King County Regional Homelessness Authority

Five-Year Plan (2023 - 2028)

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Acknowledgements

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

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

Thank you for your partnership and support.

Executive Summary

One Goal

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

Background and Context

Historically, the system of homelessness response has been fragmented instead of coordinated. Providers have been strapped for resources, and we have missed opportunities to leverage existing funding and reduce or prevent homelessness through better coordination. Our community has resourced many impactful programs but has not 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 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

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

Understanding the Challenge

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

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

Optimizing Funding

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

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

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

About KCRHA

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

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

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

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

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

Scale and Scope of the Challenge

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

How Many People Need a Safe Place to Live?

There are many ways to measure homelessness and enumerate how many people our community must bring inside. Methodologies include manually counting the number of people who are experiencing homelessness on one night, also known as the Point in Time (PIT) count, reviewing the number of people who experience homelessness annually, based on administrative data such as service program enrollment, and using statistical modeling. For the purposes of tracking our progress across the years of this Plan, KCRHA will be benchmarking against the figure provided by Commerce.

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

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

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

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

[4] This report combines administrative data from several state agencies to provide a count of people experiencing homelessness, with the focus still on a single point in time. For additional information, https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1176031916327

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

[6] In response to the recently passed House Bill 1220, the Washington State Department of Commerce worked with stakeholders and technical experts to develop a uniform methodology to determine the housing gaps in every community. For a high-level overview, please review Appendix C. For a detailed explanation, https://deptofcommerce.app.box.com/s/jwubfg1633jeg5rec8jx4i78j7hjscp1

Understanding Who Is Experiencing Homelessness

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

RACE & ETHNICITY* OF HEAD OF HOUSEHOLD

*HUD requires submission of race and ethnicity as separate categories. Here, we have included households identifying as Hispanice/Latin(a)(o)(x) with the HUD-required race categories. Since these questions are asked separately, a respondent may identify as Hispanic/Latin(a)(o)(x) and in another category represented in this chart.
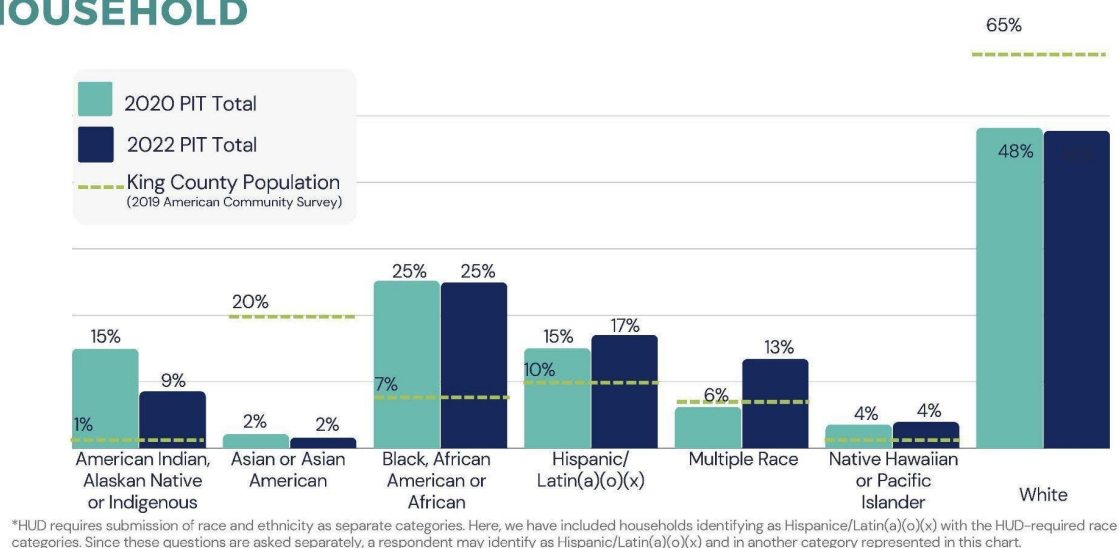
People who identify as LGBTQIA2S+, people fleeing and surviving domestic violence, and people exiting incarceration also face systemic barriers that can lead to homelessness. Similarly, navigating the housing and homelessness service system can be difficult for people without documentation, people who have joined our community as immigrants or refugees, unaccompanied youth and young adults (YYA), seniors, and people with disabilities. Each of these sub-populations has unique needs that call for specialized services.

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

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

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

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

Limitations on Data

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

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

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

Our Work in Memoriam

Housing saves lives. Every year, almost every night, our communities lose people—sons and daughters, parents, elders, friends, and neighbors—to homelessness. These deaths are preventable, and are caused by the impacts of homelessness, including exposure to weather, overdose, violence, abuse, isolation, and untreated mental or behavioral health care needs.

In 2022, King County recorded 310 people who died while experiencing homelessness.[8]

