## Problem Statement

“There is an increase in those falling into homelessness *(it is not rare enough)*, an increase in length of stay *(it is not brief enough)*, all while exits to permanent housing have remained stable *(it is not one-time)*”

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>2:30</td>
<td>Welcome</td>
<td>Kira</td>
</tr>
<tr>
<td>2:40</td>
<td>Key Developments</td>
<td>Janine, Josh, Kira, Gretchen</td>
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<tr>
<td></td>
<td>- Veterans</td>
<td></td>
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<td></td>
<td>- Long Term Shelter Stayers</td>
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<td>- HMIS Transition</td>
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<td>- Leadership: Co-chairs</td>
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<td></td>
<td>- SAMHSA Grant</td>
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<td></td>
<td>- March Community Stakeholder Meeting: Wed 16th 9:30 – 11 am, El Centro</td>
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<tr>
<td></td>
<td><strong>Result:</strong> Group understands work products associated with Single Adult and All Home</td>
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<tr>
<td>3:00</td>
<td>Coordinated Entry for All</td>
<td>Kira</td>
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<tr>
<td></td>
<td>- Single Adult Phase I Workgroup</td>
<td></td>
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<td></td>
<td>- Timeline and Key Developments</td>
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<td>- Regional Access Point RFP</td>
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<td>- Design Decisions Made to Date</td>
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<td></td>
<td><strong>Result:</strong> Group reviews the latest CEA updates and provides input and recommendations on next steps</td>
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<tr>
<td>3:30</td>
<td>Single Adult Strategic Plan Development</td>
<td>Kira/Gretchen</td>
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<td></td>
<td>- Timeline, SWAP and Focus Strategies Update</td>
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<td>- Framework for Single Adult Strategic Plan – BRIEF and ONE TIME</td>
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<td>- Special Session: March 28th 9:30 – 11 (?) Location TBD to review full plan</td>
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<td>- Stakeholder/System feedback opportunities to SA Strategic Plan</td>
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<td><strong>Result:</strong> Group reviews and shapes SA AG recommendations within the Single Adult Strategic Planning (BRIEF and ONE TIME), understands timeline</td>
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<tr>
<td>4:30</td>
<td>Next Meeting, Wednesday, April 13th 2:30pm-4:30pm</td>
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<td></td>
<td>Mercer Island Community Center</td>
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Bus schedule / transit information to/from Mercer Island Park & Ride (1/4 mile from community ctr) available here: http://www.soundtransit.org/schedules/ST-Express-Bus/550/weekday/inbound
SA Advisory Group
2-10-16 Mtg Summary

Present: Chloe Gale-ETS/REACH; Kira Zylstra-All Home; Francesca Martin -Compass; Annamaria Gueco-SMH; Steve Roberts-CFH; Janice Hougen, KC DCHS; Kristin Huson & Meghan Deal-VA; Cynthia West-SHA; Kristy Johnson-KCHA; Dawn Barrett-RVI; Emily Leslie-Bellevue HSD; Angela Murray-Sophia Way; Jesse Bennett-KC BHRD; Dusty Olson-Seattle HSD; John Gilvar & Trudi Fajans-S/KC Public Health; Bill Kirlin-Hackett-ITFH; Emily Myers-CCS; Fe Arreola-Seattle HSD; Ed Dwyer & Josh & Miranda-Harborview; Will Wilson-DSHS; Jenna Smith-SHA; Shawna-Immanual;

Announcements / Good of the Order

- Veterans – The initiative has 300+ shoppers – Vets seeking housing in the private market. All VASH Vouchers have been issued, so enrollment to VASH is now limited to turnover; as a result partners are referring those scoring 8 and 9 to SSVF and finding mixed success – some succeed, some fall out, and some have trouble finding housing in the first place.
- LTSS – no update.
- SAMHSA grant – All Home/BHRD is leading an application for a large SAMHSA grant (DESC no longer eligible as they’ve received it before.) The grant provides patient centered care in the form of outreach and care that comes to the client, and requires connection to PSH. SA AG agreed to to serve as steering committee to the grant. This role will become more active as we proceed with implementation.
- HMIS Transition – Subscribe to Bit Focus updates – http://kingcountyhmis.weebly.com/. Adsystech will go ‘gray’ and be read-only access between March 13 – April 1st, when Bit Focus goes live.
- Coordinated Entry for All - RFP for regional access points will be released – hopefully by end of the month. RFP is specifically for assessment services attached to a hub; mobile and outreach services will connect later. Leadership is seeking to increase connections to affordable housing. Executive Committee is discussing prioritization by score or by ‘banding’ and will make decision at March 2nd Exec Committee, with a commitment to evaluate implementation at 100 day intervals. We still need to operationalize a process for those who score low but need PSH – there has been discussion of using tie breakers.
- Ed shared that DC has been working a similar system for several years. They go first by score and if it seems contradictory (low) to the assessors they do full VI-SPDAT. If there is still a tie they do case conferencing. Dawn shared the Vets Initiative does case review for those scoring low. To address ‘languishers’ the protocol is to take the two highest on the list and one from the languishing.
- All Home Committees – the SA AG affirmed Dan Burton as a representative to the Data & Evaluation Committee with single adult experience. The SA AG is seeking nominations for co-chairs – both funder and provider perspective.

