transitional housing per year. • Number of children in families provided transitional housing per year.	858 households 1,889 children

Intermediate Outcomes	• Number and percentage of families in transitional housing who leave to subsidized housing.	35% - 253 families
	• Number and percentage of families in transitional housing who leave to unsubsidized housing.	46% - 326 families
	• Number and percentage of families who have an increase in income from intake to exit.	39% - 261 families
	• Average length of stay in transitional housing.	5 months
Ultimate Outcome	• Number and percentage of families who remain housed six months after exit from a transitional housing program.	71% - 636 families

Goal #3	Increase Number Of Homeless Families Accessing Needed DSHS Services.	Progress Report
Action Step #1	*Reduce the time it takes homeless families not yet receiving DSHS services to get on assistance and to receive their first check (original Action Step)*	
Output measure *(Revised)*	Number of persons who receive DSHS assistance (economic) while they are homeless.	Monthly average # of homeless families receiving economic assistance: FY2001 = 461 FY2002 = 499, which was an 8% increase
Intermediate Outcome (Revised)	Number of days between the date the final application for assistance was submitted and the date the application was approved and the check was issued.	The time from application to approval and issuance was shortened between FY2001 and FY2002. The % of homeless families whose application was approved and check was issued within one week of the application increased from 43% to 49%. The overall percent issued within 2 weeks increased from 62% to 70%.
Action Step #2	*Provide additional coordinated DSHS services for long-term homeless families*	Analysis of the information gathered during the Homeless Families in Washington State study indicates that service delivery increases following homelessness. Report can be accessed online: www1.dshs.wa.gov/rda/reports/11miscellaneous/11%5F98.htm
Output Measure	Number of families who experience prolonged homelessness.	Number of homeless families on public assistance who remained homeless for a prolonged period of 90 days or more dropped from 1,077 (17% of homeless families on assistance) in FY01 to 821 (14%) in FY02
Intermediate Outcome	Number and type of DSHS services used by those families.	In FY2001, the 1,077 families on public assistance who were homeless 90 days or more received DSHS services from the following programs: Economic Svcs. – 100% Medical Assist. – 100%

		Children's Admin – 34% Mental Health Div – 24% Div of Alcohol and Substance Abuse – 21% Dev Disabilities Div – 3% Div Voc Rehab – 3% Aging & Adult Svcs – 1% Juvenile Rehab – 1% (Note: Families may be served by more than one program, so the percents total to more than 100%. Data on DSHS services from the Client Services Database for FY2002 are not yet released.)

Goal #4	Assist families likely to become homeless with maintaining stable housing.	Progress Report
Action Step # 1:	*Maximize use of state general funds to prevent or resolve homelessness in the ESAP and prioritize services to help non-TANF eligible families.*	SFY 2001
Output Measures	• Number of families provided homelessness prevention assistance per year. • Number of individuals in families provided homelessness prevention assistance per year. • Number of children in families provided homelessness prevention assistance per year. • Number of evictions prevented per year. • Number of families provided case management services. • Number of family housing plans developed per year.	8,628 30,258 36,013 8,037 households 5,936 households 6,749 households
Action Step #2	*Within funding limits, use DSHS Additional Requirements Emergent Needs (AREN) and Diversion Cash Assistance (DCA) grants to help families prevent or quickly resolve homelessness.*	AREN funds provided assistance to an average of 2,007 assistance units each month. DCA funds were dispersed to an average of 810 individuals each month for SFY 2001.
Intermediate Outcomes	• Percent of homeless families who received AREN or DCA grants AND • Remained housed for the six months following the AREN and DCA grant period.	• Percent of homeless families who received AREN or DCA in FY2001 and remained housed within 6 months (based on last known housing status) was: • 91% of 1,253 in FY01 • 85% of 1,159 in FY02 • Of those families who were not initially homeless when they received AREN or DCA , the percent who remained housed was: • 94% of 1,854 in FY01 • 96% of 1,291 in FY02

