King County Regional Homelessness Authority

Five-Year Plan (2023 - 2028)

Acknowledgements

TBD

Executive Summary

Our 5-Year Action Plan is our community's path forward for measurable, accountable success. It is an evidence-based course of action for policymakers, a shared roadmap for advocates and service providers, a tool to hold our response system accountable, and a signal that progress is possible.

Collective action is the path to solving complex problems, and this plan is the embodiment of our region's decision to dramatically reduce homelessness. The seven goals outlined here are meant to show our communities that homelessness is, in fact, solvable—and that we can accomplish these goals together.

A Unified Approach

Fragmentation of the homeless crisis response system has been one of King County's most persistent barriers to achieving meaningful progress in reducing homelessness. For this reason, the King County Regional Homelessness Authority ("KCRHA" or "the Authority") was designed and formed to unify and coordinate the funding, policies and programs of 39 cities and King County into a single, efficient, successful system.

Our mission is to significantly decrease homelessness throughout King County, using equity and social justice principles. Our theory of change: if we create a homelessness response system that centers people with lived experience of homelessness, then we will be able to respond to needs and eliminate inequities, in order to end homelessness for all.

This collaborative, equity-focused approach is a fundamentally new way of working. Making the change is no easy task. Creation of a new governing body with a mandate to redesign an existing system is a change in culture as much as a change in policy. In addition, the impacts of COVID-19 increased the challenges surrounding homelessness just as KCRHA was getting started, and those impacts continue to be felt today. But the very existence of the Authority, and the broad support for its creation and mission, are themselves new and different from previous efforts.

With providers, advocates, and partners across the County, we've made significant progress to date—in just the past year, more than 4,500 people have moved from encampments or shelter into housing. We are implementing new state and federal programs for housing and encampment resolution, improving the Coordinated Entry process for accessing housing, and targeting resources using an emergency management framework. Despite these successes, the number of people experiencing homelessness—individuals, youth and young adults, and families with children, all disproportionately people of color—remains unacceptable. There is much work to do. We must continue to work together, scale our efforts, and move more people inside—into safe and stable temporary or permanent housing.

We cannot do this work alone. The Authority coordinates the crisis response system, working alongside our network of service providers in outreach, shelter, temporary housing and services. But it's important to remember that the pathways into and out of homelessness depend on engagement and commitment from systems outside of homelessness crisis response—including permanent housing, health care, child welfare, education and employment. Collaboration and sufficient resources across these intersecting systems is critical to reducing homelessness.

The Path Forward

Accurate, reliable data must drive our response.

- First, we need an accurate accounting of the number of people experiencing homelessness in King County and what services and supports might be most helpful for them.
- Second, we need to understand the types and scale of temporary and permanent housing solutions necessary to meet the needs of people who are experiencing homelessness.
- Third, we need to resource and scale evidence-based policies, programs, and practices that will increase the capacity and effectiveness of the service system.

To do so, this plan includes seven goals, each supported by specific strategies, each with metrics to measure our progress and a 24-month action plan for achievement. Consistent with the Authority's Theory of Change, each part of this plan includes insight and feedback from people with lived experience of homelessness.

Goal 1: Dramatically Reduce Unsheltered Homelessness

Our efforts use the evidence-based Housing First approach, prioritizing an individual's most impactful need first – the safety and stability of housing – and then connecting people to supportive services to address medical, mental health, substance use, employment, and education needs in an effort toward individual self-sufficiency and reintegration into community.

- The solution to homelessness is housing, so we must expand temporary and permanent housing to meet the need, using the data and methodology relied upon by the Washington State Department of Commerce.
- To address the suffering of people experiencing severe mental or behavioral health issues, we must improve and expand temporary housing and wrap-around support for people with high-acuity needs.
- To achieve the scale necessary to achieve "functional zero" countywide, we must expand the Partnership for Zero emergency management model, building infrastructure and capacity as we go.

Through data analysis both qualitative and quantitative, the Authority has identified solutions designed to meet the needs of real people and create lasting improvements in housing stability.

While the Authority's jurisdiction is limited to temporary housing and shelter, in order to dramatically reduce unsheltered homelessness our community must also act with urgency to build more permanent housing and to improve the behavioral health system.

Goal 2: Restructure the service system to improve capacity, supports, and efficiency

High-quality and longitudinally integrated services are an essential component of a system that can produce and sustain significant reductions in homelessness. Regardless of the kind of support necessary, it must be available on demand, person-centered, healing-based, and capable of facilitating connection to other systems.

- To optimize services and increase outreach capacity, we must reorganize and integrate the service environment
- To decrease inflow into homelessness, we will scale diversion interventions
- To improve individual outcomes, we will standardize and support person-centered, healing-based practices, including trauma-informed care, harm reduction, motivational interviewing, shared decision-making frameworks, and practices specific to people of color and other specific sub-populations
- To address the impacts of climate change and accelerating severe weather events, we will improve severe weather response system performance
- To support quality, effective services and operations, we will optimize all available funding.
- To stabilize the front-line workforce, we will value and compensate the work at a level sufficient to attract and retain skilled workers and keep people from having to access the services they are providing
- To ensure culturally responsive care, we will grow and diversify the portfolio of service providers, including expansion of BIPOC "By and For" equity programs

Goal 3: Ensure the availability of accessible, accountable, and responsive services

People experiencing homelessness consistently voiced the need to ensure that the system has more robust and reliable continuous quality improvement mechanisms that are fully rooted in both program outcomes and client experience. With the creation of the KCRHA there is, for the first time, a single agency that has the capacity to own all the information necessary to meet this need and own the accuracy and accessibility of essential information.

- To support accountability to people experiencing homelessness, we will refine and tailor the processes of the Ombuds Office
- To ensure that program participants can provide continuous feedback, we will develop a web- and mobile-based communication channel
- To ensure client access to and control of personal information, we will develop and support an integrated approach to data, similar to Electronic Health Records
- To rapidly identify and allocate resources, we will support transparent information on unit or other resource availability, including real-time availability of shelter beds

Goal 4: Reduce the Impact of Racism on People Experiencing Homelessness

The data is clear that people of color are dramatically overrepresented in the population experiencing homelessness, thus it remains essential to focus on directly addressing the source and perpetuation of structural racism within the system.

- To address the impacts of structural racism and the need for culturally relevant care, we will work to ensure racial equity in service provision
- To better understand how homelessness is experienced by Black and African Americans, Indigenous and Native Americans, and other racially marginalized communities, we will improve quantitative and qualitative data collection

Goal 5: No Family with Children Sleeps Outside

Families with children make up 17% of people experiencing homelessness in King County, and the number has been trending upward since mid-2021. Boosting the capacity of emergency housing availability, providing concerted improvements to care, and increasing coordination with other systems like schools and pediatric health services will help rapidly move families from shelters into permanent housing and prevent families from falling into homelessness.

- We will expand evidence-based program interventions that end family homelessness, including targeted cash interventions
- To improve early warning systems, prevention, and wrap-around services, we will support partnerships with healthcare and school systems
- To ensure families experiencing homelessness have rapid pathways to housing, we will improve coordination between homeless service providers and community supports

Goal 6: Every Youth and Young Adult (YYA) Has a Home

Youth homelessness is pervasive but often hidden because it may involve couch surfing or other forms of homelessness that are not as visible. It's essential to recognize that YYA have distinct needs that are substantially different from those of their adult counterparts. Many young people have been impacted by complex and often family-based trauma, thus trauma-informed service provision must be the bare minimum. Services for YYA should be oriented toward creating healing environments that will promote resiliency and assist young people in navigating their next steps successfully.

- To systematize cross-system alignment and strategy, we will develop a Youth and Young Adult coordinating body, supported by KCRHA
- With that coordinating body, we will expand housing and programmatic interventions specifically developed for Youth and Young Adults, informed by evidence-based practices, and tied to identified housing and service gaps

Goal 7: The Region Acts as One to Address Homelessness

Together, we are implementing a fundamentally different way of working—centering the expertise of people who have lived through homelessness and housing instability, using principles of equity and justice, unifying and coordinating actions across our region in order to achieve better outcomes.

- To consolidate and streamline funding for homelessness services, using a focused collective impact strategy, we will partner with all 39 cities in King County
- To facilitate pathways to temporary and permanent housing connections, we will continue to improve Coordinated Entry
- To respond to the unique characteristics of our communities, we will develop coordinated Sub-Regional Implementation Plans for each of our seven sub-regions

Our Shared Success

King County is a diverse community in every sense, and the lived experience of someone in Auburn is very different from someone in Bellevue. Every community has varying demographics, needs, and assets when it comes to the homelessness crisis.

For the Authority to truly be successful in actualizing the promise embedded in its architecture, KCRHA must continue to unify the region so that our work truly represents the will and financial investment of all 39 cities and King County, effectively coordinated for maximum collective impact, focused on ending homelessness.

As we work together on achieving these goals, we are driving towards a hopeful, inclusive future where every person has a safe and stable place to live.

There is much to do. Let’s get started.

Methodology

How Many People Need Help: Right Sizing the Homelessness Response System

To effectively scale the homelessness response crisis system to meet the needs of the region, the King County Regional Homelessness Authority ("KCRHA" or "the Authority") 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, reliable data on the scale of homelessness has been notoriously challenging, both nationally and for the region.[1]

KCRHA was established by an interlocal agreement (ILA) between King County and the City of Seattle.[2] 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.[3]

To do this, the KCRHA identified two distinct things:

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. The types and scale of temporary housing solutions necessary to meet the needs of people who are experiencing unsheltered homelessness.

---

[1] 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

[2] 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

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

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 modeling work also needed to incorporate 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.[4] While the PIT looks at both sheltered and unsheltered homelessness, its 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, and a total number is extrapolated based on whatever quantitative methodology the jurisdiction has selected. However, it 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 weather on the night of the count.[5] **The 2020 Point-In-Time count**, which utilized traditional enumeration methods, **found 11,751 individuals** experienced homelessness in King County.[6] An innovative new approach to enumeration in the spring of 2022 found 13,368 individuals experiencing homelessness in the county, though that approach was still regarded an undercount.

At the state level, the Washington State Department of Commerce (Commerce) has developed a bi-annual report in response to the known undercount from the PIT called the Snapshot

[4] 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

[5] National Law Center on Homelessness and Poverty. (2017). *DON'T COUNT ON IT*. Retrieved December 12, 2022, from https://homelesslaw.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf

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

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.[7] While the Snapshot Report (also known as the Supplemental PIT) offers a more accurate enumeration than the PIT, a shortcoming of both 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.[8]

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 would 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 the number 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**.[9]

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).[10] Additionally, HB1220 requires that the state 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. 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 (Cloudburst), 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.

---

[7] Washington State Department of Commerce. (2022, November 21). *Understanding the Snapshot Report*. Retrieved December 12, 2022, from https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1072115571085

[8] Washington State Department of Commerce. (2022, October 25). *Snapshot of Homelessness in Washington State for January 2020*. Retrieved December 12, 2022, from https://deptofcommerce.app.box.com/s/hnpkedlkifogzx8i892cu0k34nzsrbtp/file/1049435845027

[9] King County Department of Community and Human Services. (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

[10] 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/

KCRHA adopted the methodology Cloudburst developed with the Dept. of Commerce,[11] 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.[12] KCRHA adopted this methodology to ensure that the five-year plan is in alignment with the state mandates that come from HB1220.

The subsections below provide a high-level summary of the detailed methodology linked on the Department of Commerce's website. In total, the modeling projects a need for permanent housing for 48,000 households and temporary housing for as many as 36,000 households (fewer as permanent housing comes online), which could potentially require $8.4 billion in new one-time capital costs over five years and between $1.7 billion and $3.4 billion in additional annual operating costs, depending on the rate at which additional permanent housing is created.

For context, it is important to consider the current investment in human services in our region. KCRHA's 2023 budget is estimated to be $253 million, reflecting funding from Seattle, King County, the State, private foundations, and the federal government. The Sound Cities are expected to spend between $9 million and $15 million on homelessness services in 2023. King County's Veterans, Seniors, and Human Services Levy and Health through Housing Sales Tax will generate more than $100 million in 2023. Seattle will invest more than half a billion in affordable housing over the next two years and has proposed a new housing levy that will invest $840 million over seven years. Governor Inslee has proposed a $4 billion referendum to support housing development. This is the level of investment needed to ensure thriving communities where every person has a safe and stable place to live.

2020 Baseline

The Commerce-adopted methodology first identified a baseline of the number of people experiencing homelessness in 2020. 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 healthcare settings). The annual version of this count includes all people to whom these criteria applied over the course of the year. In the Commerce methodology, the annual Snapshot count is only adjusted to account for the average length of time a household is experiencing homelessness in each county.

[11] 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

[12] 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

Using this method, we get to a **2020 baseline of 53,754 individuals experiencing homelessness in King County alone**.

Quantitative Projections

Next, this methodology projects exits from homelessness and quantifies those who will become newly homeless individuals each year. Projected exits from homelessness using 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 only 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 considers 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.

Year	Beginning of Year (Individuals)	Projected Exits from Homelessness (Individuals)	Projected New Homelessness (Individuals)	Final Homelessness for Year (Individuals)	Final Homeless 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

Centering the Voices of Lived Experience

Additionally, to center its theory of change, the KCRHA also 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.[13]

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 permanent housing models directly from the voices of people living unsheltered, interpreted in partnership with people with lived experience.

Types and Scale of Housing

Through this work, a number of temporary and permanent housing solutions were identified, along with the scale necessary to meet need.

Temporary Housing Model	**Proportion**
Medical Recuperation	10.83%
Substance Use Recovery	7.2%
Vehicle Safe Parking	18.35%
RV Safe Parking	8.93%
Tiny Homes	1.11%
Emergency Housing	53.85%

Permanent Housing Model	**Proportion**
Permanent Supportive Housing	18%
Long-Term Care	2.86%

[13] KCRHA. (2022, March 25). *Understanding Unsheltered Homelessness*. Retrieved December 12, 2022, from https://kcrha.org/understanding-unsheltered-homelessness/

Supported Employment	12.64%
Shallow Subsidy	18.8%
RV Park	1.16%
Shared/Communal Housing	1.62%
Voucher Bridge	0.9%
Affordable Housing	44.92%

In conclusion, statistical modeling allows for a greater understanding of the scale of the homelessness crisis in King County and across Washington State. These figures are larger than what the community has seen before, in part because of an overreliance on the PIT in public narratives. But understanding 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.

Qualitative Data Collection

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, KCRHA teams have been dedicated to further connecting to community partners and people with lived experience of homelessness to understand the landscape and different experiences with the homelessness response system.

These community engagement sessions, and additional feedback sessions with city partners, advocates, and service providers, were instrumental in forming the goals and initiatives in this action plan.

Summer 2022 Engagements
In July 2022, 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 that the KCRHA hosts. These engagements were not only focused on geography, with workshops held for North King County, East King County, South King County, and independent workshops held for each Seattle Council district; but additionally, workshops were held on the basis of existing 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 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, which occurred in the fall of 2022, KCRHA staff convened groups to ensure the input of specific sub-populations was obtained, including populations that interacted with the systems that are highlighted in the agreement creating KCRHA. These engagements were seen as necessary because sub-populations within the unhoused community require distinct strategies, approaches, and system changes to appropriately support them in their transition to permanent housing and stability. The Authority sought input from members of the following sub-populations and people interacting with the following systems:

Sub-population exploration included:

- High Acuity Individuals
- People Living with Disabilities
- Native/Indigenous Communities
- Immigrants and Refugees
- Black and African American Communities

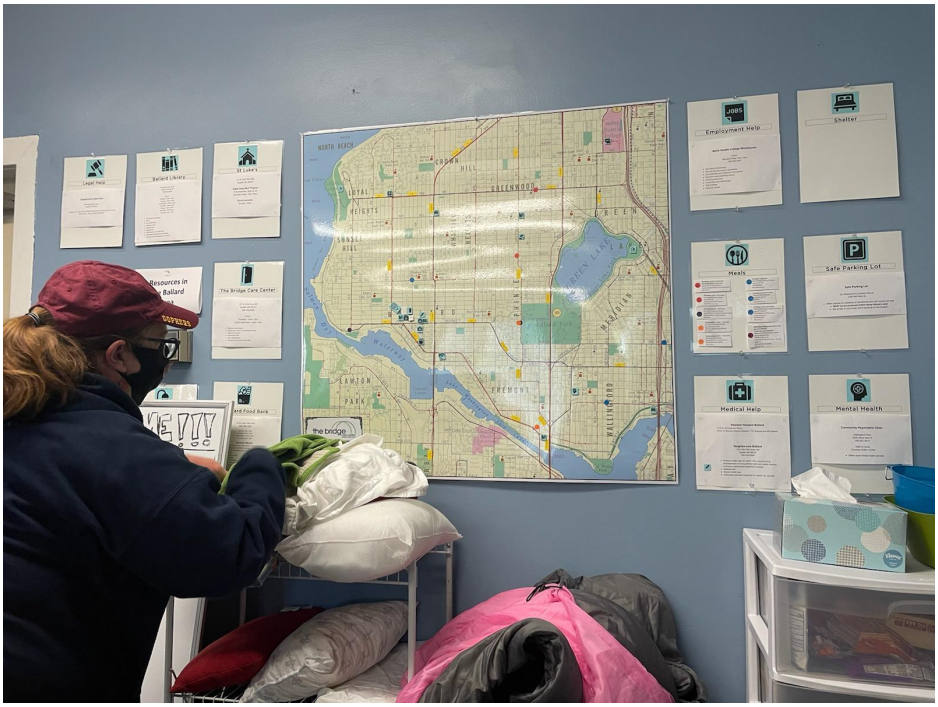
- Youth and Young Adults
- Families with Children
- Vehicle Residents
- Veterans
- Survivors of Gender-Based Violence
- Seniors and Elders
- LGBTQIA2S+ Single Adults

System level exploration included:

- Carceral Systems
- Healthcare Systems
- Behavioral Health Systems

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, include the most human-centered modeling work done to date, and they are supported by robust data and analysis.

Our Roadmap to Transform the System



The following sections outline the Authority's approach to radically shifting the landscape for people experiencing homelessness to accelerate an end to homelessness in the region and for the health and benefit of our community as a whole.

Goal 1: Dramatically Reduce Unsheltered Homelessness

Summary

The solution to homelessness is housing. Modeling completed by the KCRHA estimates that an additional 23,000 people must be served annually for the next five years to end unsheltered homelessness. To do this, KCRHA will lead with Housing First, an evidence-based approach that aims to connect people to permanent housing quickly, while reducing barriers to housing. The approach prioritizes an individual's most impactful need first – safety and stability – through housing placement, while connecting people to supportive services to address medical, mental health, substance use, employment, and education needs in an effort toward individual self-sufficiency. Housing First was further affirmed during the COVID-19 pandemic. The pandemic demonstrated that non-congregate shelter is more effective at stabilizing individuals, and individuals experiencing unsheltered homelessness are more willing to move into non-congregate settings than into traditional congregate shelters. A variety of temporary and permanent housing types, described below, can meet the needs and desires of individuals both experiencing and at greatest risk for unsheltered homelessness.

For this effort to be successful, the system must also improve its wrap-around services to support high acuity individuals. The KCRHA recognizes the urgency to build more permanent housing and to improve the behavioral health system; however, given KCRHA's authority, this must come to fruition through strong partnership and alignment with other systems throughout the region.

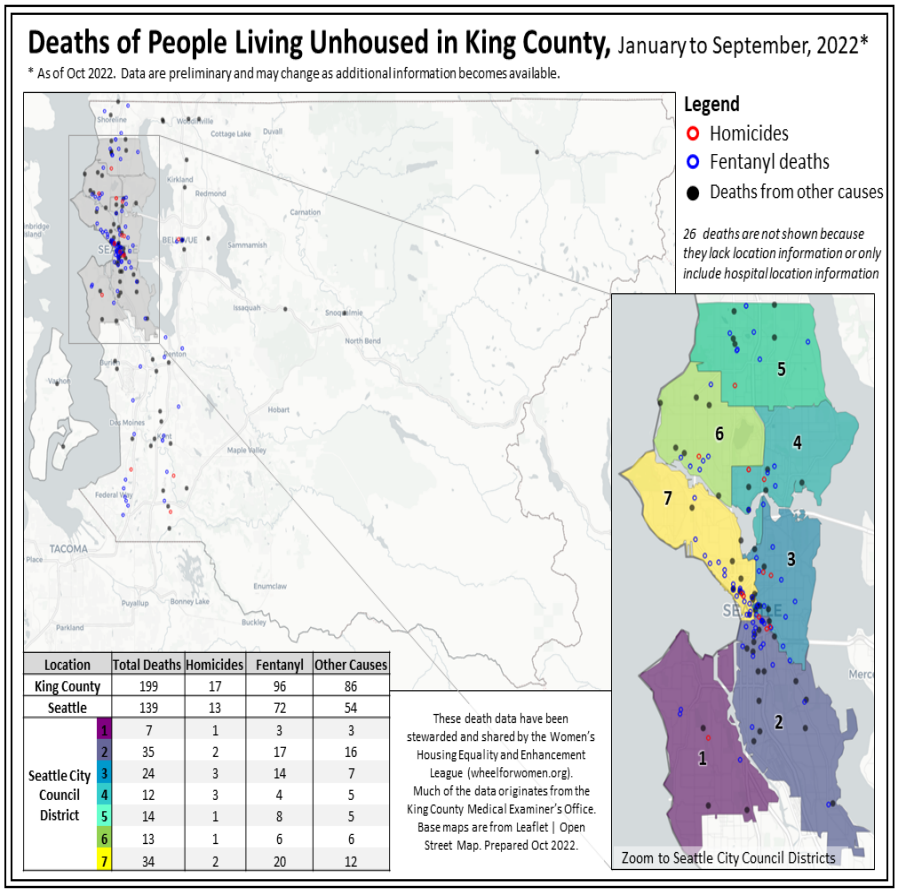
Finally, limited resources must be used effectively and in a coordinated manner. To do so, KCRHA will scale system navigation efforts primarily through the Partnership for Zero (PfZ) initiative, which is a public-private partnership aimed at achieving functional zero in targeted geographic areas by focusing all available resources in a designated area. PfZ uses emergency management techniques to ensure rapid response.

