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# King County Regional Homelessness Authority



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## Five-Year Plan (2023 - 2028)

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84

85 **Acknowledgements**

86

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

93

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

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99 Thank you for your partnership and support.

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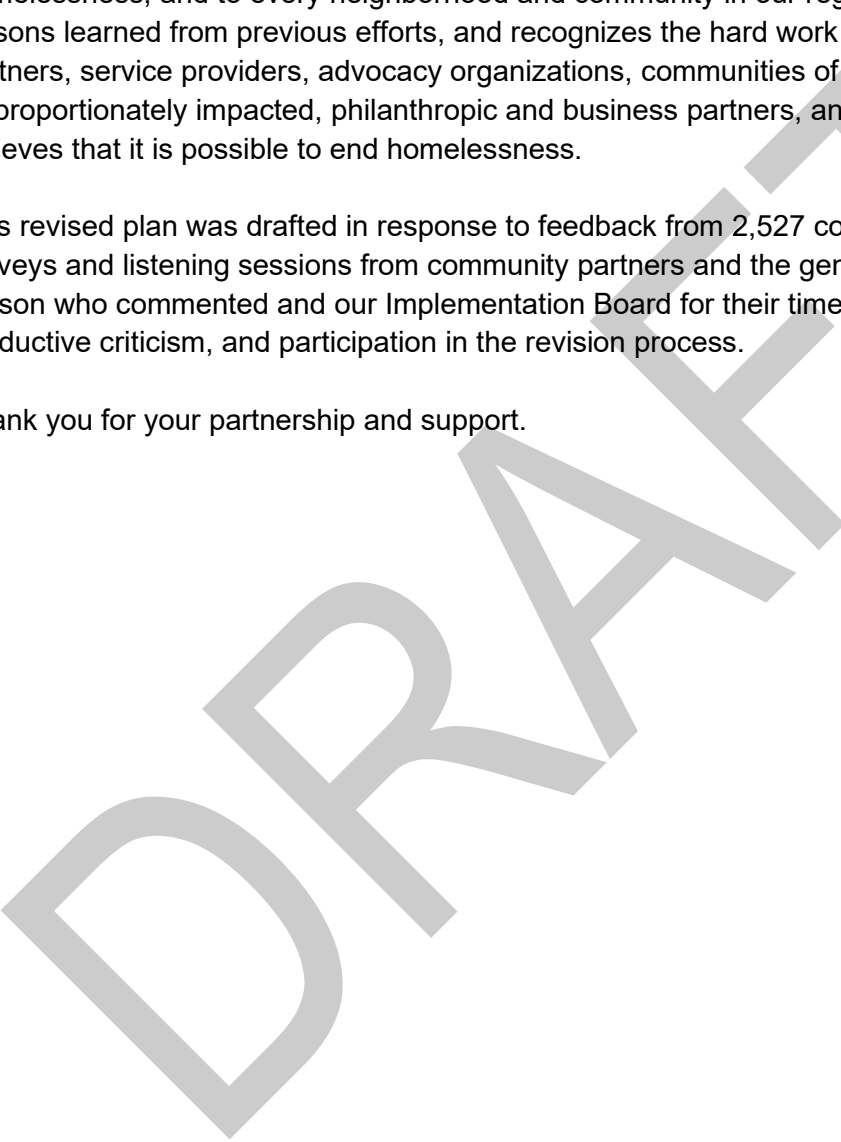
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# Executive Summary

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## **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 action on three levels to approach to move people inside now and prevent homelessness in the future.

- Every service provider has the resources to implement best practices and can recruit and retain necessary staff.
- All service providers can coordinate response with better data capacity, every sub-region has services, and all disproportionately impacted sub-populations are served.
- Multiple systems of care can coordinate to ensure supportive transitions and leverage every opportunity to prevent homelessness.

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

157 right now, and those to come, which will dramatically reduce unsheltered homelessness so that  
158 all our communities can thrive.

159 **Understanding the Challenge**

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

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

167 **Optimizing Funding**

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

- 172
- 173 ● Optimize existing funding to do more with what is available now:
    - 174 ○ Increase King County’s use of federal Medicaid funding to support outreach and
    - 175 engagement, housing navigation, and housing stability services.
    - 176 ○ Ensure resources are directed towards the most effective service interventions
    - 177 and providers who can offer culturally tailored and population- and
    - 178 geographically-specific programs.
    - 179 ○ Partner with jurisdictions across King County to consolidate funding, improving
    - 180 coordination and efficiency.
  - 181 ● Identify additional resources to expand services and increase emergency and temporary
  - 182 housing, and work with cities and the County to inform and support the development of
  - 183 additional permanent housing.
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<sup>1</sup> Washington State Department of Commerce. (n.d.). *Projected Housing Needs Methodology \*Draft\**. Retrieved April 9, 2023, from <https://deptofcommerce.app.box.com/s/jwubfg1633jeg5rec8jx4i78j7hjscp1>

189 **About KCRHA**

190 **Mission Statement**

191 The King County Regional Homelessness Authority was created by our community to  
192 significantly decrease homelessness throughout King County, using principles of equity and  
193 social justice, by serving as the lead agency to centralize homelessness response with  
194 oversight on data and public funding, and the role of coordinating systems and governments to  
195 set policy direction in addressing homelessness.

196  
197 **Theory of Change**

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

202  
203 *“If we create a homelessness response system that centers people who have lived experience*  
204 *of homelessness, then we will be able to focus on responding to needs and eliminating*  
205 *inequities, in order to end homelessness for all.”*

206  
207 **Role**

208 The King County Regional Homelessness Authority is formally charged with overseeing the  
209 homelessness response system. This includes data oversight through administering the  
210 Homelessness Management Information System (HMIS), managing Coordinated Entry, and  
211 leading on planning efforts in partnership with regional stakeholders. The King County Regional  
212 Homelessness Authority is also the primary public funder of homelessness services in King  
213 County and administers federal, state and local funding to local service providers. Lastly, the  
214 King County Regional Homelessness Authority is charged with accountability in the  
215 homelessness response system wherein this is primarily done through the Ombuds Office and  
216 contract monitoring.

217  
218 **Land Acknowledgement**

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

223

## Scale and Scope of the Challenge

224

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

225

226

How Many People Need a Safe Place to Live?

227

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. For the purposes of tracking our progress across the years of this Plan, KCRHA will be benchmarking against the figure provided by Commerce.

233

234

235

**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.**

236

237

238

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

<sup>2</sup> 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](https://kcrha.org/wp-content/uploads/2022/05/Count-Us-In-2020-Final_7.29.2020-1.pdf)

<sup>3</sup> 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/>

<sup>4</sup> 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/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1176031916327>

<sup>5</sup> 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/department/documents/KC\\_DCHS\\_Cross\\_Systems\\_Homelessness\\_Analysis\\_Brief\\_12\\_16\\_2021\\_FINAL\\_ashx?la=en](https://kingcounty.gov/~media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL_ashx?la=en)

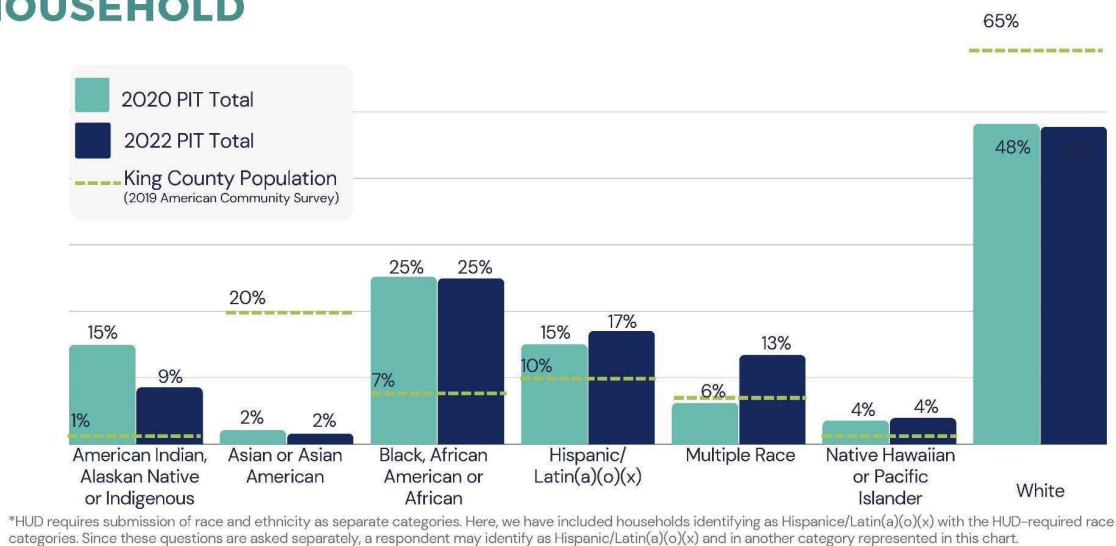
<sup>6</sup> In response to the recently passed House Bill 1220, the Washington State Department of Commerce worked with stakeholders and technical experts to develop a uniform methodology to determine the housing gaps in every community. For a high-level overview, please review Appendix C. For a detailed explanation, <https://deptofcommerce.app.box.com/s/jwubfq1633jeg5rec8jx4i78jhjscp1>



239 **Understanding Who Is Experiencing Homelessness**

240 Systemic impacts such as racism, sexism, ageism, ableism, and classism—to name a few—  
 241 contribute to certain identities and demographics being disproportionately represented among  
 242 people experiencing homelessness. Demonstrated in the graphic below, in 2022, based on the  
 243 PIT count, 7% of King County’s overall population identifies as Black or African American, but  
 244 25% of people experiencing homelessness identify as Black or African American.<sup>7</sup> Similarly, 1%  
 245 of King County’s population identifies as American Indian, Alaskan Native, or Indigenous, but  
 246 9% of people experiencing homelessness identify within this racial/ethnic group, and this is  
 247 likely an undercount.

**RACE & ETHNICITY\* OF HEAD OF HOUSEHOLD**



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 249  
 250 People who identify as LGBTQIA2S+, people fleeing and surviving domestic violence, and  
 251 people exiting incarceration also face systemic barriers that can lead to homelessness.  
 252 Similarly, navigating the housing and homelessness service system can be difficult for people  
 253 without documentation, people who have joined our community as immigrants or refugees,  
 254 unaccompanied youth and young adults (YYA), seniors, and people with disabilities. Each of  
 255 these sub-populations has unique needs that call for specialized services.

256  
 257 In reviewing access to health care, it’s clear that people with behavioral health challenges and  
 258 physical health challenges face many barriers to finding the care, stewardship, and support that  
 259 would help them stabilize. In the 2022 PIT count, 51% of individuals identified as having a  
 260 disability, 31% as having a mental health disorder, and 37% as having a substance use  
 261 disorder. Some of these conditions may exist before someone enters homelessness, but health  
 262 care concerns often develop after becoming homeless or as a result of experiencing

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

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

266  
267 The homelessness response system must be better equipped to support individuals  
268 disproportionately represented among people experiencing homelessness, including those who  
269 face systemic barriers to access and care. For more information on these varying experiences  
270 of homelessness, please see Appendix C. To explore all of KCRHA's data on people  
271 experiencing homelessness in King County, please visit the interactive dashboards on [our](#)  
272 [website here](#).

### 273 Limitations on Data

274  
275 The King County Homelessness Management Information System (HMIS) is a national leader in  
276 garnering and collating comprehensive client-level data. While we celebrate our region's  
277 leadership in using high-quality data to inform our decision making, we also recognize that  
278 improvement of our data system capacity and transparency is essential to the success of this  
279 plan. Better, more accurate data supports performance, equity, and accountability.

280  
281 Administrative datasets such as HMIS require staff at shelters, day centers, hygiene centers,  
282 and other service providers to set aside time for regular data entry of information on clients or  
283 guests. This creates a burden on hardworking staff who are primarily focused on serving and  
284 caring for the clients and residents experiencing homelessness, and is exacerbated by the fact  
285 that many agencies are already understaffed and face challenges in recruitment and retention  
286 due to wages and the difficulty of the work. This burden on staff can lead to shortfalls in data  
287 entry. In addition, implicit biases may affect interpretations of people's experiences when using  
288 qualitative research methods (ex. surveys and interviews). Statistical modeling also relies on  
289 assumptions to predict future impacts. With our region's reputation for leadership in data  
290 expertise, it is essential that KCRHA take multiple factors into account as we seek to fully  
291 capture the experiences of unhoused neighbors, the scope and scale of the challenge, and the  
292 future of the homelessness response system.

293  
294 KCRHA and our partners are committed to data integrity, transparency, and accountability. We  
295 are committed to recognizing racial and experiential bias, and accounting for this bias in data  
296 interpretation. The data provided in this plan and on our website is the most up-to-date,  
297 accurate information available at this time.

### 298 Our Work in Memoriam

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

## ATTACHMENT A

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

304

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

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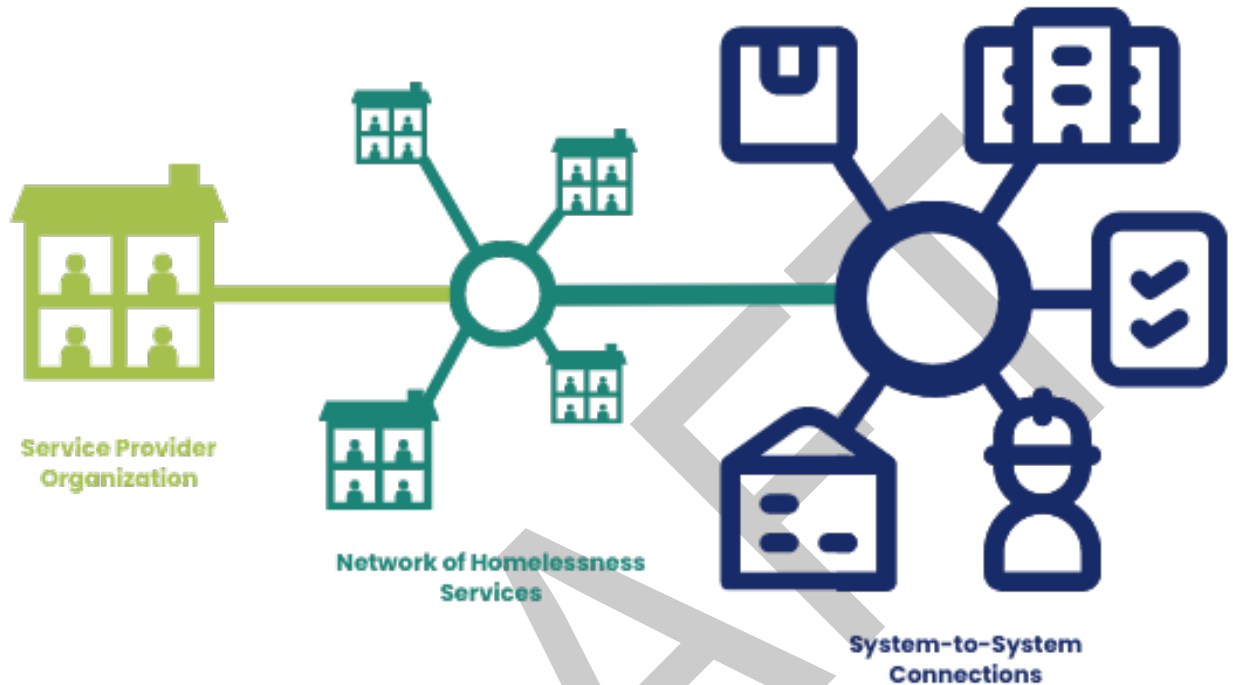
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<sup>8</sup> For more information on the number of people who have passed while experiencing homelessness, more here: <https://kingcounty.gov/depts/health/examiner/services/reports-data/homeless.aspx>

## The Current State

338

339 *The current state of our region’s homelessness response can best be understood through three*  
340 *levels.*



341

342

343 As an agency, KCRHA works on each of these three levels to create a more functional system  
344 that ultimately serves to address homelessness. *In this section, we examine each of these*  
345 *levels to illustrate the current state of these levels with a focus on challenges, gaps, and*  
346 *successes. This chapter of the plan serves to baseline where we are starting from as a system,*  
347 *and the following chapters of the plan address the actions KCRHA will take over the five years*  
348 *to ensure our region has a plan that leverages our current work while seeking innovative,*  
349 *person-centered, and equitable solutions.*

350

351



352

353

## Service Provider Organizations

### 354 Challenges

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

359

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

370

### 371 Successes

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

---

<sup>9</sup> For more information on wages, [click here](#).

378 Opportunities

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

383  
384 Our vision for this level is that:

385  
386 *Every service provider can adequately hire and retain trained staff that can carry out best*  
387 *practices when serving clients.*



388

389 Network of Homelessness Services

390 Zooming out from the individual service provider, the core of the homelessness response  
391 system relies on a network of shelter, outreach, and supportive services organizations that are  
392 linked together in our shared goal of dramatically reducing homelessness. Coordinating and  
393 streamlining how these programs interact is crucial to creating a successful continuum of care  
394 for King County’s unhoused population. This section of the current state is the longest due to  
395 this level being the one in which KCRHA is legislatively charged with overseeing.

396 Current Temporary Housing Interventions

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

401

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

- 407 - Overnight versus 24/7 hours of operation

## ATTACHMENT A

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

415  
416 When we look at these elements, it’s important to note that “congregate” refers to communal  
417 sleeping arrangements in emergency shelter settings; non-congregate describes a setting with  
418 single-room occupancy and/or separate rooms between guests. During the COVID-19  
419 pandemic, the benefits of providing non-congregate shelters, including micro-modular shelters,  
420 tiny house villages, and hotel/motel shelters became especially apparent and a number of  
421 studies have been done exploring the correlation between this type of program and improved  
422 short-term health outcomes<sup>10 11</sup> Having privacy and stability in a space that is separate from  
423 other people and safe for belongings was shown to impact overall wellness and improve service  
424 connections. For that reason, non-congregate shelters of all kinds (i.e., micro-modular units, tiny  
425 homes, and hotel/motel rooms) constitute a substantial area for further temporary housing  
426 expansions.

427  
428 Congregate shelters also play an important role in the system as a number of sub-regions  
429 currently rely on congregate options for emergency shelter. However, congregate shelter  
430 options tend to vary in terms of whether or not there is an ability to “walk-up” to access shelter,  
431 and whether or not a program is exclusively available for overnight options or has 24-hour  
432 access.

433  
434 Transitional Housing: Transitional Housing is a specific program, defined by the federal  
435 Department of Housing and Urban Development (HUD), that provides temporary housing with  
436 supportive services to individuals and families experiencing homelessness with the goal of  
437 interim stability and support to successfully move to and maintain permanent housing.  
438 Transitional Housing projects can cover housing costs and accompanying supportive services  
439 for program participants for up to 24 months.

440  
441 Rapid Rehousing (RRH): A low-barrier, time-limited intervention connecting households  
442 experiencing homelessness to permanent housing through a tailored package of assistance,  
443 including short-term rental assistance and supportive services, without any pre-conditions or  
444 requirements (such as employment, income, absence of criminal record, or sobriety). RRH

---

<sup>10</sup> Fleming MD, Evans JL, Graham-Squire D, et al. Association of Shelter-in-Place Hotels With Health Services Use Among People Experiencing Homelessness During the COVID-19 Pandemic. JAMA Netw Open. 2022;5(7):e2223891. doi:10.1001/jamanetworkopen.2022.23891

<sup>11</sup> The Promise of Service-Enriched, Hotel-Based Housing as an Alternative to Congregate Shelters for High-Need Persons Experiencing Homelessness | Emergency Medicine | JAMA Network Open | JAMA Network

ATTACHMENT A

445 includes three core components: 1) housing identification, 2) move-in and rental assistance, and  
 446 3) housing-focused case management services and supports. Housing-focused case  
 447 management is provided, with an emphasis on immediate efforts to obtain housing, utilizing the  
 448 minimum assistance necessary to resolve each household’s immediate housing crisis.  
 449

<b>Performance Comparison for 2022</b>					
<i>For more information on program performance, <a href="#">review on the KCRHA website dashboards.</a></i>					
<b>Program</b>	<b>Exits to Permanent Housing</b>	<b>Exit Rate to Permanent Housing</b>	<b>Average Length of Stay</b>	<b>Rate of Returns to Homelessness</b>	<b>Utilization Rate</b>
Emergency Shelter	2,259	24%	142 days	8%	79%
Transitional Housing	471	56%	358 days	8%	79%
Rapid Rehousing	1,133	73%	292 days	2%	N/A **not unit based

450  
 451 There are other models of sheltering that have been identified based on data from interviews  
 452 with people with lived experience; these include models such as recuperative housing, recovery  
 453 housing, and RV parking. While there are these programs that exist in this region, we do not  
 454 currently have these sheltering models specific to people experiencing homelessness, or in  
 455 active service at this time. KCRHA will explore in partnership with King County’s Department  
 456 of Community and Human Services to explore what potential investment in these options may  
 457 look like in future years, should funding become available. Read more about these and our work  
 458 identifying these models in [Appendix C](#).



459  
 460  
 461



### 462 Current Pathways to Permanent Housing

#### 463 Coordinated Entry

464 The Coordinated Entry System (CES) is a facet of the homeless response system,  
465 encompassing Access, Assessment Prioritization, Referral, and Placement. HUD mandates that  
466 each CoC have a CES. Locally, the functions of this system are held by the KCRHA. Regional  
467 Access Points (RAPs)<sup>12</sup> are an entry point to CE. These entry points are resource centers  
468 where households experiencing homelessness can get help finding housing and other  
469 resources. Individuals and families experiencing homelessness may call ahead to schedule an  
470 appointment.

471 At the onset of the COVID-19 pandemic, Coordinated Entry prioritization pivoted based on  
472 guidance issued by HUD and Washington State Department of Commerce. CE policies have  
473 the potential to protect those most vulnerable to the virus' severe effects by speeding up  
474 connections to permanent housing for people at high risk of COVID-19 complications. Current  
475 COVID Prioritization Risk Factor Schema can be seen here.<sup>13</sup>

#### 476 Other Pathways to Permanent Housing

477 People accessing the homelessness response system will often work with a case manager or  
478 housing navigator to begin the process of getting on a pathway to permanent housing.  
479 Examples of this can include exploring subsidy options such as a Section 8 Housing Voucher or  
480 looking at more care intensive options such as a Skilled Nursing Facility (SNF).

