Pierce County

COMPREHENSIVE PLAN TO END HOMELESSNESS

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CHARGE FROM THE PIERCE COUNTY COUNCIL

On March 23, 2021, the Pierce County Council adopted resolution R2021-30s. This resolution created the Comprehensive Plan to End Homelessness Ad Hoc Committee. The Ad Hoc Committee's work concluded on April 24th with the presentation and acceptance of the Action Plan. The Action Plan created a Steering Committee to oversee creation of a Comprehensive Plan to End Homelessness, and a Shelter Plan Work Group to create and implement a plan to create adequate shelter for all by November 1, 2021. This Comprehensive Plan is the product of the Steering Committee and includes the shelter plan. This report includes a large appendices with supporting information.

EXECUTIVE **SUMMARY**

This plan designs a system to end homelessness. The single most important metric to assess the plan's effectiveness is whether the number of people experiencing homelessness is shrinking. The plan is a departure from prior plans by focusing on building a system scaled to the need.

The plan recommends six goals:

1. Create a unified homeless system
2. Ensure interventions are effective for all populations
3. Prevent Homelessness
4. Ensure adjacent[1] systems address needs of people experiencing homelessness or at risk of homelessness
5. Meet immediate needs of people experiencing Homelessness
6. Expand the Permanent Housing System to meet the need

Throughout these goals is the mandate to use data to understand, design and evaluate programs around the unique needs of different populations. Accountability to the communities we serve is also a focus.

To meet needs adequately and effectively across the system, it requires both capital dollars and operating dollars. As of today, Pierce County already contributes $40M annually to operate the current level of services. This plan estimates that to solve the county's widespread homelessness will require up to an **additional $117M per year** for operations. Developing a funding strategy and orchestrating a collective community effort to implement it will help secure the necessary funding. Also, the plan estimates that effectively addressing homelessness could **save at least $48 million** a year in other adjacent systems, such as police, medical care and other public systems (see Appendix C for details on offsets to adjacent systems). It will also save and repair lives, make other civic services more effective, and restore the use of parks, sidewalks, storefronts, and other public spaces for appropriate public use.

[1] Adjacent systems are those that serve or interact with people experiencing homelessness or at risk of homelessness but are not part of the formal homeless system. Examples include the healthcare system, law enforcement, and the behavioral health system.

VISION + VALUES

Everyone in Pierce County should have a home. This Comprehensive Plan envisions a system that **prevents** homelessness by stabilizing households at risk, and **immediately responds** to homelessness with appropriate shelter and a permanent housing intervention. While eliminating homelessness is nearly impossible, functional zero – a state where people have access to immediate shelter and an effective permanent housing program – is not just possible, but also necessary to achieve nearly every other civic interest. For example, success in schools requires that students and their families have adequate housing. Housing is also necessary for child welfare, physical health, mental health, and public health, for economic development and wage progression, for appropriate use of emergency services, public safety and order, environmental protection, justice, and racial justice.

Our vision is an integrated, adaptable, and responsive network of services that supports restoration, stability, and self-determination for everyone— regardless of economic or social circumstances, and regardless of where in our community they live.

Collaboration across jurisdictions, across business sectors, with faith-based and nonprofit organizations, philanthropic organizations, and with neighbors housed and experiencing homelessness is key. Only working in unison, with a clear plan, can we create shelter and affordable housing to meet the existing and future need so that everyone has a home.

By using the Target Universalism framework – setting universal goals and using targeted programming to achieve those goals - equity is built into every aspect of this plan. The human consequences of inequity affect us all. This work must identify the systemic barriers that keep people from securing and maintaining affordable housing, and our work must focus on removing those barriers.

STEERING **COMMITTEE**

The Steering Committee responsible for the development of this plan was comprised of a broad range of advocates, providers, and other interested parties. The full committee met monthly from June to December 2021.

COMMITTEE **MEMBERS**

- Service Provider Representative Faatima Lawrence, Catholic Community Services
- Service Provider Representative - Sherri Jensen, Valeo
- Service Provider Representative - Courtney Chandler, Associated Ministries
- Continuum of Care Representative - Dr. LaMont Green, Technical Assistance Collaborative
- Tacoma Pierce County Coalition to end Homelessness Representative - Maureen Howard, Tacoma-Pierce County Coalition to End Homelessness
- Faith Community Representative - Rich Berghammer, Tacoma-Pierce County Coalition to End Homelessness
- Business Community Representative - Greg Helle[2] , Absher Construction
- Philanthropic Community Representative - Erika Tucci, Cheney Foundation
- Tribal Community Representative - Ashley Howard
- Affordable Housing Committee Representative - Michael Mirra
- Pierce County Human Services Representative - John Barbee, Pierce County Human Services
- County Executive Representative - Steve O'Ban, Pierce County Executive's Office
- Representing the City of Puyallup - Ned Witting, Puyallup City Council
- Representing the City of Tacoma - Allyson Griffith, City of Tacoma
- Representing the City of Lakewood - Tiffany Speir, City of Lakewood
- Representing the community - Gina Cabiddu, from Gig Harbor/Key Peninsula Area
- Representing the community - Fred Palmiero, from East Pierce County
- Representing Individuals with Lived Experience - Mingo Morales[2]

[2] Mingo Morales and Greg Helle both resigned from the Steering Committee Prior to completion of the Comprehensive Plan.

SHELTER PLAN WORK GROUP **MEMBERS**

- Outreach Provider Representative - James Pogue, Comprehensive Life Resources
- Family Services Provider Representative - Kelli Robinson, Our Sister's House
- Shelter Providers Representatives - Duke Paulson, The Rescue Mission
- Individuals with Lived Experience of Homelessness Representative - Dakoda Foxx, Power of 2
- Tacoma-Pierce County Coalition to End Homelessness Representative - Mike Boisture
- City of Puyallup Representative - Melissa Moss
- City of Tacoma Representative - Matthew Jorgensen
- Pierce County Human Services Representative - Anne Marie Edmunds

SUBCOMMITTEES

Seven subcommittees were created to advance the work, with subcommittees meeting as frequently as weekly.

Targeted Universalism and Accountability
Define and amplify concept of Targeted Universalism as foundational to this plan. Support other committees to integrate targeted universalism into the plan. Identify mechanisms to monitor performance and hold the homeless system accountable to the community, especially around groups identified for targeted interventions.

Homeless Prevention Subcommittee
Identify the role of homeless prevention programs in reducing homelessness. Set boundaries for what portions of homeless prevention should reside within the homeless response system – especially for targeted populations.

Permanent Housing interventions
Determine how Rapid Rehousing, Permanent Supportive Housing, and the Landlord Liaison Project need to be expanded and improved to meet demand – especially for targeted populations.

Funding Source Development
Identify existing and potential funding sources to pursue in order grow the homeless system to meet need.

Temporary Housing and Navigation interventions
Determine how Shelter, Diversion, Outreach and Critical Time Intervention can be expanded to meet demand and improved to speed progress to permanent housing – especially for targeted populations.

Medical and Behavioral Health Connections
Assess need and current system capacity. Create plans to modify or expand existing medical and behavioral health systems to better meet the needs of people experiencing homelessness.

Prioritization Approach
Determine a methodology to prioritize what project to next fund when additional resources become available. Consider methodologies such as prioritizing targeted groups, geographic areas, or interventions types.

COMMITTEE **OBJECTIVES**

The Ad Hoc Committee initially created by the County Council identified the following objectives for the Comprehensive Plan to accomplish, serving as a foundation to this plan:

1. Prioritize capital and operating funds so that as additional resources are acquired the next project for that funding is clear.
2. Identify what additional resources our community needs and where to advocate and lobby for them.
3. Make sure our goals are Specific, Measurable, Achievable, Relevant, and Timely (SMART).
4. Focus on long-term, high-level policy goals that regional elected officials and staff can support, and that local plans can feed into and/or support.
5. Focus not just on what has historically been possible but develop a plan that meets actual need; be innovative, yet practical.
6. Use the Built for Zero methodology to achieve "functional zero:" acceptable shelter and an appropriate permanent housing intervention immediately available.
7. Develop more than just a plan; focus on specific steps for action and implementation.

COMMITTEE **PRINCIPLES**

Further the Ad Hoc Committee identified these principles to guide development of the Comprehensive Plan:

1. Focus on diversity, racial equity, and inclusion.
2. Build plans based on the concept of "targeted universalism"; develop a common goal to address all homeless, with programs designed to meet the unique needs for specific populations (e.g., Veterans, families, youth, DV, etc.).
3. Include experts who have lived unsheltered and other marginalized populations in the planning/design process.
4. Start with a value statement about overall intent of plan (such as "Ensure a place where all people belong").
5. Ensure a shelter plan strives for immediate access to shelter for all populations and includes a wide variety of shelter types so shelter is accessible to all.
6. Create a regional approach that locates shelters and programs near prior permanent residences and support structures; downtown Tacoma cannot continue to be the only answer.
7. Utilize best practices, published research, and local research and analysis such as past reports and surveys.
8. Ensure the racial composition of the Steering Committee reflects the diversity of the population served.

COMPREHENSIVE PLAN TO **END HOMELESSNESS**

The gap between the system articulated in the Values and Vision statement on page 3 and the current homeless crisis response system is substantial. Expanding the homeless crisis response system to meet the needs of all people currently experiencing homelessness is an opportunity to build a system that better meets the unique needs of each household experiencing homelessness. Community engagement, a broad set of experiences on the Steering Committee, engaging people with lived experience, and leveraging the targeted universalism framework – described later in this document – are key tools to re imagine and redevelop the homeless crisis response the community needs. Most goals in this plan focus on developing a more comprehensive homeless crisis response system. However, the community is best served by stabilizing households before they become homeless. Accordingly, several goals also include efforts to advance work on homeless prevention and affordable housing.

COMMUNITY **ENGAGEMENT**

Ensuring the widest possible input on this Comprehensive Plan has enabled this plan to best reflect current needs in the community as well as the resources and approaches needed to meet those needs. Community engagement has spanned a variety of approaches, including presentations to community groups, an on-line open house, a survey of people experiencing homelessness, and bringing individuals and community groups into the Steering Committee and its subcommittees.

Community engagement will be a constant element in plan implementation. This Comprehensive Plan will evolve as new information is learned and as the needs of people experiencing homelessness and the communities they live in are better understood.

LIVED **EXPERIENCE**

Similarly, our development and expansion of programs will be most successful when individuals and groups with lived experience are part of the decision-making and implementation processes. All strategies in this plan leverage the expertise of people with lived experiences and organizations that work to advance the needs of target populations. We will continue to involve individuals with lived experience throughout our implementation efforts.

TARGETED **UNIVERSALISM**

Targeted Universalism is a framework to pursue a common, shared goal with multiple strategies designed for the unique needs of different groups. Strategies are developed using a five-step framework:

1. Establish a universal goal
2. Assess general population performance to the universal goal
3. Identify groups that are performing differently with respect to the goal
4. Assess and understand the structures that support or impede each group from achieving the universal goal
5. Develop and implement targeted strategies for each group to reach the universal goal

Within the homeless system, that goal is permanent housing. Reaching that goal may require different approaches for different groups. Using targeted universalism as a foundation to this plan means reviewing enrollment data and outcome data to identify programs with low enrollments or poor outcomes for specific under served populations. When data indicates the need for a targeted approach specific to a population, we will design or modify programs around the unique needs of the affected population. Some groups may benefit from simple technical fixes, such as ensuring ADA accessibility of shelter spaces. Other groups may see improved outcomes only with deeper structural reforms. These reforms may include new service providers run by the populations currently experiencing poor outcomes.

STRATEGY AND ACCOUNTABILITY **EXPECTATIONS**

The development of each goal and strategy in this plan requires customization for these targeted populations. In addition, Pierce County must create reporting tools and dashboards to ensure accountability that can be disaggregated by enrollments and exit outcomes for each targeted population.

TARGETED **POPULATIONS**

Populations with known unique needs, those who are shown locally or nationally to have poor outcomes in homeless systems, and those disproportionately experiencing homelessness benefit from targeted strategies to exit homelessness. Monitoring of enrollments and program outcomes, as well as identifying specific strategies to improve enrollments and outcomes, is necessary for the following populations:

- Black, Indigenous and people of color (BIPOC)
- People with disabilities – as defined by the American with Disabilities Act
- Seniors – over the age of 65
- Families with children
- Members of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit (LGBTQ+) community
- Youth aged 12 to 18 and young adults between 18 and 24 unaccompanied by family
- People currently fleeing domestic violenc, including intimate partner violence and other unsafe situations
- Veterans who have served in the United States armed forces

ACHIEVING **FUNCTIONAL ZERO**

This plan targets functional zero - A state where any person starting a new homeless episode has immediate access to shelter and a permanent housing intervention. This acknowledges that homelessness will never fully disappear from a community. Instead, it aspires to making it rare, brief and, when it happens to someone, they do not experience it again. This approach is in use in nearly 100 communities across the United States, including six of the largest twenty cities as well as a mix of suburban, urban, and rural communities. It has resulted in 14 communities ending homelessness for target populations, and 44 communities with measurable reductions.

Communities successfully reaching functional zero follow a common methodology. Each aspect of the methodology can be found in the Comprehensive Plan goals, strategies, and accountability measures below. Those aspects are:

- **By-name list** - a list of every person in the community experiencing homelessness, continuously updated
- **Integrated Command Center Team** – implemented as the Unified Regional Office to End Homelessness, brings key agencies together to work towards functional zero
- **Community-level measurement** – measure success by the number of people experiencing homelessness.
- **Data-driven housing investments** – securing the housing resources needed to house people experiencing homelessness

Success of this plan will be measured by the reduction of the total number of people experiencing homelessness and how quickly they exit homelessness to permanent housing. Individual programs will still need to be accountable for client outcomes, but the focus will be on the community-wide goal of ending homelessness.

To achieve the goal of ending homelessness by reaching functional zero, real time data is needed to tailor interventions to each individual, pivot to address needs common to target populations, and have a clear picture of the homeless crisis response system.

With disparate outcomes for many populations, a focus on racial equity is necessary. Targeted Universalism will allow that focus to permeate program design and accountability tools.

Functional zero requires not just quick responses to households experiencing homelessness, but also creating supports necessary to prevent people from becoming homeless in the first place.

