

# *Tacoma, Lakewood, Pierce County Continuum of Care*



# **Plan to End Homelessness**

*April, 2012*



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## Executive Summary

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### THE ISSUE

Homelessness is the result of many convergent factors, both systemic and personal. Ultimately, it is the inevitable result of the gap between a household's income and the cost of living, including housing. Exacerbating factors for some individuals and families can include unemployment or under employment, unexpected medical bills and lack of health insurance, chronic health problems, domestic violence, physical disabilities, mental illness or drug and alcohol addictions.

Funding for homeless programs has always struggled to meet the demand, however, the funding climate in which this plan is written is rapidly deteriorating. Due to the lingering effects of the economic crisis of 2008, important safety net programs such as Housing and Essential Needs (Formerly GAU), Temporary Assistance for Needy Families (TANF), Community Development and Community Services Block Grants, and public housing are facing drastic cuts.

Despite these dire circumstances, the Tacoma, Lakewood, Pierce County Continuum of Care (Continuum of Care or CoC) remains hopeful that we will make progress with whatever funding is available. This will require extensive advocacy on the part of providers and the community at large to save the parts of the system that vulnerable families and individuals rely upon for survival, while transitioning to a system that does more than merely manage homelessness. At the same time, we are beginning to consider how we might address, and hopefully ease, the possibility of mass housing displacement among people currently housed but at very high risk because of the above-mentioned cuts.

### STRATEGIC PLAN GOALS

We are aware that even with adequate funding, our system would not support ending homelessness as it is currently designed. The strategies outlined in this plan are designed to shift the system to one that, when adequately funded, can end homelessness. The goals of this plan are to:

1. Centralize entry, intake and referral;
2. Prevent homelessness and rapidly re-house those who become homeless, including converting our significant stock of time-limited housing into permanent housing with transitional supports;
3. Develop affordable and permanent supportive housing;
4. Provide or broker tailored services and treatment in housing and prevention programs;
5. Engage systems designed to increase economic and educational opportunities;

6. Facilitate the continued development of a Homeless Management Information System (HMIS) that accurately captures need and is useful to end users;
7. Coordinate funding for homeless programs; and
8. Build the community and political will to end homelessness

## **ACCOUNTABILITY**

The Continuum of Care is responsible for developing and implementing this plan. The major funders investing in ending homelessness in Pierce County, including Pierce County, the Cities of Tacoma and Lakewood, the United Way of Pierce County, the Greater Tacoma Community Foundation, Building Changes, WorkForce Central, and the Tacoma and Pierce County Housing Authorities are working to align their funding policies and priorities with this plan, and moving toward funding projects that will attempt to accomplish the goals, strategies and action steps outlined in the plan. Funders and providers will be accountable for achieving results with that funding.

## **MEASURING PROGRESS AND PERFORMANCE**

The Continuum of Care is responsible for progress toward achieving other state, federal and private funder outcomes, including:

- Ending chronic homelessness by 2015
- Reducing all homelessness by 50% by 2016
- Reducing family homelessness by 50% by 2021

The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 has an overall goal of “ensuring that individuals and families who become homeless return to permanent housing within 30 days,” and the following performance measures:

- Reduce the number of people who become homeless
- Reduce the length of homelessness
- Reduce returns to homelessness
- Reduce overall homelessness
- Increase jobs and income
- Thoroughness in reaching homeless population
- Other accomplishments related to reducing homelessness

Pierce County staff in partnership with providers, state and local government entities, will monitor data in the Homeless Management Information System (HMIS). In addition, the Bill and Melinda Gates Foundation has contracted with Westat, a national research company, to evaluate the systems change initiative to end family homelessness (see appendix). We anticipate completing this systems change work within three years.

## **Section 1: Introduction**

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Pierce County has three strategic plans to end homelessness: one for chronically homeless individuals, one for all populations and one for families with children. In order to provide a clear vision for funding and housing development priorities, stakeholders in Pierce County have integrated these three plans into one set of goals and strategies to end homelessness in our community. For more information on the three plans, please see the “Plan Integration” section in the appendix.

Our work is guided by federal legislation (the Homeless Emergency and Rapid Transitional to Housing or HEARTH Act) that directs local continuums of care to make prevention and rapid re-housing the primary tools for ending homelessness rather than emergency shelter and transitional housing which have been the cornerstone of our homeless system for decades. The legislation sets a system-wide goal of reducing time-limited housing stays (including emergency shelter and transitional housing) to 30 days before placement in permanent housing. Essentially, we are working to shift our primary focus away from time-limited housing with supportive services to permanent housing with tailored, transitional subsidies and supportive services.

### **VISION**

The vision of this plan is to create a system that will support ending homelessness. The system must be flexible enough to respond to the needs of the community and new funding requirements, and also work collaboratively with other mainstream systems to end homelessness for shared populations.

The current array of homeless housing and services was not consciously designed. Rather, it is the result of years of inflexible fund sources layered or cobbled together as a reaction to trends in homelessness and homeless program policy and funding. The end result is that we have become very good at managing homelessness rather than moving toward ending it.

For lasting and effective change to take place, system transformation is required. We strive for a paradigm shift from the status quo to a system that is individual and family centered, provider informed, and funder supported.

An individual- and family-centered system necessarily tailors all services and interactions to the needs of those it serves. When services are adequately tailored, families and individuals get the right services, at the right level, at the right time. Funders and housing and service providers will no longer require participation in program components if they are not needed by an

individual or family. Providers are receiving technical assistance to help them gain an increased understanding about how to assess individuals and families in order to develop a unique approach to each household. This will include both what the primary agency will provide, and what to coordinate with other specialty agencies. Over time, the system will improve its ability to respond to family and individual needs in an effective and timely fashion.

