KING COUNTY COMBINED FUNDERS
NOTICE OF FUNDING AVAILABILITY

2018 Combined NOFA for Homeless Housing

- Capital Funding for New Affordable Housing
- Operating Support, Rental Assistance & Supportive Services for New and Existing Housing

City of Seattle
Jenny Durkan, Mayor

Office of Housing
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King County
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Seattle Housing Authority
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I. OVERVIEW

The King County Homeless Housing Funder Group is pleased to announce a combined funding round for housing with supportive services to address homelessness throughout King County. Five public funders will together allocate approximately $87.86 million in funds through this NOFA.

The intent of the combined NOFA is to provide streamlined application processes, reviews and awards to expedite providers' ability to implement projects and house homeless households.

II. IMPLEMENTING THE ALL HOME STRATEGIC PLAN IN KING COUNTY

All Home King County is comprised of a coalition of non-profit organizations, governments, faith communities, homeless people, businesses, and other supporters. One of the historic priorities set by All Home governance (then the Committee to End Homelessness in King County Governing Board and Interagency Council) is to improve efficiency and coordination of existing resources. This joint allocation of capital, operating support, rental assistance, and service funding for housing included in the NOFA is designed to address this goal within the context of aligned priorities. All Home has adopted a new Strategic Plan that seeks to make homelessness rare, brief, and one-time. These goals serve as a local framework for the national expectations and outcomes as guided by the U.S. Department of Housing and Urban Development (HUD).

This is the thirteenth countywide homeless funding effort to coordinate the application and allocation process for proposals that meet the goals set forth in the All Home Strategic Plan (2015-2019).

III. 2018 NOFA PRINCIPLES AND PRIORITIES

Funding priorities were established by the All Home Funder Alignment Committee (including the City of Seattle, King County, United Way of King County, A Regional Coalition for Housing (ARCH), King County and Seattle Housing Authorities, Building Changes, and suburban cities). The Funding Priorities are intended to be for three years, although public funders reserve the right to make changes as needed; a NOFA will continue to be released annually. The priorities represent a shared commitment by funders of homeless housing, regardless of whether a particular funder has resources available in the NOFA in a given year.

These priorities apply to non-time-limited housing with supportive services. See the Related Funding Opportunities section other related funding opportunities. Applications reviewed under these priorities will be subject to funds available.

Principles
The 2018 Combined NOFA priorities, identified below, reflect those previously adopted by the Governing Board and outlined in the All Home Strategic Plan (2015-2019). This represents a shared commitment by funders of homeless housing, regardless of whether a particular funder has resources available in the NOFA in a given year.

- Implement projects that promote the All Home Strategic Plan.
- Build upon successful programs that are innovative and cost-effective.
- Align funding to match the needs and strengths of people experiencing homelessness.

- Distribute funds countywide to address regional and racial disparities.
- Leverage other resources.
- Promote opportunities for systems change and Housing First principles.
- Reduce screening criteria to improve access.

Priorities

The following priorities are not listed in order of preference[1]. Veterans should be aligned with population-specific groups and access Veteran-specific resources where possible.

- Projects creating or retaining housing units for high need households, including chronically homeless, to access permanent supportive housing and permanent housing with supports.
- Existing transitional housing projects undertaking conversion to a permanent supportive housing facility[2], permanent housing with supports or alternative, less costly permanent housing.
- Projects that provide a move-up strategy that assists people who have achieved stability in Permanent Supportive Housing (PSH) or permanent housing with supports to move into housing with fewer supports.
- Alternative, less costly permanent housing models (i.e. shared housing, host homes, and SROs).
- Projects that strengthen shelter resources outside the city of Seattle[3].

Note: These priorities are not exclusive and additional priorities may be held by individual funders in the respective funding rounds advertised in this Combined Funder NOFA.

The funders in the Combined NOFA value projects and programs designed to emphasize recovery, employment connections, and a Move-Up strategy, allowing our system to continue increasing the capacity to end homelessness.

Note: Individual funders administer funding sources with broader eligible uses than the priorities listed above. Applicants must consult the specific funding parameters for each participating funder, beginning on page 5. In addition, applicants may review the other funding opportunity section, beginning on page 11.

[1] The Funding Priorities are intended to be for 3 years, but public funders reserve the right to make changes as needed. A NOFA will continue to be released annually.

[2] It is noted that transitional housing may be maintained for certain homeless populations (i.e., domestic violence survivors, youth and young adults, and individuals identified through the Familiar Faces initiative).

[3] It should be noted that services and operating support for time-limited programs (i.e., shelter) are not eligible to apply for the ORS RFP.

IV. PARTICIPATING FUNDERS

Information specific to each funder is outlined below:

COMBINED OPERATING SUPPORT, RENTAL ASSISTANCE AND SUPPORTIVE SERVICES (ORS) FUNDING

Funds will be made available through a coordinated RFP by the following funders:

KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
KING COUNTY HOUSING AUTHORITY
SEATTLE HOUSING AUTHORITY

Request for Proposals Release: (approximately) August 28, 2018
Applications Due: (approximately) September 25, 2018

Funding Available: *Please note that all resources under this offering will be made available through a coordinated Request for Proposals (RFP) process. The projects eligible will be limited to renewals, pre-commitments, and expansion of scattered-site rental assistance projects serving chronically homeless households. Further detail will be outlined in the RFP. The funders will determine the specific sources at the time of award.*

1. KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES: An amount of approximately $15.5 million from the King County Housing and Community Development (HCD) Program will be allocated for multi-year commitments of up to five years. Projects must show consistency with applicable plans: Mental Illness Drug Dependency (MIDD) Implementation Plan, the Veterans, Seniors, and Human Services Levy Plan and the All Home Strategic Plan and population-specific implementation plans.

   Fund Sources include:
   - Homeless Housing Act Document Recording Fee Collections (up to approximately $7 million, depending on actual revenues collected);
   - Veterans, Seniors, and Human Services Levy (approximately $6.8 million);
   - Mental Illness Drug Dependency Sales Tax Collections (approximately $1.8 million)
     MIDD funds will be awarded for projects serving persons with mental illness and/or chemical dependency who are either currently enrolled in or who are eligible for treatment services in the publicly funded treatment systems administered by the Behavioral Health and Recovery Division.

