Initial Health through Housing Implementation Plan 2022-2028

August 2021

King County

Contents

Executive Summary

Health through Housing (HtH) invests in the premise that a person's ability to be housed is a fundamental component of that person's ability to gain and maintain health. Health through Housing refers both to King County's imposition of an ongoing sales tax under authority of RCW 82.14.530 and to an initiative that uses the proceeds of that sales tax from 2021 through 2028 to create, operate, and maintain 1,600 units of emergency and permanent supportive housing for King County residents who are experiencing or at risk of chronic homelessness.[1]

Concept, Background, and 2021 Activities

Health through Housing arose as a concept and initiative in 2020 as the COVID-19 pandemic posed a once-in-a-generation challenge to the King County region and the world. COVID-19 amplified pre-existing crises of homelessness, housing affordability, and racial inequity. Tens of thousands of King County households owe unpaid rent, prices to purchase housing continue to climb, and consistent public reporting observes an increase in unsheltered homelessness that intersects with a reduction in overall shelter capacity resulting from social distancing standards in previously overpopulated emergency shelters.[2, 3, 4] In addition, homelessness in general, and chronic homelessness within it, exhibit stark racial-ethnic disproportionality. Homeless Management Information System (HMIS) data for King County show consistent disproportionate representation of American Indian/Alaska Native and Black/African American, and multiracial populations among chronically homeless households.[5]

The confluence of crises required King County to move with unprecedented speed, made possible new actions and partnerships, and created new opportunities to make long-term progress. An urgent and early pandemic response to move hundreds of County residents from the most crowded congregate shelters into single-room settings in leased hotels not only significantly slowed the spread of COVID-19 but offered residents remarkable wellness benefits that had been out of reach in congregate settings.

Amidst these conditions, King County developed the *Health through Housing* initiative to:

- Incorporate the lessons of COVID deintensification shelters, which demonstrated that single room settings are more supportive of a person's stability, health, and ability to maintain housing.[6]
- Exercise the authority provided by the Washington Legislature to create a funding source to fund sufficient capital in the near term to acquire and operate for the long term up to 1,600 new affordable homes.
- Take advantage of the counter-cyclical housing investment opportunity in a temporary economic circumstance to buy relatively new or recently updated hotels or apartments, many of which include kitchen facilities, to substantially grow the region's stock of affordable homes in months rather than years.

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[1] RCW 82.14.530 reflecting ESHB 1070 from 2021. [LINK]
[2] King5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [LINK]
[3] Zillow King County Market Overview, data through July 31, 2021. [LINK]
[4] King County Homelessness Response System Data Review: Q1 2021 Release. [LINK] This data review is included as this plan's Appendix H.
[5] Seattle-King County Homeless Management Information System (HMIS) as of July 2021. See also discussion of this trend in the Evaluation and Performance Measurement section of this plan, especially Figure 16.
[6] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [LINK] This study is included as this plan's Appendix G.

- Establish partnerships with cities across King County to site and operate emergency and permanent supportive housing at a speed and scale not previously possible. This coordinated strategy recognizes that to reduce chronic homelessness in King County, communities, cities and the County must act boldly together to increase housing that is available to and supportive of residents who have been living outside.

In 2020, King County enacted Ordinance 19179, codified as KCC chapter 4A.503, to impose the Health through Housing sales tax.[7] In 2021, the County enacted Ordinance 19236, codified as KCC chapter 24.30, to guide implementation planning for the Health through Housing initiative in 2022 and beyond.[8]

This Initial Health through Housing Implementation Plan 2022-2028 responds to the requirements of KCC chapter 24.30, describing the goals, strategies, performance measures, reporting requirements and annual expenditure plan that will direct use of Health through Housing proceeds during the term of the plan. This plan also satisfies the requirements of KCC 4A.503 and RCW 82.14.530.[9, 10]

Health through Housing Initiative Activities in 2021
While this plan governs the HtH initiative from 2022 through 2028, King County undertook significant HtH activity in 2021 with a focus on designing key aspects of the initiative, consulting with cities across the region to identify potential HtH sites, acquiring HtH sites, identifying qualified operator agencies, and beginning to provide housing and supports to persons who meet HtH eligibility criteria. At the time of this report's transmittal, King County has closed on purchases or entered into purchase and sale agreements for nine HtH locations totaling 859 units of housing and is negotiating an agreement with the City of Seattle's Office of Housing to fund the ongoing operations of an additional 350 units of permanent supportive housing for which Seattle has funded capital construction costs. Based on plans to complete the remaining HtH facility acquisitions during 2021, this plan assumes that by January 1, 2022, King County will acquire an additional three HtH locations totaling 296 units of housing and will enter into an agreement or agreements to fund an additional 95 operations-only units of permanent supportive housing.

Who is Eligible to Live in Housing Buildings Provided by Health through Housing?

RCW 82.14.530 and KCC chapters 4A.503 and 24.30 combine to define and prioritize which persons are eligible to live in HtH buildings.[11, 12, 13] In accordance with these statutes, housing and residential supports through Health through Housing will serve persons with incomes at or below 30 percent of the area median income (AMI) who are experiencing or at risk of chronic homelessness.[14, 15]

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[7] KCC chapter 4A.503. [LINK]
[8] KCC chapter 24.30. [LINK]
[9] KCC chapter 4A.503. [LINK]
[10] RCW 82.14.530 as reflected in ESHB 1070 from 2021. [LINK]
[11] RCW 82.14.530 as reflected in ESHB 1070 from 2021. [LINK]
[12] KCC chapter 4A.503. [LINK]
[13] KCC chapter 24.30. [LINK]
[14] KCC 24.30.010.F defines "experiencing chronic homelessness" as a household that includes an adult with a disability, that either is currently experiencing homelessness for at least 12 consecutive months or has experienced homelessness for a cumulative 12 months within the previous three years. [LINK]
[15] KCC 24.30.010.B defines "at-risk of chronic homelessness" as a household that: (1) includes an adult with a developmental, physical or behavioral health disability; (2) is currently experiencing homelessness for only 10 to 12 months in the previous three years, or has experienced homelessness for a cumulative total of 12 months within the

2022-2028 Goals and Strategies

The HtH initiative's Paramount Goal and its seven Supporting Goals guide King County's implementation and administration of the HtH initiative by identifying overall outcomes that the initiative intends to deliver by the end of the initial Implementation Plan's term in 2028.

> "The paramount goal of the [initial Health through Housing] implementation plan shall be the creation and ongoing operation of 1,600 units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness." -King County Code 24.30.030.3

In addition to the plan's Paramount Goal, the HtH initiative will pursue and report on progress of the following supporting goals from 2022 through 2028:

- **Supporting Goal 1** | Annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County (required by KCC 24.30.030.A.1).[16]
- **Supporting Goal 2** | Create and operate a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by HtH proceeds (required by KCC 24.30.030.A.5).
- **Supporting Goal 3** | Increase HtH resident health by providing health care system enrollment and access on-demand to integrated healthcare for all HtH residents while they reside in a HtH building.
- **Supporting Goal 4** | Convert (through rehabilitation or "rehab") into permanent supportive housing by December 31, 2028 at least 50 percent of HtH units that enter the portfolio as emergency housing.
- **Supporting Goal 5**| Increase the number of organizations who can operate emergency supportive, permanent supportive, or other affordable housing who also specialize in serving a demographically overrepresented population or community amongst King County's chronically homeless population.
- **Supporting Goal 6** | Establish and maintain an online, publicly reviewable "dashboard" depicting current and historical performance data and information about the Health through Housing initiative.
- **Supporting Goal 7** | Publish by December 31, 2026 an in-depth evaluation of the HtH initiative's effectiveness.

The County plans to achieve the Paramount Goal by:

- Creating through acquisition 1,155 affordable emergency or permanently supportive homes in 12 sites and then funding the ongoing operations of those units;[17] and

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last five years; and (3) includes one adult that has been incarcerated within the previous five years in a jail or prison, includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW, or identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County. [LINK]

[16] KCC 24.30.030.A.1. [LINK]

[17] See the Health through Housing Initiative Activities in 2021 subsection for definitions of emergency supportive housing (ESH) and permanent supportive housing (PSH) in the Health through Housing context.

- Providing operations-only funding for 445 units, including 350 permanently supportive homes in the City of Seattle and 95 outside of the City of Seattle, all of which will be contained within new housing developments created by other funding sources than Health through Housing.

The HtH initiative will implement six strategies to accomplish the initiative's paramount and supporting goals. These are summarized in Figure 1.

Figure 1: Health Through Housing's Six Implementation Strategies

Summary of Health through Housing's Six Implementation Strategies	
Strategy 1 Capital Financing and Improvements for HtH Sites	Capital improvements, such as major maintenance, property ownership and improvement activities including acquisition and rehabilitation for HtH properties
Strategy 2 Emergency and Permanent Supportive Housing Operations	Activities to staff and operate HtH buildings and provide resident supports to the people living in HtH buildings
Strategy 3 Behavioral Health Services Outside of HtH Sites	Behavioral health services outside of and in addition to resident supports provided within HtH sites through Strategy 2, including a mobile behavioral health team and other behavioral health services ineligible for Medicaid funding
Strategy 4 Capacity Building Collaborative	Activities to build the capacity of HtH contracted agencies to provide effective services for persons who require emergency and permanent supportive housing, with a focus on improving quality and access to services for persons who disproportionately experience chronic homelessness
Strategy 5 Evaluation and Performance Measurement	Activities to refine implementation and assess initiative effectiveness by measuring performance and conducting in-depth evaluation
Strategy 6 Future Acquisition of Additional Properties	If warranted to achieve this plan's Paramount Goal, activities to create through acquisition or construction additional HtH facilities from 2022 through 2028

This plan includes detailed descriptions of the rationale and scope for each of the six strategies above, as well as how each strategy directly or indirectly supports multiple goals of the initiative. Within Strategies 2 and 4, this plan addresses how HtH will center equity in HtH operations and how HtH will equip providers representative of communities who most disproportionately experience homelessness with resources and support. In addition, within Strategy 6, this plan addresses various siting, consultation, and equity and social justice impact review requirements that King County will follow in the event that it is necessary or advisable for King County to acquire or construct additional HtH sites after 2021 and before this plan is updated.

2022-2028 Annual Expenditure Plan

This plan includes an annual expenditure plan for the HtH initiative, including projected revenue, that details allocations of projected revenue amongst strategies and other expenditures and overall annual balances for the HtH fund based on projected revenue and allocations. Approximate annual allocations across strategies are shown in Figure 2.

Figure 2: Approximate Annual Allocations by Strategy

Health through Housing Approximate Allocations by Strategy (2021-2028)	2021	2022	2023	2024	2025	2026	2027	2028
Strategy 1 Capital Financing and Improvements for HtH Sites	264.3M	1.0M	1.0M	17.1M	17.1M	17.1M	16.1M	0.0M
Strategy 2 Emergency and Permanent Supportive Housing Operations	9.6M	36.1M	40.9M	42.4M	43.3M	44.5M	45.7M	47.0M
Strategy 3 Behavioral Health Services Outside HtH Sites	0.6M	8.1M	8.5M	9.0M	9.5M	10.0M	10.5M	11.0M
Strategy 4 Capacity Building Collaborative	0.6M	0.4M	0.4M	0.4M	0.4M	0.5M	0.5M	0.5M
Strategy 5 Evaluation and Performance Measurement	0.9M	0.6M	0.6M	0.6M	0.6M	0.7M	0.7M	0.8M
Strategy 6 Future Acquisition of Additional Facilities	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M
Initiative Administration	2.9M	1.9M	2.0M	2.0M	2.2M	2.3M	2.5M	2.7M
Bond Financing Cost	0.6M	16.8M	16.7M	20.6M	20.6M	20.6M	20.5M	20.5M
HtH Reserve[18]	18.3M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M
Total Annual Expenditure	**$297.8M**	**$64.7M**	**$70.3M**	**$92.2M**	**$93.8M**	**$95.6M**	**$96.6M**	**$82.4M**

The annual expenditure plan also describes how it satisfies key legislative requirements, sets out processes for adjustments to allocations when necessary, and describes how HtH meets jurisdictional spending requirements for cities with populations over 60,000 persons.

Evaluation and Performance Measurement

Health through Housing will use Results Based Accountability (RBA), a method for assessing the results of Health through Housing strategies, and will supplement RBA learnings with additional evaluation activities.[19] The resulting framework for evaluating HtH and measuring its performance includes population indicators to identify needs, understand baseline conditions, and track trends; performance measurement to assess how well a strategy is working; and in-depth evaluation to deepen learnings, most notably an overall evaluation of the Health through Housing initiative by December 31, 2026.

Health through Housing will measure performance of strategies to assess implementation of the initiative and whether it is successfully driving positive outcomes for participating households and the region. In administering the HtH initiative, DCHS intends to include in any overall assessment of effectiveness whether the program is reducing racial-ethnic disproportionality amongst King County's chronically homeless population.

[18] The HtH Reserve, funded in 2021, includes funding for a Debt Service Reserve equal to six months of debt service as well as a 60-day Rainy Day Reserve consistent with King County's Comprehensive Financial Management Policies [LINK].

[19] Clear Impact. What is Results Based Accountability? [LINK].

Health through Housing Advisory Committee and Annual Reporting

The Executive intends to convene the Health through Housing Advisory Committee by March 31, 2022, and then once per quarter thereafter. The Advisory Committee will advise the Executive and Council on matters affecting the Health through Housing initiative, advise the Department of Community and Human Services (DCHS) on implementation of the Health through Housing initiative, review performance data of the Health through Housing initiative, and report annually to the Council and the community on the expenditures, accomplishments and effectiveness of the Health through Housing initiative.

The committee membership will include persons who have experienced homelessness, persons representative of racial and ethnic communities that are demographically disproportionately represented among persons experiencing chronic homelessness in King County, residents of cities with populations greater than 60,000 persons, residents of unincorporated King County, and members of regional and County subregional human services or housing boards or committees, and current and past residents of HtH sites.

The HtH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard. DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HtH initiative's performance during the year.

Communication and Partnership Plan for 2022-2028

Jurisdictional partnerships were essential to the success of HtH in 2021 and will be critical to its success through the 2022-2028 Implementation Plan period and beyond. Communication with these partners during the period of this plan include informing jurisdictions across King County about HtH implementation progress, especially through HtH Advisory Committee meetings; if necessary, siting new HtH sites under the process and requirements specified within this implementation plan; and managing ongoing operations at HtH sites including ongoing communication between the County, host cities, and site operators.

Conclusion and Next Steps

Health through Housing came about at the confluence of a global pandemic's unprecedented health and economic effects upon preexisting crises of homelessness, housing affordability, and systemic racism. As King County's most comprehensive initiative to rapidly expand and perpetually operate housing for King County residents who are experiencing or at-risk of chronic homelessness, the HtH initiative offers an opportunity to apply to the crisis of chronic homelessness the same commitment to action, evidence, partnership and equity that propelled the region's response to COVID-19.

Upon its adoption by ordinance, this plan will govern the Executive's administration and implementation of the HtH initiative. This plan's success will require the region to nurture new partnerships, to build upon existing coalitions, and to recognize that implementing solutions to big issues like homelessness will depend upon consistent cooperation, clear communication, and common cause.

Concept, Background and 2021 Activities

What is Health through Housing?

Health through Housing (HtH) refers both to King County's imposition of an ongoing sales tax under authority of RCW 82.14.530 and to an initiative that uses the proceeds of that sales tax from 2021 through 2028 to create, operate, and maintain 1,600 units of emergency and permanent supportive housing for King County residents who are experiencing or at risk of chronic homelessness.[20, 21]

The premise and the promise of HtH is that a person's ability to be housed is a fundamental component of that person's ability to gain and maintain health. The paired outcomes of gaining and maintaining health and housing mutually reinforce each other in ways that are well established and understood after multiple analyses and studies both locally and nationally.[22]

Historical Context: The Origins of Health through Housing

Health through Housing arose as a concept and initiative in 2020 as the COVID-19 pandemic posed a once-in-a-generation challenge to the King County region and the world. COVID-19 also amplified pre-existing crises of homelessness, housing affordability, and racial inequity. The confluence of crises required King County to move with unprecedented speed, made possible new actions and partnerships, and created new opportunities to make long-term progress.

Moving Shelter Residents to Single-Room Settings due to COVID-19 Created Health and Wellbeing Benefits

An urgent and early pandemic response to move hundreds of County residents from the most crowded congregate shelters into single-room settings in leased hotels not only significantly slowed the spread of COVID-19 but offered residents remarkable wellness benefits that had been out of reach in congregate settings. The University of Washington (UW) partnered with King County to examine how hotels worked relative to congregate shelters. The UW study concluded that the move to single-room settings in hotels

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[20] HtH is King County's initiative to use the proceeds of a 0.1 percent sales tax that King County imposed in 2021 under the authority of RCW 82.14.530. This plan distinguishes between the sales tax that King County imposes, the King County fund that receives the sales tax's proceeds, and the King County initiative that uses the sales tax proceeds:

- The RCW 82.14.530-authorized sales tax that King County imposed and collects under Ordinance 19179, codified as KCC 4A.503, is the Health through Housing Sales Tax ("HtH Sales Tax").
- The King County Fund into which King County deposits the sales tax's proceeds is called the Health through Housing Fund ("HtH Fund").
- The King County initiative that uses HtH Sales Tax proceeds is called the Health through Housing initiative ("HtH initiative").
- This plan's use of the phrase "Health through Housing" or the acronym "HtH" without a further modifier refers to the HtH initiative.

[21] RCW 82.14.530 reflecting ESHB 1070 from 2021 [LINK].

[22] The efficacy of combining housing access and supportive services to benefit persons who have been homelessness is well established. The local Third Door Coalition maintains a comprehensive catalogue of research relating to the mutually beneficial interactions between housing and health. Third Door Coalition Research and Sources. [LINK]. The Supportive Housing Network of New York maintains a similar catalogue nationally. Supportive Housing Network of New York Research and Publications. [LINK] Local organizations such as the Downtown Emergency Services Center (DESC) have also contributed to this research. DESC Research Archives. [LINK].

increased residents' health and wellbeing, increased feelings of stability, reduced interpersonal conflict, decreased the volume of 911 emergency calls compared to congregate settings, gave residents more time to think about future steps, increased exits to permanent housing, and improved engagement with supportive services.[23]

State Passed New Revenue Option for Affordable Housing and Behavioral Health

The Washington Legislature amended Revised Code of Washington (RCW) 82.14.530 via House Bill (HB) 1590 in 2020, granting King County the authority to impose by County Council action a new sales tax that may fund both capital and operating expenses, including resident supports, for affordable housing and behavioral health.[24] In 2021, the legislature amended the law again via Engrossed Substitute House Bill (ESHB) 1070, clarifying that acquiring units of new affordable housing is an eligible use of proceeds.[25]

Economic Crisis Yielded Unique Urgency and Opportunity

An economic crisis grew from the COVID pandemic, hitting the hospitality industry particularly hard. This left many hotels with historically low rates of occupancy and facing prolonged financial difficulty.[26, 27] As a result, King County encountered an opportunity to purchase hotels or apartments for lower prices than would typically be available. This in turn could make housing immediately available instead of waiting years for construction, while also bringing into County ownership land that might later be developed in partnership with host cities for additional affordable housing stock in the long term. California and Oregon saw similar opportunities.[28, 29]

Drivers of unsheltered homelessness like housing costs, unemployment and loss of income, access to healthcare and supportive services, and availability of shelter were all affected adversely by the COVID pandemic, creating new urgency as more King County residents were living and sleeping outside.[30]

A New Template for Regional Response to Crises

The pandemic demonstrated in stark terms just how interconnected and interdependent all residents of King County are. The County's and cities' unified response not only saw the King County region maintain exceptionally low rates of COVID illness and COVID death compared with similar U.S. jurisdictions, but also provided a template for how regional responses might also enable progress on other longer-standing crises like chronic homelessness.[31]

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[23] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [LINK] This study is included as this plan's Appendix G.
[24] HB 1590, 2020 [LINK].
[25] ESHB 1070, 2021 [LINK].
[26] HVS - COVID-19's Impact on the Seattle Lodging Market [LINK].
[27] McKinsey and Company – Hospitality and COVID-19: How long until 'no vacancy' for US hotels? [LINK].
[28] California Department of Housing and Community Development [LINK].
[29] Project Turnkey: Leveraging Cares Act Funds for Housing in Oregon [LINK].
[30] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [LINK]. This study is included as this plan's Appendix G.
[31] The New York Times: Seattle's Virus Success Shows What Could Have Been [LINK].

King County's Decisive Action

Amidst these conditions, King County developed the *Health through Housing* initiative to:

- Incorporate the lessons of COVID deintensification shelters, which demonstrated that single room settings are more supportive of a person's stability, health, and ability to maintain housing.[32]
- Exercise the authority provided by the Washington Legislature to create a funding source to fund sufficient capital in the near term to acquire and operate for the long term up to 1,600 new affordable homes.
- Take advantage of the counter-cyclical housing investment opportunity in a temporary economic circumstance to buy relatively new or recently updated hotels or apartments, many of which include kitchen facilities, to substantially grow the region's stock of affordable homes in months rather than years.
- Establish partnerships with cities across King County to site and operate emergency and permanent supportive housing at a speed and scale not previously possible. This coordinated strategy recognizes that to reduce chronic homelessness in King County, communities, cities and the County must act boldly together to increase housing that is available to and supportive of residents who have been living outside.

Current Conditions of Homelessness and Disproportionality

Crises of homelessness and housing affordability preexisted the COVID-19 pandemic. According to data from the Homelessness Management Information System (HMIS), more than 4,600 households were chronically homeless in December 2019, and the January 2020 Point-in-Time Count identified more than 5,500 individuals living unsheltered.[33, 34] Similarly, King County has long experienced an affordable housing shortage, with the County's Regional Affordable Housing Task Force identifying a need for the region to produce 44,000 affordable homes for very low- and extremely low-income households by 2024.[35]

Although timely and comprehensive data are not available for King County since the start of the COVID-19 pandemic, there are multiple indications that homelessness and housing affordability have both been exacerbated by the pandemic: tens of thousands of King County households owe unpaid rent,[36] prices to purchase housing continue to climb,[37] and consistent public reporting observes an increase in unsheltered homelessness that intersects with a reduction in overall shelter capacity resulting from social distancing standards being introduced into previously overpopulated emergency shelters.[38]

In addition, homelessness in general, and chronic homelessness within it, exhibit stark racial-ethnic disproportionality. Compared to their share of the general King County population, Black/African Americans are four and a half times and American Indian/Alaska Native households are seven times

[32] University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [LINK] This study is included as this plan's Appendix G.
[33] King County Regional Homelessness Authority: Households Served [LINK].
[34] Seattle/King County Point-in-Time Count of Individuals Experiencing Homelessness. [LINK]
[35] Regional Affordable Housing Task Force [LINK]
[36] King5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [LINK]
[37] Zillow King County Market Overview, data through July 31, 2021. [LINK]
[38] King County Homelessness Response System Data Review: Q1 2021 Release. [LINK] This data review is included as this plan's Appendix H.

overrepresented amongst those experiencing homelessness.[39] Homeless Management Information System (HMIS) data for King County show consistent disproportionate representation of American Indian/Alaska Native and Black/African American, and multiracial populations among chronically homeless households.[40]

King County Legislation that Defines and Directs the Health through Housing Initiative

King County imposed the HtH Sales Tax and created the HtH initiative by enacting King County Ordinance 19179 in 2020, codified as King County Code (KCC) chapter 4A.503.[41] Sales tax collections began in 2021.

In addition to incorporating the purposes and requirements of RCW 82.14.530, KCC chapter 4A.503 specifies that the HtH program will prioritize uses for eligible persons at or below 30 percent of area median income (AMI). In recognition of the trends above, KCC chapter 4A.503 also requires allocation of HtH proceeds with the objective of reducing racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County.

Next, in 2021 King County enacted Ordinance 19236, codified as KCC chapter 24.30, to guide implementation planning for the HtH initiative in 2022 and beyond.[42]

This Initial HtH Implementation Plan 2022-2028 responds to the requirements of KCC chapter 24.30. It describes the goals, strategies, performance measures, reporting requirements and annual expenditure plan that will direct use of HtH proceeds during the term of the plan, consistent with KCC chapter 4A.503 and RCW 82.14.530.[43] In addition to requiring this initial implementation plan, KCC chapter 24.30 requires the Executive to transmit by June 30, 2027 and every eight years thereafter a proposed update to the HtH Implementation Plan for Council review and adoption by Ordinance.

Overview of the Department of Community and Human Services

King County's Department of Community and Human Services (DCHS) administers the HtH initiative on behalf of King County; DCHS collaborates closely with King County's Facilities Management Division in administering the initiative. DCHS's mission is to provide equitable opportunities for King County residents to be healthy, happy and connected to community.

In pursuing its mission, DCHS organizes around two key principles. The first principle is that human services is the field of undoing or mitigating inequity, and that race and ethnicity are among the strongest correlates of inequity.[44] The second principle is that most causes of human services challenges are systemic, and that systemic problems require systemic solutions. In the HtH initiative and its other efforts

[39] Seattle-King County Homeless Management Information System (HMIS) as of July 2021. See also discussion of this trend in the Evaluation and Performance Measurement section of this plan.
[40] Seattle-King County Homeless Management Information System (HMIS) as of July 2021. See also discussion of this trend in the Evaluation and Performance Measurement section of this plan, especially Figure 16.
[41] KCC chapter 4A.503 [LINK].
[42] KCC chapter 24.30. [LINK].
[43] See Appendix C Crosswalk of Implementation Plan Requirements from KCC Chapters 4A and 24.30 and Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in this Plan.
[44] King County Equity and Social Justice Strategic Plan 2016-2022 [LINK].

and services, DCHS applies this principle by adopting an interdisciplinary, interdivisional, interdepartmental, and interjurisdictional approach.

DCHS is composed of a Director's Office and five Divisions: Housing, Homelessness and Community Development Division (HHCDD); the Adult Services Division (ASD); the Behavioral Health and Recovery Division (BHRD); Children, Youth and Young Adults Division (CYYAD); and the Developmental Disabilities and Early Childhood Supports Division (DDECSD). At the time of this plan's transmittal, DCHS also operates a number of COVID-19 emergency response functions for King County, including operations of the County's Isolation and Quarantine system and the Eviction Prevention and Rent Assistance Program.[45, 46, 47]

Foundational County Policies and Plans

King County is committed to making a welcoming community where every person can thrive. The goals, strategies, and methods of the HtH initiative advance key King County policies, plans, and initiatives, including the King County Strategic Plan, the King County Equity and Social Justice (ESJ) Strategic Plan, and regional affordable housing planning efforts including the Regional Affordable Housing Task Force and the Affordable Housing Committee. [48, 49, 50, 51, 52]

King County Strategic Plan

In 2010, the County enacted Ordinance 16897, establishing the King County Strategic Plan.[53] In 2015, Motion 14317 revised the County's vision, mission, guiding principles and goals.[54] Among the King County's Strategic Plan's guiding principles is a commitment to address the root causes of inequities. Health through Housing advances this principle through its explicit focus on reducing disproportionality among people experiencing chronic homelessness. In addition, Strategic Plan goals include increasing access to quality housing that is affordable to all. Through its coordinated regional effort to substantively expand housing and services in this region for people experiencing chronic homelessness, HtH directly impacts several strategies under this goal. Among these are improving services to make homelessness rare, brief, and one-time; providing targeted affordable housing resources to communities and individuals that meet their specific needs; increasing housing stability for low-income households; and seeking innovative partnerships to expand the supply and funding of affordable housing. Finally, both the housing and behavioral health components of the HtH initiative support the Strategic Plan goal to improve health and well-being to create thriving communities.

Equity and Social Justice Strategic Plan

In accordance with the 2016-2022 ESJ Strategic Plan, King County actively seeks to eliminate racially disparate health and human services outcomes in this region.[55] The HtH initiative furthers the King

[45] Isolation/Quarantine and Assessment/Recovery Facilities [LINK].
[46] COVID-19 Response: A Year in Review Timeline [LINK].
[47] King County Eviction Prevention and Rental Assistance Program [LINK].
[48] King County Strategic Plan [LINK].
[49] King County Vision, Mission, Guiding Principles, Goals and Strategic Innovation Priorities [LINK].
[50] King County Equity and Social Justice Strategic Plan, 2016-2022 [LINK].
[51] Regional Affordable Housing Task Force Final Report and Recommendations [LINK].
[52] Affordable Housing Committee. [LINK]
[53] King County Strategic Plan [LINK].
[54] King County Vision, Mission, Guiding Principles, Goals and Strategic Innovation Priorities [LINK].
[55] King County Equity and Social Justice Strategic Plan, 2016-2022 [LINK].

County ESJ Strategic Plan by directly targeting racial-ethnic disproportionality among people experiencing chronic homelessness, incorporating a pro-equity approach, and advancing social justice values by focusing on the people and places with the greatest needs. It also advances the ESJ Strategic Plan's specific goals for housing by targeting funding to address specific affordable housing needs through appropriate housing interventions.

King County Regional Affordable Housing Task Force Five-Year Action Plan

Established according to Motions 14754 and 14873, the King County Regional Affordable Housing Task Force (RAHTF) convened regional elected officials and stakeholders over 18 months, resulting in the development of the RAHTF Five-Year Action Plan, accepted by Motion 15372.[56, 57, 58, 59] In addition to describing the start shortage of affordable housing in King County, the RAHTF reinforced the importance of action to increase affordable housing in every part of the County. The HtH initiative furthers the following goals from the Five-Year Action Plan:

- Goal 2: Increase construction and preservation of affordable homes for households earning less than 50 percent area median income; and
- Goal 7: Better engage local communities and other partners in addressing the urgent need for and benefits of affordable housing.

Affordable Housing Committee

King County's Affordable Housing Committee (AHC) is leading interjurisdictional work on how the region responds to the need for the RAHTF identified for 244,000 additional affordable homes by 2040.[60, 61] Of these, the Affordable Housing Committee is particularly focused on promoting the development of housing available to households earning less than 50 percent of area median income (AMI). With all HtH homes benefiting those with incomes at or below 30 percent of AMI and below, HTH directly addresses the need identified by the affordable housing committee.[62] The AHC also facilitates regional collaboration related to new revenue options for affordable housing, such as the sales tax option under RCW 82.14.530 that made the HtH initiative possible.

Implementation Plan Scope and Methodology

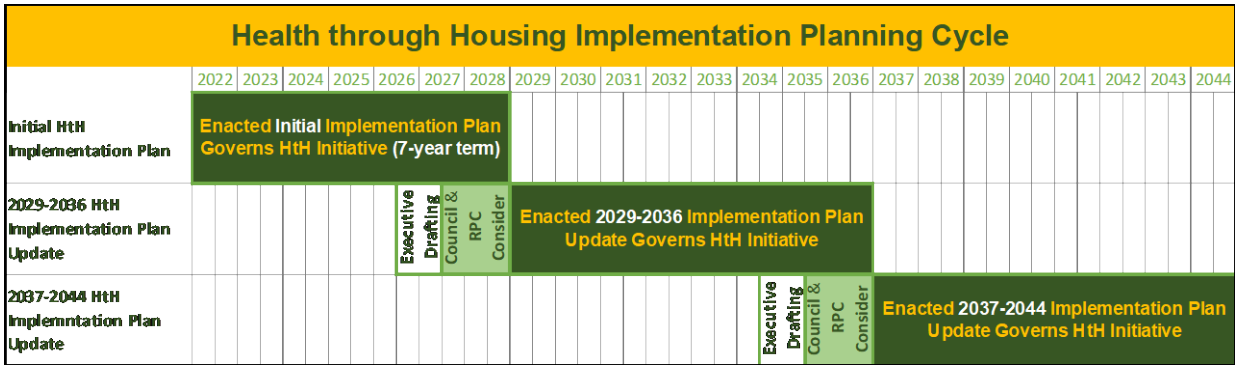
Scope of the Initial Implementation Plan and Cycle for Updating the Plan

King County's collection of the HtH sales tax persists without requiring periodic renewal unless the County acts to stop or alter imposition or collection. This plan's seven-year initial planning term will extend from the later of January 1, 2022 or plan adoption through 2028. Subsequent planning cycles will occur every eight years thereafter in alignment with King County's biennial budget cycle.[63] As required by KCC 24.30, transmittal of implementation plan updates 18 months before the conclusion of each existing implementation plan will allow capital planning processes, which typically operate on longer-term

[56] Motion 14754 [LINK].
[57] Motion 14873 [LINK].
[58] Motion 15372 [LINK].
[59] Regional Affordable Housing Task Force Final Report and Recommendations [LINK].
[60] Affordable Housing Committee. [LINK] The 2019-20 Biennial Budget Ordinance, Ordinance 18835, Section 101, ER3 directed DCHS to coordinate the implementation of RAHTF recommendations [LINK]. To implement this direction, DCHS provides ongoing staff support to the AHC.
[61] Regional Affordable Housing Task Force Final Report and Recommendations [LINK].
[62] Building a Foundation: First Annual Report of the Affordable Housing Committee [LINK].
[63] KCC 24.30.020 [LINK].

planning horizons than non-capital programs, to continue with sufficient predictability during transitions between updates. This implementation planning cycle is depicted in Figure 3.

Figure 3: Implementation Planning Cycle



Report Methodology

DCHS drafted this initial HtH Implementation Plan in accordance with the requirements of KCC 24.30, including consultation with the AHC and the Chief Executive Officer of the King County Regional Homelessness Authority (RHA).[64, 65, 66] Specifically:

- DCHS met with the Chair and Vice Chair of the AHC, provided briefings to the entire committee, and consulted with the AHC's Housing Interjurisdictional Team.
- DCHS twice provided briefings to the CEO and key leadership staff of KCRHA during the drafting process of this plan, including specific conversations about HtH 2021 activities, the HtH operations model, and HtH approaches to capacity building.

DCHS and the Executive's Office also conducted extensive outreach to jurisdictions throughout the region to partner with them in implementing HtH and to explore opportunities to site HtH properties.

Beginning in December 2020, DCHS held a series of stakeholder meetings to refine specific components of the HTH program. The stakeholder group, including representatives from housing and service agencies, homeless advocates, and representatives of community-based organizations (CBOs), focused on site acquisition, property characteristics, and procurement for site operators. Feedback from the stakeholder group is reflected in both 2021 HTH actions and the long-term plan for HTH operations, including DCHS' intentionally inclusive, equity-centered processes to begin to identify HtH operators.

Preparing this plan also involved detailed policy and fiscal analysis to ensure that this plan implemented the various directions from KCC 4A.503. KCC 24.30, and RCW 82.14.530 about allowable HtH uses and required processes.

Health through Housing Initiative Activities in 2021

While this plan governs the HtH initiative from 2022 through 2028, King County undertook significant HtH activity in 2021 with a focus on designing key aspects of the initiative, consulting with cities across the

[64] KCC 24.30.020 [LINK].
[65] Affordable Housing Committee [LINK].
[66] King County Regional Homelessness Authority [LINK].

region to identify potential HtH sites, acquiring HtH sites, identifying qualified operator agencies, and beginning to provide housing and supports to persons who meet HtH eligibility criteria. This plan reflects acquisition activity to date and is based upon certain assumptions about additional sites being purchased by the beginning of 2022. At that point, upon its adoption by Ordinance, this plan will begin to govern DCHS' administration of the HtH initiative.