Developing a system that is individual and family centered will require changes at a variety of levels:

- The funder level
- State and federal policy level
- The service recipient level
- The individual agency level
- The homeless housing and service provider system level
- The ancillary/partner system level (e.g., workforce development systems, children's systems, education systems, mental health, health care, etc.)

Specifically, we aim to implement five key practices that have emerged as best practices across the country: coordinated entry, prevention, rapid re-housing, tailored services and economic opportunity.

## **GUIDING PRINCIPLES**

Our Community should:

1. Affirm that housing is a basic human need
2. Provide a continuum of housing and service options that meet the needs of individuals and families
3. Focus efforts on the development of affordable permanent housing, permanent supportive housing, and prevention services
4. Be culturally competent and responsive in all programs and policies
5. Provide flexible funding
6. Use data to inform decisions
7. Practice outcome-based program accountability
8. Establish incentives for developers and property managers to create easily affordable housing units to those in need, throughout Pierce County
9. Provide services that are inclusive and strengths based
10. Seek innovative solutions, and question the status quo

## Section 2: Understanding Homelessness

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### THE DEFINITION OF HOMELESSNESS

Studies on homelessness are complicated by inconsistent definitions. Federal programs to assist persons who are homeless provide a wide range of services. Many of these programs are targeted to serve the needs of different segments of the homeless population (e.g. veterans or runaway youth), while others are intended to reach a broader number of persons, including those who may be at risk of homelessness.

For the most part these definitions share common language that defines homelessness as lacking a fixed, regular, and adequate nighttime residence. Differences in definitions primarily relate to the inclusion both of individuals who are sharing the housing of other persons (i.e. 'doubled-up') due to loss of housing or economic hardship, and of persons living in trailer parks and substandard housing. The latter definition references a much broader population of individuals that may not be living on the streets or in shelters, but could be construed as experiencing homelessness due to housing instability.

We use three primary definitions to guide our work at the direction of three different agencies, the US Department of Housing and Urban Development, the US Department of Education, and the Washington State Department of Commerce. See the appendix for text of the statutory definitions of homelessness that these agencies use to quantify and determine program/funding eligibility.

Essentially, someone experiencing homelessness—regardless of age—meets one or more of following conditions:

- Lacks a fixed, regular, and adequate nighttime residence
- Sleeps in a public or private place not meant or typically used for human habitation, like cars, parks, abandoned buildings, bus or train stations, airports or camping grounds
- Resides in a shelter or other time-limited housing program
- Resides in a hotel or motel with public or private assistance
- Will lose their housing within 14 days
- Has and will continue to experience long term housing instability, including frequent moves and staying with family or friends

The differences in definitions make it difficult to quantify the number of people experiencing and at risk of homelessness in our community. This is one of the reasons we have to use several

different sources of data in order to get an idea of how many people are experiencing or at risk of homelessness. Inconsistent definitions also pose challenges with funding and outcomes. For example, federal funding allocations are determined based on how effective we are at decreasing the numbers in our point in time survey of homeless people, and data in HMIS. Unfortunately, our numbers have gone up as we have increased our supply of transitional housing.

### **CAUSES OF HOMELESSNESS**

There are two big picture causes of homelessness: poverty and lack of affordable housing. According to the National Low Income Housing Coalition, approximately 50% of Pierce County renter households cannot afford market rate housing. This means they are paying more than 30% of their income toward housing costs, leaving little to pay for child care, transportation and health care. These households are only a paycheck or one medical emergency away from losing their housing. Many must rely on family and friends, housing subsidies and other benefits to survive.

Other exacerbating factors include:

- chronic health problems
- criminal background
- drug and alcohol addictions
- exhausted unemployment benefits
- flight from domestic violence
- generational poverty
- job loss
- loss of food, cash or disability benefits
- mental health disabilities
- no family or sick leave
- no retirement benefits
- physical disabilities
- poor credit and or rental histories
- the high cost of child care and transportation
- underemployment
- unexpected medical bills and lack of health insurance

### **COST OF HOMELESSNESS**

Homelessness is expensive. A big concern for the Homeless Coalition is the finding that 10% of the homeless population consumes over 50% of the public human service resources (Burt,

Laudan & Lee, 2001). Individuals experiencing chronic homelessness are heavy users of costly public resources, such as emergency medical services, psychiatric treatment, detox facilities, shelters, and law enforcement. Other research has found that providing housing actually saves money. A mentally ill homeless person uses \$41,000 annually in publicly funded services while putting that person into supportive housing can decrease these costs by \$16,000 (Riley, 2004). In 2009 *The Journal of the American Medical Association* published research showing that the Downtown Emergency Service Center's 1811 Eastlake Project in Seattle saved over \$4 million in taxpayer dollars during the first year, proving that providing housing and on-site services is far less expensive than allowing chronic homeless inebriates to remain homeless.

## Section 3: Sub-Populations

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There are many reasons people become and remain homeless. In order to end homelessness, we must target our interventions to the diverse needs of people experiencing homelessness in our community. Pierce County providers provide housing and services specific to the needs of different sub populations, including:

- Chronically Homeless Individuals and Families
- Families with Children
- Persons Exiting Institutions
- Persons with Serious Mental Illness
- Persons with Serious Substance Abuse Issues
- Persons with Co-Occurring Diagnoses
- Persons with HIV/AIDS
- Unaccompanied Youth
- Veterans
- Victims of Domestic Violence
- Populations at Risk of Homelessness

### **CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES**

“Chronically Homeless” is defined as an individual or family member with a disability who has been homeless for more than one year or 4 times or more in the past 3 years. In 2007, options for people experiencing chronic homelessness with targeted effort by the Continuum of Care, Homeless Housing Assistance Act (2163) funds and the City of Tacoma’s encampment initiative to provide client directed housing to people experiencing chronic homelessness.