Contact: Anna Strahan – King County / ORS RFP Lead,
(206) 263-9239; anna.strahan@kingcounty.gov

2. **KING COUNTY HOUSING AUTHORITY (KCHA):** KCHA will make available up to 50 Project-based Housing Choice Vouchers for projects making long-term commitments to serve homeless households with incomes at or below 30% of the Area Median Income. Priority for the vouchers will be given to those projects serving homeless veterans and their families using VASH vouchers and homeless families with high needs in properties located in high opportunity areas located in the North and/or East region of the County. Vouchers will be allocated to projects where the owners are also providing supportive services to highly vulnerable residents needing assistance with maintaining a stable residence and a satisfactory quality of life. The approximate five-year value of these vouchers is $2.5 million.

   Bidders should note that projects requesting an award of Project-based voucher assistance will be required to meet all Project-based regulations at 24 CFR 983. This includes but is not limited to environmental review procedures, Davis Bacon wage rates (nine or more vouchers whether or not completed in stages), and subsidy layering review requirements. Bidders are encouraged to review the Project-based regulations on the HUD website for additional regulatory detail.

   KCHA reserves the right to modify the total number and type (e.g. VASH, FUP vouchers) of Project-based vouchers awarded through this NOFA. KCHA reserves the right to modify the total number and type (e.g. VASH, FUP vouchers) of Project-based vouchers awarded through this NOFA based on voucher type availability and analysis validating local need.

   Contact: Kristy Johnson – KCHA, (206) 574-1357; kristyj@kcha.org

3. SEATTLE HOUSING AUTHORITY (SHA): If SHA receives a future award of Veterans Affairs Supportive Housing (VASH) Vouchers or Family Unification Program (FUP Vouchers, projects applying for rental assistance through this NOFA could be considered for VASH or FUP project based vouchers in lieu of other rental subsidy.

WORKSHOP - ORS APPLICATION:

Funders will hold an application workshop(s) for the ORS application in **September 2018 (location, date, and time to be announced in the RFP)** for interested organizations.
How to Access the ORS Application: http://www.kingcounty.gov/depts/community-human-services/housing/funding-rfps

CAPITAL FUNDS

A REGIONAL COALITION FOR HOUSING (ARCH)

NOFA Release: July 19, 2018 (Tentative)
Applications Due: September 14, 2018 (Tentative)

Funding Available: It is anticipated that approximately $1.5 million will be available for affordable housing projects that meet any local priority, one of which is housing serving the homeless (see ARCH website for more details on local priorities). The local priorities are long term goals and in any given round a higher or lower percentage may be spent for any local priority, including homelessness. King County Housing Authority has an interest in leveraging an increase in the affordable housing opportunities on the Eastside by using its vouchers for project-based assistance. In the past King County Housing Authority has used the ARCH Trust Fund process to allocate vouchers to affordable projects that have received other public assistance, with an emphasis in recent years to housing serving formerly homeless.

Refer to ARCH application and funding guidelines at http://www.archhousing.org/developers/htf-application-form.html

Contact: Klaas Nijhuis – ARCH, (425) 861-3677; knijhuis@bellevuewa.gov

CAPITAL FUNDS

KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES - HOUSING AND COMMUNITY DEVELOPMENT HOUSING FINANCE PROGRAM (HFP)

HFP Request for Proposals release: July 19, 2018 (tentative)
Applications due: September 13, 2018

Funding Available: Subject to funding availability, approximately $19 million in capital funds will be available for affordable housing projects, prioritized for the production of housing for extremely low-income homeless household with incomes at or below 30% of the Area Median Income (AMI). Once funds have been allocated to projects serving the priority population described above, other projects will be considered, subject to the availability of funding that may be used to fund housing for households earning up to 60% AMI (rental projects) and 80% AMI (for homeownership projects or programs). The amount available in 2017 includes the following sources:

- Homeless Housing Act Document Recording Fee Surcharge for Homeless Housing (2331): Approximately $800,000
  These funds may be used for housing projects that that serve homeless households through a Housing First (low barrier) approach, including: homeless households with a low to moderate need for services in permanent housing; chronically homeless households with intensive service needs, and households at risk of homelessness.

- Regional Affordable Housing Program (RAHP): Approximately $2.4 Million
  These funds may be used for housing projects that will serve households with incomes at or below 50% AMI, including homeless households with various levels of service needs.

- Mental Illness and Drug Dependency (MIDD): Approximately $1.7 Million
  These funds may be used for housing projects that will serve extremely low-income households with mental illness and/or substance abuse issues.

- HOME Program funds: Approximately $2.25 Million
  These federal funds may be used for housing projects that serve low-, very low-, and extremely low-income households, including homeless households with various levels of service needs.

- Veterans, Seniors and Human Services Levy funds: Approximately $12 Million
  VSHSL includes funding for both housing capital and operating/rental subsidies and must be used for projects that serve the following populations:
  - Veterans: $5 M for projects that serve households with a member who has served as either an active duty or reservist member of the U.S. military or National Guard
  - Seniors: $6.2 M for projects that serve households with a member who is at least 55 years old
  - Vulnerable population: defined as households with a member who is re-entering the community after incarceration, institutionalization, or hospitalization

The Transit-Oriented Development (TOD) Bond funds are another source that will be made available through the Housing Finance Program's funding round in 2017. Unlike the funds above, projects that are funded with TOD Bond funds are expected to make annual interest-only payments to King County.

