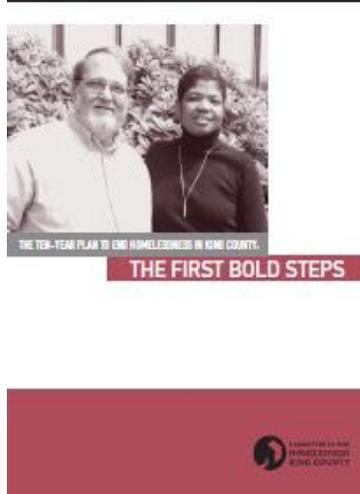


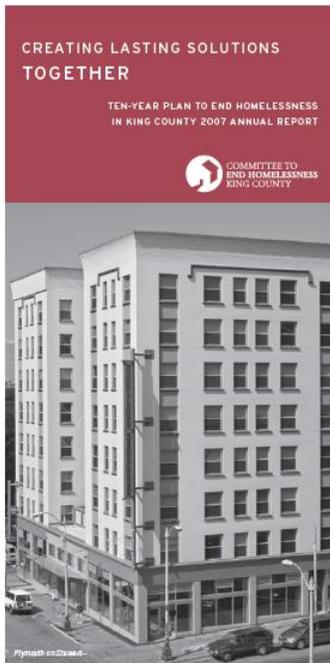
**July 2005 Launch  
A ROOF OVER EVERY BED  
IN KING COUNTY**



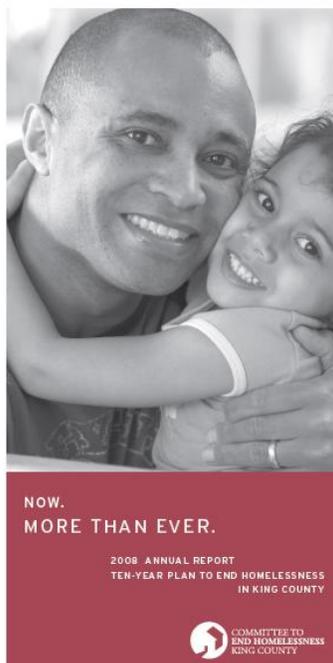
**2005 Annual Report  
THE FIRST BOLD STEPS**



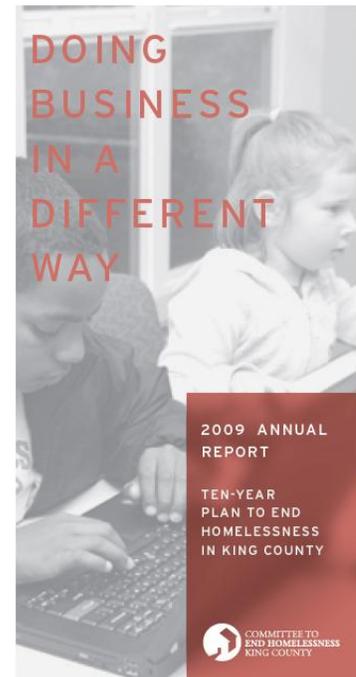
**2006 Annual Report  
IT ALL STARTS AT HOME**



**2007 Annual Report  
CREATING LASTING  
SOLUTIONS. TOGETHER.**



**2008 Annual Report  
NOW.  
MORE THAN EVER.**



**2009 Annual Report  
DOING BUSINESS IN A  
DIFFERENT WAY**



**COMMITTEE TO  
END HOMELESSNESS  
KING COUNTY**

**MID-PLAN REVIEW REPORT  
MOVING FORWARD**

## ACKNOWLEDGMENTS

The Committee to End Homelessness (CEH) wishes to acknowledge all those who participated in the conversations and discussions that helped shape this document and the key policy discussions that took place over the course of the two-day charrette process. Most especially, CEH wishes to thank the Corporation for Supportive Housing (CSH) for their consulting and research services, the Mid-Plan Review Steering Committee and local and national experts for their expertise, time and energy throughout the Mid-Plan Review. It has been an extraordinary learning experience.

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## I. EXECUTIVE SUMMARY

The Ten Year Plan to End Homelessness in King County, introduced in March 2005, set ambitious goals, including increasing housing for homeless people by 9,500 units in 10 years and realigning the homelessness system and related systems such as criminal justice and foster care. Even as we struggle with a prolonged recession, a review of the goals and achievements under the Plan to date shows major achievements.

Every year since the Plan's implementation, nearly 3,500 households have been helped to permanent housing, equaling more than 18,000 households in total between 2005 and 2010. Some households found housing through traditional paths, but many found it through systems changes created under the auspices of the Plan:

- Use of evidence-based practices when developing prevention, rapid rehousing, permanent supportive housing, and multiple innovative service and housing models to help people exit homelessness
- Housing First that recognizes the need to rapidly house everyone, rather than wait for 'housing readiness'
- Funding of over 4,500 units of Permanent Supportive Housing (PSH) through a cross-jurisdictional coordinated funding process
- Coordinated entry to newly created PSH units for vulnerable, homeless individuals
- Implementation of a Landlord Liaison Project that has substantially increased access to private market rentals
- Diversion programs that interrupt the institutional circuit of jails and psychiatric hospitals
- A highly functional Funder's Group that issues a consolidated Notice of Funding Availability which, in 2010, included 22 different resources totaling \$56 million.

While numerous dedicated and knowledgeable people using very specific strategies made the changes that were needed, none of it could have happened without the overarching framework of the Ten-Year Plan. The implementation of the Plan through the Governing Board, the Interagency Council (IAC), the Consumer Advisory Council (CAC), the Funder's Group (TFG) and multiple subcommittees and workgroups has sustained the interest and commitment of government, non-profits, foundations and the community well beyond the initial release.

These wins should be celebrated. A tremendous amount of personal, political and financial capital went into creating this level of success. Few communities with Ten-Year Plans have achieved as much at this point in the process.

That said, we must ask ourselves, why are there still so many homeless people? And, more important, what do we need to do differently to achieve our goal of ending homelessness by 2015?

One new circumstance coloring our efforts and results is the current recession, which is far beyond anything anticipated in 2005. Its effects are substantial, from reduced employment opportunities and family stability to deep cuts in housing and human services funding at the federal and state levels. Ending homelessness will be extremely difficult without restoration of the federal and state cuts, and a return of federal investment in housing supports to the levels, proportionate to the need, that existed in the 1960s and 1970s. Strong federal and state advocacy is therefore needed. Until that level of re-investment occurs, certain local programs can help defray some of these cuts and create some opportunities in the private market, but the ability to overcome those cuts is well beyond the level of power that the Committee to End Homelessness (CEH) currently wields. Part II reviews briefly what has changed in our community since the start of the Plan.

We must not, however, let the recession serve as an excuse or derail our efforts. In late 2010, just over half way through the Ten Year Plan, the governing bodies of the Committee to End Homelessness

embarked on a Mid-Plan Review. This review included a revisiting of the original goals and a broad evaluation of successes and shortfalls in meeting those goals, focused on six key areas: Governance; Prevention; Housing and Services; System Change; Integration with Other Systems; and Political Will. This review is reflected in Part III.

Through a process of engagement of CEH governing bodies, community meetings and assistance from the Corporation for Supportive Housing (CSH), we identified certain “consensus” initiatives that should be pursued in the second half of the Plan. We also developed six areas that needed additional input from national and local experts and our community partners, and explored those issues in an intensive, week-long charrette process led by CSH. A description of the charrette process and the recommendations that resulted can be found at <http://www.cehkc.org/MidPlanReview.aspx>. For information about the Corporation for Supportive Housing, see [www.csh.org](http://www.csh.org).

Combining the “consensus initiatives” and the teachings from the charrette, the recommendations for action going forward fall into three broad categories.

First, there are the overarching, and closely linked priorities of **Performance Measures and Accountability** (including responding to the HEARTH Act); continued **Production of Housing and Services**; and maintenance and enhancement of **Political Will**. The actions we need to take in these areas are the subject of Part IV.

Second, there are opportunities that arise because of changes or initiatives at the federal level: the **Affordable Care Act (Health Care Reform)**, which could dramatically change how we address homelessness; the **National Strategic Plan to Prevent and End Homelessness**; and the **Five Year Plan to End Veterans Homelessness**. The ways in which these will inform the coming years are addressed in Part V.

Finally, there are the system changes, either building on existing work or by way of new initiatives, that we must make if we are to achieve our goal: completing the **Homeless Families Initiative**; revising **Emergency Housing for Single Adults** so that it becomes a path to housing; better addressing **Homeless Youth and Young Adults**; creating better systems to address **Immigrant and Refugee Communities**; and engaging other systems in **System Level Prevention**. See Part VI below.

A summary version of the recommendations in Parts IV, V and VI is set forth in Appendix A hereto.

Even as we commit to implementing these essential new initiatives, several questions remain under discussion, principally whether to reset our timelines to align with the National Strategic Plan to Prevent and End Homelessness, and how to structure our efforts to best engage the knowledge, wisdom and influence of the Governing Board. These discussions will continue concurrently with implementation of Mid-Plan Review recommendations.

The way will not be easy, but we know what to do and how to do it. We have seen our point-in-time homeless count drop in each of the last two years – even in the face of a massive recession. It will take new investments, but we have shown that those investments save money and create healthier communities. It will take re-aligning existing funding in accordance with the teachings that our data system provides, and holding accountable all parts of the system, funders and providers alike. It will take cooperation across systems, something that we are increasingly seeing in our region in unprecedented ways.

Ending homelessness can be done, and it must be done. This is the roadmap for completing that journey.

**II. OUR COMMUNITY, THEN AND NOW**

*2005 – A Strong Economic Outlook*

When our community adopted the Ten Year Plan to End Homelessness in 2005, the economic outlook was optimistic. Unemployment was at 4.9 percent and the stock market was recovering from the dot com bust of 2002. The subsequent three years saw an economic boom, driven by what we now know to have been a housing price bubble of historic proportions. With good times came a willingness to invest in the task of ending homelessness. The Washington State Housing Trust Fund was funded at a historic high of \$200 million in the 2007-08 biennium, voters approved the King County Veterans and Human Services Levy and renewed the Seattle Low Income Housing Levy, the state legislature approved three successive real estate document recording fees dedicated to ending homelessness, and the King County Council adopted the Mental Illness and Drug Dependency treatment sales tax.

*2011 – A Very Different Landscape*

Much has changed from the economic boom years of 2005-2008. Statewide, children identified by the school system as homeless grew by thirty percent from the 2006-2007 to the 2009-2010 academic year, from 16,853 to 21,826 students, although in the King County region the number increased only six percent (3,414 to 3,620 students), which may be a result of under-reporting among families and schools.

The percentage of renters paying more than 30 percent of their income for rent has dipped a statistically insignificant two percent, but remains extremely high at 45 percent of all renters. Rents are down from their 2008 peak, although they are now again rising, and the concessions offered in the past few years are disappearing. The “rental wage” (the wage that a person needs to earn to afford a median rate rental while not paying more than 30 percent of their income for rent) remains more than double the minimum wage.

Perhaps even more important than the personal stress and vulnerability caused by high unemployment and the gap between housing costs and entry-level wages, the recession has stripped revenue at every level of government. Some of the gaps between revenue and need were temporarily filled by federal stimulus spending, but that aid is expiring. More alarming, the U.S. House of Representatives is pushing for massive additional cuts (proposing, for example, to cut the HUD budget by 27 percent). The State of Washington faces a \$5 billion deficit in the 2011-2013 biennium. Local governments are facing similar pressures, and although they have worked hard to maintain social supports, King County spends very limited general fund dollars on human services, relying extensively on the very important Veterans and Human Services Levy and the Mental Illness and Drug Dependency treatment sales tax.

**2011 is a very different landscape from when the Ten-Year Plan was launched**

- Unemployment in January 2011 was 8.4 percent, compared to 4.9 percent in 2005.
- There were 928 foreclosures filed in King County in January 2011, 326 percent higher than in January 2005.
- In 2010, 2-1-1 (the Community Information Line) received 13,750 requests for utility assistance, a 40 percent increase from 2007. Calls for rent assistance increased 78 percent in the same period, from 9,055 to 16,108 calls.
- The Washington Basic Food program (food stamps) caseload grew by 95 percent between October 2007 and April 2010, from 45,586 to 88,873 clients.

In short, we are in a time of increasing need and decreasing resources. This is a challenge indeed. What we must keep in mind, however, is that the cost of not ending homelessness is far greater. We know we can make a difference. We know we are making a difference. Even in these hard times, our annual count of those on the street and in emergency shelter has dropped 4 percent in each of the past two years, a time when many other major metropolitan areas saw their homeless census rise between 10 and 30 percent.

