Continued planning for the Single Adult Strategic Plan. October Topic: RARE

In September, the SA AG identified a variety of strategies to make homelessness among single adults rare, brief and one time, and aligned with the All Home Strategic Plan. RARE strategies brainstormed and subsequently discussed in October:

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<th>Brainstormed in September</th>
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<td><strong>Rare</strong> (Affordable Housing/Prevention)</td>
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<tr>
<td>• Improving/Increasing access to Housing .... ~ 1x</td>
<td>Creation/Access to Affordable Housing</td>
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<tr>
<td>• Prevention</td>
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<tr>
<td>a. Policy re: prioritization for Affordable Housing, HA units, expedited process</td>
<td>Prevention</td>
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<td>b. Increased competitive edge</td>
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<tr>
<td>• Buy down rents?</td>
<td>Creation/Access to Affordable Housing</td>
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<tr>
<td>• Look at alternative housing – tiny houses, micros</td>
<td>Creation/Access to Affordable Housing</td>
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<tr>
<td>• Accountability of Feeder Systems (e.g. released from jail to the streets). What other systems have they touched? Familiar Faces, DSHS/Gates?, Criminal Justice. Engage systems to begin collecting the data on Housing Status</td>
<td>Discharge Planning/Accountability of Feeder Systems</td>
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<tr>
<td>• Increasing income .... ~ 1x</td>
<td>Increasing Income / Supports</td>
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<tr>
<td>• Repairing tattered safety net systems</td>
<td>Folded into Prevention</td>
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**Affordable Housing**

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic Plan:

✓ Engage businesses, landlords and community to foster a sense of responsibility to create/sustain affordable housing
✓ Maximize LIHTC
✓ Reduce screening criteria
✓ Expansion of loss guarantee / 100K @ Oregon model

**Full list of ideas, brainstormed October 2015**

– Missing the focus on maintaining affordable housing, but this alone will not be enough.
– Re-instate Low Income Housing (Feds)
  o Connector to HA
– Go big or go home on production
– Look at Safe & Sustainable alternative housing options
  o Shared housing w/ supports (not possible for all, but would work for some)
– Criminal history – increase access to affordable and appropriate housing options
– Access to legal help
– Look into the availability and access to affordable housing looks across the region.
1. How do we better engage the business community to help develop affordable housing?
   - Is there leverage from City to empl. (employ?) yo create housing
   - Where we get the funding to do this?
   - HALA recommendations don’t really focus on 30% below
   - State of Emergency? What does this include?
   - A broader campaign is needed to education and engage community on this issue.

   Prioritize
   - Keep people housed – most vulnerable/vouchers
     - Identify those who are at imminent risk of homelessness
     - Increasing prevention investments
   - Public statement/campaign about:
     - Feds needing to step up
     - Business and community responsibility/engagement

2. Do we know how many units we actually need? PSH, subsidized, and affordable units
   - Focus on reducing barriers at the program level to get in and move up (this is achievable)
   - Make sure SHA & KCHA have Move to Work status
     - Tell the story about success of Section 8, which is a great tool
   - Make a better connection to labor at employment to housing
     - Ex. Chicago hospitals provide housing
   - Tax credits to employers?
   - Cannot max LIHTC due to services/opportunities gap in project financing
   - LA using savings from hospitals (charity care) where fewer are uncompensated – goes into a rent subsidy program

   Landlord engagement
   - Expansion of loss guarantee / 100K @ Oregon model

   Home Forward
   - Expand at a State level
   - Look at King County recipients program as source (data?)
   - Coordinated Real Estate focus for landlord recruitment
     - Private Sector?
   - Landlord tax credit (Bipartisan Community Housing Afford)
   - Non-traditional housing
     - Cargo container
     - Bunkhouse
     - Small scale aloha
     - Modular design
     - Apodments
   - Ex. Vancouver BC modular housing
Increase Income

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic Plan:

- Integrate employment services at places where single adult seek services, recognizing they may not know about / travel to WorkSource sites
- Expand availability of supported employment and other employment training programs
- Engage businesses and partners in creating / supporting employment opportunities
- Bring to scale efforts to help single adults apply for/receive entitlements and benefits