AFFORDABLE **HOUSING**

The causes of homelessness are complex and require a systematic response that accounts for that complexity. Yet, the complexity should not conceal a basic cause: Pierce County does not have enough housing for its residents, and much of its housing is not affordable, especially for households earning less than 50% of Area Median Income . With high rents, households under 50% AMI will be rent burdened (meaning they spend more than 30% of their income on housing), and without subsidies, housing is nearly inaccessible to households under 30% AMI. While increasing the supply of housing available to people experiencing homelessness is ultimately the most important factor affecting the success of ending homelessness, that effort cannot be addressed through this plan alone. The homeless crisis response system needs to coordinate with private and public housing developers, the South Sound Housing Affordability Partners (SSHA3P), and various municipal affordable housing action strategies. The Pierce County Council has also commissioned an affordable housing strategy due in early 2022. The current capacity, current and future demand, and the unique needs of people experiencing homelessness must be included in this and other affordable housing plans.

The need for very low-cost housing requires particular attention be paid to retaining and developing a wide variety of housing types, including shared housing, mobile home and RV parks, community land trusts, clean and sober transitional housing, single room occupancy projects, and permanent tiny house villages.

Ultimately, without access to permanent affordable housing that low-income households can sustain, the homeless crisis response system cannot successfully exit households from homelessness.

[1] Area Median Income (AMI) is an indicator of income relative to other households and is adjusted for household size. For example, a household of 3 earning less than $40,901 is under 50% AMI, and if they earned less than $24,551 they would be under 30% AMI. The US Department of Housing and Urban Development posts program income limits based on AMI at https://www.huduser.gov/portal/datasets/il.html

SYSTEM **DATA**

Data is a key tool to accomplish the goal of permanent housing for all. The Homeless Management Information System (HMIS) is currently used to store and manage our community's data specific to homelessness. The Homeless Management Information System is accessible to all providers in the community and allows monitoring of individual outcomes, program and provider performance, and overall progress towards ending homelessness across the entire homeless crisis response system. It also facilitates the creation and management of by-name lists (defined below), allowing us to respond to homelessness at the individual level.

Use of the Homeless Management Information System is required for all County agencies funded as part of the homeless crisis response system. For system data to be most useful and accurate, Homeless Management Information System use must be expanded to include use by all agencies in the community, not just those funded by the County.

While the Point-in-Time (PIT) Count will continue to be a superb tool to learn general year over year trends about people experiencing homelessness, using the Homeless Management Information System to manage the by-name list will provide the timely, accurate and information rich data needed to monitor progress to ending homelessness and to design programs to close the gap between system capacity and need. More information about the Point-in-Time count is available in Appendix I.

BY-NAME **LIST**

The Plan proposes the creation and maintenance of a by-name list of all people currently experiencing homelessness. By- name lists are presently managed in the Homeless Management Information System only for veterans and for youth and young adults. In the goals below, those lists are expanded to include all people experiencing homelessness. That list would be shared and managed by all providers in the homeless system. It would be continually maintained to ensure that every person encountered during street outreach, staying at a shelter, or engaging any part of the homeless crisis response system is known.

To fully implement a by-name list for all people experiencing homelessness, several challenges need to be overcome.

Often data input by service providers has inaccuracies and can be prone to delay in data entry. For data to be leveraged accurately and efficiently, data must be correct and up to date; expanded technical assistance will help us to achieve this. This effort will also only be successful by increasing HMIS utilization to 100%.

Creating a universal by-name list serves several purposes. It better ensures that all persons receive what the system has to offer. It allows for better evaluation and assessment of the system's effectiveness. It will allow monitoring of progress towards ending homelessness. Analysis will also allow the comparison of needs and outcomes for all eight target populations identified in the targeted universalism section. Understanding those unique needs will drive program design. This data will provide transparency to allow for a greater level of accountability of individual providers and the entire system to people experiencing homelessness, funders, service providers, elected decision makers, and the general population. Finally, a by-name list reminds us that lives are at stake and that every single one of them is somebody, a unique person to know and serve by their name.

MERGING OUTSIDE **SYSTEM DATA**

In addition to maintaining high quality comprehensive data in the Homeless Management Information System, it is necessary to merge that data with other data sources to understand the needs of people experiencing homelessness. For instance, tracking exits from incarceration to homelessness is only possible through joining data from both the Homeless Management Information System and jail and prison systems. Any effort to end the cycle of homelessness and incarceration requires monitoring that connects data in real time. This need for data integration is described in several goal strategies outlined below.

QUALITATIVE **DATA**

Quantitative (numerical) data is valuable but can often miss important information. Qualitative (narrative) data can provide additional information for use in decision making. In addition to expanding the use of quantitative data collection and analysis, expanded qualitative data collection is also needed and included in some goal strategies.

RESEARCH **EXPECTATIONS**

To remain relevant over time, many strategies in this plan have been developed based on regular review of published studies, research, conference presentations and other sources of information detailing evidence-based best practices. It is important to our success that Pierce County continue to use best practices research in program development and expansion, and that we enable rigorous evaluation of our own efforts to assess performance.

PREVENTION

While prevention has not historically been considered within Pierce County's homelessness response system, no comprehensive plan to end homelessness can ignore the value in preventing homelessness altogether as the best way to end it. Prevention is less costly and more humane, but it requires extensive cross-system collaboration, such as with criminal justice, foster care, education, behavioral health, and other systems that interact with and affect people at risk of homelessness. Only by partnering can we create a supportive network that will work to keep people housed, ultimately resulting in our population never having to experience homelessness at all.

EXISTING **PLANS**

Major efforts are underway to improve this region's homeless crisis response system, including the Continuum of Care 5-year Plan to Address Homelessness (and its nearly identical companion Pierce County 5-year Plan to Address Homelessness) and the City of Tacoma Homeless Strategy. These are important projects that need to be considered and supported when executing this Comprehensive Plan to End Homelessness. Pierce County has also launched the development of a Housing Action Strategy. The Steering Committee reviewed these plans and incorporated relevant elements into this plan.

Many of these existing plans work to make incremental improvements to the homeless crisis response system, largely focusing on program outcomes, not system level outcomes. This Comprehensive Plan differs in that it recommends a system large enough to meet the current and future need in the community and looks at system level measures – such as the number of people experiencing homelessness – to monitor success. It also looks to address many of the drivers of homelessness, as well as necessary connections to systems of support and services necessary to sustain housing, such as employment, mental health, and housing affordable to people under 50% area median income.

The five strategic objectives present in the Pierce County 5-year Plan to Address Homeless are largely reflected in this Comprehensive Plan. Objective 1 – quickly identifying and engaging all people experiencing homelessness – is completely supported in this plan by offering both shelter options and a permanent housing intervention at the onset of homelessness. Objective 2 – prioritizing housing for people with the greatest need – is not focused on in this plan. Rather, this plan works to build a system sized so that permanent housing interventions will be available to all people experiencing homelessness, not rationed to those with greatest need. Objective 3 – operating an effective and efficient homeless crisis response system is echoed in the focus on data and monitoring program success, especially around targeted populations. Objective 4 – projected impact: number of households housed and number of households unsheltered – is superseded by the more ambitious goal in this plan to reach functional zero. Finally, Objective 5 – address racial disparities among people experiencing homelessness – is echoed in plans to distribute shelter and other services geographically across Pierce County as well as the work to leverage the targeted universalism framework in all aspects of plan implementation.

The Adequate Shelter for All Plan, developed concurrently with this Plan and attached, is key to addressing homelessness. Fully implementing the shelter plan is included as a strategy.

Many other plans touch on the homeless system, such as County and municipality affordable housing strategies and behavioral health plans. These plans should be regularly reviewed and areas for collaboration identified. In addition, dashboards monitoring the Comprehensive Plan goals must be merged with dashboards used to monitor the Continuum of Care 5-year plan to address homelessness and the City of Tacoma Homeless Strategy.

FUNDING

Pierce County has made strides in providing the right type of interventions to homeless individuals in recent years, moving thousands into permanent housing. However, increased and sustained funding is required to successfully implement the goals in this plan and achieve and maintain functional zero. While many improvements are recommended across the homeless crisis response system and beyond, the core requirement to adequately address homelessness is to significantly expand the capacity of the response system all along the continuum. This will require more funding. Several goals in this plan develop strategies around funding. Potential funding sources are detailed in Appendix B. Appendix A contains a list of existing funding sources. Funding for homelessness prevention should also be identified (e.g., emergency gap funding, affordable housing unit construction funding, financial counseling, etc.)

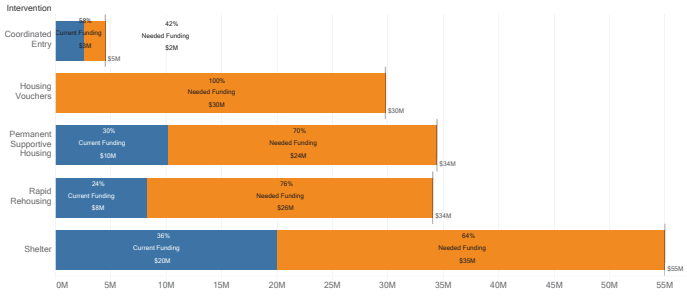
COMMUNITY-WIDE SAVINGS FROM ADDRESSING HOMELESSNESS

Addressing homelessness can also save money. Appendix C details the spectrum of costs related to homelessness, such as those incurred while serving people experiencing homelessness in the formal homeless system, in adjacent systems such as schools and the medical system, and lost opportunity costs related to the impacts of homelessness on tourism and business. The costs of homelessness are spread across many different systems, but taken together, they exceed $40,000 for a chronically homeless individual per year. That eclipses the $22,000 cost to provide permanent housing to that individual. To immediately serve all people entering the homeless system with a permanent housing intervention would have an additional $48M per year cost, but $28M of that cost would be offset by savings in adjacent systems.

FUNDING GAP

A gap currently exists between the funding needed to operate the homeless crisis response system to achieve functional zero over a 5-year time span and the funding currently available. The graph below shows the annual amount of funding (in blue) versus the additional amount needed (in orange) for each intervention.

CURRENT AND NEEDED ANNUAL OPERATIONS FUNDING



The County's total system annual investment is currently around $40M, with an additional $117M needed to operate based on total need to reach functional zero in five years.

The $117M annual increase is only operational costs. Capital costs for the shelter increase alone could cost as much as $15M. For permanent Supportive Housing, depending on the unit cost and the split between tenant-based and project-based, unmet capital costs could be as high as $400M.

Assumptions and details around these calculations are listed in Appendix K.

UNIFIED REGIONAL OFFICE OF HOMELESSNESS

Effective homeless response systems have coordination among all the parts[4]. This coordination allows a successful, regional response to homelessness and must include effective leadership, a shared vision, a plan, a governing structure, application of data, and a structure for ongoing effectiveness. A Unified Regional Office of Homelessness includes:

- **Shared Vision, Accountability, and Transparency** – A shared vision of the homeless response system is necessary, as well as principles for communication, implementation and accountability to build and maintain cooperation and coordination among the many partners and constituents of the system.
- **Cost Effective Performance and Accountability** – The homeless response system must be accountable for program performance. It must have performance measures embedded into the funding and implementation of each element an expectation and enforcement of best practices, accountability, and cost effectiveness. This is most effectively done with a single organization overseeing reporting requirements for all homeless programs operating in the region.
- **Coordination Among Plan Elements and Partners** -- The Comprehensive Plan needs coordination of at least two types among its elements and partners, especially for prioritization purposes:
  - Coordination of Investment and Operation Among Elements of the Plan -- The plan will need coordination among its necessary elements. For example, sheltering persons living on the street require outreach workers to elicit their interest in receiving services and then to direct them to shelter and services. For outreach workers to do that, they need a ready supply of appropriate services and shelter to offer. Without this coordination, one unavailable part of the continuum will become a log jam for other parts.
  - Consultation and Coordination Among the Partners --The plan will need adequate consultation and coordination among the many partners, including:

- Persons experiencing homelessness.
- Pierce County government
- The cities and towns of Pierce County.
- Police and emergency services.
- Private and nonprofit service providers.
- Advocacy and grass roots groups.
- Private, nonprofit and public housing organizations.
- Business community.
- Philanthropy
- Faith organizations.
- Volunteers.
- Veteran services providers
- The general public

- **Coordination of the Collection and Analysis of Data** – Discussed in detail throughout this plan is the importance of data. The plan will require the continual collection, analysis, and publication of robust data, including:
  - The extent and nature of the County's homelessness, including how many people, location, family composition, race, gender, age, veteran status, and service needs, and the goals of the people experiencing homelessness.
  - Data showing how to judge a person's risk of homelessness.
  - The effectiveness or lack of effectiveness of each part of the crisis response system.
  - The relative cost effectiveness of each part of the plan and intervention.
  - The effectiveness of each intervention against stated objectives.

Implementation, leadership, and homeless crisis response system management responsibilities may shift, as appropriate, from the Pierce County Human Services Department to a new Unified Regional Office.

[4] Different unified command structures are in use across the country. Richmond Virginia (http://endhomelessnessrva.org/), Austin Texas (https://www.austinecho.org/), Houston Texas (https://www.homelesshouston.org/) and the Columbus Ohio Unified Funding Agency (http://www.columbusfranklincountycoc.org/) are examples of placing the Unified Regional Office in the Continuum of Care structure. Snohomish County Washington (https://snohomishcountywa.gov/720/Continuum-of-Care-CoC) and Guam (https://www.ghura.org/about-ghura/community-development/continuum-care) are examples of local government agencies with authority for their Unified Regional Offices.

ACCOUNTABILITY

The homeless crisis response system must be accountable to many constituents. The primary accountability is to people experiencing homelessness. In addition, the system must be accountable to funders, nonprofit service providers, and the community.

It is easy to make assumptions about the success or failure of the homeless crisis response system by observing urban street homelessness. Visible unsheltered homelessness is important to address but using only that metric as a measure of success hides much of both the need and the services provided.

To be accountable, Pierce County Human Services must provide information on current and historical demand for homeless services, the services provided, and the capacity to provide additional services. Only by providing transparency can constituents understand how well the system and providers are performing. Pierce County Human Services will provide weekly, monthly, quarterly, and annual dashboards and reports that are available to the public. These reports are key to assessing and meeting accountability requirements. Monitoring outcomes allows adaptability in particular programs or the entire system. Each goal in the plan has accountability built into that work so that it is possible to monitor efforts for impact.

PRIORITIES

This plan focuses on the full continuum of needed services and includes the many elements necessary to address the different aspects of the need, including the following:[5]

- **Coordination** among all levels of government and providers in Pierce County to coordinate among the different elements of the plan, to better ensure programs reflect effective practices, and to collect data for program adjustment, evaluation, and accountability.
- **Prevention services** that accurately identify households that, without intervention, will become homeless, and that offer them effective services or resources to keep them housed.
- **Outreach teams** to actively engage with homeless persons, especially those who are chronically unsheltered and who are resistant to services. The teams must have the services listed below to offer.
- **Drop-in and service centers** to offer daytime respite space, storage facilities, introduction to services, and the building of relationships with outreach workers.
- **Safe shelter options** ranging from those with less structure and fewer services, such as safe parking spots and sanctioned encampments, to shelter with more structure and more services, such as congregate shelter and tiny house shelters.
- **Housing programs** to provide permanent housing or to help people find permanent housing, such as Rapid Re-Housing, rental assistance, and permanent supportive housing.

