

Action Plan for Washington State

PRIORITY ONE: Achieve Resource-Supported Buy-in and Collaboration at Local, County, State Levels to Solve Chronic Homelessness						
Strategy	Actions	Manager¹	Implementer²	Expected Outcomes	Benchmarks	Estimated Completion Date
Strategy 1.1 Identify and recruit a leader to champion the Action Plan to end chronic homelessness and bring key people together to make it happen	Action 1.1.1 Create a group from Policy Academy participants to recruit leaders/stakeholders.	Corky Senecal, Chris Lowell, Steve Moss, Shane Rock	Same	Group is identified. Recruitment efforts begin.	Group created. Leader is recruited	March 2005. Waiting until new Governor takes office in January 2004 and new administration is established.
Strategy 1.2 Secure full-time staffing to complete and implement Policy Academy plan	Action 1.2.1 Convene CTED/DOC/DSHS to identify resources for staffing	Stephen Buxbaum, Victoria Roberts, Cathy Cochran	CTED, DOC, DSHS	Full time staff is hired and begins work on implementing P.A. Action Plan	Hiring process is completed	October 2004
	Action 1.2.2 Connect staff to existing Technical Assistance resources (Common Ground & Corporation for Supportive Housing)	Lynn Davison	Common Ground, CTED, CSH	Staff works with technical assistance providers to flesh out plan.	Action Plan contains more detail and committee members are working on implementing priority areas	January 2005
Strategy 1.3 Develop Governor request legislation in '05-'07 biennial budget to implement PA action plan	Action 1.3.1 PA steering committee convenes to prioritize action plan strategies	Chris Lowell	Washington State Coalition for the Homeless, State Advisory Council on Homelessness, Washington Low Income Housing Alliance, Affordable Housing Advisory Board	For 2005 legislative session, identify key connection points with legislative agendas of key advocacy organizations – WLIHA, SACH, AHAB, WSCH. For 2006 Session, develop legislation for supplemental budget.	Legislation and budget contain provisions that reflect P.A. priorities	1/05 1/06
	Action 1.3.2 Steering committee request state agencies provide assistance in fleshing-out costs	Chris Lowell	CTED, DSHS, DOC, VA	Develop new agenda and include in budgets for 2006	Policy Academy priorities included in agendas for 2006 legislation and budget	By 9/05
	Action 1.3.3 Establish Steering Committee	Corine Knudsen; Annie Conant	Key members of policy academy	Steering Committee is created	Steering committee created	By 1/05

Strategy 1.4 Make the case for staffing, services and housing to end chronic homelessness	Action 1.4.1 Data gathering – coordination and collaboration of current data collectors – CTED HMIS team and others	Tedd Kelleher THCH	CTED staff, DSHS, DOH City of Seattle, City of Spokane, King County, Snohomish County, Balance of State	Data is entered and reports are available	Reports are available	12/04
	Action 1.4.2 Convene advocates to build agreement and prevent fragmentation – SACH and other advocacy groups)	Chris Lowell	WLIHA, CTED, WSCH, SACH, AHAB, DSHS	Agendas and priorities are aligned	State Advisory Council on Homelessness is lead on Policy Academy Plan and is closely connected with other advocacy groups	By 3/05
Strategy 1.5 Expand role of Taking Health Care Home grant state steering committee to mesh with state PA Action Plan	Action 1.5.1 Work out role/leadership with State Advisory Committee on Homelessness	Paul Carlson, Doreen Cato, Chris Lowell, Tina Shamseldin, CTED staff.	Same	SACH and THCH will be aligned Request governor’s office to add Tina Shamseldin to State Advisory Council	SACH and THCH are aligned and in close communication	By November 1, 2004
Strategy 1.6 Identify single point of contact within executive branch for chronic homelessness	Action 1.6.1 Same as strategy	State Advisory Council on Homelessness - Doreen Cato	Office of Financial Management, Governor’s Office	There is a single point of contact for homelessness within Executive Branch	Contact Identified	6/05
Strategy 1.7 Engage the statewide business community	Action 1.7.1 Meet with business leaders in communities, Association for Washington Business	Bill Hobson, Joe Diehl, Chris Lowell, Shane Rock Local leads	Local Businesses, Association of Washington Business, Downtown Associations, Chambers of Commerce Continuums of Care	Lessen resistance to supportive housing in communities. Supporters within business community. Discussion with business communities Create toolbox for local Continuums of Care to help them engage the local business communities.	Active support and contributions from businesses in communities to take positive steps (i.e. employment opportunities, support for housing) to alleviate and end chronic homelessness.	Start by 9/05
Strategy 1.8 Gather data to make the case to end chronic homelessness on an ongoing basis	Action 1.8.1 Gather a variety of data including data for media, background data, information for continuous coverage to gather support, raise awareness of the issue and solutions	AIDS Housing of Washington Taking Health Care Home Group	Various coalitions and community groups	Increase visibility of issues and solutions in communities	Visibility increased. Communities identify solutions.	Start by 6/05