At the time of this report's transmittal, King County has closed on purchases or entered into purchase and sale agreements for nine HtH locations totaling 859 units of housing, as shown in Figure 4.

DCHS is also negotiating an agreement with the City of Seattle's Office of Housing to fund the ongoing operations of an additional 350 units of permanent supportive housing for which Seattle has funded capital and construction costs. Based on plans to complete the remaining HtH property acquisitions during 2021, this plan assumes that by January 1, 2022, King County will have acquired an additional three HtH locations totaling 296 units of housing and will enter into an agreement or agreements to fund an additional 95 operations-only units of permanent supportive housing.

Figure 4: Health through Housing Locations as of August 2021

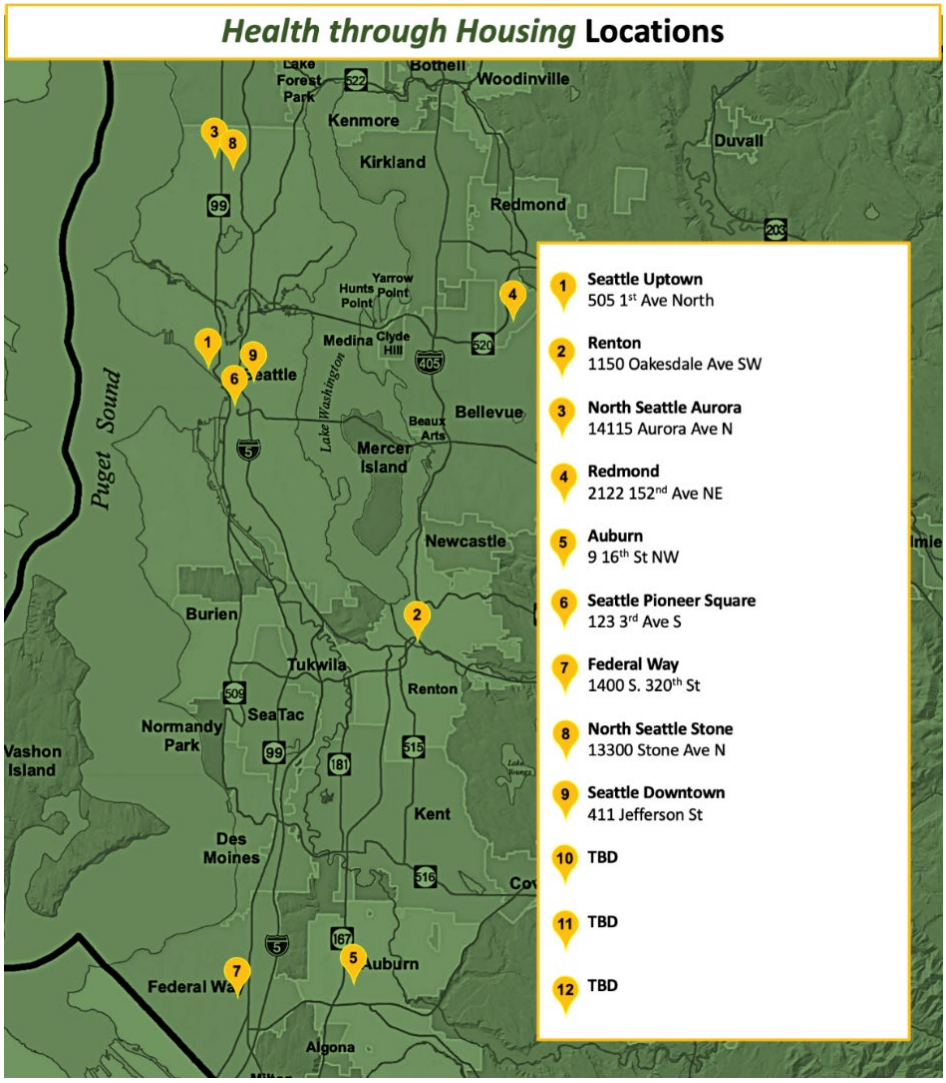


Figure 5 includes a description of each HtH site that is fully acquired or under a purchase and sale agreement at the time of this plan's transmittal, corresponding with the building naming and numbering in Figure 4. Each description includes a classification of the location's initial housing type, photographs when available, and links to media stories associated with their acquisition.

Some HtH buildings already have all the necessary fixtures and features within individual units, particularly kitchenettes, to immediately classify the locations as permanent supportive housing. HtH buildings that were built as apartments or as extended stay hotels fit the profile of permanent supportive housing (PSH).[67] Other HtH sites were built primarily as conventional hotels without kitchenette facilities in each individual unit. These types of buildings enter the HtH portfolio as emergency supportive housing (ESH).[68] One of this plan's goals is to convert at least 50 percent of the initial emergency housing units to permanent supportive housing units by December 31, 2028.

[67] Permanent supportive housing (PSH) in the Health through Housing context means "non-time limited affordable housing for a household that is homeless on entry, and has a condition or disability, such as mental illness, substance use disorder, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability. Households need a long-term high level of services in order to meet the obligations of tenancy and maintain their housing. Tenant holds a rental agreement or lease and may continue tenancy as long as rent is paid and the tenant complies with the rental agreement or lease. Tenants have access to a flexible array of comprehensive services, mostly on site, such as medical and wellness, mental health, substance use disorder, vocational/employment, and life skills. Services are available and encouraged but are not to be required as a condition of tenancy. There is ongoing communication and coordination between supportive service providers, property owners or managers, and/or housing subsidy programs. PSH may be facility-based or with scattered-site." Health through Housing operator request for bid (RFB) documents, 2021.

[68] Emergency supportive housing (ESH) in the Health through Housing context means "a housing type where a chronically homeless person or person at risk of chronic homelessness can reside temporarily while seeking permanent housing. While intended to be temporary, there is no time limit on housing. Emergency housing will offer housing-oriented services, case management, and other necessary services and supports to assist households in stabilizing. NOTE: persons meeting the chronically homeless definition on entry maintain their chronic homeless status while in emergency housing." Health through Housing operator request for bid (RFB) documents, 2021.

Figure 5: Initial Health through Housing Site Descriptions

1 | Seattle Uptown, 505 First Ave N

Property Details

Cost: $16.5 million
Initial Housing Type: Emergency Housing
Rooms: 80
Acres: 0.303 acres

- Two four-story brick structures plus outdoor patio space.

News

Press Release - May 11, 2021
King County plans to buy hotels to permanently house 1,600 homeless people - The Seattle Times
King County buys first hotel for supportive housing for chronically homeless - king5.com

2 | Renton, 1150 Oakesdale Avenue Southwest

Property Details

Cost: $28.6 million
Initial Housing Type: Permanent Supportive Housing
Rooms: 110

- Each room has a kitchenette, full bathroom, a bed and a small seating area.

Acres: 3.88

- One three-story structure, one building for storage and parking areas.
- Small wooded area on the southern side of the building.

News

Press release - June 22, 2021
County purchases Renton hotel to serve as homeless shelter - Renton Reporter
King County buys Renton hotel for homeless shelter as local leaders unit on strategy - Seattle Times
King County buys Renton hotel to house the unsheltered, a plan applauded by city leaders - KOMO-TV
Many hopeful as King County purchases Renton hotel to house those experiencing homelessness - Q-13

3 | North Seattle Aurora, 14115 Aurora Avenue North

Property Details

Cost: $17.5 million
Initial Housing Type: Emergency Housing
Rooms: 99
Acres: 1.91

- One building with parking areas

News

Press release - July 8, 2021
King County Expands Health Through Housing Initiative with Third Hotel Purchase - The Seattle Medium
King, Pierce counties buy up hotels to shelter the homeless - Puget Sound Business Journal (bizjournals.com)

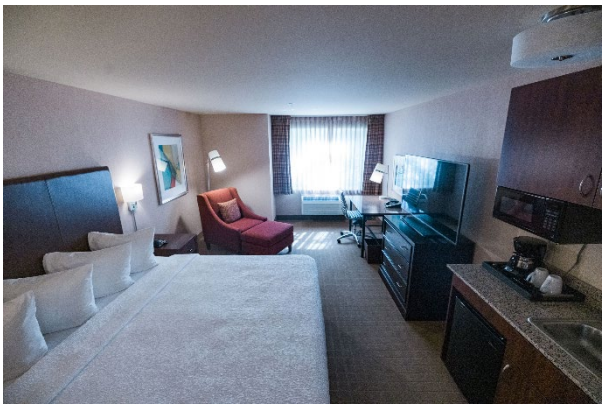

4 | Redmond, 2122 152nd Ave Northeast

Property Details

Cost: $28.25 million
Initial Housing Type: Emergency Housing
Rooms: 144
Acres: 1.94

News

Press release - July 14, 2021
Redmond hotel purchased by King County to serve as housing for the homeless - Redmond Reporter
King County buys Redmond hotel for $28 million in effort to house the homeless - king5.com




5 | Auburn, 9 16th Street Northwest

Property Details

Cost: $11.8 million
Initial Housing Type: Emergency Housing
Rooms: 102
Acres: 1.74

News

Press release - July 21, 2021
King County purchases Auburn hotel to house homeless - Kent Reporter
King County purchases Auburn hotel for 'Health Through Housing' initiative - iLoveKent
Auburn hotel the fifth to be bought by King County to house chronically homeless people - msn.com

6 | Seattle Pioneer Square, 123 3rd Ave South

Property Details

Cost: $32 million
Initial Housing Type: Permanent Supportive Housing
Rooms: 80
Acres: 0.165

- Six-story building.

News

Press release – July 29, 2021
Health through Housing – King County Television
King County acquires Blackstone, Nitze-Stagen properties to house chronically homeless – Puget Sound Bus. J.
King County secures hundreds of units of housing for homeless – KIRO TV

7 | Federal Way, 400 S 320th St

Property Details

Cost: $23 million
Initial Housing Type: Permanent Supportive Housing
Rooms: 101
Acres: 1.9

News

Press release – July 29, 2021

8 | North Seattle Stone, 13300 North Stone Ave

Property Details

Cost: $41 million
Initial Housing Type: Permanent Supportive Housing
Rooms: 131
Acres: 2.1

News

Press release – July 29, 2021

9 | Seattle Downtown, 411 Jefferson

Property Details

Cost: $3 million
Initial Housing Type: Permanent Supportive Housing
Rooms: 12

Who is Eligible to Live in Housing Buildings Provided by Health through Housing?

RCW 82.14.530 and KCC chapters 4A.503 and 24.30 combine to define and prioritize which persons are eligible to live in HtH buildings.[69,70,71]

At the state level, RCW 82.14.530(2)(b) defines eligibility for HtH-provided housing and services to persons whose income is at or below 60 percent of the King County area median income (AMI) who are also persons with behavioral health disabilities; veterans; senior citizens; persons who are homeless or at-risk of being homeless, including families with children; unaccompanied homeless youth or young adults; persons with disabilities; or domestic violence survivors.[72]

KCC 4A.503.040.A prioritizes persons eligible to receive HtH-provided housing, resident supports, and services to persons otherwise eligible under state law whose income is at or below 30 percent of King County's AMI.

KCC 24.30.030.A.3 requires the paramount goal of this plan to be the "creation and ongoing operation of one thousand six hundred units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness[73] or that are at risk of chronic homelessness."[74]

Figure 6 below depicts how this plan integrates state eligibility and County Ordinance-required priorities, to define eligibility to be housed or receive resident supports at HtH sites.

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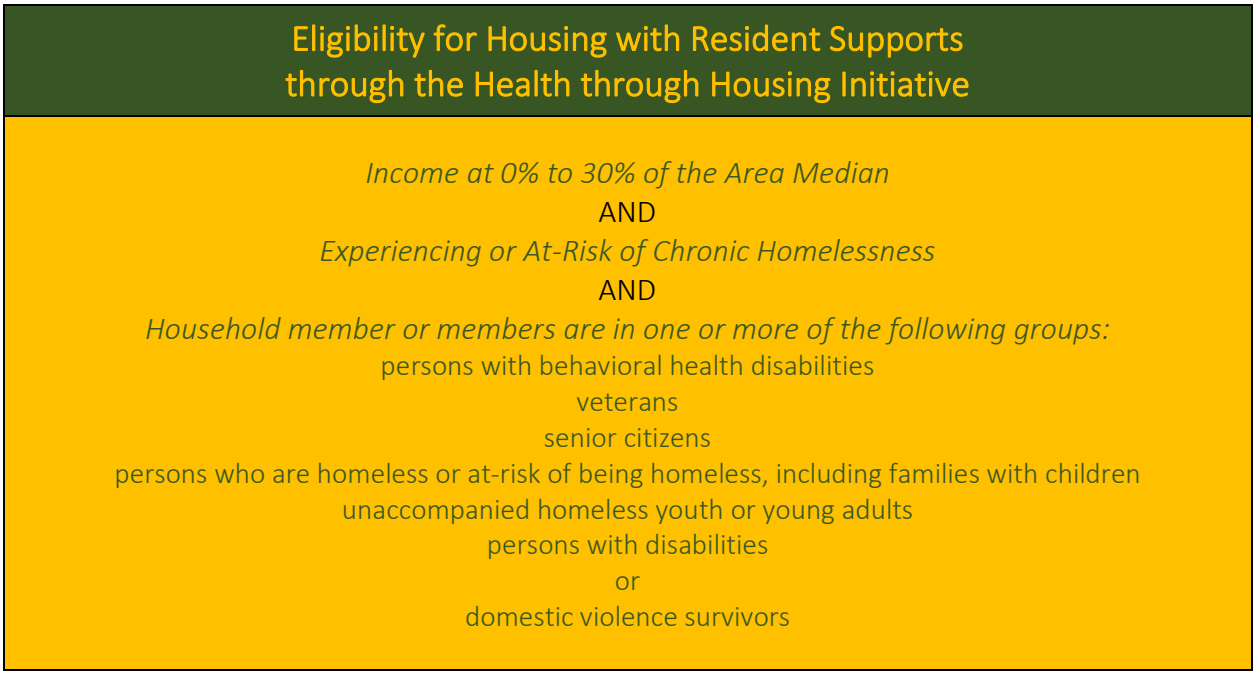
[69] RCW 82.14.530 as reflected in ESHB 1070 from 2021. [LINK]
[70] KCC chapter 4A.503. [LINK]
[71] KCC chapter 24.30. [LINK]
[72] This restriction is not applied to behavioral health treatment programs and services. Strategy 3 funds such services. KCC 4A.503.040.A requires all proceeds to prioritize the populations identified in RCW 82.1.530(2)(b) for persons whose income does not exceed 30 percent of the King County area median income. Behavioral health treatment programs and services detailed in Strategy 3 will not screen for these criteria. Instead, this plan assumes that the required prioritization is achieved across the full financial plan and assumes HtH funded behavioral health treatment programs and services will be used primarily by people with behavioral health disabilities who may be at risk of or experiencing homelessness. Further, these programs will primarily serve those who cannot access private-pay health care including those with incomes below 30 percent of the King County AMI.
[73] KCC 24.30.010.F defines "experiencing chronic homelessness" as a household that includes an adult with a disability, that either is currently experiencing homelessness for at least 12 consecutive months or has experienced homelessness for a cumulative 12 months within the previous three years. [LINK] The KCC 24.30.010.F definition is consistent with the federal 24 CFR Section 91.5 definition of chronic homelessness used by the Homeless Management Information System (HMIS) and the U.S. Department of Housing and Urban Development (HUD). The 24 CFR Section 91.5 definition is referred to in this plan as the "HUD definition." [LINK] See also the HUD Exchange's Flowchart of HUD's Definition of Chronic Homelessness. [LINK].
[74] KCC 24.30.010.B defines "at-risk of chronic homelessness" as a household that: (1) includes an adult with a developmental, physical or behavioral health disability; (2) is currently experiencing homelessness for only 10 to 12 months in the previous three years, or has experienced homelessness for a cumulative total of 12 months within the last five years; and (3) includes one adult that has been incarcerated within the previous five years in a jail or prison, includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW, or identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County. [LINK]

Figure 6: Eligibility for Housing and Resident Supports



2022-2028 Goals and Strategies

This section includes subsections on the HtH initiative's goals and strategies for 2022-2028, an analysis of how its strategies will directly or indirectly drive accomplishment of the initiative's goals, and key descriptions of the role that equity considerations play in the work of HtH.

What does this plan define as a "goal" and a "strategy"?

- **Goals** describe outcomes that this plan is designed to accomplish. The purpose of the HtH initiative's goals is to guide the Executive in implementation of this plan and to clearly articulate the list of results and conditions by which to assess whether this plan has been successfully implemented. The plan also identifies a paramount goal, accomplishment of which will take priority over other goals. The remaining goals are called supporting goals, indicating that their accomplishment should be subordinate to the paramount goal. If HtH revenue remains at or above the forecasts upon which this plan is based, this plan's strategies are designed to accomplish all the plan's goals.

- **Strategies** describe the range of activities that will constitute eligible uses of HtH proceeds during the term of this plan, and their animating rationales. Some of the strategies in this plan provide specific guidance to establish a particular approach or process. Where a specific approach or process is not specified or required within a strategy, the plan articulates the rationale and provides non-exhaustive lists of the types of activities that are eligible, while also constraining eligible uses to those activities that are consistent with the strategy description. The strategies also provide a structure through which this plan allocates HtH proceeds amongst the initiative's categories of activity. Allocations of HtH proceeds by strategy occur later in this plan.

2022-2028 Implementation Plan Goals

The three goals required by King County code chapter 24.30 are referred to in this plan as the Paramount Goal and Supporting Goals 1 and 2.[75] This plan also specifies an additional five supporting goals. The HtH initiative's Paramount Goal and its seven Supporting Goals guide King County's implementation and administration of the HtH Initiative by identifying overall outcomes that the initiative intends to deliver by the end of the initial Implementation Plan's term in 2028.

> "The paramount goal of the [initial Health through Housing] implementation plan shall be the creation and ongoing operation of 1,600 units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness."
>
> King County Code 24.30.030.3

[75] KCC Chapter 24.30 [LINK].

In addition to the plan's Paramount Goal, the HtH initiative will pursue and report on progress of the following supporting goals from 2022 through 2028:

- Supporting Goal 1 | Annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County (required by KCC 24.30.030.A.1).[76]
- Supporting Goal 2 | Create and operate a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by HtH proceeds (required by KCC 24.30.030.A.5).[77]
- Supporting Goal 3 | Increase HtH resident health by providing health care system enrollment and access on-demand to integrated healthcare for all HtH property residents while they reside in a HtH building.
- Supporting Goal 4 | Convert (through rehabilitation or "rehab") into permanent supportive housing by December 31, 2028 at least 50 percent of HtH units that enter the portfolio as emergency housing.
- Supporting Goal 5| Increase the number of organizations who can operate emergency, supportive, or other affordable housing who also specialize in serving a demographically overrepresented population or community amongst King County's chronically homeless population.
- Supporting Goal 6 | Establish and maintain an online, publicly reviewable "dashboard" depicting current and historical performance data and information about the Health through Housing initiative.
- Supporting Goal 7 | Publish by December 31, 2026 an in-depth evaluation of the HtH initiative's effectiveness.

How Does This Plan Provide for Satisfaction of the Paramount Goal?

KCC 24.30.030.A.3 provides that affordable housing units created with HtH proceeds in 2021, the first year of the HtH initiative but prior to this plan's effective term, may be counted toward satisfaction of the Paramount Goal. That same section of the code also provides that affordable housing units contributing to the Paramount Goal may in some cases include units for eligible households for which HtH proceeds only support operations costs. This plan refers to such units as "operations-only" units. The description of HtH Strategy 2 in the next subsection describes the range of uses and activities that are included within "operations."

[76] KCC 24.30.030.A.1 [LINK].
[77] KCC 24.30.030.A.5 [LINK].

This plan's strategies and annual fiscal expenditure plans, detailed in subsequent sections, describe King County's plan to blend acquired units and operations-only units to satisfy the Paramount Goal. The County plans to achieve the Paramount Goal by:

- Creating through acquisition 1,155 affordable emergency or permanent supportive homes in 12 sites and then funding the ongoing operations of those units;[78] and
- Providing operations-only funding for 445 units, including 350 permanently supportive homes in the City of Seattle and 95 outside of the City of Seattle, all of which will be contained within new housing developments created by other funding sources than Health through Housing.

At the time of this plan's transmittal, King County has already closed purchases or entered into purchase and sale agreements to purchase nine HtH properties totaling 859 units, as detailed in the previous section. In addition, King County is negotiating an agreement with the City of Seattle Office of Housing to fund 350 operations-only units.

King County plans to complete the remaining HtH acquisitions in 2021 to create an additional 296 units. King County will also establish an agreement or agreements to fund an additional 95 operations-only units outside of the City of Seattle by December 31, 2021. Should King County not conclude by December 31, 2021 all purchases and agreements necessary to satisfy the Paramount Goal, this plan's Strategy 6, detailed in later in this section, describes processes by which the County would continue to pursue activities necessary to satisfy the Paramount Goal.

2022-2028 Implementation Plan Strategies

The HtH initiative will implement six strategies, shown in Figure 7, to accomplish the initiative's paramount and supporting goals. This subsection defines the rationale and scope for the six HtH strategies, including non-exhaustive lists of examples of allowable activities under each strategy. See the Annual Expenditure Plan section for the allocation of HtH proceeds among these six strategies.

[78] See the Health through Housing Initiative Activities in 2021 subsection for definitions of emergency supportive housing (ESH) and permanent supportive housing (PSH) in the Health through Housing context.

Figure 7: Health Through Housing's Six Implementation Strategies

Summary of Health through Housing's Six Implementation Strategies	
Strategy 1 Capital Financing and Improvements for HtH Sites	Capital improvements, such as major maintenance, property ownership and improvement activities including acquisition and rehabilitation for HtH properties
Strategy 2 Emergency and Permanent Supportive Housing Operations	Activities to staff and operate HtH buildings and provide resident supports to the people living in HtH buildings
Strategy 3 Behavioral Health Services Outside of HtH Sites	Behavioral health services outside of and in addition to resident supports provided within HtH sites through Strategy 2, including a mobile behavioral health team and other behavioral health services ineligible for Medicaid funding
Strategy 4 Capacity Building Collaborative	Activities to build the capacity of HtH contracted agencies to provide effective services for persons who require emergency and permanent supportive housing, with a focus on improving quality and access to service for persons who disproportionately experience chronic homelessness
Strategy 5 Evaluation and Performance Measurement	Activities to refine implementation and assess initiative effectiveness by measuring performance and conducting in-depth evaluation
Strategy 6 Future Acquisition of Additional Properties	If warranted to achieve this plan's Paramount Goal, activities to create through acquisition or construction additional HtH properties from 2022 through 2028

The following subsections describe the rationale and scope of each of the HtH initiative's six strategies.

HtH Strategy 1: Capital Financing and Improvements for HtH Sites

Strategy 1 Rationale
Health through Housing is built on the foundation of rapidly acquiring existing, single-room settings such as hotels, nursing homes, and apartment buildings for immediate use as affordable housing for eligible King County residents experiencing or at risk of chronic homelessness. This strategy defines and authorizes those activities necessary to own, maintain, improve, and effectively steward properties within the HtH portfolio and the affordable homes they contain and support.

While acquisition of existing buildings enables significantly faster introduction of additional affordable housing stock, some buildings acquired through the HtH initiative may have been originally designed for another purpose and could require minor capital alteration or improvements prior to use as affordable housing under the HtH initiative. Regardless of their initial suitability, all HtH buildings will require ongoing maintenance and improvement to remain suitable and effective as affordable housing.

While HtH sites will initially serve as either emergency or permanent supportive housing, the initiative will over time maximize the number of units within the HtH portfolio that can be converted to or maintained as permanent supportive housing (PSH), with Supporting Goal 4 setting the specific target of converting 50 percent of the HtH units initially designated as emergency supportive housing by 2028.

Strategy 1 Description and Scope

Under this strategy, the Executive will conduct activities related to capital finance, ownership, maintenance, and improvement of HtH properties within the County's HtH portfolio, including HtH properties already within King County's HtH portfolio at the time of this plan's adoption by Ordinance as well as other HtH properties that King County may acquire or otherwise create under this plan's Strategy 6. Properties considered to be within the County's HtH portfolio include both:

- Those that King County has acquired or acquires using HtH Sales Tax proceeds, and
- Those for which King County establishes a commitment to fund ongoing operations of operations-only units using HtH Sales Tax proceeds, regardless of whether King County has an ownership stake in the property.

Activities within this strategy occur once King County owns a HtH property. Eligible activities include:

- The operation of a capital finance program to manage and implement financial activities, including those necessary to implement and manage bonding of HtH proceeds;
- Preparation, repair, and maintenance of affordable housing units for use as emergency and permanent supportive housing;
- "Rehab" activities to convert emergency housing to permanent supportive housing or to renovate emergency and permanent supportive housing for ongoing use as affordable housing;
- Ongoing ownership and maintenance activities for HtH properties, including installation and maintenance of fixtures and care of or improvement to grounds around HtH buildings; and
- Maximizing use or conveyance of HtH properties for additional development, redevelopment, or continued use as affordable housing or behavioral health treatment facilities, in full adherence to County law and policy and with proper authority for any such use or transfer.

Specific examples of activities within this strategy include:

- *"Initial rehab"* to prepare a property for use, including replacement of flooring or fixtures and creation of or minor improvements to lobbies, offices, and community spaces.
- *"Conversion rehab"* to convert emergency supportive housing units to permanent supportive housing units, which may include installation or improvement of cooking facilities, sinks, and other facilities or fixtures to prepare food.
- *Divestment to enhance a HtH property's ability to provide affordable housing.* While King County is serving as the initial owner of all HTH properties, King County may in the future elect not to be an ongoing owner of affordable housing. King County may, in accordance with County law, regulation and policy and in accordance with the law and regulation of a HtH site's host city, divest itself of HTH properties or subdivisions of properties so long as the property or subdivision remains in a publicly beneficial use that is consistent with the requirements of RCW 82.14.530 and the law and regulation of the jurisdiction in which the property is located. Such divestment may occur before or after a conversion rehab. Any HtH property that is transferred under this activity will only be transferred to a nonprofit entity or to a city or state government for long-term operation as permanent supportive housing, a behavioral health treatment facility, or another use that is consistent with the requirements of RCW 82.14.530. HtH properties that are divested to community partners or other jurisdictions, but still receive funding through HtH for operations, will be considered part of the HtH portfolio.
- *Capital Reserves* for capital improvements or building systems replacement for County-owned HtH properties during the period of King County's ownership. To support such necessary periodic capital improvements, the HtH initiative includes a capital reserve account within the proceeds that this plan allocates to HtH Strategy 1.

Naming HtH Buildings
King County will assign a name to each HtH building acquired through the HtH initiative by December 31, 2023. The purpose of this requirement is to keep HtH sites from being referred to by the brand names of the properties' previous owners or operators. In each case, the Executive will consult with the host jurisdiction and the Advisory Committee to select a new name for a HtH property recognizing a deceased person with ties to the host jurisdiction who experienced homelessness or who advocated for those experiencing homelessness. When one or more HtH sites are renamed, within 90 days DCHS will send a letter to the Chair of the Council.

HtH Strategy 2: Emergency and Permanent Supportive Housing Operations

Strategy 2 Rationale
Health through Housing will create new emergency and permanent supportive housing units across King County, but the initiative goes beyond just creating new housing. One of HtH's distinguishing features is that it combines in a single fund source and initiative both the rapid creation of new emergency and permanent supportive housing and the ongoing operations to staff the buildings, keep them running, and support the people who live within them. In this way, HtH meets an immediate need to house people who are experiencing or at risk of chronic homelessness while also providing the long-term supports that residents need to gain and maintain physical and behavioral health. While residents will have access to onsite supports for the entire time they live in a HtH building, research demonstrates that consistent access to supports combined with housing allows residents to reduce over time their need for support and its associated costs.[79]

Strategy 2 Description and Scope
Strategy 2 funds activities to effectively, efficiently, and equitably staff, run and operate HtH buildings and activities to provide supports to the residents within HtH buildings. Emergency and permanent supportive housing operations funded by this strategy may be provided through contracted providers or King County staff. Operations will typically occur onsite at HtH buildings, but some outreach activities and other resident supports may occur offsite. Resident supports will be provided so that HtH residents receive personalized housing counseling and case management to maintain their housing, improve their health, increase their social engagement, and increase their independence. Emergency and permanent supportive housing operations in all HtH buildings will specifically include physical and behavioral health supports to contribute to satisfaction of Supporting Goal 3, which is to increase HtH resident health by providing health care system enrollment and access on-demand to integrated healthcare for all HtH residents while they reside in an HtH building. Strategy 2 activities will also include 24/7 staffing for HtH buildings.

Emergency and Permanent Supportive Housing operations include but are not limited to:

- Property Management, which includes on-site staffing, payment of utilities, and all activities necessary to manage and maintain an HtH property to effectively, efficiently, and equitably provide emergency and permanent supportive housing to eligible persons.
- Resident Supports, which includes case management, behavioral health care, physical healthcare, employment preparation and counseling, housing services, and other supports to promote residents' improved health, financial resources, housing stability, and community connection.

[79] NCBI: Housing First Is Associated with Reduced Use of Emergency Medical Services [LINK].

- Street Outreach, which includes activities to seek out, engage, assess, and assist persons in the community who are unhoused or unstably housed to attain housing or shelter. Street outreach specifically aims to provide engagement and outreach to populate HtH properties and promote an HtH building's ability to house eligible persons with connections to the area in which a HtH building is located.[80]
- Community-Based Organization (CBO) Activities, which include the provision of supports and engagement tailored to communities and persons whose identity, culture, experience, or circumstances warrant particular expertise. CBO activities may either be separately provided or enhancements to Property Management Operations, Resident Supports, or Street Outreach to make them more accessible, effective, efficient and equitable. The purpose of CBO activities within HtH resident supports is to enable HtH sites to better serve persons who may not be well served by non-specific services and organizations. Examples may include activities specifically designed to meet the housing, health and community needs of racial-ethnic or gender-diverse communities that disproportionately experience homelessness, or persons whose behavioral health circumstances warrant particular approaches and expertise.

This strategy also includes enrollment activities and resident supports to enable individual residents to leverage other public benefits and services that may reduce costs to the HtH initiative or improve HtH resident housing stability, health, wellbeing, education, and employment. Such benefits and services include but are not limited to:

- Medicaid-funded integrated health care, including use of the Foundational Community Supports program; [81, 82]
- Subsidized housing vouchers such as Federal Housing Choice vouchers or Veterans Administration Supported Housing (VASH) vouchers; [83, 84]
- Publicly-funded income benefits available to seniors, veterans, persons with disabilities, or persons with low income; and
- Programs and services funded by other locally funded human services initiatives such as the Veterans, Seniors and Human Services Levy (VSHSL); the Best Starts for Kids Levy (BSK); and the MIDD Behavioral Health Sales Tax Fund.[85, 86, 87]

Operations-Only Units

In addition to funding operations of HTH units created through acquisition, this plan authorizes and provides for the use of HtH Strategy 2 proceeds to fund operations-only units that are created by other jurisdictions and funding sources. These units will serve households that are eligible for HtH resident supports and are anticipated to provide new affordable housing capacity at the time that they open. Operations-only units exist where another jurisdiction or program is able to invest capital funds to create

[80] See also further discussion of local referral to Health through Housing sites in the Health through Housing Communication and Partnership Plan for 2022-2028 section of this plan.
[81] Washington State Health Care Authority. Apple Health managed care. [LINK]
[82] Washington State Health Care Authority. Medicaid Transformation Project: Initiative 3: Foundational Community Supports. [LINK]
[83] U.S. Department of Housing and Urban Development. Housing Choice Vouchers Fact Sheet. [LINK]
[84] U.S. Department of Housing and Urban Development. HUD-VASH Vouchers. [LINK]
[85] Veterans, Seniors, and Human Services Levy. [LINK]
[86] Best Starts for Kids Levy. [LINK]
[87] MIDD Behavioral Health Sales Tax Fund [LINK]. MIDD is referred to in County legislation as the mental illness and drug dependency fund, tax, or levy.

supportive housing units but lacks the necessary long-term operations funding to support housing stability for residents. Operations-only units are allowable within this plan under the terms of KCC 24.30.030.A.3.[88]

King County plans to fund 445 operations-only units towards HtH's total goal of 1,600 affordable homes. Health through Housing will fund 95 of those operations-only units to operate new permanent supportive housing outside of the city of Seattle in a building separately funded by King County and other public funders. These funds will allow the building to open sooner and serve HtH-prioritized households. In addition, King County intends to fund 350 operations-only units of new permanent supportive housing in Seattle for which capital costs are not funded by HtH. At the time of the writing of this plan, King County was negotiating a Memorandum of Agreement with the City of Seattle to fund these units, in alignment with Seattle's existing efforts.[89, 90]

Selecting Providers of Health through Housing Emergency and Permanent Supportive Housing Operations
Successful operation of HtH properties requires a blend of skillful property management, trauma-informed approaches, multi-system expertise and in-depth knowledge of the unique population residing at each site. Success also depends on strong partnership and shared purpose amongst providers, an HtH building's host city, and King County. To achieve this important blend of skills and expertise, HtH will use a two-phase provider selection process:

- *Phase One: General Provider Qualification:* DCHS executed a Request for Qualification (RFQ) procurement in 2021 to qualify a set of providers in four categories: building operations, resident supports, community-based organizations, and outreach. The results of this RFQ process yielded a roster of agencies qualified to provide Strategy 2 Operations in HTH buildings. The roster of qualified HtH providers is available online.[91] Qualified providers as of the time of this transmittal are included with this plan as Appendix E.

- *Phase Two: Specific Provider Selection:* The second component of the provider selection process is specific to each individual property. In partnership with the local jurisdiction where the property is located, DCHS will complete a Request for Bid (RFB) procurement where agencies that were qualified under Phase One are eligible to apply to provide one or more of the three site-based categories of operations at a specific HtH site: building operations, resident supports, and community-based organization or CBO activities. Under the RFB, a complete bid must include a provider or providers for both building operations and for resident supports. The bid can also include one of the qualified CBOs to provide population-specific supports. After soliciting bids through the RFB process, DCHS and the local jurisdiction will jointly evaluate the proposals and select the site-specific providers. Depending on the population that eventually resides in a HtH building and upon available HtH proceeds, DCHS may partner with the host city in completing a secondary RFB process for additional community-based organizations or resident support organizations to enhance operations for residents of the building.

[88] KCC 24.30.030.A.3. [LINK]
[89] This constitutes compliance with K.C.C. 24.30.030.A.4, as Seattle is the only known jurisdiction with dedicated funding invested in the development of housing serving households experiencing chronic homelessness or at risk of experiencing chronic homelessness. [LINK]
[90] Seattle Housing Levy [LINK]
[91] Health through Housing Provider Pools. [LINK]

Projected Timing to Begin HtH Operations by Site

Figure 8 outlines the projected operations start dates for each property and the operations-only units of the HTH program. DCHS plans to begin operations at each HtH building by the end of the quarter with a "Start" entry. There are multiple tasks that must occur between the time that an HtH site has been acquired and when it begins operations. Tasks that must happen before operations begin may include establishment of a Good Neighbor agreement, any permitting necessary, initial rehab, provider selection in partnership with the host city, and outreach to identify residents for the building. The startup schedule in Figure 8 also informs the projected Strategy 2 expenditures contained within the Annual Expenditure Plan in the next section.

