

Homelessness Response



Homelessness Response

King County attempts to balance the need for long-term solutions and short-term/interim actions to address the homeless crisis in Seattle-King County. Multiple public/private and community groups are working as partners to address the realities facing individuals experiencing variations of homelessness, present in urban, suburban, and rural areas of the County. King County has taken unique yet pragmatic approaches to addressing unmet needs for all those who struggle to come inside or live in substandard conditions, including cars or RVs parked on city streets. To date, \$94 Million of CLFR funding has been allocated towards homelessness interventions through programs including hotel/motel leases, COVID-19 deintensification, permanent supportive housing, behavioral health services, homeless outreach and shelter procurement, enhanced shelter, and sanitation. King County endorses plans that emphasize consolidation of regional response under one authority, instituting a community definition of change, and becoming accountable to customers.

Investment Areas

- King County pioneered COVID-19 Deintensification Sites to deliberately reduce shelter density for purposes of physical distancing and infection prevention for people experiencing homelessness.
- Health Through Housing recognizes that the ability to sleep in a bed, to use a bathroom, to feel safe, and to have the dignity of a place to live are foundations of health. By the end of 2022, a goal of up to 1,600 emergency housing and permanent supportive housing units for people experiencing chronic homelessness will be created with onsite behavioral health and 24/7 wrap around services.
- Temporary housing support helps address immediate needs of participants with the ultimate goal to help move the unhoused into stable, permanent housing as quickly as possible, by providing supportive services. The County's street outreach combined with hotel-based lodging programs help to reduce community transmission of COVID-19.
- The Eviction Prevention and Rent Assistance Program helps residents behind in rent and utility payments due to COVID-19 hardships. Since July 2021, \$283M of rent assistance has been distributed to 26,110 households.
- Other County homelessness strategies utilize community partners to provide services including stimulus check and benefits access assistance, encampment sanitation assistance, and RV community support.

COVID-19 Deintensification Sites

In February 2020, King County experienced the first U.S. outbreak of COVID-19. King County pioneered COVID-19 deintensification as a novel response, in which many individuals experiencing homelessness were moved out of high-density congregate emergency shelters into hotel rooms. Others stayed in congregate settings but, because of the hotels and acquiring additional congregate spaces, people could spread out to comply with public health recommendations to maintain a certain distance between beds. Public health officials identified the elderly, those with underlying health conditions, and individuals without the means or facilities to follow guidance on hygiene, social distancing, and self-isolation or quarantine had the highest risk of infection and death from the virus. As such, individuals experiencing homelessness or housing insecurity and those utilizing high-density congregate shelter services were seen as particularly susceptible to outbreaks of COVID-19. In 2020, the King County Department of Community and Health Services (DCHS) observed high rates of viral spread in congregate facilities sheltering; in some cases, 30-40% of all residents in that building contracted COVID-19 almost immediately. Non-congregate sheltering for vulnerable individuals experiencing homelessness was recognized as a necessary intervention to prevent widespread COVID-19 outbreaks, save lives, and protect health and safety.

Shelter deintensification took what were formerly congregate shelters for people experiencing homelessness, with individuals sleeping in very close proximity, and moved them to hotels. To reduce shelter densities (creating physical distancing) and provide private restrooms and showers, either entire shelters or some units of shelters were moved to hotels. While seven Deintensification Site locations were initially developed, two are active: Red Lion Renton and Elliot Ave.



Figure 1: COVID-19 Deintensification Site facilities were developed across King County, and Renton and Elliot Ave are active as of July 2022.

This map shows all locations (both active and decommissioned). For example, the Inn at Queen Anne facility has transitioned to Health Through Housing permanent support housing. Note that King County adjusts facility bed counts in response to pandemic demand; Maximum bed counts at each facility are listed.

Where entire shelters were moved, King County DCHS leased hotels and contracted with non-profit providers. Skilled and reliable subrecipients managed each site and provided services to residents, including Catholic Community Services and Downtown Emergency Services Center. The overall goals for equity in homelessness response programs apply to this program, tracking participant stability of housing in shelter and moving on to permanent housing.

A recently published qualitative and quantitative [analysis](#) of King County's unprecedented deintensification efforts,¹ coauthored by King County Performance Measurement and Evaluation Unit's staff and a University of Washington research team, described the experiences of and outcomes on individuals who were moved from shelters to non-congregate hotel settings. Their findings confirmed that moving individuals from congregate shelter settings to group hotels successfully limited the spread of COVID-19 *and* improved their health and well-being. Participants and staff voiced enthusiasm for personal changes in themselves and others: reduced stress, reduced interpersonal conflict, better sleep and nutrition, self-care, enhanced privacy, security and safety for themselves and their belongings, better engagement with staff and services, and best of all, a return of organizational skill, executive clarity, and a future-focus. Participants stabilized and regrouped.

While emergency shelter is intended to provide a short-term, immediate, and safe alternative to sleeping on the streets, a modest increase in shelter stay duration is preferable if it leads to better housing outcomes. Those sheltered in hotels were less inclined to leave and thus had time to work with staff to find better housing options. In the context of the pandemic this type of stability may also reduce disease spread – the primary goal of shelter de-intensification.

While COVID-19 case numbers have dropped to moderate levels in King County, the critical importance of responding and providing deintensification sheltering options for individuals (particularly the homeless) to recover from COVID-19, or to protect others from exposure, remains key to the County's efforts. Assistance is expected to continue through the foreseeable future, although many sites are transitioning to Health Through Housing locations.

Health Through Housing

Housing is a foundation for health. As demonstrated by King County's COVID-19 deintensification actions, the basics of health include the ability to sleep in a bed, to use a bathroom, to feel safe, and to have the dignity of one's own space. Congregate shelters are not a long-term solution; single room housing is healthier, can provide immediate emergency shelter AND can be restructured in the future for more permanent lodging. Permanent Supportive Housing (PSH) paired with subsidized housing and wrap-around case management and supportive services is a proven solution to chronic homelessness—helping people experiencing chronic homelessness to not only achieve long-term housing stability, but also improve their health and well-being.

