REACHING HOME

MISSOULA'S 10-YEAR PLAN TO END HOMELESSNESS

2012 - 2022

ACKNOWLEDGMENTS

Reaching Home: Missoula's 10-Year Plan to End Homelessness is the result of the efforts of the Reaching Home Working Group. The group includes representatives from public and private organizations, and all contributed to this report.

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SECTION ONE: EXECUTIVE SUMMARY

The Homeless

The number is fluid, but on any given day, at least 500 people are homeless in Missoula. Some are vexingly visible, asleep on the sidewalk or the courthouse lawn. But that group, the chronically homeless, is less than 25 percent of the total. Unfortunately, they use about 50 percent of the resources devoted to homelessness.

Nationwide, nearly 40 percent of the homeless are families. In Missoula, that translates to dozens of children attending public schools in Missoula County. Sometimes those kids couch-surf with family friends, but oftentimes they sleep in cars or short-term motels. Either way, they're never quite sure where the next night will be spent or where their next meal will come from.

In most cases, the kids and their parents didn't move to Missoula because they were homeless; they are, quite literally, homeless Missoulians. Some believe Missoula draws the homeless because the city provides exceptional service, but the numbers tell a different story. Most homeless people became so while living here. They're not someone else's problem. They're us. Many could have been spared homelessness with financial help with first and last month's rent, a move that would spare the community thousands of dollars in costs later.

Many of Missoula's homeless suffer from mental-health problems or substance abuse. Often they have been released from institutions directly into homelessness, and the cost of providing services to them far outstrips the cost of housing them. Service costs also run high for the far-too-high number of military veterans who are homeless and struggling to adapt to civilian life.

It's time to end homelessness. It won't be easy, but it's the right thing to do, for everyone.

Others in Missoula's homeless community have jobs, often holding down more than one job in hopes of getting back into a house or apartment. And a disproportionate number are Native Americans unable to secure stable housing without better employment opportunities. Others are young people who have aged out of the state's foster care program.

We spend millions of dollars, both public and private, addressing homelessness with a vast array of services, but the time for simple service is over. It's time to end homelessness. It won't be easy, but it's the right thing to do, for everyone.

As Missoula Mayor John Engen said when he helped convene the Reaching Home Work Group, "It turns out that the solution to homelessness is housing." It's more complex than that, of course, but it's no less true. It's time to bring the homeless into homes.

Reaching Home Working Group Mission

Develop a plan for Missoula that puts housing first in helping people experiencing homelessness or housing instability - whether a family fallen on hard times or a hardened veteran of the streets. We want to ensure that the money spent in Missoula on people who are unsheltered or precariously housed is spent principally on housing, not just on managing homelessness. We understand that there will always be a role for emergency shelter in our community; our work is rooted in the belief that the solution to homelessness is **housing**.

A Plan to End Homelessness in Missoula

In 2011, the City of Missoula and Missoula County combined resources to develop a 10-year plan to end homelessness. The effort grew out of an increased public awareness of homeless people downtown, which led to a study that looked at the homeless population and how it was served. That assessment made it clear that homelessness was an expanding and chronic problem that had reduced a Herculean service effort to a series of Band-Aids.

The plan builds on current community efforts, but shifts from managing homelessness to ending it.

Addressing the needs of people who are homeless and at risk of homelessness has often been the responsibility of local nonprofit service and housing providers, but responsibility must expand to include local government, the business sector, faith-based organizations, the University of Montana, schools and ordinary citizens.
In cities across the country, an improved blueprint is developing, complete with new methods for addressing homelessness more thoroughly. These new methods focus on two key principles fundamental to Missoula's plan:

1. Prevention and Rapid Re-Housing: Preventing homelessness is far less costly than trying to address the problem once housing has been lost. Paying overdue rent or first month's rent and a deposit when individuals or families are in a crisis may be all it takes to keep people from losing their housing. The longer people are without housing, the more costly and difficult it is to get them back in homes.

2. Housing First: This model supports the idea that the best way to address homelessness is to house people. It involves moving homeless people from shelters and life on the streets directly into affordable, permanent housing accompanied by intensive services. Applying this model has helped communities reduce public expenditures on emergency hospital services, jails, ambulance services and emergency shelters. Assessment is key to determining who is at risk of becoming homeless and providing a quick response.

Planning Process

This plan is the product of a process that began with the formation of the Reaching Home Work Group appointed by Mayor John Engen and County Commissioner Jean Curtiss. The group includes bankers, business owners, commercial real estate developers, community volunteers, elected representatives and nonprofit executives. The work is rooted in the belief that the solution to homelessness is housing. Information to create the plan was gathered from a large and representative group of community stakeholders with an interest and/or an expertise in housing and homelessness. The group designated five subcommittees to address areas essential to the development of the plan:

- Coordinated Prevention Strategies/Wraparound Services
- Permanent Affordable Housing
- Emergency/Transitional Housing
- House Resistant Populations
- Effective Implementation Strategies

The working group developed a set of statements as guidance to a better future for homeless people, those at risk of losing their housing and the community. The statements are grounded in key issues identified by the group and community stakeholders.

Twelve Core Themes of Vision 2022

1. Institutional discharge planning
2. Single point of entry for services
3. Public education about homelessness
4. Pool[s] of discretionary funds for transitions, emergencies, and housing costs
5. Emphasis on efficiency: quickly and effectively addressing needs of people at risk
6. Losing housing is a state from which one can recover quickly
7. Coordination of case management services
8. Case management coordination through transition from institutions
9. Coordination between groups working one-on-one with clients
10. Support services: whatever is needed to keep people housed
11. Housing solutions for housing-resistant populations
12. Cost vs. value: public education

Strategies and Outcomes

The outcomes listed below and the strategies developed to achieve them were identified by the working group as fundamental to Missoula's 10-Year Plan to End Homelessness. A full description of outcomes, strategies, time line for start-up and completion, resources needed, and potential contributing partners is in the *Matrix of Strategies and Outcomes* located at the end of the report:

Homeless Prevention and Rapid Re-Housing

A. Subsidies, services and supports are available to those who require ongoing services to remain in housing.
- **1.** Services are delivered while in housing
- **2.** Resistant populations are housed

B. There are adequate systems, supports and resources to rapidly re-house those who become homeless, or enter the community without housing; and to keep people in housing when they experience emergencies.
- **1.** Create a funding pool for emergency expenses to prevent homelessness
- **2.** Create a funding pool for start-up housing expenses
- **3.** Create a landlord education/insurance program

C. People are released from state and local institutions with adequate housing resources.
- **1.** Improved planning and communication from institutions

Continuum of Housing Options

D. There is adequate housing for all income levels at all states of need for housing.
- **1.** Supportive housing for chemically dependent and mentally ill
- **2.** Financial incentives for affordable housing development
- **3.** Construction funding subsidy
- **4.** Subsidies for permanently affordable housing (construction and/or rental assistance)
- **5.** Tiered emergency shelter system for a variety of populations
- **6.** Transitional housing "in place"
- **7.** Regulatory reform to create more affordable housing zoning regulations
- **8.** Medical respite rooms in shelter

Service Collaboration and Coordination

E. Collaboration and coordination at the system and client levels produce effective and efficient service delivery.
- **1.** Single point of entry
- **2.** Develop advisory committee
- **3.** Develop discharge planning committee

Ten-Year Plan Implementation

F. A cohesive system is in place to implement, sustain and evaluate the 10-year plan to end homelessness.
- **1.** Coordinate 10-Year Plan implementation and sustainability

G. The public is aware of the complex issues surrounding homelessness and available resources. Members of the public support and advocate for the 10-year plan.
- **1.** On-going public awareness campaign
- **2.** Expand community involvement

Implementation and Evaluation

This plan is a roadmap, but success depends on implementation. The work group has mapped out a path for moving the plan forward. The group will recommend new members; recommend the hiring of staff; meet regularly and assume leadership for measuring outcomes and progress; and review and amend the plan. The evaluation approach provides focus, feedback and ongoing learning about homelessness and methods to address it in Missoula County. Opportunities to examine procedures, engage stakeholders, create mutual understanding, and build knowledge and best practices from local experience are built into the process. The plan is a working document developed to focus community efforts on finding solutions to homelessness that preserve human dignity and make better use of community resources.

Getting Started

The plan will unfold over the next 10 years, but the first three years are critical and will pave the way for future action.

Priority Action Steps for Years 1-3

- Coordinate the 10-year plan by hiring a staff position and appointing additional members to the work group.
- Develop a funding pool for (1) homeless prevention-emergency funds and (2) housing start-up costs (i.e., first and last months' rent, security deposit).
- Create a single point of entry.
- Initiate regulatory reform to create more affordable housing.
- Prioritize resources to the people who are mentally ill and chemically dependent.
- Involve more community members in the plan's implementation and increase awareness of the homelessness, its consequences, and solutions.
- Integrate planning for resource allocation with the group's recommendations.
- Make recommendations to governing bodies regarding funding.

SECTION TWO: INTRODUCTION

Homelessness: The Problem

Although Missoula's response to homelessness is remarkable, services are delivered in a splintered approach that is mostly the result of no central locus for either the services or the money to pay for them.

Funding is patchwork at best, which hampers and sometimes imperils service delivery.

Worse, homelessness grows more pervasive. Responding to the problem with reactionary programs has proven less effective than efforts targeted toward prevention and rapid re-housing. Missoula's housing market offers plenty of expensive homes, but more affordable housing is in desperately short supply, according to Jim McGrath of the Missoula Housing Authority.[1]

Across the nation between 2009 and 2011 homelessness decreased by 1%, but Montana's homeless population swelled by 48%.

Often, the most affordable houses are far from the city center and services that those with lower incomes need to access, making the problem worse. Individuals and families on the brink of homelessness find it increasingly necessary to access more social services to meet basic needs. This phenomenon is not exclusive to Missoula. It is part of a growing trend noted across the United States, in small towns, large urban areas, and rural places where most people would never expect to witness homelessness. Just look at the numbers: Across the nation between 2009 and 2011 homelessness decreased by 1%, but Montana's homeless population swelled by 48%, according to the National Alliance to End Homelessness.[2]

Spurred by the housing crisis, the current economic recession has pushed increasing numbers of families with children into daily struggles to make ends meet. In Missoula, half of the homeless are families, and they are the fastest-growing population of homeless people in the U.S. and in Montana. While numbers are hard to come by because many are "doubling up" and living each day precariously with family or friends, it's estimated that families with children account for 37% of the homeless population in the U.S.[3] Between 2009 and 2011, the number of households spending more than half their income on rent increased by 6%. These are the one in four households in the United States who are considered "severely cost burdened."[4]

Besides the dramatic increase in homelessness over the last decade, challenges to the stereotype about who is homeless have provided momentum for communities to develop and implement plans to end homelessness within 10 years. Approximately 350 communities[5] in the United States have engaged in strategic planning efforts to end homelessness. The State of Montana[6] completed a 10-year plan in 2006 and Billings[7] completed one in 2009. The plans' underlying philosophy, as identified by the U. S. Interagency on Homelessness, marks a radical shift from managing homelessness to ending it.

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[1] Jim McGrath, Admissions and Occupancy Manager of Missoula Housing Authority, reported 1,488 unduplicated households on the waitlist in June 2012, down from 2,223 before purging the list (eliminating people who had moved on, could not be contacted or were no longer in need of housing). However, 92 new households were added to the waitlist in May, 2012.

[2] For additional information see *The State of Homelessness in America 2012*. The authors suggest the slight decrease in homelessness (2009-2011) was likely due to a significant investment of federal resources to prevent homelessness and rapidly re-housing people who became homeless. The report can be found at www.endhomelessness.org/content/article/detail/4362

[3] ibid.

[4] Severely cost burdened is a term that refers to people who spend more than 50% of their monthly income on housing.

