

2025 Health Through Housing Annual Report

June 2026



King County

Summary

King County's Health Through Housing (HTH) initiative is an innovative, regional approach that accelerates the County's ability to address chronic homelessness. HTH is focused on creating and operating affordable housing with services, referred to as supportive housing, for households in King County that are at risk of or experiencing chronic homelessness.¹ The HTH initiative is also designed to reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County.^{2, 3, 4}

HTH's 2025 activities reflect a continued focus on rehabilitating and opening buildings, bringing people inside, and connecting residents with supports. Since its inception, HTH has secured 1,423 housing units, of which 1,054 units were open across 14 sites as of the end of 2025. HTH opened three sites to residents in 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House). It also opened newly renovated units at Haven Heights in Honor of Bruce Thomas in accordance with its phased opening approach. Lastly, HTH finished major construction work at its Kirkland site, Sheila Stanton Place, which started moving in residents in January 2026. Of these newly opened buildings, the Kirkland and Federal Way sites each represent one of the first PSH buildings to open in their respective cities, illustrating the initiative's success using a regional approach to reduce chronic homelessness.

2025 highlights include:

- HTH made significant progress renovating and opening new emergency housing (EH) and Permanent Supportive Housing units (PSH), with 1,054 homes open across 14 sites at the end of 2025, including 109 units that opened for occupancy in 2025.
- HTH continued providing a broad range of services and supports to residents, with almost all 1,380 HTH residents served in 2025 having access to at least one type of onsite health service.
- HTH made progress addressing racial and ethnic disproportionality among the homeless population, including opening three sites that are operated by organizations run by and for BIPOC communities.
- HTH achieved positive health outcomes for residents, including reducing reliance on costly emergency healthcare services. After two years, HTH residents' total number of inpatient hospital stays decreased by 41 percent, and their total number of emergency department visits dropped by 39 percent.
- HTH achieved positive housing stability outcomes among its PSH residents, with 93 percent of PSH residents maintaining their housing or moving to another permanent housing destination.
- HTH residents experienced reduced engagement with the criminal legal system, with residents experiencing a 24 percent decrease in jail bookings two years after enrollment.

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- HTH achieved continued success housing individuals with ties to the city in which their HTH building is located, with 98 percent of HTH residents reporting existing ties to the communities where they reside at move in.
- HTH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent, with some buildings having over 100 percent occupancy rates and others lower due to closures for maintenance, resident turnover, or opening units midyear.
- HTH provided increased capacity building and technical assistance to its housing operators through monthly Community of Practice sessions and individual consultations with operators.

Background

King County’s Health Through Housing initiative (HTH) is focused on creating and sustaining affordable, supportive housing for those in King County experiencing or at risk of chronic homelessness.⁵ The initiative takes a regional approach to both accelerate King County’s ability to reduce chronic homelessness countywide and dismantle the racial and ethnic disproportionality prevalent among the homeless population in King County.⁶ See Appendix D for more information on the historical context of the HTH initiative.

HTH focuses on expanding the supply of both emergency housing (EH) and permanent supportive housing (PSH) and operating the homes it creates consistent with the Housing First model.^{7,8,9,,10} After four full years of operation, the HTH initiative has ended homelessness for over 1,400 King County residents, improved the health and wellbeing of residents, and reduced the use of local emergency departments, hospitals, and jails – creating additional cost savings for the County. Recent analysis by DCHS shows that after two years of living in a HTH unit, residents’ total number of inpatient hospital care stays decreases by 41 percent, their total number of emergency department visits drops by 39 percent, and residents experience a 24 percent decrease in jail bookings.

From 2020 to 2025, HTH secured 17 sites containing 1,423 units for use as PSH and EH across seven cities.¹¹ In addition to 11 County-owned buildings where HTH funds the cost of development and operations, the sites include six “operations-only” buildings for which HTH funds the cost of operations. HTH opened 14 of its 17 sites as of December 2025 and finished construction on its 15th site in January 2026.

Since 2020, HTH has opened buildings more quickly than traditionally funded projects, highlighting the strength of the HTH model of housing development. Even as the HTH initiative proceeds quicker than other emergency and supportive housing developments, it has faced challenges securing and opening all 1,600 units envisioned in the Plan. Work has progressed slower than initially projected due to extensive permitting, construction, and community engagement

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timelines, staffing limitations, funding constraints, escalating costs, and poor building conditions. For example, across HTH sites, navigating jurisdictional approval has extended the time necessary to open HTH buildings. For example, in Federal Way, HTH purchased the building in 2021, but it did not formally open until 2025. On average, it takes HTH nearly a year to compile all the documentation required for a permit application and receive city approval.

Report Requirements

This annual report summarizes the activities of the HTH initiative through the end of 2025 and fulfills the reporting requirements in KCC 2A.300.200.A. Specifically, this document includes summaries of the accomplishments and effectiveness of the expenditure of HTH sales tax proceeds in 2025 as well as financial information including, but not limited to, the allocation of proceeds by jurisdiction.¹²

This report also summarizes the significant additional annual data reporting provided by HTH's 2025 online dashboard, as called for by the Health Through Housing Implementation Plan as adopted by Ordinance 19366.^{13, 14, 15} Finally, this report provides information about the Frank Chopp Health Through Housing Advisory Committee and confirms that the Committee has certified that the online dashboard is current and updated with 2025 data and ready for review, as directed by the Plan.^{16, 17} Appendix A of this report shows legislative and Plan language that sets out reporting elements and provides both the location of summary information in this report and tabs of the HTH dashboard that contain further information and opportunities to explore data. Appendix E of this report describes the HTH initiative's legislative history and initiative's goals.

A. Performance Overview: Accomplishments and Effectiveness in 2025

The HTH initiative transformed an emergency response strategy to the COVID-19 pandemic into an innovative, long-term effort to significantly address the region's homelessness crisis. By acquiring and repurposing hotels and apartments throughout the County and providing vital operations funding to providers, HTH has increased housing capacity for residents who are experiencing or at risk of chronic homelessness. In 2025, HTH ended the year with 1,423 housing units secured, of which 1,054 units were open across 14 sites.¹⁸ See Appendix F for more information on the HTH buildings that opened in 2025.

2025 Highlights

HTH's 2025 activities reflect a continued focus on rehabilitating and opening buildings, bringing people inside, and connecting residents with health care and other supports. HTH opened three sites to residents in 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House). It also opened newly renovated units at Haven Heights in Honor of Bruce Thomas in accordance with its phased opening approach.¹⁹ Lastly, HTH finished major construction work at its Kirkland site,

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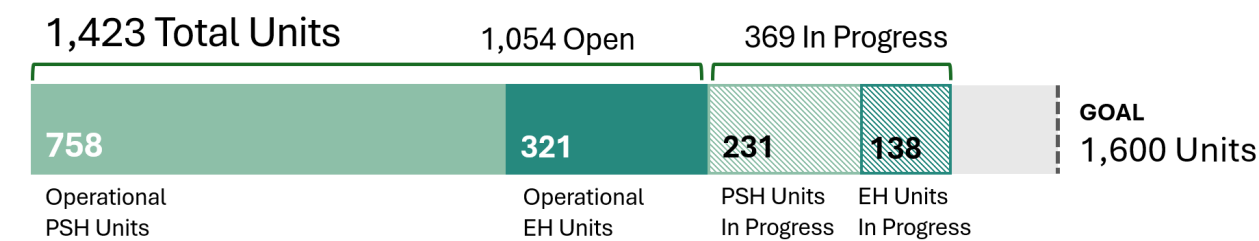
Sheila Stanton Place, which started moving in residents in January 2026. Of these newly opened buildings, the Kirkland and Federal Way sites each represent one of the first PSH buildings to open in their respective cities. The progress made in the last year illustrates the initiative’s success using a regional approach to reduce chronic homelessness.

The following subsections describe the initiative’s 2025 activities in depth and provide performance data at the program and population level.

Number of Secured and Open Housing Units by Year-End 2025

HTH has made significant progress developing and opening new EH and PSH units. As shown in Figure 1, the initiative had 1,423 housing units secured, of which 1,054 were open by the end of 2025 (compared to 954 open at the end of 2024).²⁰ In 2025, HTH opened 109 new units for occupancy across four buildings, including 32 at Sweetgrass Flats, 18 at The Booker House, 32 at Sharyn Grayson House, and 27 at Haven Heights in Honor of Bruce Thomas. In 2025, HTH also finished major construction work at its Kirkland site, Sheila Stanton Place, which started moving in residents during January 2026.

Figure 1: Cumulative Number of HTH Housing Units, 2025²¹



As of December 2025, HTH had opened 14 of the 17 buildings secured by the initiative. Of these 14 sites, three are undergoing phased openings (Haven Heights in Honor of Bruce Thomas, Sweetgrass Flats, and The Booker House) and, accordingly, collectively contain 178 unopened units as of December 2025. The 15th site, Sheila Stanton Place, which contains 101 units, opened in January 2026. The remaining 90 unopened units are located at The Bob G. and the Argyle.

As of the drafting of this report, the Executive is in the process of selling the Bob G. Originally named the Inn at Queen Anne, the Bob G. was a critical component of King County’s response to the COVID-19 pandemic, having been originally leased as part of shelter deintensification efforts. The HTH initiative purchased this 80-unit building in May 2021. After acquisition, building

deficiencies were identified that had not been evident in the original property condition report.^{22,23} A 2024 analysis by FMD indicated that addressing these deficiencies would cost at least \$19 million. In early 2026, HTH staff met with a representative of the Seattle City Council, and they were not aware of any Seattle funding source that could support redevelopment. Given the condition of the building, the Executive determined it would be more cost-effective to transfer the building to another owner rather than conduct a major renovation of the building.

King County has also faced challenges with the Argyle, a 10-unit building located in downtown Seattle. Because of the building's small size, it has been challenging to identify an operator who can cost effectively provide 24/7 services to such a small number of residents. Further, in 2025, HTH identified a large crack in the basement foundation that makes the building unsafe for habitation without expensive repairs. In addition, Sound Transit is now considering locating the future Midtown light rail station along 4th Avenue, where the Argyle is located.²⁴ Given the structural issues with the building, its small size, and the uncertainty around Sound Transit's plans for this and adjacent properties, the building is not a suitable option for investing in the conversion to PSH.

While HTH has not yet reached its paramount goal of securing and opening 1,600 units, financial conditions have changed dramatically since the Plan's adoption, creating new barriers to expanding the HTH portfolio.²⁵ Recent economic changes have significantly impacted both the cost of acquiring new properties and the cost of renovating and maintaining existing HTH buildings. Additionally, emerging shifts in global trade policy and tariff measures create significant uncertainty regarding future construction costs, and are expected to reduce HTH sales tax revenue. Over the last year, King County Office of Economic and Financial Analysis (OEFA) projections of the amount of tax revenue that the HTH initiative will generate through 2028 have fluctuated significantly due to this uncertainty.²⁶

Additionally, in 2025, the King County Facilities Management Division (FMD) determined that many of its acquired HTH buildings required significant, unexpected, and costly repair work.²⁷ For instance, over the course of 2025, FMD identified five HTH sites where the building envelope had failed and water intrusion had occurred. In total, across the HTH portfolio, FMD discovered more than \$6.9 million in unexpected capital costs in 2025, with additional unforeseen capital costs expected in 2026.

- At Haven Heights, FMD identified over \$1,000,000 in unanticipated costs, including nearly \$540,000 for a total plumbing replacement due to the presence of deteriorating CPVC pipe.
- At Sharyn Grayson House, FMD identified over \$540,000 in unanticipated costs, including nearly \$300,000 in exterior envelope repairs.
- At Sheila Stanton Place, FMD identified over \$2,600,000 in unanticipated costs, including over \$600,000 in electrical repairs and over \$700,000 for site and fencing revisions.
- At the Booker House, FMD identified over \$880,000 in unanticipated costs, including over \$184,000 in floor prep costs.

- At Sidney Wilson House, FMD identified over \$1,800,000 in unanticipated costs, including nearly \$306,000 to replace the roof.

Because HTH is facing both higher-than-expected costs and significant uncertainty regarding future revenue, DCHS has paused efforts to secure additional HTH units. This adjustment reflects DCHS' efforts to prudently manage HTH's limited resources not only to create new housing units, but also to operate those units on an ongoing basis with housing-related services, consistent with the initiative's paramount goal as articulated in Ordinance 19236 and the Plan. The significant increase in construction costs and uncertainty regarding future revenue have made it unclear whether or when the HTH sales tax will raise sufficient revenue to cover the long-term costs of maintaining 1,600 units.²⁸ Further, the increases in rehabilitation costs, interest costs, and real estate costs mean that HTH would have to pay significantly more to acquire, rehabilitate, and open new buildings purchased under current economic conditions.

