Homeless Housing & Services in King County

The “System” Explained
AGENDA
Welcome!
What is the Continuum of Care
Historical Perspective on the System
Overview of the Current System
Trends in the field
Overview of best practices
INTRODUCE YOURSELF
OBJECTIVES

You will leave today with...

• An understanding of the **key parts** to the homeless housing system in King County

• **Core principles** that outline our region’s response to homelessness

• **Tools and messaging** to utilize in your work with people experiencing homelessness
A Framework for Today

System
Organization
Person
WHO, WHAT & WHY?

INTRODUCTION TO THE CONTINUUM OF CARE
WHAT IS A CONTINUUM OF CARE?

The Organization
- All Home
- Accountable and governing body

The “System”
- Resources addressing homelessness
- The applicant and recipient of Federal funds

The Process
- How programs are oriented to one another
- How people move through the system
THE ORGANIZATION: WHO IS ALL HOME?

ALL HOME is a community-wide partnership to make homelessness in King County rare, brief and one-time. We bring together local governments, religious institutions, non-profits, philanthropic organizations, shelter and housing providers, the private sector and engaged citizens in a coordinated effort that both responds to the immediate crisis of homeless individuals and addresses the root causes of the problem in our region.
WHAT DOES ALL HOME DO?

All Home’s vision is that homelessness is RARE in King County, racial DISPARITIES are eliminated, and if one becomes homeless, it is BRIEF and only a ONE-TIME occurrence. All Home’s role is to lead the Seattle/King County Continuum of Care in realizing this vision by:

– Developing a common agenda and plan of action,
– Building the capacity of funders and providers to implement,
– Measuring results, monitoring performance, and holding ourselves accountable, and
– Communicating transparently and continuously
WHAT DOES ALL HOME DO?

- Hold our community accountable to our goals
- Eliminate racial disparities
- Improve system & service responses for people experiencing homelessness
- Align funding, strategies and priorities to improve system performance
Homelessness is Rare, Brief, and One-Time

Data-driven governance and accountability

Person-centered, collaborative, compassionate, equitable

Goal 1: RARE: Address the causes of homelessness
- Fewer homeless
- More housed

Goal 2: BRIEF, ONE-TIME: Improve and expand existing programs and processes
- Fewer days
- Fewer returns

Goal 3: COMMUNITY: Engage the entire Community to End Homelessness
- Reduced disparity
- Increased support

Fewer homeless
Fewer days
Reduced disparity
More housed
Fewer returns
Increased support

Vision
Outcomes
Goal & Strategy
How we work
together
Our values

OUR COMMUNITY’S STRATEGIC PLAN 2015-2019
WHAT IS A CONTINUUM OF CARE?

“The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.”

https://www.hudexchange.info/programs/coc/
ALL HOME GOVERNANCE STRUCTURE

Coordinating Board

System Committees
(System Performance, CEA, Funders)

Stakeholder Engagement
(Various coalitions and regional stakeholder meetings)

People with Experiences of Homelessness
(CAC, Focus Groups, Surveys)

Action Plan Workgroups
(Rare, Brief/One-Time, Community, Race/Equity)
WHY DOES THE CONTINUUM EXIST?

✓ HUD requirement
✓ Container for community-level planning
✓ Coordination and alignment
✓ Oversight and governance
✓ Capacity building and support
(some) FUNDING RESOURCES

PUBLIC
Federal
• Housing & Urban Development (COC, HOME, CDBG, ESG, etc.)
• Health & Human Services (DV & YYA funding)
• Department of Justice (DV)
State
• WSHFC – capital
• Commerce – Document Recording Fees
Local
• General Funds
• City Human Services Funding

PRIVATE
• Philanthropy & Foundations
• Businesses
• Faith Community
• Private Donors
General overview of funding cycles

1. **Set local priorities & review funding rules**
2. **Announce funding application**
3. **Applications are reviewed**
4. **Complete & submit funding applications**
5. **Funders award grants**
6. **Programs are implemented**
7. **Budget development**
SYSTEM COMPONENTS & HOW THEY WORK TOGETHER

OVERVIEW OF THE HOMELESS SYSTEM
A NOTE ON “SYSTEMS”

HOMELESS HOUSING SYSTEM
⇒ Outreach
⇒ Shelters & Encampments
⇒ Transitional Housing
⇒ Rapid Re-housing
⇒ Permanent Supportive Housing
⇒ Some Permanent Housing with Services

