Grant Proposal: Housing Ready Initiative: Vital Records for Vital Placements

David Portugal

University of Washington-Tacoma

TSOCW 533 Integrative Practice II

Dr. Anindita Bhattacharya, PhD, MSW

March 16, 2025

Grant Proposal: Housing Ready Initiative: Vital Records for Vital Placements

Introduction and Problem Description

This grant proposal seeks to enhance community awareness regarding the complex challenges of chronic homelessness and the obstacles service providers encounter in obtaining stable housing for vulnerable individuals.

The leading causes of homelessness (chronic and non-chronic) are often marked by a complex web of issues, including poverty, mental health struggles, substance use disorders, domestic violence, and a lack of affordable housing options (Pophaim & Peacock, 2021; Somerville, 2013). These challenges not only impact those experiencing homelessness but also place significant barriers on service providers who strive to offer assistance and support (Lee et al., 2021). Despite the ongoing efforts of non-profit organizations across the states to expand existing housing sites and shelters, as well as to create new permanent supportive housing (PSH) initiatives, the social issue of chronic homelessness continues to grow at an alarming rate. The increasing number of individuals and families facing homelessness starkly contrasts the progress made by housing agencies, highlighting a critical gap in resources and solutions (Bassuk et al., 2014; Gubits et al., 2018; Homeless in Washington 2023 Annual Report, 2024; U.S. Census Bureau, 2023; Zhao, 2022). Furthermore, the challenges are amplified by systemic issues such as insufficient funding, bureaucratic obstacles, and inadequate coordination among various service providers (Brakenhoff et al., 2022; Raven et al., 2020; Somerville, 2013). Many organizations work tirelessly to address these problems, but they often need help to overcome the sheer scale of need and the complexity of individual circumstances.

As the communities in the US navigate this pressing social issue of chronic homelessness, fostering collaboration and shared understanding among stakeholders, including government agencies, non-profits, and community members, becomes increasingly important. By amplifying the voices and experiences of the homeless population and service providers, this report seeks to illuminate the urgent need for innovative approaches and sustainable solutions to combat homelessness effectively. Raising awareness and enhancing community engagement will be essential in bridging the gap between available resources and the needs of those experiencing chronic homelessness. A united effort will empower those in need and create a more inclusive and supportive environment for all community members.

For my capstone project at the University of Washington-Tacoma (UWT), I conducted extensive research, identified local resources in Thurston County, and interviewed stakeholders involved with the chronic homeless population. Throughout this process, I realized that regardless of the type of shelter available (whether temporary, transitional, or supportive housing) and regardless of the demographic it serves, each shelter and housing site requires a series of vital records and documents, such as identification certificates and Social Security cards.

I learned, both through my professional experience as a program supervisor for a Permanent Supportive Housing (PSH) site that uses the theoretical framework of Housing First Systems Theory and from my interviews with stakeholders, that obtaining these documents is one of the most considerable barriers to securing housing, regardless of the specific population. Throughout my research, my perspective shifted for my overall understanding of chronic homelessness, as I felt that my primary focus was a lack of resources; which we are still in need of more (mezzo) supportive housing and shelter options to (micro and macro) supportive

approaches interventions focusing on systemic barriers; to a focus of equitable accessibility to the housing sites that we currently have now.

Interventions

One of the key tasks for this project involved researching effective interventions and theoretical frameworks that have successfully impacted those who experience chronic homelessness. During my research, I identified several important interventions designed to tackle homelessness (both chronic and non-chronic), placing particular emphasis on Permanent Supportive Housing (PSH), Housing First, and case management. PSH has shown to be a viable long-term solution for people experiencing chronic homelessness, especially those facing mental health or substance use challenges, by providing stable housing along with supportive services (Gubits et al., 2018; Raven et al., 2020). Similarly, the Housing First model allows individuals direct access to permanent housing without preconditions, which has proven effective in enhancing well-being and reducing homelessness among those facing significant barriers (O'Regan et al., 2021). Rapid Rehousing (RRH) also emerged as a valuable intervention, delivering short-term assistance to help individuals find housing; however, its success often depended on the availability of ongoing support. Furthermore, intensive, client-centered case management, which included peer support and integrated services like healthcare, legal assistance, and employment support, was vital for ensuring housing stability and aiding successful reintegration into society (Bassuk et al., 2014).

The theoretical frameworks that informed these interventions included the Housing First approach, centered on the belief that stable housing is a fundamental right and crucial for achieving long-lasting stability (Somerville, 2013). This concept is consistent with Maslow's Hierarchy of Needs, which suggests that basic needs such as shelter must be satisfied before individuals can focus on higher-level needs like employment, mental health, and personal development (Canham et al., 2023). Additionally, Strengths-Based Practice supported the client-centered strategies in many interventions, emphasizing individuals' inherent strengths and resilience to foster self-sufficiency and empowerment (Brakenhoff et al., 2022; Raven et al., 2020).

