

King County Regional Homelessness Authority



Five-Year Plan (2023 - 2028)

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Acknowledgements

The King County Regional Homelessness Authority is accountable to people experiencing homelessness, and to every neighborhood and community in our region. This plan builds on the lessons learned from previous efforts, and recognizes the hard work of our government partners, service providers, advocacy organizations, communities of color and people disproportionately impacted, philanthropic and business partners, and every person who believes that it is possible to end homelessness.

This revised plan was drafted in response to feedback from 2,527 comments captured in surveys and listening sessions from community partners and the general public. We thank every person who commented and our Implementation Board for their time, generative feedback, productive criticism, and participation in the revision process.

Thank you for your partnership and support.

Executive Summary

One Goal

Bring unsheltered people inside in a way that meets their needs for safety, stability and healing, as quickly as possible to prevent death and further harm.

Background and Context

Historically, the system of homelessness response has been fragmented instead of coordinated. Providers have been strapped for resources, and we've missed opportunities to leverage existing funding and reduce or prevent homelessness through better coordination. Our community has resourced many impactful programs but hasn't had a consistent assessment and analysis of what's working best, a shared point of view on priorities, or an intentional, coordinated strategy.

All of this led to a reevaluation of homelessness response, with government, business, providers and advocates, and philanthropy sitting down together to figure out a better way.

The King County Regional Homelessness Authority (KCRHA) is the result of that reevaluation.

KCRHA's Role

KCRHA's job is to bring individuals, couples, young people, and families currently experiencing unsheltered homelessness inside, by meeting their needs as soon as possible. We're taking a three-part approach to move people inside now and prevent homelessness in the future.

- **ONE:** Improve outcomes at individual service providers, like outreach and shelter, by ensuring that every provider has the skilled staff, tools, and support to implement best practices.
- **TWO:** Coordinate our network of service providers through shared data and accountability, ensuring that services are available across King County and that the needs of disproportionately impacted populations are met.
- **THREE:** Collaborate across systems (like health care, housing, public safety, and job training) to prevent homelessness through early warning signs and respond to homelessness by quickly connecting people with the housing and services they need.

An important role KCRHA will play going forward is to unify and coordinate homelessness funding, policies, and programs across the region to promote efficiency and help more people exit homelessness.

The activities in this plan provide a roadmap and set of action steps to achieve progress on each of these three levels, unifying and coordinating the homeless response system so that it is more transparent, accountable, and effective.

This community has a strong base of skilled service providers who know what it takes to do this work well. In a region which holds a reputation for innovation, collaboration, and a commitment to shared prosperity— progress is possible. The Five-Year Plan details the steps being taken right now, and those to come, which will dramatically reduce unsheltered homelessness so that all our communities can thrive.

Understanding the Challenge

Based on modeling undertaken with the Washington State Department of Commerce,¹ and without major changes to housing policies and rental availability, the data shows that 23,000 people are likely to become homeless each year for the next five years.

While the existing system can reliably move at least 5,000 people into permanent housing annually, the number of people becoming homeless far outpaces the current system's ability to keep up with the need. To meet the need, changes must be made to optimize existing resources and invest new resources where they can have the greatest impact.

Optimizing Funding

This work requires resources: for front-line workers who help people every day, for the brick-and-mortar of safe places to live, and for the data capacity to create dashboards and show progress to the public. Together, by optimizing the resources we have now and identifying additional resources in the future, we can create a seamless, effective response system.

- Optimize existing funding to do more with what is available now:
 - Increase King County's use of federal Medicaid funding to support outreach and engagement, housing navigation, and housing stability services.
 - Ensure resources are directed towards the most effective service interventions and providers who can offer culturally tailored and population- and geographically-specific programs.
 - Partner with jurisdictions across King County to consolidate funding, improving coordination and efficiency.
- Identify additional resources to expand services and increase emergency and temporary housing, and work with cities and the County to inform and support the development of additional permanent housing

¹ Washington State Department of Commerce. (n.d.). *Projected Housing Needs Methodology *Draft**. Retrieved April 9, 2023, from <https://deptofcommerce.app.box.com/s/jwubfg1633jeg5rec8jx4i78j7hjscp1>

About KCRHA

Mission Statement

The King County Regional Homelessness Authority was created by our community to significantly decrease homelessness throughout King County, using principles of equity and social justice.

Theory of Change

The KCRHA theory of change is grounded in equity and justice, recognizing that the people most affected by a problem have the greatest insight into solutions, and a targeted universalism approach which holds that if we design systems to meet the needs of the most marginalized, then everybody in our community will benefit.

“If we create a homelessness response system that centers people who have lived experience of homelessness, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all.”

Land Acknowledgement

The Regional Homelessness Authority and all of King County is located on the unceded, traditional land of the Coast Salish Peoples. We honor this land and its people past and present, and are committed to directing funding and resources to organizations led by and in support of Native and Indigenous Peoples.