**III. TEN-YEAR PLAN GOALS, ACCOMPLISHMENTS AND SHORTCOMINGS – LANDSCAPE ASSESSMENT**

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Major accomplishments in the first five years of the Ten-Year Plan include:

- Prevented homelessness for over 18,500 people (more than 5,500 households) through emergency assistance programs throughout the county
- Helped more than 30,000 individuals in over 18,000 households to leave homelessness
- Added 3,720 new housing units or dedicated subsidies to our housing inventory with another 793 in the pipeline and set to open in 2012 and 2013, and linked that housing to the services these new residents need to stay housed and maximize their self-sufficiency
- Between 2005 and 2011, secured over \$105 million in new public, private, state and local funding to provide housing and supportive services to individuals and families countywide
- Formed the Funders Group, comprised of all the major funders committed to ending homelessness, to align our resources and strategies and streamline the process for agencies to apply for funding. In 2011 the Funders Group received a “Top 25 Innovations in Government” award from the Ash Center for Democratic Governance and Innovation at Harvard’s prestigious Kennedy School of Government
- Proven the effectiveness of our work in nationally acclaimed studies such as the Journal of American Medical Association article on Housing First and 1811 Eastlake
- Reduced the point-in-time count of people on the streets and in emergency shelter by 4 percent in each of the last two consecutive years, at a time when many major cities have seen their one night count rise due to the economic recession
- Created system-wide coordinated entry into programs for chronically homeless individuals
- Enhanced the public’s awareness of homelessness.

A brief scorecard with the original goals of the Ten Year Plan, together with an evaluation of how we have done follows.

KING COUNTY TEN-YEAR PLAN TO END HOMELESSNESS – Mid-Plan Review

**A Roof Over Every Bed: Our Community’s Ten-Year Plan to End Homelessness in King County**

**SCORECARD**

Timeline	Objective	Measure	Achievements	Rating/Challenges
Year 1  2005	A leadership structure is created to implement and monitor the Plan.	Governing Board, Interagency Council, Consumer Advisory Council, and subcommittees meeting regularly.	Leadership and implementation structure in place, enhanced by creation of The Funders Group.	The Funders Group provides an extraordinary level of regional coordination. The challenge will be to keep the other CEH entities involved and engaged in decision-making.
	Housing providers and funders begin to incorporate plan objectives into their programs.	Local Request for Proposals (RFP) and other funding opportunities aligned with priorities of the 10YP. Providers are beginning to incorporate elements of 10YP methodology and strategies (i.e. Housing First) within their program models.	Combined RFP for Permanent Supportive Housing and robust housing development pipeline for vulnerable and chronic homeless populations. Majority of providers embrace “housing first”.	Many of the 10YP strategies are now well-integrated in our system. The Mid-Plan Review has worked to identify missing strategies as well as that need to be re-examined or changed.
	Community becomes better educated on the 10YP and homelessness issues.	Articles and media attention, community presentations, website development, etc. Community survey initiated.	High level of community knowledge and press coverage. Survey showed overwhelming support to begin efforts to create housing to end homelessness.	Surveys continue to show strong community support for the principle of ending homelessness, and the first five years saw substantial new investments. Maintaining and increasing political will, prevent funding cuts, and complete the job, is a major challenge.
Years 2 – 5  2006 through 2009	Affordable housing is built or acquired so that people quickly move from homelessness into long-term housing with appropriate supportive services.	1,000 new units by year 5. 25 percent reduction in the number of homeless (verified by One Night Count – ONC).	Housing production exceeded the goal by 2,700 units (3,720 open). In addition, there are 793 in the housing pipeline, for a total of 48 percent of the overall plan. ONC has fluctuated, but is trending downward (4.1 percent decrease 2010, and 4 percent decrease 2011).	Housing production focused on those who need service-enriched housing, has been impressive by any standard. Two challenges remain: first, to turn the service-enriched housing into a greater decrease in homelessness; and second, to create affordable housing opportunities that prevent and end economic homelessness among the working poor.
	New methods ensure people leaving jails, prisons, hospitals or substance use, mental health facilities and other systems are not released onto the streets.	Discharge policies in place and in use by multiple institutions (jail, foster care, hospitals, sobering centers, others). Housing and supportive services available to participants upon discharge.	Multiple programs have helped create more supportive housing opportunities for individuals who cycle through institutional settings, reducing hospital and jail recidivism. Jail Discharge Planners added. Foster Care to 21 pilot project created.	We have many pilots that have proven extremely effective. The challenge is to create the level of investment needed to bring those benefits to everyone being discharged from institutional settings, and to persuade the other systems to contribute.

## KING COUNTY TEN-YEAR PLAN TO END HOMELESSNESS – Mid-Plan Review

Timeline	Objective	Measure	Achievements	Rating/Challenges
Years 2 – 5  2006 through 2009	Pilot projects underway to link clients to appropriate supportive social services and track their progress.	Projects / Memorandum of Understanding(s) established: <ul style="list-style-type: none"> <li>• Coordinated Services</li> <li>• Outreach &amp; Engagement</li> <li>• Eligibility processes streamlined</li> <li>• Data elements identified and tracked</li> </ul>	Achieved coordinated entry for vulnerable homeless adults. Coordinated entry for families beginning implementation in 2011.	We have begun coordinated entry for two populations, but it does not yet exist for non-chronic single adults or youth, and HMIS is only beginning to be able to track results.
	Strategies to address the disproportionate impact of homelessness on people of color are implemented.	Community priorities address disproportionality. Percent of homeless who are people of color is more in line with community demographics.	More emphasis on cultural competence in grading funding applications; funding for culturally focused programs.	We have begun to demand a higher level of true cultural competence, but culturally-focused agencies report challenges responding to complex funding applications and racial disproportionality among the homeless population remains high. In addition, many refugee and immigrant populations report great difficulty accessing our systems.
	Existing funds are realigned and new fund sources are identified to support effective programs.	RFP and funding priorities are coordinated across jurisdictions. New fund sources identified, developed and in use.	Joint Notice of Funding Availability (NOFA) a national model. New funding secured: Veterans and Human Services Levy, document recording fees and Mental Illness and Drug Dependency Sales Tax.	Coordination of existing funding is extremely effective; challenge is to next coordinate more closely with “mainstream” systems and obtain joint funding and contributions from them.
Years 6 – 10  2010 through 2014	Participating organizations continue to learn from Year 1-5 progress and bolster system successes.	9,500 units of housing secured. Continued implementation of best practices.	On track for achieving this goal	The number of units may be met, but unless the overall societal disconnect between housing cost and wages is addressed, economic homelessness will increase.
	Outreach and engagement teams identify people who are homeless and help move them into housing.	98 percent reduction in the number of homeless (verified by One Night Count). Shortened periods of homelessness measured through shortened shelter stays.	In light of the recession, this will be extremely difficult to meet in the time allotted.	We must challenge ourselves to increase the effectiveness of our outreach and intake in the next five years, with particular attention to how we help non-chronic single adults, youth, and refugees and immigrants.
	Adjustments are made to improve the systems involved in ending homelessness.	Need for human services / shelters is reduced. Homeless system reconfigured into a housing system.	We have begun on many levels to reconfigure our system, but as reflected in the Mid-Plan Review Recommendations, parts of our system still lack a true path to housing.	We have made great strides in changing from a homeless system to a housing system, but much remains to be done. In addition, we need to better integrate and get contributions from “mainstream” systems like workforce training.

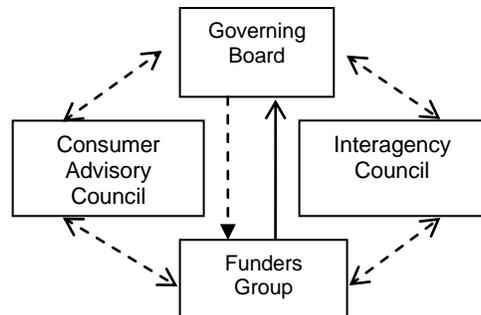
The balance of this section reflects the significant accomplishments and challenges of the Plan in six key areas: Governance, Prevention, Creation of housing and services, System Change, Integration with other systems and creating Political Will.

As set forth below, our governance structure and our success creating housing and services are national models. The amount of supportive housing we have been able to create to date is the envy of other jurisdictions. The Funders Group is widely admired as a best practice. Our prevention efforts have become more targeted and uniform, even as we continue to struggle to identify which households are most in need of preventive assistance and to define what level of service is ‘just enough’ to stabilize their situation. We have changed intake procedures and access to housing and services for single adults to prioritize those who are most vulnerable. We have created a number of programs to increase integration with other systems, most notably the criminal justice and mental health systems, and we are just beginning to increase integration with K-12 and with the child welfare system. Our challenge will be in bringing these programs to scale. Finally, to the extent political will is measured by public investment, we have done an extraordinary job. But in each of these areas the hardest work is yet to come. We face increasing need, decreasing resources, and the sentiment among a certain sector of the public that feels government should get out of the business of helping people.

**A. Governance**

The Committee to End Homelessness is a voluntary organization without direct authority over its constituent members. It began with three advisory entities: the Governing Board, made up of influential leaders who provide high-level oversight; the Consumer Advisory Council, comprised of people who are or have been homeless and who bring an understanding and voice essential to our work; and the Interagency Council, made up of executive director and department director-level personnel from many of the key entities working on the Ten Year Plan, and providing insight into needed programmatic and policy changes.

Even with these groups, there was limited ability to create clear priorities and transparency as we implemented the Plan. In 2008, at the direction of the Governing Board, we formalized The Funders Group, comprised of the public and private entities that provide major funding to housing and homeless services in King County. Members include the City of Seattle, King County, United Way of King County, the Bill & Melinda Gates Foundation, King County and Seattle Housing Authorities and Building Changes, plus representatives from South and East King County. This nationally acclaimed innovation is described in more detail in Section III (D)(1) (The Funders Group) below.



In addition to these four major governing bodies, over the course of the Plan there have been a number of special focus committees and task forces, including ongoing work by population-focused committees and three regionally focused groups, the *South King County Forum on Homelessness*, the *Eastside Homelessness Advisory Committee* and the newly formed *North King County Housing Group*.

With the formalization of the Funders Group, the role of the Interagency Council has evolved to focus on identifying problems or needed changes in the system, and identifying solutions to those issues. The Interagency Council will increasingly provide leadership to the various task forces that emerged as a key element of a number of the recommendations in this Mid-Plan Review Report. While the Interagency Council has redefined its role in the context of the formalization of the Funders Group, the Governing Board’s role has not undergone a similar redefinition. How best to structure CEH so as to

maximize the engagement and contribution of the high level leaders who comprise the Governing Board should be addressed in the coming months, so as to effectively utilize the tremendous knowledge, wisdom, influence and access to resources the members bring to our efforts.

### **B. Prevention**

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#### **1. Emergency Assistance**

The strategy that most people think of when talking about preventing homelessness is short-term rental assistance or case management intervention for those who have experienced an emergency situation that puts their housing at risk. At the start of the Plan, this strategy was helping over 2,000 persons per year avoid eviction, rising to 5,000 in 2007 with additional funding from the King County Veterans and Human Services Levy.

A central challenge of homelessness prevention is identifying and reaching those who are most likely to become homeless, not just those with a one-time emergency. In 2009, with funding from the federal American Reinvestment and Recovery Act (ARRA), the City of Seattle and King County (each of which received ARRA funding) began new, targeted prevention efforts in partnership with many community-based organizations. Using research-based tools to identify households with multiple risk factors, we are providing a range of supportive services to help high-risk households maintain their housing. These risk factors include:

- Job loss or significant reduction in work hours
- Homeless in the past 12 months
- Medical debt or major increases in critical expenses
- Living with others, doubled-up
- Housing condemned
- Rental property foreclosure
- Homeowner foreclosure with no subsequent housing.

The City of Seattle provided ARRA/Homeless Prevention and Rapid Re-Housing Program (HPRP) stimulus funds over two years to seven contract partners to prevent homelessness for at risk households. Programs such as Catholic Community Services-Legal Action Center and King County 2-1-1 have worked with the various agencies who manage prevention assistance to create shared standards, goals for success, and solutions to link with resources and landlords. Agencies offer one-stop assistance to participants via holistic assessments and connections to mainstream benefits through the PeoplePoint Bridges to Benefits program. Community Connections 2-1-1 screens callers and coordinates referrals into the program, and agencies also accept walk-ins and partner referrals. The Legal Action Center has been able to quickly intervene to prevent illegal evictions. The Seattle-funded HPRP agencies began working with households in October 2009. As of March 31, 2011, the programs have prevented homelessness for an estimated 1,293 people.

King County provides HPRP prevention assistance for families and individuals outside the City of Seattle. The program targets households who do not qualify for traditional short-term rental assistance because their housing is considered too precarious. Households receive up to twelve months of assistance and case management to increase housing stability. Initial client screening occurs primarily through the Community Information Line (2-1-1), and referrals are directed to two service providers, the Multi-Service Center and Hopelink. As of the first quarter of 2011, 196 households had been enrolled.