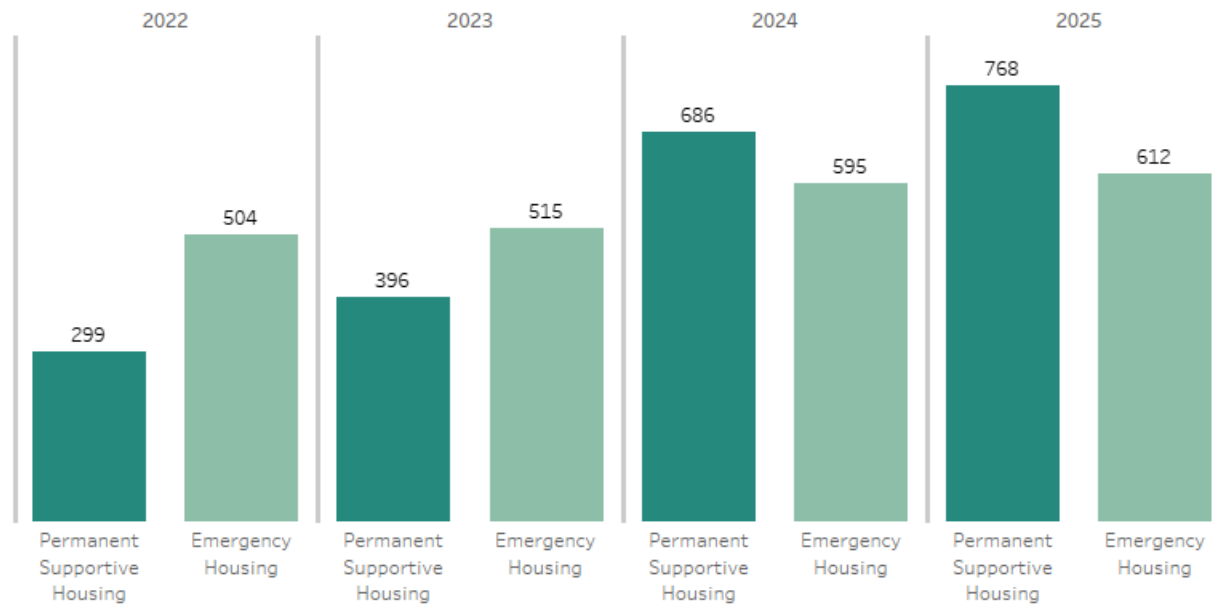
DCHS intends to continue to closely monitor these trends and will secure additional units once financial conditions permit. If financial conditions shift, HTH plans to secure additional operations-only units when the initiative's budget forecast projects HTH will generate sufficient revenue to cover total expenditures through 2041, when the first bond will mature. To ensure that its forecasts accurately project future costs, especially in light of the unexpected repair needs identified in 2025, HTH is working with FMD to comprehensively assess long-term maintenance and capital improvements needed across its current portfolio. HTH expects this assessment to be completed in early 2027. This assessment, and HTH's connected efforts to maintain its acquired buildings, will extend the life of the HTH portfolio and ensure that HTH continues to provide high-quality, safe housing to its residents.

DCHS also plans to work closely with the Executive regarding the future of the HTH initiative, including transfers of ownership of HTH sites or other housing investments using HTH revenue, in anticipation of the Executive's transmittal of a proposed updated implementation plan for HTH in 2027.

Number of People Housed in Health Through Housing Sites

In 2025, HTH permanently or temporarily housed a total of 1,380 people (compared to 1,281 people in 2024).²⁹ As of December 31, 2025, HTH operated ten sites as PSH and four as Emergency Housing (EH). In 2025, HTH's PSH sites housed a total of 768 residents and HTH's EH sites housed a total of 612 individuals, as shown in Figure 2. This represents a net increase of 99 residents in 2025 as compared to 2024. This increase is due to more residents continuing to move into Haven Heights in Honor of Bruce Thomas, as well as the opening of Sweetgrass Flats, The Booker House, and Sharyn Grayson House in 2025.³⁰

Figure 2: People Housed in HTH Emergency Housing or Permanent Supportive Housing, 2022-2025³¹



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Progress Converting EH to PSH

To open a site as PSH, a developer must obtain special use permits, ensure compliance with local zoning laws, and often undertake significant renovations to meet the long-term living standards required for PSH. This process can take two to five years. Generally, city building codes require EH sites to meet basic health and safety standards without the extensive renovations often required for PSH, allowing EH sites to open faster. In alignment with the Implementation Plan, HTH opened many newly acquired sites as EH in order to immediately provide housing to chronically homeless King County residents. The Implementation Plan includes as a supporting goal converting 50 percent of the units that enter the portfolio as EH to PSH by 2028. HTH aims to meet this goal through the conversion of EH units to PSH at Haven Heights in Honor of Bruce Thomas and Sheila Stanton Place, as shown in Figure 3. In 2025, HTH started renovations to convert units at Haven Heights in Honor of Bruce Thomas and Sheila Stanton Place into PSH; renovations are continuing on the remaining unopened units in 2026. The HTH initiative is also currently exploring conversion design and cost for The Gateway in Honor of Tenaya Wright. In September 2025, HTH received a change of use permit from the City of Seattle to convert the Gateway into PSH. The initiative is now scoping the renovation project, and will conduct a site condition assessment in 2026.

Figure 3: Progress Towards 50 Percent Conversion Goal

Total Units Secured as EH³²	557
Goal: 50% of units → PSH	279

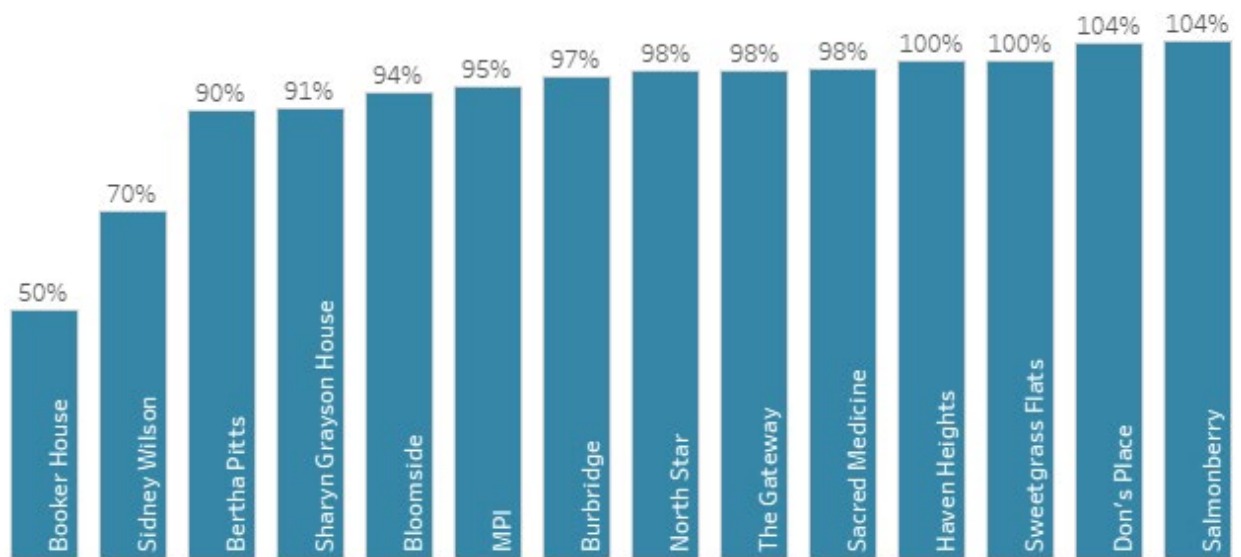
Buildings to be Converted	Units
The Gateway in Honor of Tenaya Wright	113
Haven Heights in Honor of Bruce Thomas	100
Sheila Stanton Place	101
Total	314

Percent of Housing Units that Are Occupied

Across the portfolio, HTH sites maintained high occupancy rates in 2025, with buildings ending the year with an average occupancy rate of 92 percent. As of December 31, 2025, Don's Place and Salmonberry Lofts in Honor of Peter Joe achieved the highest occupancy rates (104 percent), as shown in Figure 4.³³ The Booker House ended the year with the lowest occupancy rate (50 percent) due to having opened in December 2025. Building occupancy rates sometimes drop below 100 percent if residents move out and their unit has not yet been filled; rooms are offline due to required maintenance; or a building has just opened and is in its initial lease-up phase,

Sidney Wilson House ended the year with an occupancy rate of 70 percent due in part to a fire event that resulted in 13 units being taken offline for extensive repairs. After this initial fire event, additional rooms were added to the repair project due to newly discovered resident damage and water intrusion caused by building envelope failure. King County procured a general contractor in 2025 that worked to repair a total of 33 units, which have been returned to the operator as of May 2026.

Figure 4: Occupancy of HTH Buildings as of December 31, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

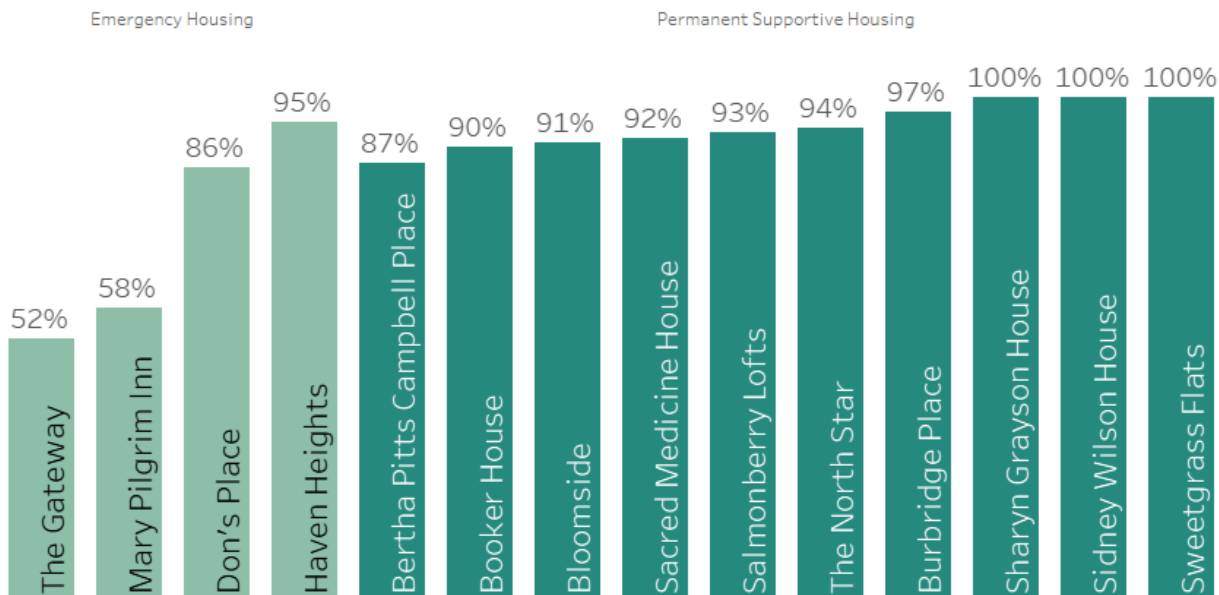
Notes: The occupancy rates for Haven Heights in Honor of Bruce Thomas, Sweetgrass Flats, and The Booker House are calculated based on the number of units that were available for occupancy as of December 31, 2025, rather than the number of total units that will be available for occupancy once rehabilitation work ends.

Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing

Permanent Supportive Housing

In 2025, residents maintained their housing at similar rates across HTH's PSH buildings, as shown in Figure 5. HTH's 93 percent overall rate of maintaining PSH housing or moving on to other permanent destinations is on par with the regional PSH housing stability average (93 percent).³⁴

Figure 5: Percent of Residents who Maintained HTH Housing or Exited to Other Permanent Housing, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Emergency Housing

Over the last year, HTH's PSH sites continued to perform stronger than EH sites in helping people maintain their housing or move to stable housing elsewhere. While 93 percent of HTH residents in PSH buildings maintained permanent housing, 63 percent of HTH EH residents maintained their housing or moved to another permanent housing destination in 2025. This represents an increase compared to 2024, during which 58 percent of EH residents maintained their housing or moved to another permanent destination.

While the HTH initiative seeks to help all residents maintain their housing long-term, the 63 percent overall rate of maintaining HTH EH housing or moving on to other permanent destinations is above regional EH housing stability averages.^{35,36}

At all HTH sites, HTH operators engage residents in case management and other services to promote housing stability. However, not all residents choose to stay in EH buildings. Among the remaining 37 percent of EH residents who did not stay in their HTH unit or move to another permanent destination, 18 percent moved to shelters and other homeless situations. Another six percent moved on to institutional situations (which could include jails, hospitals, long-term care facilities, or nursing homes) and two percent moved on to temporary housing.³⁷

The rate of residents who maintained their housing or exited to permanent housing at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn remained lower than rates at other EH buildings. The lower rates of housing stability at The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn, compared to other HTH EH sites, may be a product of the extreme vulnerability of those housed at these two sites.

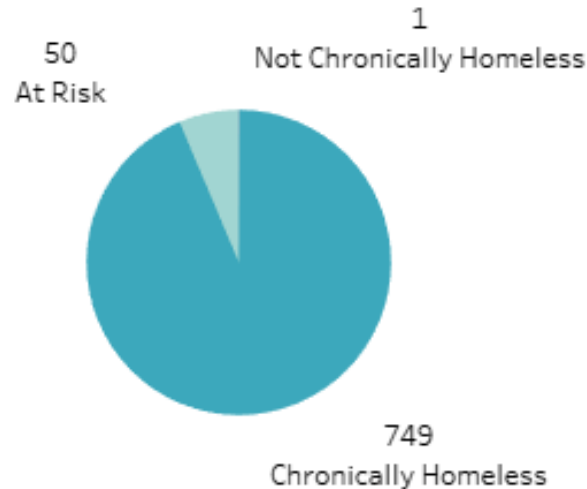
In 2025, DCHS worked with DESC to assess the lower rates of housing stability at its EH sites and to explore adaptations to support residents effectively. As a result of these conversations, Mary Pilgrim Inn updated its internal policies and procedures with the goal of reducing resident exits. Specifically, staff have introduced new policies that are designed to incentivize adherence to program rules, which has likely led to a reduction in the number of residents who were asked to leave due to rule violations in 2025. As a result of these changes, the percent of Mary Pilgrim Inn residents who maintained their housing or moved to permanent housing increased in 2025, and the average length of stay (discussed on page 13) increased from 165 days in 2024 to 208 days in 2025. In 2026, DCHS plans to continue to review EH exit data with DESC staff semiannually and explore additional policy changes that could further promote resident stability.