Nonetheless, systemic obstacles such as the shortage of affordable housing, discriminatory practices, and income inequality continued to pose significant challenges, particularly for marginalized groups, including LGBTQ+ individuals, immigrants, and those with criminal backgrounds. Addressing these barriers through policy reforms and developing inclusive housing solutions was crucial for achieving sustainable progress. The literature also highlighted the significance of Trauma-Informed Care for vulnerable populations, integrating an understanding of trauma into service provision. Despite the effectiveness of these interventions, there remained gaps in service coordination, funding, and discharge planning from institutions like hospitals, prisons, and temporary transitional housing. To improve the efficacy of homelessness interventions, I suggest that further policy adjustments are necessary to enhance affordable housing infrastructure and integrate comprehensive support services.

Stakeholder information

I conducted four in-depth interviews with various stakeholders to understand better the barriers the chronic homeless population faces. These individuals are involved with this population through direct practice, service providers, and policy-making roles. By engaging with these stakeholders, I could explore a range of perspectives on this complex social issue that went

beyond my personal and professional experiences. This process not only illuminated the challenges faced by those who faced chronic homelessness but also helped me assess the specific needs within the community. Ultimately, these insights helped me identify where my project can be most effective and impactful. See Appendix A for a reference of each interviewee's questions. My reflection and synthesis for these interviews are below:

My first interview was with Carissa Abbott, a case manager for the Catholic Community Services Arrest and Jail Alternatives (AJA) division. Carissa was very open and candid about her insights and frustrations with the housing system in Thurston County. She took her time with each question, which was great because it was evident that she thought carefully about her answers. Carrisa explained from her standpoint that her clients face barriers, not just in obtaining housing but in other systems, such as health care and the legal system they interact with.

I found this particularly insightful because as I have been doing my research for this project, I have been reading, and I was able to have Carrisa give actual examples from her time working in the field. This issue uniquely expands housing barriers; part of accessing housing is first accessing offices like county clerk offices for birth certificates and social security for SSI cards. Carrisa further expanded that this adds to an overall 'unwanted' feeling her clients see from the community and the systems they interact with, which further adds to the frustrations, making it very difficult for her clients to trust others around them and depending on their age, sexual orientation, or race and ethnicity of the person, adding such experiences can have drastic impacts on their mental health. When I asked Carissa what needs this population would like to address, Carissa expressed a need for more harm-reduction models in housing, particularly in the permanent long-term models such as PSH. Currently, Olympia has only one harm-reduction PSH model; she further explained that there are Harm-reduction models with peer-experienced case managers, but mainly in the temporary shelter solutions. If there were more long-term interventions, such as PSH, this population would have a 'better' chance of maintaining their housing.

When I asked Carissa what she identified as an important consideration for this population, I heard a common theme of community education. She learned this from her firsthand experiences providing supportive services to her clients in the community. Carissa further explained that her clients seem to face a harmful stigma at every turn, and she told me stories of how rude or horrible people treat them, even at places like the grocery store. When asked about the need for further policy and intervention regarding the need for vital record collection and distribution among those two who face chronic homelessness. Carissa fully agreed with the need for a proactive approach for her clients to obtain vital identification documents (VID) before housing offers open. Not having these VIDs also poses complications for other systems, such as health care and the legal system. This perspective ties to my project directly. What stood out to me was how many people she lost over the years, and that was palpable during our conversations (which makes sense as to why she would have felt frustrated). Carissa was also kind enough to share her personal story in recovery, her time being unsheltered, and how interesting it was to be 'on the other side' of the issue as a provider.

One of my tasks for this project was to secure a community mentor. I was able to retain Alison Waters, a data specialist from the Family Support Center in Olympia, Washington, as my mentor, and I was able to interview her as well. See Appendix B for my request form. Interviewing Alison was insightful. Her experience as a data specialist at the Family Support Center was beyond helpful, as she processed and delegated referrals to almost every housing site available in Thurston County. I found her experience to be the most important to my project as

she firsthand processed or reprocessed clients after rejection from the housing sites due to lack of documentation or inability to process applications due to criminal history. Alison is also considering opening a small nonprofit focused on supporting those fleeing domestic violence (DV) and had much to say about how barriers to housing were more prevalent for women or non-binary individuals in Thurston County.