Scale and Scope of the Challenge

A clear and accurate picture of the problem is essential to developing an effective and sustainable solution.

How Many People Need a Safe Place to Live?

There are many ways to measure homelessness and enumerate how many people our community must bring inside. Methodologies include manually counting the number of people who are experiencing homelessness on one night, also known as the Point in Time (PIT) count, reviewing the number of people who experience homelessness annually, based on administrative data such as service program enrollment, and using statistical modeling.

Regardless of the methodology used to measure homelessness, the current landscape of services does not supply the level of shelter, housing, services, or care required to meet the needs of each person experiencing homelessness.

Measure	Methodology	Lead Agency	Number (King County)
2020 Point in Time Count ²	Point in Time; Single Night	All Home	11,751 individuals
2022 Point in Time Count ³	Point in Time; Single Night	KCRHA	13,368 individuals
2023 Snapshot Report ⁴	State Administrative Data; Single Night	WA Department of Commerce	34,866 individuals
2020 Cross-Systems Analysis ⁵	Administrative Data; Annualized Number	King County Department of Community and Health Services	40,871 individuals
2022 Housing Gaps Analysis ⁶	Statistical Modeling; Administrative Data	WA Department of Commerce & Cloudburst Consulting	53,532 individuals

² The 2020 PIT count used traditional enumeration methods that had been used in King County in prior years. For more information on these methods, see here: https://kcrha.org/wp-content/uploads/2022/05/Count-Us-In-2020-Final_7.29.2020-1.pdf

³ The 2022 PIT count used a new approach to PIT enumeration, combining qualitative interviews with statistical modeling. For more information on these methods, see here: <https://kcrha.org/data-overview/king-county-point-in-time-count/>

⁴ This report combines administrative data from several state agencies to provide a count of people experiencing homelessness, with the focus still on a single point in time. For additional information, <https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbrtp/file/1176031916327>

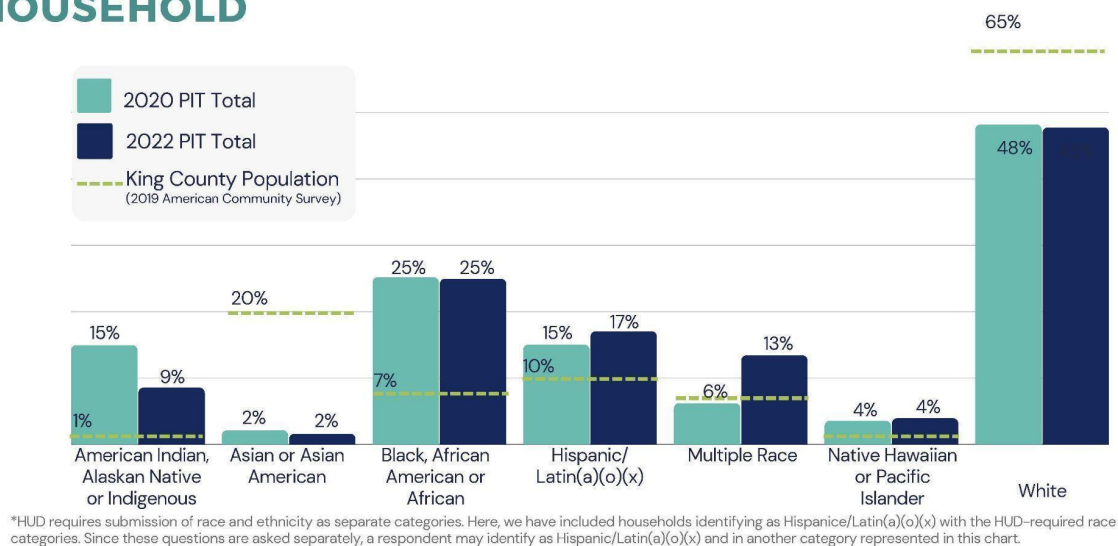
⁵ This analysis included administrative data from the Homeless Management Information System (HMIS), Behavioral Health and Recovery Division (BHRD), and Healthcare for the Homeless Network (HCHN). For more information on this approach, https://kingcounty.gov/~media/depts/community-human-services/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en

⁶ In response to the recently passed House Bill 1220, the Washington State Department of Commerce worked with stakeholders and technical experts to develop a uniform methodology to determine the housing gaps in every community. For a high-level overview, please review Appendix C. For a detailed explanation, <https://deptofcommerce.app.box.com/s/jwubfq1633jeg5rec8ix4i78j7hjscp1>

Understanding Who Is Experiencing Homelessness

Systemic impacts such as racism, sexism, ageism, ableism, and classism—to name a few—contribute to certain identities and demographics being disproportionately represented among people experiencing homelessness. Demonstrated in the graphic below, in 2022, based on the PIT count, 7% of King County’s overall population identifies as Black or African American, but 25% of people experiencing homelessness identify as Black or African American.⁷ Similarly, 1% of King County’s population identifies as American Indian, Alaskan Native, or Indigenous, but 9% of people experiencing homelessness identify within this racial/ethnic group, and this is likely an undercount.