Action Step #3	*Within funding limits, use either AREN or DCA grants in combination with other DSHS coordinated services to help families prevent or quickly resolve homelessness.*	
Intermediate Outcomes	• Percent of homeless families who received AREN or DCA grants AND • Used services from DSHS Mental Health Division, Division of Alcohol and Substance Abuse, Division of Vocational Rehabilitation, or Aging and Adult Services Administration, AND • Remained housed for the six months following the AREN and DCA grant period.	Out of 1,253 homeless families who received AREN or DCA, the percent receiving DSHS services in FY01 from selected programs:* MHD: 18% (n=229) DASA: 11% (n=141) DVR: 1% (n=18) AASA: 0% (n=2) Of these families, the percent that remained housed within 6 months of getting AREN:* MHD: 93% out of 229 DASA: 92% out of 141 DVR: 94% out of 18 AASA: 100% out of 2 families *Note: Some families may have received services from more than one DSHS program.

Goal #5	Generate new information on the way homeless or at-risk families use DSHS services, and the impacts of those services on their ability to regain or maintain stable housing.	Progress Report
Action Step #1	*Collect and analyze data and use those data to inform policy.*	Collecting and tracking data continues to present significant challenges. The homeless families report is a major step towards understanding the way homeless families use DSHS services.
Output Measure	Produce a report on homeless families, including information on the length of their homelessness and the DSHS services used.	Report completed – access online at: www1.dshs.wa.gov/rda/reports/11miscellaneous/11%5F98.htm
Action Step #2	*Analyze data collected in the DSHS survey of families living in emergency shelters.*	Completed: The data collected in the DSHS survey of families living in emergency shelters forms the core of the Homeless Families report.
Output Measure	• Produce a report and fact sheets on homeless families • Information on the length of their homelessness • DSHS services used • Barriers to DSHS services • Unmet service needs	Completed: This data has been included in the Homeless Families report and data sheets, and disseminated to interested parties. It is available online at: www1.dshs.wa.gov/rda/reports/11miscellaneous/11%5F98.htm

Goal #6	Improve DSHS Staff and Contractor Understanding of Homelessness and Participation in Homelessness Planning.	Progress Report
Action Step #1	*Keep DSHS staff on continuum of care planning groups*	DSHS staff continue to be active participants in continuum of care planning groups.
Output Measure	Percent of active continuum of care planning groups with DSHS participation.	Narrative indicates many CSOs maintain active participation in continuum of care groups.
Action Step #2	Train DSHS contracted chemical dependency and mental health treatment providers in factors leading to homelessness.	Training related to homelessness factors has been incorporated into ongoing training for contracted providers.
Output Measure	Number of contracted providers who are trained.	390 Chemical Dependency and Mental Health professionals, representing approximately 110 agencies, received training related to homelessness issues in 2001-2003.

Chapter 6 - Performance Measures: 2003- 05 Homeless Families Plan

Shelter Homeless Families	Goal # 1
Maximize Use of Emergency Shelter Assistance Program (ESAP) resources.	**Action Step #1**
• Number of bednights provided per year. • Number of persons in families sheltered per year. • Number of children in families sheltered per year. • Average length of stay in shelter. • Number of families not sheltered.	**Output Measures**
Return Homeless Families To Stable Housing	**Goal # 2**
Use capital funds to develop and preserve emergency and transitional housing for homeless families with children (including facilities for survivors of domestic violence).	**Action Step #1**
• Number of emergency shelter beds developed or preserved. • Number of domestic violence shelter beds developed or preserved. • Number of transitional housing units developed or preserved.	**Output Measures**
Use state general funds to provide rental assistance to return homeless families to stable housing and to provide operating subsidies to transitional housing facilities that assist families to move from crisis to stable, permanent housing.	**Action Step #2**
• Number of persons in families provided transitional housing per year. • Number of children in families provided transitional housing per year.	**Output Measures**
Number and percentage of families who remain housed six months after exit from a transitional housing program.	**Ultimate Outcome**
Enhance Access to Needed DSHS Services by Homeless Families	**Goal #3**