Strategies for Success	How We Measure
Expand shelter and temporary housing to meet the need	• Total number of temporary and permanent housing units in the system measured semi-annually • Number of temporary units in the system compared to the identified need • Number of assessments completed on existing infrastructure and development of action plans to update spaces • Percentage of recommended actions completed

Improve housing and wrap-around support for high acuity individuals	• Number of services, programs, and temporary housing units designed for high acuity individuals experiencing homelessness
Scale Partnership for Zero emergency management response to Achieve functional zero countywide	• Number of communities achieving functional zero • Number of communities in Partnership for Zero • Number of people housed through Partnership for Zero • Number of people still in housing at 18 months after initial leasing

Background

At the core of the KCRHA's[14] five-year plan is a singular goal: rapidly increase the number of people exiting the experience of unsheltered homelessness. The present state is unacceptable. The reality that we must change our approach has been recognized repeatedly by policymakers at all levels and culminated in December 2019 with the legislative creation of the Authority. This agency was charged via that legislation with reducing the incidence of homelessness across the county. In articulating how to accomplish that goal, the Authority recognizes the critical difference between sheltered and unsheltered homelessness. While all forms of homelessness create significant risks of exposure to trauma and structural and interpersonal violence, unsheltered homelessness is often lethal for those forced to endure it.[15] Moreover, unsheltered homelessness is often the precursor to more substantial behavioral health issues, as the attendant trauma often activates or exacerbates underlying psychological disorders. Rates of significant mental health conditions (e.g., psychotic spectrum illnesses or severe substance use disorders) are statistically higher in the population experiencing unsheltered homelessness, and in particular, chronic unsheltered homelessness.[16,17] However, there is concurrence among both practitioners and the academic literature that many of these disorders have their onset *after* the experience of unsheltered homelessness begins. In short, the longer someone remains unhoused, the more complicated and costly their journey back into housing becomes. Additionally, unsheltered



Location		Total Deaths	Homicides	Fentanyl	Other Causes
King County		199	17	96	86
Seattle		139	13	72	54
Seattle City Council District	1	7	1	3	3
	2	35	2	17	16
	3	24	3	14	7
	4	12	3	4	5
	5	14	1	8	5
	6	13	1	6	6
	7	34	2	20	12

Figure 1

[14] Referred to alternately in this document as either KCRHA or the Authority
[15] "Unsheltered homelessness" means you live outside or in a vehicle.
[16] Substance Abuse and Mental Health Services Administration. (2011). *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*. Retrieved December 12, 2022, from https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hrc-factsheet-current-statistics-prevalence-characteristics-homelessness.pdf
[17] Gutwinski S, Schreiter S, Deutscher K, Fazel S (2021) The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med 18(8): e1003750. https://doi.org/10.1371/journal.pmed.1003750

homelessness is correlated with a number of health risks due to environmental exposure and potential violence. 2022 has been a deadly year for those living outside, with 289 deaths reported.[18]

The map in Figure 1 was created by the Homeless Mortality Workgroup, formed by WHEEL Women In Black in partnership with the King County Medical Examiner's Office, in an effort to shed light on and acknowledge people who die while homeless.

This data continues to demonstrate how racial inequities influence the deaths of our unhoused neighbors. Census data estimates show Black or African Americans are 6% of the King County population but 14% of presumed homeless decedents over a 10-year period (2012 - 2021). Alaska Native or American Indians are 1% of the county population but 6% of decedents.

Allowing our neighbors to remain unhoused often creates significant strain on the surrounding community. Recent data indicate that encampments are often used by housed criminal elements to engage in human trafficking, distribution of stolen goods, and other forms of illegal enterprise. These activities are often tolerated by encampment residents who feel they do not have the power to remove these elements and may create substantial risk of serious harm to residents if they speak out. Living unsheltered also often contributes significantly to people's risk of overdose. Indeed, of the accidental deaths recorded this year, drug overdoses and poisoning cases comprise the most common cause of death, accounting for 71% of accidental deaths (35% of deaths overall). Overdose is also the most common type of accidental death among the overall population of deaths investigated by the King County Medical Examiner. Data specific to overdose is best understood by reviewing King County's Overdose Deaths Dashboard, which includes case counts on unstably housed individuals and fentanyl-related cases.[19] It is in the interest of advancing broader public safety strategies to end the proliferation of encampments across the county as rapidly, and as permanently, as possible.

The region must move with urgency to address the critical need to house our community members. As such, the KCRHA five-year plan is intensely focused on bringing our unhoused neighbors inside by deploying a variety of strategies that are focused on infrastructure development and improvements.

[18] Cohen, J. (2022, November 16). Honoring the deaths of 289 homeless King County residents. *Crosscut.* Retrieved December 9, 2022, from https://crosscut.com/news/2022/11/honoring-deaths-289-homeless-king-county-residents
[19] Public Health—Seattle & King County. (2020). *Overdose deaths.* Retrieved December 12, 2022, from https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx

Strategy 1.1: Expand Shelter and Housing to Meet the Need

The Authority has chosen to focus on the development and rapid deployment of *temporary* housing responses that prioritize eliminating the experience of unsheltered homelessness across the county. This focus is determined by the Authority's legislatively established mission, codified in Article IV, Section 2 of the Interlocal Agreement (ILA) that formed the Authority, which states that the Authority's mission is "[t]o significantly decrease the incidence of homelessness throughout King County, using equity and social justice principles."

The following section articulates temporary housing needs, based on modeling developed with the state Department of Commerce. Similar modeling for permanent housing needs can be found in Appendix A.

This is also in alignment with the authorizing legislation in Article IV, Section 3, item VII of the ILA: "The Authority shall create **long-term institutional alignment across systems** to meet the needs of people at imminent risk of becoming homeless and those experiencing homelessness. The Authority shall adopt an **evidence-based, housing first orientation** and shall **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**" (emphasis added). KCRHA staff consulted with numerous stakeholders around the region who are expressly charged with developing and implementing either countywide or sub-region-specific housing development plans.[20] Through these discussions it became clear that the region is fundamentally united around the understanding, in alignment with all available data and national best practices, that housing is the solution to homelessness[21].

This strategy relies on two underlying assumptions:

1. The Authority must assume full responsibility for guiding the development and deployment of temporary housing and shelter options that will meet the needs of the current and projected population that is experiencing or will experience homelessness in the next five years; and
2. While responsibility for permanent housing capital financing and development remains with the federal, state, King County, and city/local jurisdictions, any conversation about solving homelessness must include a high level of clarity about how both temporary and permanent housing options work together to accomplish the region's goals around homelessness.

In identifying the necessary types of temporary and permanent housing, KCRHA also sought to be fully compliant with the Interlocal Agreement, Article IV, Section 3, item V, which requires that

[20] Stakeholders included: Jurisdictional human services planners, long-range planners from North, East and South King County, King County Department of Community and Human Services staff, and sub-regional collaboration agencies ARCH and SKHHP.
[21] National Alliance to End Homelessness. (2020). *Housing*. Retrieved December 12, 2022, from https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/housing/

the Authority "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."

To accomplish this, the Authority used scans of national best or emerging practices as well as robust analysis of internally controlled data sets, including HMIS, the Housing Inventory Count (HIC), and other system performance data. Additionally, KCRHA contracted with Cloudburst to extend modeling work it had already begun with the Washington State Department of Commerce under the auspices of HB1220, which requires the state to set housing targets for all counties through a robust and uniform quantitative methodology.

To further nuance this information, KCRHA formed a community-based participatory research team with members of the Washington State LEC to analyze 180 semi-structured interviews collected from people living unsheltered during the 2022 PIT. The resulting analysis was then integrated with the quantitative data to create a set of temporary housing programs, each of which aligns to a "persona," or frequently articulated set of service and housing needs. The following sections offer descriptions of each model and an extrapolation of how many households that model will need to serve by 2027, accompanied by a sample profile of a client who would benefit from that housing type drawn from the qualitative data. These profiles are based on the real oral histories of people living unsheltered in King County.

Temporary Housing Models

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 housing inventory count shows that 4,148 of sleeping spaces are available, the estimate of need in 2022 is 23,588 spaces.

As has been noted repeatedly by policymakers and providers, the most significant barrier to rapidly reducing the incidence of unsheltered homelessness in King County has long been the lack of places for people to go. Further complicating this shortfall is the fact that the current spaces the system provides are not well aligned with the needs of the population.

This observation was previously acted upon by City of Seattle leadership who, through the efforts of now Deputy Mayor Tiffany Washington, sought to dramatically reshape the shelter landscape by supporting shelter programs' shift from nighttime-only to 24 hours and significantly increasing onsite services. Across King County, a number of other programs have similarly made this shift. Despite this effort, utilization rates across the shelter system remained low in comparison to the total number of beds. Bed vacancy rates for KCRHA-funded shelters have ranged from 11% in 2019, their lowest rate in recent years, but have grown steadily to 23% in 2021 (2022 data is not yet available). While this was initially thought to be a pandemic-related

phenomenon, this vacancy rate has since stabilized, while the number of people experiencing unsheltered homelessness has continued to rise. A pathway to shifting this dynamic was seen during the COVID-19 pandemic and the movement away from congregate settings and toward non-congregate shelter models, per Centers for Disease Control (CDC) and Housing and Urban Development (HUD) guidance. This included the expansion of existing micro-modular shelters,[22] as well as the creation of a new shelter type through the repurposing of vacant hotels, motels, or other apartment-style developments. These shelter types have consistently higher utilization rates at 90% (in comparison to the broader system's 77%), and preliminary data suggests that they create pathways to stabilization and higher rates of exit to permanent housing: nearly 50% thus far, compared to previous congregate shelter models, which produced exit rates to permanent housing of 14-19% in recent years. The existing shelter and temporary housing infrastructure currently serving our unhoused neighbors is largely a congregate shelter model. Of these buildings, several have been anecdotally reported as being in a state of disrepair and in need of capital improvements. At this stage, KCRHA needs to develop a deeper understanding of the state of the buildings around the county serving clients. Budget deployment in alignment with the housing models below will need to be focused on making impactful and informed investments into spaces to support livability and the health of the system and those it serves.

Additionally, the Authority has demonstrated through six high-profile encampment resolutions conducted over the course of 2022 that this shelter type has enough universal appeal to be deployable across the population as a highly desirable pathway that all but eliminates "service refusal."[23] In fact, the rate of refusal of these six resolutions led by the KCRHA is less than 1%.

This shelter model, now commonly referred to as non-congregate shelter or "emergency housing,"[24] represents the region's best hope at resolving the unsheltered crisis.

Additional analysis demonstrates that while emergency housing must become the core strategy for resolving unsheltered homelessness, there are subsets of individuals with different need profiles that will require different housing options. In some instances, individual needs are elevated based on physical or behavioral health. However, there are other populations that require an additional interim step because their experience of homelessness is tied to a vehicle or motor home (commonly referred to as an RV). These households often benefit from various forms of "safe parking" connected to housing and service supports.

Using the methodology relied upon by the state Department of Commerce, each of these models and the associated gap in available units and projected cost are detailed below.

[22] Commonly referred to as "tiny homes," these micro-modular shelters are provided by a number of local and national vendors. These are not *true* tiny homes or accessory dwelling units, but for many years they have offered a significantly more attractive option than traditional congregate shelters.
[23] It should be noted that service refusal is almost always a response to the option provided being inadequate to meet a person's needs and does not meaningfully reflect the common misconception that people "want to live outside."
[24] While both national and local definitions of emergency housing vary, the common factors are that program guests have a room of their own with adequate storage for personal property.

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. As stated above, the COVID-19 pandemic normalized non-congregate shelter (NCS), or emergency housing, as a sheltering option with more positive outcomes.

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 non-congregate shelter alternatives during the COVID-19 pandemic.[25,26]

Alameda County in California conducted an evaluation of their NCS implementation and found it was preferred by both people experiencing homelessness and service providers. Additionally, the model accelerated access to appropriate healthcare (including behavioral health supports) and helped stabilize participants, with double the proportion of clients exiting to permanent housing compared to traditional shelter arrangements.[27] Additionally, some specialized supported employment programs have been tailored specifically for people who are experiencing homelessness[28, 29].

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 tried 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.

Using the methodology relied upon by the state Department of Commerce, modeling revealed

---

[25] 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

[26] Colburn, G., Fyall, R., Thompson, S., Dean, T., McHugh, C., Moraras, P., Ewing, V., & Argodale, S. (2020, November 30). *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

[27] 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

[28] Dunlap, N., Rynell, A., Young, M., Warland, C., & Brown, E. (2012). *Employment Program Models for People Experiencing Homelessness: Different approaches to program structure.* Retrieved from https://nationalinitiatives.issuelab.org/resources/16921/16921.pdf

[29] Drake, R.E., Bond, G., Becker, D., Swanson, S., & Langfitt-Reese, S. (2015). *SSI/SSDI Outreach, Access and Recovery*. Retrieved from https://soarworks.samhsa.gov/sites/default/files/article/upload-files/2022-01/IPS%20Supported%20Employment.pdf

the gap in Non-Congregate Shelter and Emergency Housing, and estimated cost to fill that gap detailed in the table below.

Estimated Cost to Implement						
Units Needed:	**10,846**	**Current Stock:***		**3,709**	**Gap:**	**7,137**
Emergency Housing	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	750	900	1,500	2,287	1,700	7,137
Households Served	1,322	2,909	5,554	9,587	12,585	31,958
One-Time	$21,482,813	$309,568,966	$112,375,959	$315,814,769	$248,431,116	$1,007,673,622
Ongoing	$35,416,730	$81,551,236	$162,350,282	$290,195,893	$397,845,640	$967,359,782
Total	$56,899,543	$391,120,202	$274,726,241	$606,010,662	$646,276,756	$1,975,033,403
Estimated Annual Ongoing Cost:						**$417,737,922**

*Current stock includes emergency shelter units captured in the 2022 HIC, excluding Tiny Home Village (THV) units, as those units are represented in the Micro-Modular Shelters section below.

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 experience 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 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 Point-In-Time 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[30]. 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[31]. 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."[32]

This level of support also responds to the finding that 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.

Using the methodology relied upon by the state Department of Commerce, modeling revealed the gap in Recuperative Housing and estimated cost to fill that gap detailed in the table below.

---

[30] 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

[31] 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/

[32] 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/

Estimated Cost to Implement						
Units Needed:	**3,865**	**Current Stock:**		**34**	**Gap:**	**3,831**
Medical Respite	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	50	300	800	1,200	1,481	3,831
Households Served	50	350	1,150	2,350	3,831	7,731
One-Time	$16,379,310	$103,189,655	$275,172,414	$412,758,621	$509,412,931	$1,316,912,931
Ongoing	$7,368,221	$54,156,425	$186,839,668	$400,892,939	$686,217,827	$1,335,475,080
Total	$23,747,531	$157,346,081	$462,012,081	$813,651,560	$1,195,630,758	$2,652,388,011
Estimated Annual Ongoing Cost:						**$720,528,718**

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. 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%.[33]

In local interviews conducted through the 2022 Point-in-Time Count, many people expressed the desire to enter substance use treatment but stated that it was not available. Indeed, the 2022 King County Point-in-Time 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.[34]

This direction builds on the National Innovation Service recommendation[35] 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%[36] greater reduction in homelessness and a 26% greater improvement in psychiatric symptom severity than traditional casework.[37] The implementation of this model could result in a community-centered, lower-cost alternative system that can be tailored to people experiencing homelessness, instead of managing behavioral health through emergency rooms and clinics at 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

[33] Gutwinski S, Schreiter S, Deutscher K, Fazel S (2021) The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med 18(8): e1003750. https://doi.org/10.1371/journal.pmed.1003750

[34] 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.

[35] 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/

[36] 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*, 393-399.

[37] Ibid.

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[38]. Research shows that harm reduction is often absent from Housing First approaches[39]. 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.[40]

> **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.

Using the methodology relied upon by the state Department of Commerce, modeling revealed the gap in Recovery Housing, and estimated cost to fill that gap detailed in the table below.

Estimated Cost to Implement						
Units Needed:	**2,570**	**Current Stock:**		0	**Gap:**	**2,570**
Recovery Housing	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	100	200	500	800	970	2,570
Households Served	100	300	800	1,600	2,570	5,370
One-Time	$32,758,621	$68,793,103	$171,982,759	$275,172,414	$333,646,552	$882,353,448
Ongoing	$14,736,442	$46,419,793	$129,975,421	$272,948,384	$460,344,509	$924,424,550
Total	$47,495,063	$115,212,897	$301,958,180	$548,120,798	$793,991,061	$1,806,777,998

[38] National Harm Reduction Coalition. (2020). *Homelessness and Harm Reduction.* Retrieved December 12, 2022, from https://harmreduction.org/issues/harm-reduction-basics/homelessness-harm-reduction-facts/

[39] Watson, D. P., Shuman, V., Kowalsky, J., Golembiewski, E., & Brown, M. (2017). Housing First and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature. *Harm Reduction Journal, 14*(1). https://doi.org/10.1186/s12954-017-0158-x

[40] 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 relationship 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.

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 have reported that safe parking facilities help improve community relationships and perceptions compared to outdoor encampments.[41]

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.[42] 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.[43] 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

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

[42] Interfaith Task Force on Homelessness

[43] HMIS data from June 2020 through May 2021

a requirement to have car insurance, which she could not afford at the time.

Using the methodology relied upon by the state Department of Commerce, modeling revealed the gap in Safe Parking to be connected with services, and estimated cost to fill that gap detailed in the table below.

Estimated Cost to Implement						
Units Needed:	**3,275**	**Current Stock:**		147	**Gap:**	**3,128**
Safe Parking	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	300	350	900	900	678	3,128
Households Served*	600	1,300	3,100	4,900	6,256	16,156
One-Time	$6,985,750	$9,432,544	$29,355,113	$29,355,113	$23,192,185	$98,320,704
Ongoing	$1,844,040	$3,916,374	$7,752,189	$11,961,795	$15,185,436	$40,659,834
Total	$8,829,790	$13,348,918	$37,107,302	$41,316,907	$38,377,621	$138,980,538
Estimated Annual Ongoing Cost:						**$15,944,708**

*Estimated turnover of 2 households per safe parking unit per year

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.

Using the methodology relied upon by the state Department of Commerce, modeling revealed the gap in RV Parking to be connected with services, and estimated cost to fill that gap detailed in the table below.

Estimated Cost to Implement						
Units Needed:	**1,594**	**Current Stock:**		0	**Gap:**	**1,594**
RV Parking	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	172	222	404	424	372	1,594
Households Served	344	788	1,596	2,444	3,188	8,360
One-Time	$3,481,711	$4,650,928	$8,463,851	$8,882,853	$7,793,447	$33,272,789
Ongoing	$921,293	$1,978,606	$3,883,241	$5,992,749	$7,925,312	$20,701,200
Total	$4,403,004	$6,629,533	$12,347,092	$14,875,602	$15,718,758	$53,973,989
Estimated Annual Ongoing Cost:						**$8,321,577**

Micro-Modular Shelters

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 non-congregate shelter, micro-modulars play an important role in the transition from congregate to non-congregate models. Advocates generally consider micro-modulars to be an important non-congregate shelter 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 the 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.

While the majority of people in KCRHA interviews stated a clear preference for other forms of emergency housing, and the utilization data supports this, there is still a need to maintain the number of modular shelter units available across the county. Importantly, the Authority recognizes that the success of modular shelters is dependent on the capacity of service providers to adequately staff and support people toward rapidly exiting to permanent housing. While the modeling found that there was not a need for significant expansion of micro-modulars, it will be critical to ensure sufficient staffing across any existing or future modular shelter sites.

> **Profile:** A 29-year-old Native American woman has been experiencing homelessness for about three years. She was working at a local art program and lost her job and housing due to COVID. This has been a very difficult time for her. Having previously struggled with addiction, she began using more drugs and drinking again after becoming homeless. She was able to get into a tiny home program while she waited for a housing voucher to be reissued. Her previous voucher timed out after she did not find a unit in the 120-day limit. The tiny house has helped her connect to services, stop drinking, and seek treatment for her other drug use.

Using the methodology relied upon by the state Department of Commerce, modeling revealed the gap in Micro-Modular Shelters, and estimated cost to fill that gap detailed in the table below.

Estimated Cost to Implement						
Units Needed:	**384**	**Current Stock:**		**439**	**Gap:**	**-55**
Micro-Modular Shelters	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Units	0	0	0	0	0	0
Households Served	0	0	0	0	0	0
One-Time	$0	$0	$0	$0	$0	$0
Ongoing	$0	$0	$0	$0	$0	$0
Total	$0	$0	$0	$0	$0	$0
Estimated Annual Ongoing Cost:						**$0**

Strategy 1.1: 24-Month Action Plan

i. Secure funding for KCRHA to develop and scale temporary/intervention housing models:

a) ***Safe Parking***
b) ***Emergency Housing***

ii. Identify and coordinate with partners to support development of additional temporary and permanent housing models:

a) ***Permanent Supportive Housing***
b) ***Shallow Subsidy***
c) ***RV Park***
d) ***Shared/Communal Housing***
e) ***Voucher Bridge***
f) ***Long-term Care***
g) ***Supported Employment***
h) ***Affordable Community Housing***

iii. Clarify allocations and plan for temporary and permanent housing models in sub-regional implementation plans: *With jurisdictions developing comprehensive plans in accordance with HB1220, KCRHA staff will work collaboratively to ensure alignment.*

Strategy 1.2: Improve and Expand Temporary Housing and Wrap-Around Support for People with High Acuity Health Needs

The conversation around people experiencing homelessness is often overly focused on the perception that most people experiencing homelessness are also significantly impacted by severe mental health or behavioral health issues. This narrative is often driven by the high visibility of a subset of people experiencing homelessness in acute crises that have no stable pathway to exit unsheltered homelessness and engage in the necessary treatment. However, the high visibility of individuals should not necessarily be conflated with the true prevalence levels in the population.