[5] Conversation with Paul Carlson, ex-regional homelessness coordinator, U.S. Interagency on Homelessness, Seattle, WA., June 6, 2012.

[6] Montana Council on Homelessness. (2006). *No Longer Homeless in Montana: A Report on the State of Homelessness and a Ten-Year Plan to End It.* http://www.endhomelessness.org/files

[7] The *Welcome Home Billings: Opening Doors to End Homelessness report can be found at* http://ci.billings.mt.us/DocumentView.aspx?DID=4985

Federal Policy and Homelessness

The federal government began addressing homelessness in 1987 with the enactment of the McKinney-Vento Act. While the Act has been amended and re-authorized a number of times since it became law, its primary purpose is to provide money and coordinate resources to meet the needs of homeless people in the United States. According to the National Alliance to End Homelessness, the McKinney-Vento Act has been "the most successful resource for creating permanent supportive housing … creating 5,000 to 10,000 units per year." It originally consisted of 15 different programs that provided funding to local communities, including the Continuum of Care Programs – the Supportive Housing Program, the Shelter Plus Care Program, the Single Room Occupancy Program (SROs), and the Emergency Shelter Grant Program. In Missoula, those federal dollars are targeted to numerous agencies and nonprofits that respond to homelessness, including housing construction, housing vouchers, and transitional housing services targeted for special populations and emergency shelter.

In 2009 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed. The HEARTH Act amended and reauthorized the McKinney-Vento Act with significant changes, including:

- A consolidation of HUD's competitive grant programs to decrease fragmentation within the system of federal organizations responsible for addressing homelessness
- The creation of a Rural Housing Stability Assistance Program that re-houses or improves the housing situations of individuals and families who are homeless, and also improves the ability of the lowest-income residents of the community to afford stable housing
- An expansion of HUD's definition of homelessness and chronic homelessness to include those at risk of becoming homeless
- A simplified matching formula for federal housing funds used in communities
- An increase in resources to serve people at risk of becoming homeless
- Better measurements of how many people remain housed, how long people remained homeless, and the number of people who become homeless

Policy under the McKinney-Vento Act focused primarily on providing funding to house the homeless from emergency to permanency, but the HEARTH Act supports collaboration and partnership among community housing and service providers. It focuses on prevention and rapid re-housing, assessing projects in terms of cost and performance; those measurements should be helpful in providing improved services in local communities. The act recognizes the importance of determining the most effective ways to address homelessness. One of the major challenges to creating permanent affordable housing has been the fragmented and uncoordinated effort at the federal level among housing and service departments who develop policy and provide funding. That in turn has created a fractured approach in Missoula and other communities, forcing local service and housing providers to patch together funding from dozens of federal, state and local sources to address housing and homelessness. The move toward a more targeted response at the federal level creates the opportunity for Missoula's more targeted approach locally.

Recent Research on Homelessness

More research has been conducted over the last decade to better understand homelessness and to inform improved solutions. It has raised questions about practices that appeared to manage homelessness but did

little to eliminate the problem. Research has influenced new policy developments. Some of the significant findings are listed below:

- Assisting people after they have lost housing is more expensive than paying for services to keep them housed.[8]
- Most homeless households need temporary, low-cost assistance to address recent housing loss or displacement after leaving jail or other public institutions.[9]
- Providing permanent supportive housing to people with serious mental illness results in decreased use of emergency shelter, public medical/mental health services, jails, and state prisons.[10]
- Moving people with severe substance abuse problems into permanent, supportive housing resulted in an almost 33% decrease in alcohol use.[11]
- The characteristics of homeless people vary. Almost 15 years ago research indicated that 11% of homeless people fit within a category designated as the chronically homeless. They use 50% of emergency shelter resources. [12]
- Chronic homelessness has increased. Studies suggest that 20-25% of the homeless are now considered chronically homeless.[13]
- Long stays associated with transitional housing programs are the most costly because they are service-enriched.[14]
- Deinstitutionalization of inpatient psychiatric facilities was not a leading cause of homelessness. The biggest factor overall has been a tightening housing market.[15]

Beginning in 2005, studies have been conducted across the United States that evaluated changes in service models and found declining numbers of homeless people in communities that coordinated their efforts to provide permanent supportive housing to chronically homeless individuals.[16] These communities focus homelessness prevention and intervention when people are in hospitals and correctional facilities or in other state-run institutions.

Best Practices

The phrase "best practice" is part of the everyday nomenclature of people who provide services. The phrase denotes a technique or approach that merits use because it has been tested, researched or used extensively and shown superior results. Best practices provide guidance to achieve improved results. Below is a list of the 10 best practices informing current policy and program development in the area of homelessness. The National Alliance to End Homelessness calls these practices "essential" and views them as the minimum requirements for an effective permanent solution to prevent and end homelessness.[17] No one "essential" practice is more important than another. However, achieving success requires participation

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[8] ibid, p.113
[9] Culhane, D. & Metraux, S. (2008). *Rearranging the Deck Chairs or Reallocating the Lifeboats?* Journal of the American Planning Association, 74(1), 111-121.
[10] Culhane, D., Metraux, S., & Hadley, T. (2001). *The New York Cost Study: The Impact of Supportive Housing on Homeless Mentally Ill Individuals.* Center for Mental Health Policy and Services Research, University of Pennsylvania. http://www.csh.org/html/NYNYSummary.pdf
[11] Larimer, M., et al., (2009). H*ealth Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems.* Journal of the American Medical Association, 301, 1349-1357.
[12] *Rearranging the Deck Chairs*, p. 113.
[13] National Alliance to End Homelessness. (2010). *Chronic Homelessness: Policy Solutions.* http://www.endhomelessness.org/content/general/detail/2685
[14] Culhane, D., Park, J., & Metraux, S. (2011). *The Patterns and Costs of Service Use Among Homeless Families*. Journal of Community Psychology, 39(7), 815-825.
[15] Culhane, D. (2008). *The Cost of Homelessness: A Perspective from the United States.* European Journal of Homelessness, 2(1), 97-114.
[16] National Alliance to End Homelessness. (2010). *Chronic Homelessness: Policy Solutions.* http://www.endhomelessness.org/
[17] National Alliance to End Homelessness (n.d.). *Toolkit for Ending Homelessness*. http://www.endhomelessness.org/files/1223_file_Toolkit.pdf

across all sectors of a community. Everyone must be committed to the common goal of ending homelessness.

1. Develop a plan to end homelessness that includes a broad group of community members committed to ending homelessness.
2. Create a data system to learn how long people are homeless, their needs, the causes of homelessness and effectiveness of interventions.
3. Establish emergency prevention strategies to address the problem before individuals and families lose their housing (rent, mortgage, utility assistance, case management, landlord/lender intervention and other strategies to prevent eviction and homelessness).
4. Make changes in existing community systems to focus more on homelessness prevention. All service programs including child welfare, mental health, and substance abuse must assess and respond to housing needs. Stop the practice of releasing people into homelessness from public institutions like prisons, jails, and psychiatric hospitals.
5. Conduct outreach to homeless people to reduce barriers and encourage appropriate housing and services.
6. Shorten the time people are homeless. Organize shelter and transitional housing systems to reduce and minimize the time people remain homeless and the number of times they become homeless.
7. Re-house people rapidly so they do not become homeless.
8. Put together treatment and other services for homeless people quickly.
9. Create an adequate supply of permanent affordable housing.
10. Ensure homeless people have adequate incomes to pay for housing. Finding employment and accessing benefits helps people remain self-sufficient.

The Costs of Homelessness

Homelessness is costly for everyone. Those who experience it have more health problems and a higher incidence of physical and mental disabilities, domestic violence and substance abuse. It's an uncontested fact that people who live unsheltered lives have shorter life spans. Serving those people also puts a heavy burden on already stretched community resources used to address the basic needs of those with limited resources.

Perhaps the most famous story about the costs of homelessness comes from author Malcolm Gladwell, author of "The Tipping Point" and other books about how change can happen quickly and unexpectedly. Gladwell delved into the life of Murray Barr, an ex-Marine familiar to people who lived or worked in downtown Reno, Nev. Murray had a drinking problem and was homeless. He would go on a bender, get picked up by the police, go through detox, and then, when released a few hours later, pick up where he left off.

Murray's cycle is repeated regularly by many of those dubbed "chronically homeless." According to research, this group uses the most intensive and costly services. Taking a serious look at the problem, Reno police officers estimated that if Murray's substance-abuse treatment costs, jail costs, and hospital and ambulance bills were totaled for a 10-year period, "It cost us one million dollars not to do something about Murray." Gladwell writes that in the end, "It would probably have been cheaper to give him a full-time nurse and his own apartment."[18]

[18] Gladwell, M. (2006). *Million-Dollar Murray.* The New Yorker, February 13.

In Missoula, Travis Mateer directs the Poverello Center's Homeless Outreach Team. He knows just about every homeless person downtown, and he's all too aware of how Barr's story is lived out on the streets of Missoula year-round.
"I know a guy that we're spending at least $60,000 a year on," he said.

That's not quite Murray Barr money, but $600,000 over 10 years could provide housing for dozens of homeless people. It's important to note that some of the money spent on the chronically homeless – police service, for instance – would be spent anyway, but it's likely police could find better uses for their time.

Because no one is systematically collecting data system-wide, community service providers are challenged to assess the financial impact of homelessness on their own organizations or on the community.

Barr's life is a story about costs – the cost of a challenged, difficult life and the poor payoff the community gets for its effort. Inadequate interventions into homelessness have, in part, created a system where homelessness itself has become institutionalized.[19] Homelessness has become part of who and what we are, and that's not acceptable. According to Paul Mangano, a previous director of the U.S. Interagency Council on Homelessness, approaching homelessness by building emergency shelters and soup kitchens is what happens when everyone thinks that the problem has a broad and unmanageable middle. On the other hand, "If it is a problem at the fringe, it can be solved."[20]

Difficult Costs to Measure

Homelessness is costly in more ways than dollars and cents. Research has been conducted that explains the short and long term effects of homelessness on the minds, bodies and spirits of individuals and families and children who live each day housed precariously in tents, cardboard boxes, vehicles, abandoned buildings and makeshift encampments. All homeless people, including children, must reshape their identities to deal with the trauma and indignity of homelessness. Most people construct their ideas of themselves around family and occupation. Homeless people, on the other hand, sometimes build their identities around illness, drugs and exclusion.[21] Homelessness and ill health are linked. "Some of the common physical health problems include lung diseases and infection, foot conditions, musculoskeletal problems, tuberculosis and for homeless drug users, deep vein thrombosis, cellulitis and both hepatitis B and C."[22] Health problems associated with homeless children are even more unsettling. As a result of stressful experiences, they have higher rates of mental disorders when compared to their peers who are housed. In addition, homeless children have more chronic physical disorders including developmental, behavioral, and emotional problems.[23]

Estimating the Financial Costs of Homelessness

Housing the homeless costs money, but leaving them outside costs more. "Among advocates for the homeless in the U.S., a truism has long held that homelessness is more expensive to society than the costs of solving the problem. For as long as two decades, public education campaigns on subways and

[19] Lindblom, E. N. (1991). *Toward a Comprehensive Homeless-Prevention Strategy*. Housing Policy Debate, 2(3), 957-1025.
[20] ibid, Gladwell.
[21] Williams, S. & Stickley, T. (2011). *Stories from the streets: People's experiences of homelessness*. Journal of Psychiatric and Mental Health Nursing. 18, 432-439.
[22] Wright et al., (2004). *Homelessness and health: What can be done in general practice?* Journal of the Royal Society of Medicine, 97, 170-173.
[23] Morris, R. & Strong, L. (2004). T*he Impact of Homelessness on the Health of Families*. Journal of School Nursing. 20(4), 221-227.

newspapers have periodically made the simple case that the cost of housing, even with support services, is cheaper per night than the cost of a shelter cot, a hospital bed or a prison cell."[24]
Research has proven the truism true. With the exception of the Murray Barrs, the majority of homeless people are invisible to the general public.

