

2005-371

Attachment C.



King County

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**King County's Response to the
Ten-Year Plan to End Homelessness in King County**
July 11, 2005

Chronic homelessness has had a profound impact on our community over the last two decades. King County and other governments and human service agencies have responded with multiple strategies and programs to address these concerns. Yet, despite significant effort and millions of dollars, the numbers of homeless people and the costs to serve them have continued to grow.

In order to create a more coordinated, collaborative and regional response to homelessness, a core group of community leaders, including representatives of the Church Council of Greater Seattle, King County, the City of Seattle, United Way of King County, and several human service coalitions joined together to form the Committee to End Homelessness (CEH). The culmination of their efforts – "A Roof Over Every Bed in King County: Our Community's Ten-Year Plan to End Homelessness" – was approved by the membership on March 7, 2005.

Subsequent to that effort, new state legislation passed by the 2005 Washington State Legislature in April offers the promise of a state ten-year plan and additional state and local funding to help King County meet the goals of its Ten-Year Plan to End Homelessness. Approval of the Plan by the King County Council will help to begin the steps to access that additional funding. A formal presentation is scheduled for the July 21, 2005 meeting of the Law, Justice and Human Services Committee.

In May 2005, the Metropolitan King County Council passed Motion 2005-0209 that, in addition to establishing a one-year moratorium on the use of county-owned land for temporary emergency homeless encampments, directed the King County Executive to submit for County Council review and approval the county's Ten-Year Plan to End Homelessness, along with an implementation plan.

The following report provides an overview of the Ten-Year Plan to End Homelessness, the history of the development of that plan, the populations to be served, the key strategies and priority populations, the new governance structure, and the specific action items that county staff and departments are putting in place to more effectively address homelessness in King County. This report also provides an overview of the newly created state homeless housing program.

Washington State Homeless Housing and Assistance Act

Although King County has high numbers of homeless individuals and families, the problem of homelessness is certainly not unique to King County. In response to the rising numbers of chronic homeless individuals nationwide and the resulting escalating costs to public systems,

states and municipalities around the nation have been developing ten year plans to end homelessness. The State of Washington recently joined this effort, providing support to counties and cities statewide through recently passed legislation that will provide funding assistance to those communities that come together to prepare coordinated plans to end homelessness. The Homeless Housing and Assistance Act passed by the State Legislature in April 2005, Engrossed Second Substitute House Bill 2163 (E2SHB 2163), creates a new state and local funding source to address homelessness statewide through a \$10 surcharge for documents recorded by county auditors (typically real estate mortgages and housing transactions). Counties and cities that develop local or regional ten-year plans to end homelessness will be eligible to receive funds. Funding generated by the surcharge will be provided directly to counties and cities that agree to create and implement homeless plans (60 % of total funding), and the remaining funding (40%) will be used to create a state-administered grant program, with funds available to local governments through a competitive process.

The state Department of Community, Trade and Economic Development (CTED) will be responsible for developing the state's ten-year plan to address homelessness (due December 2006), as well as setting standards and guidelines for local plans. CTED will be responsible for conducting an annual census of homeless persons (by July 2006) and will submit an annual report to the Governor and Legislature.

The new document recording fee surcharge begins August 2005, and King County anticipates receiving funds in excess of \$3 million annually from this fund source, to be used to develop and sustain a range of homeless housing and supportive services to implement the county's Ten-Year Plan to End Homelessness. King County will also very likely submit an application for the Homeless Housing Grant Program, which would mean additional funds.

King County is fortunate that the Committee to End Homelessness has already developed our regional Ten-Year Plan. It is hoped that the Plan provides a basis for meeting the state's requirement for an approved ten-year plan, subject to the adoption of a motion by the County Council endorsing the CEH Ten-Year Plan as the overarching framework for coordinating King County's efforts. As mentioned earlier, a formal presentation on the Ten-Year Plan is scheduled for July 21, 2005. Additional refinements to the Plan may be needed in the future to meet state guidelines for ten-year plans (to be completed by CTED by October 2005) and to provide more specific guidance regarding the use of the new fund source.

Homelessness in King County

The One Night Count, organized each year by the Seattle-King County Coalition for the Homeless, mobilizes hundreds of private citizens who volunteer on one night of the year to conduct a street count of homeless people in portions of Seattle, Shoreline, Kent, White Center and East King County. The count also includes a survey of people at homeless shelters and transitional programs operating throughout King County. The 2004 One Night Count identified the following trends:

- Numbers of homeless individuals in King County—An estimated 8,300 people in King County are homeless on any given night. The survey found 4,636 people sleeping in shelters

and transitional programs, and counted 2,216 people surviving outside on the streets. An additional 1,484 are estimated to be living unsheltered in the balance of King County. Over the course of a year, it is estimated that up to 24,000 King County residents will experience at least one episode of homelessness.

- **Geographic breakdown**—Although nearly 85 percent of emergency shelter and transitional programs are located in the city of Seattle, only 56 percent of the people in shelter and transitional housing reported Seattle as their last permanent address. Permanent address is defined as a place occupied for at least two months prior to the latest episode of homelessness, excluding shelter and transitional housing. Aside from Seattle, the regional report showed:

11% South King County	9% Washington State (outside of King County)
8% East King County	13% Outside of Washington State
3% North King County	

- **Household composition**—Homelessness affects all segments of the population, including children. The One Night Count reports the following breakdown among households:

59% single adult men	* Children aged 0-17 make up 27% of the total count of <i>individuals</i> who are homeless or living in shelters in King County.
20% single adult women	
18% families with children*	
2% youth	
- **Disproportionality**—People of color are significantly over-represented in the homeless population. While people of color comprise approximately 27 percent of King County's general population (2000 Census), they represented 57 percent of the people residing in emergency and transitional shelter at the time of the One Night Count.
- **HIV and AIDS**—254 people accessing shelter and transitional housing programs at the time of the 2004 Count self-reported that they were either HIV-positive or had AIDS.
- **Domestic violence**—575 people accessing shelter and transitional programs at the time of the 2004 count reported they had experienced violence or abuse in the past year.
- **Disabilities and mental illness**—Nearly four in ten people who are homeless reported a mental illness; about one in three reported alcohol and/or substance abuse; about one in eight are impacted by both mental illness and substance abuse; and about one in ten reported a physical disability. These mirror national statistics.
- **Veteran status**—Although veteran status was not asked as part of the One Night Count, local Veterans Administration authorities estimate that of the total 8,300 homeless individuals, approximately 2,000 (24%) are veterans. On January 18, 2005 King County housing planners conducted a survey of emergency shelters to collect aggregate data on residents. Of the 948 single men residing in shelters on that day, 255 (24%) reported service in the military.

