

Frequently Asked Questions: Health Through Housing

Background

Q: What is Health Through Housing?

A: Health Through Housing (HTH) is a regional approach to address chronic homelessness at a countywide scale.

Q: What is the goal of Health Through Housing?

A: King County's paramount goal is to partner with local cities across the region to rapidly acquire and operate 1,600 units of affordable housing for residents experiencing or at risk of chronic homelessness while also reducing the serious racial-ethnic disproportionality of homelessness. All housing will include the supportive services people experiencing chronic homelessness need to achieve and maintain health and stability.

Q: How is Health Through Housing funded?

A: Health Through Housing is funded through a dedicated sales tax implemented countywide¹. The State Legislature passed House Bill 1590 in 2020, which allowed jurisdictions to enact a 0.1% sales tax to finance construction of affordable housing and behavioral health facilities and operations or services at affordable housing. In 2020, the King County Executive proposed, and the County Council approved this dedicated sales tax. In 2021, the State Legislature passed House Bill 1070, which clarified acquisition of property as an eligible use of these funds.

Q: How long will the Health Through Housing program last?

A: The housing program and the tax that supports it have no end date. It will be governed by the *Health Through Housing Implementation Plan* upon adoption by the County Council in 2021. The plan will govern operations through 2028 when a new implementation plan will be due.

Q: How many Health Through Housing sites have been identified?

A: To date (as of 9/7/21), nine sites have been purchased by King County: one each in Auburn, Federal Way, Redmond, and Renton and five properties in Seattle (north Seattle, Queen Anne and downtown). The County is looking to purchase three more locations before year end 2021.

Q: What is Permanent Supportive Housing?

A: Permanent supportive housing (PSH), which pairs subsidized housing with case management and supportive services, is a proven solution to chronic homelessness. It has been shown to help people experiencing chronic homelessness not only achieve long-term housing stability, but also improve their health and well-being. Investments in PSH have helped decrease the number of chronically homeless individuals nationally by eight percent since 2007. PSH offers wrap around

¹ Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie chose to implement the sales tax independently. Therefore, sales tax collected from this revenue source in those cities is not part of the HTH effort.

services to foster housing stability, which may include case management, counseling, behavioral health supports, medical services, and meals. The types of services an individual receives will vary.

Q: What will be the measure(s) of success?

A: At the least, the program will measure success by the number of individuals moved from homelessness into stable housing and the percentage of those households who remain stably housed over time. King County is also finalizing performance measures to assess how many Health Through Housing residents enroll in Medicaid or other health insurance, how often they seek medical care, whether and how residents' health and wellbeing improves, the rate of residents to move on to other forms or permanent housing, and the numbers who gain employment or access other forms of income like veterans benefits or social security while living in Health Through Housing units.

Selection of Health Through Housing Properties

Q: How are properties selected?

A: King County is committed to consulting with local cities and communities to identify potential properties and collaborate to ensure success. Properties are evaluated based on program criteria, local zoning and other regulatory requirements, access to transit and other amenities. In all cases, the County will only move forward with a HTH site if there is support from elected officials in the local jurisdiction.

Q: Why is the program focused on buying hotels?

A: The hospitality industry was one of the hardest hit financially as a result of COVID. A year later, the hospitality industry still has not rebounded and hotels are for sale at lower than normal prices. Thanks to HTH, King County has been able to take advantage of this moment in time to acquire properties both for immediate use and as future development properties.

Q: How does the cost of purchasing hotels compare to new construction?

A: The average cost to build permanent supportive housing is about \$350K to \$400K per unit or more, depending on where it is being built. In comparison, purchasing hotels during a depressed market is averaging around \$270K per unit, a significant savings. Equally important, they are available for occupancy with very little renovation and are already furnished. Once the provider has been chosen and staffing is in place, the hotels can provide housing quickly and efficiently. HTH meets a critical need for this region.

Q: Why did you not do more to engage community before the purchase?

A: The County was engaged in purchase and sale negotiations with private parties and sought to negotiate fair and reasonable purchase prices for each property. It is difficult to conduct financial negotiations in a way that properly stewards public funding and protects against price escalation when community engagement and price negotiation occur simultaneously. Outreach and engagement have taken place with neighbors and businesses near the HTH locations and will continue in earnest as the service operators are identified and begin to take a leadership role in establishing connections with the local community. A significant piece of this will be discussions around operations and development of Good Neighbor Agreements with the community.