Strategy 1.9 Develop common strategies with local and county 10-year plans to end chronic homelessness	Action 1.9.1 Same as strategy	Paul Carlson, CTED, DSHS	Local Continuum of Care Planners, County and City 10 year planners.	Common strategies and coordination. Increased effectiveness. Increased Clout	Strategies appear in 10 year plans, Continuum of Care plans	12/05
Strategy 1.10 Assure Policy Academy action plan gets the buy-in of Governor and legislature candidates	Action 1.10.1 Create a clear message to take forward for advocacy/legislation for platform	Corky Senecal, Chris Lowell Steve Moss Shane Rock	SACH, WLIHA, WSCH, AHAB	Clear message created	Support is evident in proposed legislation	2/05

PRIORITY TWO: Create inclusive, culturally appropriate, affordable supportive housing							
Strategy	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Estimated Completion Date	
Strategy 2.1 Identify housing and service preferences/needs of most vulnerable homeless people	- Action 2.1.1 Forums for discussion at shelters, etc. where people are to describe range of models and balance privacy/community. Consider survey modeled after Community Voices. This strategy involves primarily Seattle-King County, Tacoma-Pierce County, Vancouver and Everett-Snohomish County and Spokane as the predominance of chronically homeless people live in these metropolitan areas.	Tina Shamseldin Annitra Freeman June Shapiro Diane Christie Joanie Dear, CTED staff	Same as manager	<ul style="list-style-type: none"> - Identify range of models that better meet client needs - Improve cultural competency and overall understanding among decision makers and service delivery staff - Ongoing engagement of consumers in program design and implementation and advocacy for resources - Core Group members will adapt exit interview form used by SHARE in Vancouver to get feedback from homeless people in other areas. (2.1.5) - 2.1.6: Present information at THCH steering committee meetings, State Advisory Council on Homelessness, DSHS regions 	Meetings take place with consumers	By November 1, 2004	
	Action 2.1.2 Use peers for technical assistance to convene homeless people and identify ways to get input (support process with facilitators)	Tina Shamseldin Annitra Freeman Diane Christie Joanie Dear	Same as manager		Meetings take place		By November 1, 2004
	Action 2.1.3 Present findings to CoC to inform planning early in process	Tina Shamseldin – Seattle/King Dian Christie – Vancouver; June Shapiro – Spokane; Joanie Dear – Snohomish	Continuum of Care local committees		Finding presented to Continuum of Care committees at meetings in early 2005		January 31, 2005
	Action 2.1.4 Involve consumers in ongoing planning (e.g. THCH steering)	Tina Shamseldin, June Shapiro, Dian Christie	Same		Process identified for on-going consumer involvement		On-going

	Action 2.1.5 Create effective mechanisms to get ongoing customer feedback	Tina Shamseldin Diane Christie			Exit interview adapted and adopted	By November 1, 2004
	Action 2.1.6 Use process to inform government staff (collect; present to decision makers; train)	Tina Shamseldin Annie Conant Cathy Cochran	Same		Presentations to legislative staff, OFM, etc.	By March 30, 2005
Strategy 2.2 Link housing projects under development in pipeline with funding streams (housing and services) to supply missing pieces	Action 2.2.1 HUD convene discussion with state and local funders (CTED, etc.) and TA provider(s) to develop approach to move stalled and troubled projects (include project sponsors) - Use public funders group to identify projects stalled (or in trouble) to report and review project plans/issues and develop funding/policy solutions (project sponsors develop specific plans for each project)	Jack Peters and David Foster – HUD; Annie Conant and CTED staff, Common Ground	Same	Stalled projects are moved to completion	Projects are complete and occupied	By November 1, 2004 for list of stalled projects. Each project establish completion date after that
	Action 2.2.2 Identify major planners (funders) who can identify projects in pipeline (start with HUD)	Jack Peters, David Foster, Annie Conant	Same	Better planning for new projects to meet identified priorities	Projects are identified and listed.	By November 1, 2004
	Action 2.2.3 Better planning for projects before application for housing funds - Training for project sponsors - Feedback regarding lessons learned from the stuck/troubled projects (e.g., project feasibility/sustainability, policy changes needed, funders priorities shared or conflicting, shared realistic expectations how funding works/implications)	HUD, Continuum of Care committees, public funders.	Common Ground	Better planning for new projects to meet identified priorities. Information about readiness provided through public funder applicant workshops, C of C process in local communities.	Projects that receive Supportive Housing funding are ready to start development within 6 months?	February 2005
Strategy 2.3 Link people with service dollars to housing in pipeline or existing housing	Action 2.3.1 DASA, MH, DSHS target a percentage of funding for services linked to housing model – using Medicaid, state and local dollars	Tina Shamseldin Cathy Cochran	DSHS management and staff.	Creation of permanent supportive housing models with stable service dollars. Improvement of access and service outcomes when persons are transitioned into PSH.	Increase in number of supported housing units	Fall 2005