RACE & ETHNICITY* OF HEAD OF HOUSEHOLD



People who identify as LGBTQIA2S+, people fleeing and surviving domestic violence, and people exiting incarceration also face systemic barriers that can lead to homelessness. Similarly, navigating the housing and homelessness service system can be difficult for people without documentation, people who have joined our community as immigrants or refugees, unaccompanied youth and young adults (YYA), seniors, and people with disabilities. Each of these sub-populations has unique needs that call for specialized services.

In reviewing access to health care, it’s clear that people with behavioral health challenges and physical health challenges face many barriers to finding the care, stewardship, and support that would help them stabilize. In the 2022 PIT count, 51% of individuals identified as having a disability, 31% as having a mental health disorder, and 37% as having a substance use disorder. Some of these conditions may exist before someone enters homelessness, but health care concerns often develop after becoming homeless or as a result of experiencing homelessness.

⁷ For more information on the 2022 PIT count and racial demographics, <https://kcrha.org/wp-content/uploads/2022/06/PIT-2022-Infograph-v7.pdf>

Nationally, the need for mental health care and new approaches to substance use disorder has been increasing across all populations, creating additional complexity in our cross-systems efforts to address homelessness in King County.

The homelessness response system must be better equipped to support individuals disproportionately represented among people experiencing homelessness, including those who face systemic barriers to access and care. For more information on these varying experiences of homelessness, please see Appendix C. To explore all of KCRHA's data on people experiencing homelessness in King County, please visit the interactive dashboards on [our website here](#).

Limitations on Data

The King County Homelessness Management Information System (HMIS) is a national leader in garnering and collating comprehensive client-level data. While we celebrate our region's leadership in using high-quality data to inform our decision making, we also recognize that improvement of our data system capacity and transparency is essential to the success of this plan. Better, more accurate data supports performance, equity, and accountability.

Administrative datasets such as HMIS require staff at shelters, day centers, hygiene centers, and other service providers to set aside time for regular data entry of information on clients or guests. This creates a burden on hardworking staff who are primarily focused on serving and caring for the clients and residents experiencing homelessness, and is exacerbated by the fact that many agencies are already understaffed and face challenges in recruitment and retention due to wages and the difficulty of the work. This burden on staff can lead to shortfalls in data entry. In addition, implicit biases may affect interpretations of people's experiences when using qualitative research methods (ex. surveys and interviews). Statistical modeling also relies on assumptions to predict future impacts. With our region's reputation for leadership in data expertise, it is essential that KCRHA take multiple factors into account as we seek to fully capture the experiences of unhoused neighbors, the scope and scale of the challenge, and the future of the homelessness response system.

KCRHA and our partners are committed to data integrity, transparency, and accountability. We are committed to recognizing racial and experiential bias, and accounting for this bias in data interpretation. The data provided in this plan and on our website is the most up-to-date, accurate information available at this time.

Our Work in Memoriam

Housing saves lives. Every year, almost every night, our communities lose people—sons and daughters, parents, elders, friends, and neighbors—to homelessness. These deaths are

preventable, and are caused by the impacts of homelessness, including exposure to weather, overdose, violence, abuse, isolation, and untreated mental or behavioral health care needs. In 2022, King County recorded 310 people who died while experiencing homelessness.⁸