Police reports, health-care payment systems, detention center intakes, hospital emergency rooms and child welfare agencies do not identify or keeps records of people who are homeless. The unwritten policy has been "don't ask, don't tell."
Because no one is systematically collecting data system-wide, community service providers are challenged to assess the financial impact of homelessness on their own organizations or communities. A snapshot of research findings related to the financial costs of homelessness is highlighted below. It illustrates important data-driven information currently influencing and shaping policy and program decisions at federal, state and community levels.[25]

Rethinking the High Price of Doing Business as Usual

- A study that tabulated 'bed days' used by homeless people who use emergency shelters on a long-term basis led researchers to see that the rental costs of market-rate housing ($6,000-$8,000 per year) was less expensive than the average cost of a shelter bed per year nationally ($13,000). (Wong, Park & Nemon, 2005)
- A study assessing the multi-system costs of homelessness tracked 10,000 homeless people with severe mental illness in New York. The study results showed that people who are homeless with a severe mental illness used an average of $40,500 per year in services (health, corrections, shelter). Once housed, people used fewer services for an average decline of $16,200 per occupied unit per year. (Culhane, Metraux & Hadley, 2002)
- A study of 10,193 homeless individuals in Los Angeles County in 2009 investigated the public costs for people in supportive housing ($605 per month) compared to similar people who were homeless ($2,897 per month). The authors indicate the study illustrates the stabilizing effect of housing plus supportive care at a 79% reduction in public costs for these residents. (Flaming, Burns, & Matsunaga, 2009)

Estimating the Costs of Homelessness in Missoula

Without an integrated community-wide approach to information gathering, estimating the costs of homelessness in Missoula is at best just that, an estimate. Nonetheless, unallocated costs expended by community organizations to address emergency health and public safety issues related to the homeless provide a basis from which to extrapolate the indirect or hidden costs of homelessness to the community:

[24] Culhane, D. (2008). *The Cost of Homelessness: A Perspective from the United States.* European Journal of Homelessness, 2(1), 97-114. p. 98.

[25] Wong, Y.L., Park, J.M., & Nemon, H. (2005). *Homeless Service Delivery in the Context of the Continuum of Care.* Administration in Social Work, 30, 67-93; Culhane, D.P., Metraux, S. & Hadley, T.R. (2002). *Public Service Reductions Associated with the Placement of Homeless People with Severe Mental Illness in Supportive Housing.* Housing Policy Debate, 13(1), 107-163; Flaming, D., Burns, P., & Matsunaga, M. (2009). *Where We Sleep: Costs When Homeless and Housed in Los Angeles.* http://www.economicrt.org

Medical Care/Medical Emergency

- In 2009, the emergency department of St Patrick Hospital was visited by 514 people identified as homeless. These people accounted for 1,219 separate visits to the ER and were provided with $3,028,359 in charity care.[26] Three years later, the cost is closer to $4,000,000.

- Community Medical Center (CMC) does not earmark any specific funds for addressing the medical care of homeless people. However, they do provide charity care to people who fit the criteria, and some of these people are homeless. CMC estimates that in 2011 they wrote off $4,400,000 to charity, 10% of which was for homeless people ($440,000).[27]

- Ambulance services provided by Missoula Emergency Services for homeless people in 2011 were estimated at $168,000.[28]

Law Enforcement and Public Safety

- Although the Missoula County Sheriff's Department does not collect information identifying people who are not housed on their intake form, it costs $110 per day for a jail stay.[29]

- Due to the large number of homeless people who live outdoors or frequent the downtown business district, law enforcement spends considerable time addressing issues related to aggressive panhandling, public intoxication and disorderly conduct. Between August 2009 and July 2010, calls to the police resulted in 266 charges of aggressive panhandling, soliciting from a roadway and hitchhiking/soliciting. Those charges were made against 89 defendants; 70 were repeat offenders.

- To manage homelessness more effectively in the downtown business district, the Business Improvement District (BID) partners with law enforcement to improve the security and safety of the downtown. Together BID, the Parking Commission, and the Missoula Police Department contribute to the salary of the Downtown Foot Patrollers, police officers who work for nine months each year in the downtown district. The total costs last year amounted to $84,000, which covered salary, benefits and uniforms.[30]

- The Real Change Not Spare Change program raised more than $12,000 in 2012 to support the Poverello's Homeless Outreach Team. Most of the money for the program comes from private contributions, with a $2,000 expenditure by the BID.[31]

The National Alliance to End Homelessness calculates a $40,000 annual cost for homeless individuals with serious mental illness.

Given the kinds of estimates cited here, communities have arrived at ballpark figures on the costs of homelessness per person. For example, Boise, a small city located in neighboring Idaho, approximated that the cost of providing homeless services including case management, law enforcement, incarceration, paramedics, fire department, emergency room, hospital care and shelter services for one year for one individual ranged between $40,000 and $85,000. The

[26] Information provided by Merry Hutton, Community Benefit Manager, Providence St. Patrick Hospital.
[27] Information provided by Don Miller, Patient Accounts, Community Medical Center.
[28] Information provided by Don Whalen, Regional Manager, Missoula Emergency Services, Inc.
[29] Information provided by Gary Weber , Accounting Department, Missoula County Detention Center.
[30] Information provided by Rod Austin, Director of Operations, Downtown Business Improvement District (BID)
[31] ibid.

cost of providing housing first or housing with supportive services was estimated at between $25,000 and $35,000 a year. The estimates presented in the Billings' plan to end homelessness were between $105,000 and $126,000 per individual considered chronically homeless, significantly higher than the Boise numbers. These disparities in cost estimates highlight the difficulty inherent in projecting costs without a systematic data collection system in place to provide accurate and up-to-date information. The National Alliance to End Homelessness calculates a $40,000 annual cost for homeless individuals with serious mental illness.

Approaches to Homelessness

Understanding the need to use limited community resources wisely, coupled with providing a more humane response to homelessness, have generated approaches to homelessness that work better and cost less. Supported by "practice wisdom"[32] and research, the following approaches have proven to be the most promising.

Housing First

The idea that the first and most essential goal to address homelessness is to housing people originated in the early 1990s at the Pathways to Housing Program in New York City.[33] The program is premised on the belief that housing is a basic human right and no one should be denied housing even if they are abusing alcohol or other substances. Whereas many models of housing the homeless require abstinence from any mood-altering substance in exchange for housing, Housing First does the opposite by providing permanent housing and then a variety of services to promote housing stability and individual health and well being. Programs based on a Housing First approach understand that the majority of people who become homeless do so because of a personal or housing crisis. They need some services to get back on their feet. However, the chronically homeless may well need services indefinitely.

Prevention and Rapid Re-Housing

Benjamin Franklin said, "An ounce of prevention is worth a pound of cure." This saying holds true for homelessness. Preventing individuals and families from falling into homelessness is far less costly than trying to address the problem after the fact. Paying overdue rent or securing the money to pay first month's rent and a deposit is often all it takes to keep a roof over most people's heads. Research indicates that the longer people are without housing, the more costly and difficult it will be to get them housed.[34] The idea of rapid re-housing includes assistance with employment, connecting to community resources such as food stamps -- the Supplemental Food & Nutrition Assistance Program (SNAP), welfare assistance, disability insurance and educational classes on budgeting and stretching food dollars. A key component of this approach is thoroughly assessing individuals and families who are at risk of becoming homeless and providing a quick response.

Section Summary

Increased concern about the numbers of homeless individuals and families has led to systematic planning efforts in the United States to address the consequences of homelessness. A 10-year plan is a good first step to ending homelessness, but putting the plan to work is critical. Housing First and Rapid Re-housing are strategies with a developing reputation for success. These approaches have proven to be more cost effective in the long run and less devastating on people's lives. Best practices include coordinated community response, involving diverse partners, preventive measures to keep people from losing their housing, and reducing the time people are homeless.

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[32] Practice wisdom is a term used by social workers that denotes the knowledge gained from real life experience working with specific groups such as homeless people.

[33] see http://pathwaystohousing.org

[34] see the website of the National Alliance to End Homelessness for additional information on the high costs attributed to people designated as the "chronically homeless." http://www.endhomelessness.org

SECTION THREE: THE REACHING HOME PLANNING PROCESS

Initiating the Planning Process

In the fall of 2007, a group of angry downtown merchants came to a Missoula City Council meeting to ask for help with the large numbers of people apparently living on the streets and plaguing visitors and customers with aggressive panhandling, public urination, drunken threats and other unacceptable public behaviors. The problem had escalated sharply in the summer of 2000 and had continued generally unabated.

In partnership with the City Council, Mayor John Engen assigned City Communications Director Ginny Merriam and Police Department Capt. Dick Lewis to form a task force of citizens and local government employees to work on solutions to the problems. The Panhandling Working Group first met Dec. 13, 2007, just a week after the night that sometimes-homeless Missoula resident Forrest Salcido was beaten to death near the California Street Bridge. A few weeks later at a candlelight vigil in Salcido's honor, Lewis crystalized the sentiment that drives this report.

"We just want everybody to know that violence is not OK in our community," Lewis said. "We want to support these efforts and be part of them. Homelessness is not a crime."

Homelessness isn't always so high profile, but it's never far from the surface. A search of the Missoulian's story archive reveals more than 100 stories and letters from May 2011 to 2012. That plenitude sends as clear a message as Salcido's brutal death: Despite our best efforts, homelessness demands a more comprehensive approach.

Missoula City Council members and Mayor John Engen have known in recent years that the number of people living outdoors without homes in Missoula's downtown has crept up and that that should be unacceptable. They also know that a small core group of perennially homeless people has tested the patience of downtown merchants with aggressive panhandling,

The Panhandling Working Group set about its work with balance as a constant: The problem to be solved downtown is one of objectionable behaviors, which is different from homelessness. The work requires compassion and firmness and clear definition. The group's work has been directed at curbing those behaviors to allow everyone, with homes and without, to coexist downtown.

With quality of life issues improving, in late 2010 and early 2011, group discussions turned to the elephant in the living room: Many people in Missoula were homeless, and that's not acceptable.

In 2 ½ years, the working group created and reworked ordinances on aggressive panhandling and pedestrian interference. It also grew the city's Real Change Not Spare Change program, which directs change to carafes at local stores to be spent on human services rather than on individual panhandlers, and attracted a $10-to-$1 match pledged for five years. In 2009, the working group became a formal City commission, the Mayor's Downtown Advisory Commission (MDAC). Its members have helped obtain a dedicated downtown police officer; start a misdemeanor probation program for the City; promote Real Change with advertising; and redirect the money collected to the Poverello Center's Homeless Outreach Teams, which provide direct services to people on the streets.

With quality of life issues improving, in late 2010 and early 2011, group discussions turned to the elephant in the living room: Many people in Missoula were homeless, and that's not acceptable. Leaders of City and County governments commissioned a needs assessment, "Homelessness and Housing Instability in Missoula," completed in December 2010.
It provided a comprehensive look and who is homeless in Missoula and why. (Read the needs assessment on the City of Missoula website, www.ci.missoula.mt.us. Details of the research findings appear later in this plan.)

MDAC members invited Paul Carlson of the U.S. Interagency on Homelessness to visit in January 2011.Carlson told MDAC members and local leadership they not only *could* develop a 10-year plan to end homelessness, but they *must*.

When the City and County presented the needs assessment information to the public in a presentation with a panel of people knowledgeable in the field in February, a clear mandate to take on a 10-year plan rose to the surface.

It's in response to that realization that the Reaching Home Work Group took shape. Appointed by Mayor John Engen and County Commissioner Chair Jean Curtiss in the spring of 2011, a dozen community members were charged with drafting a 10-year plan to end homelessness in Missoula. Members include bankers, business owners, commercial real-estate developers, nonprofit executives, elected representatives and community volunteers. The group is staffed by the City of Missoula's communications director and the manager of community development at the United Way of Missoula County.