MAINSTREAM SYSTEMS
⇒ Child Welfare
⇒ Education & Childcare
⇒ Behavioral Health
⇒ Criminal Justice
⇒ Employment
⇒ DSHS (benefits)
⇒ Affordable Housing
A BRIEF SOCIO-ECONOMIC HISTORY ON HOMELESSNESS & RACE
THE FIRST POOR HOUSE OPENED IN 1736
WE WANT WHITE TENANTS IN OUR WHITE COMMUNITY
Announcing

The 1956 Jubilee

Price $11,600
Contemporary Homelessness ‘70’s, 80’s & 90’s

- Cuts to Federal funding for housing
- Deinstitutionalization
- Aging baby boom generation
- Reduction in SROs
- Poor economy
- Returning Vietnam Veterans
Contemporary Response – the “continuum”

- Emergency Shelter
- Transitional Housing
- Permanent Housing
How we got where we are – in summary

Responses to poverty:
• Charity and faith community
• Elizabethan attitudes of the worthy

Discrimination against people in color:
• Access to housing
• Accrual of wealth
• Access to employment, education & community resources
Today’s Response: Housing First!
Making the case for this shift

- Binge Drinking: 301,400
- In Poverty: 240,797
- Severely Rent Burdened: 197,330
- Severe mental illness: 60,500
- 2017 PIT Count: 11,643
## Making the case...

<table>
<thead>
<tr>
<th>Type</th>
<th>Length of Stay</th>
<th>Exits to Permanent Housing</th>
<th>Rates of Returns to Homelessness</th>
<th>Average Cost per HH Exit to PH*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>55 days</td>
<td>10%</td>
<td>13%</td>
<td>$981/adult $5,677/family</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>322 days</td>
<td>58%</td>
<td>6%</td>
<td>$20,396/adult $32,627/family</td>
</tr>
<tr>
<td>Rapid Re-housing</td>
<td>207 days</td>
<td>63%</td>
<td>5%</td>
<td>$11,507/family</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>n/a</td>
<td>95%</td>
<td>2%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Making the case...

Homeless Nationally

Table 2: One Night Count results, 2006-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Transitional Housing</th>
<th>Overnight Shelter</th>
<th>Unsheltered</th>
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<tbody>
<tr>
<td>2006</td>
<td>7,910</td>
<td>2,485</td>
<td>1,946</td>
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<td>2007</td>
<td>7,839</td>
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<tr>
<td>2008</td>
<td>8,439</td>
<td>2,552</td>
<td>2,368</td>
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<tr>
<td>2009</td>
<td>8,916</td>
<td>2,485</td>
<td>2,631</td>
</tr>
<tr>
<td>2010</td>
<td>8,937</td>
<td>2,552</td>
<td>2,627</td>
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<tr>
<td>2011</td>
<td>8,880</td>
<td>2,629</td>
<td>2,759</td>
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<tr>
<td>2012</td>
<td>8,830</td>
<td>2,682</td>
<td>2,442</td>
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<tr>
<td>2013</td>
<td>9,062</td>
<td>2,874</td>
<td>2,594</td>
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<td>2014</td>
<td>9,294</td>
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<td>3,123</td>
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<tr>
<td>2015</td>
<td>10,047</td>
<td>3,282</td>
<td>3,772</td>
</tr>
<tr>
<td>2016</td>
<td>10,688</td>
<td>3,200</td>
<td>4,505</td>
</tr>
</tbody>
</table>
Making the case...

Homelessness is **TRAUMA**

Whether (domestic violence, PTSD, victimization) are contributing factors to someone’s experience of homelessness, people experiencing homelessness are experiencing trauma.

DV survivors: the greater the housing instability, the higher the risk factors

People experiencing homelessness are more often victims of crime

De-humanizing effects of not having a home
TIME FOR A BREAK
What does our homeless system look like today?
It is really confusing!!!
Our “System”

PREVENTION
- Legal Aid
- Eviction Prevention Assistance
- Housing Stabilization Services

Emergency Shelters
Day Centers
Street Outreach Teams
Criminal Justice System+
Hospitals+

Coordinated Entry for All
(Regional Access Points & Referral Specialists)

Diversion
Triage
Assess
Assign
Accountability

Housing Outside Crisis Response

Rapid Rehousing
(short and medium-term assistance)
Permanent Supportive Housing
(long-term assistance)
Transitional Housing
Other Permanent Housing
PREVENTION