Further, in the third quarter of 2025, HTH implemented a new customized exit assessment that HTH operators can use to gather more specific data about resident exits. This new assessment allows HTH to differentiate between resident- versus operator-initiated exits and provides more detail on the reason for exit (which HMIS does not collect). As more data is collected and analyzed, it will allow HTH and site operators to better understand why individuals are exiting and identify tailored strategies for promoting housing stability.

Number of People Moved from Chronic Homelessness to Permanent Housing

HTH PSH and EH residents sometimes move to other permanent housing destinations. In EH buildings, HTH operators regularly look for openings in PSH buildings (including HTH PSH buildings) that EH residents can move into permanently. In PSH buildings, residents may decide to move to other permanent destinations that better align with their personal preferences and needs, such as being closer to family. Accordingly, the total number of people that move from chronic homelessness to permanent housing with the help of the HTH initiative is higher than the total number of HTH PSH units open at any point in time. As shown in Figure 6, throughout 2025, 800 individuals were permanently housed in HTH PSH units or moved on to permanent housing elsewhere with the help of HTH resources. Of those 800 individuals, 749 were chronically homeless.³⁸

Figure 6: Number of People Moved from Chronic Homelessness to Permanent Housing, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

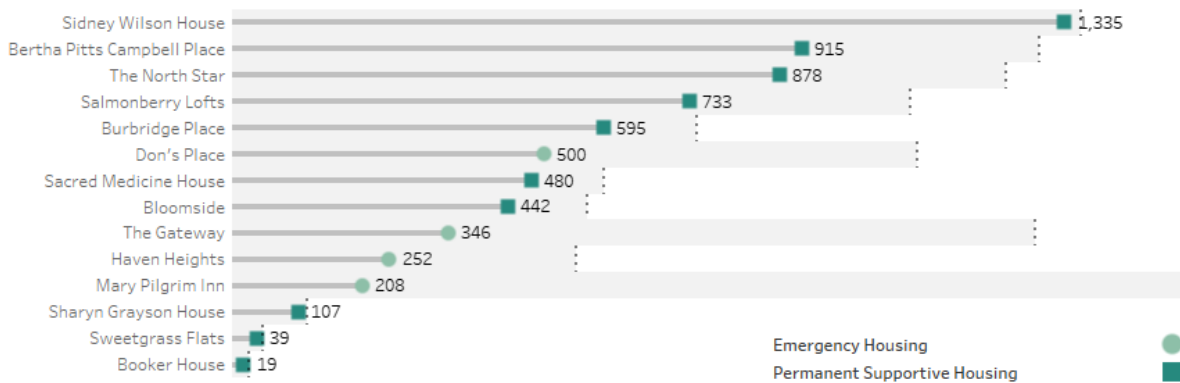
Notes on Figure 6: KCC 24.30.010.B defines “at risk of chronic homelessness” as a household that: (1) includes an adult with a developmental, physical or behavioral health disability; (2) is currently experiencing homelessness for only 10 to 12 months in the previous three years, or has experienced homelessness for a cumulative total of 12 months within the last five years; and (3) includes one adult that has been incarcerated within the previous five years in a jail or prison, includes one adult that has been detained or involuntarily committed under chapter 71.05 RCW, or identifies as a member of a population that is demographically overrepresented among persons experiencing homelessness in King County.³⁹

Average Length of Stay

HTH residents sustained stable, long-term housing in 2025, as shown in Figure 7. Because the various HTH buildings that were operational in 2025 became available to residents at different times, length of stay statistics vary dramatically. HTH sites that have opened recently have shorter lengths of stay on average than sites that have been established for longer periods of time.

Among all HTH sites, Sidney Wilson House in Renton averaged the longest length of stay, with residents staying in the building for an average of 1,335 days (approximately 3.6 years). The HTH sites that opened in 2025 showed the shortest lengths of stay, with residents staying at Sharyn Grayson House for 107 days, followed by Sweetgrass Flats (39 days), and The Booker House (19 days). Overall, the average length of stay at HTH’s EH sites demonstrates that the sites provide immediate relief from unsheltered homelessness in a manner that offers a greater level of resident stability and support services than can be found in the traditional congregate shelter model. Specifically, the average length of stay at HTH’s EH sites is 327 days of continuous residence, which is longer than the average amount of time single adults stay in emergency shelters in King County (201 days in 2025).^{40,41}

Figure 7: Average Length of Stay for HTH Sites, 2025



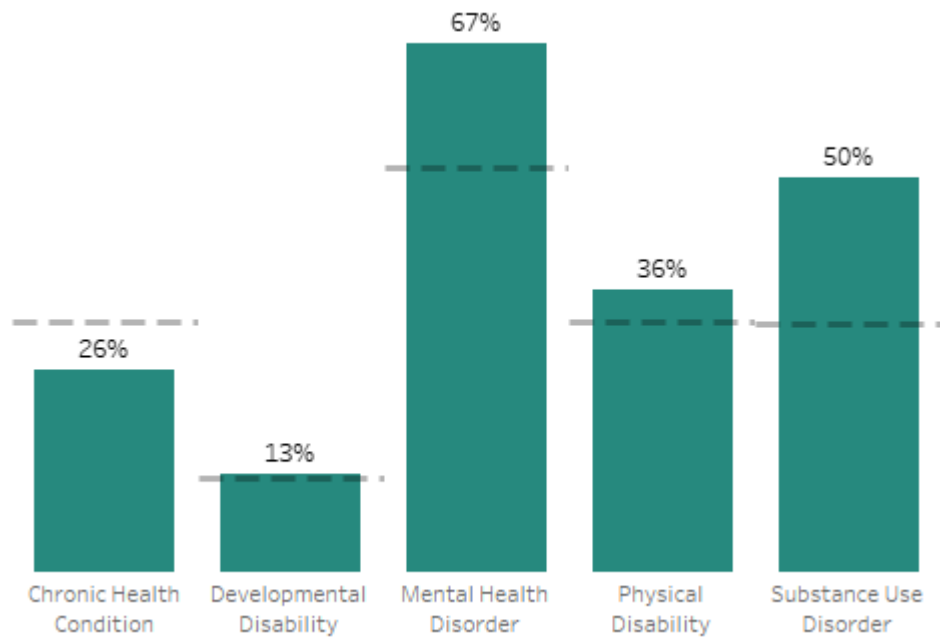
Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

HTH Residents' Health Challenges

People experiencing homelessness die on average 12 years sooner than the general U.S. population.⁴² Research shows that homelessness both causes and exacerbates illness and chronic mental and physical health conditions in people experiencing homelessness.⁴³ Lack of housing creates barriers to accessing health care and following health care directives, such as adhering to mental health and prescription medication routines.⁴⁴ Because homelessness is linked to physical and mental health conditions, HTH services are designed to support residents with a wide range of health challenges. As one client stated, "Before getting to [the Gateway], I used to think that I'd die on the streets, but [the Gateway] gave me a second chance in life."

In 2025, HTH residents reported the following health challenges at move-in: mental health disorder (67 percent), substance use disorder (50 percent), physical disability (36 percent), chronic health condition (26 percent), and developmental disability (13 percent), as shown in Figure 8. Further, 59 percent of residents reported multiple health conditions. Because the HTH initiative serves individuals experiencing chronic homelessness who typically have higher needs, HTH residents generally report more health conditions at move-in than other homeless adults tracked in Homeless Management Information System (HMIS). For instance, 15 percent more HTH residents report a mental health condition compared to the adult homeless population; 4 percent more report physical disabilities, and 18 percent more report substance use disorders.⁴⁵

Figure 8: Percent of HTH Residents Reporting Health Conditions at Move-in, 2025



Dotted line represents conditions reported by all adults experiencing homelessness in HMIS.
Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

Health and Wellbeing Supports

HTH sites are operated by knowledgeable staff who are experts in evidence-based, Housing First practices and are equipped to offer high-quality, wraparound support to their residents.⁴⁶ Every HTH site is staffed 24/7 with individuals trained to respond to crises. All HTH residents are assigned a case manager at move-in who helps each resident develop individualized treatment plans based on their specific needs and preferences. HTH site staff meet regularly to plan and review services for program participants and develop strategies for supporting residents who are not meeting their goals. See Appendix C for more information on the eight service providers that operate HTH buildings.

In 2025, HTH continued providing a range of services at its 14 open sites, ensuring all residents had access to services targeting health and wellness, employment, food, transportation, and crisis services, including through partnerships with King County Metro transportation services and DCHS' Employment Resource Program (ERP). As shown in Figure 9, almost all HTH buildings offer at least one type of healthcare service on site (whether physical health, mental health, or substance use disorder treatment). Many HTH buildings have on-site medical rooms that visiting nurses and physicians use to deliver highly accessible care to HTH residents. HTH operators also

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help residents enroll in health insurance and get connected to low-barrier community-based organizations that deliver care in the community. During 2025, HTH sites also had access to a Mobile Response Team (MRT) to resolve mental health crises. In interviews, residents emphasize how critical these services are. One resident stated, “It’s great I can access medical care on site. It is immensely important and super beneficial. The clinic, the nurses, the doctors—they are super people.”

Figure 9: Presence of Health and Crisis Services Across Sites

Building	Physical Health Care	Mental Health Care	Substance Use Treatment	Crisis Services
Bertha Pitts Campbell Place				●
Bloomside			●	●
Booker House*	●			
Burbridge Place		●	●	●
Don’s Place	●	●	●	●
The Gateway	●	●		●
Haven Heights		●	●	●
Mary Pilgrim Inn	●	●	●	●
The North Star		●	●	●
Sacred Medicine House		●	●	●
Salmonberry Lofts	●	●	●	●
Sharyn Grayson House*				
Sidney Wilson House	●	●	●	●
Sweetgrass Flats*	●	●	●	

* The Booker House, Sharyn Grayson House, and Sweetgrass Flats opened in late 2025 and were still in the process of establishing an MOU with the MRT at the end of 2025.

Note: Bertha Pitts Campbell Place has a medical room that is intended to house onsite nursing services. However, Plymouth has not been able to identify a healthcare provider that has the capacity to provide services at the site (given that many providers have either eliminated community-based positions or left them vacant). Plymouth hired a new VP of Quality, Innovation, & Health in March 2025 who has been working to identify a healthcare provider to serve the site.

The remainder of this section addresses 2025 developments in HTH's health and wellness services. Appendix H contains a comprehensive overview of health and wellness services available to HTH residents.

Behavioral Health Services

In 2025, the MRT managed by DESC continued offering crisis response and other behavioral health services at HTH sites. The MRT helped address the behavioral health needs of residents in 2025 by delivering crisis response and de-escalation, case management, navigation to behavioral health services, and individual and group peer support services. If HTH sites identified that a resident was in crisis or needed a higher level of support than staff had the capacity to provide, sites could call the MRT. In response, the MRT would send a team of professionals (which may have included a case manager, peer support specialist, nurse, or substance use disorder counselor) to address the immediate crisis, as well as provide ongoing case management until the individual is stabilized. Additionally, routine peer engagement and groups proactively identified unmet behavioral health needs among residents. In 2025, the MRT continued offering services at 11 HTH sites. The MRT established memoranda of understanding (MOUs) to serve the three sites that opened in late 2025 (Sweetgrass Flats, The Booker House, and Sharyn Grayson House) in the first quarter of 2026.

In 2025, the MRT served 166 HTH clients in total, including by resolving 157 crises and referring 58 percent of crisis calls to other services, including long term case management, mental health care, medical care, substance use treatment, and peer support services. The MRT also conducted 75 peer support groups at HTH sites. The immediate crisis response offered by the MRT is a critical service for residents requiring low barrier, immediate behavioral health support. Staff at Salmonberry Lofts in Honor of Peter Joe noted that the support MRT provided was “amazing” and was critical to helping residents that need enhanced support.⁴⁷ See Appendix G for more information on the geographic location of MRT services provided in 2025.

In addition to responding to immediate crises, HTH operators have continued to establish community partnerships with organizations that offer ongoing mental health services and substance use treatment on site to help residents achieve longer term stability. For instance, in 2025, Haven Heights in Honor of Bruce Thomas established a new partnership with IKRON to bring a psychotherapist specializing in mental health and substance use disorder treatment on site at least one day a week. Case managers at all HTH sites also work diligently to connect residents to a wide range of low-barrier, community-based behavioral health services that supplement those offered on site. For instance, many HTH operators connect residents to Program of Assertive Community Treatment (PACT), a Medicaid-funded program which provides community-based intensive services for people with high behavioral health needs, including on site at HTH buildings.⁴⁸

Overdose Prevention Services

In 2025, HTH providers continued to face challenges with the proliferation of fentanyl, which the human services sector is encountering broadly.⁴⁹ In response, all HTH sites have staff trained to administer opioid antagonists, such as naloxone, which can reverse an overdose from opioids. HTH has also continued to facilitate a partnership with Public Health – Seattle & King County (PHSKC) to support HTH operators in overdose prevention and response. In 2025, six HTH operators received training and technical assistance from PHSKC, and several HTH sites (Sacred Medicine, Haven Heights in Honor of Bruce Thomas, North Star, and Sidney Wilson House) participated in a naloxone distribution pilot that PHSKC’s Overdose Prevention and Response team designed to increase anonymous access through boxes on every floor of housing programs. Finally, Catholic Community Services, in partnership with PHSKC, is providing Medications for Opioid Disorder (MOUD) care using a mobile, nursing-led model within their emergency shelter and PSH sites, including at Sidney Wilson House. The program offers on-site prescribing and administration of buprenorphine, particularly sublocade and brixadi.