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

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

The Current State

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

Service Provider Organization

Network of Homelessness Services

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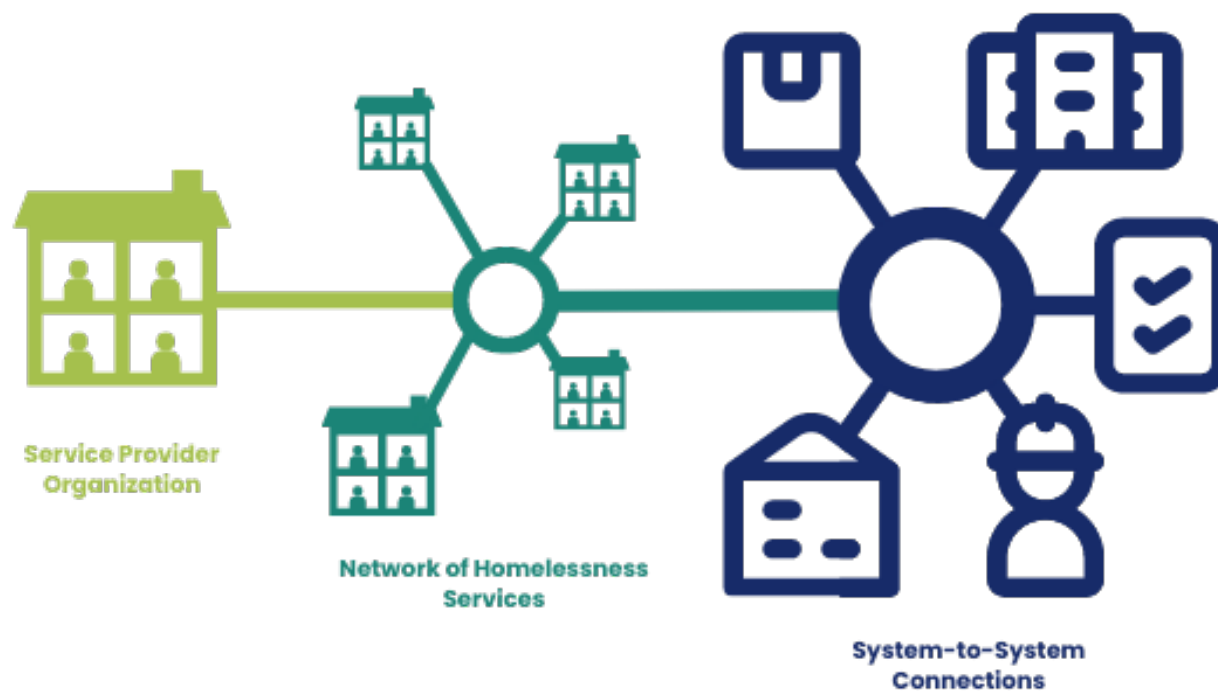
As an agency, KCRHA works on each of these three levels to create a more functional system that ultimately serves to address homelessness. *In this section, we examine each of these levels to illustrate the current state of these levels with a focus on challenges, gaps, and successes. This chapter of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

Service Provider Organizations

Challenges

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

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

Successes

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

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

Opportunities

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

Our vision for this level is that:

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

Network of Homelessness Services

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

Current Temporary Housing Interventions

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

Emergency Shelter: Homeless shelters are locations that provide a place for people experiencing homelessness and families experiencing homelessness to find safety, protection from exposure to weather, and an opportunity to connect with services, while simultaneously reducing the environmental impact on the community. There are a variety of sub-types of emergency shelter that differ based on certain significant factors, including:
- Overnight versus 24/7 hours of operation

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

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

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

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

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

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[10] 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

[11] 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

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

Performance Comparison for 2022
For more information on program performance, review on the KCRHA website dashboards.

Program	Exits to Permanent Housing	Exit Rate to Permanent Housing	Average Length of Stay	Rate of Returns to Homelessness	Utilization Rate
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

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

Current Pathways to Permanent Housing

Coordinated Entry

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. Regional Access Points (RAPs)[12] are an entry point to CE. These entry points are resource centers where households experiencing homelessness can get help finding housing and other resources. Individuals and families experiencing homelessness may call ahead to schedule an appointment.

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

Other Pathways to Permanent Housing

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

Challenges

Challenges: Data Collection

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

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

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

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[12] https://kcrha.org/regional-access-points/
[13] https://kcrha.org/wp-content/uploads/2023/05/CE-COVID-Prioritization-v2-Risk-Factor-Schema-April-2023-COPRI-v2.pdf

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

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

Challenges: Sub-Regional Gaps

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

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

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[14]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

[15] 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

Challenges: Sub-Population Gaps

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

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

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

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

Successes in the System

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

- An increase in collaboration between service providers during the COVID-19 pandemic.

- The Family Shelter Intake Line, which manages referrals in one coordinated system for families seeking shelter across the region.

- Collaborations between providers and medical care. For example, the Downtown Emergency Services Center (DESC) and Aurora Commons partnered with University of

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

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

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

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

Opportunities

Opportunities: New Temporary Sheltering/Housing Options

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

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

The urgency in developing additional temporary housing options and connections between services is met with many barriers, compounding the challenges identified in the Service Provider Organizations section above. The process to develop new programs requires:
- Identifying and acquiring funding
- Identifying a location or site with community support
- Identifying or constructing the building
- Developing referral pathways and population-specific services

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

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

Opportunities: Data Collection and Connection

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

Opportunities: Connection Between Services Providers

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

A Healthy Continuum of Care

Outreach | Day Centers | Emergency Shelter | Severe Weather Shelter

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

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

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

Rapid Rehousing | Permanent Supportive Housing | Permanent Housing | Subsidies

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

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

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

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

System-to-System Connections

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

Challenges

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

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[16] 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

[17] 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

[18] 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

[19] 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

[20] 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.

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

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

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

The federal McKinney-Vento Act sets the baseline for school district engagement with students experiencing homelessness[26]. Schools are a touchpoint to connect families to services, but many students and families are hesitant to ask because of the stigma associated with

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[21] 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/

[22] NHLP (n.d.) https://www.nhlp.org/files/Importance%20of%20Stable%20Housing%20for%20Formerly%20Incarcerated_0.pdf

[23] 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

[24] 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

[25] 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

[26] 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/

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

Successes

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

- The Response Crisis Response (RCR) program, which promotes a co-response model to deploy Crisis Responder Mental Health Professionals (MHPs) alongside police to serve community members in the five-city region in North and East King County who are experiencing behavioral health crises.

- The Law-Enforcement Assisted Diversion (LEAD) and Covid-19 adapted program, Co-LEAD, which brings together the Public Defenders Association, the homelessness response system, criminal legal system, and the health care system to provide case management, alternatives to incarceration, pathways to housing, and health care access.[27]

- Medical Respite programs that recognize the needs of individuals who are unhoused and have complex or acute medical needs, preventing people from being discharged to the streets or shelters that are not equipped for this higher level of care.