### **FAMILIES WITH CHILDREN**

Homeless families are considered households with minor children, including single or partnered pregnant females who meet the federal Housing and Urban Development (HUD) definition of homeless. It is much easier to count those in emergency and transitional housing than those who are unsheltered or doubled up. The unsheltered count of homeless families is merely a sample of the actual number.

## **PERSONS EXITING INSTITUTIONS**

Homeless individuals may experience incarceration or hospitalization. In each instance, plans need to be put in place to ensure that individuals identified as homeless are moved from the corrections or health system into stable housing.

### **Correctional Facilities**

Ensuring that individuals released from prison and jail find appropriate places to live is critical to public safety and healthy families and communities. People who do not find stable housing in the community are more likely to recidivate than those who do. With each move after release from prison, a person's likelihood of re-arrest increases by 25%. Re-arrest and re-incarceration disrupts income and the ability of the person arrested and their family to comply with lease agreements.<sup>1</sup>

Felony convictions create a barrier to accessing safe and affordable housing. Employers and landlords alike routinely screen out people with criminal backgrounds, making it difficult for ex-offenders who have completed their sentences to re-establish themselves in the community.

### **Hospitals**

Discharge of homeless patients from the health care or mental health system is a concern, particularly those who still need a low level of care to remain healthy. The costs of extending hospital care past discharge can be approximately \$1,000 per day.

### **Foster Care**

"Today, the typical homeless person in America is a child. If his or her parent was in foster care as a child, chances are one in four that he or she will enter the foster care system before age eighteen."<sup>2</sup>

It is estimated that approximately 400 youth exit foster care at age 18 each year in Washington. In May 2005, Pierce County had 138 youth who were 17 years of age or older (approximately 30% of the state total) in foster care. According to the "Foster Youth Transition to Independence Study" conducted by the Office of Children's Administrative Research (2004) within one year of exiting foster care, approximately:

- 13% had experienced homelessness;
- 50% completed high school or obtained GED;

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<sup>1</sup> Bureau of Justice Assistance, Strategies for Addressing Housing Needs and Risks in Prisoner Re-Entry, 2005

<sup>2</sup> Homes for the Homeless, a report, August 1993

- Less than 50% were employed; and of those who were employed 47% were making wages at or below the poverty line; and
- 30% were enrolled in at least one public assistance program.

Youth exiting the Foster Care system at age 18 are at extremely high risk of experiencing homelessness due to adverse life experiences, failure to obtain education, lack of life skills, and extremely low incomes.

The Washington State Legislature passed House Bill 1922 in April 2007. “The legislature finds that providing needy youth aging out of the state foster care system with safe and viable options for housing to avoid homelessness confers a valuable benefit on the public that is intended to improve public health, safety, and welfare.” The goal of this legislation is to “ensure that all youth aging out of the state dependency system have access to a decent, appropriate, and affordable home in a healthy safe environment to prevent such young people from experiencing homelessness, and reduce each year the percentage of young people eligible for state assistance upon aging out of the state dependency system.”<sup>3</sup>

#### **PERSONS WITH SERIOUS MENTAL ILLNESS**

Mental illness often makes it difficult for individuals to find and retain housing, maintain employment, and navigate the health, housing, and social service system. Individuals in poverty with mental illness are at increased risk of homelessness. Homeless individuals with mental disorders remain homeless for longer periods and have less contact with family and friends. Mental illness prevents individuals from carrying out essential aspects of daily life, such as self-care, household management, and interpersonal relationships. Mental health treatment for this population is critical to maintaining housing stability.

#### **PERSONS WITH SERIOUS SUBSTANCE ABUSE ISSUES**

While most individuals affected by substance abuse never become homeless, those who are in poverty and addicted are clearly at increased risk. Untreated disorders contribute to homelessness. For many, the onset of an addictive disorder may be the catalyst to homelessness. For individuals who are addicted and homeless, the addiction may be prolonged by the very life circumstance in which they find themselves. Alcohol and drug use distract from activities oriented toward stability.<sup>4</sup>

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<sup>3</sup> Washington State House Bill 1922, April 2007

<sup>4</sup> Addiction Disorders and Homelessness, NCH Fact Sheet #6, National Coalition for the Homeless, June 2006

### **PERSONS WITH CO-OCCURRING DISORDERS**

Persons with a co-occurring mental illness and substance abuse disorder are much more likely to be jailed or homeless. An estimated 50% of homeless adults with serious mental illness have a co-occurring substance abuse disorder. Meanwhile, 16% of jail and prison inmates are estimated to have severe mental and substance abuse disorders. Among detainees with mental disorders, 72% also have a co-occurring substance abuse disorder.<sup>5</sup>

### **PERSONS WITH HIV/AIDS**

For homeless individuals living with HIV/AIDS the conditions of homelessness are even more dire. The impact of HIV/AIDS on a person's immune system makes homelessness a serious health risk. Homeless shelters, while they provide respite from the elements are often a significant threat to people with HIV/AIDS. Shelter conditions can expose people with HIV/AIDS to dangerous and even life threatening infections such as hepatitis A, pneumonia, tuberculosis, and skin infections.