Development of the King County Ten-Year Plan

King County has a long history of planning for and delivering a wealth of services to homeless and at-risk populations. In a monograph presented by the federal Office of Housing and Urban Development (HUD) in January 2004, King County was lauded for its wide range of housing and supportive services, but criticized for a lack of service coordination and effective, sustained public and private partnerships to end homelessness. Already having recognized the need for a more collaborative and coordinated regional response to homelessness, a coalition of community leaders came together to form the Committee to End Homelessness King County, and worked to craft a Ten-Year Plan to End Homelessness.

Efforts first began in 2000, when St. Mark's Episcopal Cathedral invited a local homeless advocacy agency to locate a temporary emergency homeless encampment (tent city) on the parking lot of their church. At the same time, St. Mark's invited community members to attend an all-day workshop to talk about how the community could come together to more collaboratively respond to homelessness. From this conference, the Committee to End Homelessness (CEH) was born. Their efforts yielded King County's Ten-Year Plan to End Homelessness, officially adopted by the CEH on March 7, 2005.

Founding members of CEH included representatives of the Church Council of Greater Seattle, the City of Seattle, King County, United Way of King County, the Eastside Human Services Alliance, the North Urban Human Services Alliance, the South King County Council of Human Services and the Seattle-King County Coalition for the Homeless. A broad range of organizations and homeless advocacy groups have also dedicated staff and other resources to support the efforts of the committee, and continue to be involved in the Plan's implementation.

In 2003, HUD encouraged all local homeless planning communities to develop a ten year plan to end homelessness, and requires such a document from municipalities that receive federal housing and homelessness funds. It should be noted that King County's development of its Ten-Year Plan pre-dates the HUD requirement.

Core Strategies of the Ten-Year Plan

The Ten-Year Plan lays out a series of specific strategies and actions for local leaders and organizations to pursue over the next decade. Immediate priorities include ensuring alignment and coordination among all the entities in our community, and building on local and national best practices for resolving homelessness. In the first three years, efforts will particularly focus on the following:

- Homeless prevention—Working together to make sure an adequate supply of appropriate housing *and* supportive services are available to help people stay in their homes. Services include rent and utility assistance, job training, employment and education assistance, health care, mental health counseling, foster care and chemical dependency treatment.

- Moving people rapidly from homelessness to housing—Placing homeless people as quickly as possible in permanent housing and helping them to stabilize and function independently by providing the necessary supportive services to be successful.
- Building the public and political will to end homelessness—Expanding our community's commitment to ending homelessness by educating the public, tracking our successes and building on them, and establishing steady funding.

Over the course of the next decade, the Committee to End Homelessness will work with governments, funders and providers to integrate broad systems change, realign funding, identify and incorporate best practices in all service delivery systems, and measure and report our progress in ending homelessness. In particular, the Plan demonstrates a commitment to:

- Ending homelessness, not just continuing to manage it
- Creating a new leadership structure that facilitates discussion and collaboration among funders, government agencies, housing and service providers, homeless persons, advocates and community volunteers to help assure a unified and targeted approach to ending homelessness in King County
- Implementing practices that research has shown to be particularly effective and promising
- Focusing resources on preventing homelessness and immediately housing those who do experience homelessness, prioritizing a “housing first” approach that removes barriers to housing and provides on-site services that engage and support individuals to maintain their health and housing stability
- Ensuring a fully coordinated countywide response at both the client and system level through networking and enhanced community-based service sites that offer local access throughout the county to comprehensive assessment, referral, and a range of culturally competent services
- Significantly increasing housing options that are affordable, available and appropriate to the needs of homeless individuals, families, and youth
- Transforming the myriad of publicly funded programs that provide services, housing and income supports to low-income people to make those services more accessible, relevant and appropriate for people who are homeless or at risk of homelessness
- Bolstering the capacity and responsibility of these service systems for collaborative planning, financing and delivery of housing and support services for clients reentering the community from public institutions
- Establishing clear measures to identify needs, assure accountability for outcomes, and reward providers who effectively serve individuals and families with high levels of need.

Although the focus of the Plan is to end homelessness within the next decade, it is important to acknowledge that people experiencing homelessness are at immediate personal risk. Interim survival mechanisms such as homeless shelters and transitional housing programs will be necessary for some time, until affordable, non-time limited housing is available for all.

Governance and Oversight Structure

The Plan approved by the original members of the Committee to End Homelessness on March 7, 2005 identified a new governance structure to assume responsibility for regional oversight, planning and implementation of the King County Ten-Year Plan. The members selected King County to serve as the lead agency for managing the implementation steps, to be coordinated by the Department of Community and Human Services. Staff came on board March 2005, with a first year work plan primarily focused on establishing the infrastructure needed to begin implementation steps. The two, full-time positions and other implementation needs are funded jointly by King County, the City of Seattle and United Way of King County.

The actual work of the new Committee to End Homelessness will be guided and directed by three different governing and advisory bodies, as well as several topic-specific sub-committees and work groups. Membership on these groups incorporates a wide range of backgrounds and skills, and is regionally representative. Final composition of those groups is near completion, with first meetings scheduled to take place during summer 2005.

The focused and collaborative work of the Committee to the End Homelessness, as a regional initiative, cannot begin until these entities are fully in place. The Plan notes that during the first year of the ten-year process, this governance structure will emerge and guide the vision of the project over the course of the next decade.

The governance structure is as follows:

- **Governing Board**—Influential political, community and business leaders who will provide leadership, high-level oversight and help sustain the vision of the Plan. More specifically, they will guide planning, coordinate current funding, and work to create additional funding and other resources.

Core members of this group include King County Executive Ron Sims; Seattle Mayor Greg Nickels; United Way Chief Executive Officer Jon Fine; Dean Robert Taylor of St. Mark's Cathedral (and chair of the original Committee to End Homelessness); and Car Toys Chief Executive Officer (and vice-chair of the original Committee to End Homelessness) Dan Brettler. Also agreeing to serve are Sue Rahr, King County Sheriff; Blake Nordstrom, President, Nordstrom, Inc.; Phyllis Campbell, President of The Seattle Foundation; Dan Fulton, Weyerhaeuser; Pamela Passman, Microsoft; Greg Shaw, Gates Foundation; and Dr. Scott Barnhart, Medical Director of Harborview Hospital. Seats on the Governing Board have been reserved for a member of the King County Council and a member of the Seattle City Council, as well as for the Mayor of Bellevue and two suburban city mayors. Additional representatives will include high-level staff from other local funding and business organizations, members of the faith community, and community leaders.

- **Interagency Council**—Senior representatives of the primary partners and agencies working to end homelessness in King County will make up this group. They will sponsor changes to current programs; coordinate data collection, analysis and reporting; and recommend policy

direction to the Governing Board. One of the first tasks of the Interagency Council will be to agree upon priorities for fund allocation under the new Homeless Housing and Assistance Act.