Full list of ideas, brainstormed October 2015

- Differences in PSH & RRH
- Room for growth in shelter
- Education Restriction on Tax Credit pops.
- What is the percentage of single adults interested in/need employment? (aging population)
- # accessing WorkSource
- Benefits Team (Long Term Stayers & Medicaid outreach)
  - Different skills than employment
  - Getting documentation/Navigation
  - Takes resources, done well in medical system
  - Housing Authority Interest - Diminishing return (last 20% not accessing)
- Training in SOAR
- SS restricts benefits based on [???]
- Had KC Drug Court staff – Employment there & accessible, not forced
  - Easy to access / distribute
- WorkSource not the right type – people have to go there, which can be a barrier, and not meeting the needs of the chronically homeless population.
- Job training (viable?) – Farestart; engage local businesses.
- DESC-Supported employment – need to find out more. Whom is this for? Look into expansion.
  - Medicaid Waiver
  - Lessons learned from other populations
  - Shifting existing employment services model to tailor to needs of chronically homeless/disabled
    - Need access to lots of training
- Seasonal employment/day labor opportunities
  - Connect w/ people employed this way to increase stability → ongoing supports
  - Working class w/o steady employment
- Discrimination in Employment
  - Support & Business engagement
  - Low unemployment rates
  - Tax incentives? For DD, not hiring homeless
  - YWCA and NH are those those doing it now
- Nobody to pay for financial empowerment
  - SafeCo & CenturyLink
  - Conservation Corps
  - Socialism
Prevention

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic PLan:

- Increase resources for rental assistance, utility assistance and landlord mediation to keep people in housing.
- Advocate for community supports that support housing stability – a stronger safety net, treatment on demand, employment services, availability of soft skills (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.

Full list of ideas, brainstormed October 2015

- Need to address upstream – Heroin / chemical dependency (CD)
  - Preventing CD addiction, to prevent fall into homelessness
  - Develop & support relational safety nets
  - Address income disparities/poverty
  - Need funding for supporting families / kids
  - Decrease trauma in kids + youth, family sys
- Diversion from homeless system, relational support to address addiction – ongoing healthy recovery support
- Increase CD treatment services, at a reasonable cost, earlier upstream to prevent homelessness
  - Alternative treatment options, Harm reduction
- Increase housing options that include recovery support
- Harm Reduction House
- Our goals are focused on ending homelessness, not eliminating drug use.
- Increase resources for rental assistance and utility assistance to keep people in housing.
- Need increased opportunities to build community once someone is housed
- Eviction S.O.S. – when an eviction may happen, bringing someone in to work w/ landlord & tenant for resolution.
- Need follow-up case management/relationships for at least 3-6 months (critical time period) when someone enters housing to help them stabilize.
- Need greater housing support sys (mental health case managers don’t have the capacity)

- Avoid exiting institutional sys into homelessness - Criminal justice, primary & behavioral health, TH, child welfare, Foster care, DSHS, HEN, health care/inpatient hospital
  - Need to engage those systems to commit to a policy
  - They to bring resources to the table
  - Identify units & make a direct match
  - Helping the systems understand that they need to do exit planning earlier / coaching (life skills)
  - (CFH program on coordination/planning)
- Advocacy needed locally and at the legislative level around discharge planning requirements for DOC
Child Welfare system & youth exiting Foster Care - connecting to existing programs/resources in sys (there are currently untapped resources, such as vouchers for those exiting the child welfare system that are only 80% full) ⇒ need for systems coordination/seamlessness

- Best prevention is keeping someone housed – education and job supports
- Coordination across systems – these large systems are serving many of the same people (these sys don’t have an obligation to pay attention to this population)
  Ex. LT Psych care; need a requirement to ensure housing stability of clients (and need resources to do this), as housing stability supports the work of psychiatric care.
- Need education to change the mindset on who’s responsible.
- Breaking down silos b/w homeless services providers, MH sys, etc.
  *Need representatives from those sy in these conversations – to develop relationships, ensure we have the right people at the table, opportunities for advocacy/external incentives.
- Lt mentorship programs for formerly homeless, including training for volunteers to support
- Life Skills classes
- Increase incentives for all housing development
- Diversion – Family reconciliation (appropriate for a small percentage) – not sure if this would be more appropriate for single males or females.
- Increase mental health investments / systems overhaul
- Addressing racial disparities
- Social safety net
- Language – How we talk about this w/ institutions that are not us. (identifying what is the shared self-interest)
- Housing retention – soft skills (not just Employment / Ed)
  o Conflict mediation, interpersonal, showing up on time...
  o Need for ongoing care
- Diversion – what’s the definition?
  o Vehicular residents are self-diverting from the emergency shelter system
  o Include literally homeless & couch surfing

* tapping into resources in mainstream systems at a sector to sector level, not an individual level
- Eviction prevention / Financial assistance (as housing retention after exiting homelessness)
- Prevention as a larger anti-poverty work
- ACES, how that plays out for adults, how services are delivered/how we interact w/ them to not re-trigger (connect to soft skills).
Feeder Systems

