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Motion #08-033

2008 HOUSING PLAN

**North Sound Mental Health
Administration**

March, 2008

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EXECUTIVE SUMMARY

Safe, stable, affordable housing has been a major deficit in serving people with mental illnesses for years in this Region and across the nation. Housing is a basic element for recovery from mental illness and supports consumers' independence, empowerment and dignity. People with major mental illnesses may not benefit from the best community mental health services if they do not have stable housing. Estimates indicate that there are 917 people in NSMHA's region who have a mental illness and are homeless at this moment. Of those, an estimated 141 are chronically homeless.

The limited availability of good housing options is the result of a number of factors including the following:

- ◆ The high cost of housing
- ◆ Landlords who fear that renting to people with mental illnesses will increase their costs, disturb other renters and will make managing their properties more difficult.
- ◆ Consumers who have a poor rental history and lack references.
- ◆ Insufficient number of rental vouchers and units of subsidized housing
- ◆ The complexity and length of time it takes to create new housing
- ◆ Lack of on-going supports and services that will help people keep their housing in spite of personal, psychiatric and financial crises
- ◆ The "up-front" costs of securing housing (deposits, application fees, advance rent payments, etc.)

In trying to meet consumers' housing needs and preferences, the mental health system is being squeezed between the lack of housing, rising housing prices and increasing demand. Western State Hospital continues to decrease the number of beds available. The mental health system has funded new programs aimed at finding and enrolling homeless people who have mental illnesses. Many of the people entering into services need a high degree of support at first in order to become stable in a community living arrangement and some will need support indefinitely. In addition, many consumers say they want a permanent home which is not tied to a program - supports should be available but those supports should not dictate where consumers live.

There are reasons for optimism, however. New sources of funding are becoming available which involve significant amounts of money. These include "2160" and "2163" funds – collected locally - which can only be used to address homelessness and, on the federal level, new HUD, USDA and VA programs which set aside money for projects that will eliminate homelessness. Collectively, these programs provide money for construction or acquisition of housing and money for supportive services.

In addition to these, citizens of every county in the state can vote to raise the sales tax in their counties by 1/10th of 1%. The money raised can only be used to fund mental health and chemical dependency programs. If the counties so choose, some of that money could fund support services that will help people get and keep their housing.

Recommendations

A Housing Work Group comprised of community stake holders, provider staff, county staff and NSMHA staff started meeting in May 2007. The Work Group recommends the following:

- ◆ Advocate that all counties in the region adopt a one-tenth of one percent addition to the county sales tax for the support of drug and mental health treatment services.

Timeline: May 2008

- ◆ In the first two years of this plan promote the development of 70 new slots of supportive housing services are developed (35 slots in each of the two years.) In the subsequent three years, NSMHA will promote the development of an additional 25 slots each year.

Timeline: January 1, 2013

- ◆ Advocate that Washington State's Housing Trust Fund make a priority of funding housing projects that serve people re-entering the community from in-patient hospitalization and residential care facilities

Timeline: January 1, 2009

- ◆ Seek to double the number of ARTF beds in the region from 16 to 32.

Timeline: January 1, 2010

- ◆ Set aside a minimum of \$25,000 per year of state funds which will be granted to housing developers who need "leverage" funds to obtain other grants.

Timeline: Immediately

- ◆ Develop an MOU/agreement with each county to define each county's and NSMHA's roles in creating and funding housing and housing support services.

Timeline: January 1, 2009

- ◆ Work with the five counties and NSMHAs providers to find ways to support landlords so that they will be more willing to rent to consumers. NSMHA will also work with consumers and landlords to deal with tenancy issues in order to ensure sustainable housing so consumer do not fear the loss of their housing.

Timeline: January 1, 2009

- ◆ Develop a policy in consultation with providers and others to define the roles and duties of case managers in helping consumers live successfully in the community.

Timeline: July 1, 2008

- ◆ Convene an on-going housing work group to assure that there are adequate services to support consumers in a variety of housing alternatives. The work group will participate in developing guidelines for supported living services.

Timeline: April 1, 2008

- ◆ Offer case managers information, training or technical assistance on ways to help consumers live successfully in the community.

Timeline: January 1, 2009

- ◆ Arrange training, consultation and other forms of technical assistance for providers and other organizations which are interested in developing housing for consumers.

Timeline: January 1, 2009

- ◆ Offer to convene regular meetings of housing developers in the region where participants can exchange information and obtain technical assistance.

Timeline: April 1, 2008

- ◆ Through discussions with county and state HMIS specialists, seek to increase the quality and quantity of information collected about people who are homeless. NSMHA will begin to track the progress of its homeless consumers in finding housing.

Timeline: January 1, 2009

- ◆ Advocate that housing be developed for consumers who have criminal histories, histories of violence and medical needs.

Timeline: June 1, 2008

ACKNOWLEDGMENTS

This housing plan draws on the ideas of a number of people who came together as NSMHA's Housing Work Group. NSMHA wishes to acknowledge and thank the members of the Work Group for their contributions.

The work group was chaired by Gary Williams, Whatcom County Health and Human Services.

The members of the workgroup were:

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INTRODUCTION

There has always been a shortage of safe, clean and affordable housing for consumers of mental health services in NSMHA's region. This was true six years ago when NSMHA produced its last housing plan and it is still true today. Circumstances have changed, however, in the last six years. Some aspects of housing have worsened – especially the shortage of affordable housing. On the other hand, a number of new initiatives have arisen to address the housing needs of people who are homeless or have a limited income. These initiatives promise that a greater number of consumers will finally be able to find an affordable, decent and permanent place to live.

In the last six years the cost of buying or renting a home has risen to disturbingly high levels due to a shortage of housing. Throughout the region, most consumers would have to pay nearly all of their monthly income in order to rent a median-priced, one-bedroom apartment. But this is not the only way that the housing shortage has hurt consumers. Landlords can pick and choose their renters and usually choose tenants who have good rental histories, good references, have jobs and don't need financial or other kinds of assistance in order to live successfully in the community.

While the housing market tightens and rents rise, the mental health system is under increasing pressure to help more consumers find and keep housing. The state continues to reduce the number of beds available at Western State Hospital and at the PALS program. Many of the people returning to the community or diverted from Western State need an intensive level of service in order to succeed in the community.