The Health Through Housing (HTH) initiative is a regional approach to addressing chronic homelessness on a countywide scale. By the end of 2022, King County will partner with local jurisdictions with the goal of creating up to 1,600 emergency housing and permanent supportive housing units for people experiencing or at risk of experiencing chronic homelessness. Onsite 24/7 staffing will include case management, employment counseling, and access to health and behavioral

¹ <https://doi.org/10.1080/10511482.2022.2075027>

health services. By acquiring existing facilities, such as former hotels, HTH immediately creates housing units that are dignified, protective, and service enriched. King County is committed to working with local cities and communities to identify suitable properties, and then participate in planning and community engagement together. At the least, success will be measured by the number of individuals moved from homelessness into stable housing and the percentage of those households who remain stably housed over time.

Primarily using the recently granted 0.1% state sales tax, King County began purchasing hotels to bring permanent supportive housing at the scale our community needs. The Health Through Housing Initiative's facilities include housing units acquired from former hotels, nursing homes, and other similar properties. In the hot real estate market that exists in 2022 King County, the ability to acquire reasonable properties might seem difficult, but as the hospitality industry still has not rebounded from COVID-19's impact, hotels are for sale at lower-than-normal prices. Thanks to HTH, King County has been able to take advantage of this unusual situation to acquire properties both for permanent supportive and emergency housing for less money than normally possible.

King County has purchased or made agreements to purchase ten properties in the Health Through Housing initiative: Auburn (102 units), Federal Way (101 units), Kirkland (121 units), North Seattle - Aurora (99 units), North Seattle - Stone (131 units), Redmond (144 units), Renton (110 units), Seattle - Argyle (12 units), Seattle - Pioneer Square (80 units), and Seattle - Queen Anne (80 units). Overall, almost 1000 beds have been secured for residents experiencing chronic homelessness. The County continues to work with local jurisdictions on future acquisitions to meet the initiative's goals of 1600 dignified, protective, and service enriched units. These properties will provide housing stability and wraparound services for health and wellbeing to help our most vulnerable residents.

Outreach teams are out on the streets, working with local providers and cities to coordinate, locate, and identify chronically homeless people living in the sub-regions. Persons referred to HTH will also have been screened and assessed to aid in their housing placement, having often undergone some amount of situational stabilization. This often contrasts, studies show, to persons entering shelter that may be coming directly from an institution like a hospital; they will not always have been screened prior to seeking shelter.

Behavioral Health Intervention Services in HTH Facilities

Behavioral health intervention services are a key component of each Health Through Housing (HTH) facility with goals of crisis intervention, de-escalation, and engagement in behavioral health care. Mobile, behavioral health intervention services are offered in HTH Facilities and selected PSH Sites across King County through a \$2.8M current CLFR funding allocation. Interventions encompass screening/intake, behavioral health assessment/evaluation, case management, peer support, crisis intervention, counseling services, psychiatric medication evaluation and prescribing, access to Buprenorphine and Naltrexone and short-term maintenance, overdose prevention, and assistance with linkage to additional behavioral health treatment and recovery supports. Care is comprehensive, provided by a team of medical staff, mental health and substance use disorder clinicians, case managers and certified peer specialists.

Behavioral Health Mobile Outreach with support from the Downtown Emergency Service Center (DESC) brings case management, mental health, and behavioral health substance abuse disorder (SUD) services directly to individuals. Implementing this low-barrier model, offers a person-centered,

accessible approach to delivering services, ensuring tailored assistance in meeting a person's individual needs and goals, and offering autonomy and choice in engaging with clinical care.

DESC outreach and engagement help businesses and residents become aware of the services that are available. Additionally, King County has engaged the community during their acquisition of HTH hotels. RFPs were available to the entire King County Behavioral Health Network. Any feedback received from constituents, community-based organizations, and the communities themselves is reviewed with the service provider and adjusted as needed, as this is part of the contract monitoring process.

Canton Lofts (Seattle - Pioneer Square HTH Location)

King County took occupancy of a brand-new apartment facility in Seattle's Pioneer Square for 80 residents in November 2021 to provide Permanent Supportive Housing (PSH) for individuals who are chronically homeless within the city. This PSH project included the purchase of the downtown property and offers case management, wrap-around services, meals, and dignified housing to individuals who are chronically homeless as a response to COVID-19. Eligibility for residency include those whose income is $\leq 30\%$ of the area median and who are experiencing or at-risk of chronic homelessness defined as either: 1. An adult person with a disability who has been continuously homeless for a year or more, or 2. An adult person with a disability who has experienced multiple episodes of homelessness in the past three years for a combined 12 months. The new Operator and Service Provider would also focus on serving the American Indian/Alaskan Natives communities experiencing or at risk of chronic homelessness.

The total acquisition costs for this property were \$32,015,699, including the \$9 million of CLFR ARPA funding, producing 76 units of PSH and 4 units of office space. HTH is currently in the process of contracting with the selected operator and service provider, although Catholic Community Services will be a partner. Services available will include 24/7 onsite staffing and controlled access, access to physical and behavioral health services, and permanent housing counseling. Property operators and service providers are committed to being responsive to local jurisdiction and community concerns.

"The sale of Canton Lofts to King County is a great example of how the public and private sectors can work together to address a pressing challenge - the chronic shortage of attainable housing. Nitze-Stagen has been investing in Pioneer Square for decades, and we remain confident in its future and believe this transaction takes advantage of a singular confluence of factors to make a positive impact."

— Peter Nitze, CEO of Nitze-Stagen



King County has held multiple community engagement meetings with potential Operators and service providers, local jurisdictions, and the public. King County requires a good neighborhood

agreement between the County and the local jurisdiction prior to moving forward with operating the property to ensure all parties are onboard with the project and to capture diverse feedback from constituents, community-based organizations, and the communities themselves. To ensure that businesses had equitable access to compete or apply for CLFR funding through this program, King County posted a Letter of Interest for agencies interested in applying as the Operator and Service provider for Canton Lofts.

As of June 21, 2022, Canton Loft has been newly renamed Salmonberry Lofts. Salmonberry Lofts in Pioneer Square is forecasted to open its 80 units in September 2022.