	Action 2.3.2 Promote partnerships between service (RSN, CD) and housing providers to realign both new and current resources to create more permanent supportive housing	Tina Shamseldin June Shapiro Common Ground	Local RSNs, housing providers, Common Ground	Pilot is expanded Cost effectiveness of permanent supportive housing for homeless individuals who are disabled with long histories of homelessness is established for local PSH projects. New partnerships are formed throughout the state with large increases of PSH projects/set asides for this population.	Evidence of new partnerships formed through reporting	On-going
	Action 2.3.3 Get current Mental Health consumers into housing and bring services dollars and staff with them	Tina Shamseldin Hank Balderama Diane Christie Common Ground	PATH – Mental Health Division, Common Ground	Shelter Plus Care connection improved Real Choice Grant awarded to DSHS. Workshops with local communities	Funds are awarded.	1/05
	Action 2.3.4: Prioritize true chronic homeless for Shelter Plus Care	CTED, Local Governments (Participating Jurisdictions)	Grantees, Common Ground	Chronic Homeless have more housing opportunities	Data indicated increased number of chronic homeless in Shelter Plus Care projects	6/06
	Action 2.3.5 Coordinate/track/share with RSN coordinators group, Co-occurring Disorder Interagency Committee (CODIAC), THCH Steering, 10 year plan	Tina Shameseldin DSHS, Common Ground	Group members	Updates from CODIAC and THCH Get on Association of Counties RSN, ACHS calendar to discuss supportive housing opportunities	Information shared	On-going
	Action 2.3.6 Create a pool of service providers willing to work with tax credit projects and 811 projects	Lynn Davison	Common Ground, other T.A. providers	More resources available for supportive housing development	Service providers in conjunction with housing developers apply for and receive tax credit allocation for projects (like 1811 Eastlake, 811)	12/06
Strategy 2.4 Develop (3) local pilots in different areas of the state that would pool service and housing funding streams to serve chronically homeless (could target “high users”)	Action 2.4.1 Identify 3 or 4 funding streams with compatible rules (LIHTC, HTF, GAX)	CTED, WSHFC, DSHS, VA,	Housing and Service Providers	Models for service supported housing available	Streamlined process results in projects receiving combined funds	12/06
	Action 2.4.2 Go to Legislature to create/change rules and possibly create new funding	WLIHA, WSCH, other advocacy groups	Legislature	New funding specifically for project for chronic homeless that combines housing and services	Funding in budget	6/07
	Action 2.4.3 Develop concept to pitch to philanthropy and business (identify a few champions who can recruit others)	Maureen Kostyack	Gates Foundation, other charitable foundations	Sound Families/Homeless Families Services Fund models expanded to chronic homeless populations.	New Services Fund for Chronically Homeless.	6/06

	Action 2.4.4 Use THCH steering committee to develop initial proposal	Tina Shamseldin	THCH steering committee	Proposal for pilot developed	Proposal available for discussion	12/05
	Action 2.4.5 Develop proposal that new Governor can take up as his/her own for early initiative	WSCH, WLIHA, SACH, THCH, CTED	Same as managers	Proposal presented to and accepted by OFM, Governor	Proposal part of Governor's legislative package	12/05
	Get numbers from 10 year planning efforts – people, models, etc. to use to develop pilot models	Paul Carlson	Continuum of Care Groups, 10 year planning groups	Information collected, summarized, used to draft pilot plans	Information available	7/05