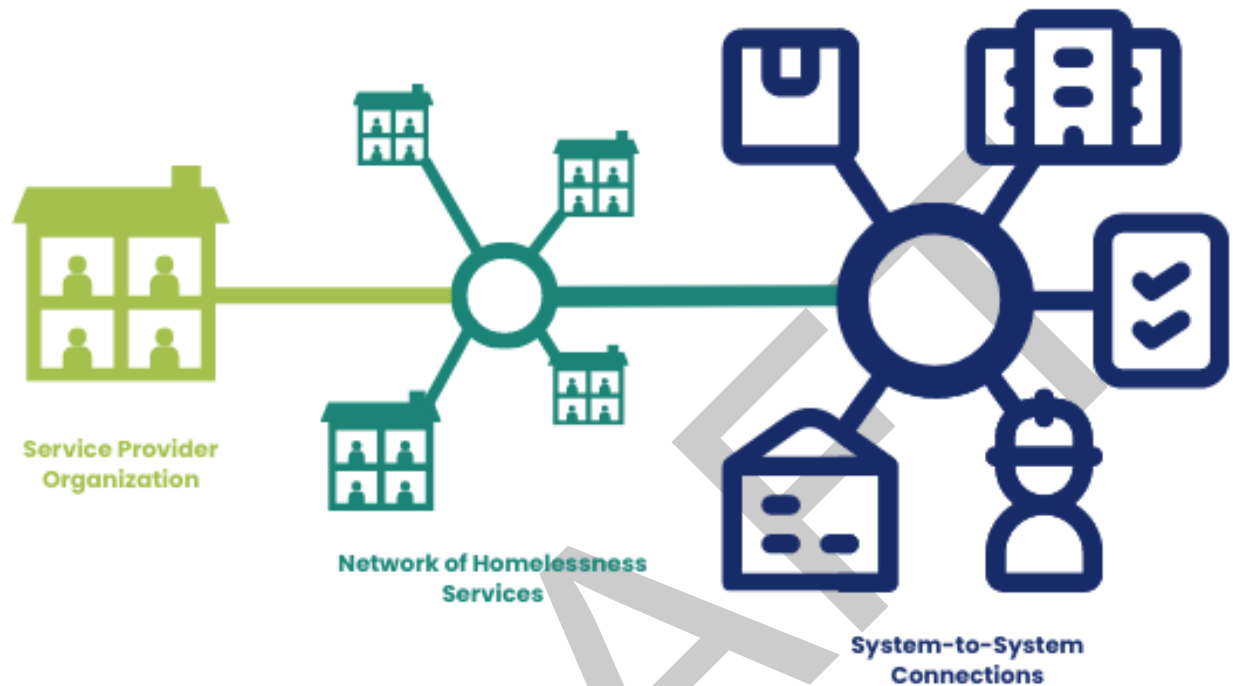
These individuals were our neighbors, friends, confidants, and community leaders. KCRHA operates with their stories, experiences, leadership, and kinship in mind.

DRAFT

⁸ For more information on the number of people who have passed while experiencing homelessness, more here: <https://kingcounty.gov/depts/health/examiner/services/reports-data/homeless.aspx>

The Current State

The current state of our region's homelessness response can best be understood through three lenses.



In this section, we examine each of these levels to illustrate the gaps, opportunities, and successes to develop a plan that leverages our current work while seeking innovative, person-centered, and equitable solutions.



Service Provider Organizations

The Homelessness Response System, which KCRHA administers, includes more than 168 hardworking service provider agencies. These agencies provide vital services in our community, including shelter, outreach, food, hygiene, and a supportive ear. It's important to recognize and applaud the dedication and effort of our front-line workers throughout the recent global pandemic. Under these difficult circumstances, King County homelessness service providers demonstrated innovation, collaboration, resourcefulness, generosity, and care.

The global pandemic exacerbated many of the root causes of homelessness, closed some services and congregate shelters, and left communities with more visible homelessness, more complex needs, and an overworked and underpaid provider community. We must prioritize support for this essential and difficult work of people helping people.

Front-line staff wages are, on average, \$19.70 for direct service workers and \$24.92 for case managers/advocates—significantly lower than King County's Median Hourly Income of \$40.48, and insufficient compared to the cost of living in our region.⁹ These positions also experience heavy amounts of secondary trauma, which, combined with low wages, contributes to burnout and turnover as staff leave to find healthier work environments. Across the board, service providers report staffing vacancies that impact their ability to provide services. In April 2022, based on an informal survey by KCRHA, the five largest homelessness service providers in King County had more than 300 vacant positions. The challenges in recruitment and retention and the reduced staff results in less time and limited capacity for data and reporting, training on best practices, ability to care for clients and residents, or collaboration across sectors.

Changing the homelessness system begins with investing in, stabilizing, and supporting the people on the frontlines. Contracts with higher wage allowances and benefits packages, as well as accessible training on trauma-informed care and person-centered services, will strengthen the system from within and improve care for everyone in the community.

⁹ For more information on wages, [click here](#).



Network of Homelessness Services

Zooming out from the individual service provider, the core of the homelessness response system relies on a network of shelter, outreach, and supportive services organizations that are linked together in our shared goal of dramatically reducing homelessness. Coordinating and streamlining how these programs interact is crucial to creating a successful continuum of care for King County's unhoused population.

The graphic on the following page depicts a generalized version of the network of homelessness services, or the continuum of care, that a person may navigate through to sustain permanent housing.

A Healthy Continuum of Care



Outreach | Day Centers | Emergency Shelter | Severe Weather Shelter

This is the front door:

- Meeting people where they are, and/or walk-in availability.
- Document readiness, basic health care and medication initiation.
- Coordinated Entry and case management bridges folks to housing.