### 481 Challenges

#### 482 Challenges: Data Collection

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

485  
486 Currently, HMIS serves as a good reporting tool; however, our region has our community, along  
487 with many others across the country, identified the need and have made a number of changes  
488 to have HMIS systems to be more client-centric and easier to use for providers. The KCRHA  
489 wants to build in feature enhancements to our current HMIS, while also working to create a  
490 more comprehensive, integrated client-center By-Name List data infrastructure.

491  
492 Another key challenge in data collection is the fact that people experiencing homelessness do  
493 not always interact directly with the homelessness response system; the KCRHA team has  
494 identified and prioritized throughout this Plan the need to make the system more accessible as  
495 well as connect with other systems wherein people experiencing homelessness may interface.

---

<sup>12</sup> <https://kcrha.org/regional-access-points/>

<sup>13</sup> <https://kcrha.org/wp-content/uploads/2023/05/CE-COVID-Prioritization-v2-Risk-Factor-Schema-April-2023-COPRI-v2.pdf>

496 King County’s Department of Community and Human Services has made significant strides  
 497 towards integrated data of this caliber.

498  
 499 Additionally, as homelessness administrators and other human services entities have become  
 500 increasingly data-centered, the burden of reporting on providers has increased without  
 501 commensurate investment into paid staff or technology investments to maintain that scale.  
 502 KCRHA has identified the need to provide capacity support for the provider network to address  
 503 this.

504 Challenges: Sub-Regional Gaps

505 While there is a need for increased capacity regionwide, there are significant inconsistencies in  
 506 service availability across the region, with some sub-regions operating few to no shelters, while  
 507 others have many options. According to the 2022 publication of the Regional Services  
 508 Database, there are 3,552 units of temporary housing across King County.<sup>14</sup> Due to limited bed  
 509 availability across our region, providers will often go above their formal capacity and set up mats  
 510 on the ground to accommodate the need. The following table was developed using the Regional  
 511 Services Database, which provides a comprehensive list of all homelessness services and their  
 512 characteristics.<sup>15</sup>

513

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

514

<sup>14</sup>To view the Regional Services Database: <https://kcrha.org/regional-services-database/> ; To review an analysis of the sub-regional data, please see the sub-regional analytics report: <https://kcrha.org/wp-content/uploads/2023/05/Sub-Regional-Analytics-Report-V3.pdf>

<sup>15</sup> To view the Regional Services Database: <https://kcrha.org/regional-services-database/> ; To review an analysis of the sub-regional data, please see the sub-regional analytics report: <https://kcrha.org/wp-content/uploads/2023/05/Sub-Regional-Analytics-Report-V3.pdf>

### 515 Challenges: Sub-Population Gaps

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

520  
521 Out of 472 programs identified in the October 2022 posting of the Regional Services  
522 Database, 51 programs appear to be staffed by and serving disproportionately represented  
523 communities. This means that about 10% of KCRHA's programs, with a capacity of 1,288 beds,  
524 are designed with specific supports for disproportionately impacted populations. Most of these  
525 programs are emergency shelter (17), followed by rapid rehousing (12), transitional housing (9),  
526 newly created emergency housing voucher (EHV) programs (6), permanent housing (3), and  
527 safe parking (1).

528  
529 Out of 472 separate programs, only four programs explicitly state they are culturally responsive  
530 to Black and African American participants, which represents 0.8% of programming and 218  
531 beds. This is an alarming statistic, given that Black people make up roughly 25% of all people  
532 experiencing homelessness in King County. Beyond this, there is limited understanding of how  
533 KCRHA's current portfolio of service providers may be culturally responsive to the needs of  
534 Black and African American participants. For Native/Indigenous individuals, findings from the  
535 landscape analysis indicate that out of 472 programs, only 14 programs—or 2.9% of  
536 programming, with a capacity of 227 beds—explicitly state they are culturally responsive to this  
537 population. Similarly, there is only one program out of 472 specifically designed to serve  
538 LGBTQIA2S+ individuals; six programs designed to serve older adults (at least 50 years old);  
539 eight programs designed to serve immigrants and refugees; and three that are “general BIPOC-  
540 serving.”

541  
542 These types of programs are important because culturally aware and responsive care is  
543 designed to make people feel safe, understood, and accepted by fully seeing and valuing the  
544 whole person and all aspects of their identity, background, and experiences.

### 545 Successes in the System

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

- 548
- 549 ● An increase in collaboration between service providers during the COVID-19 pandemic.
  - 550 ● The Family Shelter Intake Line, which manages referrals in one coordinated system for  
551 families seeking shelter across the region.
  - 552 ● Collaborations between providers and medical care. For example, the Downtown  
553 Emergency Services Center (DESC) and Aurora Commons partnered with University of

554 Washington Harborview to launch the Safe Healthy Empowered (SHE) Clinic and  
555 provide on-site trauma-informed medical care at multiple DESC sites.

556 ● The faith-based community provides relief and support for both service providers and  
557 people experiencing homelessness with dedicated volunteers, donors, and sites for  
558 shelter, especially during severe weather events.

559 ● King County’s use of federal Emergency Housing Voucher resource through the  
560 federal American Rescue Plan Act (ARPA) funds was the most successful in the nation,  
561 with more than 1,400 vouchers distributed to households across the region by KCRHA,  
562 the King County Housing Authority (KCHA), the Seattle Housing Authority (SHA), and  
563 the Renton Housing Authority (RHA).

564 ● KCRHA convenes Seattle-based providers and outreach teams on a weekly basis to  
565 coordinate and collaborate to quickly resolve issues and develop solutions across  
566 providers.

## 567 Opportunities

### 568 Opportunities: New Temporary Sheltering/Housing Options

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

574  
575 As KCRHA moves towards expanding temporary housing options for people as guided by this  
576 plan, ***we recognize that these projections only constitute a model, which will have to be***  
577 ***shaped by regulatory, fiscal, and other factors that shape program implementation. In***  
578 ***addition, based on the current inventory of temporary housing and sheltering options***  
579 ***compared to the scale of the need, our region cannot afford to lose existing capacity.***  
580 Further, our region needs to rapidly scale additional options in order to meet the need and  
581 leverage new funding opportunities as they arise.

582  
583 The urgency in developing additional temporary housing options and connections between  
584 services is met with many barriers, compounding the challenges identified in the Service  
585 Provider Organizations section above. The process to develop new programs requires:

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

590  
591 Additionally, throughout those steps, there must be the involvement of a number of stakeholders  
592 to ensure the following:

## ATTACHMENT A

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

### 596 Opportunities: Data Collection and Connection

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

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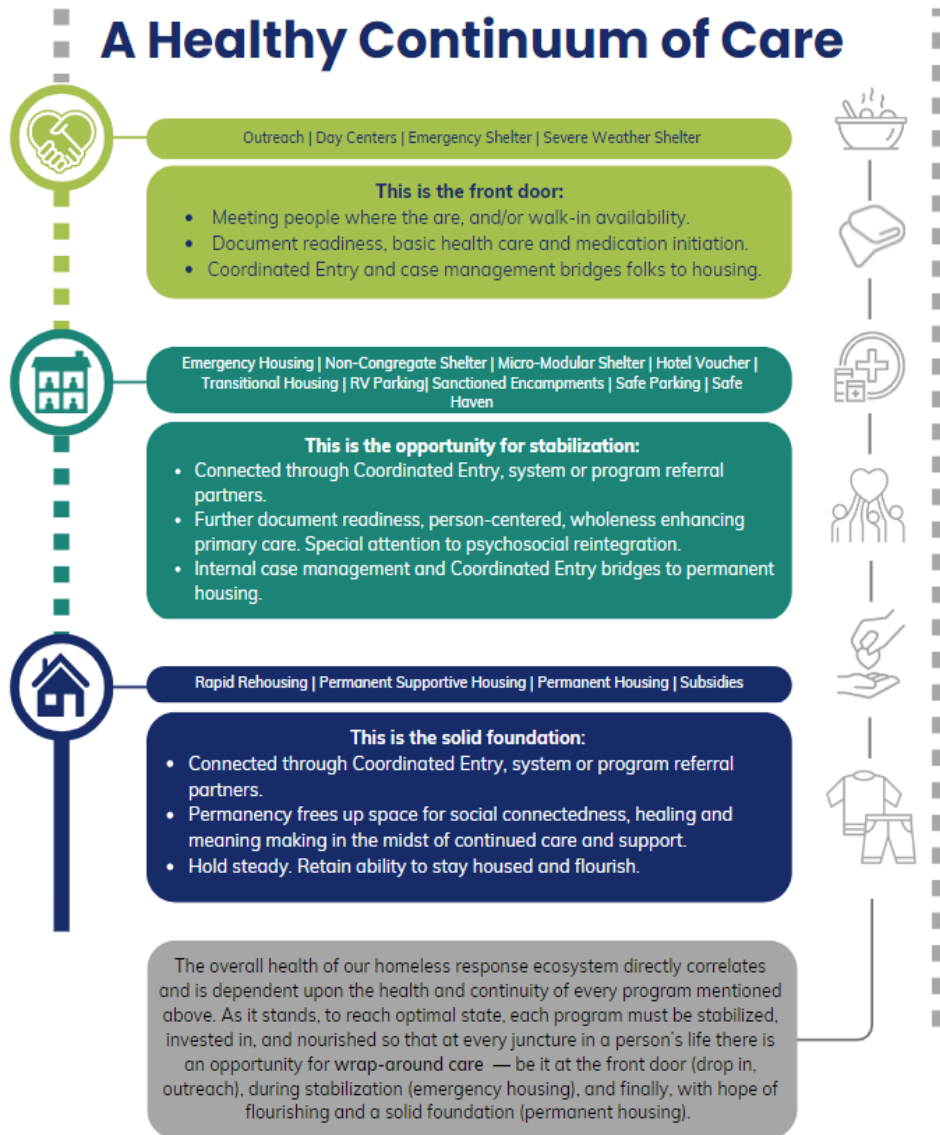


608  
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### 614 Opportunities: Connection Between Services Providers

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

617  
618



619  
620

621 With these opportunities for increasing temporary housing options, increasing coordination  
622 through data, and supporting the development of a healthy continuum of care, it is our vision for  
623 this level that:

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



628

629

## System-to-System Connections

630 Homelessness is not a siloed issue. There are a number of systems that cause and contribute  
 631 to the perpetuation—or prevention—of homelessness. To end homelessness and treat the  
 632 whole person, KCRHA must work in concert with these other systems, including the behavioral  
 633 health system, public health, hospitals and health care system, educational systems, and  
 634 criminal-legal system, to coordinate services and care.

## 635 Challenges

636 National and local data on the relationship between incarceration and homelessness justify the  
 637 inclusion of this strategy. Formerly incarcerated people living in the United States are almost 10  
 638 times more likely to be homeless than the general public. This finding intersects with other  
 639 identities and disproportionalities: Black people, women, people aged 45 and older, and having  
 640 a previous experience of incarceration are all associated with increased likelihood of  
 641 experiencing homelessness.<sup>16</sup> National research suggests that up to 15% of incarcerated  
 642 people experience homelessness in the year before their incarceration.<sup>17</sup> <sup>18</sup> The 2017 Annual  
 643 Homeless Assessment Report to Congress found that nationally, over 50,000 people directly  
 644 entered a shelter from a jail or prison, indicating a strong correlation between exiting jails and  
 645 prisons and entering shelters.<sup>19</sup> Locally, while approximately 7,000 of the 15,000 individuals  
 646 booked into King County jails in 2021 identified as homeless, fewer than 4% of these individuals  
 647 received release planning services.<sup>20</sup> While this is a well-informed estimate, no hard data has

<sup>16</sup> 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>

<sup>17</sup> 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>

<sup>18</sup> 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>

<sup>19</sup> 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>

<sup>20</sup> 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.

## ATTACHMENT A

648 been published since 2019.<sup>21</sup> Examining and addressing the link between housing and  
649 experiences with incarceration is also critical given that research suggests that securing stable  
650 housing is crucial to successful re-entry. Studies that have been conducted have highlighted  
651 findings such as men who found such housing within the first month after release  
652 were less likely to return to prison during the first year out.<sup>22</sup>

653  
654 As it relates to health care, unsheltered homelessness, poverty, drug dependence, and violent  
655 victimization create an urgent need for care and treatment<sup>23</sup>, yet simultaneously act as barriers  
656 to accessing health care. Barriers come from the structure of our health care system (e.g., travel  
657 costs for needing to go to an office, office hours, social stigma) and individual social and clinical  
658 factors (e.g., substance use, mental stability, lack of trust and fear of the traditional health care  
659 system based on previous negative experiences).<sup>24</sup> Because of this, people experiencing  
660 homelessness often have no choice but to prioritize their day-to-day survival and delay  
661 treatment for medical and mental health needs. This leads to an over-utilization of emergency  
662 room and hospital services, often for more expensive emergency care because the underlying  
663 issue has become extremely acute or severe. A 2020 CDC report found that people  
664 experiencing homelessness visit the emergency room nearly five times more often than housed  
665 persons<sup>25</sup>.

666  
667 With only 23 medical respite beds in King County, and a homelessness provider system that is  
668 not equipped to offer medical recuperation care upon discharge from the hospital, patients  
669 experiencing homelessness often have no safe or stable place to go heal and are at high risk of  
670 returning to the hospital or decompensating on the streets.

671  
672 The federal McKinney-Vento Act sets the baseline for school district engagement with students  
673 experiencing homelessness<sup>26</sup>. Schools are a touchpoint to connect families to services, but  
674 many students and families are hesitant to ask because of the stigma associated with

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<sup>21</sup> 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/>

<sup>22</sup> NHLP (n.d.)

[https://www.nhlp.org/files/Importance%20of%20Stable%20Housing%20for%20Formerly%20Incarcerated\\_0.pdf](https://www.nhlp.org/files/Importance%20of%20Stable%20Housing%20for%20Formerly%20Incarcerated_0.pdf)

<sup>23</sup> 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>

<sup>24</sup> 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>

<sup>25</sup> 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>

<sup>26</sup> 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/>



675 homelessness, or because they are unaware of the supports available. Building stronger  
676 partnerships with school districts, McKinney-Vento liaisons, and neighborhood or school-based  
677 health clinics will help ensure that students and families experiencing homelessness have  
678 information and access to the services they need. During engagement sessions with family  
679 service providers and families with lived experience of homelessness, many individuals  
680 emphasized the need for support and identification of needs for families before they become  
681 unhoused. Working with individuals in non-homelessness systems (child welfare, foster care,  
682 education, medical facilities) can help prevent homelessness for families or limit the transition  
683 period between services, so that families can access permanent housing as seamlessly as  
684 possible.

## 685 Successes

686 There have been many positive steps taken to advance system-to-system connections,  
687 including:

- 688  
689 ● The Response Crisis Response (RCR) program, which promotes a co-response model  
690 to deploy Crisis Responder Mental Health Professionals (MHPs) alongside police to  
691 serve community members in the five-city region in North and East King County who are  
692 experiencing behavioral health crises.
- 693  
694 ● The Law-Enforcement Assisted Diversion (LEAD) and Covid-19 adapted program, Co-  
695 LEAD, which brings together the Public Defenders Association, the homelessness  
696 response system, criminal legal system, and the health care system to provide case  
697 management, alternatives to incarceration, pathways to housing, and health care  
access.<sup>27</sup>
- 698  
699 ● Medical Respite programs that recognize the needs of individuals who are unhoused  
700 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.
- 701  
702 ● Community Courts that provide an opportunity for people faced with criminal convictions  
703 to be held accountable while receiving services and positively contributing to the  
community.<sup>28</sup>
- 704  
705 ● KCRHA has also convened system partners in workshops to better understand the  
706 landscape of services across the region. To collaborate and decrease overdose deaths,  
707 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.

---

<sup>27</sup> CoLEAD. (n.d.). *CoLEAD: Adapting LEAD for the COVID-19 crisis*. Retrieved April 9, 2023, from <https://coleadteam.org/>

<sup>28</sup> King County. (2023, March 29). *Community Courts*. Retrieved April 9, 2023, from <https://kingcounty.gov/courts/district-court/Community%20Courts.aspx>

708 Despite these positive steps, there is still much work to do to ensure people do not fall into  
709 homelessness or have harm and illness further perpetuated as they navigate between systems.  
710 Any individual engagement with the system should be seen as an opportunity for connection,  
711 and systems themselves must continuously collaborate to ensure continuity of care.  
712

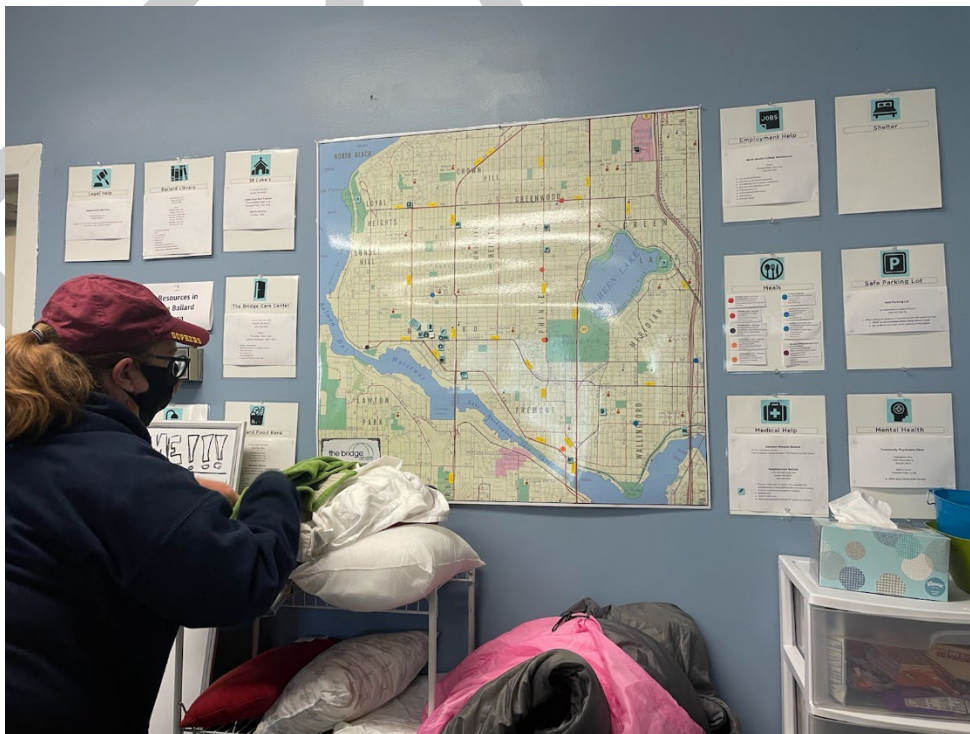
### 713 Opportunities

714 Cross-system collaboration can identify warning signs before someone falls into homelessness,  
715 help to ensure alignment on goals and values, promote mutual accountability, and provide  
716 opportunity to coordinate funding sources and services. Tangible steps towards systems  
717 coordination include regular convenings to clarify roles and responsibilities, entering into data  
718 sharing agreements, and allowing space for innovation and response to current events.  
719

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

725  
726 It is our vision for this level that:

727  
728 Multiple systems of care can coordinate to ensure supportive transitions and leverage every  
729 opportunity to prevent homelessness.  
730



731

732

## Our Work Over the Next Five Years

733

### We have One Overall Goal

734

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.

735

736

### How We Measure Our Progress for this Goal

737

There are a number of indicators that KCRHA will be measuring to assess system performance and our progress in housing people.

738

739

740

To baseline, KCRHA looks at the following measures to assess

741

- Number of households accessing the homelessness response system

742

- Number of households entering the homelessness response system

743

744

Accessing the homelessness response system takes into account all people at a given time; entering into the homeless response system highlights new individuals entering the homelessness response system.

745

746

747

748

With these baseline numbers, KCRHA will then track across the five years of this plan the following metrics with an intent to move them in the following directions:

749

750

Metrics	Desired Direction
Number of households exiting the homelessness response system to permanent housing	Increase
Number of households returning to homelessness after 6, 12, and 24 months from a permanent housing exit	Decrease
Number of temporary and permanent housing units in the system	Increase
Throughput of temporary and permanent housing units in the system	Increase
Utilization of temporary and permanent housing units in the system	Increase

751

752

753

Where possible, these measures will be broken down by:

754

- Household type: Single adults, families with children, and YYA

755

- Race and ethnicity

756

- Program type: Emergency shelter/housing, transitional housing, day center, safe haven, rapid-rehousing, diversion, safe parking.

757

758

759

KCRHA collects information on other demographics and sub-populations but has identified the

760 need for improvements in data collection in order to better understand the scale and experience  
761 of these communities. The areas above should be considered our minimum reporting  
762 breakdown.

## 763 How We Get There

764 The following tables prioritized by initial years and later years of the effective plan speak directly  
765 to actions KCRHA can take on these three levels of individual service provider organization,  
766 network of homeless services, and system to system connections, so we ultimately work  
767 towards a future where:

- 768 1. Every service provider has the resources to implement best practices and can recruit  
769 and retain necessary staff.
- 770 2. All service providers can coordinate response with better data capacity, every sub-region  
771 has services, and all disproportionately impacted sub-populations are served.
- 772 3. Multiple systems of care can coordinate to ensure supportive transitions and leverage  
773 every opportunity to prevent homelessness.