Unfortunately, the federal funding that allowed this program to reach so many people is expiring, while the economic pressures on our community remain. Continuing our prevention efforts will require dedication of new resources, carefully targeted towards those most likely to become homeless.

### 2. **Foster Care to Age 21**

When youth in foster care turn 18 or graduate from high school, they “age out” of the foster care system. Many become victims of physical and emotional distress, and many end up chronically homeless as adults. The 2006 Washington State Legislature passed House Bill 2002, a bill allowing 50 of the 400 foster youth statewide who turn 18 each year to remain in their placement homes until their 21st birthday if they pursue a post-secondary education. This provides the incentive and support needed to become self-sufficient adults. The 2011 legislative session appears poised to extend this program through use of matching federal funding. The challenge in the coming years is to bring to scale programs to help create housing and social stability for youth and young adults aging out of foster care. See also the discussion in Section V on addressing youth and young adult homelessness.

### 3. **Programs for Assertive Community Treatment**

Since the inception of the Ten Year Plan, we have moved over 230 long-term, highly vulnerable homeless individuals off the streets and into permanent housing using Assertive Community Treatment (ACT). As a prevention measure, it breaks the cycle of homelessness and institutionalization in expensive systems such as hospitals, jails, sobering centers and psychiatric hospitals. It has proven clinical and cost effectiveness.

ACT services follow an evidence-based approach to team treatment designed to provide comprehensive, community-based psychiatric treatment and rehabilitation services for clients with serious and persistent mental illness who often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system. Services are available 24 hours per day, 365 days per year, and include case management, assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services critical to an individual's ability to live successfully in the community.

Under the Ten-Year Plan, four teams with multi-disciplinary members use evidenced-based assertive community treatment to engage homeless people with severe and persistent mental illness in permanent supportive housing. A key element of this program is coordination with local housing authorities who are providing dedicated project and sponsor based Section 8 resources to this initiative, as well as coordination with the mental health system. See the discussion of the PACT, FACT and FISH programs below under Jail Diversion and Discharge Planning and the Section III (E), Integration with Other Systems.

### 4. **Medical Respite**

Healthcare for the Homeless, Pioneer Square Clinic, the William Booth Shelter and the YWCA partner to provide 22 beds of acute and post-acute medical respite care for homeless persons. Although only a step in breaking the cycle of medical hospitalization and homelessness, medical respite provides temporary housing and skilled nursing services to people who would otherwise remain hospitalized beyond what is medically necessary simply because they do not have an adequate living arrangement for discharge. Medical respite is designed to be a doorway to engagement and more stable living arrangements. Partners are presently implementing a 36-bed Expanded Medical Respite program that will replace the existing program and is specifically designed to handle a more behaviorally challenging population.

**5. Jail Diversion and Discharge Planning**

We have created several programs to break the cycle of people moving from homelessness to jail and back. On the front end, we have funded Crisis Intervention Training to train police in how to respond to people who are mentally ill and how to call for support from mental health professionals rather than resorting to arrest. The Crisis Solutions Center, scheduled to open in 2011, will take people experiencing a mental health or substance related crisis and provide intensive intervention and care for up to 72 hours, moving to a step-down facility and eventually into long-term treatment. The Crisis Solutions Center provides an alternative to incarceration for people in crisis.

Two programs, Forensic Assertive Community Treatment (FACT) and Forensic Intensive Supportive Housing (FISH), specifically target people with mental illness who are high utilizers of our jails. Both use Assertive Community Treatment and have proven very effective in reducing rebookings. These programs are discussed in greater detail in this report in Section III(E) (Systems Integration). Finally, our Housing First programs have greatly reducing the criminal justice involvement and emergency medical response of their residents.

Over 3,000 inmates have been served by the Public Health/Jail Health Services release planning unit at the King County Correctional Facility in Seattle and the Maleng Regional Justice Center in Kent since January 2008. Through this program, offender-clients are linked to substance use treatment, mental health and substance use (co-occurring) disorders treatment, and other services upon release. The program has partnerships with Plymouth Housing Group and others to allow direct placement into housing, and HIV positive clients have access to shelter and housing through the HIV Enhancement Engagement Team (HEET). Since 2008, the release planning unit provided over 7,200 service contacts in the jails.

One very interesting jail-related prevention program was also started in 2008. Often, even short-term incarceration results in homelessness as rental payments are missed and communication with landlords is impossible. Once evicted (often with loss of all belongings), the road back to stability is extremely difficult. The Re-entry Case Management Services Program provides up to 90 days rental assistance to preserve housing of inmates incarcerated for a short period. Most recipients are also clients of the mental health system and are in jail for activities related more to their illness than to criminality. Since 2008, the program has helped 182 people avoid eviction at an average cost of \$1,308 per person – a great return on investment.

**C. Housing and Services**

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**1. Production**

In 2005, the Ten Year Plan set an ambitious goal of 9,500 new units of housing dedicated to people leaving homelessness. To put this number into perspective, Portland’s Ten Year Plan goal was 2,200 units, and Denver’s was 4,000.

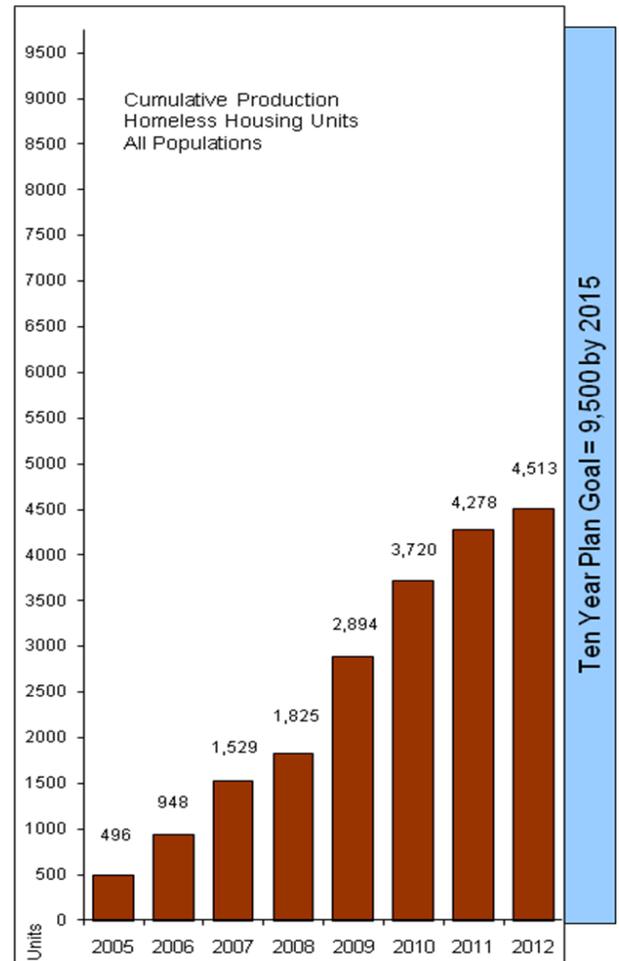
The Plan asked for 2,500 units for chronically homeless single adults, 4,800 for other single adults, 1,900 for families and 300 for youth and young adults. Around half would be new construction and half through new subsidies. In an amazing show of commitment, admired across the nation, this region has come together to create housing. We have opened or have in the pipeline:

- 2,004 units of service intensive housing for chronically homeless single adults (80 percent of our goal)
- 1,244 units for families (65 percent of the goal)
- 156 units dedicated to youth and young adults (52 percent of the goal).

The cost to meet the Ten-Year Plan housing goal of 9,500 units of homeless housing is substantial, particularly when factoring in the costs of supportive services. An estimate in 2005 of the cost to build/rent our goal of 9,500 units found that we would need \$227 million in local capital alone, assuming that the Washington State Housing Trust Fund and federal tax credits also increased proportionally. The services for this housing would require an incremental increase in funding of \$7.6 million every year.

What is most lagging within our current production inventory are the low or no service units for single adults. Our goal was 4,800 units, and we have created only 1,109 (23 percent of the goal). This population might be seen as suitable for Section 8 and public housing subsidies, but given the demands on those resources, very few non-disabled single adults are able to access those resources. For example, because of the demand for housing, the King County Housing Authority (KCHA) prioritizes and serves almost exclusively disabled or elderly individuals. The Seattle Housing Authority (SHA) does admit some non-elderly, non-disabled individuals, but the numbers are small and it is not their traditional focus.

The production of housing for youth and young adults is another lagging segment. What is needed is a clear vision of the essential elements of a young adult system and a shared understanding of what “housing stability” means for that age group. There are promising pilots in East King County and South King County serving 40 young adults with vouchers and services, but increased effort and clarity on what a best practices model looks like is needed. See Part VI(C) (Addressing the Needs of Youth and Young Adults).



As discussed in detail in Section IV(B) (Continuing the Pace of Production of Housing and Services), cuts in the funding landscape at every level will make achievement of our ambitious housing production goals difficult. Across the CEH community, however, there is consensus that we must keep to our original goals and that we will find a way to succeed.

**2. Housing First Programs**

Our region is a national leader in “housing first” for single adults - the concept that the first step in creating stability is getting people housed as quickly as possible.

Local projects employing low-barrier housing for chronically homeless single adults to help move individuals off the streets and into housing have received national study and acclaim. Since 2005, nearly 1,700 highly vulnerable individuals have been helped through housing first programs. Evaluations of these programs show we are reducing costs and, more important, saving lives.

In the late 1980's and early 1990's Catholic Housing Services and the Downtown Emergency Service Center (DESC) pioneered Housing First Projects, and as this innovative approach to ending homelessness among our community's most vulnerable men and women proved to be effective, other organizations began to incorporate it. Today, it is a cornerstone of the success under the Ten Year Plan to End Homelessness in King County.

In 2007, DESC's 75-unit *1811 Eastlake* project opened, recruiting chronic street alcoholics who were high utilizers of the sobering center and local hospitals. In the first 12 months, a national study found that the individuals that were housed showed remarkable progress:

- Medical expenses were reduced by 41 percent
- Sobering center usage went down 87 percent
- County jail bookings decreased by 45 percent.

The total cost offsets in emergency services in one year was more than \$4 million.

Plymouth Housing Group's *Begin at Home* project is another innovative Housing First program. Its first-year results, released in 2007, showed that for its first 20 participants:

- Sobering center usage dropped from 349 days to 11 days
- Emergency rooms visits dropped from 191 visits to 50 visits
- Inpatient treatment use dropped from 57 days to 13 days.

The total reduction in emergency services costs in one year was more than \$1.5 million.

### 3. Rapid Rehousing

Rapid Re-Housing for families, an expansion of our "housing first" approach, was one of our strongest innovations in recent years and a major emphasis in our strategy to end homelessness. This represents a turn-around from the traditional approach that viewed families who were homeless as people in need of 'fixing' that responded with a continuum of housing and services that moved them along, like a conveyor belt, from emergency shelter to transitional housing to permanent housing.

In 2009, local partners launched several rapid re-housing projects, funded through the ARRA and leveraged with funds from King County, United Way of King County, and the Bill & Melinda Gates Foundation. The program places families quickly into permanent housing, offers case management and referral to the King County Work Training Program's Career Connections, and makes use of a screening tool and placement list that will soon serve as the basis for system-wide coordinated entry and placement of families. As of March 31, 2011, the program has helped 117 homeless families move out of emergency shelter into permanent housing. Beginning May 1, 2011, this program will also accept a limited amount of referrals for graduates from three of the County's largest transitional housing programs.

**Rapid re-housing recognizes that many households become homeless simply as a result of a financial crisis or following a domestic conflict. In these situations, homelessness can often be prevented with limited assistance.**

For those that become homeless, helping them return to permanent housing as soon as possible, instead of a lengthy process of helping them to become "housing ready", avoids the negative outcomes associated with prolonged homelessness. This also opens shelter and transitional housing beds for others who need them, and reduces the public and personal costs of homelessness.

Seattle and King County also targeted rapid rehousing investments to households without children. Partners include the YWCA Landlord Liaison Project and other YWCA programs, FareStart,

Evergreen Treatment REACH Outreach, and the DESC Connections Program. As of the first quarter of 2011, 71 Seattle households and 33 households in the balance of King County have moved to permanent housing. Emerging best practices within the project include the use of common program guidelines, screening tools, and program forms across agencies, fine tuning client selection, and determining the appropriate level and types of services. While agencies have been successful in housing clients, making progress on housing and income stability is a much larger effort, requiring more time to achieve.

#### 4. **Landlord Liaison Project**

When we launched the Ten-Year Plan, our Consumer Advisory Council spoke movingly about the barriers they faced securing private market rentals as a result of poor credit, prior evictions and previous criminal justice involvement. They urged us to partner with private landlords to open those doors. From this recommendation was born the Landlord Liaison Project (LLP).