Population Served by Health Through Housing

Q: Who will be served by Health Through Housing?

A: The target population is people whose income is at or below 30% of the area median and who are experiencing or at-risk of chronic homelessness defined as:

1. An adult person with a disability who has been continuously homeless for a year or more OR
2. An adult person with a disability who has experienced multiple episodes of homelessness in the past three years for a combined 12 months.

Q: Is there an income eligibility requirement?

A: Yes. Individuals or households served through HTH must earn at or below 30% of Area Median Income (AMI). For a single person, that is about \$24K/year.

Q: Why is HTH focused on people experiencing chronic homelessness?

A: The comprehensive services that will be available onsite through HTH make this an ideal home and setting for these individuals. People experiencing chronic homelessness have the greatest barriers to housing, including little or no income, have at least one disability, and have lived the longest without stable housing.

Q: Are HTH facilities for single people only or will there be opportunities for couples or families?

A: HTH is primarily purchasing former hotels and will transition these hotel rooms into single room homes for adults or adult couples. Single adults will not be expected to share units.

Q: What is the difference between Health Through Housing and homeless shelter?

A: HTH provides the safety and stability of a place to call home. Privacy. A door that locks. Their own bed to sleep in every night. A bathroom. A shower that doesn't require signing up for a time slot. Ready access to health and behavioral health treatment and services and a case manager to help navigate community systems. Studies show these elements create a base to begin to rebuild lives. Persons referred to HTH will also have been screened and assessed to aid in their housing placement, and persons who are referred to housing have often undergone some amount of stabilization whereas persons entering shelter may be coming directly from an institution like a hospital and will not always have been screened prior to seeking shelter.

Resident Roles and Responsibilities

Q: What are the residents' responsibilities?

A: Each prospective resident will receive an individual assessment prior to placement in any HTH unit. Each resident must sign a code of conduct agreement, not dissimilar from a lease agreement in that it spells out the rules and obligations for tenancy. Each resident will pay one-third of their income, whether social security, disability or veterans benefits. Given that all tenants are very low-income, payment of one-third of their income represents a substantial investment in their housing.

Q: Will there be rules for behavior for residents?

A: Rules will vary by provider, but in general, permanent supportive housing (and emergency

housing) sites have a code of conduct that is agreed upon at the time of entry. Residents are required to comply with the terms of the agreement or risk eviction. These cover expectations for things such as rent responsibility, visitors, interpersonal behavior, etc. The rules are balanced with the recognition that people experiencing chronic homelessness will often require support as they transition into housing and adjust to a living situation with rules. The core principle behind housing first is that stable housing creates the foundation that makes it possible to address other needs.

Operations

Q: How soon will the buildings have occupants?

A: King County will work with each host city and the onsite service provider to determine official occupancy dates. The first HTH facility opening for housing will be in Seattle in late September. The hope is to move most people in before the severe weather hits. Providers must be selected and hire staff. Another critical development piece prior to opening is community conversations on Good Neighbor Agreements.

Q: Who will provide the onsite services?

A: Onsite resident supports will be provided by non-profit organizations with expertise in providing PSH and serving diverse populations disproportionately experiencing homelessness. The County used a Request for Qualifications (RFQ) process to identify potential operators.

Q: Will the City be involved in choosing an operator for the facility?

A: Yes. The local city will participate in the selection of the HTH facility operators.

Q: What is the onsite staffing plan?

A: All HTH facilities will have 24/7 staffing. The actual staffing plan will be developed by the selected service provider, but will include onsite case management and access to health and behavioral health treatment and services. Every site will assess and adjust the staffing plan as needed.

Q: How long can a resident stay?

A: HTH is a housing program. There is no limit on length of stay. There will, however, be substantial onsite services, including housing counseling, so that residents who are able and want to move-on to other permanent housing receive the support to do so, opening up their HTH unit for another person to use.

Q: Will residents have restrictions on access to come and go from the facility?

A: No. This will be their home, and they will come and go as anyone would from their own home. Access by non-residents of the facility may be limited or restricted by the operator's guest policy.

Q: What about guests or couch surfing?

A: Residents can invite family and friends to visit their home. There will likely be a guest policy in place. Residents cannot invite others to move in. HTH staff will know who lives there and who does not. Only those who have been assessed and approved for residency will be allowed to live there.

Q: How will you keep residents and businesses safe?