- Transit-Oriented Development (TOD) Bond:
  - Up to $4 Million -- for the All-County wide pool-- will be made available for agency-proposed TOD projects located within ½ mile of a high transit station serving households with incomes between 30% and 80% AMI in Seattle and in NE King County.
  - Up to $3M for the set-aside Seattle-Othello project intended in the TOD Bond Allocation Plan

How to access the HFP application: King County Department of Community and Human Services, including the Housing Finance Program, collects applications and relevant documents through the King County Procurement and Contract Services Section. Other than standard updates, the application materials are expected to be essentially the same as in previous years. The application and other essential information will be available on the Procurement website, with completed applications to be submitted to the Procurement office. Projects outside of Seattle seeking capital funding that require operating, rental, or services subsidies will need to submit application materials for ORS funding at the same time as the capital funding application. The instructions on ORS submittals will be detailed in HFP application materials. The Procurement website is: http://www.kingcounty.gov/operations/procurement

Contact: Quinnie Tan – King County HFP Manager, (206) 263-5873; quinnie.tan@kingcounty.gov

KING COUNTY HOUSING AUTHORITY (KCHA): KCHA will make available up to 50 Project-based Housing Choice Vouchers for projects making long-term commitments to serve homeless households with incomes at or below 30% of the Area Median Income. Priority for the vouchers will be given to those projects serving homeless veterans and their families using VASH vouchers and homeless families with high needs in properties located in high opportunity areas located in the North and/or East region of the County. Vouchers will be allocated to projects where the owners are also providing supportive services to highly vulnerable residents needing assistance with maintaining a stable residence and a satisfactory quality of life. The approximate five-year value of these vouchers is $2.5 million.

Bidders should note that projects requesting an award of Project-based voucher assistance will be required to meet all Project-based regulations at 24 CFR 983. This includes but is not limited to environmental review procedures, Davis Bacon wage rates (nine or more vouchers whether or not completed in stages), and subsidy layering review requirements. Bidders are encouraged to review the Project-based regulations on the HUD website for additional regulatory detail.

KCHA reserves the right to modify the total number and type (e.g. VASH, FUP vouchers) of Project-based vouchers awarded through this NOFA. KCHA reserves the right to modify the total number and type (e.g. VASH, FUP vouchers) of Project-based vouchers awarded through this NOFA based on voucher type availability and analysis validating local need.

Contact: Kristy Johnson – KCHA, (206) 574-1357; kristyj@kcha.org

CAPITAL FUNDS

CITY OF SEATTLE OFFICE OF HOUSING (OH)

OH NOFA Estimated Release Date: July 10, 2018
Applications Due: September 12, 2018

Funding Available: Approximately $40 million in capital funds, including 2016 Housing Levy funds, HOME and CDBG funds, Mandatory Housing Affordability funds and Incentive Zoning Bonus funds, is available for the acquisition, rehabilitation and new construction of affordable rental housing in the city of Seattle. See the Seattle Office of Housing NOFA announcement for further information on funding availability and competitive criteria. These funds serve a wide range of populations, which include seniors, disabled, low-wage working families and individuals, people with disabilities, youth and young adults, and people experiencing homelessness or at-risk of homelessness.

The 2016 Seattle Housing Levy includes the Operating & Maintenance (O&M) program with a 7-year goal to support at least 510 new units for 20 years. Funding is specifically for extremely low-income housing funded with 2016 Seattle Housing Levy capital funds. The program provides funding to fill the gap between project income and eligible operating and enhanced property management costs, with a maximum initial subsidy of $2,500 per unit per year. Lower initial O&M subsidy amounts in a proposal will allow for more O&M units. Subsidy awards have a maximum contract term of 20 years, subject to available funding and annual project reviews. This resource must serve households at 30% AMI and below, with a priority for homeless households. Projects serving other extremely low-income households will be considered.

How to Access the Application: http://www.seattle.gov/housing/development/MultifamilyNOFA.htm

Contact: Laurie Olson – OH, (206) 615-0995; laurie.olson@seattle.gov
Contact: Dan Foley – OH, (206) 684-0585; dan.foley@seattle.gov

Project-based Vouchers
for Projects funded with City of Seattle Capital Funds

Seattle Housing Authority (SHA)

SEATTLE HOUSING AUTHORITY (SHA): SHA has made available up to 300 Project-based Vouchers for projects that will make long-term commitments to serve households with incomes below 30 percent of area median, with priority for projects that provide supportive services to residents who need assistance to maintain a stable residence and satisfactory quality of life, especially those who are highly vulnerable. The approximate 5-year value of these vouchers is $2.86 million. Vouchers are restricted to projects funded with capital funds by the City of Seattle from the 2016 Seattle Housing Levy. This resource must serve households at 30% AMI and below, with a priority for homeless households. Projects serving extremely low-income, yet not homeless households will be considered. Projects seeking this resource must be within 12 months of Certificate of Occupancy.

If SHA receives a future award of Veterans Affairs Supportive Housing (VASH) Vouchers, projects applying for rental assistance under this NOFA could be considered for VASH project based vouchers in lieu of other rental subsidy. VASH vouchers are not restricted to projects funded with capital funds by the City of Seattle.

Contact: Cynthia West Setel – SHA, (206) 239-1616; cynthia.setel@seattlehousing.org

OTHER FUNDING OPPORTUNITY

HUD CONTINUUM OF CARE PROGRAM FUNDING

Formerly known as "McKinney Homeless Assistance Funds"

HUD Continuum of Care (CoC) Program funding is intended to help homeless households: (1) increase their housing stability; (2) increase their skills and/or income; and (3) obtain greater self-sufficiency. Locally, more than 70 projects are currently funded with CoC Program dollars. A single consolidated application covering all of King County is submitted to the U.S. Department of Housing and Urban Development (HUD) each year at a time determined by HUD. The exact date of the competition varies from year to year. **The 2018 effective deadline for the CoC's complete application to HUD is September 15, 2018.**

At the national level, for a number of years there has been a highly-competitive opportunity for "new" funding. The 2018 HUD NOFA includes a bonus opportunity for permanent supportive housing for chronically homeless persons, rapid rehousing or "Joint Component" Transitional-RRH. A number of new projects may come through reallocation of funding from existing CoC Program funded projects, as well as the bonus opportunity. Permanent Supportive Housing for Chronically Homeless households, Rapid Rehousing and Joint Component are the only allowable housing types for new projects.