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic Plan:

✓ 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
✓ Check assumptions on accountability. 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

Full list of ideas, brainstormed October 2015

Basis Data:  25% become H/L upon discharge ➔ 70% of this cohort come from Tx/Jails

- Advocacy Issue – For housing and “Feeder System” Capacity not to be so overloaded
- Look to example of McKinney App this year re: Criminalization
- Coordinated Entry will help discharge Planners know where to send folks
- Stronger Partnerships between Institutions & Houses (Can Institutions help pay?)
- Capacity in Crisis Response System or Respite Programs
- Eligibility if been in institution >90 days ➔ Check assumptions on Accountability & “our swim lane”. Capitalize on respective areas of expertise and Identify gaps ✓
- Partner for discharge Planning so folks have tools prior to exit ✓
- In fact – there is a housing system for some of these institutions ✓
  - Learn about it
  - Support & Sustain it – separate from homeless system
- Highlight healthcare & Tx needs of “our” PSH residents & ever growing need of an aging population
- Build bridge from H/L system to institutions. Responsibility lies with us (& Assumption Comment)

How?

- Pilot (or expand) programs that combine housing & discharge
  - Jeff Terrace Respite
  - Early Release Voucher Program
  - (UWKC Pilot $?) ✓ (time sensitivity)
  - Maintain & Increase Hsg Component of MIDD ✓ (time sensitivity)
- Create Pool of Navigators – FF & MH Chaplaincy (see Snohomish model) ✓
- Increase focus at State (Joe) Interagency Council on this & Commerce
- Full Court Pres on Medicaid Benefit. Especially: Track the Chronic 3000 Homeless Academy (DSHS) which has been identified as body to influence Medicaid Benefit ✓ (time sensitivity)
- Re: First Responders – Medic One & Fire is great – build on how they do it
- Strategic Plan element I.I.F should not be “just” BH (SA/MH) – Also health care
**Coordinated Entry**

**Missing:**

- Minority cultural pops
  - Not connected to mainstream resources
  - Lacking language support
  - Access for people who are undocumented?
- First responders need a tool/training about diverting to hosp., but don’t know hsg resources
  - Define who they are & bring together
  - More connected to crisis services than homeless system
  - Use their vehicles?
  - Won’t be equipped to fill out a form
  - Guide client to the right system/services
    In any engagement → have the next option / resource
- Set policy that this is our job (everyone’s job)
- Notification policies need to be reviewed & updated (Police)
  Engage @ the top (Chief) to set policy → Tall order
  Need to believe this is useful to them
  LEAD program/Mobile Med/Crisis Intervention > emanate from systems, need to connect w/ homelessness
- Bulk of resources looked @ now are for chronically homeless (PSH)
- Bring in more hsg resources, incl. Employment
- Consider every type of hsg there is (shared, mobile)
- Tech advances? Engaging people outside of hsg
- Stop the chasing down of housing waitlists w/ coord system – can provide more transparency about wait times – don’t have the hsg resources
- Don’t have enough shelter – what we do have doesn’t meet needs – don’t have flex. shelter on demand
- Need for 24-hour, year-round shelter
• More flexible shelter options – limited by resources
• Low/No barrier shelter w/ outreach to meet different needs
• More flex. tools for outreach workers (Shelter, Short term subsidy)

Bring in
• **Existing** housing & creation of hsg
  o All types, all needs
• Leverage SOE to engage 1st responders
• Aff. Hsg Issues → Rent Control?
• Address disproportionality in CEA
• Utilize existing programs → LEAD, Mobile Crisis Team & specifically connect w/ homeless system
• Outreach on demand / Shelter on Demand - haven’t articulated this vision & moved that way
• Behavioral Health, encampments, mental health
  o All patchwork approach right now
  o Geographically uneven
• **MDOT Team** – coord. w/ hsg is critical
  o Coord all outreach efforts – data tracked/coord.
  o Comm-wide priority rather than all specialized