Gathering Information

In developing Missoula's plan, the group gathered and analyzed information about housing and homelessness issues, including current sources and uses of public and private funding for housing services. The primary questions guiding the information gathering were: Can these funds be spent differently to help achieve our goals? Are there additional sources we can bring to bear? To answer these and other questions the working group sought and received the active participation of a large and representative group of stakeholders with an interest and/or expertise in housing and homelessness. Their advice, provided during public hearings and through a questionnaire, has been critical to the drafting of a 10-year plan for community comment and eventual approval by the City Council and County Commissioners. Five subcommittees convened to address areas essential to the development of a successful 10-year plan:

- Coordinated Prevention Strategies/Wraparound Services
- Permanent Affordable Housing
- Emergency/Transitional Housing
- House Resistant Populations
- Effective Implementation Strategies

Plan Development and Implementation Core Values

Clarifying the values that inform the planning process provides an important anchor when tough decisions need to be made or when the process seems off course. The following value statements identified by the working group are the principles guiding the plan development and its implementation:

1. Housing is a basic necessity, to which everyone should have access, regardless of circumstances.

2. Careful stewardship of public and private dollars includes consideration of efficiency and willingness to change the status quo to find long-term solutions to homelessness.
3. Community partners [stakeholders] can realize and execute common goals through cooperation and creativity.

Reaching Home Vision 2022

The working group, mindful of what Missoula does well regarding the homeless and what can be improved, has identified strategies and solutions to create a better future for homeless people and the community. The strategies and solutions are a direct response to issues identified by both the working group and the community stakeholders who provided information.

1. **A single point of entry links people quickly to services to keep them housed:** Missoula's homeless services are scattered in both location and function. A system that provides for a more centralized initial intake where basic information is gathered and then shared with all service providers will benefit both the homeless, those at risk and service providers. Coordinating information will help coordinate services, for the homeless and for those at risk of becoming so. An information portal will create the opportunity for all service providers to track the need for housing and services on a case-by-case basis, so that services are provided but not redundant.

2. **We produce better information about homelessness, for those who are homeless and for the rest of the community:** The Reaching Home Working Group will continue its work, in part to educate the community about homelessness. The community needs to know that ending homelessness is both the right and most cost-effective way to deal with the issue. That campaign should reach the homeless and those at risk, so that all are aware of available resources and services. Those who provide services, including nonprofits and government agencies, also need to communicate regularly.

3. **Missoula needs to be more organized about social spending, and will need to spend more local money on housing solutions:** Missoula's service providers work hard and use financial resources efficiently, but the community has no plan that guides overall spending on homelessness. The 10-year plan can be used as a tool as it's implemented. We need to be clear about what we spend now and explain how reductions in funding from outside sources affect future local spending. We must also continue public-private partnerships that further our goals of ending homelessness.

4. **We must develop pools of money to assist people with funds to handle economic transitions and housing emergencies:** Oftentimes, homelessness can be prevented by providing a family with a security deposit and a month's rent. Small grants can also help people stay in their houses by paying other inexpensive bills such as car repairs or medical treatment. Spending money before someone becomes homeless is much less expensive than the inevitable costs of homelessness. We must emphasize efficiency, quickly addressing the needs of those at risk of homelessness.

5. **Missoula must create more affordable housing and more housing that is affordable:** Vacancy rates for Missoula are extremely low, in part because of students at the University of Montana. We need about 20 single-room occupancy units for the hardest to house, and we need additional rentals that people with low incomes can afford. Those single-room units could be created by acquisition of low-rent motels that could be converted to housing. Some of that housing should be modular homes to replace decrepit, inefficient trailers. Missoula must look at regulation and zoning that will increase the availability of affordable housing in existing neighborhoods. Having approximately 1,200 people on waiting lists for more affordable housing isn't acceptable.

6. **The way people are discharged from state institutions such as the prison must be improved:** Such releases are currently haphazard and present a challenge for service providers. Better communication between the institutions and service providers would keep some of those people from being released directly into homelessness and connect them more quickly to services. Montana identification cards must be easily available to discharged prisoners and those released on probation or parole.

7. **Services, treatment and case-management must be more available to those who are homeless, those who've recently moved into housing or those at risk of losing housing:** Case management should increase for those in Missoula housing programs such as the YWCA and Missoula Housing Authority. Project Homeless Connect provides excellent service to the homeless, but lasts only one day. Those needs are continual, so we must find ways to provide those services on a more regular basis.

8. **Landlords are part of the solution to homelessness, and will look first to work with people in transition rather than evict them:** Landlords, their tenants and service providers must improve communication so that housing solutions can be found before a tenant is put out on the street. An insurance program that protects landlords – especially those willing to rent to the most difficult to house – must be put in place.

9. **Emergency shelter remains available and supported by city, county and private funding:** However, the community must look at emergency shelter as just that, an emergency. It's a short-term accommodation, not a solution. The homeless should be moving into more permanent housing within 30 days. Medical respite rooms should be available as should shelter spaces suitable for children.

10. **Transitional housing must be readily available as a step in the move to permanent housing:** Suitable re-housing needs to be easy for families to access and available quickly. For those with substance abuse and mental health issues, transitional housing with case management should be available. Transitional housing must be viewed as part of a continuum that ends with people having secure and permanent housing.

What Happens After the Plan is Approved?

The Reaching Home Working group will restructure as implementation gets under way. Some members will leave the group and additional members will be recommended and appointed by the Mayor and the Board of County Commissioners. Members will be appointed from some of the following stakeholder groups -- homeless people, service providers, housing providers, business and faith communities, landlord/tenant, health care, Business Improvement District, mental health/chemical dependency services, neighborhood councils/liaison, University of Montana's Renter Center, law enforcement, fire and ambulance.

Initial Role of the Working Group

The initial role of the group will be to determine the legal structure of the group in the plan's implementation phase. The work group will have a chair and members with staggered 3-, 2-, and 1-year terms.

Expectations for members will include:

- Act as informed ambassadors for the plan;
- Commit to attending meetings;
- Be accessible to the chair and staff, and;

- Be willing to assume a committee leadership role.

Ongoing Role of the Working Group
The group's ongoing role will be to fulfill the following tasks:

- Advocate with governing bodies for plan implementation;
- Support the coordinator of the plan's implementation;
- Set goals;
- Identify, measure and evaluate outcomes; and
- Modify and amend the plan.

Section Summary

In one year's time, the volunteer working group has gathered information from community stakeholders to inform the development of the 10-year plan. The plan is guided by core principles that assert housing as a basic necessity and careful stewardship of public and private dollars. The work group has clearly identified its ongoing role in plan advocacy and implementation. The group will serve as goal setters and evaluators who specify and measure outcomes, and who modify and amend the plan based on challenges and successes.

SECTION FOUR: UNDERSTANDING HOMELESSNESS

How is Homelessness Defined?

One day, an elderly man showed up outside the Poverello Center. He was dressed in a jacket, wore a tie and walked gingerly with a cane. He had four plastic boxes of clothes and keepsakes, neatly lined up on the sidewalk along Ryman Street.

"I thought, 'Well, I'm sure he's here to make a donation and maybe volunteer,' " said Poverello Executive Director Eran Fowler Pehan.

Only he wasn't. The "donations" were all he owned. For more than 70 years, he'd been just another ordinary citizen – worked a job, had a wife, actually made it to retirement. But the couple lived on fixed incomes, and when she died, his sole income wasn't enough. He lost his home to eviction and was, quite literally, put out on the street.

"He was ashamed to ask for help," said Pehan. "But he needed it. He's not who we think of when we talk about homelessness, but he's just as homeless as the guy on the courthouse lawn."

It seems simple enough to say that anyone who "lacks a fixed, regular, and adequate nighttime residence"[35] is homeless. Over most of the last three decades, that definition has driven U.S. federal policy and program development to address homelessness. How homelessness is defined determines who counts as homeless, who is eligible for specific services or programs, and the kinds of services that are developed to address the problem. Even though the McKinney-Vento Act's definition of homelessness evolved to include people at risk of becoming homeless, not until recently has this become a priority.

The most current definition of homelessness – which shapes how funding is earmarked and what services and programs are provided -- is contained in the HEARTH Act. It establishes four categories under which an individual or family can be considered homeless:

1. **Literally homeless** – An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements.

2. **Imminent risk of homelessness** – An individual or family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

[35] This definition is taken from the McKinney-Vento Act.

3. **Homeless under other federal statutes** – Unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period of time.

4. **Fleeing/attempting to flee domestic violence** – Any individual or family fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.[36]

The consequence of the earlier working definition of homelessness "has been in the development of an extensive network of homeless assistance programs that help to ameliorate the realities of homelessness for those already without housing. But most existing homeless-specific programs do little to prevent homelessness or change the forces that continue to generate homelessness."[37] And that's precisely where Missoula stands today – a well-run set of agencies and service providers that steadfastly serve segments of the homeless population but make little progress in terms of preventing homelessness. The fault doesn't belong to those who serve. It rests with all of us.

Counting the Homeless

Point-In-Time Surveys

Last year across America, each nightfall found about 630,000 people literally homeless under the federal definition. The numbers come from point-in-time surveys administered in January each year in cities across the nation.[38]

According to "The State of Homelessness in America 2012," a report released by the National Alliance to End Homelessness summarizing point-in-time survey data, the national homeless population decreased by 1% between 2009 and 2011. The only increase (2%) that was noted during this time was among people who were considered the unsheltered homeless. The largest decrease was among homeless veterans, whose population declined 11%. The number of homeless veterans went from 75,609 in 2009 to 67,495 in 2011, a reduction of about 8,000. The report speculates that the decrease was associated with an increase in the number of permanent supportive housing beds[39] from 188,636 in 2007 to 266,968 in 2011.[40] The number of individuals in homeless families decreased by 1% nationally, but increased by 20% or more in 11 states, including Montana.

While overall the homeless population dropped slightly nationally, it increased in 24 states and the District of Columbia. Montana was one of those states; increases in homelessness were noted in all categories as shown in Table 3.1. Simply put, Missoula can have fewer homeless people by having more beds for them to sleep in.

Table 3.1: Increase in Montana's Homeless by Categories (2009-2011)

[36] HUD website http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless
[37] Burt, M. (2003). *Chronic homelessness: Emergence of a public policy.* Fordham Urban law Journal, 30(3), 1267-1279.
[38] The methods used to gather the information are imperfect and therefore the numbers do not represent a precise count of homeless people.
[39] Permanent supportive housing is housing with services. The type of services depend on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is affordable and intended to serve persons who have very low incomes.
[40] *The State of Homelessness in American 2012.* (Jan, 2012). National Alliance to End Homelessness. http://www.endhomelessness.or/content/article/detail/4361

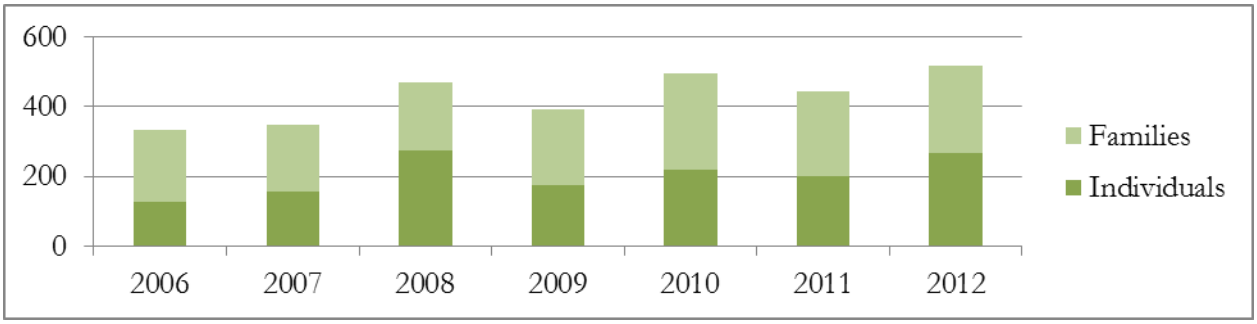
Category of Homeless	Percentage Increase
Veterans	+ 22%
Families	+ 52%
Chronic	+ 27%
Unsheltered	+ 52%
Overall	**+ 48%**

According to the Montana Point-in-Time survey conducted in January 2012, there were 1,242 individuals considered homeless by the HUD definition and 603 families. The total count for the entire state was 1,845. Of this, 407 children under the age of 18 were accompanying their parents. Missoula's total count in January 2012 was 28% of the count for the entire state. However, Missoula accounted for 41.5% of the families counted in Montana and 35% of all the children below the age of 18.