Because of HUD's requirements for timely expenditure of funds, CoC Program dollars need to be among the last dollars into a project. Projects funded through this and previous combined funding rounds, as well as projects that are already substantially funded through other competitive community processes, will be best positioned for this funding.

In 2018 there is also a bonus for projects serving households that are survivors of domestic violence under HUD homeless category #4. A competitive process to identify the project(s) applications to be submitted will take place between late July and early August, 2018.

Contact: City of Seattle – Eileen Denham, (206) 684-0915; eileen.denham@seattle.gov
King County – Kate Speltz, (206) 263-9084; kate.speltz@kingcounty.gov

V. APPENDICES

Appendix 1: Key to New Available Resources

	Capital to Develop New Housing	*Rental Assistance*	*Operating Support*	*Supportive Services*	*Section 8 Vouchers and/or VASH Vouchers*
King County DCHS/CSD/ HCD, Homeless Housing Program		X	X	X	
City of Seattle – Office of Housing	X		X		
Seattle Housing Authority					X
King County Housing Authority					X
A Regional Coalition for Housing (ARCH)	X				X
King County DCHS/CSD/HCD, Housing Finance Program	X		X	X	

Appendix 2: Funder Application Information

Funding Type	Where is Project Located?	What Funds Will I Apply for?	What Application Do I Complete?	How Many Copies?	Where Do I Deliver the Applications?
Operating, Rental Assistance and Services Funding	King County	☐ King County DCHS/CSD/HCD Homeless Housing and Services Funds – Document Recording Fees, MIDD, VSHS Levy (subject to levy renewal and implementation plan) ☐ King County Housing Authority (Supportive Housing Vouchers)	Common Application for Operating Support, Rental Assistance and Supportive Services (ORS) ORS RFP location, and link to application in ZoomGrants: http://www.kingcounty.gov/depts/community-human-services/housing/funding-rfps	Details for the application submittal will be outlined in the ORS RFP Guidelines.	Application will only be received in ZoomGrants. Details will be included in ORS RFP Guidelines. HCD Program Contact: Anna Strahan; (206) 263-9239, Anna.Strahan@kingcounty.gov

Funding Type	Where is Project Located?	What Funds Will I Apply for?	What Application Do I Complete?	How Many Copies?	Where Do I Deliver the Applications?
Capital Funding	Seattle	☐ City of Seattle Office of Housing Capital	1. Common Application 2. HTF Supplemental 3. Seattle Supplemental (2016) Application location: http://www.seattle.gov/housing/development/MultifamilyNOFA.htm	1 original and 1 CD or 1 thumb drive that includes the complete set of Common Application, State Supplemental, and Seattle Supplemental questions in Word, Budget Workbook Forms in Excel and all attachments in pdf.	Attn: Laurie Olson Seattle Office of Housing 700 Fifth Ave, 57th floor Seattle, WA 98104 Laurie.Olson@seattle.gov
	King County – including Seattle	☐ King County HOME Program Capital; RAHP (260), MIDD, and 2331 Doc Recording Fee **Note: KC HOME funds are only available for projects outside Seattle** ☐ King County Operating Support, Rental Assistance, and Supportive Services funding, as eligible. ☐ King County Housing Authority (outside of the cities of Seattle and Renton) (Supportive Housing Vouchers)	1. Common Application 2. Housing Finance Program Supplemental Questionnaire Application location: http://www.kingcounty.gov/operations/procurement	1 signed original, 1 photocopy of the original with all attachments; and 1 electronic copy via USB flash drive or CD that includes the complete set of Common Application, Housing Finance Program Supplemental questions in Word, Budget Workbook Forms in Excel and all attachments in pdf form.	Sealed proposals are solicited and will be received only by: King County Procurement and Contract Services Section Chinook Building, 3rd Floor 401 Fifth Avenue Seattle, WA 98104 Office Hours: 8:00 a.m. – 5:00 p.m. HFP Contact: Quinnie Tan; (206) 263-5873; quinnie.tan@kingcounty.gov Please note that once the application is released, only procurement staff may respond to application inquiries.

	East King County – outside Seattle	☐ A Regional Coalition for Housing (ARCH) Capital	1. Common Application 2. Commerce and King County Supplemental Applications (submit these only if also applying to those sources) Application location: http://www.archhousing.org/HTF/	1 original and 1 CD or thumb drive that includes a complete copy of the Common Application and any Supplemental Applications if applying to other sources– No PDF's of the Common Application Forms please, however attachments may be PDF's.	Attn: Klaas Nijhuis ARCH 16225 N.E. 87th St, Suite A-3 Redmond, WA 98052 knijhuis@bellevuewa.gov

Appendix 3: Homeless Housing Definitions

A range of housing models and strategies are needed to address the diverse needs of people experiencing homelessness. While true, a common set of standardized definitions are required in order to promote a shared understanding of key terms countywide. It is expected that funding applicants adhere to the housing definitions here and be clear about the population they plan to serve, the housing model they will use, and how services will fit the needs of the project participants. ***Please note that these definitions are subject to change over time.***

Housing Types

a. Non-time limited or Permanent Housing

i. **Affordable Housing.** Non-time limited housing, also sometimes known as workforce housing, that is available to households with incomes less than 30%, 50%, 60, or 80% of area median income (AMI). Housing projects may receive tax credits or other incentives in exchange for agreeing to set aside a certain number of units in the development for households with total incomes less than a particular percentage of AMI. Households must meet income requirements to be eligible for the units. Affordable housing may or may not have a rental subsidy. If so, the tenant generally pays a portion of their monthly income towards rent and utilities, and the other portion of the rent is paid by the subsidy, up to a defined reasonable amount.

ii. **Permanent Housing with Supports (i.e. other permanent housing).** Non-time limited affordable housing for households experiencing homelessness with a high to medium level of service needs. The tenant holds a rental agreement, with individualized services offered in order for the homeless household to maintain housing stability. Programs and services are available on or off-site and may be through community-based partnerships and services are voluntary.