Street Outreach Combined with Temporary Hotel-Based Lodging

Street outreach combined with temporary hotel-based lodging is one component of King County's response to the COVID-19 pandemic to reduce COVID-19's impact on homeless populations by providing temporary housing and wraparound support to adults living unsheltered. By providing non-congregate temporary housing options, these services will have the effect of preventing and/or reducing community transmission of COVID-19. These services may also work to reduce the impact of tent encampment sweeps and other law enforcement responses to homelessness which carry their own public health risks—COVID-19 and otherwise—by diverting individuals for support services when criminal actions are a result of unmet behavioral health needs.

Street Outreach, Targeted Homeless Outreach and Shelter Program Procurement, JustCARE Extension, and Co-LEAD Extension are ARPA funded programs conducting this outreach to provide homeless individuals with the appropriate shelter and/or services as well as connect to surrounding businesses to alert them of services and discuss how to access the services. Hoteling and case management services are provided to people experiencing homelessness. Direct services are intended for priority populations and historically marginalized adults with unmet behavioral health needs. Non-profit providers which specialize in working with these communities will be partnered, including the Asian Counseling and Referral Service (ACRS).

Short-Term/Interim Housing Support

Besides the programs described above, CLFR has funded enhanced shelters, a tiny house village, and a temporary family shelter contract. Such novel temporary housing support helps address immediate needs of unique participants, although as with all such projects, the ultimate goal is to help move the unhoused into stable, permanent housing as quickly as possible.

The Enhanced Shelter Program provides shelters with supportive services in response to COVID-19. The program seeks to: 1. Increase shelter availability for households experiencing homelessness; 2. Provide shelter settings designed to meet CDC and Public Health COVID guidelines with appropriate distancing and health and hygiene supports with an emphasis on non-congregate shelter; 3. Support homeless households in meeting their basic needs including food, shelter and access to other basic resources; 4. Provide PPE and sanitation supplies and access to COVID vaccinations and testing; and 5. Support participants in planning for and accessing increased housing stability, permanent housing screening and assessment eligibility for local state and federal relief programs and stimulus.

Several partnerships are involved—including Plymouth Housing Group, Salvation Army, Catholic Community Services, and King County Regional Homelessness Authority—which work with slightly different specialties and priority groups. As such, many of the shelters are specialized to serve sub-

populations of people experiencing homelessness. For example, the enhanced shelter model responds to the concerns of people living in shelters with pets and provides elements of responsive services, 24/7 access, and low barriers to entry. Shelters are reconfigured to manage COVID prevention and distancing between cots.

Community engagement is part of the development project for several of the shelters. King County Department of Community of Human Services (DCHS) is partnering with the Facilities Management Division (FMD) on site development for shelters and FMD is managing construction contracts and related labor issues.

CLFR funding was also used to establish a tiny house village. The purpose of the program is to offer a year-round, temporary alternative to sleeping in vehicles or living outdoors while offering services that will help address immediate needs of participants with the ultimate goal to help move the unhoused into stable, permanent housing as quickly as possible. The Low Income Housing Institute will partner with King County to provide housing and services to households experiencing homelessness through two tiny house villages. Implementation is proceeding now, and services expected by late fall 2022.

In addition, a temporary family shelter that provides shelter and related services to women, children, and families was opened in January 2022 in downtown Bellevue. The Family Emergency Shelter program, in partnership with Mary's Place, provides temporary shelter and related services to women, children, and families to support their path out of homelessness.

Eviction Prevention and Rent Assistance Program

The King County Eviction Prevention and Rent Assistance Program (EPRAP) helps residents behind in rent and utility payments due to COVID-19 hardships. Although separately funded through other federal funding sources (including ARPA and CRRSA), it is a major pillar of the County's COVID-19 response. This program compliments King County's CLFR funded program efforts. This program funded at the federal level primarily by ARPA and CRRSA provides payment support for back rent and future rent obligations to households strapped due to unemployment, lost wages, and health crises as a result of the pandemic. In receiving rent payments from King County, the landlord must sign a Payment Agreement stating the payment period and the terms and conditions to which the landlord agrees (i.e., not increase rent for six months after payment period and to not issue late fees or additional charges).

[The EPRAP Data Dashboard²](#) reports that since July 2021, \$283M of rent assistance has been distributed to 26,110 households, while 43,037 households are either in the pipeline or denied and 47,693 households have identified interest in the program. An average of \$10.9K in assistance per household has been distributed for an average of 8.5 months of rent assistance per household. 75% of households that received rent assistance identify as Black, Indigenous, and people of color (County average = 39%) and 20% of households that received rent assistance identify as Hispanic or Latina/o/x (County average = 9%).

² <https://kingcounty.gov/depts/community-human-services/COVID/eviction-prevention-rent-assistance/program-data.aspx>