Alison explained that housing agencies can but often do not adjust their eligibility criteria even if they are focused on a population such as veterans or the limited housing opportunities for women. Alison suggested that Coordinate Entry (an agency that provides housing referrals to supportive housing sites) should look at a group of individuals and ask, What do these individuals need, and what kind of housing will they benefit from? Then, start creating such housing sites so the individual can have a better chance to thrive. Instead of this client-centered approach, housing sites are designed with criteria that don't often match the population they're trying to serve, and the type of support systems within the housing sites themselves differ from what the particular group of people needs. This, Alison explained, is a significant failure in the system as many of the people in Thurston County have been chronically homeless for over ten years. This is an essential key point because, throughout my career and research, I have seen how hard it is for this population to gain access to housing. But on a larger scale, are these housing opportunities helpful for those needing shelter? Alison is seeing a lack of trauma-informed and client-centered approaches for this population, which I must agree with. This appears to be adding to the continuum of the ‘chronic’ aspect of homelessness.

My Third interview was with Gram Parrington, a Senior Policy Analyst in the Washington State Department of Commerce housing division. One of the needs Gram mentioned was more infrastructure within Washington alone. Yes, he sees many villages and housing agencies here in the Olympia area, but the ‘type’ of housing being offered may not be suitable for those who need it. Gram further explained that although he understood that the homeless population is growing, funds are available for housing agencies to develop or expand if needed. However, only a few agencies seem to be accessing these available funds, with fewer start-ups trying to access these funds compared to the overwhelming growth of the homeless population within Washington state and beyond. However, there seems to be financial assistance available for housing agencies. Still, there was a lack of alternate approaches or start-ups, and when I asked him why he thought that might be, Gram stated that one must have a political advantage or ask in the "right way.” Gram further explained that his role was to analyze housing data but was not involved with releasing or delegating funds. Still, even from his standpoint, there is a lack of new intervention in the issue of homelessness.

My fourth and final interview was with Cecilia Verdin, a case manager from Quince Street Village in Olympia, Washington. Cecilia is a very experienced case manager who has worked at several Harm reduction, high-capacity housing agencies in Washington and Nevada. Cecilia has worked for Quince Steet Village, located in downtown Olympia, with 100 small temporary shelters and only two case managers (50 clients per case manager). Cecilia offered a detailed and emotional interview that helped me see the homeless population's needs differently. The central theme I heard throughout the interview was that of barriers regarding substance use and documentation. Cecilia explains that much of the housing here in the Olympia area has either no barriers to substance use or requires one to be fully sober. She then explained from what she has seen that housing sites with little or no barriers are often unlivable and dangerous (for both staff and clients) and frequently push people to substance use more than they would live outside of those environments. On the other hand, sites that require sobriety feel less trauma-informed,

and clients fail to maintain their housing and return to being unsheltered and, most times, in a worse situation. Therefore, Cecilia would like more housing options for this population with more supportive options that better reflect the needs of people facing SUD.

When I asked about documentation requirements, Cecilia said that for many of her clients at Quince Street Village, one of the reasons people lost some of the documentation was from getting beaten up, all of their belongings stolen from them, or their temporary shelters being burnt down, and exposure to weather elements. Cecilia stated that case management wanted to help their clients get the documentation they needed, but there was no budget for them to do so (this made me reflect on my interview with Gram). Cecilia helped me to understand further that it is not always the housing agencies that need vital identification, but it impacted her clients in getting their medical needs met (seeing a doctor for physical and mental health needs or starting dosing at a Methadone clinic); all of these steps need to be taking as most of the clients that live in transitional housing have the traumatic background and wanted access to physical and mental health and tell her that they are not ready for sober shelter options. Hearing this helped me think about how important it is for this population to get their documents as soon as possible to help open the doors to resources beyond housing. I have been reading about this in my research, but it was nice to hear it firsthand.

Cecilia and I agree that there must be an intervention addressing the needs of this population to obtain vital records, as this is the start of several resources. What stood out was how Cecilia was once undocumented, and this topic was close to her heart. She told me several stories of the barriers she faced to find work, among other needs. Cecilia also talked about her experiences working with adopted clients. She told me how they would have so many barriers without even knowing who their parents were and how this posed another barrier, making it more difficult for them to guess a starting point and where to start.

The stakeholder interviews highlighted significant obstacles to housing and systemic challenges encountered by vulnerable populations in Thurston County. Key themes identified include an urgent need for proactive assistance with documentation, trauma-informed housing solutions, and a transition to client-centered approaches. By implementing the practical recommendations presented in this report, housing agencies and policymakers can begin to tackle these systemic problems, creating a pathway for more equitable and practical solutions to chronic homelessness. The insights collected from these stakeholders are a strong basis for further research and intervention, ensuring all individuals have access to safe and supportive housing.