Provide accessible, timely DSHS services to homeless families with children.	**Action Step # 1**
Number and percent of current assistance cases who are homeless in FY 2004 and FY 2005.	**Output Measure**
Assist families likely to become homeless with maintaining stable housing.	**Goal #4**
Maximize use of state general funds to prevent or resolve homelessness in the ESAP and prioritize services to help non-Temporary Assistance to Needy Families (TANF) eligible families.	**Action Step #1**
• Number of families provided homelessness prevention assistance per year. • Number of individuals in families provided homelessness prevention assistance per year. • Number of children in families provided homelessness prevention assistance per year. • Number of evictions prevented per year. • Number of families provided case management services.	**Output Measures**
Within funding limits, use DSHS Additional Requirements Emergent Needs (AREN) and Diversion Cash Assistance (DCA) grants to help TANF eligible families prevent or quickly resolve homelessness.	**Action Step # 2**
• Percent of homeless families who received AREN grants AND • Remained housed for the six months following the AREN grant period.	**Intermediate Outcomes**

Improve DSHS Staff Understanding of Homelessness and Knowledge of Resources	**Goal #5**
Related to homelessness, train DSHS staff in issues identification, resolution, resources, and provide networking opportunities with community homeless services providers	**ACTION STEP #1**
Number of staff that receive training.	**Output Measure**

Chapter 7 – Context and Next Steps

ECONOMIC AND POLICY CONTEXT OF THE HOMELESS FAMILIES PLAN

Washington State's effort to assist homeless families with children is affected by significant economic and policy changes that have taken place since the plan was first implemented in 1999, including the following significant events and trends.

Economic Downturn

The Washington State economy reflects the downturn in the national economy, and the effects of significantly reduced tax revenues used by state government to fund programs and services compound the fiscal impact.

Housing Affordability

Using U.S. Department of Housing and Urban Development's (HUD) definition of affordability, a parent with two children earning minimum wage ($6.90 an hour) would need to work about 60 hours a week to afford a market-rate apartment in rural areas of the state. A comparable parent in Seattle-King county would need to work more than 100 hours per week.

Families struggling with low wages, part-time jobs, domestic violence, mental health problems, substance abuse, or child-care issues, find market-rate housing out of reach. Struggling families face long waiting lists for available subsidized housing (i.e., Section 8 vouchers), resulting in many becoming homeless.

Increased Demand for DSHS Social Services

New demands for social services, driven by advances in medical technologies intersecting with an aging population, are resulting in a growing number of persons living with chronic illness, cognitive impairments, and functional disabilities who require assistance. DSHS serves 1.3 million people a year – about one in five state residents.

DSHS Budget Reductions

To achieve necessary budget reductions, DSHS has closed some field offices and institutions, and reduced

its workforce. Despite the challenges of significant budget reductions, increasing costs of service delivery - especially medical costs - and an increasing need for services from citizens of Washington State, DSHS leaders and staff remain committed to creating stronger networks of support for homeless families with children. The evolution of an integrated service model that is timely, accessible, and responsive is a core strategy to help families attain and maintain safe, stable, and self-sufficient lives consistent with the DSHS mission.

HUD Moving to De-Fund Social Services for the Homeless

HUD has signaled to state governments that the agency intends to shift back to a housing focus ("bricks and mortar") in serving homeless families. HUD's intent is to shift responsibility for funding case management, mental health, substance abuse, and other social services for homeless families to federal Department of Health and Human Services programs (administered by DSHS), state and local governments, and community based agencies.

NEXT STEPS: 2003-2005

A homeless pregnant mother with 2 toddlers in Kitsap County was provided transitional housing using Homeless Families Plan funding. With the help provided by Kitsap Community Resources, she was able to work full-time, attend medical assistant school, and obtain her driver's license. She was hired by a local hospital and moved into her own permanent housing.