This assertion is supported by a recent multinational meta-analysis of 39 studies with over 8,000 total participants of prevalence rates of serious behavioral health conditions in the population experiencing homelessness. Psychotic spectrum disorders, as represented by schizophrenia spectrum diagnoses, had a prevalence rate of 12.4%.[44] A more targeted multinational meta-analysis analyzed data from 31 studies with over 51,000 total participants, focusing on the prevalence of all psychotic disorders amongst the population of people experiencing homelessness, and this study identified a prevalence rate of roughly 21%, with a slightly lower prevalence rate of 18.8% for people experiencing homelessness in "developed" nations.[45] These studies show a significant increase in prevalence compared to the general population, which is roughly 3% for all psychotic spectrum disorders.[46]

This data indicates that schizophrenia or other psychotic spectrum illnesses play a significant role in the experience of homelessness for a smaller portion of the population experiencing homelessness, compared to the generally held belief that mental health issues are the driving factor for most homelessness. In fact, roughly 80% of the population experiencing homelessness can be safely assumed to *not* require interventions tailored for psychotic spectrum illnesses.

However, this still represents an extremely large group of people[47] suffering from severe behavioral health disturbances for which treatment is readily available if only the appropriate linkages to care could be developed and deployed. In the absence of these interventions, these individuals continue to drive the media narrative and significant public concern, due to the fact they are often visibly suffering and in need of immediate care. While these individuals can be understood through the lens of a practitioner simply as unhoused individuals in need of specialized care, they are more broadly known to the community as a cause of disturbance, fear, and frustration.

---

[44] Gutwinski S, Schreiter S, Deutscher K, Fazel S (2021) The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med 18(8): e1003750. https://doi.org/10.1371/journal.pmed.1003750

[45] Ayano, G., Tesfaw, G., & Shumet, S. (2019, November 27). The prevalence of schizophrenia and other psychotic disorders among homeless people: a systematic review and meta-analysis. *BMC Psychiatry, 19*. https://doi.org/10.1186/s12888-019-2361-7

[46] Perälä J, Suvisaari J, Saarni SI, et al. Lifetime Prevalence of Psychotic and Bipolar I Disorders in a General Population. *Arch Gen Psychiatry.* 2007;64(1):19–28. doi:10.1001/archpsyc.64.1.19

[47] Applying the lower incidence rate to our own countywide numbers for people experiencing homelessness yields an expectation that roughly 11,000 people per year would benefit from connections to care for these disorders.

Within shelters and permanent supportive housing, high acuity individuals often do not receive the wrap-around support they need to be successful. In fact, they are often exited from temporary and permanent placements because their mental health conditions are too florid and make it too difficult for them to adhere to community norms, which can create safety concerns for staff or cause physical damage to property. Increasingly, this small percentage of the population has required a disproportionate amount of already scarce financial, staff, and other resources from the homeless service system.

Additionally, failure to effectively provide care for these clients creates a significant cost burden across all associated systems. One study found that before placement, each individual experiencing homelessness with severe mental illness cost the public roughly $40,449 per year in services in 1999 dollars, or approximately $72,354 in 2022 dollars.[48] Once appropriately housed, service utilization dropped to $16,200 per person in 1999 dollars, approximately $28,978 in 2022 dollars.[49] In fact, assuming a 10-year episode of chronic homelessness, an individual in this condition could easily cost public systems over a million dollars when all associated costs are factored in, where housing that person would cost roughly a quarter of that amount.

Because the homelessness system does not currently provide adequate temporary housing options for people with this level of need, these individuals currently have no stable pathway back into housing. Given that data suggests that these individuals have mortality rates over three times higher than the general population, this represents an unacceptable reality.[50]

Locally, the current system is unequipped to support these individuals. However, without a solution for the specific needs of these individuals, the homeless service system is forced to either accommodate high acuity individuals in existing services or not serve them at all. If the current system continues to try to serve high acuity individuals with the same approaches, it will be drained of scarce resources in an unsustainable and unsafe way. If the existing system chooses not to serve these individuals, they will drain other community resources by continuing to disproportionately utilize healthcare, carceral, and other systems. Further, the community will not recognize improvements in homeless service response if the public behaviors and needs of high acuity individuals are not met.

Current estimates suggest that roughly 11,000 people experiencing homelessness in any given year would benefit from temporary housing supports tailored to people with serious mental illness. If nothing changes, the cost to the public across all systems could reach almost a billion dollars annually (with a conservative estimate of $796 million). If appropriate temporary housing supports were deployed, this could be reduced to roughly $318 million.[51]

While the homeless service system does not have sufficient resources to support high acuity care, homeless service providers and system partners are often one of the first interaction points with high acuity unsheltered individuals. Additionally, there is often significant overlap between populations with co-occurring substance use, physical health, and mental health needs. KCRHA is in a unique position to assess the needs of high acuity unsheltered individuals and either serve them by developing models of care in coordination with other systems or triaging people into adjacent service systems. Researching, designing, and funding models of

[48] Culhane, D. P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate, 13*(1), 107–163. https://doi.org/10.1080/10511482.2002.9521437
[49] Ibid.
[50] Babidge, N.C., Buhrich, N., & Butler, T. (2001). Mortality among homeless people with schizophrenia in Sydney, Australia: a 10-year follow-up. *Acta Psychiatrica Scandinavica, 103* (2), 105-110. https://doi.org/10.1034/j.1600-0447.2001.00192.x
[51] More work is needed to refine this modeling, as is reflected in the KCRHA 24-month Action Plan attached to this strategy.

care that serve unsheltered individuals with co-occurring behavioral, mental, physical, and substance use needs are an essential part of KCRHA's homelessness response and role within the broader system.

Despite the clear data outlining the problem, the national response has been lackluster. People with significant mental illness continue to lack stable pathways into housing nationwide. The dearth of literature on existing best practices has spurred KCRHA to consider what local response innovations might be developed and scaled.

To begin this conversation, KCHRA launched a working group focused on developing supports for people who have higher levels of need, focusing on people experiencing homelessness who have co-occurring behavioral, physical, and mental health needs and are often the hardest to reach.

Over 10 weeks in 2022, the working group defined and addressed seven key aspects of providing services for this population. Those areas were:

1. Infrastructure
2. Services
3. Staffing
4. Operations
5. Culture
6. Metrics
7. Referral pathways and priorities

Importantly, the group was focused on creating a temporary housing option for people experiencing homelessness with adequate supports to assist them in moving on to permanent housing, regardless of the ultimate level of service needed, not on developing an alternative to residential treatment or replicating the behavioral health system.[52]

The results of this work will be integrated into the 24-month Action Plan for this strategy, outlined below.

[52] It is important to note that most people with serious mental illnesses can recover and go on to live fully independent lives. While some people will need to move to permanent supportive housing, there are also many people who can move forward with fully independent living, provided they have access to ongoing, appropriate outpatient support.

Strategy 1.2: 24-Month Action Plan

i. Enhance the therapeutic support at existing spaces that are currently supporting our high acuity clients.

ii. Partner with the behavioral health system to support connections to behavioral health services for those who need them.

iii. Identify funding to stand up new high acuity temporary housing programs.

iv. Complete modeling necessary to secure additional funding to scale the number of units to meet the need.

v. 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.

vi. Collaborate with other service systems to address Ricky's Law, involuntary commitment procedures, and behavioral health capacity to ensure that homelessness service providers are not inappropriately relied upon to serve people in crisis.

Strategy 1.3: Scale Partnership for Zero to Achieve Functional Zero Countywide

A central aspect of the difficulty with ending unsheltered homelessness nationwide is the lack of clear and scalable models to assist people in coming inside. As is detailed in Goal 2, Strategy 1, the portion of the system responsible for connecting people experiencing unsheltered homelessness has been poorly integrated into the larger ecosystem and often cannot produce the results desired by either the service provider or the client, particularly when it comes to access to housing placements.

In developing an approach to unsheltered homelessness and encampments, the Authority scanned national approaches, particularly looking at Philadelphia, Houston, Boston, and San Francisco. KCRHA was able to isolate four precursors of successful engagement:

1. No attempts to reinvent the wheel
2. Coordination between multiple stakeholders
3. Availability of housing or temporary housing
4. Use of a by-name-list[53, 54, 55, 56, 57]

Additionally, San Francisco's approach was further augmented by the adoption of the incident command system (ICS), a standardized playbook for emergency operations management that is deployable across any crisis response and can be easily scaled up or down, depending on external factors and need in the community.

In response to this analysis, 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.

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

[53] Kimmelman, M., Tompkins, L., & Lee, C. (2022, June 14). How Houston Moved 25,000 People From the Streets Into Homes of Their Own. *The New York Times.* Retrieved from: https://www.nytimes.com/2022/06/14/headway/houston-homeless-people.html
[54] Metraux, S., Cusack, M., Graham, F., Metzger, D., & Culhane, D.et al. (2019, March 5). *An Evaluation of the City of Philadelphia's Kensington Encampment Resolution Pilot.* Retrieved from: https://www.phila.gov/media/20190312102914/Encampment-Resolution-Pilot-Report.pdf
[55] City of Boston. (n.d.). Boston Warm Weather Plan. Retrieved December 12, 2022, from https://www.boston.gov/sites/default/files/file/2022/05/Final%20Warm%20weather%20plan_0.pdf
[56] Germano, B. (2022, October 19). City of Boston moves homeless encampments off busy Southampton Street near Mass and Cass. *CBS Boston*. Retrieved from: https://www.cbsnews.com/boston/news/mass-and-cass-boston-southampton-street-homeless-camps/
[57] City & County of San Francisco, Office of the Controller. (2019, March 20). *Review of the Healthy Streets Operations Center.* Retrieved from: https://sfcontroller.org/sites/default/files/Documents/Auditing/Review%20of%20the%20Healthy%20Streets%20Operations%20Center.pdf

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 ICS 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.

Additionally, KCRHA has developed a new outreach module to embed within its HMIS, called Clarity. This outreach module allows for the development and near daily maintenance of a by-name-list which allows Authority and non-profit staff to coordinate within a single platform on the service and housing plans for clients.

Finally, the HCC and local Coordinated Entry system (housed within KCRHA) have developed a Housing Needs Form that facilitates the rapid matching of unhoused neighbors to available housing units by collecting housing needs and preferences. This data will be used to identify which newly available units meet unhoused neighbors' needs.

Identification of available housing units includes federal vouchers, PSH, Rapid Rehousing, public acquisitions, assisted living, private landlords, and other options. Private landlords are provided with a comprehensive incentive package, including financial incentives and tenant supports. Available units are matched to eligible households through the Coordinated Entry system. The housing needs data provides an opportunity to identify gaps in availability not yet met by our portfolio and work to acquire new units meeting those housing needs. As of the writing of this plan, and nine weeks since the inception of the HCC, we've engaged more than 800 people experiencing homelessness in downtown Seattle and identified more than 300 new units, beyond the permanent housing options already available through the system.

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.

KCRHA is also prioritizing hiring people with lived experience of homelessness who can quickly connect with clients, form trusting bonds, and begin to move people toward housing. 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 KCRHA SAs and outreach partners are the Field Team for the HCC. In two months of field operation, this approach has resolved one longstanding encampment and generated permanent housing placements for nearly 30 people.

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.

Strategy 1.3: 24 Month Action Plan

i. Build and sustain quality systems to support Partnership for Zero, including but not limited to:

- ***Sophisticated technology for a by-name-list to achieve and maintain quality, people-centered data collection***
- ***A performance improvement tool to track outcomes and provide a continuous feedback loop***
- ***Secure funding to scale HCC operations***
- ***Review activation of jurisdictional resources and assets***

ii. Develop data points and lessons learned to scale to multiple jurisdictions.

iii. Use real-time data and the by-name-list to designate resources to maintain functional zero in areas of focus.

iv. Initiate and maintain relationships with private landlords, local jurisdictions, and business and philanthropy.

Goal 2: Restructure the Service System to Improve Capacity, Supports, and Efficiency

Summary

This goal is focused on providing a path to redesign our homelessness crisis response system so that it is connected, efficient, and racially just. Through a system-wide, phased re-procurement, the Authority will aim to expand services that are effective at meeting the unique needs of populations who are disproportionately experiencing homelessness. Outreach contracts will be expanded to include both population-based and geographic focuses. Temporary housing solutions will be prioritized. The Authority will also work with providers to standardize person-centered, healing-based, supportive services in the region. To support this effort, the Authority will work to optimize existing funding opportunities, primarily through the federal government. None of these efforts will be successful without two additional priorities. First, the portfolio must grow the capacity of service providers with a focus on those that are led by and prioritize services for BIPOC and LGBTQIA2S+ populations. Second, front-line workers serving those experiencing unsheltered homelessness must be paid appropriately for the work they do. KCRHA will utilize its contracting and monitoring leverage to support wage increases, incorporate recommendations from forthcoming studies on wage equity, and broaden compensation approaches, such as hazard compensation, as required by the Authority's authorizing legislation and as the broader fiscal environment allows.

Strategies for Success	How We Measure
Redesign the service environment	• Number of outreach staff dedicated to each geographic region • Number of outreach contracts executed with providers that specialize in supporting disproportionately impacted and underserved populations
Scale diversion to decrease inflow	• Proportion of households attempting diversion versus number of households successfully diverted from homelessness • Number of new households entering the homelessness system per HMIS data
Standardize and support person-centered, healing-based practices	• Number of providers receiving trainings related to person-centered, healing-based practice • Proportion of project awards where these services are reflected in the scope of work and contract expectations
Improve severe weather response system	• Usage of severe weather response mechanisms, including emergency funds, shelter-in-place supplies,

performance	and expanded capacity shelters ● Increase in severe weather response options in sub-regions
Optimize and secure funding opportunities to support services and operations	● Percent change in funding over time across federal, state, local, and private/philanthropic ● Number of awards of new or competitive funding streams ● Number of structured relationships with private sector partners focused on ending homelessness.
Stabilize the front-line workforce	● Percent of front-line staff positions vacant at contracted service providers ● Comparison of front-line staff base pay to cost of rent for one-bedroom apartment in King County
Grow and diversify portfolio of service providers	● Percent contracted organizations that are By/For/Equity-serving programs ● Number of organizations receiving service contracts from the KCRHA

Background

Historically, the United States has struggled with how best to architect and deploy a response to homelessness. Since the sudden and rapid growth of the population experiencing homelessness in the 1980s, the associated services and supports targeted at this population have continued to grow in magnitude and complexity without receiving the necessary resourcing or taking on approaches that are appropriately sophisticated for the scale of the problem. Indeed, the homelessness "system" in the United States is a largely unregulated, unlicensed, underfunded set of disjointed enterprises that have ultimately been deeply unsuccessful at actually ending homelessness and have eroded public trust in their failure. This national reality is also reflected locally, and the simple fact is that King County has long labored under a homelessness response system that is underfunded, disjointed, and perpetuates inequities.[58, 59, 60]

Additionally, the contemporary (1980s and forward) experience of homelessness has shifted remarkably from the homelessness phenomenon documented by researchers in the 1950s and 1960s. That population was defined primarily by their residence in transient housing, usually sequestered to a distinct part of the city. In contrast, modern homelessness has no fixed spatial dimensions and is defined by an outright lack of housing. People experiencing homelessness have faced much more dispersed and brutal sleeping conditions and have been forced to rely on public spaces or barracks-style congregate shelters.[61]

The design and deployment of services in alignment with this shift has been slow, with a yo-yoing national approach that has at different moments overemphasized either service supports with no clear path to housing or housing without any stabilizing supports to ensure that people do not return to the experience of homelessness. The lack of fixity in national strategy and funding patterns over the last 30 years has significantly impacted how resources have been deployed at the local level. The result has been a set of relatively developed but poorly interconnected service provision strategies that frustrate both providers and people experiencing homelessness alike.

To rectify this in the near-term, KCRHA will focus on reorganizing and restructuring the homelessness response system to optimize efficiency, connect siloed services, stabilize the workforce providing these services, grow and diversify the number of agencies providing services, and standardize the use of person-centered practices. This will create a system that is prepared to scale as additional resources are made available. While undertaking those changes

---

[58] Corporation for Supportive Housing. (August 2020). *King County Framework for Regional Action on Homelessness.* Retrieved from: https://wearein.org/wp-content/uploads/2020/08/King-County-Framework-for-Regional-Action-on-Homelessness-Final-w-Appendices.pdf

[59] National Innovation Service. (2018). *Homelessness Response System: King County*. Retrieved from https://kcrha.org/wp-content/uploads/2019/06/future-lab-report.pdf

[60] Poppe, B., & associates. (2016, August 15). *Recommendations for the City of Seattle's Homeless Investment Policy: The Path Forward – Act Now, Act Strategically, and Act Decisively. Retrieved* from https://static1.squarespace.com/static/53206c76e4b0da7cd7fb97f6/t/57f39220cd0f68202b3705ba/1475580452747/Seattle+BPA+Final+Report+8.15.16.pdf

[61] Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy, 13*(1), 228–244.

that are under the authority of KCRHA, the Authority will seek to build collaborations with other systems and continue to advocate for the increased development of housing and services that are commensurate to the estimated need, including diversion and prevention resources to keep people from entering homelessness.

Strategy 2.1: Redesign the Service Environment

Outreach

Outreach is a critical part of ending homelessness, whereby specialized service provider staff develop relationships with individuals experiencing homelessness, with a person-centered, trauma-informed, compassionate approach to providing services to understand each individual's specific needs. Because of the system's limitations, current outreach services struggle to address the diverse needs of people living unsheltered. Outreach workers often lack the tools they need to effectively provide services and accomplish effective outcomes. In addition, the outreach system is not adequately focused on generating either temporary or permanent housing placements. Outreach providers across the county have frequently expressed that they feel fundamentally disconnected from "places for people to be," and as a result, do not feel that they're able to create pathways for their clients to appropriate placements. In 2018, the National Innovation Service noted that this disconnect "makes it hard for [providers] to do their jobs well, strains their relationships with [clients], and increases staff burnout. Many staff stated they were 'betraying' [clients], given their inability to deliver on their [client's] desired housing."[62]

Additionally, services could be better balanced to reach clients who are experiencing homelessness in the variety of living situations people use to survive, including those who are living in vehicles.

As a result, through its 2023 system rebid and then through strategic investment and expansion as funding becomes available, KCRHA will reorganize the model of homelessness outreach to have geographically organized contracts coupled with population-specific outreach services. These services will have clear and coherent pathways for connection to temporary and/or permanent housing resources, as well as pathways to ancillary services provided by other systems that clients may need.[63]

Finally, in keeping with the broader commitment of KCRHA to racial and social justice, this service redesign will seek to ensure the needs of Black and African American and Native and Indigenous individuals are met, given the disproportionate rates at which these groups experience homelessness. Additionally, KCRHA recognizes that tailored services to specific sub-populations currently are inadequate, such as LGBTQIA2S+-, gender-based violence-, or immigrant and refugee-specific homelessness outreach providers.[64] The KCRHA will seek to ensure we are meeting the needs of these communities.

Shelter/Temporary Housing

---

[62] National Innovation Service. (2018). *Increase access to 0-30% AMI housing.* Retrieved December 12, 2022, from https://hrs.kc.nis.us/actions/9/

[63] In a recent encampment resolution funded through the Authority's state-funded Right of Way program, a team of outreach workers, through specialized knowledge, connected an individual with in-patient substance use treatment and ensured that he would have an emergency housing placement available for him upon exit from treatment. In discussion, it became clear that part of the initiative to engage in treatment was coupled with the understanding that a clear path to a different life was finally available.

[64] Seattle LGBT Commission. (2019, June). *LGBTQ Discrimination in the Homeless Response System.*

The driving engine of the unsheltered homelessness response system must be its ability to provide temporary housing solutions for people experiencing unsheltered homelessness. As identified in Goal 1, Strategy 1, the system must scale to capacity to provide temporary housing for roughly 23,000 people per year in order to effectively end the crisis of unsheltered homelessness in the region. Additionally, as noted above, the current system does not produce a rate of housing exits or even utilization rates[65] to justify the current expense to the public. KCRHA administrative data demonstrates that the current shelter portfolio generates exits to permanent housing for only 18% of clients. Conversely, preliminary administrative data from the first year of KCRHA's pilot emergency housing projects show rates of exit to permanent housing at roughly 50%.

Additionally, as identified in Goal 1, Strategies 1 and 2, the types of temporary housing and support that people need range in type, scale, and target population. In 2022, roughly $66 million of the Authority's budget is programmed toward various shelter interventions and associated services. An additional $23.4 million of housing supports are funded through rapid rehousing contracts. Taken together, these investments (roughly $90 million in FY22) represented well over half of the total KCRHA budget. Moving forward, these funds may be phased toward temporary housing strategies that yield the utilization and outcome rates that the jurisdictions represented by the Authority need to be successful in the region's shared goal of ending unsheltered homelessness.

Supportive Services

High-quality and longitudinally integrated services are an essential component of a system that can produce and sustain significant reductions in homelessness. While not all people need supportive services in the long term, accessing housing and basic tenancy support have proven to be essential in almost every high-performing system. Moreover, some individuals need significantly higher levels of support available to them onsite, fully integrated into their temporary housing placements, to best prepare for the transition back into permanent housing of any kind. These supports can range from specialized clinical supports, supported employment, or assistance with resolving issues stemming from criminal-legal system involvement. Regardless of the kind of support necessary, it must be available on demand, person-centered, and healing-based. Additionally, this support must be capable of facilitating the appropriate levels of connection to other systems.