Resources

I explored various agencies in Thurston County that are dedicated to assisting those who face chronic homelessness and found four organizations that have positively influenced the Olympia area. The Catholic Community Services: Arrest and Jail Alternatives Department (AJA) was the first agency. AJA provides case management, including peer navigation, transportation, and housing and shelter support, encompassing temporary camping equipment. They assist individuals with accepting housing offers for permanent living arrangements, including help with obtaining identification and completing background checks. Additionally, AJA offers job training, information and referral services, financial support, crisis counseling, and opportunities for socialization and recreation. The staff possesses a strong knowledge of local resources, including medical aid, food banks, clothing banks, and shelter access, and is guided by a team of individuals with lived experience. AJA excels in providing comprehensive wraparound services

by assisting clients with securing housing options in the Olympia area and navigating the legal system to help reduce recidivism in court and jail settings. I have witnessed this team working diligently from early morning to late evening. AJA dedicates significant time to outreach efforts, such as visiting homeless camps to connect with clients.

The second agency was Olympia, Health, and Recovery Services: Houseless Outreach Stabilization and Transition (HOST) Program. The HOST team provides case management, peer-driven counseling, assessments, and treatment for mental health and substance use concerns. In addition, HOST can assist with medication management and connect clients with housing options and transportation to visit their primary care providers (PCP). In my experience, the HOST team excels at linking their clients to essential services, including PCP access, housing opportunities, and substance use treatment. During my observations, I noted very few gaps in their services. However, they have limitations regarding transportation, legal assistance, and employment referrals as they primarily focus on intensive case management.

The third organization was the Innovations Human Trafficking Collaborative (Innovations HTC), which offers various services, including transportation, case management, housing support (such as access to shelters and transitional or permanent supportive housing), information and referrals, financial aid, crisis counseling, social activities, caregiving, and community education. Additionally, this agency operates as a non-profit and has worked for the last 8 years, providing significant financial assistance to its clients. I frequently observe them intervening to help maintain housing through various means such as rental assistance, landlord mediation, and rapid re-housing vouchers for short-term accommodations like hotel rooms for families and their children. Furthermore, this organization collaborates with PNW tribes to educate community members and external supporters through the Tribal Wraparound Project. The Innovations team plays an essential role in addressing the current housing crisis, and their staff are actively engaged in offering crisis counseling. It must highlight that Innovations HTC is a team led by those with peer experiences, where trauma-informed and client-centered strategies are fundamental. Every team member demonstrates a strong commitment to delivering their services.

The final agency I explored was the Washington State Department of Social and Health Services, specifically the resource known as the DSHS bus. The DSHS mobile bus offers every social service offered in their physical buildings/offices (e.g., financial assistance, access to healthcare through referrals to Primary care providers, Eye doctors, and some housing vouchers and gas vouchers) but with a mobile approach. During each visit, the DSHS bus arrives at shelters and permanent housing organizations for eight hours. This bus assists professionals like me and others in providing essential, accessible care services to their clients. This is especially important for the Age, Blind, and Disabled (ABD) benefit. For individuals facing homelessness, ABD often serves as their sole source of income, and the $450 it provides is extremely valuable for clients. Previously, providers had to locate clients and schedule appointments at the DSHS office, often waiting weeks or several hours in person. Now, individuals can access state social resources in around 30 minutes, and food benefit cards can be printed on-site within minutes. I selected this resource because it has significantly improved the lives of providers and their clients.

Statement of Need

Based on the data above, chronic homelessness is a vast issue, with complexities and systemic barriers contributing to its growth and suspension. Although significant development

has been made in infrastructure and policy, such as House Bill 1866, to combat this social issue, there appears to be a gap in the available bridges to services providers that can offer their clients (Washington State House Democrats, 2022). At this point, I suggest we look further at the initial steps for aiding this vulnerable population. At the start of this process, I focused on the results, merely wanting to give people access to warm, safe beds; in fact, I still do. However, I have continued to orbit around the issue of entry regarding 'how' people get 'into' these warm beds. Ironically, homeless or not, anyone living in the States is bound by the same rules: you must have identification, and to get an ID…You must have an ID. The more I connect with providers in my professional life, the more testimonies come forth of this barrier. The question is, is this a simple misunderstanding of the eligibility criteria for the housing sites available? Or is the issue the inability to store such vital documentation for each client? Nevertheless, I believe the data tells me that the gaps here are a matter of not knowing eligibility criteria and not having accessible documentation when those housing offers open up. In addition, vital records are keys to unlocking various other medical and mental health services that can positively aid those who face chronic homelessness through an arc of success.

Any service provider conducting an intake should have a mandatory step to obtain essential documents and store them securely in a Safe Locker at the Family Support Center. Clients can keep the originals if they choose to do so. However, all providers would only need to contact the Family Support Center and request notarized copies to be sent to housing providers or medical and mental health practitioners who require these vital documents. This process would expedite assistance for those in need and hopefully reduce the challenges faced by the chronically homeless. Simply put, housing providers need further education to understand the urgency and process of gathering and storing vital records as a crucial first step in assisting those experiencing chronic homelessness to fast-track housing placements once they become available.