- Community Courts that provide an opportunity for people faced with criminal convictions to be held accountable while receiving services and positively contributing to the community.[28]

- KCRHA has also convened system partners in workshops to better understand the landscape of services across the region. To collaborate and decrease overdose deaths, KCRHA hosted the Overdose Roundtable in February 2023, where representatives from multiple systems and jurisdictions came to the table to identify solutions and next steps.

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[27] CoLEAD. (n.d.). *CoLEAD: Adapting LEAD for the COVID-19 crisis.* Retrieved April 9, 2023, from https://coleadteam.org/
[28] King County. (2023, March 29). *Community Courts.* Retrieved April 9, 2023, from https://kingcounty.gov/courts/district-court/Community%20Courts.aspx

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

Opportunities

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

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

It is our vision for this level that:

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

Our Work Over the Next Five Years

We have One Overall Goal

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

How We Measure Our Progress for this Goal

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

To baseline, KCRHA looks at the following measures to assess
- Number of households accessing the homelessness response system
- Number of households entering the homelessness response system

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.

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:

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

Where possible, these measures will be broken down by:
- Household type: Single adults, families with children, and YYA
- Race and ethnicity
- Program type: Emergency shelter/housing, transitional housing, day center, safe haven, rapid-rehousing, diversion, safe parking.

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

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

How We Get There

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

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

The changes on these three levels will ultimately lead to improved outcomes towards our overall goal to: "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."

Years 1 - 2

The following are key actions that KCRHA can take on the three levels of service provider organizations, network of homeless services, and system-to-system connections to ultimately improve outcomes and work towards our overall goal to "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."

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

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

**Key Actions: Service Provider Organizations**			
Key Action	*Topic Areas*	*Impact*	*Status*
(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 **for individuals to access services.**	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 **should increase opportunities for unsheltered individuals to access services.**	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 **greater number of clients accessing the system** by ensuring they have adequate care in a temporary or permanent housing. Adequate care at each step of service will also **support an**	Work will begin in Years 1-2 in a limited capacity. Additional funding is needed to implement the scale

		increased throughput through the system.	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, **increasing access to the system and ultimately more exits to permanent housing.**	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 **increase access to the system and the number of exits to permanent housing.**	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 **should address racial disproportionalities of homelessness while also increasing exits to permanent housing.**	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 **can ultimately increase access to the system as well as exits to permanent housing.**	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 **should drive decreases in racial disproportionalities of homelessness by race while also increasing exits to permanent housing.**	In progress

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 **should increase exits to permanent housing and decrease rates of return into homelessness.**	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 **will increase exits to permanent housing.**	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 **should increase exits to permanent housing.**	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 **increase household incomes, allowing for more opportunities to obtain and keep permanent housing.** Additional entitlement programs will allow us to reposition local funding towards other supportive wrap-around services and/or **to increase the number of temporary housing units in King County.**	Not yet started
(1-2) M. Incorporate, consider and implement livable 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

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

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

		towards **increases of exits to permanent housing.**	
(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, **we should increase opportunities for unsheltered individuals to access services and provide more pathways to exit to permanent housing.**	In progress
(1-2) S. Engage 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 **will increase the total number of temporary and permanent housing units available in the system.**	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 will **lead to greater access of the homelessness response system and increases in exits to permanent housing.**	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, **increasing access to the system and ultimately more exits to permanent housing.**	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.

(1-2) V. Regularly evaluate the level of funding and percentage of investment into organizations and programs designed to support the needs of Black, Native, LGBTQIA2S+, immigrant and refugee, people living with disabilities, and people exiting incarceration.	Data Funding Disproportionately Represented Populations Population-Specific Care	The expansion of services by BIPOC organizations will **support addressing the racial disproportionalities of homelessness, increasing access to the system and ultimately more exits to permanent housing.**	In progress
(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.	Administrative Disproportionately Represented Populations Procurement Population-Specific Care	Increased administrative capacity of population-specific procurements **will increase the number of temporary housing options.**	Not yet started
(1-2) X. Expand outreach tailored to families experiencing homelessness.	Outreach Families	Greater access to outreach and diversion services **will increase the number of families with children who access the homelessness response system, as well as increase their ability to find permanent housing.**	Not yet started
(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	Ombud Accountability Administrative	Increased knowledge about the Ombuds Office will allow for increased trust in the service response system which **will increase the number of people who will access the system.**	In progress

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 form the board **will increase access to the system and the number of exits to permanent housing.**	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 **increase access to the system and the number of exits to permanent housing.**	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 **increased throughput of the system and decreasing rates of return to homelessness.**	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 **more successful housing placements which should lead to increased throughput of the system and decreasing rates of return to homelessness.**	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 **increase the number of single**	Not yet started

program to improve the client experience and access to housing.	Sub-Regional Planning Data

Accountability | **adults, families and youth who can access the system.** | |
| (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. | Procurement

Sub-Regional Planning

Equity

Disproportionately Represented Population

Population-Specific Care | Equity in the procurement process will drive more geographic and sub-population specific distribution of resources which should **increase access to the system, improve throughput, increase the exits to permanent housing, and reduce returns to homelessness.** | In progress |
| (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. | Procurement

Person-Centered Care | Expanded business hours will allow for **more people to access and maintain services which should increase access to the system and increase exits to permanent housing.** | Not yet started |
| (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. | YYA

Systemwide Standardization

Accountability

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 **should increase exits to permanent housing and decrease rates of return into homelessness.** | In progress |