Physical Health Services

In addition to behavioral health care, HTH operators continue to connect residents to a range of low-barrier physical health services that are located both on site and in the community. The configuration of health services offered at HTH sites varies by location and is designed to meet the specific needs of that building’s residents as determined by its operator. For instance, in 2025, The Booker House established a new partnership with HealthPoint, who sends a nurse to the site for a minimum of one day each week to provide general primary care consultation and referrals to offsite health providers. In addition to onsite physical health services, case managers at all HTH sites aid residents in accessing low-barrier, community-based health resources. For instance, many residents are connected to health centers that are designed to serve low-income individuals, including Hobson Clinic (run by Harborview in partnership with DESC), 45th Street Clinic, Sea Mar, and Navos. Additionally, in 2025, Sharyn Grayson House established new partnerships with the Tubman Center for Health and Freedom and QueerDoc Telemedicine, which provide medical services to residents at their office or online.

In 2025, HTH also partnered with the Hepatitis Education Project (HEP) to expand residents’ access to hepatitis C treatment, which is especially prevalent among the homeless population.⁵⁰ In August, HEP staff presented at the HTH Community of Practice to educate sites on the need for hepatitis C testing and the role that case managers can play in connecting residents to treatment. Following the session, HEP staff met individually with each site to discuss how HEP could help them facilitate access to testing. In 2025, HEP hosted trainings for over 50 staff at four HTH sites and provided onsite testing at The Booker House.

Metrics for Physical and Behavioral Health Care Access

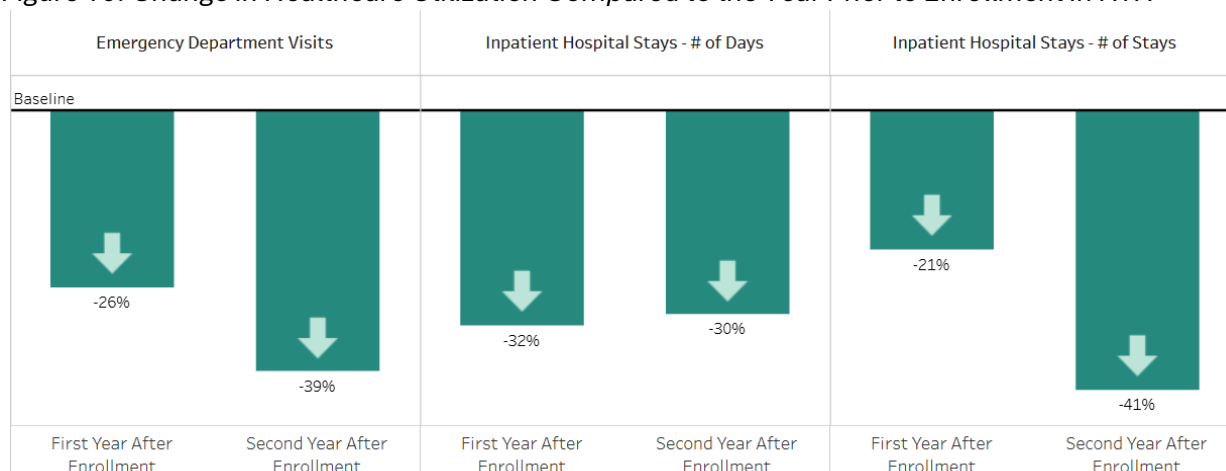
Overall, the services offered above likely have contributed to an increase in the number of HTH residents that access physical and behavioral health care. In 2025:

- 43 percent of residents received physical health care from Health Care for the Homeless Network (HCHN), Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.⁵¹
- 60 percent of residents accessed behavioral health care services provided through King County’s publicly funded behavioral health service system, Health Care for the Homeless Network, Public Health – Seattle & King County facilities, and other health care providers who bill to Medicaid.^{52,53}
- 95 percent of residents had health insurance, mostly through Medicaid.⁵⁴

HTH operator staff report that the increased housing stability HTH provides to residents contributes to an increase in resident access to health care. The longer a resident lives in a building, the more likely they will have consistent engagement with providers of physical and behavioral health care.

DCHS analysis of Medicaid claims data and emergency department admission data suggests that the increased access to physical and behavioral health care that HTH facilitates is leading to a decrease in the use of emergency health care services. As shown in Figure 10, one year after move in, the total number of emergency department visits by HTH residents decreased by 26 percent, and after two years residents’ emergency department visits decreased by 39 percent. After one year, the total number of inpatient hospital stays by HTH residents decreased by 21 percent, and the total number of days HTH residents spent in inpatient hospital care dropped by 32 percent. After two years, the total number of inpatient hospital stays by HTH residents was 41 percent lower in total, with a 30 percent reduction in the total number of days HTH residents spent in inpatient hospital care.⁵⁵ This is in line with research demonstrating that the housing first model helps shift care from institutions and crisis-related services to more appropriate planned visits and regular follow-up with community-based services.^{56,57}

Figure 10: Change in Healthcare Utilization Compared to the Year Prior to Enrollment in HTH



Sources: Sources: Medicaid Claims Data; PointClickCare Emergency Department Data.

Other Supportive Services at HTH Sites in 2025

Mobility Supports: In 2025, DCHS continued supporting the partnership between King County Metro transportation services and HTH sites. By year end, Metro was offering services on site at 12 HTH sites.⁵⁸ King County Metro provides a suite of mobility and transportation programs that improve residents’ access to essential services. Services available across the HTH initiative included:

- subsidized mobility passes via the ORCA Passport and Easy Trip Programs;
- on-site Community Transportation Navigators with lived experience of homelessness;
- access to the Essential Trip Assistance Program funded by King County Metro, which covers taxi rides to essential appointments, and
- a wheelchair accessible van provided by Metro at each HTH site that specifically serves residents of that site.

During the middle of 2025, Metro decided to wind down the ORCA Passport Program and switch to a new program called Easy Trip. The Easy Trip program is informed by universal basic mobility principles and provides residents with more choice in how they travel. Through this program, HTH residents receive industry-coded debit cards loaded with \$50 per month to pay for transportation needs. The funds can be rolled over each month, allowing recipients to spend their money as they best see fit, including on public transit, ferries, long distance buses and trains, app-based rides including rideshare, scooters, and bicycles, and at participating bike shops. The transition to Easy Trip accompanied enrollment in Metro reduced fare passes for which HTH residents are eligible, including ORCA Lift and subsidized annual passes, which is a more cost effective approach to supporting HTH residents in utilizing public transit resources.

The transportation services provided by King County Metro greatly improved residents' access to essential services.

Culturally Responsive Food: DCHS continues to work with the Emergency Feeding Program to provide healthy and culturally responsive food distribution services to HTH sites.⁵⁹ In 2025, the Emergency Feeding Program expanded services to eight HTH sites (up from five in 2024). In 2025, deliveries shifted from individual food boxes to larger pallet deliveries to better match site needs and resident populations, resulting in a significant increase in the total volume of food delivered. This initiative-wide service supplements the meal provision that each operator provides through their own partnerships with organizations like Fare Start and Food Lifeline.

Employment Resource Program: In 2025, DCHS continued to provide its Employment Resource Program (ERP) services at HTH sites. ERP offers weekly drop-in services on site to support HTH residents in their professional skill development. ERP services include support:

- Enrolling in educational programs, including trade schools and GED programs;
- Finding internships and opportunities for on-the-job training;
- Finding part-time, full-time, or seasonal employment, and
- Identifying volunteer opportunities at community-based organizations.

In 2025, 57 participants enrolled in the ERP across 10 HTH sites. Upon entering the program, participants chose service areas to access. In 2025, 47 chose to pursue employment and entrepreneurship training and 13 chose to pursue educational development.⁶⁰ In 2025, ERP also partnered with Evergreen Goodwill to bring their Digital Equity Bus (DEB) to HTH sites. DEB is a Smart Board-equipped mobile classroom with laptops for people to use for starting their job search. The DEB physically takes the classroom to the HTH sites, where the Employment Resource Program staff can assist residents with resume writing, job training program applications, volunteering opportunities, and other employment resources. Additionally, DCHS is currently working with an external evaluation partner to better understand overall changes in residents' income and employment.

Demographic Data and Progress toward Reducing Disproportionality

Consistent with Ordinance 19179, HTH is dedicated to enhancing equity in housing access, addressing the root causes of chronic homelessness, and housing historically marginalized communities that are more likely to experience chronic homelessness.⁶¹ Accordingly, HTH's primary supporting goal is to annually reduce the racial-ethnic disproportionality among persons experiencing chronic homelessness.⁶²

HTH has made progress addressing racial and ethnic disproportionality among the homeless population, especially among the American Indian, Alaska Native, or Indigenous community (AIAN). Figure 11 shows that as of December 2025, 18 percent of HTH residents identified as AIAN,

compared to five percent of the chronically homeless population. Since 2022, the percentage of HTH residents from AIAN communities has increased from three percent to 18 percent. This is largely due to the opening of three buildings run by Chief Seattle Club, a Native-led housing and human services agency specializing in the needs of American Indian and Alaska Native people.

In 2025, the HTH initiative also continued serving a stable number of Black, African American, or African (BAAA) residents.^{63, 64, 65} While the percentage of BAAA residents decreased from 25 percent in 2023 to 19 percent in 2025, the total number of BAAA residents stayed stable.^{66, 67, 68} The percentage decrease in BAAA residents housed is partly due to the relative increase in the number of AIAN residents housed. Further, DCHS expects the number of BAAA residents HTH houses to increase in 2026 as residents continue to move into The Booker House, which is operated by the Urban League of Metropolitan Seattle (ULMS), which specializes in serving the BAAA population.

In 2025, the HTH initiative also continued serving a stable number of Asian or Asian Americans. While the percentage of Asian or Asian American residents decreased slightly from three percent in 2023 to two percent in 2025, the number of Asian or Asian American residents served remained relatively stable.^{69, 70, 71} Further, the Asian or Asian American makeup of the HTH population remains proportionate to their makeup of King County's chronically homeless population (two percent).

Figure 11: Race/Ethnicity of HTH Residents Compared to Chronically Homeless Population and Overall Population in King County, 2025

Race/Ethnicity	Percent of Race/Ethnicity of HTH Residents	Percent of Race/Ethnicity of People in King County Experiencing Chronic Homelessness	Percent of Race/Ethnicity of Total King County Population
American Indian, Alaska Native, or Indigenous	18%	5%	<1%
Asian or Asian American	2%	2%	22%
Black, African American, or African	19%	24%	7%
Hispanic/Latina/e/o	3%	4%	8%
Multiracial	12%	14%	10%
Native Hawaiian or Pacific Islander	2%	2%	1%
Unknown/Unreported	4%	3%	N/A
White	40%	47%	52%

Sources: Seattle-King County HMIS Data as of 3/1/2025. Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.

In 2025, HTH continued to work toward reducing the racial and ethnic disparities in homelessness through strategic partnerships with organizations that are run by and for communities that have disproportionately experienced homelessness. By collaborating with these organizations, HTH ensures culturally appropriate services are accessible to historically marginalized communities.

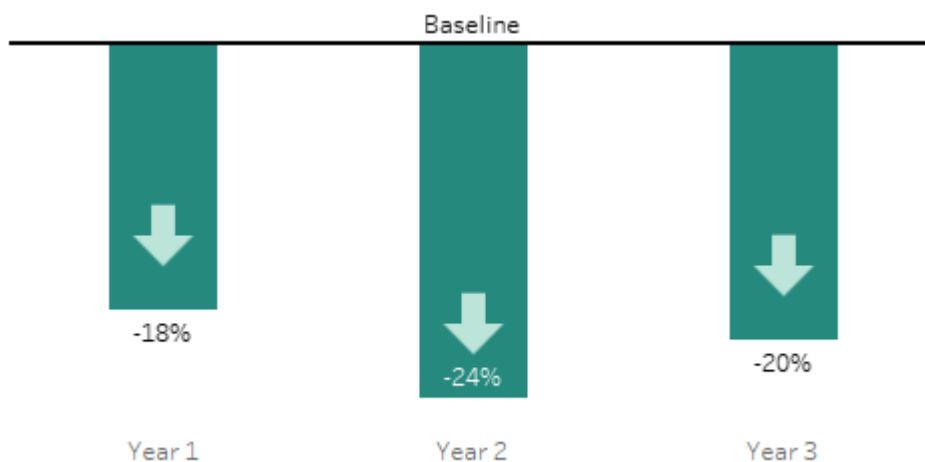
For instance, in 2025 at the newly opened Sweetgrass Flats, Chief Seattle Club began to offer residents a range of services rooted in Indigenous culture. At The Booker House, ULMS initiated services specifically targeted to address the needs of African Americans and other underserved communities. For instance, ULMS is connecting residents to its Criminal Records Expungement Program that helps individuals vacate criminal records, which can limit opportunities for employment and housing.

At the newly opened Sharyn Grayson House, Lavender Rights Project implemented programming that is specifically designed to meet the needs of the Queer, Transgender, Two-spirit, Black, Indigenous, and People of Color (QT2BIPOC) community.