Description of Project

The Housing Ready Initiative (HRI) will be an intervention aimed at addressing a crucial barrier faced by individuals experiencing chronic homelessness in Thurston County. This project seeks to reduce delays in housing placement and simplify access to permanent housing by equipping housing providers with the necessary training, resources, and support to proactively collect, store, and manage essential documentation. The target population for this initiative includes individuals facing chronic homelessness who encounter unique challenges such as prolonged homelessness and multiple obstacles in obtaining vital documents, including birth certificates, Social Security cards, and government-issued identification. This group often struggles to navigate complex service systems and faces additional risks due to the compounded nature of their issues. Additionally, the intervention could also assist non-chronic homeless individuals in shelters or transitional housing who are experiencing delays in housing placements due to missing or inaccessible vital documents. These delays disproportionately impact marginalized populations, including LGBTQ+ individuals, immigrants, and those with criminal histories, who frequently face compounded challenges in accessing housing and services. The project will focus on housing providers in Thurston County, particularly those engaged in Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other housing-first models. These providers will benefit from HRI by receiving training on the significance of essential document collection and streamlined processes to ensure that documentation is readily available for applicants.

Training

The HRI project encompasses several essential activities, including training workshops that emphasize the importance of vital records for housing placements, methods for securely collecting and storing documents while ensuring privacy and confidentiality, legal requirements and privacy laws related to the handling of personal information, and the creation of standard operating procedures (SOPs) for document collection and updates during intakes. HRI workshops will be available in person and online and feature interactive modules, case studies, and practical training in document management systems.

Secure Storage System Implementation

HRI will partner with the Family Support Center and other organizations, such as the Department of Health and Licensing and Notary personnel, to implement a secure document storage system. This system will allow housing providers to store vital documents in a centralized, encrypted database that is easily accessible to authorized personnel. Ensure documents are backed up regularly and accessible in a format that can be easily shared with other housing programs or service providers (e.g., healthcare, legal services). The system will be designed to meet data privacy regulations, such as HIPAA, ensuring that confidential information is securely stored and transferred when necessary by utilizing encryption emailing or by sending records via ground mail.

Project Staff

The HRI project will promote and recruit housing providers through email campaigns, presentations at regional housing coalition meetings, and direct outreach to program directors. Housing providers will be informed about the project's benefits and the significance of the documentation process in expediting housing placements. Outreach efforts will concentrate on educating them about the importance of submitting their vital records and assisting them in gathering the necessary documents. This will be facilitated by peer navigators and community partnerships that connect individuals to local agencies where they can obtain copies of their birth certificates, IDs, or Social Security cards. Key partnerships will be established with local agencies, such as the Department of Health Vital Records Office, the Social Security Administration, and local government offices responsible for issuing birth certificates and ID cards. These collaborations will streamline the process of obtaining documents, ensuring that individuals can access and provide the necessary records promptly. Additionally, technical assistance will be offered to housing providers throughout the program's duration, equipping them with the tools and knowledge to implement the changes effectively. HRI will monitor progress by reviewing quarterly reports and conducting interviews with housing providers to evaluate their adoption of new processes for collecting and storing vital records. This will include tracking the average time from housing placement offer to move-in, aiming to reduce delays by 30%. Furthermore, feedback from housing providers and clients will be utilized to refine the project, ensuring that the training and systems remain effective and accessible.

Outcomes and Success Indicators

There are two main outcomes with matching indicators that will measure HRI's success. Outcome 1: Housing providers understand the urgency of gathering and storing vital documents as a crucial first step in helping those facing chronic homelessness. Indicator 1a: Within six months of completing training, 75% of housing providers will adopt and implement standardized procedures for collecting and securely storing vital records, ensuring individuals experiencing

homelessness have the necessary documents readily available for housing placements. Indicator 1b: The number of housing providers that update their internal policies or create new procedures to prioritize vital document collection and storage within six months of training.

Outcome 2: Individuals experiencing chronic homelessness will experience a 30% reduction in delays for housing placements within a year, thanks to proactive document collection and storage methods implemented by housing providers. Indicator 2a: The average duration from the housing placement offer to the actual move-in will decrease by 30% compared to the baseline (the Built 4 Zero initiative indicates the average length of homelessness is 18 months) (*Community Solutions*, 2024). Indicator 2b: The percentage of individuals successfully housed within the specified timeframe (e.g., 30 days after being deemed eligible) will demonstrate a 30% increase from the baseline established prior to the program's initiation.

HRI aims for a systemic transformation in which housing providers regularly gather and maintain essential records. This ensures that individuals facing chronic homelessness can swiftly and effectively secure housing, thereby reducing homelessness rates by eliminating barriers related to documentation. The long-term goal of HRI is to ensure that housing providers routinely collect and store vital records, minimizing delays in housing placements for those experiencing chronic homelessness. Furthermore, HRI seeks to achieve a systemic shift where housing providers consistently gather and maintain crucial records, enabling individuals experiencing chronic homelessness to access housing quickly and efficiently, ultimately lowering homelessness rates by removing documentation-related obstacles. See Appendix C for the HRI logic model and Appendix D for a data collection form.