EPRAP assistance distributed since July 2021

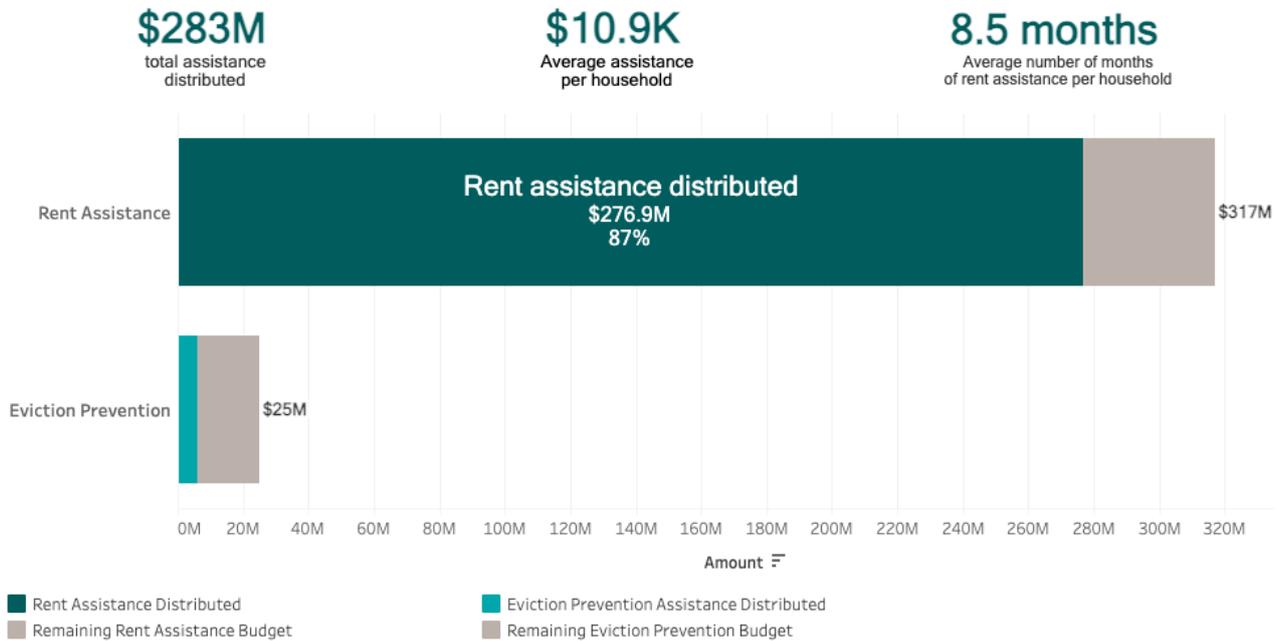


Figure 2: Most of the EPRAP funding has been distributed to struggling King County households since July 2021.

EPRAP has utilized 87% of its \$317M Rent Assistance Budget, but only 24% of its \$25M Eviction Prevention Budget. Still, \$283M in total assistance has been distributed to more than 26,000 households. Funding prevents households from losing their housing. Figure taken from the EPRAP Data Dashboard.

Specifically, a total of \$6.1M has been distributed towards eviction prevention. Between July 2021 and June 2022, EPRAP has funded a per household average of \$15.7K (in rent, court, and legal fees) over 8.7 months to provide assistance to households who have been served with eviction notices for nonpayment of rent. The goal is to work with landlords and property owners on a resolution of the debt to keep the household safely housed. EPRAP is instrumental in preventing homelessness in the region.

Other Homelessness Response Investments

King County has multiple goals for improving life for those experiencing homelessness and for all residents' concerns about the current homelessness crisis. King County seeks to connect homeless households to basic resources, increase housing stability, provide education and cross-training to providers, and positively impact and strengthen care to disproportionately impacted populations. Other ARPA funded King County homelessness strategies include but are not limited to encampment sanitation assistance, RV community support, and stimulus check and benefits access assistance.

Encampment sanitation assistance to people living in encampments and outreach teams to support the community health and hygiene efforts is provided through the Homeless Response Fund - Sanitation Program. Key to this is the implementation of mobile shower and hygiene stations, distribution of hygiene kits and sanitation supplies, and some garbage disposal. Connections to needed services including case management, healthcare, behavioral health, and housing support are also offered.

Similarly, the RV Community Program, set to open in late 2022, aims to mitigate the COVID-19 health risk to people living in RVs by providing them with the structures and tools needed to implement the CDC's public health guidance on social distancing, hygiene, and isolation. Specifically, the program will provide gray and black water hook up, bathroom, shower, electricity, garbage, and support services for up to 50 RVs during the program's 24-month timeline of operations. In addition, County staff will provide onsite support to assist program beneficiaries in meeting their basic needs, such as procuring identification, enrolling in insurance, obtaining healthcare, procuring proper clothing, and arranging childcare. A mechanic will also provide help with RV rig mobility! Lastly, County staff will help beneficiaries plan their exit from homelessness by providing permanent housing screening and assessments and eligibility determinations for local state and federal relief programs and stimulus. Any procurement will ensure equitable access as a focus of the homelessness response as led by King County Regional Homelessness Authority (KCRHA).

Finally, King County is partnering with Mary's Place, Friends of Youth, and Seattle/King County Coalition on Homelessness to support people experiencing homelessness in King County with accessing federal and state benefits. The Stimulus Check & Benefits Access Assistance program will enroll individuals for eligible benefits such as earned income credit, child tax credits, social security, disability, and state welfare programs. In addition, the program trains providers on how to complete claim forms, access online portals, and provide staff training, outreach, and education. People experiencing homelessness in King County face multiple barriers to accessing these federal COVID-19 benefits. Common barriers include lacking access to technology needed to file taxes and apply for benefits, challenges acquiring and maintaining needed documentation (photo I.D., social security card, income verification) and lack of awareness of benefit eligibility.

Shelter Deintensification in King County: “A whole lot better than the shelter”

CASE STUDY

COVID-19 Deintensification Sites

Staying in a homelessness shelter is tough. During a pandemic, it can be dangerous. At the very least, it is traditionally incapable of maintaining a person’s social distancing, or privacy, or security of one’s belonging. Certainly, it is hard to relax and think about a future, in such settings.

This is why King County decided to do something very different when Covid-19 became a crisis. How could the County protect individuals experiencing homelessness from infection? In one word, deintensification: the deliberate spreading of shelter users away from each other to avoid COVID transmission. Deintensification moved crowded congregate-sheltered individuals into leased or purchased hotels with wrap-around services.



Several months into the project, researchers heard comments such as “It’s better than the shelter” and “It’s just better” emerging in nearly every interview with individuals staying in group hotels. One participant elaborated:

“The sleeping area at the shelter, I mean, you were like two or three inches away from the next person. You roll over, they blow in your face, your ear. Now, you don’t have to worry ‘bout that. **You got your own bed, your own space, your own room, and everything. To explain it, this is a whole lot better than the shelter.**”

What a life-changing move for shelter residents! The University of Washington [analysis](#) of King County's investments in hotels as non-congregate emergency shelters demonstrated the profound impact of King County's deintensification. This novel approach not only prevented COVID-19 transmission but improved individual health, wellness, and recovery from homelessness. Hotel participants and deintensification facility staff interviewed about their experiences comparing the hotels vs shelters had startling revelations of the changes in their quality of life and level of hope.

COVID-19 was a source of stress and concern for them in shelter settings. One participant confessed, "That virus definitely scares the heck out of me, and I'm doing everything I can to keep from getting it." Yet, some interviewees became ill while staying in congregate shelters and were glad to be able to recover while staying in the hotels. For these people, COVID-19 added to the trauma of homelessness: "I was still weak. I'm so much better now, of course, but it affects me. I can't explain how bad it was." Homeless and ill together is a terrifying experience but more bearable if in a private, clean, safe setting.