PRIORITY THREE: Provide services to attain and sustain housing tenure						
Strategy	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Maximize Resources	Action 3.1.1 Increase approval rates for SSI and Veteran's benefits	DSHS Economic Services; ICH THCH	CSOs, CBOs, SSA, VA, ICH	<ul style="list-style-type: none"> - Reduce wait time 50% - Increase approval rate by 50% - Common intake processes 	1.Statewide trainings provided on application process by July 1, 2005 2.Meetings held between VA and CSOs to develop common intake process	1. July 1, 2006 2. January 1, 2006
	Action 3.1.2 Vocational Rehab and others increase access to employment, training and placement for chronically homeless people	Voc Rehab, Governor's Committee on Employment & Disability Issues	DVR, VA, housing providers	<ul style="list-style-type: none"> - Increase employment and retention - Establish link between housing programs and state and VA employment programs - Work with DVR to set priorities, dedicate funds, and target services to chronically homeless - Increased employment and retention 	DVR establishes homeless population s priority and sets aside special funding for educational and vocational programs for homeless	July 1, 2005
	Action 3.1.3 Identify and focus VA resources	Chris Oliver, VA	VA	<ul style="list-style-type: none"> - Disseminate VA grants for homeless and joint initiative - Increase VA funds to homeless vets 	VA grants information is disseminated VA funds to homeless vets are increased	July 1, 2005

	Action 3.1.4 Coordinate county vet funds on efforts to address chronic homelessness	State County Veteran's Coalition	VA	Each county dedicate portion of veteran's relief funds for chronically homeless	Percentage of counties that dedicate VA relief funds for chronically homeless is increased by 20%	July 1, 2006
Strategy 3.2 Coordinate and combine resources to focus on individuals who are chronically homeless or at risk	Action 3.2.1 Mental Health Division & Division of Alcohol and Substance Abuse will coordinate staff efforts to serve chronically homeless individuals	MHD & DASA	DASA & MHD	Dedicate funding to serve chronically homeless	RSN funding allocation formula is changed to place greater priority on serving chronically homeless	Recommend to statewide MH task force before Dec., 2004
	Action 3.2.2 Continuum of Care committees focus on specific populations – jails, prisons, VA, mentally ill, drug abuse	CoC Committees	Local and Balance of State Continua of Care	Local Continuum will target efforts and resources to serving chronically homeless people by including specific commitment in plans	Review State Continuum of Care Plan – Policy Academy Plan. Rep on Bal. Of State Comm. Take to local level as Possible -	July, 2006
	Action 3.2.3 Membership of local CoC mirror IACH, including VA		Local and Balance of State Continua of Care	Use a portion of 2060 funds to serve chronically homeless	Prepare and publish who local reps would be to replicate Nat'l make up – i.e. – Vets – who at local level	July, 2006
Strategy 3.3 Make the case for increasing the priority to service individuals who are chronically homeless or at risk	Action 3.3.1 Identify potential savings from national and local studies	DASA, MHD, King Co. RSN	DASA, MHD, King Co. RSN	<ul style="list-style-type: none"> - Calculation of local potential savings (local model) - Track and calculate savings 	State and local studies to demonstrate savings from providing services to homeless. King County study completed.	April, 2005
	Action 3.3.2 Identify and publicize successful local models for potential replication	Academy steering committee	DASA, MHD, DOC, DOL	Identify and promote duplication of successful models	Identification of at least two successful programs to replicate.	April, 2005
	Action 3.3.3 Identify and recruit champions	Academy steering committee	Rep. Darnielle and Sen. Regala	<ul style="list-style-type: none"> - Engage political leaders and make chronic homelessness part of their agenda - Involve consumers to promote political agenda 	At least two champions recruited	July, 2005

Strategy 3.4 Develop targeted resources and services	Action 3.4.1 State to provide funds to serving chronically homeless people not on Medicaid	Academy steering committee	State agencies; advocates	<ul style="list-style-type: none"> - Legislative requests to target funds to serve people without Medicaid - Federal and state agencies establish initiatives to serve chronic homeless without Medicaid 	Legislature provides state-only funds targeted to meeting housing and service needs of chronic homeless population	2005 legislative session
	Action 3.4.2 Target local funds and resources to chronically homeless	Academy steering committee	Members of Academy steering committee; local Continuum of Care	Re-direct local resources to serve chronically homeless people	Local housing finance groups explicitly prioritize funding for housing targeted for chronic homeless	April 1, 2005
	Action 3.4.3 Develop local and state funds for “pre-enrollment” services pending full benefits and Increase funds for outreach and engagement services	Local CoCs	Local and Balance of State C of Cs	<ul style="list-style-type: none"> - Develop pilot program to conduct outreach and engagement - Develop grant proposal for Samaritan funds 	Pilot program developed Samaritan funds accessed	July, 2006