Possible Barriers to HRI

If there are staffing challenges among housing providers, it will negatively impact their ability to implement new procedures promptly. These staffing challenges may arise from various factors, such as high turnover rates, recruitment difficulties, and budget constraints. Furthermore, some agencies might be reluctant to change their established intake processes, creating additional obstacles to progress. To tackle these challenges, providing incentives that encourage providers to invest in training and professional development would be helpful. Potential incentives might include small stipends to help cover training costs, awarding certificates to recognize skill acquisition, and publicly acknowledging providers' commitment to improvement through awards or features in newsletters. These measures could enhance staff capabilities and foster a culture of continuous improvement and adaptability within the housing sector.

Political Climate Factors

Several critical political and policy factors at the local, state, and federal levels will influence the success of the Housing Ready Initiative. These factors must be monitored and addressed closely to ensure the project's successful execution and long-term sustainability. Washington State has historically struggled to provide adequate and affordable housing for its increasing homeless population. However, the state has also enacted several significant pieces of legislation, such as House Bill 1866, to tackle homelessness and enhance housing resources (*Washington State House Democrats*, 2022). This bill, which seeks to create more affordable and supportive housing options, could act as a potential funding source for the HRI project.

Budget

The Housing Ready Initiative is a cost-effective intervention, with primary expenses focused on staff time, document notarization, mailing, and secure storage of vital documents. A

significant portion of the budget will be allocated to notary services, as each vital document must be notarized before secure storage or sharing with housing providers. The notarization cost typically ranges from $5 to $15 per document, and depending on the volume of records, this cost can add up over time. Additionally, expenses for mailing and postage will be incurred when sending notarized documents to housing providers or other involved agencies. To reduce costs, bulk mailing options will be explored, and partnerships may be established with local notary services. A key aspect of the project is ensuring the secure storage of these vital documents. The Family Support Center will provide a lockable storage cabinet for physical documents, with the purchasing and maintenance costs for this secure storage estimated at around $200 to $500. This one-time expense will ensure that documents are kept safe and accessible only to authorized personnel. Additionally, case managers will need administrative time to manage the logistics of tracking, notarizing, storing, and mailing documents, ensuring that the process is efficient and organized. Overall, while the project remains modest in cost, careful allocation of funds for notarization, storage, and administrative tasks will be essential to its success.

References

Bassuk, E. L., DeCandia, C. J., Tsertsvadze, A., & Richard, M. K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family homelessness: A systematic review. *American Journal of Orthopsychiatry*, *84*(5), 457–474. Retrieved November 12, 2024, from https://doi.org/10.1037/ort0000020

Brakenhoff, B., Martin, J., Slesnick, N., Holowacz, E., Yilmazer, T., Chavez, L., & Kelleher, K. (2022). "i just needed someone to believe in me." a qualitative analysis of youths' experiencing homelessness perspectives of a housing first intervention. *Children and Youth Services Review*, *143*(143), 106655. Retrieved November 12, 2024, from https://doi.org/10.1016/j.childyouth.2022.106655

Canham, S. L., Weldrick, R., Mahmood, A., Patille, R., & Erisman, M. (2023). Meanings of aging in the right place for older clients of a temporary housing program. *The Gerontologist*, *64*(5), 1–10. Retrieved December 3, 2024, from https://doi.org/10.1093/geront/gnad151

Community Solutions. (2024). Built for zero: June 2024 actively homeless population. Retrieved August 13, 2024, from https://tableau.community.solutions/views/BuiltforZeroPMTJuly2023/PROGRESSTOZERO

Gubits, D., Shinn, M., Wood, M., Brown, S. R., Dastrup, S. R., & Bell, S. H. (2018). What interventions work best for families who experience homelessness? impact estimates

from the family options study. *Journal of Policy Analysis and Management*, *37*(4), 835–866. Retrieved November 14, 2024, from https://doi.org/10.1002/pam.22071

Homeless in Washington 2023 Annual Report. (2024). *Homelessness in Washington* (2023 Annual report to meet requirements in RCW 43.185C) [Report]. Department of Commerce. https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=CommerceReports_2023_HD_Homelessness_in_Washington_24def55e-7087-43fc-ad0c-7894a56106ab.pdf

Lee, B. A., Shinn, M., & Culhane, D. P. (2021). Homelessness as a moving target. *The ANNALS of the American Academy of Political and Social Science*, *693*(1), 8–26. Retrieved October 15, 2024, from https://doi.org/10.1177/0002716221997038

O'Regan, K. M., Ellen, I., & House, S. (2021). How to address homelessness: Reflections from research. *The ANNALS of the American Academy of Political and Social Science*, *693*(1), 322–332. Retrieved October 16, 2024, from https://doi.org/10.1177/0002716221995158