The resources appropriated for Homeless Families with Children programs within CTED and DSHS will continue to be deployed to meet the most pressing needs of homeless families across our state. Additionally, DSHS and CTED maintain strong connections to the vision and activities of the Washington State Coalition for the Homeless, the Governor's Advisory Council on Homelessness, and Continuum of Care groups throughout the state. These collaborations reflect a common purpose and interrelated goals to provide effective, accessible services for homeless families with children.

The programs detailed in Chapter 3 of this plan will continue to work on helping families stabilize and reach independent living and affordable permanent housing.

However, over and above these on-going program activities and implementation plans, the following are additional initiatives that are designed to bring about a stronger response to the problem of homelessness in our state.

Develop the Next Stage of the Homeless Families Plan Using the Policy Academy

Over the next year, the Policy Academy will work to develop the next stage of the Homeless Families Plan, by adapting and expanding the strategies and actions the Policy Academy members developed, including:

Elevate Homelessness

- Develop a fact sheet about costs and potential savings (based on available data and identifying gaps in data as needed).
- Develop statewide goals and outcomes on achieving vision of no homelessness within 10 years.
- Propose text for Executive Order from Governor to ensure all cabinet agencies address homelessness.

Policy Academy Mission: "All families will have a safe and nurturing home, access to community-based, culturally relevant

Case Management and Housing

services, and affordable housing."

- Create a pilot funding model, linking mainstream services and housing, which is sustainable and replicable throughout the State.
- Maintain and strengthen the Homeless Families Plan.

Review Memorandums of Agreement, Requests for Proposal, contracts, and interagency agreements for opportunities to strengthen linkages to mainstream services

Improving Linkages with Mental Health and Chemical Dependency Systems

- Develop information sharing and system transparency at the local level (including homeless providers, case managers, and CSO staff) for mental health and chemical dependency services and issues.

- Add information on chemical dependency and mental health system access to training.

- Develop chart to identify eligibility criteria and services provided. Also, identify in the chart the clients who have substance abuse and/ or mental health issues but are not eligible for services under current legislative and funding structure.

- Prepare a report on how homeless families are served by the mental health and chemical dependency systems and what outcomes are used for determining success (i.e. implement needs assessment, and identify who is not eligible for services and which clients are being lost due to failure and to show for an assessment or treatment).

Build Capacity

- Continue to seek opportunities for service

providers and Community Services Offices (CSOs) to identify best practices and serve diverse communities.

DSHS Pilots to Provide Services to Homeless Families

Continue pilot projects in two Region 3 CSOs to expand service integration efforts to include a focus on serving homeless families.

In Everett, an interdisciplinary model will provide case staffings to these families with all community partners involved - including community organizations, homeless service providers, and Housing Authority representatives. The Housing Authority will provide subsidized housing to a group of homeless families receiving TANF.

In Bellingham, the program will use an approach that combines a triaged intensive case staffing model including community partners, with yearly CSO staff education on demographics, trends, and community action plans. Community partners will be invited to develop and present staff training.

DSHS will use the lessons learned from these pilots to identify future methods of service delivery to homeless families with children.

Training for DSHS Staff With Community-Based Housing Providers

Recent surveys of DSHS staff and feedback from community service and shelter providers indicate that it is critically important to continue to provide training and networking opportunities with homeless shelter providers.

This new training and networking opportunity will build on the training completed in 2000.

The training will provide information on factors leading to homelessness, including mental illness, substance abuse, and family violence. Other components will include methods to move homeless families towards employment, and a strong focus on making and maintaining connections with community homeless

service and shelter providers.

A workgroup will be formed to develop curricula for further training that will be provided during the 2003-05 biennium. This will be a primary DSHS strategy to continually improve services to homeless families.