To support the creation of a comprehensive and fully connected service ecosystem, the Authority will begin by working with providers to standardize practices across the system (see also Goal 3) and then seek to scale those service responses to the level necessary (see also Goals 5, 6, and 7).

[65] As noted in Goal 1, currently 23% of the shelter system is not utilized.

Strategy 2.1: 24-Month Action Plan

i. Redesign performance metrics to focus on system performance outcomes, particularly success at ending unsheltered homelessness and permanent housing placements. Modify program reporting requirements to support meaningful data collection that captures progress and accounts for the full scope and nature of contracted services.

ii. Provide increased capacity building support to organizations that are staffed by and serving disproportionately impacted communities to support their entrance into or expand their homelessness services/response work.[66]

This includes the intersections of Black, Native, and LGBTQIA2S+ identities with:

- ***Seniors and older adults***
- ***Survivors of gender-based violence and intimate partner violence***
- ***Immigrants and refugees***
- ***High acuity individuals***
- ***Veterans***
- ***People exiting incarceration***
- ***People living with disabilities***
- ***Families with children***

iii. Implement a portfolio re-procurement process that supports a fully integrated system architecture as identified in this plan, with comprehensive geographic coverage, service continuity with housing-focused resources at all points of connection, and close coordination with sub-population-specific providers so that people experiencing homelessness who are from a disproportionately impacted community/identity (e.g., Black, Indigenous, LGBTQIA2S+, living with a disability, immigrant and refugee) are connected to a service provider agency that is positioned to provide culturally responsive care and support, and that youth and young adults and families with children are rapidly housed with the resources that meet their needs.

iv. Create flexibility in program design that leverages the plurality of funding sources (and constraints) available to the continuum and available resources to meet the needs of unhoused community residents who connect with any of the site-based or outreach services funded through the system.

iv. Resource outreach services with appropriate staffing and pathways to housing options.

v. Support outreach coordination efforts in each sub-region to encourage alignment, expansion, and effectiveness.

For each sub-region, this could look like the following:

[66] This work is also represented within the “grow and diversify portfolio” strategy.

- *North King County: Coordinate with RADAR navigator program and existing provider partners who provide outreach to the area to ensure effective coverage of all of North King County.*
- *East King County: Support collaboration between city-based outreach workers that currently serve the Eastside.*
- *Snoqualmie Valley: Work in partnership with Department of Local Services and local public safety agencies to identify areas in need of outreach, identifying potential new service provider partners to begin outreach efforts.*
- *South and South East King County: Support collaboration between city-based outreach workers and local service providers to ensure effective and coordinated coverage of South King County sites.*
- *Seattle Metro: Work in partnership with the HOPE Team and Seattle-based outreach to oversee and support coordinated efforts.*

vi. Support outreach cultivating connections to other systems of care (e.g., local hospitals, behavioral health providers, jails, foster care, etc).

Strategy 2.2: Scale Diversion to Decrease Inflow

Diversion is 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. The programmatic principles of diversion include crisis resolution, individual choice, respect and empowerment, and progressive engagement. Diversion assists households to quickly secure permanent or temporary housing by partnering with households to devise creative solutions that meet their unique needs and then providing financial support to accomplish those solutions in part or in their entirety. Diversion is a short-term intervention focused on identifying immediate, safe housing arrangements, often utilizing conflict resolution and mediation skills to reconnect people to their support systems. Diversion is not typically coupled with any longer-term subsidy or service intervention. Data suggest households that reside in urban-skewed areas and have more protective factors (i.e., earned income, no histories of serious mental illness etc.) are more likely to have permanent housing at service exit.[67]

The effective deployment of diversion also has a significant impact on the overall performance of the homelessness crisis response system in relation to its goals to be more racially just. KCRHA HMIS data on the Regional Access Points (RAP) suggests that Black/African American households utilize diversion at a significantly higher rate than their overall representation in the homeless population in King County. This indicates that increasing access to diversion funds might significantly impact disproportionately represented communities within our homelessness response system. Families of color interviewed in a recent study explained that they frequently chose diversion programs because the program more directly met their needs.[68] Additionally, when looking at families of color who utilized diversion services and families that utilized other housing services, no racial group was more or less likely to have permanent housing at service exit.[69] This is in stark contrast to the broader landscape of service pathways to housing which, in part because of the harmful implementation of the VI-SPDAT, often skew dramatically toward white-identified households when looking at permanent housing outcomes.[70] While KCRHA formally sunset the VI-SPDAT in early 2022, there is still much to do to ensure that people of color experiencing homelessness have equitable access to resources. Scaling diversion programs is an essential strategy.

Given the success of the diversion approach, it is important that as a system we increase access to diversion funds across King County, reduce barriers to accessing services, and implement best practices to ensure fidelity of the diversion approach. Currently, a number of agencies have access to diversion funds, as well as to the Centralized Diversion Fund through Africatown International. However, more can be done. This may be accomplished by expanding the number of agencies that have access to diversion funds, as well as partnering with community groups (e.g., mutual aid) to increase visibility of and connection to diversion in the community. Additionally, it is crucial to develop best practices by ensuring that providers adhere to the principles of diversion covered in the Diversion Training supported by Building Changes, which is a statewide effort to train providers in utilizing diversion. Increasing local access to this training and creating a mechanism of support and accountability for front-line staff is essential to ensuring best practices are followed.

Another important component is to reduce/remove barriers preventing access to diversion. For example, there is currently a 30- to 45-day window for receiving support and “completing” diversion programming. This short window poses a challenge for some households with

---

[67] Building Changes. (2022, December 5). *Washington State Diversion Study: A Study of Diversion Services for Families.* Retrieved from https://buildingchanges.org/resources/washington-state-diversion-study/

[68] Ibid.

[69] Ibid.

[70] King County is not alone in this problem. The VI-SPDAT was a nationally implemented tool with disastrous results for systems in pursuit of equitable deployment of service. The tool was never formally vetted by researchers or normed across all populations. Nevertheless, it was driven to near uniform national implementation.

multi-system needs that require triaging or sequencing of resource deployment in coordination with other systems. Similarly, it may be beneficial to increase supportive services, specifically by increasing funding and staff capacity to follow up with households after financial assistance is provided, to support households in maintaining housing stability, by providing optional “light touch” case management that could range from three to six months.

Strategy 2.2: 24-Month Action Plan

i. Secure funding to scale diversion resources, with the goal of diverting 6% or roughly 1,400 households in flowing into homelessness annually

ii. Increase access to Diversion Training to ensure best practices are followed

iii. Remove the 30- to 45-day time limit to complete diversion to accommodate households with complex needs

iv. Work with diversion providers to include case management support for three to six months after financial assistance is provided, and identify funding to support this, if needed

Strategy 2.3: Standardize and Support Person-Centered, Healing-Based Practices

The ability of the system to rapidly resolve someone's experience of homelessness is often connected to the deployment of critical services. This may be as simple as light case management or involve the provision of more complex clinical support. However, much of the service implementation within the homelessness system nationally remains largely without standardization through either regulation or licensure.[71] This reality is also reflected locally. Approaches to case management or other forms of support vary widely from agency to agency. This variation may be due to high staff turnover and the inability to adequately train new staff, or simply the absence of a developed model. The result of these dynamics is further fragmentation of the system, beyond its structural deficits, with people experiencing homelessness often experiencing radically different service provision from programs using the same descriptor.

Conversely, in the very few spaces where standardization has been attempted, it has resulted in an aggressive homogenization of service delivery that doesn't allow for the tailoring of supports for populations that are overrepresented in the experience of homelessness. For example, many providers have developed specialized approaches within the agency to best serve Native and/or Black communities based on anecdotal evidence, or even larger studies that identify differences in approach to psychological health and wellness.[72, 73] These communities have often expressed that more "mainstream" approaches to care and support fall flat when applied.[74, 75] Importantly, the majority of standardized services or even attempts at standardization have traditionally flowed through academic settings, which have repeatedly demonstrated that they embed interventions, particularly clinical interventions and psychometric evaluations, with racist artifacts through the process by which they have been normed.[76, 77, 78, 79]

After discussion with providers across the community and reviewing the available national literature, KCRHA identified the need to standardize best practices for person-centered care and the promotion of healing. The Authority intends to support the King County provider community in implementing these standards through technical assistance, increased funding where available, and shifts in contract language. Additionally, the Authority recognizes the

---

[71] Culhane, D., Doran, K., Schretzman, M., Johns, E., Treglia, D., Byrne, T., Metraux, S., & Kuhn, R. (2019). The emerging crisis of aged homelessness in the US: Could cost avoidance in Health Care Fund Housing Solutions? *International Journal of Population Data Science, 4*(3). https://doi.org/10.23889/ijpds.v4i3.1185

[72] Sundararajan, L., Misra, G., & Marsella, A. (2013). Indigenous Approaches to Assessment, Diagnosis, and Treatment of Mental Disorders. *Handbook of Multicultural Mental Health (Second Edition)*. https://doi.org/10.1016/B978-0-12-394420-7.00004-7

[73] Neighbors, H.W., Jackson, J.S., Bowman, P.J., & Gurin G. (1983). Stress, Coping, and Black Mental Health: Preliminary findings from a national study. *Prevention in Human Services, 2*(3), 5-29. https://doi.org/10.1300/j293v02n03_02

[74] Williams D. R. (2018, November 18). Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of Health and Social Behavior*, *59*(4), 466–485. https://doi.org/10.1177/0022146518814251

[75] U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

[76] Ibid.

[77] Vyas, D. A., Eisenstein, L. G., & Jones, D. S. (2020). Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms. *New England Journal of Medicine, 383*(9), 874–882. https://doi.org/10.1056/nejmms2004740

[78] Ardila, A. (2005). Cultural Values Underlying Psychometric Cognitive Testing. *Neuropsychology Review, 15*, 185–195. https://doi.org/10.1007/s11065-005-9180-y

[79] Starr, S. B. (2022, May 6). Race-Norming and Statistical Discrimination: Beyond the NFL. *U of Chicago, Public Law Working Paper No. 805.* http://dx.doi.org/10.2139/ssrn.4101693

critical importance of *not* overprescribing practices to allow provider partners the opportunity to continue to innovate and be maximally responsive to client needs in the moment.

Preliminary review of service provision indicates that some elements for standardization may include:

1. Trauma-informed care and service provision
2. Harm reduction
3. Motivational interviewing
4. Shared decision-making frameworks
5. Person-centered care

There is significant material to be developed in partnership with providers and other members of the community. Some of these elements include:

1. Interventions focused on people of color, specifically Black and Native communities
2. Interventions for people who are trans identified
3. Interventions for refugees and immigrants experiencing homelessness

As part of this strategy, KCRHA will develop and provide training, technical assistance, and support for service providers to ensure that services are person-centered, trauma-informed, and focused on healing. This will include standards of practice for serving particular populations, consistent expectations and contract requirements for wrap-around supports, and structuring contracts to allow the flexibility to meet participants with varying needs.

Strategy 2.3: 24-Month Action Plan

i. Enhance and improve emergency services wrap-around supports

ii. 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 disabilities, elders, and people exiting incarceration

iii. Evaluate program requirements and establish ways to create appropriate flexibility in prevention, interventions, and safety planning to optimize the ability to fully serve program participants with varying needs

iv. Develop and implement a culturally responsive service provision audit framework for all disproportionately impacted populations

Strategy 2.4: Improve Severe Weather Response System Performance

As climate change accelerates, severe weather events—extreme heat, cold, and unhealthy air—occur with increasing frequency. In the absence of sufficient temporary housing options, emergency measures are necessary to help people experiencing unsheltered homelessness protect themselves from harsh weather conditions.

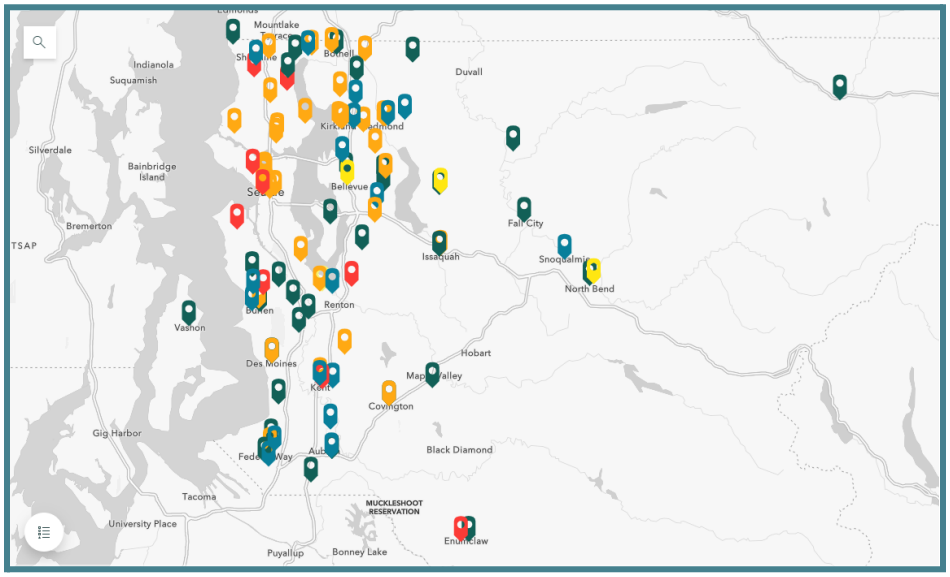
Prior to the creation of the KCRHA, there was no countywide integrated severe weather response for people experiencing homelessness. Each jurisdiction deployed their resources in alignment with internal policy. There was also no coordinating body that assisted with targeted deployment of resources or helped norm response patterns across various types of weather events.

KCRHA has worked with emergency managers and human services staff across the County to begin to successfully reorient the severe weather response toward a more coordinated regional response. Beginning with an unprecedented cold snap in January 2022, the KCRHA team has conducted daily coordinating calls during severe weather events with human service planners and providers in six of the seven sub-regions recognized by the Authority (the exception is unincorporated King County). These daily coordinating calls have been used to assess needs for unsheltered individuals across the county and shift distribution of supplies and other resources in real time, including working with outreach staff to identify the harm reduction supply needs of people living in encampments who are unable to access an activated severe weather shelter. These supplies have included hand and foot warmers, gloves, socks, cold weather gear, food supplies, water, masks to filter particulate matter from the air, and other supports. Often these supplies have been personally delivered by KCRHA staff as a testament to how under-resourced supply distribution for people experiencing homelessness is, particularly during severe weather events.

The need for severe weather response is expansive. Figure XXX below shows the geographic spread of daytime and overnight sheltering options when the region was fully activated in response to the snow and cold event in early January 2022. Red flags indicate stand-up severe weather shelters, yellow indicates severe weather shelters in progress, blue indicates existing emergency shelters, teal indicates King County Library locations (included due to the fact that many unsheltered people will visit a library for daytime warming, even not in a severe weather event) and orange is other designated daytime warming centers that stood up in this particular event, including but not limited to spaces such as city halls, community centers, and senior centers.

Since the KCRHA assumed operational control of severe weather responses for those experiencing unsheltered homelessness on January 1, 2022 through the time of this writing in December 2022, there have been seven severe weather activations, including for snow, severe cold, severe and prolonged heat, and poor air quality. This has translated to over 50 days of activation for KCRHA and its provider partners. To date, KCRHA has positioned the agency to

respond to these weather emergencies through making additional funding available to service providers to purchase weather mitigation supplies and equipment, standing up severe weather shelters and additional daytime spaces, and supporting regional coordination between shelter providers, city partners, system partners, and other county agencies.



Across severe weather events, the KCRHA has supported responses that have served over 1,000 individuals seeking refuge from weather conditions. KCRHA's flexible incorporation of new approaches to supporting households experiencing homelessness during severe weather activations has already increased the number of individuals accessing services and retaining connections with services beyond the severe weather episode. KCRHA will continue to deploy coordinated severe weather responses that flexibly incorporate innovative practices, respond to emerging needs, and connect individuals to services beyond the severe weather event.

Strategy 2.4: 24-Month Action Plan

i. Deploy coordinated severe weather response that flexibly incorporates innovative practices and responds to emerging needs

ii. Improve guests' connection to services beyond the severe weather event

iii. Standardize activation protocols for all severe weather shelters

Strategy 2.5: Optimize and Secure Funding Opportunities to Support Services and Operations

In the past two years, federal, state, and local governments have provided unprecedented levels of financial investments into communities, including COVID-relief funding[80], additional funding for housing resources for survivors of gender-based violence and individuals living with disabilities[81], and competitive funding to address unsheltered homelessness.[82] However, there has been a much longer history of underfunding affordable housing[83], the social safety net[84], preventative programs, and homelessness services going back to the 1980s. This historical underfunding combined with policy choices that have driven mass incarceration, criminalized poverty, created qualification barriers, and made access to social services more difficult have had a profound and lasting impact on the homelessness response system.

In response to this, KCRHA recognizes the clear need to boost sustainable revenue sources for homelessness responses derived from all possible funding streams. It will not be possible to accomplish the region's goal of ending unsheltered homelessness without increasing funding from all levels of government and significantly improving coordination of that funding using evidence-based practices. This is a prerequisite to solving homelessness in a sustainable manner. One-time dollars must be primarily deployed to expand the number of temporary housing options for people experiencing unsheltered homelessness, while ongoing funds should be used to develop and sustain the appropriate service infrastructure to ensure that people have the necessary support to remain inside. This includes ensuring the people who provide homelessness response services are paid a living wage.

To begin boosting the region's access to federal support, KCRHA has identified a significant need to improve the region's ability to leverage *existing* federal funding sources for homelessness services. The KCRHA is currently contracted with the CSH (formerly known as the Corporation for Supportive Housing) to increase King County's utilization of Medicaid funding for supportive housing services through the Foundational Community Supports (FCS) program.[85] Under FCS, Medicaid funding can support outreach and engagement, housing navigation, and housing stability services for people experiencing homelessness. FCS is

---

[80] National Low Income Housing Coalition. (n.d.). *Covid package and housing provisions.* Retrieved December 9, 2022, from https://nlihc.org/coronavirus-and-housing-homelessness/covid-package-and-housing-provisions

[81] U.S. Department of Housing and Urban Development. (n.d.). *FY 2021 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants.* Retrieved December 10, 2022, from https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/fy21_coc

[82] U.S. Department of Housing and Urban Development. (n.d.). *Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness (Special NOFO).* Retrieved December 10, 2022, from https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO

[83] National Low Income Housing Coalition. (2015). *A Brief Historical Overview of Affordable Rental Housing*. (2015). Retrieved December 12, 2022, from https://nlihc.org/sites/default/files/Sec1.03_Historical-Overview_2015.pdf

[84] Minton, S., & Giannarelli, L. (2019). *Five Things You May Not Know about the US Social Safety Net.* Retrieved December 12, 2022, from https://www.urban.org/sites/default/files/publication/99674/five_things_you_may_not_know_about_the_us_social_safety_net_1.pdf

[85] 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

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 the provision of 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.

This is consistent with the findings of the National Innovation Service in 2018 that noted in the region's expansion of service supports "[i]t is especially important to leverage the reimbursement framework for Foundational Community Supports, as it specifically enables supports for accessing and maintaining housing and obtaining and keeping a job under the same framework."[86]

Additionally, the region will need to continue to expand access to critical federal supports to offset and maximize the deployment of local resources. 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. However, true integration of the region's resources has often been elusive due to difficulties created in federal regulation. Two key areas that the KCRHA will work on with federal partners to seek regulatory relief in the near term are the Centers for Medicare and Medicaid Services (CMS) supplantation rules and regulations and identifying funding streams from federal agencies beyond HUD to support local work to end homelessness.

Currently, CMS supplantation rules bar jurisdictions from moving services paid for by local funds onto federal funding streams. KCRHA staff have determined that, while the intent behind this rule is sound, this rule limits the ability of the region to maximize our local dollars by keeping them inappropriately tethered to supporting activities that have clear paths to other fund sources available. While KCRHA appreciates the federal position of not allowing states and local jurisdictions to abdicate fiscal responsibility entirely, there are two key differences for King County. First, the state's regressive tax structure significantly limits the ability of local jurisdictions to generate new revenue streams. Second, despite this significant obstacle, the region has still generated significant funding to end homelessness, often matching or exceeding federal contributions made through the HUD grants. Given both realities, KCRHA is determined to work with the federal government on a rule change that allows communities to *match* funding either within the service stream or in other parts of an identified ecosystem. This would significantly free up local resources to be redirected toward critical crisis response efforts.

There are also several activities currently being undertaken within the homelessness crisis response system that have potential matches to existing federal fund sources that may be underutilized. Department of Health and Human Services (HHS) funding streams, including

[86] 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/

funds for long-term care supports for elders, supports for youth and young adults aging out of foster care, substance use supports, and individuals with higher levels of need may be available to the Authority through existing federal programs. KCRHA has also identified potential funding available through Department of Justice (DOJ) grants that support violence prevention and connections to supports 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.

Importantly, the Authority notes that in the expansion of fund sources, the goal remains to generate non-duplicative care elements in the region and to not replicate other systems within homelessness crisis response.