In addition, new outreach programs are identifying and enrolling more people into mental health services. Each county in NSMHA's region has a Jail Services Project which receives referrals from jails of inmates who may need mental health services after release. Staff contacts these people in jail, assess their eligibility for mental health services, enroll them in services and help them apply for SSI and other benefits.

Another source of new enrollees is the two PATH (Projects for Assistance in Transition from Homelessness) programs. Staff from these two programs searches for potential enrollees amongst homeless people.

The mental health system faces other pressures as it tries to help consumers find and keep permanent housing. Philosophical changes – especially community integration, permanent housing and “housing first” – put greater pressure on case managers to find the “right kind of housing” rather than whatever housing might be available. At the same time the mental health system is trying to pay more attention to consumers' preferences and wishes in developing new housing and housing supports. And all of this is happening in the shadow of the Supreme Court's Olmstead decision which requires mental health systems to make reasonable accommodations that will offer consumers treatment in their communities rather than in institutions.

In spite of these pressures, there is reason for optimism. State and Federal governments are committed to dealing with the problem of homelessness and providing more resources to solve it. Governments at all levels are recognizing that many homeless people need support from mental health and other service providers in order to live successfully in their communities. New sources of funding have been created and dedicated to ending homelessness. The priorities of some older funding programs are being reassigned to solve the problem of homelessness.

Demands have increased but opportunities have increased, too. In order to meet the demands and take advantage of new opportunities, NSMHA needs a new housing plan. NSMHA must define its role in the community of organizations which are joining together to solve local and regional housing problems. NSMHA, its providers and the five county mental health programs will have to coordinate services with others to be a part of the continuum of housing services. NSMHA will have to anticipate the impact on mental health services of new governmental policies such as “housing first,” supporting people in permanent rather than transitional housing, and responding to consumers’ preferences.

UNDERLYING PHILOSOPHY AND GOALS

NSMHA strives to ensure that people who have mental illnesses are able to live a full life in their communities and to live with dignity and respect. To that end, NSMHA funds and strives to promote a range of services which are community-based, consumer-driven and locally available. NSMHA believes that mental health services should match each consumer's unique needs, build on each consumer's strengths and respect each consumer's cultural heritage.

NSMHA subscribes to the following values:

- People are able to recover from mental illness and services should be built on a recovery model.
- Services should encourage and support consumer empowerment.
- People should be supported in living as independently as they choose.
- People should have choices and people who have a mental illness should have the full range of choices available to all citizens.
- All citizens should be able to live in communities of their choice and be able to participate in the life of those communities to the extent they desire.

HOUSING

NSMHA believes that people who have a mental illness should be able to live as independently as possible in a house or an apartment in the community. Further, the opportunity to have a home in the community should not be limited by a consumer's income. NSMHA recognizes that some people with a mental illness may need support in order to obtain and keep housing. To that end, NSMHA strives to create a system of integrated services that will ensure that all consumers have decent, clean and affordable housing which will meet each consumer's needs and preferences.

NSMHA believes that people should be afforded housing regardless of whether they participate in mental health counseling or not. And, the abuse of alcohol or drugs should not prevent people from having a home. NSMHA recognizes that many consumers will not be able or willing to enter treatment until their housing needs are met. Recovery requires that people have stable environments which meet their basic needs.

NEEDS STATEMENT

Obtaining and keeping a home is very difficult for some people who have a mental illness. In the five-county region served by NSMHA, there is a very limited supply of affordable housing available to people who qualify for Medicaid. Some consumers have difficulty securing housing because of poor credit or rental histories, because landlords fear some consumers' past behaviors or simply because some landlords hold stereotypic, negative attitudes towards people who have a mental illness.

ESTIMATED NEED

Each year, every county attempts to estimate the number of homeless people living in the county. According to these surveys, in the five-county region served by NSMHA it is estimated that there are 768 homeless adults who have a mental illness. Some of these people are homeless for a few weeks or months. Others, however, experience chronic, long-term homelessness. In the region as a whole, twenty-one percent of the homeless population is chronically homeless. Extrapolating this statistic to the estimated number of homeless people who have a mental illness, it would appear that there are 141 people with a mental illness who are chronically homeless in NSMHA's region.

By one estimate, about fifty percent of NSMHA consumers at Western State Hospital will need some sort of housing upon discharge. Based on recent census data that means about 45 people will need housing. In addition, there are a number of people expected to exit the jails in the region and have no housing immediately available.

Assuming that these numbers represent unduplicated counts, it appears that *at least*, 917 people with a mental illness need housing in NSMHA's region. And, of that number, *at a minimum*, 150 will need an intensive, PACT-like case management program (this does not include the people currently at Western State Hospital.)

These estimates seem reasonable in light of the fact that 511 NSMHA consumers reported being homeless at the time of intake in 2006. These estimates should be viewed as *minimal estimates* as they do not include some groups such as mentally ill offenders who have not been released from prison yet.

CURRENT SYSTEM

Where NSMHA Consumers Live

The majority of Medicaid and state-funded consumers live in their own homes with no residential supports (60% regionally). Region-wide, the most common type of housing assistance is in-home support (8%) followed by adult family home placement (5%). Two percent of consumers live in 24-hour residential facilities (boarding homes, etc.) Four percent of consumers reported being homeless.

Chart 1: Where NSMHA Consumers Live

Residential Status of Currently- Enrolled Consumers. All data from NSMHA.	Sno-homish		Whatcom		Skagit		Island		San Juan		Region-wide	
		%		%		%		%		%		%
Private residence with no support	4946	59	1932	62	1197	57	428	51	109	59	8612	60
Own home with support	628	7	334	11	75	4	44	5	6	3	1087	8
AFH	438	5	116	4	99	5	40	5	11	6	704	5
24-hour residential	132	2	102	3	26	1	3	<1	0	0	263	2
Institution	71	1	59	2	45	2	3	<1	0	0	178	1
Corrections	26	<1	26	1	2	<1	2	<1	0	0	56	<1
Homeless	338	4	90	3	66	3	14	2	3	2	511	4
Other	64	1	47	2	35	2	6	1	2	1	154	1
Unknown	1500	18	397	13	569	27	293	30	55	20	2814	20

All data is taken from NSMHA's last state periodic record for 2006.