Who Are the Homeless in Missoula?

Table 3.2 shows the number of homeless people counted in point-in-time surveys administered in Missoula County between January 2006 and January 2012.[41] Combining individuals and families shows a 54% increase in homeless people counted in Missoula over a 7-year period. The number of families counted increased 21% during this time and the number of individuals counted increased 109%. Overall the numbers of homeless people increased even though 2009 and 2011 represent slight decreases in count.

Table 3.2: Homeless People in Missoula County - Point-in-Time Survey 2012



In January 2012, 516 homeless people were counted in Missoula County; 266 (51.6%) were individuals and 250 (48.4%) were families. Seventy-seven percent of the respondents were between the ages of 21 and 50. The majority of the homeless people counted were White (72.2%). Although Native Americans make up 6.3% of Montana's overall population and 2.6% of the population in Missoula, almost 15% were represented in the count.

[41] Point-in-time surveys need to be interpreted with caution regarding their representation of the actual number of homeless people in any given community. They consist of a census of the number of people sleeping in emergency shelters and in transitional housing on one night each year across the nation. The count also includes a street census conducted by trained outreach workers and volunteers who administer surveys to people sleeping on the streets, in vehicles, abandoned property or in other place not meant for human habitation (according to the HUD definition of homelessness). While there may be methodological inconsistencies across site administration, the yearly count is at this time the most comprehensive estimate of the number of homeless people across the United States.

Males represented 44% of the count and females represented 56%. Twenty-seven percent (141) of the total homeless people counted were children under the age of 18 accompanying their families. Of the total people counted, 17.8% (91) were veterans. It is estimated that approximately 25% of the homeless in the U.S. are veterans.[42] Fifty-three percent of the homeless counted had lived in Missoula more than one year and 30% had lived in Missoula more than five years. Responses to a question about where people were sleeping on the day of the count are illustrated in Table 3.3 below.

Table 3.3: Where are you sleeping or where did you sleep on Thursday, January 26th?

Where Slept on January 26th	Individuals	Families	Frequency/Percent
Transitional housing program for homeless persons	83	83	166 (32.2%)
Outside or other place not meant for sleeping (e.g. on the street, under a bridge, in a park, car, bus station, abandoned building, etc.)	101	48	149 (28.9%)
Emergency shelter	95	31	126 (24.4%)
Motel or hotel paid by a voucher	21	29	50 (9.7%)
Domestic violence shelter	15	10	25 (4.8%)
TOTAL	315	201	516 (100%)

In terms of the respondents' incomes, 151 had no means of financial support.[43] Eighty-three had a part-time job; 49 were employed full-time. Thirty-seven received TANF cash assistance while 102 reported social security and other forms of government assistance related to disability. Fifteen respondents were receiving unemployment.

Almost 31% (159) of individuals and families combined reported a job was the top ranking service or assistance that would have helped them the most to stay in their last home. Table 3.4 illustrates the top ranking responses given for what would have helped the most to keep respondents in their last home. Responses varied across 15 categories primarily related to housing and financial issues except for four categories: mental health or substance abuse treatment, other health assistance, case management, outreach and engagement. When housing and financial items are combined, these account for 76% of the responses.

Table 3.4: What service or assistance would have helped you the most to stay in your last home?

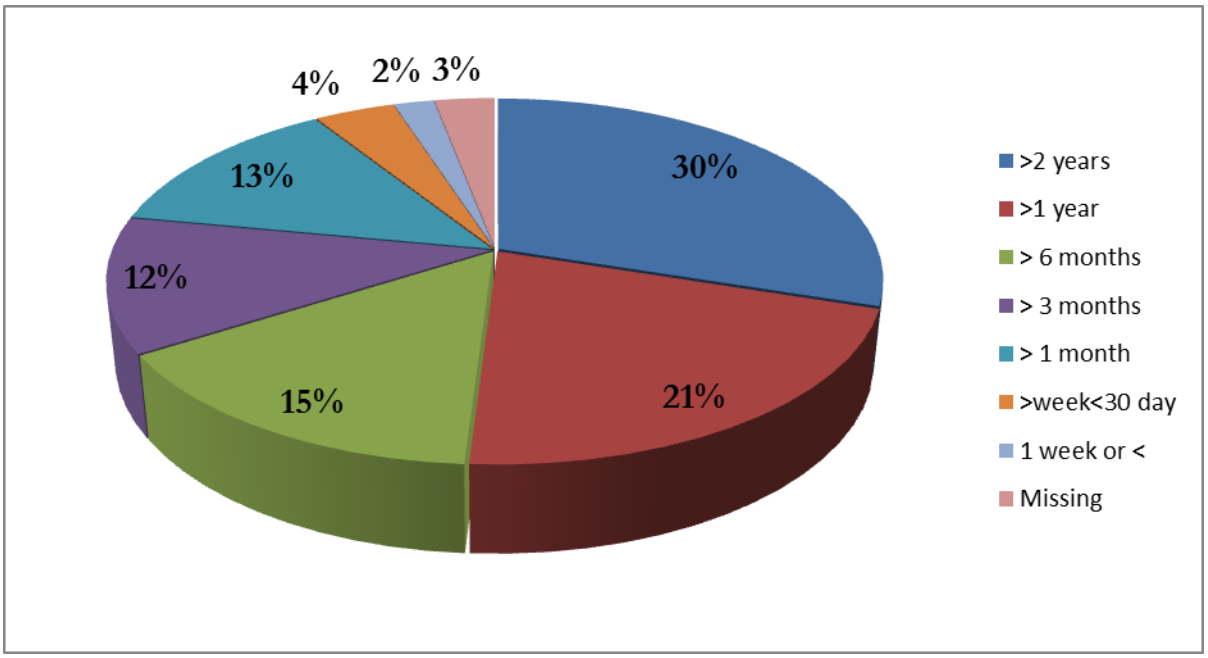
Service or Assistance (N = 516)	Percent	Frequency
1. A job	30.8	159
2. Medium-term rental assistance (4-18 months)	21.0	109
3. Short-term rental assistance (3 months)	12.8	66

[42] http://www.nationalhomeless.or/factsheets/veterans.pdf
[43] Respondents could report multiple sources of income.

Service or Assistance (N = 516)	Percent	Frequency
4. Mental health/substance abuse treatment	10.3	53
5. Housing search & placement	8.7	45

When respondents were asked how long it had been since they had a place they considered home or a permanent place to live, 30% (156) of the homeless people counted indicated they had been without permanent housing for more than two years. Twenty percent (108) reported they had been homeless for more than one year. Chart 3.1 shows the percentage of responses based on specific time categories.

Chart 3.1: How long has it been since you had a place you considered home or a permanent place?



What Causes Homelessness?

Rising rates of homelessness have been linked to a number of factors, including addiction disorders, domestic violence, decline in public assistance, lack of affordable health care, and mental illness. However, rising poverty rates, eroding work opportunities and wages, and the lack of affordable housing are largely responsible for the growth in homelessness in the last few decades.

To Homelessness and Back Home

Dave Hadley knows homelessness all too well. Even now, his voice breaks as he explains how he became homeless and his path back to being housed. He knows Missoula makes a heroic effort to help the homeless, but he also knows we can do better.

A successful businessman with a college degree, Dave found himself homeless after losing a long fight with alcohol and depression while living in Bozeman. He crept around the Montana State University campus, sneaking into buildings at night to sleep before being caught and finally accepting a bus ticket to Missoula from the Salvation Army. The bus driver dropped him off at the corner of Orange and Spruce streets, and he walked a block to the Poverello Center.

He stayed there for 10 months, time spent getting back on his feet through numerous service providers, most notably Partnership Health Center.

"They saved my life," Hadley says. "I'm not excited to stand up and say I was a homeless person, but that's the truth. And Missoula saved me from homelessness and so much more."

Hadley got the best Missoula has to offer – shelter, treatment, assistance —but he also encountered the disparate way services are provided.

"You have to be pretty determined to have it all work out," he said. "The services are all there, but it's not very easy to navigate yourself to them all."

Today, Hadley lives in a Missoula Housing Authority property. He's not problem-free, but his most acute problems – troubles made worse by homelessness – are receding. He takes joy in the things most take for granted – things like taking a shower or waking up in his own bed.

"I have housing, but I also still have demons," he says. "They didn't go away, but they are much more manageable when I'm not homeless. Because I have a place to call home, I know I'm going to make it."

In the U.S., 46.2 million people were living below the poverty line in 2010, the largest number in the 52 years since poverty estimates have been published.

Missoula needs more Dave Hadleys. This plan presents a map for creating them.

Poverty Rising

While there are certainly individual causes of homelessness such as addiction disorders and mental illness, the primary cause is poverty. That was a root cause of Hadley's homelessness. People with limited access to resources are often unable to afford housing, food, childcare, health care and education. Living day to day requires difficult choices when the available resources stretch only so far and only some bare necessities can be addressed. In the U.S., 46.2 million people were living below the poverty line in 2010, the largest number in the 52 years since poverty estimates have been published.[44] In Missoula, the median income between 2006 and 2010 was $42,887, 19.0% lower than the national median income ($51,914).51[45] The percentage of people living below the poverty level in Missoula is 17.3%, which is 3.5% higher than the poverty level in the United States (13.8%). Based on Missoula County's total population in 2010 (109,299), almost 19,000 county residents are living below the federal poverty guideline for a family of four, which is $23,050.[4647]

Eroding Work Opportunities and Wages

According to the Economic Policy Institute, regardless of recent increases in the minimum wage, when adjusted for inflation the new minimum "is still less than the minimum wage through most of the period from 1961 to 1981."[48] A decrease in good paying jobs in the manufacturing sector, an expansion of jobs in the lower-paying service sector, and more employers hiring temporary and part-time employment have contributed to lower wages. Lower wages keep housing out of reach for many workers who must pay more

[44] *Income, Poverty and Health Insurance Coverage in the United States 2010*. See report released September 13, 2011 www.census.gov.newsroom/releases

[45]see U.S. census data at http://quickfacts.census.gov/qfd/states/00000.html

[46] see *Missoula County Quick Facts.* www.quickfacts.census.gov

[47] see poverty guidelines located at http://aspe.hhs.gov/poverty/12poverty.shtml

[48] Filion, K. (2009). *Minimum Wage Issue Guide.* www.epinet.org

than 50% of their salaries to keep a roof over their heads.[49] Before the recession (January 2007), Montana's unemployment rate was 3.2%. Throughout September 2010 and September 2011, unemployment fluctuated at 7%. Currently, Montana's unemployment rate is 6.3%.[50] In Missoula County, unemployment rates have fluctuated from 6.6% in January 2011 to 7.5% in January 2012.

Nearly half of Missoula's homeless have jobs, and 31 percent of homeless people say a job is the single most important factor that would have kept them their most recent housing.

It's clear that an improvement in the local economy would bring some out of homelessness. To that end, Missoula has turned, at least in part, to the Missoula Economic Partnership, which grew from Mayor Engen's Best Place Project.