Strategy 2.5: 24-Month Action Plan

i. Implement increased use of Medicaid FCS

ii. Evaluate and optimize the deployment of current HUD-funded programs by appropriate braiding with other fund sources

iii. Explore additional funding opportunities across federal fund sources to support homelessness response:

- *HUD technical assistance*
- *HUD special NOFOs*
- *Housing vouchers*
- *Funding opportunities from HHS and DOJ*
- *Specific project funding through congressional action*

iv. Work to increase state funding in homelessness response for Seattle-King County

v. Contribute to the development of local funding that supports homelessness services and housing

vi. Provide local jurisdictions with timely information for data-driven decision-making on the region's homelessness response system, including program and investment recommendations

vii. Continue to collaborate with and provide information to philanthropic partners to guide impactful investment into homelessness services and programming

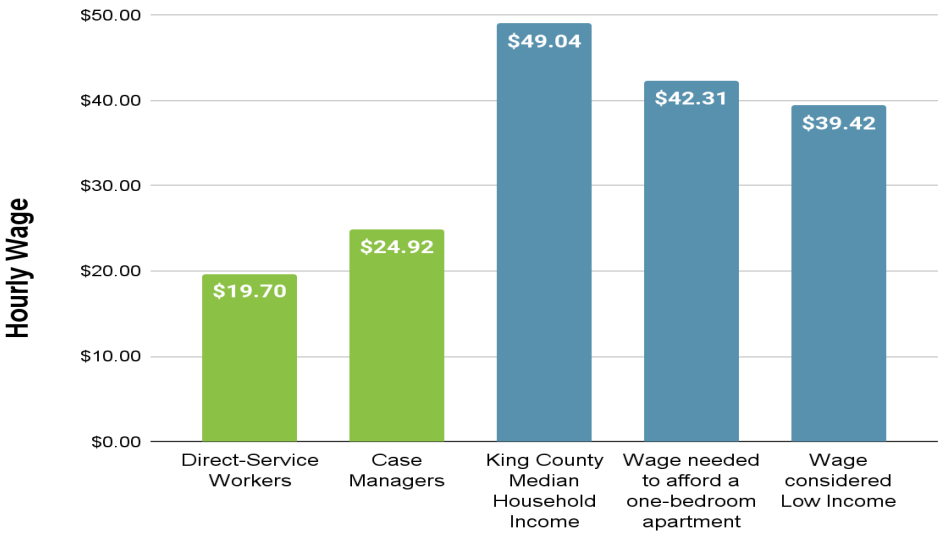
Strategy 2.6: Stabilize the Front-Line Workforce

The quality of services and the ability to deliver services that meet the needs of people experiencing homelessness depends on front-line staff. This essential workforce should be valued and compensated for their work at a level sufficient to attract and retain skilled workers and keep people from having to access the services they are providing.

The Authority is required by law to prioritize pay for front-line staff. Article 3, section IV, item six of the interlocal agreement that forms the Authority requires that the KCRHA "[w]here possible and as revenue and budgeting allows, implement and support contracting processes and provider staff pay structures that promote high quality services, service system professionalization, and reduction of undue provider staff turnover."

In keeping with this legislative requirement, once operational, the Authority began analyzing administrative data to better understand the gap between current provider pay and a living wage based on prevailing economic factors in the region. Based on this analysis of provider budgets in KCRHA-funded programs, front-line workers earn $19.70 (direct service workers) to $24.92 (case managers) per hour, on average. This is roughly half the $42.31 per hour wage needed in 2022 to afford a one-bedroom apartment in the King County Metropolitan Statistical Area. The average case manager pay is slightly more than half of the 2022 King County median household income wage of $49.04 per hour, while front-line workers make significantly less than half. The issue of front-line pay is also one of gender and racial equity, as the majority of front-line essential service providers are people of color and women.[87] The average worker would need to work 86 hours per week to afford a one-bedroom apartment in King County. This data is reflected in Figure 2.6.1. To build on this knowledge, in April 2022 the Authority conducted an informal survey of the five largest homelessness service providers in King County and learned they had more than 300 vacant positions. Based on discussions with providers about the results of this survey, the low wages

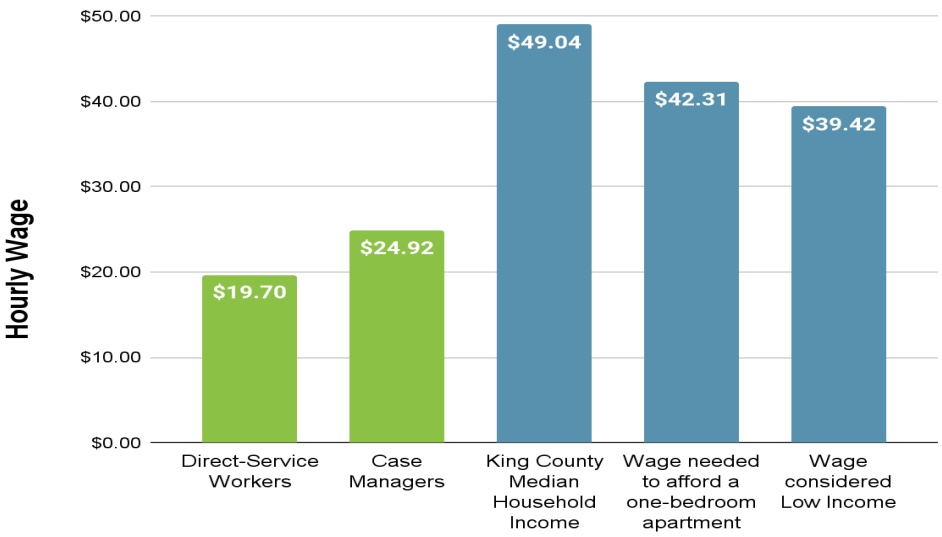
Figure 2.6.1



[87] Center for Social Innovation. (2018, March). *SPARC Phase One Study Findings.* Retrieved from https://c4innovates.com/download/sparc-report/?wpdmdl=117649&masterkey=5cbf174e7529c

paid to direct service staff is believed to be one of the most substantial reasons for the vacancies. As a result, the homelessness response system cannot attract and retain staff that will best serve people experiencing homelessness. Additionally, as the Authority engaged providers to assess spending across programs at several points over the course of 2022, providers frequently reported that their inability to hire and retain staff was impacting their ability to spend down contracted funds. Funded “ghost” positions often made up hundreds of thousands of dollars of underspend in provider contracts.

The ability of the homeless services sector to function depends on staff. Without a workforce that is appropriately paid for its essential work, the system will underperform and could suffer critical breakdowns at key moments. For example, during the COVID-19 omicron surge in early 2022, many staff were diagnosed as COVID-positive and had to remain at home. This coincided with a severe weather event. As a result, there were not enough funded provider staff to manage all of the severe weather shelters, so the City of Seattle and the KCRHA had to deploy personnel to directly staff these locations. In some instances, the depth of the staffing crisis resulted in senior staff having to both coordinate the weather response across the region and manage shelter operations simultaneously as seen in figure XXX.



Moving forward, KCRHA will utilize its contracting and monitoring leverage to support wage increases, incorporate recommendations from forthcoming studies on wage equity, and broaden compensation approaches, such as hazard compensation. All of this work will be resource dependent, so KCRHA will continue to work with appropriators at all levels of government to develop sustainable funding to increase provider compensation.

Strategy 2.6: 24-Month Action Plan

i. Establish liveable wage requirements in new Requests for Proposals (RFP) and contracts, should the funding be available to do so

ii. Evaluate and incorporate recommendations and findings from upcoming wage equity studies

iii. 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

Strategy 2.7: Grow and Diversify Portfolio of Service Providers

Black, Indigenous, and people of color (BIPOC)-led organizations have been systematically under-resourced, expected to work under sponsorship of larger white-led organizations, and held to more stringent financial and data reporting requirements, while also experiencing the devaluing of culturally relevant services.[88]

KCRHA's employment of an equity-based procurement system, as required by law, will expand the pool of contracted agencies, and increase the capacity of service providers with a focus on those that are led by and prioritize services for BIPOC and LGBTQIA2S+ communities.

KCRHA initiated this work first through the emergency housing voucher (EHV) program. The agency had just initiated operations as Continuum of Care (CoC) lead entity and was able to immediately execute on its principles of equity-based decision-making and centering the voice of lived experience. KCRHA partnered closely with the Lived Experience Coalition (LEC) and the majority-lived experience CoC Board (the Advisory Committee) on program focus and design. KCRHA consulted with a broad array of stakeholders and opened program referral partnerships to community-based organizations (CBOs) that were not previously contracted to perform homelessness services with the City of Seattle or King County. More than 80 organizations signed the EHV provider agreement, with roughly half new to contracted homelessness response work.

Since the EHV program came without service funding for housing navigation and tenancy support, KCRHA leveraged existing relationships between CBOs and the people they serve. Partner CBOs were given clear guidance on the optimal criteria for referrals and were entrusted to make referrals of households they could support through the application process, housing navigation, lease-up, and at least one year of tenancy support post-move-in, using resources already available to the CBO. Each partner CBO was extended a specific number of referral slots for this "reverse matching" pathway. In keeping with its equity-based decision-making framework, KCRHA created an algorithm for allocation of referral slots that ensured equity of resource availability to smaller community-based "By and For" referral partners. KCRHA also coordinated closely with the Coalition Ending Gender Based Violence and its member organizations to provide referral opportunities to survivor households for EHV. The Coordinated Entry team worked closely with partner CBOs to ensure that they understood the application process and responsibilities, and to ensure that applications were forwarded to the public housing authorities (PHAs) in a complete and actionable manner. This innovative and equity-based approach produced one of the most successful EHV programs in the country, repeatedly cited by HUD as an example for the nation.[89]

---

[88] Center for Social Innovation. (2018, March). *SPARC Phase One Study Findings.* Retrieved from https://c4innovates.com/download/sparc-report/?wpdmdl=117649&masterkey=5cbf174e7529c

[89] Press Release, HUD Deputy Secretary Celebrates Seattle Exceeding *House America* Goals, December 9, 2022, https://www.hud.gov/press/press_releases_media_advisories/HUD_No_22_250

To build from this strong start, the Authority will work through its procurement process to prioritize requests for funding based on the direct requests and feedback of stakeholders identified in KCRHA's theory of change, community partners, and existing and prospective service providers.

The Regional Capacity team sits within the Program and System Performance Division within the Authority and is responsible for capacity building, technical assistance, and strategy development and implementation. The Capacity team is also charged with building capacity for community-based service providers that receive public funding, those that desire to pursue public funding, and those engaged in homelessness services work that must be coordinated with publicly funded services. The team is also explicitly tasked with developing a working understanding of strengths and opportunities at the sub-regional level by partnering with the Sub-Regional Planning and Community Impact teams.

In their most recent work in 2022, the Capacity team implemented an open registration process for potential new vendors, the Request for Statements of Qualifications, that allows new partner organizations to engage with the KCRHA team outside the time and competitive constraints of an RFP process.

BIPOC "By and For" Equity Programs

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.

Out of 472 programs identified in the October 2022 posting of the Regional Services Database,[90] 51 programs may be considered a By/For program. This means about 10% of KCRHA's programs, with a capacity of 1,288 beds, are designed with specific supports for disproportionately impacted populations. The majority of these programs are emergency shelter (17), followed by rapid rehousing (12), transitional housing (9), newly created 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 36% of all people

[90] KCRHA. (2022, November 18). *Regional Services Database*. Retrieved December 12, 2022, from https://kcrha.org/regional-services-database/

experiencing homelessness. 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.

Through conversations with providers, the KCRHA has heard clearly that service providers would like to improve their skills and abilities in culturally aware and responsive care. As part of the five-year plan, the KCRHA must work to increase the availability of these kinds of programs to ensure that those who are disproportionately impacted by the experience of homelessness have access to programming tailored to supporting their exits.

Strategy 2.7: 24-Month Action Plan

i. Provide increased 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 services/response work and improve the capacity of existing programs

This includes the intersections of identities with:

- ***LGBTQIA2S+ single adults***
- ***Seniors and older adults***
- ***Survivors of gender-based violence and intimate partner violence***
- ***Immigrants and refugees***
- ***High acuity individuals***
- ***Veterans***
- ***People exiting incarceration***
- ***People living with disabilities***
- ***Families with children***

ii. Establish an equitable procurement process

iii. Monitor and evaluate investment in, portfolio percentage of, and outcomes of organizations and programs designed to support the needs of Black, Native, LGBTQIA2S+, immigrant and refugee, people living with disabilities, and people exiting incarceration

Goal 3: Ensure the Availability of Accessible, Accountable, and Responsive Services

Summary

A key part of building a functional service system is ensuring that the user experience is positive, supportive, and empowering. This can be achieved through improving service accessibility, providing channels for accountability measures, and conducting continuous improvement of programming. Goal 3 of the plan seeks to further KCRHA's theory of change through implementing processes and mechanisms in the Ombuds Office to improve how services can be accountable to those who are accessing them, empower people with their information and with ways to provide feedback on their experience, and end data silos to clarify the availability of resources people can access.

Strategies for Success	How We Measure
Refine and tailor processes of the Ombuds Office to further provide support to those seeking accountability	• Percent of grievances investigated • Ombuds Office investigation outcomes • Annual report from the Ombuds Office • Level of client engagement with the Ombuds Office
Develop a Web- and Mobile-Based Communication Channel for Program Participants to Provide Continuous Feedback on Their Experience	• Establish official channels for client feedback beyond Ombuds Office grievance process
Develop and Support an Integrated Approach to Data that Allows Client Access	• Successful onlining of system
Support Accurate and Up-to-Date Information Around Unit or Other Resource Availability	• Successful updates of KCRHA Regional Services Database

Background

A consistent critique of the homelessness response both locally and nationally has long been how opaque it is to people who need to use it. In the process of developing this plan, this finding was consistently affirmed. People experiencing homelessness consistently voiced the need to ensure that the system has more robust and reliable continuous quality improvement mechanisms that are fully rooted in both program outcomes as well as client experience.

Additionally, the legislatively required KCRHA theory of change recognizes that people who have personally been through the challenges of homelessness have learned expertise from those experiences and can elevate concerns, highlight barriers, develop pointed solutions, and engage community support.[91]

To embody this theory of change, 60% of KCRHA staff bring their lived experience to work every day. Similarly, throughout the service provider community, people with lived experience lead, offer direct service, and sit on boards. The Authority emphasizes the importance of lived experience in these roles through our RFP process, which looks for and evaluates whether an organization is sharing power through dedicated board seats and leadership staff with lived experience.

The Authority undertakes this work in partnership with lived experience stakeholder groups, most notably the Washington State LEC, with members who are deeply integrated into our work, sit on our CoC Board, provide policy and program review, and are compensated for their time and expertise.

As KCRHA engaged the community about what changes were needed, there were consistent themes in community feedback, clustered in three main areas:

1. The need for people to be able to provide feedback directly to oversight structures that would result in support for programs to better understand and meet the needs of clients;
2. The need for clients to have more access to their data and for that data to be more seamlessly integrated across agencies; and
3. The need for the system to more effectively meet urgent needs in the moment.

This is consistent with the findings of the National Innovation Service report from 2018. While the Authority has already taken preliminary strides toward making significant changes in these areas in its one year of operation, there is a need to continue to make dedicated progress over the course of the next five years. Additionally, these changes align with the broader responsibilities of the KCRHA as it shifts the fundamental structures of the homelessness

[91] There are many academic studies and books about the value of lived experience as a best practice. A representative sample includes: McIntosh, I., & Wright, S., Exploring What the Notion of Lived Experience Offers for Social Policy Analysis, *Journal of Social Policy* (2018); Byrne, L., Happell, B., Welch, T., & Moxham, L. J., Things you can't learn from books: Teaching recovery from a lived experience perspective, *Int. J. Mental Health Nursing* (2012); Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoeppner, B., & Kelly, J.F., Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching, *Frontiers in Psychology* (2019); Dorozenko, K.P., Ridley, S., Martin, R., & Mahboub, L., A journal of embedding mental health lived experience in social work education, *Int. J. Social Work Education* (2016); Byrne, L., Happell, B., & Reid-Searl, K., Lived experience practitioners and the medical model, *Journal of Mental Health* (2015); Sandhu, B., *The Value of Lived Experience in Social Change* (2017).

response system away from more bureaucratic functions and toward operating in the style of a true emergency response agency. Strategies that will effectively drive this transformation are outlined below.

The KCRHA as an organization has taken many strides to improve our accountability to those experiencing homelessness, but we remain committed to improving this practice as we move forward in implementing systems change over the next five years.

Strategy 3.1: Refine and Tailor Processes of the Ombuds Office to Further Provide Support to Those Seeking Accountability

The Ombuds Office was created as a direct response to client feedback received over the course of six months in 2018 by the National Innovation Service team. As a result of that feedback, this office was created through the interlocal agreement, which created the Authority. The Ombuds Office is charged with responding to questions about KCRHA funded or provided services, ensuring that individuals' rights within the system are respected, and connecting people to resources to resolve their needs. The Ombuds Office was also charged with handling and investigating complaints, collecting data, issuing reports, and gathering feedback to improve the homeless system's operations and outcomes.

Broadly speaking, the Ombuds Office serves a traditional ombuds function but also much more expansively as a continuous quality improvement arm for the system, rooted in client voice and client feedback as the primary way in which it assists the broader policymaking and funding processes of the Authority in becoming more effective and responsive to the needs of people experiencing homelessness.

Based on a scan of the other consolidated homelessness response systems in the country that have similar scale or function, it appears that KCRHA is the first to pursue this innovation. As a result, there is scant literature or extant process in other jurisdictions that King County might learn from. However, the benefits of these functions are well researched. There is significant literature from business and healthcare settings that demonstrate the importance of consistent feedback from clients as a core operating function. For example, a study found that patient reported outcomes had significant impact on specialized care in outpatient settings.[92] However, the literature also confirms that without organizational investment and a clear strategy for the utilization of that feedback, it does not have the necessary impact.[93]

As a result, it's critical that the KCRHA define clear strategies within its five-year plan to ensure that the setup of this new organizational function is successful. In addition, it should become an example to other communities for how to best integrate client feedback in a coordinated manner, with the appropriate level of impact on policy and funding streams.

Importantly, the Ombuds Office is not solely limited to incorporating feedback of clients, although it is charged with prioritizing that feedback. Any community member, employee, service provider, and/or other agency contractor who uses, interacts with, or implements 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 aims to promote accountability and public

[92] Boyce, M.B., & Browne, J.P. (2013, March 17). Does providing feedback on patient-reported outcomes to healthcare professionals result in better outcomes for patients? A systematic review. *Quality of Life Research, 22,* 2265–2278. doi.org/10.1007/s11136-013-0390-0

[93] Tasa, K., Baker, G. R., & Murray, M. (1996). Using patient feedback for quality improvement. *Quality Management in Health Care*, *4*(2), 55-67. doi: 10.1097/00019514-199600420-00008

confidence in KCRHA's ability to serve people experiencing homelessness effectively, efficiently, and equitably.

Strategy 3.1: 24-Month Action Plan

i. Develop and implement a grievance process that is accessible, safe, and responsive to resolve client or funded partner concerns, problems, or complaints

ii. Deploy an effective communications strategy to ensure the Ombuds Office is well-known and easily accessible, including the creation of centralized contact mechanisms (e.g., a hotline)

iii. Report to the Board and the community on grievances filed and resolved and, trends in the demographics of those who have filed grievances to measure the needs of various sub-populations, in collaboration with the Community Impact division and other internal and external stakeholders

Strategy 3.2: Develop a Web- and Mobile-Based Communication Channel for Program Participants to Provide Continuous Feedback on Their Experience

KCRHA is committed to offering multiple ways for those with lived experience to shape our response system. To accomplish this, direct communication channels must be established with those receiving services through our CoC and KCRHA that are equitable, consistent, transparent, and accessible.

The specific goal of this channel is to create an easy-to-access mobile- and web-based feedback mechanism, centering the above values, that can be used for the following purposes:

- Gather feedback from program participants on the care that they have, or are currently receiving
- Solicit feedback directly on initiatives or proposals that may affect program participants or members of their family
- Allow participants to indicate interest for further engagement opportunities as they arise, such as focus groups

The data collected will be analyzed on a regular basis and used for strategic planning, included in executive summaries and reports, and used to evaluate system performance.

Strategy 3.2: 24-Month Action Plan

i. Work with either contracted or in-kind developers to create and deploy a platform that supports and allows for direct client feedback independent of a provider or surveyor that is easy to use and available to all

Strategy 3.3: Develop and Support an Integrated Approach to Data that Allows Client Access

Homeless Management Information Systems (HMISs) are federally required databases that all jurisdictions receiving federal funding for homelessness must maintain. HMISs were developed almost exclusively to support jurisdictions in meeting these reporting requirements. This means that their primary function has been to aggregate data and generate reporting documents, rather than to support any real-time decision-making by service providers or system administrators. However, given the amount of information collected, there has been a steady push over the past decade to convert their structure into something more usable in the day-to-day operations of the crisis response system. As a result of this push, these databases, including King County's (locally branded as "Clarity" and administered by a national vendor in partnership with KCRHA and King County Department of Community and Human Services staff), have increasingly taken on more functionality. However, the underlying architecture of the systems has not necessarily kept up with those shifts in function.

KCRHA has heard from both clients and providers that data management is inconsistent. Most salient was that siloed data collection prevents the homeless service system from maintaining comprehensive information on individuals seeking services. This, in turn, makes it difficult for clients to get services that meet their needs, makes the process of accessing services inefficient and traumatic—as it requires clients to share personal information repeatedly—and limits the continuity and coordination of care across providers and systems.

Across programs and systems that serve people experiencing homelessness, administrators struggle to access, understand, and make use of data. Service providers and administrators manage details about client interactions with multiple databases and applications, preventing the possibility of a single record. The effects of siloed and inconsistent client data are significant and impact every actor in the system. Additionally, clients often expressed frustration with their inability to control their own information, communicate directly with multiple providers, or connect providers directly with each other in order to provide better services and support.

In evaluating the current data landscape and looking to other systems that might offer a path forward, the KCRHA team evaluated systems that shared three key similarities:

1. Charged with managing complex day-to-day service deployment across multiple settings
2. Have significant privacy concerns
3. Often activated during times of crisis

The system with the most similarities identified was the healthcare system, which has undergone a similar national transformation in the last 15 years to migrate from dispersed and poorly coordinated care to the patient centered medical home (PCMH) model. PCMHs originated with the specialty of pediatrics to provide care to children with complex illness. Over time, similar models were developed with lessons learned from high-quality, yet low-cost, health systems.[94]

[94] O'Dell, M.L. (2016). What is a Patient-Centered Medical Home? *Missouri Medicine, 113*(4), 301-304.