Figure 8: Projected Timing for Program Startup by Site

Projected Start of Operations at HtH Sites	2021		2022			
	Q3	Q4	Q1	Q2	Q3	Q4
Seattle Uptown 80 units | 505 1st Ave North	Start					
Renton 110 units | 1150 Oakesdale Ave SW	Start					
North Seattle Aurora 101 units | 14115 Aurora Ave N	Start					
Redmond 144 units | 2122 152nd Ave NE		Start				
Auburn 102 units | 9 16th St NW		Start				
Seattle Pioneer Square 80 units | 123 3rd Ave S			Start			
Federal Way 101 units | 1400 S. 320th St			Start			
North Seattle Stone 131 units | 13300 Stone Ave N	Start					
Seattle Downtown 12 units | 411 Jefferson St			Start			
TBD			Start			
TBD				Start		
TBD					Start	
Operations-Only Units 350 units in Seattle 95 units outside of Seattle				Start Planning for staggered opening of units		

Centering Equity in Design and Delivery of Operations

This plan's Supporting Goal 1 is to annually reduce racial-ethnic disproportionality amongst persons experiencing chronic homelessness. With that objective in mind, the HtH initiative includes the following pro-equity components in its delivery of operations at HtH sites:

1. *Provider Selection:* Who operates HtH properties and provides resident supports is key to addressing racial and ethnic disproportionality. To be successful in their housing, residents need service providers who understand the specific circumstances and factors related to their

homelessness. Without that trust, overrepresented populations will be reluctant to accept placement in a HtH property.

In designing and completing the HtH RFQ process above, DCHS purposefully chose an inclusive process, designed to qualify a broad range of service agencies. By expanding the pool of qualified providers, the HtH program can include agencies uniquely qualified to address the housing and service needs of overrepresented Black, Indigenous, and People of Color (BIPOC) households.

2. *Outreach:* Direct, sustained engagement is the surest way to navigate homeless households towards housing.[92] Health through Housing intends to have subregional outreach teams in North/East and South King County, working in the vicinity of HtH properties to bring people indoors. As the data show, while homelessness is pervasive throughout King County, it does not look the same in all areas. People living homeless in South King County represent different ethnic and demographic groups than those living in the North portion of the county.[93] Focused, subregional outreach will allow HtH to address the disproportionality seen in each area.

3. *Capacity Building Collaborative:* The provider Capacity Building Collaborative described and provided for under Strategy 4 of this plan is a key pro-equity component of HtH's delivery of housing operations including resident supports. By providing a learning environment between roster agencies, experienced housing operators and CBOs alike, the Capacity Building Collaborative will equip providers representative of communities who most disproportionately experience homelessness with resources and support to use their expertise and provide services to reduce racial-ethnic disproportionality amongst persons experiencing chronic homelessness. Over time, this collaborative effort will empower and resource CBOs to operate housing that best serves their own communities.

HtH Strategy 3: Behavioral Health Services Outside of HtH Sites

Strategy 3 Rationale

KCC 24.30.030 requires this plan to provide for two behavioral health-related requirements beyond the behavioral health supports that are included as operations activities at HtH sites under HtH Strategy 2.

- First, KCC 24.30.030.A.5 requires that this plan "shall also include as a goal the creation and operations of a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by proceeds. The purpose of the mobile behavioral health intervention program required by this subsection shall be to provide an alternative to the use of law enforcement to respond to behavioral health crises. The goal required by this subsection A.5. may be satisfied by creating a new program or by supplementing and adapting an existing program."[94] This plan includes accomplishment of the goal to create and operate a mobile behavioral health intervention program as Supporting Goal 2.
- Second, KCC 24.30.030.A.9.d requires this plan to include "an allocation of at least nine percent and no more than thirteen percent of each year's [HtH sales tax] proceeds for the provision, delivery and administration of behavioral health treatment programs and services that are not

[92] National Health Care for the Homeless Council - Tip Sheet: Strategies for Building Client Engagement [LINK].
[93] Seattle/King County Point in Time Count of Individuals Experiencing Homelessness 2020 [LINK].
[94] KCC 24.30.030.A.5 [LINK].

part of the supportive services provided within affordable housing or behavioral health facilities supported by proceeds" [of the HtH sales tax].[95]

HtH proceeds that this plan allocates to Strategy 3 will fund the two behavioral health program components that KCC 24.30.030.A.5 and KCC 24.30.030.A.9.d direct.

Strategy 3 Description and Scope
This strategy includes two sub-strategies: establishment of a mobile behavioral health team consistent with the requirements of KCC 24.30.030.A.5, accomplishing Supporting Goal 2, and activities to support other essential behavioral health services not eligible for Medicaid funding, fulfilling the KCC 24.30.030.A.9.d requirement to allocate at least nine percent and no more than 13 percent of each year's HtH sales tax proceeds for such services.

- *Sub-Strategy 3A: Mobile Behavioral Health Team*
  This sub-strategy will implement a mobile behavioral health intervention program for residents of HtH funded housing. The purpose of the mobile behavioral health team will be to provide an alternative to the use of law enforcement to respond to behavioral health crises.[96] DCHS will prepare, plan, and implement this sub-strategy so that it begins serving clients in 2024 and continues serving clients through 2028, the final year of this plan's term. DCHS may expend funds allocated to this sub-strategy as early as 2023 in amounts necessary to initiate planning and administrative activities to begin client-serving operations in 2024. At the time of this plan's transmittal, DCHS is preparing to implement three temporary, non-HtH-funded mobile behavioral health crisis response programs. Two of these temporary, non-HTH-funded programs are being implemented as part of King County's investment of federal American Rescue Plan Act (ARPA) funds and the other is a Washington State-funded pilot project and partnership with several South King County Cities.[97] As DCHS implements and assesses the effectiveness of those programs in 2021, 2022, and 2023, DCHS may select one or a combination of those programs to serve as the basis for the mobile behavioral health intervention program required by this sub-strategy.

- *Sub-Strategy 3B: Behavioral Health Services Ineligible for Medicaid Funding*
  This sub-strategy will transfer up to $8.7 million in 2021-2022 to the County's Behavioral Health Fund, with subsequent transfers of up to 13 percent of annual HtH revenue thereafter, to provide funding for behavioral health services that are not eligible for Medicaid funding.[98] Examples of services that may be funded under Sub-Strategy 3B include Homeless Outreach, Stabilization, and Transition (HOST); medication for opioid use disorder (MOUD); residential treatment for clients with substance use disorders (SUDs); and the Crisis Respite Program. During the 2020 process to formulate, propose, consider and enact the 2021-2022 King County Biennial Budget, the Executive proposed and the King County Council enacted the budget consistent with this sub-strategy to avoid making program reductions for non-Medicaid behavioral health services.[99]

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[95] KCC 24.30.030.A.9.d [LINK].
[96] KCC 24.30.030.A.5 [LINK].
[97] American Rescue Plan Act (ARPA) funds will support behavioral health services linked to HtH properties and other permanent supportive housing sites, consistent with Ordinance 19289, Section 19, Expenditure Restriction ER5 [LINK].
[98] KCC 24.30.030.A.9.d [LINK].
[99] Ordinance 19210 [LINK].

This sub-strategy is necessary because a long-standing deficit exists between State General Fund revenue provided by Washington State for non-Medicaid behavioral health services and the increasing cost of programs the County funds with those revenues. Specifically, ongoing growth of costs related to implementing the Involuntary Treatment Act (ITA) has consistently exceeded the level of non-Medicaid funding provided by the state.[100] Because ITA costs have grown faster than state revenue, the Behavioral Health Fund has faced a structural deficit that left community-based behavioral programs at risk of funding loss. King County had been backfilling this gap with one-time savings and flexible local funds when available. Without the funds of Sub-strategy 3B, due to the COVID-19 pandemic, the associated decrease in local revenues, and continued increases in costs for these programs beyond state provided revenues, the County identified $8.7 million in programs that would need to be cut starting in 2022 to create long-term stability in the Behavioral Health Fund, and this structural gap is expected to grow each year.[101]

HtH Strategy 4: Capacity Building Collaborative

Strategy 4 Rationale

Chronic homelessness most disproportionately affects persons who are Black/African American and American Indian and Alaska Natives. Black and Native disproportionality is consistent both locally and nationally.[102] Centuries of intergenerational racism and violence have yielded this persistent pattern in who is at highest risk of experiencing homelessness, and the same patterns that systemically deprive Black and Native individuals of stable housing also leave provider organizations from those communities without the capital and resources they need to serve their own communities. The resulting mismatch leaves the organizations most representative of disproportionately homeless communities least well supported to serve those communities.

This strategy's purpose is to reduce that mismatch. Strategy 4 will equip providers representative of communities who most disproportionately experience homelessness with resources and support to use their expertise and provide services in ways that can reduce racial-ethnic disproportionality amongst persons experiencing chronic homelessness. Over time, HtH Strategy 4 will build the capacity of community-based organizations (CBOs) to operate housing that serves their own communities. Strategy 4 will also create relationships between all HtH organizations that enhance their ability to provide welcoming, affirming, and culturally responsive services to communities who disproportionately experience chronic homelessness.

In addition to the pro-equity rationale for supporting capacity building activities, KCC 24.30.030.A.9.e requires this plan to annually allocate HtH proceeds for use in supporting and building the capacity of community-based organizations to deliver eligible uses of proceeds for persons and communities that are

[100] King County Office of Performance, Strategy, and Budget. "King County 2021-2022 Proposed Budget: Behavioral Health and Recovery Services" [LINK].
[101] King County Office of Performance, Strategy, and Budget. "King County 2021-2022 Proposed Budget: Behavioral Health and Recovery Services" [LINK].
[102] National Alliance to End Homelessness. Homelessness and Racial Disparities [LINK]. For additional discussion of disproportionality in the King County region, see also the Health through Housing Concept, Background and 2021 Activities section, and the Evaluation and Performance Measurement section of this plan.

disproportionately demographically represented among persons experiencing chronic homelessness in King County.[103]

Strategy 4 Description and Scope
This strategy will create and implement a HtH Capacity Building Collaborative. The objectives of the HtH Capacity Building Collaborative are to:

- Provide resources and support to new and existing CBOs that are representative of and accountable to communities that disproportionately experience chronic homelessness. This will enable them to become owners, operators, and/or providers of affordable housing for households experiencing chronic homelessness; and
- Increase the ability of existing housing nonprofits to meet the cultural, gender, and population-specific needs of households experiencing chronic homelessness.

Examples of activities under this strategy include trainings, communities of practice, funding participating organizations to provide consultation to other participating organizations and promoting and funding partnership activities amongst organizations that serve residents within HtH buildings. These activities further HtH's Supporting Goal 5, to increase the number of housing organizations that also specialize in serving a demographically overrepresented population.

The HtH Capacity Building Collaborative will invite and support the participation of all organizations qualified as providers of Strategy 2 operations, including those delivering property management operations, resident supports, street outreach, and CBO activities. DCHS plans to initiate the Capacity Building Collaborative strategy by March 1, 2022. DCHS intends to hire a consultant or facilitator to design the Capacity Building Collaborative in consultation with participating organizations and the HtH Advisory Committee.

HtH Strategy 5: Evaluation and Performance Measurement

Strategy 5 Rationale
Evaluation and performance measurement activities will inform continuous improvement efforts in DCHS's administration of this plan's other five strategies and will provide the public, Council, and Executive the ability to assess the overall effectiveness of the HtH initiative. This includes measuring success in achieving this plan's Paramount Goal as well as the other five Supporting Goals. Strategy 5 activities will enable DCHS to accomplish this plan's Supporting Goal 6 to develop a HtH Dashboard and Supporting Goal 7 to deliver an in-depth HtH evaluation by the end of 2026.

Strategy 5 Description and Scope
DCHS and potential external evaluators will:

- Collect, analyze, surface, and integrate data from key collateral systems that affect the King County residents and populations that the HtH initiative serves. Such activities may include the creation, maintenance, and integration of a countywide evictions database and the integration of Health through Housing data with the Executive's ongoing work to implement the recommendations of the 2018 Consolidated Human Services Reporting proviso report;[104]
- Use data to measure the equity, effectiveness, and efficiency of HtH strategies; and

[103] KCC 24.30.030.A.9.d [LINK].
[104] Consolidated Human Services Reporting (2018). Required by Ordinance 18409, Section 66, Proviso P2, and acknowledged by Motion 15081 [LINK].

- Conduct in-depth evaluations.

This plan contains a standalone section entitled Evaluation and Performance Measurement that provides additional detail about Strategy 5 activities and methodology.

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HtH Strategy 6: Future Acquisition of Additional Properties

Strategy 6 Rationale

This plan assumes all HtH acquisitions that are necessary to achieve the Paramount Goal will be complete by the end of 2021.[105] However, this plan does allow King County to pursue acquisition of additional HtH buildings, as appropriate, to satisfy this plan's Paramount Goal or Supporting Goals. To that end, this strategy describes activities that King County must undertake should it acquire or construct additional HtH sites during the 2022-2028 term of this plan.

As described further in the Annual Expenditure Plan section of this plan, this plan does not allocate any funding to Strategy 6 because at the time of this plan's transmittal, the King County Executive does not plan to acquire or construct new HtH properties during the seven-year term of this plan.

If, without Council direction or concurrence, the Executive later makes a determination to conduct Strategy 6 activities during the term of this plan by acquiring or constructing an HtH building, the Executive will transmit a notification letter to the Council detailing the scope of and rationale for the determination, including the purpose and proposed amount of HtH proceeds for re-allocation to Strategy 6 as well as any necessary proposed fiscal adjustments to other strategies' allocations. The Executive will electronically file the letter with the clerk of the Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the Council chief of staff and the lead staff for the Committee of the Whole, or its successor. Unless the council passes a motion rejecting the contemplated change within 30 days of the Executive's transmittal, the Executive may proceed with the change as set forth in the notification letter and in accordance with the requirements of this section describing Strategy 6, except that the Executive may not under this process expend HtH proceeds in excess of appropriation unless by Council concurrence.[106]

This plan includes Strategy 6 in the event that, despite the Executive's plan, it is necessary or advisable for King County to acquire or construct additional HtH sites before this plan is updated. This section also addresses several requirements of KCC chapter 24.30 that requires this plan.

Strategy 6 Description

Any acquisitions in 2022 and beyond will be conducted in compliance with relevant Washington law and King County code. RCW 82.14.530, KCC chapter 4A.503, and KCC chapter 24.30, that together authorize and create the HtH initiative, contain the following overlaying conditions and requirements that King County must observe to site a HtH property:

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[105] This plan does not detail the already-concluded HtH acquisition processes that occurred in 2021 because they are outside of this plan's scope and 2022-2028 effective term.

[106] This approach would activate the substantive change process described in this plan's Annual Expenditure Plan section if funding were to be added to Strategy 6. It aligns with the Veterans Seniors and Human Services Levy's substantive change process, described on page 49 of the Veterans, Seniors and Human Services Levy Implementation Plan adopted by Ordinance 18768 [LINK].

- RCW 82.14.530(3)(a) requires King County to consult with a city before King County may construct or acquire an HtH building within that city. RCW 82.14.530 does not define "consult."[107]
- KCC 24.30.030 and KCC 4A.503.050.A contain several provisions that are relevant to this strategy:
    - The implementation plan shall describe the process to site affordable housing and behavioral health facilities funded by proceeds.[108]
    - The siting process shall be in accordance with RCW 82.14.530 as now existing, as hereafter amended or as superseded, including the consultation process if a facility is proposed to be located within a city.[109]
    - The implementation plan shall require and describe the consultation process between the county and any city in which the county proposes a facility to be located to jointly identify and mutually agree upon suitable locations for eligible facilities to be purchased or constructed, and the services that will be provided to operate and maintain those facilities, prior to the county entering into any contract or agreement to purchase or construct such facilities.[110]
    - The implementation plan shall describe and require use of an equity and social justice impact review process when siting affordable housing and behavioral health facilities.[111]
    - The communication and partnership plan shall also describe the approach for how community input will be incorporated into the review process when siting affordable housing and behavioral health facilities.[112]

Incorporating the parameters listed above, this section describes the minimum requirements necessary for King County to site a HtH building that King County purchases or acquires at any time after the date of this plan's adoption by Ordinance. If this plan should become inconsistent with RCW 82.14.530 because the State law is amended after this plan's adoption by Ordinance, this plan will incorporate those changes to RCW 82.14.530. Nothing in this section will alter or displace any cities' requirements that exist in law or regulation for siting, zoning, or permitting processes for buildings or uses.

Property Siting

Figure 9 below describes an eight-step property siting process that King County will undertake with a city if an additional HtH site is acquired under Strategy 6 during the term of this implementation plan. Adherence to this process satisfies the requirements to consult with a city before constructing or acquiring a HtH property, to use an equity and social justice impact review process when siting HtH buildings, and to incorporate community input in the review process when siting an HtH building.

[107] RCW 82.14.530(3)(a) reflecting ESHB 1070 from 2021 [LINK].
[108] KCC 24.30.030.A.6 [LINK].
[109] KCC 4A.503.050.A [LINK] KCC 24.30.030.A.6 [LINK].
[110] KCC 24.30.030.A.6 [LINK].
[111] KCC 24.30.030.A.6 [LINK].
[112] KCC 24.30.030.A.7 [LINK] Incorporation of community input is addressed in both this section and the Communication and Partnership Plan for 2022-2028 section.

Figure 9: Property Siting Process

Health through Housing 2022-2028 Property Siting Process

Step 1: Initiate a Potential HtH Partnership

Whether initiated by King County or by a city, the result of this step will be that Executive Branch leaders of both King County and the City identify a shared desire to partner for a HtH building within the city before moving to Step 2.

- **If initiated by King County**: A King County executive branch senior leader, including but not limited to a division director, department director, or senior member of the Executive's staff, will contact a city's mayor, city manager, or city administrator.
- **If initiated by a City**: The city's mayor, city manager, city administrator, or a city employee who is a delegate of the city's mayor, manager, or administrator will contact a King County executive branch senior leader.

Step 2: Consult to Agree Upon Site Requirements and City Process and Participants

After initiating a potential HtH partnership, staff from King County and the city schedule one or more consultative meetings to agree upon two elements of a potential HtH partnership. King County and the City will create a record of their mutually agreed-upon answers to the following two questions:

- **What are the necessary characteristics of properties to consider for HtH use?**
  The answer to this question will be a list of requirements that a potential HtH building within the city must satisfy. Requirements may include zoning of a potential HtH property, preferred parts or areas of a city that should be prioritized for an HtH property, and preferred property characteristics.
- **Whom from the City would the City like to be involved in steps 3, 4, and 5 of this process?**
  The answer to this question is the City's decision. The City may choose to have the mayor make decisions, to have designated City staff make decisions, or to involve the City Council. The forum for any such Council involvement must recognize the sensitive nature of real estate transactions. This sensitivity is recognized by the Open Public Meetings Act provision for executive session "to consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price."[113]

Step 3: Identify Potential HtH Properties

King County, subject to agreements in Step 2, identifies potential HtH properties within the city.

Step 4: Equity and Social Justice Impact Review

King County and City staff conduct an Equity and Social Justice (ESJ) Impact Review to consider negative and positive equity impacts to the persons who would live within a potential HtH building and the persons who live or work near a potential HtH location. This step will result in a statement of ESJ impact for each potential HtH property. The statement of ESJ impact will not result in a formal determination of feasibility, but instead will result in a list of positive and negative potential ESJ impacts that may result from a property's potential use as a HtH site, including countermeasures that the County and City should consider to reduce negative ESJ impacts, if any. The ESJ Impact Review

[113] RCW 42.30.110(1)(b) [LINK].

required by this step will comport with this plan's subsection entitled *Health through Housing Equity and Social Justice Impact Review*.

Step 5: Form a List of Feasible and Acceptable HtH Properties
King County and City representatives confer to consider the results of the ESJ Impact Review and build a list of sites that meet the City's criteria defined in Step 2, for which there is not an unreasonable negative ESJ impact that cannot be mitigated, and for which there is an entity willing to sell the property for HtH use or an entity willing to proceed with an HtH use on a property under their ownership or site control. It is possible that only one potential HtH property may be both feasible and acceptable, in which case that single property will constitute the list required by this step. It is also possible that the process may conclude, or that earlier steps would need to be revisited, if there are no feasible and acceptable properties after completing this step.

Step 6: Authorize King County or a Delegate to Seek a Purchase, Sale or Use Agreement
King County and the City may then pursue mutual agreement, consistent with the terms established in Step 2, on potential HtH sites at which the County may seek a purchase sale agreement or similar instrument through which the County may secure use of the potential HtH property and agree upon costs of potential use or purchase. Once mutual agreement is established, the King County executive branch may then enter into a purchase and sale agreement.

Step 7: Public Meeting and Incorporate Public Feedback
King County and the City hold at least one public meeting in which members of the public may offer input and feedback to consider. The public meeting must be timed to occur after the County has negotiated an agreement and at a point in the process that the public meeting does not risk an increase of price. The purpose of the meeting will be to inform a joint decision by City and County staff on whether to proceed or how to proceed.

Step 8: Close on the Purchase or Otherwise Finalize an Agreement for Purchase or Use.

King County and a city will follow the process in Figure 9 above to establish a HtH partnership and site a property whose creation through acquisition, construction or other means is fully or partially funded by proceeds of the HtH sales tax. This process does not apply to siting processes for any building whose creation through acquisition, construction or other means is not fully or partially funded by HtH proceeds, such as buildings containing operations-only units as described within this plan's HtH Strategy 2. Nothing within this HtH 2022-2028 Property Siting Process preempts, replaces or alters a city's laws and regulations that govern zoning of permitting authorized construction and uses. Similarly, nothing within this process affects or disturbs any government's ability to take emergency actions for which they otherwise have authority.

Introduction to the Equity and Social Justice Impact Review
The first question when conducting an Equity Impact Review is "who will be affected?"[114] This plan acknowledges that there are at least two important answers to that question when conducting an Equity and Social Justice Impact Review in the context of siting supportive housing for people at risk of or experiencing chronic homelessness:

[114] 2015 Equity Impact Review Process Overview [LINK].

Conventionally, the answer to "who will be affected" by a new multi-family housing building focuses on the effect upon already-housed people and people who work in proximity to a potential shelter site. The focus of the inquiry is typically premised on the assumption that new housing for people can be detrimental to others who already live in a community. This framework embodies an assumption that new housing is a burden and negative impact to a community, instead of an asset to the community.

The other answer to "who will be affected," less frequently invoked, centers on the effect upon the new individuals to be housed. In the case of Health through Housing, these individuals will be formerly homeless persons, a population that exhibits stark racial-ethnic disproportionality, and the effect will include the positive health, social, and community benefits that come from being housed. This framework embodies an assumption that homeless housing is an asset.

When conducting an equity review in which multiple groups of people will be affected, it is important to ask refining questions: Who amongst those affected has the least access to power? Who is historically more subject to inequity? Analysis of these can help navigate an Equity Impact Review process when the positive and negative effects fall in complex ways amongst multiple stakeholders.

This plan's Equity and Social Justice Impact Review process seeks to avoid results in which housing for people experiencing homelessness is sited where housed people who live or work near homeless housing are most willing to tolerate it, rather than where the people who live within the homeless housing are most likely to benefit from living. The impact review process required by this plan seeks to reduce bias in siting decisions for homeless housing that may unduly prioritize the preference of people who are already housed above the wellbeing of people who are not. This plan's Equity Impact Review for siting HtH properties seeks an equitable balance in considering the positive and negative impacts on both the people who would be housed and the people who live and work near a potential homeless housing site.

The Health through Housing Equity and Social Justice Impact Review

The Health through Housing Equity and Social Justice (ESJ) Impact Review process required in Step 4 of the property siting process described in Figure 9 above will yield a statement of ESJ impact for each potential HtH property. This will include a separate ESJ Impact Review and a separate statement of ESJ Impact for each potential site. The statements of ESJ impact will not constitute formal determinations of feasibility but instead will result in a list of positive and negative potential ESJ impacts that may result from each property's potential use as a HtH site, including countermeasures that the County and City should consider to reduce negative ESJ impacts or to amplify positive ESJ impacts, if any. King County's Equity Impact Review Process Overview will guide the format and content of the review, while the process will be tailored to the specific context of siting HtH buildings.[115] The implementation of the review will also incorporate language access requirements.[116]

In assessing the ESJ impact of a HtH building upon the persons who may live or receive services within the building, the statement of ESJ impact that results from the review will at a minimum address:

- How the property may contribute to this plan's Supporting Goal 1 (Reduce Disproportionality);
- How the operations of the site may be staffed or administered to promote achievement of Supporting Goal 1;

[115] 2015 Equity Impact Review Process Overview [LINK].

[116] King County Office of Equity and Social Justice Language Access Requirements [LINK].

- How the site's proximity or access to determinants of equity[117] would benefit residents or participants, including how beneficial access may be increased with a particular focus on residents or participants who identify as members of communities that disproportionately experience homelessness; and
- Whether there are any conditions present that would exacerbate inequities amongst persons experiencing homelessness, and how to mitigate or reverse those conditions.

In assessing the ESJ impact of a HtH building within a community, the statement of ESJ Impact that results from the review will at a minimum address:

- Whether the building would be located in a community that may be more or less resilient because of historical patterns of investment and equity using either King County's Equity Impact Awareness Tool (see Appendix F) or a similar tool or index;[118]
- What impacts the property may have in reducing or increasing the diversity of the community where the potential property may be located; and
- Whether persons who reside or work near the potential property are also persons whose historical or current experience of inequity leaves them subject to a material risk of worsened inequity that would be directly related to the presence of a HtH building.

How Each HtH Strategy Advances the Paramount Goal and Supporting Goals

Health through Housing's six strategies each directly or indirectly support multiple goals of the initiative. Figure 10 below shows how each of the six strategies drive HtH toward the Paramount Goal and the seven Supporting Goals. Specifically, it identifies which HtH Strategies have direct and indirect influence upon King County's ability to accomplish the Paramount and Supporting Goals set forth in this plan. If performance measurement or evaluation activities indicate that King County is at risk of not accomplishing a goal on the timeline required within this plan, King County will prioritize components of strategies that have a direct link to accomplishing a goal over those with an indirect link.

[117] The 14 determinants of equity identified in Ordinance 16948 in 2010 [LINK] and the County's 2015 Determinants of Equity report [LINK] are community factors that King County has identified that every person needs to thrive. They include access to affordable, healthy local food; access to health and human services; access to parks and natural resources; access to safe and efficient transportation; affordable, safe, quality housing; community and public safety; early childhood development; an equitable law and justice system; equity in County practices; family wage jobs and job training; health built and natural environments; quality education; and strong, vibrant neighborhoods.

[118] King County Equity Impact Awareness Tool [LINK].

Figure 10: How Each HTH Strategy Advances the Initiative's Goals

How Each HTH Strategy Advances the Initiative's Goals						
	Strategy 1 **Capital Financing and Improvements for HtH Sites**	Strategy 2 **Emergency and Permanent Supportive Housing Operations**	Strategy 3 **Behavioral Health Services Outside of HtH Sites**	Strategy 4 **Capacity Building Collaborative**	Strategy 5 **Evaluation and Performance Measurement**	Strategy 6 **Future Acquisition of Additional Properties**
Paramount Goal **1,600 Units**	Direct Link	Direct Link		Indirect Link		Potential Direct Link
Supporting Goal 1 **Reduce Disproportionality**	Direct Link	Direct Link		Direct Link	Direct Link	Potential Direct Link
Supporting Goal 2 **Mobile Behavioral Health Team**			Direct Link			
Supporting Goal 3 **Increase Resident Health**	Indirect Link	Direct Link	Indirect Link		Indirect Link	
Supporting Goal 4 **Rehab at least 50% of Emergency Housing Units**	Direct Link					Potential Indirect Link
Supporting Goal 5 **Build Capacity**	Indirect Link			Direct Link		
Supporting Goal 6 **Public Dashboard**					Direct Link	
Supporting Goal 7 **In-Depth Evaluation**					Direct Link	

2022-2028 Annual Expenditure Plan

This section defines and describes the annual expenditure plan for the HtH initiative.

- The annual expenditure plan begins with a subsection describing HtH's projected revenue.
- The next subsection describes and defines how this plan allocates projected revenue amongst strategies and other expenditures for each year of the plan's term.
- The next sub-section projects overall annual balances for the HtH fund based on the previous sub-sections' descriptions of revenue and allocations.
- The concluding sub-section describes how this annual expenditure plan satisfies key legislative requirements.

Most figures within this section include 2021 entries because the HtH initiative began collecting proceeds and began operating in 2021. Where this section refers to amounts of HtH proceeds in tables depicting components of the annual expenditure plan, the amounts of money are estimates based on the latest available projections of the King County Office of Economic and Financial Analysis (OEFA).[119]

Revenue

This subsection depicts the revenue projections on which this plan is modeled. Figure 11 summarizes revenues, and brief descriptions of each type of revenue follow.

Figure 11: Annual Revenue Projection

Health through Housing Annual Projected Approximate Revenue (2021-2028)	2021	2022	2023	2024	2025	2026	2027	2028
Projected Tax Revenue	60.0 M	62.2M	65.8M	69.4M	73.3M	76.7M	80.6M	84.5M
Annual Interest	0.1M	0.1M	0.1M	0.4M	0.2M	0.1M	0.0M	0.0M
Annual Bond Proceeds	260.0M	0.0M	0.0M	60.0M	0.0M	0.0M	0.0M	0.0M
Total Annual Revenue Sums in this row may be off by one-tenth because of rounding.	**$320.2M**	**$62.3M**	**$65.9M**	**$129.7M**	**$73.5M**	**$76.8M**	**$80.6M**	**$84.5M**

This plan allocates revenue projected from HtH sales tax proceeds, interest on the funds balance, and proceeds of bonds issued against future HtH sales tax proceeds.

- **Tax:** HtH is funded by King County's imposition of a 0.1 percent sales tax that King County began collecting in 2021 under authority of RCW 82.14.530 and KCC chapter 4A.503.[120] Based on the OEFA July 2021 forecast, the HtH Sales Tax is estimated to generate approximately $62.2 million in 2022.[121] OEFA estimates that tax collections will increase between four and six percent annually, rising to nearly $85 million in 2028.
- **Bonds:** RCW 82.14.530(5) and KCC 4A.503.060 authorize King County to bond against up to 50 percent of the revenue generated by the HtH sales tax.[122] Based on this parameter and projected

[119] King County Office of Economic and Financial Analysis (OEFA) [LINK].
[120] RCW 82.14.530 reflecting ESHB 1070 from 2021. [LINK] KCC 4A.503 [LINK].
[121] King County Office of Economic and Financial Analysis July 2021 Health through Housing Sales Tax Forecast, July 2021 [LINK]. The OEFA forecast accounts for the eight local jurisdictions, including (Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie) that chose to collect and retain this tax for their cities.
[122] RCW 82.14.530(5) reflecting ESHB 1070 from 2021 [LINK] KCC 4A.503.060 [LINK].

capital expenditures, King County anticipates issuing two sets of bonds to support the HTH program. The first, larger issuance is approximately at $260 million[123] and is expected to occur in late 2021 or early 2022. The proceeds of the first bond issuance will fund the majority of the costs associated with the acquisition of the HtH properties completed in 2021, prior to this plan's adoption. A second bond, estimated at $60 million, will be issued in or around 2024. This issuance will fund costs of converting emergency supportive housing (ESH) units within the HtH property portfolio to permanent supportive housing (PSH) between 2024 and 2028, as part of this plan's Strategy 1 and guided by Supporting Goal 4.

While this plan makes assumptions about both tax and bond revenue as a basis for planning, actual sales tax revenue and the timing and final amounts of bond revenue may differ from this plan. Nothing in this plan will prevent King County from tailoring and timing the specific issuance of bonds so long as those processes comport with the existing legislative and administrative processes that are otherwise required for King County to issue bonds. Examples of tailoring and timing may include issuing bonds in a year other than what is depicted in this plan or in an amount that is specifically necessary rather than in the estimated amounts contained herein. Changes in actual HtH proceeds or due to tailoring and timing of bond issuance are not considered substantive changes for the purposes of this plan.

Strategy Allocations and Other Projected Expenditures

This subsection depicts and describes how this plan annually allocates HtH revenues across the initiative's six strategies. It also includes allocations for initiative administration, bond financing costs, and contributions to the HtH Fund's reserve. Figure 12 summarizes the allocations portion of the annual expenditure plan.

[123] The final amount is subject to the actual forthcoming bond issuance.

Figure 12: Approximate Annual Allocations by Strategy

Health through Housing Approximate Allocations by Strategy (2021-2028)	2021	2022	2023	2024	2025	2026	2027	2028
Strategy 1 Capital Financing and Improvements for HtH Sites	264.3M	1.0M	1.0M	17.1M	17.1M	17.1M	16.1M	0.0M
Strategy 2 Emergency and Permanent Supportive Housing Operations	9.6M	36.1M	40.9M	42.4M	43.3M	44.5M	45.7M	47.0M
Strategy 3 Behavioral Health Services Outside HtH Sites	0.6M	8.1M	8.5M	9.0M	9.5M	10.0M	10.5M	11.0M
Strategy 4 Capacity Building Collaborative	0.6M	0.4M	0.4M	0.4M	0.4M	0.5M	0.5M	0.5M
Strategy 5 Evaluation and Performance Measurement	0.9M	0.6M	0.6M	0.6M	0.6M	0.7M	0.7M	0.8M
Strategy 6 Future Acquisition of Additional Properties	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M
Initiative Administration	2.9M	1.9M	2.0M	2.0M	2.2M	2.3M	2.5M	2.7M
Bond Financing Cost	0.6M	16.8M	16.7M	20.6M	20.6M	20.6M	20.5M	20.5M
HtH Reserve[124]	18.3M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M
Total Annual Expenditure	**$297.8M**	**$64.7M**	**$70.3M**	**$92.2M**	**$93.8M**	**$95.6M**	**$96.6M**	**$82.4M**

The 2022-2028 Goals and Strategies section of this plan describes in detail the rationale and scope for the six Health through Housing strategies, including how they contribute to the initiative goals. The purpose of this subsection is to provide information or context that is relevant to the allocation of funds to each strategy or other type of expenditure.

Strategy 1: Capital Financing and Improvements for HtH Sites

The annual expenditures shown in Figure 12 for HtH Strategy 1 include the costs that this plan assumes King County will have incurred through 2021 for acquisition and initial rehab of HtH buildings, even though 2021 spending falls outside the 2022-2028 scope of this plan. [125, 126] From 2021 through 2028, the fiscal allocations for HtH Strategy 1 include both property acquisition (estimated $254.5 million) plus initial rehab (estimated $4.8 million), conversion rehab[127] (estimated $64.5 million), and a capital reserve of $10 million. The capital reserve is maintained with Strategy 1, and its purpose is to allow for

[124] The HtH Reserve, funded in 2021, includes funding for a Debt Service Reserve equal to six months of debt service as well as a 60-day Rainy Day Reserve consistent with King County's Comprehensive Financial Management Policies [LINK].