System Strengths

Within NSMHA's region there is a variety of residential and residential support services available. There is one ARTF which has 12 beds^a available for consumers from NSMHA's region. The facility provides long term residential treatment. NSMHA supports 88 people in boarding homes. Various supported housing programs serve another 450 consumers (259 in Snohomish County, 155 in Whatcom County, 19 in Skagit County and 17 in Island County.) In addition, NSMHA providers support about 187 people through Shelter Plus Care programs.

NSMHA also funds several specialty programs that help consumers find and/or keep housing. The Everett Housing Authority, Compass Health and NSMHA have joined together to create the Hope

^a The ARTF has a total of 16 beds. Twelve are occupied by NSMHA consumers and 4 are used by consumers served by Molina under the Washington Medical Integration Project.

Options program which helps older adult consumers keep their housing. A team composed of a case manager, psychiatrist and housing intervention specialist establish relationships with older adult consumers in order to assist them in living independently and to intervene when the consumers are at risk of losing their housing.

There are 2 PATH programs in the region – one in Snohomish County operated by Compass Health and one in Whatcom County operated by Whatcom Counseling and Psychiatric Clinic. These programs seek out homeless people who need mental health services. Staff from the PATH programs assists such individuals in a variety of ways including finding and keeping housing. In the coming year, the Whatcom Counseling program expects to serve 65 consumers through this program and Compass Health expects to serve 125.

A PACT program opened in July in Snohomish County which will eventually serve 100 consumers. Another such program opened in November 2007 in Whatcom County and serves 50 consumers. Both programs offer intensive case management which helps consumers, amongst other things, find and keep safe, stable and clean housing.

In addition to the support services and housing offered by NSMHA's providers, other state agencies and their providers fund or offer housing to people who have a mental illness and another condition. The State's Division of Developmental Disabilities provides residential placements to a number of their clients who have both a psychiatric disorder and a developmental disability. There is no specific data on how many people with a psychiatric disability they support. But DDD has a variety of housing and housing supports available which ranges from AFHs to congregate living arrangements and to tenant support services for those who live in their own housing.

DASA and other funding sources support a variety of housing options for people who have substance abuse and psychiatric problems. In the region served by NSMHA there is one intensive treatment and recovery center in Snohomish County which serves consumers who have dual diagnoses. In addition, in NSMHA's region there are 15 Oxford Houses where residents can stay as long as they want. The residents of each Oxford house decide who will be accepted for admission. These houses are not able to accept people who have serious mental health problems. There is no professional mental health staff in these homes. However, Oxford Houses have accepted some people with dual diagnoses (MI/CA) and, therefore, for some consumers, this may be an option.

Charts 2 & 3 (on pages 14 & 15) summarize various housing and housing supports available to consumers of NSMHA-funded, mental health services. They show the amount of each resource that is available in the 5-county region.

Chart #2 shows resources that are available to people who have a mental illness. Some of these services such as PACT, PATH and NSMHA-funded AFHs are not available to all consumers. Consumers must meet additional criteria in order to obtain those services. It should be noted also that some services (boarding homes and adult family homes) have obtained licenses which *allow* them to accept people who have psychiatric diagnoses but this does not mean that they specialize in serving such a population. Typically, such AFHs and boarding homes also serve people with disabilities and the elderly. Indeed, some of these homes are extremely selective when considering referrals from the mental health system.

Chart #3 shows housing that is open to people with low incomes. Most of the housing listed in the chart is not reserved for any special group of people such as people who have a mental illness. Most of the

housing is available to all people who meet income eligibility standards. Most people who receive Medicaid- or state-funded mental health services qualify for the housing listed in the chart.

Chart 2: Summary of Housing Resources Targeted to People Who Have Mental Illnesses

	Snohomish	Whatcom	Skagit	Island	San Juan	TOTAL
Boarding home beds ^{2,a}	852	695	414	281	0	2242
Boarding home beds with a NSMHA funding add-on						98
Permanent Supportive Housing ¹	295	191	19	17	0	522
AFH beds licensed to accept people with mental illness ^{2,a}	1300	125	78	54	12	1569
AFH beds with a NSMHA funding add-on						59
PACT slots ¹	100	50				150
PATH consumers ¹	125	65				190

Data from 1) NSMHA and 2) Washington State DSHS

^a **These figures can be highly misleading.** In reality few of these boarding home and AFH beds are available to NSMHA consumers. Many boarding homes and AFHs must have a license that permits them to accept people who have a psychiatric diagnosis. An AFH or boarding may have such a license but never accept people who have a serious mental illness. Many residents who do have psychiatric diagnoses do not have severe or chronic mental illnesses that would make them eligible for Medicaid- or State-Funded mental health services. It is not known how many of these AFHs and boarding homes would accept a person who has a serious or chronic mental illness.

Chart 3: Permanent Housing Resources Available to Any Individual* with Limited Income
(family-only units not included)

	Snoho- mish	Whatcom	Skagit	Island	San Juan	TOTAL
Housing Authority Housing ¹	876	1477	37	110	0	2950
Transitional Housing ²	187	173	39	1	0	400
Permanent Supportive Housing ²	538	182	10	17	0	747
Housing Choice Vouchers Targeted to Homeless Individuals ²	9	0	0	1	0	10
Tenant-Based Rental Assistance Targeted to Homeless Individuals ²	Unk	0	5	0	0	5
Total section-8 vouchers - data from housing authorities ¹	5316	1692	609	274	0	7891
Other Housing Vouchers	---	---	---	---	59	59

Data from 1) Housing Authorities, and 2) the County's 10-Year Plan.

* The inclusion of permanent family-only housing – which is relatively more abundant than permanent housing for individuals - is not included. Most homeless clients who receive mental health services are not accompanied by families. To include family-only housing would give an inaccurate picture of the housing challenges faced by consumers of mental health services.

NOTE: "Below market housing units" with built in HUD and USDA subsidies are not included in this survey as many of those units are still too expensive for people who depend on SSI, SSDI and AFDC.

