

Strategies to House the Unsheltered Homeless Population and Decrease Community Impacts in Chelan and Douglas Counties

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Introduction

Over 350 individuals experience homelessness on any given night in Chelan and Douglas counties. This includes "sheltered homeless" who reside in emergency shelters and transitional housing facilities as well as more vulnerable people who are unsheltered and living on the streets or in places not meant for human habitation. Although this level of homelessness is disturbing, it actually represents a 15% decrease in total homelessness in Chelan and Douglas counties between 2019 and 2020. This is encouraging news. However, when reviewing the homeless data in greater detail, a concerning trend emerges:

- The 2020 Chelan-Douglas Homeless Point-in-Time (PIT) count recorded 84 unsheltered community members living outside or in places not meant for human habitation.
- Within this larger population of unsheltered homeless people, there is a subgroup who are considered to be chronically homeless. These individuals have lived on the streets for extended lengths of time and have underlying medical issues including physical and developmental disabilities, mental health conditions, chemical dependency issues, and other chronic medical conditions. Between 2019 and 2020, this subgroup increased significantly by 19.5%. In 2019, 36 chronically homeless individuals were counted, while in 2020, the count had increased to 43 individuals.

Both unsheltered and chronically homeless populations are highly vulnerable. Life on the streets is dangerous and stressful which often exacerbates underlying medical and behavior health conditions, thereby making the transition to permanent housing very challenging. The short- and long-term impacts to the individual can be devastating.

The cost to the larger community is also significant. Due to their high vulnerability, unsheltered individuals access emergency room medical care at a much higher rate than the general population. Law enforcement expends significant resources responding to emergency calls involving homeless individuals. Business owners, especially in the downtown core area, are also impacted when homeless individuals camp in public spaces and impede customer access to businesses.

Unfortunately, local government jurisdictions and law enforcement have limited options when responding to homeless individuals who are camping, blocking public access, or creating a public nuisance. As a consequence of recent court rulings (i.e. *Martin v. City of Boise*), it was deemed unconstitutional for law enforcement to enforce ordinances that prohibit homeless individuals from sleeping or camping on public property unless those individuals have a meaningful alternative, such as a low-barrier shelter space or a legal place to camp. This significantly limits a community's ability to regulate individuals who choose to set up encampments in public spaces.

Therefore, on a myriad of levels, there is a critical need to establish low-barrier emergency shelter services and comprehensive case management support for our unsheltered and chronically homeless community members. This need is currently not being met in the Chelan-Douglas region. Existing emergency shelters operate with higher-barrier policies which often end up blocking access to services for this most vulnerable segment of the homeless population. In addition, by not providing adequate low-barrier services, the Chelan-Douglas region, including the cities of Wenatchee and East Wenatchee, is not meeting the enforcement criteria established in the *Martin vs. City of Boise* court ruling.

This paper explores opportunities for using the sales and use tax option authorized by House Bill 1590 to support new and existing low-barrier services for unsheltered and chronically homeless individuals.

Background

In June 2020, the Washington State Legislature enacted House Bill 1590 ("Affordable Housing Sales and Use Tax - Councilmanic Authority") which provides cities and counties the ability to implement the local sales and use tax for affordable housing through councilmanic authority not to exceed one-tenth of one percent of the selling price (for sales tax) or value of the article (for use tax).

It allows counties to submit an authorizing proposition to voters to impose a sales and use tax at a special or general election. As an alternative, a county legislative authority may impose the tax without a vote of the majority of voters. If a county did not impose the full tax rate by September 30, 2020, any city legislative authority located within that county may impose the tax, either through a proposition to the voters or solely through councilmanic authority.

Douglas and Chelan counties did not take the required steps to enact the 1590 sales use tax by the September 30, 2020 deadline. Therefore, the cities of Wenatchee and East Wenatchee can explore the feasibility of exercising the cities' options to impose the 1590 sales and use tax within their jurisdictions.