[125] The description of Strategy 1 in the Health through Housing 2022-2028 Goals and Strategies section of this plan describes "initial rehab."

[126] The inclusion of the eight-year spending plan meets the requirement of KCC 24.30.030.A.9.

[127] The description of Strategy 1 in the Health through Housing 2022-2028 Goals and Strategies section of this plan describes "conversion rehab."

unexpected capital expenses such as the repair of a major system within a HtH building, unexpected maintenance costs, or small variations in actual rehab costs more than this plan's estimates.

Strategy 2: Emergency and Permanent Supportive Housing Operations

A key component of the HtH program is the ability to provide long term, dependable financial support for the full operations of supportive housing, including operations to maintain the buildings and operations to support the residents. This plan increases Strategy 2 spending over time to reflect the gradual opening in late 2021 and 2022 of initial HtH properties and the addition of operations-only units to the HtH portfolio. The allocations for this strategy are modeled on the assumption that HtH will in 2022 will provide on average approximately $25,000 per HtH housing unit to fund operations as defined within Strategy 2. Support will then increase up to approximately three percent per year.

King County expects HtH proceeds to provide comprehensive funding for operation of HtH units. King County will also partner with HtH providers to consider other non-competitive funding sources, including Medicaid Foundational Community Supports and other federal or state program funding as applicable.[128] If HtH providers and King County are successful in securing additional funding or reimbursement to support HtH operations, King County may use under-expended Strategy 2 resources in one of two ways. King County may fund additional operations-only units, above the 1,600 unit goal; this may include existing permanent supportive housing units. In addition, if Strategy 2 expenditures remain lower than this plan's expected allocations, the Executive may implement this plan's process for adjusting allocations, described later in this section.

Financial modeling for Strategy 2 allocations also accounts for an operations reserve within Strategy 2 to support unexpected operations expenses. The operations reserve will be critical to allow HtH sites to quickly respond with additional resident supports should they be necessary to stabilize residents within an HtH building or to maintain services at HtH buildings should providers encounter costs that rise more quickly than the planned three percent annual rate of increase. This reserve will be funded initially at $3 million, with an annual additional investment of $500,000 in 2022 through 2024 and $200,000 per year thereafter.

Strategy 3: Behavioral Health Services Outside of HtH Sites

Consistent with KCC 24.30.030.A.9.d, the Expenditure Plan dedicates 13 percent of revenues toward behavioral health services from 2022-2028.[129] These funds will support Sub-Strategy 3A (mobile behavioral health team) and Sub-Strategy 3B (behavioral health services ineligible for Medicaid funding). In 2021, a smaller amount ($0.6 million) will be transferred to the behavioral health fund to address specific unfunded needs in alignment with Sub-Strategy 3B.

Strategy 4: Capacity Building Collaborative

Consistent with KCC 24.30.030.A.9.e, the HTH Annual Expenditure Plan designates between approximately $400,000 and $500,000 per year for capacity building.[130] The Capacity Building Collaborative will both increase the capacity of existing housing nonprofits in meeting the housing and service needs of the overrepresented homeless BIPOC populations and allow CBOs to grow in their ability to operate supportive housing.

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[128] Washington State Health Care Authority. Medicaid Transformation Project: Initiative 3: Foundational Community Supports [LINK].
[129] KCC 24.30.030.A.9.d [LINK].
[130] KCC 24.30.030.A.9.e [LINK].

Strategy 5: Evaluation

Initiative evaluation costs include staff and data infrastructure to support ongoing performance measurement, evaluation, and reporting efforts, in addition to costs associated with external evaluation contractors and data collection. This financial plan limits evaluation costs to 1.5 percent of HtH revenue after bonding and behavioral health costs, consistent with KCC 24.30.030.A.9.e.[131]

Strategy 6: Future Acquisition of Additional Properties

This plan creates but does not fund Strategy 6. Strategy 6 may be funded in the future consistent with the process defined in this section's description of the process for substantive adjustments to this plan's allocations.

Initiative Administration

Administration costs include staff expenses, overhead, projected legal fees, and supplies. This financial plan caps administrative costs at five percent of HTH revenue after bonding and behavioral health costs, consistent with KCC 24.30.030.A.9.e.[132]

Bond Financing Cost

As with the issuance of any County debt, the HtH bonds carry annual interest costs, issuance fees, and legal expenses. While low in 2021, these grow as a result of the first bond issuance in late 2021 or early 2022. King County anticipates issuing general obligation bonds with a 20-year level debt to support the HTH capital program. By 2025, bond expenses stabilize at approximately $20.6 million per year. The financial plan also includes both a rainy-day reserve ($8 million) and a debt service reserve ($10.3 million), both funded in 2021. This financial plan forecasts total debt service costs at 24 percent of HtH revenue, below the maximum allowable under KCC 4A.503.060 and RCW 82.14.530(5).[133]

Satisfying the RCW 82.14.530(2)(a) Minimum Percentage

RCW 82.14.530(2)(a) requires at least 60 percent of HtH sales tax funding to be expended on capital and operations and maintenance of HtH buildings.[134] This plan satisfies the requirement because after excluding bonding proceeds, the sum of 2021-2028 allocations to Strategy 1 (Capital Financing and Improvements for HtH Sites), Strategy 2 (Emergency and Permanent Supportive Housing Operations), Strategy 6 (Future Acquisition of Additional Properties), and annual bond financing costs exceed 60 percent of projected 2021-2028 HtH proceeds. The sum of Strategy 1, 2, 6, and related bond finance costs for all years of this plan is $460.1 million. The total sales tax revenue for the period 2021-2028, excluding bonding proceeds and interest, is $572.5 million. $460.1 million is more than 80 percent of $572.5 million.

Summary of HtH Revenue, Allocations, and Annual Projected Year-End Initiative Balances

Combining the revenue and allocations from Figures 11 and 12, Figure 13 completes the HTH 2022-2028 Annual Expenditure Plan by depicting how the annual differences in total revenue and allocations yield two types of year-end balance, one depicting how annual balances are committed to out-year expenditures, and one depicting annually the unplanned year-end balance for HtH.

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[131] KCC 24.30.030.A.9.e [LINK].
[132] KCC 24.30.030.A.9.e [LINK].
[133] RCW 82.14.530(5) reflecting ESHB 1070 from 2021. [LINK] KCC 4A.503.060. [LINK]
[134] RCW 82.14.530(2)(a) reflecting ESHB 1070 from 2021 [LINK].

Figure 13: Summary of Table of Annual HtH Revenue vs. Allocation

Health through Housing's Annual Revenue vs. Allocation (2021-2028)	2021	2022	2023	2024	2025	2026	2027	2028
Total Annual Revenue *See Figure 11*	320.2M	62.3M	65.9M	129.7M	73.5M	76.8M	80.6M	84.5M
Total Annual Allocations *See Figure 12*	297.8M	64.7M	70.3M	92.2M	93.8M	95.6M	96.6M	82.4M
Annual Revenue minus Allocations	22.4M	-2.4M	-4.4M	37.5M	-20.3M	-18.8M	-16.0M	2.1M
Year-End Initiative Balance (Committed to Outyear Expenditures)	22.4M	20.0M	15.6M	53.1M	32.8M	14.0M	0.0M	0.1M
Year-End Available Initiative Balance	$0.0M	$0.0M	$0.0M	$0.0M	$0.0M	$0.0M	-$2.0M*	$0.0M

** The annual expenditure plan results in a negative available balance at the end of 2027. Reserves of $18.3 million will cover this shortfall temporarily and the initiative will be rebalanced by the end of 2028.*

Process for Adjusting this Plan's Allocations

Macroeconomic changes, fluctuations in revenue collections, and variation in program costs and expenditures are likely to happen during this plan's term. Those changes may require adjustment or redistribution of this plan's fiscal modeling or projected expenditures. As a sales tax-based special purpose revenue fund, HtH is also more sensitive to changes in economic conditions than property tax-based funds, making it particularly important to specify a process to adjust the plan's allocations.

Process for Communicating and Making a Substantive Change

If, without Council direction or concurrence, the Executive determines a substantive change to the funding allocations specified in this plan's Figure 12 is needed, the Executive will transmit a notification letter to Council detailing the scope of and rationale for the change. The Executive will electronically file the letter with the clerk of the Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the Council chief of staff and the lead staff for the Committee of the Whole, or its successor. Unless the council passes a motion rejecting the contemplated change within thirty days of the Executive's transmittal, the Executive may proceed with the change as set forth in the notification letter.[135] Nothing in this process for making substantive changes and adjusting allocations disturbs or alters the requirements in Washington Law and King County Ordinance that specify or limit expenditure of specific percentages of HtH sales tax proceeds for particular purposes.

What constitutes a "substantive change?"

A change or series of changes within the same calendar year that change an HtH Strategy's annual allocation by more than the greater of five percent or $150,000 is a substantive change for the purpose of this plan, unless such a change is due to additional revenue, allocated according to the priorities described later in this section, that does not reduce another strategy's allocation. Causes for substantive changes may include a loss of revenue relative to this plan's projections that requires a reduction in one

[135] This approach aligns with the Veterans Seniors and Human Services Levy's substantive change process, described on page 49 of the Veterans, Seniors and Human Services Levy Implementation Plan adopted by Ordinance 18768. [LINK]

or more strategies' annual allocation or a determination to reallocate funding between strategies, either due to a reprioritization or to reallocate a strategy's under-expended proceeds. Keeping under-expended proceeds within the same strategy for use in a subsequent year will not be a substantive change for the purpose of this plan, although expenditure of HtH proceeds in any year remains subject to Council appropriation.

Priorities for Reducing Allocations Due to Revenue that is Less than this Plan's Projections

Should it be necessary to reduce in an amount that constitutes a substantive change the fiscal allocation to one or more HtH strategies because actual revenue in any year is less than this plan's projections, the Executive will propose the necessary substantive change or changes according to these priorities:

1. The first priority will be to maintain or minimize reduction to strategies with the strongest link to accomplishing the Paramount Goal (1,600 units) and Supporting Goal 1 (Reduce Disproportionality);
2. The second priority will be to maintain or minimize reduction to strategies with the strongest link to accomplish Supporting Goal 3 (Increase Resident Health);
3. The third priority will be to maintain or minimize reduction to strategies with the strongest link to accomplishing Supporting Goal 2 (Mobile Behavioral Health Team); and
4. Any subsequent prioritization that is necessary will occur in consultation with the HtH Advisory Committee.

Figure 10, in this plan's 2022-2028 Goals and Strategies section, depicts which strategies are directly and indirectly linked to which goals.

Priorities for Allocating Revenue in Excess of this Plan's Original Allocations

Whereas the previous subsection described the process for prioritizing adjustments that reduce this plan's annual allocations to one or more strategies, this subsection describes the process for prioritizing allocation of revenue more than this plan's projections. Increases in a strategy's allocation due to additional revenue that do not reduce another strategy's allocation do not constitute a substantive change for the purposes of this plan, provided the allocations of additional revenue comports with this subsection's priorities.[136] Expenditure of HtH proceeds allocated through this prioritization remains subject to Council appropriation. The Executive will adopt the following priorities when allocating HtH revenue more than this plan's projections and allocations:

1. The first priority will be to direct funding to the HtH Fund's Rainy Day Reserve to attain or maintain the Rainy Day Reserve at a level directed by the King County Office of Performance, Strategy and Budget (PSB) or its successor agency;[137]
2. The second priority will be to increase that year's allocation to HtH Strategy 6 (Future Acquisition of Additional Properties) only up to the amount that is necessary to satisfy the HtH Paramount Goal if it has not yet been satisfied;
3. The third priority will be to increase by up to 20 percent that year's allocation to HtH Strategy 2 (Emergency and Permanent Supportive Housing Operations);[138]

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[136] As noted in the subsection above describing substantive changes, keeping previous years' unexpended proceeds within the same strategy for expenditure in a subsequent year is also not a substantive change.

[137] King County Comprehensive Financial Management Policies [LINK].

[138] Dependable, long term investment in operations is essential to the success of supportive housing. However, even with the robust investments in Strategy 2 including an operations reserve, operating costs may increase more

4. The fourth priority will be to increase that year's allocation to HtH Strategy 1 (Capital Financing and Improvements for HtH Sites) in amounts that are necessary to satisfy or exceed Supporting Goal 4 (Rehab at least 50 Percent of Emergency Supportive Housing Units);
5. The fifth priority will be to increase by up to 20 percent that year's allocation to HtH Strategy 3 (Behavioral Health Services Outside of HtH Sites); and
6. The sixth priority will be to increase funding to that year's allocation to HtH Strategy 6 (Future Acquisition of Additional Properties) for the purpose of accumulating proceeds that King County may use to create additional HtH sites through acquisition or construction.

Compliance with Jurisdictional Spending Requirements

According to RCW 82.14.530(1)(b)(iii), King County must plan to spend at least 30 percent of the revenue collected from cities within King County with more than 60,000 residents within that jurisdiction.[139] This requirement applies to six cities in King County (shown in bold in Figure 14). The requirement does not apply to three cities with populations more than 60,000 residents that independently imposed their own tax under RCW 82.14.530 (shown in gray in Figure 14). To comply with this requirement, the Executive approached leadership from each of these six cities to discuss opportunities to site a HtH building within their community.

Figure 14: King County Cities with Populations Greater than 60,000

Cities with Population Greater than 60,000	2021 City Population Estimate[140]
Seattle	769,500
Bellevue	149,900
Kent	132,400
Renton	106,500
Federal Way	99,590
Kirkland	92,110
Auburn	73,900
Redmond	71,180
Sammamish	66,130

Based on HtH property acquisitions identified in the Concept, Background, and 2021 Activities section above, King County expects to spend over 30 percent of HtH sales tax revenue generated in Seattle, Federal Way, Auburn, and Redmond within those cities. Acquisition expenditures from 2021 alone have already exceeded the required planning threshold in these cities through 2028, and long-term spending for operations will further increase the amount of revenue King County expects to spend in these host cities. At the time of the writing of this plan, conversations regarding opportunities for partnership were ongoing with the City of Kirkland.

Following conversations between DCHS staff and the Sammamish City Manager in January 2021, the HtH initiative does not intend to pursue a property acquisition in Sammamish currently. DCHS staff discussed

quickly than supported in the program model. Consequently, the second priority for investment of future funds will be to expand the Strategy 2 operations reserve to reflect changing costs.

[139] RCW 82.14.530(1)(b)(iii) reflecting ESHB 1070 from 2021 [LINK].

[140] Washington State Office of Financial Management official population estimates, April 1, 2021 [LINK].

the implication of this direction with city staff in their discussion. Sammamish staff expressed local priorities for funding rental assistance, mental health services for children, and support for domestic violence survivors. As those uses are not consistent with the expenditure plan as described, King County does not expect to expend 30 percent of revenues generated within the City of Sammamish inside the City of Sammamish. However, staff from King County and Sammamish also discussed the general benefit to Sammamish of HtH investments in other eastside communities, such as in the City of Redmond. To comply with the 30 percent planning requirement, King County plans to offer to meet with Sammamish leadership annually to discuss the HtH initiative, any changes in the expenditure plan, and opportunities for partnership between the City and the County.

Evaluation and Performance Measurement

HtH Strategy 5 requires activities to evaluate and measure performance of the Health through Housing initiative. This section describes the methodology and performance measures that will guide DCHS in implementing HtH Strategy 6 activities.

Evaluation and performance measurement will inform strategic learning and accountability. Strategic learning is using data to inform ongoing work and to understand which strategies are effective and why.[141] Accountability is holding contracted partners responsible for the activities they are funded to do and to determine whether or to what degree the work contributed to *Health through Housing* results.

Health through Housing will use Results Based Accountability (RBA), a method for assessing the results of Health through Housing strategies, and will supplement RBA learnings with additional evaluation activities.[142] The resulting framework includes:

- Population Indicators: HtH will use population level-measures to identify needs, understand baseline conditions, and track trends. HtH strategies intend to contribute to population-level results in the long term, while also understanding that the whole community across multiple sectors is responsible for county-wide conditions, and many additional factors influence these outcomes.
- Performance Measurement: Performance measures are regular measurement of program outcomes to assess how well a strategy is working. DCHS will create and maintain an online dashboard, in accordance with Supporting Goal 6, to provide visibility to King County residents, members of the HtH Advisory Committee, HtH residents, and policymakers about the performance of the HtH initiative.
- In-Depth Evaluation: Additional evaluation activities will complement performance measurement to deepen learnings. In-depth evaluation activities will include an overall evaluation of the Health through Housing initiative by December 31, 2026, to satisfy this plan's Supporting Goal 7.

Population Indicators and Baseline Data

Health through Housing's population analysis will focus on tracking two main categories: the extent of chronic homelessness in King County, and disproportionality in the experience of chronic homelessness in King County.

The Seattle-King County Homeless Management Information System (HMIS) enables an estimate of the number of chronically homelessness households connecting to the homeless response system as a proxy for chronic homelessness in King County. HMIS data uses the U.S. Housing and Urban Development (HUD) definition for chronic homelessness.[143] Through HMIS, one can measure chronic homelessness as how many households are currently receiving services and experiencing chronic homelessness (a point in time estimate), and as how many households meet the HUD chronic homelessness definition and received services at some point in the year (an annualized estimate). Both numbers together help inform an understanding of how chronic homelessness is changing and the scale of the need. Figure 13 shows data

[141] Center for Evaluation Innovation. Evaluation for Strategic Learning: Assessing Readiness and Results [LINK].
[142] Clear Impact. What is Results Based Accountability? [LINK].
[143] 24 CFR Section 91.5 [LINK]. See also the HUD Exchange's Flowchart of HUD's Definition of Chronic Homelessness [LINK].

for recent years. The County will continue to track these population-level indicators going forward.

Figure 15: Chronic Homelessness in King County, 2018-2020

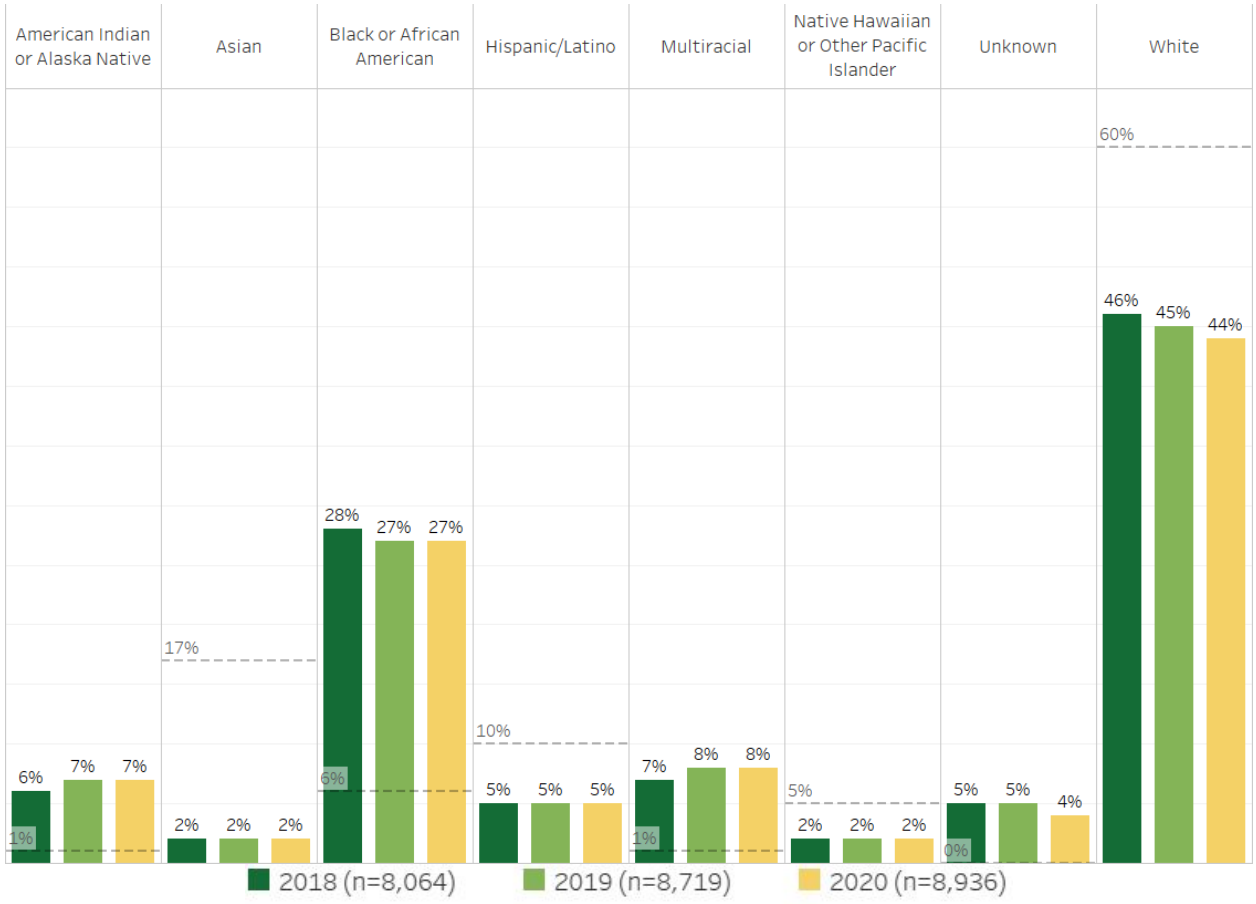
Chronic Homelessness in King County, 2018-2020			
Annualized	2018	2019	2020
Count of households experiencing chronic homelessness	8,064	8,719	8,936
Percent chronically homeless among households experiencing homelessness	32%	34%	40%
Point in time	12/31/2018	12/31/2019	12/31/2020
Count of households experiencing chronic homelessness	4,074	4,613	3,853
Percent chronically homeless among households experiencing homelessness	34%	36%	40%

Data source: Seattle-King County Homeless Management Information System (HMIS).
Notes: Annualized data is valid as of July 2021 and point-in-time data is valid as of April 2021. Counts represent number of households in HMIS that meet the HUD definition of chronic homelessness. Percentages represent the proportion of literally homeless households in HMIS that also meet the HUD definition of chronic homelessness.[144]

Additionally, HMIS data can facilitate examination of the race and ethnicity of households experiencing chronic homelessness and interacting with the homeless response system and compare this group to the King County general population to estimate disproportionality. Figure 16 compares these two populations over the past three years, showing consistent disproportionate representation of American Indian/Alaska Native, Black/African American, and multiracial populations among chronically homeless households.

[144] 24 CFR Section 91.5 [LINK]. For the literally homeless definition, see also the HUD Exchange's Criteria and Recordkeeping Requirements for Definition of Homeless [LINK]. For the chronic homelessness definition, see also the HUD Exchange's Flowchart of HUD's Definition of Chronic Homelessness [LINK].

Figure 16: Annual Chronic Homelessness in King County



Data Source: Seattle-King County Homeless Management Information System (HMIS) as of July 2021.
Notes: The dotted line represents the King County general population. Chronic homelessness includes unduplicated household enrollments open at any point in the year, where the household is literally homeless and flagged as chronically homeless at enrollment.[145]

In administering the HtH initiative, DCHS intends to include in any overall assessment of effectiveness whether the program is reducing racial-ethnic disproportionality amongst King County's chronically homeless population. To determine this, King County DCHS will continue to track population-level estimates of disproportionality in chronic homelessness going forward. DCHS will update and refine estimates and methodologies for assessing disproportionality before publication in the HtH Dashboard discussed in the next section.

Performance Measurement

Health through Housing will measure performance of strategies to assess implementation of the initiative and whether it is successfully driving positive outcomes for participating households and the region. As

[145] 24 CFR Section 91.5 [LINK] For the literally homeless definition, see also the HUD Exchange's Criteria and Recordkeeping Requirements for Definition of Homeless [LINK]. For the chronic homelessness definition, see also the HUD Exchange's Flowchart of HUD's Definition of Chronic Homelessness [LINK].

appropriate, DCHS will monitor how each strategy/program component performs in the three domains defined by RBA:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Performance measures will be developed through engagement with program staff, providers, and the HtH Advisory Committee that is detailed in the next section. Performance measures may be included in contracts and reported via the online Health through Housing Dashboard, also described in the next section. Where possible and appropriate, performance data will be able to be disaggregated by household demographics including race and ethnicity, and data for housing-related strategies will be able to be disaggregated by HtH site.

Initial draft performance measures are shown in Figure 17 below. They will be finalized in consultation with the Health through Housing Advisory Committee. Measures will also be refined periodically in consultation with the committee.

Figure 17: Population Indicators and Draft Performance Measures

Population-Level Indicators	
Number of chronically homeless households as estimated by the Homeless Management Information System (HMIS)	Racial-ethnic disproportionality in experience of chronic homelessness as estimated by HMIS and compared to the general King County population

Draft Performance Measures			
	How much did we do?	How well did we do it?	Is anyone better off?
Strategy 1 **Capital Financing and Improvements for HtH Sites**	Number of Health through Housing sites created or acquired Number of emergency supportive housing (ESH) and permanent supportive housing (PSH) units acquired or created Number of ESH units converted to PSH units	Average per unit cost of ESH and PSH acquisition Geographic distribution of housing sites and units Percentage of ESH units converted to PSH Average per unit cost of ESH to PSH unit conversion Time elapsed between HtH building acquisition and provider selection Time elapsed between provider selection and building beginning operations	Makes outcomes of Strategy 2 possible

Draft Performance Measures			
	How much did we do?	How well did we do it?	Is anyone better off?
Strategy 2 **Emergency and Permanent Supportive Housing Operations**	Number of households enrolled in emergency housing created through HtH Number of households enrolled in permanent supportive housing created through HtH Number of households receiving onsite resident supports through HTH, by type of support Number of households enrolled in Medicaid or another means of health insurance Number of households who, at the time of enrollment, were living in or near the city in which the site is located, or have ties to that community	Average length of stay in HtH Percentage of HtH residents enrolled in Medicaid or another means of health insurance Percentage of HtH residents who receive physical or behavioral healthcare supports while they are residents of a HtH unit Additional service-specific measures to be developed with program staff, providers, and the Advisory Committee	Percent of households who maintain or exit to permanent housing from permanent supportive housing or emergency housing Percent change in HtH households with ED visits and psychiatric hospitalizations Percent change in HtH households with criminal justice system involvement Percentage of households who maintain or increase income through employment or public benefits while residing in an HtH unit Additional service-specific measures to be developed with program staff, providers, and the Advisory Committee
Strategy 3 **Behavioral Health Services Outside of HtH Sites**	Number of households receiving a service via the mobile behavioral health intervention program	Service-specific measures to be developed with program staff, providers, and the Advisory Committee	Service-specific measures to be developed with program staff, providers, and the Advisory Committee
Strategy 4 **Capacity Building Collaborative**	Number of organizations participating in the Collaborative	Additional measures to be developed with program staff, providers, and the Advisory Committee	Additional measures to be developed with program staff, providers, and the Advisory Committee
Strategy 5 **Evaluation and Performance Measurement**			
Strategy 6 **Future Acquisition of Additional Properties**	To be determined if funded	To be determined if funded	To be determined if funded

In-Depth Evaluation

This plan's Supporting Goal 7 is to publish by December 31, 2026 an in-depth evaluation of the HtH initiative's effectiveness. By March 2022, evaluation questions, timeframe, proposed methodology, and data collection strategies for the in-depth evaluation will be finalized. The HtH initiative will accomplish this in-depth evaluation by building on the ongoing activities of HtH Strategy 5 Evaluation and Performance Measurement.

Performance measurement and evaluation activities may also include additional evaluations that are more focused in scope, time, or substance to inform program decision-making and to ensure that the HtH initiative is functioning as intended. Examples of rigorous evaluation may include case control or quasi-experimental designs that include resource-intensive data collection, and partnerships with external evaluation partners will be considered. Potential evaluation questions to explore include:

- To what extent do stable housing and resident supports improve health outcomes for chronically homeless households? What are the causal mechanisms behind any improvements in outcomes?
- To what extent does Health through Housing lead to reductions in crisis events and emergency system usage (such as emergency department visits or criminal justice involvement)?

To conduct such evaluations for HtH, DCHS may contract with external research partners to augment its own data collection, measurement, and evaluation work.

In partnership with the HtH Advisory Committee, HtH will use the following criteria for selecting priority areas for evaluation:

- *High interest from stakeholders.* King County Council, community-based organizations, grantees, HtH Advisory Group, and others as applicable.
- *High potential to improve equity* by serving large proportions of communities most in need
- *High potential to see short-term changes in indicators.* Likely to quickly see changes in indicators of individual or system well-being.
- *Novel implementation.* Implementing an existing program in new settings or populations.
- *Provide new evidence.* New or existing programs that can fill a gap in the scientific evidence base.
- *High quality data.* Sustainable sources of data to be able to track changes over time.

The design of these evaluations will be based on what is appropriate for the program's stage of implementation, and the existing evidence base for effectiveness of the selected program models. Options include:

- *Developmental evaluation* to support innovation and decision-making for a new program.
- *Process evaluation* to support program implementation and improvements.
- *Outcomes evaluation* to demonstrate whether the program is leading to the desired results. For some programs, this may include ascertaining causality by comparing intervention results with a statistically valid control group.[146]

The timeline for completing in-depth evaluations will depend on when baseline data are available, the point at which a sufficient number of individuals have reached the outcome to generate a statistically reliable result, and the time needed for data collection, analyses and interpretation of data.

[146] King County Veterans and Human Services Levy Evaluation Framework. [LINK]

Plans for both performance measurement and evaluation activities will be finalized in consultation with the HtH Advisory Committee, described in the next section, and contracted service providers. DCHS will ask the Committee and providers to provide input on performance metrics and review performance data on a regular basis. They will inform areas of focus for in-depth evaluations and evaluation designs, methodology and data collection strategies. The Committee will review reports that result from these evaluations. As detailed in the next section, the Committee will also review and annually certify HtH dashboard updates.

Health through Housing Advisory Committee and Annual Reporting

Health through Housing Advisory Committee

The Executive intends to convene the Health through Housing Advisory Committee by March 31, 2022, and then once per quarter thereafter. DCHS will provide staff support to the Health through Housing Advisory Committee and, in consultation with the Committee, will be responsible for fulfilling the Committee's reporting requirements.

The Advisory Committee will:

- Advise the Executive and Council on matters affecting the Health through Housing initiative,
- Advise DCHS on implementation of the Health through Housing initiative,
- Review performance data of the Health through Housing initiative, and
- Report annually to the Council and the community on the expenditures, accomplishments and effectiveness of the Health through Housing initiative.

Committee Membership

The HtH Advisory Committee will consist of at least 12 persons and no more than 16 persons. Consistent with KCC 24.30.030.A.2, the Health through Housing Advisory Committee membership will provide for:

- **Meaningful inclusion on the committee of persons who have experienced homelessness**. This means that at least one-third of Advisory Committee members will have experienced homelessness or will have been within the preceding three years a resident of a HtH property.
- **Meaningful inclusion on the committee of persons representative of racial and ethnic communities that are demographically disproportionately represented among persons experiencing chronic homelessness in King County.** This means that at least half of Advisory Committee members' identity or experience will allow them to credibly represent the perspective of a racial-ethnic community, gender identity, or experiential community[147] that disproportionately experiences homelessness.
- **Meaningful inclusion of residents of cities with populations greater than 60,000 persons.** This means that at least two such residents will serve as members of the Advisory Committee, prioritizing residents of those cities with populations greater than 60,000 persons that did not separately impose at the city level the sales tax authority under RCW 82.14.530.
- **Meaningful inclusion of residents of unincorporated areas of King County.** This means that at least two such residents will serve as members of the Advisory Committee.[148]

Committee members will also represent diverse geographic regions across the County, including rural and urban areas and north, east, south, and central regions of the County. To achieve and maintain this diverse representation, and to promote regional coordination, the Executive will recruit members from the following populations or organizations:

[147] Examples of "experiential communities" include persons who have been incarcerated, persons who are survivors of gender-based violence, persons who have been subject to involuntary treatment under Washington's Involuntary Treatment Act, military veterans, immigrants, and refugees.
[148] KCC 24.30.030.A.2 [LINK].

- Regional and subregional boards or committees that are focused on human services or housing, including the Continuum of Care Board and the Affordable Housing Committee; [149, 150]
- Other County boards overseeing human services or housing matters, which may include the Women's Advisory Board, the Behavioral Health Advisory Board, the Board for Developmental Disabilities, the Veterans Advisory Board, and the Children and Youth Advisory Board;
- City-level human services or housing commissions or lead staff from the departments supporting such boards, with a priority for those cities with populations greater than 60,000 persons; and
- Current and past residents of HtH sites.[151]

The Executive will consult with the County Council and the city managers or strong mayors of cities with populations over 60,000 to identify additional recruitment methods and to select committee members.[152] Before appointing any member to the committee, either in aggregate or individually, the Executive will transmit a notification letter detailing the name, biography, and term of each member to the King County Council. The Executive will electronically file the letter with the clerk of the Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the Council chief of staff and the lead staff for the Committee of the Whole, or its successor. Unless the King County Council passes a motion requesting changes to the proposed appointments within 30 days of the Executive's transmittal, the Executive may proceed with the appointments set forth in the notification letter. This process will ensure the Executive can achieve and maintain representation of the many intersecting identities required by KCC 24.030.A.2 while also providing an efficient selection process for members.

The Executive will establish initial terms of appointment for committee members. One-third of positions will have initial terms of two years, one-third of positions will have initial terms of three years and the remainder of the positions will have initial terms of four years. All subsequent terms will be for four years. No person will serve on the Health through Housing Advisory Committee for more than four consecutive years.

The members of the Advisory Committee will annually elect from their membership a chair and a vice chair to plan meeting agendas and sign the annual reporting letter required by this plan.

Health through Housing Dashboard and Annual Reporting

The HtH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard. The purposes of reporting by online dashboard are to increase community access to reporting, to take advantage of an online platform's ability to present interactive data, to allow for faster data updates as data are available within the annual reporting period, and to reduce the environmental impact of printing paper reports.

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[149] The Seattle-King County Continuum of Care Board serves as an advisory committee to the King County Regional Homelessness Authority (RHA). See Seattle-King County Continuum of Care Governance Charter [LINK]. See also Regional Homelessness Authority announcement, December 18, 2019. [LINK]

[150] Affordable Housing Committee [LINK].

[151] KCC 24.30.030.A.2 [LINK].

[152] This plan assumes that the primary point of contact within a jurisdiction is the office of the city manager in council-manager forms of government, or the office of the mayor in mayor-council ("strong mayor") forms of government. King County will take the jurisdiction's direction on others within the city to engage, and methods for engagement. For background on these two forms of municipal government, see Municipal Research and Services Center of Washington (MRSC): City and Town Forms of Government [LINK].

DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HtH initiative's performance during the year. The online dashboard will include performance measures that are consistent with this plan's section on Performance Measurement and Evaluation.