New and Proposed Local Initiatives Which Might Affect NSMHA's Consumers

Island County

In addition to several initiatives aimed at homeless families, Island County and other cooperating agencies anticipate implementing the following initiatives:

- ◆ Rent 4 apartments and add case management to support to serve 4 individuals or families at a time.
- ◆ Hire a ½-time prevention specialist who will help people avoid losing their housing.
- ◆ Provide short-term rental assistance to 25 people to prevent evictions.
- ◆ Acquire two 4-unit facilities which will provide supportive housing for chronically homeless people.
- ◆ Provide seed money for an “Oxford House” for substance abusers.

These initiatives are described in the County’s 10-Year Plan to End Homelessness.

San Juan County

San Juan County’s 10-Year Plan to End Homelessness includes the following initiatives which might impact NSMHA’s consumers:

- ◆ Increase the number of subsidized rentals in order to accommodate 2 more families.
- ◆ Prevent the loss of housing by offering emergency rental assistance
- ◆ Increase by 10 the number of HOME-funded, rental vouchers.

There are no initiatives aimed specifically at people who have mental illnesses. The implementation of the some initiatives will be carried out by the County while others will be carried out by other cooperating agencies.

Skagit County

In its list of strategies for spending 2163 moneys, Skagit County has proposed using those funds over a 10-year period reduce homelessness by 50%. The County’s plan includes the following initiatives which the County, private developers and cooperating agencies will carry out:

- ◆ Encourage private developers to create 500 units of affordable housing (2010).
- ◆ Create a “one-stop” service which will help people locate affordable housing (2007).
- ◆ Provide family development style case management (2006)
- ◆ Create 20 more units of transitional housing for chronically homeless people which will include case management.
- ◆ Provide mental health services for 25 transitional housing residents (2008.)
- ◆ Build a 10-bed, supportive transitional housing facility for recently-released offenders (2009.)

- ◆ Provide case management, screening and training for 50 ex-offenders (2008.)
- ◆ Develop 20 more case-managed, transitional units (2009.)
- ◆ Create 20 units of permanent supportive housing for disabled veterans which would offer housing, counseling and other supports (2010.)
- ◆ Create a 15-bed facility for patients being discharged from local-hospital, in-patient treatment (no completion date listed.)
- ◆ Develop a shelter plus care program that will provide case management to 40% of section 8 recipients.
- ◆ Provide intensive case management to 20 people who are chronically homeless (no completion date listed.)
- ◆ Provide an apprenticeship training program for chronically homeless persons (no completion date listed.)

The County's Mental Health Program is implementing several other initiatives. It has developed a program to provide transitional housing vouchers of about 3 months. This will especially benefit people coming out of jail with support from the Jail Services Project. It and the Skagit Housing Authority are also planning the purchase of several 1 or 2 bedroom houses for people with mental illnesses.

In addition to the County's plans, Compass Health expects to complete construction of an apartment complex containing 15 studio apartments sometime in 2008.

Snohomish County

As part of the it's 10-Year Plan to end homelessness, Snohomish County and other participating organizations are proposing to develop 1,000 new family beds, 500 beds for chronically homeless people (which might include 300 people with mental illness) and 1,000 new single beds which will include an unspecified number of SROs. The County plans to develop a single point of entry for services to assist homeless people.

The Housing Authority of Snohomish County is attempting to raise fair market rents for the section 8 voucher program. It is also acquiring 155 new rental spaces this year which includes buying two mobile home parks.

Whatcom County

The County has obtained an HGAP grant to create a Homeless Center which will coordinate all services and funding for homeless efforts. The Whatcom County Homeless Service Center expects to offer prevention assistance to 500 families/year for 2 years, provide light rent subsidy and case management to 200 people/year for 2½ years, provide deep rent subsidy to 60 chronically homeless people. It will facilitate the development of 300 units of housing with "relaxed rental qualifications" and facilitate the development of 100 units of supportive housing

The Whatcom Coalition for the Homeless is developing initiatives to increase coordination between agencies which provide services to homeless people. In addition, the Coalition has developed supports to help people keep their housing. These supports include 1) one-time funds to prevent eviction, 2) crisis and other prevention services to avert imminent homelessness, and 3) the ability to give deep rent subsidies to 60 people.

Lake Whatcom Residential and Treatment Center opened a PACT program in November 2007. It is also prepared to purchase an apartment building if demand is sufficient. It is expected that the PACT program will primarily serve people coming out of the PALS program at Western State Hospital and other high need consumers.

Federal Proposals

As this plan is being written there are several bills in the U.S. Congress which, if passed, will increase funding for homeless housing programs and expand the variety of programs available.

- ◆ The Grants for the Benefit of Homeless Individuals (GBHI) program funds mental health and substance abuse services. There is a proposal to increase funding by \$80 million in order to expand permanent supported housing services by 15,000 units nationwide.
- ◆ Community Partnership to End Homelessness Act (CPEHA)(S. 1518).. The bill proposes to streamline homeless assistance. It would create a new prevention program that would provide funds for emergency assistance to people about to lose their housing or to people living in overcrowded conditions.
- ◆ An important facet of this bill for NSMHA's region is a set of provisions related to rural communities. CPEHA recognizes the disadvantages that rural communities face compared to urban areas. As a consequence, CPEHA proposes to simplify the criteria required in rural areas for funding and would allow rural communities to engage in a greater variety of activities to address homelessness. It would also set up a system in which rural areas would no longer compete against urban areas for funding. Rather, rural areas would compete against one another.
- ◆ Homes For Heroes (S. 1084). This bill would create a program to fund permanent housing for veterans. At this time the V.A. only funds transitional housing.
- ◆ Services to Prevent Veterans Homelessness Act (S. 874/H.R. 2378). This bill would allow the Veterans Administration to fund supportive services for low-income veterans living in permanent housing especially for veterans who have recently become homeless.
- ◆ National Affordable Housing Trust Fund (H.R. 2895). This bill would provide funding to construct, rehabilitate, or preserve housing. Homeowners as well as landlords would be able to apply for these funds. Funds could also be used for down payments, closing costs or for 12 months of project-based rental assistance.
- ◆ Second Chance Act (S. 1060/H.R.1593) is aimed at offenders who are returning the community after incarceration. It would provide funds to help offenders find jobs and permanent housing.

Financial Resources for Creating and Operating Housing and for Providing Ancillary Services.