Some moved to the Deintensification Program hotels after an outbreak had occurred in a shelter; some shelters were actually closed entirely with all occupants moved to Deintensification Sites. One participant commented on how she "freaked out" in congregate shelter because "we have a numerous amount of people clamored together in one building and no escape... I felt really unsafe, very unsafe." A staff member noted, "we've seen more COVID in those [congregate] settings, just flatly. When we've seen COVID it's been harder to stop the potential spread."

These responses were not surprising to staff, who noted that "even before COVID, [we knew] that non-congregate is the best way to go." As one staff member described, the challenging conditions found in congregate shelters could exacerbate problems that individuals experiencing homelessness were facing rather than to help resolve them:

"I don't think it can be overstated how stressful it is for people to experience homelessness. To be going through that and have the physical environment you're in be a place that is unpleasant and crowded and filled with people who are tense and angry and acting strangely only further intensifies the experience that somebody has. It is debilitating. It stops people from taking action to deal with their own situations."

Staff voiced their support for deintensification, as a better response to the crisis of homelessness than traditional congregate shelters. Staff also voiced that a change in the large King County shelter system is long overdue: "We would have never considered this new model in hotels. We had been advocating for many years in many of these programs that they were under-sourced, that people were not getting the wraparound care that they needed."

Participants stabilized at the Deintensification Sites. Staff and residents also observed their increased engagement with staff, improvement in health and well-being, feelings of safety and freedom from fear, reduced interpersonal struggle, and ability to think about a better future. The hopelessness and misery that can come when staying in shelters had started to lift, one interviewee noted:

"I'm starting to get my dreams back. You get to the point when you're homeless you don't even care. You don't think about even why I'm going to get a place. You're gonna say, 'I'm out here, that's that.' Now that I've been in here, I'm like, 'Yeah, I wanna get my own place again.'"

More frequent, constructive communication with staff resulted in openness to service options. A staffer offered this analogy:

“When you’re at the airport and your flight’s delayed and you’re there all day, are you your best self? No. Right? Now imagine somebody trying to ask you about the hardest parts of your life and help you plan forward. You would not want to engage with that person. You would not want to be in that conversation. You would be brushing them off or irritable. That is what we’ve asked of folks all these years in these intense congregate settings, right? Now flip that to, you give [the] person the lounge experience at the airport, right? They got the comfy chair. You gave them some water, right? It’s a better conversation, obviously.... It is not unusual that we’re seeing more of people, better of people, people opening up. They’re under less stress in that sense.”

Personal organization returned. Personal comfort, order and safety provided by a hotel room supported the wherewithal to plan, schedule and attend appointments, for example. One participant simply stated, “I can think and sleep,” whereas another stated, **“You’re at peace. You’re more at peace with yourself.... It just feels good. It feels really good.”**



Self-care improved in the hotel setting. Several participants noticed healthier behavior:

“I would drink a lot. Now that I’m here, I don’t drink. You would drink because of the boredom of the day being on the street. That’s one thing that I can say this helps with is I don’t even care to drink no more. Now I can sit and be in here and not have to be around all the wildness. It doesn’t stress me out to where I wanna drink or smoke pot or anything.”

People stopped fighting. Conflict reduced significantly in the hotel setting; such dramatic drops in interpersonal strain was observed by several. As one Deintensification Site resident described, “It’s [conflict] nonexistent here. There’s no conflict here. Yeah, this is nice.” Another resident noted,

“In the shelter, we were in a big dorm with a lotta—I guess 100 different men. There was a lotta stress. It was also bein’ around the same—with the arguing all the time. In the room, we’re more isolated. We’re more alone. It’s quieter. It’s less stressful.”

Private rooms provide quiet and tranquility: "It's like I get to go home", said another resident, "and I can lay in a bed and can watch what I want to on TV. I [don't] have to listen to people screamin', yellin', and fightin' in the bathroom over dope." In shelters, frequent calls to police and fire by the staff was the norm. After the move to the hotel, residents could de-escalate situations by returning to their own room; staff members were very aware of this behavioral change. One resident noted her relief:

"I feel safe. I have a door that locks. I have people around me that also have doors that lock, so striking out at your neighbor is not as common as it is when you are struggling over square inches of a concrete floor. There's a big difference in how humans treat each other in the two situations."

Having one's own bed and bathroom matters. One participant clearly articulated the benefit: "It's nice. It's nice to have your privacy and a TV and a toilet where you ain't gotta deal with other people." A staff member painted the contrast between hotel rooms and traditional shelters: "These are literally rooms designed for people to sleep in, and that's what people are doing in them." While privacy and access to your own bathroom seems simple, "knowing the alternative and what we came from, they're massive."

Security was identified as a big deal. Security guards, fences around the property, and of course, door locks were reassuring to those who faced victimization or theft while in shelters or on the street. As one participant commented, "You don't have to worry 'bout somebody steppin' over you or robbin' unless they come to your door and knock. If you choose not to open your door, then you're all right." Another stated, "Safety is no issue here. It's a hell of a lot safer here than it is at the shelter."

Secure storage for personal things in their own rooms provided a place to finally store their belongings. In contrast, in shelters, people have to leave their belongings unattended, which produces fears about theft while asleep or in the bathroom. One participant expressed:

"It's been really nice to keep my stuff there and be able to leave and come back, and it's all still there. I don't have to pack it around, which has been really nice to feel normal again.... When you drag a backpack and luggage around and stuff, people tend to judge you right off the bat, homeless or whatever. When you don't have to carry that stuff around, people, they don't judge you as being homeless or whatever. They look at you differently. It's been nice to not be judged like that."

Unrestricted access to hotel rooms contrasts to many traditional congregate shelters, which usually have strict time boundaries. Participants come and go to their rooms on their own schedules and have greater control over their lives. One participant crowed: "I get to move at my own speed now. Do things the way I need to do 'em versus when you're on the street, and you gotta worry about being back to get into the night shelter. Now you can do things at your own pace."

What about food? Deintensification Sites offer three meals a day. For individuals who have experienced homelessness, regular food availability was amazing: "When we wake up in the morning, we eat. We have breakfast, ready meals, so we eat." The elimination of the need to "try to hustle up [food] every day" reduced stress and freed up the time and energy to take on other challenges and actions.

