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Initial Health through Housing Implementation Plan 2022-2028

November 2021



King County

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73 Executive Summary

74
75 Health through Housing (HtH) invests in the premise that a person’s ability to be housed is a fundamental
76 component of that person’s ability to gain and maintain health. HtH refers both to King County’s
77 imposition of an ongoing sales tax under authority of RCW 82.14.530 and to an initiative that uses the
78 proceeds of that sales tax from 2021 through 2028 to create, operate, and maintain 1,600 units of
79 emergency and permanent supportive housing for King County residents who are experiencing or at risk
80 of chronic homelessness.¹

81 **Concept, Background, and 2021 Activities**

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

92
93
94 The confluence of crises required King County to move with unprecedented speed, made possible new
95 actions and partnerships and created new opportunities to make long-term progress. An urgent and early
96 pandemic response to move hundreds of County residents from the most crowded congregate shelters
97 into single-room settings in leased hotels not only significantly slowed the spread of COVID-19 but offered
98 residents remarkable wellness benefits that had been out of reach in congregate settings.

99
100 Amidst these conditions, the County developed the HtH initiative to:

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

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 HtH sales tax.⁷ In 2021, the County enacted Ordinance 19236, codified as KCC chapter 24.30, to guide implementation planning for the HtH initiative in 2022 and beyond.⁸

This initial Health through Housing Implementation Plan 2022-2028 (Implementation Plan) 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 HtH sales tax proceeds during the term of this Implementation Plan, thus satisfying the requirements of KCC 4A.503 and RCW 82.14.530.^{9, 10}

Health through Housing Initiative Activities in 2021

While this Implementation Plan governs the HtH initiative from 2022 through 2028, the 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 Implementation Plan’s transmittal, the 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 support the ongoing operations of an additional 350 units of permanent supportive housing for which Seattle has covered the capital construction costs. Contingent on completing the remaining HtH facility acquisitions during 2021, this Implementation 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 support 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 HtH 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}

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

145 **2022-2028 Goals and Strategies**

146 The HtH initiative’s Paramount Goal and its seven Supporting Goals guide the County’s implementation
147 and administration of the HtH initiative by identifying overall outcomes that the initiative intends to
148 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

149
150 In addition to the Implementation Plan’s Paramount Goal, the HtH initiative will pursue and report on
151 progress of the following supporting goals from 2022 through 2028:

- 152 • **Supporting Goal 1** | Annually reduce racial and ethnic disproportionality among persons
153 experiencing chronic homelessness in King County (required by KCC 24.30.030.A.1).¹⁶
- 154 • **Supporting Goal 2** | Create and operate a mobile behavioral health intervention program with
155 access for its clients to housing created, operated, or otherwise supported by HtH sales tax
156 proceeds (required by KCC 24.30.030.A.5).
- 157 • **Supporting Goal 3** | Increase HtH resident health by providing health care system enrollment and
158 access on-demand to integrated healthcare for all HtH residents while they reside in a HtH
159 building.
- 160 • **Supporting Goal 4** | Convert (through rehabilitation or “rehab”) into permanent supportive
161 housing by December 31, 2028 at least 50 percent of HtH units that enter the portfolio as
162 emergency housing.
- 163 • **Supporting Goal 5** | Increase the number of organizations that can operate emergency
164 supportive, permanent supportive, or other affordable housing and that also specialize in serving
165 a demographically overrepresented population or community among King County’s chronically
166 homeless population.
- 167 • **Supporting Goal 6** | Establish and maintain an online, publicly reviewable “dashboard” depicting
168 current and historical performance data and information about the HtH initiative.
- 169 • **Supporting Goal 7** | Publish by December 31, 2026 an in-depth evaluation of the HtH initiative’s
170 effectiveness.

171
172 The County plans to achieve the Paramount Goal by:

- 173 • Creating, through acquisition, **1,155** affordable emergency or permanently supportive homes at
174 12 sites and then supporting the ongoing operations of those units;¹⁷ and

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. [\[LINK\]](#)

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 support 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 capital sources other than HtH.

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 financing for acquisition of land and existing buildings as well as for capital improvements, such as major maintenance and rehabilitation of 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 Implementation Plan’s Paramount Goal, activities to acquire or construct additional HtH facilities from 2022 through 2028

This Implementation 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 Implementation Plan addresses various siting, consultation, and equity and social justice impact review requirements that the County will follow in the event that it is necessary or advisable for the County to acquire or construct additional HtH sites after 2021 and before this Implementation Plan is updated.

2022-2028 Annual Expenditure Plan

This Implementation Plan includes an Annual Expenditure Plan for the HtH initiative, including projected revenue, that details allocations of projected revenue among 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.

200 Figure 2: Approximate Annual Allocations by Strategy
 201

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

202
 203 The Annual Expenditure Plan also describes how it satisfies key legislative requirements, sets out
 204 processes for adjustments to allocations when necessary, and describes how HtH meets jurisdictional
 205 spending requirements for cities with populations over 60,000 persons.

206
 207 **Evaluation and Performance Measurement**

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

214
 215 Health through Housing will measure performance of strategies to assess implementation of the initiative
 216 and whether it is successfully driving positive outcomes for participating households and the region. In
 217 administering the HtH initiative, DCHS intends to include in any overall assessment of effectiveness
 218 whether the program is reducing racial-ethnic disproportionality among King County’s chronically
 219 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 the County’s Comprehensive Financial Management Policies [\[LINK\]](#).

¹⁹ Clear Impact. What is Results Based Accountability? [\[LINK\]](#).

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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 HtH initiative, advise the Department of Community and Human Services (DCHS) on implementation of the HtH initiative, review performance data of the HtH initiative, and report annually to the Council and the community on the expenditures, accomplishments and effectiveness of the HtH initiative.

The Advisory 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, members of regional and County subregional human services or housing boards or committees and current and past residents at 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 includes 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 will require 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 Implementation Plan will govern the Executive’s administration and implementation of the HtH initiative. This Implementation 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.

265 **Concept, Background and 2021 Activities**

266

267 **What is Health through Housing?**

268

269 Health through Housing (HtH) refers both to the County’s imposition of an ongoing sales tax under
270 authority of RCW 82.14.530 and to an initiative that uses the proceeds of that sales tax beginning in 2021
271 to create, operate, and maintain 1,600 units of emergency and permanent supportive housing for King
272 County residents who are experiencing or at risk of chronic homelessness.^{20, 21}

273

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

278

279 **Historical Context: The Origins of Health through Housing**

280

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

286

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

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

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

- The RCW 82.14.530-authorized sales tax that the County imposed and collects under Ordinance 19179, codified as KCC 4A.503, is the Health through Housing Sales Tax (“HtH Sales Tax”).
- The fund into which the 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 Implementation 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 homeless 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. [\[LINK\]](#).

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

298

299 **State Passed New Revenue Option for Affordable Housing and Behavioral Health**

300 The Washington Legislature amended Revised Code of Washington (RCW) 82.14.530 via House Bill (HB)
301 1590 in 2020, granting a county the authority to impose, by a county’s legislative authority action, a new
302 sales tax, the revenues of which could support both capital and operating expenses, including residential
303 services, affordable housing and behavioral health.²⁴ In 2021, the legislature amended the law again via
304 Engrossed Substitute House Bill (ESHB) 1070, clarifying that acquiring units of new affordable housing is
305 an eligible use of these tax revenues.²⁵

306

307 **Economic Crisis Yielded Unique Urgency and Opportunity**

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

315

316 Drivers of unsheltered homelessness like increasing housing costs, unemployment and loss of income,
317 restricted access to healthcare and supportive services and reduction in shelter options were all
318 compounded by the COVID pandemic, creating new urgency as more King County residents were living
319 and sleeping outside.³⁰

320

321 **A New Template for Regional Response to Crises**

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

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 [\[LINK\]](#).

327 **The County’s Decisive Action**

328 Amidst these conditions, the County developed the HtH initiative to:

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

343

344 **Current Conditions of Homelessness and Disproportionality**

345

346 Crises of homelessness and housing affordability preexisted the COVID-19 pandemic. According to data
347 from the Homelessness Management Information System (HMIS), more than 4,600 households were
348 chronically homeless in December 2019, and the January 2020 Point-in-Time Count identified more than
349 5,500 individuals living unsheltered.^{33, 34} Similarly, King County has long experienced an affordable
350 housing shortage, with the County’s Regional Affordable Housing Task Force identifying a need for the
351 region to produce 44,000 affordable homes for very low- and extremely low-income households by
352 2024.³⁵

353

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

360

361 In addition, homelessness in general, and chronic homelessness within it, exhibit stark racial-ethnic
362 disproportionality. Compared to their share of the general King County population, Black/African
363 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.

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

368

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

370

371 The County imposed the HtH sales tax and created the HtH initiative by enacting King County Ordinance
372 19179 in 2020, codified as King County Code (KCC) chapter 4A.503.⁴¹ Sales tax collections began in 2021.

373

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

379

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

382

383 This Initial HtH Implementation Plan 2022-2028 responds to the requirements of KCC chapter 24.30. It
384 describes the goals, strategies, performance measures, reporting requirements and the Annual
385 Expenditure Plan that will direct use of HtH proceeds during the 2022-2028, consistent with KCC chapter
386 4A.503 and RCW 82.14.530.⁴³ In addition to requiring this initial Implementation Plan, KCC chapter 24.30
387 requires the Executive to transmit by June 30, 2027 and every eight years thereafter a proposed update
388 to the Implementation Plan for Council review and adoption by ordinance.

389

390 Overview of the Department of Community and Human Services

391

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

396

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

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 [\[LINK\]](#).

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

403
404 DCHS is composed of a Director’s Office and five Divisions: Housing, Homelessness and Community
405 Development Division (HHCDD); the Adult Services Division (ASD); the Behavioral Health and Recovery
406 Division (BHRD); Children, Youth and Young Adults Division (CYAD); and the Developmental Disabilities
407 and Early Childhood Supports Division (DDECSD). At the time of this Implementation Plan’s transmittal,
408 DCHS also operates a number of COVID-19 emergency response functions for the County, including
409 operations of the County’s Isolation and Quarantine system and the Eviction Prevention and Rent
410 Assistance Program.^{45, 46, 47}

411 **Foundational County Policies and Plans**

412
413
414 The County is committed to making a welcoming community where every person can thrive. The goals,
415 strategies, and methods of the HtH initiative advance key County policies, plans, and initiatives, including
416 the County’s Strategic Plan and the County’s Equity and Social Justice (ESJ) Strategic Plan, and regional
417 affordable housing planning efforts including the Regional Affordable Housing Task Force and the
418 Affordable Housing Committee.^{48, 49, 50, 51, 52}

419 **King County Strategic Plan**

420
421 In 2010, the County enacted Ordinance 16897, establishing the King County Strategic Plan.⁵³ In 2015,
422 Motion 14317 revised the County’s vision, mission, guiding principles and goals.⁵⁴ Among the King County
423 Strategic Plan’s guiding principles is a commitment to address the root causes of inequities. HtH advances
424 this principle through its explicit focus on reducing disproportionality among people experiencing chronic
425 homelessness. In addition, Strategic Plan goals include increasing access to quality housing that is
426 affordable to all. Through its coordinated regional effort to substantively expand housing and services in
427 this region for people experiencing chronic homelessness, HtH directly impacts several strategies under
428 this goal. Among these are improving services to make homelessness rare, brief, and one-time; providing
429 targeted affordable housing resources to communities and individuals that meet their specific needs;
430 increasing housing stability for low-income households; and seeking innovative partnerships to expand
431 the supply of and support for affordable housing. Finally, both the housing and behavioral health
432 components of the HtH initiative support the Strategic Plan goal to improve health and well-being to
433 create thriving communities.

434 **Equity and Social Justice Strategic Plan**

435
436 In accordance with the 2016-2022 ESJ Strategic Plan, the County actively seeks to eliminate racially
437 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 [\[LINK\]](#).

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

443
444 **King County Regional Affordable Housing Task Force Five-Year Action Plan**

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

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

455
456 **Affordable Housing Committee**

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

465
466 **Implementation Plan Scope and Methodology**

467
468 **Scope of the Initial Implementation Plan and Cycle for Updating the Plan**

469 The County’s collection of the HtH sales tax continues without requiring periodic renewal unless the
470 County acts to stop or alter imposition or collection. This Implementation Plan’s seven-year initial
471 planning term will extend from the later of January 1, 2022 or its adoption through 2028. Subsequent
472 planning cycles will occur every eight years thereafter in alignment with King County’s biennial budget
473 cycle.⁶³ As required by KCC 24.30, transmittal of implementation plan updates 18 months before the
474 conclusion of each existing implementation plan will allow capital planning processes, which typically

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.

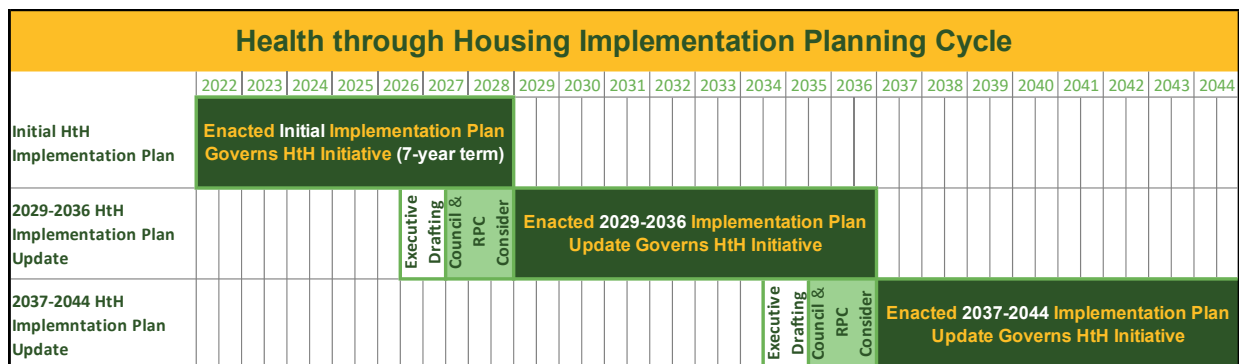
⁶¹ Regional Affordable Housing Task Force Final Report and Recommendations [\[LINK\]](#).

⁶² Building a Foundation: First Annual Report of the Affordable Housing Committee [\[LINK\]](#).

⁶³ KCC 24.30.020 [\[LINK\]](#).

475 operate on longer-term planning horizons than non-capital programs, to continue with sufficient
 476 predictability during transitions between updates. This implementation planning cycle is depicted in
 477 Figure 3.

478
 479 *Figure 3: Implementation Planning Cycle*
 480



481
 482
 483 **Report Methodology**

484 DCCHS drafted this Initial HtH Implementation Plan in accordance with the requirements of KCC 24.30,
 485 including consultation with the AHC and the Chief Executive Officer of the King County Regional
 486 Homelessness Authority (KCRHA).^{64, 65, 66} Specifically:

- 487 • DCCHS met with the Chair and Vice Chair of the AHC, provided briefings to the entire committee,
 488 and consulted with the AHC’s Housing Interjurisdictional Team.
- 489 • DCCHS briefed the CEO and key leadership staff of KCRHA twice during the drafting process of this
 490 Implementation Plan, including specific conversations about HtH 2021 activities, the HtH
 491 operations model, and HtH approaches to capacity building.

492
 493 DCCHS and the Executive’s Office also conducted extensive outreach to jurisdictions throughout the region
 494 to partner with them in implementing HtH and to explore opportunities to site HtH properties.

495
 496 Beginning in December 2020, DCCHS held a series of stakeholder meetings to refine specific components
 497 of the HtH program. The stakeholder group, including representatives from housing and service agencies,
 498 homeless advocates, and representatives of community-based organizations (CBOs), focused on site
 499 acquisition, property characteristics and contracting with site operators. Feedback from the stakeholder
 500 group is reflected in both 2021 HtH actions and the long-term plan for HtH operations, including DCCHS’
 501 intentionally inclusive, equity-centered processes to begin to identify HtH site operators.

502
 503 Preparing this Implementation Plan also involved detailed policy and fiscal analysis to ensure that it will
 504 implement the various directions from KCC 4A.503, KCC 24.30, and RCW 82.14.530 about allowable HtH
 505 uses and required processes.

506
 507 **Health through Housing Initiative Activities in 2021**
 508

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

509 While this Implementation Plan governs the HtH initiative from 2022 through 2028, the County
510 undertook significant HtH activities in 2021 with a focus on designing key aspects of the initiative,
511 consulting with cities across the region to identify potential HtH sites, acquiring HtH sites, identifying
512 qualified operator agencies and beginning to provide housing and supports to persons who meet HtH
513 eligibility criteria. This Implementation Plan reflects acquisition activity to date and is based upon certain
514 assumptions about additional sites being purchased by the beginning of 2022. At that point, upon its
515 adoption by ordinance, this Implementation Plan will begin to govern DCHS' administration of the HtH
516 initiative.

517

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

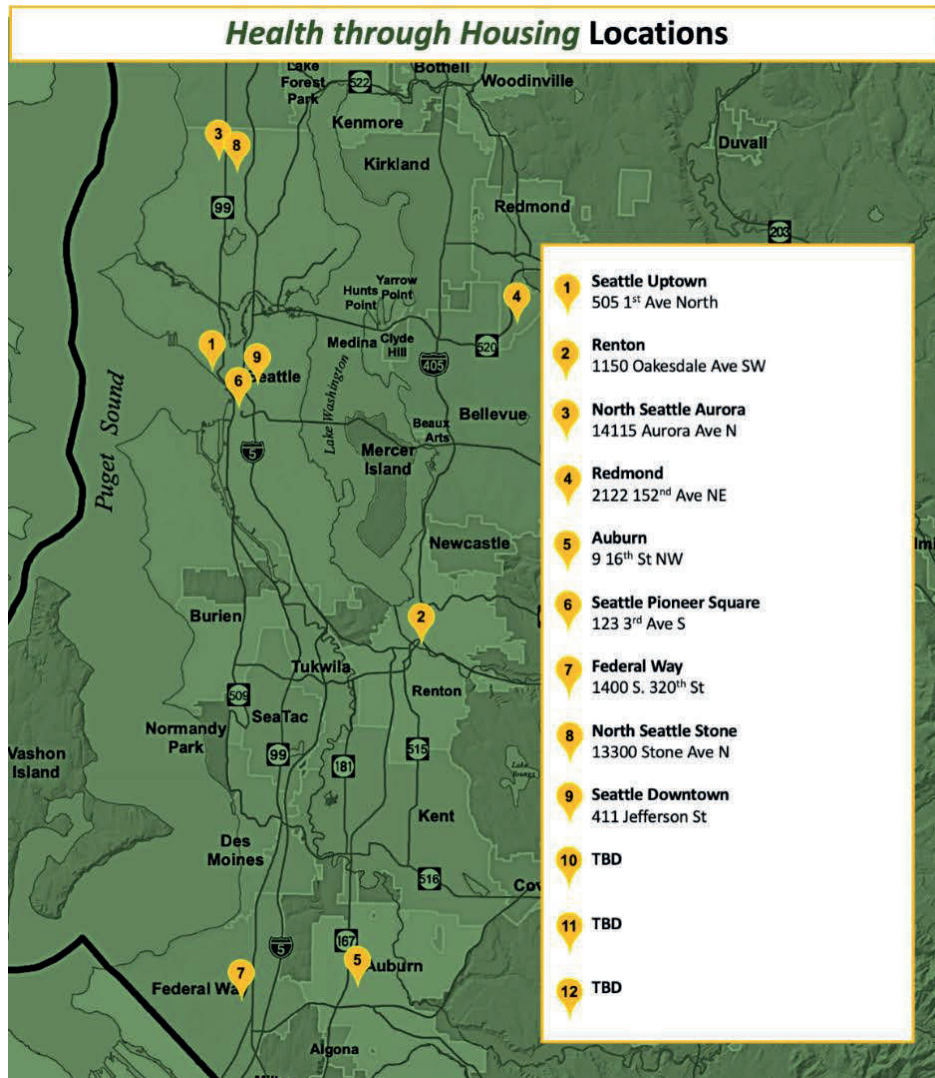
520

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

527

528

529 Figure 4: Health through Housing Locations as of August 2021
530





531
532
533 Figure 5 includes a description of each HtH site that is fully acquired or under a purchase and sale
534 agreement at the time of this Implementation Plan’s transmittal, corresponding with the building naming
535 and numbering in Figure 4. Each description includes a classification of the location’s initial housing type,
536 photographs when available, and links to media stories associated with their acquisition.