At a minimum, the HtH dashboard update used to satisfy the program's annual reporting requirements will include:

- A list of the members of the HtH Advisory Committee;
- A map depicting the locations of sites constructed or acquired with Health through Housing proceeds and depicting the locations and numbers of housing units whose operations are funded by Health through Housing proceeds;
- Demographic data describing the population residing in Health through Housing-funded housing, including race and ethnicity. The dashboard will track progress towards reducing racial-ethnic disproportionality by comparing HtH demographic data to the population experiencing chronic homelessness in King County and the general King County population;
- Health through Housing initiative financial information, including the program's annual revenue, allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites, and actual expenditures of the previous year's proceeds amongst the categories of expenditure required or allowed by KCC chapter 24.30; and
- Data that describe how the Health through Housing initiative performs on at least the following population-level and program performance measures:
    - Cumulative number of people who moved from chronic homelessness into permanent housing via HtH;
    - Progress on reducing disproportionality in the experience of chronic homelessness;
    - Percentage of residents who maintain their housing in HtH or exit to permanent housing from HtH-funded emergency or permanent supportive housing;
    - Average length of stay of residents in HtH-funded emergency or permanent supportive housing;
    - Percentage of residents who receive physical or behavioral healthcare supports or care while residing in a HtH unit; and
    - Additional measures of improvements in health or well-being, as data are available.

Beginning in 2023, the Advisory Committee will annually certify by June 15 that the online dashboard is updated with the previous year's data and ready for review. On behalf of the Committee, DCHS will then send a notification letter electronically to the Executive and the clerk of the King County Council. The clerk of the Council will retain an electronic copy and provide an electronic copy to all councilmembers, the Council chief of staff and the lead staff for the Committee of the Whole, or its successor. Timely provision to the clerk of the King County Council the letter certifying that the online dashboard is current will satisfy Health through Housing's annual reporting requirement. DCHS will be prepared upon invitation to present an overview of the annual report to the King County Council or one of its committees.

This implementation plan, most notably its subsection on HtH initiative activities in 2021, serves as the annual report on the HtH initiative for 2021.

Communication and Partnership Plan for 2022-2028

Jurisdictional partnerships were essential to the success of HtH in 2021 and will be critical to its success through the 2022-2028 Implementation Plan period and beyond. Consistent with KCC 24.30.030.A.7, this section includes communication and outreach protocols that King County will use to partner and work collaboratively with individual cities, as well as through established partnerships such as A Regional Coalition for Housing (ARCH) and South King Housing and Homelessness Partners (SKHHP), and with future partnerships such as two or more cities partnering together to provide eligible facilities and services. [153, 154, 155]

Communication with these partners falls under four main categories:

- Informing jurisdictions across King County about HtH implementation progress;
- If necessary, siting new HtH sites under the process and requirements specified within this implementation plan; and
- Managing ongoing operations at HtH sites.

Informing King County Jurisdictions of Health through Housing Implementation Progress

The HtH Advisory Committee public meetings will serve as the primary channel of communication regarding the HtH initiative broadly. This will include informational updates on expenditures, implementation, and overall performance. For this reason, ARCH, SKHHP and all cities in King County with a population of 60,000 or more will be invited to join the Advisory Committee distribution list and observe Committee meetings. Any other cities interested in following the Committee's activities should send a request to the email address available on the Health through Housing initiative website.[156]

Additional public presentations on Health through Housing will be available by request. DCHS expects to provide annual presentations to the County Council as well as to the ARCH Board, SKHHP Board, and the city councils of all cities with populations above 60,000.

Siting of New Health through Housing Sites

This plan incorporates the Executive's expectation that all HtH property acquisitions necessary to accomplish this plan's goals will be complete by January 1, 2022. Should King County decide to site additional HtH properties during the term of this plan, DCHS will follow the notice and siting process and requirements described in this plan's HtH Strategy 6, which includes a process by which King County and a city must mutually agree upon a HtH site for it to be acquired within that city.

[153] This plan assumes that the primary point of contact within a jurisdiction is the office of the city manager in council-manager forms of government, or the office of the mayor in mayor-council ("strong mayor") forms of government. King County will take the jurisdiction's direction on others within the city to engage, and methods for engagement. For background on these two forms of municipal government, see Municipal Research and Services Center of Washington (MRSC): City and Town Forms of Government [LINK].

[154] A Regional Coalition for Housing [LINK].

[155] South King Housing and Homelessness Partners [LINK].

[156] Health Through Housing [LINK].

Leasing Up and Operating Health through Housing Sites

After siting a HtH building, King County will continue to partner with host jurisdictions on lease up and operating specifics. [157] The communication and partnership commitments below will apply to all HtH Housing properties, including those acquired during 2021.

Local Referrals

Consistent with RCW 82.14.530(3)(b), at least 15 percent of the units at each HTH building will be provided to individuals who are living in, near, or who have ties to the city in which the building is located.[158] King County will work with each jurisdiction where a HTH site is located to identify the priority population and refine a local referral process to meet the requirement of RCW 82.14.530(3)(b). The HtH initiative will provide as part of Strategy 2 activities outreach near HTH sites to promote compliance with the local referral requirement and to maximize HtH sites' ability to provide housing in communities where eligible persons are experiencing homelessness. King County will partner with existing local outreach services when available. Households will be referred to the remainder of units from the coordinated entry system of the Continuum of Care.[159] King County, working with the King County Regional Homelessness Authority (RHA), will ensure that the prioritization process will not jeopardize compliance or funding with the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program.[160]

Operations and Good Neighbor Commitment

King County will jointly select with a HtH site's host city the operator and service provider as described in this plan's HtH Strategy 2 description. HtH site operators and service providers will respond to local concerns or opportunities that may be raised by the host city or community members. HtH sites will have a code of conduct or a similar type of agreement that is agreed upon by residents at the time of entry. Codes of conduct cover expectations for things such as visitors and interpersonal behavior. If a resident is not able to comply with the code of conduct and the terms of the agreement, the provider may need to find the resident an alternate housing situation.[161] The rules will be balanced with the recognition that people experiencing chronic homelessness will often require support as they transition into housing. Additionally, each HtH site is expected to also have a good neighbor agreement, committing King County, the local jurisdiction, the site providers, and the local community to a collective agreement that describes how the parties to the agreement will communicate and resolve concerns when they arise.

Ongoing Management of Health through Housing Sites

King County is committed to ongoing communication with the host cities for all HtH sites. The success of a HtH site will greatly depend on the ongoing relationship between King County, the service provider and operator, and the host jurisdiction.

DCHS expects communication with host cities in the following ways:

- HtH site contracts will require all operators and providers to report to, and problem solve with, DCHS and the host jurisdiction on any challenges regarding program outcomes and the status of any applicable good neighbor agreements.

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[157] Lease up is the period of time from when the first resident of a building occupies a unit to the time when all units in a building are occupied.

[158] RCW 82.14.530(3)(b) reflecting ESHB 1070 from 2021 [LINK].

[159] King County Regional Homelessness Authority (RHA): Coordinated Entry for All [LINK].

[160] U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program [LINK].

[161] Operators will be required to find alternate housing options for resident when needed to reduce eviction impacts on residents.

- No less than annually, DCHS plans to host a meeting between the jurisdiction and the service provider and operator to provide an update on the site and work on any unexpected challenges.
- DCHS intends to offer annual city council briefings to all cities hosting a HtH site to discuss the performance of HtH and answer any questions regarding site performance.

If any concerns are identified through these communication channels, the service provider and operator will be responsible for following up directly with the host jurisdiction to resolve the problem.[162] As the contract holder, DCHS will monitor operations to ensure the host jurisdiction is satisfied with the agency's response.

[162] This requirement will be included in Health Through Housing site contracts.

Conclusion and Next Steps

Health through Housing came about at the confluence of a global pandemic's unprecedented health and economic effects upon preexisting crises of homelessness, housing affordability, and systemic racism. The immediacy and society-wide impact of the COVID-19 pandemic required bold action within temporary windows of opportunity, a commitment to evidence-based approaches, strong regional partnership, and clarity about the importance of leaving no member of society behind. Although the pandemic continues at the time of this plan's transmittal for Council review, to date King County has been among the nation's most successful in combatting the novel coronavirus and its variants.

As King County's most comprehensive initiative to rapidly expand and perpetually operate housing for King County residents who are experiencing or at-risk of chronic homelessness, the HtH initiative offers an opportunity to apply to the crisis of chronic homelessness the same commitment to action, evidence, partnership and equity that propelled the region's response to COVID-19.

Upon its adoption by Ordinance, this plan will govern the Executive's administration and implementation of the HtH initiative. This plan's goals and strategies are designed to create 1,600 new units of emergency and permanent supportive housing, to provide the supports to residents that will promote individual health while reducing overall racial-ethnic disproportionality, to increase regional capacity to do more for people who are experiencing homelessness or behavioral health conditions, and to use data to refine implementation and assess overall impact. This plan's success will require the region to nurture new partnerships, to build upon existing coalitions, and to recognize that implementing solutions to big issues like homelessness will depend upon consistent cooperation, clear communication, and common cause.

Appendices

Appendix A: Full Text of Ordinance 19179, codified as King County Code Chapter 4A.503

AN ORDINANCE imposing an additional sales and use tax of one-tenth of one percent, as authorized in RCW 82.14.530; adding a new chapter to K.C.C. Title 4A; and declaring an emergency.

PREAMBLE:
In December 2018, the King County regional affordable housing task force found that the region needs an additional 44,000 homes affordable for very low- and extremely low-income households over the next five years.
Additional funding is required to address the urgent need for affordable housing in King County.
In November 2015, King County declared a state of emergency to address the homelessness crisis.
Approximately 4,500 households receiving homeless services in King County are experiencing chronic homelessness.
Studies show that people experiencing chronic homelessness experience more negative physical health, lower behavioral health outcomes and victimization.
Studies show the costs of permanent supportive housing for these households is far less than the crisis system costs from these households experiencing homelessness.
One-room settings, in particular permanent affordable housing with supportive services, are proven to improve health outcomes and housing stability and reduce crisis system use.
As of September 14, 2020, nearly 200,000 Americans had died from COVID-19.
Persons living in congregate shelters are particularly vulnerable to rapid spread of airborne disease like COVID-19 because persons living in congregate shelters are disproportionately persons of color, are older than average and experience higher rates of underlying health conditions and are by definition without a safe place in which to observe social distancing and best practices of hygiene.
The Regional Action Framework identified a need for 6,500 additional units of supportive housing for people experiencing chronic homelessness.
In 2019, only 38 percent of adult Medicaid enrollees with an identified need for substance use disorder treatment in King County and statewide received treatment, and only half of those needing mental health treatment received treatment.
To combat the intersecting crises of COVID-19, chronic homelessness, housing affordability and behavioral health disorder, there is need for a robust approach that provides more stable affordable housing for those experiencing chronic homelessness and at risk of chronic homelessness, and that increases access to behavioral health treatment and housing-stability services for those households.
In the 2020 Regular Session, the Washington state Legislature approved, and the Governor signed, Substitute House Bill 1590, which became Chapter 222, Laws of Washington 2020 ("the Act").
The Act authorizes the governing body of a county to impose a local sales and use tax for affordable housing, housing-related services, operations and maintenance costs of affordable housing and facilities where housing-related programs are provided, behavioral health-related facilities, newly constructed evaluation and treatment centers and operation, delivery or evaluation of behavioral health treatment programs and services.

The metropolitan King County council has determined that imposing the sales and use tax to improve the region's health outcomes and address the housing affordability crisis will benefit the county's residents.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. **Findings:**

A. RCW 82.14.055 states that a local sales and use tax change may take effect no sooner than seventy-five days after the department of revenue receives notice of the change and only on the first day of January, April or July.

B. RCW 82.14.055 further states that a "local sales and use tax change" means enactment or revision of local sales and use taxes.

C. Based on sales tax data from the office of economic and financial analysis, for the 2021-2022 biennium, total King County sales tax revenues are estimated at approximately one hundred and forty million dollars if collections begin on January 1, 2021, compared to approximately one hundred twenty-three million dollars if collections begin on April 1, 2021.

D. The Washington state Department of Revenue has indicated that the deadline for a jurisdiction to notify the department of a local sales and use tax change in order to begin collections on January 1, 2021, is October 19, 2020.

E. The Department of Revenue does not have clear guidance on whether the ordinance making such a change in a local sales and use tax must merely be enacted or must be effective when the jurisdiction provides the notice to the Department of Revenue.

F. Unless this proposed ordinance is adopted as an emergency ordinance, the earliest it will be effective is October 24, 2020, several days after the notification deadline to the Department of Revenue. That could result in the county losing three months of tax proceeds and thereby reducing the amount of moneys available for the purposes for which the tax is being imposed.

G. Due to the uncertainty of whether this ordinance must be enacted or effective at the time the county gives the Department of Revenue notice, this ordinance must take effect immediately to ensure appropriate notice can be provided to the Department of Revenue in order for collections to begin on January 1, 2021.

SECTION 2. It is the intent of the county that this ordinance does not preempt any city that has before October 13, 2020, taken action to pass or adopt the local sales and use tax as authorized by RCW 82.14.530.

SECTION 3. Sections 4 through 9 of this ordinance should constitute a new chapter in K.C.C. Title 4A.

NEW SECTION. SECTION 4. For the purposes of this chapter, unless the context clearly requires otherwise, "proceeds" means the principal amount of moneys received from the Washington state Department of Revenue from the collection of the additional sales and use tax authorized by this chapter and RCW 82.14.530 and any interest earnings on the moneys.

NEW SECTION. SECTION 5.

A. To provide necessary moneys for the purposes identified in section 7 of this ordinance, an additional one-tenth of one percent sales and use tax is hereby levied, fixed and imposed on all taxable events within King County as defined in chapter 82.14 RCW.

B. The tax shall be imposed upon and collected from those persons from whom sales tax or use tax is collected by the state in accordance with chapter 82.08 or 82.14 RCW and shall be collected at the rate of one-tenth of one percent of the selling price, in the case of a sales tax, or value of the article use, in the case of a use tax.

C. This additional sales and use tax shall be in addition to all other existing sales and use taxes currently imposed by the county. The tax shall become effective on the earliest practicable date consistent with RCW 82.14.055.

D. The budget director shall immediately provide notice to the state Department of Revenue of the tax imposed by this chapter as required by RCW 82.14.055 and is authorized to executive any necessary agreement with the state Department of Revenue concerning the collection and administration of the tax imposed by this chapter.

NEW SECTION. SECTION 6. The proceeds shall be deposited in the health through housing fund.

NEW SECTION. SECTION 7.

A. Proceeds shall be expended and apportioned among eligible uses set out in and in a manner consistent with RCW 82.14.530 as now existing, hereafter amended or as superseded, prioritizing persons within the population groups specified in RCW 82.14.530(2)(b) whose income does not exceed thirty percent of the King County area median income.

B. Proceeds shall be allocated with the objective of reducing racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County.

NEW SECTION. SECTION 8.

A. Any county process to site a facility that is funded by proceeds and to be located within the boundaries of a city shall comply with RCW 82.14.530 as now existing, hereafter amended or as superseded.

B. The county plans to spend at least thirty percent of the proceeds collected under section 5 of this ordinance that are attributable to taxable activities or events within any city with a population greater than sixty thousand within the city's boundaries.

NEW SECTION. SECTION 9. To carry out the purposes of this chapter and consistent with RCW 82.14.530 as now existing, as hereafter amended or as superseded, the county may issue general obligation or revenue bonds within the limitations as now existing or hereafter prescribed by the laws of this state and may use up to fifty percent of the moneys collected for repayment of such bonds. Notwithstanding anything in this chapter to the contrary, so long as any bonds payable from and secured by a pledge of the sales and use tax authorized in this chapter are outstanding, the county shall continue to impose and collect the sales and use tax as provided in this chapter and in RCW 82.14.530.

SECTION 10. **Severability.** If any provision of this ordinance or its application to any person or circumstance is held invalid, the remainder of the ordinance or the application of the provision to other persons or circumstances is not affected.

SECTION 11. The county council finds as fact that an emergency exists and that this ordinance is necessary for the immediate preservation of public peace, health or safety or for the support of county government and its existing public institutions.

Appendix B: Full Text of Ordinance 19236, codified as King County Code Chapter 24.30

AN ORDINANCE relating to the health through housing implementation plan; and adding a new chapter to K.C.C. Title 24.

STATEMENT OF FACTS:
1. In December 2018, The King County regional affordable housing task force found that the region needs an additional 44,000 homes affordable for very low- and extremely low-income households over the next five years.
2. Additional funding is required to address the urgent need for affordable housing in King County.
3. In November 2015, King County declared a state of emergency to address the homelessness crisis.
4. Approximately 4,500 households receiving homeless services in King County are experiencing chronic homelessness.
5. Studies show that people experiencing chronic homelessness experience more negative physical health, lower behavioral health outcomes, and victimization.
6. Studies show the costs of permanent supportive housing for these households is far less than the crisis system costs from these households experiencing homelessness.
7. One-room settings, in particular permanent affordable housing with supportive services, are proven to improve health outcomes and housing stability and reduce crisis system use.
8. As of September 14, 2020, nearly 200,000 Americans had died from COVID-19.
9. Persons living in congregate shelters are particularly vulnerable to rapid spread of airborne disease like COVID-19 because persons living in congregate shelters are disproportionately persons of color, older than average, and experience higher rates of underlying health conditions, and are by definition without a safe place in which to observe social distancing and best practices of hygiene.
10. The Regional Action Framework identified a need for 6,500 additional units of supportive housing for people experiencing chronic homelessness.
11. In 2019, only 38 percent of adult Medicaid enrollees with an identified need for substance use disorder treatment in King County and statewide received treatment, and only half of those needing mental health treatment received treatment.
12. To combat the intersecting crises of COVID-19, chronic homelessness, housing affordability, and behavioral health disorder, there is need for a robust approach that provides more stable affordable housing for those experiencing chronic homelessness, and at risk of chronic homelessness, and increases access to behavioral health treatment and housing-stability services for those households.
13. In the 2020 Regular Session, the Washington state Legislature approved, and the Governor signed, Substitute House Bill 1590, which became Chapter 222, Laws of Washington 2020 ("the Act").
14. The Act authorizes the governing body of a county to impose a local sales and use tax for affordable housing, housing-related services, the operations and maintenance costs of affordable housing and facilities where housing-related programs are provided, behavioral health-related facilities, newly constructed evaluation and treatment centers, and the operation, delivery or evaluation of behavioral health treatment programs and services.
15. The metropolitan King County council has determined that imposing the sales and use tax to improve the region's health outcomes and address the housing affordability crisis will benefit the county's residents.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. Sections 2 through 4 of this ordinance should constitute a new chapter in K.C.C. Title 24.

NEW SECTION. SECTION 2. The definitions in this section apply throughout this chapter unless the context clearly require otherwise.

A. "Affordable housing" means residential housing that requires payment of monthly housing costs of no more than thirty percent of an eligible household's income. For the purposes of this chapter, monthly housing costs may include rent and costs for those utilities that provide for water, wastewater, electricity, gas, solid waste and recycling services, but not those utilities that provide for telephone, internet services or cable services.

B. "Affordable housing committee" means the committee of the growth management planning council developed to implement the work of the regional affordable housing task force developed to implement Motion 14754.

C. "At risk of experiencing chronic homelessness" describes a household that:

1. Includes an adult with a developmental, physical or behavioral health disability;

2.a. Is currently experiencing homelessness for only ten to twelve months in the previous three years; or

b. has experienced homelessness for a cumulative total of twelve months within the last five years; and

3.a. Includes one adult that has been incarcerated within the previous five years in a jail or prison;

b. includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW as now existing, as hereafter amended or as superseded; or

c. identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County.

D. "Behavioral health treatment programs and services" means a program or service designed to improve or treat the health of persons with one or more behavioral health condition, including either a mental health condition or a substance use disorder, or both.

E. "Eligible household" means a person, cohabitating persons and the cohabitating dependents of persons within population groups described in RCW 82.14.530 as now existing, as hereafter amended or as superseded, and including any amendments thereto expanding such allowable purposes, as eligible for provision of affordable housing and use of facilities providing housing-related programs and whose income at the time they receive services or placement within affordable housing is at or below thirty percent of the median income in King County.

F. "Experiencing chronic homelessness" refers to a household that includes an adult with a disability, that either is currently experiencing homelessness for at least twelve consecutive months or has experienced homelessness for a cumulative twelve months within the previous three years.

G. "Housing-related services" means services that are provided to eligible households that are either living in affordable housing or experiencing housing instability, which services have the purpose of helping the household gain, maintain or increase housing stability. "Housing-related services" may include but are not limited to: case management; tenant education and supports; financial assistance for essential costs of housing; or assessment and referral to other human services. For the purposes of this definition, housing instability means a household's inability to gain and maintain safe, habitable housing in a community of the household's choice for less than approximately forty percent of the household's income.

H. "Proceeds" means the principal amount of moneys received from the Washington state Department of Revenue from the collection of the additional sales and use tax authorized by K.C.C.

chapter 4A.503 and RCW 82.14.530 as now existing, as hereafter amended or as superseded, and any interest earnings on the moneys.

NEW SECTION. SECTION 3. A. No later than August 30, 2021, the executive shall transmit for council review a proposed initial health through housing implementation plan. The implementation plan shall describe the goals, strategies, performance measures, reporting requirements and annual expenditure plan to direct use of the proceeds from 2022 through 2028. The executive shall consult with the affordable housing committee and the chief executive officer of the King County Regional Homelessness Authority in the development of the implementation plan.

B. The executive shall electronically file the implementation plan required in subsection A. of this section with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff, the policy staff director and the lead staff for the committee of the whole and the regional policy committee, or their successors. The implementation plan shall be accompanied by a proposed ordinance that should adopt the implementation plan and form the health through housing advisory committee.

NEW SECTION. SECTION 4. A.1. Beginning January 1, 2022, if an implementation plan has been adopted by the council in accordance with section 3 of this ordinance, then expenditure of proceeds from the health through housing fund shall be consistent with that adopted implementation plan. The implementation plan shall describe the goals, strategies, performance measures, reporting requirements and annual expenditure plan to direct use of the proceeds. Among the goals and corresponding performance measures of the implementation plan shall be the annual reduction of racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County. The implementation plan shall also describe responsibilities of a health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.

2. The executive's selection of persons to serve on the health through housing advisory committee shall provide for the meaningful inclusion on the committee of persons who have experienced homelessness, meaningful inclusion on the committee of persons representative of racial and ethnic communities that are demographically disproportionately represented among persons experiencing chronic homelessness in King County and meaningful inclusion of residents of cities with populations greater than sixty thousand persons and of unincorporated areas. The committee shall include representatives from other county, city, and subregional boards, commissions or committees to promote regional coordination and coordination across King County human services investments.

3. The paramount goal of the implementation plan shall be the creation and ongoing operation of one thousand six hundred units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness. Affordable housing units for persons experiencing chronic homelessness created in 2021 using proceeds authorized by K.C.C. chapter 4A.503, may be included in the implementation plan's goals, strategies, satisfaction of performance measures and reporting. Affordable housing units, in some cases, may only require support from the proceeds for operating costs and housing related services. Such affordable housing units may also be included in the implementation plan's goals, strategies, satisfaction of performance measures and reporting.

4. The implementation plan shall describe the processes by which the executive shall work with jurisdictions that have dedicated funding and are investing in the development of housing serving households experiencing chronic homelessness or at risk of experiencing chronic homelessness, to align allocation of proceeds with such efforts.

5. The implementation plan shall also include as a goal the creation and operations of a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by proceeds. The purpose of the mobile behavioral health intervention program required by this subsection shall be to provide an alternative to the use of law enforcement to respond to behavioral health crises. The goal required by this subsection A.5. may be satisfied by creating a new program or by supplementing and adapting an existing program.

6. The implementation plan shall describe the process to site affordable housing and behavioral health facilities funded by proceeds. The siting process shall be in accordance with RCW 82.14.530 as now existing, as hereafter amended or as superseded, including the consultation process if a facility is proposed to be located within a city. The implementation plan shall require and describe the consultation process between the county and any city in which the county proposes a facility to be located to jointly identify and mutually agree upon suitable locations for eligible facilities to be purchased or constructed, and the services that will be provided to operate and maintain those facilities, prior to the county entering into any contract or agreement to purchase or construct such facilities. The implementation plan shall describe and require use of an equity and social justice impact review process when siting affordable housing and behavioral health facilities.

7. The implementation plan shall include a communication and partnership plan, including communication protocols that will be used by the county for partnering and working collaboratively with individual cities, as well as through established partnerships such as A Regional Coalition for Housing (ARCH) and South King Housing and Homelessness Partners (SKHHP), and with future partnerships such as two or more cities partnering together to provide eligible facilities and services. The communication and partnership plan shall also describe the approach for how community input will be incorporated into the review process when siting affordable housing and behavioral health facilities.

8. The implementation plan shall describe how allocation of the proceeds will satisfy the requirements of RCW 82.14.530 as now existing, as hereafter amended or as superseded.

9. Included in the implementation plan shall be an expenditure plan for the first eight years the sales and use tax authorized by K.C.C. chapter 4A.503, and RCW 82.14.530 as now existing, as hereafter amended or as superseded, are collected. For each year, the expenditure plan shall include:

a. the forecast of annual debt service associated with bonds issued as authorized by K.C.C. chapter 4A.503 and allocation of proceeds to fully cover the annual debt service;

b. the forecast of annual expenditures for maintenance and operation at structures or facilities built or acquired with proceeds as authorized by K.C.C. chapter 4A.503;

c. the forecast of annual expenditure for supporting those services as authorized by R.C.W. 82.14.530 (2)(c) as now existing, as hereafter amended or as superseded,

d. an allocation of at least nine percent and no more than thirteen percent of each year's proceeds for the provision, delivery and administration of behavioral health treatment programs and services that are not part of the supportive services provided within affordable housing or behavioral health facilities supported by proceeds; and

e. from the annual remaining proceeds after costs associated with bonding described in subsection B.9.a. of this section and allocations for behavioral health described in subsection B.9.d. of this section, an allocation of no more than five percent for administration, no more than one and one-half percent for evaluation and at least one percent for use in supporting and building the capacity of community-based organizations to deliver eligible uses of proceeds for persons and communities that are disproportionately demographically represented among persons experiencing chronic homelessness in King County.

C. No later than June 30, 2027, and every eight years thereafter, the executive shall transmit for council review and adoption by ordinance a proposed update to the implementation plan, which proposed update shall describe for an additional eight years beyond the term of the then-adopted

implementation plan the goals, strategies, performance measures, reporting requirements and expenditure plan to direct use of the proceeds for the respective eight-year period.

Appendix C: Crosswalk of Implementation Plan Requirements from KCC Chapters 4A.503 and 24.30

KCC Chapter 4A.503 Requirements	See Section(s)
4A.503.040.A. Proceeds shall be expended and apportioned among eligible uses set out in and in a manner consistent with RCW 82.14.530 as now existing, hereafter amended or as superseded, prioritizing persons within the population groups specified in RCW 82.14.530(2)(b) whose income does not exceed thirty percent of the King County area median income.	• Who is Eligible to Live in Housing Buildings Provided by Health through Housing?
4A.503.040.B. Proceeds shall be allocated with the objective of reducing racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County.	• Concept, Background, and 2021 Activities: Current Conditions of Homelessness and Disproportionality • 2022-2028 Goals and Strategies: Supporting Goal 2, Strategy 2, and Strategy 4 • Evaluation and Performance Measurement
4A.503.050.A. Any county process to site a facility that is funded by proceeds and to be located within the boundaries of a city shall comply with RCW 82.14.530 as now existing, hereafter amended or as superseded.	• 2022-2028 Goals and Strategies: Strategy 6 • Communication and Partnership Plan for 2022-2028 • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan
4A.503.050.B. The county plans to spend at least thirty percent of the proceeds collected under K.C.C. 4A.503.020 that are attributable to taxable activities or events within any city with a population greater than sixty thousand within the city's boundaries.	• 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan
4A.503.060. To carry out the purposes of this chapter and consistent with RCW 82.14.530 as now existing, as hereafter amended or as superseded, the county may issue general obligation or revenue bonds within the limitations as now existing or hereafter prescribed by the laws of this state, and may use up to fifty percent of the moneys collected for repayment of such bonds.	• 2022-2028 Annual Expenditure Plan: Bond Financing Cost • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan

KCC Chapter 24.30 Requirements	See Section(s)
KCC 24.30.020.A. No later than August 30, 2021, the executive shall transmit for council review a proposed initial health through housing implementation plan. The implementation plan shall describe the goals, strategies, performance measures, reporting requirements and annual expenditure plan to direct use of the proceeds from 2022 through 2028. The executive shall consult with the affordable housing committee and the chief executive officer of the King County Regional Homelessness Authority in the development of the implementation plan.	• Concept, Background, and 2021 Activities: Implementation Plan Scope and Methodology • 2022-2028 Goals and Strategies • 2022-2028 Annual Expenditure Plan • Evaluation and Performance Measurement • Health through Housing Advisory Committee and Annual Reporting
KCC 24.30.020.B. The executive shall electronically file the implementation plan required in subsection A. of this section with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff, the policy staff director and the lead staff for the committee of the whole and the regional policy committee, or their successors. The implementation plan shall be accompanied by a proposed ordinance that should adopt the implementation plan and form the health through housing advisory committee.	• Proposed Ordinance accompanies this plan.
KCC 24.30.030.A.1. Beginning January 1, 2022, if an implementation plan has been adopted by the council in accordance with section 3 of this ordinance, then expenditure of proceeds from the health through housing fund shall be consistent with that adopted implementation plan. The implementation plan shall describe the goals, strategies, performance measures, reporting requirements and annual expenditure plan to direct use of the proceeds. Among the goals and corresponding performance measures of the implementation plan shall be the annual reduction of racial and ethnic demographic disproportionality among persons experiencing chronic homelessness in King County. The implementation plan shall also describe responsibilities of a health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.	• Concept, Background, and 2021 Activities • 2022-2028 Goals and Strategies • 2022-2028 Annual Expenditure Plan • Evaluation and Performance Measurement • Health through Housing Advisory Committee and Annual Reporting

KCC Chapter 24.30 Requirements	See Section(s)
KCC 24.30.030.A.2. The executive's selection of persons to serve on the health through housing advisory committee shall provide for the meaningful inclusion on the committee of persons who have experienced homelessness, meaningful inclusion on the committee of persons representative of racial and ethnic communities that are demographically disproportionately represented among persons experiencing chronic homelessness in King County and meaningful inclusion of residents of cities with populations greater than sixty thousand persons and of unincorporated areas. The committee shall include representatives from other county, city, and subregional boards, commissions or committees to promote regional coordination and coordination across King County human services investments.	• Health through Housing Advisory Committee and Annual Reporting
KCC 24.30.030.A.3. The paramount goal of the implementation plan shall be the creation and ongoing operation of one thousand six hundred units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness. Affordable housing units for persons experiencing chronic homelessness created in 2021 using proceeds authorized by K.C.C. chapter 4A.503, may be included in the implementation plan's goals, strategies, satisfaction of performance measures and reporting. Affordable housing units, in some cases, may only require support from the proceeds for operating costs and housing related services. Such affordable housing units may also be included in the implementation plan's goals, strategies, satisfaction of performance measures and reporting.	• 2022-2028 Goals and Strategies: Strategies 1, 2, and 6 • Evaluation and Performance Measurement • Health through Housing Advisory Committee and Annual Reporting
KCC 24.30.030.A.4. The implementation plan shall describe the processes by which the executive shall work with jurisdictions that have dedicated funding and are investing in the development of housing serving households experiencing chronic homelessness or at risk of experiencing chronic homelessness, to align allocation of proceeds with such efforts.	• 2022-2028 Goals and Strategies: Strategy 2

KCC Chapter 24.30 Requirements	See Section(s)
KCC 24.30.030.A.5. The implementation plan shall also include as a goal the creation and operations of a mobile behavioral health intervention program with access for its clients to housing created, operated, or otherwise funded by proceeds. The purpose of the mobile behavioral health intervention program required by this subsection shall be to provide an alternative to the use of law enforcement to respond to behavioral health crises. The goal required by this subsection A.5. may be satisfied by creating a new program or by supplementing and adapting an existing program.	• 2022-2028 Goals and Strategies: Strategy 3
KCC 24.30.030.A.6. The implementation plan shall describe the process to site affordable housing and behavioral health facilities funded by proceeds. The siting process shall be in accordance with RCW 82.14.530 as now existing, as hereafter amended or as superseded, including the consultation process if a facility is proposed to be located within a city. The implementation plan shall require and describe the consultation process between the county and any city in which the county proposes a facility to be located to jointly identify and mutually agree upon suitable locations for eligible facilities to be purchased or constructed, and the services that will be provided to operate and maintain those facilities, prior to the county entering into any contract or agreement to purchase or construct such facilities. The implementation plan shall describe and require use of an equity and social justice impact review process when siting affordable housing and behavioral health facilities.	• 2022-2028 Goals and Strategies: Strategies 2 and 6 • Communication and Partnership Plan for 2022-2028
KCC 24.30.030.A.7. The implementation plan shall include a communication and partnership plan, including communication protocols that will be used by the county for partnering and working collaboratively with individual cities, as well as through established partnerships such as A Regional Coalition for Housing (ARCH) and South King Housing and Homelessness Partners (SKHHP), and with future partnerships such as two or more cities partnering together to provide eligible facilities and services. The communication and partnership plan shall also describe the approach for how community input will be incorporated into the review process when siting affordable housing and behavioral health facilities.	• 2022-2028 Goals and Strategies: Strategy 6 • Communication and Partnership Plan for 2022-2028
KCC 24.30.030.A.8. The implementation plan shall describe how allocation of the proceeds will satisfy the requirements of RCW 82.14.530 as now existing, as hereafter amended or as superseded.	• Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan

KCC Chapter 24.30 Requirements	See Section(s)
KCC 24.30.030.A.9. Included in the implementation plan shall be an expenditure plan for the first eight years the sales and use tax authorized by K.C.C. chapter 4A.503, and RCW 82.14.530 as now existing, as hereafter amended or as superseded, are collected. For each year, the expenditure plan shall include:	• 2022-2028 Annual Expenditure Plan
KCC 24.30.030.A.9.a. the forecast of annual debt service associated with bonds issued as authorized by KCC chapter 4A.503 and allocation of proceeds to fully cover the annual debt service;	• 2022-2028 Annual Expenditure Plan: Bond Financing Cost
KCC 24.30.030.A.9.b. the forecast of annual expenditures for maintenance and operation at structures or facilities built or acquired with proceeds as authorized by KCC chapter 4A.503;	• 2022-2028 Annual Expenditure Plan: Strategy 2
KCC 24.30.030.A.9.c. the forecast of annual expenditure for supporting those services as authorized by R.C.W. 82.14.530 (2)(c) as now existing, as hereafter amended or as superseded;	• 2022-2028 Annual Expenditure Plan: Strategy 3
KCC 24.30.030.A.9.d. an allocation of at least nine percent and no more than thirteen percent of each year's proceeds for the provision, delivery and administration of behavioral health treatment programs and services that are not part of the supportive services provided within affordable housing or behavioral health facilities supported by proceeds; and	• 2022-2028 Annual Expenditure Plan: Strategy 3
KCC 24.30.030.A.9.e. from the annual remaining proceeds after costs associated with bonding described in subsection B.9.a. of this section and allocations for behavioral health described in subsection B.9.d. of this section, an allocation of no more than five percent for administration, no more than one and one-half percent for evaluation and at least one percent for use in supporting and building the capacity of community-based organizations to deliver eligible uses of proceeds for persons and communities that are disproportionately demographically represented among persons experiencing chronic homelessness in King County.	• 2022-2028 Annual Expenditure Plan: Strategy 4, Strategy 5, Initiative Administration
KCC 24.30.030.C. No later than June 30, 2027, and every eight years thereafter, the executive shall transmit for council review and adoption by ordinance a proposed update to the implementation plan, which proposed update shall describe for an additional eight years beyond the term of the then-adopted implementation plan the goals, strategies, performance measures, reporting requirements and expenditure plan to direct use of the proceeds for the respective eight-year period.	• Concept, Background, and 2021 Activities: Implementation Plan Scope and Methodology

Appendix D: Crosswalk of RCW 82.14.530 Requirements Satisfied in this Plan

RCW 82.14.530 Requirements *as amended in ESHB 1070 in 2021*	See Section(s)
RCW 82.14.530(1)(a). (i) A county legislative authority may submit an authorizing proposition to the county voters at a special or general election and, if the proposition is approved by a majority of persons voting, impose a sales and use tax in accordance with the terms of this chapter. The title of each ballot measure must clearly state the purposes for which the proposed sales and use tax will be used. The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax. (ii) As an alternative to the authority provided in (a)(i) of this subsection, a county legislative authority may impose, without a proposition approved by a majority of persons voting, a sales and use tax in accordance with the terms of this chapter. The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.	• King County Ordinance 19179, codified as KCC 4A.503, implemented the option under RCW 82.14.530(1)(a)(ii).
RCW 82.14.530(1)(b)(i). If a county does not impose the full tax rate authorized under (a) of this subsection by September 30, 2020, any city legislative authority located in that county may: (A) Submit an authorizing proposition to the city voters at a special or general election and, if the proposition is approved by a majority of persons voting, impose the whole or remainder of the sales and use tax rate in accordance with the terms of this chapter. The title of each ballot measure must clearly state the purposes for which the proposed sales and use tax will be used; (B) Impose, without a proposition approved by a majority of persons voting, the whole or remainder of the sales and use tax rate in accordance with the terms of this chapter.	• King County Ordinance 19179, codified as KCC 4A.503, implemented the option under RCW 82.14.530(1)(b)(i)(B).
RCW 82.14.530(1)(b)(ii). The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.	• King County Ordinance 19179, codified as KCC 4A.503, complies with subsection (ii).
RCW 82.14.530(1)(b)(iii). A county with a population of greater than one million five hundred thousand may impose the tax authorized under (a)(ii) of this subsection only if the county plans to spend at least thirty percent of the moneys collected under this section that are attributable to taxable activities or events within any city with a population greater than sixty thousand located in that county within that city's boundaries.	• 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements.