Pophaim, J.-P., & Peacock, R. (2021). Pathways into and out of homelessness: towards a strategic approach to reducing homelessness. *Acta Criminologica: Southern African Journal of Criminology & Victimology*, *34*(2), 68–87. Retrieved August 9, 2024, from https://go-gale-com.offcampus.lib.washington.edu/ps/i.do?p=AONE&u=wash_main&id=GALE%7CA696241965&v=2.1&it=r&aty=ip

Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded

services. *Health Services Research*, *55*(S2), 797–806. Retrieved November 13, 2024, from https://doi.org/10.1111/1475-6773.13553

Somerville, P. (2013). Understanding homelessness. *Housing, Theory and Society*, *30*(4), 384–415. Retrieved October 15, 2024, from https://doi.org/10.1080/14036096.2012.756096

U.S. Census Bureau. (2023, December 21). *Homeless persons' memorial day: December 21, 2023*. U.S. Department of Commerce. Retrieved October 19, 2024, from https://www.census.gov/newsroom/stories/homeless-persons-memorial-day.html

Washington state house democrats. (2022). Apple health and homes act signed by governor – frank chopp. Retrieved November 16, 2024, from https://housedemocrats.wa.gov/chopp/2022/03/30/apple-health-and-homes-act-signed-by-governor/

Zhao, E. (2022). The key factors contributing to the persistence of homelessness. *International Journal of Sustainable Development & World Ecology*, *30*(1), 1–5. Retrieved October 16, 2024, from https://doi.org/10.1080/13504509.2022.2120109

Appendix A

Interview Questions

1. What are the root causes regarding the barriers homeless people face to obtaining housing?

2. What are your overall definitions or understanding of these barriers?
   See if this differs from mine

3. What puts the homeless population at risk due to such barriers?

4. What current best practices are offered in and outside of your agency? Specific examples?
   Give lots of space for this question

5. What resources and support will you need to create a more significant impact? (e.g., funding, policy, other resources)
   Give lots of space for this question

BACK-UP Questions

What lessons have you learned in your role?

What do you know about the policy surrounding housing and the homeless population?

What is your agency doing to address this social problem; what is going well, and what is not?

What intervention has been tried? Or what would you like to try?

Appendix B

Community mentor request form: Alison Waters

Date: 11/4/2024

To: Alison Waters

As part of my graduate work, I am working on a two-quarter Capstone project related to chronically homeless individuals within Thurston County. For the capstone project, I am (exploring or learning about) the topic of the barriers faced by the chronically homeless and will be creating an intervention idea. As part of this course, I need a community mentor. Based on your expertise, I was wondering if you would consider being my community mentor.

The role of the community mentor is to provide feedback on my capstone process. During this process, I will review the research on my topic, interview stakeholders in an identified community, write a summary report that articulates a need, create a logic model and evaluation plan, create the intervention, and present my intervention idea at the Capstone Fair, which will be scheduled for early March 2025. Most students contact their mentors 2-3 times throughout the two quarters. You are also cordially invited to attend the Capstone Fair.

If you have any further questions about this course and what is involved for community mentors, you are welcome to contact my instructor, Dr. Anindita Bhattacharya. Her email id is ab4050@uw.edu.

Thank you,

David Portugal

Appendix C

HRI Logic Model

Needs Statement: Housing providers need further education to understand the urgency and process of gathering and storing vital records as a crucial first step in assisting those experiencing chronic homelessness to fast-track housing placements once they become available.

David Portugal

Theory	Resources	Activities	Outputs	Outcome Statements	Outcome Indicators (Optional for this assignment. You can include the indicators in the data collection form assignment)	Long Term Goal
Theory: Chronic homelessness is prolonged by delays in housing placement due to missing vital records. Using Systems Theory, this program equips housing providers with training and tools to proactively collect and store documents, addressing barriers to housing readiness and reducing homelessness. Research from the National Alliance to End Homelessness highlights that proactive document	This program depends on trainers, housing providers, and case managers to implement document collection during intakes, supported by administrative staff. Funding from grants like HB 1866 will be used to develop training materials, hire trainers, and implement a secure storage system. Additional funds will support technical assistance and provider	Housing providers are trained through workshops and technical assistance on the importance of collecting and securely storing vital records. Training aligns with evidence-based strategies outlined by HUD and other national guidelines, emphasizing privacy compliance, efficient document retrieval, and secure storage systems.	The program delivers evidence-based training sessions to housing providers regarding the privacy protocols for those flying domestic violence, equipping them with standardized procedures for document collection and storage. The program will recruit 1 supervisor at 3 outreach agencies. They will be invited via email campaigns, direct outreach to agency leaders, and presentations at regional	**Outcome 1:** Housing providers understand/acknowledge the urgency of gathering and storing vital documents as a crucial first step in aiding those facing chronic homelessness. **Outcome 2:** Individuals experiencing chronic homelessness will experience a 30% reduction in housing placement delays within one year due to proactive document collection and storage practices implemented by housing providers.	**Indicator 1a.** Within six months of completing training, 75% of housing providers will adopt and implement standardized procedures for collecting and securely storing vital records, ensuring individuals experiencing homelessness have the necessary documents readily available for housing placements. **Indicator 1b.** Number of housing providers that update their internal policies or create new procedures to prioritize vital document	A systemic shift where housing providers routinely collect and store vital records, ensuring that individuals experiencing chronic homelessness can access housing quickly and efficiently, ultimately reducing homelessness rates by eliminating documentation-related barriers.