774  
775 The changes on these three levels will ultimately lead to improved outcomes towards our overall  
776 goal to: “Bring unsheltered people inside in a way that meets their needs for safety, stability and  
777 healing, as quickly as possible to prevent death and further harm.”  
778



779

Years 1 - 2

780

781 **The following are key actions that KCRHA can take on the three levels of service provider organizations, network of**  
 782 **homeless services, and system-to-system connections to ultimately improve outcomes and work towards our overall goal**  
 783 **to “Bring unsheltered people inside in a way that meets their needs for safety, stability and healing, as quickly as possible**  
 784 **to prevent death and further harm.”**

785

786 **All these actions can be achieved under the current allocated budget and do not require additional funding.**

787

788 **The activities in the table indicate when an activity will begin, but the anticipation is that all activities will be completed or**  
 789 **implemented by the end of the five year period of the effective plan.**

790

<b>Key Actions: Service Provider Organizations</b>			
<i>Key Action</i>	<i>Topic Areas</i>	<i>Impact</i>	<i>Status</i>
(1-2) A. Expand outreach contracts to be appropriately staffed during severe weather events, including evening support.	Severe Weather Outreach	The ability to reach more people through outreach will provide more opportunities <b>for individuals to access services.</b>	In progress
(1-2) B. Incorporate allowances for severe weather shelter response into existing contracts, to support a standardized severe weather response.	Severe Weather Systemwide Standardization	Standardization of approach across the system means that KCRHA can more reliably and consistently activate emergency protocols which <b>should increase opportunities for unsheltered individuals to access services.</b>	Not yet started
(1-2) C. Enhance therapeutic support at existing programs supporting high acuity clients.	High-Acuity Enhanced Care Population-Specific Care	Providing greater therapeutic services to those in need of such services will support a <b>greater number of clients accessing the system</b> by ensuring they have adequate care in a temporary or permanent housing. Adequate care at each step of service will also <b>support an</b>	Work will begin in Years 1-2 in a limited capacity. Additional funding is needed to implement the scale

ATTACHMENT A

		<b>increased throughput through the system.</b>	needed to meet the need.
(1-2) D. Develop funding opportunities for BIPOC “By and For” organizations to expand culturally relevant approaches	Disproportionately Represented Populations Equity Funding Population-Specific Care	The expansion of services by BIPOC organizations will support addressing the racial disproportionalities of homelessness, <b>increasing access to the system and ultimately more exits to permanent housing.</b>	Not yet started
(1-2) E. Develop and implement a grievance process that is accessible, safe, and responsive to resolve client or funded partner concerns, problems, or complaints.	Ombud Accountability	Data from the grievance processes developed under this initiative will allow KCRHA to better adjust services to better meet the needs of individuals accessing services. Implementing these adjustments will <b>increase access to the system and the number of exits to permanent housing.</b>	In progress
(1-2) F. Establish an equitable procurement process.	Procurement Funding	Equity in the procurement process will drive more geographic and sub-population specific distribution of resources which <b>should address racial disproportionalities of homelessness while also increasing exits to permanent housing.</b>	In progress
(1-2) G. Modify program reporting requirements to support meaningful data collection that captures system-wide performance outcomes and accounts for the full scope and nature of contracted services.	Data Accountability Performance Measurement	Capturing the data that is more meaningful to client experience will allow for better insight into what is and is not working well in our system. This provides a more accurate diagnostic tool for program and policy changes that <b>can ultimately increase access to the system as well as exits to permanent housing.</b>	Not yet started
(1-2) H. Develop standards of best practices to be included in contract requirements in serving the needs of Black, Native, LGBTQIA2S+, immigrants and refugees, people living with	Procurement Standardization Disproportionately	Ensuring best practices and approaches are implemented means that these populations will be better served by the system which <b>should drive decreases in racial disproportionalities of homelessness by race while also increasing exits to permanent housing.</b>	In progress

ATTACHMENT A

disabilities, older adults, survivors of gender based violence, and people exiting incarceration	Represented Populations Population-Specific Care		
(1-2) I. Design YYA programs, policies, and practices in partnership with young people to cultivate a strong sense of self-efficacy and belonging.	YYA Program Design Population-Specific Care	Youth and Young Adults (YYA) involved in program design will yield models that better account for the needs of YYA long term which <b>should increase exits to permanent housing and decrease rates of return into homelessness.</b>	Not yet started
(1-2) J. Integrate requirements for healing-centered and strengths-based approaches into all KCRHA-contracted services.	Program Design Procurement Systemwide Standardization	Integrating and requiring these approaches into programs <b>will increase exits to permanent housing.</b>	Not yet started
(1-2) K. Evaluate program requirements to establish flexibility in funding.	Program Design Procurement Systemwide Standardization Funding	Adjusting program requirements to support flexibility for participants will improve an individual's continuation within a program which <b>should increase exits to permanent housing.</b>	In progress
(1-2) L. Develop capacity in homelessness response system to better leverage entitlement program benefits.	Capacity Funding Administrative	Connecting people experiencing homelessness to direct-benefit entitlement programs will <b>increase household incomes, allowing for more opportunities to obtain and keep permanent housing.</b> Additional entitlement programs will allow us to reposition local funding towards other supportive wrap-around services and/or <b>to increase the number of temporary housing units in King County.</b>	Not yet started
(1-2) M. Incorporate, consider and implement liveable wage requirements in	Procurement	Living wages will stabilize the front-line workforce, which will allow for retaining more staff, helping more clients	Not yet started

791

<p>new Requests for Proposals (RFP) and contracts using findings from wage equity studies.</p>	<p>Capacity</p>	<p>maintain meaningful relationships with their case managers and other staff supporting their transition to permanent housing. Ultimately, <b>this will increase exits to permanent housing, decrease returns, and increase throughput of the system.</b></p>	
--	-----------------	--	--

<p align="center"><b>Key Actions: Network of Homeless Services</b></p>			
<p align="center">Key Action</p>	<p align="center">Topic Areas</p>	<p align="center">Impact</p>	<p align="center">Status</p>
<p>(1-2) N. Develop a real-time bed availability tool inclusive of all types of shelter and emergency housing</p>	<p>Data Resource Availability</p>	<p>Insight into real-time shelter vacancies will allow for greater enrollments into the shelter system at any given time which will <b>improve our understanding of how many single adults, families and youth may be accessing the system.</b></p>	<p>In progress</p>
<p>(1-2) O. In partnership with local jurisdictions, provide expertise and support in an effort to increase temporary housing, sheltering and homelessness services while maintaining the current level of services in every sub-region.</p>	<p>Sub-Regional Planning Infrastructure</p>	<p>Working with cities and ensuring there are ample housing options across the region will <b>increase the number of temporary and permanent units available in the system.</b></p>	<p>Not yet started</p>
<p>(1-2) P. Identify and evaluate spaces for severe weather with cities to expand the number of indoor options during severe weather events</p>	<p>Severe Weather</p>	<p>With increased sheltering options, we will have a <b>better understanding of the scale of unsheltered homelessness and more individuals will become connected to services.</b></p>	<p>In progress</p>
<p>(1-2) Q. Deploy coordinated severe weather response that incorporates innovative practices and responds to immediate needs</p>	<p>Severe Weather Systemwide Standardization</p>	<p>With increased sheltering options, we will have a better understanding of the scale of unsheltered homelessness and more individuals will become connected to services which should ultimately work</p>	<p>In progress</p>



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		towards <b>increases of exits to permanent housing.</b>	
(1-2) R. Improve guests' connection to services beyond the severe weather event.	Severe Weather Coordinated Services	Through building in protocols that would have a severe weather shelter act as a pathway into receiving further care and housing support, <b>we should increase opportunities for unsheltered individuals to access services and provide more pathways to exit to permanent housing.</b>	In progress
(1-2) S. Align with cities' comprehensive planning efforts for the future development of temporary and permanent housing options.	Sub-Regional Planning Infrastructure	Working with cities and ensuring there are ample housing options across the region <b>will increase the total number of temporary and permanent housing units available in the system.</b>	Not yet started
(1-2) T. Resource outreach services with appropriate staffing and pathways to housing options.	Outreach Coordinated Services	Increased resources to outreach will allow for outreach staff being able to spend more time with clients to get them connected to additional services and supports which <b>lead to greater access of the homelessness response system and increases in exits to permanent housing.</b>	Work will begin in Years 1-2 in a limited capacity. Additional funding is needed to implement the scale needed to meet the need.
(1-2) U. Increase capacity-building support to BIPOC organizations that are staffed by and serving disproportionately impacted communities, in order to support their entrance into or expand their homelessness service work.	Equity Capacity Disproportionately Represented Populations Population-Specific Care	The expansion of services by BIPOC organizations will support addressing the racial disproportionalities of homelessness, <b>increasing access to the system and ultimately more exits to permanent housing.</b>	In-Motion  Work will begin in Years 1-2 in a limited capacity. Additional funding is needed to implement the scale needed to meet the need.

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<p>(1-2)V. Regularly evaluate the level of funding and percentage of investment into organizations and programs designed to support the needs of needs of Black, Native, LGBTQIA2S+, immigrant and refugee, people living with disabilities, and people exiting incarceration.</p>	<p>Data Funding Disproportionately Represented Populations Population-Specific Care</p>	<p>The expansion of services by BIPOC organizations will <b>support addressing the racial disproportionalities of homelessness, increasing access to the system and ultimately more exits to permanent housing.</b></p>	<p>In progress</p>
<p>(1-2) W. Expand administrative capacity to support the development of population-specific procurement, particularly focused on emergency housing options for Trans and gender non-conforming individuals.</p>	<p>Administrative Disproportionately Represented Populations Procurement Population-Specific Care</p>	<p>Increased administrative capacity of population-specific procurements will <b>increase the number of temporary housing options.</b></p>	<p>Not yet started</p>
<p>(1-2) X. Expand outreach tailored to families experiencing homelessness.</p>	<p>Outreach Families</p>	<p>Greater access to outreach and diversion services will <b>increase the number of families with children who access the homelessness response system, as well as increase their ability to find permanent housing.</b></p>	<p>Not yet started</p>
<p>(1-2) Y. Deploy an effective communications strategy to ensure the Ombuds Office is well-known and easily accessible, including the creation of centralized contact</p>	<p>Ombud Accountability Administrative</p>	<p>Increased knowledge about the Ombuds Office will allow for increased trust in the service response system which <b>will increase the number of people who will access the system.</b></p>	<p>In progress</p>

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mechanisms (e.g., a hotline)			
(1-2) Z. Provide regular reports to the Implementation Board on grievances filed and resolved by the Ombuds office, including relevant demographic trends in reports filed.	Ombud Accountability Administrative Data	Data from the grievance processes developed under this initiative will allow KCRHA to better adjust services to better meet the needs of individuals accessing services. Formalizing adjustments with policy from the board <b>will increase access to the system and the number of exits to permanent housing.</b>	Not yet started
(1-2) AA. Stand-up an Ombud's Advisory Board.	Ombud Accountability Administrative	The advisory board will be able to direct and consult with the Office to adjust protocols and strategies to better meet the needs of individuals. Building greater trust in the Office from improved protocols and strategies should ultimately <b>increase access to the system and the number of exits to permanent housing.</b>	In progress
(1-2) AB. Continue improving Coordinated Entry prioritization mechanisms based on sub-regional information and Homelessness Management and Information Systems data as well as feedback from people with lived experience.	Coordinated Entry Sub-Regional Planning Data Accountability	Improvements to Coordinated Entry informed by these sources will drive more successful housing placements which should lead to <b>increased throughput of the system and decreasing rates of return to homelessness.</b>	Not yet started
(1-2) AC. Develop administrative capacity to support the Advisory Committee in their role advising the functions of Coordinated Entry.	Coordinated Entry Accountability	Improved oversight of Coordinated Entry will support <b>more successful housing placements which should lead to increased throughput of the system and decreasing rates of return to homelessness.</b>	In progress
(1-2) AD. Review and modify the design of the Regional Access Point	Coordinated Entry	Improved access to services through a Regional Access Point will <b>increase the number of single</b>	Not yet started

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<p>program to improve the client experience and access to housing.</p>	<p>Sub-Regional Planning Data  Accountability</p>	<p><b>adults, families and youth who can access the system.</b></p>	
<p>(1-2) AE. Implement a phased portfolio re-procurement process with comprehensive geographic coverage, service continuity with housing-focused resources at all points of connection, and close coordination with sub-population-specific providers.</p>	<p>Procurement Sub-Regional Planning Equity Disproportionately Represented Population  Population-Specific Care</p>	<p>Equity in the procurement process will drive more geographic and sub-population specific distribution of resources which should <b>increase access to the system, improve throughput, increase the exits to permanent housing, and reduce returns to homelessness.</b></p>	<p>In progress</p>
<p>(1-2) AF. Increase the number of services (ex. Shelter, case management, outreach) that operate 365 days a year, and 24 hours a day for 7 days of the week.</p>	<p>Procurement Person-Centered Care</p>	<p>Expanded business hours will allow for <b>more people to access and maintain services which should increase access to the system and increase exits to permanent housing.</b></p>	<p>Not yet started</p>
<p>(1-2) AG. Establish a King County Youth Action Board (YAB) composed of a diverse group of Youth and Young Adults (YYA) with lived experience of homelessness to ensure that the voices of those most affected are centered in developing solutions.</p>	<p>YYA Systemwide Standardization Accountability Population-Specific Care</p>	<p>Youth and Young Adults (YYA) involved in program design will yield models that better account for the needs of YYA long term which <b>should increase exits to permanent housing, and decrease rates of return into homelessness.</b></p>	<p>In progress</p>

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<p>(1-2) AH. Refine and maintain, through quarterly updates, the Regional Services Database/Landscape Analysis of all homelessness programs within King County to support data-driven planning.</p>	<p>Data Accountability Sub-Regional Planning</p>	<p>Publicly available/accessible insight into all programs for people experiencing homelessness will allow for greater enrollments into the shelter system at any given time <b>which will increase the number of single adults, families and youth who can access the system.</b></p>	<p>In progress</p>
<p>(1-2) AI. Create an accurate and live inventory of all publicly funded homeless housing and shelter projects in the region.</p>	<p>Data Accountability Sub-Regional Planning Coordinated Services</p>	<p>Publicly available/accessible insight into all programs for people experiencing homelessness <b>will allow for greater enrollments into the shelter system at any given time which will increase the number of single adults, families and youth who can access the system.</b></p>	<p>In progress</p>
<p>(1-2) AJ. Create a Community Based Participatory Research group within KCRHA comprised of individuals from communities most impacted by homelessness.</p>	<p>Data Accountability Disproportionately Represented Populations</p>	<p>Living into the Theory of Change and having data design and interpretation by those with lived experience will improve our research methods which will <b>improve our overall understanding of how homelessness is experienced.</b></p>	<p>In progress</p>
<p>(1-2) AK. Support outreach coordination efforts in each sub-region to encourage alignment, expansion, and effectiveness.</p>	<p>Coordinated Services Sub-Regional Planning</p>	<p>Greater access to outreach and diversion services will <b>increase the people who access the homelessness response system, as well as increase their ability to find permanent housing.</b></p>	<p>Not yet started</p>
<p>(1-2) AL. Support coordination, via KCRHA base building spaces, between agencies providing diversion services to share information and serve clients more efficiently.</p>	<p>Coordinated Services Diversion / Prevention Program Design</p>	<p>Coordination between providers will drive towards a more effective way to serve people which should <b>increase exits to permanent housing.</b></p>	<p>In progress</p>
<p>(1-2) AM. Collaborate with sub-</p>	<p>Sub-Regional Planning</p>	<p>Regional alignment will support the ultimate onlining</p>	<p>In progress</p>

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<p>regional collaborative coalitions and local jurisdictions to develop local support for sub-regional implementation plans.</p>	<p>System Coordination Systemwide Standardization</p>	<p>of new temporary and permanent housing intervention which <b>should increase the total number of people exiting into permanent housing.</b></p>	
<p>(1-2) AN. Analyze regionwide data, such as the Understanding Unsheltered Homelessness Project (UUHP) dataset, with a sub-regional lens to better understand sub-regional differences.</p>	<p>Data Accountability Sub-Regional Planning Systemwide Standardization</p>	<p>Living into the Theory of Change and having data design and interpretation by those with lived experience will improve our research methods which <b>will improve our overall understanding of how homelessness is experienced.</b></p>	<p>Not yet started</p>
<p>(1-2) AO. Identify and work with people with lived experience in every sub-region to understand the experience of homelessness and how it relates to where someone lives in King County</p>	<p>Sub-Regional Planning Accountability Community Involvement</p>	<p>Living into the Theory of Change and having data design and interpretation by those with lived experience will improve our research methods which <b>will improve our overall understanding of how homelessness is experienced.</b></p>	<p>In progress</p>
<p>(1-2) AP. Create opportunities for people with lived experience to give feedback on the CE processes</p>	<p>Accountability Coordinated Entry</p>	<p>Improvements to Coordinated Entry informed by these sources will drive more successful housing placements which <b>should lead to decreasing rates of return to homelessness.</b></p>	<p>In progress</p>
<p>(1-2) AQ. Continue to pilot Partnership for Zero with integration of improvements to By-Name-List technology, incident command systems, and Medicaid billing.</p>	<p>Innovation Funding Data</p>	<p>Housing people through this intervention increases the total number of people exiting to permanent housing. Building out Medicaid billing will allow for an additional sustained funding stream for the RHA, which can be used to scale this effort, allowing for <b>greater access to the homelessness service</b></p>	<p>In progress</p>

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	Technology	<b>system.</b>	
(1-2) AR. Pursue additional funding opportunities across federal, state, local and philanthropic sources to expand services and support.	Funding Administrative	Increasing funding in our system allows the KCRHA to <b>increase the number of temporary and permanent housing units in King County, increasing the number of people who can access the system, and drive higher throughput across the system.</b>	In progress  Note: Successfully signed into an agreement with five North King County Jurisdictions
(1-2) AS. Provide local jurisdictions with information to support data-driven decision-making on the region's homelessness response system, including program and investment recommendations	Data Accountability Sub-Regional Planning System Coordination Systemwide Standardization	Increasing funding in our system allows the KCRHA to <b>increase the number of temporary and permanent housing units in King County, increasing the number of people who can access the system, and drive higher throughput across the system.</b>	In progress
(1-2) AT. Coordinate with advocacy organizations to increase state and federal funding into homelessness response.	Community Involvement Funding	Increasing funding in our system allows the KCRHA to <b>increase the number of temporary and permanent housing units in King County, increasing the number of people who can access the system, and drive higher throughput across the system.</b>	In progress
(1-2) AU. Pursue sub-regional agreements with sub-regions to pool funding for homeless services.	Sub-Regional Planning Funding System Coordination	Working with cities to create more efficiency in homelessness services and improve resource allocation to support housing options across the region <b>will increase exits to permanent housing.</b> An increased number of cities providing centralized	In progress

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		funding for homelessness response may also <b>increase the number of temporary and permanent units in the system.</b>	
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<b>Key Actions: System-to-System Connections</b>			
<b>Key Action</b>	<b>Topic Areas</b>	<b>Impact</b>	<b>Status</b>
(1-2) AV. Partner with the behavioral health organizations to support connections to behavioral health services.	Behavioral Health Health Care High-Acuity System Connection Enhanced Care	Establishing connections and providing smooth transitions for individuals to behavioral health supports enhances the quality of care, mitigates future needs for support, and <b>increases the chances of success in permanent housing; ultimately reducing rates of return into homelessness and increasing throughput in homelessness programs.</b>	Not yet started
(1-2) AW. Partner with King County Behavioral Health and Recovery Division and Public Health and Healthcare for the Homeless Network to improve communication, coordination, education, and information sharing across our homelessness response system for high acuity individuals.	Behavioral Health Health Care High-Acuity System Connection	Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for people quickly which can <b>increase the chances of success in permanent housing, increase throughput in our system, and reduce returns to homelessness.</b>	In progress
(1-2) AX. Coordinate with faith-based communities to identify untapped physical spaces to be used in severe	Severe Weather Community	With increased sheltering options, we will have a <b>better understanding of the scale of unsheltered homelessness and more individuals will become</b>	In progress



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weather shelters.	Involvement	<b>connected to services.</b>	
(1-2) AY. Improve coordination between Domestic Violence and Gender-Based Violence services to support families and individuals.	Families Single Adults DV/GBV Coordinated Services Population-Specific Care	Through supporting this coordination, more single adults, families and youth <b>should be able to exit into permanent housing and increase throughput of the system.</b>	Not yet started
(1-2) AZ. Coordinate across providers and systems to provide long-term support for families transitioning from homelessness to permanent housing.	Coordinated Services System Coordination Families Population-Specific Care	Greater support to families with children transitioning to permanent housing <b>should allow for fewer returns to homelessness.</b>	Not yet started
(1-2) BA. Support training for community members, advocacy groups, and faith-based groups to be more engaged in our shared homelessness response.	Community Involvement	More community members trained and able to support our unhoused neighbors will support <b>increasing the number of people accessing the system.</b>	In progress
(1-2) BB. Initiate and maintain relationships with private landlords, local jurisdictions, and business and philanthropy.	Community Involvement System Coordination	An increased number of available housing units allows for <b>greater availability to directly move single adults into permanent housing.</b>	In progress

Years 3 - 5

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The following are a series of actions that KCRHA and our partners will conduct in years three through five of the plan, assuming there are no increases to the program or administrative budget at KCRHA in the next budget cycle. These actions do not require additional funding.