SA Strategic Plan

SWAP Modeling – we are waiting Focus Strategies’ initial findings from the SWAP – likely towards the end of March. We will hold several special sessions in late March/early April to review our full strategic plan, discuss the SWAP recommendations, and integrate where appropriate. Kira reiterated that the final plan will be OUR strategic plan and the Focus Strategies will inform, but not necessarily dictate, final recommendations.

The SA AG reviewed the current draft of the plan, which focused on RARE, offering several suggestions. Gretchen took notes and will incorporate and bring back to the group at our next meeting.

The March meeting will focus on BRIEF and ONE TIME.

Next Meeting – Wednesday, March 9th, 2:30 – 4:30 pm, Mercer Island Community Center

Topics for discussion: SA Strategic Plan- Brief & One Time Components, SWAP Modeling, (2016 SA Calendar & Workplan-time permitting)
Phased Approach (February 2016)

January
- HMIS / CEA Project Plan
- CEA Program Rules Established
- CEA Design and Alignment Decisions - Consent - Performance Metrics - CEA Policies and Procedures
- FHC / YHC / Vets Develop Alignment Plan

February
- HMIS Program Set-Up
- CEA Design and Alignment Decisions - Consent - Performance Metrics - CEA Policies and Procedures
- Finalize Families and YA CEA Assessment

March
- HMIS/CEA Test Site HMIS Training
- YHC / FHC Reassessment Process Temporary dB and Manual Referrals Messaging to Families and YA
- RFP for Regional Access Points
- Single Adults PSH Planning

April
- HMIS GO LIVE April 1st
- YHC / FHC / Vets Manual Referrals YHC/FHC NEW Assessments in HMIS
- RAPs - RAPs selection - Hiring and Training
- Single Adults Assessment Planning

May
- Develop Eligibility Engine Vet/SA Assessment in HMIS
- YHC / FHC in HMIS
- RAPs Hiring and Training Align Resources with RAPs
- Single Adults develop PSH Placement Roster

June
- CEA GO LIVE!
- YHC / FHC use Eligibility Engine in HMIS
- RAPs GO LIVE! June 1st
- Single Adults PSH Referrals through CEA

Housing Standards and Screening Criteria Alignment Project

Phase I – HMIS, CEA Design and FHC / YHC / Vets Alignment and Transition
Phase II – Housing Alignment and Capacity Building
Phase III – Regional HUBs and Single Adults Coordinated Entry

All Home CEA Community / Stakeholder Engagement
# Strategic Plan to Prevent and End Single Adult Homelessness in King County by ____

## 2016 Strategic Plan for Single Adults

what we’ve done, what we’ve learned, what we’re doing next, and how we’ll know it worked

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<td>Making Homelessness a Brief and One-Time Occurrence</td>
<td>TBD</td>
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<tr>
<td>Community Engagement on Single Adult Homelessness</td>
<td>TBD</td>
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<tr>
<td>How will we work together to make Single Adult homelessness rare, brief and one-time?</td>
<td>x</td>
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</tbody>
</table>

### Appendices

- Appendix A – TBD (Focus Strategies report?)
- Appendix B – TBD (SWAP analysis?)
- Appendix C – TBD (Single Adult Strategic Plan Planning Process?)
- Appendix D – TBD (Logic Model?)
- Appendix E – TBD (Implementation Timelines and Costs?)

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3/1/2016 Single Adult Strategic Plan
As identified by the All Home Single Adult Advisory Group, “There is an increase in those falling into homelessness (it is not rare enough), an increase in length of stay (it is not brief enough), all while exits to permanent have remained stable (it is not one time.)”

This despite that in King County, there is an extensive network of facility based, emergency shelter, transitional housing, safe haven and permanent housing programs that are specifically dedicated to assist individual adults experiencing homelessness. Our community has been a national leader in the creation of homeless housing – implementing one of the very first permanent supportive housing (PSH) models in the nation with the opening of DESC’s Union Hotel and Catholic Community Services The Wintonia, both opened in 1994. Since 2005 and the launch of the Ten Year Plan to End Homelessness, our community brought online an additional 2,812 new units of capital and leased PSH for Single Adults, and 1,222 Service Enriched units for single adults -- demonstrating extraordinary levels of compassion and cost effectiveness. And yet, tonight, more than 1,700 individual adults will sleep in a Seattle and King County emergency shelter program, and an additional 4,500 will remain outside – a 19% increase in unsheltered individuals over the 2015 point in time census of people who are homeless.

All Home recognizes that Interim Survival Mechanisms – services focused on keeping people alive such as organized group encampments and parking programs - are a legitimate part of our community’s larger response of creating a pathway to housing and utilize valuable public assets (such as the volunteerism of the faith community) in a way that would otherwise go untapped. All Home (earlier incorporated as CEH) chartered an Interim Survival Mechanism workgroup, the recommendations of which are carried forward to this Single Adult Strategic Plan. This plan recommends inclusion of organized Interim Survival Mechanisms as a part of our response to providing safer options for King County’s unsheltered population, with investments in strategies that 1) Open the front door to housing - increase resources and build capacity in order that interim survival mechanisms, shelter and outreach can act as a point of engagement; 2) Increase availability and access to affordable and homeless housing appropriate to this population; and 3) close the back door to homelessness – increase resources to stabilize people in housing once attained.