Legal Aid

Eviction Prevention Assistance

Housing Stabilization Services
Our System: Prevention

Advocacy Negotiation & Education
- Legal Aid
- Tenant Assistance
- Referrals
- Housing Search/Case Management
- Financial Literacy

In-Kind Goods
- Food Banks
- Clothing Banks

Direct Financial Assistance
- Emergency Rent Assistance (1-time assistance or ongoing)
- Arrears
- Utility Assistance
Our System: Prevention

Homeless Nationally

<table>
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<tr>
<th>Year</th>
<th>Transitional Housing</th>
<th>Overnight Shelter</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>10,475</td>
<td>2,993</td>
<td>3,200</td>
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<td>2007</td>
<td>10,683</td>
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<tr>
<td>2008</td>
<td>8,047</td>
<td>3,265</td>
<td>1,312</td>
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<tr>
<td>2009</td>
<td>8,830</td>
<td>3,452</td>
<td>3,265</td>
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<td>2010</td>
<td>8,880</td>
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<tr>
<td>2011</td>
<td>8,830</td>
<td>3,452</td>
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<td>3,265</td>
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<tr>
<td>2015</td>
<td>10,688</td>
<td>3,452</td>
<td>3,265</td>
</tr>
<tr>
<td>2016</td>
<td>549,928</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our System: Prevention

Poverty and Homelessness

- Binge Drinking
- In Poverty
- Severely Rent Burdened
- Severe mental illness
- 2017 PIT Count

- 301,400
- 240,797
- 197,330
- 60,500
- 11,643
Our System: Prevention

Do we expand prevention resources?

or

Target to those with the highest risk factors?
Our System: Prevention... who experiences homelessness?

Highest Risk Factor? *Reports a previous shelter stay as an adult*

Not a risk factor?

- Race/Ethnicity
- Number of children
- Marital Status
- Veteran Status
- Losing assistance in the last year
- Overcrowding
- Doubled-up
- Extremely cost burdened
- High rent arrears

- Home in disrepair
- Subsidy receipt
- Chronic physical health problems
- History of mental health problems
- History of substance abuse
- History of domestic violence
- Any involvement with legal system
- Giving birth as a teenager

*NYC Homebase Prevention Study*
ACCESS
Our System: Coordinated Entry for All

**WHO?** People sleeping in places not meant for human habitation (young adults include at-risk; people fleeing domestic violence)

**WHY?** Equitable access to resources; Prioritization based on vulnerability; Streamlined & person-centered; Required by HUD
Our System: Coordinated Entry for All

- Emergency Shelters
- Day Centers
- Street Outreach Teams
- Criminal Justice System+
- Hospitals+

Diversion → Triage → Assess → Assign → Accountability

Coordinated Entry for All
(Regional Access Points & Referral Specialists)

- Housing Outside Crisis Response
- Rapid Rehousing (short and medium-term assistance)
- Transitional Housing
- Permanent Supportive Housing (long-term assistance)
- Other Permanent Housing
Our System: Access Points

Community-Based Assessors: Staff from community programs trained in completing housing assessments

Mobile Assessors: Regional Access Point (RAP) staff who complete assessments in the community
Our System: Diversion

Coordinated Entry for All
(Regional Access Points & Referral Specialists)

Diversion

↓

Housing Outside Crisis Response

Creative brainstorming paired with minimal financial assistance to assist people in avoiding entry into the crisis response system
Defining Diversion

Diversion, sometimes called *shelter diversion*, assists households in quickly securing temporary or permanent solutions to homelessness outside of the shelter and homeless services system. The main difference between diversion services and other housing-focused interventions centers on the point at which intervention occurs.

*Diversion services targets households that are requesting entry into shelter or housing and have not yet accessed homeless services.*
Our System: Coordinated Entry for All

Coordinated Entry for All
(Regional Access Points & Referral Specialists)

Triage & Assess:
- VI-SPDAT
- Prioritization based on vulnerability

Referrals to the crisis response system

Accountability & oversight of screening and intake
Our System: Crisis Response

- Oriented to Housing First
- Screen-in approach (vs. screen out)
- Targeting interventions by vulnerability and need
- Progressive engagement
- Diversion philosophy throughout
Our System: Putting It All Together

- All parts of the system are critical
- Our community’s success is a function of all parts working together towards the same goals
- Success looks like: Functional Zero
Reduce the number of people who experience homelessness by targeting our prevention resources.