Key Actions: Service Provider Organizations		
Key Action	Topic Areas	Impact
(3-5) A. In partnership with organizations that serve historically marginalized communities, develop an inventory of successful approaches and best practices for other programs to integrate. Develop qualitative and quantitative evaluation tools to understand how these approaches work for historically marginalized communities.	Data Technology Population-Specific Care Disproportionately Represented Populations Innovation	Implementation of these best practices across the system will support <b>increased exits to permanent housing for BIPOC, LGBTQIA2S+, and other historically marginalized communities.</b>
(3-5) B. Develop pathways for immigrants, refugees, and asylum seekers that consider the varying levels of eligibility and documentation requirements.	Population-Specific Care Innovation System Coordination	Developing tailored approaches will support <b>increases in access to the system and exits to permanent housing for immigrants, refugees, and asylum seekers.</b>
(3-5) C. Change the eligibility requirements for diversion resources to allow for those at risk of	Program Design Prevention / Diversion	Greater upstream support for people to maintain their current housing situation <b>will decrease the number of people entering the homelessness service system.</b>

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experiencing homelessness to access diversion services, rather than exclusively people already experiencing homelessness.		
(3-5) D. Increase provider access to diversion training to ensure best practices are followed	Prevention / Diversion Accountability Best Practices	Training will allow for providers to better utilize and deploy diversion funds, which <b>will increase exits to permanent housing.</b>
(3-5) E. Work with diversion providers to include case management support for three to six months after financial assistance is provided	Prevention / Diversion Population-Specific Care Coordinated Services	Extending case management will help clients who receive diversion funds maintain their housing, <b>which should decrease returns to homelessness.</b>
(3-5) F. Develop and implement a culturally-responsive service provision audit framework for all disproportionately impacted populations	Disproportionately Represented Populations Accountability Administration	Increasing accountability for best practices and approaches when serving disproportionately impacted sub-populations should improve supports for these communities and <b>should drive a greater number of people from those communities to exit to permanent housing.</b>
(3-5) G. Identify and support the implementation of clear policy and programming strategies to engage families identified as experiencing homelessness by schools and connect them with the necessary supports	Families System Coordination Prevention / Diversion	Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for people quickly, which <b>can increase the chances of success in permanent housing.</b>
(3-5) H. Work with technology	Accountability	Improvements to programs informed by lived experience will <b>drive more</b>

<p>developers to create and deploy a platform that allows for direct client feedback to KCRHA independent of a provider or surveyor.</p>	<p>Technology Coordinated Services System Coordination Innovation</p>	<p><b>successful housing placements, which should lead to an increase in exits to permanent housing, greater throughput of the system, and decreases in returns to homelessness.</b></p>
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<p><b>Key Actions: Network of Homeless Services</b></p>		
<p>Key Action</p>	<p>Topic Areas</p>	<p>Impact</p>
<p>(3-5) I. Develop By-Name lists for each household type (e.g. family, single adult, young adult).</p>	<p>Data Technology Coordinated Services Standardization Innovation</p>	<p>Having up-to-date, accurate information of all people experiencing homelessness in King County will allow the KCRHA to better connect the right people to the right resources at the right time. <b>This will increase the total number of people exiting to and maintaining permanent housing, while driving greater throughput of the system.</b></p>
<p>(3-5) J. Partner with technology leaders and developers to create a platform that allows program participants to see and interact with their data.</p>	<p>Technology Accountability Coordinated Services Innovation</p>	<p>Improvements to services informed by lived experience will drive more successful housing placements, which should lead to <b>decreasing rates of return to homelessness and increased throughput of the system.</b></p>

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<p>(3-5) K. Consolidate all severe weather emergency response functions for those living unsheltered to support standardization across the region for a true regional response.</p>	<p>Severe Weather Standardization Sub-Regional Planning Coordinated Services</p>	<p>Standardization of approach across the system means that KCRHA can more reliably and consistently activate emergency protocols, <b>which should increase the number of unsheltered people accessing the system.</b></p>
<p>(3-5) L. Expand funding support to implement evidence-based strategies in programs that serve families</p>	<p>Funding Families Population-Specific Care</p>	<p>Increased programs for families <b>will increase the number of families with children who access the homelessness response system, as well as increase their ability to find permanent housing.</b></p>
<p>(3-5) M. Remove the 30- to 45-day time limit to complete diversion to accommodate households with complex needs</p>	<p>Prevention / Diversion Population-Specific Care</p>	<p>Adjusting program requirements to support flexibility for participants will improve an individual's continuation within a program, <b>which should increase exits to permanent housing.</b></p>
<p>(3-5) N. Develop processes to ensure units across the region are filled through Coordinated Entry.</p>	<p>Coordinated Entry Administration Racial Equity</p>	<p>A coordinated system rooted in equity built into the Coordinated Entry referral process will <b>drive decreases in racial disproportionalities of homelessness while also increasing access to the system.</b></p>
<p>(3-5) O. Implement effective Coordinated Entry compliance mechanisms for all housing programs in the Continuum of Care.</p>	<p>Coordinated Entry Accountability Administration</p>	<p>Improved accountability for housing programs within Coordinated Entry will support <b>more successful housing placements, which should lead to decreasing rates of return to homelessness.</b></p>
<p>(3-5) P. Strengthen coordination between providers and other systems</p>	<p>Coordinated Services</p>	<p>Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for</p>

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<p>through collaborative convenings</p>	<p>System Coordination Accountability</p>	<p>people quickly, which <b>can increase the chances of success in permanent housing, greater throughput of the system, and decrease returns to homelessness.</b></p>
<p>(3-5) Q. Create strong connections with the child welfare system to create proactive connections for youth exiting foster care or other youth programs or settings.</p>	<p>Coordinated Services System Coordination Accountability YYA Families</p>	<p>Proactive support of youth aging out of the child welfare system can decrease the inflow of YYA experiencing homelessness while also providing quicker, more efficient paths for YYA experiencing homelessness into permanent housing. <b>This should increase throughput of YYA temporary housing programs and increase the number of exits to permanent housing for YYA.</b></p>
<p>(3-5) R. Review existing region wide data collection practices with a racially-equitable lens</p>	<p>Data Accountability Standardization Racial Equity Best Practices</p>	<p>Adjusting data collection methods to better account for racial equities should <b>drive decreases in racial disproportionalities of homelessness by race while also increasing exits to permanent housing.</b></p>
<p>(3-5) S. Develop inquiry and evaluation methods rooted in innovative and evidence-based methodology to further inform performance measurement practices</p>	<p>Accountability Performance Measurement Best Practices</p>	<p>Changes to evaluation methods will help understanding of what makes a program successful; through redefining what success looks like, programs that take more culturally responsive approaches will have avenues for expansion. <b>This should drive a greater number of BIPOC, LGBTQIA2S+, and other historically marginalized populations exiting to permanent housing.</b></p>

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Key Actions: System-to-System Connections		
Key Action	Topic Areas	Impact
(3-5) T. Strengthen partnerships between homeless service providers, KCRHA, and key staff and faculty within school districts across King County to prevent more families and youth from becoming homeless.	System Coordination Prevention / Diversion Families YYA	Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for people quickly, which can allow people to better maintain their current housing, <b>ultimately decreasing the number of new families and youth entering the homelessness service system.</b>
(3-5) U. Establish a data connection between the homelessness system and school districts to improve reporting and prevention.	Data System Coordination Prevention / Diversion Families YYA	Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for people quickly, which can allow people to better maintain their current housing, <b>ultimately decreasing the number of new families and youth entering the homelessness service system.</b>
(3-5) V. Partner with hospitals and medical facilities to improve connections with pediatric clinical staff to support greater levels of support and connection for families	System Coordination Families Health Care	Partnerships across systems allows for efficient use of resources, better understanding of system processes, and increased ability to care for people quickly, <b>which can increase the chances of success in permanent housing for families.</b>
(3-5) W. Align KCRHA strategies focused on children and youth with King County’s Best Starts for Kids best practices.	YYA System Coordination Standardization	Strategic alignment on investments addressing the needs of families with children should allow for more consistent, reliable access to the system for families with children and YYA. <b>This should allow for greater throughput of the homelessness response system and a greater number of exits to permanent housing.</b>

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## Resources for the Present and the Future

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Core to the Authority’s approach to rapidly reducing the number of people currently forced to live outside is the significant expansion of temporary housing options. **While the current number of temporary shelter/housing units across King County is 3,552 units, the estimated of need by the end of 2027 is 22,534 temporary shelter/housing units.** The key actions from the previous section are framed around the approved 2023 budget and assume no budget increases for programming or administration; however, the KCRHA recognizes that affordable, permanent housing options are needed to truly address homelessness and housing unaffordability in King County.

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When we look **outside of the scope of KCRHA**, the Regional Affordable Housing Committee that is tasked with overseeing the implementation of the (RAHTF) Final Report and Recommendations from 2018<sup>29</sup> adopted Shared Revenue Principles in November 2020, stating that “Government and other funders should aim to deploy existing and new revenue tools sufficient to meet the need to build or preserve 44,000 units affordable at or below 50% AMI.”

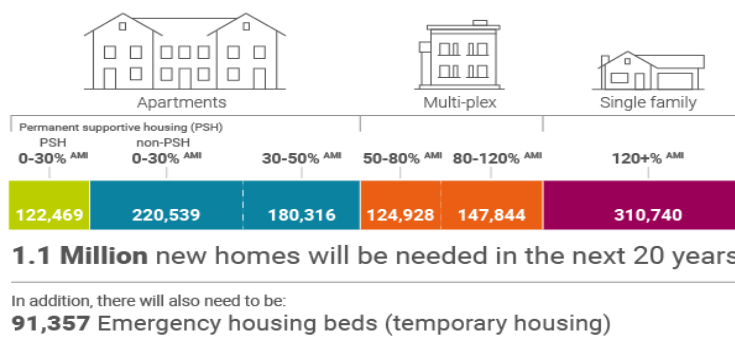
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The Shared Revenue Principles document includes a cost model that estimates it will cost \$20 billion to construct, preserve, operate and service 44,000 homes affordable at 0-50% Area Median Income between 2019 and 2023.<sup>30</sup> This is aligned with the 2020 McKinsey report finding that solving homelessness by increasing housing stock will cost an additional \$450 million to \$1.1 billion per year for the next ten years, beyond what is being spent.<sup>31</sup>

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Future housing needs broken down by area median income (AMI) groups



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Further, to support planning for housing needs, the Washington State Department of Commerce projects that 1.1 million new homes will be needed in the next 20 years. In addition, there will also need to be **91,357 emergency housing beds statewide.**

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<sup>29</sup> RAH\_Report\_Print\_File\_Updated\_10,-d-,28,-d-,19.ashx (kingcounty.gov)

<sup>30</sup> AHC\_Shared\_Revenue\_Principles\_.ashx (kingcounty.gov)

<sup>31</sup> Homelessness in Seattle and surrounds: Why does King County face a crisis? | McKinsey



833 **Recognizing that KCRHA is tasked to solely address the crisis response of**  
834 **homelessness and that we operate with limited public resources, we focus in the initial**  
835 **years of this plan to work within our current budget to make the system as efficient and**  
836 **effective as possible.**

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838 One of the key ways KCRHA will transform the system is **through increasing our system’s**  
839 **ability to leverage financial resources from the federal and state level for existing**  
840 **programs.**

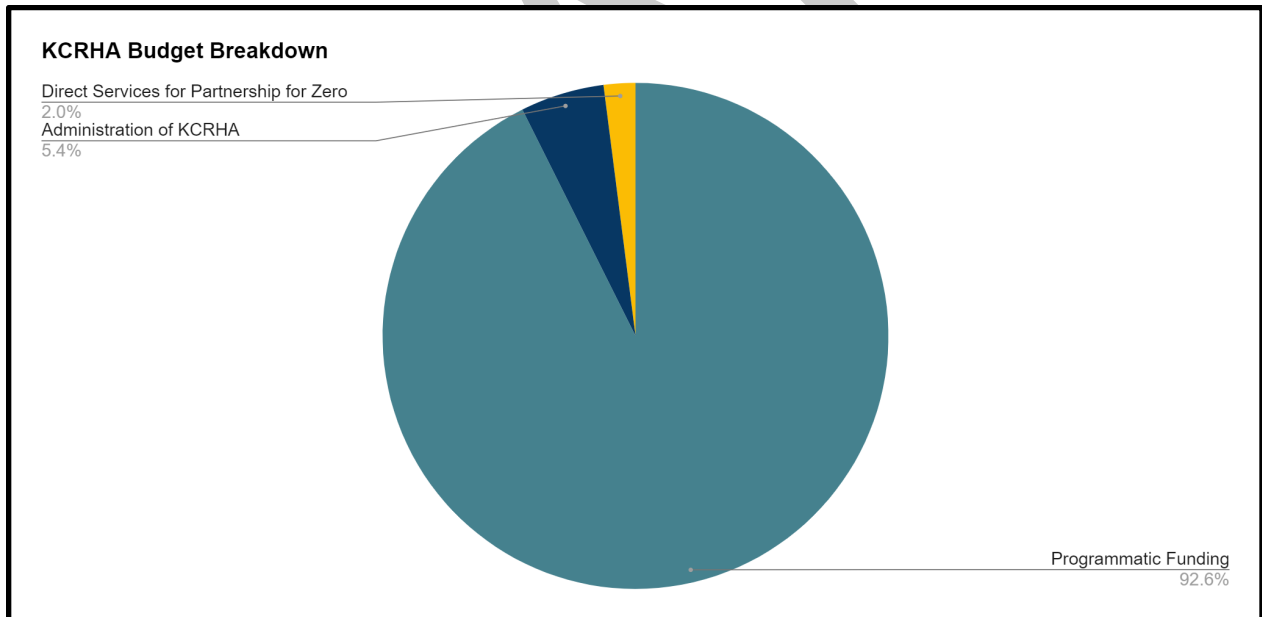
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842 If and when new funding becomes available, we have identified some initial areas where new  
843 investments could make a significant impact towards reducing homelessness.

### 844 Understanding the Current KCRHA Budget

845 There are three buckets within the KCRHA budget:

- 846 1. Administration of KCRHA
- 847 2. Programmatic Funding
- 848 3. Direct Services for Partnership for Zero

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### 853 Operations and Administration

854 Currently, KCRHA operates at about a 5.4% administrative budget. This funding comes  
855 primarily from the City of Seattle and King County with each funder providing \$6.9 million and  
856 \$2.5 million respectively to support KCRHA administrative operations. It should be noted that  
857 industry minimum standard is 10%; HUD allows up to 10% administrative budget for Continuum

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858 of Care grants<sup>32</sup> which is split between providers and the KCRHA; and up to 7.5% for  
859 Emergency Shelter Grants (ESG).<sup>33</sup>

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861 As KCRHA continues to build-out the agency, we intend to work with our funders to be able to  
862 increase this administrative ratio in order to carry out all lines of business appropriately and  
863 expeditiously.

### 864 Programmatic Funding

865 One of the core responsibilities of the KCRHA is to administer funding to local service providers  
866 within King County; this comes from the "Programmatic Funding" bucket described above. In  
867 addition to issuing funding for services to local organizations, this funding can also be used to  
868 expand spaces (beds and units) through property acquisition or master leasing of spaces (such  
869 as hotel rooms).

870

871 Programmatic funding comes from local, state, and federal sources. Those funds are broken  
872 down as follows:

873

KCRHA 2023 Program Base Budget	
Local	\$80,378,722
State	\$5,777,906
Federal	\$76,136,235 <b>Note: this includes Dept. of Commerce Right of Way (ROW) funding for acquisition, operations, and services.</b>
<b>Total</b>	<b>\$157,092,863</b>

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<sup>32</sup> HUD Exchange. (n.d.) *Cost Limits and Sharing Requirements*. Retrieved April 9, 2023, from <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/project-administration/cost-limits-and-sharing-requirements/>

<sup>33</sup> HUD Exchange. (n.d.) *Administrative Activities*. Retrieved April 9, 2023, from <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-eligible-activities/administrative-activities/>

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881 **KCRHA receives funding for local service providers from the City of Seattle and King**  
 882 **County. The following is a breakdown of the funding that will be distributed to local**  
 883 **service providers through KCRHA in 2023.**  
 884

Source	Amount
King County	\$23,263,031
City of Seattle	\$81,324,374
<b>Total</b>	<b>\$104,587,405</b>

885  
 886 As a sign of growing regional partnership, in early 2023 five North King County jurisdictions  
 887 including Bothell, Kenmore, Lake Forest Park, Shoreline, and Woodinville signed onto a formal  
 888 agreement with KCRHA to pool funding and administration through the agency. As a part of the  
 889 agreement, the cities agreed to contribute \$1.20 per capita as a minimum contribution. The total  
 890 funding is as follows:  
 891

2023 North King County Funding	
Source	Amount
City of Bothell	\$52,000.00
City of Kenmore	\$38,000.00
City of Lake Forest Park	\$16,344.00
City of Shoreline	\$100,817.00
City of Woodinville	\$58,500.00
<b>Total</b>	<b>\$265,661.00</b>

892 Local Funding Outside of KCRHA Purview

893 In addition to the funding sources outlined above, King County cities directly invest in a wide  
 894 range of human services. This includes, but is not limited to, funding for programs that serve  
 895 individuals experiencing homelessness and/or at risk of homelessness, such as shelter,  
 896 outreach programs, and rental assistance. Funding is awarded on a biennial basis and is  
 897 primarily allocated through the cities' general fund budgets.  
 898

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899 Further, some cities have utilized one-time funding such as the American Rescue Plan Act  
900 (ARPA)<sup>34</sup> and funding tools enacted by the State Legislature such as HB1590<sup>35</sup> to address local  
901 human service needs. Outside of the existing interlocal agreements held with the North King  
902 County Cities, the City of Seattle, and King County, these local funds are not currently  
903 administered by KCRHA. Across King County, agencies rely on a variety of funding sources,  
904 including county, city, KCRHA, foundations, and private donations to keep their doors open.

### 905 What We Currently Fund

906 Per our 2023 final approved budget, KCRHA administers funding across 17 different program  
907 types. The breakdown is as follows:

908

Program	Amount	Percent Share
Access	\$1,756,510.00	0.75%
Day Centers	\$2,850,559.00	1.21%
Diversion	\$2,378,771.00	1.01%
EHV Services	\$1,091,500.00	0.47%
Emergency Housing	\$37,243,992.00	15.87%
Enhanced Shelter	\$71,150,363.00	30.32%
Housing and Essential Needs (HEN)	\$28,083,148.00	11.97%
Hygiene Centers	\$947,987.00	0.40%
Provider Inflation & Wage Increases	\$10,916,937.00	4.65%
Navigation	\$319,400.00	0.14%
Other Program	\$2,683,207.00	1.14%
Outreach and Engagement	\$8,333,933.00	3.55%
Permanent Supportive Housing	\$18,465,038.00	7.87%
Prevention	\$3,029,336.00	1.29%
Rapid Rehousing	\$36,765,601.00	15.67%
Safe Parking	\$6,224,371.00	2.65%
Transitional Housing	\$2,401,935.00	1.02%
<b>Program Total</b>	<b>\$234,642,588.00</b>	<b>100.00%</b>

909

### 910 Reprourement

911 As a government administrator, contracts and funding are the mechanism through which  
912 KCRHA can adjust and improve our homelessness crisis response system. Information about  
913 funding opportunities is regularly posted on our website.

914

<sup>34</sup> <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

<sup>35</sup> <https://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1590.SL.pdf?q=20230405140812>

915 Our overall goal in procuring services through contracts for the homelessness response system  
916 is to build a proactive, equitable, and community and data-driven homelessness response  
917 system, so such that wherever you are in King County, you are able to access robust services  
918 that are culturally relevant, responsive, and healing-based within the community you call *home*.

919  
920 Our procurement policy can be found [here](#)<sup>36</sup>. Funding opportunities are posted on the KCRHA  
921 website.

## 922 Direct Services for Partnership for Zero

923 KCRHA developed Partnership for Zero, a public-private partnership aimed at rapidly resolving  
924 unsheltered homelessness in targeted geographic areas by focusing all available system  
925 resources on that target zone. The Authority's initial focus is on downtown Seattle. It is  
926 supported by the City of Seattle, King County, the Lived Experience Coalition, and the We Are  
927 In coalition of local businesses and philanthropies. We Are In provided funding for Partnership  
928 For Zero which is \$5,129,662 or 2% of the total KCRHA budget. This funding is primarily  
929 dedicated to the staffing costs associated with the in-house frontline staff workforce known as  
930 the System Advocates Team.

931  
932 This specialized workforce, dubbed Systems Advocates (SAs), uses a peer navigation  
933 approach, in which SAs act as long-term coaches and allies as clients navigate multiple social  
934 service systems on the path from homeless to housed. SAs engage in culturally appropriate,  
935 long-term relationships with people experiencing homelessness, using learnings from their own  
936 lived experience, along with empathy and dignity, to provide structured support for clients, while  
937 prioritizing client choice and self-determination.

938  
939 The shift to SAs as the throughline point of contact for those experiencing homelessness  
940 ensures that true relationships are the focus of outreach. These relationships build trust and  
941 allow for those who are unsheltered to be authentic about their needs and wants for sustainable  
942 housing. SAs not only develop authentic relationships, but also provide navigation assistance  
943 for what can be a convoluted homelessness system. Their personal experiences of  
944 homelessness equip SAs to walk through the system with others and provide insight into  
945 effectively navigating into housing, healthcare, and benefits such as food assistance, TANF,  
946 SSI, etc. SAs also collect information for the by-name-list, record individuals' housing type  
947 preferences, and provide case planning.

948  
949 The system advocates workforce will also be the pilot area for what it would look like for our  
950 system to enhance the ability to bill medicaid. Based on current research, we estimate that  
951 Medicaid will reimburse 85% of Partnership for Zero (PfZ) costs.<sup>37</sup> Approximately \$879,950 of

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<sup>36</sup> <https://kcrha.org/wp-content/uploads/2022/11/KCRHA-Procurement-of-Goods-and-Services-Policy-FINAL-11-10-21-Revision.pdf>

<sup>37</sup> <https://kcrha.org/wp-content/uploads/2023/04/KCRHA-2024-Budget-1.pdf>

952 2024 Medicaid claims for PfZ costs are expected to be unreimbursed. We will monitor 2023  
953 spending and prioritize this need in our request to carry forward any unspent funds into 2024.

954  
955 Partnership for Zero is also supported by HUD through dedicated technical assistance from the  
956 specialized team responsible for responding to natural or manmade disasters that displace  
957 thousands of people. This team deployed onsite to King County in early September and has  
958 been focused on rapidly developing and iterating on processes that will help the region achieve  
959 key milestones, including reaching functional zero for chronic homelessness in target  
960 geographies.

961  
962 Building on identified best practices, a Housing Command Center (HCC) is the backbone of  
963 Partnership for Zero, using the Incident Command System emergency management framework  
964 to streamline the actions needed to house people. The HCC identifies available housing units  
965 and eligible households, and matches households to units. The HCC meets daily and  
966 coordinates between multiple government agencies and non-profit organizations.

967  
968 When functional zero is accomplished in each target geographic area, KCRHA will maintain the  
969 infrastructure necessary to rapidly assist individuals newly experiencing homelessness in those  
970 areas. The model is intended to be quickly and effectively scaled with additional resources to  
971 other communities across King County. This strategy builds infrastructure and adds capacity  
972 and coordination to the system to deliver comprehensive services and housing or shelter rooted  
973 in a Housing First model. This will revitalize communities and provide all residents an  
974 opportunity to thrive.

975  
976 Once this approach has been stabilized and debugged, KCRHA views the HCC model as a key  
977 strategy for resolving unsheltered homelessness, to be resourced and scaled across the region.

## 978 Transforming How We Fund Programs

979 One of the key ways KCRHA will transform the system is ***through increasing our system's***  
980 ***ability to leverage financial resources from the federal and state level for existing***  
981 ***programs.***

982 There are a number of existing federal and state programs that many people experiencing  
983 homelessness are eligible for. These include benefits that can provide food, health care, and  
984 cash assistance.

985 Federal resources include the Supplemental Nutrition Assistance Program (SNAP), which  
986 provides in-kind benefits for individuals and families for food; Temporary Assistance for Needy  
987 Families (TANF), which provides direct cash assistance and some non-cash assistance like  
988 transportation and child care; Supplemental Security Income (SSI), which provides monthly  
989 payments to adults and children with a disability or blindness who have income and resources  
990 below a specific financial limit, as well as to people age 65 and older without disabilities who  
991 meet the financial qualifications; and Medicaid.