537
538 Some HtH buildings already have all the necessary fixtures and features within individual units,
539 particularly kitchenettes, to immediately classify the locations as permanent supportive housing. HtH
540 buildings that were built as apartments or as extended stay hotels fit the profile of permanent supportive
541 housing (PSH).⁶⁷ Other HtH sites were built primarily as conventional hotels without kitchenette facilities

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

542 in each individual unit. These types of buildings enter the HtH portfolio as emergency supportive housing
 543 (ESH).⁶⁸ One of this Implementation Plan’s goals is to convert at least 50 percent of the initial emergency
 544 housing units to permanent supportive housing units by December 31, 2028.

545
 546 *Figure 5: Initial Health through Housing Site Descriptions*
 547

1 Seattle Uptown, 505 First Ave N	
Property Details	
Cost: \$16.5 million Initial Housing Type: Emergency Housing Rooms: 80 Acres: 0.303 acres <ul style="list-style-type: none"> 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	
	

548
 549

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.

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](#)



550

551

3 | North Seattle Aurora, 14115 Aurora Avenue North

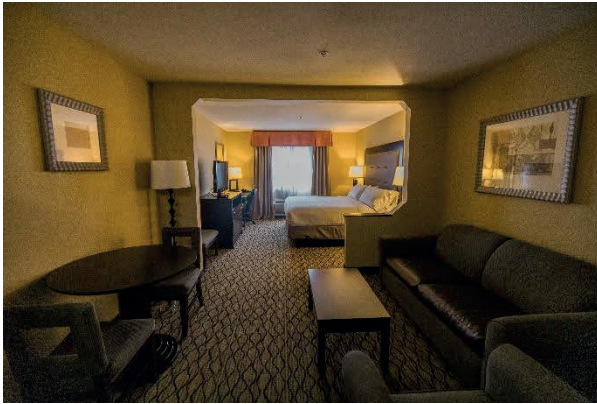
Property Details

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 \(bizjournals.com\)](#)



552

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](#)



553

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](#)



554
555

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, Nitzze-Stagen properties to house chronically homeless – Puget Sound Bus. J.](#)
[King County secures hundreds of units of housing for homeless – KIRO TV](#)



556

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](#)



557
558

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](#)



559

9 | Seattle Downtown, 411 Jefferson

Property Details

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

560

561

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 housing.^{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 homelessness⁷³ or that are at risk of chronic homelessness."⁷⁴

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

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. [\[LINK\]](#)

585 *Figure 6: Eligibility for Housing and Resident Supports*
586

**Eligibility for Housing with Resident Supports
through the Health through Housing Initiative**

Income at 0% to 30% of the Area Median
AND
Experiencing or At-Risk of Chronic Homelessness
AND
Household member or members are in one or more of the following groups:

- 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

587
588
589

590 2022-2028 Goals and Strategies

591
592 This section includes subsections on the HtH initiative’s goals and strategies for 2022-2028, an analysis of
593 how its strategies will directly or indirectly drive accomplishment of the initiative’s goals, and key
594 descriptions of the role that equity considerations play in the work of HtH.

595
596 **What does this plan define as a “goal” and a “strategy”?**

- 597
598 • **Goals** describe outcomes that this Implementation Plan is designed to accomplish. The purpose
599 of the HtH initiative’s goals is to guide the Executive’s implementation and to clearly articulate
600 the list of results and conditions by which to assess whether such implementation is successful.
601 The Implementation Plan also identifies a Paramount Goal, accomplishment of which will take
602 priority over other goals. The remaining goals are called Supporting Goals, indicating that their
603 accomplishment should be subordinate to the Paramount Goal. If HtH revenue remains at or
604 above the forecasts upon which this Implementation Plan is based, its strategies are designed to
605 accomplish all the Implementation Plan’s goals.
- 606
607 • **Strategies** describe the range of activities that will constitute eligible uses of HtH sales tax
608 proceeds during the term of this Implementation Plan, and the rationales for such strategies.
609 Some of the strategies in this Implementation Plan provide specific guidance to establish a
610 particular approach or process. Where a specific approach or process is not specified or required
611 within a strategy, the Implementation Plan articulates the rationale and provides non-exhaustive
612 lists of the types of activities that are eligible, while also constraining eligible uses to those
613 activities that are consistent with the strategy description. The strategies also provide a structure
614 through which this Implementation Plan allocates HtH proceeds among the initiative’s categories
615 of activity. Allocations of HtH proceeds by strategy occur later in this Implementation Plan.

616
617 2022-2028 Implementation Plan Goals

618
619 The three goals required by KCC chapter 24.30 are referred to in this Implementation Plan as the
620 Paramount Goal and Supporting Goals 1 and 2.⁷⁵ This plan also specifies an additional five supporting
621 goals. The HtH initiative’s Paramount Goal and its seven Supporting Goals guide the County’s
622 implementation and administration of the HtH Initiative by identifying overall outcomes that the initiative
623 intends to deliver by the end of the initial Implementation Plan’s term in 2028.

624
“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.”

KCC 24.30.030.3

625

⁷⁵ KCC Chapter 24.30 [[LINK](#)].

626 In addition to the plan’s Paramount Goal, the HtH initiative will pursue and report on progress of the
627 following Supporting Goals from 2022 through 2028:

- 628
- 629 • **Supporting Goal 1** | Annually reduce racial and ethnic disproportionality among persons
630 experiencing chronic homelessness in King County (required by KCC 24.30.030.A.1).⁷⁶
- 631 • **Supporting Goal 2** | Create and operate a mobile behavioral health intervention program with
632 access for its clients to housing created, operated, or otherwise supported by HtH sales tax
633 proceeds (required by KCC 24.30.030.A.5).⁷⁷
- 634 • **Supporting Goal 3** | Increase HtH resident health by providing health care system enrollment and
635 access on-demand to integrated healthcare for all HtH property residents while they reside in a
636 HtH housing unit.
- 637 • **Supporting Goal 4** | Convert (through rehabilitation or “rehab”) into permanent supportive
638 housing by December 31, 2028 at least 50 percent of HtH units that enter the portfolio as
639 emergency housing.
- 640 • **Supporting Goal 5** | Increase the number of organizations who can operate emergency,
641 supportive, or other affordable housing who also specialize in serving a demographically
642 overrepresented population or community among King County’s chronically homeless
643 population.
- 644 • **Supporting Goal 6** | Establish and maintain an online, publicly reviewable “dashboard” depicting
645 current and historical performance data and information about the HtH initiative.
- 646 • **Supporting Goal 7** | Publish by December 31, 2026 an in-depth evaluation of the HtH initiative’s
647 effectiveness.
- 648

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

650
651 KCC 24.30.030.A.3 provides that affordable housing units created with HtH proceeds in 2021, the first
652 year of the HtH initiative but prior to the approval of this Implementation Plan, may be counted toward
653 satisfaction of the Paramount Goal. That same section of the Code also provides that affordable housing
654 units contributing to the Paramount Goal may in some cases include units for eligible households for
655 which HtH proceeds only support operations costs. This Implementation Plan refers to such units as
656 “operations-only” units. The description of HtH Strategy 2 in the next subsection describes the range of
657 uses and activities that are included within “operations.”

658
659

⁷⁶ KCC 24.30.030.A.1 [\[LINK\]](#).

⁷⁷ KCC 24.30.030.A.5 [\[LINK\]](#).

This Implementation Plan’s strategies and annual fiscal expenditure plans, detailed in subsequent sections, describe the 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 housing units at 12 sites and then providing the ongoing operations of those units;⁷⁸ and
- Providing operations-only support for **445** units, including **350** permanently supportive housing units 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 capital sources other than HtH.

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680

At the time of this Implementation Plan’s transmittal, the 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, the County is negotiating an agreement with the City of Seattle Office of Housing to support 350 operations-only units.

The County plans to complete the remaining HtH acquisitions in 2021 to create an additional 296 units. The County will also establish an agreement or agreements to support an additional 95 operations-only units outside of the City of Seattle by December 31, 2021. Should the County not conclude by December 31, 2021 all purchases and agreements necessary to satisfy the Paramount Goal, this Implementation 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.

681 *Figure 7: Health Through Housing’s Six Implementation Strategies*
 682

Summary of Health through Housing’s Six Implementation Strategies	
Strategy 1 Capital Financing and Improvements for HtH Sites	Capital financing for acquisition of land and existing buildings as well as for capital improvements such as major maintenance, 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 acquire or construct additional HtH properties from 2022 through 2028

683
 684 The following subsections describe the rationale and scope of each of the six HtH initiative strategies.
 685

686 **HtH Strategy 1: Capital Financing and Improvements for HtH Sites**

687
 688 *Strategy 1 Rationale*

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

694
 695 While acquisition of existing buildings enables significantly faster introduction of additional affordable
 696 housing stock, some buildings acquired through the HtH initiative may have been originally designed for
 697 another purpose and could require minor capital alteration or improvements prior to use as affordable
 698 housing under the HtH initiative. Regardless of their initial suitability, all HtH buildings will require
 699 ongoing maintenance and improvement to remain suitable and effective as affordable housing.
 700

701 While HtH sites will initially serve as either emergency or permanent supportive housing, over time the
 702 initiative will maximize the number of units within the HtH portfolio that can be converted to, or
 703 maintained as, permanent supportive housing. Supporting Goal 4, which sets the specific target of
 704 converting 50 percent of the HtH units initially designated as emergency supportive housing to
 705 permanent supportive housing by 2028.

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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. Properties considered to be within the County’s HtH portfolio include both:

- Those that the County has acquired or acquires using HtH Sales Tax proceeds, and
- Those for which the County establishes a commitment to support ongoing operations of operations-only units using HtH Sales Tax proceeds, regardless of whether King County has an ownership stake in the 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 with 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 the County is serving as the initial owner of all HtH properties, the County may in the future elect not to be an ongoing owner of affordable housing. The 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, or 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 support from HtH for operations will be considered part of the County’s HtH portfolio.
- *Capital Reserves* for capital improvements or building systems replacement for County-owned HtH properties during the period of the 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.

753 *Naming HtH Buildings*
754 The County will assign a name to each HtH building acquired through the HtH initiative by December 31,
755 2023. The purpose of this requirement is to keep HtH sites from being referred to by the brand names of
756 the properties’ previous owners or operators. In each case, the Executive will consult with the host
757 jurisdiction and the Advisory Committee to select a new name for a HtH property recognizing a deceased
758 person with ties to the host jurisdiction who experienced homelessness or who advocated for those
759 experiencing homelessness. When one or more HtH sites are renamed DCHS will send a letter to the
760 Chair of the Council within 90 days.

761

762 **HtH Strategy 2: Emergency and Permanent Supportive Housing Operations**

763

764 *Strategy 2 Rationale*

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

775

776 *Strategy 2 Description and Scope*

777 Strategy 2 supports activities to effectively, efficiently, and equitably staff and operate HtH buildings and
778 activities to support residents within HtH buildings. Emergency and permanent supportive housing
779 operations supported by this strategy may be provided through contracted providers or County staff.
780 Operations will typically occur onsite at HtH buildings but some outreach activities and other resident
781 supports may occur offsite. Resident supports will be provided so that HtH residents receive personalized
782 housing counseling and case management to maintain their housing, improve their health, increase their
783 social engagement, and increase their independence. Emergency and permanent supportive housing
784 operations in all HtH buildings will specifically include physical and behavioral health supports to
785 contribute to satisfaction of Supporting Goal 3, to increase HtH resident health by providing health care
786 system enrollment and access to on-demand, integrated healthcare for all HtH residents. Strategy 2
787 activities will also include 24/7 staffing for HtH buildings.

788

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

790

- 791 • **Property Management**, which includes onsite staffing, payment of utilities, and all activities
792 necessary to manage and maintain an HtH property to effectively, efficiently, and equitably
793 provide emergency and permanent supportive housing to eligible persons.
- 794 • **Resident Supports**, which includes case management, behavioral health care, physical healthcare,
795 employment preparation and counseling, housing services, and other supports to promote
796 residents’ improved health, financial resources, housing stability, and community connection.
- 797 • **Street Outreach**, which includes activities to seek out, engage, assess, and assist persons in the
798 community who are unhoused or unstably housed to attain housing or shelter. Street outreach

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

799 specifically aims to provide engagement and outreach to populate HtH properties and promote
800 an HtH building’s ability to house eligible persons with connections to the area in which a HtH
801 building is located.⁸⁰
802 • **Community-Based Organization (CBO) Activities**, which includes the provision of supports and
803 engagement tailored to communities and persons whose identity, culture, experience, or
804 circumstances warrant particular expertise. CBO activities may either be separately provided or
805 as enhancements to property management operations, resident supports, or street outreach to
806 make them more accessible, effective, efficient, and equitable. The purpose of CBO activities
807 within HtH resident supports is to enable a HtH building operation to better serve persons who
808 may not be well served by non-specific services and organizations. Examples may include
809 activities specifically designed to meet the housing, health, and community needs of racial-ethnic
810 or gender-diverse communities that disproportionately experience homelessness, or persons
811 whose behavioral health circumstances warrant particular approaches and expertise.
812

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

- 817 • Medicaid-funded integrated health care, including use of the Foundational Community Supports
818 program;^{81, 82}
- 819 • Subsidized housing vouchers such as Federal Housing Choice vouchers or Veterans
820 Administration Supported Housing (VASH) vouchers;^{83, 84}
- 821 • Publicly-supported income benefits available to seniors, veterans, persons with disabilities, or
822 persons with low income; and
- 823 • Programs and services supported by other local human services initiatives such as the Veterans,
824 Seniors and Human Services Levy (VSHSL); the Best Starts for Kids Levy (BSK); and the MIDD
825 Behavioral Health Sales Tax Fund.^{85, 86, 87}
826

827 *Operations-Only Units*

828 In addition to providing operations of HtH units created through acquisition, this Implementation Plan
829 authorizes and provides for the use of HtH Strategy 2 proceeds to support operations-only units that are
830 created by other jurisdictions. These units will serve households that are eligible for HtH resident
831 supports and are anticipated to provide new affordable housing capacity at the time that they open.
832 Operations-only units exist where another jurisdiction or program is able to invest capital monies to
833 create supportive housing units but lacks the necessary long-term operations monies to support housing

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.

834 stability for residents. Operations-only units are allowable within this Implementation Plan under the
835 terms of KCC 24.30.030.A.3.⁸⁸

836
837 The County intends to support 445 operations-only units towards HtH’s total goal of 1,600 affordable
838 homes. HtH will support 95 of those operations-only units to operate new permanent supportive housing
839 outside of the city of Seattle in a building separately supported by the County and other public entities.
840 These monies will allow the building to open sooner and serve HtH-prioritized households. In addition,
841 the County intends to support 350 operations-only units of new permanent supportive housing in Seattle
842 for which capital costs are not supported by HtH. At the time of the writing of this Implementation Plan,
843 the County was negotiating a Memorandum of Agreement with the City of Seattle to support these units,
844 in alignment with Seattle’s existing efforts.^{89, 90}

845
846 *Selecting Providers of HtH Emergency and Permanent Supportive Housing Operations*

847 Successful operation of HtH properties requires a blend of skillful property management, trauma-
848 informed approaches, multi-system expertise and in-depth knowledge of the unique population residing
849 at each site. Success also depends on strong partnership and shared purpose among providers, a HtH
850 building’s host city, and the County. To achieve this important blend of skills and expertise, HtH will use a
851 two-phase provider selection process:

- 852
- 853 • *Phase One: General Provider Qualification:* DCHS executed a Request for Qualification (RFQ)
854 procurement in 2021 to qualify a set of providers in four categories: building operations, resident
855 supports, community-based organizations, and outreach. The results of this RFQ process yielded
856 a roster of agencies qualified to provide Strategy 2 Operations in HtH buildings. The roster of
857 qualified HtH providers is available online.⁹¹ Qualified providers as of the time of this transmittal
858 are included with this plan as Appendix E.
 - 859
 - 860 • *Phase Two: Specific Provider Selection:* The second component of the provider selection process
861 is specific to each individual property. In partnership with the local jurisdiction where the
862 property is located, DCHS will complete a Request for Bid (RFB) procurement where agencies that
863 were qualified under Phase One are eligible to apply to provide one or more of the three site-
864 based categories of operations at a specific HtH site: building operations, resident supports, and
865 community-based organization or CBO activities. Under the RFB, a complete bid must include a
866 provider or providers for both building operations and for resident supports. The bid can also
867 include one of the qualified CBOs to provide population-specific supports. After soliciting bids
868 through the RFB process, DCHS and the local jurisdiction will jointly evaluate the proposals and
869 select the site-specific providers. Depending on the population that eventually resides in a HtH
870 building and upon available HtH proceeds, DCHS may partner with the host city in completing a
871 secondary RFB process for additional community-based organizations or resident support
872 organizations to enhance operations for residents of the building.

873
874 *Projected Timing to Begin HtH Operations by Site*

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. [\[LINK\]](#)

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

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 884
 885

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 1 st 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 152 nd Ave NE		Start				
Auburn 102 units 9 16 th St NW		Start				
Seattle Pioneer Square 80 units 123 3 rd Ave S			Start			
Federal Way 101 units 1400 S. 320 th 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		

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Centering Equity in Design and Delivery of Operations

This Implementation Plan’s Supporting Goal 1 is to annually reduce racial-ethnic disproportionality among 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

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

897
898 In designing and completing the HtH RFQ process above, DCHS purposefully chose an inclusive
899 process, designed to qualify a broad range of service agencies. By expanding the pool of qualified
900 providers, the HtH program can include agencies uniquely qualified to address the housing and
901 service needs of overrepresented Black, Indigenous, and People of Color (BIPOC) households.

902
903 2. *Outreach:* Direct, sustained engagement is the surest way to navigate homeless households
904 towards housing.⁹² HtH intends to have subregional outreach teams in North/East and South King
905 County, working in the vicinity of HtH properties to bring people indoors. As the data show, while
906 homelessness is pervasive throughout King County, it does not look the same in all areas. People
907 living homeless in South King County represent different ethnic and demographic groups than
908 those living in the North portion of the County.⁹³ Focused, subregional outreach will allow HtH to
909 address the disproportionality seen in each area.

910
911 3. *Capacity Building Collaborative:* The provider Capacity Building Collaborative described and
912 provided for under Strategy 4 of this Implementation Plan is a key pro-equity component of HtH's
913 delivery of housing operations including resident supports. By providing a learning environment
914 between roster agencies, experienced housing operators and CBOs alike, the Capacity Building
915 Collaborative will equip providers representative of communities who most disproportionately
916 experience homelessness with resources and support to use their expertise and provide services
917 to reduce racial-ethnic disproportionality among persons experiencing chronic homelessness.
918 Over time, this collaborative effort will empower and resource CBOs to operate housing that best
919 serves their own communities.

920

921 **HtH Strategy 3: Behavioral Health Services Outside of HtH Sites**

922

923 *Strategy 3 Rationale*

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

- 927 • First, KCC 24.30.030.A.5 requires that this Implementation Plan “shall also include as a goal the
928 creation and operations of a mobile behavioral health intervention program with access for its
929 clients to housing created, operated, or otherwise funded by proceeds. The purpose of the
930 mobile behavioral health intervention program required by this subsection shall be to provide an
931 alternative to the use of law enforcement to respond to behavioral health crises. The goal
932 required by this subsection A.5. may be satisfied by creating a new program or by supplementing
933 and adapting an existing program.”⁹⁴ This Implementation Plan includes accomplishment of the
934 goal to create and operate a mobile behavioral health intervention program as Supporting Goal 2.
- 935 • Second, KCC 24.30.030.A.9.d requires this Implementation Plan to include “an allocation of at
936 least nine percent and no more than thirteen percent of each year’s [HtH sales tax] proceeds for
937 the provision, delivery and administration of behavioral health treatment programs and services

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](#)].

938 that are not part of the supportive services provided within affordable housing or behavioral
939 health facilities supported by proceeds” of the HtH sales tax.⁹⁵

940
941 HtH sale tax proceeds that this Implementation Plan allocates to Strategy 3 will support the two
942 behavioral health program components that KCC 24.30.030.A.5 and KCC 24.30.030.A.9.d direct.

943
944 *Strategy 3 Description and Scope*

945 This strategy includes two sub-strategies: establishment of a mobile behavioral health team consistent
946 with the requirements of KCC 24.30.030.A.5, accomplishing Supporting Goal 2, and activities to support
947 other essential behavioral health services not eligible for Medicaid funding, fulfilling the KCC
948 24.30.030.A.9.d requirement to allocate at least nine percent and no more than 13 percent of each year’s
949 HtH sales tax proceeds for such services.