Core members of this group include Jackie MacLean, Director, King County Department of Community and Human Services (DCHS); Patricia McInturff, Director, City of Seattle Department of Human Services; Adrienne Quinn, Director, City of Seattle Office of Housing; and David Okimoto, Vice President of Community Services, United Way of King County. Other members include Stephen Norman, Director, King County Housing Authority; Tom Tierney, Director, Seattle Housing Authority; Doreen Cato, Director, First Place; Peter Berliner, Allen Foundation; and Charissa Fotinos, Medical Director, Public Health Seattle & King County. Additional directors of local housing and homeless service agencies, service directors from suburban cities, housing planners and developers, and community leaders have also been invited to serve.

- Consumer Advisory Council—Current or formerly homeless people who represent the broad interests and needs of homeless people countywide will serve on this council. Membership will be determined by an application process run jointly by the staff of the Committee to End Homelessness and the Seattle-King County Coalition for the Homeless, which represents over 50 agencies and organizations serving the homeless population.
- Committee Workgroups—Multiple committees have been, or will be, convened to address specific initiatives or concerns (e.g., chronic populations), population-specific needs (e.g., youth and young adults), geographic issues (e.g., needs of South King County), or special projects (e.g., communities, outcomes and evaluation). Whenever possible, the goal will be to utilize existing groups already working to address homelessness and refocusing their efforts toward development and implementation of strategic initiatives of the Plan.

Target Populations

The Ten-Year Plan recognizes that certain subpopulations of homeless individuals will have differing needs. Implementation strategies must be tailored to meet these needs. The subpopulations identified within the Plan are:

- Single Adults (including chronically homeless adults who have a disabling condition)—HUD defines chronically homeless as single individuals who have been homeless for over a year or homeless more than four times in the previous three years, and are living with a disabling condition. Of the 5,630 single adults included in the 2004 One Night Count, 2,500 are estimated to be chronically homeless. They face a multitude of personal and systemic barriers to housing, such as lack of income, eligibility criteria that screen out individuals with certain criminal histories and/or credit scores, mental illness, alcohol and chemical dependency, physical or developmental disabilities, health status and other factors.

Chronic homelessness extracts a huge toll on our community, both in terms of human lives and hard dollars. Use of emergency healthcare, shelters, and the criminal justice system by chronically homeless individuals is disproportionately high, compared to other homeless adults and is a significant driver in the growth of public health and public safety costs in

King County. Local and national research shows that we would realize considerable savings if we were to provide these individuals with immediate housing and supportive services such as mental health and chemical dependency counseling, protective payee services, re-entry supports and other services.

The Ten Year Plan promotes a "housing first" model to respond to this issue. This model provides individuals with appropriate, permanent housing as soon as possible, and not only as a "reward" for participating in services or making progress on a case management plan. Services are offered on-site and are voluntary. This low-barrier approach to housing gets people off the street, helps build trust, and facilitates an individual's willingness and ability to access treatment and re-integrate into society.

- **Families**—The 2004 One Night Count estimates that 2,475 people in families are homeless on any given night in King County in 2004. The most common causes of homelessness for families include a lack of or reduced incomes; medical, mental health, and family emergencies; and domestic violence.

For a majority of families, housing affordability is the driving factor behind their becoming homeless, and housing subsidies would provide the support they need to obtain and maintain housing. The vast majority of homeless families have extremely low incomes and are unable to afford average rents in King County. The average rent plus utilities for a two-bedroom apartment in King County is \$996; a family in King County must earn \$17.75 per hour (\$3,080 per month) to afford this housing. To address this need, families need housing that is not time-limited and remains affordable for the long-term – either through rent subsidies or other housing affordability practices.

In addition, strong transitional housing programs are needed to support reunification for families whose parent is exiting a treatment center or corrections facility; those who are escaping a domestic violence situation and need safe, confidential housing to rebuild their lives; or refugees who need time and assistance in integrating into the American culture and workplace. The Plan also suggests that we retain some level of transitional housing for families, as it can be an important tool to help families rebuild their lives after crises.

- **Youth and Young Adults**—Youth and young adults become homeless when they run away, are told by parents to leave, age out of foster care, become parents, are discharged from institutions, or flee abuse. They have developmental and socialization needs and challenges in common, and identify more with each other than with other homeless populations.

While outreach and engagement services are key components of all homeless service delivery systems, they are absolutely essential to effecting change for homeless young people. Relationship building and engagement activities often take place over several years before significant change in a young person is evident.

Once housed, youth tend to have specific developmental needs that require specialized structure and support, such as life skills training, job skills training or parenting classes. They may benefit from dormitory style or other group living situation that helps to maintain a

connection to their peers, as well as connections to vocational training and/or community college. Some systemic barriers to effectively housing youth include local regulations and administrative codes about staff/youth ratios, foster care regulations, parental notification requirements, and truancy laws that affect providers' ability to coordinate services for youth. The Ten-Year Plan advocates that services be streamlined where appropriate to allow them to be more responsive to the needs of homeless youth.

Housing Stock

The Committee to End Homelessness, working with local experts, estimates that King County will need 9,500 units of housing, including the creation of 4,500 new units, in order to implement the Ten-Year Plan. The goal is to gradually divert money from temporary solutions such as emergency and transitional shelter and, instead, prioritize funding for the creation of permanent housing and "transition in place" services. In the long run, reducing homelessness is much less expensive than maintaining it.

King County currently has the following housing opportunities available:

- **Emergency Shelter**—Emergency shelter is temporary protection for homeless individuals and families from unsafe streets and the elements. In King County, shelter programs are either fixed capacity (facility-based) or flexible capacity (hotel/motel vouchers, tent cities, etc.). Programs include night shelters where individuals or families sleep, as well as day shelters where basic health, food, clothing and personal hygiene needs can be addressed. Information and referral about supportive services and housing in the community is provided by written materials and bulletin boards, as well as through the Crisis Clinic Community Information Line and, in cases where programs have the funding to do so, by staff who are able to provide more specialized attention to the households staying in the shelter. The intended result of emergency housing is to provide temporary protective environments for homeless individuals and families.
- **Transitional Housing**—Transitional housing is temporary housing, ranging from 90 days to 24 months, with supportive services designed to help people make the transition from homelessness to permanent housing. There are two different models of transitional housing in the community: 1) traditional facility-based programs that enable homeless people to benefit from a peer group setting, a time-limited length of stay, and/or a confidential location; and 2) "transition in place" programs in which supportive services are temporary and support transition, and where the units themselves may become permanent housing. In other words, once a resident no longer needs supportive services, this individual or household has the option to stay in the affordable unit in which they have been living. In both models, individual needs of the residents determine the type and intensity of services needed to promote residential stability, increased skill level and/or income, and greater self-determination. The intended result is to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

The table on the following page shows the current capacity for emergency and transitional housing units throughout King County.