We met with landlords and asked what it would take for them to accept tenants who, on paper, do not meet traditional screening criteria. The landlords helped us develop a toolkit that includes housing search, case management supports, emergency assistance and a risk reduction fund. In 2007, local funders (King County, Seattle, and United Way of King County) pooled resources to fund the risk reduction fund and a start-up project. In 2008, Congregations for the Homeless served as the pilot and the YWCA was awarded the contract to take it to scale.

Today, the Landlord Liaison Project has the enthusiastic support of landlords, funders, providers and residents and the program regularly fields inquiries from communities across the nation with requests to share our toolkit. By January 1, 2011, the project hit some important milestones and exceeded all initial goals:

- 105 landlords signed on to accept tenants (goal: 75 cumulative)
- 43 agencies enrolled as referral partners (goal: 30 cumulative)
- 491 hard-to-place households signed leases (goal: 250 by 12/31/2010).

In March 2010, the first resident housed by the project celebrated her one-year anniversary. She had been homeless and turned down for tenancy many times, but now lives safely and securely in her own apartment.

#### 5. **Graduation Housing**

Permanent Supportive Housing (PSH) often involves intensive site-based services, including 24/7 staff, controlled entry, institutional kitchens and the like. These site-based services mean that the cost of each unit is substantially more than an equivalent unit in, for example, a public housing building. While many residents in permanent supportive housing will need that level of services throughout their lives, others achieve stability and could move out, or graduate, from these service-intensive programs. There are, however, often barriers to individuals moving to more conventional housing. A key barrier is the need for rental support and payment of move-in costs, but there are also the individual's social and emotional ties to their supportive housing community. We have created three programs to empower PSH residents who want, and are able, to move to more conventional housing, often involving maintaining ties to their original community through community meals, field trips, etc. Their move to more conventional housing frees up their supportive housing unit to benefit new residents who need that level of service.

Our systems to identify those likely to succeed in more conventional housing, and the supports that enable that success, are national models and were recently the subject of a National Alliance to

End Homelessness white paper. To date, we have helped almost 130 PSH residents make such a move, and recently extended the Plymouth Housing Group graduation program to serve more.

### D. System Change

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#### 1. Funders Group

Seattle/King County homeless housing and services programs are funded by a broad array of governmental and philanthropic entities. Previously, each had its own application process, timelines and sets of constraints, priorities and dedicated funding streams. Agencies needed years to assemble full capital and service funding for a project and were often forced to juggle conflicting priorities and requirements from multiple funders to bring their projects to completion.

In 2008, the Funders Group was formalized, comprised of department directors and executive directors from major homeless housing and services funders throughout King County. Together, these funders issue a joint Notice of Funding Availability (NOFA), bringing together multiple funding streams in one funding process. Taking this collaboration one step further, funders also establish system-wide priorities and work plans for homeless housing and services, which are jointly reviewed and revised as needs change. They have created a joint application, evaluation and reporting mechanisms for both capital investments and services. Applications are reviewed against the established priorities and joint decisions are reached as to the package of projects to be funded system wide. As many fund sources have specific targets or requirements, staff of the Funders Group matches appropriate funds to projects, creating an all-inclusive funding package (including health care, mental health and chemical dependency treatment funding, as needed). An approved project is thereby assured its capital, operating and service funds, and a priority population is established, all in one coordinated process, eliminating uncertainty and cutting costs and the time to completion. The 2010 joint NOFA for capital and services totaled \$56 million dollars from seven funders and 22 different fund sources.

The coordinated funding and reporting process reduces staff and overhead costs for both funders and agencies, and allows projects to become operational much earlier than previously possible. Perhaps most important, the coordination allows the funders to establish transparent and accountable coordinated work plans and deliverables that drive system change. The Funders Group institutionalizes the Ten-Year Plan effort in a way that has survived shifts in administrations and governmental priorities. Despite turn-over in local elected leadership, the existence and prominence of the Funders Group has fostered a continuing commitment to the effort and the specific work plans that have helped Seattle/King County remain a national leader in addressing homelessness. In 2011 the Funders Group received a “Top 25 Innovations in Government” award from the Ash Center for Democratic Governance and Innovation at Harvard’s prestigious Kennedy School of Government.

#### 2. Coordinated Entry for Chronically Homeless Single Adults

In 2009, we implemented a system of coordinated entry for chronically homeless single adults. Previously, when an agency opened a new facility, it would fill it from its individual wait list. The Client Care Coordination program has developed a system-wide list of chronically homeless single adults who are extremely vulnerable or high utilizers of our hospitals, jails or mental health institutions. Now, when a new high service facility opens, there are a specified number of Client Care Coordination units, and funders and providers review that list to identify those persons who most need/best fit the facility, and that person then gets outreach to bring them in. The result is that units in our facilities are being targeted to precisely the people for whom they were designed. In 2010 this program expanded to cover vacancies in existing units as well as placement in new units.

3. **Coordinated Entry for Homeless Families**

Similar to Client Care Coordination for Single Adults, we are substantially restructuring the family homelessness system. Coordinated entry for families will be done through a single point of intake, offer uniform assessments at regional hubs, and establish a placement list that will link a family to the first unit in a facility that meets their unique needs. This will be a dramatic change from the current system where families go from agency to agency looking for the first open bed. The Family Homelessness Initiative is discussed in more detail in Section VI.

4. **Data Collection/Safe Harbors**

Safe Harbors is the Homeless Management Information System (HMIS) data collection system tasked with measuring who is being served in the Seattle/King County homeless system and the outcomes being achieved. Safe Harbors data is intended to be used in a variety of ways: to meet funder reporting requirements; inform policy decisions; measure performance; and evaluate effectiveness of programs and the system. Beginning in 2011, Safe Harbors began compiling a quarterly dashboard to provide a snapshot of system performance. Measurements include:

- Number of homeless clients in safe harbors
- Living situation prior to entering emergency shelter
- Exit from emergency shelter or transitional housing
- Change in income and length of stay by program type
- Recidivism.

Data in Safe Harbors comes from the 308 emergency shelter, transitional housing and permanent supportive housing programs that enter data into the system (representing 85 percent of the total housing inventory in Seattle/King County). There have been challenges implementing a comprehensive HMIS system for over 300 programs. At a system-wide level, a fully un-duplicated count is not possible (overall 30 percent of client records do not include name, date of birth or social security number – due in large part to Washington State informed consent laws that create a significant hurdle for including client data in the system). Safe Harbors continues to experience data anomalies, which include inconsistent numbers of persons served versus exited, and with data quality issues such as programs exiting clients in a timely manner and collecting complete information at exit. Full deployment of Safe Harbors is a top priority of the Funders Group and Governing Board.

5. **Addressing Disproportionality**

One systems change task that we must constantly revisit is addressing the disproportionate number of people of color who are homeless. Some of that disproportionality is due to economic and social factors far beyond the reach of CEH, but there are also real issues as to whether our systems and programs are structured and staffed in the ways necessary to be fully welcoming and accessible to all. In response to this need, we have increased our emphasis on requiring cultural competence and have encouraged more partnerships between large agencies and culturally focused providers, but concerns remain that our housing and services system is not as accessible as it should be to populations of color, and particularly to immigrant and refugee communities. This is one of the areas we need to focus on going forward.

**E. Integration with Other Systems**

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1. **FACT / PACT / SHIFTS**

Helping chronically homeless individuals with persistent mental health and chemical dependency needs succeed in housing is one of the biggest challenges of ending homelessness – and one that

requires partnership with the mental health and physical health systems. We have shown those partnerships are not only possible, they are extremely effective.

Among homeless individuals, research shows that a small number of chronically homeless people are responsible for the greatest use of public resources. In fact, individuals who are mentally ill and homeless are four times more likely to be jailed and three times more likely to be hospitalized than individuals who are mentally ill and have homes, and 50 percent of all inmates using King County Jail Health reported they were homeless. The Forensic Assertive Community Treatment Program (FACT) seeks out individuals who are high utilizers of these systems and uses an intensive team-based approach to help them move into housing and end the revolving door cycle, using coordinated housing resources.

The FACT program has capacity for 50 individuals. Some preliminary outcomes to date (as of 2/15/11) include:

- A total of 17,646 service episodes were provided by the FACT team in 2010, demonstrating the high intensity of services required for this population
- 77.6 percent of the participants have retained housing for a period of six months or more
- FACT participants are involved in multiple legal jurisdictions, both mental health courts in King County, and some are on various forms of community supervision, including the state Department of Corrections.

The FACT team staff must navigate very complicated local criminal justice systems in order to assist and advocate for participants and minimize or prevent criminal justice system contact, a primary goal of the program. Full outcome and evaluation data will be available in August 2011 and is expected to highlight the effectiveness of these endeavors.

The Forensic Intensive Services and Housing (FISH) program targets people with mental illness who have been high utilizers of our jails and are too mentally ill to stand trial (and thus are not eligible for Mental Health Court) but not ill enough to be subject to involuntary commitment. Fifty-eight clients were housed in the FISH program at some point during 2010. An evaluation done in December 2010 documented the success of these interventions. In a review of housing status for 52 of the residents who had entered housing and been enrolled in the program for at least six months:

- 42 clients (81 percent) had retained housing for at least six months
- 23 clients (56 percent) reduced their number of bookings in the King County and Municipal jails in the year following enrollment
- 28 clients (68 percent) reduced the number of days in jail in the year after enrollment
- Jail days in the year prior to enrollment among the entire cohort totaled 2,655 and declined to 2,176 in the year post enrollment
- Bookings totaled 177 in the year prior to enrollment and declined to 85 in the year following enrollment.

**Assertive Community Treatment**

In many ways Assertive Community Treatment programs are the community based treatment that was promised but never created when the large mental health institutions were closed in the 1970s and 1980s. Our ACT programs have literally changed the lives of hundreds of very vulnerable individuals, and through them their families.

One family member told us: “My brother is severely schizophrenic. I tried to help, but I was afraid to have him around my family. He was homeless and constantly in and out of jail and hospitals. Then he got into Evans House (a PACT program). He is now stable, on his medications and last Thanksgiving we took him back to see our parents for the first time in five years.”

The Program for Assertive Community Treatment (PACT) was started in 2007 to reduce psychiatric hospital and jail use for up to 180 individuals who are among the most frequent utilizers of these systems. King County operates two PACT teams (downtown/north and south/east). In South King County, utilizing the King County Housing Authority's Moving to Work flexibility, Section 8 funding is being provided directly to service providers with PACT teams. The providers rent apartments directly and then sub-lease to chronically homeless clients, reducing housing barriers for hard to house individuals. Participants who entered during the first year (prior to July 1, 2008) were examined regarding one year outcomes. Of the 94 participants that comprise this first year cohort, participants experienced:

- High program retention – 94 percent were retained in the program for at least one year
- Significantly reduced psychiatric hospital admissions (47 percent reduction) and days (77 percent reduction)
- Doubling of the overall days in the community (103 percent increase)
- Significantly increased average income, with an increase in the proportion of PACT participants having stable income rising from 81 percent to 91 percent.

### 2. **Workforce Development**

The Seattle/King County Workforce Development Council (WDC) has partnered in homeless employment initiatives for over 20 years. The Homeless Intervention Project, a consortium of local service providers funded by a McKinney grant from HUD, has served more than 5,000 homeless adults since it began in 1998. On an annual basis, the project funds four community based programs serving 350 homeless men and women each year with intensive case management, job training, and support for job placement and retention. Sixty-six percent of those who exit are employed, and 68 percent have improved their housing three months after exit.

In 2006, WDC, along with Building Changes, local government, the Bill & Melinda Gates Foundation and other stakeholders, sought to improve employment connections for homeless job seekers. In 2010, the Navigator Pilot Project was launched to link the one-stop WorkSource employment system to transitional housing facilities to provide homeless families better access to individual assessments, career planning and job-training resources. The project also aims to enhance the WorkSource system's understanding and capacity to serve jobseeker customers who are experiencing homelessness.

In addition, King County, with Veterans and Human Services Levy funding, established Career Connections through which Work Source-based personnel provide skilled coaching and intensive employment services to homeless families and individuals enrolled in the HPRP program. A total of 122 individuals were served in 2010. Thirty-eight entered an educational employment program to enhance employability, with 11 completing vocational certificate programs and 17 enrolling in college. Most clients (62%) were people of color and thirty-two percent were veterans.

### 3. **Healthcare for the Homeless and Mobile Medical Van**

Public Health – Seattle & King County and Healthcare for the Homeless are strong partners in the effort to end homelessness. We have come to understand that people who have been homeless for long periods of time are also often extremely medically fragile, and now design our supportive housing programs with integrated nursing stations and funding to staff those stations. Through the Veterans and Human Services Levy, we created a Mobile Medical Van that brings medical services to people who are homeless in South King County.