**Crisis Response**
– Decriminalizing – stop ticketing (sit/lie, tix in 72-hr parking)
– Stop clearing encampments w/ no place to go
– Create safe zones – VR & all homeless
– MDOT prioritize “hot spot” zones, geo to org/coordinate resource w/ other stakeholders
– ↑ Coord. Of outreach staff/targets/access to resources/comm. mechanism/decision-making
– Prioritize health & welfare checks; Education for service provider & community on importance
– Suspend harm while working w/ people
– “embedded social workers” – paid for by public safety $
– Zoning, bldg. codes to ↓ barriers for ES use (Portland)
– Expand ES partnerships w/ Faith communities
– Demystification of what is actually available to ppl on the street
– Having enough places for trash & restrooms (camps)
  o Facing Homelessness trash pickups?
  o Innovative ideas
– Prioritize 2.1.A, 2.1.B, 2.3.C
– Bring this Q to people current/formerly homeless and actually listen to & act on them
– City Light & Port property & private
– Mass mobilization of disaster-relief model ES (Key Arena, schools, etc.)
– Treating SOE like an emergency
  o #ES need v. created
– Looking at/redefining true role of 1st responders
– People dying from homelessness is a PH crisis (involve FEMA and CDC)
– Role of Metro in SOE (supporting transportation needs )
– ↑ ppl going where the clients are
– Treating encampments w/ sensitivity & support (not just move out) esp. if somewhere low impact
– Relationship dev, having time w/o sweeps
– Need substantial resources to offer: Rent subsidy, appropriate indoor sleeping environment, stability
– Need enough Housing (Housing 1st), barriers
– Co-location of services (ES, Hygiene, food)
– Need for minimum shelter standards
– Prioritize overnight safety
– Harm reduction environ for active users
– Emergency is b/c people are sleeping outside
– Exploring barriers to use of public lands
– Using large tents (UN-style)
– Call the UN (#s displaced people)
– Incentive or obligation for large-scale shelter (ShoWare Ctr, City Hall)

**Aligned Housing Search Activities**

- What are the current diversion for SA - Need more $ for diversion for SA
- Clearer communication on what resources are available if not already tied to shelter or program
- Eastside/Community-wide needs more outreach
- Stronger CM @ the lower barrier shelters
  - Driving toward housing
  - Should be in every shelter & ISM
  - 1.5/230 case management ratio is not adequate
- Diversion funds required CM & staff support
- 2.4E be more specific
- Getting ID/Documents (This takes OR off the streets)
- 2.3B more employment in or connected @ shelter
  - Start sooner – accessing sustainable work skills
  - Landlords want tenants to have job
  - Life Skills volunteer
- Mental Health & addiction treatment
- Full service @ all shelters
- Identify priority for 9% tax credit program - Needs to be for homeless housing
- Day Centers need to be increased countywide
  - More resources to connect to. Have a Resource Day
  - Partner w/ Library systems better

**Priority**

- Without a place to send or support serv. more CM to outreach won’t be effective
- Need to understand the type & level of support serv. that are needed & in order to have a dialogue to reduce barriers by housing
- Remove barriers to moving ppl out of PSH (graduation) & increase the opp to move ppl into PSH
- Prioritize the 9% for homeless housing
- Not enough of the right resources into the low barrier day center & shelters
- Coordinated Entry
- Identify the gaps in resources available to/for flexible funds
- Move housing subsidies system-wide throughout King County
- What else can we do for Single Adults for Diversion
How do we find alternative housing models for SA
- Better coordination of housing identification
- Focus on geographic locations
- Small house communities

Connect to Mobile Medical

Coordinated Entry for SA

Peer & Companion mentors

Streamlined Documentation & Screening

- Organizational Risk Tolerance
  - It’s both what is driven by funder source And How agency interprets policies
- The most restrictive fund source tends to drive documentation for “consistency” sake
- Negotiation with investors (e.g. tax credits) → Need TA & education of Fair Housing, etc.
- Common Application. To push it further – Do we even need an application
- Corollary – Right sizing housing & Service & Documentation needs accordingly
  - Must adhere & promote Fair Housing (without hiding behind it)
  - Thoughts: prioritizing by disability status (e.g. HIV+, MH disability) may be problematic
- Issues specific to SA
  - Literal Housing First & Documentation
  - Experience of DESC/PHG RRH partnership
    - Risk Tolerance (eg SSI receipt & disability)
    - LT subsidy w/ ongoing services is MUCH easier than RRH
- Always an issue – Options attractive & appropriate – Continuum
- Ability to be nimble & responsive to short term/episodic homeless SA
  - Culture shift to screen & use results to serve folks in the middle band
  - Appropriate use of choice
  - Move from medical model to one of self determination or appropriate engagement otherwise
- Ban the box – don’t screen for criminal history
  - Concerns
  - Transparency
  - Understanding of Transferability on CHx as predictor of hsg stability & Svc Needs
- Individual Assessment – Option for Individual to explain the circumstances & more recent
  - Move Secondary Review from appeals process to earlier (application) process
    [req’d by Fair Housing Law]
- Education of Private LL
- Explore more Master Leasing
- Take Look at LLP screening/App to see how they criteria
- Lay Persons Understanding of Criminal History – OH Guideline Selecting a Tenant Screening Agency
- Change Questions from “Arrest” to “Conviction”- State Leg Priority
- Follow Seattle Ordinance Work & Promote
**Single Adult Advisory Group (SAAG)  December, 2015**