2004 Emergency and Transitional Housing Inventory Current Capacity					
	Youth / Young Adult	Single Adult	Families & Women with Children (units)	Families & Women with Children (beds)	Total Units
Seattle					
Emergency	36	1,601	132	527	1,769
Transitional	121	1,096	388	1,507	1,605
North King County					
Emergency	13	0	9	27	22
Transitional	4	30	43	97	77
East King County					
Emergency	18	34	30	111	82
Transitional	0	16	154	493	170
South King County					
Emergency	4	36	37	120	77
Transitional	13	112	124	460	249
Total					
Emergency	71	1,671	208	785	1,950
Transitional	138	1,254	709	2,557	2,101
TOTAL ALL UNITS	209	2,925	917	3,342	4,051

Source: Committee to End Homelessness, Inventory of Homeless Units and Beds Seattle/King County, Spring 2004
 Note: In addition to the resources listed in the table, there were 219 units/532 beds under development at the end of 2004

- **Permanent Supportive Housing**—For homeless individuals and families with chronic disabilities, long-term housing combined with available supportive services is a critical requirement for sustaining housing stability. This type of supportive environment enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by other public or private service agencies. Permanent housing can be provided in one structure, at several structures at one site, or in multiple structures at scattered sites. The intended result of permanent supportive housing is to allow formerly homeless individuals and families with disabilities to live as independently as possible in a permanent housing setting.

In 2004, a shelter survey identified 2,313 total beds in nonprofit owned or operated housing projects as permanent supportive housing for homeless people, many with special needs. Another 228 units of permanent supportive housing were under development at the end of 2004.

Over the last decade, the King County Housing Finance Program has provided over \$100 million in funding through the Housing Opportunity Fund (HOF), HOME Investment Partnership Program, Community Development Block Grant Program, and the Regional

Affordable Housing Program to fund and support the construction and development costs of 128 of these emergency shelter units; 640 transitional units; and 4,181 affordable housing units (only a small portion of these affordable housing units are permanent supportive housing units.)

Projected Housing and Support Needs

The following table, taken from the Ten-Year Plan, summarizes the current estimate of the number of total housing units needed to end homelessness in King County, by homeless subpopulation, household type, and level of on-site support services recommended. It is anticipated that approximately half of these units will be secured through subsidizing or utilizing existing rental-market properties and half will be new housing development. These figures may change as we gain new insight over the coming years: more individuals and families may fall into homelessness given changing economic factors; turnover rates among subsidized units may be more or less than anticipated; and the shift from emergency housing to non-time limited housing may unexpectedly impact flow through the system.

Type of Housing and Supports Needed by Homeless Subpopulations over 10 Years				
Homeless Subpopulation	Total Units Needed	Number of Units by Level of Support Services on Site*		
		Intensive	Moderate	None
Total Single Adults	7,300	2,900	2,800	1,600
HUD-defined chronic homeless **	2,500	1,800	700	0
Other single adults	4,800	1,100	2,100	1,600
Families	1,900	475	475	950
Youth/Young Adults ***	300	250	0	50
Total	9,500	3,625	3,275	2,600

* In addition to on-site services (where provided), all formerly homeless individuals and families will be able to access services through related systems as needed to support housing stability and quality of life. In addition, support in securing affordable and appropriate housing will be needed by many households.

** As defined by the U.S. Department of Housing and Urban Development: homeless for over a year or homeless more than four times in the previous three years and living with a disabling condition.

*** It is estimated that some youth and young adults will be accommodated in temporary transitional programs, or with improvements in homelessness prevention and family reconciliation services, will return to their families.

Projected Costs to Provide Housing and Supportive Services

It is difficult to develop precise estimates for the costs to develop and maintain the necessary housing and supportive services over the next decade. Current and very preliminary estimates to create the needed housing and supportive services over the next ten years are over \$750 million. However, this figure does not account for the possibility of another economic downturn in the local economy, or factor in rapidly accelerating housing costs. The *Seattle Times* reported in May that between 2003 and 2004, the local housing market experienced a 9.8 percent appreciation rate – more than double the rate of the previous year, while wages increased an average of only 1.6 percent (City of Seattle, Department of Finance.)

King County will manage over \$31 million in 2005 on homeless housing and services (see below for detail on those expenditures). Over the course of the next decade, this translates to over \$300 million. As noted earlier, the Homeless Housing and Assistance Act will bring in about \$3 million per year, or an estimated \$30 million in new funding over ten years toward the \$750 million estimate. As a community, we will need to develop additional fund sources, or reprogram existing funds, to close the gap.

Additionally, as King County moves forward with the implementation of the Plan, we anticipate we will realize significant cost savings in related services such as emergency room visits and other crisis response services, and in reduced jail time and other criminal justice costs. King County Department of Community and Human Services conducted a simple study in 2003 that found that the average cost for the top 20 users of the Dutch Shisler Sobering Support Center was over \$48,000 for each person served. By providing housing and supportive services, these people are much less likely to end up in the jail, the sobering center, or an emergency room.

This "housing first" model – through which we provide housing to individuals immediately upon contact and identification of need – has been proven successful. In fact, one study commissioned by the national Coalition for Supportive Housing conducted by Dr. Dennis Culhane of the University of Pennsylvania found that cost savings generated through a "housing first" model are substantial. Dr. Culhane calculated that the annual expenditures per chronically homeless individual – in terms of emergency room visits, outpatient treatment facilities, court costs, etc. - were decreased by 40 percent when these individuals were provided with permanent supportive housing. This decrease takes into account the costs of providing service-enhanced permanent housing, giving further credence to the idea that placing chronically homeless persons in supportive housing is not only good social policy, but makes fiscal sense.

Current King County Efforts

King County manages significant funding and resources and devotes considerable staff time to the issue of homelessness in the region. Many county housing and treatment programs already have strong working and contractual relationships with local cities and community and faith-based organizations to coordinate housing and service systems that address homelessness through outreach, case management and integrated services and housing.

Either directly (through county general funds) or indirectly (as administrators of state and federal funds) King County manages a total of \$31.2 million in efforts to combat homelessness, as detailed below:

\$0.4 M	Homelessness prevention / emergency rental assistance
\$3.9 M	Intake, engagement and assessment
\$1.8 M	Emergency shelter
\$3.3 M	Transitional housing
\$4.9 M	Permanent supportive housing
\$5.5 M	Supportive services
<u>\$11.4 M</u>	Capital projects
\$31.2 M	TOTAL

Revenue sources that fund these services include the following:

- HUD/McKinney Supportive Housing Program – Operating assistance and supportive services to transitional housing programs and services.
- HUD/McKinney Shelter Plus Care – Rental assistance and case management services to support permanent supportive housing for homeless disabled households.
- HUD/Emergency Shelter Grant – Support for emergency shelter operations and supportive services.
- Housing Opportunity Fund (HOF) – County general funds to develop housing for particularly difficult to serve populations, such as homeless people with mental illness and/or chemical dependency.
- HOME Investment Partnership Program – Federal funding, primarily capital dollars, to invest in housing for low-income households (acquisition, rehabilitation and new construction) and down payment assistance and tenant-based rental assistance.
- HUD/Community Development Block Grant – Primarily capital dollars for investments in affordable housing, community improvements and economic development for low- and moderate-income people/communities. Only 15 percent may be used for human services; in King County, nearly half of this 15 percent goes to homeless prevention and emergency shelter operations.
- Regional Affordable Housing Program (RAHP) – State funding created from a recording fee surcharge on certain documents; available for capital, operations and maintenance costs of transitional and emergency shelter programs.
- Transitional Housing Operating and Rental Assistance (THOR/A) – State funding to support transitional housing with supportive services for homeless families with children so they can make the transition from homelessness to stable housing.
- Health Care for the Homeless (HCH) – Federal funds to provide multidisciplinary health care services in homeless sites, 22 medical recuperation beds, and selected medical case management.