iii. **Permanent Supportive Housing.** Non-time limited affordable housing for a household that is homeless on entry, and has a condition or disability, such as mental illness, substance abuse, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability. Households need a long-term high level of services in order to meet the obligations of tenancy and maintain their housing. Tenant holds a rental agreement or lease and may continue tenancy as long as rent is paid and the tenant complies with the rental agreement or lease. Tenants have access to a flexible array of comprehensive services, mostly on site, such as medical and wellness, mental health, substance abuse, vocational/employment, and life skills. Services are available and encouraged but are not to be required as a condition of tenancy. There is ongoing communication and coordination between supportive service providers, property owners or managers, and/or housing subsidy programs. Permanent Supportive Housing may be facility-based or with scattered-site.

b. Permanent Housing with Time-limited Supports

i. **Rapid Re-Housing (RRH)**. RRH is a low-barrier, time-limited intervention connecting households experiencing homelessness to permanent housing through a tailored package of assistance. RRH includes three core components: 1) Housing Identification. 2) Move-in and Rental Assistance, and 3) Housing-Focused Case Management Services and Supports. Housing-focused case management is provided, with an emphasis on immediate efforts to obtain housing, utilizing the minimum assistance needed to resolve each household's immediate housing crisis. Once a household moves into permanent housing (tenant holds the lease), rental assistance may be provided, utilizing a progressive engagement approach to provide the appropriate level of assistance, starting with the least amount necessary to stabilize housing. Frequent re-assessment will be used to establish continued eligibility and amount of continued rental subsidy. The services are time-limited and the household does not have to leave the housing when services end. RRH staff work with each household to identify and access supports including family and friend networks, and refer households to other resources in the community (mainstream services, benefit services, food assistance programs, childcare resources, etc.) to support on-going household and housing stability.

c. Time-limited Housing

i. **Emergency Shelter.** Emergency Shelter is defined as temporary shelter from the elements and unsafe streets for individuals and families experiencing homelessness. Shelter programs are either fixed capacity (facility-based) or flexible capacity (for example, hotel/motel vouchers). Emergency shelters typically address the basic health, food, clothing, and personal hygiene needs of the households that they serve and provide information and referrals about supportive services and housing. Emergency Shelters are indoors, and range from mats on the floor in a common space to beds in individual units. Some shelters are overnight only, while others operate 24/7.

ii. **Transitional Housing.** A time-limited intervention intended to provide assistance to households experiencing homelessness who need more intensive or deeper levels of support services to attain permanent housing. Emphasis is still placed on rapid exit to permanent housing, but lengths of stay are flexible and tailored to the unique needs of each household. Services continue to emphasize housing attainment through a housing-focused assessment and housing stability planning, which includes working with each household to identify resources in the community, to make referrals as needed, and to support on-going family and housing stability. All services are person-centered and tailored to the individual needs of each household. Transitional housing comes in a variety of facility-types, from congregate-style living to scattered site apartments.

Populations

a. Chronically Homeless - HUD Definition. Chronically homeless as defined by HUD, and reflected in (24 CFR 578.3), is an unaccompanied homeless individual or adult in a family household with a disabling condition who has either been continuously homeless for a year or more OR an unaccompanied homeless individual who has had at least four (4) episodes of homelessness in the past three (3) years. A disabling condition is defined as: (1) A disability as defined in section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder. The term "homeless" in this case means a person sleeping in a place not meant for human habitation (for example, living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in this definition, including a family whose composition has fluctuated while the head of household has been homeless, is also considered chronically homeless.

Permanent Supportive Housing for Chronically Homeless is PSH (as defined in paragraph 3.2.3 above) that serves individuals or households with an adult head of household that meet the definition of chronically homeless from 24 CFR 578.3, as follows:

(i) A homeless individual with a disability; who:
(ii) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
(iii) Has been homeless and living as described in paragraph (ii) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (ii). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living as described in paragraph (ii) immediately before entering the institutional care facility.

b. High Needs Household: Households are considered high needs if they have a high need for intensive therapeutic support and access to behavioral health supports in order to obtain and remain in housing. High needs households are prioritized based on the Coordinated Entry for All triage tool as CEA Band: High (3).

c. High-Utilizer. Those persons diagnosed with mental illness and/or chemical dependency who are frequent users of emergency medical services, hospitals and/or the criminal justice system.

d. Homeless – from HUD Continuum of Care Definition [24 CFR 578.3]: A homeless person or household is someone who is literally homeless, or fleeing or attempting to flee a domestic violence situation. These categories are further defined below.

1. Category 1, Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

    a. Has a primary nighttime residence that is a public or private place not meant for human habitation;

    b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

    c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. Category 4, Fleeing or Attempting to Flee a Domestic Violence Situation: Any individual or family who:

    a. Is fleeing, or is attempting to flee, domestic violence;

    b. Has no other residence; and

    c. Lacks the resources or support networks to obtain other permanent housing.

e. Homeless Family. One or more homeless adults over the age of 18, in combination with other adult or children family members, who cohabitate.

f. Homeless Older Adult. A homeless person aged 62 or over. Programs serving this population may be eligible for specific funding sources and/or may develop programming specific to the needs of this age group.

g. Homeless Young Adult. Homeless persons ages 18 through 24.

h. Homeless Youth. Homeless persons under age 18.

i. Long-Term Homeless. This term includes all people who have been homeless for extended periods of time or repeatedly over long periods of time as evidenced by stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the HUD definition of chronically homeless, such as families, youth, partnered homeless people, and those who do not have a documented disability.

j. Person with a Disability - Social Security Definition. A person who is determined to: 1) have a physical, mental or emotional impairment that is expected to be of continued and indefinite

duration, substantially impedes his or her ability to live independently, and of such a nature that the ability could be improved by more suitable housing conditions; or 2) have a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act.

k. **Person Experiencing Substance Use Issues.** A person who has problems resulting from a pattern of using substances such as alcohol and drugs. Problems can include a failure to fulfill major responsibilities and/or using substances in spite of physical, legal, social, and interpersonal problems and risks.

l. **Person Experiencing a Mental Illness.** A person with a mental illness is someone who has a psychiatric disorder that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others.

m. **Veteran.** Under the Veterans and Human Services Levy, "Veterans" mean those persons who have served in any branch of the military, including the National Guard and reservists for any branch of the military. Projects funded under the Veterans, Seniors, and Human Services Levy (if renewed) are subject to this definition or as amended in the levy renewal and implementation plan.