Emergency Housing | Non-Congregate Shelter | Micro-Modular Shelter | Hotel Voucher | Transitional Housing | RV Parking | Sanctioned Encampments | Safe Parking | Safe Haven

This is the opportunity for stabilization:

- Connected through Coordinated Entry, system or program referral partners.
- Further document readiness, person-centered, wholeness enhancing primary care. Special attention to psychosocial reintegration.
- Internal case management and Coordinated Entry bridges to permanent housing.



Rapid Rehousing | Permanent Supportive Housing | Permanent Housing | Subsidies

This is the solid foundation:

- Connected through Coordinated Entry, system or program referral partners.
- Permanency frees up space for social connectedness, healing and meaning making in the midst of continued care and support.
- Hold steady. Retain ability to stay housed and flourish.

The overall health of our homeless response ecosystem directly correlates and is dependent upon the health and continuity of every program mentioned above. As it stands, to reach optimal state, each program must be stabilized, invested in, and nourished so that at every juncture in a person's life there is an opportunity for wrap-around care — be it at the front door (drop in, outreach), during stabilization (emergency housing), and finally, with hope of flourishing and a solid foundation (permanent housing).



Challenges

While the King County HMIS holds some of the best data in the nation on homelessness, there are improvements that are needed to improve connections between providers.

Currently, HMIS serves as a good reporting tool. System administrators and providers can see some useful information about programs, services, and some client-level information. Our community, along with many others across the country, have been making regular incremental changes to HMIS systems to be more client-centric and easier to use for providers. The KCRHA wants to build in feature enhancements to our current HMIS, while also working to create a more comprehensive, integrated client-center By-Name List data infrastructure.

The development of a By-Name List data infrastructure that goes beyond the programs in HMIS would allow for more real-time connection of these data with other important information about every client's needs and progress towards housing goals. This type of information integration will allow for collaboration beyond current homeless service providers to include other social services. Design of such a system will need to be focused on provider and client usability, to ensure we are not just building another data system for reporting, but a fully usable system that adds value to providers and clients at each use.

As it stands, the network would benefit from increased collaboration to decrease service duplications and gaps, provide clear referral pathways, and share innovative ideas and best practices.

Current Temporary Housing Interventions

A fuller scope of the location and programmatic elements of 472 programs across King County that serve people experiencing homelessness is captured by the [KCRHA Regional Services Database](#). To illustrate the current state of the system, descriptions of the types of temporary housing interventions are below.

Emergency Shelter: Homeless shelters are locations that provide a place for people experiencing homelessness and families experiencing homelessness to find safety, protection from exposure to weather, and an opportunity to connect with services, while simultaneously reducing the environmental impact on the community. There are a variety of sub-types of emergency shelter that differ based on certain significant factors, including:

- Overnight versus 24/7
- Ability to “drop-in” to access the program
- Congregate versus non-congregate
- Hot meals or options for kitchens
- Ability to bring pets or partners
- Ability to store belongings for extended periods of time
- Permitted length of stay
- Type of sub-populations served (single adults, families, YYA, culturally specific, etc.)

During the COVID-19 pandemic, the benefits of providing non-congregate shelters, including micro-modular shelters, tiny house villages, and hotel/motel shelters became especially apparent. Having privacy and stability in a space that is separate from other people and safe for belongings was shown to impact overall wellness and improve service connections. For that reason, non-congregate shelters of all kinds (i.e., micro-modular units, tiny homes, and hotel/motel rooms) constitute a substantial area for further temporary housing expansions.

Congregate shelters also play an important role in the system as a number of sub-regions currently rely on congregate options for emergency shelter. However, congregate shelter options tend to vary in terms of whether or not there is an ability to “walk-up” to access shelter, and whether or not a program is exclusively available for overnight options or has 24-hour access.

Transitional Housing: Transitional Housing is a specific program, defined by the federal Department of Housing and Urban Development (HUD), that provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. Transitional Housing projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.

Rapid Rehousing (RRH): A low-barrier, time-limited intervention connecting households experiencing homelessness to permanent housing through a tailored package of assistance, including short-term rental assistance and supportive services, without any pre-conditions or requirements (such as employment, income, absence of criminal record, or sobriety). RRH includes three core components: 1) housing identification, 2) move-in and rental assistance, and 3) housing-focused case management services and supports. Housing-focused case management is provided, with an emphasis on immediate efforts to obtain housing, utilizing the minimum assistance necessary to resolve each household’s immediate housing crisis.

Performance Comparison for 2022				
<i>For more information on program performance, review on the KCRHA website dashboards.</i>				
Program	Exits to Permanent Housing	Exit Rate to Permanent Housing	Average Length of Stay	Rate of Returns to Homelessness
Emergency Shelter	2,259	24%	142 days	8%
Transitional Housing	471	56%	358 days	8%
Rapid Rehousing	1,133	73%	292 days	2%

There are other models of sheltering that have been identified based on data from interviews with people with lived experience; these include models such as recuperative housing, recovery housing, and RV parking. In this region, we do not currently have these sheltering models available, but will explore in partnership what potential investment in these options may look like in future years, should funding become available. Read more about these and our work identifying these models in [Appendix C](#).