What other primary one or two introductory paragraphs to include here?
what do we know about Single Adults experiencing homelessness?

The All Home HEART dashboard highlights the data elements that tell us there is an increase in those falling into homelessness (it is not rare enough), an increase in length of stay (it is not brief enough), all while exits to permanent have remained stable (it is not one time.)

As stated by the National Alliance to End Homelessness, the lack of affordable housing is at the crux of homelessness among Single Adults – indeed among all populations. Per the NAEH, Snapshot on Homelessness:

Homelessness occurs when people or households are unable to acquire and/or maintain housing they can afford. While circumstances can vary, the main reason people experience homelessness is because they cannot find housing they can afford. It is the scarcity of affordable housing in the United States, particularly in more urban areas where homelessness is more prevalent, that is behind their inability to acquire or maintain housing.

The majority of people who experience homelessness in King County are single adults; of the ____ (12,000?) individuals who touched homeless housing and service programs in 2015, (8,500?) of them were single adults. Despite the name, however, Single Adults are not a homogenous group. Cohorts among this group include individuals who are chronically homeless, Veterans, long-term shelter stayers, those with mental health and chemical dependency needs, those with criminal justice involvement, and those for whom homelessness is a brief and episodic occurrence.

**KING COUNTY QUARTERLY SYSTEMS PERFORMANCE - Q3 2015**

**SINGLE ADULT PROGRAMS**

**Number of Households Housed**

- Rare
- Brief
- One Time

**Length of Time in Emergency Shelter and Transitional Housing (Days)**

- 2012: 121
- 2013: 115
- 2014: 145

**Percent Returning after Exiting to Permanent Housing**

- 2012: 9%
- 2013: 17%
- 2014: 14%
- 2015 Q1: 12%
- 2015 Q2: 13%
- 2015 Q3: 14%

Chronically Homeless:
In December 2015, HUD issued a final (and refined) definition of chronic homelessness. This definition states: A chronically homeless individual is a “homeless individual with a disability,” as defined in the Act, who: 1) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and 2) Has been homeless (as described previously) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions
must total at least 12 months. Individuals who are chronically homeless are ___ % of the total cohort of Single Adults experiencing homelessness. **Something else about CH per Focus Strategies typology**

Veterans:
In King County, approximately (16%) of the Single Adults experiencing homelessness are also Veterans. This cohort tends to be older (largely due to this cohort coming of age during the mandatory draft era which ended in 1973, as compared to voluntary enlistment in today’s military.) **Something else about Veterans per Focus Strategies typology.**

This gives us contextual understanding of the entirety of people experiencing homelessness in King County, from the graphic below.
Creation and Access to Affordable Housing
A Review of 300 cities and states that receive federal homeless funding found a median rent increase of $100 was associated with a 15% increase in homelessness in urban areas, and a 38% increase in rural or suburban areas.

In King County, the average rent has increased by $115 per month between 2015 and 2016. Over 60,000 very low income households spend more than half of their total household income on housing. (26,000 in the City of Seattle, and an additional 35,000 in the balance of King County.)

Single Adult homelessness initiative- cross-cutting priorities
The All Home Strategic Plan aligns with the USICH Opening Doors plan in setting the objectives of:
⇒ Ending Veteran Homelessness by 2015, and
⇒ Ending Chronic Homelessness by 2017

King County will set a target this year as part of our first ever single adult plan.
The 2016 One Night Count / Point in Time census of people experiencing homelessness, found 4,505 people surviving outside without shelter. This number has continuously increased since 2011 and through much progress is being made, no one strategy can make the shift necessary to reverse this trend. We can report areas of progress, however, noting that the 2015 One Night Count (the last year for which we have detailed analysis) reflected slight declines in the number of Veteran homeless and Chronically Homeless individuals, yet an overall increase in unsheltered homelessness of 21%.

What are the 4 – 6 values that drive selection of SA AG Strategic Plan Priorities.
• Belief that homelessness is unacceptable, and it is the role of our community and public funders to respond
• Transparent, Equitable, Accessible
• Prioritization of Most Vulnerable
• Belief in Recovery, person-centered approach
• Use Data to inform our work
comprehensive Single Adult homelessness initiative recommendations

How to Read this Plan / Interpret Symbols, Context

Our direction moving forward builds on what we have learned from the first ten years of our Continuum of Care’s efforts to end homelessness. The following pages detail activities in the following strategic areas:

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<thead>
<tr>
<th>Strategies to <strong>eliminate disparities</strong> for people of color</th>
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<tr>
<td>Making Single Adult homelessness <strong>rare</strong>,</td>
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<tr>
<td>Strategies relevant to making family homelessness, when it does occur, a <strong>brief</strong> occurrence</td>
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<tr>
<td>Strategies relevant to making family homelessness, when it does occur, a <strong>one-time</strong> occurrence</td>
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<tr>
<td>Creating a <strong>Community to End Homelessness</strong></td>
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<tr>
<td>Each section also contains</td>
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<tr>
<td><strong>What we’ve learned</strong>: key lessons and findings related to the issue.</td>
</tr>
<tr>
<td><strong>What we’re doing next</strong>: recommendations for the next four years, including priority activities (including estimated costs)(^1) and system activities. Partners are also identified.(^2)</td>
</tr>
<tr>
<td><strong>How we’ll know it worked</strong>: how we will measure whether we are making progress in each area, including annual benchmarks and quarterly measures.</td>
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\(^1\) Appendix ___ provides a summary of costs and timelines for the implementation of priority activities.

\(^2\) Key partners in each area are identified; however, these lists are not comprehensive or exhaustive.
<table>
<thead>
<tr>
<th>what we’re doing next</th>
<th>how we’ll know it worked</th>
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<tr>
<td>High Level Strategies from October, refined with Focus Strategies Recommendations</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Prevention</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Increasing Income</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Discharge Planning / Feeder Systems</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<td>Creation and Access to Affordable Housing</td>
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<td>Crisis response – role and capacity of interim survival mechanisms</td>
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<tr>
<td>Equitable, transparent &amp; effective access to housing &amp; homeless services (a.k.a. CEA)</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Streamline/reduce documentation and screening criteria</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Aligned navigation &amp; housing search activities</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>High Level Strategies from December, refined with Focus Strategies Recommendations</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Flexibility in housing to meet individuals’ needs as their circumstances change – program transfers and graduation</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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<tr>
<td>Understand the demand – Single Adult Typology</td>
<td>SA AG to help identify milestones, markers, benchmarks, etc.</td>
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</table>
CEA - Minority cultural pops
- Not connected to mainstream resources
- Lacking language support
- Access for people who are undocumented?

- Utilize a Race and Equity Tool in the development and analysis of strategies to prevent disproportionate impacts on people of color
- Continue to monitor equitable access to system entry and parity in housing outcomes
- Explore strategies to ensure that people of color and Immigrant and Refugee families have equal access to homeless housing resources and Coordinated Entry does not create barriers to access or matching to appropriate resources
- Explore outcomes and benefits of various homeless housing interventions to determine effectiveness of promising practices for families of color
- Establish regular discussions about disproportionality in community and project-specific Learning Circles
- Incorporate conversations and learnings specifically for persons of color within learning circles
- Analyze accessibility and equity around service delivery to ensure services accommodate the needs of each individual
On any given night, we know that over 3,700 single adults are sleeping in a place not meant for human habitation. They may be sleeping in a car, in a tent or under a bridge. Another 3,000 individuals are in shelter. As identified by the Single Adult Advisory Group, as part of its Strategic Planning effort, "There is an increase in those falling into homelessness (it is not rare enough), an increase in length of stay (it is not brief enough), all while exits to permanent housing have remained stable (it is not one-time/episodic)"

Making homelessness rare among single adults requires identifying why people become homeless and creating and targeting preventive supports towards those who may be more likely to experience homelessness. When a single adult is at imminent risk of homelessness, we need quick and appropriate interventions as soon as possible.

High Level Strategies identified by the Single Adult Advisory Group, at their October work session, and subsequently refined with Focus Strategies Recommendations

- **PREVENTION:** Identify individuals at imminent risk of homelessness, and prevent that occurrence
- **INCOME:** Support opportunities for single adults to increase income
- **ACCOUNTABILITY:** Work with Partner and Feeder Systems to end practices of discharging people into homelessness
- **HOUSING:** Create more affordable housing, and enhance access to same

**What will it take?**

Any one strategy alone will not effectively support these efforts. As well, addressing and reducing homelessness will require Federal and State action in addition to local efforts. King County and the City of Seattle’s decision to declare homelessness as a State of Emergency has further exposed the need of a State and Federal response. It will require:

- Shifting the existing system to be able to quickly respond to the crisis of homelessness and to have the capacity to serve single adults when they need assistance
- Integrating employment strategies
- Engaging new partners and landlords to expand creative housing solutions for all single adults
- Engaging a larger network of partners to support single adults in stabilizing in housing over time

**what we’ve learned - RARE**

**Discharge Planning: Feeder Systems and Criminal Histories**

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3 2015 Point in Time Census, held January 23, 2015
Housing problems, including homelessness, are common among single adults leaving institutions such as jails, foster care, treatment programs and hospitals. Research by Dennis Culhane indicates that 24.4% of single adults become homeless upon discharge from an institution, with nearly 70% of those exiting jails or treatment facilities.

A 2013 report, *Factors Associated with Adult Homelessness in Washington State*, reflects that individuals with a history of incarceration were 7.6 times more likely to experience adult homelessness. Those with criminal history are also more likely to be unemployed, the second highest predictor of homelessness. Creating solid discharge plans, and reducing criminalization (policies that unnecessarily create a criminal history), is an important step in making homelessness rare.