[5] See Gibbs, Bainbridge, Rosenblatt and Mammo, How Ten Global Cities Take on Homelessness: Innovations That Work, page 22 – 23 (University of California Press 2021)

BENEFITS

Despite a focus on this whole-system perspective, though, it's unlikely we will be able to fully fund all needs. The implementation of the plan will likely require more time and more resources than what will be available. This means that Pierce County will need to prioritize its efforts. Prioritizing shelter has the following advantages:

- **Concern for persons living on the street, in cars, or in parks or woods:** Living outside is dangerous to persons who must do it. It impairs their health. It limits their prospects. It is dehumanizing. The County's efforts should prioritize serving them. This priority would recognize the individual health and public health risks of unaddressed and unsheltered homelessness.
- **Street homelessness is expensive and damaging to other civic systems and values.** Civic systems include police, fire/EMT, courts and jails, mental health services, hospital emergency room care, and inpatient hospital care. Solving street homelessness will save money in these other systems. Street homelessness also shows most clearly the inequitable disparities present among the population experiencing homelessness: disproportionate representation among the street population of BIPOC, disabled seniors, and LGBTQ youth. Solving street homelessness will also address the inequitable geographic distribution that burdens communities with large numbers of people experiencing unsheltered homelessness
- **Solving street homelessness will generate support from a public that wants its public spaces back for public use.** Street homelessness is a serious imposition on the public use and enjoyment of important public spaces, such as sidewalks, parks, thoroughfares, and store fronts. Restoring the public use of these spaces will help generate the public support this plan will require.

FLEXIBILITY

One final component important to this plan is flexibility. The County's priorities should remain flexible for at least two reasons: first, the extent or nature of the County's homelessness will change; and second, luck or contingency will determine what is or is not possible to do. For example, parts of the plan will require the purchase or use of land, hotels, or housing. Real estate opportunities are hard to predict. The homeless response system should be ready to grab them when they arise even if doing so might be out of priority order. Developing flexible cash resources that are ready to take advantage of funding or other opportunities will have substantial benefits.

GOALS AND STRATEGIES

The following six goals and strategies were developed by the full Comprehensive Plan Steering Committee based on the concepts and best practices described above. They are rooted in best practices and together represent a whole system approach that, until now, the County has been reluctant to pursue. These six goals are not quick, easy, or cheap, but the Steering Committee believes they will allow Pierce County to achieve "functional zero" for homelessness.

For each of the six goals below, we identify key strategies and accountability measures to ensure success and foster system transparency. The steering committee also identified roles, effort needed, and estimated costs for each goal. Roles are mostly attributed to the Pierce County Human Services Department. As the Unified Regional Office is stood up, responsibilities may transfer to that entity. Effort needed and estimated costs are marked as either low or high. Low indicates the existing resources are probably adequate to accomplish the goal. High indicates additional resources will be necessary.

The order of the goals does not indicate priorities. Goal implementation is expected to occur concurrently.

GOAL 1 CREATE A UNIFIED HOMELESS SYSTEM

Many factors are necessary to end homelessness: effective management, sufficient resources, coordination of those resources, accountability, and skilled leadership. A unified approach will enable an understanding of the entire need in the community and allow the leadership, management and resource acquisition and distribution necessary to meet that need.

STRATEGIES

1.1 By July 1, 2023, create a Tacoma-Pierce Unified Regional Office of Homelessness, consisting of the right stakeholders with central decision-making authority of funding and services.

1.2 Initiate a consultant-led process to design the Unified Regional Office organizational leadership structure to prevent and end homelessness, including leading community engagement and communication efforts.

1.3 Create and maintain a model to estimate funding needed to close the gap between homeless prevention and homeless crisis response system need and capacity. For current gap analysis, see Appendix K.

1.4 Improve resource acquisition by maintaining homeless crisis response system funding master list (see Appendix A), including current, expected, and potential future federal, state, local jurisdiction, philanthropic and other system funding.

1.5 Develop and maintain a strategic funding plan to retain existing funding and close the funding gap using identified potential funding sources and pursue that funding with a coordinated, County-wide, cross-industry effort.

1.6 Support agencies to ensure financial resiliency.

ACCOUNTABILITY

1.7 Publish an analysis of the current homeless crisis response system funding and system design decision making and leadership structure.

1.8 Provide quarterly updates on progress towards implementing the Unified Regional Office.

1.9 Publish a quarterly dashboard showing current funding sources and the uses of that funding.

1.10 Publish a quarterly dashboard showing the current and historical funding gap between need and capacity for each aspect of the homeless crisis response system.

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – High
- Implementation Costs – Low

GOAL 2 ENSURE INTERVENTIONS ARE EFFECTIVE FOR ALL POPULATIONS

Targeted Universalism requires considering the unique needs of target populations within each service. The first step in developing targeted strategies requires engagement with members of the target populations. Continued engagement with targeted populations is vital, using community outreach as well as surveys and other tools to identify areas to improve.

STRATEGIES

2.1 Create a Race and Equity Strategy Team or expand role of existing equity efforts such as with the Continuum of Care to research, develop and assist organizations to implement program changes to align with the needs of target populations.

2.2 Engage twice yearly with individuals and organizations from target populations to identify concerns with the existing homeless crisis response system and needed program alterations or additional providers.

2.3 Annually review interventions and services to ensure referrals, enrollments and outcomes are being monitored for each target population.

2.4 Annually conduct a quantitative and qualitative service quality survey, including a "hope scale[hs]" type survey, of a sample of people experiencing homelessness. Ensure the survey is part of a trauma informed process accessible to the widest possible audience, preferably administered by people experiencing homelessness themselves.

ACCOUNTABILITY

2.5 Publish annual reports documenting identified concerns with interventions, strategies to remedy those concerns, and status updates on past strategies. The annual report must also document any interventions or services with low performance or low enrollments for specific populations along with strategies to remedy those deficiencies.

2.6 Publish monthly dashboard showing program referrals, program enrollments, and program outcomes for each permanent housing intervention, broken out by sub-populations.

2.7 Publish annual report on changes in the service quality survey results.

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – Low
- Implementation Costs - Low

GOAL 3 PREVENT HOMELESSNESS

Preventing housing instability and stabilizing households at risk of homelessness is a key strategy to ending homelessness. Available funding must be targeted where it will prevent homelessness for the greatest number of households. Funding must increase to reduce the number of at-risk households.

STRATEGIES

3.1 Revise homeless prevention services eligibility based on best practices, with eligibility adjustments to accommodate varying levels of resources available for rent assistance to target the assistance where it will prevent homelessness for the greatest number of households.

3.2 Provide mortgage assistance for at-risk homeowners.

3.3 Develop and support shared housing units for those unable to afford living alone.

3.4 Provide financial counseling and life skills training to assist at risk households with financial stability.

3.5 Expand Diversion to households at risk of homelessness.

ACCOUNTABILITY

3.6 Publish rent and mortgage assistance eligibility requirements, policies, and procedures.

3.7 Publish monthly dashboards showing rental and mortgage assistance system performance.

3.8 Expand Coordinated Entry eligibility to households at risk of homelessness.

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – High
- Implementation Costs – High

[hs] Hope is defined as the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways. Higher hope consistently is related to better outcomes. The hope scale measures that hope to better understand how able people are to meet their goals. Hope can rise, and better outcomes are possible in programs that are able to create more hope in enrollees.

GOAL 4 ENSURE ADJACENT SYSTEMS ADDRESS NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS OR AT RISK OF HOMELESSNESS

Adjacent Systems – those that serve people experiencing homelessness or who are at risk of homelessness but are not part of the formal homeless crisis response systems - are seldom designed with the unique needs of people experiencing homelessness or at risk of homelessness. Making changes to these adjacent systems, including locating adjacent system services at homeless program sites, can improve outcomes for people experiencing homelessness. For a partial list of adjacent systems, see Appendix J.

STRATEGIES

4.1 Develop more coordinated communication among adjacent systems.

4.2 Create or join existing workgroups to identify and implement best practices so individuals can more easily access services in adjacent systems.

4.3 Work with organizations in adjacent systems to develop and implement policies and procedures based on identified best practices.

4.4 Create or join existing workgroups to identify and implement best practices, including data sharing agreements, to assist and track individuals leaving institutional settings. For a partial list of institutional settings, see Appendix J.

4.5 Coordinate with the Pierce County Behavioral Health Division to ensure the Behavioral Health Improvement Plan updates continue to identify gaps in capacity and effectiveness for people experiencing homelessness and create implementation plans to close those gaps.

4.6 Partner with the Workforce Development system to identify gaps in effectiveness of workforce development system for people experiencing homelessness and work to close those gaps, ensuring availability of transitional employment programs that create pathways to self-sufficiency.

ACCOUNTABILITY

4.7 Publish monthly dashboard listing count of individuals recently exiting institutional settings who are accessing the homeless crisis response system. For a partial list of institutional settings, see appendix j.

4.8 Partner with the Pierce County Behavioral Health Division to add housing and homeless specific metrics to their existing reports.

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – Low
- Implementation Costs – High[7]

[7] Implementation costs may be needed for adjacent systems to expand or alter programs to meet the needs of people experiencing homelessness.

GOAL 5 MEET IMMEDIATE NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

Meeting immediate needs for shelter, food, and pathways out of homelessness is vital. Knowing who is homeless and actively engaging them to assist entering shelter and establishing permanent housing will reduce the duration of homeless episodes.

STRATEGIES

5.1 Create and manage a by-name list for the entire homeless population

5.2 Ensure every household experiencing homelessness has access to navigation services such as street outreach and Critical Time Intervention[8].

5.3 Expand use of the Homeless Management Information System so all formal and informal interactions with people experiencing homelessness are recorded.

5.4 Prioritize funding to implement the Adequate for All plan to expand homeless shelter, attached, ensuring access at shelter sites to behavioral health services.

5.5 Expand Coordinated Entry to ensure appointments are available the same day or the next day in shelters, day centers and other access points across Pierce County

5.6 Offer Rapid Rehousing and Permanent Supportive housing interventions during the Coordinated Entry conversation.

5.7 Size the homeless outreach system to engage all people living unsheltered.

ACCOUNTABILITY

5.8 Publish a monthly dashboard displaying the portion of individuals connecting with the homeless crisis response system who are on the by-name list

5.9 Publish a monthly dashboard displaying the portion of individuals on the by-name list receiving navigation services

5.10 Publish a list of agencies participating in the Homeless Management Information System and those not participating

5.11 Publish a monthly dashboard showing the Coordinated Entry System capacity and utilization, as well as wait times for Coordinated Entry "Crucial Conversations" and the elapsed time between coordinated entry conversation and program referral and housed outcomes.

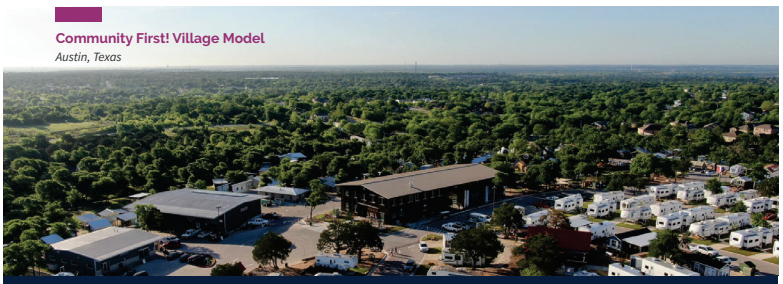
5.12 Publish monthly dashboards showing the portion of people known to be experiencing homelessness who are staying in shelter.

5.13 Publish daily, up-to-date bed capacity and availability at all emergency shelters

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – High
- Implementation Costs - High

Community First! Village Model
Austin, Texas



* A program providing case managers to assist clients to navigate both the homeless system and other systems, such as employment childcare, transportation, and behavioral health.

GOAL 6 EXPAND THE PERMANENT HOUSING SYSTEM TO MEET THE NEED

Permanent housing is the goal for all people experiencing homelessness. Because of the very limited supply of housing, a wide variety of interventions and approaches will be necessary.

STRATEGIES

6.1 Expand funding for the Diversion Intervention to fully meet the need.

6.2 Expand funding for Rapid Rehousing Intervention to fully meet the need.

6.3 Create a dedicated housing voucher intervention for households experiencing homelessness and size existing housing voucher programs and Housing and Essential Needs to meet the need.

6.4 Size the capacity of the Permanent Supportive Housing system, including units and case management, to meet demand, using tenant-based and project-based programs, with a particular focus on projects that add new permanent housing at very low capital costs, such as hotel conversations and Community First! style housing development projects.

6.5 Expand shared housing to include all possible shared housing models.

6.6 Coordinate with affordable housing efforts to develop 0-30% AMI and 30-50% AMI housing dedicated to households exiting homelessness.

6.7 Size the Landlord Liaison Program to maximize access to the rental market, including using master leasing.

6.8 Facilitate movement from one housing intervention type to another to best serve the changing needs of clients as required supports increase or decrease, including sites with enhanced medical and behavioral health supports.

ACCOUNTABILITY

6.9 Publish monthly dashboards estimating the need, capacity, current enrollments, new enrollments and exits for each permanent housing intervention type.

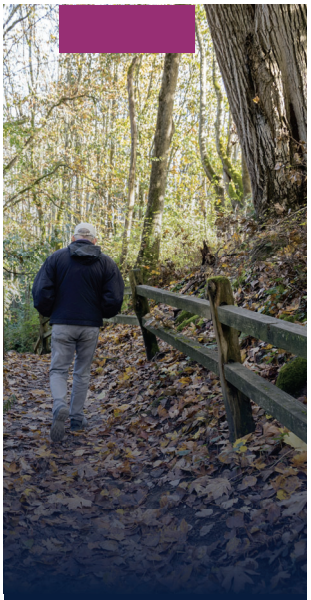
6.10 Publish quarterly dashboards estimating the need and capacity for 0-30% AMI housing and 30-50% AMI housing

6.11 Publish a monthly dashboard showing permanent housing pipeline.

6.12 Publish monthly dashboards to monitor units made available through the Landlord Liaison Programs.

ROLES, EFFORT AND COST

- Implementation Responsibility – Pierce County Human Services
- Level of Coordination Effort – Low
- Implementation Costs – High



Next Steps

Together, these six goals and related strategies and accountability measures will drive Pierce County to achieve functional zero. They will not be easy to implement but could be impactful to the future of our Community. The steering committee urges the Pierce County Council to adopt this plan and direct Human Services to develop and execute an implementation plan. We can only solve homelessness in our community by starting now.