Continued planning for the Single Adult Strategic Plan. December Topic: ONE TIME

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<td>Move from subsidized housing to un-supported housing (a.k.a. Graduation)</td>
<td>Combine with program transfers below</td>
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<td>Flexibility in housing to meet individuals’ needs as their circumstances change</td>
<td>Combine with Graduation</td>
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<tr>
<td>Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care</td>
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<td>Understand the demand for typology (broadly)</td>
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<td>Need new policy to improve access to housing for individuals (e.g. screening criteria)</td>
<td>Also brainstormed as part of RARE, and discussed in September</td>
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<td>Affordable housing doesn’t match the need. Data shows need for focus on very low-end AMI</td>
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<td>Increase income: employment + public entitlement</td>
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<td>Improving access to appropriate, diverse, affordable housing (PSH, private market, non-traditional options – the full continuum)</td>
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**Program Transfers & Graduation**

- PSH outside of Seattle – recommend KC DCHS use 9% tax credits to target Homeless + PSH as a priority for use of these funds
- Graduation:
  - Right sizing – what % of PSH population
  - Affordable housing (SHA / KCHA) step in with subsidy
  - More tenant based vouchers in the system (easier to move / transfer – i.e., look to model of VASH project based voucher which includes guarantee that Vet can have tenant voucher when s/he wants to move.)
- Role of Transitional Housing : exits from Jail and other re-entry
- Respite Options:
  - if have crisis get supports, but maintain housing
  - Medical respite PSH (Boston Model)
  - Tiered system – housing supports
  - Community building – connection / stability AND system care (not program specific – don’t make people leave their community to get care – bring services to them)

**Long Term Care**

Missing from Strategic Plan / local strategies:

- Supportive housing for those with chronic medical conditions – individuals with long term HEALTHCARE needs.
- Assessment for healthcare needs (as opposed to MH, CD needs)
- Most programs don’t / can’t provide medication management, assistant with ADL’s. (activities of daily living)
• These services are a particular gap for those in scattered site programs
• Variance and capacity differences between healthcare providers – driven by what healthcare provider individual signed up with through ACA

Strategies
• Partner with Long Term Care (LTC) licensed providers to provide LTC services onsite in PSH
• Be mindful: do we move people as their needs change (economies of scale to deliver services, particularly complex services) or bring services onsite as their needs change?
• Transfers and eligibility between programs
• LTC eligibility requires either disability or age (65+). Documenting 65+ is easy. Documenting disability / eligibility harder. Increase assessment points for disability (SOAR) ABD / SS
• Increase knowledge of how LTC works
• Partner with others exploring aging in place issues (housing authorities)
• Connect to Home Community Services (DSHS)
• Evaluate new development against universal design / aging in place

Typology
• Healthcare for the Homeless (HCHN):
  o More people aging, deteriorating health. Can overwhelm existing PSH. People who would otherwise be in nursing facility may not be interested in these environments.
  o Life expectancy of Chronically Homeless (low 60’s or lower) going through end of life issues
  o More health care services, higher level of care needed
  o True for all programs (TH / ES / PSH) several barriers to health care (COPES)
  o Exits w/VASH (or tenant based subsidies) – likelihood of success in relation to these needs?
    Need housing with clinic access, but not always possible.
  o Leverage more of HCHN – integrate healthcare stakeholders. Healthcare clinic engagement with All Home, Medicaid waver opportunities, DSHS.
  o Data: healthcare costs and consequences. Hospitals asking about homelessness

• Vehicle residents: housing preference, pets, etc.
• Majority homeless for short time and don’t come back. Affordability issues impact this group, and not ‘self resolving’ as quickly
• HEN – more accommodating systems. Gov’t funded residential arrangements typically available for ‘frail and elderly’ HEN pop isn’t always older, may still have the same needs, doesn’t always fit the environment.
• RRH: build in safety net. Examples: eviction prevention targeted to formerly homeless (LL, Tenant, Outside companion -> address repeat crisis. RHA wants this!)
• What to do about mid-range scorers. We have no good / adequate intervention for them – they still need vouchers, permanent affordable housing, shared housing.
• Parish Nurses, companionships / volunteers – first level of triage. Presenting conditions can worsen because of fear/lack of support