Federal Programs

There is a large number of grants and other government programs that can be used to fund the purchase, construction and operation of housing. Some programs fund services that help people get and keep housing. In 2006 the U.S. Department of Housing and Urban Development issued a booklet entitled “Programs of HUD” which describes their programs. The U.S. Department of Agriculture’s Rural Development housing programs are described at www.rurdev.usda.gov/rhs/.

Veterans Administration Programs:

The Veterans Administration funds the development of housing and supports for homeless veterans. The Grant and Per Diem program gives funds to community agencies to provide transitional housing for homeless veterans. Grants can fund up to 65% of construction, acquisition, or renovation of a facility. Per Diem can be used to offset operational expenses.

The Loan Guarantee Program for Multifamily Transitional Housing guarantees loans for construction, renovation of existing property, and refinancing of existing loans, facility furnishings or working capital. Funding from the CHALENG program (The Community Homelessness Assessment, Local Education, and Networking Groups) can be used to assess the needs of homeless veterans and develop action plans to address those needs. The CHALENG program can fund conferences and other efforts to build coalitions or provide education.

The Domiciliary Care for Homeless Veterans (DCHV) Program provides treatment and rehabilitation to homeless veterans as well as conducts outreach, vocational counseling and rehabilitation, and post-discharge community support. The HUD-VASH program funds permanent housing and ongoing treatment services to the difficult-to-serve, homeless, mentally ill veterans. The Acquired Property Sales for Homeless Providers program offers VA-foreclosed properties to homeless provider organizations at a discount of 20 to 50 percent. Finally, the VA Excess Property for Homeless Veterans Initiative distributes surplus clothing and other items to homeless veterans and homeless veteran programs.

State and County Programs

In 2003 Washington State’s DSHS published a report prepared by Common Ground which describes state and local funding programs. That report is entitled “Housing for Homeless People With Mental Illnesses and Co-Occurring Disorders.” Since the publication of that report several other state and local programs have appeared. Counties collect document recording fees which are used to address homelessness. Counties keep and administer 60% of the collected funds which often are called “2163 moneys.” In addition, the State’s Office of Veteran’s Affairs has a Veteran’s Stewardship Account which is used to address homelessness amongst veterans.

Two counties in NSMHA’s region – Skagit and Island Counties - have taken advantage of the opportunity to add one-tenth of one percent to the sales tax collected in those counties. These funds are to be used to support mental health and chemical dependency services. If the Counties so choose, some of these funds could be used to help consumers obtain, keep and succeed at living in their own homes.

Private Funding Resources

There are a number of private foundations and community charities which support housing development and ancillary services in Washington State. The Bill and Melinda Gates Foundation has supported a program to address homelessness in King, Snohomish and Pierce Counties although the Foundation is moving away from development and towards funding prevention and preservation. The Medina Foundation has funded several local programs, also. DSHS's guide "Housing for Homeless People..." lists two sources of information about foundations and charities in Washington State. Those resources are the Washington State Foundation Data Book (www.fndcenter.org) and Philanthropy Northwest (www.philanthropynw.org.)

SYSTEM GAPS AND BARRIERS

Housing Affordability

As in other parts of the state, affordability is the greatest barrier that consumers face in finding and keeping a home. The median rent for one- and two bedroom apartments in the five counties are listed below.

	Snohomish	% SSI	Whatcom	% SSI	Skagit	% SSI	Island	% SSI	San Juan	% SSI
1 bedroom apartment	\$ 710	109%	\$ 591	90%	\$ 661	101%	\$ 682	104%	\$ 643	98%
2 bedroom apartment	\$ 854	131%	\$ 741	113%	\$ 820	125%	\$823	125%	\$795	121%

The majority of NSMHA’s Medicaid recipients receive SSI which is \$654 per month. Some earn wages or receive social security benefits but, even with these added resources, those who qualify for Medicaid funded services will not be able to afford the vast majority of apartments and houses. Some consumers may share an apartment or house but even then, in many cases, it will be difficult to make ends meet.

Insufficient Number of ARTF Beds and Need for Added Supports

In NSMHA’s region there is only one ARTF- the Green House - which serves 16 consumers from the region. Typically, the Green House has 25 to 30 referrals at any given time. At the time that this report was written, it had 2 openings. The Green House has chosen two potential residents but must wait until their financial benefits are in order before they can move in. At times, people on the waiting list decompensate and are no longer appropriate for this level of care.

Some residents no longer need the level of Care offered by the Green House. Currently there are 3 people ready for community living but there are no supports available. One person has been waiting for a year for community placement. Two other residents have been referred to the PACT program. One has been accepted and the other is still in the evaluation process.

There is clearly a need for additional ARTF beds. This is true even if residents could be instantly placed when they are ready to leave. Instant placement would only reduce the number of referrals to 20 or 25. Another 16 beds is needed for people who need overnight awake staff and the other supports offered by ARTFs.

Insufficient Number of Openings in Existing Housing Programs and Generic Housing Resources

There is a need to expand the amount of housing – both supported and non-supported – available to NSMHA consumers. Compass Health’s housing program, for instance, has a waiting list of 130 consumers. Three people from the Green House could move into the community if there were sufficient resources. And, of course, it is estimated that there are 763 people who have a mental illness and are homeless in the region.

It should be noted that these numbers include some - but not all - of the offenders in the region who have a mental illness and need permanent housing. State Corrections personnel report an increasing problem in locating, securing and paying for affordable housing for such offenders.

Insufficient Number of Section 8 Rent Certificates

Housing costs are very high and consumers’ benefits are low. The only way many consumers can obtain their own housing is by obtaining a section 8 housing voucher – either a portable one which can be used anywhere or one that is connected to a housing or housing-support program.

The limited number of section 8 housing vouchers has resulted in consumers having to wait a significant length of time to obtain one. For the five counties in NSMHA’s region the wait times are shown below.

Snohomish	Whatcom	Skagit	Island	San Juan
2-5 years	16-18 months	3-5 years	closed	No sec 8

The shorter wait times (e.g., 2 years in Snohomish County) are usually for people who are designated as high priority such as elderly or people having a disability. Many NSMHA consumers are designated as a higher priority because they are deemed to have a disability.