Review/Revision of DSHS Policies and Procedures

Policies and procedures relating to WorkFirst and other CSO social services will take into consideration the special needs and challenges of homeless families. To the extent that is reasonably possible, program managers will ensure that the policies and procedures that are written in both the WorkFirst and Social Services Manuals are "user friendly" to homeless persons and do not present additional barriers to receiving services.

User friendly policies and procedures might include:

- Home visits to a homeless shelter.
- Accepting the address of the homeless shelter as valid.
- Not requiring that a person have a personal residence in order to access services.

When manuals are updated, the review process will include attentiveness to homelessness issues.

Begin Deploying the Homeless Management Information System

The first pieces of the Homeless Management Information System will be deployed, which will provided policy makers additional insight on how best to use the resources tied to the Homeless Families Plan. The original 1999 Plan directed CTED to explore ways to count homeless persons. Since no funding was provided, CTED was unable to implement any of the ideas described in the study.

In 2000 HUD announced that all federally funded continuums of care must implement a Homeless Management Information System by 2004. The HMISs must collect unduplicated, client-level information on homeless persons served.

In partnership with CTED and DSHS, the Washington State Coalition for the Homeless convened an HMIS advisory panel, which developed the Washington State Homeless Data Standard. The unified data standard would allow a statewide, unduplicated count of homeless persons who were served by government supported homeless service providers, after the HMIS systems are fully deployed.

The standard will be used by the 12 Continuums of Care in Washington State to design their HMIS system. The Rural Continuum of Care, administered directly by CTED, has been awarded a federal grant to deploy an HMIS system covering a portion of rural Washington. The other 11 continuums are in various stages of designing their own HMIS systems to meet the federal requirement.

Improve Data Collected on Homeless Persons

CTED and DSHS will dedicate staff to serve on a homeless data workgroup whose charge is to coordinate administrative data collection across agencies, departments, programs, and local entities providing services.

This workgroup will advise CTED and DSHS management on data system issues related to coordinating services and achieving compatibility across systems. The workgroup will also be the central consultative body on homeless counts and common standards for data collection.

Statewide Continuum of Care Planning

Successful implementation of programs and strategies to help families achieve stability and self-sufficiency depend on strong linkages between local social service providers, including state agency staff, and local housing service providers.

These providers form the core of Continuum of Care planning groups in local communities who are united around a common goal of breaking the cycle of homelessness. CTED is committed to supporting and strengthening these planning groups, especially in the rural areas of the state where capacity is limited. The Continuum of Care approach brings diverse groups

together so that services and housing can be coordinated and limited community resources are wisely managed.

To further improve local coordination, CTED will incorporate minimum standards for local Continuum of Care planning activities as a condition of receiving federal Emergency Shelter Grants Program funds. Local communities will be asked to report on comprehensive services available at the local level on a routine schedule so that information is kept up-to-date and easily accessible. CTED will start to build a comprehensive mapping of community assets so that critical and significant gaps in both housing and social services can be easily identified and tracked.

Information will be shared with DSHS so that DSHS staff can readily see where their participation may be increased or re-directed depending on local circumstances and need. Information on the most critical gaps in the service delivery system will be used to formulate short and long-term strategies or action plans designed to fill these gaps or to find ways to mitigate the lack of resources or services.

Build On Successful Housing Models

New transitional housing and housing development programs for homeless families and survivors of domestic violence have completed almost three years of operations. Communities have tailored the use of these state resources according to their local needs and conditions. They have found approaches that work in some cases and fail in others.

CTED will collect information about existing housing and system supports, and service arrays to identify what works and for whom. The findings and any identifiable program models will be shared with local communities to promote promising practices and help build quality standards in homeless services statewide.

Homeless Families Child Care

DSHS continually seeks input from contracted agencies to identify needs of clients and potential improvements. Current plans include a program

review and redesign to identify ways to improve services to homeless families who need child care assistance.