Pierce County

Pierce County
Human Services

PIERCE COUNTY COMPREHENSIVE PLAN TO END HOMELESSNESS

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December 2021

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Pierce County
Human Services

APPENDIX A – HOMELESS CRISIS RESPONSE SYSTEM FUNDING MASTER LIST

A list of all current, expected, and potential federal, state, local jurisdiction, philanthropic and other funding.

Current Homeless Funding

	Funder	Program	Recurring Amount	One Time Amounts	Period	Use of Funds
Federal	HUD	Continuum of Care	$ 4,106,180		1/1/21-12/31/21	Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, Data Collection (HMIS, Administration
Federal	HUD	Emergency Solutions Grant	$ 271,290		7/1/21-6/30/22	Street Outreach, Emergency Shelter, Prevention, Rental Assistance, Data Collection (HMIS), Administration
Federal	THA	Rental Assistance	$ 1,300,000		1/1/21-12/31/21	Utility Assistance, Rent Assistance, Internet, Operations, Administration
Federal	THA	Tacoma Schools Housing Assistance Program (TSHAP)	$ 596,050		3/1/20-12/31/21	Diversion, Rental Assistance
Federal	THA	Emergency Housing Voucher Program	$ 486,750		7/1/21-12/31/23	Housing Search and Location
Federal	HUD	Emergency Solutions Grant-Coronavirus		$ 4,236,630	8/1/20-8/31/22	Street Outreach, Temporary Shelter, Emergency Shelter, Rapid Re-Housing, Hazard Pay, Volunteer Incentives
Federal	Treasury	Pierce County American Rescue Plan		$ 2,300,000	4/1/21-03/31/22	Emergency Shelter, Sanitation & Hygiene
Federal	Treasury	City of Tacoma American Rescue Plan Tranche 1		$ 7,000,000		
Federal	Treasury	Lakewood American Rescue Plan		$ 1,000,000		Hotel Acquisition
Current Federal Homeless Funding Subtotal			**$ 6,760,270**	**$ 14,536,630**		
State	Commerce	Anchor Communities Initiative	$ 470,000		7/1/21-6/30/22	Street Outreach, Emergency Shelter

State	Commerce	Consolidated Homeless Grant (including HEN)	$ 5,283,847		7/1/21-6/30/22	Outreach, Emergency Shelter, Transitional Housing, Targeted Prevention, Rapid Re-Housing, Permanent Supportive Housing, Services Only, Housing and Essential Needs
State	Commerce	Emergency Solutions Grant	$ 714,349		7/1/21-6/30/22	Street Outreach, Emergency Shelter, Prevention, Rental Assistance, Data Collection (HMIS), Administration
State	Commerce	Shelter Program Grant		$ 1,883,390	7/1/20 - 6/30/23	Facility Support, Operations, Financial Assistance, Flexible Funding, Administration
State	Commerce	Emergency Solutions Grant-Coronavirus		$ 4,371,305	7/1/20-8/31/22	Street Outreach, Temporary Shelter, Emergency Shelter, Rapid Re-Housing, Hazard Pay, Volunteer Incentives
State	Commerce	Hotel Sheltering Funding		$ 5,100,000	7/1/21-6/30/23	Hotel Vouchers, Rapid Re-Housing,
Current State Homeless Funding Subtotal			**$ 6,468,196**	**$ 11,354,695**		
Local	Pierce County	Homeless - Document Recording Fee	$ 17,415,000		7/1/21-6/30/22	Street Outreach, Emergency Shelter, Rapid Re-Housing, Permanent Supportive Housing
Local	Tacoma	Mental Health Substance Use Disorder Tax	$ 785,000		1/1/21-12/31/22	
Local	Tacoma	HB 1406 retain portion of state sales tax				
Local	Pierce County	HB 1406 retain portion og state sales tax				
Local	Pierce County	Mental Health Substance Abuse Disorder Tax (only for use for behavioral health services)	12M -15 M			
Local	Tacoma	1590 Funds/ 1/10 of 1% sales tax				

Local	Tacoma	Community Development Block Grant	$ 30,332			
Local	Tacoma	General Fund	$ 4,756,342		1/1/21 - 12/31/22	
Current Local Homeless Funding Subtotal			**$ 22,986,674**	**$ -**		
Current Homeless funding Total			**$ 36,215,140**	**$ 25,891,325**		

Current Affordable Housing Funding						
Local	Pierce County	Affordable Housing Document Recording Fee	$ 150,000		1/1/22-12/31/23	Capital development for 50% or below, operating and maintenance, emergency shelter operations and rental housing vouchers
Current Local Affordable Housing Subtotal			**$ 150,000**			
Local	Pierce County	Pierce County 1406 Capital and Service Funding Low Income	$ 1,400,000		1/1/21-12/31/21	Capital Development - Affordable housing for households at or below 60% of AMI or operating and maintenance of new project
Local	Tacoma	City of Tacoma 1406 Capital and Service Funding Low Income				Capital Development - Affordable housing for households at or below 60% of AMI or operating and maintenance of new project
Local	Public Housing Authorities	Section 8 Rental Assistance Public Housing Varied Financing				Public housing authorities are the county's largest source of affordable housing dollars measured by dollars or people served. That financing comes in two main forms: rental assistance and affordable housing development and management.
State	Commerce	Housing Trust Fund				Capital Development - Affordable housing for households at or below 50% of AMI. Homeownership for households at or below 80% AMI

	State	WA State Housing Finance Commission	Low Income Housing Tax Credits				Allocation of credits to developers that develop affordable housing who can attract private equity in return for tax credits.
	Current State Affordable Housing Subtotal			**$ 1,400,000**	**$ -**		
	Current Affordable Housing Funding Total			**$ 1,550,000**	**$ -**		

Potential New or Increased Funding							**Relationship of Money and Homelessness**
	Federal	Treasury	Pierce County American Rescue Plan		$ 67,000,000		
	Federal	Treasury	City of Tacoma American Rescue Plan Tranche 2		$ 31,000,000		
	Local	Pierce County	HB 1590 1/10 of 1 % sales tax				
	State	State Dept. of Transportation	Encampment Abatement				
	Local		Sound Transit				
	Local	Pierce County	Available Land (All government entities) (Parks, Schools, Cities, Towns, Community Colleges, County, Churches, Utilities				
	Local		Hospitals (MultiCare, Franciscan, Kaiser Permanente)				
	State	State	Washington Department of Veterans Affairs				
	Federal		Supportive Services for Veteran Families				
	State	State	Project for Assistance in Transition from Homelessness (PATH)				
	Federal	Federal	Veterans Affairs Supportive Housing (VASH)				
	Federal	PCHA and THA	Adjacent, VASH/NED Vouchers				

	Local		Service Clubs (Kiwanis, Rotary, etc.)				
	Local		Greater Tacoma Community Foundation				
	Local		United Way				
	Local		Other philanthropic, corporate and foundation giving				
	Federal		Federal Recovery and Annual Budget allocations				
	Total Potential Funding			**$ -**	**$ 98,000,000**		

APPENDIX B – FUNDING AND RESOURCES

INVENTORY OF MONEY AND LAND THAT THE COUNTY AND ITS CITIES PRESENTLY USE FOR HOMELESSNESS INITIATIVES

Appendix C lists sources of funding and land that Pierce County and its cities presently use for homelessness initiatives. These resources come from local governments, the state and the federal government.

UNTAPPED SOURCES OF FUNDING AVAILABLE TO THE COUNTY AND ITS CITIES FOR HOMELESS INITIATIVES

Table 2 lists untapped sources of funding that are available to the County and its cities for homelessness initiatives. These include:

HOUSE BILL 1406 (CHAP. 82.14 RCW)(RETAINAGE OF STATE SALES TAX):

The state legislature enacted HB 1406 in 2019. It allows local taxing jurisdictions to retain a portion of the state's share of the sales tax generated in those jurisdictions and use that share for affordable housing purposes. These purposes include acquiring, rehabilitating, or constructing affordable housing; operations and maintenance of new affordable or supportive housing facilities; and, for smaller cities, rental assistance. The funding must be spent on projects that serve persons whose income is at or below sixty percent of the median income of the city imposing the tax. Cities can also use the anticipated income from their share of this tax to issue bonds to finance the authorized projects. The authority for counties and cities to do this expire in 2039. Other requirements of the bill include:

- Projects must serve those at or below 60% of the area median income of the city imposing the tax.
- Acquiring, rehabilitating, or constructing affordable housing, which may include new units of affordable housing within an existing structure or facilities providing supportive housing services. In addition to investing in traditional subsidized housing projects, this

authority could potentially be used to provide for land acquisition, down payment assistance, and home repair so long as recipients meet the income guidelines.

- Funding the operations and maintenance costs of new units of affordable or supportive housing.
    - For cities with a population at or under 100,000, the funds can also be used for rental assistance to tenants.

HB 1590 (1/10TH OF 1% SALES TAX)

This bill allows counties and cities to impose a 1/10th of 1% sales tax for affordable housing purposes. Tacoma has done this. Pierce County has not.

BEHAVIORAL HEALTH TAX (RCW 82.14.460)

This state law allows local taking jurisdictions to impose a 1/10th of 1% sales tax to fund behavioral health services. This tax has a direct pertinence to homelessness services because of the prevalence of behavioral health problems among persons experiencing homelessness.

Pierce County and the City of Tacoma have exercised this authority:

Pierce County intends to use the income from this tax to fund a full range of innovative, effective, and culturally competent services, including:

- Community education
- Prevention and early intervention
- Outpatient and community-based services
- Crisis and inpatient services
- Services for justice-involved populations
- Housing supports for those with behavioral health needs

Funds will be allocated through an RFP process and will address the priority areas identified in the Behavioral Health Improvement Plan.

The City of Tacoma intends to use the income from this tax to fund services that include the following:

LEVERAGING

Below are some possible ways to use available funding to leverage still other funding and resources from other sources:

PAY FOR SUCCESS

This model of financing is sometimes called Social Impact Bonds. This model "shifts financial risk from a traditional funder—usually government—to a new investor, who provides up-front capital to scale an evidence-based social program to improve outcomes for a vulnerable population. If an independent evaluation shows that the program achieved agreed-upon outcomes, then the investment is repaid by the traditional funder. If not, the investor takes the loss." (Urban Institute).

VALUE BASED REIMBURSEMENT (VBR).

Value Based Reimbursement contracts have the governmental entity pay only for services that meet the contract's standard of quality or its designated outcomes. Rather than providing payment for each procedure, value-based services incentivize the quality of service over quantity. Outcome-based reimbursement is the goal, benefiting both the client and the provider. (This is not a fee for service model).

PRIVATE AND PHILANTHROPIC FUNDING.

Identify and partner with local entities and foundations to determine if any funding is going toward or prioritized for homelessness.

PARTNERSHIPS TO PURSUE

The County should identify partnerships that are worth pursuing – and what can be expected from each of them. Such partnerships might be available from entities whose mission would be strengthened by the alleviation of homelessness, especially among persons these organizations may already be serving but in ways that are not effective because of unaddressed homelessness. Such partnerships might provide not just funding but also provide land, use of land, or services. Possible partnerships include landowners, the Puyallup Tribe, churches, or social services. Include language needed for elected officials to initiate these partnerships.

- Inventory of faith-based organizations that may have space free.
- Churches willing to transfer property or commit use to homeless or housing.
- Tribal partnerships and collaboration.
- Partner with investors / sellers – what property might be available for sale.
- Businesses and other private owners that have land or use of land by donation or sale.
- Partnerships and resource sharing within local towns, parks, Public Schools, State Schools Community Colleges
- County – inquire, investigate potential land inventory throughout PC for utilization
- Cities - set parameters around what the identified need is:

- Properties inventoried - need certain usability and size and such.
- City of Tacoma has already established list.

APPENDIX C – NET PUBLIC SAVINGS RESULTING FROM ADDRESSING HOMELESSNESS

Solving homelessness in Pierce County will require the investment of millions of dollars. Studies in other communities, including one in Seattle, show that money will be saved by offsetting the costs that homelessness inflicts in the direct services of shelter and indirectly on other civic systems.

These other civic systems include:

- emergency services
- medical services
- behavioral health services
- child welfare services
- courts and jails
- school systems
- lost tourism and local business revenue

The following table indicates estimated indirect costs per household based on a model created in Santa Clara and adapted with King County data. (Dilip Wagle, Senior Partner at McKinsey & Company provided chart numbers). Pierce County has contracted with EcoNorthwest to complete a similar analysis in January of 2022, so these indirect costs should be considered a placeholder until local data is available. These indirect costs are intentionally conservative estimates, and the real costs should be assumed to be higher.

Indirect Costs Per Household from Homelessness		
Adjacent System Costs		
Healthcare	$	8,191
Law Enforcement & Criminal Justice	$	5,146
Social Services	$	1,123
Public Service	$	142
Opportunity Costs		
Tourism	$	1,756
Local Business	$	2,539
Education	$	207
Poverty Trap	$	2,534
12-month cost per household	**$**	**21,638**
1-month cost per household	**$**	**1,803**

These indirect costs associated with homelessness can be used to model three scenarios where different levels of homeless services are provided:

1) No additional Homeless Services – where no direct funding is spent on either shelter or permanent housing interventions. People experiencing homelessness will need to live unsheltered and enter permanent housing with only the resources they can themselves muster.
2) Only Additional Shelter Services – where shelter is provided, but no permanent housing intervention is provided, again requiring households to establish permanent housing using only their own resources.
3) Both Additional Shelter and Permanent Housing Services – both shelter and permanent housing interventions are provided.

The costs associated with the three different levels of additional services above need to be calculated for the following three groups of people experiencing homelessness:

1) Transitional Homeless - Transitional homelessness is the most common type of homelessness. These households enter a shelter or temporary housing system for only one brief stay. For this model, all people experiencing transitional homelessness will be served with the Diversion intervention.
2) Episodic Homelessness – Households that have experienced three or more homeless episodes in the past year, but do not meet the criterial for chronic homelessness. For this model, all people experiencing episodic homelessness will be served with the Rapid Rehousing intervention.
3) Chronically Homeless - Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. Chronically homeless households will be served with Permanent Supportive Housing in this model

The table below shows both individual household costs and total system costs for the different levels of homeless services for clients entering the homeless system over the span of a year. It does not include costs associated with the 3,300 people currently experiencing homelessness in Pierce County or those already being served by current homeless system interventions.