992 To begin boosting our region’s access to federal support, KCRHA has identified a significant  
993 opportunity to leverage **existing** federal funding for homelessness services.

994  
995 Through a contract with CSH (formerly known as the Corporation for Supportive Housing),  
996 KCRHA is working to increase King County’s utilization of **Medicaid funding** for supportive  
997 housing services through the Foundational Community Supports (FCS) program.<sup>38</sup>

998  
999 Under FCS, Medicaid funding can support outreach and engagement, housing navigation, and  
1000 housing stability services for people experiencing homelessness. FCS is significantly  
1001 underutilized in King County compared to other regions within Washington State. CSH has a  
1002 clear track record of successfully providing technical assistance nationally to support  
1003 communities in increasing their capacity to scale FCS programs and address racial disparities in  
1004 their priority populations. These goals are achieved through capacity-building grants, direct  
1005 technical assistance, and the development of outcome measures and data tracking systems to  
1006 measure housing stability and health improvements through an equity framework.

1007  
1008 Specifically, KCRHA is working with CSH on a three-phase approach to maximizing Medicaid  
1009 for tenancy support services in King County:

1010  
1011 **PHASE I:** KCRHA became an FCS provider so that its Partnership for Zero System Advocates  
1012 can directly enroll hundreds of people into the program. KCRHA will track access to these  
1013 resources disaggregated by race in an effort to undo systemic racism as the costs of these  
1014 services shift back to the health care system.

1015  
1016 **PHASE II:** CSH interviewed service providers across King County about the successes and  
1017 challenges they are having in integrating their services into the Medicaid system. The interviews  
1018 will inform system changes and provider capacity-building in Phase III.

1019  
1020 **PHASE III:** KCRHA will partner with the We Are In coalition and CSH to launch a capacity-  
1021 building initiative to help the nonprofit sector create the infrastructure needed to meet Medicaid  
1022 requirements and address system-level challenges in maximizing FCS resources.

1023  
1024 In addition to better leveraging FCS across the system, KCRHA is focused on how service  
1025 providers can systematically and intentionally tap into resources from other federal programs. In  
1026 partnership with human services organizations, analysis is underway to fully understand the  
1027 level at which providers are enrolling homeless clients into federal programs (SNAP, TANF, SSI,  
1028 etc). Pursuing these opportunities is critical given the scale of need and current funding levels.  
1029 KCRHA sees this optimization of federal funds as a responsibility we have to the public and the  
1030 people we serve to ensure we are making the most of our budget and leveraging all existing  
1031 available funding to serve people experiencing homelessness.

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<sup>38</sup> Washington State Health Care Authority. (n.d.). *Initiative 3: Foundational Community Supports (FCS)*. Retrieved December 10, 2022, from <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/initiative-3-foundational-community-supports-fcs>

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1032

1033 There are also avenues to pursue federal grant opportunities that could further supplement the  
1034 homelessness service system. Federal Department of Health and Human Services (HHS)  
1035 funding streams include opportunities for long-term care supports for older adults, supports for  
1036 youth and young adults aging out of foster care, substance use supports, and supports for  
1037 individuals with higher levels of need, which may be available to KCRHA through existing  
1038 federal programs.

1039

1040 KCRHA has also identified potential funding available through federal Department of Justice  
1041 (DOJ) grants that support violence prevention and connections to support for people who are  
1042 involved with the criminal-legal system. Funding for these services may be available by directly  
1043 working with federal agencies to ensure that agencies serving people experiencing  
1044 homelessness who are gang-involved or otherwise exposed to the criminal-legal system have  
1045 pathways to successfully reintegrate into the community.

1046

1047 Community partners and KCRHA staff have also identified that a key strategy to better support  
1048 veterans experiencing homelessness is to ensure they are accessing all resources associated  
1049 with veterans status. Not accessing resources associated with veterans status extends beyond  
1050 just veterans experiencing homelessness. As recently as April 2023, Veterans Affairs Secretary  
1051 McDonough stated that out of roughly 5.3 million individuals eligible to file claims under the  
1052 PACT Act, a law passed in 2022 that expands healthcare access for veterans exposed to toxic  
1053 substances, only 450,000 had done so.<sup>39</sup> Secretary McDonough stated that a lack of trust in the  
1054 Department of Veterans Affairs remains a key obstacle preventing veterans from filing benefit  
1055 claims, including for benefits covered under the new PACT Act. Further, Secretary McDonough  
1056 additionally stated that Black and women veterans remain apprehensive of the VA because of  
1057 past policies and actions. With this trend seen nationally inclusive of housed veterans, staff  
1058 have identified that the homelessness response system can do better by veterans and better  
1059 resource the system through intentionally ensuring veterans experiencing homelessness are  
1060 accessing all benefits associated with veterans status.

1061

1062 Nationally best practices addressing veteran homelessness center on close coordination by  
1063 federal, state and local partners<sup>40</sup>. In King County, strategic direction to address veterans  
1064 homelessness is led by the Veterans Operational Leadership Team (VOLT). This group  
1065 includes representatives from KCRHA, King County Veterans Program (KCVP), U.S.  
1066 Department of Veterans Affairs (VA), Washington State Department of Veterans Affairs  
1067 (WDVA), and KCRHA as well as veteran service provider partners. VOLT is used as a  
1068 convening space to make policy decisions, share resources, and collaborate on broader system  
1069 planning. VOLT is the policy and operations arm of Veteran Case Conferencing. The purpose of  
1070 Veteran Case Conferencing is to match Veterans and their families to available resources  
1071 designed to serve them.

1072

1073 Federal funding opportunities can arise, the Emergency Housing Voucher program, is a key  
1074 example of a federal resource that became available in response to the COVID-19 pandemic;

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<sup>39</sup> [VA Secretary: Trust Remains Barrier to Vets Claiming Benefits | National Guard Association of the United States \(ngaus.org\)](https://www.ngaus.org/news/2023/04/20/va-secretary-trust-remains-barrier-to-vets-claiming-benefits/)

<sup>40</sup> [https://www.usich.gov/resources/uploads/asset\\_library/Ten-Strategies-to-End-Veteran-Homelessness-v3.pdf](https://www.usich.gov/resources/uploads/asset_library/Ten-Strategies-to-End-Veteran-Homelessness-v3.pdf)



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1075 due to this resource and strong partnership between homeless service providers, KCRHA and  
1076 the Seattle Housing Authority, Renton Housing Authority, and King County Housing Authority,  
1077 King County was able to successfully lease up all over 1,400 households using the vouchers  
1078 indicating 10 years of housing affordability for these individuals.

1079

1080 In seeking additional federal funds, KCRHA intends to create non-duplicative elements of care  
1081 and not replicate existing programs or systems within the homelessness crisis response.

1082

1083 King County is unique in that the local contribution to the effort to end homelessness is quite  
1084 significant, while other jurisdictions often have *only* their federal resources to deploy. Through  
1085 the leveraging of critical social support programs that people experiencing homelessness are  
1086 already eligible for, and creatively exploring new grant opportunities, we can pivot local funding  
1087 to focus on creating more beds and units that will bring more people inside.

DRAFT

### What KCRHA Would Do With New Funding

1088

1089

<b>Priority Strategies if New Funding Becomes Available</b>	
<i>Key Actions</i>	<i>Examples of Impact</i>
Expand shelter and emergency housing beds/units.	<p><b>\$20,000,000+</b> 55-500 beds, depending on service model</p> <p>If funding increases are permitted, further expanding non-congregate and emergency housing options would be a priority. Work with sub-areas, consider both non-congregate and congregate housing as appropriate as emergency housing.</p> <p>One time capital &amp; on-going costs (contingent on model)</p>
Expand medical recuperation and high-acuity programs.	<p><b>\$20,000,000</b> 55 high-acuity beds</p> <p>Aligned with priority in draft Five-Year Plan and with the 2023 budget proposal, which requested \$20 million for a high-acuity shelter with 55 high-acuity beds.</p> <p>One time capital &amp; on-going costs (contingent on model)</p>
Implement pilot cash transfer programs for families with children and/or YYA populations.	<p><b>\$750,000</b> 50 households receive monthly stipends of \$1,250</p> <p>Would expand the number of youth or families served by the pilot, if funding permitted.</p> <p>Ongoing</p>
Scale diversion resources, with the goal of diverting 6% or roughly 1,400 households in flowing into homelessness annually.	<p><b>\$2,500,000</b> Additional 700+ households served</p> <p>An increase of this magnitude would provide sufficient funding to scale diversion</p>

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	services. Ongoing
Pivot severe weather response to a seasonal weather response, rather than only in severe and life-threatening circumstances.	<b>\$1,000,000+</b> Seasonal deployment across King County  Increasingly volatile weather conditions are exacerbating the need for more regular deployment of weather sheltering options.  Ongoing
Increase flexible funding to support staff wages and staff health and wellness, including sign-on bonuses, compensation for vicarious trauma, and compensation for exposure to hazards and communicable diseases.	<b>\$15,000,000</b>  Based on the <a href="#">2023 budget proposal</a> , this figure represents a permanent 13% addition to provider base budgets to increase wages systemwide. The anticipated benefit of this is to provide the system with sufficient capacity to staff expanding services.  Ongoing
System capacity building	<b>\$2,000,000+</b>  These investments would support the training or agency capacity needed to ensure person-centered care, healing-based practices, wrap-around supports in emergency services, and administrative capacity to leverage additional funding streams, such as Medicaid. Depending on the amount of additional funding provided, more resources could be targeted to this area.

1090

1091 Supplemental Descriptions of Key Actions

1092

1093 Direct Cash Transfers: The state has been considering cash transfer programs. During the 2022 legislative session, the Washington State  
 1094 Legislature passed Engrossed Substitute Senate Bill (ESSB) 5092, requesting a feasibility study on a universal basic income pilot program. This  
 1095 study, conducted by the Department of Social and Human Services, found that “as little as \$333 per month can make a difference in the brain  
 1096 development of infants, and pilots providing \$1,000 – \$1,500 per month have led to gains in economic stability, health and well-being, and

## ATTACHMENT A

1097 planning for the future.”<sup>41</sup>

1098

1099 Severe Weather: As climate change accelerates, severe weather events—extreme heat, cold, and unhealthy air—occur with increasing frequency.

1100 From November 2022 through February 2023, we activated severe weather protocols seven times, for a total of 56 nights. For comparison, from

1101 late December 2021, when KCRHA took over severe weather response, to February 2022, we activated for a total of 17 nights. In the 2022

1102 summer season, KCRHA piloted cooling canopies for six days and was able to serve 680 people in dangerous heat conditions. Given these

1103 increasing conditions, the current set up of “severe weather” activation is inefficient and creates unnecessary inconsistency for our unhoused

1104 neighbors who are seeking refuge during dangerous conditions. With additional funding, KCRHA would move towards a seasonal model (i.e., a

1105 winter weather shelter that operates from September to February) and away from activating based on set weather criteri

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<sup>41</sup> Washington State Department of Social and Health Services. (2022, June 1). Washington State Basic Income Feasibility Study. Retrieved December 27, 2022, from [https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Universal%20Basic%20Income%20Pilot\\_de25f1fb-b4b7-4669-9d57-923d94ba4f53.pdf](https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Universal%20Basic%20Income%20Pilot_de25f1fb-b4b7-4669-9d57-923d94ba4f53.pdf)

## 1106 **Appendix A: Sub-Population Workgroups**

### 1107 **Community Engagement**

1108 The KCRHA approach is community-oriented, which involves consistent engagement paired  
1109 with iterative feedback. From the start of sub-regional planning efforts in June 2021, the KCRHA  
1110 Teams, including the Community Impact Team, the Community Capacity Team, the Sub-  
1111 Regional Planning Team, the Program and System Performance Teams, the Grants and  
1112 Procurement Teams, and the Ombud's Office, have been dedicated to further connecting to  
1113 community partners and people with lived experience to understand the landscape and  
1114 experiences with the homelessness response system. In June 2022, KCRHA leadership began  
1115 to formalize the strategic direction for the organization as a part of Five-Year Plan development.  
1116 Through a process of referencing existing initiatives and strategies and transposing strategies  
1117 from the NIS report and Regional Action Framework, the leadership team identified key areas to  
1118 build upon from those two planning reports.

1119

#### 1120 **Summer 2022 Engagements**

1121 In July alone, there were 38 workshops that engaged over 400 people. Teams were invited to  
1122 bring workshops to coalition meetings, community tables, and advocacy organizations, in  
1123 addition to regular standing sessions hosted by the KCRHA. Engagements focused on  
1124 geography, with workshops held for North King County, East King County, and South King  
1125 County and then independent workshops held for each Seattle Council district. Please note that  
1126 due to an unexpected weather emergency, which required an all-hands-on-deck response from  
1127 KCRHA and providers, the District 1 sub-regional planning workshop had only 4 participants;  
1128 and only two represented providers (one outside City limits). Efforts to reschedule were  
1129 unsuccessful. Therefore, the information about programs/services in West Seattle and South  
1130 Park likely contains significant gaps. In addition, workshops were held based on program types  
1131 and topics, including Outreach, Emergency Shelter, Transitional Housing, Permanent  
1132 Supportive Housing, Equity-based Procurement Processes, Contract Monitoring, and System  
1133 Performance. Beyond program types, workshops were also held specifically with the  
1134 Washington State Lived Experience Coalition (LEC), and members of the LEC also participated  
1135 in other workshops. This was an intentional step to ensure that the work was abiding by the  
1136 Theory of Change.

1137

1138 During this phase of engagement, KCRHA staff learned key information on how to direct  
1139 operations and strategy moving forward.

1140

#### 1141 **Fall 2022 Engagements**

1142 In the final phase of engagement to inform this plan, KCRHA staff convened partners on the  
1143 basis of sub-populations served and systems that interface with the homelessness response  
1144 system, not only for the purpose of fulfilling the KCRHA Interlocal Agreement (ILA) requirements

1145 for the Five-Year Plan strategies but also in recognition that sub-populations within the  
1146 unhoused community require distinct strategies, approaches, and system changes in order to  
1147 appropriately support these populations in their transition to permanent housing and stability.  
1148

1149 **Sub-Population Focus:**

- 1150 • High-Acuity Individuals
- 1151 • People Living with Disabilities
- 1152 • Native/Indigenous Communities
- 1153 • Immigrants and Refugees
- 1154 • Black and African American Communities
- 1155 • Youth and Young Adults
- 1156 • Families with Children
- 1157 • Vehicle Residents
- 1158 • Veterans
- 1159 • Survivors of Gender-Based Violence
- 1160 • Seniors and Elders
- 1161 • LGBTQIA2S+ Single Adults

1162

1163 **System Focus:**

- 1164 • Carceral Systems
- 1165 • Health Care Systems
- 1166 • Behavioral Health System

1167

1168 **Content Development**

1169 With this lens and informed by input from the community, the KCRHA teams first developed  
1170 internal working groups with staff who have lived experience or work experience in these areas  
1171 to compile notes from previous engagements and data regarding these sub-populations. Then  
1172 staff utilized the anti-racist strategy chart tool to ensure centering of a racial equity approach as  
1173 they began to draft proposed objectives and initiatives regarding these sub-populations.  
1174

1175 With objectives and initiative language drafted, the teams then brought the draft language to  
1176 workshops that were intentionally constructed to include people with lived experience and  
1177 provider organizations who serve these communities, as well as system partners. There was  
1178 also an additional open opportunity for community partners to sign up to the sessions.  
1179

1180 In the workshops, the objectives and initiatives were brought forward as a starting point for the  
1181 conversation to identify whether the strategies being proposed were consistent with what the  
1182 community identified as urgent needs. Additionally, the workshops were an opportunity for the  
1183 group to further inform how the KCRHA team would implement the proposed strategies. This  
1184 plan is largely reflective of the direct results from those engagements.  
1185

1186 KCRHA also received the support of BDS Planning to conduct some specific engagements,  
 1187 namely, to support an immigrant and refugee community focus group in partnership with Open  
 1188 Doors for Multicultural Families.

1189  
 1190 We estimate that over 1,000 King County community members were engaged throughout this  
 1191 process to inform the Five-Year Plan. The strategies outlined in this plan reflect community  
 1192 priorities and the most human-centered modeling work done to date and are supported by  
 1193 robust data and analysis.

1194 **Appendix B: Glossary**

Glossary of Key Terms		
<b>A</b>	<b>Access/Accessibility</b>	Ensuring that a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equitable and equally effective manner.
	<b>ADA</b>	Americans with Disabilities Act
	<b>ADL</b>	Activities of daily living
	<b>AI/AN</b>	American Indian / Alaska Native
	<b>Anti-Racism</b>	The work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach, set up in opposition to individual racist behaviors and impacts. (Race Forward, “Race Reporting Guide” (2015).)
<b>B</b>	<b>Base</b>	A large group of supporters with similar goals and values who can be called on to take action for a shared cause.
	<b>Base Building</b>	Base building comes from organizing spaces—a base consists of a large group of supporters/stakeholders with similar goals and values who can be called on to take action for a shared cause. We are looking to mobilize different stakeholders, such as service providers, people with lived and living experiences, and community members to build a base with shared goals and values to improve access to services. For this, we have dedicated spaces by resource type where we will be discussing what things are working and what needs improvement, as well as offering training, agency updates, and case studies, among others.

	<b>Behavioral Health</b>	A term that covers the full range of mental and emotional well-being – from day-to-day challenges of life to the treatment of mental illnesses, substance use disorders, and other addictive behaviors.
	<b>Bridge Housing</b>	A model of temporary housing that includes service-enriched programs such as case management, mental health care, substance abuse treatment, and housing placement.
	<b>By and For Organization</b>	KCRHA uses a short-form evaluation to highlight organizations that serve disproportionately impacted communities, including BIPOC and LGBTQIA2S+ communities and people living with disabilities. The indicator is based on the organization’s response to questions about what sub-populations they serve, as well as KCRHA’s independent knowledge of and record of interactions with the organization. Organizations are coded with a simple “yes” or “no” to indicate whether the program design incorporates cultural competency to support a specific population, and/or whether the organization is a “By and For” organization led by representatives of the community that it seeks to serve.
	<b>By-Name List</b>	A dataset that ideally includes information on everyone experiencing homelessness from a particular group or community. In addition to their names, specific data points about the circumstances of their situation and their desired resolution can be customized to the community’s needs. By building a By-Name List, we are able to quantify the number of people experiencing homelessness in the community of focus, articulate the circumstances of their homelessness at an aggregate level, and identify what is needed to re-house all of them.
<b>C</b>	<b><u>Case Management</u></b>	Service focuses on immediate efforts to attain housing, using the minimum assistance needed to address each household’s immediate housing crisis.
	<b><u>Caseloads</u></b>	The workload (in terms of number of cases or clients) a social worker or case manager is responsible for at one time.



<p><b><u>Chronically Homeless</u></b></p>	<p>In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must meet the definition of chronically homeless. The definition of chronically homeless is:</p> <ol style="list-style-type: none"> <li>1. A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:             <ol style="list-style-type: none"> <li>a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and</li> <li>b. Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.</li> </ol> </li> <li>2. An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or</li> <li>3. A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.</li> </ol>
<p><b><u>Client Centered</u></b></p>	<p>An approach to providing services that is tailored to the needs of each person or household and focused on a positive experience for the person or household accessing a service or program.</p>

<p><b><u>Commercial Sexual Exploitation of Children (CSEC)</u></b></p>	<p>Refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. Examples of crimes and acts that constitute CSEC:</p> <ul style="list-style-type: none"> <li>● Child sex trafficking/the prostitution of children</li> <li>● Child sex tourism involving commercial sexual activity</li> <li>● Commercial production of child pornography</li> <li>● Online transmission of live video of a child engaged in sexual activity in exchange for anything of value (<a href="#">Office of Juvenile Justice and Delinquency Prevention</a>)</li> </ul>
<p><b><u>Commercial Sexual Exploitation (CSE)</u></b></p>	<p>A phrase similar to sex trafficking, CSE is a term used globally to describe trafficking crimes where the primary form of forced labor is in sexual services. CSE is not typically defined in law and can be viewed as slightly broader in definition to include some activities that may not be covered in sex trafficking legislation. Commercial Sexual Exploitation of Children (CSEC) specifically applies the conditions of CSE to people under the age of 18. (<a href="#">Global Fund to End Modern Slavery</a>)</p>
<p><b><u>Community Outreach Team / Mobile Assessors</u></b></p>	<p>Mobile housing assessors who are based at Regional Access Points and can travel around their region to complete the Housing Triage Tool with households who are unable to visit a physical Regional Access Point location.</p>
<p><b><u>Continuum of Care (CoC)</u></b></p>	<p>A U.S. Department of Housing and Urban Development (HUD)-designated geographic area designed to promote a coordinated community effort to end homelessness led by an organization that coordinates federal funding and ensures compliance with federal law. Our local CoC is WA-500. The CoC lead entity and governing board was previously All Home and is now the KCRHA. Our CoC is overseen by a CoC Board, the Advisory Committee, and carries out the primary responsibilities of a CoC as identified by HUD:</p> <ol style="list-style-type: none"> <li>1. Ensure collection of homeless system performance <a href="#">data</a> (a “Homeless Management Information System” or HMIS)</li> <li>2. Establish and operate a coordinated needs assessment and referral process (“<a href="#">Coordinated Entry</a>”)</li> <li>3. Perform analysis to identify gaps in regional homeless services needs</li> </ol>

<p><b>Continuum of Care (CoC) Board /Advisory Committee (“AC” or CoC Committee)</b></p>	<p>The CoC Committee is the unincorporated entity responsible for developing a plan to address homelessness, designating a Homeless Management Information System (HMIS) lead, and designing a Coordinated Entry system as part of its Homeless Crisis Response System. It also is responsible for preparing and submitting the annual application to HUD for funding to support plan implementation.</p>
<p><b>Coordinated Entry</b></p>	<p>The Coordinated Entry System (CES) is a facet of the homeless response system, encompassing Access, Assessment Prioritization, Referral, and Placement. HUD mandates that each CoC have a CES. Locally, the functions of this system are held by the KCRHA.</p>
<p><b>Corporation for Supportive Housing (CSH)</b></p>	<p>CSH is the national leader in supportive housing, focusing on person-centered growth, recovery, and success that contributes to the health and well-being of the entire community.</p>
<p><b>Crisis Resolution</b></p>	<p>Assisting individuals and families without housing to have a place to live, while connecting them to systems that can help to address the issues that may have contributed to their housing crisis.</p>
<p><b>Cultural Competency</b></p>	<p>Cultural competency within an organization and the services that it provides includes a defined set of values and principles and demonstrated behaviors, attitudes, policies, and structures that enable the organization to work effectively in cross-cultural situations. <b>The three following components must exist:</b></p> <p><b>Accessibility:</b> The agency evaluates and modifies the way in which its services are accessible (language, location, delivery style) to populations whose modes of engagement are different from the majority population.</p> <p><b>Relevance:</b> The agency identifies specific culturally based needs of populations and modifies the services delivered to meet those needs, including acquiring and institutionalizing cultural knowledge.</p> <p><b>Commitment:</b> The agency periodically conducts a self-assessment and reviews its cultural competency, including obtaining input from client and non-client culturally diverse populations and key stakeholders and uses this feedback in policy making, agency administration, and service delivery.</p>

<b>D</b>	<b><u>De-Intensification</u></b>	The process by which shelters and other congregate spaces increased social distancing and decreased the number of participants staying in one location. This process was prompted by the 2020 COVID-19 pandemic and continues as a model for ongoing crisis services.
	<b><u>De-Escalation</u></b>	A person-centered, trauma informed way to connect with a person experiencing crisis or in a heightened state of emotion. De-escalation is a practice to match your engagement response to the presented behavior to safely and calmly move through a crisis with someone. Techniques may vary; however, the underlying principles of safety, care, and humanity anchor this process.
	<b>Displacement</b>	The forced movement of people, often as a result of eviction, acquisition, rehabilitation, or demolition of property, or the expiration of covenants on rent- or income-restricted housing. Physical displacement may also occur because of natural disasters or refugee status. Economic displacement occurs when residents can no longer afford rising rents, mortgages, or property taxes.
	<b><u>Diversions</u></b>	A housing first, person-centered, and strengths-based approach to help households identify the choices and solutions to end their homeless experience with limited interaction with the crisis response system. Uses a flexible, short-term intervention that assists homeless households with innovative solutions to overcome their housing crisis and avoid entering the shelter system whenever possible, moving families quickly from the streets to housing. For example, a service provider could use flexible financial resources for things like back rent, transportation, utilities, and deposits.
<b>E</b>	<b><u>Emergency Shelter</u></b>	Defined as temporary shelter from the elements and unsafe streets for individuals and families experiencing homelessness. Shelter programs are either fixed capacity (facility-based) or flexible capacity (for example, hotel/motel vouchers). Emergency shelters typically address the basic health, food, clothing, and personal hygiene needs of the households that they serve and provide information and referrals about supportive services and housing. Emergency shelters are indoors and range from mats on the floor in a common space to beds in individual units. Some shelters are overnight only, while others operate 24/7.