950
951 • **Sub-Strategy 3A: Mobile Behavioral Health Team**
952 This sub-strategy will implement a mobile behavioral health intervention program for residents of
953 HtH provided housing. The purpose of the mobile behavioral health team will be to provide an
954 alternative to the use of law enforcement to respond to behavioral health crises.⁹⁶ DCHS will
955 prepare, plan, and implement this sub-strategy so that it begins serving clients in 2024 and
956 continues serving clients through 2028, the final year of this Implementation Plan’s term. DCHS
957 may expend monies allocated to this sub-strategy as early as 2023 in amounts necessary to
958 initiate planning and administrative activities to begin client-serving operations in 2024. At the
959 time of this Implementation Plan’s transmittal, DCHS is preparing to implement three temporary,
960 non-HtH-supported mobile behavioral health crisis response programs. Two of these temporary,
961 non-HTH-supported programs are being implemented as part of the County’s investment of
962 federal American Rescue Plan Act (ARPA) monies and the other is a Washington State-supported
963 pilot project and partnership with several South King County Cities.⁹⁷ As DCHS implements and
964 assesses the effectiveness of those programs in 2021, 2022, and 2023, DCHS may select one or a
965 combination of those programs to serve as the basis for the mobile behavioral health
966 intervention program required by this sub-strategy.

967
968 • **Sub-Strategy 3B: Behavioral Health Services Ineligible for Medicaid Funding**
969 This sub-strategy will transfer up to \$8.7 million in 2021-2022 to the County’s Behavioral Health
970 Fund, with subsequent transfers of up to 13 percent of annual HtH sales tax proceeds thereafter,
971 to provide support for behavioral health services that are not eligible for Medicaid funding.⁹⁸
972 Examples of services that may be supported under Sub-Strategy 3B include Homeless Outreach,
973 Stabilization, and Transition (HOST); medication for opioid use disorder (MOUD); residential
974 treatment for clients with substance use disorders (SUDs); and the Crisis Respite Program. During
975 the 2020 process to formulate, propose, consider and enact the 2021-2022 King County Biennial
976 Budget, the Executive proposed and the Council enacted the budget consistent with this sub-
977 strategy to avoid making program reductions for non-Medicaid behavioral health services.⁹⁹

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](#)].

978
979 This sub-strategy is necessary because a long-standing deficit exists between State General Fund
980 revenue provided by Washington State for non-Medicaid behavioral health services and the
981 increasing cost of programs the County supports with those revenues. Specifically, ongoing
982 growth of costs related to implementing the Involuntary Treatment Act (ITA) has consistently
983 exceeded the level of non-Medicaid funding provided by the state.¹⁰⁰ Because ITA costs have
984 grown faster than state revenue, the Behavioral Health Fund has faced a structural deficit that
985 left community-based behavioral programs at risk losing sufficient support. The County had been
986 backfilling this gap with one-time savings and flexible local monies when available. Without
987 support of Sub-strategy 3B, due to the COVID-19 pandemic, the associated decrease in local
988 revenues, and continued increases in costs for these programs beyond state-provided revenues,
989 the County identified \$8.7 million in programs that would need to be cut starting in 2022 to
990 create long-term stability in the Behavioral Health Fund, and this structural gap is expected to
991 grow each year.¹⁰¹

992 993 **HtH Strategy 4: Capacity Building Collaborative**

994 995 *Strategy 4 Rationale*

996 Chronic homelessness most disproportionately affects persons who are Black/African American and
997 American Indian and Alaska Natives. Black and Native disproportionality is consistent both locally and
998 nationally.¹⁰² Centuries of intergenerational racism and violence have yielded this persistent pattern in
999 who is at highest risk of experiencing homelessness, and the same patterns that systemically deprive
1000 Black and Native individuals of stable housing also leave provider organizations from those communities
1001 without the capital and resources they need to serve their own communities. The resulting mismatch
1002 leaves the organizations most representative of disproportionately homeless communities least well
1003 supported to serve those communities.

1004
1005 This strategy’s purpose is to reduce that mismatch. Strategy 4 will equip providers representative of
1006 communities who most disproportionately experience homelessness with resources and support to use
1007 their expertise and provide services in ways that can reduce racial-ethnic disproportionality among
1008 persons experiencing chronic homelessness. Over time, HtH Strategy 4 will build the capacity of CBOs to
1009 operate housing that serves their own communities. Strategy 4 will also create relationships between all
1010 HtH organizations that enhance their ability to provide welcoming, affirming, and culturally responsive
1011 services to communities who disproportionately experience chronic homelessness.

1012
1013 In addition to the pro-equity rationale for supporting capacity building activities, KCC 24.30.030.A.9.e
1014 requires this Implementation Plan to annually allocate HtH sale tax proceeds for use in supporting and
1015 building the capacity of CBOs 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.

1016 disproportionately demographically represented among persons experiencing chronic homelessness in
1017 King County.¹⁰³

1018
1019 *Strategy 4 Description and Scope*

1020 This strategy will create and implement a HtH Capacity Building Collaborative. The objectives of the HtH
1021 Capacity Building Collaborative are to:

- 1022 • Provide resources and support to new and existing CBOs that are representative of and
1023 accountable to communities that disproportionately experience chronic homelessness. This will
1024 enable them to become owners, operators, and/or providers of affordable housing for
1025 households experiencing chronic homelessness; and
- 1026 • Increase the ability of existing housing nonprofits to meet the cultural, gender, and population-
1027 specific needs of households experiencing chronic homelessness.

1028
1029 Examples of activities under this strategy include trainings, communities of practice, funding participating
1030 organizations to provide consultation to other participating organizations and promoting and supporting
1031 partnership activities among organizations that serve residents within HtH buildings. These activities
1032 further HtH’s Supporting Goal 5, to increase the number of housing organizations that also specialize in
1033 serving a demographically overrepresented population.

1034
1035 The HtH Capacity Building Collaborative will invite and support the participation of all organizations
1036 qualified as providers of Strategy 2 operations, including those delivering property management
1037 operations, resident supports, street outreach, and CBO activities. DCHS plans to initiate the Capacity
1038 Building Collaborative strategy by March 1, 2022. DCHS intends to hire a consultant or facilitator to design
1039 the Capacity Building Collaborative in consultation with participating organizations and the HtH Advisory
1040 Committee.

1041
1042 **HtH Strategy 5: Evaluation and Performance Measurement**

1043
1044 *Strategy 5 Rationale*

1045 Evaluation and performance measurement activities will inform continuous improvement efforts in
1046 DCHS’s administration of this Implementation Plan’s other five strategies and will provide the public,
1047 Council, and Executive the ability to assess the overall effectiveness of the HtH initiative. This includes
1048 measuring success in achieving this plan’s Paramount Goal as well as the other five Supporting Goals.
1049 Strategy 5 activities will enable DCHS to accomplish this plan’s Supporting Goal 6 to develop a HtH
1050 Dashboard and Supporting Goal 7 to deliver an in-depth HtH evaluation by the end of 2026.

1051
1052 *Strategy 5 Description and Scope*

1053 DCHS and potential external evaluators will:

- 1054 • Collect, analyze, surface, and integrate data from key collateral systems that affect the King
1055 County residents and populations that the HtH initiative serves. Such activities may include the
1056 creation, maintenance, and integration of a countywide evictions database and the integration of
1057 HtH data with the Executive’s ongoing work to implement the recommendations of the 2018
1058 Consolidated Human Services Reporting proviso report;¹⁰⁴
- 1059 • 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 [\[LINK\]](#).

- 1060 • Conduct in-depth evaluations.

1061

1062 This Implementation Plan contains a standalone section entitled Evaluation and Performance
1063 Measurement that provides additional detail about Strategy 5 activities and methodology.

1064 .

1065 **HtH Strategy 6: Future Acquisition of Additional Properties**

1066

1067 *Strategy 6 Rationale*

1068 This Implementation Plan assumes all HtH acquisitions that are necessary to achieve the Paramount Goal
1069 will be complete by the end of 2021.¹⁰⁵ However, this Implementation Plan allows the County to pursue
1070 acquisition of additional HtH buildings, as appropriate, to satisfy this Implementation Plan's Paramount
1071 Goal or Supporting Goals. To that end, this strategy describes activities that the County must undertake
1072 should it acquire or construct additional HtH sites during the 2022-2028 term of this plan.

1073

1074 As described further in the Annual Expenditure Plan section of this Implementation Plan, this
1075 Implementation Plan does not allocate any monies to Strategy 6 because at the time of transmittal, the
1076 Executive does not intend to acquire or construct new HtH properties during the seven-year term of this
1077 Implementation Plan.

1078

1079 If, without Council direction or concurrence, the Executive later makes a determination to conduct
1080 Strategy 6 activities during the term of this Implementation Plan by acquiring or constructing an HtH
1081 building, the Executive will transmit a notification letter to the Council detailing the scope of and rationale
1082 for the determination, including the purpose and proposed amount of HtH proceeds for re-allocation to
1083 Strategy 6 as well as any necessary proposed fiscal adjustments to other strategies' allocations and a
1084 description that unless the Council passes a motion rejecting the contemplated change within 30 days of
1085 the Executive's transmittal, the Executive may proceed with the change as set forth in the notification
1086 letter and in accordance with the requirements of this section describing Strategy 6. However, the
1087 Executive may not under this process expend HtH sales tax proceeds in excess of appropriation unless by
1088 Council concurrence.¹⁰⁶ The Executive will electronically file the letter with the clerk of the Council, who
1089 will retain an electronic copy and provide an electronic copy to all councilmembers, the Council chief of
1090 staff and the lead staff for the Committee of the Whole, or its successor.

1091

1092 This Implementation Plan includes Strategy 6 in the event that, despite the Executive's intentions, it is
1093 necessary or advisable for the County to acquire or construct additional HtH sites before this
1094 Implementation Plan is updated. This section also addresses several requirements of KCC chapter 24.30..

1095

1096 *Strategy 6 Description*

1097 Any acquisitions in 2022 and beyond will be conducted in compliance with relevant Washington law and
1098 King County code. RCW 82.14.530, KCC chapter 4A.503, and KCC chapter 24.30, that together authorize
1099 and create the HtH initiative, contain the following overlaying conditions and requirements that the
1100 County must observe to site a HtH property:

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 [\[LINK\]](#).

- 1101 • RCW 82.14.530(3)(a) requires a county to consult with a city before a county may construct or
1102 acquire an HtH building within that city. RCW 82.14.530 does not define “consult.”¹⁰⁷
- 1103 • KCC 24.30.030 and KCC 4A.503.050.A contain several provisions that are relevant to this strategy:
- 1104 ○ An implementation plan shall describe the process to site affordable housing and
1105 behavioral health facilities supported by HtH sales tax proceeds.¹⁰⁸
- 1106 ○ The siting process shall be in accordance with RCW 82.14.530 as now existing, as
1107 hereafter amended or as superseded, including the consultation process if a facility is
1108 proposed to be located within a city.¹⁰⁹
- 1109 ○ An implementation plan shall require and describe the consultation process between the
1110 County and any city in which the County proposes a facility to be located to jointly
1111 identify and mutually agree upon suitable locations for eligible facilities to be purchased
1112 or constructed, and the services that will be provided to operate and maintain those
1113 facilities, prior to the county entering into any contract or agreement to purchase or
1114 construct such facilities.¹¹⁰
- 1115 ○ An implementation plan shall describe and require use of an equity and social justice
1116 impact review process when siting affordable housing and behavioral health facilities.¹¹¹
- 1117 ○ The communication and partnership plan shall also describe the approach for how
1118 community input will be incorporated into the review process when siting affordable
1119 housing and behavioral health facilities.¹¹²

1120
1121 Incorporating the parameters listed above, this section describes the minimum requirements necessary
1122 for the County to site a HtH building the County purchases or acquires at any time after the date of this
1123 Implementation Plan’s adoption by Ordinance. If this Implementation Plan should become inconsistent
1124 with RCW 82.14.530 because the state law is amended after this Implementation Plan’s adoption by
1125 ordinance, this Implementation Plan will incorporate those changes to RCW 82.14.530. Nothing in this
1126 section will alter or displace any cities’ requirements that exist in law or regulation for siting, zoning, or
1127 permitting processes for buildings or uses.

1128
1129 **Property Siting**

1130 Figure 9 below describes an eight-step property siting process that the County will undertake with a city if
1131 an additional HtH site is acquired under Strategy 6 during the term of this Implementation Plan.
1132 Adherence to this process satisfies the requirements to consult with a city before constructing or
1133 acquiring a HtH property, to use an equity and social justice impact review process when siting HtH
1134 buildings, and to incorporate community input in the review process when siting an HtH building.

1135
1136
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.

Health through Housing 2022-2028 Property Siting Process

Step 1: Initiate a Potential HtH Partnership

Whether initiated by the County or by a city, the result of this step will be that executive branch leaders of both the 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 the County:** An 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 an 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 the County and the city schedule one or more consultative meetings to agree upon two elements of a potential HtH partnership. The 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.
- **Who would be representing the city 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 city council involvement must recognize the sensitive nature of real estate transactions and the limited ability to use executive session at city council meetings “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

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

Step 4: Equity and Social Justice Impact Review

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

¹¹³ RCW 42.30.110(1)(b) [LINK]; see also *Columbia Riverkeepers v. Port of Vancouver*, 188 Wn.2d 421 (2017).

Step 5: Form a List of Feasible and Acceptable HtH Properties

The 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

The County and 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 County may then enter into a purchase and sale agreement.

Step 7: Public Meeting and Incorporate Public Feedback

The County and 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.

1139
1140 The County and city will follow the process in Figure 9 above to establish a HtH partnership and site a
1141 property whose creation through acquisition, construction or other means is fully or partially supported
1142 by proceeds of the HtH sales tax. This process does not apply to siting processes for any building whose
1143 creation through acquisition, construction or other means is not fully or partially supported by HtH sale
1144 tax proceeds, such as buildings containing operations-only units as described within this Implementation
1145 Plan’s HtH Strategy 2. Nothing within this HtH 2022-2028 Property Siting Process preempts, replaces or
1146 alters a city’s laws and regulations that govern zoning of permitting authorized construction and uses.
1147 Similarly, nothing within this process affects or disturbs any government’s ability to take emergency
1148 actions for which they otherwise have authority.

1149
1150 *Introduction to the Equity and Social Justice Impact Review*

1151 The first question when conducting an Equity Impact Review is “who will be affected?”¹¹⁴ This
1152 Implementation Plan acknowledges that there are at least two important answers to that question when
1153 conducting an Equity and Social Justice Impact Review in the context of siting supportive housing for
1154 people at risk of or experiencing chronic homelessness.

1155

¹¹⁴ 2015 Equity Impact Review Process Overview [[LINK](#)].

1156 Conventionally, the answer to “who will be affected” by a new multi-family housing building focuses on
1157 the effect upon neighbors of and people who work in proximity to a potential shelter site. The focus of
1158 the inquiry is typically premised on the assumption that new housing for people can be detrimental to
1159 others who already live in a community. This framework embodies an assumption that new housing is a
1160 burden and negative impact to a community, instead of an asset to the community.

1161
1162 The other answer to “who will be affected,” less frequently invoked, centers on the effect upon the new
1163 individuals to be housed. In the case of HtH, these individuals will be formerly homeless persons, a
1164 population that exhibits stark racial-ethnic disproportionality, and the effect will include the positive
1165 health, social, and community benefits that come from being housed. This framework embodies an
1166 assumption that homeless housing is an asset.

1167
1168 When conducting an equity review in which multiple groups of people will be affected, it is important to
1169 ask refining questions: Who among those affected has the least access to power? Who is historically more
1170 subject to inequity? Analysis of these can help navigate an Equity Impact Review process when the
1171 positive and negative effects fall in complex ways among multiple stakeholders.

1172
1173 This Implementation Plan’s Equity and Social Justice Impact Review process seeks to avoid results in
1174 which housing for people experiencing homelessness is sited where housed people who live or work near
1175 homeless housing are most willing to tolerate it, rather than where the people who live within the
1176 homeless housing are most likely to benefit from living. The impact review process required by this
1177 Implementation Plan seeks to reduce bias in siting decisions for homeless housing that may unduly
1178 prioritize the preference of people who are already housed above the wellbeing of people who are not.
1179 This Implementation Plan’s Equity Impact Review for siting HtH properties seeks an equitable balance in
1180 considering the positive and negative impacts on both the people who would be housed and the people
1181 who live and work near a potential homeless housing site.

1182
1183 *The HtH Equity and Social Justice Impact Review*

1184 The HtH Equity and Social Justice (ESJ) Impact Review process required in Step 4 of the property siting
1185 process described in Figure 9 above will yield a statement of ESJ impact for each potential HtH property.
1186 This will include a separate ESJ Impact Review and a separate statement of ESJ Impact for each potential
1187 site. The statements of ESJ impact will not constitute formal determinations of feasibility but instead will
1188 result in a list of positive and negative potential ESJ impacts that may result from each property’s
1189 potential use as a HtH site, including countermeasures that the County and a city should consider to
1190 reduce negative ESJ impacts or to amplify positive ESJ impacts, if any. The County’s Equity Impact Review
1191 Process Overview will guide the format and content of the review, while the process will be tailored to
1192 the specific context of siting HtH buildings.¹¹⁵ The implementation of the review will also incorporate
1193 language access requirements.¹¹⁶

1194
1195 In assessing the ESJ impact of a HtH building upon the persons who may live or receive services within the
1196 building, the statement of ESJ impact that results from the review will at a minimum address:

- 1197 • How the property may contribute to this plan’s Supporting Goal 1 (Reduce Disproportionality);
- 1198 • How the operations of the site may be staffed or administered to promote achievement of
- 1199 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 equity¹¹⁷ 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 among 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 the 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 Implementation 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 Implementation 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 [\[LINK\]](#).

1230 Figure 10: How Each HTH Strategy Advances the Initiative's Goals
 1231

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	

1232
 1233

2022-2028 Annual Expenditure Plan

This section defines and describes the Annual Expenditure Plan (expenditure plan) for the HtH initiative.

- The expenditure plan begins with a subsection describing HtH’s projected revenue.
- The next subsection describes and defines how this expenditure plan allocates projected revenue among strategies and other expenditures for each year of the plan’s term.
- The next subsection projects overall annual balances for the HtH fund based on the previous subsections’ descriptions of revenue and allocations.
- The concluding subsection describes how this 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 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 expenditure 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 in Millions (2021-2028)								
	2021	2022	2023	2024	2025	2026	2027	2028
<i>Projected Tax Revenue</i>	60.0	62.2	65.8	69.4	73.3	76.7	80.6	84.5
<i>Annual Interest</i>	0.1	0.1	0.1	0.4	0.2	0.1	0.0	0.0
<i>Annual Bond Proceeds</i>	260.0	0.0	0.0	60.0	0.0	0.0	0.0	0.0
Total Annual Revenue <small>Sums in this row may be off by one-tenth because of rounding.</small>	\$320.2	\$62.3	\$65.9	\$129.7	\$73.5	\$76.8	\$80.6	\$84.5

This expenditure 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 July 2021 OEFA 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 [\[LINK\]](#).

1267 capital expenditures, King County anticipates issuing two sets of bonds to support the HTH
1268 program. The first, larger issuance is approximately at \$260 million¹²³ and is expected to occur in
1269 late 2021 or early 2022. The proceeds of the first bond issuance will fund the majority of the
1270 costs associated with the acquisition of the HtH properties completed in 2021, prior to the
1271 Implementation Plan’s adoption. A second bond, estimated at \$60 million, will be issued in or
1272 around 2024. This issuance will fund costs of converting emergency supportive housing (ESH)
1273 units within the HtH property portfolio to permanent supportive housing (PSH) between 2024
1274 and 2028, as part of this Implementation Plan’s Strategy 1 and guided by Supporting Goal 4.
1275

1276 While this expenditure plan makes assumptions about both tax and bond revenue as a basis for planning,
1277 actual sales tax revenue and the timing and final amounts of bond revenue may differ from this
1278 expenditure plan. Nothing in this expenditure plan will prevent King County from tailoring and timing the
1279 specific issuance of bonds so long as those processes comport with the existing legislative and
1280 administrative processes that are otherwise required for King County to issue bonds. Examples of tailoring
1281 and timing may include issuing bonds in a year other than what is depicted in this plan or in an amount
1282 that is specifically necessary rather than in the estimated amounts contained herein. Changes in actual
1283 HtH proceeds or due to tailoring and timing of bond issuance are not considered substantive changes for
1284 the purposes of this expenditure plan.
1285

1286 Strategy Allocations and Other Projected Expenditures

1287
1288 This subsection depicts and describes how this expenditure plan annually allocates HtH revenues across
1289 the initiative’s six strategies. It also includes allocations for initiative administration, bond financing costs,
1290 and contributions to the HtH Fund’s reserve. Figure 12 summarizes the allocations portion of the
1291 expenditure plan.