Each of these scenarios has direct homeless system costs and indirect adjacent system costs (from the Indirect Costs per Household of Homelessness table above)

	Costs with no additional homeless services								
Population	Annual Months Homeless	Shelter Costs	Intervention Costs	Indirect Costs	Household Cost	Annual Unserved Household Count	Additional Homeless System Costs	Additional Indirect System Costs	Additional Community Cost
Transitional Homeless	5	-	-	9,016	9,016	1,794	-	16,174,435	16,174,435
Episodic Homelessness	5	-	-	9,016	9,016	1,943	-	17,517,797	17,517,797
Chronic Homelessness	12	-	-	21,638	21,638	367	-	7,941,161	7,941,161
	Total Annual System cost with no homeless services						**-**	**41,633,392**	**41,633,392**
	Costs with only additional shelter services								
Population	Annual Months Homeless	Shelter Costs	Intervention Costs	Indirect Costs	Household Cost	Annual Unserved Household Count	Additional Homeless System Costs	Additional Indirect System Costs	Additional Community Cost
Transitional Homeless	5	8,400	-	9,016	17,416	1,794	15,069,600	16,174,435	31,244,035
Episodic Homelessness	5	8,400	-	9,016	17,416	1,502	12,616,800	13,541,807	26,158,607
Chronic Homelessness	12	######	-	21,638	41,798	367	7,398,720	7,941,161	15,339,881
	Total Annual System cost with only shelter services						**35,085,120**	**37,657,402**	**72,742,522**
	Costs with both shelter services and permanent housing services								
Population	Annual Months Homeless	Shelter Costs	Intervention Cost	Indirect Costs	Household Cost	Annual Unserved Household Count	Additional Homeless System Costs	Additional Indirect System Costs	Additional Community Cost
Transitional Homeless	2	3,360	1,200	3,606	8,166	1,794	8,180,640	6,469,774	14,650,414
Episodic Homelessness	2	3,360	8,000	3,606	14,966	1,502	17,062,720	5,416,723	22,479,443
Chronic Homelessness	2	3,360	22,000	3,606	28,966	367	9,307,120	1,323,527	10,630,647
	Total Annual System cost with shelter and permanent housing services						**34,550,480**	**13,210,023**	**47,760,503**

At a total cost of $40M per year, providing no homeless services is the lowest financial cost to the community. However, the impact on those experiencing homelessness and the neighborhoods they would live in is substantial. Providing both shelter services and permanent housing creates a $48M cost to the community – just $8M more cost to the community above providing no services at all. Spending $48M on homeless services creates a $28M savings in indirect costs. The shelter expansion only model has none of the shortened homelessness duration savings in the indirect system and an additional cost for operating the shelters, so has the highest costs of the three options at $72M per year.

The above calculation shows the costs and potential cost offsets of immediately providing services when households become homeless; the calculation does include the population living long term homeless in the community. Using the same monthly cost of homelessness used in the above calculation, when functional zero is reached, $48M is estimated to be saved in adjacent systems.

It is important to note that this modeling oversimplifies a complex system. For instance, shelter stays could shorten the duration of homelessness and could reduce adjacent system costs. And indirect system costs could occur well after the end of a homeless episode. But this model is informative about potential costs and cost offsets around different intervention and approaches to funding homeless services. These numbers are not the total costs needed for the homeless system – refer to Appendix K for information on the size increase needed in each intervention to reach functional zero.

In addition, Pierce County has contracted with EcoNorthwest to complete a similar analysis in January of 2022, so this cost offset should be considered a placeholder until their analysis is complete.

APPENDIX D – GLOSSARY OF TERMS

Adjacent System
Systems such as health care and the workforce development that provide services to people experiencing homelessness but are not part of the homeless crisis response system.

Affordable Housing
Housing that a household can obtain for 30 percent or less of its income.

Adjacent Systems
Adjacent systems are those that serve or interact with people experiencing homelessness or at risk of homelessness but are not part of the formal homeless system. Examples include the healthcare system, law enforcement, and the behavioral health system.

Area Median Income
The area median income is the midpoint of a region's income distribution, meaning that half of households in a region earn more than the median and half earn less than the median. A household's income is calculated by its gross income, which is the total income received before taxes and other payroll deductions.

At risk of Homelessness
A formal Housing and Urban Development definition. It is a household that is below 30 percent of the median area income, has insufficient resources to maintain housing, and meets one of 7 criteria for housing instability.

Behavioral Health
A grouping together of mental health services and substance use services.

Built for Zero
A methodology to end homelessness that relies heavily on data to monitor efforts and inform efforts to reach end homelessness by reaching functional zero.

By-name list
A by-name list is a real time, up-to-date list of all people experiencing homelessness in your community that can be filtered by categories and shared across appropriate agencies. This list is generated with data from outreach, HMIS, federal partners, and any other community shelter and providers working within the homeless population.

Chronically Homeless
Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

Clean and Sober Housing
A model of housing that typically does not permit substance use on or off site. Urine analysis can be employed to monitor compliance. This model is often necessary for individuals exiting residential

substance use treatment facilities to maintain sobriety. Also referred to as drug and alcohol free housing - RCW 59.18.550.

Coordinated Entry System
A coordinated entry system standardizes and coordinates the way households experiencing homelessness across the community are assessed for and referred to the housing and services that they need for housing stability.

Critical Time Intervention
A program providing case managers to assist clients to navigate both the homeless system and other systems, such as employment child care, transportation, and behavioral health.

Diversion
Diversion is a strategy intending to divert households from the Homeless Crisis Response System. It does so by helping them, through a Housing Solutions Conversation (see below), identify immediate alternate housing arrangements, and if necessary, connect with services and financial assistance to help them return to permanent housing. Diversion is implemented within the coordinated entry system

Episodic Homelessness
Households that have experienced three or more homeless episodes in the past year, but do not meet the criterial for chronic homelessness.

Functional Zero
A state where any person starting a new homeless episode has immediate access to shelter and a permanent housing intervention

Harm Reduction
A model of housing that does not set rules for substance use on or off site, as long as usage does not endanger others. The model offers opportunities for residents to enter treatment.

Homeless Crisis Response System
The programs that support household from the start of a homeless episode through entering permanent housing. It includes navigation services, shelter and permanent housing programs.

Homeless Management Information System
An information system designated by the Continuum of Care Committee to comply with requirements prescribed by HUD. This system stores client information about persons who access homeless services in a Continuum of Care and is a core source of data on the population of people experiencing homelessness who engage with Coordinated Entry.

Hope Scale Survey
Hope is defined as the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways. Higher hope consistently is related to better outcomes. The hope scale measures that hope to better understand how able people are to meet their goals. Hope can rise, and better outcomes are possible in programs that are able to create more hope in enrollees.

Household
Household means all persons occupying or intending to occupy a housing unit. The occupants may be a family, two or more families living together, or any other group of related or unrelated persons who share living arrangements, regardless of actual or perceived, sexual orientation, gender identity, or marital status.

Housing and Essential Needs
This State funded referral program provides access to essential needs items and potential rental assistance for low-income individuals who are unable to work for at least 90 days due to a physical and/or mental incapacity.

Housing Solutions Conversation
This short-term problem-solving technique, the core tactic for Diversion (see above), meets a housing crisis head on with the creativity and resources of the person experiencing the crisis. By helping them to leverage their natural resources—such as their family, friends, or faith communities—people can find no-cost or low-cost housing solutions at a critical moment. Once the issues are identified, their own solution can sometimes be paired with short-term rental assistance, a one-time bill payment, or help finding a job or addressing health and safety needs, providing support to help them maintain their current housing.

Intervention
Intervention is a general term to describe any type of program that works to meet the needs of households experiencing housing instability or living homelessness. Interventions can range from rent assistance to temporary shelter programs to long-term permanent supportive housing.

Literally Homeless
A person who is literally homeless does not have a fixed nighttime residence and instead might sleep overnight in a temporary shelter or place not meant for human habitation.

McKinney-Vento Homeless Assistance Act
The federal McKinney-Vento Act more broadly defines homelessness in an effort to provide protections and supports for students living in a variety of unstable housing situations: Homeless students are defined as those who lack “a fixed, regular, and adequate nighttime residence,” and includes those that who are living in doubled up situations.

Medical Respite
A shelter model providing additional medical support to medically fragile clients.

Opportunity Cost
Opportunity costs represent the potential benefits misses out on when choosing one alternative over another. Allowing homelessness can prevent education to someone experiencing homelessness or prevent tourism in an area with visible homelessness. Those lost opportunities can be quantified.

Other Permanent Housing
An intervention similar to Permanent Supportive Housing, Other Permanent Housing provides priority housing to people experiencing homelessness, and may or may not include case management.

Permanent Supportive Housing
Permanent Supportive Housing is long-term housing that provides supportive services for low income or homeless people with disabling conditions. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. Supportive services may be provided by the organization managing the housing or coordinated by the housing provider and provided by other public or private service agencies.

Point in Time Count
The annual count of sheltered and unsheltered homeless persons on a single night, which is conducted in Pierce County in January. For additional details, see Appendix I.

Poverty Trap
A poverty trap is a mechanism that makes it very difficult for people to escape poverty. A poverty trap is created when an economic system requires a significant amount of capital in order to earn enough to escape poverty. When individuals lack this capital, they may also find it difficult to acquire it, creating a self-reinforcing cycle of poverty. A failure of households to escape poverty can be quantified as an opportunity cost.

Rapid Rehousing
Services and supports designed to help persons experiencing homelessness move as quickly as possible into permanent housing with time-limited financial assistance.

Safe Encampment
A shelter model where clients stay in tents in an encampment setting with hygiene facilities. Staffing can range from self-management models to 24x7 staffing with security and case management.

Safe Parking
A shelter model where clients stay in their cars in a parking lot setting with hygiene facilities. Clients typically only stay during the night, but some sites run 24x7. Sites are typically self-managed with some case management.

Shelter
Shelter includes any facility with the primary purpose of providing temporary shelter for all people experiencing homelessness or specific populations.

Shelter Generalist
A staffing role providing a variety of operational supports at a site, often including security, site cleanup, client interactions, and coordinating meals.

Step Down Services
A model of support to assist clients as they exit institutional settings.

Targeted Universalism
A framework to pursue a shared goal with strategies designed for the unique needs of different groups.

Transitional Homelessness
Transitional homelessness is the most common type of homelessness. These households enter a shelter or temporary housing system for only one brief stay. This situation could be the result of a catastrophic event or sudden life change.

Transitional housing
Temporary housing and supportive services for up to 24 months that serves households before transitioning into permanent housing.

APPENDIX E – INTERVENTION TYPES

There are a variety of interventions available to address the needs of people experiencing homelessness. These include

- Rapid Rehousing (RRH)
- Housing and Essential Needs (HEN)
- Diversion
- Coordinated Entry (CE)
- Permanent Supportive Housing (PSH)
- Other Permanent Housing (OPH)
- Navigation, including Critical Time Intervention (CTI)
- Street Outreach (SO)
- Emergency Shelter (ES)
  - Safe parking
  - Safe encampments
  - Tiny house and pallet shelter-based shelter
  - Owned or leased hotel-based shelter
  - Congregate shelter
  - Domestic Violence Shelter
- Housing Vouchers
- Shared Housing

APPENDIX F – BIBLIOGRAPHY

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Pierce County Human Services

APPENDIX G – GROUPS ACTIVE IN AFFORDABLE HOUSING

Group Name	Description	Current Plans	Status
Tacoma-Pierce County Affordable Housing Consortium	Nonprofit serving members by providing capacity development, education and advocacy for affordable housing.	Advocacy agendas are created annually – an example is the 2021 State Budget Advocacy guide	Active
City of Tacoma Affordable Housing Action Strategy	A plan with 4 strategic objectives to direct housing investment to increase housing affordability.	Implementing the Affordable Housing Action Strategy created in September of 2018. The Home in Tacoma effort is a product of this work.	Active
South Sound Housing Affordability Partners	Local government collaboration to develop additional housing units, including affordable housing units	No documented plans, but useful research, such as the List of Affordable Housing funding sources and the Inventory of Public Land	Established governance, working on adoption by partners and hiring staff.
Tacoma Pierce County Homeless Coalition – Housing Committee	Group within the Coalition working on the housing options for 0-30% AMI.	-	Active
Tacoma Pierce County Chamber – Housing Committee	Joint group with the Tacoma Pierce County Homeless Coalition to increase shelter and housing	-	Nearly launched
Puget Sound Regional Council: Puget Sound regional housing needs assessment and strategies	A "playbook" of local actions to preserve, improve and expand housing stock in the region.	Draft Regional Housing Strategy	Strategy is being finalized
Pierce County Affordable Housing Workgroup	local housing providers, lenders, builders, realtors, advocates, designers, academics, and transit agencies advising County Departments and the County Council on housing affordability strategies.	Draft in development – available soon.	Active – draft going to County Council on 8/31/2021.
Pierce County Affordable Housing Action Strategy	Countywide action strategy for affordable housing	-	Hiring consultant – work will begin in Fall 2021.
Bonney Lake-Sumner Housing Action Plan	Create plan with clear, actionable strategies to meet current and future housing needs.	Housing Action Plan	Plan adopted
City of Puyallup Housing Action Plan	Plan to support affordable housing options for all community members	Draft Housing Puyallup – A Citywide Action Plan	Plan forwarded on June 30th 2021 to Council for approval.
University Place Housing Action Plan	A toolkit to encourage construction of additional affordable and market rate housing.	Housing Action Toolkit	Adopted on June 21st, 2021
Revenue for Housing	Network of the faith community, groups and individuals encouraging	-	Active

Pierce County Human Services

	Pierce County to take a regional approach to homelessness, with a focus on adoption of the 0.1% sales tax for affordable housing.		
University of Washington Tacoma – School of Urban Studies	Providing research and analytics around housing	The State of Affordable Housing in Pierce County	Completed in June of 2020
Tacoma Housing Authority	The country's largest developer of affordable housing		
Pierce County Housing Authority	A major provider of affordable housing, serves over 5,100 households annually.		
Puyallup Tribal Housing Authority	Develop and manage safe, sustainable, healthy and affordable housing for Native American families in the Puyallup Tribal service area.		

APPENDIX H – HOMELESSNESS PLANS AND WORKGROUPS

Plan Title	Description	Organization Creating	Status
2021 Comprehensive Plan to End Homelessness, including the sub plan to address Street Homelessness	This plan will outline steps, participants, timelines, process and resource needs to end homelessness in Pierce County	Pierce County Human Services was charged by the County Council to create the plan per Resolution 2021-82	In development – final Comprehensive plan due to Council on December 7th, but the shelter plan will be completed earlier.
Five-Year Plan To Address Homelessness	A five-year goals and strategies plan to address homelessness across the county, including goals targeting specific populations and looking to improve system effectiveness	Tacoma/Lakewood/Pierce County Continuum of Care Oversight Committee.	Adopted in December of 2019, the plan is being implemented by Subcommittees of the Continuum of Care.
Pierce County Five-Year Plan to Address Homelessness	A State required plan that focuses on housing and the supports to maintain housing with priority areas focused on improving the operation of the homeless system	Pierce County Human Services	Adopted in December of 2019
City of Tacoma Five-Year Homeless Strategy	A City of Tacoma focused plan to align homeless programming with a set of values, especially around equity	City of Tacoma Neighborhood and Community Services	In development
Ending Veteran Homelessness Exploratory Task Force	Create a plan to end veteran homelessness using the functional zero model.	Pierce County Council	On hold since February 2020.