Other fund sources include state mental health and substance abuse treatment funding, county funds to support veterans' services, and other fund sources. Detail on homeless resources can be found at www.metrokc.gov/dchs/hcd.

Several other community resources are also available to provide additional funding:

- Sound Families: The Bill & Melinda Gates Foundation made a \$40 million commitment to launch the Sound Families Initiative, providing funding for housing and case management services to help homeless families find and keep permanent housing. In 2004, the

Washington State Legislature appropriated over \$2 million for the creation of the Homeless Families Services Fund to build on the success of the Sound Families Initiative by leveraging state funds. These funds are managed by the City of Seattle Office of Housing.

- State Housing Trust Fund: The State Legislature in the 2005 session increased the Housing Trust Fund from \$80 million to \$100 million. Historically, King County receives about 40 percent of the Housing Trust Fund dollars, which means that King County can anticipate receiving about \$8 million of the additional \$20 million.

Areas of Particular Focus for King County—Criminal Justice and Chronic Homelessness

King County is responsible for coordinating criminal justice systems and both mental health and drug/alcohol treatment systems. It is responsible for helping those people most at risk for harming themselves or others, and therefore, has a particular interest in the needs of the chronically homeless, most of whom have needs in some or all of these areas.

Chronic homelessness is tremendously expensive—both in terms of human costs and dollars expended. King County spends tens of millions of dollars on mental health and chemical dependency services, emergency care, court and other criminal justice costs, shelter beds and other services to assist chronically homeless individuals.

These escalating costs mirror national trends—especially relative to incarcerating chronically homeless individuals. The federal government has reported that although chronically homeless people comprise only 10 percent of the homeless population, they utilize 50 percent of the available federal homeless resources. Chronically homeless individuals are typically high users of crisis services, including emergency response systems such as ambulance, paramedics, emergency medical teams, emergency room visits, police responses, mental health services, and chemical dependency treatment; and the criminal justice system, including jail admissions and subsequent court costs for judgments, sentencing, and monitoring of cases.

National research highlights the enormous financial cost of high utilizers upon the system. The Criminal Justice/Mental Health Consensus Project is a national effort coordinated by the Council of State Governments (CSG) to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illness who become involved in, or are at risk of involvement in, the criminal justice system. Their landmark Consensus Project Report released in June 2002 documents the following:

1. People with mental illness are significantly over-represented in the criminal justice system. The rate of mental illness in state prisons and jails in the United States (16%) is at least three times the rate in the general population (5%). At least three-quarters of people with mental illness who are incarcerated have a co-occurring substance abuse disorder. Men who have been involved in the New York state public mental health system were found to be four times more likely to be incarcerated than men in the general population; for women, the ratio is six to one.

2. Many have committed only minor crimes. Nearly half the inmates with a mental illness in state or federal prisons in the United States are incarcerated for committing nonviolent crimes.
3. They stay longer in prison and jail. On Riker's Island, which is New York City's largest jail, the average length of stay for all offenders is 42 days; it is 215 days for inmates with a serious mental illness. In Pennsylvania state prisons during the year 2000, inmates with serious mental illness were three times as likely to serve their maximum sentence compared to other inmates.
4. They are extremely expensive to incarcerate. The Pennsylvania Department of Corrections estimates that it costs approximately \$80 per day to incarcerate an average inmate and \$140 per day to incarcerate a person with serious mental illness. The Monroe County Jail in New York spends approximately \$315,000 per year on overtime for deputies assigned to conduct twenty-four hour suicide watches.
5. Many will be treated through expensive public safety and crisis response services, without gaining access or linkages to long-term care or housing. During the year 2000, King County spent over \$1.1 million on drug and alcohol acute care and criminal justice services for just 20 chronic and high needs individuals. In Summit County in Ohio during the year 2001, the cost to taxpayers there for a similar group of 20 individuals was \$1.3 million.

Local and national research repeatedly shows that if we were to house these individuals in permanent supportive housing we would incur a fraction of these costs, both human and fiscal. As noted earlier, the chronically homeless are a key population for services in the Ten-Year Plan.

Responses to Council Motion 2005-0209

All county departments are engaged in reviewing lines of business and identifying opportunities to align activities with the Ten-Year Plan to End Homelessness. The following are some of the projects and initiatives that have been identified by county departments over the past month that particularly respond to the four issues identified in the Council's May 2005 motion.

1. ***Set out goals to significantly increase the placement and success of homeless persons in transitional and permanent housing options within three years.***

The Committee to End Homelessness has or will identify specific measurements that build upon the goals and objectives contained within the Ten-Year Plan. The task of defining the exact measurable outcomes and numeric indicators for each of the Plan's objectives will fall to the members of the Interagency Council, as well as to the sub-committees. Specific measures already identified in the Ten-Year Plan include the following:

- Coordinate strategies specifically to end chronic homelessness among single adults— Numerous service providers and partnerships provide a range of housing and services to chronically homeless individuals. Over the next 18 months, these entities will engage in

a concerted effort to align activities and priorities to implement system changes that will reduce homelessness in the downtown Seattle area. This collaborative planning effort will also serve to align our community for competitive federal grants that we anticipate will be available to serve this target population.

Four community groups representing dozens of agencies and providers—the Chronic Populations Action Council, Taking Health Care Home Initiative Funders Group, Health Care for the Homeless Planning Council and the Downtown Seattle Association Street to Home Initiative – have agreed to work together to create a joint task force, to be called the Chronic Populations Steering Committee. This task force will identify best practices for engaging chronically homeless individuals in services and create a cross-system structure for communication, case management, discharge planning, health and behavioral health coordination, and supportive housing access and retention. They are currently in the process of identifying an oversight entity to guide the process and hold stakeholders accountable.