Supportive Services

Supportive services include a wide range of direct client services and assistance to people throughout the homeless housing continuum. Services may include such things as outreach and engagement, case management, information and referral, treatment, healthcare, employment, and housing search and stabilization.

a. **Assessment and Re-assessment:** Assessment and re-assessment of each household's housing needs are used to facilitate planning with the goal of obtaining or maintaining housing stability. Assessments and re-assessments are also used to establish continued eligibility and amount of continued service and subsidy based on the program model.

b. **Basic Services**. Limited services to help someone connect to needed community resources; information and referral. Services might also include limited financial assistance like bus tickets, food, and utility assistance.

c. **Behavioral Health**: is a term that covers the full range of mental and emotional well-being – from day-to-day challenges of life, to the treatment of mental illnesses, substance use disorders and other addictive behaviors.

d. **Case Management - Comprehensive.** Individually-tailored services to address barriers to housing stability that are provided in a client's home, an office, or other location as described in a mutually agreed-upon plan of action. Case Management Services may include, but are not limited to: client engagement, linkages to housing and housing advocacy, building relationships with landlords, assisting clients with housing applications, assessment of client strengths and obstacles, safety planning and assessment, individualized goal planning, linkages with

community supports including behavioral health services, care coordination with other service providers, life skills-building, assistance applying for public benefits, connections with employment and training opportunities, job coaching, assistance with social support and enhancing social networks, assistance documenting eligibility for housing subsidy (including services to individuals who may not in the end be admitted to the program), documentation of client progress in case notes and database, and a variety of other supports.

e. **Case Management – Housing Focused.** Case management that focuses on immediate efforts to address housing attainment, utilizing the minimum assistance needed to address each household's immediate housing crisis. Staff works with each household to identify and refer households to other resources in the community (mainstream services, benefit services, food assistance programs, childcare resources, etc.) to support on-going housing stability. Services are generally light-touch, housing-focused and person–centered; but can be increased through progressive engagement if more services are necessary to help households stabilize in housing.

f. **Client Assistance.** Short-term or one time financial assistance paid for costs related to support housing stability and/ or the housing stability plan.

g. **Culturally Competent Services.** Cultural competency within an organization and the services that it provides includes a defined set of values and principles, and demonstrated behaviors, attitudes, policies and structures that enable the organization to work effectively in cross-cultural situations. With the understanding of the importance of racial equity and cultural competency in service delivery and outcomes, the three following components must exist:

    1. Accessibility: the agency evaluates and modifies the way in which its services are accessible (language, location, delivery style) to populations whose modes of engagement are different from the majority population.

    2. Relevance: the agency identifies specific culturally-based needs of populations and modifies the services delivered in order to meet those needs, including acquiring and institutionalizing cultural knowledge.

    3. Commitment: the agency periodically conducts a self-assessment and reviews its cultural competency, including obtaining input from client and non-client culturally diverse populations and key stakeholders and uses this feedback in policy making, agency administration, and service delivery.

h. **Enhanced Property Management/ Front Desk Enhancement**. Property management activities that are included in order to make the housing program effective for a special population. An example is the additional staffing required to operate a 24-hour front desk, a feature that is not necessary in a conventional apartment building but may be required to ensure tenant and staff safety in a building serving chronically homeless individuals disabled by mental illness or chemical addiction.

i. **Employment Services.** Services that help link clients to employment opportunities in the community through skill building, job training, job readiness classes, assistance with resume writing, employment search, supported employment, and direct connections and referrals to jobs and/ or job programs.

j. **Fair and Just Practices.** Agency policies, practices, attitudes, services, and systems that promote fairness and opportunity for all people, particularly marginalized communities, including people of color, low-income communities, people with limited English proficiency, immigrants and refugees, individuals with disabilities and LGBTQ individuals. This includes programs that engage all communities in a manner that fosters trust among people and supports efforts to develop solutions on individual, organizational and community levels.

k. **Health Care Services.** Medical and health related services that may include health screening, health education and illness prevention, testing, and treatment.

l. **Housing Location**. Activities related to engaging with and recruiting landlords, property management companies and housing developers to increase access to permanent housing for homeless and other vulnerable individuals and families. A variety of incentives and supports are available to participating landlords and property managers who agree to reduce screening criteria for households with barriers to permanent housing.

m. **Housing Navigation.** Assistance during the process of securing housing from housing referral to "lease up". Activities include assisting in documentation gathering, meeting transportation needs and addressing any challenges that may arise in the housing process at the time of referral.

n. **Housing Stability Plan - Comprehensive.** A plan created with the program participant(s), as part of the housing support services, to address a variety of issues related to a household's ability to maintain and improve their housing situation. The plan defines the services requested by the household, how these services will be delivered, and how progress is measured. It can include strategies for addressing basic and clinical care needs, developing positive social support networks, and assessing needs and gaps in current supportive services.

o. **Housing Stability Plan - Housing Focused**. An individualized housing and service plan that is housing-focused and client-driven. Housing stability plans are individualized based on housing needs as identified by each household, and are used to facilitate housing focused case management with the goal of obtaining or maintaining housing stability. Services should be voluntary and build on the strengths and resources of each household, respecting their autonomy.

p. **Linkage Services.** Provide clients with contact information and referrals to housing and needed services and resources in the community. The responsibility for following up on these referrals typically lies with the client, unless they are unable to on their own.

q. **Outreach Services.** Engagement with people who are not currently connected to community resources. Outreach services specifically target populations and/or geographic areas in order to identify and connect people to services and/or housing.

r. **Resident Services.** Property-based services that coordinate on-site activities and primarily provide information and referral to assist households in accessing services offered by third-party providers. Resident services promote personal and community asset building, such as After-school programs; Employment programs; Adult Education programs; Child Care; Community Safety, and Resident Leadership and may be available through referral and/or on site with at least one staff to coordinate and deliver services. Classes and activities based on residents' needs may be offered on site. Activities and services may include such things as after-school youth recreation and tutoring, ESL, parenting, nutrition and financial literacy classes, employment services, adult education and community building and engagement and eviction prevention.

s. **Treatment Services.** Therapeutic health, mental health, or substance abuse services that are provided by a licensed person/agency to a client. Services are geared towards the individual needs of the client and may be provided in housing, a treatment facility, or in a community health/mental health care setting.