APPENDIX I – POINT IN TIME COUNT

The Point in Time Count is an annual assessment of how many people are currently experiencing homelessness in Pierce County. In communities with large numbers of people experiencing unsheltered homelessness, such as Pierce County, the Point in Time count is always a dramatic undercount.

In January of each year, homeless providers and volunteers canvas known encampments and site where people experiencing homelessness frequent to count and collect information on each person experiencing homelessness. A count of individuals living in shelters is also conducted. The challenges to an accurate count include the following:

- Unknown encampments
- Encampments too dangerous to safely enter
- People not wishing to be counted
- People living in cars are very challenging to identify
- Differing numbers of volunteers from year to year
- Weather impacts both the activities of people experiencing homelessness and the people conducting the count

Useful data is collected during the Point in Time count and provides an additional data source for understanding the characteristics of who is homeless. However, the count should always be understood as an undercount and homeless population estimates from the Homeless Management Information System should be considered the count of record.

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APPENDIX J – ADJACENT SYSTEMS

Adjacent systems are those that serve people experiencing homelessness or at risk of homelessness but are not part of the formal homeless system. Those adjacent systems include:

- Education System
- Non-institutional elements of the criminal and juvenile justice systems
- Civil Legal Aid
- Social Services System
- Military/Veterans System
- Domestic Violence Supports
- Child Care systems
- Faith-based (localized) resources
- Workforce Development
- Clean and Sober and Harm Reduction housing, including shelter, transitional housing, and permanent housing
- Transportation to and from inpatient and outpatient services
- Voluntary and Involuntary Inpatient Mental Health Treatment
- Withdrawal Management (Detox) and Residential Substance Use Disorder (SUD) Treatment.
- Navigators to assist clients to connect with behavioral health services
- Outpatient mental health treatment
- Step down services – supports for clients as they exit institutional settings
- The foster care system
- Incarceration in the jail or prison systems
- Medical services
- Eye care services
- Denture services

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APPENDIX K – CURRENT HOMELESS SYSTEM COSTS AND UNMET NEED

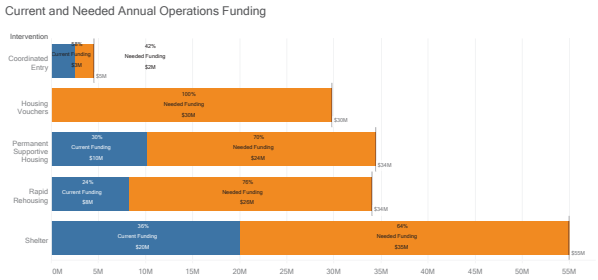
Homeless system funding needs are complex to model. Program outcomes are dependent on a variety of variables. The assumptions are subject to modification as better information becomes available and should be considered estimates that will change as factors change. In addition, Pierce County has contracted with EcoNorthwest to complete a similar analysis in January of 2022, so this gap analysis should be considered a placeholder until their analysis is complete.

Assumptions:

- For the inflow of new clients to the homeless system, the expected intervention needs are:
  - 25% will self-resolve
  - 20% will be housed through Diversion
  - 35% will be housed through Rapid Rehousing
  - 15% will be housed with a housing voucher
  - 5% will need Permanent Supportive Housing
- For clients currently homeless, the expected intervention needs are:
  - 25% will self-resolve
  - 5% will be housed through Diversion
  - 20% will be housed through Rapid Rehousing
  - 25% will be housed with a housing voucher
  - 25% will need Permanent Supportive Housing
- The Permanent Supportive Housing stock will continue to increase by 240 units per year
- 1,000 new housing vouchers will be available to people experiencing homelessness each year
- The housing market will have enough tenant-based rental units willing to rent to people with a history of homelessness
- The number of enrollments available across the spectrum of interventions is designed with the typical needs of people entering the homeless system
- The system is sized to house the expected inflow each year as well as 1/5 of the number of people current experiencing homelessness so that after 5 years the community will be at functional zero.
- Program costs will be much higher at year five, because both Permanent Supportive Housing and Housing Vouchers require perpetual funding.
- The monthly inflow of clients to the homeless system is 900 households
- Homeless Prevention is not included in this model and will reduce the number of needed interventions.
- Intervention costs
  - Rapid Rehousing: $8,000 per intervention
  - Diversion: $1,500 per intervention
  - Permanent Supportive Housing: $22,000 per year
  - Housing Vouchers: $12,000 per year

- Since costs for Permanent Supportive Housing and Housing Vouchers will increase each year as the stock of housing and vouchers increases, costs are averaged over a five-year period.

Using those assumptions, the chart below shows the current annual funding and the needed average annual funding to reach functional zero in five years, broken down by type of intervention.



This is an increase of $117M in addition to the current $40M homeless system. It does not include estimates for capital needed for new shelter and Permanent Supportive Housing construction or acquisition. Capital costs for shelter could be around $15M, depending on the type of shelter. The cost to construct the planned 1,800 units of Permanent Supportive Housing could range between $100M and $400M, depending on the type of housing and the mix of project versus tenant-based housing.

Adequate Shelter for All Plan

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CHARGE FROM PIERCE COUNTY COUNCIL

On March 23, 2021, the Pierce County Council adopted resolution R2021-30s. This resolution created the Comprehensive Plan to End Homelessness Ad Hoc Committee. The Ad Hoc Committee's work concluded on April 24th with the presentation and acceptance of the Action Plan. The Action Plan created a Steering Committee to oversee creation of a Comprehensive Plan to End Homelessness by September 24, 2021, and a Shelter Plan Work Group to create and implement a plan to create adequate shelter for all by November 1, 2021.

The Action Plan recommended a process to build the shelter plan:

1. Determine the approximate number of people who are unsheltered in Pierce County.
2. Identify interventions to divert or exit clients from the streets or shelter to permanent housing.
3. Include all types of shelters and other interventions we should consider developing or increasing in order to adequately shelter all.
4. Identify other expanded services for people who are sheltered and may need additional immediate services beyond a place to sleep, such as out-patient behavioral health treatment, transportation to/from work, and storage for belongings.
5. Determine approximate volume of our unsheltered homeless population who will access each type of intervention listed above and determine targeted per unit costs for each.
6. Build a proposed budget based on analysis, and present to County and municipal elected officials for funding and site locations.
7. Once funding is identified and approved, work with providers on plans to expand services and create the new shelter options listed in the plan.

NUMBER OF PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS

Using June 1, 2021 data from the Homeless Information Management System (HMIS) and information from the 2020 Point in Time Count, it is estimated that 3,300 people are currently experiencing homelessness in Pierce County. Of those, 998 are currently sleeping in shelters or transitional housing and 15 are living at safe parking sites. That leaves 2,287 living unsheltered.

	Clients	Households
Currently Experiencing Homelessness	3,300	1,992
Current Year-Round Shelter Beds	998	680
Current Safe Parking Spots	15	15
Remaining Shelter Need	**2,287**	**1,297**

For additional details on the approach to estimating homelessness, see Appendix A.

SHELTER GUIDING PRINCIPLES

In developing the Adequate Shelter for All Plan, the Shelter Plan Work Group identified a set of shelter principles to best serve people experiencing homelessness.

1) Shelters should minimize rules and entry requirements so that shelter is acceptable to the widest range of guests while still ensuring a safe site for both guests and staff.
2) In order to best meet their needs and preferences as well as support their efforts to establish permanent housing, shelter guests may request a transfer to a different shelter site.
3) Shelter stays are dependent on guests following shelter rules.
4) With support from case managers, shelter guests should work on goals - appropriate to each client's needs and current capacity - to enter permanent housing.
5) A Coordinated Entry conversation, the starting point for reestablishing permanent housing, should occur at shelter entry.
6) Cost effective solutions, including larger shelters that benefit from an economy of scale, should be prioritized.

PERMANENT HOUSING INTERVENTIONS

As part of the "Built for Zero" model, shelter should be immediately available to any household experiencing homelessness. However, shelter is a temporary solution; permanent housing remains the goal. The Coordinated Entry system is the entry point for the full range of permanent housing options available in Pierce County. Connecting guests with a Coordinated Entry system rooted in racial equity at the earliest possible point in their shelter stay should be prioritized in order to increase permanent housing exits and reduce the duration of shelter stays.

People experiencing homelessness need both shelter and a permanent housing program. Limited resources need to be balanced between shelter programs that keep people safe with those interventions that focus on permanent housing outcomes.

COORDINATION WITH OUTREACH WORKERS

As shelters become active, it will be important to keep outreach workers appraised of new options. Hesitancy to shelter entry can partially be addressed by providing information on shelters to outreach workers who in turn will inform those living unsheltered about the available options.

PARTNERSHIP BETWEEN JURISDICTIONS

Providing shelter services to people experiencing homelessness will require the expertise and resources of all the jurisdictions in Pierce County. Creating enough shelters in the most appropriate locations will require significant coordination. Different funders, shelter sites, provider agencies, community groups and government agencies will need to pool resources to ensure enough shelter is available where people need it.

RECOMMENDED MINIMUM SHELTER REQUIREMENTS

The Shelter Plan Work Group identified minimum requirements each shelter should attempt to comply with. These minimum requirements ensure a safe site and adequate support to speed exit to permanent housing. Shelters may be funded with fewer services than these minimum requirements with the understanding that there may be fewer exits to permanent housing.

Security
Each shelter should have trained security onsite when the shelter is operating. When possible, site security should be integrated into the roles of site staff, as they are more effective than hiring outside security contractors. Security training should include verbal de-escalation. Shelter budgets should include security training.

Hygiene
Basic hygiene services are a necessity in any shelter location. Shelters shall provide toilets, sinks and garbage pickup adequate to service the site population. Shelter budgets shall include toilet, sink and garbage collections costs. Shelter entrances shall provide either a sink for hand washing or sanitizer. Where possible, shelters should provide laundry and showers on site. If a shelter is not able to accommodate these services, budget for shelter should include transportation to facilities providing those services.

General Case Management
Shelters should offer case management, not to exceed a case load of 1 case manager for every 20 households. Client participation in case management should be optional but can be required. Case management can be provided by the shelter operator or contracted through another agency. Shelters should stagger case management work hours to provide services outside the typical 8am-5pm work schedule.

Behavioral Health Services
Shelters should offer behavioral Health services not to exceed 1 staff for every 20 clients opting to engage in behavioral health services. Case management can be provided by the shelter operator, contracted through another agency or through a partnership with a behavioral health provider. Shelters should schedule staff to provide services outside the typical 8am-5pm work schedule.

Food Service
All shelters should provide breakfast and dinner on site. 24-hour shelters should provide lunch.

Clothing
Shelters should provide access to a clothing bank.

Sleeping Area
Shelters should provide an assigned place to sleep, which can include a tent, tiny house, apartment, hotel room, or shared dormitory space. For safe parking sites, it may also include a vehicle.

Data Tracking
Shelters shall record client shelter stay information in the Homeless Management Information System. They should also track current bed availability and record any client bans in the central shelter information system.

Possessions
Shelters shall provide secure and reasonably sized on-site storage for guest belongings. Access to centralized possession storage should be provided for clients with belongings in excess of the storage capacity of shelter site.

Pets
Shelters should allow pets wherever possible. While not all shelters must accept pets, enough shelter options must be available so that pet ownership is not a barrier to accessing shelter.

RECOMMENDED SHELTER SYSTEM SERVICES
For shelters to optimally serve people experiencing homelessness, the Shelter Plan Work Group identified the following centrally coordinated services that will improve the effectiveness of the shelter system.

Access Hub
Some shelters will act as Access Hubs to the shelter system. Access Hubs will operate 24x7. During normal work hours, clients will have access to Coordinated Entry and open shelter beds across the shelter system. Outside of normal work hours, Access Hubs will provide cots for guests stays until an appropriate and acceptable shelter bed can be coordinated. Access Hubs will allow walkups and be designed to allow hospitals, police, fire and social service agencies to transfer clients to the site 24x7. Access Hubs will work with shelters to keep the shelter availability database up-to-date with current capacity and unit availability.

Shelter to Shelter Transportation
Transportation will be available during specified hours to and from every shelter, either on a deviated fixed route or on demand. This transportation can be used to move from shelter to shelter as well as to medical and behavioral health care.

Centralized possession storage
A central storage location with pickup and drop off transportation will allow possessions in excess of what a shelter can store to be secured during a shelter stay.

Case Conferencing Technology Platform
Case managers across different agencies need to discuss care plans for clients that are using services in a variety of locations. This sensitive guest information needs to be communicated quickly in a secure environment. Deployment of a platform would improve guest outcomes.

Enhanced Connections to Behavioral Health
Behavioral Health challenges prevent many clients from entering permanent housing. Immediate access to adequate outpatient and inpatient substance use disorder services, mental health treatment, and co-occurring disorder treatment must be available.

SURVEY OF PEOPLE EXPERIENCING HOMELESSNESS

At the request of the work group, County staff developed a survey to determine specific shelter needs and preferences of people experiencing homelessness, particularly from those who are currently unsheltered. We received 100 survey responses from August 1, 2021 to August 26, 2021. Most of the survey respondents were currently living in Tacoma, with ages ranging from 18 to 73. Approximately half had over 1 year of time being homeless. Other notable findings include:

- Around 40% use shelters in the winter to escape the cold, while nearly 30% use shelters year-round.
- The most important criteria in selecting a shelter are location, followed by cleanliness, reputation, and ease of entry.
- The top reasons shelters were liked was because of location, safety, ease of getting to, and storage for things on site.
- The top ways shelters can be improved is with toilets and showers on site, food and transportation, and longer daytime hours.
- Nearly 50% identified shelters as needing 24-hour security, while 30% identified the need for case management staff. Only 20% preferred a self-managed model.

Based on these responses, shelters need to be carefully located to ensure they meet the needs of potential residents. In addition, most sites should include 24-hour security.