RCW 82.14.530 Requirements *as amended in ESHB 1070 in 2021*	See Section(s)
RCW 82.14.530(1)(b)(iii). A county with a population of greater than one million five hundred thousand may impose the tax authorized under (a)(ii) of this subsection only if the county plans to spend at least thirty percent of the moneys collected under this section that are attributable to taxable activities or events within any city with a population greater than sixty thousand located in that county within that city's boundaries.	• 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
RCW 82.14.530(1)(b)(iii). A county with a population of greater than one million five hundred thousand may impose the tax authorized under (a)(ii) of this subsection only if the county plans to spend at least thirty percent of the moneys collected under this section that are attributable to taxable activities or events within any city with a population greater than sixty thousand located in that county within that city's boundaries.	• 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
RCW 82.14.530(1)(b)(iii). A county with a population of greater than one million five hundred thousand may impose the tax authorized under (a)(ii) of this subsection only if the county plans to spend at least thirty percent of the moneys collected under this section that are attributable to taxable activities or events within any city with a population greater than sixty thousand located in that county within that city's boundaries.	• 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
RCW 82.14.530(2)(a). Notwithstanding subsection (4) of this section, a minimum of sixty percent of the moneys collected under this section must be used for the following purposes: (i) Constructing or acquiring affordable housing, which may include emergency, transitional, and supportive housing and new units of affordable housing within an existing structure, and facilities providing housing-related services, or acquiring land for these purposes; (ii) Constructing or acquiring behavioral health related facilities, or acquiring land for these purposes; or (iii) Funding the operations and maintenance costs of new units of affordable housing and facilities where housing-related programs are provided, or newly constructed evaluation and treatment centers.	• 2022-2028 Annual Expenditure Plan: Satisfying the RCW 82.14.530(2)(a) Minimum Percentage • See also 2022-2028 Goals and Strategies: Strategies 1, 2, and 6

RCW 82.14.530 Requirements *as amended in ESHB 1070 in 2021*	See Section(s)
RCW 82.14.530(2)(b). The affordable housing and facilities providing housing related programs in (a)(i) of this subsection may only be provided to persons within any of the following population groups whose income is at or below sixty percent of the median income of the county imposing the tax: (i) persons with behavioral health disabilities; (ii) veterans; (iii) senior citizens; (iv) persons who are homeless or at-risk of being homeless, including families with children; (v) unaccompanied homeless youth or young adults; (vi) persons with disabilities; or (vii) domestic violence survivors.	• Who is Eligible to Live in Housing Buildings Provided by Health through Housing?
RCW 82.14.530(2)(c). The remainder of the moneys collected under this section must be used for the operation, delivery, or evaluation of behavioral health treatment programs and services or housing-related services.	• 2022-2028 Annual Expenditure Plan • See also 2022-2028 Goals and Strategies: Strategies 3, 4, and 5
RCW 82.14.530(3)(a). A county that imposes the tax under this section must consult with a city before the county may construct or acquire any of the facilities authorized under subsection (2)(a) of this section within the city limits.	• 2022-2028 Goals and Strategies: Strategy 6 • Communication and Partnership Plan for 2022-2028
RCW 82.14.530(3)(b). Among other priorities, a county that acquires a facility under subsection (2)(a) of this section must provide an opportunity for 15 percent of the units provided at that facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community. The provisions of this subsection (3)(b) do not apply if the county is unable to identify sufficient individuals within the city in need of services that meet the criteria provided in subsection (2)(b) of this section. This prioritization must not jeopardize United States department of housing and urban development funding for the continuum of care program.	• Communication and Partnership Plan for 2022-2028

RCW 82.14.530 Requirements *as amended in ESHB 1070 in 2021*	See Section(s)
RCW 82.14.530(5). To carry out the purposes of subsection (2)(a) and (b) of this section, the legislative authority of the county or city imposing the tax has the authority to issue general obligation or revenue bonds within the limitations now or hereafter prescribed by the laws of this state, and may use, and is authorized to pledge, up to fifty percent of the moneys collected under this section for repayment of such bonds, in order to finance the provision or construction of affordable housing, facilities where housing-related programs are provided, or evaluation and treatment centers described in subsection (2)(a)(iii) of this section.	• 2022-2028 Annual Expenditure Plan: Bond Financing Cost
RCW 82.14.530(6)(a). Moneys collected under this section may be used to offset reductions in state or federal funds for the purposes described in subsection (2) of this section.	This plan does not offset reductions in state or federal funds.
RCW 82.14.530(6)(b). No more than ten percent of the moneys collected under this section may be used to supplant existing local funds.	This plan does not supplant existing local funds.

Health through Housing Provider Pools
Property Management Operations

Provider	Provider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
4450 Green Lake Way N	Wallingford INN				X		
Archdiocesan Housing Authority	Catholic Housing Services	X			X	X	X
Catholic Community Services of King County	Catholic Community Services of King County	X			X	X	X
Chief Seattle Club	American Indian/Alaska Native Emergency Housing & Permanent Supportive Housing in King County	X	X	X	X	X	X
Compass Housing Alliance	Compass Housing Alliance Health through Housing RFQ Application	X	X	X	X	X	X
Congregations for the Homeless	CFH Response to HTH RFQ	X					
DAWN - Domestic Abuse Women's Network	DAWN Qualifications for HTH RFQ					X	X
Downtown Emergency Service Center	DESC's Application for Health Through Housing	X	X	X	X	X	X
Low Income Housing Institute (LIHI)	LIHI's HTH RFQ Response	X	X	X	X	X	X
Plymouth Housing	HtH Plymouth Housing	X			X		
Snoqualmie Valley Shelter Services	Snoqualmie Valley HTH			X			
St. Stephen Housing Association	St. Stephen Housing Association HTH RFQ					X	X
The Salvation Army	The Salvation Army	X	X	X	X	X	X
Urban League of Metropolitan Seattle	ULMS Health thru Housing Support Services				X		X
YMCA of Greater Seattle	YMCA HTH Application	X	X	X	X	X	X
YWCA Seattle-King-Snohomish	YWCA Health Through Housing	X			X	X	X

Health through Housing Provider Pools
On Site Support Services

Provider	Provider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
Catholic Community Services of King County	Catholic Community Services of King County	X			X	X	X
Chief Seattle Club	American Indian/Alaska Native Emergency Housing & Permanent Supportive Housing in King County	X	X	X	X	X	X
Compass Housing Alliance	Compass Housing Alliance Health through Housing RFQ Application	X	X	X	X	X	X
Congregations for the Homeless	CFH Response to HTH RFQ	X					
DAWN - Domestic Abuse Women's Network	DAWN Qualifications for HTH RFQ					X	X
Downtown Emergency Service Center	DESC's Application for Health Through Housing	X	X	X	X	X	X
Evergreen Treatment Services - REACH	Health Through Housing - ETS REACH		X		X	X	X
Friends of Youth	Friends of Youth	X					
Kent Youth and Family Services	Kent Youth and Family Services	X			X	X	X
Low Income Housing Institute (LIHI)	LIHI's HTH RFQ Response	X	X	X	X	X	X
Plymouth Housing	HtH Plymouth Housing	X			X		
Public Defender Association	Public Defender Association				X		X
Renton Ecumenical Association of Churches	REACH Health Through Housing						X
Snoqualmie Valley Shelter Services	Snoqualmie Valley HTH			X			
Solid Ground	Solid Ground WA		X		X	X	X
St. Stephen Housing Association	St. Stephen Housing Association HTH RFQ					X	X
The Salvation Army	The Salvation Army	X	X	X	X	X	X
The Sophia Way	The Sophia Way	X					
Urban League of Metropolitan Seattle	ULMS Health thru Housing Support Services				X		X
YMCA of Greater Seattle	YMCA HTH Application	X	X	X	X	X	X
YWCA Seattle-King-Snohomish	YWCA Health Through Housing	X			X	X	X

Health through Housing Provider Pools
Street Outreach

Provider	Proverider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
Catholic Community Services of King County	Catholic Community Services of King County	X			X	X	X
Chief Seattle Club	American Indian/Alaska Native Emergency Housing & Permanent Supportive Housing in King County	X	X	X	X	X	X
Congregations for the Homeless	CFH Response to HTH RFQ	X					
Downtown Emergency Service Center	DESC's Application for Health Through Housing	X	X	X	X	X	X
Evergreen Treatment Services - REACH	Health Through Housing - ETS REACH		X		X	X	X
Kent Youth and Family Services	Kent Youth and Family Services	X			X	X	X
Mary's Place	Mary's Place Outreach and Diversion Throughout King County	X	X	X	X	X	X
Neighborhood House	Neighborhood House Homeless Street Outreach Services						X
Snoqualmie Valley Shelter Services	Snoqualmie Valley HTH			X			
The Salvation Army	The Salvation Army	X	X	X	X	X	X
The Sophia Way	The Sophia Way	X					
University Heights Center for the Community Association	Vehicle Residency Outreach/Safe Lot				X		
Urban League of Metropolitan Seattle	ULMS Health thru Housing Support Services				X		X
YMCA of Greater Seattle	YMCA HTH Application	X	X	X	X	X	X

Health through Housing Provider Pools
Community Based Organization (CBO)

Provider	Provider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
6322 44th Ave S	WACC HtH Program		X		X	X	X
African Community Housing and Development	Services for African Diaspora Immigrants & Refugees				X		X
Africatown Community Land Trust	Africatown Community Land Trust				X		
Chief Seattle Club	American Indian/Alaska Native Emergency Housing & Permanent Supportive Housing in King County	X	X	X	X	X	X
Eritrean Association in Greater Seattle	Eritrean Association HTH Program		X		X		X
Evergreen Treatment Services - REACH	Health Through Housing - ETS REACH		X		X	X	X
Kent Youth and Family Services	Kent Youth and Family Services	X			X	X	X
Lavender Rights Project	Washington Black Trans Task Force's The House				X	X	X
Multi-Service Center	MSC- Health Through Housing						X
Urban League of Metropolitan Seattle	ULMS Health thru Housing Support Services				X		X
YWCA Seattle-King-Snohomish	YWCA Health Through Housing	X			X	X	X

King County Equity Impact Awareness Tool

Office of Equity & Social Justice

King County ranks as one of the wealthiest the country. However, wealth and security are not equally distributed. Resilience is evident in many ways. A community can be strong and also be under tremendous economic, environmental, and health pressures due to institutional choices that have favored some and disfavored others.

Even when rapid response is required, we must appreciate the strength of these communities AND understand their economic capacity to recover from the threat COVID 19 poses.

There are 3 primary factors that can identify communities whose health is especially vulnerable to an economic crisis during COVID 19 response. This tool can be used as a reference for understanding these factors as they present in the data. Where there is segregation, these inequities are profound and persistent.

RACE

Many of the County's most vibrant and productive neighborhoods are centers of Black, Brown and Native communities. It is also true that racial residential segregation are correlated with inequity. Economic insecurity, poverty, burden of chronic disease and barriers to health care are top indicators of vulnerability. *These are strongly correlated with race in King County.*

Acknowledging the communities that we know are vulnerable, but do not have the disaggregated data to demonstrate it, like refugee and immigrants, Pacific Islanders, LGBTQ+, and those with disabilities is important, as is the *intersectionality* of multiple risks. The available data shows these groups tend to live in areas with high concentrations of Black, Latinx and American Indian/Alaska Native people and by pointing out those areas, we hope to include other communities as well.

A high risk factor of a community's relative economic resilience is having its Black, American Indian/Alaska Native and Latinx residents together exceed 10% of that community.

ECONOMIC STATUS

Income, Net Worth, and **Asset Poverty** are key factors in determining how vulnerable a household is to an economic crisis and how difficult bouncing back may be.

Income is the money regularly received for work or investments. **A high risk factor is more than 20% of an area's households making within 200% of the federal poverty level.**

Net Worth is the total dollar value of all a household's assets subtracted by the total debts and liabilities. **A high risk factor is having less than 50% of an area's households owning the home they live in.**

Asset Poverty is the inability to access the resources to cover 3 months of expenses. **A high-risk factor is 16% or more of an area's residents reporting not having the resources to replenish food in the previous 12 months.**

AGE

Throughout the County, the relationship between being 65 years or older and economic vulnerability is complex. Elders tend to have more resources accumulated than younger community members.

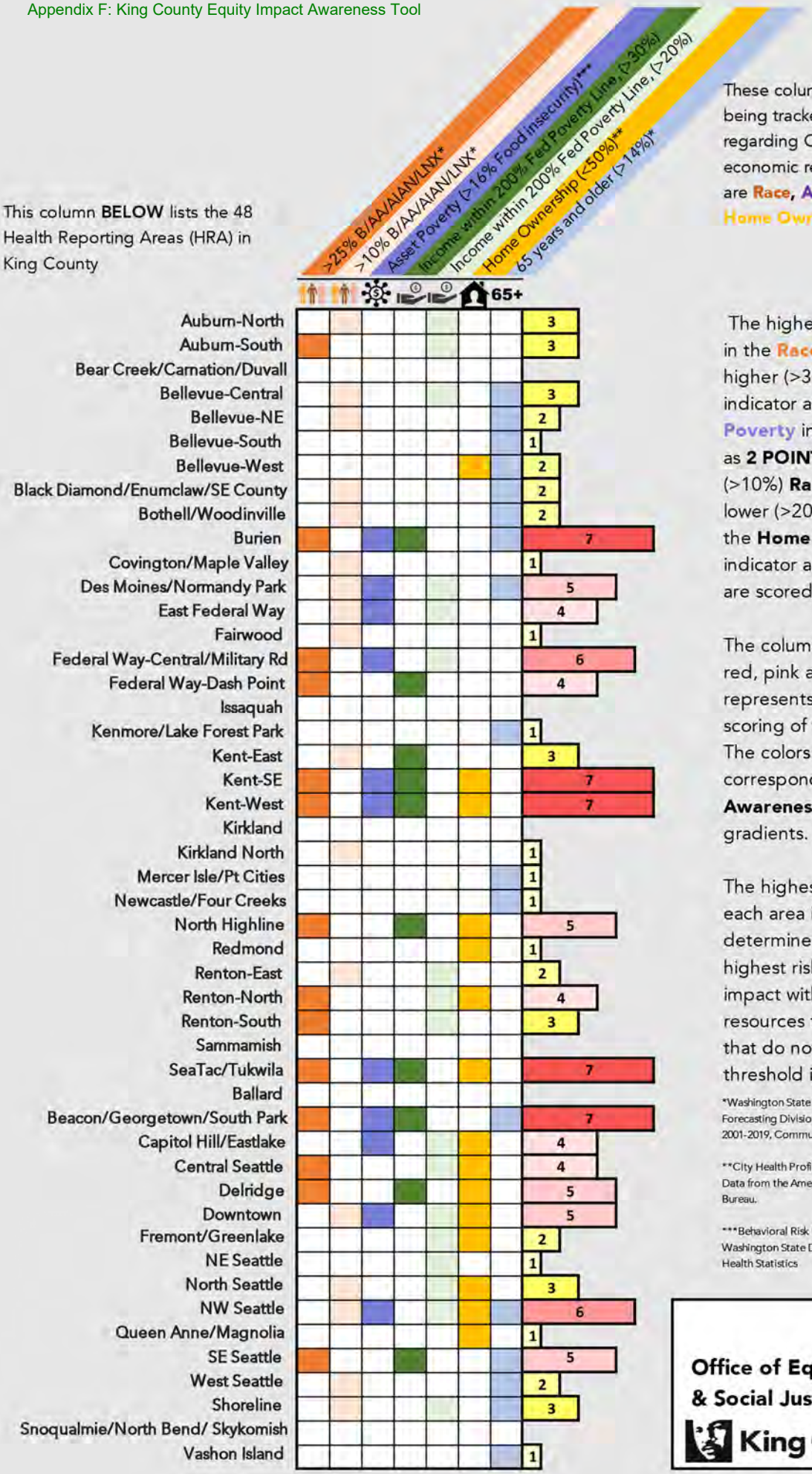
However, the health risks of COVID 19 to elders are significant, and the confluence of age with the other risks also must be noted.

A high risk factor is having more than 14% of residents being 65 or older.

Created in partnership with Headwater People Consulting
SEPT 4, 2020


KEY QUESTIONS FOR
EQUITY IMPACT AWARENESS
King County
Office of Equity & Social Justice
Progress must be swift and this is an imperfect tool. Nevertheless, it aims to identify communities that are extremely vulnerable to prolonged hardship with less resources to recover in an economic crisis. These are not the only considerations in reviewing sites, however these questions will highlight the inequities of risks in the County by race, economics, and age.
Does this community's Black, American Indian & Alaska Native and Latinx residents together exceed 10%*? 20% of residents?
Are more than 20% of this community's household incomes within 200% of the federal poverty level**? 30% of households?
Do less than 50% of this community's households own the home they live in?
Have more than 16% of residents in this community experienced food insecurity in the last year?
Are more than 14% of residents of this community 65 years or older?
*The thresholds were chosen to highlight extreme economic conditions and to locate the 25% of areas with the most risk.
**The federal poverty threshold for a family of 4 in 2019 was $26,370.

This column **BELOW** lists the 48 Health Reporting Areas (HRA) in King County



These columns list the indicators being tracked to inform decisions regarding COVID-19 and risks to economic resiliency. These indicator are **Race**, **Asset Poverty**, **Income**, **Home Ownership** and **Age**.

The higher (>25%) threshold in the **Race** indicator, the higher (>30%) **Income** indicator and the **Asset Poverty** indicator are scored as **2 POINTS**. The lower (>10%) **Race** indicator, the lower (>20%) **Income** indicator, the **Home Ownership** indicator and the **Age** indicator are scored as **1 POINT**.

The column with the horizontal red, pink and yellow bars represents each HRA's total scoring of the risk indicators. The colors of the bars correspond to the **Impact Awareness Map** color gradients.

The highest possible total for each area is 8 points and determines the areas with the highest risk for prolonged impact with the least amount of resources to recover. Areas that do not meet the risk threshold in any of these

*Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2019, Community Health Assessment Tool (CHAT)

**City Health Profiles 2019, King County Public Health. Data from the American Community Survey, US Census Bureau.

***Behavioral Risk Factor Surveillance Systems 2013. Washington State Department of Health, Center for Health Statistics

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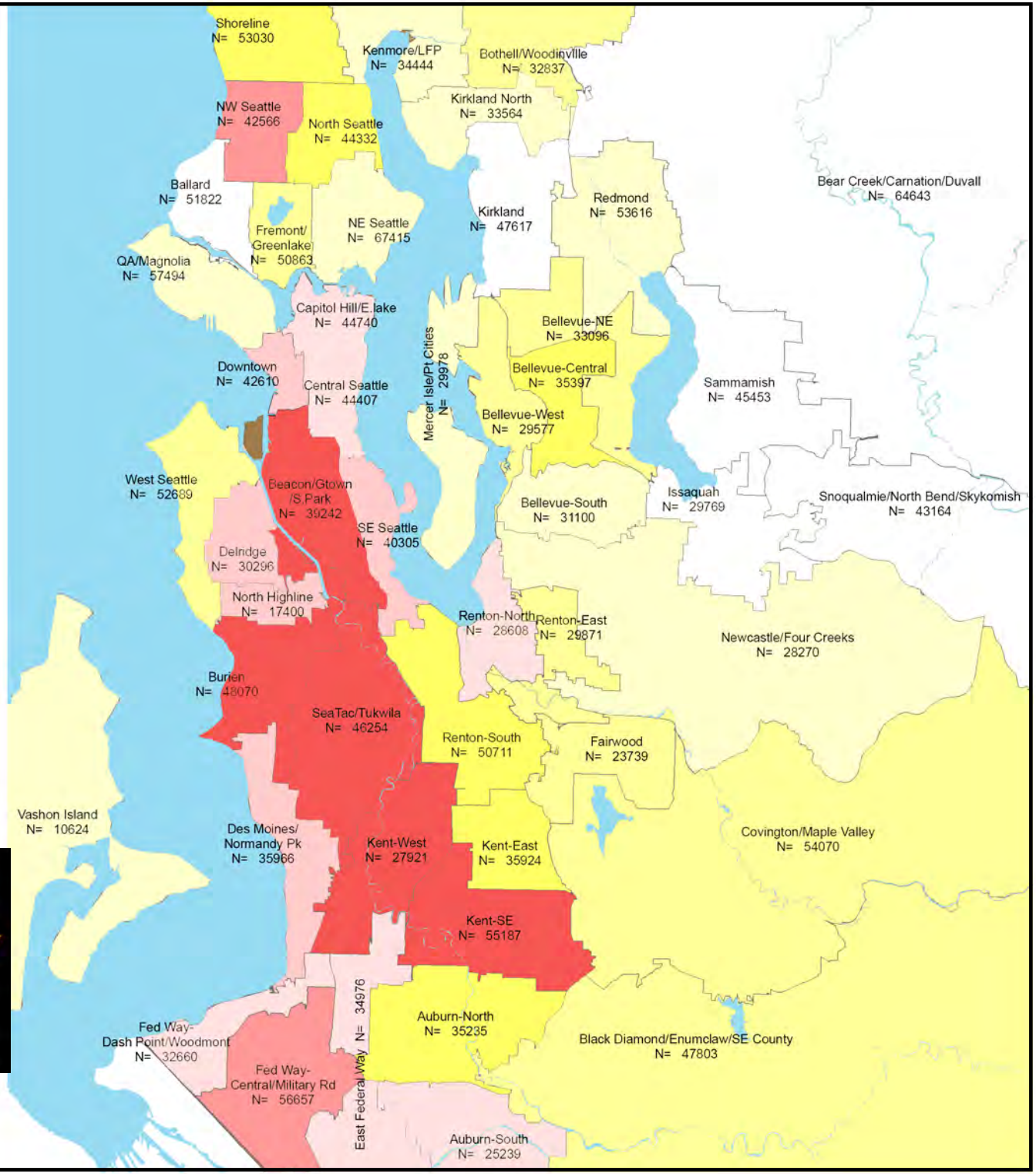
King County

EQUITY IMPACT REVIEW MAP

MAP KEY

- Compound risk score: **8 of 8**
- Compound risk score: **7 of 8**
- Compound risk score: **6 of 8**
- Compound risk score: **5 of 8**
- Compound risk score: **4 of 8**
- Compound risk score: **3 of 8**
- Compound risk score: **2 of 8**
- Compound risk score: **1 of 8**
- Compound risk score: **0 of 8**



Office of Equity & Social Justice

King County

Created in partnership with Headwater People Consulting

SEPT 4, 2020

FULL REPORT

Impact of Hotels as Non-Congregate Emergency Shelters

An analysis of investments in hotels as emergency shelter in King County, WA during the COVID-19 pandemic

NOVEMBER 2020

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Urban@UW's Homelessness Research Initiative

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Contents

Glossary

Chronic Homelessness: According to the U.S. Department of Housing and Urban Development (HUD), an individual who has a disability and is currently homeless and had been homeless for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months is considered to be experiencing chronic homelessness.

Continuum of Care: A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Coordinated Entry for All: Coordinated Entry for All (CEA) is the Seattle/King County CoC's approach to coordinated entry. Coordinated entry is a HUD-mandated process for ensuring that the highest need, most vulnerable households experiencing homelessness are prioritized and placed in housing and that supportive services are used as efficiently and effectively as possible.

Episodes of Homelessness: A homeless episode begins when a household experiencing homelessness enrolls in a program in the Homeless Management Information System, including being added to the Coordinated Entry Priority Pool. An episode ends with an exit from the homeless response system when the household ends services in all programs and/or is removed from the Priority Pool. During a single episode, a household may receive services from multiple programs.

Homeless Management Information System (HMIS): A requirement of the HEARTH Act of 2009, HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families as well as persons at risk of homelessness.

Housing Inventory Count (HIC): The HIC is a point-in-time, complete inventory of emergency shelter, safe haven, transitional housing, and permanent housing programs within the CoC that provides beds and units dedicated to serve persons who are homeless. This includes both HMIS-participating and nonparticipating programs. The most recent count was conducted on January 23, 2020.

King County Homeless Response System: A network of housing programs and services aimed at serving households experiencing homelessness in King County and making homelessness rare, brief, and non-recurring.

Point-In-Time Count (PIT): The PIT is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that CoCs conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. CoCs also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years). The Seattle/King County CoC has chosen to conduct the unsheltered count every year.

Executive Summary

In April 2020, King County, Washington took an unprecedented step to respond to the COVID-19 pandemic. King County Executive Dow Constantine and Public Health Officer Dr. Jeffrey Duchin acted to move more than 700 people out of high-density congregate emergency shelters and into hotel rooms. Since then, over 400 more individuals have also been served. This intervention was part of a regional effort to de-intensify the shelter system to limit the transmission of the virus and protect vulnerable individuals experiencing homelessness. Beyond the move to hotels, the County, the City of Seattle, and provider agencies took additional de-intensification measures, including opening new congregate shelters and providing more space to accommodate social distancing. In all locations, providers were supported to meet Public Health guidance for social distancing as well as infection prevention and control.

Study Overview

A team of researchers from the University of Washington and the King County Department of Community and Human Services was engaged to study the impacts of this programmatic intervention. This study used a mixed methods approach to understand the effects and outcomes on individuals who were moved to non-congregate hotel settings, and the research team worked closely with provider agencies to complete the study. The findings establish an evidence base to help inform future strategic responses to homelessness and public health crises in King County as well as to contribute to the broader policy conversations on these topics. Because a return to high-density congregate emergency shelters may not be an option in the near-to-medium term due to public health concerns, new approaches may be necessary to safely house and support people experiencing homelessness in our region.

Design and Methods

The research team used a combination of interviews and administrative data to understand the effects of the intervention on limiting the spread of COVID-19 as well as on individuals' housing, health, and economic outcomes. The mixed methods approach allowed us to combine systemwide data with the perspectives of those most directly affected by the transition from traditional congregate shelters to hotels, generating a deeper understanding of the different shelter environments. Data used in the study came from:

- **Hotel Shelter Guest Interviews:** 22 private, virtual interviews with adults who were moved to hotels as part of the intervention;
- **Key Informant Staff Interviews**: 6 virtual interviews with 9 staff members from service providers, the City of Seattle, and King County;
- **Administrative Data Analysis:** Analysis of data from the King County Homeless Management Information System (HMIS), Washington Disease Reporting System (WDRS), and 911 emergency dispatch data from local jurisdictions.

Key Findings

1. The primary purpose of this intervention is to protect individuals experiencing homelessness from the dangers of COVID-19. Data demonstrate the shelter de-intensification strategy ***limited the spread of COVID-19*** among individuals moved to hotel locations as compared to those who stayed in congregate settings.

2. The study also found additional favorable outcomes for those in hotel locations, beyond preventing COVID-19 outbreaks, including:

    - ***Increased feelings of stability*** *associated with having access to a consistent and private room;*
    - ***Improved health and well-being*** *as indicated by improved sleep, hygiene, mental health, and overall well-being through access to a clean and private room with bathroom facilities;*
    - *Privacy and lessened anxiety led to* ***reduced interpersonal conflict****, as evidenced by a* ***decrease in emergency 911 call volume*** *from hotel shelters;*
    - ***More time to think about and take steps towards future goals*** *such as securing permanent housing, a job, or additional education;*
    - ***Higher exits to permanent housing*** *and indications of* ***greater engagement*** *with homeless housing services.*

3. The key features of the hotel intervention that helped to produce the favorable health and well-being outcomes outlined above include: designated personal space (private bed and bath), security procedures designed to keep guests safe, consistent access to food, consistent storage of personal belongings, and increased time and autonomy associated with 24/7 shelter access.

Introduction

In January 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of 2019 Novel Coronavirus (COVID-19) in the United States, an individual located in the state of Washington. In late February, the first significant U.S. outbreak of COVID-19 emerged at an assisted living facility in King County, WA. King County is the state's most populous county and home to the city of Seattle and the third largest population of people experiencing homelessness in the nation. Immediately, public health officials raised concerns about the risk to the general population, including acutely at-risk populations such as those experiencing homelessness. Many of the region's existing congregate emergency shelters were not well-equipped to promote social distancing and rigorous hygiene practices, increasing the potential for widespread infection. King County – with guidance from public health officials and in coordination with the City of Seattle and community partners – acted quickly to protect this vulnerable population and prevent broader transmission of the virus.

Overview of King County Shelter System

According to the most recent Point-In-Time Count, an estimated 11,751 individuals were experiencing homelessness in King County on the morning of January 24, 2020, and approximately 47% of those individuals were living unsheltered. The Seattle/King County Continuum of Care (CoC) has a large network of emergency shelters intended to address and reduce the region's crisis of unsheltered homelessness while connecting individuals to housing and support services. According to the 2020 Housing Inventory Count (HIC), 40 provider agencies across the county reported a total inventory of 5,060 emergency shelter beds designated for adult households without children, youth and young adults, or families with children. A majority of the shelter capacity (57%) is concentrated in the five largest emergency shelter providers in King County (see Table 1). On the night of the HIC, 4,291 of the 5,060 beds were filled—an overall utilization rate of 85%.[1]

TABLE 1: KING COUNTY EMERGENCY SHELTER PROGRAMS AND BEDS, BY PROVIDER AGENCY

Provider Agency	Number of Programs	% of Total Programs	Number of Beds	% of Total Beds
Catholic Community Services	12	11%	711	14%
Mary's Place	9	8%	606	12%
Union Gospel Mission	6	5%	598	12%
The Salvation Army	15	13%	494	10%
Downtown Emergency Service Center	6	5%	488	9%
Other Providers	64	58%	2,163	43%
Total	**112**	**100%**	**5,060**	**100%**

Data Source: Seattle/King County Continuum of Care Housing Inventory Count, January 23, 2020

[1] The systemwide minimum standard for emergency shelters is a utilization rate of 85% for adult and family shelters and 90% for youth and young adult shelters.

According to data from the local Homeless Management Information System (HMIS), the King County emergency shelter system served over 25,600 households between April 1, 2019 and March 31, 2020.[2] See Appendix A for information on the measures the Seattle/King County CoC uses to track performance of shelter programs in King County.

Emergency shelter programs in King County offer a range of services with varying levels of support. Because shelter services are not standardized across the system, they can vary greatly by program and service provider:

- Some shelters provide only the **basic service** of a safe place to sleep overnight (mats on the floor or bunk beds), and many of these shelters use a nightly enrollment model with a check-in and check-out process.
- Other shelters offer **enhanced services** such as 24/7 access to services and facilities, hot meals, bathroom facilities, case management, medical care, and mental health counseling.

Note, for individuals who do not have access to a shelter with 24/7 facilities, they may be able to access similar services at a separate day shelter.

FIGURE 1: Downtown Emergency Service Center (DESC) Main Shelter "The Morrison" in downtown Seattle. Prior to the pandemic, this overnight shelter had space for over 250 beds. Photos: (Top) Shared Sleeping Area and (Bottom) Shared Showers, courtesy of DESC.

[2] Because not all programs in the Seattle/King County CoC report their data in HMIS, this data captures a subset of all emergency shelter programs reported in the regional Housing Inventory Count (approximately 80%).

Overview of Shelter De-Intensification Models

Despite its large network of emergency shelters, King County has lacked the resources to shelter or house all individuals who experience homelessness at any given point in time. Shelter providers are driven to maximize the density of people within existing facilities while local funders attempt to find and fund additional shelter locations to meet the growing need. This resource shortage became more apparent with the spread of COVID-19 and the need for social distancing within shelters.

Shortly after King County's first confirmed case of COVID-19 in February 2020, local and statewide orders were issued to prohibit large gatherings and reduce the spread of the virus. Public Health officials identified the populations at highest risk of infection and death: older people, people with underlying health conditions, and people without the means or facilities to follow Public Health guidance on hygiene, social distancing, and self-isolation or quarantine. Local officials recognized that high-density congregate shelters—and those using their services—were particularly susceptible to outbreaks of COVID-19. Preventing such outbreaks would also be critical to preserving the region's hospital capacity.