If enacted, the projected annual revenue to be generated by each city is:

- City of Wenatchee: \$800,000 - \$900,000/year
- City of East Wenatchee: \$400,000/year

1590 funds may be used for the construction and operation of affordable housing or for facilities providing housing-related services (i.e. emergency shelters). However, there are specific limitations on the population which may be served with 1590 funds. In general, unsheltered and chronically homeless individuals meet these criteria. Chronically homeless is defined as an individual who has been unsheltered for an extended period of time and who also has a medical/behavioral health disability.

There are currently four other cities in Washington state that have enacted the sales and use tax authorized under House Bill 1590 including Olympia, Anacortes, Port Angeles, and Ellensburg. Funds are currently being used for a range of projects including affordable housing development and low-barrier shelters services.

Project Description

City of Wenatchee and East Wenatchee staff recommend that 1590 funding be pursued by each city and be used to serve unsheltered homeless adults in Chelan and Douglas counties with an emphasis on support for the chronically homeless. A two-phase approach is recommended:

- **Phase 1: Development of a low-barrier sleep center emergency shelter targeting chronically homeless and unsheltered homeless adults**
The shelter will be based on a "sleep center" model similar to programs currently operating in Moses Lake and Walla Walla which provide shelter through individual structures accommodating 1 - 2 persons rather than in traditional congregate style facilities. The program will also provide case management services to help clients exit homelessness and move quickly to safe, permanent housing.

A sleep center provides night-time shelter for those who are unsheltered and at most risk of exposure and street violence. Sleep centers vary but typically share the following components:

- Individual sheds or huts are situated on a secure site and are designed to be used only for sleeping during evening hours. Most centers average between 30 - 50 huts in a complex. The huts/sheds average 6' by 10' to 10' x 10' inside and may have a covered porch. The door is lockable, providing privacy as well as an important measure of safety. Some designs have an operable window in the rear wall to provide ventilation. They are completely weatherproof, even in strong winds, heavy rain, or snow. They are insulated on all sides, but often not heated. The huts, if insulated properly, tend to maintain an internal temperature which is 20 - 30 degrees warmer than outside temperatures.

Note: Sleep centers differ from tiny house villages. Although both models utilize tiny shelters/houses, the intent of the programs differ. Sleep centers provide emergency overnight shelter whereas tiny house villages offer long-term permanent housing in "tiny homes".

- Modular restroom facilities for clients including showers.
- Modular office building(s) for on-site client intake, assessment, and case management services.
- Small outdoor congregate/smoking area for clients and staff.
- Storage space for client possessions.
- Fenced for security; on-site night security.
- Landscaping to ensure the site is aesthetically aligned with neighboring properties.
- Staff, client, and visitor parking.
- Hours of operation vary but tend to be open from early evening through early morning.
- Programs are designed to be low-barrier to ensure clients are able to easily access services. Rules are behavior-based and limited to those needed to ensure staff and client safety. Low-barrier shelters are trauma-informed and provide immediate access to basic needs (i.e. housing, safety, food, medical care) without conditions while also providing comprehensive case management to connect clients to permanent housing as quickly as possible. Studies indicate that low-barrier approaches yield higher housing retention rates, reduce costs for expensive crisis response interventions such as frequent emergency room visits, and help people achieve better health and social outcomes.¹

The program will include on-site case management services to support clients who want to exit homelessness by connecting them with permanent housing. The shelter will be staffed in the early evening and morning hours by housing stability case managers trained in problem solving and diversion techniques.

In addition, partnerships will be pursued to provide leveraged on-site staffing to promote more efficient, consistent coordination of comprehensive wrap-around services. A significant majority of chronically homeless individuals deal with mental health issues. Therefore, on-site staffing of behavioral health specialists in particular will be pursued, either through leveraged partnerships or direct funding.