Appendix D

HRI Data Collection form

Outcome Statements and Indicators	Tools i.e., Methods of Data Collection	Data Collection Process	Cultural and other Considerations for Evaluation
Outcome 1 Housing providers understand/acknowledge the urgency of gathering and storing vital documents as a crucial first step in aiding those facing chronic homelessness. • Indicator A Within six months of completing training, 75% of housing providers will adopt and implement standardized procedures for collecting and securely storing vital records, ensuring individuals experiencing homelessness have the necessary documents readily available for housing placements. • Indicator B Number of housing providers that update their internal policies to prioritize vital document collection and storage within six months of training. Outcome 2 Individuals experiencing chronic homelessness will experience a 30% reduction in housing placement delays within one year due to proactive document collection and storage practices implemented by housing providers. • Indicator A The average number of days from housing placement offer to move-in decreases by 30% compared to the baseline (Built 4 Zero initiative stating the average length of homelessness is 18 months). • Indicator B The percentage of individuals successfully housed within the designated timeframe (e.g., 30 days after being deemed eligible) demonstrates a 30% increase compared to the baseline established prior to the program's implementation.	**Outcome 1:** Pre- and Post-Training Surveys: To assess providers' understanding of the urgency of vital records collection. Interviews with Providers: Conduct structured interviews to understand how providers are implementing best practices. Through phone or email. Secure Google forms and Excel sheets for data collection shard only with Family Support Center. **Outcome 2:** Case Management System Data Review: Use existing homelessness tracking systems (Ragic or HMIS) to analyze changes in placement timelines. Provider-Reported Tracking Forms. Require providers to report on the timing of placements impacted their placement speed. During weekly case conferencing meetings, collect firsthand updates on successful final record collection.	**Who** - Case managers and housing coordinators will input data into the tracking system. Program evaluators will analyze trends and conduct interviews. **Who will be the source of your data?** Housing case management databases. Housing providers' placement records. Individuals experiencing chronic homelessness (through exit interviews). **When – At what points in time is the data collected?** Baseline data collection: Before training implementation. Quarterly monitoring: Every three months post-training. Annual evaluation: Compare pre- and post-program data one year after implementation. **Other Details: (e.g., do you gather data on ALL program recipients/clients? If no, what is your sampling strategy?)** To account for racial and socioeconomic disparities, we will analyze data by demographic groups, compare trends across populations, and adjust outreach efforts to ensure underrepresented groups are included. We will also engage culturally responsive peer navigators to improve participation and accuracy in reporting.	Being that his program involves the collection of sensitive data information, there are many safely steps that must be integrated to ensure that confidentiality is paramount. Below is a list of such considerations. Use trauma-informed, culturally responsive surveys and interviews. Offer materials in multiple languages and accessible formats. Account for racial and socioeconomic disparities in data analysis. Ensure confidentiality and informed consent in data collection (consent refused). Engage peer navigators or community partners (street teams) for evaluation. Adapt data collection methods to fit providers' tech access and preferences (Family Support Center). Lastly be aware of the limited time those working in direct practice have. Keep interview brief and incentivized.

Below are some ways that I can test the reliability and validity to ensure that the data I am collecting is a true reflection of the progress of this project.

- Pilot surveys will be conducted one month before full implementation to ensure consistency, to refine questions, and to assess reliability. Again, this is with the understanding that those in direct practices often have large caseloads.

- Policy reviews will follow standardized criteria to maintain inter-rater reliability across different evaluators, such as the intake policies regarding those fleeing domestic violence or those who may be undocumented. A rubric can be created to ensure that everyone has the same training in the future.

- Structured interview guides will guarantee consistent data collection among all participants. Each interview will adhere to a predefined guide to maintain uniformity in the questions and data collected, allowing for reliable comparisons across participants.

- Data validity will be strengthened through triangulation, comparing survey results, policy updates, and interview findings for accuracy and alignment. This will be done twice a year, before and after the Point in Time count (PIT Count) every January, with a data specialist at the Family Support Center.