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

1292 Figure 12: Approximate Annual Allocations by Strategy
 1293

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

1294
 1295 The 2022-2028 Goals and Strategies section of this Implementation Plan describes in detail the rationale
 1296 and scope for the six HtH strategies, including how they contribute to the initiative goals. The purpose of
 1297 this subsection is to provide information or context that is relevant to the allocation of funds to each
 1298 strategy or other type of expenditure.
 1299

1300 **Strategy 1: Capital Financing and Improvements for HtH Sites**

1301 The expenditures shown in Figure 12 for HtH Strategy 1 include the costs that this expenditure plan
 1302 assumes King County will have incurred through 2021 for acquisition and initial rehabilitation of HtH
 1303 buildings, even though 2021 spending falls outside the 2022-2028 scope of this plan.^{125, 126} From 2021
 1304 through 2028, the fiscal allocations for HtH Strategy 1 include both property acquisition (estimated
 1305 \$254.5 million) plus initial rehabilitation (estimated \$4.8 million), conversion rehabilitation¹²⁷ (estimated
 1306 \$64.5 million), and a capital reserve of \$10 million. The capital reserve is maintained with Strategy 1, and
 1307 its purpose is to allow for unexpected capital expenses such as the repair of a major system within a HtH

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 HtH 2022-2028 Goals and Strategies section of this Implementation 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 HtH 2022-2028 Goals and Strategies section of this Implementation Plan describes “conversion rehab.”

1308 building, unexpected maintenance costs, or small variations in actual rehabilitation costs more than this
1309 expenditure plan’s estimates.

1310

1311 **Strategy 2: Emergency and Permanent Supportive Housing Operations**

1312 A key component of the HtH program is the ability to provide long term, dependable financial support for
1313 the full operations of supportive housing, including operations to maintain the buildings and operations
1314 to support the residents. This expenditure plan increases Strategy 2 spending over time to reflect the
1315 gradual opening in late 2021 and 2022 of initial HtH properties and the addition of operations-only units
1316 to the HtH portfolio. The allocations for this strategy are modeled on the assumption that HtH will in 2022
1317 will provide on average approximately \$25,000 per HtH housing unit to fund operations as defined within
1318 Strategy 2. Support will then increase up to approximately three percent per year.

1319

1320 The County expects HtH proceeds to provide comprehensive funding for operation of HtH units. The
1321 County will also partner with HtH providers to consider other non-competitive funding sources, including
1322 Medicaid Foundational Community Supports and other federal or state program funding as applicable.¹²⁸
1323 If HtH providers and the County are successful in securing additional funding or reimbursement to
1324 support HtH operations, the County may use under-expended Strategy 2 resources in one of two ways.
1325 The County may fund additional operations-only units, above the 1,600 unit goal; this may include
1326 existing permanent supportive housing units. In addition, if Strategy 2 expenditures remain lower than
1327 this expenditure plan’s expected allocations, the Executive may implement this expenditure plan’s
1328 process for adjusting allocations, described later in this section.

1329

1330 Financial modeling for Strategy 2 allocations also accounts for an operations reserve within Strategy 2 to
1331 support unexpected operations expenses. The operations reserve will be critical to allow HtH sites to
1332 quickly respond with additional resident supports should they be necessary to stabilize residents within
1333 an HtH building or to maintain services at HtH buildings should providers encounter costs that rise more
1334 quickly than the planned three percent annual rate of increase. This reserve will be funded initially at \$3
1335 million, with an annual additional investment of \$500,000 in 2022 through 2024 and \$200,000 per year
1336 thereafter.

1337

1338 **Strategy 3: Behavioral Health Services Outside of HtH Sites**

1339 Consistent with KCC 24.30.030.A.9.d, the expenditure plan dedicates 13 percent of revenues toward
1340 behavioral health services from 2022-2028.¹²⁹ These funds will support Sub-Strategy 3A (mobile
1341 behavioral health team) and Sub-Strategy 3B (behavioral health services ineligible for Medicaid funding).
1342 In 2021, a smaller amount (\$600,000) will be transferred to the behavioral health fund to address specific
1343 unfunded needs in alignment with Sub-Strategy 3B.

1344

1345 **Strategy 4: Capacity Building Collaborative**

1346 Consistent with KCC 24.30.030.A.9.e, the HtH expenditure plan designates between approximately
1347 \$400,000 and \$500,000 per year for capacity building.¹³⁰ This Capacity Building Collaborative Strategy is
1348 designed to both increase the capacity of existing housing nonprofits in meeting the housing and service
1349 needs of the overrepresented homeless BIPOC populations and allow CBOs to grow in their ability to
1350 operate supportive housing.

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 [\[LINK\]](#).

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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 expenditure 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 expenditure plan creates but does not support Strategy 6. Strategy 6 may be supported in the future consistent with the process defined in this section’s description of the process for substantive adjustments to this expenditure plan’s allocations.

Initiative Administration

Administration costs include staff expenses, overhead, projected legal fees, and supplies. This expenditure 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. The 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 expenditure plan also includes both a rainy-day reserve (\$8 million) and a debt service reserve (\$10.3 million), both funded in 2021. This expenditure 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 expenditure 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 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.

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 [\[LINK\]](#).

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

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

* 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.

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Process for Adjusting this Plan’s Allocations

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Macroeconomic changes, fluctuations in revenue collections, and variation in program costs and expenditures are likely to happen during this expenditure 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

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If the Executive determines a substantive change to the funding allocations specified in this expenditure 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 code that specify or limit expenditure of specific percentages of HtH sales tax proceeds for particular purposes.

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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 expenditure 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

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.

[\[LINK\]](#)

1426 substantive changes may include a loss of revenue relative to this expenditure plan’s projections that
1427 requires a reduction in one or more strategies’ annual allocation or a determination to reallocate funding
1428 between strategies, either due to a reprioritization or to reallocate a strategy’s under-expended
1429 proceeds. Keeping under-expended proceeds within the same strategy for use in a subsequent year will
1430 not be a substantive change for the purpose of this expenditure plan, although expenditure of HtH
1431 proceeds in any year remains subject to Council appropriation.

1432

1433 **Priorities for Reducing Allocations Due to Revenue that is Less than this Plan’s Projections**

1434 Should it be necessary to reduce in an amount that constitutes a substantive change the fiscal allocation
1435 to one or more HtH strategies because actual revenue in any year is less than this plan’s projections, the
1436 Executive will propose the necessary substantive change or changes according to these priorities:

- 1437 1. The first priority will be to maintain or minimize reduction to strategies with the strongest link to
1438 accomplishing the Paramount Goal (1,600 units) and Supporting Goal 1 (Reduce
1439 Disproportionality);
- 1440 2. The second priority will be to maintain or minimize reduction to strategies with the strongest link
1441 to accomplish Supporting Goal 3 (Increase Resident Health);
- 1442 3. The third priority will be to maintain or minimize reduction to strategies with the strongest link to
1443 accomplishing Supporting Goal 2 (Mobile Behavioral Health Team); and
1444 Any subsequent prioritization that is necessary will occur in consultation with the HtH Advisory
1445 Committee.

1446

1447 **Priorities for Allocating Revenue in Excess of this Plan’s Original Allocations**

1448 Whereas the previous subsection described the process for prioritizing adjustments that reduce this
1449 expenditure plan’s annual allocations to one or more strategies, this subsection describes the process for
1450 prioritizing allocation of revenue more than this expenditure plan’s projections. Increases in a strategy’s
1451 allocation due to additional revenue that do not reduce another strategy’s allocation do not constitute a
1452 substantive change for the purposes of this expenditure plan, provided the allocations of additional
1453 revenue comports with this subsection’s priorities.¹³⁶ Expenditure of HtH proceeds allocated through this
1454 prioritization remains subject to Council appropriation. The Executive will adopt the following priorities
1455 when allocating HtH revenue more than this expenditure plan’s projections and allocations:

1456

- 1457 1. The first priority will be to direct funding to the HtH Fund’s Rainy Day Reserve to attain or
1458 maintain the Rainy Day Reserve at a level directed by the County’s Office of Performance,
1459 Strategy and Budget (PSB) or its successor agency;¹³⁷
- 1460 2. The second priority will be to increase that year’s allocation to HtH Strategy 6 (Future Acquisition
1461 of Additional Properties) only up to the amount that is necessary to satisfy the HtH Paramount
1462 Goal if it has not yet been satisfied;
- 1463 3. The third priority will be to increase by up to 20 percent that year’s allocation to HtH Strategy 2
1464 (Emergency and Permanent Supportive Housing Operations);¹³⁸

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 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.

- 1465 4. The fourth priority will be to increase that year’s allocation to HtH Strategy 1 (Capital Financing
- 1466 and Improvements for HtH Sites) in amounts that are necessary to satisfy or exceed Supporting
- 1467 Goal 4 (Rehabilitation at least 50 Percent of Emergency Supportive Housing Units);
- 1468 5. The fifth priority will be to increase by up to 20 percent that year’s allocation to HtH Strategy 3
- 1469 (Behavioral Health Services Outside of HtH Sites); and
- 1470 6. The sixth priority will be to increase funding to that year’s allocation to HtH Strategy 6 (Future
- 1471 Acquisition of Additional Properties) for the purpose of accumulating proceeds that the County
- 1472 may use to create additional HtH sites through acquisition or construction.
- 1473

1474 **Compliance with Jurisdictional Spending Requirements**

1475
 1476 According to RCW 82.14.530(1)(b)(iii), the County must plan to spend at least 30 percent of the revenue
 1477 collected from cities within King County with more than 60,000 residents within that jurisdiction.¹³⁹ This
 1478 requirement applies to six cities in King County (shown in bold in Figure 14). The requirement does not
 1479 apply to three cities with populations more than 60,000 residents that independently imposed their own
 1480 tax under RCW 82.14.530 (shown in gray in Figure 14). To comply with this requirement, the Executive
 1481 approached leadership from each of these six cities to discuss opportunities to site a HtH building within
 1482 their community.

1483 *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

1486
 1487 Based on HtH property acquisitions identified in the Concept, Background, and 2021 Activities section
 1488 above, the County expects to spend over 30 percent of HtH sales tax revenue generated in Seattle,
 1489 Federal Way, Auburn, and Redmond in those cities. Acquisition expenditures from 2021 alone have
 1490 already exceeded the required planning threshold in these cities through 2028, and long-term spending
 1491 for operations will further increase the amount of revenue the County expects to spend in these host
 1492 cities. At the time of the writing of this Implementation Plan, conversations regarding opportunities for
 1493 partnership were ongoing with the City of Kirkland.

1494
 1495 Following conversations between DCHS staff and the Sammamish City Manager in January 2021, the
 1496 County does not currently intend to pursue a property acquisition in Sammamish. DCHS staff discussed
 1497 the implication of this direction with Sammamish staff, which expressed local priorities for supporting
 1498 rental assistance, mental health services for children, and support for domestic violence survivors. As

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](#)].

1499 those uses are not consistent with the expenditure plan as described, the County does not expect to
1500 expend 30 percent of revenues generated within the City of Sammamish inside the City. However, staff
1501 from the County and Sammamish also discussed the general benefit to Sammamish of HtH investments in
1502 other eastside communities, such as in the City of Redmond. To comply with the 30 percent planning
1503 requirement, the County plans to offer to meet with Sammamish leadership annually to discuss the HtH
1504 initiative, any changes in the expenditure plan, and opportunities for partnership between Sammamish
1505 and the County.
1506
1507

1508 **Evaluation and Performance Measurement**

1509
1510 HtH Strategy 5 requires activities to evaluate and measure performance of the HtH initiative. This section
1511 describes the methodology and performance measures that will guide DCHS in implementing HtH
1512 Strategy 6 activities.

1513
1514 Evaluation and performance measurement will inform strategic learning and accountability. Strategic
1515 learning is using data to inform ongoing work and to understand which strategies are effective and
1516 why.¹⁴¹ Accountability is holding contracted partners responsible for the activities they are contracted to
1517 perform and to determine whether or to what degree the work contributed to HtH results.

1518
1519 HtH will use Results Based Accountability (RBA), a method for assessing the results of HtH strategies, and
1520 will supplement RBA learnings with additional evaluation activities.¹⁴² The resulting framework includes:

- 1521 • **Population Indicators:** HtH will use population-level measures to identify needs, understand
1522 baseline conditions, and track trends. HtH strategies intend to contribute to population-level
1523 results in the long term, while also understanding that the whole community across multiple
1524 sectors is responsible for county-wide conditions, and many additional factors influence these
1525 outcomes.
- 1526 • **Performance Measurement:** Performance measures are regular measurement of program
1527 outcomes to assess how well a strategy is working. DCHS will create and maintain an online
1528 dashboard, in accordance with Supporting Goal 6, to provide visibility to King County residents,
1529 members of the HtH Advisory Committee, HtH residents, and policymakers about the
1530 performance of the HtH initiative.
- 1531 • **In-Depth Evaluation:** Additional evaluation activities will complement performance measurement
1532 to deepen learnings. In-depth evaluation activities will include an overall evaluation of the HtH
1533 initiative by December 31, 2026, to satisfy this Implementation Plan’s Supporting Goal 7.

1534
1535 **Population Indicators and Baseline Data**

1536
1537 Health through Housing’s population analysis will focus on tracking two main categories: the extent of
1538 chronic homelessness in King County, and disproportionality in the experience of chronic homelessness in
1539 King County.

1540
1541 The Seattle-King County Homeless Management Information System (HMIS) provides the number of
1542 chronically homelessness households connecting to the homeless response system and can be used as an
1543 estimate of chronic homelessness in King County. HMIS data uses the U.S. Housing and Urban
1544 Development (HUD) definition for chronic homelessness.¹⁴³ Through HMIS, one can measure chronic
1545 homelessness as how many households are currently receiving services and experiencing chronic
1546 homelessness (a point-in-time estimate), and as how many households meet the HUD chronic
1547 homelessness definition and received services at some point in the year (an annualized estimate). Both
1548 numbers together help inform an understanding of how chronic homelessness is changing and the scale
1549 of the need. Figure 13 shows data for recent years. The County will continue to track these population-

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 [\[LINK\]](#).

1550 level indicators going forward.

1551

1552 *Figure 15: Chronic Homelessness in King County, 2018-2020*

1553

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%

1554 *Data source: Seattle-King County Homeless Management Information System (HMIS).*

1555 *Notes: Annualized data is valid as of July 2021 and point-in-time data is valid as of April 2021. Counts represent*
1556 *number of households in HMIS that meet the HUD definition of chronic homelessness. Percentages represent the*
1557 *proportion of literally homeless households in HMIS that also meet the HUD definition of chronic homelessness.¹⁴⁴*

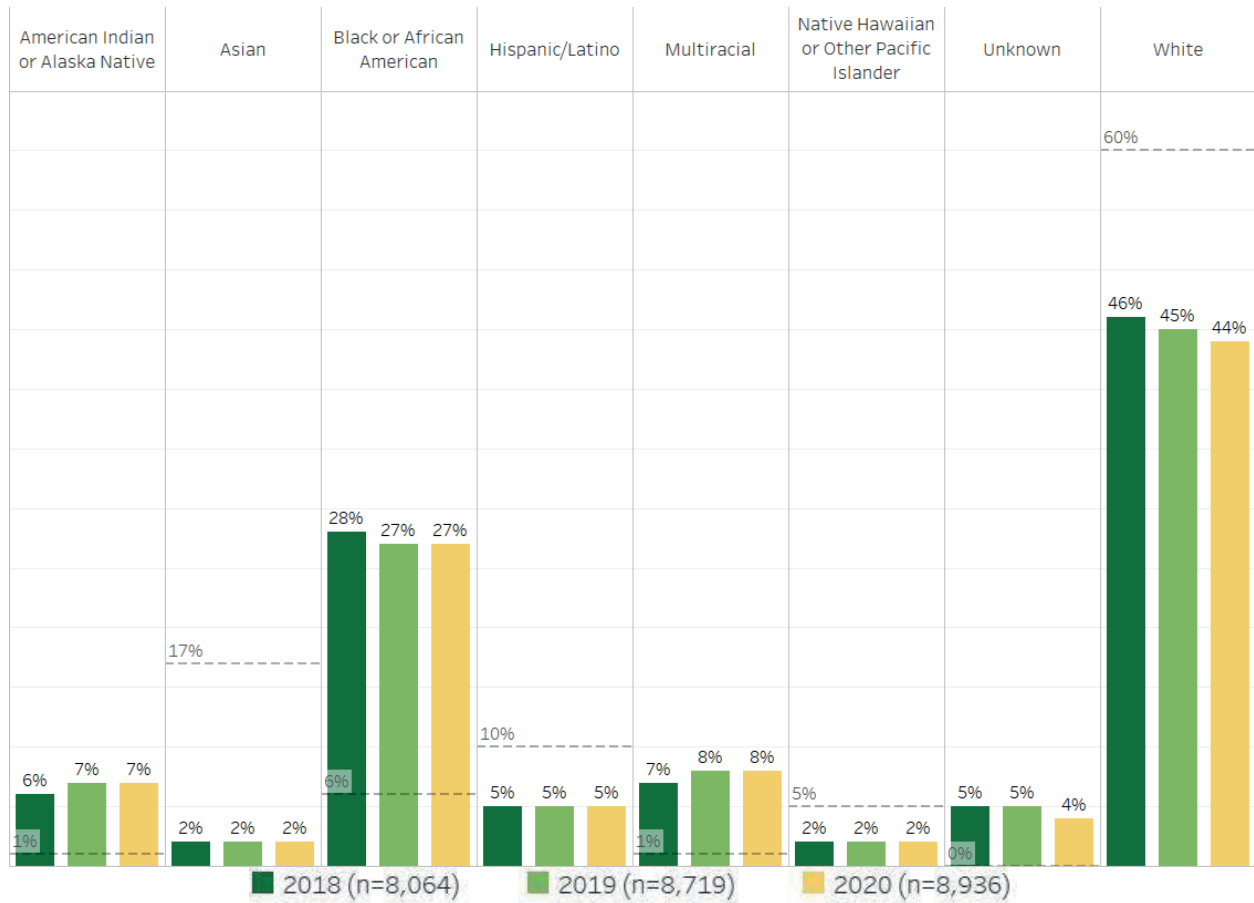
1558

1559 Additionally, HMIS data can facilitate examination of the race and ethnicity of households experiencing
1560 chronic homelessness and interacting with the homeless response system and compare this group to the
1561 King County general population to estimate disproportionality. Figure 16 compares these two populations
1562 over the past three years, showing consistent disproportionate representation of American Indian/Alaska
1563 Native, Black/African American, and multiracial populations among chronically homeless households.

1564

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 [\[LINK\]](#).

1565 *Figure 16: Annual Chronic Homelessness in King County*



1566 *Data Source: Seattle-King County Homeless Management Information System (HMIS) as of July 2021.*
 1567 *Notes: The dotted line represents the King County general population. Chronic homelessness includes unduplicated*
 1568 *household enrollments open at any point in the year, where the household is literally homeless and flagged as*
 1569 *chronically homeless at enrollment.*¹⁴⁵

1570
 1571 In administering the HtH initiative, DCHS intends to include in any overall assessment of effectiveness
 1572 whether the program is reducing racial-ethnic disproportionality among King County’s chronically
 1573 homeless population. To determine this, DCHS will continue to track population-level estimates of
 1574 disproportionality in chronic homelessness going forward. DCHS will update and refine estimates and
 1575 methodologies for assessing disproportionality before publication in the HtH Dashboard discussed in the
 1576 next section.

1577
 1578 **Performance Measurement**

1579
 1580 Health through Housing will measure performance of strategies to assess implementation of the initiative
 1581 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 [\[LINK\]](#).

1582 appropriate, DCHS will monitor how each strategy/program component performs in the three domains
 1583 defined by RBA:

- 1584 • How much did we do?
- 1585 • How well did we do it?
- 1586 • Is anyone better off?