Other on-site or visiting staffing and/or referral partnerships may include:

- Medical professionals (i.e. RNs) provided by local medical centers and hospitals
- Homeless outreach specialists
- Coordinated entry specialists

- Employment and training support through employment agencies (i.e. WorkSource) and the local college
- Service animal/pet support services through the local Humane Society

City staff recommends adopting a sleep center model after extensively researching best practices for low-barrier shelters. A number of program models were investigated ranging from full-service 24/7 congregate facilities to evening-only sleep centers. Staff also researched, consulted with, and visited jurisdictions that have successfully launched sleep center programs including the cities of Moses Lake, Walla Walla, and Seattle. Advantages of a sleep center approach include:

- Cost effectiveness: Sleep centers programs are much more affordable to construct and operate than a brick-and-mortar 24/7 facility. Operational costs for sleep centers vary but tend to average between \$300,000 - \$400,000/year. 24/7 congregate facilities are more expensive to construct and can average between \$850,000 - \$1,200,000/year to operate.
- Client health and safety: Individual units offer clients a greater sense of safety and security which is often critical for those with mental health conditions. Private units also offer greater protection against the spread of COVID and other transmissible diseases.
- Increased client exits to permanent housing: Sleep center programs tend to have good success rates with helping clients exit to permanent housing. For example, 38% of the clients at the Georgetown Tiny House Village in Seattle moved into permanent housing as opposed to only 6% of clients in nearby traditional shelters.²

Additional information regarding sleep center programs is available at the websites listed below:



Walla Walla Sleep Center
www.wwallianceforthehomeless.com/sleeping-center



Moses Lake Sleep Center
www.cityofml.com/1005/Help-for-the-Homeless



Alternate tiny building structure: Available through Pallet Shelters
www.palletshelter.com/64-sq-ft-shelter

– **Phase 2: Enhancement/expansion of existing homeless services to support the transition of sleep center clients into permanent housing**

In addition to the on-site case management services outlined above, other supportive resources within the existing regional homeless response system could be strengthened to more strongly support a client's transition to permanent housing. Examples of potential expanded services could include:

- Increasing the number of Permanent Supportive Housing (PSH) units available in the region. PSH provides permanent housing for chronically homeless individuals with physical or behavioral health disabilities. The stable housing is combined with intensive case management, and is therefore, often the most effective intervention for chronically homeless clients. Increasing the number of PSH units in the region would significantly increase opportunities for client transitions from the sleep center to long-term stable housing.
- Establishing or expanding existing homeless day center services through increased wrap-around services. This meets the requirements of *Martin vs. City of Boise* by providing an enforceable day-use area which precludes camping in public areas during the day.
- Expanding homeless outreach services including strengthening partnerships with law enforcement.
- Pursuing options for developing a RV buy-back program to help alleviate the public nuisance and environmental impact of dilapidated RVs used for shelter while parked in public areas.

The list above is not exhaustive. Rather it represents initial services that could be provided for sleep center clients either directly through 1590 funding or through other existing homeless funding that would become available as a result of the infusion of 1590 into the regional homeless funding pool.

The remainder of this paper will discuss opportunities and considerations for implementing this phased approach using 1590 funding.

Long-term Program Impacts

The proposed program will result in significant positive impacts across the community. Major areas of impact include:

- Compliance with the *Martin vs. City of Boise* ruling: As a consequence of recent court rulings (i.e. *Martin v. City of Boise*), it was deemed unconstitutional for law enforcement to enforce ordinances that prohibit homeless individuals from sleeping or camping on public property unless those individuals have a meaningful alternative, such as a low-barrier shelter space or a legal place to camp. This significantly limits a community's ability to regulate individuals who choose to set up encampments in public spaces. Encampments can also create public health and safety issues that diminish quality of life for the community as a whole and can negatively impact businesses, parks, public spaces, and overall real estate values.
- Improved health outcomes for our homeless community members: Stable, safe housing is inextricably linked to the health and the long-term well-being of homeless individuals. The majority of unsheltered homeless individuals deal with chronic medical conditions, behavioral health disorders, substance abuse issues, or disabilities. Many have co-occurring conditions that are exacerbated by living on the streets. A variety of studies have shown that access to safe

shelter and housing results in improved health outcomes for homeless individuals.^{3,4} The positive outcomes for homeless individuals can be significant.