Metrics for Criminal-Legal System Involvement

New analysis by DCHS shows that residents experience a decrease in engagement with the criminal-legal system after enrolling in HTH. While the QT2BIPOC community faces stark disparities in the criminal justice system, living outside also increases the likelihood of interaction with law enforcement. Those that are homeless are at higher risk of receiving citations or being arrested for low-level offenses like loitering or sleeping in parks.^{72,73} However, according to new analysis by DCHS, after enrollment in HTH, residents experience a significant decrease in jail bookings, demonstrating the initiative's success in breaking the cycle of homelessness, addiction, trauma, and incarceration. As shown in Figure 12, compared to the year before HTH enrollment, HTH residents experienced decreases in jail bookings of 18 percent in the first year, 24 percent in the second year, and 20 percent in the third year. BAAA and AIAN individuals have experienced the most pronounced decreases in jail bookings after one year (26 percent and 27 percent respectively). This analysis reiterates the profound impact that having access to housing has on HTH residents and on the community more broadly, both by improving resident outcomes and reducing the costs associated with operating jails.

Figure 12: Change in Total Jail Bookings Among All HTH Residents



Source: King County Adult Jail Bookings.

Training and Capacity Building for HTH Providers

HTH has continued providing significant capacity building and technical assistance to its housing operators. In 2025, HTH provided ongoing one-on-one technical support to operators and continued running the HTH Community of Practice, which facilitates peer to peer learning between organizations. Over the year, HTH program staff met biweekly with each site to provide technical

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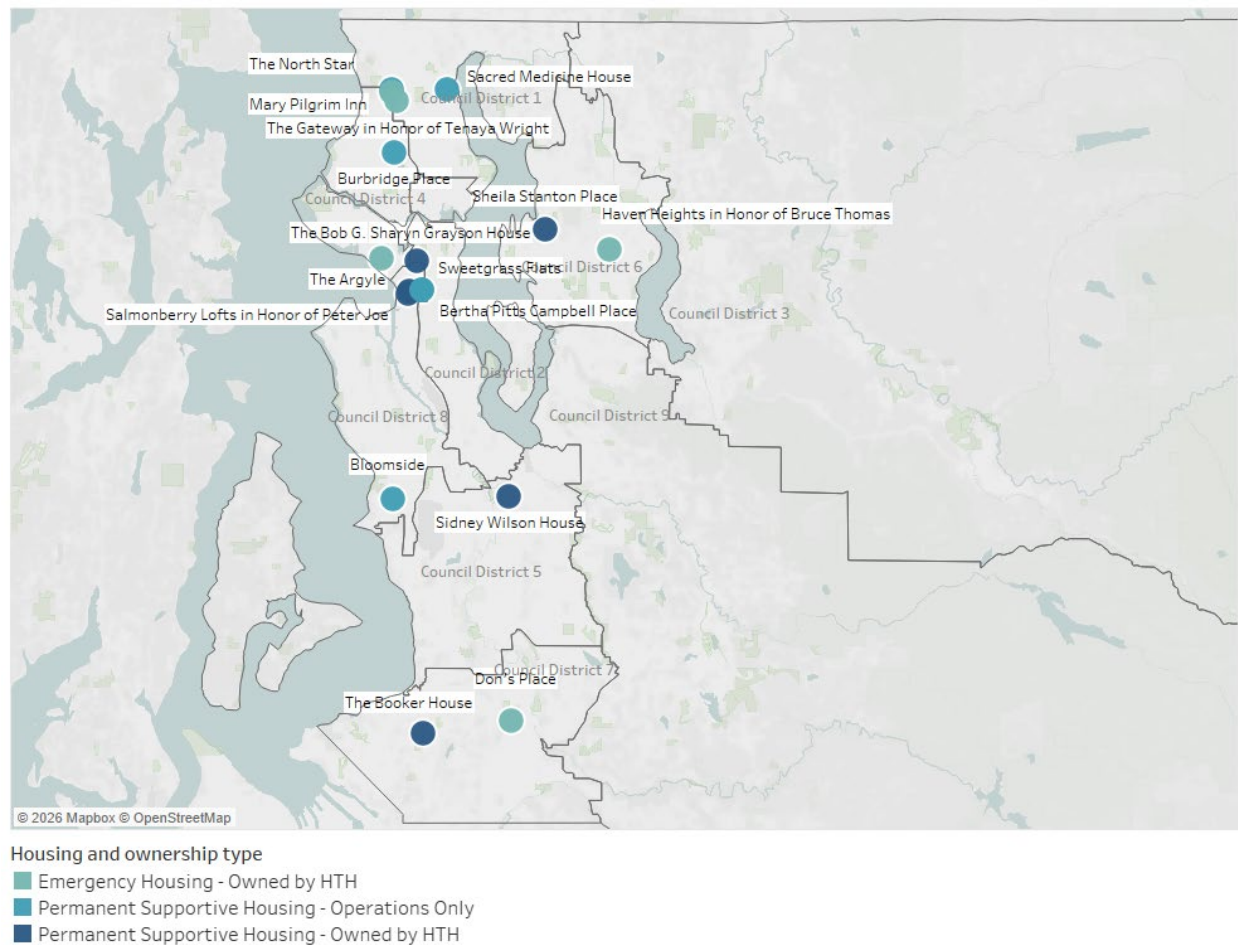
See also [Health Through Housing Dashboard](#)

support on program operations, and HTH fiscal staff met monthly to review invoices and discuss allowable expenses. HTH staff also provided property management support and technical assistance on maintaining data quality within the HMIS system. The HTH Community of Practice met 12 times in 2025 and covered topics such as how to operate resident councils, how to assertively engage residents in services, how to promote good neighbor behaviors, and how to support older adults aging in place. The HTH Community of Practice also brought in experts to educate operators on resources available in the community, such as caregiving resources available through the Washington State Department of Social and Health Services. A particular asset of the Community of Practice is the diversity of culturally specific and supportive housing expertise among operators. The Community of Practice is helping to build relationships between HTH organizations that enhance their ability to provide welcoming, affirming, and culturally responsive services.

B. Site Locations and Other Geographic Information

HTH had secured a total of 17 sites by the end of 2025, including 11 acquired buildings and six operations-only buildings, in seven cities and in seven of the nine County Council districts. This is shown in Figure 13. A detailed description of each site within the HTH portfolio can be found in Appendix B of this report and the Location Map tab of the HTH dashboard.⁷⁴

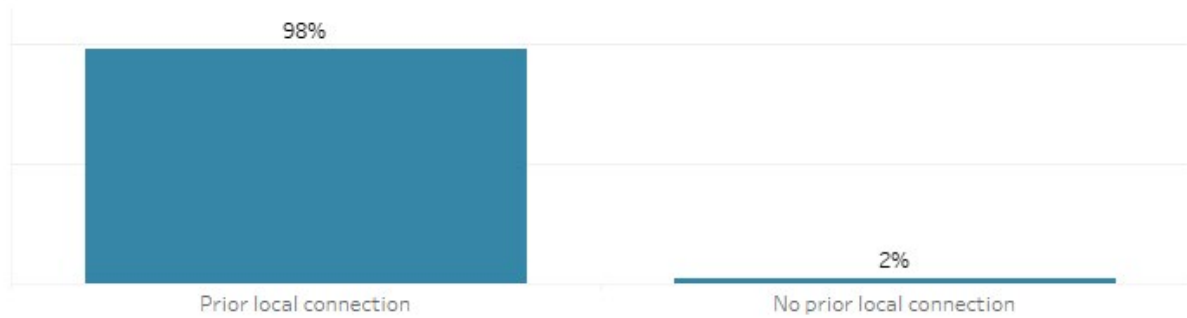
Figure 13: Map of HTH Site Locations, 2025



Individuals Served with Local Community Ties

In 2025, HTH achieved continued success housing individuals with ties to the city in which their HTH building is located. HTH continues to provide referral pathways for people who live in or near the city in which the site is located or have ties to that community, consistent with RCW 82.14.530 and the Implementation Plan.^{75, 76} As a result of these efforts, 98 percent of residents reported existing ties to the communities where their HTH site is located, as shown in Figure 14.

Figure 14: HTH Residents with Local Connections to their Host Jurisdiction, 2025



Source: Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2026.

C. Financial Information

The HTH initiative is funded by a 0.1 percent sales and use tax imposed by King County in 2020 through Ordinance 19179, codified as King County Code 4A.503.⁷⁷ The County leverages anticipated tax revenue to be collected in future years to issue bonds that finance the immediate costs of capital acquisition and rehabilitation. This section of the report summarizes total revenue, actual expenditures, and allocation of debt service in 2025 and provides information about the distribution of proceeds across HTH host jurisdictions.

Annual Revenue

As shown in Figure 15, Health Through Housing’s total 2025 revenue totaled \$84.6 million, including \$73.5 million in tax revenue, \$11.0 million in interest, and less than \$0.1 million in commercial rent. Tax revenue collections in 2025 were \$2.8 million higher than in 2024. Total 2025 revenue was \$11.1 million higher than projected in the Plan, primarily due to the interest received on capital and operating balances that are needed to support HTH’s future expenditures.

Figure 15: Annual Revenue, 2025

Health Through Housing Revenue in 2025	
Tax Revenue	\$73,518,261
Bond Proceeds	\$0
Interest	\$11,000,712
Rent	\$76,277
Total 2024 Revenue	\$84,595,249

Actual Expenditures

In 2025, as shown in Figure 16, HTH spent \$106.2 million, which was approximately \$37.1 million more than it spent in 2024. This included \$33.2 million on capital expenditures, \$49.8 million on operating expenditures, and \$23.2 million on bond financing costs. The increase in expenditure compared to 2024 is primarily due to HTH operating more buildings than in previous years, as well as the significant rehabilitation work HTH has funded to open and maintain buildings.

In 2025, HTH spent less on *Strategy 2: Emergency and Permanent Supportive Housing Operations* than was originally projected. Because some buildings opened later than previously projected, supportive housing operating funds were not spent as quickly as expected. However, the funding from 2025 will be allocated to the same operations strategy in future years to cover increased costs for operations and services as HTH operates more of its sites, consistent with provisions for such adjustments in the Implementation Plan.

Figure 16: Expenditures by HTH Strategy, 2025

Health Through Housing Expenditures in 2025	
Strategy 1 Capital Financing and Improvements for HTH Sites (<i>Rehabilitation</i>)	\$33,226,359
Strategy 2 Emergency and Permanent Supportive Housing Operations	\$36,822,131
<i>Facility Maintenance</i>	\$4,102,850
<i>Program Operations</i>	\$32,719,281
Strategy 3 Behavioral Health Services Outside HTH Sites	\$9,445,112 ⁷⁸
Strategy 4 Capacity Building Collaborative	\$1,043,710
Strategy 5 Evaluation and Performance Measurement	\$225,117
Strategy 6 Future Acquisition of Additional Properties (<i>Acquisitions after 2021</i>)	\$0
Initiative Administration	\$2,275,713
Bond Financing Cost (Debt Service)	\$23,205,611
Total 2025 Expenditures	\$106,243,752

Allocation of Expenditures by Jurisdiction

For HTH, King County receives 0.1 percent sales and use tax revenue from each jurisdiction within the region except Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie. These jurisdictions passed municipal legislation in 2020 to keep the tax revenue generated through RCW 82.14.530 under city control.^{79, 80, 81, 82, 83, 84, 85, 86} RCW 82.14.530 requires King County to plan to spend at least 30 percent of the revenue collected from cities with a population greater than 60,000 within that jurisdiction.

The cities in King County that meet this population threshold but did not pass their own city-level sales tax are Federal Way, Kirkland, Redmond, Sammamish, and Seattle. Among these cities, King County has purchased HTH facilities in Federal Way, Kirkland, Redmond, and Seattle. Executive staff also meet regularly with the City of Sammamish as provided for in the HTH Implementation Plan.⁸⁷ At the end of 2025, King County and the City of Sammamish coordinated to convene a meeting, which occurred in early 2026, consistent with the Plan’s commitment to continued collaboration. As shown in Figure 17, since 2021, HTH has spent more than 30 percent of the total revenue collected from Federal Way, Kirkland, Redmond, and Seattle within that jurisdiction.

Figure 17: Comparison of All Time HTH Revenue to Expenditures for Larger Jurisdictions, 2025

Jurisdiction	All Time HTH Revenue	All Time HTH Expenditures	Percent
Federal Way	\$8,695,771	\$45,570,993	524%
Kirkland	\$14,452,127	\$59,582,446	412%
Redmond	\$22,088,181	\$56,969,565	258%
Sammamish	\$3,327,191	\$0	0%
Seattle	\$133,248,351	\$248,197,652	186%

As shown in Figure 18, in 2025, HTH spent approximately \$5.7 million in Auburn, \$1.7 million in Burien, \$11.2 million in Federal Way, \$16.2 million in Kirkland, \$12.0 million in Redmond, \$10.2 million in Renton, and \$36.2 million in Seattle. Higher spending occurred in cities containing multiple HTH sites as well as sites which underwent building rehabilitation in 2025, while lower spending occurred in jurisdictions where HTH only funded operations. HTH had the highest expenditures in Seattle because it has approved acquisition of six HTH sites, more than any other jurisdiction. Expenditures for HTH strategies 3, 4, 5, and initiative administration cannot be readily allocated to specific jurisdictions.⁸⁸

Figure 18: Allocation of Expenditures by Jurisdiction, 2025

HTH Partner Jurisdiction	Expenditure Category	2025 Amount
Auburn	Building Rehabilitation	\$990,876
	Facility Maintenance	\$230,454
	Program Operations	\$3,200,181
	Bond Financing Cost	\$1,283,116
	Total	\$5,704,627
Burien	Program Operations	\$1,667,462
	Total	\$1,667,462
Federal Way	Building Rehabilitation	\$6,014,815
	Facility Maintenance	\$564,189
	Program Operations	\$2,201,709
	Bond Financing Cost	\$2,428,661
	Total	\$11,209,375
Kirkland	Building Rehabilitation	\$11,812,456
	Facility Maintenance	\$585,316
	Program Operations	\$336,712
	Bond Financing Cost	\$3,469,577
	Total	\$16,204,061
Redmond	Building Rehabilitation	\$6,187,571
	Facility Maintenance	\$405,992
	Program Operations	\$2,459,243
	Bond Financing Cost	\$2,958,326
	Total	\$12,011,133
Renton	Building Rehabilitation	\$4,285,986
	Facility Maintenance	\$474,583
	Program Operations	\$2,592,418
	Bond Financing Cost	\$2,874,326
	Total	\$10,227,313
Seattle	Building Rehabilitation	\$3,934,655
	Facility Maintenance	\$1,842,315
	Program Operations	\$20,261,556
	Bond Financing Cost	\$10,191,605
	Total	\$36,230,131
Total Expenditures Allocated by Jurisdiction		\$106,243,752

Average Per-Unit Costs by Site

The cost per unit for each HTH site varies based on the circumstances of each acquisition, development process, and timing, as well as each site's initial configuration, physical condition, and time for which a given site has been operational.