<p><b><u>Emergency Housing Voucher Program (EHV)</u></b></p>	<p>A program made available through the American Rescue Plan Act (ARPA). Through EHV, HUD is providing 70,000 housing choice vouchers to local Public Housing Authorities (PHAs) to assist individuals and families who are homeless or at-risk of homelessness, fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability.</p>
<p><b><u>Employment Navigator</u></b></p>	<p>Staff specialized in navigating various employment support services.</p>
<p><b><u>Enhanced Shelter</u></b></p>	<p>Offer extended hour 24/7 service such as meals, hygiene services, storage, as well as housing navigation and/or case management services. These services emphasize housing attainment through housing-focused assessment and housing stability planning, which includes working with households to identify and refer to other resources in the community to support ongoing household and housing stability. Enhanced shelters are indoors and range from individual carrels to bunk beds in a common area.</p>
<p><b><u>Engagement</u></b></p>	<p>Connections made with households throughout their housing journey. This can be in person, over the phone, by email, etc., with the intended goal of navigating housing and staying informed on client needs.</p>
<p><b><u>Equity</u></b></p>	<p>The fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.</p>

	<p><b><u>Equity-Based Procurement</u></b></p>	<p>Equitable public spending that ensures the distribution of public resources aid in the development of more inclusive, thriving, and prosperous communities is vital to the strength of cities and communities. Local governments often fail to provide fair contracting opportunities for smaller grassroots and Black, Indigenous, and people of color (BIPOC)-led organizations who compete with larger organizations that are politically connected, have greater staff capacity and infrastructure to apply for funds, and are more familiar with navigating bureaucratic governmental processes.</p> <p>Procurement isn't just the sum of a city's expenditures. Procurement is also a tool for creating an intentionally diverse fabric of providers to address and solve issues in ways that meet the diverse needs of the people served. KCRHA will ensure an equity-based procurement process by using the mechanisms outlined in the Equity-based Procurement manual. Additionally, where KCRHA chooses to invest through their procurement choices is an indicator of their priorities. KCRHA is committed to "putting its money where its mouth is."</p>
	<p><b><u>Exits to Permanent Housing</u></b></p>	<p>Measures the percentage of households who exit the program into a form of permanent housing (including supportive housing, stable/long-term rental housing, subsidized housing, or market rate housing). The exit destination reflects whether a household is permanently housed after leaving the RRH program. Households that self-resolve their homelessness will have no Date of Move-In in HMIS and will still be considered an exit to permanent housing by this measure.</p>
<p>F</p>	<p><b><u>Family</u></b></p>	<p>We recognize that families can be self-defined and may include a diversity of ages or number of individuals. However, for the purpose of this document and to distinguish families from other sub-populations, we define a family as a household with at least one minor and one adult 18 or over, or a pregnancy in the household.</p>
	<p><b><u>Fair and Just Practices</u></b></p>	<p>Agency policies, practices, attitudes, services, and systems that promote fairness and opportunity for all people, particularly marginalized communities, including people of color, low-income communities, people with limited English proficiency, immigrants and refugees, individuals with disabilities, and LGBTQ individuals. This includes programs that engage all communities in a manner that fosters trust among people and supports efforts to develop solutions on individual, organizational, and community levels.</p>

	<b><u>Facility Cost</u></b>	Includes the cost of heat, electricity, water, sewer, garbage, repairs, maintenance, janitorial, off-site and residential facility management, insurance, accounting, and marketing.
	<b><u>Foundational Community Supports (FCS) Program</u></b>	Provides supportive housing and supported employment services to our most vulnerable Medicaid beneficiaries. These services are designed to promote self-sufficiency and recovery by helping participants find and maintain stable housing and employment. (from the Washington Healthcare Authority)
	<b><u>Front-Line Workforce</u></b>	Homeless and housing staff working directly with participants including case managers, front desk staff, janitorial staff, and social workers.
	<b><u>Functional Zero</u></b>	Functional Zero means that our system has reached a point where it is able to adequately serve the people who we are attempting to reach by appropriately providing interventions based on their needs. Functional Zero is not Absolute Zero, which would mean that there is no homelessness at all.
<b>G</b>	<b><u>Gender-Based Violence</u></b>	Refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power, and harmful norms. Gender-based violence can include sexual, physical, mental, and economic harm inflicted in public and private. It also includes threats of violence, coercion, and manipulation.
<b>H</b>	<b><u>Harm Reduction</u></b>	A set of strategies that reduce harm associated with substance use, etc. The strategies are not related to use reduction or abstinence, unless use reduction or abstinence is an explicit goal or motivation of the person themselves. Harm reduction is about reducing harm for the person and ensuring their goals and needs are respected. The strategies are meant to ensure safer, less harmful use with fewer negative impacts on the person and the neighboring environment.
	<b><u>Health Care Services</u></b>	Medical and health-related services that may include health screening, health education and illness prevention, testing, and treatment.

<p><b><u>Heteronormativity</u></b></p>	<p>The assumption that everyone is heterosexual and that heterosexuality is superior to all other sexualities. This includes the often implicitly held idea that heterosexuality is the norm and that other sexualities are “different” or “abnormal.”</p> <p>(<a href="#">PFLAG National Glossary of Terms</a>, June 2022).</p>
<p><b><u>High-Acuity</u></b></p>	<p>Someone living with a combination of two or more of the following:</p> <ul style="list-style-type: none"> <li>• High behavioral health needs, including psychotic spectrum disorders (schizophrenia, bipolar disorder, dissociative identity disorder)</li> <li>• Substance use disorder (using opioids, methamphetamines)</li> <li>• Physical health challenges (chronic disease, disability)</li> </ul>
<p><b><u>High Barrier</u></b></p>	<p>Factors that can prevent or impede services to entry, such as cost, paperwork, assessments, and specific eligibility criteria.</p>
<p><b><u>Homeless Management Information System (HMIS)</u></b></p>	<p>A web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care jurisdiction, as mandated by HUD.</p>
<p><b><u>HMIS Lead</u></b></p>	<p>The organization designated by the CoC to administer the HMIS. King County Regional Homelessness Authority fills this role.</p>



<p><b><u>Homeless</u></b></p>	<p>A household that lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p>A household with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, a park, abandoned building, bus or train station, airport, or camping ground; or</p> <ul style="list-style-type: none"> <li>• A household living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or</li> <li>• An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; or</li> </ul> <p>Any household who:</p> <ul style="list-style-type: none"> <li>• Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;</li> <li>• Has no other residence; and</li> <li>• Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.</li> </ul>
<p><b><u>Household</u></b></p>	<p>An individual, couple, group, or family seeking services and housing together.</p>
<p><b><u>Housing Assessor</u></b></p>	<p>Staff based at Regional Access Points and other identified individuals who administer the Housing Triage Tool with individuals and families who are eligible for Coordinated Entry.</p>

<p><b><u>Housing First</u></b></p>	<p>An evidence-based approach that aims to connect people to permanent housing quickly while reducing preconditions and barriers in the housing process. A housing first approach prioritizes an individual's most impactful need first—the safety and stability of housing—and then connects people to voluntary supportive services to address medical, mental health, substance use, employment, and education needs in an effort towards individual self-sufficiency.</p> <p>Programs in a housing first system seek to eliminate typical preconditions or barriers to housing like poor financial or rental history, criminal convictions, income requirements, sobriety, and mandatory participation in services.</p>
<p><b><u>Housing Navigation</u></b></p>	<p>Housing Navigation is assistance during the process of securing housing from housing referral to “lease up.” Activities include assisting in documentation gathering, meeting transportation needs, and addressing any challenges that may arise in the housing process at the time of referral.</p>
<p><b><u>Housing Stability Plan</u></b></p>	<p>An individualized housing and service plan that is housing-focused and client-driven. Housing stability plans are individualized based on housing needs as identified by each household and are used to facilitate housing-focused case management with the goal of obtaining or maintaining housing stability. Services should be voluntary and build on the strengths and resources of each household, respecting their autonomy.</p>
<p><b><u>Housing Triage Tool</u></b></p>	<p>The Coordinated Entry Assessment. It consists of two questions and is not scored. It is distinct from prioritization.</p>

	<p><b><u>Household Type</u></b></p>	<p>Within Coordinated Entry there exists three distinct household types. Households fall within a certain household type based on the applicable housing program eligibility criteria needed to house them:</p> <p><b>Family:</b> a household that contains a minor and/or a member who is currently pregnant  <b>Single adult:</b> individual adults over the age of 18  <b>Young adult:</b> individual adults between the ages of 18-24</p> <p>Services can differ based on the unique needs of a household type, leading to distinct expertise and programming. Local provider communities exist with alignment that is specific to a household type’s body work.</p>
	<p><b><u>HUD</u></b></p>	<p>The U.S. Department of Housing and Urban Development.</p>
<p>I</p>	<p><b><u>Imminent Risk of Homelessness</u></b></p>	<p>Households are at imminent risk of homelessness if they will lose their primary nighttime residence (including systems of care or institutions) within 14 days of the date of application for assistance, AND no subsequent residence has been identified, AND the household lacks the resources or support networks needed to obtain other permanent housing.</p>
<p><b><u>Interlocal Agreement (ILA)</u></b></p>	<p>A written contract between local government agencies such as a city, a county, a special jurisdiction like Sound Transit, or a school board. <a href="#">Read the KCRHA’s Interlocal Agreement</a> between the City of Seattle and King County.</p>	
<p><b><u>Internalized Racism</u></b></p>	<p>Occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures, and ideologies that undergird the dominating group’s power. (Donna Bivens, <a href="#">Internalized Racism: A Definition</a> (Women’s Theological Center, 1995).)</p>	
<p><b><u>Internalized Racial Inferiority</u></b></p>	<p>The acceptance of and acting out of an inferior definition of self given by the oppressor is rooted in the historical designation of one’s race. Over many generations, this process of disempowerment and disenfranchisement expresses itself in self-defeating behavior.</p>	

	<b><u>Internalized Racial Superiority</u></b>	The acceptance of and acting out of a superior definition is rooted in the historical designation of one’s race. Over many generations, this process of empowerment and access expresses itself as unearned privileges, access to institutional power, and invisible advantages based upon race. ( <a href="#">People’s Institute for Survival and Beyond, Our Principles – PISAB</a> )
	<b><u>Intersectionality</u></b>	Describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects. All forms of inequality are mutually reinforcing and must therefore be analyzed and addressed simultaneously to prevent one form of inequality from reinforcing another. Intersectionality brings our understanding of systemic injustice and social inequality to the next level by attempting to untangle the lines that create the complex web of inequalities. It is also a practical tool that can be used to tackle intersectional discrimination through policies and laws. ( <a href="#">Center for Intersectional Justice</a> )
	<b><u>Intimate Partner Violence</u></b>	Defined as any behavior within an intimate relationship (married, unmarried, and live-in) that causes physical, psychological, or sexual harm to those in that relationship. This definition encompasses physical, sexual, and psychological aggression/abuse or controlling behavior of any kind.
J		
K		
L	<b><u>Landlord Incentive:</u></b>	Strategy to fiscally compensate private-market landlords to eliminate certain housing barriers and hold units vacant for a limited period of time to facilitate rapid housing placement for unhoused neighbors.
	<b><u>Landscape Analysis:</u></b>	A detailed review of the homelessness service system in King County to develop a Regional Services Database. Informed by homelessness service providers, behavioral health providers, staff at local jurisdictions, system partners, faith-based communities, community-based organizations, and those with lived experience.

	<b><u>Lengths of Stay:</u></b>	Measured as the number of days from program enrollment to program exit. For RRH programs, this is defined as the time from initial intake to the end of all RRH services (financial subsidy and case management).
	<b><u>Levy:</u></b>	A means to tax constituents to help fund various public services such as housing, homelessness services, and education that are not otherwise funded by state or federal monies, typically through an increase in property taxes.
	<b><u>LGBTQIA2S+:</u></b>	An acronym for Lesbian, Gay, Bi-Sexual, Trans, Queer and/or Questioning, Intersex, Asexual, Two-Spirit.
	<b><u>Lived Experience:</u></b>	An individual who has not only experienced some form of housing instability, but someone who has experienced variations of additional barriers to obtaining housing and/or difficulty navigating systems due to their design.
	<b><u>Lived Experience Coalition:</u></b>	A statewide coalition of people with lived experience of homelessness who organized into a coalition in 2018 to advocate for, inform, and drive system change.
	<b><u>Low Acuity:</u></b>	Functional individuals absent of severe mental or physical symptoms and do not require intense or immediate attention.
	<b><u>Low Barrier:</u></b>	A service or provider that minimizes barriers such as paperwork, waiting lists, eligibility requirements, and assessments that can stand in the way of clients getting their needs met.
<b>M</b>	<b><u>Master Service Agreement:</u></b>	A formal agreement between suppliers and buyers. It outlines essential terms of service like deliverables, warranties, indemnification, payment terms, termination clauses, intellectual property rights, confidential information, and even dispute resolutions.
	<b><u>Mental Illness:</u></b>	Medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, post-traumatic stress disorder, and borderline personality disorder.

	<b><u>Medicaid:</u></b>	Public insurance program that provides health care coverage to low- and middle-income individuals and families.
	<b><u>Medical Recuperation:</u></b>	These specialized shelters are designed for people who are not acutely sick enough to warrant a hospital stay but have needs beyond what can typically be addressed in a temporary housing environment. Many people experiencing homelessness develop complex medical needs. For some, pre-existing conditions play a part in their pathways into homelessness, but for many others, significant medical conditions arise over the course of their experience of homelessness. This broad program model is inclusive of medical respite care.
	<b><u>Mobile Assessment:</u></b>	Housing Triage Tool completed by a Housing Assessor with households who are unable to visit a physical Regional Access Point location.
N	<b><u>Notice Of Funding Opportunity (NOFO):</u></b>	The annual HUD competition for Continuum of Care funding that includes both a renewal process and bonus funding for all CoC funded programs in WA-500.
	<b><u>Non-Congregate:</u></b>	A type of housing and/or shelter in which each individual or family has living space that offers a level of privacy and residents do not have to share common space, such as a hotel or motel. Also called “Emergency Housing.”
O	<b><u>Ombuds Office:</u></b>	The Office of the Ombuds responds to questions about KCRHA services, individuals’ rights within the system, and connects people to resources to resolve their needs. The Ombuds Office also handles and investigates complaints, collects data, issues reports, and gathers feedback to improve the homeless system’s operations and outcomes. Community members, employees, services providers, and other agency contractors who use, interact with, or implement services and activities funded or overseen by the KCRHA may contact the Ombuds Office. Through working with the community to address concerns, the Ombuds Office's aim is to promote accountability and public confidence in RHA's ability to serve people experiencing homelessness effectively, efficiently, and equitably

	<p><b><u>Outreach:</u></b></p>	<p>Outreach meets people experiencing homelessness where they are, to build trust and create a bridge to services. Outreach workers engage face-to-face with people living unsheltered in places like cars, RVs, parks, encampments, and abandoned buildings, making frequent attempts to establish a relationship in a flexible, empathetic, respectful, non-judgmental, and trauma-informed way. Outreach workers often have lived experience and may also be specially trained in de-escalation techniques. Outreach workers help ensure that basic needs are met and connect people to shelters, housing, and supportive services. However, outreach workers are not case managers.</p>
<p>P</p>	<p><b><u>Partnership for Zero:</u></b></p>	<p>Partnership for Zero is a united effort to focus and coordinate resources in a targeted geographic area to dramatically reduce unsheltered homelessness. The goal of Partnership for Zero is to build a future where homelessness is rare overall and brief when it occurs, by combining resources and investing in targeted infrastructure and capacity to put every person who is experiencing unsheltered homelessness on the path towards permanent housing.</p> <p>Starting with the premise that housing is a basic human need that everyone should have access to, Partnership for Zero is an extraordinary collaboration across the City of Seattle, King County, and a broad group of businesses, philanthropies, service providers, and people with lived experience.</p>
	<p><b><u>Patriarchy (Institutional/Structural/Systemic Sexism):</u></b></p>	<p>A historically based, institutionally perpetuated system of exploitation and oppression in which white cisgender men hold ultimate authority and privilege central to social organization, occupying roles of political leadership, moral authority, and control of property. It implies and entails subordination of all other gender identities, and it can result in gendered outcomes even without specific gendered animus articulated between individuals. (<a href="#">Racial Equity Tools Glossary</a>, MP Associates, Center for Assessment and Policy Development, and World Trust Educational Services, July 2022.)</p>
	<p><b><u>Permanency:</u></b></p>	<p>Permanency includes any safe and stable non-time-limited housing, whether individual unit, shared housing, reunification with family, or other successful housing placement.</p>

<p><b><u>Permanent Supportive Housing (PSH):</u></b></p>	<p>Permanent Supportive Housing combines low-barrier affordable permanent housing and supportive services for individuals and families who have experienced long-term homelessness and often have a disabling condition. Permanent housing usually includes long-term leases or rental assistance. Supportive services can include things like case management, food, childcare, education services, employment assistance and job training, legal services, health services, behavioral health services, substance use disorder services, and transportation.</p>
<p><b><u>Peer Navigation:</u></b></p>	<p>A role model who provides reliable and relevant information to help clients overcome barriers that may prevent engagement, retention, or re-engagement in treatment.</p>
<p><b><u>Permanent Housing:</u></b></p>	<p>A housing solution without a time limit.</p>
<p><b><u>Positive Youth Development:</u></b></p>	<p>PYD provides youth with networks of supportive adults and opportunities for connectedness, aiming to develop and enhance positive characteristics of individuals and their surrounding context.</p>
<p><b><u>Prevention:</u></b></p>	<p>Interventions, policies, and practices such as emergency financial assistance that reduce the likelihood that a household will experience homelessness or to ensure it does not happen again.</p>
<p><b><u>Procurement:</u></b></p>	<p>The process of purchasing goods and services intended to support KCRHA's substantive work to dramatically reduce unsheltered homelessness, and the manner in which KCRHA's allocates pass-through funding (sub-awards) to sub-recipient agencies for the provision of homelessness services.</p>
<p><b><u>Program Cost:</u></b></p>	<p>Program costs are costs specifically attributed to case managers, outreach workers, and/or housing locators (and their supervisors), and other related personnel and costs specifically related to the Exhibit as described in the <a href="#">King County CHG Guidelines</a>.</p>



	<p><b><u>Progressive Engagement:</u></b></p>	<p>A service delivery approach and homeless system orientation to support households to resolve their housing crisis by tailoring services to their unique needs, and reserving more intensive services for those that need additional assistance. Progressive engagement includes the following:</p> <ul style="list-style-type: none"> <li>• Initial assessment and services address the immediate housing crisis with the minimal services needed.</li> <li>• Frequent re-assessment determines the need for additional services.</li> <li>• Supportive services are voluntary and build on the strengths and resources of each household, respecting their autonomy.</li> <li>• Assistance can be accessed if a household faces homelessness again.</li> </ul>
	<p><b><u>Public Housing Authority (PHA):</u></b></p>	<p>A government agency that provides decent and safe rental housing for eligible low-income individuals and families, the elderly, and people with disabilities. In King County, there are three PHAs: the <a href="#">Seattle Housing Authority</a>, the <a href="#">King County Housing Authority</a>, and the <a href="#">Renton Housing Authority</a>.</p>
<p>R</p>	<p><b><u>Racial Equity:</u></b></p>	<p>Racial equity is both an outcome and a process. As an outcome, we achieve racial equity when race no longer determines one's outcomes; when everyone has what they need to thrive, no matter where they live. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. (Race Forward, <a href="#">What is Racial Equity?</a> )</p>
	<p><b><u>Rapid Rehousing (RRH):</u></b></p>	<p>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 needed to resolve each household's immediate housing crisis.</p>