Strategies and Service-Delivery Models

a. **Assertive Community Treatment (ACT).** ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance use, and vocational rehabilitation. (This definition is excerpted from the National Alliance for the Mentally Ill, www.nami.org).

b. **Behavioral Health Organization (BHO)**: The BHO shall be responsible for policy direction and the financial management of the publicly funded behavioral health system in King County. The BHO shall oversee publicly funded inpatient and outpatient mental health, substance use, and co-occurring disorder treatment for eligible individuals and shall manage the King County Behavioral Health Plan (KCBHP) for King County under contract with the State of Washington Department of Social and Health Services. The KC BHO shall carefully define the benefits and limits of the behavioral health system.

c. **Critical Time Intervention (CTI)**: Critical Time Intervention (CTI) is a cost-effective, evidence-based practice designed to prevent recurrent homelessness, recidivism, and other adverse out

comes during the period following placement into the community from shelters, hospitals and other institutions. This time-limited intervention is delivered in three phases, each usually lasting three months. Each phase decreases in service intensity and results with the intervention ensuring the participant is linked to the appropriate community services to ensure housing and life stability.

d. **Diversion.** A flexible short-term intervention that assists households experiencing homelessness with innovative solutions to overcome their housing crisis and avoid entering the shelter system whenever possible, moving families quickly from homelessness to housing.

e. **Familiar Faces Strategy**. This strategy promotes system coordination for individuals who are high utilizers of jail (defined as having been booked four or more times in a twelve-month period) and who experience a mental health and/or substance use condition.

f. **Moving-On or Move-up Strategy.** A strategy where households of permanent supportive housing with intensive services, who no longer need high-intensity services in order to maintain housing and who want greater independence, may be provided with the option (and often assistance) to move into affordable housing with less service supports. The households may be supported throughout the shift to new housing and provided services on an as needed basis. The move-on strategy facilitates the movement to less service-intensive housing thereby freeing up a new permanent supportive housing unit for a new homeless household with intensive support needs. This strategy may also be used to transition households who are accessing permanent housing with supports to housing that has minimal to no services attached.

g. **Harm Reduction.** Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal, and does not condone or condemn drug use. Staff working in a harm reduction setting work in partnership with tenants, and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance use. The harm reduction model has also been successfully broadened to reducing harms related to health and wellness as well as many other issues.

h. **Housing First.** Housing first is an approach designed to return people experiencing homelessness to housing as quickly as possible without a “housing readiness” test, or other conditions to entering housing. Programs in a housing first homeless system empower homeless people to overcome barriers to obtaining housing. Support services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability. A housing first system does not require that households spend time in a shelter or graduate from a transitional housing program in order to receive permanent supportive housing, although many households will

enter housing from a shelter. In order to achieve a housing first system orientation, homeless housing units in the system must reduce screening barriers and screen in homeless households, many of whom may have barriers that traditionally make it more difficult for them to rent in the private market. All housing types may incorporate a housing first approach. *USICH Housing First Checklist*

i. **Medicaid Permanent Supportive Housing Services Benefit.** A benefit is now available to cover 'Foundational Community Supports' (i.e., tenancy supports and housing case management) for Medicaid eligible individuals with a medical necessity who meet one or more of four defined risk factors. . All qualifying agencies and programs are expected to leverage the resource, where eligible.

j. **Progressive Engagement.** A service delivery approach and homeless system orientation that entails: individualized services that are responsive to the needs of each household; an initial assessment and services address the immediate housing crisis with the minimal services needed; frequent re-assessment determines the need for additional services; services that are voluntary and build on the strengths and resources of each household; households exited to permanent housing as soon as possible; and the ability to access assistance if a household faces homelessness again.

k. **Recovery-Based Housing.** A housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence. *Recovery Housing* might not be in conflict with *Housing First*, a system-wide approach that removes barriers whenever possible and that addresses the housing needs of people at all stages of recovery, so long as entry into the program is based on the choice of the program participant.

l. **Recovery-Based Services**. Recovery-based services in supportive housing emphasize the strengths of a person to recover and discover opportunities to increase household income and financial stability. Recovery services also assist a person/household to establish supports and to make the move out of supportive housing when they are ready.

m. **Targeted Prevention.** Utilizes targeted assessment based on a variety of household risk factors to prioritize households at imminent risk of homelessness in order to retain and improve housing stability. Services are time-limited (typically less than 90 days) and may include rent (or other housing related financial) assistance, housing-focused stabilization services, and other needed supports.

At Imminent Risk of Homelessness: from HUD Continuum of Care Definition [24 CFR 578.3]:

Category 2, Imminently at Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that:

a. Residence will be lost within 14 days of the date of application for homeless assistance;

b. No subsequent residence has been identified; and

c. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

n. Trauma-Informed Care. Trauma-Informed Care is an approach to working with people that understands, recognizes and responds to the impacts of trauma. No one is immune to the impact of trauma, but it is certainly experienced by people facing homelessness. Often, trauma survivors can be re-traumatized by well-meaning providers. Becoming 'trauma-informed' recognizes that people experience many different types of trauma in their lives and their responses vary. By orienting our organizations, environments, services, and day-to-day interactions around the impacts of trauma, we create a safe and healing space for everyone.

o. Voluntary Services. Flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants (one's housing is not dependent on participation in services), such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management. While services are not a condition of tenancy, providers may employ motivational interviewing and other techniques to engage clients in services.

Capital for Housing

Funding pays for the costs to develop housing. These costs may include construction, rehabilitation, acquisition and other associated development costs, such as capitalized reserves.

Operating Support

Funding pays for costs to operate housing. These costs may include maintenance, utilities, front desk staff, etc.