PCMH concepts have been adopted by primary care professional organizations and were integrated into the Affordable Care Act to be further incentivized by the federal government. According to the National Center for Excellence in Primary Care, the five key functions of a PCMH are:

1. Comprehensive care
2. Patient-centered care
3. Coordinated care
4. Accessible services
5. Quality and safety

To accomplish these goals, the healthcare system universally adopted the use of electronic health records (EHRs) to better support patients in their care access and patient-centered coordination. EHRs have the benefit of direct use by the client for communication with providers, reviewing test results, signing documents, etc., but they are also beneficial for providing aggregate data for real-time deployment of resources and in retrospective reporting.

KCRHA has partnered with Microsoft and others from the business community to evaluate the possibility of developing and implementing a technological solution of this sort across the homelessness system to augment the capacities already available through our HMIS.

Importantly, this solution would allow people experiencing homelessness to access and interact with their own records in the system, creating higher levels of client control and client voice. As the Authority continues to transform the system to be more modern and more aligned with best practices developed in other spaces, the KCRHA team will continue to use the principles of the PCMH model.

Strategy 3.3: 24-Month Action Plan

i. Partner with technology leaders and developers to create a platform that allows program participants to see their data and have some capabilities to interact with that data

ii. Development of a continuous improvement process to add value to the platform, such as making the system dynamic and connected to other systems of care

Strategy 3.4: Support Accurate and Up-to-Date Information Around Unit or Other Resource Availability

A core function of any crisis response system is to rapidly identify and allocate resources. Currently, it is extremely difficult to provide real-time information to either clients or administrators on the availability of services or, more importantly, places people might access to avoid the experience of unsheltered homelessness. At present, there are a number of reserved beds, referred to locally as “set aside beds,” reported daily through a dedicated channel set up by the City of Seattle. These beds are the source of the referrals made by the HOPE team or other outreach teams. While it is generally accepted that not all referrals lead to an actual shelter utilization by the individual referred, it is also true that it would be impossible to make such referrals in good faith if it weren’t for these set aside beds and the knowledge that the resource in question was *actually* available.

However, this process is extremely labor intensive for providers and administrative staff and does not reflect the level of technological sophistication currently available across the human services sector broadly. Moreover, the KCRHA team has heard repeatedly from people experiencing homelessness that it feels “impossible” to identify a resource that would be supportive in a crisis. The countywide 211 line does not have the level of connectivity necessary to provide real-time information, but rather serves more as a directory, advising people on which provider to contact for more information or support. Additionally, there are separate resource identification pathways for families and veterans that operate with higher levels of granularity and immediate response, which demonstrates that the capacity to solve this problem *is* present in the jurisdiction, but it simply hasn’t been appropriately resourced or scaled. Finally, there is an important need to not just connect people with temporary housing but also with broader services.

Importantly, as mentioned above, all of this must be done *quickly*. Crisis response functions are underpinned by first identifying need, then identifying resources, and then rapidly aligning the two. The inability to execute on this function undermines the capacity of the entire system to function as it needs to.

With the creation of the KCRHA there is, for the first time in the jurisdiction, an agency that has the capacity to own all the information necessary to meet this need and own the accuracy and accessibility of that information. To activate the promise of this consolidation, the Authority must work to create transparent and real-time access to information. The Authority will partner with technology and business process leaders to create pathways to accomplish this as quickly as possible.

Strategy 3.4: 24-Month Action Plan

i. Develop a way to manage real-time bed availability across the system, inclusive of all types of shelter and emergency housing

ii. Identify ways to manage information about other forms of support, such as case management openings or availability of clinical supports, from other systems

iii. Partner closely with 211 to ensure a database or other pathway that provides 211 staff with up-to-date, accurate information

iv. Update the KCRHA Regional Services Database quarterly and support improvements informed by community engagement

Goal 4: Reduce the Impact of Racism on People Experiencing Homelessness

Summary

A crucial component of the Authority's charge in the ILA is to proactively seek to eliminate racial-ethnic disproportionalities among people experiencing homelessness, including in the development, delivery, and evaluation of services. Of particular concern in this regard are the Black and Native communities that are dramatically overrepresented among those experiencing homelessness in King County. Goal 4 of the plan seeks to address racial equity in service provision through an inventory and evaluation of current practices previously not recognized by the homeless response system; partnering with marginalized communities to build a resource inventory of approaches and practices; pursuing funding opportunities for BIPOC "By and For" organizations to expand culturally relevant approaches; and developing tailored pathways for immigrants and refugees experiencing homelessness.

In addition, Goal 4 seeks to improve data collection relating to how homelessness is experienced by Black and Native Americans and other racially marginalized communities by reviewing existing data collection practices with a lens focused on race; engaging Black and Native communities, in particular, in defining lines of inquiry and analysis; creating a community-based participatory research (CBPR) arm; and developing (in partnership with appropriate partners) and deploying better inquiry and evaluation methods that appropriately integrate race.

Strategies for Success	How We Measure
Ensure racial equity in service provision	• Percentage of contracted organizations that are By/For serving programs • Percentage of BIPOC clients receiving services • Percentage of BIPOC clients exiting programs to permanent housing • Return rate of BIPOC clients • Data from Ombuds Office on quality of services for BIPOC clients
Improve data collection to better understand how homelessness is experienced by Black and African Americans, Indigenous and Native Americans, and other	• Data collection improvement plan developed with providers and communities that serve these populations

racially marginalized communities	

Background

While there are many definitions of what racism is (or isn't), the Authority recognizes racism as a complex array of social structures, interpersonal interactions, and beliefs by which the group in power categorizes people into socially constructed "races" and then creates a racialized hierarchy in which certain racial groups are disempowered, devalued, and denied equal access to resources.[95] The argument has been made that race and race relations have improved because the majority of the population of the United States has had significant ideological shifts over the last 50 to 100 years. However, it is equally true that there has been very little work to structurally shift the deployment of resources or power to make up for centuries of racialized violence.[96] It remains critical to focus on directly addressing racism within any system because a core "characteristic of racism is that its structure and ideology can persist in governmental and institutional policies in the absence of individual actors who are explicitly racially prejudiced."[97] Additionally, "racism is adaptive over time, maintaining its pervasive adverse effects through multiple mechanisms that arise to replace forms that have been diminished."[98] As with many of the negative public health outcomes in the United States, homelessness has long disproportionately impacted Black, Native, and other communities of color.[99]

In homelessness, these disproportionalities are the result of long-standing and deeply embedded systemic racism that is woven into the texture of the American housing landscape.[100] [101] While this has ostensibly been the case since the resurgence of homelessness across the country in the 1980s, it has been increasingly documented in recent years by researchers and practitioners, with particular focus on the Black and Native American and Indigenous communities due to their stark overrepresentations in the population.[102] [103]

Locally, the data is clear that people of color are dramatically overrepresented in the population experiencing homelessness. For Black, African American, or African-identified people, the

[95] Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research. *Annual Review of Public Health, 40*, 105-125. https://doi.org/10.1146/annurev-publhealth-040218-043750
[96] Solomon, D., Maxwell, C., Castro, A. (2019, August 7). *Systemic Inequality: Displacement, Exclusion, and Segregation.* Retrieved December 27, 2022, from https://www.americanprogress.org/article/systemic-inequality-displacement-exclusion-segregation/
[97] Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research. *Annual Review of Public Health, 40*, 105-125. https://doi.org/10.1146/annurev-publhealth-040218-043750
[98] Ibid.
[99] Solomon, D., Maxwell, C., Castro, A. (2019, August 7). *Systemic Inequality: Displacement, Exclusion, and Segregation.* Retrieved December 27, 2022, from https://www.americanprogress.org/article/systemic-inequality-displacement-exclusion-segregation/
[100] Miller , J., & Garran, A. M. (2007). The Web of Institutional Racism. *Smith College Studies in Social Work, 77*(1), 33-67. https://doi.org/10.1300/J497v77n01_03
[101] Catalyst. (2020, September 30). *The Impact of Structural Racism on Black Americans.* Retrieved December 27, 2022, from https://www.catalyst.org/research/structural-racism-black-americans/
[102] Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial Inequity and Homelessness: Findings from the SPARC Study. *The ANNALS of the American Academy of Political and Social Science, 693(*1), 82–100. https://doi.org/10.1177/0002716221991040
[103] Jones, M.M. (2016). Does Race Matter in Addressing Homelessness? A Review of the Literature. *World Medical & Health Policy, 8*(2): 139-156. https://doi.org/10.1002/wmh3.189

baseline population in King County is only 6%, while 2022 HMIS data shows the population experiencing homelessness is 29%. Similarly for Native households, the baseline population is only 1%, where HMIS data shows representation in the population at 5%. Additionally, for Native and Indigenous communities who have noted significant barriers to accessing mainstream services, the HMIS data likely represents a significant underestimate of the total population experiencing homelessness. Point-in-Time data that has been collected through more targeted outreach efforts has demonstrated higher rates of homelessness in the Native community, at somewhere between 9% to 15% of the total population experiencing homelessness. As such, KCRHA believes that the true number of Native people who are experiencing homelessness has yet to be determined. However, it is clear that the overrepresentation is dramatic and unacceptable.

While housing is not the only factor driving homelessness, it is the common requirement for preventing and ending homelessness for *all* groups. However, there is no way to separate the realities of the American housing market from America's racialized history. Housing policy, which is both codified and informal, has served as one of the most consistent enforcement tools for the American racial hierarchy. To discuss housing or homelessness without discussing race is simply irresponsible.

For Native Americans in North America, the history of genocide, forced relocation, land theft, compulsory cultural assimilation, forced separation of children from families, and numerous other policies enacted by colonial settlers and the federal government are integral to understanding the population's disproportionate rate of homelessness today. Despite multiple promises and negotiated treaties in 1830, Native nations were violently forced from their land under newly passed federal law and forcibly relocated to the new "Indian Country" west of the Mississippi through brutal tactics and the killing of over 4,000 people, an action later named the Trail of Tears.[104] Despite promises that this western territory would forever belong to Native people, in time this territory shrank. Indeed, between 1889 and 1959, 10 large western states were created and ratified under the United States Constitution, including the state of Washington. With each new state, Indigenous populations were pushed from land that had been promised to them, and they were left with fewer and fewer options for the development of Native-specific housing, leaving scant housing options on the few remaining lands over which they maintained ownership (called reservations).[105] Meanwhile Native and Indigenous people faced (and continue to face) significant discrimination in the housing markets of the urban centers.[106, 107]

For Black Americans, brought here largely enslaved, used as a workforce deployed for the building of the nation, and then abruptly "freed" at the end of the Civil War, there is a similar

[104] Sturgis, A.H. *The trail of tears and Indian removal.* Westport: Greenwood; 2006.
[105] Zerger, S. (2004, February). Health care for homeless Native Americans. Retrieved December 27, 2022, from https://nhchc.org/wp-content/uploads/2019/08/FINALHnNativeHealth.pdf
[106] National American Indian Housing Council and National Community Reinvestment Coalition (NAIHC/NCRC). (2003, June 24). *News Release: Survey reveals predatory lenders discriminate against Native Americans; interest rates as high as 30 percent offered in tribal areas.*
[107] Turner, M.A., & Ross, S.L. (2003, September). *Discrimination in metropolitan housing markets: phase 3—Native Americans.* Retrieved December 27, 2022, from https://www.huduser.gov/Publications/pdf/hds_phase3_final.pdf

narrative. As Martin Luther King, Jr., noted, freedom, absent any material support from the United States government, "It was freedom to the winds and rains of Heaven. It was freedom without food to eat or land to cultivate and therefore was freedom and famine at the same time."[108] The United States government legislatively and culturally codified segregation to force Black people into the most undesirable living situations in urban communities across the country, while continuing to keep Black people largely in servile positions that were underpaid, relying on and reinforcing strict notions of racial hierarchy. In housing, the most egregious of these policies came to be known as redlining, implemented by the Federal Housing Administration from its inception in 1934 until the late 1960s, with the passage of the Fair Housing Act. This policy blocked the backing of mortgages in areas that were predominantly inhabited by people of color, and as a result, created both blighted zones and population-level vulnerability to housing instability and homelessness. This was done in three main ways:

1. Blocking people of color from securing the financing necessary to open small businesses, which are associated with neighborhood growth
2. Locking people out of participation in the mortgage system and, as a result, out of property ownership—the principal wealth-building mechanism for most Americans
3. Creation of a "race of renters," meaning that Blacks (and other people of color) were disproportionately *forced* to rent

As has been noted elsewhere, it is critical to note that these policies did not necessarily restrict poverty to people of color—they targeted *housing instability*. People of color, and particularly Black and Native people, have been disproportionately housed at the whim of property owners who, by virtue of systemic racism, are disproportionately white. Such discriminatory policies created the preconditions for the homelessness crisis we see today.[109]

It is for these reasons that the writers of the Authority's authorizing legislation saw fit to enshrine a requirement to directly address structural racism. The Interlocal Agreement requires that the Authority

> "Address racial-ethnic and other statistical disproportionalities amongst the population of people experiencing homelessness, including addressing racial-ethnic inequities in the development, delivery, and evaluation of services in the homeless service system and proactively seek to eliminate disproportionalities in the population experiencing homelessness and outcomes for people experiencing homelessness by directly addressing structural racism, ableism, homophobia, transphobia, misogyny and other sources of inequities."[110]

For these reasons, the Authority seeks to directly address the impact of racism on people at-risk of and experiencing homelessness to support the creation of a racially just King County.

---

[108] Vanocur, S., & Schulberg, S. (1967, June 11). *Special Report. After Civil Rights: Black Power.* Broadcast, NBC.
[109] Olivet, J., Dones, M., Richard, M. (2018). The Intersection of Homelessness, Racism, and Mental Illness. *Racism and Psychiatry,* 55-69. https://doi.org/10.1007/978-3-319-90197-8_4
[110] 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

Strategy 4.1: Ensure Racial Equity in Service Provision

As outlined in Strategy 2.7, KCRHA used 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.

Out of 472 programs identified in the October 2022 posting of the Regional Services Database,[111] 51 programs may be considered By/For programs. This means 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 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 29% of all people experiencing homelessness, per local HMIS data. 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, eight programs are designed to serve immigrants and refugees, and three 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.[112]

Over the course of community conversations that KCRHA staff hosted over the last half of 2022, particularly with the Black community, we identified a lack of stable and validated index of approaches for people of color experiencing homelessness. Instead, both nationally and locally, there are a wide range of "homegrown" community-developed approaches to ending homelessness for populations that are overrepresented.[113] These approaches include blending known evidence-based approaches with culturally specific approaches, as well as fully separate culturally specific or honed methods. In some instances, these approaches actually have

[111] KCRHA. (2022, November 18). *Regional Services Database*. Retrieved December 12, 2022, from https://kcrha.org/regional-services-database/

[112] Centers for Disease Control and Prevention. (2021, September 10). Cultural Competence in Health and Human Services. Retrieved December 27, 2022, from https://npin.cdc.gov/pages/cultural-competence

[113] One community member referred to the development of these approaches as a new form of underground railroad.

substantive differences from orthodoxies outlined in more mainstream services.[114] Because of the unwillingness of historically white-dominant systems to entertain the notion that subcultures may diverge so substantially from the mainstream that wholesale different approaches may be necessary (instead of just enhanced “cultural sensitivity” of providers), these shifts in practice have not been centrally archived or evaluated in any way that is deployable at the system level. As a result, community members were clear with KCRHA staff that before any significant steps forward could be taken in the deployment of racially equitable services, it was necessary to inventory and evaluate currently available practices that were not previously recognized by the system. Once this is completed, community members believe it is critically important to make that information available to all providers and provide support to improve upon practices that were developed by community members without system support.

[114] As noted in a previous section, people of color, particularly Black and Native American/Indigenous populations, have consistently questioned the ability of harm reduction approaches to appropriately respond to the cultural nuances that these communities have developed around substances and substance use, which is significantly different from the way white-dominant culture narrativizes and responds to substances and their use.

Strategy 4.1: 24-Month Action Plan

i. Partner with organizations that have a focus on serving historically marginalized communities to build a resource inventory of approaches and practices that have been integrated into programs and services without system support

ii. Develop evaluation tools and strategies to understand how these approaches work for historically marginalized communities, including both quantitative and qualitative approaches

iii. Develop funding opportunities for BIPOC "By and For" organizations to expand culturally relevant approaches

iv. Develop tailored approaches and pathways for immigrants and refugees who are accessing services that consider the varying levels of eligibility depending on documentation

Strategy 4.2: Improve Data Collection to Better Understand how Homelessness is Experienced by Black and African Americans, Indigenous and Native Americans, and Other Racially Marginalized Communities

Embedded racial bias in data collection is a well-documented phenomenon.[115] In recent years, there have been a number of scholarly attempts to "decolonize" data collection in order to shift the practice of research and data collection to do three things simultaneously: 1) correct datasets that serve as the historical record for how effectively the United States is responding to public health challenges created through patterns of racism; 2) elevate the voices of researchers from communities of interest; and 3) expand methodologies that allow for direct community participation in the framing, design, execution, and interpretation of research.[116] These attempts have resulted in the reemergence of action research, and in particular Community Based Participatory Research (CBPR). In this methodology, researchers recognize and affirm that community members have a right to participate in research because they:

- Are uniquely qualified and capable to investigate their lived experiences
- Should have the opportunity, as co-learners, to generate relevant knowledge and create critical awareness of collective self-reliance that are of immediate and direct benefit
- Are entitled to own the means of knowledge production and to hold the status and roles of the researcher in relation to the participants[117]

Moreover, participation by community members who experience the issue being studied can enhance the quality of the process and products of research by ensuring alignment between research and the local reality, particularly in defining the problem, adapting methodology to specific ecologies and contexts, and determining the nature of acceptable solutions.[118] KCRHA staff have successfully used CBPR methods as part of the agency's approach to the development of this plan and other key products over the course of its first year of operation. However, much of that engagement has confirmed that there is a significant need to expand the level of engagement with key communities in defining lines of inquiry and analysis of data to better understand how certain populations experience homelessness. In particular, concern has been consistently raised about the understanding of homelessness and homelessness crisis response for Black and Native American and/or Indigenous identified clients. To that end,

---

[115] Williams, D. R., & Wyatt, R. (2015). Racial Bias in Health Care and Health. *JAMA, 314*(6), 555-556. doi:10.1001/jama.2015.9260

[116] Thambinathan, V., & Kinsella, E. A. (2021). Decolonizing Methodologies in Qualitative Research: Creating Spaces for Transformative Praxis. *International Journal of Qualitative Methods,* 20. https://doi.org/10.1177/16094069211014766

[117] Viswanathan, M., Ammerman, A., Eng, E., & et al. (2004, July). *Community-based Participatory Research: Assessing the Evidence.* Retrieved December 27, 2022, from https://www.ncbi.nlm.nih.gov/sites/books/NBK37289/

[118] Ibid.

KCRHA has identified a need to dedicate focused attention to developing and deploying better data collection methodologies for these populations and other racially marginalized communities, such as immigrant and refugee populations. Importantly, these data collection improvements will need to be co-developed with community participants and providers who are members of the impacted populations. Under this strategy, KCRHA looks forward to cultivating a robust number of CBPR researchers from across the region who are able to step beyond advising research activities but are able to truly co-create and co-implement an important body of work.

Strategy 4.2: 24-Month Action Plan

i. Create an ongoing CBPR arm comprised of community members from communities most impacted by homelessness

ii. Review existing data collection practices with a lens that focuses on race

iii. Develop inquiry and evaluation methods rooted in decolonized methodology to further inform performance measurement practices, in partnership with appropriate partners

Goal 5: No Family with Children Sleeps Outside

Summary

KCRHA is committed to ending unsheltered homelessness for families and children in King County. Given dedicated research over the last 40 years, there is substantial knowledge regarding the supports that will best ensure families experiencing homelessness are able to resolve their episode of homelessness and thrive. The county's strong network of providers serving families experiencing homelessness combined with comprehensive needs assessments, increased availability of emergency housing options with onsite parenting supports, and trauma-informed services will help achieve this goal. In addition, the need for economic supports is clear, and the Authority is committed to piloting a cash transfer program for evaluation and scaling depending on successful outcomes.

Strategies for Success	How We Measure
Expand evidence-based program interventions that end family homelessness	• Completion of RFP processes to recompete existing contracts • Number of training and technical assistance consults provided to provider partners
Partner with healthcare and school systems to improve early warning systems, prevention, and wrap-around services	• Number of active formal agreements including contracts, Memorandums of Understanding, or Data Sharing Agreements with related systems
Improve coordination between homeless service providers and community supports to ensure families experiencing homelessness have rapid pathways to housing	• Number of families engaged by outreach • Number of families experiencing unsheltered homelessness • Number of families experiencing any type of homelessness • Length of time families spend unsheltered

It is also crucial to reach unstably housed families before they are forced to endure unsheltered homelessness. Through partnership with healthcare and school systems to improve the identification of unstably housed families, KCRHA can provide pathways to emergency housing and prevent unsheltered family homelessness. In addition, improving coordination between homeless service providers and other systems will be a priority. Linking families experiencing homelessness to wrap-around services for parents and to long-term supports when transitioning to permanent housing is critical.