<p><b><u>Recovery Housing</u></b></p>	<p>Recovery housing is a family-like, substance-free living environment that supports individuals in recovery from substance use disorder. Recovery housing has peer supports and connections to services to promote long-term recovery. People experiencing homelessness often report higher incidences of substance use than the general population, and for many people this requires clinical intervention. Substance use treatment can be extremely expensive, and there are often long wait lists for publicly funded facilities where people can seek help regardless of their income.</p>
<p><b><u>Recuperative Housing:</u></b></p>	<p>Specialized shelters designed for people who are not acutely sick enough to warrant a hospital stay but have needs beyond what can typically be addressed in a temporary housing environment.</p>
<p><b><u>Regional Access Point (RAP):</u></b></p>	<p>Regional Access Points administer Housing Triage Tools and provide certain referrals to community resources. They are in five sites across King County. Housing assessors and navigators are based at these sites.</p>
<p><b><u>Resources:</u></b></p>	<p>Resources for the homeless crisis response system include the people, funding, logistics, and technology that support the administration and provision of services.</p>
<p><b><u>Restorative Justice</u></b></p>	<p>An approach to justice that seeks to repair harm by providing an opportunity for those harmed and those who take responsibility for the harm to communicate about and address their needs in the aftermath of a crime.</p>
<p><b><u>Request for Proposals (RFP):</u></b></p>	<p>A funding process that is typically open to any organization that meets KCRHA's <a href="#">Minimum Eligibility Requirements</a>. An RFP is designed to assess an applicant's ability to achieve a particular outcome through a clearly defined program area(s), co-created by people with lived experience and other relevant stakeholders.</p>

	<p><b><u>Request for Statement of Qualification (RSFQ):</u></b></p>	<p>The process KCRHA uses to gather information about an organization’s qualifications and expertise, assess an organization’s capacity building needs, and pre-certify an organization to contract with KCRHA through initiation of a Master Services Agreement (where the organization meets <a href="#">Minimum Eligibility Requirements</a>). If through the RFSQ process it is determined that an organization is not eligible for pre-certification, the organization will be connected to KCRHA’s Capacity Building Team for technical assistance and training to increase the organization's capacity to meet minimum eligibility requirements.</p>
	<p><b><u>Request for Information (RFI):</u></b></p>	<p>A process like an RFSQ that generally precedes an RFP for the purposes of collecting information about organizations to help KCRHA get a better understanding of services offered. This process may help KCRHA get an idea of the possibilities offered by each organization, compare different organizations doing similar things (i.e., shelter or hygiene programs, etc.), and gather more information about the landscape of providers in a structured, data-driven way.</p>
	<p><b><u>Request for Quotation (RFQ):</u></b></p>	<p>The objective is to ask different organizations or vendors about their prices or quotes for providing a specific product or service. This type of process will likely be used when KCRHA is interested in procuring something primarily on the price. RFQ guidelines and applications are typically concise, with an emphasis on being able to easily compare applicants’ budgets.</p>
	<p><b><u>Return to Homelessness:</u></b></p>	<p>Measures the percentage of households who have exited the program to a permanent housing situation and become homeless again and are subsequently served by another homeless intervention (i.e., emergency shelter, transitional housing, or rapid re-housing) in HMIS within six months.</p>
	<p><b><u>Risk Mitigation Funds:</u></b></p>	<p>Reimbursement funds designed to incentivize and protect landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, or criminal history.</p>
<p><b>S</b></p>	<p><b><u>Safe Parking</u></b></p>	<p>A program for individuals and families that provides a safe place to park for the night with some security, hygiene services, and garbage service.</p>

<p><b><u>Senior:</u></b></p>	<p>Older adults defined as at least 55 years old.</p>
<p><b><u>Service Match:</u></b></p>	<p>Loosely defined as the process to match a housing intervention to an unhoused neighbor's particular circumstances, so an individual's needs are met with judicious use of public resources.</p>
<p><b><u>Shelter:</u></b></p>	<p>A type of homeless service agency that provides temporary residence for homeless individuals and families. Shelters can be congregate or non-congregate. Shelters exist to provide residents with safety and protection from exposure to the weather, while simultaneously reducing the environmental impact on the community.</p>
<p><b><u>Shelter – Low Barrier:</u></b></p>	<p>A low-barrier shelter is an emergency shelter that does not require any of the following for a client to stay at the shelter: criminal background checks, credit checks, income verification, program participation, sobriety, or identification.</p>
<p><b><u>SOAR (SSI/SSDI Outreach, Access, and Recovery):</u></b></p>	<p>A program designed to increase access to Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder.</p>
<p><b><u>Social Safety Net:</u></b></p>	<p>Public policies and publicly funded assistance to help improve the lives of families and individuals who are struggling to make ends meet.</p>
<p><b><u>Structural Racism:</u></b></p>	<p>The normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage Whites while producing cumulative and chronic adverse outcomes for Black and Indigenous individuals and people of color. Structural racism encompasses the entire system of White domination, diffused and infused in all aspects of society, including its history, culture, politics, economics, and the entire social fabric. (<a href="#">Racial Equity Tools Glossary</a>, MP Associates, Center for Assessment and Policy Development, and World Trust Educational Services, July 2022.)</p>

	<p><b><u>Support Services:</u></b></p> <p>A broad category that can include things like case management, food, childcare, mental health services, behavioral health services, substance use disorder services, education services, employment assistance and job training, legal services, and transportation.</p>
	<p><b><u>Systems Advocates:</u></b></p> <p>KCRHA Systems Advocates use a peer navigation model for outreach to our unhoused neighbors. They add a long-term commitment to stay with a particular person experiencing homelessness, offering support and advice as a coach, ally, and advocate through multiple organizations across the health care system, criminal justice system, and social services system, as a person moves from homeless to housed, and to help them stay housed. Learn more about <a href="#">RHA's Systems Advocates Team</a>.</p>
	<p><b><u>System:</u></b></p> <p>A collection of components (for example, cells, people, organizations, etc.) organized to achieve a particular purpose.</p>
T	<p><b><u>Technical Assistance (TA)</u></b></p> <p>The process of providing targeted support to an organization with development needs or problems. It is an effective method for building the capacity of an organization.</p>
	<p><b><u>Tiny Houses</u></b></p> <p>Micro-modular shelters, often referred to locally as “tiny house villages,” are increasingly being deployed nationally as a response to homelessness. These units can vary considerably, from small freestanding rooms with a bed to units that have fully operational kitchens and bathrooms.</p>
	<p><b><u>Transgender</u></b></p> <p>Term describing a person’s gender identity that does not necessarily match their assigned sex at birth. Transgender people may or may not decide to alter their bodies hormonally and/or surgically to match their gender identity. This word is also used as an umbrella term to describe groups of people who transcend conventional expectations of gender identity or expression—such groups include, but are not limited to, people who identify as transsexual, genderqueer, gender variant, gender diverse, and androgynous. (<a href="#">PFLAG National Glossary of Terms</a>.)</p>
	<p><b><u>Transition Age Youth</u></b></p> <p>Youth aged 16-24 who may be transitioning out of systems of care, such as foster care and transitional housing.</p>

	<b><u>Transitional Housing (TH)</u></b>	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. TH projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.
	<b><u>Transphobia</u></b>	Animosity, hatred, or dislike of trans and gender-expansive people that often manifests itself in the form of prejudice and bias. Transphobia often stems from lack of knowledge about transgender people and the issues they face and can be alleviated with education and support. ( <a href="#">PFLAG National Glossary of Terms</a> )
	<b><u>Trauma Informed</u></b>	An approach to working with people that understands, recognizes, and responds to the impacts of trauma. By orienting our organizations, environments, services, and day-to-day interactions around the impacts of trauma, a safe and healing space for everyone is created.
	<b><u>Trauma Informed Care</u></b>	<p>A framework that involves:</p> <ul style="list-style-type: none"> <li>● Understanding the prevalence of trauma and adversity and their impacts on health and behavior</li> <li>● Recognizing the effects of trauma and adversity on health and behavior</li> <li>● Training leadership, providers, and staff on responding to patients with best practices in trauma-informed care</li> <li>● Integrating knowledge about trauma and adversity into policies, procedures, practices, and treatment planning</li> <li>● Avoiding re-traumatization by approaching patients who have experienced Adverse Childhood Experiences and/or other adversities with non-judgmental support</li> </ul> <p>(SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)</p>
	<b><u>Treatment Services</u></b>	Therapeutic health, mental health, or substance abuse services that are provided by a licensed person/agency to a client. Services are geared towards the individual needs of the client and may be provided in housing, a treatment facility, or in a community health/mental health care setting.
<b>U</b>	<b><u>Unaccompanied Youth</u></b>	A youth (under age 18) not in the physical custody of a parent or guardian.

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	<b><u>Underserved and Disproportionately Impacted Communities</u></b>	Populations that face health, financial, educational, and/or housing disparities. These disproportionate outcomes have largely been attributed to the past and current history of institutionalized racism, ableism, homophobia, and other historical traumas experienced by multiple marginalized communities. (from the <a href="#">Department of Health and Human Services</a> )
	<b><u>Unit Night</u></b>	The provision of temporary housing for an eligible household for a period of up to 24 hours, including one night.
	<b><u>Unsheltered</u></b>	Individuals and families sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (e.g., abandoned buildings, train stations, or camping grounds).
<b>V</b>		
<b>W</b>	<b><u>Wrap-Around Services</u></b>	An individually designed set of services and supports provided to a child and their family that includes treatment services, personal support services, or any other supports necessary to achieve the desired outcome. Wrap-around services are developed through a team approach.
<b>X</b>		
<b>Y</b>	<b><u>Youth</u></b>	An individual under 18.
	<b><u>Young Adult</u></b>	An individual 18-24 years old.
<b>Z</b>		

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1200 **Appendix C: Housing Gaps Analysis**  
1201 **Methodology**

1202 **Right-sizing the Homelessness Response System**

1203 To effectively scale the homelessness response crisis system to meet the needs of the region,  
1204 KCRHA needs an accurate accounting of the number of people experiencing homelessness in  
1205 King County and what services and supports might be most helpful for them. Historically,  
1206 gathering reliable data on the scale of homelessness has been notoriously challenging, both  
1207 nationally and for the region.<sup>42</sup>

1208  
1209 The KCRHA was established by an interlocal agreement (ILA) between King County and the  
1210 City of Seattle.<sup>43</sup> This agreement requires the Authority to:

1211  
1212 Make data-driven decisions and incorporate best practices and quantitative and  
1213 qualitative data in the development of policies, programs, and funding decisions,  
1214 including: 1) collecting and analyzing a broad array of data reflecting the performance  
1215 and impact of its funded programs and enabling tailored approaches for different sub-  
1216 regions within King County and for different communities disproportionately impacted by  
1217 the experience of homelessness and 2) establishing community-informed indicators,  
1218 performance measures, and outcomes that draw on both quantitative and qualitative  
1219 data.

1220  
1221 It also directs the Authority to establish a five-year strategic plan to end homelessness that uses  
1222 that data to drive action in alignment with the agency's theory of change:

1223  
1224 If we create a homelessness response system that centers people who have lived  
1225 experience of homelessness, then we will be able to focus on responding to needs and  
1226 eliminating inequities, in order to end homelessness for all.<sup>44</sup>

1227  
1228 To do this, the KCRHA identified:

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<sup>42</sup> Government Accountability Office. (2021, November 23). *The Challenges in Counting and Serving Homeless Populations*. Retrieved December 12, 2022, from <https://www.gao.gov/blog/challenges-counting-and-serving-homeless-populations>

<sup>43</sup> King County Regional Homelessness Authority. (2019, December 11). *INTERLOCAL AGREEMENT FOR THE ESTABLISHMENT OF THE KING COUNTY REGIONAL HOMELESSNESS AUTHORITY BETWEEN KING COUNTY AND THE CITY OF SEATTLE PURSUANT TO RCW 39.34.030*. Retrieved December 12, 2022, from [https://kcrha.org/wp-content/uploads/2021/06/KCRHA-\\_ILA.pdf](https://kcrha.org/wp-content/uploads/2021/06/KCRHA-_ILA.pdf)

<sup>44</sup> King County Regional Homelessness Authority. (n.d.). *About Us - KCRHA*. Retrieved December 12, 2022, from <https://kcrha.org/about/>



- 1229 1. A comprehensive enumeration method that accounts for everyone experiencing  
1230 homelessness in King County, (i.e., the Authority needs to know how many people are in  
1231 need of support) and;  
1232 2. Types of temporary housing solutions necessary to meet the needs of people who are  
1233 experiencing unsheltered homelessness.  
1234

1235 Additionally, the ILA requires the Authority to:  
1236

1237 Create long-term institutional alignment across systems to meet the needs of people at  
1238 imminent risk of becoming homeless and those experiencing homelessness; adopt an  
1239 evidence-based, housing first orientation and inform; and support regional efforts to  
1240 increase development of new 0 – 30% AMI housing and preserve existing affordable  
1241 housing, with a priority for permanent supportive housing.  
1242

1243 As such, the Authority’s planning process also needed to understand what permanent housing  
1244 options people experiencing homelessness might need. Although KCRHA has no direct role in  
1245 the development of permanent housing, the combination of our legislatively required activities  
1246 with our theory of change is reflected in the Authority’s modeling work.

## 1247 Historical Methods of Enumeration

1248 There are a variety of ways in which the region has approached documenting the number of  
1249 people experiencing homelessness. They have varied in methodology and narrowness of focus  
1250 in terms of both data sources and timespan that they’re attempting to enumerate. These  
1251 historical approaches are outlined below.  
1252

1253 The Point-In-Time (PIT) count is a federally mandated single-night “census” of people  
1254 experiencing homelessness (both sheltered and unsheltered) and is perhaps the most cited  
1255 count of people experiencing homelessness.<sup>45</sup> While the PIT looks at both sheltered and  
1256 unsheltered homelessness, it’s local and national prominence is driven by the “one night counts”  
1257 where volunteers from across communities are recruited to go out and physically enumerate the  
1258 number of unsheltered people that they see in key locations in the jurisdiction. A total number is  
1259 extrapolated based on whatever quantitative methodology the jurisdiction has selected.  
1260 However, the PIT is almost uniformly considered to be inaccurate by both homelessness  
1261 researchers and policymakers, given that there are many factors that can influence the  
1262 outcome, including number of volunteers available, coverage of the jurisdiction, and even the

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<sup>45</sup> U.S. Department of Housing and Urban Development. (n.d.). *Point-in-Time Count*. Retrieved December 12, 2022, from [https://www.hud.gov/program\\_offices/comm\\_planning/coc/pit-count](https://www.hud.gov/program_offices/comm_planning/coc/pit-count)

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1263 weather on the night of the count.<sup>46</sup> The 2020 Point-In-Time count found 11,751 individuals  
1264 experienced homelessness in King County.<sup>47</sup>

1265  
1266 At the state level, the Washington State Department of Commerce has developed a bi-annual  
1267 report in response to the known undercount from the PIT, called the Snapshot Report. This  
1268 report combines administrative data from several state agencies to provide a count of people  
1269 experiencing homelessness, with the focus still on a single night.<sup>48</sup> While the Snapshot Report  
1270 (also known as the Supplemental PIT) offers a more accurate enumeration than the PIT, a  
1271 shortcoming of both of these approaches is that a count of people experiencing homelessness  
1272 on a single night does not allow for annual planning by system administrators across the state.  
1273 The January 2020 Snapshot Report found 31,830 individuals experienced homelessness in  
1274 King County.<sup>49</sup>

1275  
1276 Most recently, the King County Department of Community and Human Services attempted to  
1277 correct the narrow timeframe of the previous two methods and produced an annualized count  
1278 that could be useful for county and state level policymakers and administrators. This analysis  
1279 was produced using administrative data from the Homeless Management Information System  
1280 (HMIS), Behavioral Health and Recovery Division (BHRD), and Healthcare for the Homeless  
1281 Network (HCHN). When published, the KCRHA accepted this figure as a new floor for the scale  
1282 of people experiencing homelessness in King County as it is still limited to the administrative  
1283 data of three program areas that may serve people experiencing homelessness. This analysis  
1284 from King County's Department of Community and Human Services found that 40,800  
1285 individuals experienced homelessness in 2020.<sup>50</sup>

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<sup>46</sup> National Law Center on Homelessness & Poverty. (n.d.). *DON'T COUNT ON IT*. December 12, 2022, from <https://homelesslaw.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf>

<sup>47</sup> All Home & VN Research. (2020). *Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness. Count Us In*. Retrieved December 12, 2022, from [https://kcrha.org/wp-content/uploads/2022/05/Count-Us-In-2020-Final\\_7.29.2020-1.pdf](https://kcrha.org/wp-content/uploads/2022/05/Count-Us-In-2020-Final_7.29.2020-1.pdf)

<sup>48</sup> Washington State Department of Commerce. (2022, November 21). *What is the "Snapshot of Homelessness in Washington State" report?* Retrieved December 12, 2022, from <https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1072115571085>

<sup>49</sup> Washington State Department of Commerce. (2020, September 02). *Snapshot of Homelessness in Washington State for January 2020. Homeless System Performance*. Retrieved December 12, 2022, from

<https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1049435845027>

<sup>50</sup> King County Department of Community and Human Services, Performance Measurement and Evaluation. (2021, December 16). *Integrating Data to Better Measure Homelessness - DCHS Data Insights Series*. Retrieved December 12, 2022, from

[https://kingcounty.gov/~media/depts/community-human-services/departments/documents/KC\\_DCHS\\_Cross\\_Systems\\_Homelessness\\_Analysis\\_Brief\\_12\\_16\\_2021\\_FINAL.ashx?la=en](https://kingcounty.gov/~media/depts/community-human-services/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en)

## 1286 The Need for a Shared Methodology

1287 In response to these methodological difficulties and concerns about how best to drive consistent  
 1288 and uniform planning in every county in the state, in 2021 the Washington State Legislature  
 1289 passed House Bill 1220 (HB1220). The legislation requires local governments to “plan and  
 1290 accommodate” for the housing needs of people experiencing homelessness in 2044 along with  
 1291 other populations in the Growth Management Act (GMA).<sup>51</sup> Additionally, HB1220 requires that  
 1292 the Department of Commerce work with a group of stakeholders from across the state, as well  
 1293 as technical experts, to develop a uniform methodology to determine the housing gaps in every  
 1294 community. This methodology was also focused on understanding the needs in counties for  
 1295 emergency housing for people who are experiencing homelessness. Additionally, unlike the  
 1296 counts outlined above that detail current or historical states of homelessness, the GMA and  
 1297 HB1220 require projections of the anticipated need in the future. The Cloudburst Group, a  
 1298 United States Department of Housing and Urban Development (HUD) Technical Assistance  
 1299 agency, has been leading the development of a methodology for this statewide projection.

1300  
 1301 KCRHA adopted the methodology Cloudburst developed with Commerce,<sup>52</sup> adapting it to a five-  
 1302 year timeline rather than the 20-year planning requirement in HB1220. This methodology  
 1303 included significant community input from across the state, including an Advisory Committee of  
 1304 Human and Homelessness Services leaders across Washington.<sup>53</sup> KCRHA adopted this  
 1305 methodology to ensure that our Five-Year Plan is in alignment with the state mandates that  
 1306 come from HB1220. The below subsections provide a high-level summary of the detailed  
 1307 methodology linked on Commerce’s website.

## 1308 2022 Baseline

1309 The Commerce-adopted methodology first identified a baseline of the number of people  
 1310 experiencing homelessness in 2022. This started with the total number of unique individuals  
 1311 experiencing homelessness, based on Snapshot data derived from an annual count of people  
 1312 experiencing homelessness rather than a point in time. This report includes data from HMIS and  
 1313 social service systems to identify individuals who are experiencing homelessness based on  
 1314 address data (e.g., lack of address or address at shelter) and other service indicators (e.g., “Z-  
 1315 codes” for homelessness in health care settings). The annual version of this count includes all  
 1316 people for whom these criteria applied over the course of the year. In the Commerce

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<sup>51</sup> Washington State Department of Commerce. (n.d.). *Updating GMA Housing Elements*. Retrieved December 12, 2022, from <https://www.commerce.wa.gov/serving-communities/growth-management/growth-management-topics/planning-for-housing/updating-gma-housing-elements/>

<sup>52</sup> Washington State Department of Commerce. (2022, October 11). *Projected Housing Needs Methodology \*Draft\**. Retrieved December 12, 2022, from <https://deptofcommerce.app.box.com/s/jwubfg1633jeg5rec8jx4i78j7hjscp1>

<sup>53</sup> Washington State Department of Commerce. (n.d.). *HB 1220: Projected Housing Needs Advisory Committee Members*. Retrieved December 12, 2022, from <https://deptofcommerce.app.box.com/s/8hdu405yn86dhveuge80e08oiv66myzo>

1317 methodology, the annual Snapshot count is only adjusted to account for the average length of  
1318 time experiencing homelessness in each county.

1319

1320 Using this method, we get to a 2022 baseline of 53,532 individuals experiencing homelessness  
1321 in King County alone.

1322

1323 Many people self-resolve their experience of homelessness. Self-resolution is generally defined  
1324 as an individual or household moving into permanent housing independent of the homelessness  
1325 response system services they may receive. It is important to note that this does not indicate  
1326 that a person or household does not need a temporary location to stay, nor other homelessness  
1327 response services. It only indicates that we may not capture their movement to permanent  
1328 housing in the HMIS. Due to the fact that these are not captured in HMIS or other administrative  
1329 systems, there are no standard ways in the field to estimate this number. This model does,  
1330 however, account for these self resolutions by applying the known exit rate to permanent  
1331 housing from HMIS programs across the overall modeled population, which extends to  
1332 individuals that are included from non-HMIS data sources.

1333

### 1334 Quantitative Projections

1335 Next, this methodology projects exits from homelessness and quantifies those who will become  
1336 newly homeless individuals each year. Projected exits from homelessness use 2019 positive  
1337 exit rates. These rates are assumed constant for the first five years of the model and are then  
1338 adjusted for anticipated system improvements. KCRHA limited the scope of our model to run  
1339 through the five years of our Five-Year Plan, so this rate is held constant at 39%. It is important  
1340 to note that should affordable housing development accelerate, the Authority would be able to  
1341 shift this rate and decrease the projected need for temporary housing.