The Mobile Medical Program began as a pilot to test ways of integrating outreach, medical care, and care coordination for the large number of chronically homeless and other high needs people in South King County who live in wooded areas, along river banks, or in vehicles and who are largely disconnected from medical and social services safety nets. Health professionals had documented that many of these individuals have acute unmet needs for medical, dental, and mental health treatment and the mobile medical van provides walk-in medical and dental care at community meal programs. Through this low-barrier approach, clients are engaged in accessing ongoing primary and dental care, medical benefits, mental health and addiction treatment, domestic violence services, shelter, housing resources and case management. In 2010, almost 500 unduplicated clients throughout South King County received medical and case management care through the Mobile Medical Van.

**4. Crisis Diversion and Medical Respite**

As discussed under Prevention, we have funded and are in the process of creating both the Crisis Solutions Center and an Extended Medical Respite Facility to support and assist behaviorally challenging people.

**5. Homeless School-Aged Children and Child Welfare System Work**

In 2010, the Funders Group sought to increase integration between the homeless system and both the K-12 and the child welfare systems. Both initiatives are just now becoming concrete. In K-12, the Seattle/King County Coalition on Homelessness (SKCCH) partnered with the Puget Sound Educational District (PSED) to hold a joint training on McKinney-Vento services for homeless school children, and the Puget Sound Educational District is seeking funds to institutionalize that cross-system work. The hubs and coordinated entry to be created through the Homeless Families Initiative should increase the ability of school-based personnel to find support for families they know are homeless or at high risk of homelessness.

In the child welfare system, a recent study showed that 41 percent of families who have an out-of-home placement case filed against them have been homeless in the year prior to the case being filed. Local housing authorities have aggressively sought Family Unification Program vouchers and have partnered with the County and the state Department of Social and Health Services (DSHS) to provide housing stabilization services. The state Children’s Administration has expressed great interest in identifying subsidized housing where attached services are expiring and pairing the housing with Children’s Administration service investments to make this housing available to prevent out-of-home placements or create rapid reunification.

**F. Political Will**

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**1. Community Perception of Homelessness**

Homelessness is one of the top three issues facing the residents of King County, and it can be solved. That’s what an overwhelming majority of King County citizens said in a public opinion poll conducted in March 2006 to determine public attitudes and perceptions around homelessness.

Commissioned by United Way of King County, the phone poll reached 849 adults who reflect the demographic and cultural diversity of our region. The results, statistically accurate within a margin of error of less than 3.4 percent, were strikingly similar among urban, suburban and rural residents. Some poll highlights:

- Asked to name the three most important issues facing King County, the most mentioned issues were transportation, education and homelessness
- More than 80 percent of respondents felt the problem was not too big to be solved and nearly 60 percent believed that — given appropriate resources — we can end homelessness

- A majority of respondents believed that people are often homeless for circumstances beyond their control, and deserve assistance
- A majority of respondents believed that government cutbacks in housing and welfare assistance directly contributed to homelessness; seventy percent supported more low-income housing, and more than 80 percent supported more housing specifically for homeless people
- Many said government agencies were not doing enough to address the issue, and 52 percent were concerned that the problem will increase in their lifetime.

Follow-up surveys conducted more recently confirm this public support. In 2009, CEH commissioned a statewide survey focused on public perceptions about chronic homelessness.

- Over 86 percent of respondents agreed with the statement, “Moving people who are experiencing homelessness into stable housing is better for them and it gets them off our community’s streets, making the community safer, more welcoming, and pleasant for residents, workers, businesses, and visitors.” (26.6 percent of the sample strongly agreed.)
- 65 percent of respondents would support initiatives to address chronic homelessness, and among this group, 69 percent are willing to have their taxes raised to support it (45 percent of the total sample)
- Support for ending veterans homelessness was particularly high, with 97.5 percent agreeing and 65.3 percent strongly agreeing with the statement “People who have served our country in the military deserve a place to live, and treatment for any mental and physical health challenges, when they return.”

### 2. Regional Plans to End Homelessness

Regional plans for East King County and South King County are but one example of local communities taking action to end homelessness. In September 2007, East King County stakeholders developed the *East King County Plan to End Homelessness*. In January 2008, South King County rolled out *South King County Response to Homelessness: A Call for Action*. These region-specific plans includes strategies to end homelessness in east and south county cities, where homelessness looks different than it does in an urban downtown setting like Seattle. Suburban homelessness is often more hidden, with families doubling up with others or living in their cars. Those homeless in the suburbs also have greater transportation challenges and may have access to fewer services.

Since the East and South King County plans were initiated, there have been some important regional successes:

- The South King County Response to Homelessness document has been accepted by the councils and/or Human Service Committees of the cities of Tukwila, SeaTac, Auburn, Kent, and Federal Way
- South Sound Dream Center opened a Shelter and Day Center connecting participants to services and case management, while also building stronger connections to housing. A center such as this is common in urban areas, but had never before existed in the south county region
- The Men’s Shelter expanded their program, offering 20 more units of shelter to men in South King County
- Sophia’s Way in Bellevue opened as a day center for women, located in the basement of Bellevue First Congregational Church (BFCC). Recognizing the need for nighttime shelter, BFCC began to provide shelter five nights a week, with other congregations hosting the women on weekends. In 2009, the shelter began operating full-time in one location, with full staffing and case management

- Eastside cities came together to create a severe weather shelter for people who are homeless on the eastside. Building upon lessons learned, partner cities increased funding the next year to support a winter-shelter that was open every night from October through February
- Eastside partners have developed successful joint funding and operating proposals matching strengths among partners and taking advantage of economies of scale.

For all of these successes, however, challenges remain in reducing homelessness among suburban and rural residents. South King County, in particular, is seeing increasing numbers of persons in poverty and struggles to ensure that there is both political will and investment of resources to address community needs.

### 3. **Philanthropic Support**

The effort to create political will in our community has been greatly helped by the involvement of three local philanthropic organizations: United Way of King County, the Bill & Melinda Gates Foundation, and the Campion Foundation. The Gates Foundation's Sound Families program inspired local governments to increase their work to end homelessness, and the cross-jurisdiction and cross-system work around Sound Families stimulated the creation of the Funders Group. Its current Homeless Families Initiative is providing inspiration and support to dramatically transform our family homelessness system. Through a grant to Seattle University's Journalism program, the Gates Foundation has generated substantial media coverage of family homelessness, and its recent grant to Rotaries will support a new and exciting form of public involvement.

United Way's Campaign to End Chronic Homelessness has engaged the business community and individuals across the county and given weight to the belief that we really can end homelessness by targeting efforts on those most difficult to engage and serve. Strategic investments by United Way, such as the staffing for Client Care Coordination, have promoted system change.

United Way also hosts the Community Resource Exchange, which connects people experiencing homelessness with the services and resources they need – all in one place, all on one day. At the April 2011 Community Resource Exchange at Qwest Field, more than 400 volunteers joined with 100 service providers and 55 community groups who conducted supply drives to offer free health services, haircuts, foot baths, voicemail accounts, portraits, legal assistance, information on housing referrals and job training, onsite enrollment in public benefits and counseling, and other assistance to the more than 1,800 people who attended. This event creates awareness and will among the volunteers, even as it helps the clients.

Finally, capacity building investments by the Campion Foundation in the Washington Low Income Housing Alliance, the Housing Development Consortium, Seattle/King County Coalition on Homelessness and policy groups like the Lutheran Public Policy Center have allowed those very important organizations to increase their effectiveness in promoting public awareness and political will at every level.

### 4. **Faith Community Initiative**

Most faith traditions, as part of their ministry, call for action and volunteering to meet the needs of the poor and the less fortunate, and many local congregations have taken up the goals of the Ten Year Plan as one opportunity to be in service to this call. Local churches, mosques and synagogues have shown tremendous leadership in creating feeding programs, furnishing apartments for people exiting homelessness, passing the plate to raise money for eviction prevention efforts, and advocating for public resources and policy to end homelessness.

Faith-based emergency shelters are some of the most valuable partners for getting people off the street. Government-run emergency shelter has a per-bed night cost that can equal or exceed the cost of a housing voucher. That is one of the reasons we have focused new investments on housing rather than emergency shelter. The emergency shelter beds that are cost effective, however, are faith-based (and often self-managed) shelters. In 2010, CEH funded a two-year contract awarded to Catholic Housing Services (CHS) to engage and provide technical assistance to faith communities so as to increase the amount of concrete services, such as emergency shelter, being provided by those communities. The CHS has been asked to focus considerable attention on engaging faith communities of color and evangelical churches that have not traditionally been involved in more mainstream efforts.

### 5. **Grassroots Mobilization**

The Ten Year Plan itself came out of a grass roots convening. In 2001 Saint Marks Episcopal Cathedral in Seattle held a community meeting, calling on local leaders to join together to end homelessness. As a result of this forum, the 350 religious and community representatives who attended the conference came together to create the Plan. The tradition of grass roots mobilization far pre-dates the Plan, with the Seattle-King County Coalition on Homelessness educating and mobilizing for over 25 years, including engaging over 900 volunteers per year in the point-in-time street count, and more recently presenting “Homelessness Advocacy 101” training for community members. The Interfaith Task Force on Homelessness works to build political will both within the religious community and among the general public, and has held a political will conference each year since 2001, attended by approximately 150 community members annually.

### 6. **Policy Alignment**

The Ten-Year Plan has emerged as a guiding policy document for many newer initiatives throughout King County, including the Mental Illness and Drug Dependency (MIDD) Action Plan, the King County Veterans and Human Services Levy, Seattle Low Income Housing Levy, the United Way of King County Campaign to End Chronic Homelessness, and the Bill & Melinda Gates Foundation Homeless Families Initiative.

## **INTRODUCTION TO RECOMMENDATIONS**

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As we began our Mid-Plan Review, we engaged the Corporation for Supportive Housing (CSH), a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness, as consultant on our Mid-Plan Review. The lead consultant was Heather Lyons who, prior to her work with CSH, had been responsible for the Ten Year Plan in Portland, OR.

Through a process of engagement of CEH governing bodies, community meetings and with assistance from the Corporation for Supportive Housing (CSH), we identified certain “consensus” initiatives that should be pursued in the second half of the Plan. We also developed six areas that needed additional input from national and local experts and our community partners, and explored those issues in an intensive, week-long charrette process led by CSH. That process engaged local and national experts and community members in six concentrated panel discussions of the topic areas over a two day period.

Following those discussions, CSH prepared draft recommendations and presented them for review and comment by community members. Those comments were incorporated in a final report, which CHS presented to the Interagency Council the following week. This intense process created a level of involvement and consensus that would undoubtedly have taken months if not years had a more conventional approach been used. In this Report, the recommendations relating to charrette topics (identified below) and a number of the Best Practices text boxes come from the CSH Charrette Report. A copy of the CSH report, “King County Mid Plan Review Recommendations from Charrette,” can be found at <http://www.cehkc.org/MidPlanReview.aspx>. For information about the Corporation for Supportive Housing consulting and research services, see [www.csh.org](http://www.csh.org).

Combining the “consensus initiatives” and the teachings from the charrette, the recommendations for action going forward fall into three broad categories:

- Overarching Priorities
- Aligning with New Federal Laws and Initiatives
- Systems Change within Our Local Systems.

## **IV. MOVING FORWARD – KEY INITIATIVES FOR THE NEXT FIVE YEARS: OVERARCHING PRIORITIES**

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### **A. Performance Measures and Accountability at All Levels**

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In the first five years of the Plan, performance measurements have been challenging. The Ten Year Plan to End Homelessness itself contained only limited quantitative benchmarks. We began development of an HMIS system over 10 years ago, pre-dating commercially available software programs, and many years were spent trying to develop our own software. The continuum switched to Adsystem three years ago, and that system is just now beginning to create quarterly dashboards. As the HMIS becomes fully functional, we are developing a set of dashboard measures to align with the federal HEARTH Act. Several areas, however, remain under-reported, and one of those critical areas is exit data. Our different provider contracts also have various output reporting requirements and some outcome reporting requirements, and do not have a transparent way of evaluating the effectiveness of different programs.

Performance Measures and Accountability was one of the issues addressed in the Mid-Plan Review Charrette, and the recommendations from that session were clear: performance measures and accountability at all levels are important to future progress under the Ten Year Plan. They should be developed cooperatively and be streamlined. Transparency increases acceptance and effectiveness, and all parties benefit when funders work with providers to create supports and remedial plans where performance measures are not being met. Ultimately, if a program is consistently underperforming, funders may consider shifting funding to other programs that are meeting performance standards. Throughout, the principles of transparency, cooperation and trust are important elements in success.

The Recommended Action Items from the charrette were split between Performance Measures and Accountability.