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

regional collaborative coalitions and local jurisdictions to develop local support for sub-regional implementation plans.	System Coordination Systemwide Standardization	of new temporary and permanent housing intervention which **should increase the total number of people exiting into permanent housing.**	
(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.	Data Accountability Sub-Regional Planning Systemwide Standardization	Living into the Theory of Change and having data design and interpretation by those with lived experience will improve our research methods which **will improve our overall understanding of how homelessness is experienced.**	Not yet started
(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	Sub-Regional Planning Accountability Community Involvement	Living into the Theory of Change and having data design and interpretation by those with lived experience will improve our research methods which **will improve our overall understanding of how homelessness is experienced.**	In progress
(1-2) AP. Create opportunities for people with lived experience to give feedback on the CE processes	Accountability Coordinated Entry	Improvements to Coordinated Entry informed by these sources will drive more successful housing placements which **should lead to decreasing rates of return to homelessness.**	In progress
(1-2) AQ. Continue to pilot Partnership for Zero with integration of improvements to By-Name-List technology, incident command systems, and Medicaid billing.	Innovation Funding Data	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 **greater access to the homelessness service**	In progress

	Technology	system.	
(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 **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.** | 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 **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.** | 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 **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.** | 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 **will increase exits to permanent housing.** An increased number of cities providing centralized | In progress |

		funding for homelessness response may also **increase the number of temporary and permanent units in the system.**	

Key Actions: System-to-System Connections			
Key Action	Topic Areas	Impact	Status
(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 **increases the chances of success in permanent housing**; **ultimately reducing rates of return into homelessness and increasing throughput in homelessness programs.**	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 **increase the chances of success in permanent housing, increase throughput in our system, and reduce returns to homelessness.**	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 **better understanding of the scale of unsheltered homelessness and more individuals will become**	In progress

weather shelters.	Involvement	**connected to services.**	
(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 **should be able to exit into permanent housing and increase throughput of the system.**	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 **should allow for fewer returns to homelessness.**	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 **increasing the number of people accessing the system.**	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 **greater availability to directly move single adults into permanent housing.**	In progress

Years 3 - 5

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 **increased exits to permanent housing for BIPOC, LGBTQIA2S+, and other historically marginalized communities.**
(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 **increases in access to the system and exits to permanent housing for immigrants, refugees, and asylum seekers.**
(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 **will decrease the number of people entering the homelessness service system.**

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 **will increase exits to permanent housing.**
(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, **which should decrease returns to homelessness.**
(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 **should drive a greater number of people from those communities to exit to permanent housing.**
(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 **can increase the chances of success in permanent housing.**
(3-5) H. Work with technology	Accountability	Improvements to programs informed by lived experience will **drive more**

developers to create and deploy a platform that allows for direct client feedback to KCRHA independent of a provider or surveyor.	Technology Coordinated Services System Coordination Innovation	**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.**

Key Actions: Network of Homeless Services		
Key Action	Topic Areas	Impact
(3-5) I. Develop By-Name lists for each household type (e.g., family, single adult, young adult).	Data Technology Coordinated Services Standardization Innovation	Having up-to-date, accurate information on 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. **This will increase the total number of people exiting to and maintaining permanent housing, while driving greater throughput of the system.**
(3-5) J. Partner with technology leaders and developers to create a platform that allows program participants to see and interact with their data.	Technology Accountability Coordinated Services Innovation	Improvements to services informed by lived experience will drive more successful housing placements, which should lead to **decreasing rates of return to homelessness and increased throughput of the system.**

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

| through collaborative convenings	System Coordination Accountability	people quickly, which **can increase the chances of success in permanent housing, greater throughput of the system, and decrease returns to homelessness.**
(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.	Coordinated Services System Coordination Accountability YYA Families	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. **This should increase throughput of YYA temporary housing programs and increase the number of exits to permanent housing for YYA.**
(3-5) R. Review existing region wide data collection practices with a racially equitable lens	Data Accountability Standardization Racial Equity Best Practices	Adjusting data collection methods to better account for racial equities should **drive decreases in racial disproportionalities of homelessness by race while also increasing exits to permanent housing.**
(3-5) S. Develop inquiry and evaluation methods rooted in innovative and evidence-based methodology to further inform performance measurement practices	Accountability Performance Measurement Best Practices	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. **This should drive a greater number of BIPOC, LGBTQIA2S+, and other historically marginalized populations exiting to permanent housing.**

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, **ultimately decreasing the number of new families and youth entering the homelessness service system.**
(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, **ultimately decreasing the number of new families and youth entering the homelessness service system.**
(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, **which can increase the chances of success in permanent housing for families.**
(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. **This should allow for greater throughput of the homelessness response system and a greater number of exits to permanent housing.**

Resources for the Present and the Future

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 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.

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[29] 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."

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.[30] 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.[31]
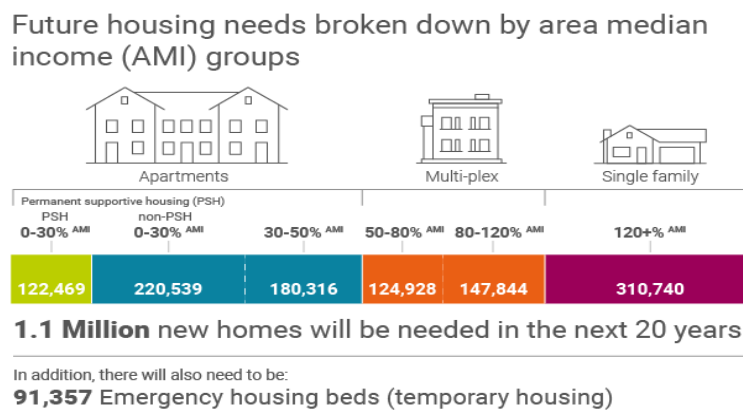
Further, to support planning for housing needs, the Washington State Department of Commerce projects that 1.1 million new homes will be needed in the next 20 years. In addition, there will also need to be *91,357 emergency housing beds statewide.*

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[29] RAH_Report_Print_File_Updated_10, -d-,28,-d-,19.ashx (kingcounty.gov)
[30] AHC_Shared_Revenue_Principles_.ashx (kingcounty.gov)
[31] Homelessness in Seattle and surrounds: Why does King County face a crisis? | McKinsey