1587
 1588 Performance measures will be developed through engagement with program staff, providers, and the
 1589 HtH Advisory Committee that is detailed in the next section. Performance measures may be included in
 1590 contracts and reported via the online HtH Dashboard, also described in the next section. Where possible
 1591 and appropriate, performance data will be able to be disaggregated by household demographics
 1592 including race and ethnicity, and data for housing-related strategies will be able to be disaggregated by
 1593 HtH site.

1594
 1595 Initial draft performance measures are shown in Figure 17 below. They will be finalized in consultation
 1596 with the HtH Advisory Committee. Measures will also be refined periodically in consultation with the
 1597 committee.

1598 *Figure 17: Population Indicators and Draft Performance Measures*

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

1601

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 HtH sites created or acquired	Average per unit cost of ESH and PSH acquisition	Makes outcomes of Strategy 2 possible
	Number of emergency supportive housing (ESH) and permanent supportive housing (PSH) units acquired or created	Geographic distribution of housing sites and units Percentage of ESH units converted to PSH	
	Number of ESH units converted to PSH units	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	

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	<p>Number of households enrolled in emergency housing created through HtH</p> <p>Number of households enrolled in permanent supportive housing created through HtH</p> <p>Number of households receiving onsite resident supports through HtH, by type of support</p> <p>Number of households enrolled in Medicaid or another means of health insurance</p> <p>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</p>	<p>Average length of stay in HtH</p> <p>Percentage of HtH residents enrolled in Medicaid or another means of health insurance</p> <p>Percentage of HtH residents who receive physical or behavioral healthcare supports while they are residents of a HtH unit</p> <p>Additional service-specific measures to be developed with program staff, providers, and the Advisory Committee</p>	<p>Percent of households who maintain or exit to permanent housing from permanent supportive housing or emergency housing</p> <p>Percent change in HtH households with ED visits and psychiatric hospitalizations</p> <p>Percent change in HtH households with criminal justice system involvement</p> <p>Percentage of households who maintain or increase income through employment or public benefits while residing in an HtH unit</p> <p>Additional service-specific measures to be developed with program staff, providers, and the Advisory Committee</p>
Strategy 3 Behavioral Health Services Outside of HtH Sites	<p>Number of households receiving a service via the mobile behavioral health intervention program</p>	<p>Service-specific measures to be developed with program staff, providers, and the Advisory Committee</p>	<p>Service-specific measures to be developed with program staff, providers, and the Advisory Committee</p>
Strategy 4 Capacity Building Collaborative	<p>Number of organizations participating in the Collaborative</p>	<p>Additional measures to be developed with program staff, providers, and the Advisory Committee</p>	<p>Additional measures to be developed with program staff, providers, and the Advisory Committee</p>
Strategy 5 Evaluation and Performance Measurement			
Strategy 6 Future Acquisition of Additional Properties	<p>To be determined if funded</p>	<p>To be determined if funded</p>	<p>To be determined if funded</p>

1603 In-Depth Evaluation

1604
1605 This Implementation Plan’s Supporting Goal 7 is to publish by December 31, 2026 an in-depth evaluation
1606 of the HtH initiative’s effectiveness. By March 2022, evaluation questions, timeframe, proposed
1607 methodology, and data collection strategies for the in-depth evaluation will be finalized. The HtH initiative
1608 will accomplish this in-depth evaluation by building on the ongoing activities of HtH Strategy 5 Evaluation
1609 and Performance Measurement.

1610
1611 Performance measurement and evaluation activities may also include additional evaluations that are
1612 more focused in scope, time, or substance to inform program decision-making and to ensure that the HtH
1613 initiative is functioning as intended. Examples of rigorous evaluation may include case control or quasi-
1614 experimental designs that include resource-intensive data collection, and partnerships with external
1615 evaluation partners will be considered. Potential evaluation questions to explore include:

- 1616
- 1617 • To what extent do stable housing and resident supports improve health outcomes for chronically
1618 homeless households? What are the causal mechanisms behind any improvements in outcomes?
 - 1619 • To what extent does Implementation Plan lead to reductions in crisis events and emergency
1620 system usage (such as emergency department visits or criminal justice involvement)?
- 1621

1622 To conduct such evaluations for HtH, DCHS may contract with external research partners to augment its
1623 own data collection, measurement, and evaluation work.

1624
1625 In partnership with the HtH Advisory Committee, HtH will use the following criteria for selecting priority
1626 areas for evaluation:

- 1627 • *High interest from stakeholders.* King County Council, community-based organizations, grantees,
1628 HtH Advisory Committee, and others as applicable.
 - 1629 • *High potential to improve equity* by serving large proportions of communities most in need
 - 1630 • *High potential to see short-term changes in indicators.* Likely to quickly see changes in indicators
1631 of individual or system well-being.
 - 1632 • *Novel implementation.* Implementing an existing program in new settings or populations.
 - 1633 • *Provide new evidence.* New or existing programs that can fill a gap in the scientific evidence base.
 - 1634 • *High quality data.* Sustainable sources of data to track changes over time.
- 1635

1636 The design of these evaluations will be based on what is appropriate for the program’s stage of
1637 implementation, and the existing evidence base for effectiveness of the selected program models.

1638 Options include:

- 1639 • *Developmental evaluation* to support innovation and decision-making for a new program.
 - 1640 • *Process evaluation* to support program implementation and improvements.
 - 1641 • *Outcomes evaluation* to demonstrate whether the program is leading to the desired results. For
1642 some programs, this may include ascertaining causality by comparing intervention results with a
1643 statistically valid control group.¹⁴⁶
- 1644

1645 The timeline for completing in-depth evaluations will depend on when baseline data are available, the
1646 point at which a sufficient number of individuals have reached the outcome to generate a statistically
1647 reliable result, and the time needed for data collection, analysis, and interpretation.

¹⁴⁶ King County Veterans and Human Services Levy Evaluation Framework. [\[LINK\]](#)

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1657

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.

1658 Health through Housing Advisory Committee and Annual Reporting

1659
1660 **Health through Housing Advisory Committee**

1661
1662 The Executive intends to convene the HtH Advisory Committee by March 31, 2022, and then once per
1663 quarter thereafter. DCHS will provide staff support to the HtH Advisory Committee and, in consultation
1664 with the Committee, will be responsible for fulfilling the Committee’s reporting requirements.

1665
1666 The Advisory Committee will:

- 1667 • Advise the Executive and Council on matters affecting the HtH initiative,
- 1668 • Advise DCHS on implementation of the HtH initiative,
- 1669 • Review performance data of the HtH initiative, and
- 1670 • Report annually to the Council and the community on the expenditures, accomplishments, and
- 1671 effectiveness of the HtH initiative.

1672
1673 **Committee Membership**

1674 The HtH Advisory Committee will consist of at least 12 persons and no more than 16 persons. Consistent
1675 with KCC 24.30.030.A.2, the HtH Advisory Committee membership will provide for:

- 1676 • **Meaningful inclusion on the committee of persons who have experienced homelessness.** This
1677 means that at least one-third of Advisory Committee members will have experienced
1678 homelessness or will have been within the preceding three years a resident of a HtH property.
- 1679 • **Meaningful inclusion on the committee of persons representative of racial and ethnic
1680 communities that are demographically disproportionately represented among persons
1681 experiencing chronic homelessness in King County.** This means that at least half of Advisory
1682 Committee members’ identity or experience will allow them to credibly represent the perspective
1683 of a racial-ethnic community, gender identity, or experiential community¹⁴⁷ that
1684 disproportionately experiences homelessness.
- 1685 • **Meaningful inclusion of residents of cities with populations greater than 60,000 persons.** This
1686 means that at least two such residents will serve as members of the Advisory Committee,
1687 prioritizing residents of those cities with populations greater than 60,000 persons that did not
1688 separately impose at the city level the sales tax authority under RCW 82.14.530.
- 1689 • **Meaningful inclusion of residents of unincorporated areas of King County.** This means that at
1690 least two such residents will serve as members of the Advisory Committee.¹⁴⁸

1691
1692 Committee members will also represent diverse geographic regions across King County, including rural
1693 and urban areas and north, east, south, and central regions of King County. To achieve and maintain this
1694 diverse representation, and to promote regional coordination, the Executive will recruit members from
1695 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](#)].

- 1696 • Regional and subregional boards or committees that are focused on human services or housing,
1697 including the Continuum of Care Board and the Affordable Housing Committee;^{149, 150}
- 1698 • Other County boards overseeing human services or housing matters, which may include the
1699 Women’s Advisory Board, the Behavioral Health Advisory Board, the Board for Developmental
1700 Disabilities, the Veterans Advisory Board, and the Children and Youth Advisory Board;
- 1701 • City-level human services or housing commissions or lead staff from the departments supporting
1702 such boards, with a priority for those cities with populations greater than 60,000 persons; and
- 1703 • Current and past residents of HtH sites.¹⁵¹

1704
1705 The Executive will consult with the County Council and the city managers or strong mayors of cities with
1706 populations over 60,000 to identify additional recruitment methods and to select HtH Advisory
1707 Committee members.¹⁵² Before appointing any member to the Committee, either in aggregate or
1708 individually, the Executive will transmit a notification letter detailing the name, biography, and term of
1709 each member to the County Council. The Executive will electronically file the letter with the clerk of the
1710 Council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the
1711 Council chief of staff and the lead staff for the Committee of the Whole, or its successor. Unless the King
1712 County Council passes a motion requesting changes to the proposed appointments within 30 days of the
1713 Executive's transmittal, the Executive may proceed with the appointments set forth in the notification
1714 letter. This process will ensure the Executive can achieve and maintain representation of the many
1715 intersecting identities required by KCC 24.030.A.2 while also providing an efficient selection process for
1716 members.

1717
1718 The Executive will establish initial terms of appointment for HtH Advisory Committee members. One-third
1719 of positions will have initial terms of two years, one-third of positions will have initial terms of three years
1720 and the remainder of the positions will have initial terms of four years. All subsequent terms will be for
1721 four years. No person will serve on the Committee for more than four consecutive years.

1722
1723 The members of the HtH Advisory Committee will annually elect from their membership a chair and a vice
1724 chair to plan meeting agendas and sign the annual reporting letter required by this plan.

1725
1726 **Health through Housing Dashboard and Annual Reporting**

1727
1728 The HtH Advisory Committee will annually report to the Council and public on the expenditures,
1729 accomplishments, and effectiveness of the HtH initiative through an online HtH dashboard. The purposes
1730 of reporting by online dashboard are to increase community access to reporting, to take advantage of an
1731 online platform’s ability to present interactive data, to allow for faster data updates as data are available
1732 within the annual reporting period, and to reduce the environmental impact of printing paper reports.

¹⁴⁹ The Seattle-King County Continuum of Care Board serves as an advisory committee to the King County Regional Homelessness Authority (KCRHA). 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 [\[LINK\]](#).

1733
1734 DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023,
1735 the online dashboard will be updated with the prior calendar year’s data reporting and an overview of the
1736 HtH initiative’s performance during the year. The online dashboard will include performance measures
1737 that are consistent with this plan’s section on Performance Measurement and Evaluation.
1738

1739 At a minimum, the HtH dashboard update used to satisfy the initiative’s annual reporting requirements
1740 will include:

- 1741 • **A list of the members** of the HtH Advisory Committee;
- 1742 • **A map depicting the locations of sites** constructed or acquired with HtH sales tax proceeds and
1743 depicting the locations and the **numbers of operational-only housing units** supported by HtH.;
- 1744 • **Demographic data** describing the population residing in HtH supported housing, including race
1745 and ethnicity. The dashboard will **track progress towards reducing racial-ethnic disproportionality**
1746 by comparing HtH demographic data to the population experiencing chronic homelessness in
1747 King County and the general King County population;
- 1748 • Health through Housing initiative **financial information**, including the initiative’s annual revenue,
1749 allocation of proceeds for housing and operations to jurisdictions that host HtH sites, and actual
1750 expenditures of the previous year’s proceeds among the categories of expenditure required or
1751 allowed by KCC chapter 24.30; and
- 1752 • Data that describe how the HtH initiative performs on at least the following **population-level and**
1753 **program performance measures**:
 - 1754 ○ Cumulative number of people who **moved from chronic homelessness into permanent**
1755 **housing** via HtH;
 - 1756 ○ Progress on reducing **disproportionality** in the experience of chronic homelessness;
 - 1757 ○ Percentage of residents who **maintain their housing in HtH or exit to permanent housing**
1758 from HtH-supported emergency or permanent supportive housing;
 - 1759 ○ Average **length of stay** of residents in HtH-supported emergency or permanent
1760 supportive housing;
 - 1761 ○ Percentage of residents who **receive physical or behavioral healthcare supports or care**
1762 while residing in a HtH unit; and
 - 1763 ○ Additional measures of improvements in health or well-being, as data are available.

1764
1765 Beginning in 2023, the HtH Advisory Committee will annually certify by June 15 that the online dashboard
1766 is updated with the previous year’s data and ready for review. On behalf of the Committee, DCHS will
1767 then send a notification letter electronically to the Executive and the clerk of the Council. The clerk of the
1768 Council will retain an electronic copy and provide an electronic copy to all councilmembers, the Council
1769 chief of staff and the lead staff for the Committee of the Whole, or its successor. Timely submittal of the
1770 certification letter to the clerk of the King County Council will satisfy HtH’s annual reporting requirement.
1771 DCHS will be prepared upon invitation to present an overview of the annual report to the Council or one
1772 of its committees.

1773
1774 This Implementation Plan, most notably its subsection on HtH initiative activities in 2021, serves as the
1775 annual report on the HtH initiative for 2021.
1776

1777 **Communication and Partnership Plan for 2022-2028**

1778
1779 Jurisdictional partnerships were essential to the success of HtH in 2021 and will be critical to its success
1780 through the 2022-2028 Implementation Plan period and beyond. Consistent with KCC 24.30.030.A.7, this
1781 section includes communication and outreach protocols that the County will use to partner and work
1782 collaboratively with individual cities, through established partnerships such as A Regional Coalition for
1783 Housing (ARCH) and South King Housing and Homelessness Partners (SKHHP), and with future
1784 partnerships such as two or more cities partnering together to provide eligible facilities and services.^{153,}
1785 ^{154, 155}

1786
1787 Communication with these partners falls under four main categories:

- 1788 • Informing jurisdictions across King County about HtH implementation progress;
- 1789 • If necessary, siting new HtH sites under the process and requirements specified within this
1790 Implementation Plan;
- 1791 • Leasing up and operating HtH sites; and
- 1792 • Managing ongoing operations at HtH sites.

1793
1794 **Informing King County Jurisdictions of Health through Housing Implementation Progress**

1795 The HtH Advisory Committee public meetings will serve as the primary channel of communication
1796 regarding the HtH initiative broadly. This will include informational updates on expenditures,
1797 implementation, and overall performance. For this reason, ARCH, SKHHP and all cities in King County with
1798 a population of 60,000 or more will be invited to join the Committee’s distribution list and observe
1799 Committee meetings. Any other cities interested in following the Committee’s activities should send a
1800 request to the email address available on the HtH initiative website.¹⁵⁶

1801
1802 Additional public presentations on the HtH initiative will be available by request. DCHS expects to provide
1803 annual presentations to the Council as well as to the ARCH Board, SKHHP Board, and the city councils of
1804 all cities with populations above 60,000.

1805
1806 **Siting of New Health through Housing Sites**

1807 This Implementation Plan incorporates the Executive’s expectation that all HtH property acquisitions
1808 necessary to accomplish this Implementation Plan’s goals will be complete by January 1, 2022. Should the
1809 County decide to site additional HtH properties during the term of this Implementation Plan, DCHS will
1810 follow the notice and siting process and requirements described in this Implementation Plan’s HtH
1811 Strategy 6, which includes a process by which the County and a city must mutually agree upon a HtH site
1812 for it to be acquired within that city.

1813
1814

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. the 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](#)].

1815 **Leasing Up and Operating Health through Housing Sites**

1816 After siting a HtH building, the County will continue to partner with host jurisdictions on lease up and
1817 operating specifics.¹⁵⁷ The communication and partnership commitments below will apply to all HtH
1818 properties, including those acquired during 2021.

1819

1820 *Local Referrals*

1821 Consistent with RCW 82.14.530(3)(b), at least 15 percent of the units at each HTH building will be
1822 provided to individuals who are living in, near, or who have ties to the city in which the building is
1823 located.¹⁵⁸ The County will work with each jurisdiction where a HTH site is located to identify the priority
1824 population and refine a local referral process to meet the requirement of RCW 82.14.530(3)(b). The HtH
1825 initiative will provide as part of Strategy 2 activities outreach near HTH sites to promote compliance with
1826 the local referral requirement and to maximize HtH sites’ ability to provide housing in communities where
1827 eligible persons are experiencing homelessness. The County will partner with existing local outreach
1828 services when available. Households will be referred to the remainder of units from the coordinated entry
1829 system of the Continuum of Care.¹⁵⁹ The County, working with the King County Regional Homelessness
1830 Authority (KCRHA), will ensure that the prioritization process will not jeopardize compliance or funding
1831 with the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program.¹⁶⁰

1832

1833 *Operations and Good Neighbor Commitment*

1834 The County will jointly select with a HtH site’s host city the operator and service provider as described in
1835 this plan’s HtH Strategy 2 description. HtH site operators and service providers will respond to local
1836 concerns or opportunities that may be raised by the host city or community members. HtH sites will have
1837 a code of conduct or a similar type of agreement that is agreed upon by residents at the time of entry.
1838 Codes of conduct cover expectations for things such as visitors and interpersonal behavior. If a resident is
1839 not able to comply with the code of conduct and the terms of the agreement, the provider may need to
1840 find the resident an alternate housing situation.¹⁶¹ The rules will be balanced with the recognition that
1841 people experiencing chronic homelessness will often require support as they transition into housing.
1842 Additionally, each HtH site is expected to have a good neighbor agreement, committing the County, the
1843 local jurisdiction, the site providers, and the local community to a collective agreement that describes
1844 how the parties to the agreement will communicate and resolve concerns when they arise.

1845

1846 **Ongoing Management of Health through Housing Sites**

1847 The County is committed to ongoing communication with the host cities for all HtH sites. The success of a
1848 HtH site will greatly depend on the ongoing relationship between the County, the service provider and
1849 operator, and the host jurisdiction.

1850

1851 DCCHS expects communication with host cities in the following ways:

- 1852 • HtH site contracts will require all operators and providers to report to, and problem solve with,
1853 DCCHS and the host jurisdiction on any challenges regarding program outcomes and the status of
1854 any applicable good neighbor agreements.

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 (KCRHA): 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.

- 1855
- 1856
- 1857
- 1858
- 1859
- 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.

1860 If any concerns are identified through these communication channels, the service provider and operator
1861 will be responsible for following up directly with the host jurisdiction to resolve the problem.¹⁶² As the
1862 contract holder, DCHS will monitor operations to ensure the host jurisdiction is satisfied with the agency's
1863 response.

1864

1865

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

1866 Conclusion and Next Steps

1867
1868 Health through Housing came about at the confluence of a global pandemic’s unprecedented health and
1869 economic effects upon preexisting crises of homelessness, housing affordability, and systemic racism. The
1870 immediacy and society-wide impact of the COVID-19 pandemic required bold action within temporary
1871 windows of opportunity, a commitment to evidence-based approaches, strong regional partnership, and
1872 clarity about the importance of leaving no member of society behind. Although the pandemic continues
1873 at the time of this Implementation Plan’s transmittal for Council review, to date the County has been
1874 among the nation’s most successful in combatting the novel coronavirus and its variants.

1875
1876 As the County’s most comprehensive initiative to rapidly expand and perpetually operate housing for King
1877 County residents who are experiencing or at-risk of chronic homelessness, the HtH initiative offers an
1878 opportunity to apply to the crisis of chronic homelessness the same commitment to action, evidence,
1879 partnership and equity that propelled the region’s response to COVID-19.

1880
1881 Upon its adoption by ordinance, this Implementation Plan will govern the Executive’s administration and
1882 implementation of the HtH initiative. This Implementation Plan’s goals and strategies are designed to
1883 create 1,600 new units of emergency and permanent supportive housing, to provide the supports to
1884 residents that will promote individual health while reducing overall racial-ethnic disproportionality, to
1885 increase regional capacity to do more for people who are experiencing homelessness or behavioral health
1886 conditions, and to use data to refine implementation and assess overall impact. This Implementation
1887 Plan’s success will require the region to nurture new partnerships, to build upon existing coalitions, and
1888 to recognize that implementing solutions to big issues like homelessness will depend upon consistent
1889 cooperation, clear communication, and common cause.