Action Items for Performance Measures:

1. **Use HEARTH Act metrics** as system-wide measurements to help define program outcomes and funding. Those are:
  - Decrease Point-in-Time count (once consistent methodology is used)
  - Increase emergency shelter diversions
  - Reduce length of time people are homeless
  - Increase income of assisted households
  - Increase permanent housing exits
  - Reduce recidivism.
2. **Analyze the existing reporting requirements** to determine what has to be reported versus what would be nice to know. Streamline reporting requirements to ask only necessary information needed to track key performance measures.
3. **Define consistent outcomes** and keep them as simple as possible. For example, if the system is going to track retention after housing placement, does it track after financial assistance ends, after service ends, after leaving a program, etc? Does it track at 6 months, 12 months, longer?
4. **Make recommendations on how best to integrate performance measures into contracts** and reduce other reporting requirements to adjust for the change – another way to keep it simple.
5. **Look at cost effectiveness** of programs within emergency shelter, transitional housing, supportive services, and permanent supportive housing categories. Consider their outcomes, population served, program design (as well as other variables) and understand the variation by programs. Work with programs that appear to be unable to meet stated measures and provide an improvement plan. Ensure all programs have enough resources to meet the system level outcomes desired and reallocate resources as needed to support these outcomes and programs.

**BEST PRACTICE**

The Community Shelter Board (CSB) in Columbus, OH oversees funding for homelessness prevention initiatives, emergency shelters, housing services and supportive housing. Focused on system-wide performance, CSB publishes the System and Program Indicators reports quarterly. These reports are furnished to CSB trustees, the Rebuilding Lives Funder Collaborative, and the Continuum of Care Steering Committee. All reports are posted online and are also shared with CSB funders consistent with funding contracts and agreements.

The Report monitors the current CSB funded shelter, services and permanent supportive housing programs and other Continuum of Care, non-CSB funded programs. The report evaluates each system and program based on a system or program goal, actual performance data, variances and outcome achievements. Outcome achievement is defined as 90% or better of numerical goal or within 5 percentage points of a percentage goal.

Systems or programs that meet less than one-half of outcome goals are considered to be a “program of concern.” All data generated from the Columbus HMIS system and used in the report meets CSB quality assurance standards. Copies of the evaluation reports can be found online under publications at [www.csb.org](http://www.csb.org).

6. **Provide guidance and training on HMIS (Safe Harbors)** so that there is good data coming in and good data going out to help generate quality reports.

Action Items for Accountability at All Levels:

1. **Develop a process to share outcomes** across and among providers in the system through regular meetings (monthly, quarterly) to promote transparency and accountability among providers and funders. Use that process to promote a system of support for success for helping to end people's homelessness.
2. **Provide guidance, technical assistance** and other support as needed to bring programs and agencies up to improve outcomes. Be clear about a timeline to cure and ultimate resolution. Assuming all other measures have been considered and opportunities to remediate the issues that block performance have been taken, redirect funding from a program that does not perform to those that do.

**B. Continuing the Pace of Production of Housing and Services**

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One of the greatest challenges of the next five years will be to maintain the pace of production of housing with services. Our mid-plan total of 4,513 units opened or in the pipeline is extremely impressive, and was made possible through very deliberate investments, particularly at the state and local level, together with strong support from our housing authorities. Maintaining that level of investment will not be easy. First, during the first five years there were strong capital investments through the State Housing Trust Fund, Federal Low Income Housing Tax Credits, one-time investments by the Veterans and Human Services Levy and the MIDD Sales Tax and the Seattle Low Income Housing Levy. All of these sources except the Seattle Low Income Housing Levy are now under severe pressure.

The State Housing Trust Fund made no investment in homeless housing in 2010, and the prospect for 2011 remains uncertain. Federal Low Income Housing Tax Credits do not bring the revenue that they did in the boom years. In addition, reductions in funding proposed in the FY 2012 Federal budget threaten the housing authorities' ability to provide project-based rental subsidies and housing choice vouchers. Contrast this with the first five years of the plan, when local housing authorities provided almost 2,000 units or vouchers specifically allocated to Ten Year Plan programs, including a number of Family Unification Program (FUP) vouchers and Veterans Assistance, Services and Housing (VASH) vouchers. Of these, the only strong hope for new vouchers is with VASH.

**Resource Needs**

This is certainly not the time to cut back on our Plan's ambitious goals, but we will need a substantial effort to meet those goals.

We will need to look not just to production but also to alternate approaches to housing (e.g. shared housing) and to ensuring that we create the maximum progression of households through the system, with people advancing to greater independence as able, freeing up resources to help new households.

Also during the first five years of the Plan we were able to make substantial new investments in mental health, chemical dependency and social services through the Veterans and Human Services Levy, the MIDD Sales Tax and real estate document recording fee revenues. While the legislature may add a recording fee during the 2011 legislative session, all of these sources are fully committed, and new programs can only be created by curtailing existing ones. Further complicating our efforts are substantial cuts in the basic social safety net for people vulnerable to homelessness, including reductions in Disability Lifeline, Temporary Assistance to Needy Families (TANF), Basic Health and Apple Health for Kids.

Cost estimates made in the initial year of the Plan estimated that meeting housing production goals (an average of 950 units per year) would require an annual local capital investment of \$22 million,

assuming a proportionate increase in State Housing Trust Fund and Federal Tax Credit funding. That same estimate concluded that an incremental increase of \$7.6 million per year would be required each year to support the addition of 950 units with operating subsidies and services each year. We have already built much of the most service-intensive housing contemplated in the Plan, but the incremental services and operating subsidies needed are still substantial, and occur in the context of needing to continue existing programs.

### **C. Maintaining and Increasing Political Will**

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In many ways our community is a model for political will. During the first five years of the Ten-Year Plan we have added three state funding streams dedicated to ending homelessness, two county revenue sources, and have renewed the Seattle Low Income Housing Level. The Governing Board includes high level leaders from government, business and non-profits. The CEH initiates a number of political will activities, particularly speaking opportunities, and the overall political will effort is strongly supported by major institutional initiatives of United Way of King County, the Bill & Melinda Gates Foundation and the Champion Foundation, as well as the more grass roots efforts of the Seattle-King County Coalition on Homelessness and the Interfaith Task Force on Homelessness.

Now five years into the plan, we continue to deal with a major and prolonged recession. Social action initiatives often have a limited shelf life. We face the question how to keep the plan vibrant, particularly in light of major cuts to the social safety net. Our dedicated funding streams are somewhat protected, but are having to absorb programs previously funded through other sources that have been cut. Much of the social safety net immediately above the level of homelessness is being cut, leaving more people and families at risk.

The Mid-Plan Review Charrette addressed political will, and its teachings are informative if only for their sparseness. As frustrated as members of the CEH community sometimes are with the level of political will, the national experts participated in the charrettes were very impressed with where we are in comparison to the rest of the nation. The charrette process distilled two recommendations:

1. The diversity of the response in the urban center compared to the suburban cities is clear, and the diverse geographies are represented in the current CEH structure in its governance. The Mid-Plan Review could be an opportunity to create greater political connections and combined will across these jurisdictions to achieve even greater gains for people all over King County.
2. It is important to celebrate the wins that King County has achieved. Messaging about how different sectors are working to end homelessness offers a powerful way to let the larger community (including those involved in helping to end people's homelessness) know that the issue is not intractable, and provides hope for something better.

Clearly, both of these recommendations should be followed, but we cannot stop there. We must work to increase the voice of the Ten Year Plan (not necessarily CEH, but the Ten Year Plan) and ensure that in a time of cuts to the safety net, the importance of preventing and ending homelessness is not lost. We must maximize the use of all members of CEH governing bodies and enlist the support of the public, private, non-profit and faith communities they represent. The issue of political will must remain at the forefront of our ongoing discussions.

**V. MOVING FORWARD – KEY INITIATIVES FOR THE NEXT FIVE YEARS: ALIGNING WITH NEW FEDERAL LAWS AND INITIATIVES**

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In recent years, the federal government has adopted several laws and initiatives that have the potential for substantially affecting the effort to end homelessness. One, the HEARTH Act, creates an intense focus on performance measurement and was discussed in the previous section. Two other initiatives, the Affordable Care Act, generally known as Health Care Reform; and the National Strategic Plan to Prevent and End Homelessness and its related Five Year Plan to End Veterans Homelessness, are discussed in this section.

**A. Aligning With and Utilizing the Resources of Health Care Reform**

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On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA). Health care reform will have profound effects on the delivery and funding of health care in Washington State, and homeless people will be among those most affected. Even in an uncertain political climate in which some aspects of health reform might be repealed or defunded, the health care system is nonetheless expected to continue moving ahead to redesign care delivery models and shift financial incentives to reward quality and outcomes, not volume. Housing stability has been proven as an effective strategy in reducing health care costs; therefore, a focus on housing stability needs to become a key component of health care reform.

One of the most significant effects on homeless people is the planned expansion of the Medicaid program. Starting January 1, 2014, Medicaid will expand to include all single individuals who earn at or below 133 percent of the federal poverty level. Homeless adults who previously have been uninsured or who were on state-funded health coverage will become eligible for Medicaid. Because homeless people have historically faced barriers to accessing and retaining Medicaid coverage, it will be important for us to monitor these developments and assure that aggressive, community-based efforts are in place to help people enroll.

Another opportunity lies in the potential redesign of the health service delivery system. Washington State has begun to implement “patient-centered health homes,” a more integrated approach to care management that brings higher levels of coordination and information sharing across different parts of the health system than typically exists today. We will see more use of information technology tools, both for care providers and for clients, and should look for innovative opportunities to test these tools in shelters and supportive housing settings.

As the federal and state governments grapple with the cost of dramatically increasing the number of people eligible for Medicaid in 2014, they are actively looking to community providers to identify effective strategies to control costs. Health services in shelters and supportive housing have been shown to improve health while reducing costly use of emergency departments and hospitals. Agencies working with people who are homeless can provide a unique body of expertise about best practices for reaching out to and serving people who are often at extremely high risk for complications requiring expensive hospitalizations and risk factors related to inadequate housing and hygiene, untreated mental illness and chemical use, exposure to violence, etc.

Finally, health care reform will result in the transformation of a system that primarily treats health problems after the fact to one that is actively involved in changing the community conditions behind poor health outcomes (one of those conditions being homelessness itself.) Housing stability and targeted interventions in very poor communities need to become major strategies in the reduction of health care costs. As the community health system shifts to playing greater roles in addressing the underlying causes of inequities in health, there should be new opportunities for partnerships that can help us meet the goals of the Ten-Year Plan. We must take advantage of those opportunities.

It is essential that the needs of homeless and at risk populations be considered in the design of new health care systems. As recommended in the charrette on Systems Level Prevention:

- Concentrate on the State’s work on health care reform
- Ensure that homeless and housing agencies are at the table on the right issues as they are being deliberated for the State plan.

### **B. Coordinating with the National Strategic Plan to Prevent and End Homelessness and the National Five Year Plan to End Veterans Homelessness**

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In 2010, the federal government issued “Opening Doors: A National Strategic Plan to Prevent and End Homelessness.” The federal plan calls for alignment of mainstream housing, health, education and human services resources to prevent and end homelessness. It calls on 19 different federal departments to participate in the United States Interagency Council on Homelessness. The federal plan contains 10 objectives and 52 strategies and sets specific targets of completing ending chronic homelessness in five years, ending veterans homelessness in five years, ending homelessness for families, youth and children in ten years, and creating a path for ending all homelessness. The setting of goals alone is a major step for the federal government. For the first time, all federal agencies are being told to focus on ending homelessness.

There appear to be two main practical opportunities coming from the federal plan. First, as the federal government seeks to align its resources, it has begun requiring local jurisdictions to do the same. The Administration, for example, has asked for budget authority to issue over 10,000 HUD-VASH vouchers in support of the Plan to End Veterans Homelessness, and 7,500 vouchers that would create cross-system cooperation by pairing HUD vouchers with federal Housing and Human Services programs for chronically homeless single adults and for families. Jurisdictions applying for those vouchers will be required to show alignment with their local systems. The Committee to End Homelessness, with its Funders Group already fostering coordination, is extremely well positioned to compete for those new resources.

The second opportunity is around veteran homelessness. As noted in the section on political will, the strongest public support for ending homelessness is in the area of veteran homelessness. The National Strategic Plan calls for an end to veterans’ homelessness in five years, and this goal has been strongly embraced by Secretary of Veterans Affairs Eric Shinseki. In recent months, CEH, with the leadership of King County, has developed a local Five Year Plan to End Veteran Homelessness highly aligned among local, state and federal agencies, including a number of shared strategies:

- Advocate for additional resources and support changes in federal, state and local policy to remove barriers to effective services among veterans
- Close the housing gap (either through capital development or rental subsidy) for veterans who are currently homeless. Prepare also for the influx of veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF, in Afghanistan) anticipated to become homeless
- Address complex needs among veterans, starting with outreach and prevention. Identify and replicate best practice models for serving veterans and build capacity among partners to implement these practices
- Coordinate services across the network of federal, state and local providers to streamline access to housing and services and promote system reform where necessary
- Enhance data collection of veterans and their housing and service needs.