Background

Across the national homelessness crisis response system, there has long been special attention given to families with minor children, particularly those who are quite young. This is in part due to the early dynamics around the resurgence of modern homelessness in the 1980s, which saw a rapid increase in visible family homelessness first. As a result, there has been a significant amount of research, from as early as the 1980s, looking at both the characteristics of families experiencing homelessness and the impact it has on children. Indeed, as early as 1988, researchers began to note that the vast majority of families experiencing homelessness had younger parents, often typified by single mothers who were experiencing economic hardships that significantly destabilized their ability to maintain housing.[119] Additionally, many of the children in these families had significant developmental and/or behavioral difficulties.[120] Further research has confirmed that the impact of homelessness on children can have lifelong effects due to the impact of adverse experiences on the architecture of the developing brain, which can in turn lead to significant difficulty over the course of adulthood.[121]

However, nearly 40 years of dedicated research has also produced a stable and comprehensive body of knowledge on what supports will ensure that families experiencing homelessness are able to successfully resolve their episode of homelessness and thrive. These are:

- Safe, affordable housing
- Education and employment opportunities
- Comprehensive needs assessments for all family members
- Services that incorporate trauma-informed care
- Attention to identification, prevention, and treatment of behavioral health needs for parents
- Parenting supports
- Economic supports, including cash transfer programs[122] [123]

Because of the clarity of approach and clear pathways for implementation based on local and aligned funding and national commitments to reducing the incidence of family homelessness, King County has a strong network of family homelessness providers. In fact, compared to households of adults only, homelessness services for families currently have the highest rates of success in keeping households stably housed. According to data from HMIS, families are consistently outpacing other household composition types in gaining permanent housing (71% of families compared to 57% of adult-only households and 34% of youth and young adult

[119] Bassuk, E.L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. *American Journal of Public Health*, *78*(7), 783–788. https://doi.org/10.2105/ajph.78.7.783
[120] Ibid.
[121] Bassuk, E. L., Hart, J. A., & Donovan, E. (2020). Resetting Policies to End Family Homelessness. *Annual Review of Public Health*, *41*, 247–263. https://doi.org/10.1146/annurev-publhealth-040119-094256
[122] American Institutes for Research. (2014). *America's Youngest Outcasts: A Report Card on Child Homelessness.* Retrieved December 27, 2022, from https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf
[123] Evans, W. N., Sullivan, J. X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science, 353*(6300), 694-699. doi:10.1126/science.aag0833

households) and have the lowest rates of returns to homelessness after 6 months of gaining permanent housing.[124]

However, despite this success, families with children make up 17% of people experiencing homelessness in King County. Additionally, the number of families experiencing homelessness has continued to trend upward since mid-2021.[125] In King County, there are currently 113 programs across 39 provider organizations that serve families with children, accounting for 19% of the units and 30% of the beds in shelters and housing across the region. This data suggests that boosting the capacity of emergency housing availability, providing concerted improvements to care, and increasing coordination with other systems will help rapidly move families from shelters into permanent housing and prevent families from falling into homelessness. For these reasons, and in response to clear feedback from the region, KCRHA has committed to **ending** unsheltered homelessness for families with children.

[124] KCRHA. (n.d.). *System Performance.* Retrieved December 10, 2022, from ttps://kcrha.org/data-overview/system-performance
[125] KCRHA. (n.d.). *Households Served.* Retrieved December 10, 2022, from https://kcrha.org/data-overview/households-served/

Strategy 5.1: Expand Evidence-Based Program Interventions that Prevent Family Homelessness

As outlined above, the evidence-based service approaches to ending family homelessness have been well documented for roughly 40 years. The first of these, as with any sub-population, is providing families with a safe and stable place to live while they activate the other necessary supports to resolve their episode of homelessness. To that end, the Authority has identified the need to significantly expand the number of temporary housing units available to families over the course of year. This need is broadly recognized and affirmed in Strategy 1.1 of this plan.

However, there is also a significant need to expand the services attached to these families to make certain they are successful in ending their experience of homelessness permanently, and not just exiting unsheltered homelessness. It will be essential that family-serving providers are adequately resourced to provide the levels of support necessary. In particular, the homelessness crisis response system will need to ensure that all family members receive comprehensive needs assessments at the point of entry, parents are connected to any needed behavioral health services, there are onsite parenting supports, and all services are deployed in a trauma-informed way.

Additionally, it will be critical that families be provided with additional economic resources. Recently developed interventions for homelessness include the deployment of targeted cash supports within various program models. The initial impetus for investigating the deployment of cash as a resource for homeless households came from the clear data from diversion and other early intervention economic supports that focused on rapidly stabilizing the household from an economic perspective. These cash transfers are often significantly restricted; recipients must use the cash for rent, security deposits, utility bills, or other costs directly related to housing. Additionally, these programs often pay money directly to the intended recipient, rather than putting that money into the hands of the families or individuals. A study from Chicago noted that households who received these supports were 76% less likely to need shelter services than families who did not receive supports, which saved the public systems a considerable amount of money on overall spending on supports for families.[126]

The strength of this data and other studies on cash interventions from across the world has fostered an expanded interest from policymakers in how cash transfers can be used to disrupt the course of homelessness. The two types of cash interventions deployed can broadly be classed as conditional cash transfer (CCT) programs and unconditional cash transfer (UCT) programs. CCT programs tether the transfer of dollars to some program requirement. For example, the New York City Opportunity Family Rewards program focused on providing cash assistance to households who met education-focused conditions aimed at children's school attendance and parental engagement, health-focused conditions aimed at insurance coverage and preventative medicine, and workforce-focused conditions aimed at parents sustaining

[126] Evans, W. N., Sullivan, J. X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science, 353*(6300), 694-699. doi:10.1126/science.aag0833

full-time work and completing approved education or job training activities. However, more recently there has been a shift to piloting of UCT programs that do not impose any program requirements. Noticeably, both program models provide no additional case management or other service support.

UCT programming deployed directly into the homelessness response system has shown remarkable promise. A recent Canadian study examined 115 households that received different levels of cash and service support. Findings from this study showed that on average, cash recipients moved into stable housing in three months (96 days), while participants who did not receive the transfer moved into stable housing after an average of five months (144 days).[127] This study also found that access to cash had an inverse relationship to spending on alcohol, cigarettes, and drugs, suggesting that broader economic stability correlates with reduced utilization of survival-level coping strategies. Overall spending on these items dropped by 39%.[128]

Given the strength of this data, federal, state, and local governments have all taken an interest in enhancing the connectivity of low-income families to direct cash support. Federally, the Earned Income Tax Credit and Child Tax Credit (implemented during the height of the COVID-19 pandemic) are examples of expanding unrestricted funds for families. Many studies have been conducted to determine how households have spent these unrestricted funds. In 2021, the Center on Budget and Policies Priorities found that 91% of families living on incomes below $31,000 spent their Child Tax Credit on basic necessities, food, shelter, clothing, and utilities.[129] Similarly, the national Earned Income Tax Credit provides unrestricted funds that families largely spend on basic necessities, such as shelter or food, repairs, such as home repairs or vehicle maintenance, or long-term financial planning, such as educational courses or budgeting.[130]

Washington 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.[131] 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."[132]

---

[127] Foundations for Social Change. (n.d.). *Our Impact.* Retrieved December 21, 2022, from https://forsocialchange.org/impact
[128] Ibid.
[129]Zippel, C. (2021, October 21). 9 in 10 Families With Low Incomes Are Using Child Tax Credits to Pay for Necessities, Education. Center on Budget and Policy Priorities. Retrieved December 27, 2022, from https://www.cbpp.org/blog/9-in-10-families-with-low-incomes-are-using-child-tax-credits-to-pay-for-necessities-education
[130] Burnside, A. (2020, April 15). 10 Reasons to Love the EITC. Retrieved December 27, 2022, from https://www.clasp.org/blog/10-reasons-love-eitc/#:~:text=The%20EITC%20helps%20families%20afford
[131]Heck, D. (2021). CERTIFICATION OF ENROLLMENT ENGROSSED SUBSTITUTE SENATE BILL 5092. Retrieved December 10, 2022, from https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5092-S.SL.pdf?q=20221106154849
[132] 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

On a local level, King County Councilmember Girmay Zahilay conducted a guaranteed basic income pilot study with the assistance of students from the University of Washington and two community-based organizations. This program provided $1,000 per month for 12 months to households in King County District 2.[133] The overall results of this study determined that participants broadly used the funds for "rent, bills, food, clothes, and hygiene supplies," and if there were any leftover funds, they would either start or add to existing savings accounts.[134] As a whole, participants expressed decreased levels of stress and greater ability to budget and spend time with family.

Given this level of evidence and interest across various levels of government, the Authority both affirms this body of evidence and extends the interest of government agencies. As such, the Authority will seek to explicitly add cash transfer programs to its toolkit of evidence-based strategies for ending unsheltered family homelessness.

[133] Gayton, C., Kerr, M., Quach, A., & Whitehead, D. (2022). Guaranteed basic income pilot in king county: Evaluation and policy analysis [Unpublished Master's Capstone Project]. University of Washington Evans School of Public Policy and Governance.
[134] ibid

Strategy 5.1: 24-Month Action Plan

i. Expand funding support for programs to serve families using evidence-based strategies, specifically:

- ***Connection to education and employment opportunities***
- ***Comprehensive needs assessments of all family members***
- ***Services that incorporate trauma-informed care***
- ***Attention to identification, prevention, and treatment of behavioral health needs for parents***
- ***Onsite parenting supports***

ii. Identify funding for and then implement a pilot cash transfer program for families with children for evaluation and scaling, dependent on successful outcomes

ii. Expand and implement adaptive forms of outreach to reach more families at risk of experiencing homelessness to connect them with diversion or other upstream resources that would prevent emergency housing utilization

Strategy 5.2: Partner with Healthcare and School Systems to Improve Early Warning Systems, Prevention, and Wrap-Around Services

Schools and pediatric care appointments are potential touchpoints to connect families to services, but many students and families are hesitant to ask for help because of the stigma associated with homelessness, or because they are unaware of the supports available. Many parents have expressed significant fear of being referred to child protective services (CPS) agencies if they report housing instability, or even concerns about housing instability.

In fact, a 2018 study out of Harvard University found that while the threat of CPS did not always preclude a family's willingness to seek services overall, the threat of CPS being called resulted in 57% of mothers concealing information and one of six mothers declining services, such as entering a homeless shelter, due to fear of CPS.[135] The fears mothers have of calling CPS are not unfounded. A 2016 study found that CPS referrals, even if unsustained, were positively associated with shelter entry.[136] Given the disproportionate referrals to CPS and the disproportionate impact of homelessness for Black families, this fear is likely compounded and more serious for Black households.[137]

As a result, it is critical that clinicians, educators, and their respective system administrators understand the available resources for families who are experiencing housing instability or are currently experiencing homelessness. Specifically, it is critical that they are aware of the importance of providing connections to supports and services rather than invoking a response that may end in family separation and therefore drive families to conceal their homelessness crisis for as long as possible.

For schools, the federal McKinney-Vento Act sets the baseline for school district support for children experiencing homelessness.[138] Building stronger partnerships with school districts, McKinney-Vento-funded liaisons will help ensure that children and families experiencing homelessness have information and access to the services they need. While there is no corresponding funding to create coordination across the healthcare system, it is clear that increased engagement with neighborhood health clinics and other sites of pediatric care, particularly for low-income clients, could only serve to benefit families experiencing homelessness. To that end, during KCRHA engagement sessions with family service providers and families with lived experience of homelessness, many King County community members emphasized the need for support and identification of needs for families before they become unsheltered. Many of these families may have already been formally evicted, or currently doubled or tripled up with other families in unsustainable situations, but not *yet* truly

[135] Fong, K. (2018). Concealment and Constraint: Child Protective Services Fears and Poor Mothers' Institutional Engagement. *Social Forces, 97*(4), 1785-1810.
[136] Rodriguez, J. M., & Shinn, M. (2016). Intersections of family homelessness, CPS involvement, and race in Alameda County, California. *Child Abuse & Neglect, 57,* 41-52. https://doi.org/10.1016/j.chiabu.2016.06.004
[137] Ibid.
[138] National Center for Homeless Education. (n.d.). The McKinney-Vento Homeless Assitance Act. Retrieved December 27, 2022, from https://nche.ed.gov/legislation/mckinney-vento/

unsheltered. Ending unsheltered family homelessness will require the Authority to position itself to be able to identify those families and connect them with support or a path to emergency housing *before* they are forced to endure unsheltered homelessness. Working with individuals in non-homelessness systems (child welfare, education, medical facilities) can help prevent homelessness for families or limit the transition period between services, ushering the family to housing as seamlessly as possible.

Strategy 5.2: 24-Month Action Plan

i. Strengthen partnerships between homeless service providers, KCRHA, and key staff and faculty within school districts across King County

ii. Establish data connection between homelessness system and school districts

iii. Identify clear policy and programming strategies to support families identified as experiencing homelessness by schools and connect them with the necessary supports

iv. Align strategies and initiatives with King County's Best Starts for Kids implementation plan

v. Advocate for improvements to state and federal programs that support children and families

vi. Partner with hospitals and medical facilities to develop more secure connections with pediatric and other clinical staff to support greater levels of support and connection for families

Strategy 5.3: Improve Coordination Between Homeless Service Providers and Community Supports to Ensure Families Experiencing Homelessness Have Rapid Pathways to Housing

For families experiencing homelessness, the path to stability often requires a household to move through several service providers and multiple housing programs, having an adverse impact on the entire family. This can be particularly destabilizing for young children, which imbues the experience of family homelessness with a devastating multi-generational effect.[139] To increase stability for families and ensure future generations thrive, the homelessness system must improve care coordination through each step in the process and ensure children have the appropriate support and resources to help them meet appropriate development benchmarks.

According to the National Center on Family Homelessness, an appropriate and effective homelessness response for families includes the incorporation of trauma-informed care, providing wrap-around supports for parents, including mental health support, and accounting for the developmental needs of children through transitions from shelter to permanent housing.[140] Incorporating developmentally-appropriate resources, activities, and supports can help children thrive, be resilient in facing trauma, and end the cycle of poverty and trauma. Resources such as the Harvard University Center on the Developing Child, King County's Best Starts for Kids program, and the Collaborative for Academic, Social, and Emotional Learning (CASEL) can help guide providers to identify and incorporate best practices for childhood development.

During engagement sessions with families experiencing homelessness in King County and service providers serving these families, people expressed frustration around the limitations of meeting families' needs when they transitioned between programs or systems. Particularly, providers named that families who are connected with long-term or permanent housing need additional move-in support such as furniture, landlord-relation advice, and continued wrap-around services. For emergency services, enabling families to have choices in where they stay and culturally appropriate resources, such as access to community or religious services, was a common theme among both families with lived experience and service providers. Having quiet areas for families to stay, feel safe, and take care of their unique needs has been successful across several family homelessness providers in the area.

Not all of these supports can, or should, be provided by the homelessness crisis response system. As a result, the Authority will need to assist providers and develop more robust and institutionalized connections with other community supports. While family-serving providers have incredibly robust connections at their disposal, many of these are organization- or agency-specific, and there is not a centralized way of resourcing those connections. The

[139] American Institutes for Research. (2014). *America's Youngest Outcasts: A Report Card on Child Homelessness.* Retrieved December 27, 2022, from https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf
[140] Ibid.

Authority is well positioned to support the community by providing this additional layer of support.

Strategy 5.3: 24-Month Action Plan

i. Coordinate across providers and systems to provide long-term support for families transitioning from homelessness to permanent housing

ii. Strengthen coordination between providers and other systems through regular convenings

Goal 6: Every Youth and Young Adult Has a Home

Summary

The characteristics of youth and young adult (YYA) homelessness are distinct from that of adult homelessness. It's often more hidden, and YYA have different pathways into homelessness. However, like adults, Black youth and LGBTQIA+ youth are at far greater risk of becoming homeless.

With this goal, KCRHA affirms and extends a previous, community-wide commitment by the region to end youth homelessness. Consistent with the Authority's mission and theory of change, a cross-system YYA-composed coordinating body will support collaborative partnerships between the homelessness crisis response system and providers, with systems and providers in housing, education, and child welfare, among others, to define and execute strategies to reduce and end YYA homelessness in King County.

The Authority will also develop YYA-focused emergency housing options, expand resources and supports for young people transitioning out of homelessness, and improve data collection.

Strategies for Success	How We Measure
Develop a YYA coordinating body, supported by KCRHA, to systematize cross-system alignment and strategy	• Reconstitution and ongoing operation of a Youth Action Board
Expand housing and programmatic interventions specifically developed for YYA, informed by evidence-based practices, and tied to identified housing and service gaps	• Number of YYA experiencing homelessness • Number of contracts awarded to programs focused on YYA housing • Number of contracts awarded to programs focused on YYA emergency response needs • Number of YYA service contracts that include language for healing-centered and strengths-based approach • Number of YYA service providers that receive training for this approach • YYA data from Ombuds Office and other client data sources

Background

Since 1974, when Congress first passed what is now known as the Runaway and Homeless Youth Act (RHYA), the United States has recognized the government's responsibility to effectively intervene and support young people who don't have a safe and stable home. This legislation, and a number of national initiatives rolled out through various federal agencies, provide for the basic set of services for youth who experience homelessness or are at risk of homelessness. While these efforts have demonstrated some success, they have ultimately failed to end the crisis of YYA homelessness. In recognition of this, in 2012 the United States Interagency Council on Homelessness (USICH) amended the federal strategic plan to prevent and end homelessness to include a Federal Framework to End Youth Homelessness, outlining steps to advance the goal of ending youth homelessness by 2020. However, at the time of this writing in late 2022, there has been some progress, but there remains much to be done in order to ensure that no young person experiences homelessness. please

The largest study to date on youth homelessness showed 1 in 10 young adults[141] and 1 in 30 youth[142, 143] experienced homelessness in a 12-month period. This represents well over four million young people annually who are experiencing some form of homelessness across the country. This data also produced five major findings regarding the characteristics of YYA homelessness:

1. **Youth homelessness is pervasive but often hidden**. Because youth homelessness often involves couch surfing or other forms of homelessness that are not visible "on the street," it often remains hidden in communities.
2. **Youth homelessness involves a variety of different experiences and circumstances**. Young people do not have the same pathways into homelessness as adults–they are not coming into the experience through job loss or eviction, but rather through complex dynamics that often involve the rest of their households and several other systems.
3. **Prevention and early intervention are essential.** Roughly half of the young people identified through this data came into their experience of homelessness in the same year and were also experiencing homelessness for the first time. This suggests that the number of young people experiencing homelessness could be effectively cut in half simply by timing interventions to be deployed at the onset of any housing instability, rather than later in the experience of homelessness.
4. **Homelessness is as prevalent among rural youth as it is urban youth.** While the raw numbers may be different in less densely populated communities, the prevalence (roughly 9% for young adults and roughly 4% for youth) is the same, suggesting an easy path to right-sizing solutions for each community.
5. **Some youth are at a significantly greater risk of experiencing homelessness.** As with other forms of homelessness, there are very clear patterns of risk for YYA. Some of

[141] Defined as individuals aged 18 - 25
[142] Defined as individuals aged 13 - 17
[143] Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates.* Chicago, IL: Chapin Hall at the University of Chicago.

> these risks are quite significant. For example, youth with less than a high school diploma or GED had a 346% higher risk of homelessness than their peers who completed high school. Pregnant and parenting youth had a 200% higher risk of reporting homelessness. Additionally, population-level vulnerabilities are also present in youth homelessness. Black youth had an 83% higher risk of homelessness, and LGBTQ youth reported a 120% higher risk of homelessness.[144]

Local HMIS data strongly align with these national findings. KCRHA data indicates that unaccompanied YYA make up 13% (1,213) of people accessing homelessness services in King County.[145] While census data indicate that people of color represent 35% of the general population of King County, local HMIS data show that 69% of homeless youth are people of color.[146] Similar disproportionate impact has been found within youth who identify as LGBTQIA+ (27%).[147]

Additionally, it is important to note that the experience of homelessness can have significant negative impacts on the developing brain. As noted in the section of this document focused on homelessness for families with children, there is a preponderance of evidence that concludes that negative events in childhood can lead to adverse outcomes across the lifespan.[148] Homelessness also tends to open up young people to the risk of experiencing other adverse childhood experiences (ACEs), which can in turn lead to still further risk accumulation, up to and including increased risk of early death for some.[149]

While some of this information may be quite harrowing, it also helps point the way. Given the strong national and local research base, KCRHA is confident that the region has what it takes to end homelessness for YYA. This goal also builds on previous commitments made by the region. In 2019, community leaders affirmed the importance of ending youth homelessness and pledged to use roughly $5M in federal special grants money to jumpstart an end to youth homelessness, but this effort was ultimately unsuccessful due to a variety of factors. While the Authority did not exist at the time, KCRHA staff recognize that this community-wide commitment to ending youth homelessness still exists, and for this reason, the agency affirms and extends this commitment in Goal 6.

---

[144] Ibid.
[145] KCRHA. (n.d.). *Data Overview*. Retrieved December 21, 2022, from https://kcrha.org/data-overview/
[146] United States Census Bureau. (n.d.). *QuickFacts United States.* Retrieved December 27, 2022, from https://www.census.gov/quickfacts/kingcountywashington&sa=D&source=docs&ust=1669750975923281&usg=AOvVaw1PsDfTHfs5HTSOdM4jNmXV
[147] All Home & VN Research. (2020). *Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness*. Retrieved December 12, 2022, from https://kcrha.org/wp-content/uploads/2022/05/Count-Us-In-2020-Final_7.29.2020-1.pdf
[148] American Institutes for Research. (2014). *America's Youngest Outcasts: A Report Card on Child Homelessness.* Retrieved December 27, 2022, from https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf
[149] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine, 14(*4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Strategy 6.1: Develop a YYA Coordinating Body, Supported by KCRHA, to Systematize Cross-System Alignment and Strategy

Some of the first parts of the homelessness response system to embrace the idea of more directly incorporating the voices of those with lived experience of homelessness was the youth-serving system. Beginning in the 1970s, people with significant mental health conditions and other lifelong conditions that had previously been subjected to institutionalization against their will experienced a significant expansion in their ability to organize and build political power.[150] While previous iterations of the movement had been characterized by a decidedly oppositional relationship with the biomedical mainstream, this new formation was considerably more integrated with the broader families of patients and to some degree clinicians themselves.[151] The result of this movement was the birth of the modern mental health policy architecture which prioritizes recovery over institutionalization and relies heavily on the deployment of "consumer" voice[152] and peer supports as core practice and policy features.[153] The rise of these structures within the psychiatric mainstream has had significant ripple effects across the larger human services landscape, including the homelessness crisis response system.