Additional, Specialized Supports Needed for Particular Populations or Individuals

Providers have reported and NSMHA staff have observed that some consumers need specialized or unique supports in order to live in the community. One particular challenge is serving people who are diagnosed as having a borderline personality disorder. Program staff who support such individuals need special training and support. Usually a residential service or housing program needs to develop a well-defined and consistent service model.

Another group needing special supports is the group of consumers who are medically fragile or have other medical problems. These problems can range from chronic medical conditions such as diabetes to physical disabilities such as paralysis. The current system often finds it difficult to put together housing and necessary services or supports.

There are some consumers who live in facilities with high levels of support only because of a very particular behavior. Were the specific behavior adequately addressed, these consumers could live in a much more independent environment. For instance, a consumer who wanders at night might need monitoring during normal sleep hours. This would preclude the person from living in an AFH or supported living program where there is no monitoring at night.

One provider has also reported that housing (as well as other mental health programs) need to have staff that can relate well to veterans – especially homeless veterans. It is expected there will be an increased need for such staff due to the current conflict in Iraq. This is in addition to the current need for such staff to support those from previous wars dating back to Viet Nam if not earlier.

Insufficient Specialized Case Management Focused on Housing

Some providers have reported that there is a need for more case managers who understand housing problems, who know how to address those problems, and who understand the processes and procedures

for getting and keeping housing (e.g., applying for section 8 vouchers, etc.) It may be necessary to have case managers who specialize in housing. Indeed, this is considered a “best practice.”

In addition, some of those interviewed for this report have expressed a need to have case managers who understand the importance of and are able to teach skills for daily living.

Lengthy and Time-Consuming Processes for Developing or Acquiring New Housing

Developing and acquiring housing has become a daunting and complex task often taking 5 years to complete. The process requires participation of large number of “players” to finance construction or purchase of housing for people with moderate or low incomes. Usually, funding sources want to be sure that the operation of such housing will be viable after it is built. This often means that funding for social services must be committed well in advance of the first consumer entering those services.

But even after construction or acquisition has been completed there is a significant amount of on-going paperwork required by donor and lending agencies. This has limited the amount of time and resources that some organizations have been able to devote to pursuing new funding and creating new housing.

Limited Knowledge of Financial Resources, How to Obtain Them and How to Put Together Funding Packages.

Some providers have reported that they need more information about funding resources, their requirements and how funding from various sources can be put together. Some have reported going to training and coming away with little useful knowledge because the real problems they face are multitudinous, detailed and compounded when multiple funding sources and multiple regulatory agencies are involved. Providers have expressed a desire for an on-going group of people involved in developing housing as well as on-going consultation.

Difficulty Holding onto Housing If a Person is Hospitalized or Temporarily Incarcerated

Many consumers lose their housing when hospitalized or incarcerated for even short periods of time. They can temporarily lose benefits that they must have in order to pay their rent. Residential programs cannot afford to keep beds empty without payment. Some consumers even lose necessary possessions such as furniture and cooking utensils which add to the difficulties they have in setting up a household at a later time.

Tenant Histories and Public Attitudes

At the time that this report is being written, there is a very limited amount of affordable housing available. As a consequence, landlords are able to be very selective when choosing new tenants. They can choose to rent only to employed people with good credit records. Landlords do not have to wonder if they run a greater risk of loss or liability by renting to someone receiving public assistance, someone who has a poor rental history or by renting to someone who has a mental illness.

The situation is even worse for those who have criminal histories or a history of arson, violence or sexual crimes. For consumers whose background checks turn up such histories it is not only difficult to find and secure housing in the general community, but many housing programs and services will not accept them.

Many housing programs in other parts of the country have reported the same problems. Some have successfully addressed these problems by developing especially strong relationships with landlords. Such programs may guarantee repair and maintenance of buildings as well as take over some management tasks such as collecting rents and evicting problem tenants. Some residential support programs have taken on master leases.

Initial Costs of Housing

Many consumers have difficulty covering the costs of locating and securing housing in the community. Many cannot afford to pay for multiple credit reports (typically \$25 - \$35 each) when applying for more than one apartment. Many cannot afford to pay the up-front costs of securing an apartment which often consists of the first months rent, the last months rent and a deposit. It is quite common that it costs a person \$1,000 to move into one-bedroom apartment.

In addition to all this, a person might need to purchase furniture, cooking utensils, bedding, and other household necessities.

Limited Choice of Housing and Limited Access to Services in Rural Areas

NSMHA covers a region that contains many small towns and rural areas. While housing may, in general, be less expensive in these areas, much of it is still beyond the means of a person who must live on SSI. In some areas there is a very limited supply of multi-family housing. In addition, mental health and support services may not be readily available in some areas. Assistance with housing problems may be non-existent in a consumer's immediate community. As a consequence, in order to obtain housing, a person may have to live an area far from family, friends and other natural supports.

Successful Recovery Can Mean Loss of Services

Consumers can become ineligible for mental health services as their conditions improve. Yet some of these individuals will continue to need some level of support in order to live successfully in the community. If such supports have been funded through Medicaid or State mental health dollars, the consumer may lose such support.

Barriers Identified in Washington State's Housing Plan

NSMHA and its providers have identified many of the barriers to housing that the Washington State Housing Plan has described. There are few additional barriers, however, that the Washington State Plan has found. The existence and extent of these barriers might need to be investigated further in this region. Those barriers are:

Cultural and Language Barriers:

NSMHA's region includes a number of tribes with reservations. The housing needs of tribal members with mental illnesses should be discussed with the tribes. In addition, the region contains a significant Hispanic population. It is not known whether their cultural values and language preferences are adequately accommodated by existing residences, residential supports and supported housing programs.

Insufficient Prevention and Housing Crisis Management Services:

Consumers can lose housing due to a number of reasons. Often the loss of housing occurs suddenly and may come with little warning. The State Housing Plan has found that there are few services or other supports which can intervene quickly to save a person's housing. A housing crisis program should be able to intervene quickly with landlords and have emergency funds available. It should be able to intervene in mental health crises or arrange for such intervention immediately. It should be able to maintain a person's housing in the person's absence (payment of rent and utilities, collection of mail, mail, etc.)