- Increased physical safety for our homeless community members: Unsheltered homeless individuals are at a higher risk of injury or death due to street violence and exposure to the elements (both hot and cold weather conditions). A study by the National Coalition for Homelessness estimated that approximately 700 people experiencing homelessness are killed from hypothermia annually in the United States.⁵ This trend has been anecdotally observed in the Wenatchee area as it has not been uncommon for at least one homeless individual to die from exposure each winter season. Summer heat and wildfire smoke can be just as deadly, especially for homeless individuals with respiratory conditions.

Homeless individuals are also far more likely than the general population to be victims of violent crime. The prevalence of violence victimization in the homeless population has been estimated to range from 14% to 21% with approximately one-third reporting having witnessed a physical attack on another person who was homeless. Those who have been previously turned away from a shelter are also significantly more likely to experience victimization.⁶ Secured, individual shelter units, such as those used in sleep center programs, provide immediate safety from the elements and from predatory street violence.

- Lower COVID-19 transmission risks through increased social distancing: It can be challenging for congregate housing facilities, such as emergency shelters, to provide safe, socially distanced spaces for their clients. A sleep center enhances social distancing by providing private individual units. Private units also increase clients' sense of safety and security. The move away from open, congregate facilities is considered a best practice in general and is especially critical during the pandemic response.
- Lower unreimbursable healthcare costs for hospitals and emergency rooms and walk-in clinics: Due to lack of income or insurance, homeless individuals access care more frequently through emergency room and walk-in clinic visits. This is unfortunate, as it often precludes individuals from accessing regular preventative care, which can ward off more serious health conditions, thereby avoiding more expensive and lengthy treatments later on.

The reliance on emergency room care also has significant fiscal impacts for local hospitals and clinics. The Confluence Health Foundation recently developed a report that explores the intersection of homelessness and healthcare. *Healthcare and Homelessness in the Wenatchee Valley* provides data on unreimbursed healthcare costs incurred by Confluence Health for homeless patients over a two-year period. The study reviewed records for 25 homeless patients who accessed hospital care during 2017 - 2019. Confluence Health incurred a loss of approximately \$2.4 million during the two-year period. A variety of studies have shown that access to safe shelter and housing results in significantly lower healthcare costs ranging between a 50% - 70% reduction in unreimbursable emergency room costs.⁷

- Decreased negative law enforcement interactions and arrests involving homeless individuals: Many of the most visible and chronically homeless populations are resistive to accepting services and resources, particularly when low-barrier options are not available. Many of these individuals suffer from severe behavioral health conditions and drug and alcohol addiction.

These factors can result in increased calls for police service involving homeless individuals, which negatively impacts overall service delivery by law enforcement.

The Wenatchee and East Wenatchee Police Departments track the number of law enforcement calls that involve homeless individuals. The number of interactions recorded has been extensive. Between January 1, 2019 and December 31, 2020:

- The East Wenatchee Police Department logged 504 contacts with homeless individuals resulting in 109 arrests including trespass and theft.
- The Wenatchee Police Department logged 847 calls for service and 58 arrests involving homeless individuals.

– Decreased economic/fiscal impacts to local businesses and governments:

Local business owners and local government jurisdictions can incur significant costs while responding to issues involving unsheltered homeless individuals. Homeless individuals typically have no place to go during the day and are often unable to access shelters at night. As a result, they often end up camping or congregating in public areas with no access to restroom/hygiene facilities or waste disposal. Local business owners have registered frequent complaints with city officials and council members regarding homeless individuals who are sleeping near or otherwise impeding access to business entrances. In extreme cases, business owners have reported having to clean-up garbage, needles, and human waste left on their property by homeless individuals. This presents a public safety hazard. It can also deter potential customers, especially in the downtown core area, thereby negatively impacting business profits.

