**One Table Community Action Workgroup Strategy Development (Draft)**

These are a compilation of the strategies each Community Action Workgroup generated from their discussions on 2/22/2018 and refined as of 3/9/2018. They are representative of contributions from all members of these groups, and are still in draft form.

**One Table –**

**Behavioral Health**

About one in four adults experience a diagnosable mental disorder in a given year, yet most do not experience homelessness. Similarly, far more people have a substance use disorder than the number of people who have a substance use disorder who experience homelessness. The CAW determined that lack of a person-centered behavioral health system was a factor that resulted in some people who have a behavioral health condition becoming homeless and is a factor in the racial disproportionality in homelessness.

The following strategies would lead to a person-centered approach.

Downward Factors on Adequate Behavioral Health

1. **Lack of Treatment on Demand/Access**

**Strategies**

* **Same Day Access** for In Patient treatment (mental health, substance use and detox) must be made available. (Currently, King County has launched a pay for success model for same day access to outpatient treatment in partnership with the Ballmer Group).
* **Bring treatment to people**. Incentive pool needed so that behavioral health providers provide treatment in permanent supportive housing, shelters, encampments and other places where people experiencing homelessness congregate.
* **Incentive pool** needed for same day access to inpatient mental health, substance use disorder and detox.
* Expand the **crisis clinic line** and services so that people don’t call 911 if a crisis is occurring because that usually makes the crisis worse
* **Additional Mobile Crisis Teams** are needed throughout the county to respond to people in crisis without police or EMS involvement.
1. **Lack of Person-Centered Care**

**Strategies**

* The Washington State Medicaid plan needs to be amended so that the **definition of peer bridger** (Certified Peer Support Specialist) includes people who work with people with substance use disorder as well as mental health challenges. (Peer Bridgers are people with lived experience, who share their experience openly and build a relationship with the person in treatment to help their peer reduce internal stigma, understand recovery, have an advocate, and provide trusted support both in and out of treatment).
* **Peer Bridgers** should also be located **in agencies outside of treatment facilities** and should be **expanded in treatment facilities** that do not currently have peer bridgers so that they are independent of the clinicians providing treatment and can truly advocate for the patient
* Develop more substance use disorder programs that **do not have abstinence based** requirements (What substances people are addicted to varies by race and ethnicity. While opioid addiction is described as a public health crisis, addiction to alcohol or crack are not. This has racially disproportionate impacts)
* Develop more substance use treatment programs that treat addictions to multiple substances at the same time.
* Develop **peer respite** centers so that one has a safe place to go before a crisis occurs
* Develop “the **Club House Model**” in all neighborhoods across King County so that people with a mental health condition have a safe place to go to develop community and peer support and obtain services that are not crisis services. (A cost effective solution could be to open Club Houses in Churches across the county). <https://clubhouse-intl.org/what-we-do/what-clubhouses-do/>
* Most behavioral health treatment is mandated at or limited to a certain amount of time, e.g. 15 day stay for inpatient treatment. However, one size does not fit all. Treatment should be **outcome based and flexible** to meet the needs of each individual. Policy changes need to occur at federal and state level to change these requirements.
* Develop more **treatment for people with co-occurring disorders** (both mental health and addictions) so that treatment can be at the same facility.
* Create **crisis respite centers** so that someone who is beginning to experience a crisis and is disruptive in their housing can have a time-out from their housing and not be evicted.
1. **Lack of Workforce to Meet Demand and Type of Care**

**Strategies**

* At state level, **student loan forgiveness** needs to be expanded to all behavioral health providers.
* **Training**
	+ Race, equity and inclusion
	+ Trauma Informed care
	+ Clinical training that is not based or biased toward abstinence
	+ Stigma reduction
	+ Whole person care and not just a focus on aspect of a person, e.g. their mental illness
* **Workforce should reflect** the **people being served by race and ethnicity**
* **Hiring and Retention Strategies** including increased wages, pipelines for people with lived experience to become credentialed, etc.
1. **Lack of Care Coordination Between Systems** (behavioral health, physical health, homelessness system)