**Shallow Rent Subsidies can make the difference in keeping people house**

The state Housing And Essential Needs (HEN) programs provides critical support to very low income elderly and disabled adults and ensures that people with temporary mental health illness or temporary physical disabilities can meet their basic needs and access stable housing when facing extreme economic hardship. Since 2012 nearly 4,000 people in King County with disabilities have been housed through HEN thanks to partnership with private landlords, housing authorities, non-profit housing providers and friends and families of HEN participants. The program reports a stability rate among participants.

**what we’re doing next – RARE**

Strategies proposed in the single adults plan are supported by the All Home Strategic Plan.

1. **PREVENTION**
   
   Alignment with All Home Strategy 1.1: Advocate and align systems to prevent people from experiencing homelessness.
   
   ✓ Increase resources for rental assistance, utility assistance and landlord mediation to keep people in housing.
   ✓ Advocate for a strong safety net that supports housing stability – community-based supports, treatment on demand, employment services, availability of soft skills training (budgeting, conflict resolution)
   ✓ Integrate diversion into single adult strategies
✓ Need follow-up case management/community-based relationships for at least 3-6 months (critical time period) when someone enters housing to help them stabilize.

2. CREATION AND ACCESS TO AFFORDABLE HOUSING
Alignment with All Home Strategies 1.2: advocate and support partners to preserve existing and create more affordable housing for those making below 30% area median income. 2.3: assess, divert, prioritize, and match people with housing and supports. 2.5: increase access to permanent housing.
✓ Engage businesses, landlords and community to foster a sense of responsibility to create/sustain affordable housing
✓ Maximize use of the Low Income Housing Tax Credit to create homeless housing for single adults
✓ Reduce screening criteria
✓ Expansion of landlord incentives to rent to formerly homeless households and strengthening of community connections to overcome resistance to locating housing in neighborhoods.

3. INCOME SUPPORTS
Alignment with All Home Strategy 2.6: create employment and education opportunities to support stability.
✓ Integrate employment services at places where single adult seek services (recognizing they may not know about / travel to WorkSource sites)
✓ Expand and bring to scale supported employment and other employment training programs
✓ Engage businesses and partners in creating and opening up employment opportunities for people experiencing homelessness
✓ Bring to scale efforts to help single adults access entitlements and benefit supports for which they are eligible

4. DISCHARGE PLANNING / ACCOUNTABILITY OF FEEDER SYSTEMS
Alignment with All Home Strategy 1.1: align systems to prevent people from experiencing homelessness. 1.3: expand evidence-based sentencing alternatives. 2.2: foster collaboration between first responders, service providers, and local communities.
✓ Actively track, support and apply for a Medicaid benefit in Permanent Supportive Housing.
✓ Become knowledgeable of housing supports available in partner systems (e.g., mental health, developmental disability) and advocate for their funding and infrastructure needs in order they can full support their cohort
✓ Capitalize on respective areas of expertise; initiate partnerships and provide technical assistance on housing options so partners have knowledge and tools as part of their discharge planning efforts
✓ Create Pools of Navigators to fill the gap of people who do exit without housing supports

how we’ll know it worked - RARE
Need SA AG feedback on milestones / data elements to track to make sure strategies are successful:
• Reducing the number of single adults that enter the system
• Quickly identify the most appropriate intervention depending on the single adults needed.
Making homelessness brief is a critical strategy for ending single adult homelessness to ensure that when homelessness cannot be prevented, connections to stable housing are made as quickly as possible. Making homelessness brief has tremendous benefits for individuals and overall system effectiveness. Individual benefits include:

- Reducing the health and safety impacts of living outdoors and in places not meant for human habitation
- Reducing impacts of trauma on individual social and emotional well-being
- Reduces the crisis of reacting to unknown timelines and next-step housing placement

System-level benefits include:

- Increasing the capacity to serve more people and more quickly respond to individuals newly experiencing homelessness
- Targeting of more costly and intensive resources for the individuals with the greatest barriers to housing stability
- Improving system performance and remaining competitive for critical state and federal resources

**HIGH LEVEL TYPOLOGY LEARNINGS**

System improvements in making homelessness brief increase our capacity to serve more people without solely depending on increasing the stock of available units.

**High Level Strategies to make homelessness brief**, identified by the Single Adult Advisory Group at their November work session, and subsequently refined with Focus Strategies Recommendations

1. CRISIS RESPONSE - role and capacity of interim survival mechanisms.
2. COORDINATED ENTRY - Equitable, transparent & effective access to housing & homeless services (a.k.a. CEA).
3. REDUCED BARRIERS - Streamline/reduce documentation and screening criteria.
4. HOUSING ACCESS - Aligned navigation and housing search activities.

**What will it take?**

No one strategy is sufficient to make the changes necessary to make homelessness brief. A true integration of strategies will be essential towards achieving this goal. Making homelessness brief requires a level of nimbleness and flexibility within the system and among the providers to overcome the challenges of a very competitive housing market and the variety of unique needs of individuals experiencing homelessness. It will require:

- Shifting resources and strategies within the existing system in order more quickly respond to the crisis of homelessness, to serve more people overall and to more quickly assist individuals in attaining permanent housing
- Engaging new partners and landlords to collaborate in efforts to end homelessness
- Expanding the types of housing solutions – finding creative solutions and using flexible resources
what we’ve learned – BRIEF

Reducing the length of time homeless: current stats and trends for SA.