1890
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1892
1893

1894 Appendices

1895

1896 **Appendix A: Full Text of Ordinance 19179, codified as King County Code Chapter 4A.503**

1897

1898 AN ORDINANCE imposing an additional sales and use tax of one-tenth of one percent, as
1899 authorized in RCW 82.14.530; adding a new chapter to K.C.C. Title 4A; and declaring an
1900 emergency.

1901

1902 PREAMBLE:

1903 In December 2018, the King County regional affordable housing task force found that the region
1904 needs an additional 44,000 homes affordable for very low- and extremely low-income
1905 households over the next five years.

1906 Additional funding is required to address the urgent need for affordable housing in King County.

1907 In November 2015, King County declared a state of emergency to address the homelessness
1908 crisis.

1909 Approximately 4,500 households receiving homeless services in King County are experiencing
1910 chronic homelessness.

1911 Studies show that people experiencing chronic homelessness experience more negative physical
1912 health, lower behavioral health outcomes and victimization.

1913 Studies show the costs of permanent supportive housing for these households is far less than the
1914 crisis system costs from these households experiencing homelessness.

1915 One-room settings, in particular permanent affordable housing with supportive services, are
1916 proven to improve health outcomes and housing stability and reduce crisis system use.

1917 As of September 14, 2020, nearly 200,000 Americans had died from COVID-19.

1918 Persons living in congregate shelters are particularly vulnerable to rapid spread of airborne

1919 disease like COVID-19 because persons living in congregate shelters are disproportionately

1920 persons of color, are older than average and experience higher rates of underlying health

1921 conditions and are by definition without a safe place in which to observe social distancing and

1922 best practices of hygiene.

1923 The Regional Action Framework identified a need for 6,500 additional units of supportive housing

1924 for people experiencing chronic homelessness.

1925 In 2019, only 38 percent of adult Medicaid enrollees with an identified need for substance use

1926 disorder treatment in King County and statewide received treatment, and only half of those

1927 needing mental health treatment received treatment.

1928 To combat the intersecting crises of COVID-19, chronic homelessness, housing affordability and

1929 behavioral health disorder, there is need for a robust approach that provides more stable

1930 affordable housing for those experiencing chronic homelessness and at risk of chronic

1931 homelessness, and that increases access to behavioral health treatment and housing-stability

1932 services for those households.

1933 In the 2020 Regular Session, the Washington state Legislature approved, and the Governor

1934 signed, Substitute House Bill 1590, which became Chapter 222, Laws of Washington 2020 ("the

1935 Act").

1936 The Act authorizes the governing body of a county to impose a local sales and use tax for

1937 affordable housing, housing-related services, operations and maintenance costs of affordable

1938 housing and facilities where housing-related programs are provided, behavioral health-related

1939 facilities, newly constructed evaluation and treatment centers and operation, delivery or

1940 evaluation of behavioral health treatment programs and services.

1941 The metropolitan King County council has determined that imposing the sales and use tax to
1942 improve the region's health outcomes and address the housing affordability crisis will benefit the
1943 county's residents.

1944 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

1945 SECTION 1. Findings:

1946 A. RCW 82.14.055 states that a local sales and use tax change may take effect no sooner than
1947 seventy-five days after the department of revenue receives notice of the change and only on the first day
1948 of January, April or July.

1949 B. RCW 82.14.055 further states that a "local sales and use tax change" means enactment or
1950 revision of local sales and use taxes.

1951 C. Based on sales tax data from the office of economic and financial analysis, for the 2021-
1952 2022 biennium, total King County sales tax revenues are estimated at approximately one hundred and
1953 forty million dollars if collections begin on January 1, 2021, compared to approximately one hundred
1954 twenty-three million dollars if collections begin on April 1, 2021.

1955 D. The Washington state Department of Revenue has indicated that the deadline for a
1956 jurisdiction to notify the department of a local sales and use tax change in order to begin collections on
1957 January 1, 2021, is October 19, 2020.

1958 E. The Department of Revenue does not have clear guidance on whether the ordinance
1959 making such a change in a local sales and use tax must merely be enacted or must be effective when the
1960 jurisdiction provides the notice to the Department of Revenue.

1961 F. Unless this proposed ordinance is adopted as an emergency ordinance, the earliest it will
1962 be effective is October 24, 2020, several days after the notification deadline to the Department of
1963 Revenue. That could result in the county losing three months of tax proceeds and thereby reducing the
1964 amount of moneys available for the purposes for which the tax is being imposed.

1965 G. Due to the uncertainty of whether this ordinance must be enacted or effective at the time
1966 the county gives the Department of Revenue notice, this ordinance must take effect immediately to
1967 ensure appropriate notice can be provided to the Department of Revenue in order for collections to begin
1968 on January 1, 2021.

1969 SECTION 2. It is the intent of the county that this ordinance does not preempt any
1970 city that has before October 13, 2020, taken action to pass or adopt the local sales and use tax
1971 as authorized by RCW 82.14.530.

1972 SECTION 3. Sections 4 through 9 of this ordinance should constitute a new chapter in K.C.C.
1973 Title 4A.

1974 NEW SECTION. SECTION 4. For the purposes of this chapter, unless the context clearly
1975 requires otherwise, "proceeds" means the principal amount of moneys received from the Washington
1976 state Department of Revenue from the collection of the additional sales and use tax authorized by this
1977 chapter and RCW 82.14.530 and any interest earnings on the moneys.

1978 NEW SECTION. SECTION 5.

1979 A. To provide necessary moneys for the purposes identified in section 7 of this ordinance, an
1980 additional one-tenth of one percent sales and use tax is hereby levied, fixed and imposed on all taxable
1981 events within King County as defined in chapter 82.14 RCW.

1982 B. The tax shall be imposed upon and collected from those persons from whom sales tax or
1983 use tax is collected by the state in accordance with chapter 82.08 or 82.14 RCW and shall be collected at
1984 the rate of one-tenth of one percent of the selling price, in the case of a sales tax, or value of the article
1985 use, in the case of a use tax.

1986 C. This additional sales and use tax shall be in addition to all other existing sales and use taxes
1987 currently imposed by the county. The tax shall become effective on the earliest practicable date
1988 consistent with RCW 82.14.055.

1989 D. The budget director shall immediately provide notice to the state Department of Revenue
1990 of the tax imposed by this chapter as required by RCW 82.14.055 and is authorized to executive any
1991 necessary agreement with the state Department of Revenue concerning the collection and administration
1992 of the tax imposed by this chapter.

1993 NEW SECTION. SECTION 6. The proceeds shall be deposited in the health through housing
1994 fund.

1995 NEW SECTION. SECTION 7.

1996 A. Proceeds shall be expended and apportioned among eligible uses set out in and in a
1997 manner consistent with RCW 82.14.530 as now existing, hereafter amended or as superseded, prioritizing
1998 persons within the population groups specified in RCW 82.14.530(2)(b) whose income does not exceed
1999 thirty percent of the King County area median income.

2000 B. Proceeds shall be allocated with the objective of reducing racial and ethnic demographic
2001 disproportionality among persons experiencing chronic homelessness in King County.

2002 NEW SECTION. SECTION 8.

2003 A. Any county process to site a facility that is funded by proceeds and to be located within the
2004 boundaries of a city shall comply with RCW 82.14.530 as now existing, hereafter amended or as
2005 superseded.

2006 B. The county plans to spend at least thirty percent of the proceeds collected under section 5
2007 of this ordinance that are attributable to taxable activities or events within any city with a population
2008 greater than sixty thousand within the city's boundaries.

2009 NEW SECTION. SECTION 9. To carry out the purposes of this chapter and consistent with RCW
2010 82.14.530 as now existing, as hereafter amended or as superseded, the county may issue general
2011 obligation or revenue bonds within the limitations as now existing or hereafter prescribed by the laws of
2012 this state and may use up to fifty percent of the moneys collected for repayment of such bonds.
2013 Notwithstanding anything in this chapter to the contrary, so long as any bonds payable from and secured
2014 by a pledge of the sales and use tax authorized in this chapter are outstanding, the county shall continue
2015 to impose and collect the sales and use tax as provided in this chapter and in RCW 82.14.530.

2016 SECTION 10. Severability. If any provision of this ordinance or its application to any person or
2017 circumstance is held invalid, the remainder of the ordinance or the application of the provision to other
2018 persons or circumstances is not affected.

2019 SECTION 11. The county council finds as fact that an emergency exists and that
2020 this ordinance is necessary for the immediate preservation of public peace, health or safety or for the
2021 support of county government and its existing public institutions.

2022

2023

2024 **Appendix B: Full Text of Ordinance 19236, codified as King County Code Chapter 24.30**

2025

2026 AN ORDINANCE relating to the health through housing implementation plan; and adding
2027 a new chapter to K.C.C. Title 24.

2028

2029 STATEMENT OF FACTS:

- 2030 1. In December 2018, The King County regional affordable housing task force found that the
2031 region needs an additional 44,000 homes affordable for very low- and extremely low-income
2032 households over the next five years.
- 2033 2. Additional funding is required to address the urgent need for affordable housing in King
2034 County.
- 2035 3. In November 2015, King County declared a state of emergency to address the homelessness
2036 crisis.
- 2037 4. Approximately 4,500 households receiving homeless services in King County are experiencing
2038 chronic homelessness.
- 2039 5. Studies show that people experiencing chronic homelessness experience more negative
2040 physical health, lower behavioral health outcomes, and victimization.
- 2041 6. Studies show the costs of permanent supportive housing for these households is far less than
2042 the crisis system costs from these households experiencing homelessness.
- 2043 7. One-room settings, in particular permanent affordable housing with supportive services, are
2044 proven to improve health outcomes and housing stability and reduce crisis system use.
- 2045 8. As of September 14, 2020, nearly 200,000 Americans had died from COVID-19.
- 2046 9. Persons living in congregate shelters are particularly vulnerable to rapid spread of airborne
2047 disease like COVID-19 because persons living in congregate shelters are disproportionately
2048 persons of color, older than average, and experience higher rates of underlying health conditions,
2049 and are by definition without a safe place in which to observe social distancing and best practices
2050 of hygiene.
- 2051 10. The Regional Action Framework identified a need for 6,500 additional units of supportive
2052 housing for people experiencing chronic homelessness.
- 2053 11. In 2019, only 38 percent of adult Medicaid enrollees with an identified need for substance
2054 use disorder treatment in King County and statewide received treatment, and only half of those
2055 needing mental health treatment received treatment.
- 2056 12. To combat the intersecting crises of COVID-19, chronic homelessness, housing affordability,
2057 and behavioral health disorder, there is need for a robust approach that provides more stable
2058 affordable housing for those experiencing chronic homelessness, and at risk of chronic
2059 homelessness, and increases access to behavioral health treatment and housing-stability services
2060 for those households.
- 2061 13. In the 2020 Regular Session, the Washington state Legislature approved, and the Governor
2062 signed, Substitute House Bill 1590, which became Chapter 222, Laws of Washington 2020 ("the
2063 Act").
- 2064 14. The Act authorizes the governing body of a county to impose a local sales and use tax for
2065 affordable housing, housing-related services, the operations and maintenance costs of affordable
2066 housing and facilities where housing-related programs are provided, behavioral health-related
2067 facilities, newly constructed evaluation and treatment centers, and the operation, delivery or
2068 evaluation of behavioral health treatment programs and services.
- 2069 15. The metropolitan King County council has determined that imposing the sales and use tax to
2070 improve the region's health outcomes and address the housing affordability crisis will benefit the
2071 county's residents.

2072 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
2073 SECTION 1. Sections 2 through 4 of this ordinance should constitute a new chapter in K.C.C.
2074 Title 24.
2075 NEW SECTION. SECTION 2. The definitions in this section apply throughout this chapter unless
2076 the context clearly require otherwise.
2077 A. "Affordable housing" means residential housing that requires payment of monthly housing
2078 costs of no more than thirty percent of an eligible household's income. For the purposes of this chapter,
2079 monthly housing costs may include rent and costs for those utilities that provide for water, wastewater,
2080 electricity, gas, solid waste and recycling services, but not those utilities that provide for telephone,
2081 internet services or cable services.
2082 B. "Affordable housing committee" means the committee of the growth management
2083 planning council developed to implement the work of the regional affordable housing task force
2084 developed to implement Motion 14754.
2085 C. "At risk of experiencing chronic homelessness" describes a household that:
2086 1. Includes an adult with a developmental, physical or behavioral health disability;
2087 2.a. Is currently experiencing homelessness for only ten to twelve months in the previous
2088 three years; or
2089 b. has experienced homelessness for a cumulative total of twelve months within the last
2090 five years; and
2091 3.a. Includes one adult that has been incarcerated within the previous five years in a jail or
2092 prison;
2093 b. includes one adult that has been detained or involuntarily committed under chapter
2094 71.05 RCW as now existing, as hereafter amended or as superseded; or
2095 c. identifies as a member of a population that is demographically overrepresented among
2096 persons experiencing homelessness in King County.
2097 D. "Behavioral health treatment programs and services" means a program or service designed
2098 to improve or treat the health of persons with one or more behavioral health condition, including either a
2099 mental health condition or a substance use disorder, or both.
2100 E. "Eligible household" means a person, cohabitating persons and the cohabitating
2101 dependents of persons within population groups described in RCW 82.14.530 as now existing, as
2102 hereafter amended or as superseded, and including any amendments thereto expanding such allowable
2103 purposes, as eligible for provision of affordable housing and use of facilities providing housing-related
2104 programs and whose income at the time they receive services or placement within affordable housing is
2105 at or below thirty percent of the median income in King County.
2106 F. "Experiencing chronic homelessness" refers to a household that includes an adult with a
2107 disability, that either is currently experiencing homelessness for at least twelve consecutive months or
2108 has experienced homelessness for a cumulative twelve months within the previous three years.
2109 G. "Housing-related services" means services that are provided to eligible households that are
2110 either living in affordable housing or experiencing housing instability, which services have the purpose of
2111 helping the household gain, maintain or increase housing stability. "Housing-related services" may include
2112 but are not limited to: case management; tenant education and supports; financial assistance for
2113 essential costs of housing; or assessment and referral to other human services. For the purposes of this
2114 definition, housing instability means a household's inability to gain and maintain safe, habitable housing
2115 in a community of the household's choice for less than approximately forty percent of the household's
2116 income.
2117 H. "Proceeds" means the principal amount of moneys received from the Washington state
2118 Department of Revenue from the collection of the additional sales and use tax authorized by K.C.C.

2119 chapter 4A.503 and RCW 82.14.530 as now existing, as hereafter amended or as superseded, and any
2120 interest earnings on the moneys.

2121 NEW SECTION. SECTION 3. A. No later than August 30, 2021, the executive shall transmit for
2122 council review a proposed initial health through housing implementation plan. The implementation plan
2123 shall describe the goals, strategies, performance measures, reporting requirements and annual
2124 expenditure plan to direct use of the proceeds from 2022 through 2028. The executive shall consult with
2125 the affordable housing committee and the chief executive officer of the King County Regional
2126 Homelessness Authority in the development of the implementation plan.

2127 B. The executive shall electronically file the implementation plan required in subsection A. of
2128 this section with the clerk of the council, who shall retain the original and provide an electronic copy to all
2129 councilmembers, the council chief of staff, the policy staff director and the lead staff for the committee of
2130 the whole and the regional policy committee, or their successors. The implementation plan shall be
2131 accompanied by a proposed ordinance that should adopt the implementation plan and form the health
2132 through housing advisory committee.

2133 NEW SECTION. SECTION 4. A.1. Beginning January 1, 2022, if an implementation plan has
2134 been adopted by the council in accordance with section 3 of this ordinance, then expenditure of proceeds
2135 from the health through housing fund shall be consistent with that adopted implementation plan. The
2136 implementation plan shall describe the goals, strategies, performance measures, reporting requirements
2137 and annual expenditure plan to direct use of the proceeds. Among the goals and corresponding
2138 performance measures of the implementation plan shall be the annual reduction of racial and ethnic
2139 demographic disproportionality among persons experiencing chronic homelessness in King County. The
2140 implementation plan shall also describe responsibilities of a health through housing advisory committee,
2141 which is to provide advice to the executive and council and to report annually to the council and the
2142 community on the accomplishments and effectiveness of the expenditure of proceeds and name the
2143 persons to the committee. Annual reporting provided to the council and the community shall include
2144 information on the allocation of the proceeds by jurisdiction.

2145 2. The executive's selection of persons to serve on the health through housing advisory
2146 committee shall provide for the meaningful inclusion on the committee of persons who have experienced
2147 homelessness, meaningful inclusion on the committee of persons representative of racial and ethnic
2148 communities that are demographically disproportionately represented among persons experiencing
2149 chronic homelessness in King County and meaningful inclusion of residents of cities with populations
2150 greater than sixty thousand persons and of unincorporated areas. The committee shall include
2151 representatives from other county, city, and subregional boards, commissions or committees to promote
2152 regional coordination and coordination across King County human services investments.

2153 3. The paramount goal of the implementation plan shall be the creation and ongoing
2154 operation of one thousand six hundred units of affordable housing with housing-related services for
2155 eligible households in King County that are experiencing chronic homelessness or that are at risk of
2156 experiencing chronic homelessness. Affordable housing units for persons experiencing chronic
2157 homelessness created in 2021 using proceeds authorized by K.C.C. chapter 4A.503, may be included in
2158 the implementation plan's goals, strategies, satisfaction of performance measures and reporting.
2159 Affordable housing units, in some cases, may only require support from the proceeds for operating costs
2160 and housing related services. Such affordable housing units may also be included in the implementation
2161 plan's goals, strategies, satisfaction of performance measures and reporting.

2162 4. The implementation plan shall describe the processes by which the executive shall work
2163 with jurisdictions that have dedicated funding and are investing in the development of housing serving
2164 households experiencing chronic homelessness or at risk of experiencing chronic homelessness, to align
2165 allocation of proceeds with such efforts.

2166 5. The implementation plan shall also include as a goal the creation and operations of a
2167 mobile behavioral health intervention program with access for its clients to housing created, operated, or
2168 otherwise funded by proceeds. The purpose of the mobile behavioral health intervention program
2169 required by this subsection shall be to provide an alternative to the use of law enforcement to respond to
2170 behavioral health crises. The goal required by this subsection A.5. may be satisfied by creating a new
2171 program or by supplementing and adapting an existing program.

2172 6. The implementation plan shall describe the process to site affordable housing and
2173 behavioral health facilities funded by proceeds. The siting process shall be in accordance with RCW
2174 82.14.530 as now existing, as hereafter amended or as superseded, including the consultation process if a
2175 facility is proposed to be located within a city. The implementation plan shall require and describe the
2176 consultation process between the county and any city in which the county proposes a facility to be
2177 located to jointly identify and mutually agree upon suitable locations for eligible facilities to be purchased
2178 or constructed, and the services that will be provided to operate and maintain those facilities, prior to the
2179 county entering into any contract or agreement to purchase or construct such facilities. The
2180 implementation plan shall describe and require use of an equity and social justice impact review process
2181 when siting affordable housing and behavioral health facilities.

2182 7. The implementation plan shall include a communication and partnership plan, including
2183 communication protocols that will be used by the county for partnering and working collaboratively with
2184 individual cities, as well as through established partnerships such as A Regional Coalition for Housing
2185 (ARCH) and South King Housing and Homelessness Partners (SKHHP), and with future partnerships such as
2186 two or more cities partnering together to provide eligible facilities and services. The communication and
2187 partnership plan shall also describe the approach for how community input will be incorporated into the
2188 review process when siting affordable housing and behavioral health facilities.

2189 8. The implementation plan shall describe how allocation of the proceeds will satisfy the
2190 requirements of RCW 82.14.530 as now existing, as hereafter amended or as superseded.