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

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

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

Understanding the Current KCRHA Budget

There are three buckets within the KCRHA budget:
1. Administration of KCRHA
2. Programmatic Funding
3. Direct Services for Partnership for Zero

KCRHA Budget Breakdown

Direct Services for Partnership for Zero
2.0%
Administration of KCRHA
5.4%

Programmatic Funding
92.6%
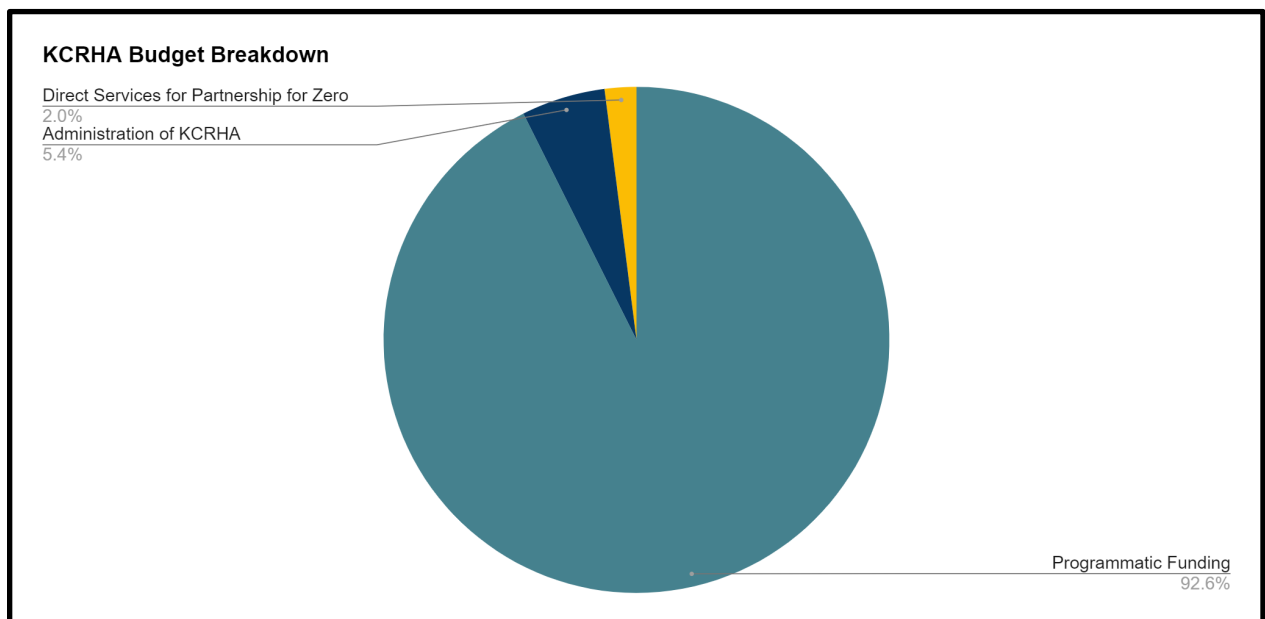
Operations and Administration

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

of Care grants[32] which is split between providers and the KCRHA; and up to 7.5% for Emergency Shelter Grants (ESG).[33]

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

Programmatic Funding

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

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

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

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[32] 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/
[33] 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/

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

Source	Amount
King County	**$23,263,031**
City of Seattle	**$81,324,374**
Total	**$104,587,405**

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

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
Total	**$265,661.00**

Local Funding Outside of KCRHA Purview

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

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

What We Currently Fund

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

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%
Program Total	**$234,642,588.00**	**100.00%**

Reprocurement

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

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[34] https://www.congress.gov/bill/117th-congress/house-bill/1319/text
[35] https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1590.SL.pdf?q=20230405140812

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

Our procurement policy can be found [here](#)[36]. Funding opportunities are posted on the KCRHA website.

Direct Services for Partnership for Zero

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

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

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

The system advocates workforce will also be the pilot area for what it would look like for our system to enhance the ability to bill Medicaid. Based on current research, we estimate that Medicaid will reimburse 85% of Partnership for Zero (PfZ) costs.[37]

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[36] https://kcrha.org/wp-content/uploads/2022/11/KCRHA-Procurement-of-Goods-and-Services-Policy-FINAL-11-10-21-Revision.pdf
[37] https://kcrha.org/wp-content/uploads/2023/04/KCRHA-2024-Budget-1.pdf

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

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

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

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

Transforming How We Fund Programs

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

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

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

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

Through a contract with CSH (formerly known as the Corporation for Supportive Housing), KCRHA is working to increase King County's utilization of **Medicaid funding** for supportive housing services through the Foundational Community Supports (FCS) program.[38]

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

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

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

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

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

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

There are also avenues to pursue federal grant opportunities that could further supplement the homelessness service system. Federal Department of Health and Human Services (HHS)

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[38] 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

funding streams include opportunities for long-term care supports for older adults, supports for youth and young adults aging out of foster care, substance use supports, and supports for individuals with higher levels of need, which may be available to KCRHA through existing federal programs.

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

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

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

Federal funding opportunities can arise, the Emergency Housing Voucher program, is a key example of a federal resource that became available in response to the COVID-19 pandemic; due to this resource and strong partnership between homeless service providers, KCRHA and the Seattle Housing Authority, Renton Housing Authority, and King County Housing Authority,

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[39] VA Secretary: Trust Remains Barrier to Vets Claiming Benefits | National Guard Association of the United States (ngaus.org)
[40] https://www.usich.gov/resources/uploads/asset_library/Ten-Strategies-to-End-Veteran-Homelessness-v3.pdf

King County was able to successfully lease up all over 1,400 households using the vouchers indicating 10 years of housing affordability for these individuals.