**Housing First Works for Vulnerable People with Multiple Barriers**

Client Care Coordination (CCC) aligns efforts among mental health, corrections, psychiatric emergency services, shelters, and medical emergency services to assess and identify the individuals who are the most frequent users of emergency response services or who are highly vulnerable and surviving on the streets. Analysis of 117 high utilizer tenants enrolled in the program in its first year compared system usage six months prior to housing placement and six months post housing placement. Results showed significant reductions in the use of the jail, the Sobering Center, community psychiatric hospitals and psychiatric emergency services, as shown in the adjacent chart.

**Long Term Shelter Stayers**

The Single Adult Shelter Task Force identified that the majority of shelter residents stay only briefly.

- Fifty percent stayed 60 days or less.
- Seventy-four percent stay 180 days or less.
- A much smaller group (less than 10%) appears to be stuck—what the task force called Long-Term Shelter Stayers. These individuals tended to be older with higher rates of disability. While only 26% of the individuals among this cohort were long-term stayers, they consumed 74% of the beds during the time study.

This finding launched the Long Term Shelter Staying initiative to transition this cohort to permanent housing, thereby freeing up shelter capacity in the larger system.

**Coordinated Entry and Re-Aligning Single Adult Housing and Services**

Perhaps the most significant systems shift will be retooling the existing homeless system, beginning with the development of coordinated entry and assessment. The purpose of a coordinated entry/access system is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless assistance based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide housing first approach, and coordinates assistance so that those with the most severe service needs are prioritized. This will result in freeing up more intensive (and expensive) interventions for individuals that need them, while also allowing us to serve many times more people, more quickly.
what we’re doing next – BRIEF

The following strategies will be addressed between 2016 and 2020:

1. CRISIS RESPONSE – role and capacity of interim survival mechanisms
   Alignment with All Home Strategies 2.1: Address crises as quickly as possible, 2.3: Assess, divert, prioritize, and match people with housing and supports, and 2.4: Right-size housing and supports to meet the needs of people experiencing homelessness.
   - Implement new program components to facilitate either quicker exits off the streets or from shelter;
   - Increase support and public education for interim survival mechanisms that bring people out of the elements, and serve as a point of engagement
   - Coordinate outreach efforts and establish standards for effective and meaningful engagements efforts which suspend harm and provide more flexible tools for outreach teams
   - Increase the efficiency of existing shelter resources ensuring flexible and low barrier shelters with strong case management and a connection to housing
   - Build upon partnerships with faith communities for shelter resources
   - Build on the state of emergency to create innovative solutions

2. COORDINATED ENTRY - Equitable, transparent & effective access to housing & homeless services (a.k.a. CEA)
   Alignment with All Home Strategies 2.2: Foster collaboration between first responders, service providers, and local communities to increase housing stability, 2.3: Assess, divert, prioritize and match people with housing and supports
   - Support system-wide Housing First orientation - adopting low-barrier standards and prioritization of those with the highest needs for housing
   - Utilize coordinated entry to address system gaps and commit to right-sizing our homeless stock and services based on coordinated entry data
   - **Utilize SWAP (System-Wide Analytic Predictor tool) to inform housing investments and resources**
   - Expand Rapid Re-Housing resources for single adults.
   - Ensure regional access to a full range of services – consider every type of housing, including creative housing solutions – and include referrals/access to services such as reemployment, treatment, other.
   - Bring into Coordinated Entry affordable and other creative housing resources and support prioritization of homeless individuals into general resources and affordable housing.
   - Collaborate with first responders

3. REDUCE BARRIERS - Streamline/reduce documentation and screening criteria
   Alignment with All Home Strategies 2.3, 2.4, and 2.5
✓ Educate investors, landlords, community members on misperceptions around screening, utilizing Seattle Office of Housing’s Selecting a Tenant Screening Agency screening, and negotiate reduced screening criteria accordingly. Provide technical assistance to housers, developers and funders to align building criteria towards the least restrictive (instead of the most restrictive) criteria
✓ Develop Housing Standards to ensure the needed supports are in place for each housing intervention

4. HOUSING ACCESS - Aligned navigation and housing search activities
Alignment with All Home Strategies 2.1, 2.3, and 2.4
✓ Implement Housing Navigation – integrate with coordinated entry, community access points, day centers, etc – to assist with documentation
✓ Expand Diversion strategies, including non-traditional housing solutions, and refine methods of providing Diversion within the implementation of Coordinated Entry for All
✓ Closely coordinate with efforts to improve landlord engagement/recruitment
✓ Integrate peer and companion mentor models

**how we’ll know it worked – BRIEF**

The strategies listed above will continue to reduce overall episodes of homelessness for single adults and drive down the rates of returns to homelessness.