BEST PRACTICES

Washington State's Mental Health Housing Plan describes a number of "best practices" for meeting the housing needs of people who have mental illnesses. These practices have been culled from reported successes of a number of programs across the nation and some research studies. The following is a summary of these "best practices":

- ◆ **Permanent Supportive Housing:** An affordable home of one's own which does not require a person to be enrolled in a service or agency; a home in which one can live as long he/she desires. But along with the housing a person will have the necessary supports to live in it successfully.
- ◆ **Housing First:** "No participation in clinical services is required in order to remain housed." Provide people housing and help them stabilize in their housing regardless of their current mental health or substance abuse problems. Constantly try to engage the person in treatment but do not make housing contingent on it. Eviction should be a last resort.
- ◆ **Peer Support:** Whether through house meetings in shared housing, support groups or paid peer support (case managers, case aides, etc.), create opportunities for consumers to support each other. This can include consumer-run housing similar to the Oxford Houses.
- ◆ **Re-Entry Services:** Services and supports should be arranged in advance of a person leaving a hospital, prison or residential facility. Special attention should be given to such transitions and adequate support arranged during and following the transition.
- ◆ **Supported Employment:** Consumers should have the opportunity to obtain and keep real, competitive employment in their communities. Such employment should be consistent with their preferences, abilities and experiences. The search for such employment should begin immediately after a person requests it.
- ◆ **Housing Financing Approaches:** The creation of housing is very complex involving many agencies and people. Organizations should strive to create partnerships between those who fund housing and those who provide services. Such partnerships should be created at the outset of the planning process.
- ◆ **Boundary Spanning:** Engage with people who have links to two or more systems. Support their brokering role.
- ◆ **Technical Assistance in Capacity Building:** The development of housing and housing supports is complex. Obtain technical assistance to develop the necessary knowledge, skills and resources. Technical assistance is necessary to keep development time and costs to a minimum.
- ◆ **Landlord Incentives and Support:** Many landlords will not rent to consumers without reassurance that they will not suffer financial losses or incur additional management burdens. Organizations that want to secure community housing for clients must build strong relationships with landlords, offer clients adequate support, and may have to offer monetary incentives to the landlord and

subsidies to the clients. Some programs have found it necessary to have an employee who is a primary contact for landlords, who advocates on the behalf of landlords and who acts as a liaison between the landlord and case managers when problems or crises arise.

RECOMMENDATIONS

In NSMHA's region, there is an immediate and urgent need for more housing in which consumers can live safely. While NSMHA cannot develop or own housing, it can support and encourage the efforts of others who do have those abilities.

Priorities

1. The public mental health system must make sure that adequate mental health services and supports are available to consumers so that they will be able to live successfully in the community. Collaborative relationships with landlords along with assuring that there will be adequate mental health services and supports are key to securing rental housing for people who have a mental illness. The same can be said of those - such as HUD - who provide funding to develop housing.
2. The quantity and array of housing options available to people with mental illness needs to be expanded in all counties. Existing community-based, residential programs, housing and housing support services must be maintained. The region cannot afford to lose any of its options. NSMHA will continue to support the variety of residential services that it presently supports.
3. The acquisition or construction of new housing is a lengthy process. NSMHA is willing to support others in developing new housing and participate in planning for it.

But because the need for affordable housing is so urgent, NSMHA's top priority will be to work with the counties in NSMHA's region and to actively pursue more immediate solutions including funding services that support consumers in their own homes and rent subsidies that give consumers immediate access to housing.

4. Consumers have expressed a desire to have their own, independent homes and to be able to choose with whom, if anyone, they will share their homes. NSMHA will encourage and support programs that help consumers obtain the living arrangements they most desire. At this time, the most difficult-to-obtain but most desired living arrangement is living by one's self. Through its policies and funding decisions, NSMHA will promote the development of new housing and residential supports which will let consumers live without a roommate if they so desire.
5. NSMHA is committed to encouraging the development of new housing and residential supports which comply with "best practices" standards. In funding new services NSMHA will give priority to those proposals that incorporate best practices.

Specific Initiatives

1. NSMHA will advocate that all counties in the region adopt a one-tenth of one percent addition to the county sales tax for the support of drug and mental health treatment services.
2. In the first two years of this plan, NSMHA will promote the development of 70 new slots of supportive housing services (35 slots in each of the two years.) In the subsequent three years, NSMHA will promote the development of an additional 25 slots each year.

3. NSMHA will seek to double the number of ARTF beds in the region from 16 to 32.
4. NSMHA will set aside \$25,000 per year of state funds which will be granted to housing developers who need “leverage” funds to obtain other grants.
5. NSMHA will advocate that Washington State’s Housing Trust Fund make a priority of funding housing projects that serve people re-entering the community from in-patient hospitalization and residential care facilities
6. NSMHA will develop an MOU with each county that defines the roles of the counties and NSMHA in creating and funding housing and housing support services. Counties have a much more direct influence with regards to housing in their jurisdictions.
7. Many landlords are reluctant to rent to people who have mental illnesses for fear that their property will be damaged or that they will have to spend much more time and money in managing their properties. NSMHA will work with its member counties and providers to find ways to support landlords and to overcome these risks. Such supports might include guaranteed payment for any damages caused by consumers, rapid response to landlord-tenant problems and eviction support.
8. NSMHA, in consultation with providers and others, will develop a policy defining the roles and duties of case managers in helping consumers live successfully in the community. The policy will describe the role that case managers play in helping consumers obtain and keep housing. It will describe case managers’ responsibilities for ensuring that consumers have the daily living skills they need in order to live independently.
9. NSMHA will survey the clinical directors from all of its providers to determine if case managers want more information, training or technical assistance in order to support consumers living in the community (e.g., how to train consumers in ADLs, tenant-landlord relations, etc.) If there is a region-wide need for such training or information, NSMHA will work with providers to obtain it. NSMHA will also work with consumers and landlords to deal with tenancy issues in order to ensure sustainable housing so consumers are not fearful of losing their housing.
10. NSMHA will arrange training, consultation and other forms of technical assistance for providers and other organizations which are interested in developing housing for NSMHA’s consumers. NSMHA will begin by surveying members of the housing work group and potential developers of housing in order to determine their needs and the most effective type of technical assistance.
11. The housing work group should continue meeting in order to assure there are adequate services to support consumers in a variety of housing alternatives. The work group will participate in developing guidelines for supported living services.