Best of all, residents had hope again for their futures. One resident remarked, **"Like with any home, it gives you shelter. It gives you time to contemplate, to plan, and to execute. These things are**

important when you're trying to put your life back together." In addition to these obvious benefits of private living, numerous respondents commented on the independent value of privacy, where one can "get my alone time, get-myself-together time." Participants described their desire to live in a permanent home, work, or go back to school.

As Executive Dow Constantine summarized in his 2021 State of the County address,

"We found that when we gave people a home – a place of their own, with all the safety and peace of mind that comes with that – not only did they stay safe from the virus – they thrived. That rest, that ability to take a breath, collect your thoughts, get a good night's sleep, was transformative. We don't often think of what makes a house a home. But for people who have to leave a shelter every morning, the simple idea that you could have your own place to come back to at night makes a huge difference in your wellbeing. Or having a bathroom of your own. Or instead of worrying about all your worldly possessions being stolen, you could have a door that locks. And instead of having to sleep with one eye open, you could finally just sleep.

"Let me tell you about one resident. His name's Bob. He was a long-term shelter client. With the stability of his simple hotel room, he was finally able to address chronic health issues in ways that were impossible before. He had pillows to elevate his feet at night to reduce swelling. Space, in his own bathroom, to keep any wounds clean and dry. Three healthy meals a day. And he was even able to start exercising again. As he regained his physical health, his mental health improved too. Today, Bob has moved to his own, permanent apartment - and he's healthy enough to schedule the surgery he has needed for years. **He is reclaiming his life. That kind of progress is remarkable. And it is possible for a lot of people."**



Overall, the Deintensification Site participants and staff are very pleased with the King County's shelter deintensification efforts and its boost to their recovery from such dire life circumstances. It is a testament to ARPA funds and the County's commitment to ending the trauma of homelessness that such a novel, innovative approach to protecting the most vulnerable residents has been life changing for so many.

PERFORMANCE REPORT

COVID-19 Deintensification Sites Program

Shelter deintensification took what were formerly congregate shelters for people experiencing homelessness, with individuals sleeping in very close proximity, and moved them to group hotels. This included both moving entire shelters to hotels and moving some units of a shelter to hotels. This program serves a population disproportionately impacted by COVID-19, and particularly those experiencing homelessness, with health conditions making one more vulnerable to COVID-19.

The program includes leasing of hotels and contracting with non-profit providers where entire shelters are moved. Where units were reduced, the county contracted with non-profit providers that rented hotel rooms. The King County Department of Community and Human Services (DCHS) has subrecipients that manage each site and provide services to residents. Partners include Catholic Community Services and Downtown Emergency Services Center. This ongoing program is expected to continue through the pandemic. The overall goals for equity in County homelessness response apply to this program. In addition, the program tracks participant stability of housing in shelter and discharge to permanent housing.

Funding for Deintensification is sourced from Federal Emergency Management Agency (FEMA) and Coronavirus Local Fiscal Recovery (CLFR). FEMA is paying for lease costs, meals, and janitorial services, but not behavioral health, staff costs, and other wraparound services. The Facilities Management Division (FMD) continues to provide maintenance, housekeeping, and security support through August 2022. Most internal staff costs and behavioral health services are covered by CLFR.

How much?

As of June 2022, active COVID-19 Deintensification Site (DSite) locations include the Red Lion Renton and the Interbay Shelter on Elliot Ave. The County also has the following available sites that are not currently operational but have been activated when conditions warranted the use of those facilities in the past: Sleep Inn SeaTac, Quality Inn SeaTac, Civic Hotel, and The Inn at Queen Ann (transitioned into a HTH site). These sites and the Harbor Island Pallet (24-bed, never used) may be available for use in the event of future surges.

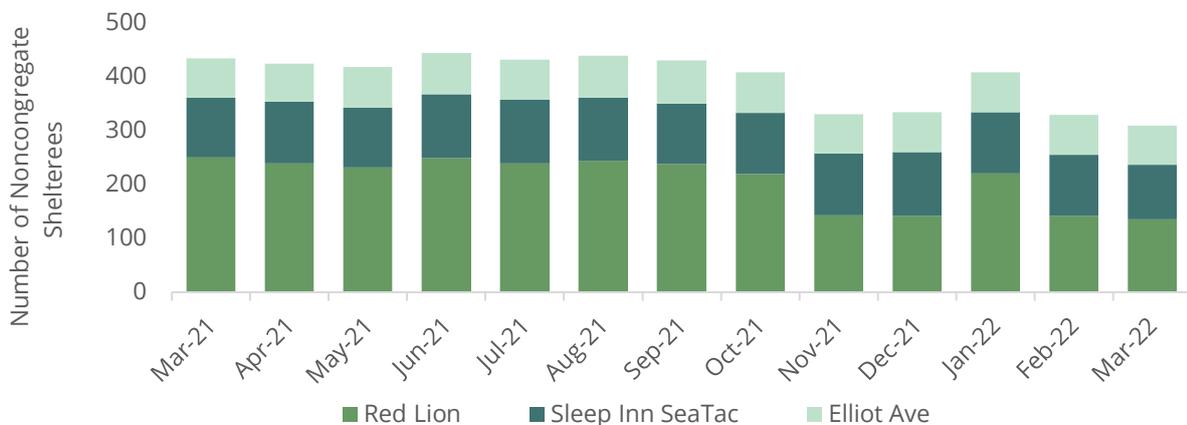


Figure 3: Red Lion Renton served the majority of the client visits over a year period (March 2021-March 2022).

This figure shows monthly client volume at three Deintensification Sites: Red Lion, Sleep Inn SeaTac, and Elliot Ave. These deintensification sites provide a total capacity of up to 398 beds.

Since March 2021, the number of clients that have been relocated to three specific DSites lodging has diminished from a high of 447 per month to low of 309 between March 2021 and March 2022. These three sites served 5129 individuals experiencing homelessness over the course of 12 months.

How equitably did we provide service?

The following deintensification shelters tracked demographics for clients staying between March 2021 and June 2022:

- Red Lion,
- The Bob G. (Former Inn at Queen Anne),
- Sleep Inn SeaTac, and
- Junction Point.