A: Safety of residents and surrounding neighbors is critically important. Living unsheltered and outside is life-threatening, and one of the most important functions of Health Through Housing is to bring at-risk and chronically homeless residents into safer places. To be clear, King County does not subscribe to stereotypes that depict persons experiencing homelessness as dangerous. Do some people who are homeless use or abuse substances? Yes, but so do millions of people across the country who struggle with addiction in the privacy of their own homes. The same is true for people experiencing a mental illness or living with some sort of life trauma. These challenges by no means are restricted only to those who are homeless. For HTH tenants, the expectation is that residents will abide by the code of conduct and if they can't or won't, they will have to leave.

Q: What will be enforcement strategies from illegal activities in units or the surrounding area?

A: The code of conduct pertains to the individual unit, the shared spaces in the housing project and the immediate vicinity of the housing site. Regarding the surrounding area, the onsite operator will be responsible for ensuring there are no illegal activities in the surrounding premises by HTH residents. Failure to abide by the code of conduct and the rules governing the housing means the resident will lose their apartment. The Good Neighbor Agreement will also likely include some discussion around expectations for the surrounding area.

Q: What services will be provided to residents asked to leave/lose their apartments?

A: Transition services will be provided to any tenant needing a different housing or shelter option. The operator will work with the County to identify an appropriate alternative placement.

Q: Will there be security?

A: All HTH sites will have 24/7 staffing. Permanent supportive housing buildings elsewhere in the county all have staff awake, alert and on duty around-the-clock. Should the need arise to increase or revise the staffing plan for any HTH site, the provider will do so.

Q: Will drug and/or alcohol use be permitted in the individual units?

A: Substance use that is legal in anyone's home will be legal in these homes. The onsite agency staff will directly engage anyone exhibiting problem behaviors due to substance use and offer treatment services. The provider will have the goal of preserving housing stability while offering immediate access to treatment and clear direction as to what is and isn't acceptable behavior. Health through Housing units will have an elevated level of funding and access for onsite services, including behavioral health services. Tenants will not be required to abstain from use of drugs or alcohol as a precondition for accessing housing. Nor will they be involuntarily treated or be forced to accept treatment as a condition for ongoing residency. However, anyone who is unable to abide by the code of conduct and continuously disrupts housing for the other residents is at risk of expulsion. If that becomes necessary, case managers would work directly with the tenant to try to find a different housing situation that might be a better fit.

Q: Is this a safe injection site?

A: No. HTH creates homes. Any assertion that a HTH building would be a safe injection site is unequivocally inaccurate.

Q: Are there background checks on the tenants in the facilities?

A: It is important to note that the individuals moving in to HTH sites are all enrolled in the Homeless Management Information System (HMIS). Some will also be enrolled in the Veterans data system. Some will be enrolled in the Behavioral Health information system. They are not strangers to housing and human services. No one walks up and gets assigned a room – this is no longer a hotel and there are no walk-ins, ever. The assessment between case manager and prospective tenant will determine if the proposed location is a fit or if another option or location would be better. Any state or local laws, requirements, or restrictions in place for tenants in nearby apartment buildings in the same area will pertain to HTH residency as well. This would include sex offender registration and any exclusions to tenancy required in law. The goal is for the tenants to be successful in housing and for the housing to fit in the neighborhood.

Q: If the goal is to help people transition into stability, what is the pathway to this goal?

A: Housing stability is defined as not returning to homelessness. Therefore, if individuals move from chronic homelessness into HTH buildings, the program will have achieved success on that goal. As appropriate or as requested, onsite case managers will work with residents who want to move on to another type of housing once they have achieved improved health and stability. An example might be a person who stabilizes in a HTH hotel who wants to move to an apartment with a kitchen. As the program name emphasizes, access to healthcare is a key component of a person's overall health and wellness, and we know that people who do not have housing are profoundly challenged in accessing and benefiting from healthcare. This program will house people and then provide onsite and accessible services to help them gain health and stability.

Q: Do you anticipate a high turnover rate?

A: No, we do not expect a high turnover rate since this is creating homes, not shelter. For comparison, during 2020, according to the King County Regional Homelessness Authority System Performance data, 97 percent of households remained in permanent supportive housing.

Q: How are you working to control COVID infection among homeless populations? Are you working to vaccinate the homeless population?