Local city and county governments also incur significant costs when addressing damage and vandalism caused by homeless individuals in public areas. Staff from local Parks, Public Works, and Code Enforcement departments routinely expend resources to mitigate damage to city and county property. For example, the City of Wenatchee's Park Department estimates that their costs to respond to homeless issues in 2020 was approximately \$280,000. The photo below illustrates encampment areas that required clean-up and mitigation by City of Wenatchee Parks Department employees:



Debris and hazardous waste requiring clean-up by City of Wenatchee Parks Department staff

- Reduced environmental impacts: Sleeping outside or in tent encampments is often the last resort for unsheltered individuals who are unable to access existing shelter services. This creates environmental and public health/safety concerns including human waste contamination, garbage clean-up, and used needle disposal. Dilapidated RVs have also recently created some

unique challenges. City of Wenatchee Environmental Services employees have responded to a number of complaints regarding RV sewage leaking into into public streets and drains, potentially contaminating waterways.

Douglas County sponsored a homeless encampment clean-up project during the summer of 2020. The majority of the camps were located along the Columbia River. Statistics provided by the Douglas County Solid Waste Program Director indicate that the effort resulted in the clean-up of 73 inactive camps and 27 active camps. The materials collected filled 3,379 garbage bags totaling 31,425 pounds of garbage. The debris included:

Sleeping bags	742
Bikes	155
Shopping carts	25
Knives	213
Crack pipes	99
Marijuana pipes	71
Used sharps	340



Before & After: Trash and hazardous waste collected by Douglas County Solid Waste program staff

Target Population

The proposed project will target unsheltered and chronically homeless adults (men, women, couples) in Chelan and Douglas counties. Families, youth, and households fleeing domestic violence are not included in the target population as they can be adequately served through existing community resources (i.e. women's/family emergency shelters, domestic violence shelters, and emergency hotel voucher programs).

The Chelan-Douglas 2020 Point-in-Time (PIT) Count data supports the proposed emphasis on chronically homeless and highly vulnerable unsheltered adults. The majority of the unsheltered population consists of single individuals. On average, approximately 7% of unsheltered households are families with children. The remaining 93% are comprised of single person adult households.

The 2020 PIT identified 84 adults who were unsheltered of which 43 were classified as chronically homeless. The 2021 PIT count was recently conducted on January 28, 2021. Official numbers have not been calculated yet. However, initial estimates project that the unsheltered population has remained stable (approximately 80 - 85 individuals).

Based on these projections, an average population of 85 unsheltered homeless individuals could be served by establishing a low-barrier sleep center while also utilizing existing homeless resources. The table below illustrates how this could be accomplished:

Chelan-Douglas Unsheltered Population: Estimated total average 85 (42 unsheltered and 43 chronically homeless individuals)		
Program	Maximum Client Capacity	Notes
Sleep center	40 individual units which could accommodate up to two individuals if needed	Serve unsheltered and chronically homeless adults
WRC Miller Permanent Supportive Housing	20 permanent housing units; 1 person per unit	Chronically homeless clients only
Gospel House Emergency Shelter	60 clients*	Lower-barrier shelter with some restrictions; may not meet the needs of some unsheltered clients
Total Potential Low-Barrier Bed Capacity	120 beds plus an additional 40 overflow beds at the Sleep Center	

**Note: Due to current COVID social distancing guidelines, the Gospel House shelter currently serves up to 40 individuals while normally accommodating up to 60.*

The sleep center would initially house 40 huts/sheds. When feasible, single individuals will be assigned to their own shelter. However, the shelters will be large enough to accommodate couples or two individuals if needed. Therefore, the initial sleep center would serve 40 individuals but could accommodate up to 80 individuals. Double occupancy is currently not feasible due to COVID social distancing requirements. However, in the future, it could be an option for providing additional overflow capacity. Additional units could also be added in the future as needed and as budget allows. As outlined above, the proposed capacity of the sleep center program, in conjunction with existing low-barrier services, would provide more than adequate shelter capacity for the current unsheltered homeless population in Chelan and Douglas counties. This would meet the requirements outlined in *Martin v. City of Boise* in which the court ruled that it is unconstitutional for law enforcement to enforce ordinances that prohibit homeless individuals from sleeping or camping on public property unless those individuals have a meaningful alternative, such as a low-barrier shelter space. A low-barrier sleep center would increase law enforcements' options for responding to safety, environmental, and nuisance issues resulting from unauthorized camping in public areas.