Figure 19 identifies one-time per-unit acquisition costs, and life-to-date per-unit rehabilitation costs. Figure 20 identifies annual operational costs per unit, including services provided by housing operators and contracted partners and administrative support from King County's Facilities Management Division; and annual facility maintenance costs per unit, including site work outside of major rehabilitation or PSH conversion.

Among properties that HTH acquired, the average per-unit costs for capital were \$327,964. In 2025, the average annual per-unit cost of operating HTH properties (which includes program operations and building maintenance) was \$40,783.⁸⁹

Figure 19: Life To Date Acquisition/Rehabilitation Cost Per Unit for Each HTH Site

HTH Facility	Expenditure	Life To Date Cost Per Unit
Don's Place	Acquisition	\$148,498
	Rehabilitation	\$44,486
	Total Cost Per Unit	\$192,984
Haven Heights	Acquisition	\$280,763
	Rehabilitation	\$79,638
	Total Cost Per Unit	\$360,401
Sharyn Grayson House	Acquisition	\$363,611
	Rehabilitation	\$103,068
	Total Cost Per Unit	\$466,679
The Booker House	Acquisition	\$270,381
	Rehabilitation	\$73,659
	Total Cost Per Unit	\$344,040
Sheila Stanton Place	Acquisition	\$283,707
	Rehabilitation	\$134,793
	Total Cost Per Unit	\$418,500
Mary Pilgrim Inn	Acquisition	\$214,483
	Rehabilitation	\$22,150
	Total Cost Per Unit	\$236,633
Salmonberry Lofts in Honor of Peter Joe	Acquisition	\$323,317
	Rehabilitation	\$47,142
	Total Cost Per Unit	\$370,459
Sidney Wilson House	Acquisition	\$277,788
	Rehabilitation	\$62,181
	Total Cost Per Unit	\$339,969
The Argyle	Acquisition	\$305,240
	Rehabilitation	\$10,559
	Total Cost Per Unit	\$315,799
The Bob G.	Acquisition	\$206,408
	Rehabilitation	\$0
	Total Cost Per Unit	\$206,408
The Gateway in Honor of Tenaya Wright	Acquisition	\$362,643
	Rehabilitation	\$15,570
	Total Cost Per Unit	\$378,213

Figure 20: 2025 Operations and Maintenance Cost Per Unit for Each HTH Site

HTH Facility	Expenditure	2025 Cost Per Unit
Bertha Pitts Campbell Place	Maintenance	\$0
	Operations	\$33,726
	Total Cost Per Unit	\$33,726
Bloomside	Maintenance	\$0
	Operations	\$17,552
	Total Cost Per Unit	\$17,552
Burbridge Place	Maintenance	\$0
	Operations	\$22,292
	Total Cost Per Unit	\$22,292
Don's Place	Maintenance	\$2,845
	Operations	\$39,508
	Total Cost Per Unit	\$42,353
Haven Heights	Maintenance	\$4,060
	Operations	\$24,592
	Total Cost Per Unit	\$28,652
Sharyn Grayson House*	Maintenance	\$8,335
	Operations	\$332
	Total Cost Per Unit	\$8,667
The Booker House*	Maintenance	\$6,560
	Operations	\$25,601
	Total Cost Per Unit	\$32,161
Sheila Stanton Place**	Maintenance	\$5,795
	Operations	\$3,334
	Total Cost Per Unit	\$9,129
Mary Pilgrim Inn	Maintenance	\$4,017
	Operations	\$44,548
	Total Cost Per Unit	\$48,565
Sacred Medicine House	Maintenance	\$0
	Operations	\$30,264
	Total Cost Per Unit	\$30,264
Sweetgrass Flats*	Maintenance	\$0
	Operations	\$3,308
	Total Cost Per Unit	\$3,308

HTH Facility	Expenditure	2025 Cost Per Unit
Salmonberry Lofts in Honor of Peter Joe	Maintenance	\$4,018
	Operations	\$30,953
	Total Cost Per Unit	\$34,971
Sidney Wilson House	Maintenance	\$4,608
	Operations	\$25,169
	Total Cost Per Unit	\$29,777
The Argyle**	Maintenance	\$6,067
	Operations	\$672
	Total Cost Per Unit	\$6,739
The Bob G.**	Maintenance (2024)	\$4,951
	Operations (2024)	\$332
	Total Cost Per Unit	\$5,283
The Gateway in Honor of Tenaya Wright	Maintenance	\$4,355
	Operations	\$21,273
	Total Cost Per Unit	\$25,628
The North Star	Maintenance	\$0
	Operations	\$32,059
	Total Cost Per Unit	\$32,059

* 2025 costs per unit are lower at this site because it opened mid-year.

** 2025 costs per unit are lower at this site because it was not open for occupancy in 2025.

D. Frank Chopp HTH Advisory Committee Certification of Dashboard

The Frank Chopp HTH Advisory Committee is a 12- to 16-member group advising the King County Executive and King County Council on current and future implementation of the HTH initiative. In 2025, the Committee convened quarterly and received presentations from HTH staff regarding the HTH model, the initiative's performance, and the final evaluation plan. On May 21, 2026, the Frank Chopp HTH Advisory Committee reviewed and unanimously certified this report and the HTH Dashboard, including certifying that that the dashboard is updated with 2025 calendar year data.⁹⁰

E. Additional Information Available in the HTH Dashboard

Additional information about the HTH initiative is in the online HTH dashboard available [here](#).⁹¹ The dashboard includes:

- Additional data specific to each of HTH's sites;
- Additional context and discussion of initiative activities and performance in 2025;
- Customizable views of HTH data;
- Greater background on disproportionality;
- More information about how HTH and its partners are working to support the health of residents; and
- More information about Advisory Committee members.

Conclusion/Next Actions

In 2025, the HTH initiative's fourth full year of operation, the initiative continued to focus on rehabilitating and opening buildings, moving people inside, connecting residents with health care and other supports, and building the capacity of service providers. HTH ended the year with 1,423 housing units secured and 1,054 units opened at 14 sites, reflecting the initiative's commitment to expanding the availability of supportive housing across the region. While HTH has faced significant challenges that have impacted the pace at which the initiative is achieving its paramount goal of securing and opening 1,600 units, HTH has made steady progress securing and opening supportive housing across King County.

As of December 2025, the HTH initiative has ended homelessness for over 1,400 King County Residents, improved the health and wellbeing of residents, and reduced the use of local emergency departments, hospitals, and jails – creating additional cost savings for the County. According to analysis by DCHS, after two years of living in a HTH unit, residents' total number of inpatient hospital care stays decreases by 41 percent, their total number of emergency department visits dropped by 39 percent, and residents experienced a 24 percent decrease in jail bookings. As HTH residents stay housed year after year, the comprehensive services offered at HTH sites help break the cycle of homelessness, addiction, trauma, and incarceration. As one resident said, "You don't become homeless overnight, and you don't recover overnight either. But with help, you can get there."

In 2026, HTH will focus on finishing the rehabilitation of unopened units, moving individuals inside, and continuing to provide a broad range of supportive services to residents. As external evaluators and DCHS's Performance, Measurement, and Evaluation team wrap up their in-depth evaluation of the HTH initiative, DCHS will reflect on lessons learned during the initiative's first five years and continue building the capacity of operators to refine services and supports. HTH is a powerful part

of King County’s regional strategy to address the entwined crises of affordable housing and chronic homelessness by increasing access to dignified supportive housing where people with disabilities can improve their health and their lives.

Appendix A: Reporting Elements Table and HTH Dashboard Guide

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
King County Code 2A.300.200.A			
The Frank Chopp health through housing advisory committee is created to provide advice to the executive and council and report annually to the council and community on the accomplishments and effectiveness of the expenditure of sales and tax proceeds as authorized by KCC chapter 4A.503 and RCW 82.14.530. Annual reporting to the council and the community shall include information on the allocation by jurisdiction of sales and use tax proceeds as authorized by KCC. chapter 4A.503 and RCW 82.14.530. ...	KCC 2A.300.200.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection C: Financial Information • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard
No later than June 15 of each year, beginning with the first report to be filed by June 15, 2023, on behalf of the advisory committee, the executive shall electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who shall retain an electronic copy to all councilmembers, the council chief and member and alternates of the regional policy committee, or its successor. The clerk of the council shall retain an electronic copy and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the committee of the whole, or its successor.	KCC 2A.300.200.A	N/A	N/A

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
King County Code 24.30.030.A			
... The implementation plan shall also describe responsibilities of the Frank Chopp health through housing advisory committee, which is to provide advice to the executive and council and to report annually to the council and the community on the accomplishments and effectiveness of the expenditure of proceeds and name the persons to the committee. Annual reporting provided to the council and the community shall include information on the allocation of the proceeds by jurisdiction.	KCC 24.30.030.A	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection D: Frank Chopp HTH Advisory Committee Certification of Dashboard • Report Requirements Subsection C: Financial Information • Appendix I: Frank Chopp HTH Advisory Committee Membership	• Full HTH Dashboard

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
HTH Implementation Plan			
The HTH Advisory Committee will annually report to the Council and public on the expenditures, accomplishments, and effectiveness of the HTH initiative through an online HTH dashboard. The purposes of reporting by online dashboard are to increase community access to reporting, to take advantage of an online platform's ability to present interactive data, to allow for faster data updates as data are available within the annual reporting period, and to reduce the environmental impact of printing paper reports.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection C: Financial Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
DCHS will prepare and maintain the online dashboard. No later than June 15 of each year starting in 2023, the online dashboard will be updated with the prior calendar year's data reporting and an overview of the HTH initiative's performance during the year. The online dashboard will include performance measures that are consistent with this plan's section on Performance Measurement and Evaluation.	HTH Implementation Plan, page 64	• Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 • Report Requirements Subsection B: Site Locations and Other Geographic Information • Report Requirements Subsection E: Performance Overview: Additional Information Available in the HTH Dashboard • Appendix G: MRT Services by Geographic Area	• Full HTH Dashboard
A list of the members of the HTH Advisory Committee	HTH Implementation Plan, page 65	• Appendix I: Frank Chopp HTH Advisory Committee Membership	• Advisory Committee
A map depicting the locations of sites constructed or acquired with Health through Housing proceeds and depicting the locations and numbers of operational-only housing units supported by HTH	HTH Implementation Plan, page 65	• Report Requirements Subsection B: Site Locations and Other Geographic Information	• Location Map

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Demographic data describing the population residing in Health through Housing-funded housing, including race and ethnicity. The dashboard will track progress towards reducing racial-ethnic disproportionality by comparing HTH demographic data to the population experiencing chronic homelessness in King County and the general King County population	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Demographic Data and Progress toward Reducing Disproportionality	Who We Serve
Number of households receiving a service through the mobile behavioral health intervention program by geographic area	HTH Implementation Plan, page 65	Appendix G: MRT Services by Geographic Area	Mobile Response Team
Number of households, who, at the time of enrollment, were living in or near the city in which the site is located, or have ties to that community	HTH Implementation Plan, page 65	Report Requirements Subsection B: Site Locations and Other Geographic Information – Individuals Served with Local Community Ties	Who We Serve
Health Through Housing initiative financial information, including,			
The program’s annual revenue	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Allocation of proceeds for housing and operations to jurisdictions that host Health through Housing sites	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Actual expenditures of the previous year's proceeds amongst the categories of expenditure required or allowed by KCC chapter 24.30	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Including the average per-unit cost of acquisition, conversion and operation by site	HTH Implementation Plan, page 65	Report Requirements Subsection C: Financial Information	Revenue and Expenditures
Data that describe how the Health through Housing initiative performs on at least the following population-level and program performance measures:			
Cumulative number of people who moved from chronic homelessness into permanent housing via HTH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 - Number of People Moved from Chronic Homelessness to Permanent Housing	Housing Performance
Progress on reducing disproportionality in the experience of chronic homelessness;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 - Demographic Data and Progress toward Reducing Disproportionality	Who We Sere

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Percentage of residents who maintain their housing in HTH or exit to permanent housing from HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Percent of HTH Residents who Maintain Housing in HTH or Exit to Permanent Housing	Housing Performance
Average length of stay of residents in HTH-funded emergency or PSH;	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Average Length of Stay	Occupancy and Length of Stay
Percentage of residents who receive physical or behavioral health care supports or care while residing in a HTH unit; and	HTH Implementation Plan, page 65	Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Health and Wellbeing Supports	Healthcare Access