COMMUNITY ENGAGEMENT

Community engagement is key to fully understanding the needs of people experiencing homelessness, as well as of the communities impacted homelessness. An extensive outreach to the community via an on-line open house has received over 1,500 survey responses from August 17, 2021 through September 15, 2021. Responses were from community members across Pierce County, with over half having personal or family members experiencing homelessness. Tiny Homes were identified as a preferred shelter model, with Tacoma, Parkland/Spanaway and Lakewood identified as location additional shelter space is needed. Behavioral health funding was identified as the highest priority for Investments in the homeless system. Feedback is also being collected through community presentations.

SHELTER MODEL RECOMMENDATION

The work group recommends five primary shelter models:

1) Safe Parking – accommodations are provided in the vehicles people own, including cars, trucks, vans, and RVs. Safe parking sites can be any size, but with site populations under 10 vehicles, on-site shelter generalist support should be available 24x7, but not necessarily on site. All other minimum shelter requirements must be filled.
2) Safe Encampments – accommodations are provided in tents provided by clients or by the agency. Because they do not offer adequate year-round protection, all safe encampments should be time limited to 9 months with a plan to either evolve to a tiny house village, a shelter with more durable accommodations, or plan for transition of residents to other accommodations at the end of their duration. Safe encampments can be any size, but minimum shelter requirements must be filled.

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3) Congregate Shelter – accommodations are provided in shared sleeping bays. Bathrooms are available on-site.
4) Tiny House Villages – accommodations are provided in pallet shelters or tiny houses. Tiny houses can range from plumbed homes to simple structures with no electrical or plumbing. Tiny house villages can be any size, but minimum shelter requirements must be filled.
5) Hotel-based – accommodations are provided in rented or purchased hotels rooms, apartments, houses, or other sites with private rooms. Hotel-based sites can be any size, but minimum shelter requirements must be filled.

The work group recommends expanding two additional models for special populations:

1) Medical Respite – shelter for individuals with medical conditions significant enough to require on-site medical care, but not so significant as to require hospitalization. This will require additional capital costs to ensure rooms and lavatories are wheelchair accessible and there are appropriate medical facilities onsite. Operational costs will be higher than traditional shelter due to medical staff on site.
2) Young Adult Shelter – shelter for young adults needs to be designed especially for this population, preferably in a shared house with 5 or fewer residents. Young adults need stable housing and connections to caring adults. Smaller sites will provide a safer, more home like environment that will speed family reunification or other permanent housing.

Shelter Sizing Considerations

When developing a shelter, funders and providers should consider the following four factors:

1) Guest safety – smaller shelters often feel safer for guests.
2) Community acceptance – housed community members are resistant to having shelters sited in their neighborhood, and smaller shelters are typically considered more acceptable than larger shelters. Conversely, the challenge in siting a shelter may necessitate larger shelters to accommodate the lack of acceptable sites.
3) Economies of scale – for most shelter models, the larger a shelter, the more cost efficiencies are possible and the lower the overall cost per bed night.
4) Specific population needs – smaller shelters can better meet the individual needs of clients. Some clients need a clean and sober shelter, some need a harm reduction model. Some clients need shelter free from pets, others want pets to be allowed. Some shelters need to accommodate families with children, some shelters need to accommodate sex offenders who cannot live near children. A larger number of smaller shelters allow greater specialization to meet the unique needs present in the community of people experiencing homelessness.

Shelter Location Considerations

When locating shelters across the county, officials and providers should consider the following:

1) Community acceptance – significant neighborhood resistance to a shelter can make a location unviable.
2) Proximity to transportation – walking distance to a bus line is an important consideration for a shelter.

3) Proximity to support networks – people are most successful exiting homelessness when they have a social support structure able to aid in their transition. Siting shelter in communities where people first become homeless will reduce the duration of homelessness.
4) Proximity to schools and employment – transportation from a shelter to school or work is a significant challenge. Shelter options should be available near a client's existing employment and schools.

Recommended Shelter Expansion

Using Data from the Homeless Management Information System, the following combination of shelters will provide the mix of locations, models, and sizes to ensure shelter is acceptable to the community and to people experiencing homelessness. See appendix A for details on the methodology used to arrive at location, target households and unit counts.

The recommended shelter locations attempt to site shelters near the last permanent residence identified by households when they start an episode of homelessness. The quantity of beds and target households for shelters in those communities correlates the number and types of households starting homeless episodes in the community.

Some sites will be harm reduction models allowing substance use by residents. Some will be clean and sober sites requiring abstinence. This recommended shelter expansion plan is one way to meet the need. Actual models will be determined by funders, current shelter availability in different models, the provider, and the community where the shelter will be located.

Hotel-based shelter models are desirable in smaller communities where the smaller scale of need can potentially be more cost-effectively met using hotel rooms across a number of sites as opposed to developing a series of small shelters.

As described above, the intention is for all safe encampments and safe parking sites to evolve within 9 months to a more permanent model, either with the addition of tiny to replace tents at that site, or by moving the safe encampment shelter program to a different tiny house site or other site with a more durable shelter model.

While this recommended shelter expansion plan identifies separate sites for different shelter models and household types, this in no way precludes larger or smaller sites, or sites that utilize multiple models or serve multiple household types.

Shelter Location Need

The table below lists the need for additional shelter beds near where households were last permanently housed. Other factors, such as site availability or program cost will determine site model and location; larger sites, different locations, or different models may be implemented.

Shelter Location	Household	Model	Units	Beds	Evolve to
Lakewood	Adult	Congregate Shelter	45	50	
Lakewood	Adults/Family	Congregate Shelter	50	130	
Puyallup	Adult	Congregate Shelter	45	50	
Tacoma	Adult	Congregate Shelter	90	100	
Tacoma	Adult	Congregate Shelter	45	50	
Tacoma	Adult	Congregate Shelter	45	50	
Buckley	Adults/Family	Hotel-based	25	50	
Gig Harbor/Lakebay	Adults/Family	Hotel-based	25	50	
Roy	Adults/Family	Hotel-based	25	50	
Sumner/Bonney Lake	Adults/Family	Hotel-based	25	50	
Tacoma	Adults/Family	Hotel-based	25	50	
University Place	Adults/Family	Hotel-based	25	50	
Tacoma	Youth	House-Based	45	50	
Tacoma	Adults/Family	Medical Respite	25	50	
Eatonville	Adults/Family	Safe Encampment	25	50	Tiny House
Lakewood	Adult	Safe Encampment	45	50	Tiny House
Lakewood	Family	Safe Encampment	15	50	Tiny House
Orting	Adults/Family	Safe Encampment	25	50	Tiny House
Parkland/Spanaway	Adult	Safe Encampment	45	50	Tiny House
South Hill	Adult	Safe Encampment	190	200	Tiny House
Tacoma	Adult	Safe Encampment	190	200	Tiny House
Tacoma	Family	Safe Encampment	15	50	Tiny House
Buckley	Adults/Family	Safe Parking (multiple sites)	10	10	
Key Peninsula	Adults/Family	Safe Parking (multiple sites)	10	10	

Puyallup	Adults/Family	Safe Parking (multiple sites)	50	50	
Tacoma	Adults/Family	Safe Parking (multiple sites)	100	100	
Graham	Adults/Family	Tiny House	25	50	
Lakewood	Family	Tiny House	15	50	
Parkland/Spanaway	Family	Tiny House	190	200	
Puyallup	Family	Tiny House	15	50	
Steilacoom	Adults/Family	Tiny House	25	50	
Tacoma	Family	Tiny House	30	100	
Tacoma	Family	Tiny House	30	100	

SHELTER COSTS

Shelter capital and operating costs can vary widely depending on the site costs, staffing model, services offered, and hours of operation. A safe encampment with just tents with porta-potties and hand-washing stations can house 50 people for $1.17M ($56 per bed night). For cost breakdowns, see Appendix B. A medical respite facility with nursing staff housing 50 people can cost over $2.34M per year ($126 per bed night). Most communities have a mix of shelter models to support the different needs of people experiencing homelessness and therefore experience a variety of per bed night costs.

Capital Costs

Estimating capital costs for the various shelter models can be challenging, depending upon land costs, shelter type, location, size, and other factors.

A recent 40-unit tiny house village in Pierce County cost around $500K to develop – or around $12,500 per unit.

While safe encampments can be less expensive in capital costs initially, the recommendation that this model be temporary or evolve to a more sustainable model will eventually require a similar capital outlay.

Safe parking sites are far less expensive to create, as they are usually designed around night use only, with only fencing, portable toilets and hygiene stations needed on site.

Hotel costs can vary from nearly no capital costs if renting rooms in a hotel, to significant costs, if purchasing a hotel.

Medical respite has some of the highest capital costs, requiring a wheelchair accessible, climate-controlled facility with plumbed exam and procedure rooms.

Operating Costs

Operating costs are more easily estimated and can be broken into four distinct categories:

Operational Staff

All the costs associated with site management staff, including shelter generalists and supervisors. Janitorial and food services are also included in these costs.

Supportive Services Staff

Supportive services include housing case managers and behavioral health case managers, as well as management to oversee their activities.

Operation Fixed Costs

This includes a wide variety of fixed costs, such as phones, supplies, food, maintenance, and utility costs.

Agency Administration

Agencies typically add an additional 15% for an administrative/accounting overhead.

Example Budget

Below is an example budget for a 50-unit tiny house village. Example budgets for the different models are listed in Appendix B. Staffing is the most significant cost. Three case managers provide an appropriate client to case manager ratio. Ten generalists on staff allows 2 staff at the site at all times.

	Cost Per Hour	50 Staff	Tiny House Units Cost
Operations			
Supervisor	$35	1	$72,800
Case Managers	$28	3	$174,720
Generalists	$27	10	$561,600
Shelter Manager	$40	0.3	$24,960
staff subtotal			$834,080
Operational Fixed Costs			$182,500
Operations subtotal			$1,016,580
Agency Administration			$152,487
Operations Total			$1,169,067
Bed year cost			$20,332
Bed night cost			$56
Capital	**Unit Cost**		
Pallet/Tiny House	$6,180		$309,000
Infrastructure			$210,000
Capital Total			$519,000
Per Unit costs			$10,380

Shelter Type Cost Estimate quick reference

Appendix B provides fuller cost estimates for each shelter type. The chart below summarizes per unit costs for the seven different shelter models.

Shelter Type	Per Unit Capital Costs	Per Unit Daily Operating Costs	Per unit Annual Costs
Congregate Shelter	$600	$56	$20,332
Tiny House Village	$10,380	$56	$20,332
Hotel Rental Based	$100	$105	$38,441
Safe Encampment	$4,200	$56	$20,332
Safe Parking	$300	$25	$9,245
Medical Respite	$75,000	$145	$52,852
Young Adult – House-Based	$400	$110	$40,028

Proposed Shelter Expansion Plan Costs

This plan assumes no land costs or facility purchases. Using the number and type of units in the recommended shelter plan, the total capital costs will be around **$13M**. Annual operating costs will be around **$35M**. These costs are in addition to the nearly $21M already spent each year for shelter in Pierce County.

In addition to the added cost of creating shelter, each of the shelter systems such as the Shelter Access Hub will combine for nearly **$1M** in operating costs annually. There may be additional capital costs associated with these shelter system programs, depending on the design of the programs.

The chart below shows the one-time capital costs and annual operating costs.

Shelter Type	Per Unit Capital Costs	Per unit Annual Costs	Proposed Units	Proposed Beds	Capital Costs	Annual Operating Costs
Congregate Shelter	$600	$20,332	320	430	$258,000	$6,506,240
Tiny House Village	$10,380	$20,332	330	600	$6,228,000	$6,709,560
Hotel Rental Based	$100	$38,441	150	300	$30,000	$5,766,150
Safe Encampment	$4,200	$20,332	550	700	$2,940,000	$11,182,600
Safe Parking	$300	$9,245	170	170	$51,000	$1,571,650
Medical Respite	$75,000	$52,852	25	50	$3,750,000	$1,321,300
Young Adult – House-Based	$400	$40,028	45	50	$20,000	$1,801,260
Total			**1590**	**2300**	**$13,277,000**	**$34,858,760**

TIMELINE

While November 1, 2021 was initially identified as the target to provide shelter to all, funding cycles will necessitate a phased implementation of shelter over the coming 9 months. The City of Tacoma and Pierce County have both funded new shelter capacity that will be operational by November 1, 2021. A Request for Information (RFI) process to be completed by November 1, 2021 will identify willing organizations and projects for coming funding rounds from Pierce County and local jurisdictions. Funding streams from Pierce County and local jurisdictions will use information collected in the Request for Information to

inform their Request for Proposal (RFP) process. Below is a visual of the project timeline, with some key dates from the comprehensive plan to end homelessness timeline.

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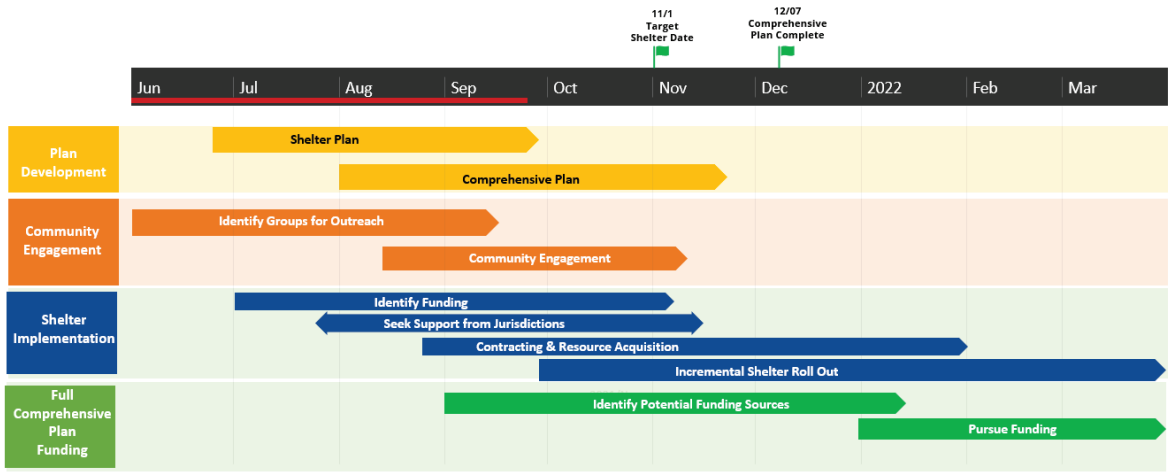
2021-2022 Timeline



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APPENDIX A – APPROACH TO ESTIMATING UNSHELTERED HOMELESSNESS

Unsheltered Estimate

Pierce County utilized two approaches to estimate the current unsheltered homeless population within Pierce County. Staff then cross validated the estimate with other sources. Both approaches provided approximately the same estimates and for verification purposes aligned with other sources, including the Veterans Master List, McKinney-Vento data, and population size estimates based on HUD inflow and duration of homelessness calculations.