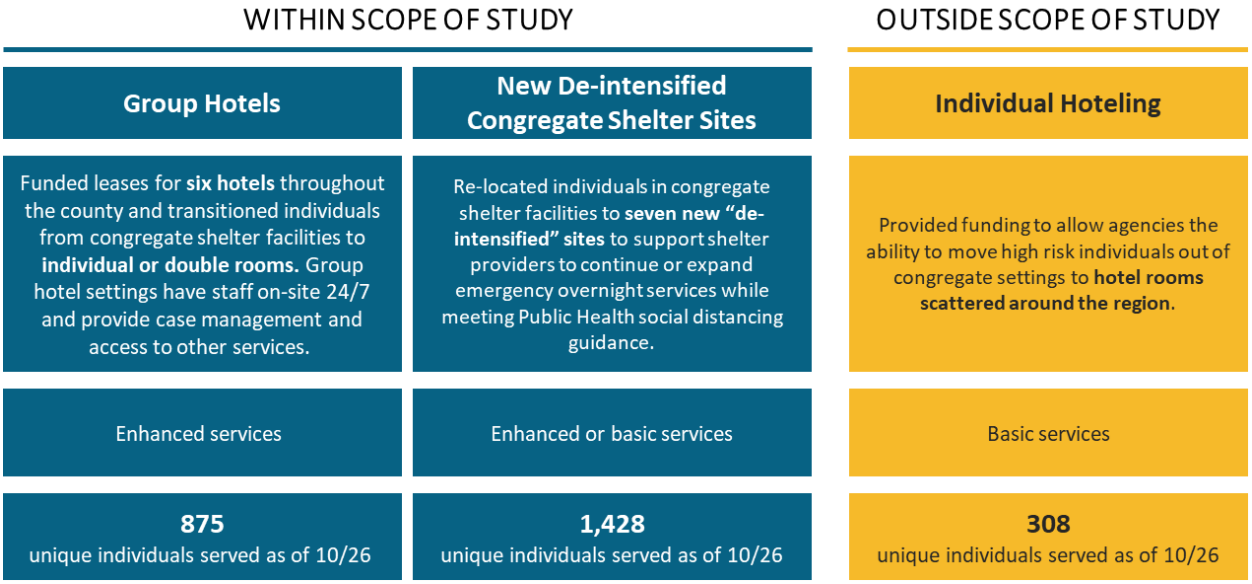
FIGURE 2: The Red Lion Renton – agency-selected individuals from DESC's Main Shelter, Kerner Scott Women's Shelter, Queen Anne Shelter, and 1811 Eastlake supportive housing units were moved to this hotel site to allow for increased space in existing facilities and a safe space for vulnerable individuals. This hotel site has the capacity to serve approximately 225 individuals on a given night. Photos: (Top) Hotel room (redlion.com) and (Bottom) Reception Desk, courtesy of DESC.

In response, King County's DCHS partnered with the City of Seattle Human Services Department, Public Health-Seattle & King County, King County Facilities Management Division, the Healthcare for the Homeless Network, King County METRO, and a network of community partners and providers to take measures to slow the spread of COVID-19 among individuals experiencing homelessness in King County.

Several shifts occurred across the shelter system: 24 shelters expanded their service hours to operate 24/7, 28 shelters reduced capacity or "de-intensified" to meet Public Health social distancing guidance, and 13 new sites – including 6 group hotels – were opened to replace or

add space for existing congregate shelters and facilitate the de-intensification process.[3] In addition to making shelter spaces safer, King County and its partners also focused on prevention and infection control at the homeless service provider sites.[4] The three primary shelter de-intensification interventions are described in Figure 3.

FIGURE 3: KING COUNTY'S SHELTER DE-INTENSIFICATION INTERVENTIONS



Note: Between February 26, 2020 and August 31, 2020, an additional nearly 5,000 unique adults were served in existing congregate shelter sites. The newly created hotels and de-intensified congregate shelter sites made social distancing possible in the existing sites. Some sites incompatible with Public Health requirements were closed.

While all emergency shelters created space to comply with Public Health guidance, group hotels were unique in providing private rooms and bathrooms to individuals. Compared with the original locations, programs shifting to hotels often increased hours, security measures (e.g. fencing, guards), access to meals, and secure storage for personal belongings. These attributes, frequently referenced by those we interviewed, are described in further detail in the study findings.

The shift from traditional congregate shelters to hotels and de-intensified new and existing facilities constituted an unprecedented effort in a short timeframe. Figure 4 shows the timeline of emergency shelter de-intensification in King County by provider and site. Soon after the shifts to hotel settings, anecdotal accounts began to emerge of the benefits to health and well-being of those staying in group hotels.[5] This swift and substantial shift in program model

[3] As of July 2020, per an assessment conducted by King County DCHS with the City of Seattle HSD and the Seattle/King County Coalition on Homelessness to assess operational changes made in response to the pandemic in emergency shelters throughout the county.

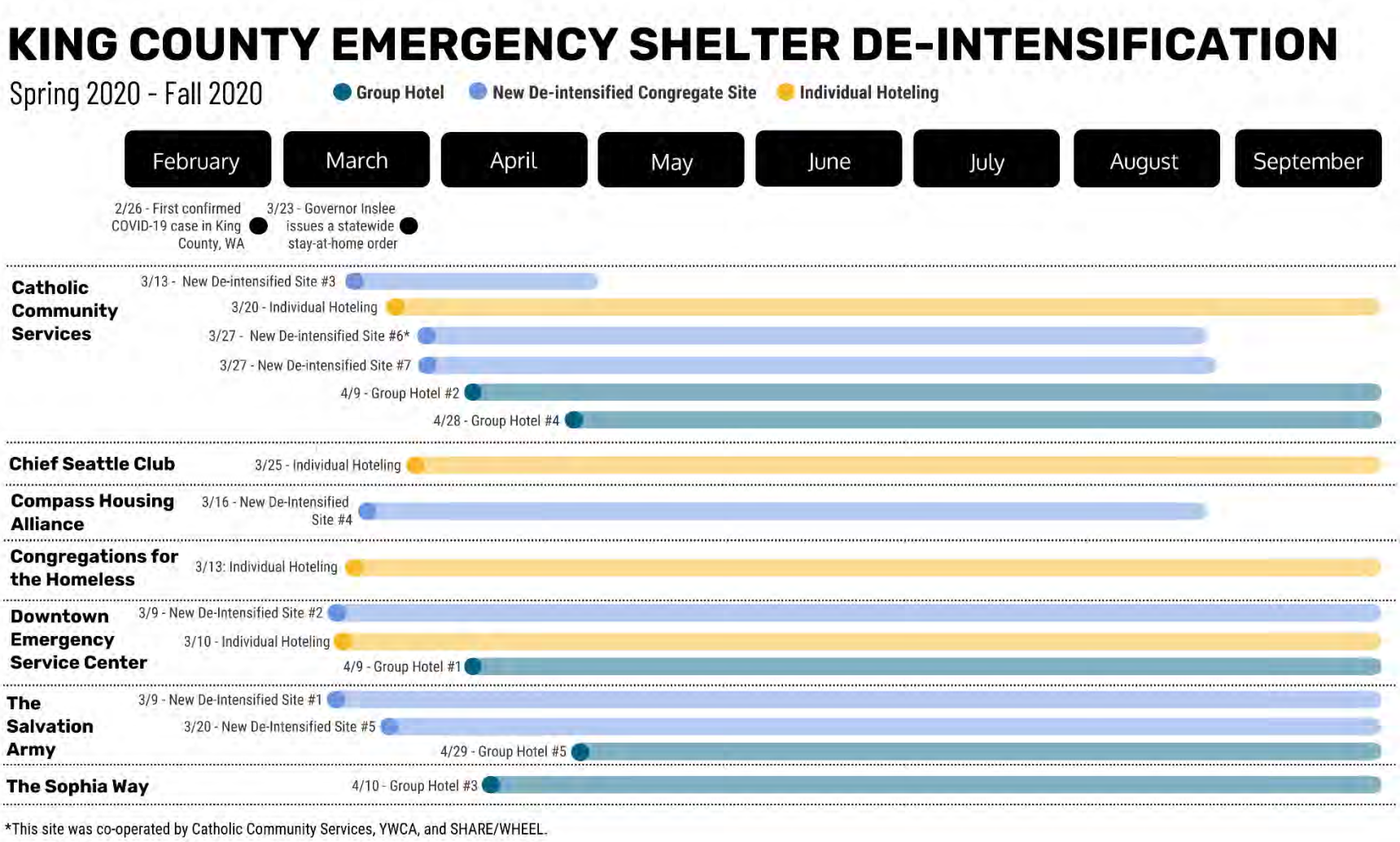
[4] Read more about those efforts here: https://www.kingcounty.gov/depts/community-human-services/COVID/homeless-response.aspx.

[5] Seattle Times, from https://www.seattletimes.com/seattle-news/homeless/at-hotels-for-homeless-seattleites-fear-and-frustration-outside-but-comparative-calm-within/

presented an opportunity to study the impacts of new approaches to crisis housing services. We focused our study on group hotels because they represent a novel model of delivering homelessness crisis response services and emergency shelter with potential scalability.

Our quantitative analysis compares the outcomes of group hotels to de-intensified congregate shelter settings (both original sites and those newly opened during the pandemic). The qualitative component of the study includes interviews with individuals who have experienced group hotels as well as traditional congregate shelter settings before the pandemic. Individual hoteling is not included in this study due to its scattered nature, smaller proportion of the County's pandemic response, and unlikelihood of being scaled as a long-term emergency shelter model. The next section describes our data, methods, and both quantitative and qualitative study samples.

FIGURE 4: TIMELINE OF KING COUNTY'S EMERGENCY SHELTER DE-INTENSIFICATION



*This site was co-operated by Catholic Community Services, YWCA, and SHARE/WHEEL.

Data and Methods

This study used a combination of interviews and administrative data to understand the effects of the hotel intervention to de-intensify the shelter system implemented by King County and its partners. The mixed methods approach allowed us to combine perspectives gained from analyzing both systemwide data and interviews with those most directly affected by the transition from traditional homeless shelters to hotels, which generates a deeper understanding of the intervention and its effects.

Quantitative Data

To construct a sample of individuals to be included in the quantitative analysis, King County's Performance Measurement and Evaluation team used HMIS data to identify a study cohort of individuals who stayed at an emergency shelter serving adults without children – the population primarily impacted by this intervention – on February 26, 2020 (the day that COVID-19 was first confirmed in King County). Among adults receiving services in shelters on this date, we excluded from the study those who did not have a meaningful experience of the intervention.[6] Based on where the remaining individuals received shelter services between February 26 and August 31, 2020, we identified three categories of individuals (summarized in Table 2 below) who represent the three quantitative study groups in the results sections to follow. Note, within these groups, there is meaningful variation in the intensity and scope of services that are provided.

TABLE 2: HMIS STUDY COHORT GROUPS

T1: Group Hotel N=383	C1: Enhanced Congregate Shelter N=926	C2: Congregate Shelter with Basic Services N=326
• De-intensified • Private room • Private bathroom • 24/7 • On-site case management	• De-intensified • Single shared space • Shared bathroom • Hours vary • On-site case management	• De-intensified • Single shared space • Shared bathroom • Hours vary • Minimal or no on-site case management

The study cohort includes 1,635 total individuals. It is mostly male (70%), nearly half are White (45%), a third are Black or African American (27%), a little under half are 55 and older (41%), and 33% are chronically homeless.[7] While there is some variation between the three groups,

[6] Individuals who were in shelters on February 26, 2020 and left the emergency shelter system before major COVID emergency response efforts were in place (using the date of April 1, 2020) and did not return by August 31, 2020 were considered to have left the shelter system and excluded from the study.

[7] To learn more about the characteristics of all households that are currently experiencing homelessness and receiving services in the King County homeless response system, visit https://regionalhomelesssystem.org/regional-homelessness-data/.

individuals who were moved to group hotels had similar demographic characteristics to the overall cohort. Because moves occurred in response to immediate space needs and public health conditions in facilities, often entire shelters shifted from their original site to one or more alternative locations. In some cases, providers prioritized based on COVID-19 risk factors (i.e., age, health conditions) when shifting individuals from traditional to new, de-intensified locations. See Appendix B for the full demographic profile of the study cohort.

With this sample of individuals, we relied on data from three sources to assess the effectiveness of the intervention. HMIS data were used to assess enrollment activity in housing services during the study period and Washington Disease Reporting System (WDRS) data helped measure the spread of COVID-19 within this cohort. Finally, we used publicly available emergency dispatch data from the Seattle Fire Department to compare the level of 911 calls at key shelter locations in Seattle before and after the intervention. In addition, the Downtown Emergency Service Center provided the research team with internally tracked data of calls made to emergency personnel at their shelter and hotel locations associated with the intervention.

Qualitative Data

The University of Washington research team conducted interviews with 22 individuals staying in four of the six leased hotels, managed by three different housing service providers: Downtown Emergency Services Center, Catholic Community Services, and The Salvation Army. Service providers were asked to discuss participation in the study and recruit individuals that represented different genders, age groups, races and ethnicities, and chronic homelessness status. We also asked providers to exclude individuals who did not have past engagement or experience with the Seattle-King County emergency shelter system prior to transitioning to a hotel location. Seventeen of the interviewees provided us with demographic information, summarized in Table 3.

TABLE 3: HOTEL INTERVIEW PARTICIPANT DEMOGRAPHICS

Race	
Black or African American	7 (31.8%)
Multi-Racial / Other	4 (18.2%)
White	6 (27.3%)
Unreported	5 (22.3%)
Gender	
Male	11 (50.0%)
Female	7 (31.2%)
Unreported	5 (22.3%)
Age	
Range: 33-60	51 (mean)

In addition, we interviewed nine staff from the three service providers, the City of Seattle Human Services Department, and King County's DCHS Housing, Homelessness and Community Development Division. Interviews took place in August and September 2020. Because of safety concerns related to COVID-19, all interviews were conducted remotely using Zoom.

Interviews were recorded and transcribed upon completion. Two members of the research team read and coded each of the interviews to identify emergent themes, after which two different members of the research team confirmed and further developed these themes. The final themes that emerged are presented in this report as significant findings.

Results

We present our results in three categories. First, we highlight the success of the hotel intervention in limiting the spread of COVID-19. Second, we present the effects of the intervention beyond preventing COVID-19 outbreaks. Last, we detail features of hotel settings that interviewees often highlighted and that appear most responsible for producing these results.

Limiting the Spread of COVID-19

The primary purpose and motivation for shifting shelters to hotels was to prevent widespread COVID-19 outbreaks. Our first finding confirms that moving individuals from congregate shelter settings to hotels successfully limited the spread of COVID-19. Figure 5 demonstrates how positive COVID-19 cases dropped dramatically after individuals were moved to hotel locations in April.

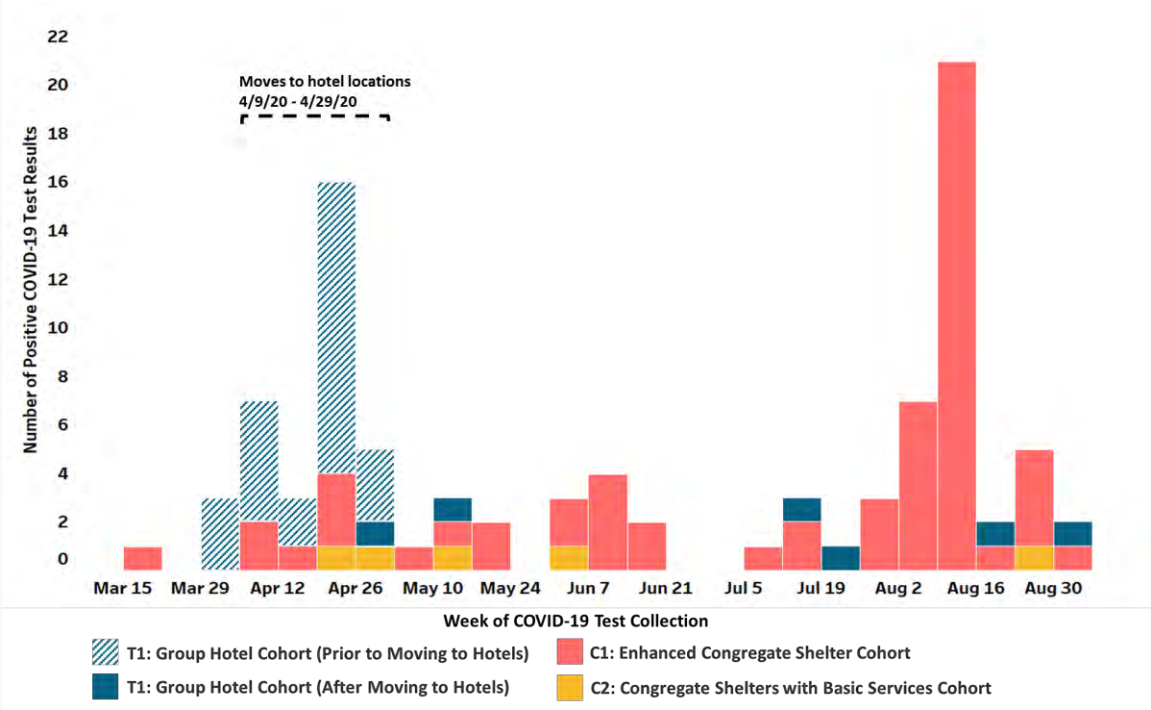
Outbreaks among those experiencing homelessness mirrored the trend in the general population – an initial wave in the spring of 2020 followed by a decline in cases and a second wave in the summer.[8] Among the shelter population, an initial wave occurred at the traditional shelter sites that ultimately shifted to group hotels. Emergency shelters responded to the initial wave with de-intensification efforts that led to a decline in cases. A second wave over the summer, however, occurred solely at congregate shelter sites. Among the HMIS study cohort, we found a small number of cases (n=6) that occurred in hotel locations after the completion of moves to hotels and these cases did not lead to large outbreaks (see Figure 5). Additionally, within congregate sites, we found evidence of outbreaks only in shelters offering enhanced services and not those with basic services. Compared to enhanced shelter sites, individuals at shelters with basic services may have less frequent personal interactions due to the low touch nature of services. Alternatively, we may be missing some COVID-19 cases among the shelter sites with basic services. These shelters have high rates of non-consent to share personal data in HMIS which reduces our ability to match accurately with the Washington Disease Reporting System (WDRS) data (see data notes in Figure 5).

We chose to examine shelter case counts over time rather than compare incidence rates against the general population due to the differences in testing approaches between those experiencing homelessness and the broader public. Because Public Health-Seattle & King County implemented a targeted, and later proactive, shelter testing strategy whereas the general public typically accesses testing reactively, we expect differences in the proportion of cases identified among the shelter population compared to the general public.[9]

[8] For additional data on homelessness and COVID-19, visit https://www.kingcounty.gov/depts/health/covid-19/data/homeless.aspx.

[9] In the initial public health response period from March to July 2020, testing for COVID-19 was targeted to facilities in response to either a confirmed COVID-19 case or COVID-like illness based on symptoms. The goals around this testing strategy were to rapidly detect COVID-19 cases, isolate those who needed it, and support people and facilities to help contain outbreaks. In the time since this period, Public Health has had a proactive testing strategy for surveillance and prevention purposes in settings where no known cases of COVID-19 or COVID- like illness is present.

FIGURE 5: COVID-19 POSITIVE CASES AMONG HMIS STUDY COHORT, BY GROUP



Data Source: Washington Disease Reporting System, laboratory COVID-19 test results reported to the Washington State Department of Health between March 3, 2020 and September 8, 2020.
Data Notes: 1) Data reflect individuals' associations with the study groups, not the locations individuals were infected or tested for COVID-19. 2) Among the 1,635 included in the study cohort, 54% (n=884) had any test result. We were unable to determine the testing status for 17% of the cohort (n=284) as they did not consent to share identifying information in HMIS in order to match to the WDRS database. Those in basic shelters (C2) accounted for 40% of this total and their results may be disproportionately underrepresented in the figure. In addition, there may be individuals who were tested but could not be matched due to other data quality issues, such as the accuracy of names and other identifying information.

When discussing the effects of the pandemic on their experiences in the shelter system, interview participants confirmed that COVID-19 has been, and continues to be, a source of stress and concern. Some of the interviewees had contracted the virus while staying in congregate shelters and had recovered while staying in the hotels. For these individuals, COVID-19 added to the trauma of homelessness*: **"I was still weak. I'm so much better now, of course, but it affects me. I can't explain how bad it was."***

Others moved from locations where an outbreak had occurred. One participant commented on how she ***"freaked out"*** in congregate shelter because ***"we have a numerous amount of people clamored together in one building and no escape… I felt really unsafe, very unsafe."*** At all locations in the shelter system (including hotels) staff implemented health protocols to reduce the likelihood of infection. Even with the reduced risk of infection in hotel locations over congregate shelters, individuals continue to take precautions. One participant noted, ***"That virus definitely scares the heck out of me, and I'm doing everything I can to keep from getting it."***

Non-COVID Effects of the Hotel Intervention

While limiting the spread of COVID-19 was the catalyst for shelter de-intensification, findings from our interviews and analysis of HMIS and local 911 emergency calls suggest that the move to hotels was a substantial improvement over congregate shelters more generally. Statements such as ***"It's better than shelter"*** and ***"It's just better"*** emerged in nearly every interview with individuals staying in hotels. One participant elaborated:

> *The sleeping area at the shelter, I mean, you was like two or three inches away from the next person. You roll over, they blow in your face, your ear. Now, you don't have to worry 'bout that. You got your own bed, your own space, your own room, and everything. To explain it, this is a whole lot better than the shelter.*

This result was not surprising for staff, who noted that ***"even before COVID, [we've known] that non-congregate is the best way to go."*** As one staff member described, the challenging conditions found in shelter could exacerbate problems that individuals experiencing homelessness were facing rather than to help resolve them:

> *I don't think it can be overstated how stressful it is for people to experience homelessness. To be going through that and have the physical environment you're in be a place that is unpleasant and crowded and filled with people who are tense and angry and acting strangely only further intensifies the experience that somebody has. It is debilitating. It stops people from taking action to deal with their own situations.*

Staff did identify a tension between emergency and longer-term solutions, since ***"every dollar we're taking to invest in shelter is a dollar that we're not putting towards housing."*** Yet, from staffs' perspectives, the hotels offer a better response to the crisis of homelessness than traditional congregate shelters.

FIGURE 6: Prior to the pandemic Catholic Community Services' St. Martin de Porres Shelter, which has been in operation since 1984, served as an overnight shelter for homeless men age 50 and older with space available for over 200 men. Agency-selected individuals from CCS' St. Martin de Porres Shelter and Lazarus Center Shelter were moved to The Inn at Queen Anne ("The Bob G") hotel site following an outbreak at the King County International Airport/Boeing Field de-intensified shelter site. Photos: (Left) St. Martin de Porres Shelter and (Right) Room at The Inn at Queen Anne, courtesy of CCS.

In addition to the consensus that the hotels represented a marked improvement over congregate settings, specific benefits emerged in our research. The following sections describe impacts of the hotel intervention on stability, program engagement, health and well-being, feelings of safety, interpersonal conflict, and ability to focus on and plan for the future. These effects are presented as independent findings, but in reality, they are interrelated.

Residential Stability and Feelings of Home

Both the interviews and administrative data indicated that a greater sense of stability was a key benefit of group hotels. HMIS data from the study cohort demonstrate that after moving into hotels, individuals had far more residential stability than they typically do in a traditional congregate shelter setting pre-COVID. During the study period, individuals in group hotels were less likely to end their services and exit from the homeless response system compared to those in congregate settings (see Table 4).

TABLE 4: EXITS FROM THE HOMELESS RESPONSE SYSTEM AMONG HMIS STUDY COHORT, BY GROUP

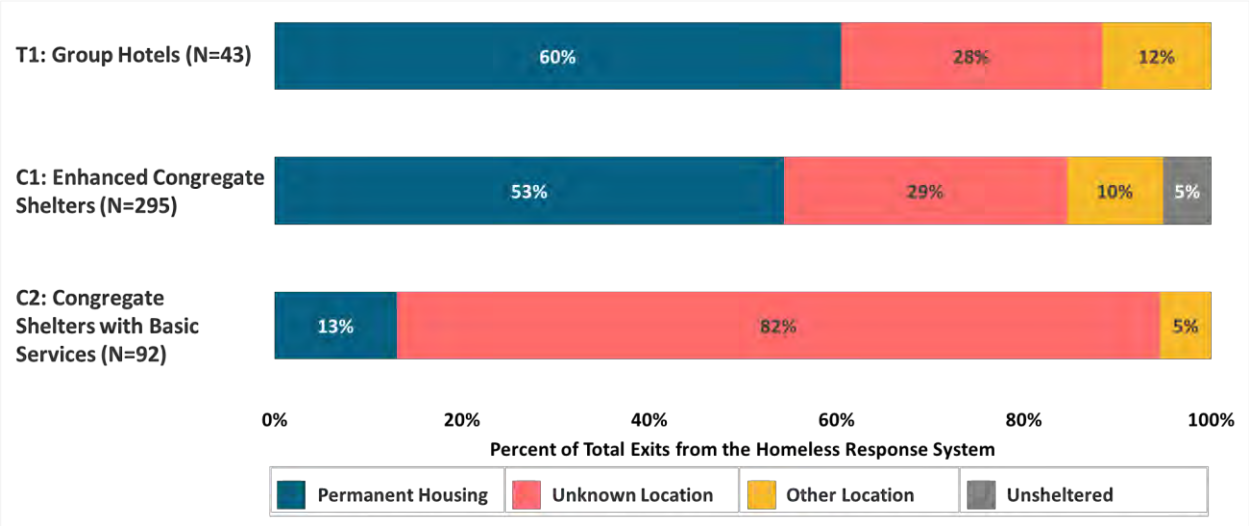
Study Group	Number of Individuals	Total Exited	% Exited
T1: Group Hotel	383	43	11%
C1: Enhanced Congregate Shelter	926	295	32%
C2: Congregate Shelter with Basic Services	326	92	28%
Total	**1,635**	**430**	**26%**

Data Source: Homeless Management Information System data as of 9/1/2020, exits from the homeless response system between April 1, 2020 and August 31, 2020.

However, when they did exit from the homeless response system, it was more likely to a permanent housing situation and less likely to an unknown location compared to other study groups (see Figure 7).[10] While emergency shelter is intended to provide a short-term, immediate, and safe alternative to sleeping on the streets, a modest increase in shelter stay duration is preferable if it leads to better housing outcomes. In the context of the pandemic and stay-at-home order, stability may also reduce disease spread – the primary goal of shelter de-intensification.

[10] A chi-square test of independence was performed to examine the relation between study group and exits to permanent housing. The relation between these variables was significant, X2 (2, N = 430) = 48.92, p <.01. A chi-square test of independence was performed to examine the relation between study group and exits to unknown location. The relation between these variables was significant, X2 (2, N = 430) = 87.453, p <.01

FIGURE 7: EXITS FROM THE HOMELESS RESPONSE SYSTEM
AMONG HMIS STUDY COHORT, BY GROUP AND EXIT DESTINATION TYPE



Data Source: Homeless Management Information System data as of 9/1/2020, exits from the homeless response system between April 1, 2020 and August 31, 2020.
Data Note: As context, in the 12-month period prior to the onset of the pandemic (April 1, 2019 to March 31, 2020), 14% of households exited to permanent housing from an emergency shelter in King County (see Appendix A).

The interviews also underscored the importance of stability and the feelings of home when staying in a group hotel, ***"It's a little bit of stability. It's something to build on, a foundation that's not sand or quicksand."*** One interviewee described the contrast as profound: ***"It has helped to re-establish my self-esteem and dignity… It feels more like home. I have space to create things not just exist. I have the capacity to live."***

Greater Engagement with Staff

Both interviews with provider staff and administrative data highlighted that the hotels offered more opportunities for high quality engagement with staff, which can lead to increased likelihood of connecting to other services and successful housing outcomes. When asked why the hotel setting seems to foster better relationships between staff and those needing shelter, one staff person offered this analogy:

> *When you're at the airport and your flight's delayed and you're there all day, are you your best self? No. Right? Now imagine somebody trying to ask you about the hardest parts of your life and help you plan forward. You would not want to engage with that person. You would not want to be in that conversation. You would be brushing them off or irritable. That is what we've asked of folks all these years in these intense congregate settings, right?*
>
> *Now flip that to, you give person the lounge experience at the airport, right? They got the comfy chair. You gave them some water, right? It's a better conversation, obviously. I don't want to go back to the waiting game with the four hour delay. It is not unusual that we're seeing more of people, better of people, people opening up. They're under less stress in that sense.*

HMIS data also support interview findings that engagement with staff was higher among those who moved to group hotels as well as those who accessed enhanced shelters with onsite case management. Because completing an assessment through Coordinated Entry for All (CEA) is a required step in the process of connecting to homeless housing and can be both time intensive and uncomfortable, assessment rates can be used as a proxy indicator of engagement with shelter staff.

Approximately 58% of the study cohort had not previously been assessed at the beginning of the intervention. Table 5 shows that although assessment completion rates after shelter de-intensification for those who were not previously assessed are relatively low across all groups, they are higher for those who moved to group hotels and enhanced shelters (7% and 5%, respectively) compared to individuals in basic shelters (1%).[11] This suggests that the accessibility of assessors at basic shelters are likely limited and individuals at group hotels and enhanced shelters may be more engaged and open to completing assessments.

TABLE 5: COORDINATED ENTRY FOR ALL ASSESSMENTS AMONG HMIS STUDY COHORT, BY GROUP

Study Group	Number of Individuals	Not Previously Assessed	% Not Previously Assessed	Newly Assessed	% Newly Assessed *(among not previously assessed)*
T1: Group Hotel	383	205	54%	14	7%
C1: Enhanced Congregate Shelter	926	482	52%	24	5%
C2: Congregate Shelter with Basic Services	326	266	82%	2	1%
Total	**1,635**	**953**	**58%**	**40**	**4%**

Data Source: Homeless Management Information System data as of 9/1/2020, CEA assessments completed between April 1, 2020 and August 31, 2020.

Health, Well-Being, and Feelings of Safety

Hotel shelter guest and staff interviewees indicated notable improvements in health and well-being. Having a clean and private room with bathroom facilities improved sleep, hygiene, mental health, and overall well-being. In addition, staff as well as individuals staying in hotels highlighted the increased ability to schedule and attend appointments with healthcare professionals. One participant simply stated, ***"I can think and sleep,"*** while another stated, ***"You're at peace. You're more at peace with yourself…It just feels good. It feels really good."*** Several participants drew connections between lowered stress levels and healthier behavior:

[11] A chi-square test of independence was performed to examine the relation between study group and assessment completion. The relation between these variables was significant, X2 (2, N = 953) = 12.12, p <.01.

> *I would drink a lot. Now that I'm here, I don't drink. You would drink because of the boredom of the day being on the street. That's one thing that I can say this helps with is I don't even care to drink no more. Now I can sit and be in here and not have to be around all the wildness. It doesn't stress me out to where I wanna drink or smoke pot or anything.*

The additional time and stability provided by the intervention allowed participants to pursue hobbies and leisure activities that were not possible when staying in shelter. The activities ranged from the mundane—watching TV in their room—to adventurous—hiking and fishing. Individuals also noted that they are participating in activities that improve their health, such as exercise and meditation. Additional activities included reading, listening to music, volunteering, participating in professional and personal development trainings, and following professional sports.

Reduced Interpersonal Conflict

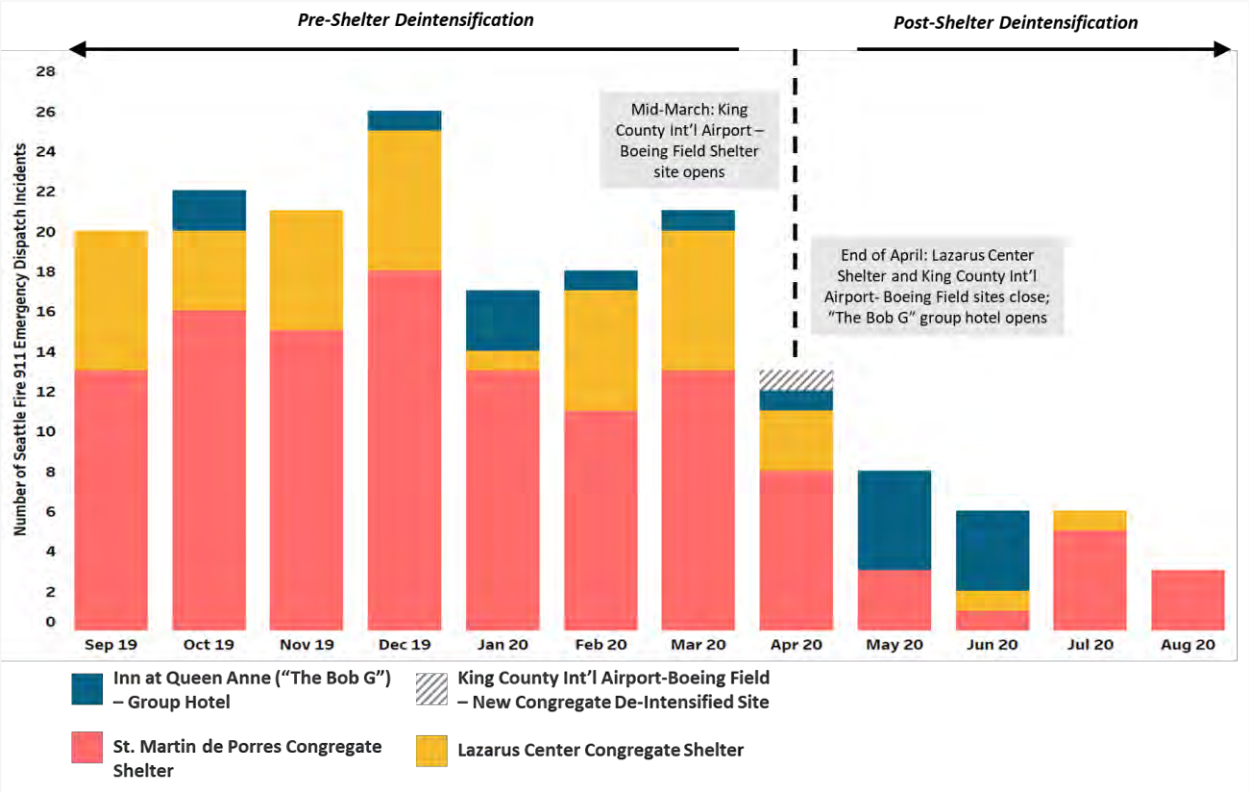
Both staff and individuals staying in hotels commented that the level of interpersonal conflict fell meaningfully after the move to hotel locations**, "*It's [conflict] non-existent here. There's no conflict here. Yeah, this is nice.*"** Providing privacy and space lowered the level of anxiety and associated conflict dropped:

> *In the shelter, we were in a big dorm with a lotta—I guess 100 different men. There was a lotta stress. It was also bein' around the same—with the arguing all the time. In the room, we're more isolated. We're more alone. It's quieter. It's less stressful.*

Another resident summarized the dynamic, ***"we're much more tolerant."*** While the hotel is temporary, private rooms provide peace, ***"It's like I get to go home, and I can lay in a bed and can watch what I want to on TV. I [don't] have to listen to people screamin', yellin', and fightin' in the bathroom over dope."***

Data from Seattle Fire Department 911 dispatches corroborates this theme that emerged in the interviews, not only within the group hotels, but also in the remaining, less crowded congregate shelters. The level of 911 dispatches to congregate shelter locations prior to the pandemic were far higher than dispatches to de-intensified locations. Figure 8 provides visual evidence of the precipitous drop in 911 dispatch activity to shelters managed by Catholic Community Services (CCS) after de-intensification and moves to hotel locations. CCS moved individuals from two of their congregate shelters to hotel rooms scattered across the region (i.e. individual hoteling) and to the Inn at Queen Anne group hotel when it opened as a shelter at the end of April 2020. While the sites involved in the move to hotels provided fewer beds after the shift (approximately 50% fewer), the drop in Seattle Fire 911 dispatches was greater, falling by 85% between September 2019 and August 2020. In contrast, across the city of Seattle, 911 dispatches dropped by 20% between September and April—from 8,576 to 6,873—and reverted to 8,193 by August.