Reduce the number of people who need shelter by utilizing Diversion.

Increase the number of people who move into permanent housing and the time in which they do so.

Functional Zero: When everyone who needs emergency assistance can receive it without waiting and exits to PH within 20 days.
What's New

TRENDS IN THE FIELD
Heart Set  ❤️❤️❤️❤️  What we value

Mind Set  🎨🎨🎨🎨  What we know

Skill Set  🔧🔧🔧🔧  What we do
Housing Fir
Housing First... Not SO new...

*Permanent Supportive Housing*

- Permanent Housing
- Connection to community
- Permanent Supportive Housing
- Services to support tenancy
- Health and behavioral health services
A Housing First Community

✓ The belief that all people are housing ready
✓ Program staff know how to assist people to apply for and obtain permanent housing
✓ Unified, streamlined and user-friendly coordinated entry process to connect people with the most appropriate housing and services
✓ There exists a data-driven approach to prioritizing the most vulnerable people for housing assistance
A Housing First Community

- Policymakers, funders and providers plan collaboratively and align resources to ensure those resources are available to maximize housing choice for people who need it
- Eligibility and screening policies do not create barriers to access needed resources
- Eviction back into homelessness is avoided through the transfer of one housing solution to another if needed
Why do Housing First?

• Evidence-based approach (*the data shows...*)
• Cost effective (*reduces cost on other systems*)
• Reduces the length of time someone experiences homelessness (*improves outcomes for people*)
• Federal shifts and requirements (*access to and competitiveness for critical funding*)
Why do Housing First?

It’s the just thing to do

“There are so many systemic barriers, challenges, and injustices that our survivors face, for them to receive housing, feels just.”

-Local DV Advocate
Racial Inequity... *Definitely* not new...
In King County, People of Color are overrepresented as a proportion of the homeless population when compared to the general population.
Population of King County

Racial Demographics*

<table>
<thead>
<tr>
<th>Race</th>
<th>General Population</th>
<th>Homeless Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>White</td>
<td>60.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>20.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>10.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

*Data describes ethnic, not racial, demographics.

No racial demographics available for unsheltered population. Comparison reflects percentages for those in emergency shelters and temporary housing only.

The 2016 Point in Time estimated an additional 4,500 people unsheltered in King County.
System Performance Dashboard
4/1/2016 to 3/31/2017

<table>
<thead>
<tr>
<th></th>
<th>Exits to Permanent Housing</th>
<th>Average Length of Stay</th>
<th>Returns to Homelessness</th>
<th>Homeless Entries</th>
<th>Utilization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36%</td>
<td>93</td>
<td>8%</td>
<td>74%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Homeless Households Housed Against Goal

- 2014: 2708
- 2015: 2949
- 2016: 3361
- Q1 2017: 2272

Quarterly Target
- 940
Why incorporate racial equity into our work?
Building a data-driven culture... a little more new
System Performance

• Measure progress
• Learn about and do what works
• Accountability
• Ensure what we’re doing aligns with our values
Rare, Brief & One-Time Measures & Demographics: http://allhomekc.org/quarterly-data/
System & Program Performance: http://allhomekc.org/system-performance/
Rapid Re-housing: http://allhomekc.org/rapid-re-housing/

THE DASHBOARDS
TIME FOR LUNCH
ORIENTATION TO BEST PRACTICES

How we orient our work
Housing First
Housing First

- The belief that all people are housing ready
- Program staff know how to assist people to apply for and obtain permanent housing
- Unified, streamlined and user-friendly coordinated entry process to connect people with the most appropriate housing and services
- There exists a data-driven approach to prioritizing the most vulnerable people for housing assistance

- Policymakers, funders and providers plan collaboratively and align resources to ensure those resources are available to maximize housing choice for people who need it
- Eligibility and screening policies do not create barriers to access needed resources
- Eviction back into homelessness is avoided through the transfer of one housing solution to another if needed
Housing First in Shelter & Transitional Housing

Rental History
Criminal History
Single Parent
Low Social Supports
Need Transportation
Unemployment
Domestic Violence
Credit History
Mental Illness
Chemical Dependency
Felony Conviction
Lack of Healthcare
Low Wage Job
Lack of Education
Need Childcare
Poor Nutrition
Screening In

• Eligibility and screening policies do not create barriers to access needed resources
  – Screening practices align with Fair Housing and are nondiscriminatory
  – Practices that promote racial equity
  – Ensuring the most vulnerable can access our community’s resources
  – Everyone deserves housing
Screening In

Even people with criminal backgrounds?
Screening In

• But what about the safety of our communities?
• What happens if someone reoffends?
• Is our program liable?
THE

RULES
"Know the rules well, so you can break them effectively."