Homelessness not only puts individuals with HIV/AIDS at a high risk of contracting an infection, it also makes obtaining and using common HIV/AIDS medications more difficult.<sup>6</sup> Antiretroviral medications used to treat HIV come with demanding and rigorous regimens. Without stable housing, access to clean water, bathrooms, refrigeration, and food, the likelihood of taking the medication on a regular schedule, which is vital for proper treatment, is severely impaired.<sup>7</sup>

### **UNACCOMPANIED YOUTH**

Homeless, unaccompanied youth are youth under age 18 who are not living with a parent or guardian. In Pierce County, most unaccompanied youth are living with family or friends. HUD recently included unaccompanied youth who are couch surfing or doubled up in their definition of homelessness. However, this population is inherently difficult to count in our community since there are no shelters in Pierce County for homeless youth. Additionally, homeless unaccompanied youth generally run away from home due to abuse, and typically do not want to be found. Under state law, most agencies are required to report the whereabouts of runaway youth under 18 to the youth's parents, the police, or the Children's Administration of the Washington State Department of Social and Health Services. For this reason it is difficult to engage this population in services.

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<sup>5</sup> NAMI, *Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder*

<sup>6</sup> Curry, Jen, "Homelessness and HIV/AIDS," *CRIA Update*, Vol.9, No. 3 Community Research Initiative on AIDS, (Summer 2000)

<sup>7</sup> National Alliance to End Homelessness, *Homelessness and AIDS*

## **VETERANS**

Nationally, approximately 12% of the homeless population are veterans.<sup>8</sup> Veterans are released from duty, often with Post Traumatic Stress Disorder (PTSD) and other mental health conditions, Traumatic Brain Injury (TBI), injuries and other physical disabilities, and substance abuse disorders they've acquired in order to cope. Veterans can have trouble finding work when they return due to limited transferable skills. While homelessness among veterans has long been a problem, the Veteran's Administration has enhanced services for all veterans since the wars in Iraq and Afghanistan have produced alarmingly high numbers of veterans that are finding it difficult to successfully reintegrate when their service to the country is done.

## **VICTIMS OF DOMESTIC VIOLENCE**

A sizable portion of the population in poverty experience domestic violence at any given time. Without housing support, many of those in poverty are at risk of homelessness or continued violence. Lack of affordable housing and long waiting lists for assisted housing mean that people experiencing domestic violence may be forced to choose between abuses at home and those they may face on the streets<sup>9</sup>. Frequently, shelters are filled to capacity and must turn away people experiencing domestic violence. Shelters provide immediate safety to those affected by domestic violence and help individuals gain control over their lives.

## **POPULATIONS AT RISK OF HOMELESSNESS**

According to the Clerk of the Pierce County Superior Court, 3,101 households in Pierce County were legally evicted from their rental units in 2010. As there is no system of follow-up, it is unknown where these households end up. Access Point 4 Housing reported 1,794 households requesting assistance were at imminent risk of losing their housing between February and October of 2011.

In Pierce County, 11.5% of the population is in poverty. This includes 36,559 households that have approximately 85,914 members. The majority of those households are cost burdened (paying more than 30% of their income towards housing expenses) leaving them at high risk of homelessness.

People who have exhausted their Unemployment Insurance (UI) benefits are also at significant risk of becoming homeless.

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<sup>8</sup> US Departments of Housing and Urban Development, and Veterans Affairs, [Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress](#)

<sup>9</sup> Domestic Violence and Homelessness, NCH Fact Sheet #7, National Coalition for the Homeless, June 2006

## Section 4: Homelessness in Pierce County

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### QUANTIFYING HOMELESSNESS

We attempt to quantify the number of people experiencing homelessness in Pierce County using the following measures:

- The Homelessness Management Information System (HMIS)
- Access Point for Housing (AP4H) centralized intake for homeless housing programs
- Point in Time Survey
- Office of the Superintendent of Public Instruction Homeless Education Data (OSPI)

Average Monthly Unduplicated Requests to AP4H Feb-Oct 2011	2011 Point in Time Survey (Includes HMIS)	OSPI 2010-2011 School Year
1480	2,068	3318

### HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The US Department of Housing and Urban Development requires every Continuum of Care in the country to enter data into the Homeless Management Information System (HMIS). Every agency and program that receives funding from HUD, the Washington State Department of Commerce, the City of Tacoma and Pierce County are required to enter data about their clients into HMIS. This includes prevention programs, emergency shelters, transitional housing and permanent supportive housing. HMIS can be used to generate reports, input case notes, and make referrals to other agencies.

### ACCESS POINT 4 HOUSING

Access Point 4 Housing (AP4H), Pierce County's centralized intake program for homeless prevention and homeless housing, opened on January 31, 2011. Prior to this time, families and individuals seeking shelter or supportive housing programs had to call every agency in the community, often from outdated lists, until they found an opening; and the agency with the opening wasn't always the best fit. Now, people seeking help need only call one agency where they will be screened for eligibility, and assessed for proper placement. This has yielded better data on the demographics of those seeking assistance, and has underscored the dire need for affordable housing, education, employment and other supportive services in our community.

### POINT IN TIME SURVEY

The point in time survey is a snapshot of people experiencing homelessness during a 24-hour period in January. It is not and never has been an actual representation of the real number of people experiencing homelessness in the community. At best, it can be considered today's estimate of a continually moving target. Those identified as chronically homeless, singles,

families and total homeless have all fluctuated due in part to the changing methodology over the years, increases in emergency shelter and transitional housing beds, and due to the increasing number of people experiencing homelessness. Pierce County began conducting surveys bi-annually in 1996, and annually in 2005.