**Strategies**

* People should **not be discharged** from in patient behavioral health treatment **into homelessness**
* People should **not lose their housing or jobs when they go into treatment**
* Work with the federal government so that people do **not lose their public benefits** if they go into in-patient treatment
* Create a funding source to **pay people’s rent or help support their famil**ies when they enter treatment, since people avoid treatment if they will lose their housing or family won’t be able to survive
* **Care Coordination** between different types of treatment and levels of treatment
1. **Lack of access to adequate resources** (housing with services)

**Strategies**

* Patients and tenants need to have a greater ability to **reduce rules that are barriers** to treatment or being successful in housing
* People should **not be evicted for a behavioral health crisis**
* **Housing that is low barrier, but not focused on abstinence needs** to be available. People should not lose their housing if they are not able to stay sober because recovery is not a straight line.
* **Housing** needs to be created so that people can be directly **discharged from inpatient** treatment to safe, stable and appropriate housing and not be discharged into homelessness
* People who need **permanent supportive housing** need a way to access it that is not solely through the homeless system
* A facility needs to be created to house people with high physical health and high behavioral health needs, e.g. **adult family home**.
* Create **additional tier case rates** that so that agencies are paid based on the needs of the individual. Having two tier levels A and B is not sufficient.

**One Table –**

**Affordable Housing**

**Downward Factors on Affordable Housing**

1. **Rising Rent**

**Strategies:**

* Rent Control
* Regulate Short Term Rentals (Air BnB Example)
* Low Interest Loan for Rehab in Return for Regulated Affordable Housing
* Targeted Rent Assistance to P.O.C.
* County or State Funded Housing Voucher Program Targeted to P.O.C.
* Extend MFTE Beyond 12 Years
* Create Preservation Tax Exemption for Older Buildings
* Prevention, including short term subsidies, to stop people from becoming homeless
1. **Housing Production Cost**

**Strategies:**

* Increase Access to Underutilized Public Land (Discounted Rate Targeted to Affordable Housing)
* Bridge Loan for Land Acquisition
* Use Public Land for Public/Private Partnership
1. **Land Use and Zoning**

**Strategies:**

* Equitable Zoning (Target Upzone to Account For Existing Cultural Communities)
* Require Affordable Housing At High Capacity Transit Locations
* Use Zoning to Incentivize Creation of Larger Units
* Use Zoning Incentives to Create ADU/DADU
* Expand MHA Policies for Alternative Housing Types and/or Populations
* Establish Mandatory Housing Affordability county-wide linked to Growth Management Act
1. **Permitting Time**

**Strategies:**

* State Authority over Permitting
* Dedicated Affordable Housing Permit Staff (Streamlining)
* Technical Assistance on permitting process for Non-Experienced Entities (particularly for POCs)
* Design review reform with prioritization for affordable housing

**Upward Factors Affecting Affordable Housing**

1. **Expansion of Housing Type**

**Strategies:**

* Condominium Act Reform to Increase Production
* Prioritize Production of Larger Units (3-4 bedrooms)
* Create/Promote Shared Housing
* Create Program to Fund / Construct ADU/DADU
* Create Opportunities for Co Housing and Co-Op Housing (Support Tenant Ownership)
* Allow In Home Businesses in Housing to Increase Income (e.g., child care)
* PSH in Suburban King County
* Creative and flexible Housing Types including SROs, Modular with toilet and shower and Trauma aware housing addressing white supremacy via shared and recovery housing, including 3-4 bedroom units for families
* Support the Block Project (DADU + Community)
* Short-term strategies to get people off street
* Services paired to need
* Increase market development of affordable units
1. **Equitable Access to Affordable Units**