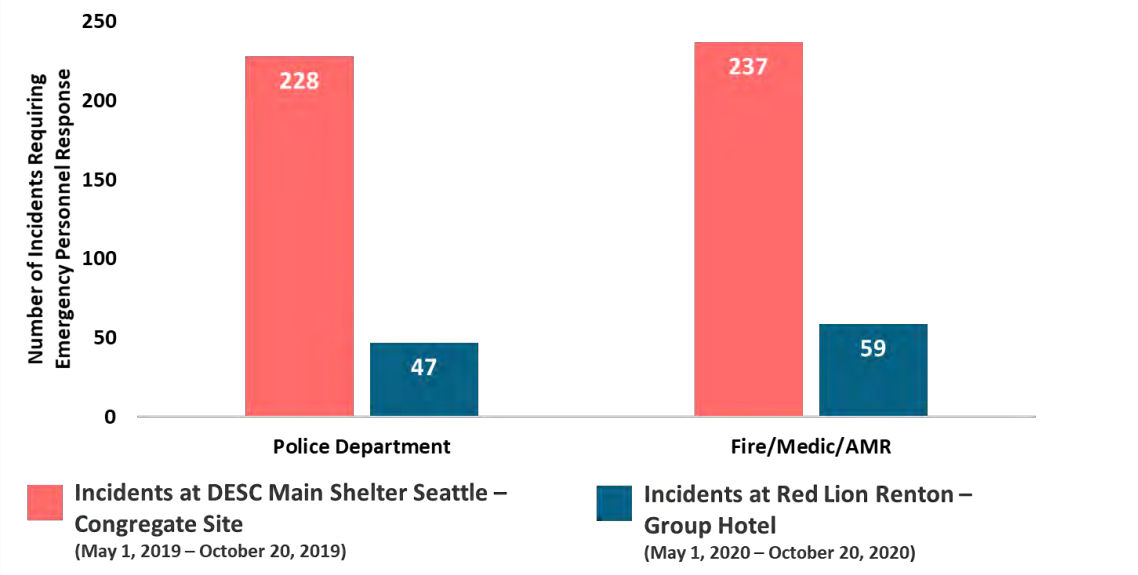
FIGURE 8: SEATTLE FIRE 911 EMERGENCY DISPATCHES TO KEY LOCATIONS ASSOCIATED WITH CCS MOVES TO INN AT QUEEN ANNE HOTEL SHELTER



Data Source: Seattle Fire 911 Emergency Dispatch as of 9/11/20, dispatches between September 1, 2019 and August 31, 2020.
Data Note: Selected individuals from St. Martin de Porres Shelter moved to the new King County International Airport-Boeing Field shelter site in March 2020. They, and individuals from Lazarus Center Shelter, then moved to hotel rooms through individual hoteling or moved to the Inn at Queen Anne group hotel when it opened as a shelter at the end of April. The Inn at Queen Anne operated as a commercial hotel site prior to this point.

We observed similar trends at shelters managed by Downtown Emergency Service Center (DESC). Individuals from DESC's Main Shelter "The Morrison" in downtown Seattle were moved to the Red Lion hotel in Renton at the beginning of April 2020. Figure 9 compares the number of emergency responses from the Seattle Police and Fire departments initiated from calls at The Morrison between May 1, 2019 and October 20, 2019 with the number of responses from the Renton Police and Fire departments initiated from calls at DESC's Red Lion Renton hotel site in the same time period in 2020 (between May 1, 2020 and October 20, 2020). Despite both facilities serving similar populations and relatively the same number of individuals on a given night (between 200 and 250), the number of incidents triggering 911 calls to local police and fire departments fell by 80% and 75%, respectively.

FIGURE 9: INCIDENTS REQUIRING EMERGENCY RESPONSE TO DESC MAIN CONGREGATE SHELTER SEATTLE AND RED LION RENTON HOTEL SHELTER



Data Source: DESC internal client record keeping, number of incidents requiring emergency 911 calls from DESC Main Shelter in Seattle between May 1, 2019 and October 20, 2019 and from the Red Lion in Renton between May 1, 2020 and October 20, 2020. Note, Seattle Fire Department (SFD) policy requires that all calls to SFD result in a subsequent call to the Seattle Police Department for assistance. These extra calls are not included in the police department totals.

The decline in calls throughout the system highlights a tangible benefit of the de-intensification strategy. While there may be local increases in call volume (i.e. when a hotel is converted to a de-intensified shelter), the dramatic decrease in emergency calls across the entire system speaks to the increased stability and reduced conflict associated with this intervention.

Greater Focus on Future Goals

Participants repeatedly indicated that the benefits of the hotel intervention (privacy, sleep, hygiene, and better health) allow them to begin to think about the future. We heard from participants about their plans to secure permanent housing, find a job, or pursue additional education. Participants suggested that there is a link between the hotel intervention and their ability to focus on the future:

> *I'm starting to get my dreams back. You get to the point when you're homeless you don't even care. You don't think about even why I'm going to get a place. You're gonna say, "I'm out here, that's that." Now that I've been in here, I'm like, "Yeah, I wanna get my own place again."*

Interviewees are well aware that challenges associated with the COVID-19 pandemic make securing housing and employment more difficult since ***"the work's just not out there right now."*** We also heard that a sudden end to the intervention could result in backward steps by participants in the intervention, ***"I'm just hoping that I'm good here for about another two or three months until I can save enough money off my Social Security to get myself an apartment."*** Many of the participants hope to transition ***"from here to [their] own place,"*** either through connections with subsidized housing or saving enough for a private rental.

Features of the Hotel Intervention Driving Improved Outcomes

In light of the positive outcomes experienced by individuals staying in group hotels, we now turn our attention to the features of the hotels that program participants and staff perceived as most responsible for producing these results. Because there is no guarantee that these interventions will continue beyond the pandemic, we highlight the features driving positive impacts – attributes that could be incorporated in other interventions or settings that do not require existing hotels.

Designated Personal Space

One of the most common responses from interviewees was praise for having one's own bed and bathroom. The privacy and dignity provided by these amenities were referenced repeatedly in our interviews. Simply put, ***"It's nice. It's nice to have your privacy and a TV and a toilet where you ain't gotta deal with other people."*** One staff member emphasized the contrast between hotel rooms and traditional shelters:

> *These are literally rooms designed for people to sleep in, and that's what people are doing in them. Coming with the privacy and the access to your own bathroom that those things are seemingly simple, but knowing the alternative and what we came from, they're massive.*

In addition to these obvious benefits of private living, numerous respondents commented on the independent value of privacy, where one can ***"get my alone time, get-myself-together time."*** Interviewees repeatedly identified personal space as a condition of peacefulness or restoration:

> *One can retreat into their own space. Like with any home, it gives you shelter. It gives you time to contemplate, to plan, and to execute. These things are important when you're trying to put your life back together.*

Personal Safety

The concepts of safety and security emerged throughout the interviews. Physical attributes of certain sites contribute to feelings of greater security, such as a security guard at the hotel, a fence preventing other people from gaining access to the hotel, and locks on the doors of hotel rooms. This level of safety and security was significant for many of the respondents, ***"You don't have to worry 'bout somebody steppin' over you or robbin' unless they come to your door and knock. If you choose not to open your door, then you're all right."*** Another stated, ***"Safety is no issue here. It's a hell of a lot safer here than it is at the shelter."***

Secure Storage for Personal Belongings

The hotel intervention provides individuals experiencing homelessness with a place to store their belongings. In emergency shelter, simple trips to the bathroom are a challenge due to fears about theft. Even while sleeping in a shelter, participants expressed frustration about the inability to sleep due to concerns about losing items that were important to them. In addition to theft prevention, one participant described other benefits of safe, longer-term storage in the hotel:

> *It's been really nice to keep my stuff there and be able to leave and come back, and it's all still there. I don't have to pack it around, which has been really nice to feel normal again… When you drag a backpack and luggage around and stuff, people tend to judge you right off the bat, homeless or whatever. When you don't have to carry that stuff around, people, they don't judge you as being homeless or whatever. They look at you differently. It's been nice to not be judged like that.*

Access 24 hours/day, 7 days/week

The stability and consistency provided by the hotel rooms gave individuals more free time and greater control over their lives. Repeatedly, the notion of autonomy emerged in our interviews with the individuals staying in hotels:

> *I get to move at my own speed now. Do things the way I need to do 'em versus when you're on the street, and you gotta worry about being back to get into the night shelter. Now you can do things at your own pace.*

Predictable Access to Food

A key feature of the hotel intervention was the provision of three meals a day for individuals staying in rooms. For individuals who have struggled to procure adequate food on a daily basis, regular food provision is noteworthy: ***"When we wake up in the morning, we eat. We have breakfast, ready meals, so we eat."*** A slightly less obvious result is that multiple respondents noted that removing the need to ***"try to hustle up [food] every day"*** reduced the level of stress in life and freed up time for other endeavors.

Conclusion

In sum, this intervention produced two notable outcomes. First, moving individuals from congregate shelters to hotel rooms limited the spread of COVID-19. Second, the intervention—initially designed as a public health response—also provided numerous benefits to participants across a range of factors. Like enhanced congregate shelters, the group hotels encouraged greater engagement with service providers and resulted in higher rates of exits to permanent housing. However, hotels provided additional benefits in terms of reduced interpersonal conflicts, fewer 911 calls and emergency responses, and feelings of safety, security, and optimism about the future.

Our study also identified features of the intervention that, we believe, are most responsible for the positive outcomes—private space, security protocols, storage of personal belongings, consistent access to meals, and 24/7 access. We hope these findings are broadly applicable beyond this specific intervention. Shelter systems in many jurisdictions could incorporate some or all of these features—with or without the use of hotel settings. We do not view the results as an all-or-nothing proposition. Even incremental changes that include some of these features could provide meaningful benefits for people who are served by homeless response systems.

Our team will continue to develop our understanding of this research through multiple activities. We look forward to working with other researchers who have studied similar interventions with a slightly different focus—either in terms of geography or target population. Putting our findings in conversation with other research will help the research community better understand the effects of responses to the pandemic and strategies for reducing communicable disease spread among those experiencing homelessness. Second, we plan to continue to analyze data on this intervention to identify any longer-term effects. The immediacy of this project has not permitted a longer view that will be possible in future extensions of this work. We plan to share our current and future findings in a range of forums, including public reports and academic publications.

Appendix A: System Performance Measures – King County Emergency Shelters

Performance Metric	April 1, 2019 to March 31, 2020
Permanently Housed	14%
Average Length of Stay	68 days
Returns to Homelessness	17%
Literally Homeless Entries	78%
Utilization Rate	86%
Number of Households Served	25,695

Data Source: Homeless Management Information System as of 5/1/2020
Data Note: Metrics above reflect data in the timeframe closest to the period prior to the onset of the pandemic. For more information, please visit https://regionalhomelesssystem.org/system-performance/.

Definitions

Permanently Housed: A primary goal of the homeless response system is to place households into permanent housing. To track our progress, we measure the rate at which our funded programs exit households to permanent housing. Exits to permanent housing = Total number of households who exited to permanent housing during the timeframe ÷ Total number of households who exited to any destination during the timeframe

Average Length of Stay: Making homelessness brief means helping people experiencing homelessness move quickly to housing. Average length of enrollment = Total number of days that households stay in an emergency shelter ÷ Total number of households who exit during the timeframe (leavers) and remain enrolled at the end of the timeframe (stayers)

Returns to Homelessness: While it is important to house people experiencing homelessness quickly, it is equally important to ensure that housing option really works so that people don't become homeless again. This measure is calculated only for individuals who consent to share identifying information in HMIS. Return rate = Total number of households returning to homelessness within 6 months of the timeframe ÷ Total number of households who exited to permanent housing during the timeframe

Literally Homeless Entries: This measure allows us to monitor the extent to which our system is serving individuals who are literally homeless. Literally homeless entries = Total number of literally homeless households at program entry ÷ Total number of households served in the timeframe

Utilization Rate: Utilization rates allow us to monitor the availability of beds in the system. Utilization rate = Total number of nights that units were occupied ÷ Total number of nights that units were available in the timeframe

Households Served: A count of the number of households served at any point during the timeframe, including those who enrolled prior to the start of the timeframe and remained enrolled during the timeframe.

Appendix B: HMIS Study Cohort Demographics, by Group

Groups	T1: Group Hotel	C1: Enhanced Shelter	C2: Shelter with Basic Services	Total Cohort
Size (n)	383	926	326	1,635
Size (% of total study cohort)	23%	57%	20%	100%
Gender (% in cohort)				
Female	31%	24%	39%	29%
Male	67%	75%	60%	70%
Other or Unknown	2%	1%	1%	1%
Race & Ethnicity (% in cohort)				
American Indian or Alaska Native	1%	3%	3%	3%
Asian	4%	3%	6%	4%
Black or African American	28%	29%	19%	27%
Hispanic/Latino	11%	12%	16%	12%
Multi-Racial	3%	5%	5%	4%
Native Hawaiian or Other Pacific Islander	2%	1%	1%	1%
White	49%	44%	42%	45%
Unknown	4%	2%	9%	4%
Age Group (% in cohort)				
18 to 24	*	*	*	*
25 to 54	52%	58%	63%	58%
55 and older	48%	41%	36%	41%
Chronic Homeless Status				
Not Chronically Homeless	68%	61%	83%	67%
Chronically Homeless	32%	39%	18%	33%
Veteran Status				
Veteran	7%	12%	6%	10%
Non-Veteran	93%	88%	94%	90%

Data Source: Homeless Management Information System data as of 9/1/2020

King County Homeless Response System

DATA REVIEW: Q1 2021 Release

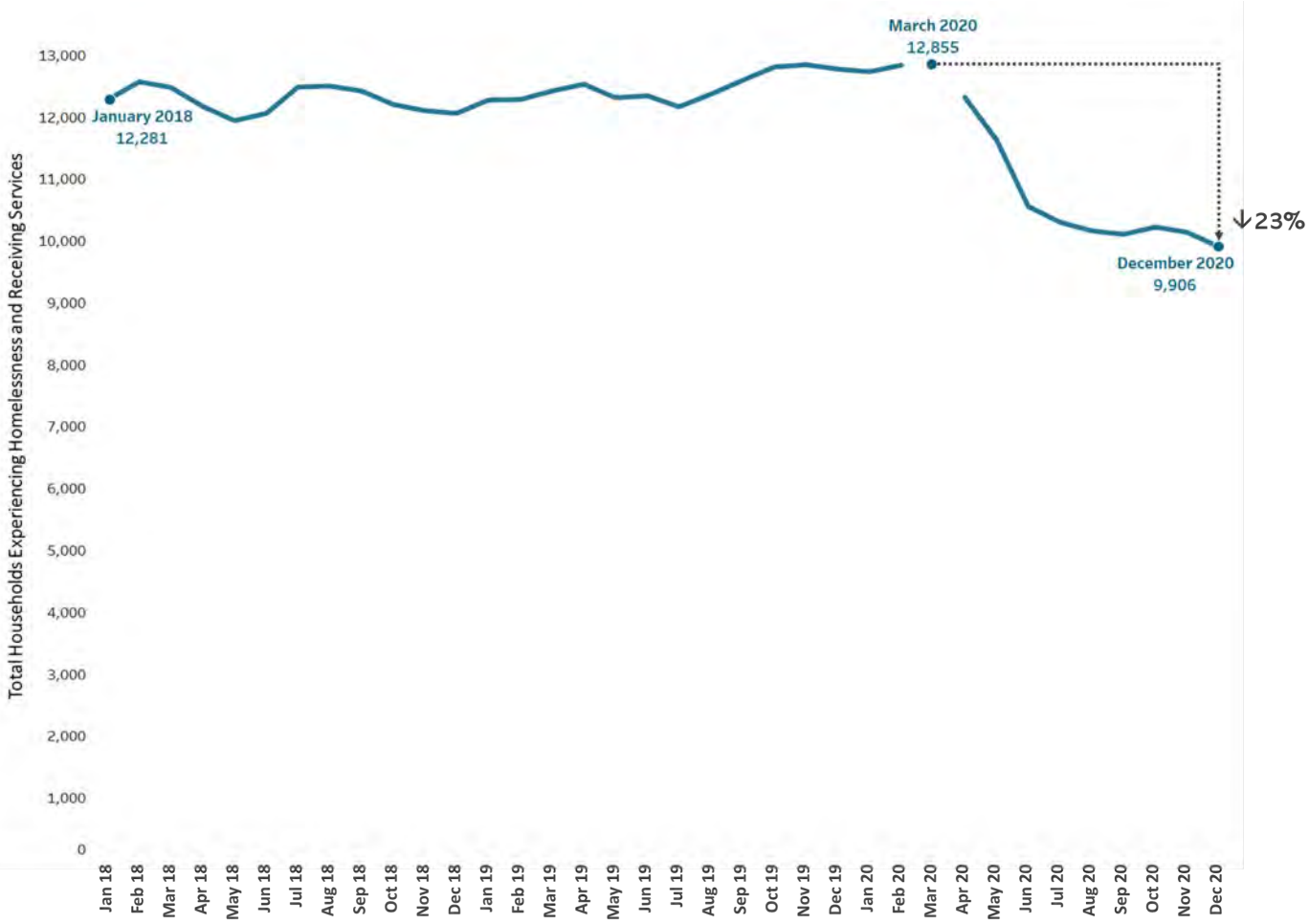
King County

The number of households in the homeless response system declined following the onset of the COVID-19 pandemic in April 2020.

King County confirmed its first case of COVID-19 on February 26, 2020 and local and statewide orders prohibiting large gatherings to mitigate spread were issued shortly thereafter. According to the Seattle/King County Homeless Management Information System (HMIS), the number of households in the homeless response system started to decline following the onset of the pandemic. On December 31, 2020, 9,906 households were experiencing homelessness and receiving services from the homeless response system. **Data show that between March 31, 2020 and December 31, 2020, the number of households actively being served by the homeless response system declined by 23%.** In this Data Review, we explore the potential reasons for this decline as well as broader system impacts of COVID-19.

FIGURE 1: NUMBER OF HOUSEHOLDS EXPERIENCING HOMELESSNESS AND RECEIVING SERVICES IN THE KING COUNTY HOMELESS RESPONSE SYSTEM

JANUARY 2018 – DECEMBER 2020



Source: Data includes households experiencing homelessness and receiving services as captured in the Seattle/King County Homeless Management Information System (HMIS) as of 2/1/2021. Note, these findings are preliminary and subject to change as updates are made to HMIS.

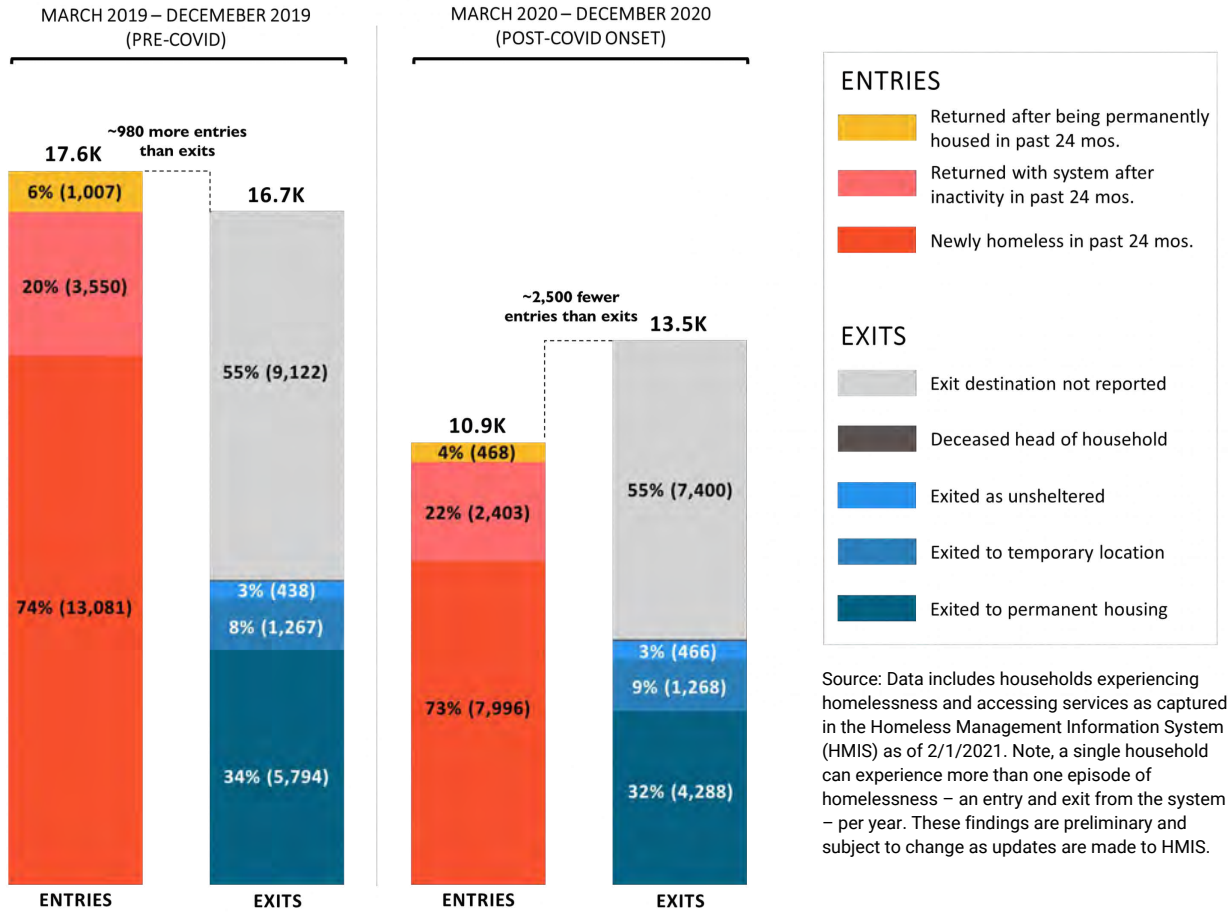
1 The number of households entering the homeless response system during the first ten months of the pandemic was lower than the number of those exiting it.

When the number of households entering the homeless response system is higher than the number of those exiting it, we expect to see the number of households experiencing homelessness and receiving services increase. This had been the trend for the past few years in King County. **However, between March 2020 and December 2020, approximately 2,500 *fewer households* entered the homeless response system than exited it. Consequently, we observed the number of households in the system fall.** This shift seems driven by significantly fewer – nearly 7,000 fewer – households that entered the homeless response system during the first ten months of the pandemic compared to the same ten-month period in 2019.

While COVID-19 has impacted the local economy and increased unemployment, response efforts may mitigate its impacts on factors that have historically driven homelessness and increased entries into the homeless response system. The prevailing eviction moratorium, stimulus payments(1), extended unemployment insurance, emergency rental assistance, and drops in rental prices may be preventing the worst economic effects of the pandemic – at least in the near term. However, without additional intervention, researchers predict a rise in homelessness in coming years.

FIGURE 2: ENTRIES AND EXITS IN THE KING COUNTY HOMELESS RESPONSE SYSTEM

MARCH - SEPTEMBER 2019 VS. MARCH - SEPTEMBER 2020



Source: Data includes households experiencing homelessness and accessing services as captured in the Homeless Management Information System (HMIS) as of 2/1/2021. Note, a single household can experience more than one episode of homelessness – an entry and exit from the system – per year. These findings are preliminary and subject to change as updates are made to HMIS.

(1) Stimulus checks from the CARES Act lifted 18 million people out of poverty in April, falling to 4 million people in August and September after the expiration of the $600 per week unemployment supplement. From: https://www.povertycenter.columbia.edu/news-internal/2020/covid-projecting-monthly-poverty

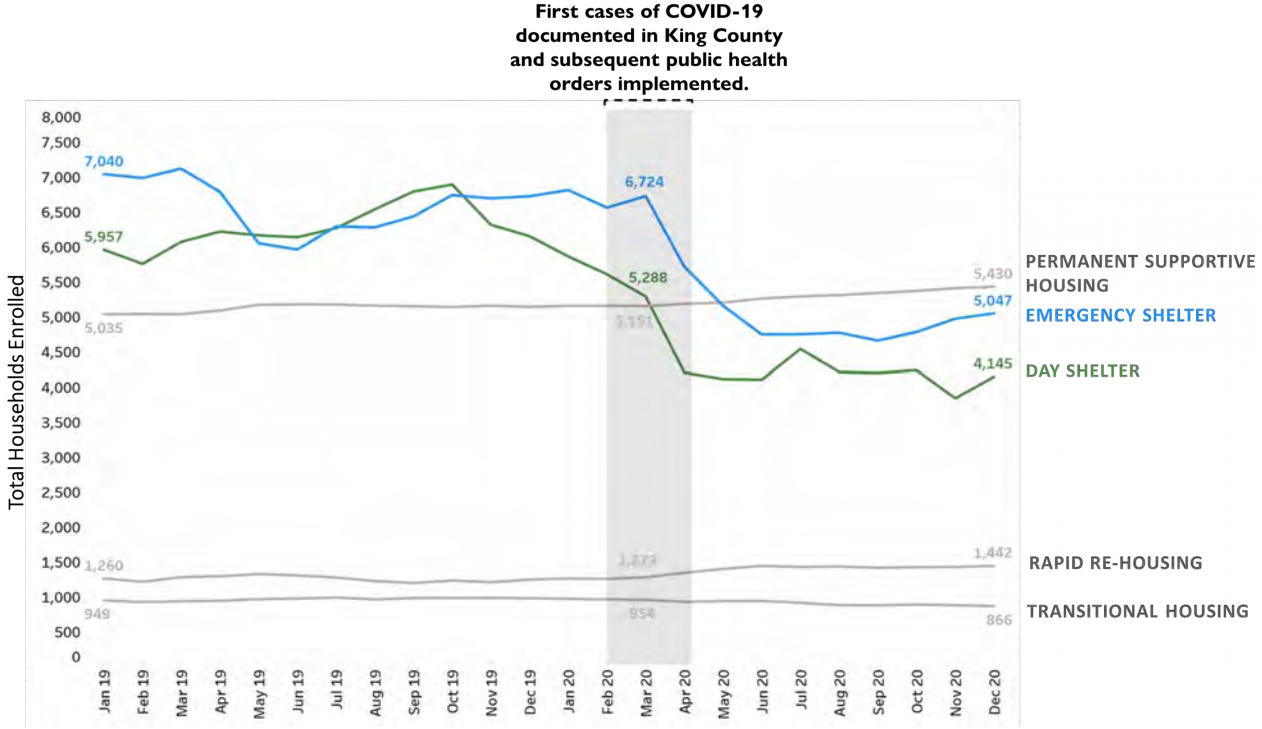
2 The number of households enrolled in emergency services (overnight and day shelters) declined following the onset of the pandemic.

According to the Seattle/King County Housing Inventory Count (HIC), the number of emergency shelter and permanent housing units in King County increased between 2019 and 2020 while transitional housing and rapid re-housing units decreased slightly.[(2)] We expected the number of households enrolled in these programs to reflect these changes in 2020 (e.g. for the number of households enrolled in emergency shelters to increase). **However, following the first case of COVID-19 in February 2020 and the initial implementation of local public health orders in March, the number of households enrolled in emergency services sharply declined. From March to December 2020, enrollments in day shelters and emergency shelters fell by 22% and 25%, respectively.**

Preliminary HMIS data show that the average utilization rate of emergency shelters was lower in 2020 than in 2019 – 78% compared to 89%. In conversations with outreach providers, they noted that many individuals are reluctant to use shelter services in congregate settings due to the risk of exposure to COVID-19. Furthermore, provider agencies have continuously adapted to meet the changing needs of households during the pandemic, which may have included adjusting the number of beds available in a program. The upcoming results of the 2021 HIC will further illuminate shifts in the system's capacity in 2020. The combined effects of these changes have likely contributed to the overall decline in the total number of households actively being served in the homeless response system.

FIGURE 3: MONTHLY ENROLLMENTS IN DAY SHELTER, EMERGENCY SHELTER, TRANSITIONAL HOUSING, RAPID RE-HOUSING, AND PERMANENT SUPPORTIVE HOUSING PROGRAMS

JANUARY 2019 – DECEMBER 2020



Source: Data includes households enrolled in day shelter, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs as captured in the Homeless Management Information System (HMIS) as of 2/1/2021. Note, these findings are preliminary and subject to change as updates are made to HMIS.

(2) The Housing Inventory Count is a point-in-time inventory of provider programs within a Continuum of Care that provides beds and units dedicated to serve persons who are homeless. From 2019 to 2020, data from the Seattle/King County HIC shows that emergency shelter units increased from 4,811 to 5,060 and permanent housing units increased from 7,718 to 8,177.

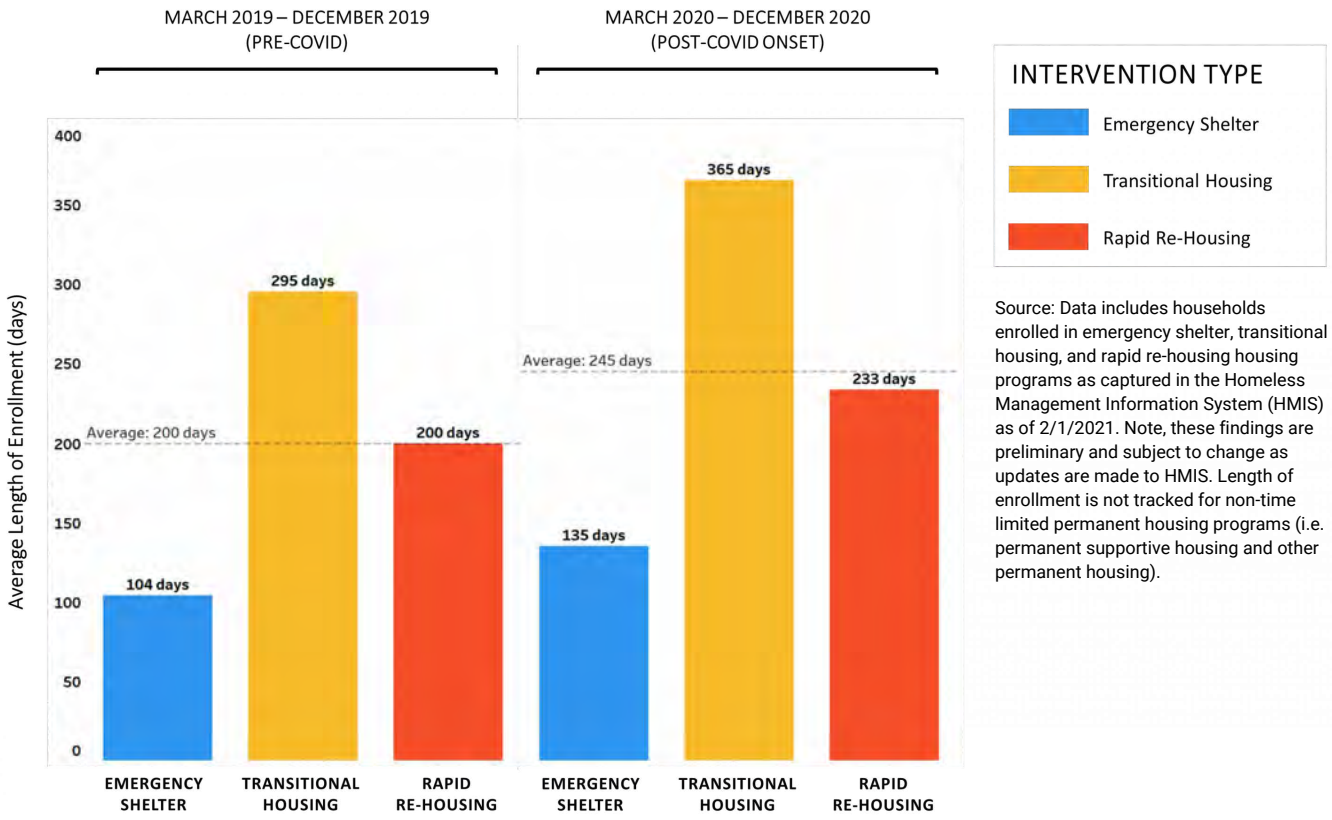
3 The average amount of time households were enrolled in a program increased across all intervention types for which this measure is tracked (i.e. emergency shelter, transitional housing, and rapid re-housing programs).

During the first ten months of the pandemic, the overall average length of time a household remained enrolled in a program was 245 days, more than a month longer than the average reported in the same time period in 2019. We observed the greatest increase in the length of stay for households enrolled in transitional housing – the average length of time in a transitional housing program was 365 days (70 days longer than in 2019). The average length of stay was 233 days for rapid re-housing programs (33 days longer than in 2019) and 135 days for emergency shelters (31 days longer than in 2019).

While these interventions are intended to provide a short-term service, a modest increase in duration is preferable if it leads to better housing and health outcomes. Additionally, provider agencies have made it a priority to follow public health guidance and reduce the spread of COVID-19 among individuals experiencing homelessness. Thus, in the context of the pandemic and stay-at-home order, stability may also reduce disease spread – the primary goal at this time. **While the system has maintained continuity of services during the pandemic, the capacity of programs to bring on new enrollments became limited over time as households stabilized and stayed enrolled longer. This resulted in fewer enrollments in the system over time.**

FIGURE 4: AVERAGE LENGTH OF ENROLLMENT IN EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND RAPID RE-HOUSING PROGRAMS

MARCH – DECEMBER 2019 VS. MARCH – DECEMBER 2020



Source: Data includes households enrolled in emergency shelter, transitional housing, and rapid re-housing housing programs as captured in the Homeless Management Information System (HMIS) as of 2/1/2021. Note, these findings are preliminary and subject to change as updates are made to HMIS. Length of enrollment is not tracked for non-time limited permanent housing programs (i.e. permanent supportive housing and other permanent housing).

Key Takeaways

In sum, the decline in the number of households experiencing homelessness and receiving services in the King County Homeless Response System since the beginning of the COVID-19 pandemic is the result of three primary drivers:

1. **While both entries and exits in the homeless response system fell during the first ten months of the pandemic, entries fell by more. Fewer households entered the system than exited it, leading to a decline in the overall number of households active in the system.**

2. **Entries into the system slowed largely driven by fewer households enrolling in and using services in emergency overnight and day shelters.**

3. **Households are staying enrolled in emergency shelter, transitional housing, and rapid re-housing program longer thereby limiting the system's capacity to bring on new households over time.**

When reviewing data across different demographic characteristics for households actively served in the system, we found that the distribution across race and ethnicity, age groups, and veteran status remained largely unchanged from March to December 2020. However, the household composition of those actively served appeared to shift away from adult-only households. This is likely because a high proportion of emergency services – roughly 80% of emergency shelter beds – are targeted to serve single adults and, as previously mentioned, the reduced utilization of emergency services was one of the primary drivers in the overall decline of households in the system.

King County Regional Homelessness Authority Households Served Dashboards, Population Trends: https://regionalhomelesssystem.org/households-served/

Next Steps

While HMIS is a rich data source for understanding homelessness for households in the King County homeless response system, it is limited for those that are not. As such, additional research is needed to develop our understanding of impacts of COVID-19. Our evaluation team will continue to explore COVID-19 system impacts in future follow-up analyses.

Release Notes

Date Finalized: March 3, 2021
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