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
Additional measures of improvements in health or well-being, as data are available	HTH Implementation Plan, page 65	- Report Requirements Subsection A: Performance Overview: Accomplishments and Effectiveness in 2025 – Health and Wellbeing Supports - Report Requirements Subsection A: Performance Overview: Accomplishments and Effective in 2025 – Metrics for Criminal-Legal System Involvement - Appendix H: Overview of HTH Health and Wellbeing Services	- Healthcare Outcomes - Criminal-Legal Outcomes - Mobile Response Team - Transportation and Mobility Supports - Employment Resource Program - Emergency Feeding Program
Beginning in 2023, the HTH Advisory Committee will annually certify by June 15 that the online dashboard is updated with the previous year's data and ready for review.	HTH Implementation Plan, page 65	Report Requirements Subsection D: Frank Chopp HTH Advisory Committee Certification of Dashboard	Advisory Committee

Reporting Element Language	Source	See Section(s) of This Report	See Also HTH Dashboard Tab(s) ⁹²
On behalf of the Committee, the Executive will electronically file the annual report and a motion that should acknowledge receipt of the report with the clerk of the council, who will retain an electronic copy and provide an electronic copy to all councilmembers, the council chief and members and alternates of the regional policy committee, or its successor. Passage of the motion acknowledging receipt of the report will satisfy 'TH's annual reporting requirement. DCHS will be prepared upon invitation to present an overview of the annual report to the Council or one of its committees and to the Regional Policy Committee.	HTH Implementation Plan, page 65	N/A	N/A

^[1] HTH Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

**Appendix B: HTH Investments (Acquisitions and Operations-only Partnerships)
Cumulative to Year End 2025**

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2025
Acquisition	Compass Housing Alliance	Don's Place	EH	102	81	Auburn	7	Open and occupied
Acquisition	Lavender Rights Project	Sharyn Grayson House	PSH	37	32	Seattle	2	Open and occupied
Acquisition	The Urban League	The Booker House	PSH	101	86	Federal Way	7	Open and occupied
Acquisition	Plymouth Housing	Sheila Stanton Place	PSH	124	101	Kirkland	6	Pre-occupancy
Acquisition	Salvation Army	Haven Heights in Honor of Bruce Thomas	EH	144	100	Redmond	6	Open and occupied
Acquisition	DESC	Mary Pilgrim Inn	EH	100	82	Seattle	4	Open and occupied
Acquisition	Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	PSH	80	74	Seattle	8	Open and occupied
Acquisition	Catholic Community Services	Sidney Wilson House	PSH	110	103	Renton	5	Open and occupied
Acquisition	TBD	The Argyle	PSH	12	10	Seattle	8	Project scoping
Acquisition	Catholic Community Services	The Bob G.	EH	80	80	Seattle	4	Listed for sale

Investment Type	Service Provider	Building Name	Initial Housing Type	Total Units	Housing Units	City	Council District	Status as of December 2025
Acquisition	DESC	The Gateway in Honor of Tenaya Wright	EH	131	113	Seattle	1	Open and occupied
Operations-only	Plymouth Housing	Bertha Pitts Campbell Place	PSH	100	100	Seattle	8	Open and occupied
Operations-only	DESC	Burbridge Place	PSH	62	62	Seattle	4	Open and occupied
Operations-only	DESC	Bloomside	PSH	95	95	Burien	8	Open and occupied
Operations-only	Chief Seattle Club	Sacred Medicine House	PSH	120	120	Seattle	1	Open and occupied
Operations-only	Chief Seattle Club	Sweetgrass Flats	PSH	84	84	Seattle	8	Open and occupied
Operations-only	DESC	The North Star	PSH	100	100	Seattle	4	Open and occupied
Total				1,582	1,423			

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See also [Health Through Housing Dashboard](#)

Appendix C: HTH Service Providers

HTH is partnering with eight service providers to operate HTH's sites, as shown in Figure 1, with the goal of expanding and diversifying the region's capacity to deliver this critical housing. Catholic Community Services, Compass Housing Alliance, DESC, Plymouth Housing, and The Salvation Army are longstanding regional providers of emergency shelter and PSH.^{93, 94, 95, 96, 97} Chief Seattle Club, Lavender Rights Project, and the Urban League are deeply embedded in and have rich experience serving communities and populations most disproportionately experiencing homelessness. Chief Seattle Club is a Native-led housing and human services agency that serves American Indian and Alaska Native people.⁹⁸ Lavender Rights Project is a Black trans-led and founded organization centered in the values of social justice for trans and queer low-income people.⁹⁹ The Urban League of Metropolitan Seattle is an organization dedicated to improving the lives of communities of color.¹⁰⁰

Figure 1: HTH Service Providers at HTH Sites, 2025

Service Provider	HTH Site Name	Jurisdiction
Catholic Community Services (CCS)	Sidney Wilson House	Renton
	The Bob G. ¹⁰¹	Queen Anne, Seattle
Chief Seattle Club	Salmonberry Lofts in Honor of Peter Joe	Pioneer Square, Seattle
	Sacred Medicine House (operations-only)	Lake City, Seattle
	Sweetgrass Flats (operations-only)	Central District, Seattle
Compass Housing Alliance	Don's Place	Auburn
Downtown Emergency Service Center (DESC)	The Mary Pilgrim	Bitter Lake, Seattle
	The Gateway in Honor of Tenaya Wright	Haller Lake, Seattle
	Burbridge Place (operations-only)	Green Lake, Seattle
	The North Star (operations-only)	Bitter Lake, Seattle
	Bloomside (operations-only)	Burien
Lavender Rights Project (LRP)/Chief Seattle Club	Sharyn Grayson House	Capitol Hill, Seattle
Plymouth Housing	Bertha Pitts Campbell Place (operations-only)	Central District, Seattle
	Sheila Stanton Place	Kirkland
The Salvation Army	Haven Heights in Honor of Bruce Thomas	Redmond
The Urban League of Metropolitan Seattle	The Booker House	Federal Way

Note: HTH's 17th site, known as the Argyle, is not listed in this table because DCHS has not identified a service provider to operate the building.

These partnerships are vital to providing high quality services and creating inclusive environments that respect and celebrate the cultural backgrounds and lived experience of all residents and staff, thereby promoting a sense of belonging and support for marginalized individuals.

Appendix D: Key Historical Context and Current Conditions

King County launched HTH in 2020 at the height of the COVID-19 pandemic. The pandemic amplified the region's pre-existing housing and homelessness crises, forcing tens of thousands of King County households to fall behind on rent in an expensive housing market.^{102, 103} Social distancing requirements implemented during the pandemic further reduced overall shelter capacity while the rate of unsheltered homelessness climbed.¹⁰⁴

The COVID-19 pandemic demonstrated that single-room settings are more supportive of a person's stability, health, and ability to maintain housing compared to congregate shelters.¹⁰⁵ Integrating this lesson, King County acquired existing buildings across the region, allowing for residents to live in separate bedrooms with the revenue created by the one tenth of a cent sales tax which was authorized by the Washington State Legislature in 2020 exclusively for housing use.¹⁰⁶

The economic circumstances of the pandemic made hotels and apartments available for purchase at lower rates, allowing HTH to grow the region's stock of affordable homes quickly and at lower cost.¹⁰⁷ The HTH initiative took advantage of these economic circumstances to buy relatively new or recently updated hotels and apartments, many of which included kitchen facilities, to substantially grow the region's stock of affordable homes quickly. Four years into the Plan, HTH has transformed these buildings into EH and PSH with comprehensive wraparound services including case management, behavioral health support, health care, employment support, and crisis intervention for residents experiencing chronic homelessness.

The initiative established partnerships with cities across King County to site and operate EH and PSH at a speed and scale not previously possible. This coordinated strategy recognizes that to reduce chronic homelessness in King County, communities, cities, and the County must act boldly together to increase housing that is available to, and supportive of, residents who have been living outside.

As the world moves beyond the COVID-19 pandemic, the ongoing issues of homelessness, housing affordability, and racial inequity continue to be central concerns for King County. In 2024, the King County Regional Homelessness Authority found that 16,385 individuals were experiencing homelessness, a 39 percent increase from the 2020 Annual Point in Time (PIT) count of 11,751 individuals.¹⁰⁸

Furthermore, communities do not experience homelessness at the same rate. Black, Hispanic/Latin(a)(o)(x), American Indian, Alaska Native, or Indigenous, and Native Hawaiian or Pacific Islander individuals are overrepresented among those experiencing homelessness compared to King County's overall demographics.¹⁰⁹ Veterans are also an overrepresented group among those who received homelessness services countywide.¹¹⁰

This growing rate of homelessness has occurred concurrently with a drastic increase in housing costs. Between 2016 and 2024, the median gross rent in King County increased from \$1,418 to \$2,110, marking a 49 percent increase.¹¹¹ This significant growth in housing costs has been partially driven by rapid population growth in the region. Between 2010 and 2024, the King County population increased 21 percent, increasing demand for housing and putting upward pressure on housing costs.^{112, 113} Now, nearly half of households (46 percent) in King County are cost-burdened, meaning they pay more than 30 percent of their income in rent.¹¹⁴ Over 84 percent of extremely low-income households are severely cost burdened in King County, meaning they pay more than 50 percent of their income in rent.¹¹⁵ These households are at high risk of homelessness and often do not have safe, affordable options in the private housing market. HTH plays a critical role in meeting the housing needs of extremely low income residents, especially those who have intersecting disabilities and experiences of homelessness.

Appendix E: Legislative History, Initiative Goals, and Annual Reporting Requirements

In 2020, King County implemented the HTH sales tax through the adoption of Ordinance 19179, codified as King County Code (KCC) Chapter 4A.503.^{116, 117} After establishing the revenue for the initiative, King County adopted Ordinance 19236 in 2021, which detailed the implementation planning for the HTH initiative.¹¹⁸ This ordinance established the initiative's paramount goal through 2028 of creating and maintaining the ongoing operations of 1,600 units of affordable, supportive housing for individuals experiencing or at risk of chronic homelessness.¹¹⁹ HTH is mandated to enhance access to health care, develop a mobile behavioral health intervention program, and address demographic disproportionality in homelessness.¹²⁰

In 2021, King County adopted Ordinance 19366, which adopted the Initial Health Through Housing Implementation Plan, outlined the process to establish an advisory committee for HTH, and set forth annual reporting requirements.^{121, 122} The plan outlines the processes for acquiring and operating supportive housing, engaging community stakeholders, and measuring the initiative's impact on chronic homelessness.¹²³ It also delineates the roles and responsibilities of the advisory committee, setting forth comprehensive annual reporting requirements to maintain transparency and accountability.¹²⁴

Appendix F: Additional Information on Open HTH Buildings

As summarized in the Performance Overview subsection of this report, the HTH initiative opened 109 additional units in 2025. Figure 1 provides details on the buildings where these units opened, including address, initial housing type, and number of units, as well as photos of each property. HTH considers a unit open when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

Figure 1: HTH Units Opened, 2025

1 Sweetgrass Flats, 157 12 th Ave., Seattle, 98122
Property Details
Service Provider: Chief Seattle Club Initial Housing Type: Permanent Supportive Housing Total HTH Units: 84 (32 opened in 2025)
Building Photos
 A photograph of the Sweetgrass Flats building, a modern multi-story structure with a grid-like facade of windows. The building is illuminated from within, and the sky is a deep blue with some light clouds. A street with a car and some trees is visible in the foreground.

2 | The Booker House, 1400 S 320th St., Federal Way, 98003

Property Details

Service Provider: The Urban League of Metropolitan Seattle
Initial Housing Type: Permanent Supportive
Housing
Total HTH Units: 86 (18 opened in 2025)

Building Photos

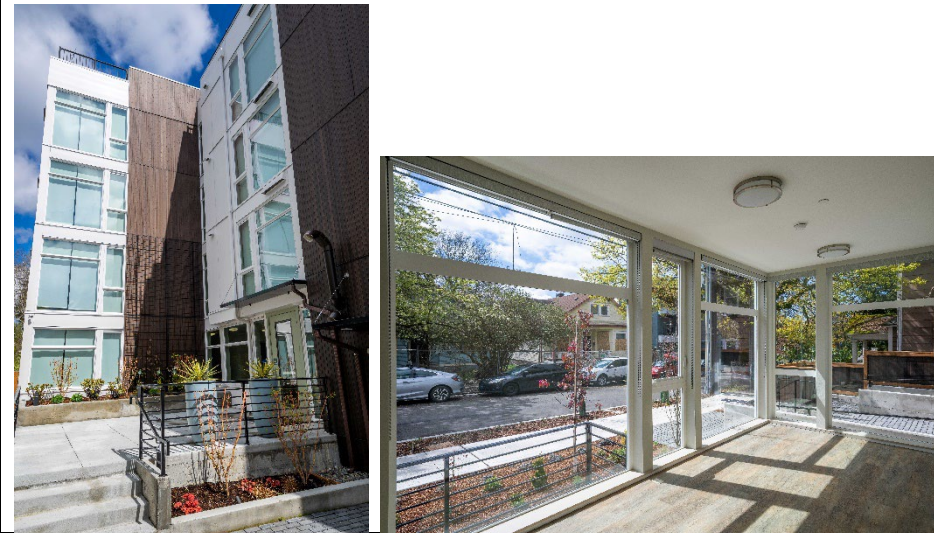


3 | Sharyn Grayson House

Property Details

Service Provider: Lavender Rights Project & Chief Seattle Club
Initial Housing Type: Permanent Supportive
Housing
Total HTH Units: 32

Building Photos



4 | Haven Heights in Honor of Bruce Thomas, 2122 152nd Ave. NE, Redmond, 98052

Property Details

Service Provider: The Salvation Army

Initial Housing Type: Emergency Housing

Total HTH Units: 100 (15 opened in 2024, 27 opened in 2025)

Building Photos



Appendix G: MRT Services by Geographic Area

Figure 1: Number of Health Through Housing (HTH) Clients Receiving Mobile Response Team (MRT) Services by Geographic Area¹²⁵

Jurisdiction	Zip Code	Number of Clients Served
Auburn	98001	<10
Burien	98166	<10
Redmond	98052	<10
Renton	98057	12
Seattle	98103	42
	98104	<10
	98122	12
	98125	<10
	98133	75

Notes on Figure 1: Due to some residents moving between sites, the total number of clients served by zip code adds up to more than the total distinct clients served across the entire HTH MRT portfolio.