Our 2020 goals:
⇒ On average, individuals do not experience homelessness longer than 20 days
⇒ Single Adults can access homeless housing resources the day they need them
⇒ Equal access to services and parity of outcomes for people of color: the same proportion of people of color accessing the system obtain permanent housing resources

Quarterly benchmarks will include:
⇒ Length of episodes of homelessness (system-level and lengths of stay by program type)
⇒ Housing Placement Rates (# of exits to permanent housing relative to in-flow and current HMIS enrollments)

Bi-Annual benchmarks will include:
⇒ HMIS enrollments by race
⇒ Positive exits by race (looking for parity across racial groups and within programs)
Other indicators to include:

⇒ Consistent messaging and communication about how to access services and descriptions of available services/program models

making homelessness a one-time occurrence

Making homelessness a one-time occurrence or reducing the rate in which people who exited to permanent housing return to the homeless system is critical in ending single adult homelessness and improving system performance.

Share research on impacts of repeat episodes of homelessness and predictive factors of homelessness (repeat episodes).

Locally, as permanent housing subsidies decrease in available and homeless resources shift to shorter-term interventions, attention to (and concern regarding) the rates of returns to homelessness has increased. However as Rodriguez (2013) outlines, exiting from emergency shelter and transitional housing programs significantly increased the risk of returning to homelessness than exiting a Rapid Re-housing program. Likewise, in King county rates of returns have decreased over the past few years: 4.9% in 2012, 4.5% in 2013 and 3% in 2014 indicating local shifts support improved performance. Local rates of return also remain lower than other communities across the country. For instance, 7 continuums of care across 4 states participating in the NAEH Performance Improvement Clinics (between 2011 and 2013) saw an 8% rate of return across shelter, transitional housing and rapid re-housing.4

High Level Strategies from

High Level Strategies to make homelessness brief, identified by the Single Adult Advisory Group at their December work session, and subsequently refined with Focus Strategies Recommendations

1. FLEXIBILITY in housing to meet individuals’ needs as their circumstances change – program transfers and graduation
2. LONG TERM CARE - Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care
3. TYPOLOGY - Understand the demand – Single Adult Typology

What will it take?

✓ Expanding the network of partners to support individuals in maintaining stable housing over time
✓ Ensuring equitable access and parity in outcomes for all people experiencing homelessness, including people of color

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4 Focus Strategies (2012). The Promise and the Practice of Rapid Rehousing, presentation to King County Committee to End Homelessness, July 9.
Reducing returns to homelessness: current stats and trends for SA

**Income: Employment Supports**

The Aerospace Manufacturing Project (AMP) helps veterans get jobs in King County’s aerospace and manufacturing industries. Among homeless veterans, those choosing employment-focused case management services had an employment rate of 85 percent and increased their annual income by over $20K, substantially better than the 31 percent placement rate and wage gains of just over $6K among those receiving generalized case management.

**An aging population with significant health concerns**

The Regional Veterans Initiative / Welcome One Home Campaign to end Veteran homelessness identified that two-thirds of Veterans who are homeless are 50 years or older, with a median income of $727. Veterans age 62+ had a higher Median Income, likely due to eligibility and receipt of retirement and disability benefits. The data highlights the challenges of finding long-term affordable housing for a cohort that is nearing the end of their participation in the work world, rather than on a career path with opportunities to increase income.

National and locally, while the majority of individuals homeless on the street are in their 40s and 50’s, they are suffering from ailments common for those in their 70s. The health problems of this population could translate into hundreds of millions of dollars in additional costs especially in health care and more specifically in emergency medical care. These findings have been reported by Dennis P. Culhane in a 2013 Report, *The Aging of Contemporary Homelessness*, and a 2013 segment on National Public Radio.

2009 report, *A Quiet Crisis: Age Wave Maxes Out Affordable Housing*, highlights that by 2025, the number of seniors in King County will double, representing 23 percent of King County’s total population; and seniors living in poverty will more than double. The Center for Housing Policy, in their April 2015 Research Summary: *Impacts of Affordable Housing*
on Health confirmed the critical link between stable, decent and affordable housing and positive health outcomes. Well-constructed, well maintained affordable housing can:

- Improve Health Outcomes for Individuals With Chronic Illnesses by Providing an Efficient Platform for Health Care Delivery
- Improve Health Outcomes by Freeing Up Resources for Nutritious Food and Health Care Expenditures
- Reduce Stress and Related Adverse Health Outcomes associated with homelessness or poor quality housing
- Affordable and Accessible Housing Linked to Supportive Services Enables Older Adults and Others with Mobility Limitations to Remain in Their Homes

**what we’re doing next – ONE-TIME**

1. **FLEXIBILITY - in housing to meet individuals’ needs as their circumstances change**
   Alignment with All Home Strategies 1.2, 2.3 and 2.4
   - Implement the Connections Project (funded by the Heartland Alliance) to quickly connect individuals with employment services at coordinated entry and leverage mainstream employment systems.
   - Develop strategies to allow for needed program transfers and graduation from permanent units where possible
   - Develop a comprehensive behavioral health strategy – Mental Health and addiction treatment, mobile medical that bring services to individual rather than built into housing service model