New Temporary Sheltering/Housing Options

Core to the Authority's approach to rapidly reducing the number of people currently forced to live outside is the significant expansion of temporary shelter/housing options. While the current number of temporary shelter/housing units across King County is 3,552 units, the estimate of need by the end of 2027 is 22,534 temporary shelter/housing units. (for more related to estimated need, refer to [Appendix C](#)).

As KCRHA moves towards expanding temporary housing options for people as guided by this plan, ***we recognize that these projections only constitute a model, which will have to be shaped by regulatory, fiscal, and other factors that shape program implementation. In addition, based on the current inventory of temporary housing and sheltering options compared to the scale of the need, our region cannot afford to lose existing capacity.*** Further, our region needs to rapidly scale additional options in order to meet the need and leverage new funding opportunities as they arise.

The urgency in developing additional temporary housing options and connections between services is met with many barriers, compounding the challenges identified in the Service Provider Organizations section above. The process to develop new programs requires:

- Identifying and acquiring funding
- Identifying a location or site with community support
- Identifying or constructing the building
- Developing referral pathways and population-specific services

Additionally, throughout those steps, there must be the involvement of a number of stakeholders to ensure the following:

- Receiving approval from local jurisdictions
- Securing a service provider for ongoing operations
- Developing relationships with related local and regional services

Sub-Regional Gaps

While there is a need for increased capacity regionwide, there are significant inconsistencies in service availability across the region, with some sub-regions operating few to no shelters, while others have many options. According to the 2022 publication of the Regional Services

Database, there are 3,552 units of temporary housing across King County.¹⁰ Due to limited bed availability across our region, providers will often go above their formal capacity and set up mats on the ground to accommodate the need. The following table was developed using the Regional Services Database, which provides a comprehensive list of all homelessness services and their characteristics.¹¹

King County Sub-Region	Units of Temporary Shelter/Housing
East	357
North	85
Seattle	2,753
Snoqualmie Valley	29
South	281
Southeast	32
Urban Unincorporated	124
Countywide	3,552

Sub-Population Gaps

Similarly, the existing system does not have sufficient welcoming, safe, and appropriate services for particular subpopulations, specifically the LGBTQIA2S+ population. Promoting connections and filling gaps within the network of services requires urgent attention, action, and leadership.

Out of 472 programs identified in the October 2022 posting of the Regional Services Database, 51 programs appear to be staffed by and serving disproportionately represented communities. This means that about 10% of KCRHA's programs, with a capacity of 1,288 beds, are designed with specific supports for disproportionately impacted populations. Most of these programs are emergency shelter (17), followed by rapid rehousing (12), transitional housing (9), newly created emergency housing voucher (EHV) programs (6), permanent housing (3), and safe parking (1).

Out of 472 separate programs, only four programs explicitly state they are culturally responsive to Black and African American participants, which represents 0.8% of programming and 218

¹⁰To view the Regional Services Database: <https://kcrha.org/regional-services-database/> ; To review an analysis of the sub-regional data, please review appendix D.

¹¹ To view the Regional Services Database: <https://kcrha.org/regional-services-database/> ; To review an analysis of the sub-regional data, please review appendix D.

beds. This is an alarming statistic, given that Black people make up roughly 25% of all people experiencing homelessness in King County. Beyond this, there is limited understanding of how KCRHA's current portfolio of service providers may be culturally responsive to the needs of Black and African American participants. For Native/Indigenous individuals, findings from the landscape analysis indicate that out of 472 programs, only 14 programs—or 2.9% of programming, with a capacity of 227 beds—explicitly state they are culturally responsive to this population. Similarly, there is only one program out of 472 specifically designed to serve LGBTQIA2S+ individuals; six programs designed to serve older adults (at least 50 years old); eight programs designed to serve immigrants and refugees; and three that are “general BIPOC-serving.”

These types of programs are important because culturally aware and responsive care is designed to make people feel safe, understood, and accepted by fully seeing and valuing the whole person and all aspects of their identity, background, and experiences.