- Reduce total numbers of homelessness—The Ten-Year Plan sets a goal of reducing homelessness by 25 percent in the first five years, and 98 percent by year ten. Within the first three years, the Plan anticipates achievement in reducing homelessness by 10 percent (given that the first two years will focus on retooling the existing system). Accelerated reduction in homelessness is expected in years four and five, allowing achievement of the goal of reducing homelessness by 25 percent by the end of year five.
- Create housing—The Ten-Year Plan sets a goal of creating or sustaining 9,500 units of affordable housing, including development of as much as 4,500 new units. One of the early steps to achieve this will be to convene representatives of housing authorities, nonprofit housing providers, housing developers, and private-market landlords to determine the availability of existing subsidized housing units for immediate tenancy by homeless individuals and families, and create a plan to move people who are currently homeless into permanent housing over time.
- Build full participation in a homeless management information system—Our region has adopted the Safe Harbors Management Information System as its software and database tool for tracking services provided to homeless people who access the shelter system. There are approximately 95 agencies operating over 260 shelter and transitional housing programs from whom data will be captured in the Safe Harbor systems. The Committee to End Homelessness has set a goal of full participation by these agencies and their programs by year five of the Ten-Year Plan.
- Create baseline measures and understanding—The Ten-Year Plan includes specific strategies to track and measure implementation, including 1) tracking the flow of dollars and availability of shelter and housing to understand the services being provided, broken down by geographic region and target populations; 2) continuing the One Night Count in January of each year (to coincide with the timeline required by HUD) to track the number of individuals and families living in shelters, transitional housing, and on the streets; and

3) as participation in Safe Harbors increases, tracking the time it takes for homeless individuals and families to secure permanent housing and tracking the services received.

- Capture reporting elements required under the Homeless Housing and Assistance Act— The recently passed state legislation (E2SHB 2163) requires an annual report on progress in achieving the goal of ending homelessness. The Interagency Council will convene a workgroup to identify the specific measurements and indicators that will be tracked and reported to the state by the King County Ten-Year Plan. The annual report will be issued by the Governing Board of the Committee to End Homelessness. Suggested reporting elements identified in the state legislation include the following:

- Reduction in the number of homeless individuals and families from the initial count of homeless persons
- Number of new affordable units available for homeless families, by housing type
- Number of homeless individuals who are not offered suitable housing within 30 days of their request or identification as homeless
- Number of households at risk of losing housing who maintain it due to a preventive intervention
- Transition time from homelessness to permanent housing
- Cost per person housed at each level of the housing continuum
- Ability to successfully collect data and report performance
- Extent of collaboration and coordination among public bodies as well as community stakeholders, and the level of community support and participation
- Quality and safety of housing provided
- Effectiveness of outreach to homeless persons and their satisfaction with the program.

2. *Focus county mental health, chemical abuse and dependency, public health, housing, veterans, other human services and community corrections programs on the mission of preventing and eliminating chronic homelessness due to disabling conditions.*

The Ten-Year Plan and its commitment to ending homelessness was a focal point of Executive Sims' 2005 "State of the County" address, providing clear direction to county departments to identify ways to be involved in helping to implement the Plan. The majority of initiatives come from programs within the Department of Community and Human Services dealing directly with homeless and mentally ill and/or chemically dependent individuals. However, other county departments such as Public Health, Natural Resources and Parks (DNRP), Executive Services (DES), Development and Environmental Services (DES) and Adult and Juvenile Detention (DAJD) have also identified projects that they will undertake in the next year to focus resources on the mission of preventing and eliminating chronic homelessness due to disabling conditions.

The following list identifies initiatives currently under review or implementation by county departments and divisions, grouped by the three key strategies of the Ten-Year Plan: preventing homelessness; moving people quickly from homelessness to stable housing; and building the political and community will to end homelessness.

Preventing homelessness: An effort to end homelessness must concentrate on avoiding homelessness before it happens. Prevention supports are cost-effective, compassionate responses to eliminating or precluding homelessness in our communities. Following are new county strategies around prevention.

- Ensure individuals released from institutions (hospitals, jails) are not discharged into homelessness. All too often people are discharged from institutions with no place to go. County programs have begun to identify ways in which they can coordinate services and case management to ensure that people have housing plans in place upon discharge, including the following:
 - Work with mental health providers to develop and implement protocols around case manager responsibilities to ensure that consumers with mental illnesses being released from jails or hospitals have housing and service plans in place upon discharge. *(DCHS Mental Health)*
 - Work with health providers to develop and implement protocols around case manager responsibilities to ensure that consumers with HIV/AIDS and/or tuberculosis released from jails or hospitals have housing stabilization plans in place upon discharge. *(Public Health)*
 - Partner with the Central Area Motivation Program (CAMP) to implement the Re-Entry Project where ex-offenders will be released to the custody of CAMP case managers who will ensure that they are able to access appointments within the mental health and chemical dependency systems, enhancing successful re-entry to the community. *(DAJD Community Corrections Division)*
 - Identify people who are homeless and/or unemployed when they are screened for indigency status by the Office of the Public Defender (OPD) and their housing and employment status when the case is closed by their assigned attorney, and include housing stabilization as a component of their case management plan while receiving services with a public defense agency. *(DCHS OPD)*
 - Identify strategies to sustain and strengthen dedicated housing linkages with the Health Care for the Homeless Medical Respite Program, which provides recuperation beds for homeless people discharged from the hospital or emergency department. *(Public Health-Health Care for the Homeless Network)*
 - Strengthen housing and health care discharge linkages for homeless people served by the King County Jail Health Services, and track homeless status of Jail Health clients. *(Public Health Jail Health and Health Care for the Homeless Network)*
 - Make necessary programmatic changes to the housing component of the Criminal Justice Initiatives, based on the evaluation findings due the end of summer 2005. Investigate how these findings translate to the youth environment. *(DCHS, DAJD Community Corrections, Courts)*
- Ensure that formerly homeless individuals receive the case management supports they need to maintain permanent supportive housing. Over 80 percent of formerly homeless individuals who enter permanent supportive housing maintain that housing for a

minimum of two years; however, a sizeable minority cycle back into homelessness. Some county programs have identified projects that they can undertake to understand how and why clients fall back into homelessness and supports they can put in place to prevent this, including the following:

- Among people with severe mental health issues, research why these individuals fall back into homelessness and identify pro-active interventions that could help them maintain housing. *(DCHS Mental Health)*
- Among people with developmental disabilities, research why these individuals fall back into homelessness and identify pro-active interventions that could help them maintain housing. *(DCHS Developmental Disabilities Division)*
- Provide enhanced health services. Given that chronically homeless individuals frequently have significant health concerns, Public Health has applied for a Health Disparities Grant to fund a nurse to work to create healthier communities within permanent supportive housing projects in downtown Seattle. The grant will provide chronic disease support groups that encourage tenants to be proactive in their healthcare, as well as supporting other tenants in their recovery. *(Public Health-Health Care for the Homeless Network)*
- Implement a new oral health grant, awarded to provide dental care for people transitioning from homelessness to stable housing. *(Public Health, Downtown Public Health Dental Clinic and Health Care for the Homeless Network)*
- Increase employment and training opportunities for chronically homeless adults so that they are better able to afford housing. The lack of income and/or income supports to be able to pay rent is one of the greatest barriers to securing housing. Certain county programs have begun to identify ways in which they can help homeless and formerly homeless adults increase their employability, maintain employment and make wage gains. New initiatives include the following:
 - Investigate ways to support employment and training opportunities for clients of the Downtown Emergency Services Center (DESC) Connections Program. *(DCHS Work Training Program)*
 - Investigate ways to offer formerly homeless individuals internships and employment opportunities within county programs. *(DNRP)*
 - Investigate the possibility of expanding a current DES program that employs work crews from DAJD to provide grounds maintenance for county buildings. Similar programs could be developed that would employ homeless/formerly homeless individuals. *(DES and DAJD)*
- Provide emergency financial support to stop eviction or foreclosure. Emergency rental or mortgage assistance is a highly cost effective means to prevent homelessness. One current project is the King County Housing Stability Project using CDBG funding; 84 percent of households that receive emergency assistance are still housed six months later. Other county programs have ideas to replicate this model, including the following:

- Partner with service providers to provide rental assistance for individuals with disabilities or families who have a dependent at home with a developmental disability. (*DCHS Developmental Disabilities Division*)
- Investigate the possibility of enacting legislation to allow county employees to donate vacation leave and convert it into cash for rent or utility assistance efforts. (*DES*)

Moving people quickly into housing: Providing individuals with appropriate, permanent housing as soon as possible is cost-effective, responsive to consumer needs, and breaks the cycle of homelessness. This low-barrier approach to housing gets people off the street, helps build trust, and facilitates the individual's willingness and ability to access treatment and re-integrate into society. Two barriers stand in the way of moving people quickly into housing: lack of available housing and lack of support services. The following new initiatives will work to facilitate connections to stable housing.

- Implement "housing first". Programs throughout the country are beginning to identify ways in which they can implement a "housing first" model. Certain county programs are exploring how to restructure and/or contract for services that support this model, including the following:
 - Support the reintegration of developmentally disabled ex-offenders who have a history of violence; partner with Seattle Mental Health and other community based organizations to help developmentally disabled ex-offenders access employment and housing supports needed to reintegrate into the community. (*DCHS Developmental Disabilities Division*)
 - Support emerging "housing first" programs through the provision of wrap-around services; work with the new DESC project at 1811 Eastlake to organize on-site health care services, and partner with DESC and Pioneer Square Clinic to organize on-site nursing care and develop health protocols. (*Public Health-Health Care for the Homeless Network*)
- Create new housing. County programs have begun to identify funding and other potential opportunities to procure specific housing units, including the following:
 - Identify opportunities to utilize surplus county land/property; research and evaluate land that the county owns, as well as the policy and political dynamics involved to make the surplus property ordinance more effective in creating affordable housing. (*DCHS Housing Finance Program and DES*)
 - Work with local municipalities to explore the feasibility of nonprofits purchasing low-cost motels or other properties for use as permanent and affordable housing, utilizing a challenge grant structure whereby the county would commit \$7 in funds for every \$1 committed by the municipality, in exchange for the city's agreement to assist nonprofits with rezoning and other siting issues. (*DCHS Housing Finance Program*)
 - Redevelop the former Cedar Hills Alcohol Treatment Center in Maple Valley into transitional housing for 70 women and their families, a majority of whom will be

exiting the criminal justice system. Passage Point will provide on-site adult education, job training, mental health and chemical dependency counseling, parenting classes, and child development. *(DCHS Mental Health, Chemical Abuse and Dependency Services Division)*

- "Fast track" affordable housing. Housing and permit processes can cause delays and cost increases that can significantly affect the development of affordable housing. DDES can "fast track" the permitting process, and in some cases, waive permitting fees. DDES will conduct additional education and outreach to inform developers and staff about opportunities to streamline permits and reduce costs. In addition, there are new, affordable opportunities to incorporate "green design" elements into affordable housing. DDES will provide technical assistance to developers to improve access/understanding of these options. *(DDES)*
- Create new permanent, affordable housing opportunities for chronically homeless mentally ill individuals by working in partnership with the King County Housing Authority and mental health agencies to provide housing, mental health and chemical dependency treatment, employment services, and assistance with daily living for 25 chronically homeless mentally ill individuals in the South King County area. *(DCHS Mental Health, Chemical Abuse and Dependency Services Division)*
- Obtain additional resources/realign existing resources. County programs have begun to identify new funding opportunities to help procure and develop housing. In addition, by implementing certain initiatives, the county anticipates generating significant cost savings, which can be reprogrammed towards new uses such as developing housing or providing supportive services. New initiatives include the following:
 - Align county funding to meet the goal of ending homelessness. Given that the county provides over \$31.2 million annually for homeless housing and related services, certain county programs have begun to review eligibility criteria and regulations for the funds they monitor to identify opportunities to align contracts and funding decisions more closely with the Ten-Year Plan.
 - Prioritize HOME, HOF and RAHP funds towards ending homelessness. *(DCHS Housing Finance Program)*
 - Work with a soon-to-be convened Housing for Youth subgroup of the CEH to align funding decisions with the group's priorities. *(DCHS Youth & Family Services)*
 - Revise language in upcoming Requests for Proposal and other appropriate contracts for housing and housing services to require agencies who receive funding administered by King County to participate in the Safe Harbors data management system. *(DCHS Housing and Community Development)*
 - Secure additional McKinney Vento Funds. King County Housing and Community Development jointly leads our region's efforts each year for the HUD/McKinney application, through which King County and its municipalities receive over \$15 million annually to fund housing and supportive services. *(DCHS HCD)*
 - Implement the new Homeless Housing and Assistance Act. *(DCHS HCD)*

- Continue to seek grant opportunities. DCHS has applied for a new state grant to serve chemically dependent high utilizers. If funded, the department will coordinate these funds with reprogrammed funds for sobering services and related programs to more effectively serve this population. DCHS is also collaborating with the King County Sheriff's Office (KCSO) on a grant application to fund Crisis Intervention Training for Sheriff's Office deputies to build better understanding and response to people in a mental health or substance abuse-related crisis. *(DCHS Mental Health, Chemical Abuse and Dependency Services Division, KCSO)*
- Implement homeless health expansions. On June 1, 2005, Health Care for the Homeless (HCH) was awarded a federal oral health expansion grant that includes referral relationships with supportive housing sites. HCH will continue to pursue appropriate expansion opportunities as appropriate, with priority on implementing the goals of the Ten-Year Plan and linking services to housing sites. *(Public Health-Health Care for the Homeless)*

Build the Political and Community Will to End Homelessness: Historically, government, nonprofits, faith, civic, philanthropic and community-based organizations have been fragmented in their services, policy and legislation. The goal of the Ten-Year Plan is to retool the existing systems to create an integrated, countywide response to ending homelessness. The key to success is a regional partnership.