The point in time survey has several limitations. We are required to use a very limited definition of homelessness that does not include people in unstable housing situations, such as being doubled up or in an overcrowded situation. Even if we could count this population, getting an accurate count would be impossible due to the hidden nature of this population. In addition, as the supply of transitional housing increases in response to the need, those who are unstably housed (and therefore not included in the survey) move into those units, and we have a corresponding increase in the number of people experiencing homelessness. Finally, while the point in time survey provides an opportunity to survey those living outside and in their cars, it is another population that is impossible to count with anything approaching accuracy. When housed, this population typically moves into permanent supportive housing, which is not considered homeless according to the definition we use for the survey.

### **HOMELESS STUDENTS**

School districts across the country are federally mandated to provide transportation, enrollment and other assistance to children experiencing homelessness with their families, or unaccompanied. The idea is to maintain consistency in the child's education, despite the instability of homelessness. This mandate is woefully underfunded, and school districts spend significant amounts of money transporting homeless students to their school of origin. School districts track each student they assist throughout the school year, and this data is published on the website of the Office of the Superintendent of Public Instruction. <http://www.k12.wa.us/HomelessEd/Resources.aspx> (Scroll down to "School District Homeless Data Report".)

### **PERCEPTIONS OF HOMELESSNESS**

In Pierce County, many residents have limited impressions of the homeless population. As part of the Pierce County Systems Analysis, focus group participants reported thinking of homeless individuals as those who stand on the streets with signs, or as those with mental health issues, substance abuse or drug and alcohol problems. Most of the business leaders participating in focus groups sensed that homelessness was static; whereas Pierce County residents perceived that the homeless population was growing. 60% of all focus group participants expressed surprise and anguish over the homeless status of families.<sup>10</sup>

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<sup>10</sup> Preliminary Systems Analysis, University of Puget Sound, Dr. Renee Houston, Dr. Carolyn Weisz, Dr. Richard Anderson-Connolly. August 2006

## **Section 5: Current Housing and Services in Pierce County**

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Within Pierce County there are non-profit community-based agencies providing housing opportunities and services to homeless individuals and families. Services are targeted to certain geographic areas or are spread countywide. Some agencies focus on families and others on subpopulations with special needs such as domestic violence victims and those living with HIV /AIDS. The housing opportunities and services cover a continuum of services from prevention to permanent affordable housing.

### **PREVENTION**

In general, services have included short and long-term rental assistance, short and long-term case management, basic financial literacy workshops, and utility assistance.

### **DIVERSION**

This is a new component to our continuum, inspired by the HEARTH Act. Pierce County will begin diverting households from time-limited supportive housing (emergency shelter and transitional housing) and placing them directly into permanent affordable housing or permanent supportive housing. Transitional supportive services tailored to the household's needs will be available as resources permit.

### **EMERGENCY SHELTER**

Emergency shelter includes any facility, with the primary purpose of providing temporary shelter for all people experiencing homelessness or specific sub-populations. Most funding sources limit shelter stays to 90 days.

### **TRANSITIONAL HOUSING**

Transitional housing is time-limited supportive housing with a stay of 91 days to 24 months. Supportive services are typically provided by the organization managing the housing, and are designed to help the household achieve self-sufficiency. Transitional housing can be provided in one structure, in several structures at one site, or in multiple structures at scattered sites.

### **PERMANENT SUPPORTIVE HOUSING**

Permanent supportive housing is long term, community-based housing that provides supportive services for low income or homeless people with developmental disabilities, severe mental illness, substance abuse, or HIV/AIDS. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. Supportive services may be provided by the organization managing the housing, or coordinated by the housing provider and provided by other public or private service agencies. Permanent

supportive housing can be provided in one structure, in several structures at one site, or in multiple structures at scattered sites.

### **AFFORDABLE HOUSING**

Housing is considered affordable when the household is paying no more than 30% of their income toward rent or mortgage and utilities. In order for market rate housing to be affordable to low and extremely low income households, a subsidy is necessary. Affordable housing can be publicly or privately owned, is permanent, with the household holding the lease. Low income housing is a type of affordable housing that is specifically designed to be affordable to people earning less than 50% of the area median income. This is achieved by securing funding for operating subsidies rather than subsidies attached to individual tenant households.

### **HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES IN PIERCE COUNTY**

Once a family or individual becomes homeless, they are eligible to receive housing and assistance through a variety of programs funded with federal, state, and local resources, as well as foundation funding.

32 agencies in Pierce County provide housing and assistance to homeless individuals and families. 9 agencies work only with single populations, 11 work exclusively with families, and 12 agencies work with both singles and families.

The current inventory of units programmed to provide shelter and housing for people experiencing homelessness includes a wide variety of models. Dormitory-type housing and single-family housing units provide emergency shelter beds for individuals and families. Single-family homes and apartments provide transitional units for individuals and families. Scattered site apartments provide permanent supportive housing for people with disabilities.

All housing units serving the homeless have some level of public subsidy. Funding comes from a variety of sources and pays for operating costs, construction, or acquisition of the real property. There are, however, limited resources that concentrate on preventing homelessness, such as rental assistance programs or foreclosure prevention activities.

All known subsidized housing programs have waiting lists and always report utilization near 100% of existing capacity. In addition, clients often need supportive services, and those programs typically operate at capacity and still do not meet the demand for those services.

In some cases, individuals and families exiting a “homeless housing and assistance program” are able to move into units in the general housing market-place and maintain a stable housing

situation. Sometimes the households receive financial assistance through the Section 8 program for rental of private sector units. In other cases, they may move into a federally funded public housing unit or a unit built with federal, state, or local funding which ensures affordability. However, in the majority of cases they return to live with family members or in market rate properties, which places them at risk of becoming homeless again. Homeless housing and assistance programs will continue to be overwhelmed unless the general need for housing affordability is addressed.