1342

1343 Creating a projection for newly homeless individuals is more complex. Here, Cloudburst used a  
1344 Monte Carlo simulation. This is a type of statistical modeling that allows for non-static variables.  
1345 It is frequently used for predicting behaviors in complex systems. This is done by allowing  
1346 variables to have a range of potential values, randomly assigning each variable a value from the  
1347 potential range, and then calculating the outcome with those assigned values. It then repeats  
1348 this 10,000 times using different randomly assigned values for each variable. The median output  
1349 of these simulations is then taken.

1350

1351 The Commerce model for newly homeless individuals takes into account a number of risk  
1352 factors associated with the experience of homelessness in national studies. This analysis  
1353 included variables for the following risk factors: Disability Rate; Evictions; Foster Care;  
1354 Incarceration; One-Person Households; Overcrowded Housing; Percent Without a High School  
1355 Diploma; Severe Rent Burdens; Receipt of Cash Benefits; Unemployment. Each risk factor has  
1356 a specific variable, source, assumptions, and set of behaviors that can be found in [the full](#)  
1357 [methodology](#).

1358

1359 Using this approach, the KCRHA gets the following output, using the average household size for  
 1360 people experiencing homelessness in King County of 1.29:

Years (2023 - 2027)	Beginning of Year (Individuals)	Projected Exits from Homelessness (Individuals)	Projected New Homelessness (Individuals)	Final Homelessness for Year (Individuals)	Final Homelessness for Year (Households)
Baseline	51,560	20,108	22,080	53,532	41,498
1	53,532	20,877	23,337	55,992	43,405
2	55,992	21,837	23,778	57,933	44,909
3	57,933	22,594	24,233	59,572	46,180
4	59,572	23,233	24,751	61,090	47,357
5	61,090	23,825	24,571	61,836	47,935

1361  
 1362 Core to the Authority’s approach to rapidly reducing the number of people currently forced to  
 1363 live outside is the significant expansion of temporary shelter/housing options. While the current  
 1364 number of temporary shelter/housing units across King County is 3,552 units, the estimate of  
 1365 need by the end of 2027 is 22,534 temporary shelter/housing units.

1366 **Centering the Voices of Lived Experience**

1367 To focus on its theory of change, the KCRHA centered the voices of people with lived  
 1368 experience in this work. Partnering with the Washington State Lived Experience Coalition (LEC)  
 1369 and Cloudburst, the KCRHA analyzed interviews collected from people experiencing  
 1370 unsheltered homelessness during its Understanding Unsheltered Homelessness Project.<sup>54</sup>

1371 **Qualitative Approach**

1372 In total, a sample of 180 interviews were coded by a team of researchers. The sample was  
 1373 selected to center the experiences of marginalized people and ensure that the sample was  
 1374 representative of the demographics of people experiencing homelessness in the county. The  
 1375 team included three members of the LEC who were provided qualitative analysis training prior to  
 1376 the beginning of the project. The remainder of the team had academic training in data analysis.  
 1377 The team met weekly to discuss analysis, ensuring consistency in the qualitative coding  
 1378 between researchers. Additionally, the dataset was validated by one member of the research  
 1379 team.

1380  
 1381 The interview analysis approach was co-developed by the research team and three additional  
 1382 members of the LEC who acted as an advisory body over the course of the project. Analysis  
 1383 focused on household composition, barriers to housing, services used or wanted, and  
 1384 characteristics of the interviewee. This analysis was used to identify specific temporary and

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<sup>54</sup> King County Regional Homelessness Authority. (2022, March 25). *Understanding Unsheltered Homelessness*. Retrieved December 12, 2022, from <https://kcrha.org/understanding-unsheltered-homelessness/>

1385 permanent housing models directly from the voices of people living unsheltered, interpreted in  
1386 partnership with people with lived experience. The following section details the temporary  
1387 housing models that were identified through the interviews; each one highlights a “profile” on an  
1388 person interviewed that was identified to be best served by the temporary housing model.

## 1389 Temporary Housing Models

### 1390 Non-Congregate Shelter - “Emergency Housing”

1391 Non-congregate shelters, including micro-modular shelters and hotel/motel shelters offer privacy  
1392 and stability, in a space that is separate from other people and safe for belongings. The COVID-  
1393 19 pandemic normalized non-congregate shelter (NCS), or emergency housing, as a sheltering  
1394 option with more positive outcomes.

1395  
1396 Micro-modular shelters, often referred to locally as “tiny house villages,” are increasingly being  
1397 deployed nationally as a response to homelessness. These units can vary considerably, from  
1398 small freestanding rooms with a bed to units that have fully operational kitchens and bathrooms.  
1399 As one of the first forms of NCS, micro-modulars play an important role in the transition from  
1400 congregate to non-congregate models. Advocates generally consider micro-modulars to be an  
1401 important NCS option, not to be substituted for permanent housing. Seattle’s early adoption of  
1402 micro-modular villages is an important proof point in the development of data that supports a  
1403 broader shift to emergency housing as the shelter standard rather than the exception. Pre-  
1404 pandemic, these units were historically found to be more desirable than congregate shelters,  
1405 and they continue to fill a gap in the need for non-congregate options. Importantly, the Authority  
1406 recognizes that the success of modular shelters is dependent on the capacity of service  
1407 providers to adequately staff and support people towards rapidly exiting to permanent housing.

1408  
1409 Many interviewees reported significant negative experiences with congregate shelters, sharing  
1410 that the crowded, loud facilities exacerbated trauma and did not feel safe. Many people reported  
1411 multiple incidents of property theft or even violence. As a result, a significant number of  
1412 respondents preferred unsheltered homelessness to congregate shelter facilities. These  
1413 accounts are consistent with findings from local and national research that studied NCS  
1414 alternatives during the COVID-19 pandemic.<sup>55 56</sup>

1415  
1416 Others experiencing homelessness have stated the need for rapid and around-the-clock  
1417 entry into emergency housing on a 24/7 basis. Well run congregate shelters can provide rapid

---

<sup>55</sup> Finnigan, R. (2022, May). *Shelter and Safety Among People Experiencing Homelessness During the COVID-19 Pandemic*. Retrieved December 21, 2022, from <https://turnercenter.berkeley.edu/wp-content/uploads/2022/05/Shelter-and-Safety-May-2022.pdf>

<sup>56</sup> Colburn, G., Fyall, R., Thompson, S., Dean, T., McHugh, C., Moraras, P., Ewing, V., & Argodale, S. (2020, November). *Impact of Hotels as Non-Congregate Emergency Shelters*. Retrieved December 21, 2022, from [https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study\\_Full-Report\\_Final-11302020.pdf](https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf)

1418 access to emergency housing. The best models also provide services on site. As the NIS study  
1419 noted, the needs of the homeless in King County's sub-region are different than the Seattle  
1420 homeless population. Cities in the East sub-region that have robust congregate shelter facilities  
1421 stated the need to continue this service while focusing on non-congregate shelters.  
1422

1423 Alameda County in California conducted an evaluation of their NCS implementation and found it  
1424 was preferred by both people experiencing homelessness and service providers. The model  
1425 accelerated access to appropriate health care (including behavioral health supports) and helped  
1426 stabilize participants, with double the proportion of clients exiting to permanent housing  
1427 compared to traditional shelter arrangements.<sup>57</sup>  
1428

1429 In King County, interview participants distinguished between "shelter," which was generally  
1430 viewed unfavorably, and "motel programs" implementing NCS, which were described as a  
1431 positive model that they would prefer to both congregate facilities and unsheltered  
1432 homelessness. However, recognizing that congregate shelters continue to play an important  
1433 role in addressing unsheltered homelessness, any new transitions from congregate to non-  
1434 congregate models would need to be phased in over time and implemented in collaboration with  
1435 cities and service provider partners.  
1436

1437 Profile: A white male tries to use the shelter system when it's possible for him, but he  
1438 experiences several issues. First, he is connected to a church shelter system that is not  
1439 in the same location every night. Without a car, this sometimes makes it difficult to get to  
1440 the correct location. Second, he is working, and although the shelter staff know this, he  
1441 is sometimes not allowed inside if he arrives past curfew due his work hours. On these  
1442 nights, he rides city buses all night to be out of the elements. However, this makes it  
1443 difficult to shower and be ready for work the next day.  
1444

1445

### 1446 Recuperative Housing

1447 These specialized shelters are designed for people who are not acutely sick enough to warrant  
1448 a hospital stay but have needs beyond what can typically be addressed in a temporary housing  
1449 environment.  
1450

1451 As outlined above, many people experiencing homelessness develop complex medical needs.  
1452 For some, pre-existing conditions play a part in their pathways into homelessness, but for many  
1453 others, significant medical conditions arise over the course of their experiences of  
1454 homelessness. In the Pacific Northwest, frequent wet conditions often complicate wound care  
1455 and result in more complex medical situations. Additionally, the conditions of homelessness

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<sup>57</sup> Zeger, C. (2021, May). *Evaluating Project Roomkey in Alameda County: Lessons from a Pandemic Response to Homelessness*. Retrieved December 12, 2022, from <https://homelessness.acgov.org/homelessness-assets/img/reports/Final%20PRK%20Report.pdf>

1456 often lead to complex edemas that can be debilitating and impact people’s mobility and capacity  
1457 to pursue work. In King County, 51% of people sampled in the recent PIT count identified  
1458 themselves as having a chronic health problem or medical condition. In response to similar  
1459 issues, communities across the country have begun implementing medical respite models for  
1460 people experiencing homelessness.<sup>58</sup> One report estimates that there are approximately 137  
1461 such programs across the United States, and the National Health Care for the Homeless  
1462 Council has developed program standards and a work group for communities interested in  
1463 beginning or improving local respite programs.<sup>59</sup> Evidence suggests that medical respite  
1464 programs for people experiencing homelessness help prevent emergency room visits, thus  
1465 reducing the cost of homelessness for the community overall and improving the overall stability  
1466 of guests.

1467  
1468 The identification of this need builds on the findings of the 2018 National Innovation Service  
1469 report. This report noted that “[w]hile the majority of people experiencing homelessness do not  
1470 suffer from substance use disorder or psychotic spectrum illnesses, they make up a  
1471 disproportionate number of people currently living outside. Due to the nature of the crisis they  
1472 are facing, the needs of this population are often acute and debilitating. Any attempt to directly  
1473 incorporate them into existing behavioral health services would likely tax providers and  
1474 destabilize the system.”<sup>60</sup>

1475  
1476 Health needs are often difficult to prioritize for unhoused people who find themselves in  
1477 “crisis mode” and are unable to navigate complex, fragmented, and often unfamiliar health  
1478 systems as they also struggle to manage care for their own basic needs or the needs of others  
1479 (particularly children or other family members).

1480  
1481 Profile: A 26-year-old woman is living unsheltered with her six-year-old daughter. The  
1482 woman is suffering from uncontrolled high blood pressure and was recently diagnosed  
1483 with Graves’ disease, but she does not have consistent medical care. Graves’ is  
1484 treatable, but has a range of side effects, such as heart palpitations, that require  
1485 recovery and a medical plan.

## 1486 Recovery Housing

1487 Recovery housing is a family-like, substance-free living environment that supports individuals in  
1488 recovery from substance use disorder. Recovery housing has peer supports and connections to  
1489 services to promote long-term recovery. People experiencing homelessness often report higher  
1490 incidences of substance use than the general population, and for many people this requires

---

<sup>58</sup> Levi, R., & Gorenstein, D. (2022, May 30). Medical respite offers refuge for homeless people recovering from illness. *NPR*. Retrieved from <https://www.npr.org/sections/health-shots/2022/05/30/1099760410/homeless-medical-respite>

<sup>59</sup> National Health Care for the Homeless Council. (n.d.). *Medical Respite Care*. Retrieved December 12, 2022, from <https://nhchc.org/clinical-practice/medical-respite-care/>

<sup>60</sup> National Innovation Service. (2018). *Expand physical and behavioral health options for people experiencing homelessness*. Retrieved December 12, 2022, from <https://hrs.kc.nis.us/actions/7/>



1491 clinical intervention. Substance use treatment can be extremely expensive, and there are often  
1492 long wait lists for publicly funded facilities where people can seek help regardless of their  
1493 income. In a multinational analysis of behavioral health conditions in people experiencing  
1494 homelessness, substance use disorder diagnostic rates were quite high, with alcohol use  
1495 disorders estimated at prevalence rate of 36.7% and drug use disorders at 21.7%.<sup>61</sup>

1496  
1497 In local interviews conducted through the 2022 PIT count, many people expressed the desire to  
1498 enter substance use treatment but stated that it was not available. Indeed, the 2022 King  
1499 County PIT report counted just over 5,000 people who self-identified as living with a substance  
1500 use disorder, and the vast majority of these individuals were living unsheltered. This was likely  
1501 exacerbated by national trends, which saw substance use rise during the pandemic, fueled by  
1502 the ongoing opioid and amphetamine crises.

1503  
1504 Regardless of the onset sequence, the simple fact remains that for many of these individuals  
1505 the pathway out of homelessness is inextricably tied to the ability to access some form of  
1506 substance use treatment. While this is certainly not representative of the entirety (or even the  
1507 majority) of people experiencing unsheltered homelessness, this pathway is a critical one for a  
1508 large number of people. Given the urgency of the crisis at hand, the Authority recognizes the  
1509 critical need to online temporary housing options that can provide portions of this support, as  
1510 policymakers and elected leadership across the region seek to address the broader behavioral  
1511 health and residential treatment crisis.<sup>62</sup>

1512  
1513 This direction builds on the National Innovation Service recommendation<sup>63</sup> to increase the  
1514 availability of housing models that incorporate Assertive Community Treatment (ACT), a  
1515 multidisciplinary model that provides comprehensive community-based psychiatric support. As  
1516 noted in that report, ACT models showed a 37%<sup>64</sup> greater reduction in homelessness and a  
1517 26% greater improvement in psychiatric symptom severity than traditional casework.<sup>65</sup> The  
1518 implementation of this model could result in a community-centered, lower-cost alternative

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<sup>61</sup> Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021, August 23). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS Medicine*, 18(8): e1003750. <https://doi.org/10.1371/journal.pmed.1003750>

<sup>62</sup> Executive Constantine's recently announced behavioral health crisis center levy factors significantly into the Authority's long-term planning for residential and crisis supports for people experiencing homelessness over the coming years. This critical system capacity would potentially allow the Authority to reduce the footprint of this support type. However, in absence of an approved levy or implementation plan, the Authority could not factor those facilities into our modeling at this time.

<sup>63</sup> National Innovation Service. (2018). *Expand physical and behavioral health options for people experiencing homelessness*. Retrieved December 12, 2022, from <https://hrs.kc.nis.us/actions/7/>

<sup>64</sup> Coldwell, C.M., & Bender, W.S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: a meta-analysis. *American Journal of Psychiatry*, 164(3), 393-399. doi: 10.1176/ajp.2007.164.3.393.

<sup>65</sup> Ibid.

1519 system that can be tailored to people experiencing homelessness, instead of managing  
1520 behavioral health through emergency rooms and clinics at a heavy cost.

1521  
1522 Importantly, this model can be tailored to support both sober living and harm reduction  
1523 approaches to recovery housing. Harm reduction approaches have been shown to be effective  
1524 ways of managing substance use. The National Harm Reduction Coalition reports that people  
1525 experiencing homelessness often say that housing programs feel punitive and have high  
1526 barriers to entry.<sup>66</sup> Research shows that harm reduction is often absent from Housing First  
1527 approaches.<sup>67</sup> Some substance use housing may be focused on harm reduction to allow  
1528 participants access to other forms of treatment that address underlying trauma related to their  
1529 substance use. However, a subset of respondents also made it clear that harm reduction  
1530 approaches would not work for them, for either personal or cultural reasons.<sup>68</sup>

1531  
1532 Profile: A 53-year-old white man has been experiencing homelessness off and on for  
1533 most of his adult life, mainly due to his inability to pay high rental prices. He is an active  
1534 heroin user and has contracted hepatitis C through his drug use. He has not been able  
1535 to obtain insurance or medical care. The man stated that he wants medical care to seek  
1536 treatment for hepatitis and substance use. However, given the duration of his drug use,  
1537 he is afraid of an unassisted drug withdrawal. He would like to be in inpatient rehab to  
1538 have medication for symptoms and medical oversight should the withdrawal impact his  
1539 health.

1540

## 1541 Safe Parking

1542 An intervention currently being deployed in King County that has shown a high rate of success  
1543 is safe parking programs that allow people to legally stay in their vehicles, reducing the risk of  
1544 being towed or incurring other fees, while connecting them to onsite services and allowing  
1545 access to hygiene facilities. Nationally, safe parking programs have reported comparable or  
1546 higher rates of exit to permanent housing than street outreach. Additionally, some communities

---

<sup>66</sup> National Harm Reduction Coalition. (2020, October 2). *Homelessness and Harm Reduction*. Retrieved December 12, 2022, from <https://harmreduction.org/issues/harm-reduction-basics/homelessness-harm-reduction-facts/>

<sup>67</sup> Watson, D. P., Shuman, V., Kowalsky, J., Golembiewski, E., & Brown, M. (2017, May 23). Housing First and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature. *Harm Reduction Journal*, 14, 30. <https://doi.org/10.1186/s12954-017-0158-x>

<sup>68</sup> Both the Black and Native communities have raised concerns about the broad application of harm reduction without the ability to assess the model more thoroughly for integration into community specific understandings of health and relationships to substance use. They also expressed a desire to see both harm reduction models and sober living models available as pathways for people in need of temporary recovery housing.

## ATTACHMENT A

1547 have reported that safe parking facilities help improve community relationships and perceptions  
1548 compared to outdoor encampments.<sup>69</sup>

1549  
1550 A significant number of people experiencing unsheltered homelessness in King County are  
1551 doing so with a vehicle. Some estimates have placed this number at roughly half of all  
1552 incidences of unsheltered homelessness in the county.<sup>70</sup> These households, frequently referred  
1553 to as “vehicle residents,” often come to experience homelessness through eviction or other  
1554 pathways characterized by straightforward economic hardship. They find that their vehicle is  
1555 their last remaining asset, which now doubles as both transportation and makeshift housing. In  
1556 parts of King County with no other shelter options, their vehicle may be the only option. In  
1557 addition, due to the fragmented nature of existing shelter programming, which historically has  
1558 forced families (particularly those with “adult” or even teenage children) to separate by gender  
1559 identity, many families choose vehicle residency in order to keep their family together.

1560  
1561 A 2021 analysis used in launching the Vehicle Residency working group found that 79% of  
1562 unsheltered families with children were vehicle residents.<sup>71</sup> While the Authority’s five-year plan  
1563 calls explicitly for an end to unsheltered homelessness for families (see Goal 5), we also  
1564 recognize the need for interim survival strategies and connective infrastructure to support these  
1565 families (and the many others living in vehicles) back into housing. When asked, many vehicle  
1566 residents report that they are not regularly accessing traditional homelessness services. Many  
1567 choose to avoid congregate shelters due to the autonomy and privacy their vehicle provides.  
1568 Many also choose not to take advantage of food programs, since they have income through  
1569 disability or SSI or are currently employed.

1570  
1571 Safe parking programs have also demonstrated promising success as part of the deployment of  
1572 Emergency Housing Vouchers (EHVs), suggesting that many vehicle residents do not require  
1573 permanent supportive housing or other more service-intensive interventions but rather can be  
1574 adequately set up for long-term success through case management and access to economic  
1575 supports.

1576  
1577 Profile: A 50-year-old biracial woman is experiencing homelessness due to job loss. She  
1578 is currently alternating between unsheltered homelessness, couch surfing, and shelters.  
1579 These moves leave her without a caseworker, as her sheltered status consistently  
1580 changes. In addition, she lacks consistent access to showers and meals. Previously, she  
1581 owned a vehicle and wanted to join a safe parking program for consistency in her living  
1582 situation, access to case management, and hygiene services. She inquired about  
1583 several safe parking programs but was told there was a wait list and

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<sup>69</sup> Weare, C., Mcelwain, L., Schiele, D., & Waheed, L. (n.d.). Safe Parking: Insights from a Review of National Programs. Retrieved December 9, 2022, from <https://static1.squarespace.com/static/5e40681539b77957555f10e0/t/609ef366f1f5035bc056db19/1621029735677/Safe+Parking+Briefer+Final.pdf>

<sup>70</sup> Interfaith Task Force on Homelessness

<sup>71</sup> HMIS data from June 2020 through May 2021

1584

1585 RV Parking

1586

1587 RV parking is similar to safe parking in that it accommodates vehicle residency for people  
1588 experiencing homelessness. It is estimated that approximately one-third of all people living in  
1589 vehicles in King County live in RVs or similar vehicles. Interviewees living in RVs shared a need  
1590 for a place to safely and legally park while connecting to utilities. RV parking could provide a  
1591 safe, relatively inexpensive temporary housing model, as people reported that their RVs often  
1592 have full facilities (e.g., bathroom, kitchen) that could be used if there was available connection  
1593 to utilities.

1594

1595 Profile: A 49-year-old Samoan woman has been living unsheltered with her boyfriend for  
1596 about a year and a half. She is working and receiving benefits but does not earn enough  
1597 for a permanent place to live without additional assistance. She received a stimulus  
1598 check from COVID-19 funds and bought an RV to have facilities and shelter from the  
1599 cold. However, after purchasing the RV, she began to receive parking tickets for living in  
1600 the vehicle. Eventually, the RV was towed, and she is once again living unsheltered. She  
1601 feels there are no service options available where she and her boyfriend could live  
1602 together, and living in a tent is challenging. Two weeks before her interview, someone  
1603 had set her tent on fire, and she was in the process of replacing her belongings.

1604 Conclusion

1605 Counts of people experiencing homelessness have historically underestimated need, as  
1606 evidenced by differences in PIT counts conducted locally and through various data integrations.  
1607 Statistical modeling allows for a greater understanding of the scale of the homelessness crisis in  
1608 King County and across Washington State, both now and in the future. These figures are larger  
1609 than what the community has seen before, in part because of an overreliance on the Point-In-  
1610 Time count in public narratives. But having an understanding of the magnitude of the crisis is  
1611 the first step to solving it. What is created to meet this need is equally important. Housing  
1612 solutions must meet individual needs to promote long-term stability by reducing both the time  
1613 spent experiencing homelessness and returns to homelessness once housed. By layering on  
1614 community-based qualitative research of people living unsheltered, KCRHA has identified  
1615 solutions designed to meet the needs of real people and create lasting improvements in housing  
1616 stability.