The future success of the Plan requires an unprecedented move towards unification among elected officials, government entities, faith communities, communities of color and their institutions and organizations, providers, philanthropy and the general public. Doing business in this unified approach will require leaders in all areas of the county to move beyond local concerns and recognize that a collective approach to ending homelessness is essential to our success.

As part of King County's contribution, several county programs have identified new ways to align efforts and community resources, educate stakeholders about the Ten-Year Plan, and enlist our community's active participation in implementing the Plan. Specific initiatives include the following:

- Create the governance structure to oversee the Ten-Year Plan. The governance structure calls for the creation of a Governing Board, Interagency Council and Consumer Advisory Council. These bodies, along with various workgroups, will oversee the actual implementation of the Ten-Year Plan. CEH staff is actively involved in recruiting and establishing these bodies at this time. *(DCHS Committee to End Homelessness)*
- Increase community awareness and support around the issue of homelessness. The CEH Project Director has made over 40 presentations to government, community and civic groups to acquaint them with the Plan. CEH staff will continue working with these entities to determine ways in which they can support Plan goals through specific programs, collaborative projects, funding and staffing. *(DCHS Committee to End Homelessness)*

- Develop an education curriculum on homeless issues for county employees. County employees may not be familiar with homeless issues. The Employee Charitable Campaign occurs each fall, and with more knowledge of the issue, county employees may choose to direct charitable giving to agencies that work with the homeless. DES will investigate ways to enhance employees' understanding of the issue of homelessness and willingness to become involved in helping to address it, either through contributions, volunteering, advocacy or other venues. *(DES)*
 - Create linkages with the faith-based community. The faith-based community reaches hundreds of thousands of individuals and will be an integral partner in helping to end homelessness. DCHS is in the process of developing a Request for Proposal to coordinate activities between the Committee to End Homelessness and the faith-based community to educate the local faith community on the Ten-Year Plan and identify opportunities for the faith community to be actively involved in implementing components of the Plan. *(DCHS Committee to End Homelessness)*
 - Coordinate community planning efforts around chronically homeless individuals. As mentioned previously a joint task force called the Chronic Populations Steering Committee will identify best practices for engaging homeless individuals and create a cross-system structure for communication, case management, discharge planning, health and behavioral health coordination and supportive housing access and retention. *(Public Health and DCHS, together with the Downtown Seattle Association and the City of Seattle Office of Housing)*
 - Utilize data to inform strategic decisions. The ability to define, understand and talk about the issue of homelessness relies on a solid understanding of the background data about the number of homeless people in the community, the services they receive, available funding for services, etc. Multiple projects are in the beginning phases of implementation that will provide us with better data, thereby allowing us to create more responsive strategies. Specific initiatives include the following:
 - Staff is engaged in a department-wide planning process to develop capabilities to use GIS mapping for key decision-making purposes. *(DCHS Housing and Community Development)*
 - Public Health will be conducting various epidemiological data and monitoring studies on issues of homelessness, risk factors and health concerns, including working to raise public awareness and increase political will through its focus on homelessness in the *Communities Count Report* and an upcoming report on housing and health. They will work with CEH staff to coordinate studies as appropriate. *(Public Health)*
3. ***Describe how the county programs will collaborate with cities and community and faith-based organizations to develop coordinated, regional housing and service systems that minimize homelessness by providing outreach, coordinated case management and integrated services and housing.***

Multiple strategies for coordinating and aligning activities have already been described in this report. The vast majority involve the active coordination of case management, integrated services and regional approaches to addressing the issue of homelessness.

In addition, CEH staff, and in particular the Project Director Jeff Natter, have begun reaching out to cities and community and faith-based organizations to provide information on the Ten-Year Plan and create the community dialogue and processes to begin to align regional efforts. Jeff Natter has given over 40 presentations to groups like the East King County City Planners, North Urban Human Services Alliance, Interfaith Task Force on Homelessness, Kent Human Services Commission, Seattle Women's Commission, North King County Mayors, City of Bellevue Human Services Commission and the Downtown Seattle Association. CEH staff will continue to coordinate initiatives and outreach to encourage local partners to align new proposals with the goals of the Ten-Year Plan.

Numerous opportunities for members of the faith community to be involved in the Plan also already exist. As mentioned previously, the following activities are currently underway:

- CEH is in the process of developing a Request for Proposal to partner with a faith-based community organization to identify specific opportunities for faith-based involvement.
 - CEH staff has been, and will continue to conduct presentations of the Plan to secure endorsements among local congregations.
 - Faith communities have been holding "teach-ins" at their places of worship and have invited speakers from CEH and other organizations to present information about fighting homelessness.
 - Representatives from the faith community have or will be named to both the Governing Board and Interagency Council.
 - Faith communities are working with CEH staff to respond to neighborhood concerns about siting and shelter use.
4. *Describe the steps to be taken together with the city of Seattle, other cities and providers to fully implement the Safe Harbors Homeless Services Information System as quickly as possible.*

HUD requires that all providers receiving HUD funds for homeless services participate in the local homeless management information system. The county and the City of Seattle have set a goal for full participation by the end of year five of the Ten-Year Plan. As mentioned previously, approximately 95 agencies operate over 260 shelters in King County. Twelve agencies are already actively participating in the project, accounting for 36 shelters and transitional housing programs. Qualified agencies can also access the Safe Harbors system through data integration. Data integration means that each agency has its own data system and has sufficient data elements and technology to send the data electronically to Safe Harbors, rather than having to re-key data. The King County Continuum has six agencies (accounting for 85 programs) who qualify for data integration, and they have begun to work with Safe Harbors staff to initiate data integration.

All agencies who are not already participating will be contacted for training by the end of 2005. Depending upon how quickly agencies adopt the system internally, most of the agencies and programs should be on board in the first half of 2006. To create momentum towards reaching that goal, county staff have redeveloped certain Requests for Proposals (most recently Transitional Housing and Operating - THOR) and incorporated a requirement that successful applicants will participate in Safe Harbors, or, if they are not already participating in Safe Harbors, that they will enroll according to the schedule established by Safe Harbors. Staff will continue to evaluate contracts and determine appropriate opportunities to incorporate the participation requirement. In addition, King County, United Way and Seattle are developing common contract language regarding the requirement for Safe Harbors participation, to ensure consistency across funding entities.

Finally, the Committee to End Homelessness will be convening various workgroups to coordinate activities among providers and funders to assist with implementation of the Ten-Year Plan. Data management and accountability has been identified as one potential workgroup. Workgroups will be convened once the formal governance structure has been fully developed.

Conclusion

King County has an extraordinary opportunity to tackle the issues of homelessness as never before. The Committee to End Homelessness brings together the breadth and depth of knowledge, expertise and commitment that will be needed to create the community and political will to truly end homelessness over the next decade. The Ten-Year Plan to End Homelessness offers the blueprint to build the affordable housing and supportive services needed to help vulnerable individuals and families achieve healthier and more stable futures. It will take time, energy and resources. Working together, the Plan can help to create "a roof over every bed in King County."