2191 9. Included in the implementation plan shall be an expenditure plan for the first eight years
2192 the sales and use tax authorized by K.C.C. chapter 4A.503, and RCW 82.14.530 as now existing, as
2193 hereafter amended or as superseded, are collected. For each year, the expenditure plan shall include:

2194 a. the forecast of annual debt service associated with bonds issued as authorized by K.C.C.
2195 chapter 4A.503 and allocation of proceeds to fully cover the annual debt service;

2196 b. the forecast of annual expenditures for maintenance and operation at structures or facilities
2197 built or acquired with proceeds as authorized by K.C.C. chapter 4A.503;

2198 c. the forecast of annual expenditure for supporting those services as authorized by R.C.W.
2199 82.14.530 (2)(c) as now existing, as hereafter amended or as superseded,

2200 d. an allocation of at least nine percent and no more than thirteen percent of each year's
2201 proceeds for the provision, delivery and administration of behavioral health treatment programs and
2202 services that are not part of the supportive services provided within affordable housing or behavioral
2203 health facilities supported by proceeds; and

2204 e. from the annual remaining proceeds after costs associated with bonding described in
2205 subsection B.9.a. of this section and allocations for behavioral health described in subsection B.9.d. of this
2206 section, an allocation of no more than five percent for administration, no more than one and one-half
2207 percent for evaluation and at least one percent for use in supporting and building the capacity of
2208 community-based organizations to deliver eligible uses of proceeds for persons and communities that are
2209 disproportionately demographically represented among persons experiencing chronic homelessness in
2210 King County.

2211 C. No later than June 30, 2027, and every eight years thereafter, the executive shall transmit
2212 for council review and adoption by ordinance a proposed update to the implementation plan, which
2213 proposed update shall describe for an additional eight years beyond the term of the then-adopted

2214 implementation plan the goals, strategies, performance measures, reporting requirements and
2215 expenditure plan to direct use of the proceeds for the respective eight-year period.
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Appendix C: Crosswalk of Implementation Plan Requirements from KCC Chapters 4A.503 and 24.30

KCC Chapter 4A.503 Requirements	See Section(s)
<p>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.</p>	<ul style="list-style-type: none"> • Who is Eligible to Live in Housing Buildings Provided by Health through Housing?
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Bond Financing Cost • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan

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KCC Chapter 24.30 Requirements	See Section(s)
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>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.</p>	<ul style="list-style-type: none"> • Proposed Ordinance accompanies this plan.
<p>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.</p>	<ul style="list-style-type: none"> • 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)
<p>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.</p>	<ul style="list-style-type: none"> • Health through Housing Advisory Committee and Annual Reporting
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategies 1, 2, and 6 • Evaluation and Performance Measurement • Health through Housing Advisory Committee and Annual Reporting
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategy 2

KCC Chapter 24.30 Requirements	See Section(s)
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategy 3
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategies 2 and 6 • Communication and Partnership Plan for 2022-2028
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategy 6 • Communication and Partnership Plan for 2022-2028
<p>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.</p>	<ul style="list-style-type: none"> • Appendix D Crosswalk of RCW 82.14.530 Requirements Satisfied in This Plan

KCC Chapter 24.30 Requirements	See Section(s)
<p>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:</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan
<p>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;</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Bond Financing Cost
<p>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;</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Strategy 2
<p>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;</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Strategy 3
<p>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</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Strategy 3
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Strategy 4, Strategy 5, Initiative Administration
<p>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.</p>	<ul style="list-style-type: none"> • Concept, Background, and 2021 Activities: Implementation Plan Scope and Methodology

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

RCW 82.14.530 Requirements <i>as amended in ESHB 1070 in 2021</i>	See Section(s)
<p>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.</p> <p>(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.</p>	<ul style="list-style-type: none"> • King County Ordinance 19179, codified as KCC 4A.503, implemented the option under RCW 82.14.530(1)(a)(ii).
<p>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:</p> <p>(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;</p> <p>(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.</p>	<ul style="list-style-type: none"> • King County Ordinance 19179, codified as KCC 4A.503, implemented the option under RCW 82.14.530(1)(b)(i)(B).
<p>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.</p>	<ul style="list-style-type: none"> • King County Ordinance 19179, codified as KCC 4A.503, complies with subsection (ii).
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements

RCW 82.14.530 Requirements <i>as amended in ESHB 1070 in 2021</i>	See Section(s)
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan: Compliance with Jurisdictional Spending Requirements
<p>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:</p> <ul style="list-style-type: none"> (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. 	<ul style="list-style-type: none"> • 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 <i>as amended in ESHB 1070 in 2021</i>	See Section(s)
<p>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:</p> <ul style="list-style-type: none"> (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. 	<ul style="list-style-type: none"> • Who is Eligible to Live in Housing Buildings Provided by Health through Housing?
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Annual Expenditure Plan • See also 2022-2028 Goals and Strategies: Strategies 3, 4, and 5
<p>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.</p>	<ul style="list-style-type: none"> • 2022-2028 Goals and Strategies: Strategy 6 • Communication and Partnership Plan for 2022-2028
<p>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.</p>	<ul style="list-style-type: none"> • Communication and Partnership Plan for 2022-2028

RCW 82.14.530 Requirements <i>as amended in ESHB 1070 in 2021</i>	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.	<ul style="list-style-type: none"> • 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.

2228
 2229
 2230
 2231

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	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
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.**

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.

AGE

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?

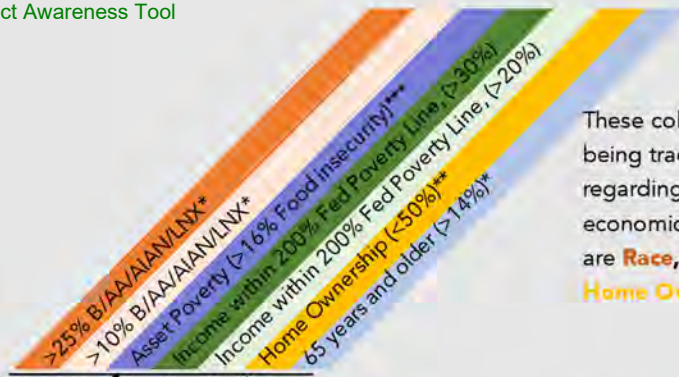
Have more than 16% of residents in this community experienced food insecurity in the last year?

Are more than 14% of residents of this community 65 years or older?

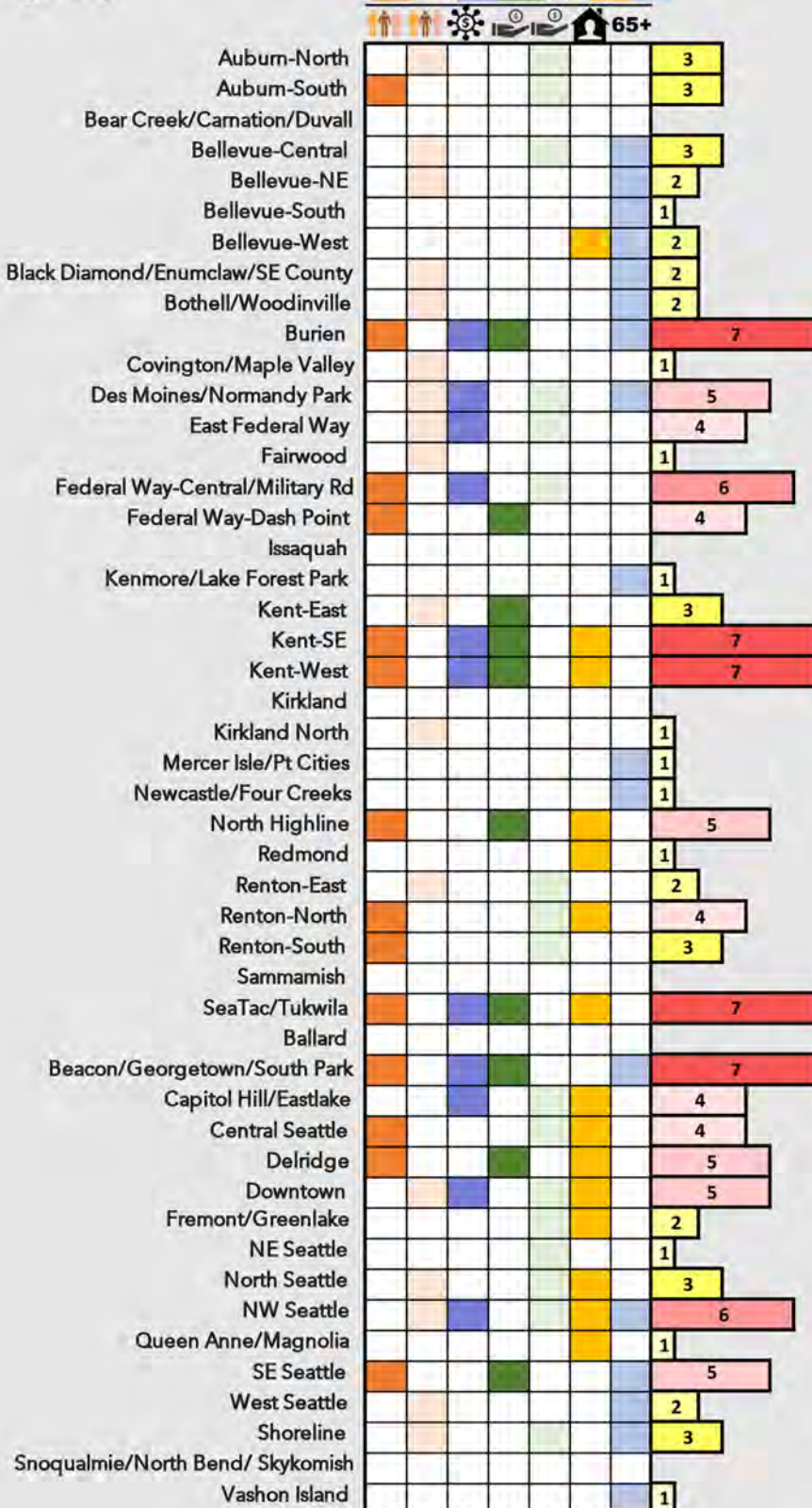
*The thresholds were chosen to highlight extreme economic conditions and to locate the 25% of areas with the most risk.

**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 indicators 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)

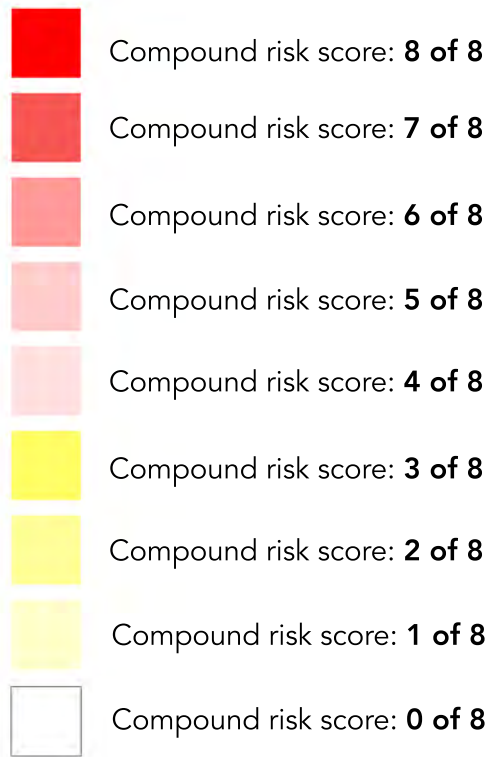
**City Health Profiles 2019, King County Public Health, Data from the American Community Survey, US Census Bureau.

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



EQUITY IMPACT REVIEW MAP

MAP KEY



**Office of
Equity &
Social Justice**



King County

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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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.

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



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.

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

WITHIN SCOPE OF STUDY		OUTSIDE SCOPE OF STUDY
Group Hotels	New De-intensified Congregate Shelter Sites	Individual Hoteling
Funded leases for six hotels throughout the county and transitioned individuals from congregate shelter facilities to individual or double rooms . Group hotel settings have staff on-site 24/7 and provide case management and access to other services.	Re-located individuals in congregate shelter facilities to seven new “de-intensified” sites to support shelter providers to continue or expand emergency overnight services while meeting Public Health social distancing guidance.	Provided funding to allow agencies the ability to move high risk individuals out of congregate settings to hotel rooms scattered around the region .
Enhanced services	Enhanced or basic services	Basic services
875 unique individuals served as of 10/26	1,428 unique individuals served as of 10/26	308 unique individuals served as of 10/26

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

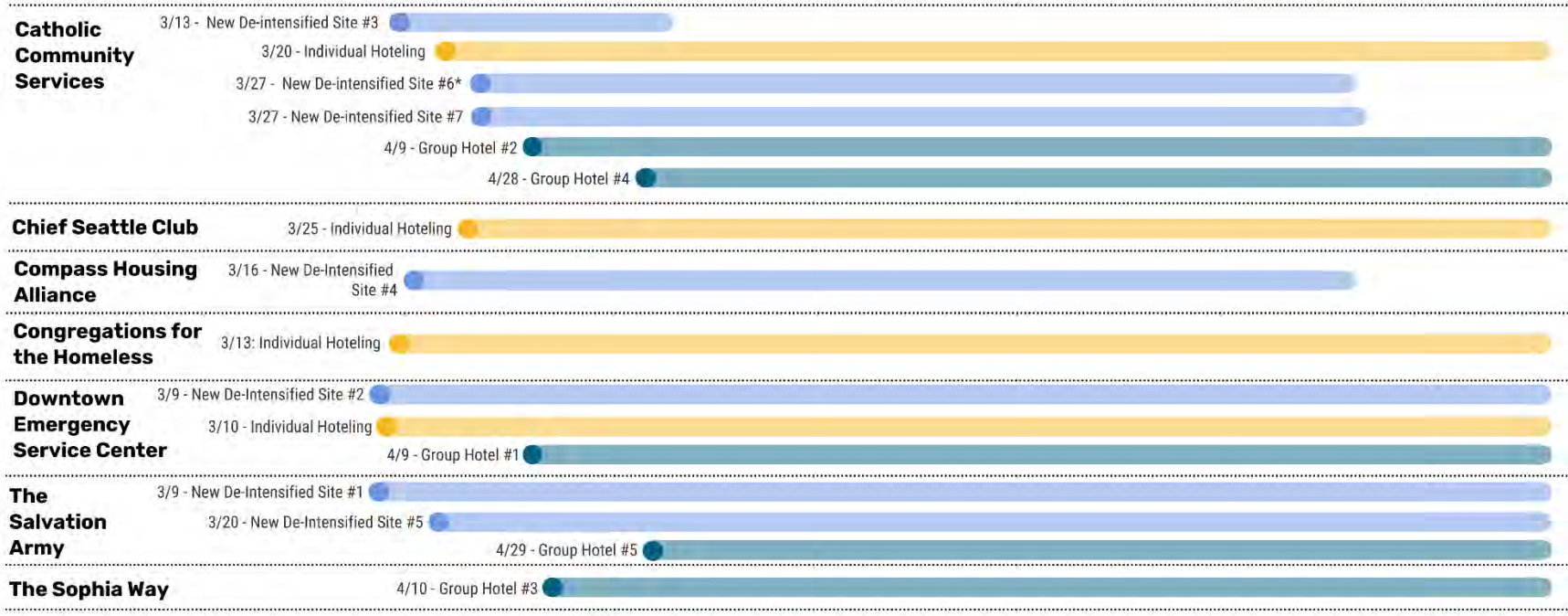
KING COUNTY EMERGENCY SHELTER DE-INTENSIFICATION

Spring 2020 - Fall 2020

● Group Hotel ● New De-intensified Congregate Site ● Individual Hoteling



2/26 - First confirmed COVID-19 case in King County, WA ● 3/23 - Governor Inslee issues a statewide stay-at-home order ●



*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
<ul style="list-style-type: none"> • De-intensified • Private room • Private bathroom • 24/7 • On-site case management 	<ul style="list-style-type: none"> • De-intensified • Single shared space • Shared bathroom • Hours vary • On-site case management 	<ul style="list-style-type: none"> • 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.

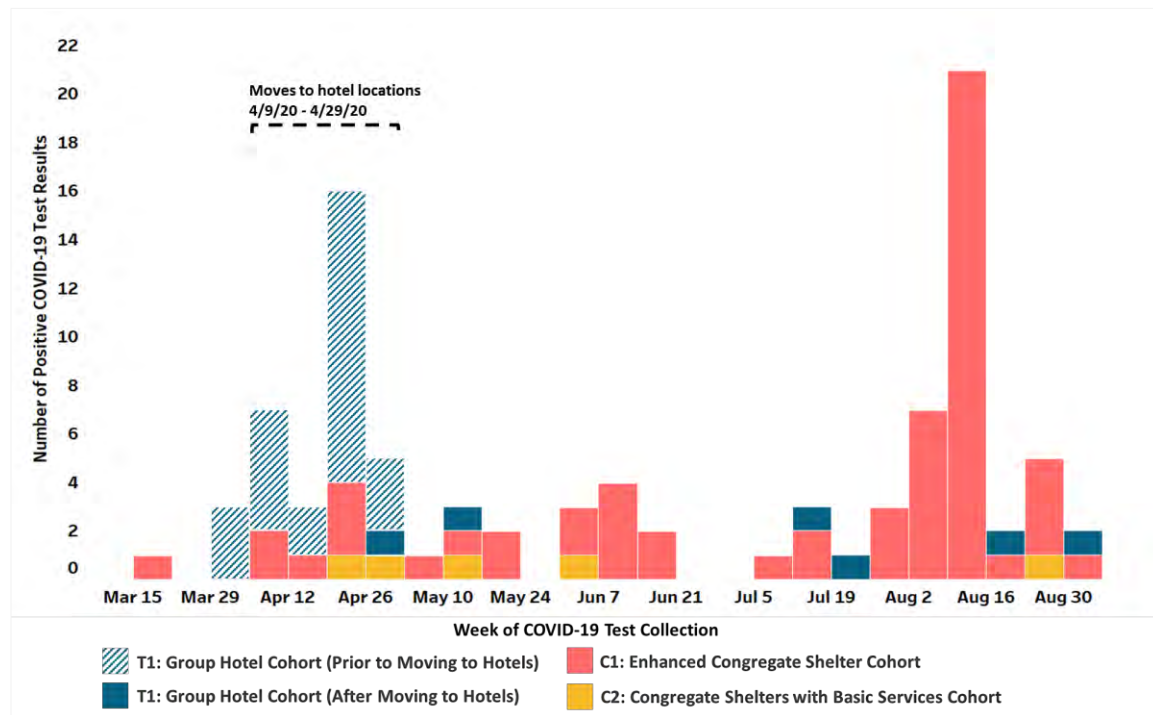
Outbreaks among those experiencing homelessness mirrored the trend in the general population – an initial wave in the spring of 2020 followed by a decline in cases and a second wave in the summer.⁸ Among the shelter population, an initial wave occurred at the traditional shelter sites that ultimately 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

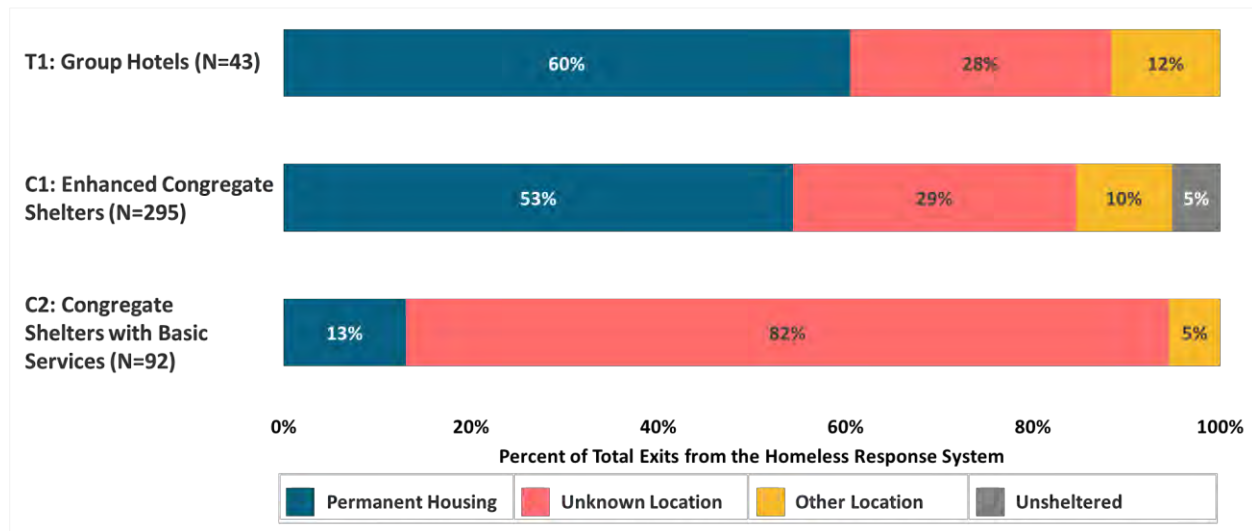
Study Group	Number of Individuals	Total Exited	% Exited
T1: Group Hotel	383	43	11%
C1: Enhanced Congregate Shelter	926	295	32%
C2: Congregate Shelter with Basic Services	326	92	28%
Total	1,635	430	26%

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, $\chi^2(2, N = 430) = 48.92, p < .01$. 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, $\chi^2(2, N = 430) = 87.453, p < .01$

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, $\chi^2(2, N = 953) = 12.12, p < .01$.