Due to a growing homeless population, the need for additional units increases even as new units are produced. As an example, the significant increase in the chronically homeless population, as shown in the 2008 homeless survey, occurred at the same time that several new programs specifically targeted to serving the chronically homeless population opened. According to Homeless Management Information System (HMIS) data, transitional units targeted to families are always occupied, and based on agency reports they turn away numerous families on a monthly basis.

In addition, individuals and families who enter into homeless programs designed to teach skills that will lead to self-sufficiency are exiting those programs at extremely high rates before completion. This is the case for programs involving permanent as well as transitional housing models. This suggests that in addition to changes in the number and characteristics of the homeless, the challenges they face may also be changing, and programs serving that population need to be adjusted to meet the need.

## Section 6: Cross System Collaboration

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In order to be client centered, existing barriers to necessary services must be removed. While we have made progress engaging certain mainstream systems such as mental health, there is much work to be done in engaging several other systems.

### CHILD WELFARE AND FOSTER CARE

Families involved with the child welfare system are sometimes homeless or at significant risk of losing their housing. These families often face a “Catch 22”. In order for parents to reunite with their children once they have been put into foster care, they must have stable housing. Unfortunately, subsidized housing programs often require that parents have their children in their care in order to qualify. If safe reunification is not possible, children remain in foster care until they turn 18, whether they are ready to be independent or not. According to a national survey, 25% of foster youth reported that they had been homeless at least one night within 2.5 to 4 years after exiting foster care.<sup>11</sup> Pierce County is working with Children’s Administration and contracted child welfare providers to coordinate resources and interventions for these populations.

### PUBLIC EDUCATION

Education is critical to obtaining and maintaining living wage employment. The Pierce County Department of Community Connections Homeless Program office is working to develop relationships with the public school district McKinney-Vento homeless education liaisons in Pierce County to focus resources on households working to exit or avoid homelessness.

Federal law requires school districts to identify and assist homeless school age children and their families. School districts are also required to provide transportation to and from the school or district the student attended before becoming homeless. This is an unfunded mandate and Pierce County school districts spend about one million dollars each year providing out of district transportation in order to meet this requirement. One of the goals of this plan is to provide assistance to families so they can remain in their school district of origin to minimize educational and family disruption.

### EMPLOYMENT

Living wage employment is critical to obtaining and maintaining housing. The Pierce County Department of Community Connections Homeless Program office is working to develop a relationship with WorkForce Central, the administrative body of WorkSource, in order to improve access to training and job readiness services for households exiting homelessness.

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<sup>11</sup> Cook, R. (1991). A national evaluation of title IV-E foster care independent living programs for youth. Rockville, MD: Westat, Inc.

## **INSTITUTIONS**

Pierce County has long acknowledged the importance of discharge planning for persons exiting institutions, including mental health hospitals, jails, prisons, foster care, etc. Indeed, the Tacoma Pierce County Coalition to End Homelessness has a From Institutions to Community Housing (FITCH) committee that works to increase housing opportunities for this population. However, a more concerted, formal effort to engage each system is necessary to coordinate seamless assistance.

## **TRANSPORTATION**

Housing providers report that one of the biggest barriers to self sufficiency for their clients is transportation to and from work. Housing near job centers is often unaffordable for low wage earners, forcing them to live far from where they work. While the housing may be affordable in less populated areas, finding and affording transportation to and from work is a huge challenge for low wage earners. Meanwhile, public transportation systems throughout the state are forced to implement service reductions and eliminations in response to budget cuts. There are opportunities to collaborate with the Pierce County Coordinated Transportation Coalition to increase transportation opportunities for people experiencing or at risk of homelessness through existing programs and pilot projects.

## **VETERANS**

The United States Veterans Administration (VA) is making substantial investments in homelessness prevention and supportive housing for veterans. Homeless prevention and housing providers are working to identify veterans as they seek assistance, and connect them with the appropriate VA caseworkers.

## **PUBLIC BENEFITS**

Many people who are homeless or at risk of homelessness receive some sort of public assistance, such as Unemployment Insurance Benefits, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP/food stamps), Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI). It is important to work with the administrative bodies for these benefits to identify shared clients, and work together to help them achieve their highest level of self sufficiency. Unfortunately, some key public benefits are ending or being significantly reduced, thereby increasing the risk of homelessness for recipients.

## **HIGHER EDUCATION**

Access to higher education will be the key to living wage jobs for many households. There are several opportunities to assist this population access higher education, including Opportunity

Grants to community and technical colleges and Department of Education funded programs that assist low-income prospective students get enrolled in community and technical colleges. Unfortunately, unprecedented increases in tuition costs coupled with decreased tuition assistance are placing additional barriers to higher and technical education for people experiencing and at risk of homelessness.

## **OTHER STRATEGIC PLANS**

We work with several other housing-related plans, including:

### **Continuum of Care Action Plan**

The Tacoma, Lakewood, Pierce County Continuum of Care has developed an action plan that includes strategies to improve system capacity and performance, and that aligns with existing plans.

### **Opening Doors**

“Presented to the Office of the President and Congress on June 22, 2010, [Opening Doors](#) is the nation’s first comprehensive strategy to prevent and end homelessness. *Opening Doors* serves as a roadmap for joint action by the 19 USICH member agencies along with local and state partners in the public and private sectors. The plan puts us on a path to end Veterans and chronic homelessness by 2015; and to ending homelessness among children, families, and youth by 2020. The Plan presents strategies building upon the lesson that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness.” United States Interagency Council on Homelessness, [www.usich.gov](http://www.usich.gov).