Neighborhood Impacts and Site Security

The selection of an appropriate site for the sleep center program is critical to its long-term success. The Chelan-Douglas Homeless Housing Task Force, through its Low-Barrier Planning subcommittee, has developed detailed site selection criteria with a strong emphasis on minimizing neighborhood and

community impacts. The ideal location will be close to public transportation and services but not directly located in residential areas, near schools, or in downtown city corridors.

Site security will also be provided. An on-site security guard will be on duty from 7:00 p.m. until 7:00 a.m. The site will be fenced and only enrolled clients will be permitted to enter the site.

Budget Projections

One-Time Capital and Site Set-Up Costs

Budget Item	Projected Costs
*Land acquisition	\$565,000
Shelter units: Purchase of materials/kits	\$260,000 - \$345,000
Shelter unit set-up/siting	\$20,000
Modular office building	\$75,000
Modular restroom building	\$75,000
*Site preparation (i.e. permitting, grading, utilities, fencing, landscaping)	\$75,000
*Engineering & infrastructure design	\$75,000
Facilities supplies/equipment	\$22,000
City staffing (administration & program management)	\$81,000
*Site development/preparation consultant	\$50,000
TOTAL ONE-TIME CAPITAL COSTS	\$1,298,000 - \$1,383,000

**Land acquisition & site preparation/development costs dependent on specific site selection*

Estimated Annual Operating Expenses

Budget Item	Projected Costs
Program staffing	\$211,320
Night security staff	\$87,600
Operating supplies	\$28,000
Repair/maintenance supplies & services	\$18,000
Utilities (electrical, water, sewer, garbage)	\$15,000
City staffing (administration & program management)	\$26,000
TOTAL ESTIMATED ANNUAL OPERATING COSTS	\$385,920

Funding Considerations & Challenges

The proposed project will require funding for land acquisition and capital construction as well as for long-term operational costs. Existing local homeless funds can support a portion of these costs but cannot support the entire project. Therefore, a multi-source funding strategy is critical to the success of the program. The Homeless Task Force, primarily through Chelan and Douglas counties and the cities of Wenatchee and East Wenatchee, has been actively working together to explore opportunities to braid funding sources together to support the program.

The following table lists potential funding sources including allowable uses and funding availability dates:

Funding Source	Estimated Maximum Available Funding	Allowable Uses			Funding Term		Notes
		Capital: Acquisition & Construction	Capital: Equipment; Misc.	Operations: Staffing, supplies, facilities, administration	Funding Availability Start Date	Funding Expiration	
1590 Revenue	\$1,200,000/yr	X	X	X	See note	Ongoing	Funding available upon City enactment; funding received monthly
Low-Barrier Shelter Grant	\$400,000 available for pre-occupancy costs; \$162,000 for operational costs				8/1/20	6/30/23	One-time grant funding; non-renewable
ESG-CV	\$100,000 for equipment, supplies, restroom facilities; \$127,000 for operational costs		X	X	8/1/20	9/30/22	Allowable uses: Operations; restroom facilities; program equipment/supplies
1406 Funds	\$80,000/yr				Ongoing		Allowable uses: Construction & operation of affordable or supportive housing; rental assistance. Could free-up County Homeless funds for low-barrier use.
CHG	Varies			X	Ongoing		New grant cycle 7/1/21; would require allocating less funding for other program types
County Homeless	Varies	X	X	X	Ongoing		New grant cycle 7/1/21; would require allocating less funding for other program types
Staffing Partnerships	TBD			X			On-site support services provided through partnerships with local medical and service providers (i.e. Confluence Health, CVCH)

As illustrated in the table above, there is currently not adequate funding available to support the development and operation of an emergency sleep center shelter without the inclusion of 1590 revenues by the cities of Wenatchee and East Wenatchee.