PRIORITY FOUR: Prevent homelessness and increase community safety through discharge and transition planning for linked housing and services from: psychiatric hospitals (state), local hospitals and triage center, foster care, prison and jails, juvenile rehabilitation, residential chemical dependency treatment, military, transitional residential home (CCF)						
Strategy	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Develop statewide risk profile for homeless exiting state care	Action 4.1.1 Review literature for existing assessment	Cathy Cochran Victoria Roberts Judy Coombs Chris Oliver	DSHS, DOC, Veterans Affairs, DOH	Identify an assessment tool we would like to use from literature review	Sample tool identified	12/31/04
	Action 4.1.2 Review existing database	Same as above and DOH	Same as above	Write a report on respective profiles, numbers, income, and impact on communities.	Report available	12/31/04
	Action 4.2.3 Develop assessment/rating tool	Same as above, DOH	Same as above	Develop Tool	Tool is useable because it is tested	If using sample group: 12/31/05. If using existing tool 7/1/05
	Action 4.2.4 Establish Memorandum of Agreement (MOA) for all partners to use tool	Same as above, DOH	Same as above	Memorandum of Understanding is available to use the assessment tool that would identify individuals who would be at risk of homelessness; know our numbers and profile enabling design of effective wraparound services	M.O.U is at the beginning of planning for discharge	3/06

Strategy 4.2 Ensure collaborative case planning for housing and services is in place for those identified before discharge	Action 4.2.1 Provide 90 days of transitional housing and services post discharge – is transitional housing realistic. Consider shelter plus care model or master lease model (lynn)	Each institution from which individuals are discharged	Connect state and community resources	Individuals leaving state institutions will have at least 90 days housing with services	50% will leave with either permanent housing or will be in transitional housing.	Start evaluating on 12/31/05
	Action 4.2.2 Identify partners	DSHS, DOC, VA, Regional Support Networks, CTED	Same	Identify roles and responsibilities of partners and modes of working together.	Partners have Memorandum of Understanding	12/31/05
	Action 4.2.3 Identify funding stream from partners to enact	Same as above	Same	Identify what is in place currently and identify gaps in funding	Report on funding availability and gaps	12/31/05
	Action 4.2.4 Acquire release of information to comply with HIPAA and 42CFR	Case Managers in each institution	Same	All individuals leaving state programs/institutions will be connected to community services and client releases will be signed.	Case managers are trained on HIPAA and develop releases for files	Current and on-going
Strategy 4.3 Ensure individuals eligible for veterans, SSI, tribal benefits apply and receive upon discharge	Action 4.3.1 Apply during state care - Begin information gathering asap for benefit application for high-risk for chronic homelessness - Ensure documentation and eligibility information is collected	Each Agency/Program that has system in place	Case managers	Use DOC/DSHS interagency agreement on DMIO as model/guideline	Case managers are trained	
	Action 4.3.2 Apply during state care for various benefits so they are available at discharge	DSHS Cathy Cochran	DSHS	Benefits available at day of discharge	Analysis from DSHS on existing rules and recommendations for change. Include Medicaid, TANF, GAU, GAX, federal and state resources	July 1 2005
	Action 4.3.3 State should suspend versus terminate; don't "terminate" - Ensure documentation and eligibility information is collected	DSHS Cathy Cochran	Mark Dalton	Reinstate upon discharge without requiring individual to reapply	Same as above	7/1/05
Strategy 4.4 Provide education on variety of services available to homeless and disabled	Action 4.4.1 Inventory initiatives and services related to this issue - Define use and source for state and federal resource	Governor's office (they then delegate task)	CTED staff	Service providers and clients are aware of full array of options	December 2005 report back	July 1, 2004
	Action 4.4.2 Create point of contact to explain programs at local level	Governor's office	CTED staff	Create a point of contact at the local level to refer to for knowledge of state and federal resources. Put information on CTED's website.	Points of contact identified	7/1/06