**Strategies:**

* Increase Tenant Protections
	+ Just Cause Eviction
	+ Source of Income Description
	+ Third Party Rental Housing Inspection to address substandard housing and ensure/maintain housing quality and safety (Not Involve Tenant)
	+ Increase Access to Mediation for Landlord/Tenant Disputes
* Endorsement and Enforcement of Existing and New Tenant Projections
* Remove Screening Barriers
* First In Time Leasing (Fair Access)
* Improve Resources for Renters to Identify Units and Programs (Housing Resource Center, Landlord Liaison Project)
* Longer Term Rent Support to Assist POC and Address Structural and Institutional Racism
* Provide technical assistance to and contract with POC led organizations to develop affordable housing
* Develop mobile home park strategy to address when sold
1. **Increasing Financial Resources to Support Affordable Housing**

**Strategies:**

* Create Program to Incentivize Overhoused to Move Out (reverse mortgage, etc.)
* Strong Advocacy by Elected Officials for Federal Resources
* Increase State, Regional and Local Funding for Affordable Housing
* Non-Traditional Mechanisms to Support Affordable Homeownership (Not Down Payment Assistance)
* State Voucher Program
* Master Leasing Supported by Housing Resource Center
* Increase resources for services in housing
* Ensure resources are of scale and scope to address need for affordable housing

**Multi-Factor Strategies:**

* Build political will with general-public and law makers to address affordable housing need
* Establish and independent committee to monitor progress and ensure accountability
* Target all strategies to POC
* Focus on those who are experiencing homelessness and lowest income
* Equitable development strategies for POC orgs

**One Table –**

**Child Welfare**

1. **Factor:** Implicit Bias Inherent in Decision Making (i.e. intake screening, placement, service planning, etc.)

**Strategies:**

* Increase placement options for youth in care
* Increase placement options for youth exiting care.
* Focusing on families who receive an initial intake that resulted in no findings. Provide services to those families to prevent them from returning to the CW system.
* Use an algorithm at intake to reduce bias
* Eliminate need to make decisions out of desperation
* Tools to assess biased decision to determine unintended impacts to youth of color before decision
* Add least restrictive and supportive to placement options
* Add quality or supportive to placement options
* Decrease stigma to accessing child welfare services
* Intentional focus on leadership for people of color in child welfare
* Workers need to be paid more
* Racial matching efforts for families youth are placed with
1. **Factor:** Institutionalized Racism that Creates and Upholds Barriers (especially with AI/AN populations)

**Strategies:**

* Expand the “One Table” approach statewide to address the systemic barriers (including institutional racism) contributing to youth entering the system and exiting to the streets.
* Decrease the # of youth coming into the foster care system overall, especially youth of color.
* Study the increase in CPS Calls.
* Add preventative services to decrease the number of youth in care and make services more accessible and less stigmatizing
* Increase family reunification
* Address bias against renting to youth
* Re-establish the adolescent unit
* Address bias against transitioning refugee families and youth of color
1. **Factor:** Key Transition Points Compromise Stability (i.e. moves, reunification, aging out, permanency placement)

**Strategies:**

* Guaranteed housing for all kids who age out of foster care until the age of 21
* Ongoing CM support for youth who have aged out of foster care to help them maintain stable housing.
* Make the 1st placement for youth ages 14-17 more stable
* Digitize resources for young people so they can access them
* How do we link the 100-200k vacant rooms across the county with youth aging out?
* Targeted awareness of the need for foster care placements specifically for teenagers
* Universal access to living wage job if aged out
* Better transition planning from care that includes more information on options and starts earlier
* Direct access to behavioral health services
* End aging out at 18
* Provide incentives to participate in service until 25
* Education and work training programs before aging out
* Guaranteed access to quality supportive housing

**One Table –**

**Criminal Justice**

Factors and related strategies

1. **Budgeting and Priorities—**too much spent on criminal justice/corrections and too little spent on services.

**Strategies:**

* + Conduct a fiscal, cost and power analysis of criminal justice investments. Some may be things that the county is doing to create solutions to homelessness, but others may be better redirected to other investments.
	+ Redirect half all of all criminal justice (corrections) spending to early intervention and diversion services.
1. **Early intervention**—not stopping before even starting. Timing of intervention is critical.