Lack of Affordable Housing

"Although the recession may have temporarily stalled the rising cost of housing in the United States, it did not result in increased access to affordable rental housing for households that need it most."[51] The demand for affordable rental units is increasing as more people who cannot afford to purchase a home decide to rent. The lack of affordable housing has led to high rent burdens, particularly in Missoula. People are paying more of their monthly income to remain housed. Information collected from HUD and U.S. Census Data and compiled by the National Low Income Housing Coalition provides an alarming yet realistic illustration of the dilemma faced by Montanans who struggle to remain housed. Table 3.5 illustrates the gap between wages and affordable housing. Although the numbers reflect the entire state, it should be noted that the median cost of a two-bedroom apartment in a multiplex in Missoula is approximately $775, according to a recent report released by the Missoula Organization of Realtors.[52] This is $110 more per month than the median price of a two-bedroom apartment reported for Montana by the National Low Income Housing Coalition.

Table 3.5: Gap Between Wages and Affordable Housing in Montana

State Summary - Montana 2012	
FY2012 Housing Wage @ Fair Market Rate (FMR)	
- Hourly wage necessary to afford 2-BR apartment @ FMR	$12.59
- Median cost of a 2-BR apartment @FMR	$655
- Income needed to afford 2-BR apartment @ FMR	$26,181
- Hours per week necessary to work to afford 2-BR apartment @ FMR	64
Renter Households - Median Wage	
- Number of renter households 2006-2010	124,305
- Percentage of total households	31%
- Estimated median renter hourly wage 2012	$10.16
- Rent affordable @ median wage	$528
- Hours per week necessary to work to afford 2-BR @ FMR	48

[49] U.S. Conference of Mayors. *A Status Report on Hunger and Homelessness in America's Cities: 2007*. Available from http://www.usmauorsorg/uscm/home.asp

[50] http://beta.bls.gov/maps/cew/us

[51] National Low Income Housing Coalition (2012). *Out of Reach: America's Forgotten Housing Crisis.* http://www.nlihc.org

[52] Missoula Organization of Realtors. (April 2012). *2012 Missoula Housing Report: Current Knowledge, Common Wisdom: Growing a Missoula To Treasure.* http://missoularealestate.com/docs/2012MissoulaHousingReportOnline2.pdf

State Summary - Montana 2012	
Renter Households - Minimum Wage	
- Hours per week necessary to work to afford 2-BR @ FMR	101
Area Median Income (AMI)	
- Annual AMI in Montana	$58,717
- Rent affordable @ AMI	$1,468
- 30% of AMI	$17,615
- Rent affordable @ 30% AMI	$440

Highlights from the 2010 Needs Assessment

In October 2010, the City and County jointly commissioned "Homelessness and Housing Instability in Missoula: Needs Assessment 2010." The purpose of the assessment was to understand the needs of homeless people living in Missoula, explore differences based on need, and to gather information to inform a 10-year planning process to end homelessness. In short, it was a way to include the voices of homeless people in the decision-making and planning processes that most concern their lives. The survey administered was more in depth than the point-in-time survey.[53] The following highlights provide additional information about Missoula's homeless people, their needs, and differences across population groups.

2010 Needs Assessment Highlights

- The longer people were homeless, the more likely they were to report medical problems as a reason for homelessness.
- Almost half of the people surveyed were living in permanent housing in Missoula when they experienced their first episode of homeless. They were mostly women and families with children.
- People whose last permanent housing was in Missoula were more likely to report low wages as a reason for homelessness.
- People whose last permanent housing was somewhere other than Missoula used more emergency shelter services.
- The top two needs identified for finding permanent housing were (1) affordable housing and (2) employment.
- Ongoing rental assistance, first and last month's rent and deposit, and a job, or at least a better paying job, were the top three needs identified that would help people afford permanent housing.
- The median monthly income was $450. In 2010, the date of the study, the median-priced apartment in Missoula cost $700 a month.

The study's findings point to the high costs of prolonged homelessness in terms of the physical and emotional toll on the homeless and the economic burden on the community. It recommended that the following questions be asked: How much does it cost to provide a family with an intensive array of

[53] *Homelessness and Housing Instability in Missoula: Needs Assessment 2010*. http://www.ci.missoula.mt.us/DocumentCenter/Home/View/5524

community services once they experience homelessness compared to helping them remain housed? How would this approach differ in overall costs measured not only in dollars and cents but in human capacity retained? [54]

Section Summary

The definition of who is considered homeless is currently in flux. Efforts lean toward assisting people at-risk of homelessness as a less costly proposition than waiting until people are "literally homeless." Point-in-time surveys administered across the U.S once a year indicate a very small decrease in the number of homeless people overall. However, in states like Montana with higher-than-average poverty rates, homelessness is growing. Native Americans and veterans are overrepresented in Montana's homeless statistics, and more families with children are finding themselves without housing. Rising poverty rates, eroding work opportunities and wages that have not kept up with the rising cost of housing are the root causes of homelessness. Lack of affordable housing and lack of adequate income are the foremost reasons for homelessness in Missoula.

SECTION FIVE: ENDING HOMELESSNESS IN MISSOULA COUNTY

Four Building Blocks of the Strategic Plan

Missoula's 10-Year Plan consists of four building blocks. Similar to a home, these form the cornerstones of the plan's foundation. Outcomes, strategies to achieve them, potential partnerships and resources are identified.

Building Block I: Homeless Prevention and Rapid Re-Housing
The first building block is preventing homelessness and re-housing homeless people expeditiously. To be successful in the long run, prevention efforts need to produce cost benefits and reduce both the number of homeless people and the demand for homeless services. They must reduce the trauma individuals and families experience when their identities, worth, and dignity are challenged by an eviction notice, foreclosure or emergency shelter stay. Prevention won't solve the underlying problems of housing affordability, inadequate wages and the difficulties of accessing supportive services. It will, however, make us answer some fundamental questions: What supports are necessary and sufficient to stabilize peoples' housing on an emergency and temporary basis? Who are the people who need more to secure a sustainable and stable housing outcome?[55]

Suggestions about preventing homelessness were gathered from the community during the planning process. Highlights from community conversations include funding small grants for rental assistance, emergency funds, rental deposits and utility bills; creating a fund for guaranteed rent and clean-up so landlords would be less hesitant to rent to people with negative rental histories; changing policy at the state level to prevent prisoners and mental hospital patients from being discharged into homelessness; creating a system that includes landlords and service agency partnerships for third party lease-up with wraparound services and assistance with extra damage deposits; creating a transitional housing system where the transition occurs in place rather than in a facility; and increasing funding for case management services to keep people in their homes. Finally, a suggestion repeated throughout the information gathering process, regardless of topic area, was the development of a single point of entry, where people who are homeless and at risk of homelessness can easily access the full array of service providers and resources. Recommendations included both a virtual and bricks-and-mortar entry into housing and related resources.

Building Block II: **Continuum of Housing Options**

[54] ibíd., p.40
[55] Culhane, D., Metraux, S., & Byrne, T. (2010). *A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?* Housing Policy Debate, 21(2), 295-315.

Housing First is the primary mission of Missoula's plan to end homelessness; it is imperative to develop adequate, affordable housing for all income levels and adequate supports for housing retention. This will require prioritizing economically efficient investments in line with serving the most vulnerable people. Thorough, systematic client assessment processes will be necessary to determine appropriate supports and housing for those who are homeless and at risk. But we must also have a comprehensive range of housing options. The capacity of the housing system will need to be assessed to fully understand the current stock of emergency beds and transitional units and their roles in the continuum of housing options.

Suggestions about housing options generated through the information gathering process included increasing emergency housing for families; more Shelter Plus Care[56] housing with vouchers and wraparound services; expanding the winter shelter committee model with the goal of moving people out of emergency shelter with rent and deposit assistance; tiered shelter system with a basic day center that could serve as a single point of entry; tax incentives for affordable housing development; and zoning regulations to reduce land cost and increase housing density.

Building Block III: Service Collaboration and Coordination

Missoula's homelessness service providers already work well together, but an even more collaborative, coordinating effort is required to get the best outcomes. Multiple agencies and organizations working together are likely to have a broader view of current efforts and ways to improve them.[57]

Community conversations with service and housing providers revealed important suggestions for improving service collaboration and coordination. Service delivery fragmentation or lack of coordination is partially caused by the need to fulfill the particular rules and requirements of multiple funding sources. Service and housing providers identified the need to prevent prisoners and mental health patients from discharge into the community without housing; develop partnerships between agencies and landlords to educate about homelessness and create a system of third party responsibility for leases as tenants transition to become the lessee; collaborate with the faith-based community; develop a data management system to foster cooperation; improve communication and coordination among service providers; and hold a weekly case management roundtable to coordinate services among service and housing providers.

Building Block IV: 10-Year Plan Implementation

Even the best-made plans fail without a solid infrastructure in place for guiding, overseeing, and evaluating the plan on an ongoing basis is important. It's critical to have follow-through on implementation of the 10-year plan is crucial – the last building block keeps the others in place. To address implementation, the work group thought beyond its current structure to what needs to be in place for the plan's longevity and sustainability. They developed the organizational structure, initial and ongoing role of the group, its composition and expectations and its linkage to a technical committee for assistance on plan implementation. The work group will advocate for the plan, support the coordinator (a hired position), set goals, measure outcomes and evaluate, and modify and amend the plan as needed.

Phasing In the 10-Year Plan

A three-phase structure for the 10-year plan makes sense for Missoula given uncertainties concerning resources, partners, and funding. These will be addressed early in the plan's implementation. Framing the plan in three phases provides markers in smaller increments than the full 10- year frame, which can seem overwhelming. Ongoing evaluation will tell us what works and what doesn't.

Taking the lead from communities such as Calgary, Boise and Billings, Missoula's plan has been developed with measurable incremental phases.[58] The working group's illustration is captured below in **Thinking**

[56] *Shelter Plus Care* is a program that provides rental assistance combined with social services to help people with disabilities and their families retain housing. The program allows a variety of housing options that include group homes and individual units with a range of supportive services.

[57] Winer, M. & Ray, K. (1994). *Collaboration Handbook: Creating, Sustaining and Enjoying the Journey.* Amherst H. Wilder Foundation, Saint Paul, Minnesota.

About the 10-Year Plan in Phases, which identifies the overarching goals for each phase and describes broadly what steps are required to achieve each goal.

Thinking About the 10-Year Plan in Phases

2012-2014 Phase 1: Creating rapid, visible and meaningful change
Ending homelessness won't be easy or quick, and moving the plan from paper to implementation will require commitment and flexibility. The 10-year Plan has those virtues built in.

The planners recognize that the first three years will set the foundation for future developments. The Reaching Home Working Group and Coordinator will gather additional information and perform oversight by attending to the immediate tasks at hand without neglecting the big picture and long-term outcomes. This is the most crucial phase of the plan's development. Some communities have lost momentum in this stage because they lacked sufficient infrastructure (foundation) to move the plan forward. Rapid change happens in this phase as priorities are reorganized, funding is assessed and a data collection system is established to inform all other phases and strategies in the process.

2015-2018 Phase 2: Building a coordinated system to end homelessness
Missoula service providers and agencies already cooperate significantly within the city's splintered approach to homelessness. But to make serious inroads into homelessness, cooperation will need to be ratcheted up. Though conflict may be unavoidable, we must come together in a coordinated, structured way.

Missoula's plan to end homelessness will focus more in Phase 2 on the connections and relationships in the system of service and housing providers to decrease barriers to accessing resources for homeless people. Given the data collection system developed in Phase 1, community decision makers and service and housing providers will have information at hand to take the next steps. Advanced coordination and collaboration will be evident with increases in project sharing and innovations in policy and practice.