Successes in the System

While there are many challenges present in the network of service providers, there are also many successes worth highlighting, including:

- An increase in collaboration between service providers during the COVID-19 pandemic.
- The Family Shelter Intake Line, which manages referrals in one coordinated system for families seeking shelter across the region.
- Collaborations between providers and medical care. For example, the Downtown Emergency Services Center (DESC) and Aurora Commons partnered with University of Washington Harborview to launch the Safe Healthy Empowered (SHE) Clinic and provide on-site trauma-informed medical care at multiple DESC sites.
- The faith-based community provides relief and support for both service providers and people experiencing homelessness with dedicated volunteers, donors, and sites for shelter, especially during severe weather events.
- King County's use of federal EHV through the federal American Rescue Plan Act (ARPA) funds was the most successful in the nation, with more than 1,400 vouchers distributed to households across the region by KCRHA, the King County Housing Authority (KCHA), the Seattle Housing Authority (SHA), and the Renton Housing Authority (RHA).
- KCRHA convenes Seattle-based providers and outreach teams on a weekly basis to coordinate and collaborate to quickly resolve issues and develop solutions across providers.



System-to-System Connections

Homelessness is not a siloed issue. There are a number of systems that cause and contribute to the perpetuation—or prevention—of homelessness. To end homelessness and treat the whole person, KCRHA must work in concert with these other systems, including the behavioral health system, public health, hospitals and health care system, educational systems, and criminal-legal system, to coordinate services and care. There have been many positive steps taken to advance system-to-system connections, including:

- The Response Crisis Response (RCR) program, which promotes a co-response model in North King County.
- The Law-Enforcement Assisted Diversion (LEAD) and Covid-19 adapted program, Co-LEAD, which brings together the Public Defenders Association, the homelessness response system, and the health care system to provide case management, alternatives to incarceration, pathways to housing, and health care access.¹²
- Medical Respite programs that recognize the needs of individuals who are unhoused and have complex or acute medical needs, preventing people from being discharged to the streets or shelters that are not equipped for this higher level of care.
- Community Courts that provide an opportunity for people faced with criminal convictions to be held accountable while receiving services and positively contributing to the community.¹³
- KCRHA has also convened system partners in workshops to better understand the landscape of services across the region. To collaborate and decrease overdose deaths, KCRHA hosted the Overdose Roundtable in February 2023, where representatives from multiple systems and jurisdictions came to the table to identify solutions and next steps.

Despite these positive steps, there is still much work to do to ensure people do not fall into homelessness or have harm and illness further perpetuated as they navigate between systems.

¹² CoLEAD. (n.d.). *CoLEAD: Adapting LEAD for the COVID-19 crisis*. Retrieved April 9, 2023, from <https://coleadteam.org/>

¹³ King County. (2023, March 29). *Community Courts*. Retrieved April 9, 2023, from <https://kingcounty.gov/courts/district-court/Community%20Courts.aspx>

Any individual engagement with the system should be seen as an opportunity for connection, and systems themselves must continuously collaborate to ensure continuity of care.

Cross-system collaboration can identify warning signs before someone falls into homelessness, help to ensure alignment on goals and values, promote mutual accountability, and provide opportunity to coordinate funding sources and services. Tangible steps towards systems coordination include regular convenings to clarify roles and responsibilities, entering into data sharing agreements, and allowing space for innovation and response to current events.

National and local data on the relationship between incarceration and homelessness justify the inclusion of this strategy. Formerly incarcerated people living in the United States are almost 10 times more likely to be homeless than the general public. This finding intersects with other identities and disproportionalities: Black people, women, people aged 45 and older, and having a previous experience of incarceration are all associated with increased likelihood of experiencing homelessness.¹⁴ National research suggests that up to 15% of incarcerated people experience homelessness in the year before their incarceration.¹⁵ ¹⁶ The 2017 Annual Homeless Assessment Report to Congress found that nationally, over 50,000 people directly entered a shelter from a jail or prison, indicating a strong correlation between exiting jails and prisons and entering shelters.¹⁷ Locally, while approximately 7,000 of the 15,000 individuals booked into King County jails in 2021 identified as homeless, fewer than 4% of these individuals received release planning services.¹⁸ While this is a well-informed estimate, no hard data has been published since 2019 (see table below).¹⁹

As it relates to health care, unsheltered homelessness, poverty, drug dependence, and violent victimization create an urgent need for care and treatment²⁰, yet simultaneously act as barriers to accessing health care. Barriers come from the structure of our health care system (e.g., travel costs for needing to go to an office, office hours, social stigma) and individual social and clinical factors (e.g., substance use, mental stability, lack of trust and fear of the traditional health care

¹⁴ Prison Policy Initiative. (2018 August). Nowhere to Go: Homelessness among formerly incarcerated people. Retrieved April 9, 2023, from <https://www.prisonpolicy.org/reports/housing.html>

¹⁵ Greenberg, G.A. & Rosenheck, R.A. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services*, 59, 170-177. Retrieved from <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2008.59.2.170>

¹⁶ James, D.J. (2004, October 12). *Profile of Jail Inmates, 2002*. Retrieved April 9, 2023, from <https://bjs.ojp.gov/content/pub/pdf/pji02.pdf>

¹⁷ The U.S. Department of Housing and Urban Development. (2018 October). *The 2017 Annual Homeless Assessment Report (AHAR) to Congress*. Retrieved April 9, 2023, from <https://www.huduser.gov/portal/sites/default/files/pdf/2017-AHAR-Part-2.pdf>

¹⁸ Jail release planners and jail health services managers shared this information with us. While this is a well-informed estimate, the data is yet to be published and shared.