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

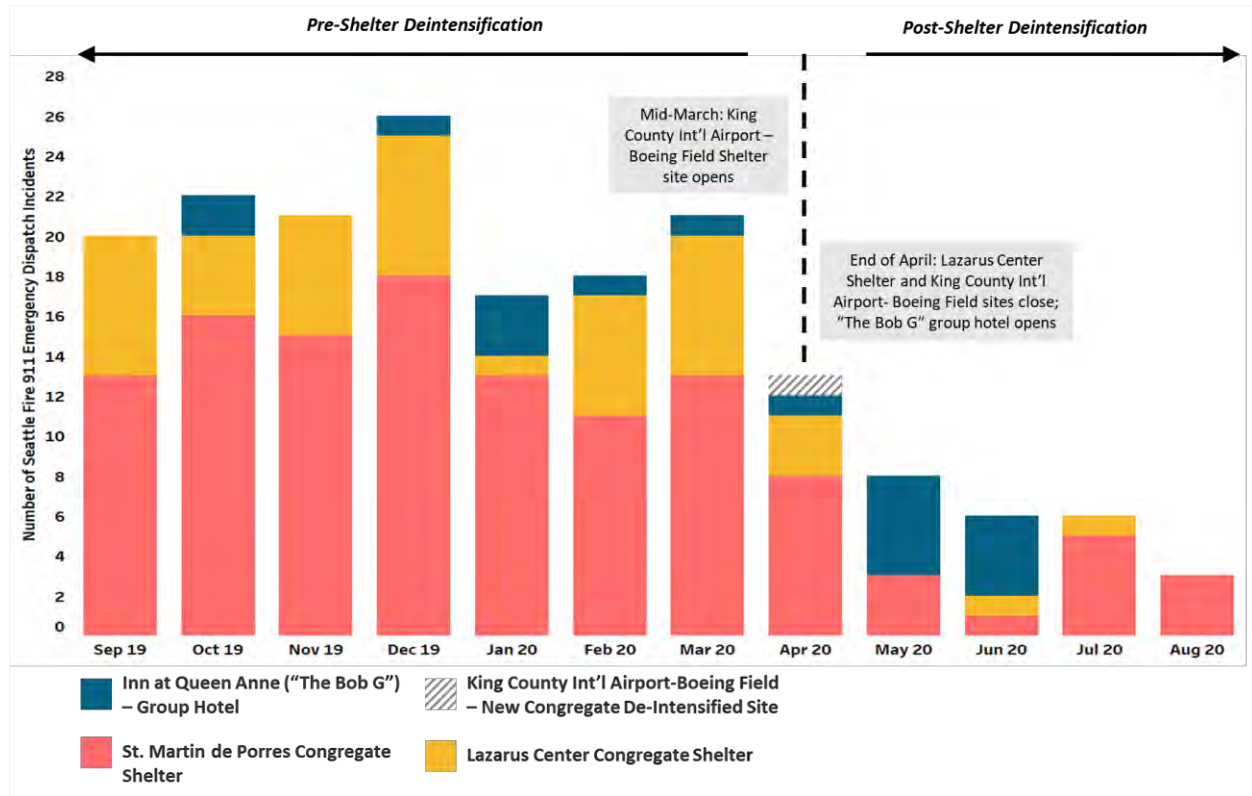
Both staff and individuals staying in hotels commented that the level of interpersonal conflict fell meaningfully after the move to hotel locations, ***"It's [conflict] non-existent here. There's no conflict here. Yeah, this is nice."*** Providing privacy and space lowered the level of anxiety and associated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

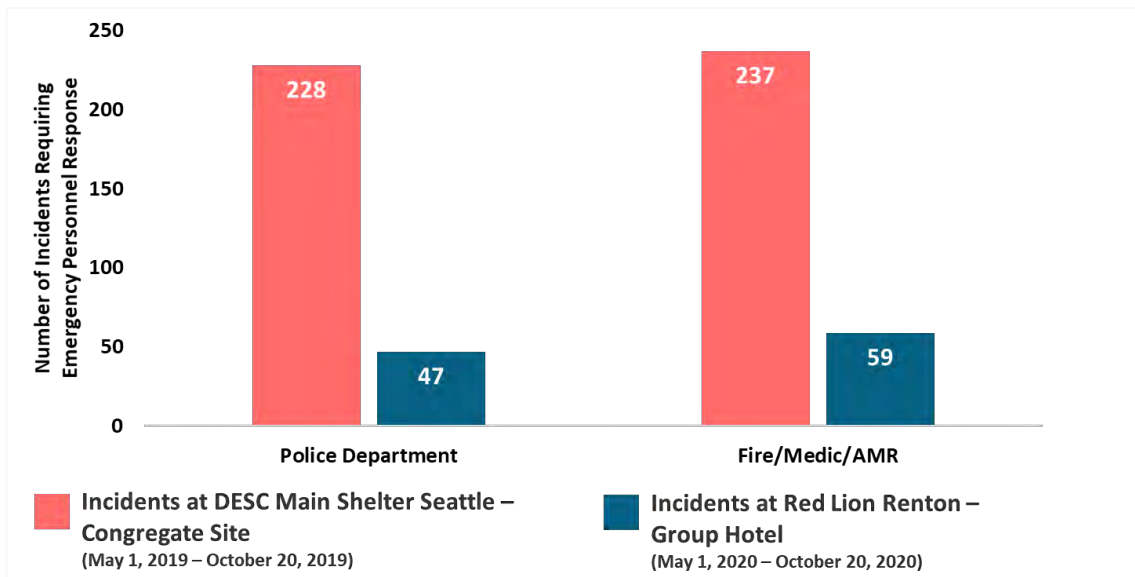


Data Source: Seattle Fire 911 Emergency Dispatch as of 9/11/20, dispatches between September 1, 2019 and August 31, 2020.

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://regionalhomelessystem.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

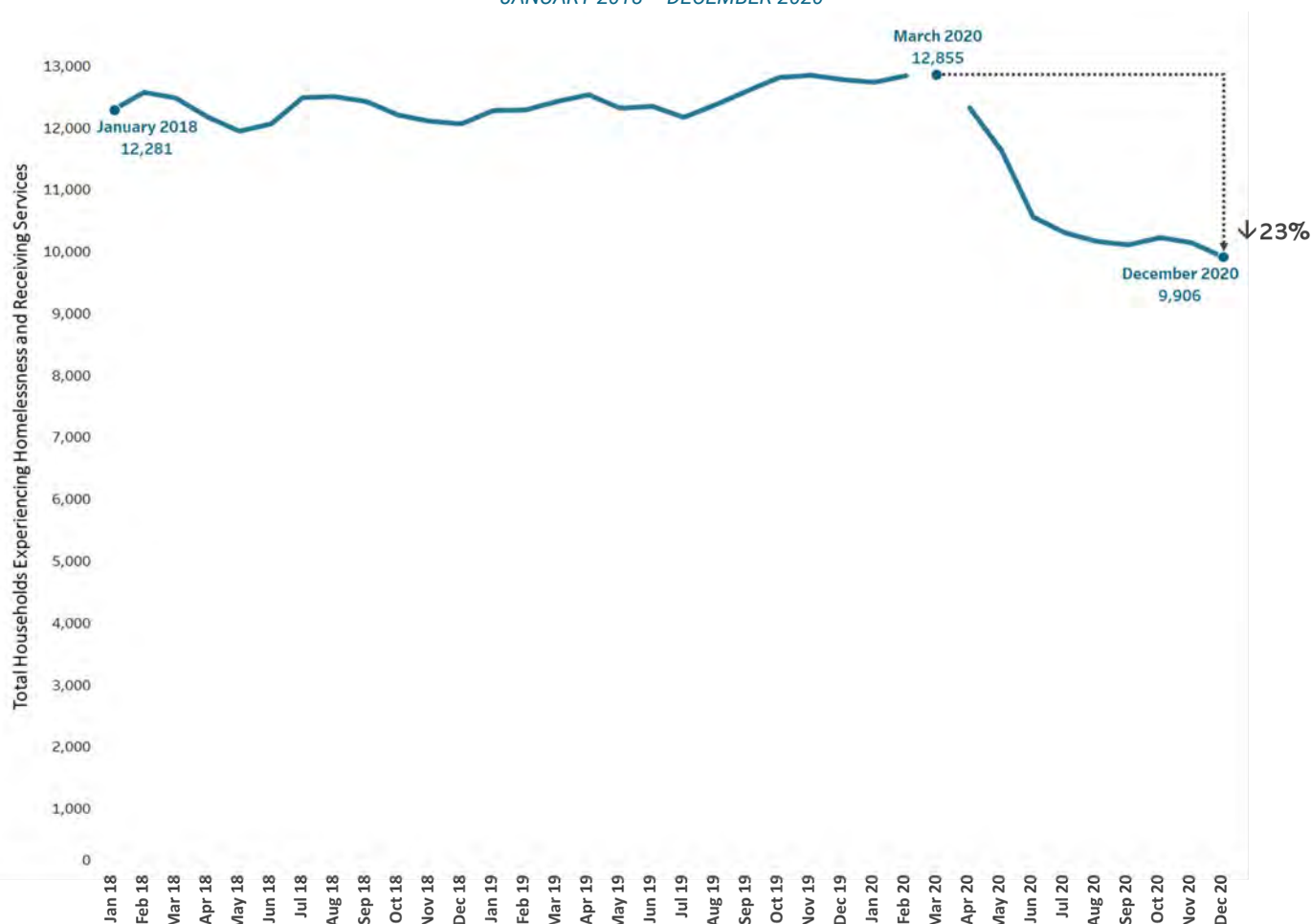


King County

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



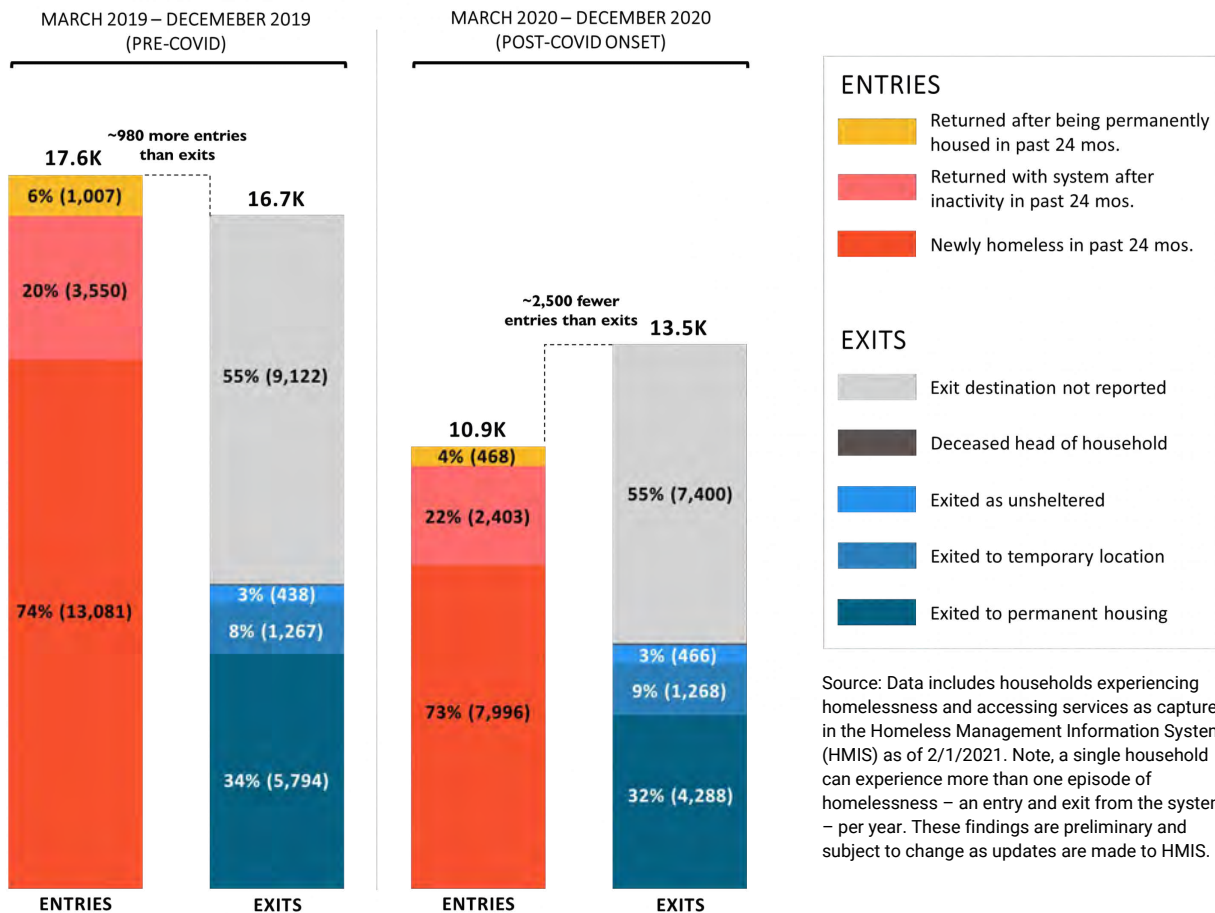
Source: Data includes households experiencing homelessness and receiving services as captured in the Seattle/King County Homeless Management Information System (HMIS) as of 2/1/2021. Note, these findings are preliminary and subject to change as updates are made to HMIS.

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



(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>

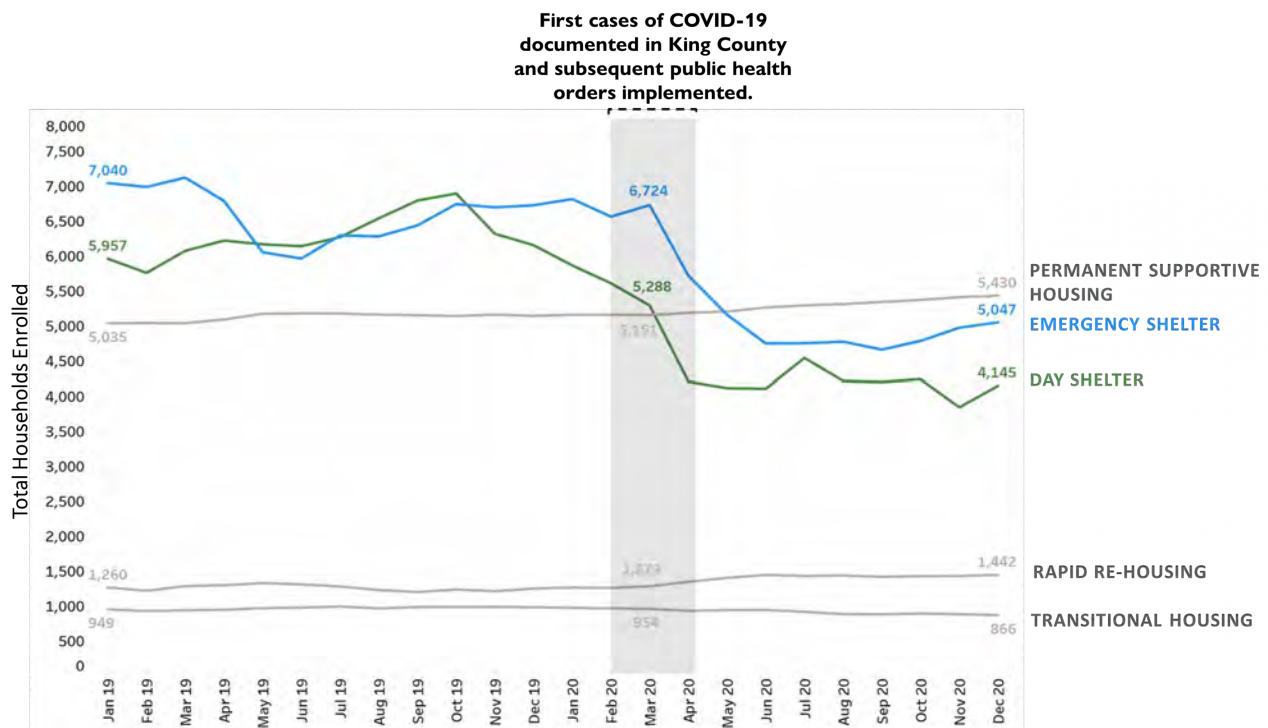
2 The number of households enrolled in emergency services (overnight and day shelters) declined following the onset of the pandemic.

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.

KING COUNTY HOMELESS RESPONSE SYSTEM DATA REVIEW: Q1 2021 RELEASE

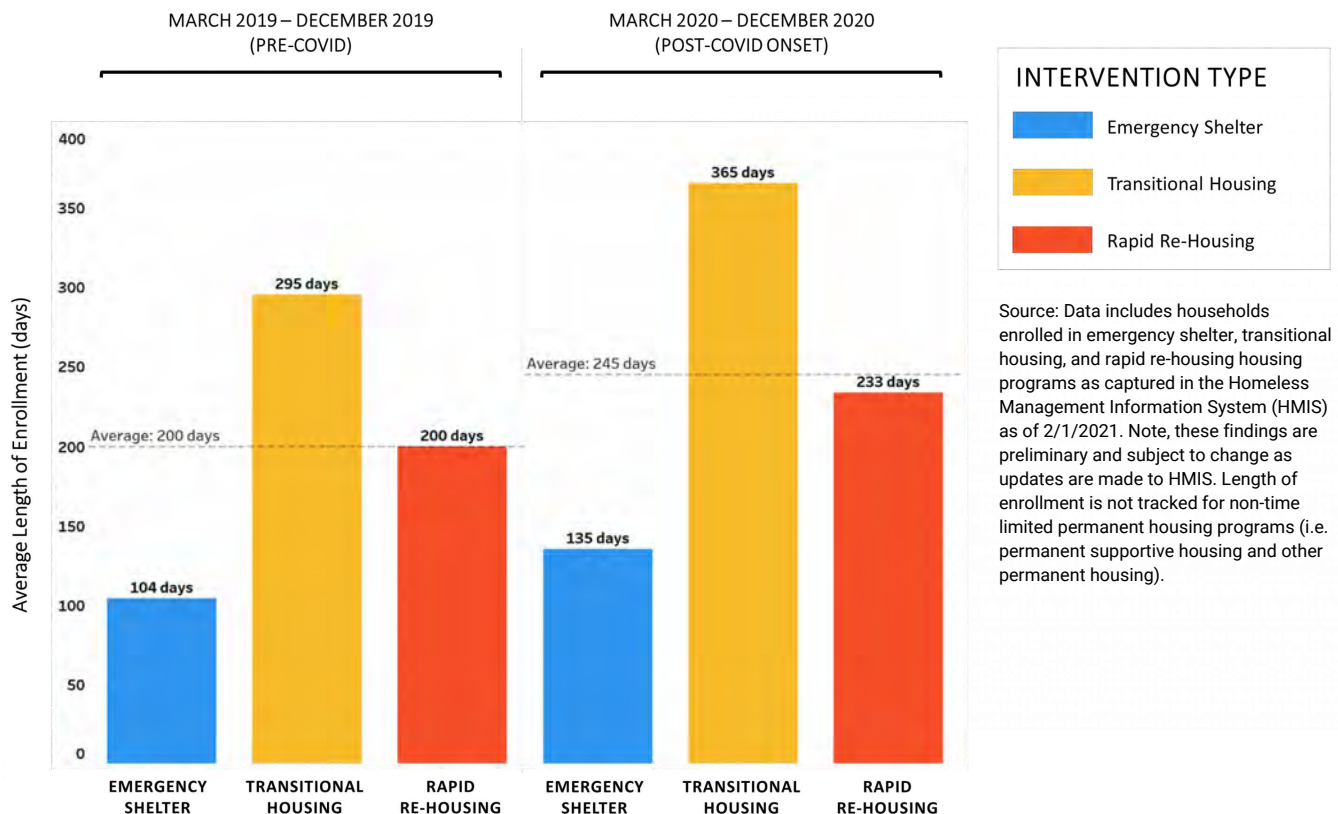
3 The average amount of time households were enrolled in a program increased across all intervention types for which this measure is tracked (i.e. emergency shelter, transitional housing, and rapid re-housing programs).

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



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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