The King County plan is based on a much greater level of cooperation and alignment with state and federal efforts than exists in most parts of the country, largely as a result of the Veterans and Human

Services Levy, and for that we have become a national model. If additional federal resources are committed to ending veterans homelessness on a competitive basis (the last round was a lottery), we are very well positioned to compete for those resources. Tracking developments under all aspects of the federal plan, and acting aggressively to pursue new opportunities and resources, will help us achieve our goals in the next five years.

One issue that has also been raised is whether to align our timeline with the National Strategic Plan to Prevent and End Homelessness. We are already aligned with the federal goal to end both chronic homelessness and veteran homelessness in the next five years. The federal plan, however, contemplates ending family homelessness by ten years from now, rather than the five years left in our King County Plan and contemplates that the effort to end homelessness for non-disabled single adults will be ongoing work. Given the recession and its effect on families and individuals, a strong argument can be made that we should align with the federal timeline.

## **VI. MOVING FORWARD – SYSTEMS CHANGE WITHIN OUR LOCAL SYSTEMS**

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The final set of initiatives where focused effort can bring substantial change over the next five years is system change within the homeless system. There are five areas with special potential. Four were topics in the Mid-Plan Review charrette. The fifth, the Homeless Families Initiative, has been developed over the past two years with extensive community involvement.

### **A. The Homeless Families Initiative**

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In the fall of 2008, the Bill & Melinda Gates Foundation partnered with King County to lead a system-wide discussion of how to dramatically revise the way in which family homelessness is addressed. The result, *Moving Forward: A Strategic Plan for Preventing and Ending Family Homelessness*, envisions a more streamlined, accessible system to prevent families in crisis from becoming homeless, rapidly house those who experience homelessness, and link families to the services they need to remain stably housed. This approach focuses on “housing first” (with the appropriate level and type of services) rather than “housing readiness,” empowering families to regain stability and reach their goals while in the security of permanent housing.

The Family Homelessness Initiative focuses on five key areas to bring about significant impact on the overall system:

1. **Coordinate entry and assessment** so that families know where to go for help, need tell their story only once, and get placement in the program that best fits their needs, not just the first open bed
2. **Prevent homelessness for families most at risk.** Targeting prevention resources to those most at risk ensures effective use of these scarce resources
3. **Move families quickly to stable housing.** Families’ overall stability and progress can be improved by avoiding long delays in achieving permanent housing
4. **Focus support services on housing stability.** The homeless system should focus on housing stability, and link to mainstream systems for other needed services
5. **Increase collaborations with mainstream systems.** Families that experience homelessness often need a range of job training, counseling and other services. Rather than duplicating the programs of mainstream systems, the homeless system should support families in linking to the mainstream systems.

We acknowledge that such a major, transformative change will require a fundamental shift among agencies serving families facing a housing crisis, funders, and mainstream service systems such as K-12 school districts, child welfare, TANF, employment and training programs, and other partners. The Family Homelessness Initiative makes use of staged and progressive development opportunities along with technical assistance to help partners make these shifts.

Interim housing is still a crucial element to this new mix of service options for families, and the intention is not to abandon the current system of shelter and transitional system to build a new system. Instead, the focus will be to support the current network of family homeless assistance providers in realigning existing programs, while investing new resources into building the infrastructure to fill gaps and, when applicable, enhance or bring to scale existing program models.

In conjunction with providing technical assistance to agencies to shift current practices to new service models, county and other public funders will begin a multi-year process of phasing in changes using locally controlled grant resources, starting with incentives and culminating in mandating compliance with the plan in order to receive funding. These changes at the program and funding level are expected to happen in tandem and over multiple years in order to provide the pressure and support that are

necessary for a successful system transformation. Pressure is usually thought of as a bad thing and support as good, but there is a constructive role for both in a system level change. Pressure without support can lead to resistance and alienation; support without pressure leads to drift or waste of resources. Key to the families initiative, as in all other efforts, will be evaluation of performance outcomes, which will guide the ongoing shaping of this strategy.

The *Moving Forward* Strategic and Implementation Plans are available online at:

[www.kingcounty.gov/socialservices/Housing/ServicesAndPrograms/Programs/Homeless/HomelessFamilies](http://www.kingcounty.gov/socialservices/Housing/ServicesAndPrograms/Programs/Homeless/HomelessFamilies).

### **B. Revising the Emergency Shelter System for Single Adults**

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Solutions to homelessness have historically focused on emergency shelter and/or transitional housing, which alone have neither ended homelessness nor prevented a recurrence of homelessness for a significant segment of the homeless population. The Homeless Families Initiative will revise the current “emergency shelter to transitional housing to permanent housing” system into one that is “housing first” focused, designed to get families rapidly into housing and focus on housing stabilization within the real-time supports of permanent housing. This will transform existing family emergency shelter and transitional housing.

We have not yet done the same system transformation work with single adult emergency shelter. We have 1,508 shelter beds for single adults, only 101 of which are outside of Seattle. Additionally, there are 560 winter shelter beds, with 200 outside of Seattle, although a number of the winter shelter beds are severe weather only. We fund some shelters to provide case management. There are a limited number of shelter beds that have performance incentives for housing placement rates, but the vast majority do not. Shelters are required to track housing outcomes (the majority of shelters report in HMIS, and the rest will be required to do so in 2012) with movement to both transitional and permanent housing considered positive outcomes, but HMIS exit data for single adult shelter, particularly night-only shelter, is extremely limited.

One panel of the Mid-Plan Review charrette focused specifically on emergency shelter for single adults. The charrette recommendations concluded that, particularly in areas with high numbers of existing shelter beds, strategies that help people move from shelter to housing create good results for them while also freeing up shelter beds for people on the street. King County’s various cities have diverse responses to crisis among adults who experience homelessness. As in many counties with urban centers, the response in Seattle will be different than in cities in South or East King County. Safety and basic services are an important component in the overall systems that house and serve homeless adults, and emergency shelter is most successful when tied to the other systems responding to and helping to end homelessness among adults.

During the next several years of King County’s implementation of its Ten Year Plan, support for new models of shelter provision that promote individual and agency success through increased housing placement, diversion, and rapid re-housing will advance the overall goal of ending homelessness in King County.

Moving forward, it is critical to support shelters as they refine their focus on housing placement and rapid re-housing. King County, and particularly Seattle, has an opportunity to reorient the business and program model of the emergency shelter system as a whole, and to provide access to flexible housing and service assistance dollars to move people out of shelter and into housing. Targeting new resources and pilots for creating the ‘back door’ for the system, or a pathway out of shelter, is the most critical component of success for this strategy. With many adults “caught” in shelter, a shelter cycle, or not

even turning to shelter as an option, it is vital that new investments focus on opening up the back-end to allow more exits out of emergency housing.

The charrette on emergency shelter for single adults generated several recommendations:

Create a task force (or repurpose an existing group) of emergency housing providers and funders to support and provide advice on the following work:

1. **Conduct a data analysis** of the people staying in shelter to determine overall percentages of long-term stayers and frequent users. Also, use data to determine if people are cycling from shelter to shelter. Check data analysis against how programs are entering data into system to help ensure accuracy.
2. **Conduct an audit of the emergency and transitional beds** inventory for single adults and make sure the beds are being used to their best capacity. For example, some transitional units could be converted to permanent supportive housing and others may be able to be converted to a more streamlined model that ensures throughput.
3. **Include long-term stayers and frequent users with disabilities in targeting of resources.** Currently, there is a supportive housing placement priority focusing on frequent users of other systems, but the supports for moving a frequent user of shelter, or long-term shelter stayer, are less available. Including frequent use and long stays as a factor in prioritization can ensure greater access.
4. **Line up a supply of short-term rental supports and assistance** targeted to non-disabled single adults (see Systems Level Prevention). With an understanding that King County needs ongoing crisis response and capacity to provide a safe place for shelter, many single individuals are stuck in the current shelter system or unable to access it at all. Meeting the needs of any household is best done in permanent housing, not while housed in shelter.
5. **Invest additional resources in getting people out of shelter.** There will always be a need for a strong and responsive crisis response in King County, with the capacity to provide someone immediate shelter and services. Particularly in areas with a high number of shelter beds, investment and creative partnerships may be more effective in creating opportunities for people to leave the street if focused on getting people out of existing shelter (thus freeing up beds) rather than creating new shelter beds.
6. **Break down administrative barriers that contribute to longer length of stays** including lengthy and uncoordinated applications. Work with housing providers and/or county agencies to streamline and reduce paperwork required for housing options so that shelter and triage staff can quickly complete the necessary information for all housing options and consumers do not need to be asked for the same information on multiple occasions. Develop shelter protocols that support rapid re-housing approaches enabling families & individuals to move quickly into permanent housing options.
7. **Implement performance-based contracts with consistent measures.** The measures should follow HEARTH and the National Strategic Plan to Prevent and End Homelessness and focus on placement into stable housing, reduced length of stay in shelter, reduced recidivism in shelter, and fewer new entries into shelter (see Performance Measures and Accountability section).
8. **Draw from examples of other jurisdictions** that have made creative changes to their shelter and housing systems including Columbus, OH, Chicago, IL, and New York City, NY. For suburban cities that are exploring methods to formalize the structure of their emergency beds, moving from 12-hour shelter to 24-hour shelter can also solve the issue of not having day space for people to manage

and organize their day. This might also be a consideration for some Seattle beds if the structure makes sense.

9. **Explore using learning collaboratives** as a process for working through the system changes. Develop a series of in-person and webinar trainings to support and educate staff.

### C. Addressing the Needs of Youth and Young Adults

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We know that one of the highest predictors of adult homelessness is having been homeless as a child, and we are hearing increasing reports of youth and young adult homelessness as a result of the recession.

Nationally and in other jurisdictions, while much work around youth homelessness has been done under the umbrella of runaway and homeless youth, it has been done largely separately from the overall strategies of Ten Year Plans. That is changing with the National Strategic Plan to Prevent and End Homelessness, and with many communities' recognition that comprehensive plans need to more effectively include the youth and young adult system. The same is true in King County where there are many excellent programs and program level continuums exist to help end youth homelessness in King County. Additionally, individual agencies and staff in agencies know how to work with youth to end their homelessness. Youth and young adult providers could greatly advance their work by working with funders to define key consensus program elements that should have priority funding in the youth and young adult system and the way in which programs should interact to create a true system of care for this population. This same structure could help to convene a process to engage other systems, such as foster care and juvenile justice, which are uniquely tied to youth and young adults.

The charrette on youth and young adult homelessness explored how we can better address the needs of youth and young adults and arrived at the following recommendations.

Create a task force (or repurpose an existing group) of key youth and young adult providers and funders to accomplish the following:

1. **Analyze the current inventory** of programs and agencies serving homeless youth and find the commonalities of program design in ending youth homelessness. Consider strategies under the following areas:
  - Housing (including a clear description of appropriate models)
  - Education and jobs (defining connections with workforce system, community college, and job support)
  - Family supports (such as reunification, and reconnecting with families even after establishing independent living).
2. **Research and agree on strategies that prevent and end youth homelessness** and engage the systems involved with youth (especially those under the age of 18) such as foster care, juvenile justice, courts, etc.
3. **Review past reports and recommendations** on homeless youth and young adults, agree on a few strategies to pursue and promote those as a collaboration/emerging system.
4. **Create consistent outcomes** to measure performance across housing, education and family supports (see Performance Measures section) and create accountability in furtherance of the ultimate desired outcome.
5. **Continue to promote self advocacy** as an empowerment tool and a way to help young adults move toward positive independence and interdependence.

6. **Consider developing clear, overarching system goals** for ending homelessness for youth:
- We will have no homeless youth on the street
  - We will not tolerate involuntary loss of housing for youth
  - We will prevent youth from entering the homeless adult system.

D. **Creating the Appropriate Services and Systems Coordination for Immigrant and Refugee Populations**

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King County ranks second among all states for secondary relocation of refugees, and many of them come with few resources and expired or rapidly expiring federal supports. The metropolitan King County area is considered a hub for refugees from the former Soviet Union, Cambodia, and Somalia. (Of the over 20,000 Somalis estimated to live in King County, 70% are assumed to be secondary migrants.) This is becoming a greater issue as the federal resources dwindle and state resources are not often available to pick up the balance needed for families and individuals to stabilize in their new homes.

Newcomers to King County may be adjusting to a new language and culture, and may have unique challenges associated with trauma and obtaining employment, health and legal services. When immigrants or refugees settle into unsafe or unstable housing, they are at risk of entering a cycle of homelessness, and increasing numbers of immigrants and refugees are requiring shelter, drop-in, prevention and other housing services. Often community-based supports reach immigrants and refugees to meet basic needs, but there have been few systemic attempts to develop prevention services and, if necessary, shelter beds that are accessible, appropriate and responsive to the needs of this population.