In addition, NSMHA will offer to convene regularly-scheduled meetings of housing developers in the region at which participants can exchange information and obtain consultation or other forms of technical assistance.

12. To understand why some consumers lose housing and to evaluate the mental health system’s ability to help consumers find and keep housing, it is necessary to gather more information and improve the reliability of all information gathered. Through discussions with county and state HMIS specialists,

NSMHA will seek to increase the quality and quantity of information collected about people who are homeless and have a mental illness. NSMHA will look for ways to improve its own data and data collection methods in order to track the progress of homeless consumers at finding housing.

13. NSMHA will advocate that housing be developed for consumers who have criminal histories, histories of violence and medical needs.

Appendix I

DATA

The following tables contain a variety of data about people who are homeless and have a mental illness in NSMHA's region. It also contains data about housing resources and housing needs for this population. The data comes from a variety of sources which are indicated in the chart.

Many of the statistics in the charts were not used in calculating the overall housing needs of NSMHA's consumers because they duplicate other data. None the less, all statistics and data are included since they will allow housing developers and service planners to look at consumers' needs from a variety of perspectives.

WESTERN STATE HOSPITAL:												
Number of consumers at Western State Hospital. NSMHA data	53	23	10	3	1	90						
Calculated number of beds needed 2003-9 to avoid increases in WSH census. Data calculated from DSHS capacity/demand study:												
E&T beds	9	4	1	1	0	15						
Crisis respite beds	6	2	2	0	0	11						
AARC residential beds	4	3	2	1	1	11						
Psychiatric support for AASA	19	7	4	1	1	32						
Intensive case management teams to support 50 people each	1	.5 FTE	0	0	0	1.5						
FAMILIES:												
Number of homeless families with children. Data from PIT counts.	299	171		26	6	502						
Number of homeless mothers accompanied by children who report having a mental health problem. Data from PIT counts.	125	39				164						
Number of homeless parents who obtained NSMHA-funded services in 2006. NSMHA data.	60	14	14	2	0	90						

Estimates of how many units of housing is needed in the region:												
Shelter beds for single people who are homeless and have a mental illness. Calculated from PIT data.	208	4				212						
Transitional housing beds needed for individuals with mental illness. Calculated from PIT data.	208	44				252						
Permanent supportive housing for people who are homeless and have a mental illness. Data from County Housing Plans.	150	53				203						
Estimated number of units of housing needed by Compass's clients (2004) less number available. Data from Snohomish 10-year plan.						499						
Residential Status of Currently-Enrolled Consumers. NSMHA data							% Sno.	% What.	% Skagit	% Island	% San Juan	% Region
Private residence with no support	4946	1932	1197	428	109	8612	58.79%	62.26%	56.62%	51.38%	58.60%	59.89%
Own home with support	628	334	75	44	6	1087	7.46%	10.76%	3.55%	5.28%	3.23%	7.56%
AFH	438	116	99	40	11	704	5.21%	3.74%	4.68%	4.80%	5.91%	4.90%
24-hour residential	132	102	26	3	0	263	1.57%	3.29%	1.23%	0.36%	0.00%	1.83%
Institution	71	59	45	3	0	178	0.84%	1.90%	2.13%	0.36%	0.00%	1.24%
Corrections	26	26	2	2	0	56	0.31%	0.84%	0.09%	0.24%	0.00%	0.39%
Homeless	338	90	66	14	3	511	4.02%	2.90%	3.12%	1.68%	1.61%	3.55%
Other	64	47	35	6	2	154	0.76%	1.51%	1.66%	0.72%	1.08%	1.07%
Unknown	1500	397	569	293	55	2814	17.83%	12.79%	26.92%	35.17%	29.57%	19.57%

Residential Resources and Supports for INDIVIDUALS only except as noted:												
Mental health crisis beds. NSMHA data	16	6	6	0	0	28						
ARTF beds. NSMHA data	12	0	0	0	0	12						
Shelter and emergency beds.		104	21	0	0	125						
Overflow vouchers. Data from 10-year plan.		53				53						
Long-term psychiatric rehab. NSMHA data.	6	0	0	0	0	6						
Supervised living (24/7 boarding homes funded by NSMHA). NSMHA data.	21	67	0	0	0	88						
Transitional housing beds - data from Homeless Housing Plan	96	173	35	1	0	305						
Transitional housing beds operated by NSMHA contractors (included above) NSMHA data	16	97		0	0	113						
Permanent supportive housing (includes Shelter Plus Care) data from Homeless Housing Plan + NSMHA data	448	204	19	17	0	688						
Permanent supportive housing offered by NSMHA contractors - NSMHA data	183	6	19	17	0	225						
Supported housing reported in NSMHA exhibit Q	219	204	19	17	0	459						
PATH - data from PATH contracts	125	65				190						
AFHs licensed to accept people with mental health diagnoses – data from DSHS website	1300	125	78	54	12	1569						

AFHs with NSMHA add-on funding – NSMHA data		9				59						
Boarding homes licensed to accept people with mental illnesses - data from DSHS website	950	836	414	240	0	2440						
Total non-AIDS supportive housing in county - Data from 10-year homeless plan			10		0	10						
Section 8 Vouchers & Subsidies:												
Units of public housing (owned by the housing authority) - data from housing authorities	876	1477	37	110	0	986						
Housing vouchers - data from 10 year plan				22 (1 for single person)		22						
Total section-8 vouchers - data from housing authorities	5316	1692	580 - 609	274	0	7698 - 7891						
Total section-8 targeted to homeless families	111	37				148						
Total section-8 targeted to homeless individuals	9		5			14						
Wait time for section 8 certificate or housing voucher	2 - 5 years	16 - 18 months	3 - 5 years	closed	no sec. 8							
Anacortes Housing Authority			1 - 2 years									

Cost of Housing:												
Fair market rent for a 1-bedroom apartment - data from HUD	710	591	661	682	643							
Fair market rent for a 2-bedroom apartment - data from HUD	854	741	820	823	795							
CONSERVATIVELY ESTIMATED TOTAL NEED WITH DUPLICATE COUNTS ELIMINATED:												
Number of individuals with a m.h. problem in need of housing	372	373	150	13	4	912						
Number of families in which a parent has a mental health problem and the family is homeless	299	171	0	26	6	502						