### **State Homeless Plan**

The Homeless Housing and Assistance Act of 2005 (E2SHB 2163), in addition to requiring each county to submit a plan to reduce homelessness by 50% by 2015, also requires the Washington State Department of Commerce to publish a statewide plan to reduce homelessness by 50% by 2015. <http://www.commerce.wa.gov/site/823/default.aspx>

### **Affordable Housing Plan**

The City of Tacoma Affordable Housing Policy Advisory Group put together a set of policy recommendations to the City Council in 2010.

[http://cms.cityoftacoma.org/cedd/housing/AHPAG\\_Final\\_Report\\_Dec\\_2010.pdf](http://cms.cityoftacoma.org/cedd/housing/AHPAG_Final_Report_Dec_2010.pdf)

### **Mental Health Housing Plan**

In addition to the gap between income and the cost of living, persons with mental health challenges face barriers related to their mental illness. These can include

discrimination by property managers or case managers, learned helplessness, and a lack of development of the skills necessary to live independently. Extended absence due to in-patient treatment can also interrupt living independently when it causes interruption of benefits and non-payment of rent. Advance Directives and individual advocacy can help stabilize these situations.

Most research today shows that only a very small percentage of individuals with mental health challenges cannot live independently, and even in those cases the research cannot conclusively predict the ability or inability of an individual to develop skills and live independently in the future.

From 2009 to 2010 the number of people self reporting that mental illness was a primary factor that lead to homelessness increased by 25%. The mental health and homeless provider communities have developed the Mental Health Housing Plan in order to address the following gaps:

1. Affordable housing in Pierce County;
2. Workforce and education development opportunities for individuals in the MH system who are homeless, at risk of homelessness, or living in a group living situation;
3. Independent living skills training opportunities;
4. Peer-to-peer discussions with individuals in long-term care environments to spark their interest in living independently;
5. Permanent supportive housing for people in the public MH system;
6. Both the skill and capacity to develop permanent supportive housing at the system level or each individual agency level, and the funding required to make that happen need to exist;
7. Transitional supportive housing that offers a level of support to adequately allow people to live independently who may be (or feel) initially challenged to live independently with less support;
8. Those who want to move from a group living situation but lack the skills;
9. Those who want to move from a group living situation but lack the income;
10. Those who want to move from a group living situation but their legal background is a barrier to an independent lease;
11. Those who have lost hope about their own future, and can't find the motivation to want more than a group home; and
12. A comprehensive list of housing for people with felony histories.

Mental health and homeless providers in Pierce County are working to address those needs by developing housing options, increasing services and strengthening partnerships with other agencies and related systems. They will also work to implement best practices such as housing first, permanent supportive housing, peer support and linking employment with housing.

### **Veterans Integrated Service Network (VISN) 5 Year Plan**

The Veterans Administration has committed to ending homelessness among veterans in five years. The Pierce County CoC will work with our local VISN to align our goals and strategies to end homelessness for veterans in our community.

### **Consolidated Plan**

Pierce County's five-year Consolidated Plan is a strategic planning document that informs and drives the community's response to the housing, community development, and economic development needs of its low-income residents and of the cities and towns that comprise the county consortium. The county's five-year plan details to the public and the U.S. Department of Housing and Urban Development the funding context for grant activities during each five-year period.

<http://piercecountywawa.gov/pc/abtus/ourorg/comsvcs/cd/plansandreports.htm>

### **Pierce County Youth Homelessness Plan**

The mission of the Continuum of Care Homeless youth and Young Adult subcommittee is to end unaccompanied youth and young adult homelessness by providing a holistic spectrum of tailored services from prevention to permanent housing for constituents ages 12-24.

Guiding Principles: Accessible Array of Services that are Flexible (from least to most restrictive), Community Based Empowerment Approach, Social Justice Oriented & Progressive Practice, Multicultural Competency, Collaborative and Coordinated Services, Responsive and Immediate Early Intervention, Youth/Young Adult Driven, Tailored Services, Assisting Clients in Developing Natural Supports, Recovery Oriented Approach, Strengths-Based, Advocacy, Sustainability, Community Engagement

### **Pierce County HIV/AIDS Housing Plan**

The Pierce County HIV/AIDS Housing Plan is an amalgamation of a six-month planning process that brought together a wide range of community stakeholders to reflect and plan for housing needs of Pierce County residents living with HIV/AIDS and their families. Housing and service providers, Pierce County Department of Health, and most

of all, people living with HIV/AIDS participated in the landscape assessment and provided input on the Pierce County HIV/AIDS Housing Plan. AIDS/HIV research is replete with data validating the fact that homelessness and housing instability is one of the major causes of the continuing AIDS crisis in America. There is an estimated need for 75-100 units for those literally homeless, and 400+ for those at risk.

HIV/AIDS program clients in Pierce County identified housing affordability as the greatest need, and also expressed interest a desire for greater independence and employment. HIV/AIDS program staff identified a need for permanent supportive housing, integrated, in-home, co-occurring disorder treatment, outreach to African-American/Blacks and Hispanic/Latino men who have sex with men, and assistance for those with a criminal background and poor or no credit history.

## Section 7: Goals and Objectives

The following chart shows the goals and objectives of this plan, in addition to target and completion dates, applicable HEARTH Act performance measures (see the key below), and the entities responsible for implementing the objectives. We anticipate completing this systems change work within three years.