Beginning in the early 2000s and accelerating over that decade, communities across the country began to see significant benefit in incorporating young people into the design and implementation of programs responding to YYA homelessness. Many service providers began to cultivate groups of young people to assist in aspects of program development, often inclusive of staff hiring. This boosted the efficacy of program interventions and served as a valuable empowerment strategy to assist young people in seeing themselves as active in their own lives and communities. In time, certain communities began to create more elevated, almost entirely policy-oriented, groups of young people that could serve to inform and guide comprehensive strategies across the entire jurisdiction. This practice proved successful, and in 2016 was recognized by HUD as an essential component of a comprehensive response to YYA homelessness. HUD incorporated the requirement for the development of Youth Action Boards (YABs) into their Youth Homelessness Demonstration Project (YHDP) grant funding stream.

YABs serve an important role in program and policy development and implementation by creating a clear vehicle for the system-level recognition that YYA experience unique pathways into homelessness and require unique pathways out. Therefore, in alignment with KCRHA's overall purpose and mission and community input, a cross-systems YYA-composed

---

[150] McLean, A. (2010). The mental health consumers/survivors movement in the United States. In T. L. Scheid & T. N. Brown (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems* (pp. 461–477). Cambridge University Press.
[151] Ibid.
[152] There is a rich and significant history around this word choice within the psychiatric patient movement and its use here should be considered academic rather than ideological
[153] Ibid.

coordinating body will support collaborative partnerships between housing, employment, education, and behavioral health service providers, as well as child welfare and juvenile justice systems and service providers, to define and execute on strategies to rapidly reduce and then end YYA homelessness in the region.

Strategy 6.1: 24-Month Action Plan

i. Create and stand up a collaborative YYA Coordinating Team, hybridizing the Partnership for Zero Housing Command Center and YAB models, ensuring the team includes front-line YYA providers and YYA with lived experience

Strategy 6.2: Expand Housing and Programmatic Interventions Specifically Developed for YYA, Informed by Evidence-Based Practices, and Tied to Identified Housing and Service Gaps

To effectively end youth and young adult homelessness across the region, the Authority will need to build on the strong work of providers across the region and effectively resource them to scale to the necessary size of response to address the need in the community. In order to effectively scale a sub-system for young people, it's essential to recognize that YYA have distinct needs that are substantially different from those of their adult counterparts who are also experiencing homelessness. Additionally, YYA pathways into and through homelessness have substantive variation from those of other sub-populations. There is also substantial variation *within* the population as well. While the heterogeneity of the pathways is daunting, there has been tremendous progress in the last several years in the research base on youth homelessness from which the region can benefit. A recent sampling of 215 young people from five different counties across the United States identified a number of distinct findings regarding young people's pathways into and out of homelessness. These are:

1. Young people link the beginning of their homelessness to early family instability and disruptions of home, including entrance into foster care and family homelessness
2. Young people named factors at the individual, interpersonal, and structural levels that shaped how pathways through homelessness unfolded
3. Youth pathways through homelessness reflect geographic mobility and fluidity in sleeping arrangements
4. Youth pathways through homelessness are also characterized by significant personal losses; 35% of youth experienced the death of at least one parent or primary caregiver[154]

These themes paint a picture of young people whose lives have been deeply impacted by trauma, and as a result, the first thing that a YYA serving sub-system must be equipped to deal with complex and often family-based trauma.[155] Trauma-informed service provision must be the bare minimum. Services for YYA need to be oriented toward creating healing environments that will promote resiliency and assist young people in navigating their next steps successfully. This means providing significant training to YYA-serving staff and programs and ensuring that those programs have appropriate pathways to connect young people with developmentally appropriate behavioral health resources as needed.

Indeed, these themes also indicate that *all* programming deployed for YYA needs to be geared to applying appropriate developmental lenses to program practices and rules of participation.[156]

[154] Samuels, G. M., Cerven, C., Curry, S., Robinson, S. R., & Patel, S. (2019). *Missed opportunities in youth pathways through homelessness.* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved December 27, 2022, from https://www.chapinhall.org/wp-content/uploads/ChapinHall_VoYC_Youth-Pathways-FINAL.pdf
[155] Ibid.
[156] Ibid.

The literature on cognitive development in YYA is extensive, and much of it affirms what young people and service providers have said anecdotally for many years: the majority of the homelessness system approaches YYA as "little adults" instead of as a distinct sub-population with their own developmentally appropriate needs. Young people often report that program rules are extremely restrictive or don't conform with other developmentally appropriate obligations they have like school, job training, or part-time employment. While many individual and combined factors contribute to ongoing homelessness, lack of perceived belonging, connectivity, and cultural sensitivity overwhelmingly impact youth success. Findings suggest that young people's experience of homeless service agencies is impacted primarily by "agency climate, interpersonal interactions, and opportunities for growth," as opposed to "material goods, services, or other resources."[157] As a result, all programs serving youth must be geared toward relationships that will assist in fostering long-term independence through positive youth development and strengths-based approaches.

Programs and system policy also need to fully match the fluidity of the homelessness experience for YYA.[158] Young people experience unsheltered homelessness significantly less than their older counterparts; they are more likely to be "hidden," often couch surfing, engaging in survival sex, or other strategies necessary to remain inside. In fact, 93% of young people experiencing homelessness couch surfed for an extended period or over multiple periods.[159] This also often leads young people to move more fluidly across jurisdictional boundaries in search of an identified support, if even for only a few days. Because of this, programs that have rigid enrollment criteria cannot provide support across jurisdictional borders or are simply not geared to maintain contact with more mobile populations. As a result, they are less likely to be successful for young people. Additionally, young people are likely to be touching multiple service streams, particularly the child welfare system. Because of this, the system will need to identify ways to share data across service systems *and* geographies in order to provide continuity of high-quality services for young people.

Finally, it is also extremely important that the homelessness crisis response system coordinate much more closely with the child welfare system. As has been noted repeatedly in the literature, many young people who experience homelessness spend time in foster care.[160] [161] As with most dimensions of youth homelessness, there are multiple pathways from foster care to homelessness. However, in most instances, young people who have spent time in foster care have poorer outcomes than young people with no child welfare system engagement. Young people with histories of foster care are more likely to have spent time in juvenile detention, jail, or prison; more likely to be unsheltered; and *less* likely to be working or in school.[162] These

[157] Heinze, H. J., Hernandez Jozefowicz, D. M., & Toroc, P. A. (2010). Taking the youth perspective: Assessment of program characteristics that promote positive development in homeless and at-risk youth. *Children and Youth Services Review, 32*(10), 1365-1372. https://doi.org/10.1016/j.childyouth.2010.06.004
[158] Ibid.
[159] Ibid.
[160] Ibid.
[161] Dworsky, A., Gitlow, E., Horwitz, B., & Samuels, G.M. (2019). *Missed opportunities: Pathways from foster care to youth homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.
[162] Ibid.

young people are also disproportionately Black or African American.[163] For these reasons, successful partnership with the child welfare system is essential for effective prevention activities and to resolve the experience of homelessness for young people today. Across child welfare systems, and really across any YYA-focused system, KCRHA will look to partner, develop, and implement plans that identify youth at risk of homelessness or housing instability and initiate service referrals – an identified best practice.[164]

Finally, KCRHA will be looking to develop and/or expand YYA-focused emergency housing options to provide young people with stable places to live as they transition to permanent housing.

[163] Wulczyn, F., Gibbons, R., Snowden, L., & Lery, B. (2013). Poverty, social disadvantage, and the black/white placement gap. *Children and Youth Services Review, 35*(1), 65–74. https://psycnet.apa.org/doi/10.1016/j.childyouth.2012.10.005
[164] Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates.* Chicago, IL: Chapin Hall at the University of Chicago.

Strategy 6.2: 24-Month Action Plan

i. Improve data collection to inform current system modeling and cost analysis of what's needed to end YYA homelessness

ii. Create strong connections with other systems, particularly the child welfare system, to create proactive connections for youth exiting foster care or other youth-serving government funded programs or settings

iii. Design programs, policies, and practices in partnership with young people to cultivate a strong sense of self-efficacy and belonging through the application and standardization of the Positive Youth Development (PYD) framework

iv. Integrate a healing-centered and strengths-based approach into all programs, policies, and practices

v. Expand resources and efforts for young people transitioning out of homelessness to fully integrate and participate in the mainstream community

Goal 7: The Region Acts as One to Address Homelessness

Summary

Fragmentation of the homeless crisis response system has been one of King County's most persistent barriers to achieving meaningful progress. KCRHA will work to align available public resources to focus on achieving the same goals with the same metrics of success, and to implement uniform contract standards through which the funding will flow. These steps will create significant efficiencies and coordination.

As the pathway to temporary and permanent housing, Coordinated Entry (CE) is the functional underpinning of the homeless response system, and while some progress has been made to date, more needs to be done. KCRHA will work to ensure that CE matches clients to the right settings and prioritizes them based on the most urgent needs, maintains an accurate and live inventory of all publicly funded housing and shelter in the region, and imposes as little administrative burden as possible on the providers.

Finally, developing coordinated Sub-Regional Implementation Plans is an integral component of KCRHA's efforts to meet the goals set forth in this Five-Year Plan. The Authority will build them based on the seven goals set forth in this document, with the intent of setting up the seven subregions to take meaningful action toward these goals.

Strategies for Success	How We Measure
Partner with all 39 cities in King County to consolidate and streamline funding for homelessness services	• Number of Interlocal Agreements out of the seven sub-regions
Coordinated entry serves as the foundational pathway for temporary and permanent housing connections	• Number of households placed into housing through CE • Number of housing resources with successful move-ins through CE • Percentage of permanent housing units in the system filled through CE
Develop coordinated Sub-Regional Implementation Plans informed by the unique characteristics of communities	• Completion of the seven sub-regional implementation plans • Number of sub-regional implementation plans that are affirmed by sub-regional bodies • Number of sub-regional implementation plans that are affirmed by Sound Cities Association Public Issues Committee

Background

As noted in multiple reports over the last several years, the fragmentation of the homelessness response has been one of the region's most significant and most consistent barriers to achieving meaningful progress. [165, 166, 167] Indeed, in identifying the need for a regionalized approach, the National Innovation Service noted in its 2018 report that "[i]n order to effectively streamline policy-making, funding, and program management, the region must consolidate the core functions of the homeless services system into one joint, regional authority."[168]

For the Authority to truly be successful in actualizing the promise embedded in its architecture, KCRHA must continue to unify the region so that the work of the Authority truly represents the will and financial investment of all 39 cities and King County, effectively coordinated for maximum impact, and focused on ending homelessness.

[165] Poppe, B., & associates. (2016, August 15). *Recommendations for the City of Seattle's Homeless Investment Policy: The Path Forward – Act Now, Act Strategically, and Act Decisively. Retrieved* from https://static1.squarespace.com/static/53206c76e4b0da7cd7fb97f6/t/57f39220cd0f68202b3705ba/1475580452747/Seattle+BPA+Final+Report+8.15.16.pdf

[166] Anderson, J., Ko, M., Zadeh, K., & Thompson, B. (2018, May 1). Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response. Retrieved December 27, 2022, from https://kingcounty.gov/~/media/depts/auditor/new-web-docs/2018/homeless-2018/2018-homeless-rpt.ashx?la=en

[167] National Innovation Service. (2018). Actions. Retrieved December 27, 2022, from https://hrs.kc.nis.us/actions/

[168] Ibid.

Strategy 7.1: Partner with All 39 Cities in King County to Consolidate and Streamline Funding for Homelessness Services

Based on KCRHA administrative analysis of spending in King County, 18 jurisdictions separately fund homelessness service providers. The contribution of local funding to these services is critical, and the region already benefits from these jurisdictions that have stepped forward to support their local communities in this way. However, in order to maximize impact, it will be important to leverage a collective impact strategy regarding homelessness funding. Aligning public resources to be universally focused on achieving the same goals, with the same metrics of success, and flowing through uniform contract standards will create significant efficiencies and coordination and was included as a goal in the Authority's founding legislation. The effect is to reduce administrative burden on service providers, ensure consistency across providers and across local jurisdictions, and better manage public funds.

Additionally, it will be important to work with jurisdictions that are not currently funding homelessness response but are impacted by homelessness to assess how they might participate in the implementation of the sub-regional strategy they will benefit from. Ultimately *all* 39 cities in King County must align and act as one to end homelessness, through the vehicle of the KCRHA.

Strategy 7.1: 24-Month Action Plan

i. Sign sub-regional agreements with all seven defined King County sub-regions, and the communities within them, to pool funding for homelessness services

ii. Consolidate all regional severe weather emergency response functions for those living unsheltered to support a centralized response

Strategy 7.2: Coordinated Entry serves as the Foundational Pathway for Temporary and Permanent Housing Connections

In recognition of the scarcity of resources dedicated to assisting those experiencing homelessness and the importance of making the most effective use of them, HUD requires that any CoC "establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services."[169] HUD also provides general guidance on criteria for effective CE processes, including that people with highest needs receive priority, is low barrier and Housing First, provides fair and equal access, deploys standardized assessment, and fully covers the entirety of the jurisdiction.[170]

While the fundamentals of this policy are coherent and sound, the implementation has been nationally and locally difficult. CE systems nationally almost uniformly adopted a tool heavily pushed by national consulting firms, the VI-SPDAT. Providers and advocates almost immediately cried foul, noting that the tool seemed to produce remarkably different results regarding who was prioritized for resources and noted that it seemed to strongly skew resources toward white people. They were correct. Subsequent research conducted in four communities, including King County, using the VI-SPDAT or tools based on the VI-SPDAT, confirmed that BIPOC clients received statistically significantly lower prioritization scores than their white counterparts and that most sub-scales of the tool were tilted toward capturing vulnerabilities that white clients were more likely to endorse.[171]

The COVID-19 pandemic provided the jurisdiction an opportunity to move away from the VI-SPDAT and implement a new approach, which immediately began producing more equitable outcomes. This prioritization method was considered interim until earlier this year, when KCRHA finalized a permanent policy shifting CE methodology permanently.

Despite these positive developments, much remains to be done to improve upon CE so that it can best serve the community. These tasks can be loosely categorized as three bodies of work:

1. Ensuring that CE can appropriately *match* clients to the right settings, as well as prioritize them based on urgent need.
2. Ensuring that CE can manage real-time bed availability across the entire system, inclusive of both permanent *and* temporary solutions (including shelter, emergency housing, or safe parking).
3. Ensuring that CE can perform these functions with as little administrative burden for provider partners as possible.

---

[169] Legal Information Institute. (n.d.) *24 CFR § 578.7, Responsibilities of the Continuum of Care.* Retrieved December 27, 2022, from https://www.law.cornell.edu/cfr/text/24/578.7

[170] HUD Exchange. (2015, February). *Coordinated Entry Policy Brief.* Retrieved December 27, 2022, from https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/

[171] Wilkey, C., Donegan, R., Yampolskaya, S., & Cannon, R. (2019). *Coordinated Entry Systems: Racial Equity Analysis of Assessment Data.* Retrieved December 27, 2002, from https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

This strategy affirms the positive growth of CE but recognizes the significant body of work that needs to be done in order for it to fulfill its mandate. Over the course of the implementation of this strategic plan, CE must become the functional underpinning of the homeless response system as a whole by ensuring adherence to the principles of equity, transparency, consistency, and efficiency.

Strategy 7.2: 24-Month Action Plan

i. Create an accurate and live inventory of all publicly funded homeless housing and shelter projects in the region

ii. Develop processes to ensure those units are filled through CE

ii. Develop by-name-lists for each household type (family, single adult, young adult)

iii. Implement effective CE compliance mechanisms for all CoC housing projects

iv. Support opportunities for people with lived experience to give feedback on the CE processes

v. Continue a process of iterative improvement utilizing administrative data for CE prioritization

Strategy 7.3: Develop Coordinated Sub-Regional Implementation Plans Informed by the Unique Characteristics of Communities Across King County

King County is a diverse community in every sense. It is roughly twice the size of the average county in the United States and is the 13th-most populous county in the nation. In a geographic sense, the lived experience of someone in Auburn is very different from someone in Bellevue. Every community has varying demographics, needs, and assets when it comes to the homelessness crisis. The need for sub-regional planning in response to that level of variation has been identified by partners throughout the region, particularly the Sound Cities Association member cities, throughout both the development of the Regional Action Framework and the ILA establishing the KCRHA. In response to that feedback, the ILA requires the Authority to "[v]alue distinctions in local context, needs and priorities through effective Sub-Regional Planning Activity; provide capacity to work with stakeholders from geographically diverse parts of the region to analyze, identify, and implement priority services distinct to those sub-regions."[172]

To activate this requirement, in June 2021 Authority staff began an unprecedented sub-regional planning effort around homelessness services and provision. While sub-regional planning is required by the KCRHA ILA, the details of planning are appropriately left to Authority staff. Through robust engagement with local governments and service providers across the county, the KCRHA team now defines sub-regional planning as the following:

Sub-regional planning is the process of and commitment to ongoing equitable engagement with stakeholders within each of the seven identified sub-regions in King County to understand the distinct sub-regional assets, service landscape, gaps and needs, and overall experiences people are having with our homelessness service response system. Embedded within communities across the region, the sub-regional planning team works diligently to uplift perspectives and expertise within each sub-region. The team also works to make sure there is an ongoing evaluation of participation and feedback opportunities that support the goals of equity and transparency. This means ensuring community members with lived experience of homelessness, as well as Black, Indigenous, immigrant and refugee, disabled, LGBTQIA2S+, and other marginalized community perspectives, are intentionally included as key collaborators in sub-regional planning work. Sub-regional planning work informs KCRHA strategic planning, including the plan required by the ILA, as well as organizational operations.[173]

In order to activate this definition, it was also necessary for the Authority to articulate subregions. King County is remarkable in that it spans some of the most populous urban areas of the country, while also having significant rural areas. There is always a challenge drawing

[172] 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

[173] Barbour, E. & Teitz, M. (2001, May). *A Framework for Collaborative Regional Decision- Making.* Retrieved December 27, 2022, from http://libraryarchives.metro.net/DPGTL/ppic-public-policy-institute-in-california/2001-framework-for-collaborative-regional-decision-making.pdf

invisible lines within jurisdictions and areas of the county, but it was the intent of staff to base these distinctions on how individuals experiencing homelessness or at risk of experiencing homelessness are accessing services. Throughout this work, staff have identified service hub areas. When someone is experiencing homelessness and is attempting to stay within their home community, they will often access services that are in physical proximity to them. For example, someone who is a Kenmore resident who experiences homelessness may try to access the enhanced shelter in Shoreline, before traveling to another area of the county, like Seattle-Metro. These identified hubs became the basis for the sub-regions. Finally, in identifying the sub-regions, KCRHA staff, in collaboration with policy staff from all 39 jurisdictions, identified that in some instances a jurisdiction may fall within multiple sub-regions. As a result, some jurisdictions are listed twice, in favor of a blurred structure that is closer to lived experience, proximity, and cultural resonance, rather than the creation of a false and distorting order that ultimately does not reflect the work that needs to be done.

The sub-regions are defined as the following:

North King County: Shoreline, Lake Forest Park, Bothell, Kenmore, Lake City, Woodinville
East King County: Kirkland, Redmond, Bellevue, Mercer Island, Sammamish, Beaux Arts Village, Clyde Hill, Hunts Point, Medina, Yarrow Point, Woodinville, Issaquah, Bear Creek (unincorporated)
Snoqualmie Valley: North Bend, Snoqualmie, Carnation, Duvall, Fall City (unincorporated), Issaquah
South King County: Tukwila, Burien, Renton, Kent, Auburn, Seatac, Federal Way, Pacific, Algona, Normandy Park, Des Moines, Newcastle, Fairwood (unincorporated), East Federal Way (unincorporated)
Urban Unincorporated King County: Skyway, White Center
South East King County: Maple Valley, Black Diamond, Enumclaw, Covington
Seattle Metro: Seattle, Vashon-Maury Island

Sub-regional planning also helps identify common needs across the *entire* county, such as a desire for more technical assistance and training. Through this work we can create tailored and nuanced plans that integrate into the sub-regional communities, while also identifying what work might benefit from centralized administration.

We identified six key components of sub-regional plans:

1. An accurate landscape analysis of services available to people experiencing or at risk of experiencing homelessness
2. Description of investments/funding into service response
3. Narrative/qualitative data about lived experiences navigating homelessness in that sub-region
4. Identified gaps and needs around services
5. Clear action steps for stakeholders
6. Timelines

In October 2022, the Sub-Regional Planning Team completed the first key component: an accurate landscape of *all* services focused on people experiencing homelessness in the county. To make this information publicly available, the Authority published the Regional Services Database. The database includes information about hundreds of programs across King County and is designed as a tool for service providers, partners, policymakers, advocates, regional leaders, and the many people in our community who are dedicated to solving homelessness. This marks the first time all this information has been collected in one place, validated by service provider partners, and is searchable by type of service and location.

The team has also worked collaboratively with city partners to identify levels and types of local investments into homelessness response; to date, the partners have identified 18 jurisdictions that fund local homelessness service providers, and the aggregate sum of their investment amounts to roughly $14 million.

Moving forward, Sub-Regional Implementation Plans will be directly built from the goals set forth in this Five-Year Plan to enable sub-regions to take meaningful action on the goals outlined in this strategic plan.

Strategy 7.3: 24-Month Action Plan

i. Refine, maintain, and update the Regional Services Database of all homelessness programs within King County to support data-driven planning

ii. 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

iii. Partner with sub-regional collaborative coalitions and local jurisdictions to develop and garner local support for sub-regional implementation plans

[THIS PAGE LEFT INTENTIONALLY BLANK]