If the cities of Wenatchee and East Wenatchee opt to impose the sales and use tax authorized through House Bill 1590 and begin collecting revenues by May 1, 2021, the following multi-funding approach could be used to develop and operate the program:

Budget	Budget Projections	Maximum Funding Allocation	Funding Availability
Pre-Occupancy Acquisition & Development Costs	\$1,298,000	<ul style="list-style-type: none"> - Low-Barrier Grant: \$400,000 - ESG: \$100,000 - 1590 Funding: \$798,000 	<ul style="list-style-type: none"> - Low-Barrier Grant & ESG: Available immediately - 1590 funding: Begin accruing revenues May 1, 2021 (est. \$100,000/mth)
Annual Operating Costs: First Year	\$385,920	<ul style="list-style-type: none"> - Low-Barrier Grant: \$162,000 - ESG: \$127,000 - 1590 funding: \$96,920 	<ul style="list-style-type: none"> - Low-Barrier Grant: Available through 6/23 - ESG: Available through 9/22 - 1590 funding: Ongoing
Annual Operating Costs: 2nd year and ongoing	\$385,920	<ul style="list-style-type: none"> - 1590 funding: \$385,920 	<ul style="list-style-type: none"> - 1590 funding: Ongoing

After the program is opened and operational for one year, City staff recommends funding annual program operations entirely through 1590 funding, leaving a balance of approximately \$814,000/year available for Phase II activities as detailed in the *Summary of Staff Recommendations* section below.

Summary of Staff Recommendations

City of Wenatchee and East Wenatchee staff recommend that 1590 funding be pursued by each city and used to serve unsheltered and chronically homeless individuals in Chelan and Douglas counties. Staff recommends a phased approach for utilizing the funding:

- Phase 1 - Development of a low-barrier, service-enriched homeless sleep center emergency shelter targeting unsheltered and chronically homeless adults: The program will also provide case management services to help clients exit homelessness and move quickly to safe, permanent housing.
- Phase 2 - Expansion of existing homeless services to support sleep center clients transitioning into permanent housing:
Possible expanded services could include:
 - o Increasing the number of Permanent Supportive Housing units in the region through investment in development partnerships.
 - o Supporting/partnering with new or existing behavioral healthcare programs to enhance and expand services for the targeted population.
 - o Establishing or expanding existing homeless day center services through increased wrap-around services. This meets the requirements of *Martin vs. City of Boise* by providing an enforceable day-use area which precludes camping in public areas during the day.
 - o Expanding homeless outreach services including strengthening partnerships with law enforcement.
 - o Pursuing options for developing a RV buy-back program to help alleviate the public nuisance and environmental impact of dilapidated RVs used for shelter while parked in public areas.

Conclusion

The contents of this report are meant to provide insight into the current limitations of the existing local homeless response system to support the needs of the most vulnerable homeless individuals in our community. Investment in low-barrier shelter services targeted to the unique needs of the unsheltered and chronically homeless population is critical to lessening the individual and community impacts of homelessness in Chelan and Douglas counties. The enactment of the 1590 sales and use tax by the cities of Wenatchee and East Wenatchee is a critical factor in determining whether a low-barrier emergency shelter can become reality in the Chelan-Douglas region.

¹ Seattle University School of Law, Homeless Advocacy Rights Project, July 2018, "The Effects of Housing First & Permanent Supportive Housing"

² The Seattle Times, "Once Derided as Shacks, Tiny Houses May Best Ease Homelessness", Danny Westneat, 11/27/20

³ Health Affairs, Volume 35, No.1, January 2016, "Formerly Homeless People Had Lower Overall Healthcare Expenditures After Moving into Permanent Supportive Housing"

⁴ American Journal of Public Health, June 2018, "Healthcare Utilization & Expenditures of Homeless Family Members Before & After Emergency Housing"

⁵ National Coalition for the Homeless, 2010, "Winter Homeless Services: Bringing Our Neighbors in from the Cold"

⁶ National Health Care for the Homeless Council, 2014, "Exploring the Experiences of Violence Among Individuals Who Are Homeless Using a Consumer-Led Approach", 2014

⁷ CSH Literature Review of Supportive Housing: Inpatient and EMS, <https://www.csh.org/supportive-housing-101/data/>