Dalai Lama XIV
"If you obey all the rules you miss all the fun."

– Katharine Hepburn
Program Rules

• Think about 2-3 program rules your program may have in place.
• In what ways do they create barriers for people?
• Are the rules necessary? Why or why not?
• Are the rules effective?
• Is there another way to engage people?
Program Rules

3 Rules

• Respect the people
• Respect the environment
• Store or discard weapons before coming on site
Housing Solutions

• How do we talk about housing?
• When do we start talking about housing?
• What do we do to assist people in planning for, attaining and sustaining housing?
• What kind of housing do we talk about?
Guiding Principles of Diversion (NAEH)

Crisis resolution

Client choice, respect and empowerment

Provide the minimum assistance necessary for the shortest time possible

Maximize community resources

The right resources to the right people at the right time
Trauma-Informed Care
What is Trauma-Informed Care

A program, organization, or system that is trauma-informed:
–Realizes the widespread impact of trauma and understands potential paths for recovery;
–Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
–Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
–Seeks to actively resist re-traumatization
Why do Trauma-Informed Care

Homelessness is trauma:

- Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Adverse Childhood Experiences

Historical trauma

Trauma impacts the way we receive services
Trauma-Informed Care as a Universal Precaution:
Assume everyone we work with has experienced trauma
How does Trauma-Informed Care look in practice?

- **The Person**: Self-Care for both practitioner & client
- **The Program**: Environment & Service Delivery
- **The System**: Policies & Practice Impacting Providers & Clients
Take a break.
You deserve it!
How does change occur?
Motivational Interviewing Skills

• Asking open-ended questions
• Listening without judgement
• Listening for ambivalence & motivation
• Exploring possibilities
Harm Reduction
Harm Reduction

An approach to working with people in recovery that reduces the negative consequences of addiction.
Harm Reduction Principles (Harm Reduction Coalition)

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.
Harm Reduction in Practice

Philosophy/Approach

• People who use substances are seen as allies and participants in their own health and planning
• People are accepted in various stages of recovery and often have complex and inter-related challenges
• Housing & services aren’t contingent on sobriety
• Resistance and ambivalence is a natural part of recovery

Programs

• Needle exchange programs
• Methadone treatment
• Safer sex programs
Harm Reduction vs. Recovery Housing

Harm Reduction
• Client Choice
• Individual-focused living
• Access to housing for people in various stages of recovery
• Can occur in time-limited interventions and in permanent housing
• Treatment options, support groups may be offered on-site or in the community (depending on project)

Recovery Housing
• Client Choice
• Community-focused living
• Access to housing for people interested in living in a sober environment
• Time-limited with focus on transitioning to permanent housing
• Treatment options, support groups may be offered on-site
Scenario

You’re working with Jane. Jane has experienced homelessness off and on for the last 20 years, during which time she also experienced domestic violence. Jane has also held various jobs off and on during this time. She is generally gregarious and boisterous (sometimes clients complain she’s too loud!) but also has unpredictable periods of depression and outbursts where she yells at staff.

Jane comes to you during the day and tells you she’s been drinking since she was 14 – about 35 years. She recognizes that it is getting in her way to wellness and stability, but she’s “not sure where to start.”

• What do you say next?
• How can you ask her about her motivation?
• What happens if you hear ambivalence? What might that sound like?
• Knowing what you know about MI and Harm Reduction, what might be a way forward?
KEEP CALM AND WRAP IT UP
• Honoring the resiliency and wholeness of people experiencing homelessness

• Interaction with failed systems and policies that perpetuate discrimination

• Your power in relationships, within organizations and institutions to empower others
Closing

What is something you heard today that you will carry with you?
THANK YOU!

Triina Van | triina.van@allhomekc.org | 206-263-9110
Resources Used

- HAAS Institute: http://haasinstitute.berkeley.edu/targeteduniversalism
- United States Interagency Council on Homelessness (USICH)
- Mass Incarceration, Visualized. The Atlantic. Found on YouTube: https://www.youtube.com/watch?v=u51_pzax4M0