Rental Assistance/Housing Choice Vouchers

Subsidy paid to a Landlord on behalf of a specific tenant to pay for a portion of the tenant's rent. Generally, the tenant pays 30% of their monthly income toward rent and utilities, and the subsidy provider pays the remainder up to a reasonable amount. If the client has zero income, rental assistance may pay the entire rent amount to the landlord.

a. Agency-based Vouchers or Tenant-based Housing Choice Voucher Set-asides. The Housing Authority signs a referral agreement with a service provider/agency. The agency may refer a specific number of applicants to the housing authority for whom the agency will provide services. The applicants receive tenant-based Housing Choice Vouchers and select where they choose to live in the private market. The Housing Authority then signs a Housing Assistance

Payment (HAP) contract with the private owner, but only for the duration that the voucher holder is in residence.

b. **Project-based Assistance.** The Housing Authority contracts with a housing owner. The subsidy is directly attached to a specific number of units in the owner's development. The initial term of the contract will be negotiated with the individual housing authority awarding the Project-based Assistance. Contracts may be renewed after expiration of the initial term at the sole discretion of the housing authority. In cases where the owner is different than the service provider, the owner will be required to have an MOU with a service provider and to ensure that tenants are provided access to services to help them maintain their housing.

c. **Sponsor-based Assistance.** Under this model the Housing Authority contracts directly with a service provider. The service provider master leases units from one or more housing owners. The provider subleases these units to tenants and provides them with services. The Housing Authority funds the provider for the difference between the master lease rent and the tenant rent. This model provides the equivalent rental assistance to the Section 8 voucher program, but does so under the housing authority's "Moving to Work" authority.

Coordinated Entry for All Coordinated Entry for All and System Access

The purpose of Coordinated Entry for All (CEA) is to ensure that all people experiencing homelessness have fair and equal access to housing. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of standardized tools and practices, CEA aims to incorporate the principles of a system-wide housing first approach and prioritize those with the highest service needs. King County is in the process of shifting CEA to have a dynamic prioritization process that uses prioritization criteria (i.e., assessment result, unsheltered status, length of time homeless) to identify the most vulnerable (through a case conferencing process) based on the number of anticipated housing placements across all resources that will occur in the next 60 days. As a result of these upcoming changes we anticipate several changes to come over the next year.

a. **Decentralized Assessment Model**. Seattle-King County operates a decentralized model for Coordinated Entry for All which means that there are multiple ways to access the CEA Housing Triage Tool such as walk-in, street outreach, scheduled appointments, institutions, and events. A diverse range of staff, known as Housing Assessors, are trained to administer the tool.

b. **Regional Access Points**. Often referred to as HUBs, Regional Access Points are designated access centers throughout King County where individuals and families that are experiencing homeless can complete a CEA Housing Triage Tool by walk-in or scheduling an appointment. Regional Access Points provide a clear location to direct people to that are in need of homeless housing resources.

c. **Housing Assessors**. Housing Assessors are staff from the Regional Access Points, and also selected community based organizations or programs. All Housing Assessors are the initial

contact for CEA, administer the CEA Housing Triage Tool with individuals in need of housing, and enter assessment data in HMIS.

d. Housing Navigators. Housing Navigators are designated staff from community agencies and assist in navigating the process of securing housing from housing referral to "lease up". Navigation duties include assisting in documentation gathering, transportation needs and addressing any challenges that may arise in the housing process at the time of referral.

e. CEA Housing Triage Tool. In a coordinated system, each system entry point ("front door") uses a standardized assessment tool and makes decisions on which programs individuals and families experiencing homelessness are referred to, based on an understanding of each program's specific requirements, target population, and available beds and services. The Seattle / King County Continuum of Care (CoC) will use the VI-SPDAT with a limited number of additional questions as the CEA Housing Triage Tool.

f. Case Conferencing ensures that the outcomes of the Housing Triage Tool more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors. In addition, it provides an opportunity to partner with agency staff that have direct daily contact with people experiencing homelessness.

g. Prioritization based on a Banding Order. King County implements prioritization using a 'Banding Order' approach with the use of the CEA Triage Tool (VI-SPDAT). Using Banding Order, individuals' CEA Triage Tool scores are associated with a band of housing resources ("High", "Medium", or "Low"). Individuals are then prioritized for housing referrals based on their CEA Triage Tool score within a particular band. If multiple resources identified for individuals in the band are available, individuals are given options within their choices in the band.

CEA Band	Family VI-SPDAT	TAY VI-SPDAT (for young adults)	VI-SPDAT (for single adults)	Housing Type/Rationale
High	11-22	8-17	8-17	Permanent-Supportive Housing (PSH)
				Other Permanent Housing with case management and access to behavioral health.
				Rapid Rehousing
				Transitional Housing Programs with case management and access to behavioral health supports. *For young adult housing programs this includes 24/7 staffing*
Medium	4-10	4-7	4-7	Transitional Housing with limited staffing and no on site case management or behavior health supports. May include scattered site programs.
				Permanent Housing (not PSH) Rental assistance and case management
				Rapid Rehousing
Low	0-3	0-3	0-3	No long-term housing intervention (emergency shelter)
				Diversion

System Performance Measures and HMIS

h. System Performance Measures. System Performance Measures are designed to help our community improve services to people experiencing homelessness by providing accurate information on the extent and nature of homelessness in our community and by accounting for our success in helping people move out of homelessness. Improved System Performance is critical to meeting the homeless crisis and to the Seattle/King County Continuum of Care's success. Details are available at: http://allhomekc.org/system-performance/

i. Homeless Management Information System (HMIS). HMIS is a data system that stores information about homeless services. The purpose is of HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders, such as the U.S. Department of Housing and Urban Development HUD.

j. Bitfocus. Bitfocus, Inc. is the Homeless Management Information System (HMIS) vendor for King County, and uses Clarity Human Services software. The CEA system operates within the HMIS. Bitfocus' responsibilities include data quality and technical support. Additional information is available from Bitfocus' local website (http://kingcounty.hmis.cc/).