DSites admitted and served all races/ethnicities in an equitable distribution, although there was a high number of unknowns in the data collection. Older Blacks and White individuals comprised most of the participants; American Indian, Pacific Islander, and Asian percentages matched the County population of households experiencing homelessness and accessing services as captured in the King County Homeless Management Information System (HMIS) on 6/1/2022. The aging nature of the homeless who seek shelter has implications for COVID-19 vulnerability and need for aggressive public health services. As the Deintensification Sites were intentionally geared toward older adults, only a small fraction of younger people used shelter accommodations.

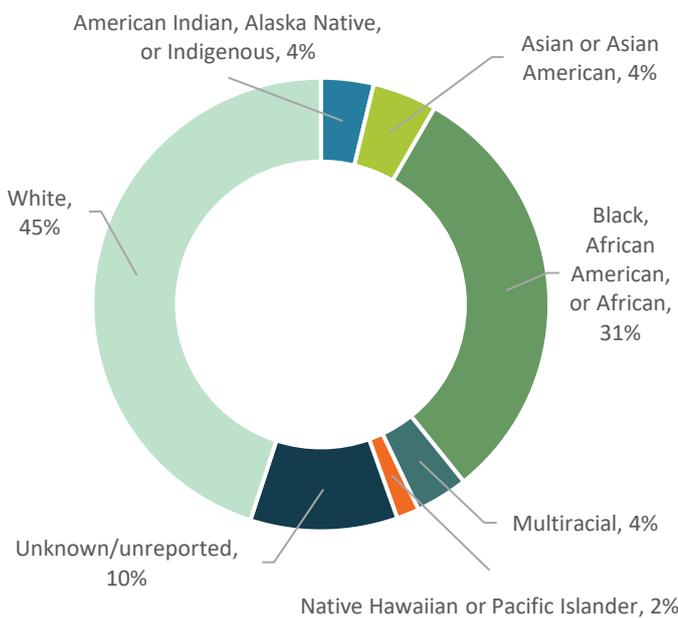


Figure 4: Relatively equitable racial demographic distribution with at least 45% BIPOC clients.

Data was pulled between March 2021 - June 2022 from the Red Lion, The Bob G, Sleep Inn SeaTac, and Junction Point Deintensification Shelters. Most clients were White (45%) or Black/African American (38%). 10% of clients had unreported races.

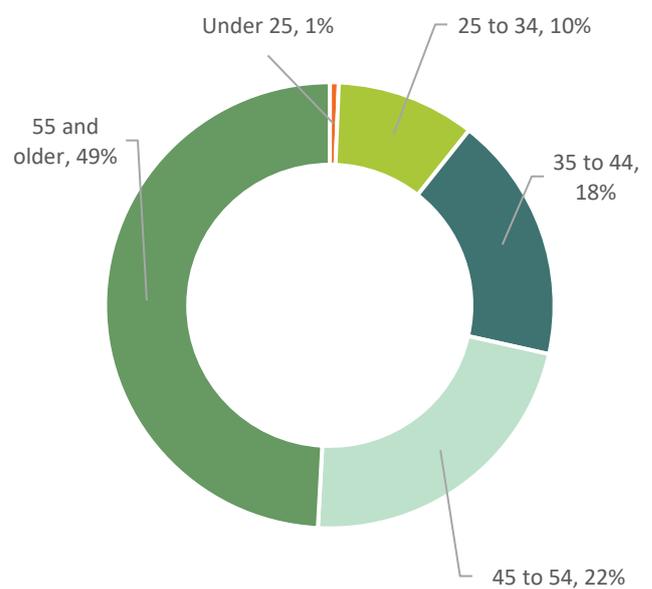


Figure 5: Most Deintensification Site participants are ages 55+ (49%).

Age distribution data pulled between March 2021 - June 2022 at the Red Lion, The Bob G, Sleep Inn SeaTac, and Junction Point Deintensification Shelters show 462 (49%) 55+, 210 (22%) 45-54, 168 (18%) 35-44, and 100 (11%) 34 or younger.

Data pulled between March 2021 - June 2022 at the Red Lion, The Bob G, Sleep Inn SeaTac, and Junction Point Deintensification Shelters show that at least 45% of clients are BIPOC. Black, African American, or African clients make up 31% of participants. American Indian, Alaskan Native, or Indigenous clients make up 4%. 10% of clients identify as Hispanic/Latinx. To provide context, King County's Homeless Management Information System (HMIS) captured that 13.9K total households entered the King County homeless response system in 2021, 58% of which were households of color. When compared to the racial demographics of the King County general population (according to the 2016-2020 5-year American Community Survey), the largest disparities were observed among those identified as Black or African American (29% in the homeless response system compared to 6% in the counties general population) and American Indian or Alaskan Native (4% compared to 1%).

The disproportionate impact of homelessness on this community and the resulting need for help during pandemic conditions is a clear focus for King County, community-based organizations, and Deintensification Site operators.

Is anyone better off?

First and foremost, this program moved participants off the streets and out of congregated shelters, immediately making beneficiaries better off. [An impact analysis](#) of investments in hotels as non-congregate shelters in King County³ indicates that deintensification interventions successfully minimized the spread of COVID-19 among people moved to hotels as compared to those who stayed in congregate shelters. Limiting the spread of COVID-19 was the catalyst for shelter deintensification; the recently published King County DCHS and University of Washington research study demonstrated a dramatic drop in positive COVID-19 cases following the move of individuals to group hotel locations in April 2020.

In fact, King County led the deintensification proof of concept, moving people from congregated shelters to low-density sites. Beyond reducing the risk of contracting COVID-19, effects of the hotel deintensification intervention included residential stability and feelings of home, greater engagement with staff and housing services, improvements in health and wellbeing, feelings of safety, higher exits to permanent housing, and greater focus on future goals.

Interpersonal conflict and stress were reported by the DSite staff as reduced for those placed in DSites. Emergency personnel responses (police and fire) were also reduced, saving valuable community resources. The DSite Impact Report (2022) data validates this conclusion, looking at the number of incidents requiring 911 emergency calls from DESC Main Shelter (May 1, 2019 – October 20, 2019) and from the Red Lion DSite in Renton (May 1, 2020 – October 20, 2020). Staff suggested that the client's ability to retreat to their own rooms and close the door on any outside conflict, was an essential structural element in this dramatic reduction in interpersonal turmoil, leading to both increased safety and well-being for the clients.