Methodology 1 – Entry/Exits Table from HMIS was filtered with the following parameters:

1. Enrolled prior to 6/1/2021
2. Exited after 6/1/2021 or has no exit date
3. Is not a PSH enrollment
4. Residence Prior to Project Entry does not start with "Staying" or with "Rental" or with "owned" or with "permanent" (this ensures they are literally homeless)
5. If not, a shelter stay, the entry date is not earlier than 6/1/2020 (so filter out any enrollment over 1 year old that hasn't exited unless it is a shelter stay – so this gets rid of old path and CHML entries)
6. Housing move-in date is null

Methodology 2 – Priority Pool and Emergency Shelter Enrollment within last 2 years with the following parameters:

1. Everyone in the priority pool (base) was assumed homeless
2. Everyone who enrolled in an Emergency Shelter, Day Shelter, Transitional Housing without ending up in the priority pool over the last two years (assumed possibly still homeless)
    a. Removed previous living situation being permanent housing per HUD
3. Exits in the future or null

Methodology 1 resulted in approximately 3,200 unsheltered and Methodology 2 resulted in 3,400 unsheltered. The midpoint between the two was used as the estimate, 3,300.

Unsheltered Location Estimates

The 2020 Point in Time Count location data was used to determine where unsheltered homeless may be located. This was intended to provide a rough overview and to demonstrate individuals who are homeless sleep in various settings. The estimate of 2,287 persons needing shelter was derived from the 3,300 persons estimated to be experiencing homelessness by subtracting the 998 current year-round emergency shelter beds and 15 current safe parking units (Table 1). Then, location percentages from the 2002 PIT were applied to the 2,287-person estimate (Table 2).

Table 1: Unsheltered Homeless after emergency shelter beds & safe parking applied Inputs	Clients
Estimate of Unsheltered Homeless	3,300
Current Year-Round Emergency Shelter Beds	998
Current Safe Parking Units	15
Remaining Need	**2,287**

Table 2: 2020 PIT Extrapolation		
Unsheltered Locations	**Percentage of 2020 PIT**	**Current Estimate**
Abandoned Building	3%	70
Bus, train station	1%	33
Other	11%	241
Outdoor encampment	21%	477
Park	5%	122
Street or Sidewalk	26%	600
Under bridge/overpass	4%	96
Vehicle	28%	648
Grand Total	**100%**	**2,287**

Location (City) Estimates

The Last Housed Zip Code data for individuals entering Pierce County's Homeless Management Information System was used to determine where individuals experiencing homelessness between 05/01/2020-04/32/2021 originally resided (Table 3). The percentage outputs were then applied to the unsheltered estimate of 2,287-persons to estimate original residency. 18% of individuals had a last housed zip code outside Pierce County, which is indicative of individuals migrating to Pierce County during or after their homeless crisis began. The 18% was distributed proportionally amongst the locations based on last permanent zip code to avoid overstating migration to one area of Pierce County. The overall extrapolation is dependent upon HMIS system entry data aggregations being proportionate to Unsheltered Estimate population.

Table 3: Last Housed Zip Code Extrapolation

Locations	Last Permanent Zip Code?	Shelter Beds (n=998)	Parking Units (n=15)	Unsheltered (n=2,887)
Tacoma	58%	896	10	1432
Outside Pierce County	18%	---		---
Lakewood / Steilacoom	8%	8		327
Puyallup	6%	74	5	165
Parkland / Spanaway / Roy	3%			139
Bonney Lake /Sumner	3%			106
Graham	1%			46
University Place	1%			23
Fife / Milton	< 1%			17
Gig Harbor / Key Peninsula	< 1%			17
Rural East Pierce County	< 1%			15
Orting	< 1%	20		0
Total		**998**	**15**	**2,287**

APPENDIX B – COST ESTIMATES

These estimates are from actual operational costs for the Stability Site and for the 6th and Orchard TEMS shelters. Capital costs are from the 6th and Orchard site as well as other Seattle Tiny House capital setup costs. Other known program costs, such as current safe parking costs and current hotel-based shelter costs are incorporated into the respective estimates

50-unit Congregate Shelter Cost Estimate

Capital costs can vary dramatically, from construction costs of a new dedicated shelter building with kitchen facility to using an existing gymnasium and purchasing cots and blankets. The example below assumes using an existing space with restrooms by simply adding beds, bedding and other necessities.

	Cost Per Hour	50 Staff	Congregate Cost
Operations			
Supervisor	35	1	$ 72,800
Case Managers	28	3	$ 174,720
Generalists	27	10	$ 561,600
Shelter Manager	40	0.3	$ 24,960
staff subtotal			$ 834,080
Operational Fixed Costs			$ 182,500
Operations subtotal			$ 1,016,580
Agency Administration			$ 152,487
Operations Total			$ 1,169,067
Bed year cost			$ 20,332
Bed night cost			$ 56
Capital			
Pallet/Tiny House	6180		$ -
Infrastructure			$ 30,000
Capital Total			$ 30,000
Per Unit costs			$ 600

50-unit Tiny House Cost Estimate

Tiny houses have a similar operating cost as congregate shelter, but capital costs include the construction of tiny houses.

	Cost Per Hour	50 Staff	Tiny House Units Cost
Operations			
Supervisor	$ 35	1	$72,800
Case Managers	$ 28	3	$174,720
Generalists	$ 27	10	$561,600

Shelter Manager	$ 40	0.3	$24,960
staff subtotal			$834,080
Operational Fixed Costs			$182,500
Operations subtotal			$1,016,580
Agency Administration			$152,487
Operations Total			$1,169,067
Bed year cost			$20,332
Bed night cost			$56
Capital			
Pallet/Tiny House	$ 6,180		$309,000
Infrastructure			$210,000
Capital Total			$519,000
Per Unit costs			$10,380

Rented Hotel Room Cost Estimate

Rented hotel rooms have very low capital costs, but the rental cost included in operational fixed costs dramatically increases operational costs.

	Cost Per Hour	50 Staff	Hotel Rooms Rented Cost
Operations			
Supervisor	$ 35	1	$ 72,800
Case Managers	$ 28	3	$ 174,720
Generalists	$ 27	5	$ 280,800
Shelter Manager	$ 40	0.3	$ 24,960
staff subtotal			$ 553,280
Operational Fixed Costs			$ 1,368,750
Operations subtotal			$ 1,922,030
Agency Administration			$ 288,305
Operations Total			$ 2,210,335
Bed year cost			$ 38,441
Bed night cost			$ 105
Capital			
Pallet/Tiny House	$ 6,180		$ -
Infrastructure			$ 5,000
Capital Total			$ 5,000
Per Unit costs			$ 100

Safe Encampment Cost Estimate

Operating costs are very similar to Tiny House villages. Safe Encampments can have capital costs to develop a safe and secure site, but no tiny house unit costs, unless the site will evolve to a tiny house village.

	Cost Per Hour	50 Staff	Safe Encampment Cost
Operations			
Supervisor	$ 35	1	$ 72,800
Case Managers	$ 28	3	$ 174,720
Generalists	$ 27	10	$ 561,600
Shelter Manager	$ 40	0.3	$ 24,960
staff subtotal			$ 834,080
Operational Fixed Costs			$ 182,500
Operations subtotal			$ 1,016,580
Agency Administration			$ 152,487
Operations Total			$ 1,169,067
Bed year cost			$ 20,332
Bed night cost			$ 56
Capital			
Pallet/Tiny House	$ 6,180		$ -
Infrastructure			$ 210,000
Capital Total			$ 210,000
Per Unit costs			$ 4,200

Safe Parking Cost Estimate

Safe parking operates on a very different model. With no generalists on site, safe parking has much lower operating costs. In addition, capital costs are very low, with little site development required.

	Cost Per Hour	10 Staff	Safe Parking Sites Cost
Operations			
Supervisor	$ 35	0.1	$ 7,280
Case Managers	$ 28	0.5	$ 29,120
Generalists	$ 27	0.2	$ 11,232
Shelter Manager	$ 40	0.1	$ 8,320
staff subtotal			$ 55,952
Operational Fixed Costs			$ 36,500
Operations subtotal			$ 92,452
Agency Administration			$ 13,868

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Operations Total			$ 106,320
Bed year cost			$ 9,245
Bed night cost			$ 25
Capital			
Pallet/Tiny House	$ 6,180		$ -
Infrastructure			$ 3,000
Capital Total			$ 3,000
Per Unit costs			$ 300

Medical Respite Shelter Cost Estimate

Nursing costs and extra staffing requirements increase the operating costs of respite shelter. In addition, the wheelchair accessibility requirements, heating and air conditioning needs, and need for exam and procedure rooms can significantly increase the capital costs.

	Cost Per Hour	20 Staff	Beds Cost
Operations			
Supervisor	$ 35	1	$ 72,800
Case Managers	$ 28	1	$ 58,240
Nurses	$ 65	1	$ 135,200
Generalists	$ 27	10	$ 561,600
Shelter Manager	$ 40	1.0	$ 83,200
staff subtotal			$ 911,040
Operational Fixed Costs			$ 146,000
Operations subtotal			$ 1,057,040
Agency Administration			$ 158,556
Operations Total			$ 1,215,596
Bed year cost			$ 52,852
Bed night cost			$ 145
Capital			
Infrastructure			$ 1,500,000
Capital Total			$ 1,500,000
Per Unit costs			$ 75,000

Young Adult House-Based Shelter Cost Estimate

The goal of housing young adults in much smaller facilities requires higher staffing levels. Using houses as a shelter model eliminates many of the capital cost.

	Cost Per Hour	50 Staff	Young Adult House-based Cost
Operations			
Supervisor	$ 35	1	$ 72,800
Case Managers	$ 28	3	$ 174,720
Generalists	$ 27	20	$ 1,123,200
Shelter Manager	$ 40	1.0	$ 83,200
staff subtotal			$ 1,453,920
Operational Fixed Costs			$ 547,500
Operations subtotal			$ 2,001,420
Agency Administration			$ 300,213
Operations Total			$ 2,301,633
Bed year cost			$ 40,028
Bed night cost			$ 110
Capital			
Pallet/Tiny House	$ 6,180		$ -
Infrastructure			$ 20,000
Capital Total			$ 20,000
Per Unit costs			$ 400

APPENDIX C – GLOSSARY OF TERMS

By-name list

A by-name list is a real time, up-to-date list of all people experiencing homelessness in your community that can be filtered by categories and shared across appropriate agencies. This list is generated with data from outreach, HMIS, federal partners, and any other community shelter and providers working within the homeless subpopulation.

Chronically Homeless

Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

Coordinated Entry System

A coordinated entry system standardizes and coordinates the way households experiencing homelessness across the community are assessed for and referred to the housing and services that they need for housing stability.

Diversion

Diversion is a strategy intending to divert households from the Homeless Crisis Response System. It does so by helping them, through a Housing Solutions Conversation (see below), identify immediate alternate housing arrangements, and if necessary, connect with services and financial assistance to help them return to permanent housing. Diversion is implemented within the coordinated entry system

Homeless Management Information System

An information system designated by the Continuum of Care Committee to comply with requirements prescribed by HUD. This system stores client information about persons who access homeless services in a Continuum of Care, and is a core source of data on the population of people experiencing homelessness who engage with Coordinated Entry.

Household

Household means all persons occupying or intending to occupy a housing unit. The occupants may be a family, two or more families living together, or any other group of related or unrelated persons who share living arrangements, regardless of actual or perceived, sexual orientation, gender identity, or marital status.

Housing Solutions Conversation

This short-term problem-solving technique, the core tactic for Diversion (see above), meets a housing crisis head on with the creativity and resources of the person experiencing the crisis. By helping them to leverage their natural resources—such as their family, friends, or faith communities—people can find no-cost or low-cost housing solutions at a critical moment. Once the issues are identified, their own solution can sometimes be paired with short-term rental assistance, a one-time bill payment, or help finding a job or addressing health and safety needs, providing support to help them maintain their current housing.

Literally Homeless

A person who is literally homeless does not have a fixed nighttime residence and instead might sleep overnight in a temporary shelter or place not meant for human habitation.

McKinney-Vento Homeless Assistance Act

The federal McKinney-Vento Act more broadly defines homelessness in an effort to provide protections and supports for students living in a variety of unstable housing situations: Homeless students are defined as those who lack "a fixed, regular, and adequate nighttime residence," and includes those that who are living in doubled up situations.

Medical Respite

A shelter model providing additional medical support to medically fragile clients.

Permanent Supportive Housing

Permanent Supportive Housing is long-term housing that provides supportive services for low income or homeless people with disabling conditions. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. Supportive services may be provided by the organization managing the housing or coordinated by the housing provider, and provided by other public or private service agencies.

Point in Time County

The annual count of sheltered and unsheltered homeless persons on a single night, which is conducted in Pierce County in January

Rapid Rehousing

Services and supports designed to help persons experiencing homelessness move as quickly as possible into permanent housing with time-limited financial assistance.

Safe Encampment

A shelter model where clients stay in tents in an encampment setting with hygiene facilities. Staffing can range from self-management models to 24x7 staffing with security and case management.

Safe Parking

A shelter model where clients stay in their cars in a parking lot setting with hygiene facilities. Clients typically only stay during the night, but some sites run 24x7. Sites are typically self-managed with some case management.

Shelter

Shelter includes any facility with the primary purpose of providing temporary shelter for all people experiencing homelessness or specific subpopulations.

Shelter Generalist

A staffing role providing a variety of operational supports at a site, often including security, site cleanup, client interactions, and coordinating meals.

Transitional housing

Temporary housing and supportive services for up to 24 months that serves households before transitioning into permanent housing.

Community Vitality and Safety			
Committee Members: Hushka (Chair), Blocker (Vice-Chair), Rumbaugh, Daniels, Alternate-Hines		**2nd and 4th Thursdays**	CBC Assignments: Community's Police Advisory Committee • Human Services Commission • Human Rights Commission • Housing Authority • Commission on Disabilities • Library Board • Tacoma Community Redevelopment Authority • Commission on Immigrant and Refugee Affairs
Executive Liaison: Jacques Colon; Staff Support - Ted Richardson		**4:30 p.m.**	
		Room 248	
	Topic	Presenter	Description
June 23, 2022	Feasibility Study for Restoring Library Services to the Eastside and Hilltop Neighborhoods: Final Report	Kate Larsen, Library Director; Brian Murphy, BERK Consulting	Results and findings from TPL's Hilltop and Eastside Library Feasibility Study
July 14, 2022	Youth and Young Adult Violence Reduction Update	Vicky McLaurin, Interim Assistant Director, Neighborhood and Community Services	Staff will provide an overview of the City's approach for the summer months to address youth and young adult violence