**Strategies:**

* + Develop and implement early interventions in the public school system—early warning indicators like truancy, expulsion, suspensions, behavioral issues. Consider whether housing instability is a root-cause of these factors and work to stabilize housing instead of punishing.
	+ Communities of color mentorship, counseling and other opportunities such as outdoor education, art, STEM classes etc.
1. **Diversion**—programs are successful but don’t hit enough people, may increase racial disproportionality.

**Strategies:**

* + Divert all homeless related bookings to services rather than jail.
	+ Require training for all police officers in de-escalation and motivational interviewing.
	+ Create the technology and process for data sharing, including criminal justice data systems and the Homeless Management Information System to reduce silo’ing.
	+ Major Funding Investments need to be made in Mental Health/wellbeing/counseling.
	+ Staffing community sited centers (residential/non-residential/drop in) as transition hubs staffed with psychologists, psychiatrists, mental health staff including staff of color.
1. **Reentry**—system set up for failure rather than success.

**Strategies:**

* + Educate criminal justice system to be homeless and housing informed (judges, prosecutors, jail staff, etc.).
	+ Create a checklist to evaluate how a judge considers housing needs and leads with race (currently this is done to assess how much time a judge spends with each person—could be modeled after that). Activity is an evaluation and the result is accountability.
	+ Develop a center with short-term housing and services for people experiencing homelessness to go upon release—place of transition and triage while figuring out longer-term housing exit.
	+ Human-centered and racial explicit review and redesign of all compliance requirements.
	+ Offer the choice of College/Trade School/Apprenticeship vs. jail time.
	+ Keep those involved with mid-to low level crimes connected to their families, communities, jobs, schools while they work through meeting compliance requirements and record quashing processes.
	+ Provide people coming out of CJ system, especially youth/young-adults, support on core pathways (e.g. stable housing or vouchers plus enrollment and mentoring support to achieve GED, vocational/trade, apprenticeship or college).
1. Housing – no variety of housing responses for people with CJ involvement.

**Strategies:**

* + Stop using the HUD definition of homelessness—expand to be more inclusive, ensuring we do not use the HUD definition when we are not using HUD dollars for a housing resource.
	+ Create more PSH housing inventory (with full services including educational/ job training, gardens for healthy food etc. ) for those leaving the criminal justice system.

**One Table –**

**Employment**

**Top Three Factors**

1. System failure to ensure people are ready for the jobs that are available with a focus on the education system but including other systems that provide supportive services necessary for people to thrive in education.

**Strategies**:

* + Create understandable/scalable training pathways in high-wage sectors (e.g. tech/health care) that work for groups most at risk of homelessness (e.g. justice-involved individuals, high school dropouts), that include supportive services to help sustain them training period
	+ Change in policies for local government to allow more flexible funding so that case managers can address customer needs (e.g. scaling of policies effective in BSK homelessness initiative)
	+ Elevate training & employment plans as core offering alongside housing 1st policies in the diversion system
1. Implicit bias inherent in employer’s hiring practices (examine filters, skill level requirements, social networks, hiring managers who hire culturally similar to them, etc.)

**Strategies**:

* + Call to action for employers to make changes to address racial equity in hiring—menu of options such as paid internships, changing hiring screens, investments in education pipeline, locating in economically disadvantaged areas. Could combine with incentives/tax breaks.
	+ Design a program or training around hiring practices that address racial equity
1. Social capital and networks – segregation, redline, gentrification (note that most of these also address Job-Readiness/Education)

**Strategies:**

* + Invest in organizations and case management programs led by community to give more mentoring/counseling to young people of color, setting aspirations for future and promoting racial equity
	+ Provide career awareness and mentoring opportunities to middle-school youth at risk of dropping out of high school. Train middle-school counselors and other service providers on career pathways to make sure students are getting information about education required for living-wage jobs.