2. **LONG TERM CARE - Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care**
   Alignment with All Home Strategy 2.3
   - Increase assessment points for disability (SOAR), ABD and Social Security
   - Partner with others (e.g., housing authorities, capital funders) exploring ageing in place issues
   - Provide technical assistance to housers/providers on accessing in-home supports such as COPES

3. **TYPOLOGY - Understand the demand: Single Adult Typology**
   Alignment with All Home Strategies 2.3 and 2.4
   - Create communities of learning or “learning circles” to bring partners together, discuss common strategies and challenges in addressing the needs of single adults experiencing homelessness, and empower, support and enhance local responses to end homelessness
   - Analyze accessibility and equity around service delivery to ensure services accommodate the needs of each individual
   - Utilize SWAP (System-Wide Analytic Predictor tool) to inform housing investments and resources
how we’ll know it worked – ONE-TIME

⇒ Rates of returns to homelessness (system-level and by program type)
⇒ Changes in income from program entry to exit (system-level and by program type)
⇒ Improved relationships and connections to mainstream system as described by families and providers
⇒ Improved coordination between program types as described by families and providers
The All Home Strategic Plan aligns with the USICH Opening Doors plan in setting the objectives of:

- Ending Veteran Homelessness by 2015, and
- Ending Chronic Homelessness by 2017

**What will it take?**

**what we’re doing next – COMMUNITY ACTION**

Landlord engagement strategy
Early Planning / Single Adult Strategic Plan – phases, participants and products 2015 (2016 cont’d next page)

Timeline

- Sept
  - CEH Committies: SAAG Mtg FHI Plan
  - CEH Staff: Budget Ask/ Data Collection
  - Focus Strategies: SA Focus Group Q’s
  - Funding & Contracting: Sea: Mayor’s Office Budget

- Oct
  - CEH Committies: SAAG Mtg
  - CEH Staff: Data (SWAP) Analysis
  - Focus Strategies: Innovative practices research complete
  - Funding & Contracting: KC: BSFK Sea: Council Budget

- Nov
  - CEH Committies: SAAG Mtg
  - CEH Staff: Complete BYC
  - Focus Strategies: Typology Analysis Assessment
  - Funding & Contracting: Sub Cities: early planning for 2016 common app

- Dec
  - CEH Committies: SAAG Mtg
  - CEH Staff: FHI Plan
  - Focus Strategies: SPP Range of modeling complete
  - Funding & Contracting: Sea: HSD Contracts / New City Council

- Jan
  - CEH Committies: SAAG Planning FHI Plan
  - CEH Staff: Complete BYC
  - Focus Strategies: SA Focus Group Q’s / Key Stakeholder Interview

Abbreviations / Definitions:

FHI: Family Homelessness Initiative, an initiative within the Committee to End Homelessness for Families, scheduled to update the FHI Strategic Plan 2015.

BSFK: Best Starts for Kids, an initiative to improve the health and well-being of children and vulnerable communities in King County by investing in prevention and early intervention for children, youth, families, and communities.

SWAP: System Wide Analytics and Project (SWAP) suite of tools. More info available here: http://focusstrategies.net/swap/

BYC: Base Year Calculator: assembles data from a community’s Point in Time Count (PIT); Housing Inventory Count (HIC); HMIS data; and program budget data to create a “base year” of performance data from which to begin modelling.

SPP: System Performance Predictor: Excel-based tool that takes an import of data from the BYC and allows communities to make project-by-project and year-by-year changes over a five-year time period. The SPP models changes to all key elements of homeless system.

Seattle Budget Processes: MO Budget = Mayor’s Budget, BIP = Budget Issue Papers.
Refined Planning / Single Adult Strategic Plan – phases, participants and products 2016

Timeline

Jan
Feb
March
April
May
June
July

All Home Committees

SAAG Planning FHI Plan Draft
CB/Exec Comm/Funder Mtgs
SAAG Draft Plan FHI Plan
CB/Exec Comm/Funder Mtgs
Population Advisory Groups Final SA Plan
CB/Exec Comm/Funder Mtgs
Population Advisory Groups

All Home Staff

Complete BYC CAC Focus Group
SWAP Modeling SA Analysis SWAP Update w/ Advisory Grps
SWAP Modeling SA Analysis Initial Findings w/ SA6/Eval
Community Presentation of SWAP/Draft Rpt Integrate w/ SA Plan
Distribution of Final Report Webinar/Comm. Mtgs/Website
Highlight Success Stories/What’s working

Focus Strategies

SA Focus Group Q’s/Key Stakeholder interviews
SPP Range of modeling Typology Analysis
Conf’d Modeling/Analysis Draft Rpt 3/30
Present Draft Report/ Visit
Final Report

Barbara Poppe

Init. Priorities for HIP Framework
Onsite #2
Memo #2: Updated Priorities
Draft HIP
Onsite #3 Community Engagement
Final HIP

King County

2016 HSD Contracts New City Council
County Budget to Exec
Budget to Council

City of Seattle

2016 BIP starts
2017 BIP
Portfolio Contracts