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

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

What KCRHA Would Do with New Funding

Priority Strategies if New Funding Becomes Available	
Key Actions	*Examples of Impact*
Expand shelter and emergency housing beds/units.	**$20,000,000+** 55-500 beds, depending on service model 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. One time capital & on-going costs (contingent on model)
Expand medical recuperation and high-acuity programs.	**$20,000,000** 55 high-acuity beds 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. One time capital & on-going costs (contingent on model)
Implement pilot cash transfer programs for families with children and/or YYA populations.	**$750,000** 50 households receive monthly stipends of $1,250 Would expand the number of youth or families served by the pilot, if funding permitted. Ongoing
Scale diversion resources, with the goal of diverting 6% or roughly 1,400 households in flowing into homelessness annually.	**$2,500,000** Additional 700+ households served An increase of this magnitude would provide sufficient funding to scale diversion

	services. Ongoing
Pivot severe weather response to a seasonal weather response, rather than only in severe and life-threatening circumstances.	**$1,000,000+** 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.	**$15,000,000** Based on the 2023 budget proposal, 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	**$2,000,000+** 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.

Supplemental Descriptions of Key Actions

Direct Cash Transfers: The state has been considering cash transfer programs. During the 2022 legislative session, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 5092, requesting a feasibility study on a universal basic income pilot program. This 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 development of infants, and pilots providing $1,000 – $1,500 per month have led to gains in economic stability, health and well-being, and

planning for the future."[41]

Severe Weather: As climate change accelerates, severe weather events—extreme heat, cold, and unhealthy air—occur with increasing frequency. From November 2022 through February 2023, we activated severe weather protocols seven times, for a total of 56 nights. For comparison, from late December 2021, when KCRHA took over severe weather response, to February 2022, we activated for a total of 17 nights. In the 2022 summer season, KCRHA piloted cooling canopies for six days and was able to serve 680 people in dangerous heat conditions. Given these increasing conditions, the current set up of "severe weather" activation is inefficient and creates unnecessary inconsistency for our unhoused neighbors who are seeking refuge during dangerous conditions. With additional funding, KCRHA would move towards a seasonal model (i.e., a winter weather shelter that operates from September to February) and away from activating based on set weather criteria.

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[41] 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

Appendix A: Sub-Population Workgroups

Community Engagement

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

Summer 2022 Engagements
In July alone, there were 38 workshops that engaged over 400 people. Teams were invited to bring workshops to coalition meetings, community tables, and advocacy organizations, in addition to regular standing sessions hosted by the KCRHA. Engagements focused on geography, with workshops held for North King County, East King County, and South King County and then independent workshops held for each Seattle Council district. Please note that due to an unexpected weather emergency, which required an all-hands-on-deck response from KCRHA and providers, the District 1 sub-regional planning workshop had only 4 participants; and only two represented providers (one outside City limits). Efforts to reschedule were unsuccessful. Therefore, the information about programs/services in West Seattle and South Park likely contains significant gaps. In addition, workshops were held based on program types and topics, including Outreach, Emergency Shelter, Transitional Housing, Permanent Supportive Housing, Equity-based Procurement Processes, Contract Monitoring, and System Performance. Beyond program types, workshops were also held specifically with the Washington State Lived Experience Coalition (LEC), and members of the LEC also participated in other workshops. This was an intentional step to ensure that the work was abiding by the Theory of Change.

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

Fall 2022 Engagements
In the final phase of engagement to inform this plan, KCRHA staff convened partners on the basis of sub-populations served and systems that interface with the homelessness response system, not only for the purpose of fulfilling the KCRHA Interlocal Agreement (ILA) requirements

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

Sub-Population Focus:
- High-Acuity Individuals
- People Living with Disabilities
- Native/Indigenous Communities
- Immigrants and Refugees
- Black and African American Communities
- Youth and Young Adults
- Families with Children
- Vehicle Residents
- Veterans
- Survivors of Gender-Based Violence
- Seniors and Elders
- LGBTQIA2S+ Single Adults

System Focus:
- Carceral Systems
- Health Care Systems
- Behavioral Health System

Content Development

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

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

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

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

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

Appendix B: Glossary

Glossary of Key Terms		
A	Access/Accessibility	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.
	ADA	Americans with Disabilities Act
	ADL	Activities of daily living
	AI/AN	American Indian / Alaska Native
	Anti-Racism	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	Base	A large group of supporters with similar goals and values who can be called on to take action for a shared cause.
	Base Building	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.

	Behavioral Health	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.
	Bridge Housing	A model of temporary housing that includes service-enriched programs such as case management, mental health care, substance abuse treatment, and housing placement.
	By and For Organization	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.
	By-Name List	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.
C	**Case Management**	Service focuses on immediate efforts to attain housing, using the minimum assistance needed to address each household's immediate housing crisis.
	Caseloads	The workload (in terms of number of cases or clients) a social worker or case manager is responsible for at one time.

	Chronically Homeless	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: 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: . Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and 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. 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 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.
	Client Centered	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.

	Commercial Sexual Exploitation of Children (CSEC)	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: ● Child sex trafficking/the prostitution of children ● Child sex tourism involving commercial sexual activity ● Commercial production of child pornography ● Online transmission of live video of a child engaged in sexual activity in exchange for anything of value (Office of Juvenile Justice and Delinquency Prevention)
	Commercial Sexual Exploitation (CSE)	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. (Global Fund to End Modern Slavery)
	Community Outreach Team / Mobile Assessors	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.

	Continuum of Care (CoC)	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:
		    1. Ensure collection of homeless system performance data (a "Homeless Management Information System" or HMIS)
		    2. Establish and operate a coordinated needs assessment and referral process ("Coordinated Entry")
		    3. Perform analysis to identify gaps in regional homeless services needs

	Continuum of Care (CoC) Board /Advisory Committee ("AC" or CoC Committee)	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.
	Coordinated Entry	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.
	Corporation for Supportive Housing (CSH)	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.
	Crisis Resolution	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.
	Cultural Competency	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. **The three following components must exist:** **Accessibility:** 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. **Relevance:** The agency identifies specific culturally based needs of populations and modifies the services delivered to meet those needs, including acquiring and institutionalizing cultural knowledge. **Commitment:** 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.