2019-2022 Phase 3: Making adjustments to ensure sustainability
Similar to readjustments home dwellers must make as internal and external forces demand change, Missoula's plan will need to be modified to fit with new advancements in policy and service delivery. Keeping up with funding trends and emerging best practices means taking time to reflect on achievements, challenges and the practices that have worked best around the country to end homelessness.

Phase 3 is the time to think about how to sustain change and determine whether the current structure meets the needs of its primary stakeholders. Key questions to reflect on will include: Have resources to address the plan's strategies been maintained? Have champions' roles and leadership actions been created and strengthened? Do people who are released from state and local institutions have adequate housing resources? Is there adequate housing in Missoula for all income levels at all states of need?

Section Summary

The building blocks of the Missoula plan include establishing an infrastructure for the plan's implementation; a focus on prevention, rapid re-housing, a continuum of housing options predicated on adequate stock, affordability, and supports; and the importance of collaboration and coordination between service and housing providers, the community and local policymakers. Finally, thinking about the 10-year plan to end homelessness in phases helps create steps that are easier to grasp and achieve.

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[58] *Calgary's Ten-Year Plan to End Homelessness: 2008-2018.* http://www.calgaryhomeless.com/assets/10-Year-Plan/10-year-plan-Finalweb.pdf *Boise's 10-Year Plan to Reduce and Prevent Chronic Homelessness* (2007). http://www.cdaid.org/mod/userpage/images/Boise10YrPlan.pdf *Welcome Home Billings: Opening Doors to End Homelessness.* (2009) http://www.ci.billings.mt.us/DocumentView.aspx?DID=4985

Thinking About the 10-Year Plan in Phases

Phase 1 Creating rapid, visible and meaningful change 2012 - 2014	Phase 2 Building a coordinated system to end homelessness 2015 - 2018	Phase 3 Making adjustments to ensure sustainability 2019 - 2022
The first three years of the plan mark a shift from "business as usual" concerning homelessness in Missoula to a decided focus on ending it. The main intent of Phase 1 is to build infrastructure to support the plan and to better understand homelessness in Missoula and the resources needed to address it. Staff to coordinate the plan will be hired and more community members will be included in the process to inform action steps. Data gathered about funds, costs, and efficiencies will inform planning and resource allocation recommendations Priority will be given to developing funding devoted to prevention emergency funds and housing start-up costs. A single point of entry into housing and services providers will be developed to improve access to community resources for homeless individuals and families.	By Phase 2, Missoula will be seeing noticeable changes in the community system that addresses homelessness. The growth of homelessness will be abated and the use of emergency shelters will be stabilized instead of pushed beyond capacity. The single point of entry into the housing and services' system will decrease barriers to services and housing. The data collection system implemented in Phase 1 is improving program and service development by keeping a pulse on the changing demographics of homelessness in Missoula County. Deeper community system changes will be evident in the advanced coordination efforts of organizations working together on homelessness prevention and directing resources to those most vulnerable.	The last four years of the plan will involve making adjustments to achieve the plan's goals. Frequent and consistent community-wide discussions about the progress of the plan will inform decisions made about how to sustain achievements over the long term. Phase 3 will require stepping back to move ahead on what is working and what is not, recounting lessons learned and identifying best practices. The community recognizes that planning to end homelessness evolves and adapts to what is learned from research and the data collection system, funding priorities at the federal level, policy change, and political support and public opinion. Those who directly experience changes in housing and services, consumers and service providers, will identify additional lessons learned.

SECTION SIX: IMPLEMENTING STRATEGIES - REALIZING OUTCOMES

Matrix of Strategies and Outcomes

The matrix included at the end of this section provides details about the expected outcomes of the plan, recommended strategies and steps to achieve outcomes. It includes a timeline for completion of tasks, resources needed (i.e., funding, staff or volunteer assistance), and potential contributing partners. In some sections, the resources and partners are not yet identified; it will take the community, governing bodies and the plan coordinator time to identify the best possible partners and resources to implement strategies and achieve outcomes.

The matrix is organized according to the Four Building Blocks discussed in Section Five: (1) Prevention and Rapid Re-housing, (2) Continuum of Housing Options, (3) Service Collaboration and Coordination, and (4) 10-Year Plan Implementation.

While many strategies are ongoing throughout the 10-year timeframe, some will be completed within the first three years of the plan's implementation. The immediate steps that need to be implemented during Phase 1 are outlined at the end of this section. The matrix is not a static document. It is meant to be revisited and updated during the 10-year plan's implementation.

This plan means little if it's forgotten and filed away. The working group understands that and – as indicated in Section Three of this report (**What Happens After the Plan is Approved**) – has identified its initial and ongoing role. Recommending new members, making sure staff is hired, meeting regularly and assuming a leadership role in committee work for the plan's implementation are paramount. Key functions include devising methods for measuring outcomes through data collection, appraising and monitoring progress of the action steps and amending the plan accordingly.

The working group will add further detail to develop action steps to achieve each strategy and indicators of success and measurable outcomes.

Most importantly, a successful plan cannot be implemented on sheer force of will alone. Resources are necessary. This is perhaps the most challenging task of all for the group and the community, particularly in the current economy.

Addressing the issue of resources will be the first order of business. What resources are needed and what are the costs of accomplishing specific tasks? What will be the cost savings as systematic and procedural improvements are made to reduce homelessness? How can these cost savings be diverted to accomplish the plan's outcomes? Where will seed money come from to hire a staff person to launch and coordinate the plan? While a number of important questions have yet to be answered, some components of the plan will not cost hard cash but will require increased collaboration and coordination in the community system that addresses homelessness (local government, businesses, service and housing providers).
As is true in most communities – including Denver, where an exemplary plan was created that foreshadowed impressive results – "present resources are insufficient to successfully implement all the actions envisioned in this Plan." [59] The most expensive component of any 10-year plan is the need for more housing units for individuals identified as chronically homeless. As action items are implemented, cost savings may create opportunities to reallocate resources for the most immediate concerns.

[59] See Section 4: Budget Plan in *Denver's Road Home: 10 Year Plan to End Homelessness*, p. 4-1.

The Evaluation Approach

Given the fluidity of the planning process, it is important to think about evaluation beyond the perspective of measurable outcomes. While it's key to understanding the effectiveness of specific strategies and action steps, thinking about evaluation more broadly is also important to the success of the plan. Evaluation is the glue that provides focus, feedback and ongoing learning. It's a constant improvement process that provides opportunities for examining procedures, engaging stakeholders, creating mutual understanding, and building knowledge and best practices from local experience. The final test of a good evaluation approach is if it improves the ability to address changing homelessness demographics, policies, and economic concerns while incorporating local knowledge.

One of the key strategies will be to interweave evaluation with a formal process for yearly progress reporting on the plan. The working group will issue an interim memo to elected officials annually. The report will be made available to all stakeholders and Missoula County residents. Public meetings will be held to present key findings and to gather public comment. Meetings will involve critically reviewing progress made toward achieving outcomes, amending or modifying the Matrix of Strategies and Outcomes, and outlining priorities and next steps for the following year's course of action.

The Evaluation Framework

The evaluation framework consists of the following goals and action steps:

Goal 1: Focus and plan the evaluation and its key components.

- Identify and engage an evaluation team - key stakeholders who have an investment in the success of the 10-year plan (funders, people responsible for implementation, staff).
- Describe how the 10-year plan is meant to work to achieve the stated outcomes. Develop a model to illustrate the plan's key principles, resources, tasks, participants, and short-, medium- and long-term effects.
- Define the purpose of the evaluation.
- Decide what key questions will guide the evaluation design and methods used to gather information. (Cost savings is a key issue and will shape many evaluation questions.)
- Establish evaluation costs and a timeline for reporting.

Goal 2: Conduct the evaluation and process the data.

- Select the indicators, the measurements that answer the evaluation questions.
- Identify data sources.
- Develop data gathering tools and strategies or modify existing tools.
- Pilot test tools.
- Set a schedule for data collection.
- Administer tools and implement strategies.
- Process, analyze and interpret data.
- Develop recommendations.
- Brainstorm lessons learned.

Goal 3: Apply the learning.

- Share findings and lessons learned.
- Identify and prioritize action alternatives.
- Update the action plan and implement it.
- Monitor progress.

Measuring Outcomes

After the group creates an evaluation team to develop effective evaluation tools and processes, an important step will be to decide how to measure the following outcomes as defined in the Matrix of Strategies and Outcomes:

A. Subsidies, services and supports are available to those who require ongoing services to remain in housing.

B. There are adequate systems, supports and resources to rapidly re-house those who become homeless, or enter the community without housing; and to keep people in housing when they experience emergencies.

C. People are released from state and local institutions with adequate housing resources.

D. There is adequate housing for all income levels at all states of need for housing.

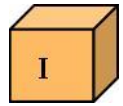
E. Collaboration and coordination at the system and client levels produce effective and efficient service delivery.

F. A cohesive system is in place to implement, sustain and evaluate the 10-year plan to end homelessness.

G. The public is aware of the complex issues surrounding homelessness and available resources. Members of the public support and advocate for the 10-year plan.

MATRIX OF STRATEGIES AND OUTCOMES

BUILDING BLOCK I
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING



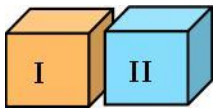
OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
A. Subsidies, services & supports are available to those who require on-going services to remain in housing.	A1. Services are delivered while in housing. • Case management for those in housing includes (not limited to) financial, planning, parenting, employment prep. • Transportation (public & private). Education about mainstream resources (i.e., unemployment, food stamps).	All Phases Years 1-10	Continuum of Care, Community Development Block Grants (CDBG)	Partnership Health Center, Health care for the Homeless Case Management, Mountain Line, Missoula in Motion
	A2. House resistant populations. • Access to emergency shelter for those still using alcohol. • Day center. • Single room occupancy units. • Homeless Connect delivered all year round. Expand/maintain HOT teams.	All Phases Years 1-10	University of Montana, IPharm, CDGB grants, Continuum of care	Partnership Health Center medical and dental, Homeless Connect

OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
B. There are adequate systems, supports and resources to rapidly re-house those who become homeless; or enter the community without housing; and to keep people in housing when they experience emergencies.	B1. Create a funding pool for emergency expenses to prevent homelessness (i.e., medical, vehicle) • Consolidate and/or coordinate existing efforts with clear point of entry and ability to scale to meet needs. • Increase awareness of emergency services' support. • Develop catalog of expense support. • Flexible funding. • In-depth reporting. • Determine how to involve community organizations to buy into coordination.	Phase 1 Years 1-3	Continuum of Care CDBG Emergency Shelter grants	churches, hospitals, government, landlords, fraternal organizations Missoula Interfaith Collaborative Partnership Health Center Homeless Outreach Team
	B2. Create a funding pool for start-up housing expenses (i.e., first & last month rent, deposit, utility deposit) • Initiate task force to structure insurance program that is appealing to landlords and property managers. • Determine sustainable source of funding, including beneficiaries in funding.	Phase 1 Years 1-3		
	B3. Landlord education/insurance program2. • Task force (see IIIB). • Engage landlords in eviction prevention, referral to homelessness prevention. • Prevention as prerequisite for insurance program.	Phase 1 Years 1-3		Homeword

OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
C. People are released from state and local institutions with adequate housing resources.	C1. Discharge planning from institutions • Case management at the state hospital and prison. • State corrections needs to refund case management positions. • Increase options for mental health services for discharged patients - community providers and Western Montana Mental Health Center. • Transitional housing for parolees & probationers. • Single Room Occupancy units to accommodate felons.	Phase 1 Years 1-3	Addictive and Mental Disorders Division funding, state funds, Poor Fund	Community Development Block Grant, Missoula Housing Authority. Montana Department of Corrections, local law enforcement, State and federal Departments of Justice, 2-1-1