³ King County DCHS and University of Washington's "Hotels as Non-congregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic" can be found at <https://www.tandfonline.com/doi/full/10.1080/10511482.2022.2075027>

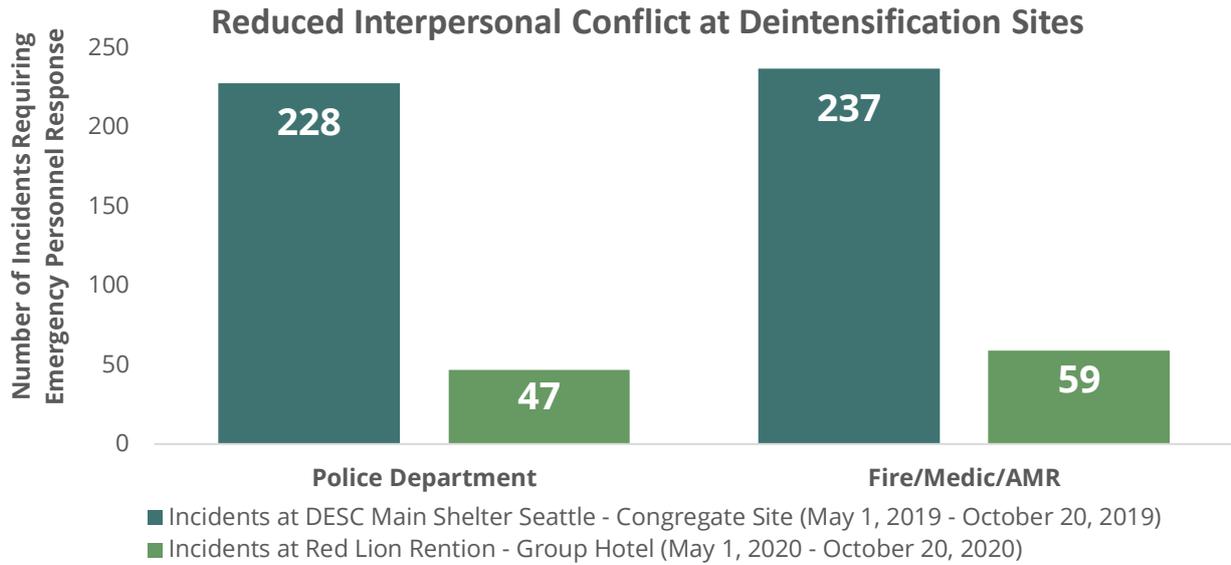


Figure 6 - Conflict incidents reduced at group hotel settings vs shelters.

Dramatic one-year reduction in incidents requiring emergency personnel responses from the police and fire departments suggests decreased interpersonal conflict in Deintensification Site facilities. Figure taken from the King County DCHS and University of Washington’s “Hotels as Non-congregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic.”

Participants also expressed appreciation for other group hotel features which impacted their overall recovery from the trauma of the shelters or street: designated personal space (private bed and bath), personal safety, secure storage for personal belongings, unrestricted access (increased time and autonomy associated with 24/7 shelter access), and predictable access to food.

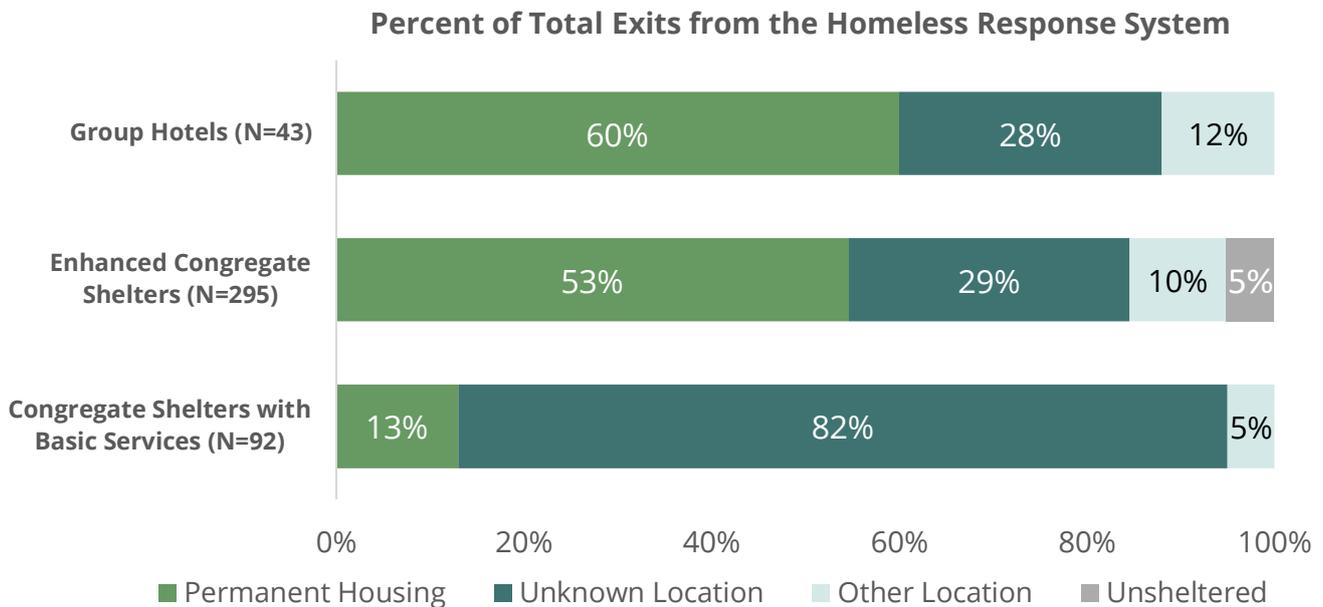


Figure 7: Total exits from group hotels or enhanced shelters to permanent housing higher than basic shelters.

Homeless Management Information System data details exits from the homeless response system between April 1, 2020 and August 31, 2020 by group and exit destination type. Figure taken from the King County DCHS and University of Washington’s “Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic.”

Group hotels resulted in a larger proportion of residents transitioning to permanent housing. This corresponds to the findings that hotel rooms with meals and services lead to personal stabilization and capability to plan for the future.

In fact, the positive impacts associated with this intervention influenced the creation of King County's Health Through Housing Initiative, acquiring hotels to permanently house people experiencing homelessness.