D	<u>**De-Intensification**</u>	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.
	<u>**De-Escalation**</u>	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.
	Displacement	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.
	<u>**Diversion**</u>	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.
E	<u>**Emergency Shelter**</u>	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.

	Emergency Housing Voucher Program (EHV)	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.
	Employment Navigator	Staff specialized in navigating various employment support services.
	Enhanced Shelter	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.
	Engagement	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.
	Equity	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.

	Equity-Based Procurement	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.
		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."
	Exits to Permanent Housing	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.
F	**Family**	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.
	Fair and Just Practices	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.

	Facility Cost	Includes the cost of heat, electricity, water, sewer, garbage, repairs, maintenance, janitorial, off-site and residential facility management, insurance, accounting, and marketing.
	Foundational Community Supports (FCS) Program	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)
	Front-Line Workforce	Homeless and housing staff working directly with participants including case managers, front desk staff, janitorial staff, and social workers.
	Functional Zero	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.
G	**Gender-Based Violence**	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.
H	**Harm Reduction**	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.
	Health Care Services	Medical and health-related services that may include health screening, health education and illness prevention, testing, and treatment.

	Heteronormativity	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." (PFLAG National Glossary of Terms, June 2022).
	High-Acuity	Someone living with a combination of two or more of the following: ● High behavioral health needs, including psychotic spectrum disorders (schizophrenia, bipolar disorder, dissociative identity disorder) ● Substance use disorder (using opioids, methamphetamines) ● Physical health challenges (chronic disease, disability)
	High Barrier	Factors that can prevent or impede services to entry, such as cost, paperwork, assessments, and specific eligibility criteria.
	Homeless Management Information System (HMIS)	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.
	HMIS Lead	The organization designated by the CoC to administer the HMIS. King County Regional Homelessness Authority fills this role.

Homeless	A household that lacks a fixed, regular, and adequate nighttime residence, meaning:
	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
	• 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
	• 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
	Any household who:
	• 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;
	• Has no other residence; and
	• Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
Household	An individual, couple, group, or family seeking services and housing together.
Housing Assessor	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.

Housing First	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.	
	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.	
Housing Navigation	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.	
Housing Stability Plan	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.	
Housing Triage Tool	The Coordinated Entry Assessment. It consists of two questions and is not scored. It is distinct from prioritization.	

	Household Type	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:
		
		    Family: a household that contains a minor and/or a member who is currently pregnant
		    Single adult: individual adults over the age of 18
		    Young adult: individual adults between the ages of 18-24
		
		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.

	HUD	The U.S. Department of Housing and Urban Development.
I	**Imminent Risk of Homelessness**	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.
	Interlocal Agreement (ILA)	A written contract between local government agencies such as a city, a county, a special jurisdiction like Sound Transit, or a school board. Read the KCRHA's Interlocal Agreement between the City of Seattle and King County.
	Internalized Racism	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, *Internalized Racism: A Definition* (Women's Theological Center, 1995).)
	Internalized Racial Inferiority	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.

	Internalized Racial Superiority	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. (People's Institute for Survival and Beyond, Our Principles – PISAB)
	Intersectionality	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. (Center for Intersectional Justice)
	Intimate Partner Violence	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	**Landlord Incentive:**	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.
	Landscape Analysis:	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.

	Lengths of Stay:	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).
	Levy:	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.
	LGBTQIA2S+:	An acronym for Lesbian, Gay, Bi-Sexual, Trans, Queer and/or Questioning, Intersex, Asexual, Two-Spirit.
	Lived Experience:	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.
	Lived Experience Coalition:	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.
	Low Acuity:	Functional individuals absent of severe mental or physical symptoms and do not require intense or immediate attention.
	Low Barrier:	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.
M	**Master Service Agreement:**	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.
	Mental Illness:	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.

	Medicaid:	Public insurance program that provides health care coverage to low- and middle-income individuals and families.
	Medical Recuperation:	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.
	Mobile Assessment:	Housing Triage Tool completed by a Housing Assessor with households who are unable to visit a physical Regional Access Point location.
N	**Notice Of Funding Opportunity (NOFO):**	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.
	Non-Congregate:	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	**Ombuds Office:**	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

	Outreach:	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	**Partnership for Zero:**	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. 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.
	Patriarchy (Institutional/Structur al/Systemic Sexism):	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. (Racial Equity Tools Glossary, MP Associates, Center for Assessment and Policy Development, and World Trust Educational Services, July 2022.)
	Permanency:	Permanency includes any safe and stable non-time-limited housing, whether individual unit, shared housing, reunification with family, or other successful housing placement.

	Permanent Supportive Housing (PSH):	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.
	Peer Navigation:	A role model who provides reliable and relevant information to help clients overcome barriers that may prevent engagement, retention, or re-engagement in treatment.
	Permanent Housing:	A housing solution without a time limit.
	Positive Youth Development:	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.
	Prevention:	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.
	Procurement:	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.
	Program Cost:	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 King County CHG Guidelines.

	Progressive Engagement:	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: ● Initial assessment and services address the immediate housing crisis with the minimal services needed. ● Frequent re-assessment determines the need for additional services. ● Supportive services are voluntary and build on the strengths and resources of each household, respecting their autonomy. ● Assistance can be accessed if a household faces homelessness again.
	Public Housing Authority (PHA):	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 Seattle Housing Authority, the King County Housing Authority, and the Renton Housing Authority.
R	**Racial Equity:**	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, What is Racial Equity?)
	Rapid Rehousing (RRH):	A low-barrier, time-limited intervention connecting households experiencing homelessness to permanent housing through a tailored package of assistance, including short-term rental assistance and supportive services, without any pre-conditions or requirements (such as employment, income, absence of criminal record, or sobriety). RRH includes three core components: 1) housing identification, 2) move-in and rental assistance, and 3) housing-focused case management services and supports. Housing-focused case management is provided, with an emphasis on immediate efforts to obtain housing, utilizing the minimum assistance needed to resolve each household's immediate housing crisis.