A: Since March 2020, King County has been operating the Isolation and Quarantine system for the county and 80% of the people served have been folks who were unsheltered at the time of intake. One of the best interventions we have for people who live unsheltered, aside from a vaccine, is the ability to be in a single room setting. The data is also clear that living in a single room setting, as opposed to a congregate shelter, is one of the most effective ways to slow the spread of COVID.

At the Isolation and Quarantine facilities, when people are leaving the facility and have a clear bill of health, staff coordinates a vaccine for them upon their departure. All the HTH locations will have healthcare services available and we believe we will be able to create higher rates of vaccination within these locations generally than unsheltered people living outside.

Referrals

Q: Why are you transplanting Seattle's homeless population to King County's other cities?

A: It is a fact: People are experiencing homelessness in every part of King County – north, south, east, and west. It is simply not true to suggest that East King County, for example, does not have

people who are living there every night without a stable home. We know that more than 6,000 people throughout King County do not have a place to sleep indoors tonight. Homelessness is a regional crisis and no one entity or jurisdiction can solve that crisis alone. People from the local community eligible for housing in a HTH site will be prioritized for placement in a location closest to the community they consider home whenever possible.

Q: How can someone get referred to this property?

A: Each HTH property will serve as a local resource for people experiencing chronic homelessness in that jurisdiction, while also being a component of a regionwide system of emergency and permanent supportive housing. King County will work with local jurisdictions to create referral pathways for area residents. In addition to local referral, referrals to HTH units will occur through King County's Coordinated Entry (CEA) system. Prospective residents will be assessed by a CEA team member to determine eligibility and whether this placement would be appropriate.

Q: Should city residents be prioritized?

A: An amendment to HB 1070, which gives the County authority to use these funds for acquisition of existing buildings, requires that " ...a county that acquires a facility under [this statute] must provide an opportunity for 15 percent of the units provided at that facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community." The 15 percent is considered a minimum.

Q: How will local referrals work?

A: The County and the onsite provider will collaborate with the local city on the local referral protocols and procedures for housing assignments:

- The County and partner agencies, in coordination with the local jurisdiction and local service providers, will provide initial targeted street outreach to people living unsheltered in the local community.
- The local jurisdiction will identify key local service providers and City staff that provide homeless outreach services in the local community. These individuals will work with the selected outreach team in providing referrals and creating a list of eligible individuals experiencing homelessness locally.

Q: Is it true that the county will only guarantee 15% occupancy from the local area?

A: Not true. State law requires a minimum of 15 percent of units set aside in a HTH hotel for local referrals. One thing that is exciting about opening HTH locations across the County is that we now have more housing that we can offer to people in their own communities. Because we don't force people to live in a particular housing unit, people typically prefer to live in housing near their existing networks and communities. Some people will even choose to remain homeless rather than accept housing that is far away from their friends and supports. The hope is that each site will house more than the minimum 15 percent from the local community and surrounding area.

Roles and Responsibilities of Host Cities and Community

Q: Who owns the properties? Will the host City incur any costs?

A: King County is purchasing HTH properties using funds made available by a new countywide 0.1% sales tax. This fund source allows the County to fully fund property acquisition, building operations including 24/7 staffing and case management for the life of the program, and any rehab or construction needed to convert the property to this use. The host cities will not incur any direct costs related to property acquisition, conversion, operations, or onsite services.

Q: What is the City's role in HTH?

A: The cities that join King County in HTH recognize that homelessness is a regional crisis that cannot be addressed by a single city on their own. They have made the choice to become a HTH partner. Each city will be responsible for processing permits where needed and providing any necessary emergency response to the HTH residents, just as the city does for any local resident. The City will participate in the selection of the onsite provider, and referral of local residents. The City will advocate for an effective program for those experiencing homelessness while maintaining public safety, economic stability, and allowing everyone in the community to thrive.

Q: How will the City and community be involved in the Good Neighbor Agreement?

A: Property operators and service providers are committed to being responsive to local jurisdiction and community concerns. Once the City and County have selected the onsite service operator, that provider will lead the community conversations with the neighbors to draft the Good Neighbor Agreement. King County is committed to HTH being a good neighbor and the County will work closely with the onsite provider to problem-solve issues or concerns that need to be incorporated into the service package, program, or site designs. The Good Neighbor Agreement is a very important component of the commitment to working together to achieve success.

Q: Will there be volunteer opportunities for community members who want to help?

A: The County anticipates many of the onsite service providers will welcome community involvement and participation.

NOTE: Some host cities have also developed their own Health Through Housing FAQs specific to the city's policy and procedures.