Homeless Families with Children Receiving Emergency Shelter and Homelessness Prevention Services - SFY 2002*

County	Homeless Families with Children Receiving Shelter - Individuals	Homeless Families with Children Receiving Shelter - Families	Homeless families with Children Receiving Homelessness Prevention Services - Individuals	Homeless families with Children Receiving Homelessness Prevention Services - Families
Adams	5	2	209	50
Asotin	260	78	147	48
Benton-Franklin	668	206	1,265	334
Chelan-Douglas	866	288	938	267
Clallam	302	91	55	15
Clark	2,122	806	848	237
Columbia	9	2	44	10
Cowlitz	688	233	533	156
Ferry	20	8	26	9
Garfield	11	5	16	4
Grant	88	25	280	75
Grays Harbor	170	51	416	128
Island	81	23	193	58
Jefferson	81	27	11	4
King	7,363	2,283	8,344	2,378
Kitsap	341	107	237	70
Kittitas	147	44	161	38
Klickitat	31	11	39	10
Lewis	219	71	442	112
Lincoln	11	4	38	12
Mason	131	39	380	116
Okanogan	178	58	163	53
Pacific	38	11	47	14
Pend Oreille	58	19	177	49
Pierce	2,803	810	2,242	690
San Juan	-	-	125	36
Skagit	528	229	34	11
Skamania	39	10	33	10
Snohomish	1,364	556	2,323	677
Spokane	1,488	556	2,417	798
Stevens	69	21	448	134
Thurston	773	401	591	172
Wahkiakum	2	1	77	21
Walla Walla	241	62	616	165
Whatcom	627	217	382	111
Whitman	39	15	50	14
Yakima	1,373	413	3,473	1,016
TOTAL	**23,234**	**7,783**	**27,820**	**8,102**

*As reported by emergency shelter providers receiving ESAP funding (about 75 percent of all shelters)

Homeless Families with Children Receiving State Funded Transitional Housing – SFY 2002

County	New Families Assisted	Single Heads	Child Age 0-5	Child Age 6-13	Child Age 14-17
Benton/Franklin	4	4	6	4	0
Chelan/Douglas	21	18	27	9	1
Clallam	17	13	19	9	2
Clark	6	16	16	16	10
Cowlitz	7	7	7	4	0
Ferry	2	2	0	4	0
Grays Harbor	8	7	7	5	3
Island	2	1	0	2	1
Jefferson	1	1	0	1	1
King	263	208	247	199	111
Kitsap	2	1	1	3	0
Kittitas	0	0	0	0	0
Klickitat/ Skamania	7	2	7	3	6
Lewis	3	3	2	6	0
Mason	3	3	3	2	1
Lincoln	4	4	3	4	1
Okanogan	7	5	1	6	9
Pend Oreille	1	1	0	1	0
Pierce	90	73	84	61	22
Skagit	18	14	15	13	3
Snohomish	17	15	12	12	7
Spokane	93	87	101	47	12
Stevens	2	2	1	0	3
Thurston	9	5	8	3	3
Yakima	19	12	23	15	1
Wahkiakum	3	3	4	0	1
Walla Walla	1	0	2	1	0
Whatcom	53	40	40	23	6
Whitman	4	3	4	0	2
TOTALS	**669**	**550**	**640**	**453**	**206**

Housing Built/Preserved Using Homeless Families Plan Capital Funding – SFY 2001-2002

County	Project Name	Number of Units	Funding
Pierce	17th & G	5	$95,760
Pierce	Yakima Avenue Apartments	8	$150,800
King	NW 85th Family Housing	15	$431,792
Spokane	Riverwalk Point 1	10	$338,600
Snohomish	Housing Hope Village	3	$85,000
King	Croft Place Townhouses	7	$180,833
Clark	Centennial Houses	2	$125,100
King	Willows	8	$1,005,702
King	Avondale	58	$1,300,000
Spokane	Salvation Army Trans Hsg Fac	30	$600,000
Pierce	Pacific Courtyard	23	$480,383
	TOTAL	**169**	**$4,793,970**