Currently, homeless-specific programs are not the best point of intervention for those immigrants and refugees that are unstably housed. A charrette panel addressed the issues around immigrants and refugees and concluded that efforts that focus on repositioning people with opportunities to thrive and obtain housing stability through prevention will provide a successful intervention for households and provide a clear solution for the community. The charrette also suggested that great benefits can be achieved by increasing cross-system understanding and coordination between systems focusing on immigrants and refugees and the homelessness system, and that fruitful areas to explore include creating a better continuum of supports and increasing effective cultural competency.

The charrette process began an important cross-system conversation with homeless providers and immigrant and refugee providers. Recommendations included the following action items:

To further this work, create a task force of funders and providers from the homeless/housing system and the immigrant and refugee system and community to continue the dialogue on the interventions for immigrants, refugees, and undocumented households that started during the charrette. This task force could do or advise on the following:

1. **Document the experiences of current immigrants and refugees** who become homeless, and use data to understand the scope and scale of the issue.
2. **Conduct cross-training and cultural competency workshops** to talk about mutual areas of concern. Use learning collaborative as a tool in implementation. Topics may include understanding the immigrant/refugee system and supports; understanding the homeless and housing system and resources; targeting interventions across systems; and navigating mainstream resources for immigrant/refugee households.

3. **Complete a funding crosswalk of resources** available to immigrant and refugee serving agencies as well as homeless and housing service agencies to determine ways to match resources to best support individuals and families.
4. **Encourage collaboration** among shelters and drop-ins and other community-based agencies to increase the capacity of their respective organizations to plan and deliver training on diversity, immigration and refugee policy and completing refugee claimant forms.

**BEST PRACTICE**

Addressing the unique barriers that homeless refugees face is an important action step for Heading Home Hennepin, the 10-year plan to end homelessness in Hennepin County and Minneapolis. Over the past several years, roughly 3,000 refugees have re-settled in Hennepin County per year. The Minnesota Council of Churches received funding from Hennepin County and the McKnight Foundation to work with refugees who were homeless or at risk of losing their housing. The two-year program provided rent subsidies and case management to refugee families to stabilize housing, increase income, and keep families engaged in school. This program ended in December 2008 but was refunded with federal stimulus money (Homelessness Prevention and Rapid Re-housing Program) in October 2009.

Results from the original two-year pilot were:

- Within the first six months, 83 percent of families increased their income at an average of 63 percent. This was due to an increase in employment.
- Those who completed the pilot received a rental subsidy for 6.3 months, on average.
- 97 percent of families surveyed with school age children showed positive engagements in their children’s school.

Lessons for public policy and social service agencies: When housing is stabilized, most families in crisis increase their income and further stabilize their living situation.

[www.headinghomeminnesota.org](http://www.headinghomeminnesota.org)

5. **Support the capacity of Mutual Assistance Associations** or refugee-administered community based organizations in an effort to promote self-help and community cohesion, as well as to establish a community resource that will exist after refugee-specific and homeless prevention assistance is no longer available.
6. **Provide flexible, short-term rental assistance in response to those at risk**, especially at the eight-month refugee assistance “cliff.” Examples of successful HPRP arrangements in Minnesota and Chicago were highlighted during the charrette. Establish flexible resources to community agencies, MAA or resettlement agencies to provide basic client assistance that may prevent a household from becoming homeless. Establish performance outcomes that dictate the outcome (household remains stably housed) but does not dictate the service delivery method.
7. **Intentionally incorporate Culturally and Linguistically Appropriate Services (CLAS) standards into shelter and housing operations** so that each household receives culturally competent services. Develop definitions of culturally appropriate services (funders, in concert with shelters and drop-in centers) and share culturally appropriate service delivery models. Develop standards on the delivery of culturally appropriate services, and ensure that these standards are rigorous and measurable.

**E. System Level Prevention**

Every Ten Year Plan recognizes that ultimately success depends on other systems participating in the effort to prevent homelessness. We need mainstream physical health hospitals, mental health hospitals, the criminal justice and the foster care system to view housing stability as a core element recidivism prevention, and we need the workforce development system to give people the education and training they need to earn a housing wage.

We have created a number of very effective programs to help end homelessness for high utilizers of those other systems, but money for those programs has come primarily from the homeless system. Exceptions include mental health funding from the MIDD, some workforce training (although homeless dollars provide the necessary case management) and a soon-to-be-opened expanded medical respite program for behaviorally challenging people that will be funded in part with contributions from hospitals.

Still, we need to engage these other systems better. A charrette panel looked at this issue and recommended the following action items:

1. **Concentrate on the State's work on health care reform.** Ensure that homeless and housing agencies are at the table on the right issues as they are being deliberated for the state plan.
2. **Consider consolidating short-term rent assistance programs in King County.** When prevention and housing placement (including rapid re-housing) dollars are combined in a seamless manner under one administrator, funders can realize efficiencies and target resources to special populations (families, single adults, shelter stayers, immigrants and refugees, etc.) ensuring greater access. This directs the access from a systems and financial level as opposed to a client level, while still benefitting the client. It can also allow for more flexibility in service provision because of the consolidation in resources, reduction of unnecessary reporting, and other measures.
3. **Explore the role of Aging and Disabled Services in the systems level response to end and prevent homelessness.** This system will also be playing a key role in health care reform.
4. **Learn from the success** of the pilot programs that work across systems to serve vulnerable populations, and implement systemic changes to break down barriers. Consider taking these projects to scale. Examples include FISH, FACT, and the program with FUP vouchers, public health and child welfare.

## **VII. CONCLUSION**

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As we look back on the first five years of the Ten Year Plan, we have many accomplishments to celebrate. What we have done is admired by jurisdictions across the nation, and we have improved the lives of thousands of our residents and made our communities stronger.

We face, however, great challenges as the recession continues to take its toll. Going forward, we must first address our keystone elements: creating effective performance measures and accountability; finding a way to continue our robust production of housing and services to achieve the original Plan goals; and maintaining and enhancing political will.

Next, we must capitalize on opportunities created by changes and new initiatives at the federal level. The Affordable Care Act (health care reform) in particular has the potential to make housing stability a foundation for preventive health care and to dramatically change how our system works. There are also opportunities in aligning with the National Strategic Plan to Prevent and End Homelessness and the Five Year Plan to End Veterans Homelessness that could dramatically change how we address homelessness in our region.

Finally, we must continue to change our system to make it more effective regardless of the resources available. We must complete the Homeless Families Initiative; revise emergency housing for single adults so that it becomes a path to housing; better address homeless youth and young adults; create better systems to address immigrant and refugee communities; and engage other systems in system level prevention. Although not directly addressed in this report, we must also begin to plan for an aging population, both among those who are homeless and those who are currently housed.

The Funders Group, in consultation with the IAC, CAC and Governing Board, will develop work plans and priorities for implementing these recommendations and guiding our work in the second half of the Plan.

It would be wonderful if there were a “magic bullet” and we could say “**do this**” and homelessness would end, but just as the problem is complex, so are the solutions. We know, however, how to prevent homelessness and how to help people move from homelessness to stable housing. We have created effective pilots for major changes in our systems. We have the energy and the commitment and the expertise among our community to find the solutions we seek. The task will not be easy, but we know we will find the way. It is up to us to finish the job.

## King County Ten-Year Plan to End Homelessness – Mid-Plan Review

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### APPENDIX A: SUMMARY OF MID-PLAN REVIEW REPORT RECOMMENDATIONS

The following is a brief summary of recommendations set forth in the Mid-Plan Review Report. They are in three broad categories:

- Overarching Priorities (Part IV within the Mid-Plan Review)
- Aligning with New Federal Laws and Initiatives (Part V within the Mid-Plan Review)
- Systems Change Within Our Local Systems (Part VI within the Mid-Plan Review)

#### **PART IV: Moving Forward - Overarching Priorities**

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Three overriding priorities of the second half of the Ten Year Plan are **Performance Measures; Production and Political Will**. Elements from these overarching priorities will need to be embedded within each of the other initiatives.

**Performance Measures** and accountability at all levels are important to future progress under the Ten Year Plan. Funders and providers must work together to use HEARTH Act metrics to help define program metrics and funding and to streamline reporting requirements. We must define consistent outcomes and integrate them into program contracts; develop a process to share outcomes among providers and across the system; and ensure that the process is cooperative, transparent and provides the technical assistance providers need to enter successfully into this system. Be willing to redirect funding from programs that are unable to meet standards even after receiving technical assistance to highly performing programs.

**Production:** Our production of housing and services has been the envy of Ten Year Plan jurisdictions across the country, and has changed thousands of lives. We have done particularly well in our housing for chronically homeless single adults, but less well for youth and young adults and for non-disabled single adults. Maintaining our pace of production will be difficult in light of funding cuts at every level, but the consensus is that we must maintain our production goals, and must find inventive ways of meeting them.

**Political Will:** In promoting political will, it is important to celebrate the wins that the Ten Year Plan has achieved. We must also continue to create greater political connections and combined will across the region to achieve even greater gains for people all over King County. We must increase the voice of the Ten Year Plan and ensure that in a time of cuts to the safety net, the importance of preventing and ending homelessness is not lost. We must maximize the use of all members of CEH governing bodies and enlist the support of the public, private, non-profit and faith communities they represent. The issue of political will must remain at the forefront of our ongoing discussions.

#### **PART V: Moving Forward – Aligning with New Federal Laws and Initiatives**

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The second part of our recommendations focus on taking advantage of and **Aligning with Emerging Federal Initiatives**.

The federal government has undertaken three initiatives that present substantial opportunities. Perhaps most important, the **Affordable Care Act**, commonly known as Health Care Reform, provides what may be the best opportunity for a quantum leap in our efforts. The Affordable Care Act not only assures health care for almost all homeless people, it also attempts to create a system that rewards reductions in overall costs. If there is one thing we have proven in recent years, it is that stable housing decreases health care costs. We may be on the verge of having housing recognized (and maybe even funded as) a basic element of preventive health care.

There is also the **National Strategic Plan to Prevent and End Homelessness**, which seeks to align federal funding among departments – using our own Funders Group as a model. This alignment should

## King County Ten-Year Plan to End Homelessness – Mid-Plan Review

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allow us to be more effective in our provision of housing and services. We also face the question whether political will would be helped or hindered if we aligned our timeline with that of the National Plan (which would leave our goals unchanged for chronically homeless single adults and veterans, but add five years for families, and recognize that ending homelessness for non-chronic single adults will be an ongoing process.)

Last, but far from least, there is the **Five Year Plan to End Veterans' Homelessness**. We have closely cooperated with the state and federal departments to create our own, King County Plan that is aligned both strategically and in allocation of resources with the national plan, and we believe that we are well positioned to be the beneficiary of new resources being dedicated by the federal government (one of the few areas in which the federal budget is increasing).

### **PART VI: Moving Forward - Systems Change within the Homeless System**

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There are five **System Change** initiatives on our agenda.

First, we need to complete the **Homeless Families Initiative**, which focuses on coordinated entry and assessment, prevention for those most at risk, rapid re-housing for those who become homeless, tailored services so that the homeless system focuses on housing stability, and linkages to the mainstream system for other services families need.

Second, we must revise **Emergency Housing for Single Adults** so that it becomes a path to housing, including identifying long-term stayers; conducting an inventory of beds to make sure they are being used most efficiently; investing in moving people out of shelter including exploring techniques such as use of short-term shallow subsidies; implementing performance based contracts, including emulating other jurisdictions' successful programs for reducing shelter stays; and using learning collaboratives to help bring about system change.

We must better address **Homeless Youth and Young Adults**, including analyzing the current inventory of programs and agencies serving homeless youth; finding the commonalities of program design in preventing and ending youth homelessness; and researching and agreeing on strategies to be employed in addressing youth and young adults, including promoting self-advocacy. We need to create consistent outcomes to measure performance across housing, education and family supports, and articulate system wide aspirational goals and ensure that homeless young adults do not become homeless adults.

We need to create better systems to address **Immigrant and Refugee Communities** including developing a funding cross-walk so that each system knows the full extent of resources available; conducting cross-training and cultural competency workshops to talk about mutual areas of concern and incorporating Culturally and Linguistically Appropriate Services (CLAS) in service models. We should encourage collaboration among shelters and drop-ins and other community-based agencies to increase capacity and deliver training on diversity, immigration and refugee policy and procedures. We should develop programs for providing flexible, short-term rental assistance in response to those at risk, especially at the eight-month refugee assistance "cliff."

Finally, we need to continue to engage other systems in **System Level Prevention**, concentrating on the State's work on health care reform; potentially consolidating short-term rent assistance programs in King County; exploring the role of Aging and Disability Services in the systems level response to end and prevent homelessness; learning from the success of the pilot programs that work across systems to serve vulnerable populations; and implementing systemic changes to break down barriers. We need to look to the multi-system pilots that have been successful, such as FACT, FISH and FUP, and take those programs to scale.