	Recovery Housing	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.
	Recuperative Housing:	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.
	Regional Access Point (RAP):	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.
	Resources:	Resources for the homeless crisis response system include the people, funding, logistics, and technology that support the administration and provision of services.
	Restorative Justice	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.
	Request for Proposals (RFP):	A funding process that is typically open to any organization that meets KCRHA's Minimum Eligibility Requirements. 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.

	Request for Statement of Qualification (RSFQ):	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 Minimum Eligibility Requirements). 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.
	Request for Information (RFI):	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.
	Request for Quotation (RFQ):	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.
	Return to Homelessness:	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.
	Risk Mitigation Funds:	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.
S	**Safe Parking**	A program for individuals and families that provides a safe place to park for the night with some security, hygiene services, and garbage service.

Senior:	Older adults defined as at least 55 years old.
Service Match:	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.
Shelter:	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.
Shelter – Low Barrier:	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.
SOAR (SSI/SSDI Outreach, Access, and Recovery):	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.
Social Safety Net:	Public policies and publicly funded assistance to help improve the lives of families and individuals who are struggling to make ends meet.
Structural Racism:	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. (Racial Equity Tools Glossary, MP Associates, Center for Assessment and Policy Development, and World Trust Educational Services, July 2022.)

	Support Services:	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.
	Systems Advocates:	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 RHA's Systems Advocates Team.
	System:	A collection of components (for example, cells, people, organizations, etc.) organized to achieve a particular purpose.
T	**Technical Assistance (TA)**	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.
	Tiny Houses	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.
	Transgender	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. (PFLAG National Glossary of Terms)
	Transition Age Youth	Youth aged 16-24 who may be transitioning out of systems of care, such as foster care and transitional housing.

	Transitional Housing (TH)	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.
	Transphobia	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. (PFLAG National Glossary of Terms)
	Trauma Informed	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.
	Trauma Informed Care	A framework that involves: ● Understanding the prevalence of trauma and adversity and their impacts on health and behavior ● Recognizing the effects of trauma and adversity on health and behavior ● Training leadership, providers, and staff on responding to patients with best practices in trauma-informed care ● Integrating knowledge about trauma and adversity into policies, procedures, practices, and treatment planning ● Avoiding re-traumatization by approaching patients who have experienced Adverse Childhood Experiences and/or other adversities with non-judgmental support (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)
	Treatment Services	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.
U	**Unaccompanied Youth**	A youth (under age 18) not in the physical custody of a parent or guardian.

	Underserved and Disproportionately Impacted Communities	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 Department of Health and Human Services)
	Unit Night	The provision of temporary housing for an eligible household for a period of up to 24 hours, including one night.
	Unsheltered	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).
V		
W	**Wrap-Around Services**	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.
X		
Y	**Youth**	An individual under 18.
	Young Adult	An individual 18-24 years old.
Z		

Appendix C: Housing Gaps Analysis Methodology

Right-sizing the Homelessness Response System

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

The KCRHA was established by an interlocal agreement (ILA) between King County and the City of Seattle.[43] This agreement requires the Authority to:

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

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

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

To do this, the KCRHA identified:

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[42] 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

[43] 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

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

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

Additionally, the ILA requires the Authority to:

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

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

Historical Methods of Enumeration

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

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

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[45] 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

weather on the night of the count.[46] The 2020 Point-In-Time count found 11,751 individuals experienced homelessness in King County.[47]

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

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

[46] 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
[47] 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
[48] 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
[49] 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
[50] 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/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en

The Need for a Shared Methodology

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

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

2022 Baseline

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

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[51] 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/

[52] 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

[53] 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

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

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

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

Quantitative Projections

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

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

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

Using this approach, the KCRHA gets the following output, using the average household size for 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

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

Centering the Voices of Lived Experience

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

Qualitative Approach

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

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

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

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

Temporary Housing Models

Non-Congregate Shelter - "Emergency Housing"

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

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. As one of the first forms of NCS, micro-modulars play an important role in the transition from congregate to non-congregate models. Advocates generally consider micro-modulars to be an important NCS option, not to be substituted for permanent housing. Seattle's early adoption of micro-modular villages is an important proof point in the development of data that supports a broader shift to emergency housing as the shelter standard rather than the exception. Pre-pandemic, these units were historically found to be more desirable than congregate shelters, and they continue to fill a gap in the need for non-congregate options. Importantly, the Authority recognizes that the success of modular shelters is dependent on the capacity of service providers to adequately staff and support people towards rapidly exiting to permanent housing.

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

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

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

[56] 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

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

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

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

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

Recuperative Housing

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.

As outlined above, 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 experiences of homelessness. In the Pacific Northwest, frequent wet conditions often complicate wound care and result in more complex medical situations. Additionally, the conditions of homelessness

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[57] 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

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

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

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

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

Recovery Housing

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

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[58] 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

[59] 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/

[60] 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/

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. In a multinational analysis of behavioral health conditions in people experiencing homelessness, substance use disorder diagnostic rates were quite high, with alcohol use disorders estimated at prevalence rate of 36.7% and drug use disorders at 21.7%.[61]

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

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

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

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[61] 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

[62] 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.

[63] 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/

[64] 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.

[65] Ibid.

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

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

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

Safe Parking

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

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[66] 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/

[67] 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

[68] 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.

have reported that safe parking facilities help improve community relationships and perceptions compared to outdoor encampments.[69]

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

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

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

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

[69] 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+B riefer+Final.pdf
[70] Interfaith Task Force on Homelessness
[71] HMIS data from June 2020 through May 2021

RV Parking

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

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

Conclusion

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