BUILDING BLOCK II

CONTINUUM OF HOUSING OPTIONS
- **ADEQUATE HOUSING STOCK**
- **AFFORDABLE HOUSING FOR ALL INCOME LEVELS**
- **ADEQUATE SUPPORTS FOR HOUSING RETENTION**



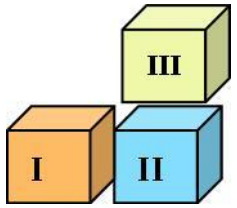
OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
D. There is adequate housing for all income levels at all stages of need for housing	D1. Shelter for chemically dependent (using), mentally ill • Emergency shelter with case management for those still using alcohol. • Increase housing options for mental health with case management. • Limited access for transitional beds.	Phases Years 1-10	State Addictive & Mental Disorders Division, local, private, non-profit	Missoula Housing Authority Western Montana Mental Health Center
	D2. Financial incentives for affordable housing development • Examine Department of Revenue valuation method so income from property is used where subsidized rents are offered. • Fees based in part on type of project - lower for affordable or otherwise helpful to homelessness. • Transfer air rights on large commercial projects for housing. • Communicate with developers about what incentives, if any, would make a difference.	Phases Years 1-10		Developers, Department of Revenue, governing bodies

OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
	D3. Construction funding subsidy • Governing bodies decide about allocating existing funds, raising funds, adjusting regulations • Citizen advisory group will be required to advocate • Policy guidance from Council for Missoula Redevelopment Agency	Phases Years 1-10	Community Development Block Grant, HOME Investment Partnership Program	governing bodies, Missoula Redevelopment Agency, citizen advocacy group
	D4. Subsidies for permanently affordable housing (construction and/or rental assistance)	Phases Years 1-10		Governing bodies
	D5. Tiered emergency shelter system for a variety of populations.	Phases Years 1-10		Poverello, YWCA, Mountain Home Montana, Family Promise, Missoula Interfaith Collaborative
	D6. Transitional housing "in place" • Revolving housing stock • Transitional to permanent • Participants remain in same housing through transitions	All Phases Years 1-10	YWCA, Missoula Housing Authority, landlords, Western Montana Mental Health Center	YWCA, Missoula Housing Authority, landlords, Western Montana Mental Health Center

OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
	D7. Regulatory reform to create more affordable housing zoning regulations • Tie participation in eviction prevention & upfront cost mitigation to reduced regulation. • Exempt units for very low income from density calculation in mixed projects • Expedited review as an option • Decide to do policy, allocate resource, implement • Need for testimony to bolster support • Study housing demographics, stock & need for future housing stock • Estimate demand - not all dwelling units are equally able to meet demand as informed by demographics. • Study housing demographics, stock and need for future housing stock; estimate demand (not all dwelling units are equally able to meet demand as informed by demographics) • Develop suite of options to generate supply, including regulation revision.	Phase 1 Years 1-3		Governing bodies, citizen advocacy group, builders & developers
	D8. Medical respite rooms in shelter • Transitional beds for discharged medial patients with medical support from PHC - Healthcare for Homeless.	All Phases Years 1-10	State, federal, local	Partnership Health Center, Poverello Center, hospitals

BUILDING BLOCK III

SERVICE COLLABORATION AND COORDINATION

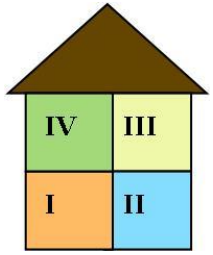


OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
E. Collaboration & coordination at the system and client levels produce effective and efficient service delivery.	E1. Single point of entry • Dedicated physical space for services, direction (i.e., 211 "live"). • Virtual component - database compatible with HMIS • Serves a variety of people who are homeless including those released from prison and other Montana institutions.	Phase 1 Years 1-3	Community Development Block Grant, Poor Fund, private foundations	At Risk Housing Coalition (ARHC), city and county government, Human Resources Council (2-1-1)
	E2. Develop advisory committee • Coordinate with service and housing providers.	Phase 1 Years 1-3 and ongoing	Staff time donated and devoted to plan implementation	Reaching Home Working Group, ARHC, Office of Planning and Grants, Missoula Interfaith Collaborative
	E3. Discharge planning committee. • Review models from Vermont and Maryland and identify a model for Missoula. • Coordination between DOC, Poverello and other agencies before and after release.	Phase 1 Years 1-3 and ongoing		Department of Corrections, Poverello Center, MHA

BUILDING BLOCK IV

10-YEAR PLAN IMPLEMENTATION

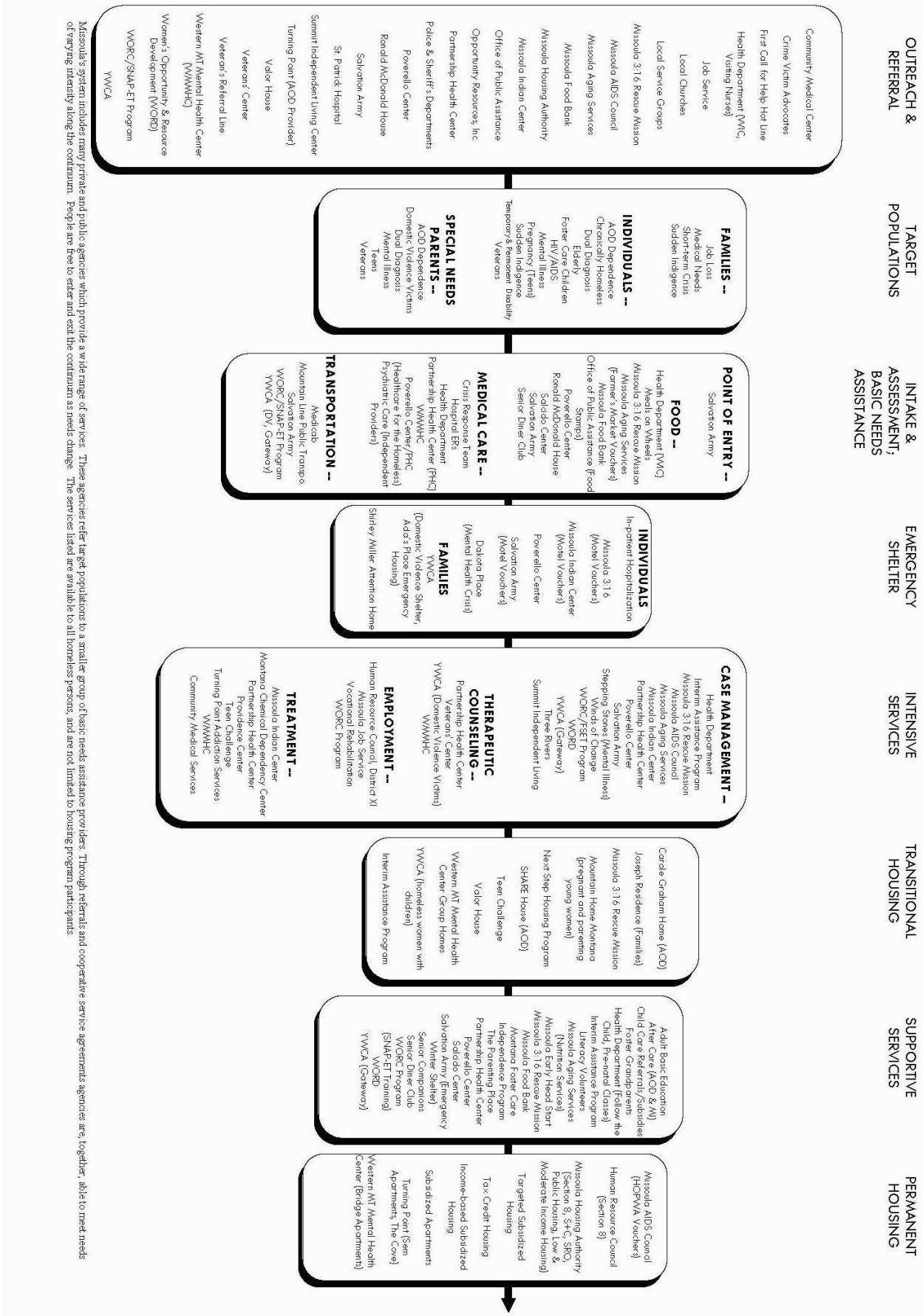
- **ORGANIZATIONAL STRUCTURE**
- **DATA & RESEARCH**
- **EVALUATION**
- **COMMUNITY INVOLVEMENT**



OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
F. A cohesive system is in place to implement, sustain, and evaluate the 10-year plan to end homelessness	F1. Coordinate 10-year plan implementation and sustainability • City-county staff person staffs the plan full time and reports to Mayor and County Commissioners. • The BCC and Mayor appoint a representative, working board to implement, evaluate and sustain the plan (15-20 members with a 3-year term, roles carefully defined, stakeholders' full buy-in). • This board plays key role in advising decision-makers on expenditure of public resources.	Developed in Phase 1 Years 1-3 and ongoing	Private donations, city, county funding for staff.	Governing bodies, Reaching Home Working Group, citizen advocacy group, bidders & developers
G. The public is aware of the complex issues surrounding homelessness & available resources. Members of the public support and advocate for the 10-Year Plan.	G1. On-going public awareness campaign1. • Professionally produced and executed. • Educates the public about the 10-year plan and its work. • Website, social media, traditional media, events, speaking engagements. • Create and publicize opportunities for donated funds (i.e., "microgrants" for emergency expenses).	All Phases Years 1-10	Private donations	United Way, private donors, foundations.

OUTCOME	STRATEGIES	TIMELINE	RESOURCES NEEDED	POTENTIAL CONTRIBUTING PARTNERS
	G2. Expand community involvement • Create a volunteer program to tap community interest and concern. • Create and publicize opportunities for donated funds (i.e., "microgrants" for emergency expenses).	All Phases Years 1-10		Reaching Home plan coordinator, United Way of Missoula County, Missoula Interfaith Collaborative

APPENDIX A: CONTINUUM OF CARE



Missoula's system includes many private and public agencies which provide a wide range of services. These agencies refer target populations to a smaller group of basic needs assistance providers. Through referrals and cooperative service agreements agencies are, together, able to meet needs of varying intensity along the continuum. People are free to enter and exit the continuum as needs change. The services listed are available to all homeless persons, and are not limited to housing program participants

REACHING HOME:
MISSOULA'S 10-YEAR PLAN TO END HOMELESSNESS
KEY STAKEHOLDERS, RESOURCES AND ORGANIZATIONS/INDIVIDUAL RESPONDENTS

At-Risk Housing Coalition	Missoula County Sheriff's office	St. Patrick Hospital
Board of County Commissioners	Missoula Downtown Association	State of Montana
City of Missoula, Office of the Mayor	Missoula Housing Authority	Board of Housing
Community Medical Center	Missoula Indian Center	Continuum of Care coordinator
Downtown Business Improvement District	Missoula Interfaith Collaborative	Department of Corrections
Family Promise of Missoula	Missoula Job Service	Department of Health and Human Services
Homeless and formerly homeless people	Missoula Ministerial Association	Office of Public Assistance
Homeword	Missoula Office of Planning and Grants	Sylvan Learning Center
Human Resource Council/2-1-1	Missoula Parks & Recreation	The University of Montana
Mayor's Downtown Advisory Council	Missoula Police Department	U.S. Department of Housing & Urban Development; Helena Field Office
Missoula Area Chamber of Commerce	Missoula Public Library	U.S. Interagency Task Force on Homelessness
Missoula City Attorney's office	Montana Council on Homelessness	United Way of Missoula County
Missoula City Council	Mountain Home Montana	Western Montana Mental Health Center
Missoula Correctional Services	Partnership Health Center	WORD
Missoula County Attorney's office	Poverello Center and Valor House	Youth Homes
Missoula County Public Schools	SHARE House	YWCA of Missoula
	Social Security Administration	