¹⁹ Davila, V. (2019, April 21). From homelessness to jail and back: King County tries to halt cycle. *Seattle Times*. Retrieved from <https://www.seattletimes.com/seattle-news/homeless/from-homelessness-to-jail-and-back-king-county-tries-to-halt-cycle/>

²⁰ National Health Care for the Homeless Council. (2019 February). *Homelessness & Health: What's the Connection?* Retrieved April 9, 2023, from <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

system based on previous negative experiences)²¹. Because of this, people experiencing homelessness often have no choice but to prioritize their day-to-day survival and delay treatment for medical and mental health needs. This leads to an over-utilization of emergency room and hospital services, often for more expensive emergency care because the underlying issue has become extremely acute or severe. A 2020 CDC report found that people experiencing homelessness visit the emergency room nearly five times more often than housed persons²².

With only 23 medical respite beds in King County, and a homelessness provider system that is not equipped to offer medical recuperation care upon discharge from the hospital, patients experiencing homelessness often have no safe or stable place to go heal and are at high risk of returning to the hospital or decompensating on the streets.

Improving communication, coordination, and transition planning with these systems, while simultaneously investing in and scaling transitional housing models, will improve health outcomes and help ensure that emergency rooms, medical respite, and jail release planners have the resources and capacity to serve everyone in need and reduce the risk of subsequent recidivism or hospitalization.

The federal McKinney-Vento Act sets the baseline for school district engagement with students experiencing homelessness²³. Schools are a touchpoint to connect families to services, but many students and families are hesitant to ask because of the stigma associated with homelessness, or because they are unaware of the supports available. Building stronger partnerships with school districts, McKinney-Vento liaisons, and neighborhood or school-based health clinics will help ensure that students and families experiencing homelessness have information and access to the services they need. During engagement sessions with family service providers and families with lived experience of homelessness, many individuals emphasized the need for support and identification of needs for families before they become unhoused. Working with individuals in non-homelessness systems (child welfare, foster care, education, medical facilities) can help prevent homelessness for families or limit the transition period between services, so that families can access permanent housing as seamlessly as possible.

²¹ Davies, A. & Wood, L.J. (2018). Homeless health care: meeting the challenges of providing primary care. *Medical Journal of Australia*, 209(5), 230-234. Retrieved from <https://doi.org/10.5694/mja17.01264>

²² Centers for Disease Control and Prevention. (2020). Quick Stats: Rate of Emergency Department (ED) Visits, by Homeless Status and Geographic Region, National Hospital Ambulatory Medical Care Survey – United States, 2015-2018. *Morbidity and Mortality Weekly Report*, 69(50), 1931. Retrieved from <http://dx.doi.org/10.15585/mmwr.mm6950a8>

²³ National Center for Homeless Education. (n.d.). *The McKinney-Vento Homeless Assistance Act*. Retrieved April 9, 2023, from <https://nche.ed.gov/legislation/mckinney-vento/>

Vision for the Future System

This plan outlines changes to these three levels to achieve the following outcomes:

Service Provider Organizations

THE VISION: Every service provider can adequately hire and retain trained staff that can carry out best practices when serving clients.

Homelessness Response Systems

THE VISION: All service providers are connected to one another through data. There are sufficient homelessness services within every sub-region and for disproportionately impacted sub-populations. All people experiencing homelessness can receive services tailored to their unique needs.

System-to-System Connections

THE VISION: There is a clear connection between the homelessness response system and other systems, such as the health care, legal, child welfare, foster care, and education systems, to ensure there are no missed opportunities to connect someone with services.

We have One Overall Goal

Bring unsheltered people inside in a way that meets their needs for safety, stability and healing, as quickly as possible to prevent death and further harm.

How We Get There

The key initiatives KCRHA will conduct over the next two years are in two categories:

1. Programs and Partnerships Initiatives
2. Funding Transformation

How We Measure Our Progress for this Goal

Measures of success:

- Number of households accessing the homelessness response system
- Number of households entering the homelessness response system
- Number of households exiting the homelessness response system to permanent housing
- Number of households returning to homelessness after 6, 12, and 24 months from a permanent housing exit
- Number of temporary and permanent housing units in the system
- Throughput of temporary and permanent housing units in the system

Where possible, these measures will be broken down by:

- Household type: Single adults, families with children, and YYA
- Race and ethnicity
- Program type: Emergency shelter/housing, transitional housing, day center, safe haven, rapid-rehousing, diversion, safe parking

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