### HEARTH Act Performance Measures:

- A. Reduce average length of time persons are homeless
- B. Reduce returns to homelessness
- C. Improve program coverage of homeless population
- D. Reduce numbers of families and individuals who are homeless
- E. Improve employment rate and income amount of families and individuals who are homeless
- F. Reduce number of families and individuals who become homeless (first time homeless)
- G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

<i>Goal/Objective</i>	<i>Target Date</i>	<i>Completed</i>	<i>HEARTH Act Measure(s)</i>	<i>Responsible Entity(s)</i>
<b>GOAL 1: CENTRALIZE ENTRY, INTAKE AND REFERRAL</b>				
<b>1.1</b> Create a Centralized Intake System	Q1, 2011	Q1, 2011	A, B, C	Pierce County, Building Changes, successful applicant (Associated Ministries)
<b>1.2</b> Match those in need of Prevention <sup>12</sup> or Re-Housing to the provider that best fits their circumstances.				
<b>1.3</b> Tailor centralized intake services to the specific needs of each individual or family.				

<sup>12</sup> After year one of centralized intake, the overwhelming number of qualified prevention calls made it clear that our community lacks the resources to effectively assess and serve those at risk of homelessness in our community. Our focus has shifted to diversion and rapid re-housing.

<i>Goal/Objective</i>	<i>Target Date</i>	<i>Completed</i>	<i>HEARTH Act Measure(s)</i>	<i>Responsible Entity(s)</i>
<b>GOAL 2: PREVENT HOMELESSNESS AND RAPIDLY RE-HOUSE THOSE WHO BECOME HOMELESS</b>				
<b>2.1</b> Make a systemic shift to homelessness prevention and rapid re-housing, including conversion of transitional housing.	Launch Q4, 2012		A-D, F, G	Funders and Providers
<b>2.2</b> Coordinate and expand prevention and rapid re-housing resources.	Q4, 2012			Funders, Providers and Centralized Intake
<b>2.3</b> Develop landlord incentive project.	Q4, 2012	Q1, 2012		Pierce County, Building Changes, successful applicant (MDC)
<b>GOAL 3: DEVELOP AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING</b>				
<b>3.1</b> Advocate for funding and policy actions that will increase the supply of affordable and permanent supportive housing.	Ongoing		A, B, D, F, G	Providers and Funders
<b>3.2</b> Guide the development of affordable and permanent supportive housing in Pierce County				
<b>GOAL 4: PROVIDE TAILORED SUPPORTIVE SERVICES AND TREATMENT IN HOUSING AND PREVENTION PROGRAMS</b>				
<b>4.1</b> Ensure homeless housing and service organizations are tailoring their services to the needs of their clients.	Q4, 2012		A-E	Funders and Providers
<b>4.2</b> Coordinate the provision of tailored services and treatment across agencies and systems.				
<b>4.3</b> Advocate for funding and policy actions that will facilitate the provision of tailored services and treatment.				

<i>Goal/Objective</i>	<i>Target Date</i>	<i>Completed</i>	<i>HEARTH Act Measure(s)</i>	<i>Responsible Entity(s)</i>
<b>GOAL 5: ENGAGE SYSTEMS DESIGNED TO IMPROVE ECONOMIC AND EDUCATIONAL OPPORTUNITIES.</b>				
<b>5.1</b> Create/enhance intensive employment and education navigation services for target population.	Q3, 2013		A, B, D-G	Funders, Providers, Educational and Employment Systems
<b>5.2</b> Build cross-system partnerships between homeless housing/services and workforce development providers.	Q1, 2013			
<b>5.3</b> Develop a cadre of employers receptive to working with the target population.	Q1, 2013			
<b>5.4</b> Provide capacity-building training and technical assistance to agencies serving target population to ensure staff members have resources to connect clients to economic opportunities.	Q1, 2013			
<b>5.5</b> Provide opportunities for consumers to increase their own economic opportunities.	Q1, 2013			
<b>5.6</b> Evaluate the effectiveness of employment and education programs and incorporate learning into program improvements.	Q3, 2012			
<b>GOAL 6: FACILITATE THE CONTINUED DEVELOPMENT OF A HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) THAT ACCURATELY CAPTURES NEED AND IS USEFUL TO END USERS</b>				
<b>6.1</b> Use HMIS data system to collect longitudinal data to determine long-term success of investment.	Q4, 2011	Q4, 2011	C	Pierce County, Bowman, Providers
<b>6.2</b> Use HMIS data system to collect information on the need for services in Pierce County.	Q4, 2011	Q4, 2011		
<b>6.3</b> Ensure real-time data is available in the system.	Q3, 2011	Q3, 2011		
<b>6.4</b> Ensure HMIS data system is designed to provide end users with reports they will find helpful.	Q4, 2012			

<i>Goal/Objective</i>	<i>Target Date</i>	<i>Completed</i>	<i>HEARTH Act Measure(s)</i>	<i>Responsible Entity(s)</i>
<b>GOAL 7: COORDINATE FUNDING FOR HOMELESS PROGRAMS</b>				
<b>7.1</b> Coordinate public and private funding for homeless programs, as well as other partner systems that serve households at risk of and experiencing homelessness.	Q2, 2013		A-G	Oversight Group of Funders
<b>GOAL 8: BUILD THE COMMUNITY AND POLITICAL WILL TO END HOMELESSNESS</b>				
<b>8.1</b> Develop a strong voice in the community through a consistent message and unified approaches to advocacy, engagement and education.	Q4, 2012		A-G	Providers and Funders
<b>8.2</b> Enlist and educate the political leadership to promote and support the Tacoma, Lakewood, Pierce county Continuum of Care Plan to End Homelessness and tools to assist them in decision-making on action to reduce the number of people experiencing homelessness.	Q1, 2013 and ongoing			
<b>8.3</b> Engage business support	Q3, 2013 and ongoing			

## Section 8: Acknowledgements

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### CONTINUUM OF CARE HOMELESS PLAN INTEGRATION SUB-COMMITTEE (2011)

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## Tacoma, Lakewood, Pierce County Continuum of Care Plan to End Homelessness

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