Appendix H: Overview of HTH Health and Wellness Services

Behavioral Health Services

HTH operators have continued to establish community partnerships with organizations that offer ongoing mental health services and substance use treatment on site to help residents achieve longer term stability. For instance, in 2025:

- Haven Heights in Honor of Bruce Thomas established a new partnership with IKRON to bring a psychotherapist specializing in mental health and substance use disorder treatment on site at least one day a week.
- Burbridge Place and The North Start continued partnering with DESC's outpatient behavioral health service, SAGE (Support, Advocacy, Growth, and Employment), to bring a behavioral health case manager on site 40 hours a week to support residents' recovery.
- Burbridge Place, The North Star, and Bloomsdale all have staff from DESC's Substance Use Disorder Program on site at least one day a week.
- Sacred Medicine House, Salmonberry Lofts in Honor of Peter Joe, and Sweetgrass Flats host a Traditional Health and Wellness Team that works individually and in group settings to engage residents in trauma-informed healing and wellness modalities that are centered in ancestral Indigenous knowledge. The Traditional Health and Wellness staff are on site for 40 hours a week at each site. All three sites also offer weekly Wellbriety meetings, a culturally based program that supports recovery from alcohol, substance abuse, and intergenerational trauma.
- Catholic Community Services' Counseling, Recovery and Wellness Program (CRew) offered mental health and SUD counseling on site at Sidney Wilson House for 40 hours a week.
- Don's Place continued to partner with HealthPoint medical staff, who are on site 4 hours a week to prescribe psychiatric medications and substance use disorder treatments to residents. Don's Place is also in the process of establishing a new relationship with Lutheran Community Services Northwest, which will offer onsite behavioral health services in future years.
- Mary Pilgrim Inn and the Gateway partner with Harborview to bring a psychiatrist on site for up to two days a week.

Case managers at all HTH sites work diligently to connect residents to a wide range of low-barrier, community-based behavioral health services that supplement those offered on site. For instance,

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See also [Health Through Housing Dashboard](#)

many HTH operators connect residents to Program of Assertive Community Treatment (PACT), a Medicaid-funded program which provides community-based intensive services for people with high behavioral health needs. PACT teams consists of a psychiatrist, nurse, mental health counselors, substance use disorder professionals, case managers, vocational specialists, and peer specialists who provide services throughout the community, including on site at HTH buildings. Many HTH operators also connect residents to Evergreen Treatment Services, which runs several clinics that offer medication-assisted treatment for adults with opioid disorders, and a mobile REACH team made up of case managers, social workers, chemical dependency specialists, and nurses who provide services at HTH locations. Several sites connect residents to We Care Daily Clinics, a mobile opioid treatment provider based in Auburn and Seattle. HTH residents in behavioral health crisis can also be connected to Connections Kirkland, a County-funded crisis care center that is open 24/7 to provide walk-in behavioral health urgent care as well as more intensive crisis services when needed.¹²⁶

As such, HTH residents continue to have access to behavioral health services funded by Public Health – Seattle & King County’s Health Care for the Homeless Network (such as Evergreen Treatment Services, and REACH, HealthPoint, and Harborview) as well as the network of community behavioral health providers administered by the King County DCHS Behavioral Health and Recovery Division (BHRD) that are funded through Medicaid, state dollars, and MIDD behavioral health sales tax funds (such as IKRON and Lutheran Community Services Northwest).

Physical Health Services

In addition to behavioral health care, HTH operators continue to connect residents to a range of low-barrier physical health services that are located both on site and in the community. The configuration of health services offered at HTH sites varies by location and is designed to meet the specific needs of that building’s residents as determined by its operator. This subsection describes the unique health care supports provided at various HTH sites:

- The Booker House: The Booker House established a new partnership with HealthPoint in 2025. A HealthPoint nurse is on site for a minimum of one day each week to provide general primary care consultation and referrals to offsite health providers.
- Sidney Wilson House: Sidney Wilson House has a nurse from HealthPoint on site on a weekly basis for up to 24 hours. This nurse offers general primary care consultation, wound care, overdose prevention, and over the counter pain remedies. In addition, the nurse performs vital care coordination services such as making referrals to the appropriate level of care including hospitals, inpatient clinics, or specialized care, and connecting residents to other health supportive services that are tailored to the individual’s needs.
- Don’s Place: In 2025, Don’s Place continued to partner with HealthPoint to offer both nursing and physician care through its on-site medical exam room. One day a week,

medical staff provide a wide array of health services including wound care, foot care, primary care consults, and referrals to specialized medical services.

- Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright: Residents at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright benefit from an innovative on-site partnership with Harborview Medical Center’s Adult Medicine Clinic. In 2025, Harborview continued medical clinic operations at the Mary Pilgrim Inn and The Gateway in Honor of Tenaya Wright, which is staffed by a physician and nurse. This partnership supports chronic disease management, particularly diabetes management, and supports monitoring of medically fragile residents. Further, DESC employs a nurse that is on site at both The Gateway in Honor of Tenaya Wright and Mary Pilgrim Inn approximately 15 hours a week. Residents also receive on-site medication management services. In interviews, residents speak highly of the care team at these two sites, with one resident saying, “I’m impressed with the medical team. They treat me with compassion, provide follow-up as promised, and are very generous with medical supplies. I’m grateful to be staying at MPI.”
- Salmonberry Lofts in Honor of Peter Joe and Sweetgrass Flats: In 2025, Seattle Indian Health Board and Chief Seattle Club continued offering on-site nursing services at Salmonberry Lofts in Honor of Peter Joe, and launched on-site services at Sweetgrass Flats. Nurse care includes medication management, wound care, wellness checkups, consultation and referrals to nearby Seattle Indian Health Board health centers. The Seattle Indian Health Board also runs nearby community health centers that provide medical, dental, behavioral health, and substance use services to its patients, while specializing in the care of Native people.
- The North Star, Burbridge Place, and Bloomsides: Residents at Burbridge Place, The North Star, and Bloomsides all receive on-site medication management services.

In addition to onsite physical health services, case managers at all HTH sites aid residents in accessing low-barrier, community-based health resources. For instance, some residents are connected to HOST (Homeless Outreach Stabilization and Transition), a multi-disciplinary team of health, substance use disorder, and medical professionals that offer coordinated case management on site. Other sites connect residents to low-barrier, community-based health centers that are designed to serve low-income individuals, including Hobson Clinic (run by Harborview in partnership with DESC), 45th Street Clinic, Sea Mar, and Navos. Burbridge Place connects residents to the Aurora Commons Walk Up Clinic, which is run in partnership with Harborview and available to anyone living or working on Aurora Avenue. In 2025, Sharyn Grayson House established new partnerships with the Tubman Center for Health and Freedom and QueerDoc Telemedicine, which provide medical services to residents at their office or online.

Appendix I: Frank Chopp HTH Advisory Committee Membership

KCC 2A.300.200 and KCC 24.30.020 call for an advisory committee for the HTH initiative.^{127, 128} As shown in Figure 1, the Frank Chopp HTH Advisory Committee is a 12- to 16-member group advising the King County Executive and King County Council on current and future implementation of the HTH initiative. In addition to providing guidance, the committee is responsible for:

- Reviewing the initiative’s performance data;
- Providing annual certification of the HTH Dashboard; and
- Reporting annually to the King County Council and the community at large on the expenditures, accomplishments, and effectiveness of the HTH initiative.

In 2025, King County adopted Ordinance 19997 to rename the HTH Advisory Committee in honor of Frank Chopp, a longtime Speaker of the Washington State House of Representatives who helped fund the development of affordable housing across the region and championed the state legislation that made the HTH initiative possible. The committee’s official name is now the Frank Chopp Health Through Housing Advisory Committee.^{129, 130}

As of December 2025, the Frank Chopp HTH Advisory Committee consisted of 15 people, including representatives from local communities, non-profit organizations, health care providers, housing experts, and HTH residents.¹³¹ The Committee’s purpose is to provide oversight, guidance, and expertise to ensure the initiative’s objectives are met effectively and equitably.¹³² The Frank Chopp HTH Advisory Committee is intended to serve as a bridge between HTH and the communities it serves, ensuring that the voices and needs of those most affected by housing instability are heard and addressed.¹³³

As part of the initiative’s commitment to equity and social justice and consistent with the Plan, the Frank Chopp HTH Advisory Committee centers individuals with lived experience and communities that have been historically overrepresented in the region’s homelessness crisis. In line with this commitment to equity, DCHS appointed a HTH resident to the Frank Chopp HTH Advisory Committee for the first time in 2025. As of December 2025, committee members include the following 15 King County residents. For more information about the members, visit the Advisory Committee tab of the HTH Dashboard.¹³⁴

Figure 1: Frank Chopp Health Through Housing Advisory Committee Members, 2025

Frank Chopp Health Through Housing Advisory Committee Members		
Lana Bostic	Lena Bernal	Indigo Brown
Avon Curtis	Tulika Dugar	Gloria Ramirez Santiago
Patti Yates-Starns	Marissa Fitzgerald	MJ Kiser
Krystal Marx	Sarah Stewart	Da’mont Vann
Barbara Walker	Donnell Olebar	Andrea Paine

Endnotes

¹ King County Code 24.30.030.A.3.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

² King County Code 4A.503.040.B.

[https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

³ King County Code 24.30.030.A.1.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

⁴ Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

⁵ Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

⁶ Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=Advanced&Search=>]

⁷ A robust body of research has demonstrated that the Housing First approach effectively ends homelessness, especially for people experiencing chronic homelessness who have higher service needs. The Housing First approach encompasses a broad range of strategies for supporting previously homeless individuals that are reflected in the Housing First fidelity model and PSH quality standards.

⁸ Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [<https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/>]

⁹ Housing First in Permanent Supportive Housing. April 15, 2025.

[<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>]

¹⁰ CSH Quality Supportive Housing Standards. Corporation for Supportive Housing. October 2025.

[<https://www.csh.org/wp-content/uploads/CSH-Quality-Supportive-Housing-Standards-CSH-October-2025.pdf>]

¹¹ HTH removed 11 units from its housing unit count in 2025 due to the following: of the 103 residential units at Sheila Stanton Place, Plymouth determined that two are needed for use as temporary relocation units (which residents can move into if their unit undergoes maintenance). Of the 107 residential units at Sidney Wilson House, Catholic Community Services determined four are needed for use as temporary relocation units. Salmonberry Lofts in Honor of Peter Joe determined that one unit was needed for temporary relocations and one for use as a manager unit. Mary Pilgrim Inn confirmed that the site had 82 rather than 85 residential units.

¹² KCC 2A.300.200.A. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]

¹³ Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=>]

¹⁴ Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

¹⁵ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

¹⁶ Initial Health Through Housing Implementation Plan.

[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]

¹⁷ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]

¹⁸ HTH considers a unit opened when it becomes ready for resident occupancy. HTH opens a unit after completing renovations and contracting with a service provider who ensures the facility can function as intended, providing safe and supportive housing.

¹⁹ Haven Heights in Honor of Bruce Thomas is using a phased move in approach while rehabilitation continues to take place on the building. The site first opened for occupancy in June 2024, with 15 residents moving into the building by year end. During 2025, an additional 27 residents moved in, bringing the total number of occupied units to 42. Once rehabilitation work is complete the building will have 100 housing units.

²⁰ The increase from 954 open units at the end of 2024 to 1,054 at the end of 2025 reflects both the addition of 109 newly opened units in 2025 and updated operational inventory counts at several existing HTH sites. Compared to the 2024 Annual Report, reported open units decreased at Mary Pilgrim Inn (85 to 82 units), Sidney Wilson House (107 to 103 units), and Salmonberry Lofts in Honor of Peter Joe (76 to 74 units). These changes reflect units being used for respite and manager lodging, rather than resident occupancy.

²¹ The measure for tracking progress towards HTH's 1,600 unit paramount goal is the cumulative number of *housing units*, which refers specifically to units that will be used for residential purposes. Thus, this figure shows only housing units. By contrast, the 2022 annual report showed the total universe of units obtained irrespective of use (e.g. administrative space, community rooms), or municipal limits on occupancy.

²² Falkin Associates. Property Condition Assessment. (May 13, 2021).

²³ Rolluda Architects. King County FMD, Inn at Queen Anne Building Assessment. (February 22, 2022).

²⁴ Sound Transit. Ballard Link Extension Scoping Summary Report. (February 2025).

[<https://www.soundtransit.org/sites/default/files/documents/BL-NEPA-Scoping-Summary-Report-02132025.pdf>]

²⁵ Braddock, Shannon. "Notification of Reallocation of Health through Housing Revenue to Fund Bond Financing Costs" October, 29, 2025.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7718540&GUID=5BF7C132-117C-4C14-AA59-9BB0FE5560D8&Options=Advanced&Search=>]

²⁶ The Office of Economic and Financial Analysis Revenue Forecasts. July 2025 and March 2026.

[<https://kingcounty.gov/en/independents/governance-and-leadership/economic-financial-analysis>]

²⁷ FMD works closely with DCHS to support the acquisition, maintenance, building security, and building operations of County-owned HTH properties.

²⁸ Notification of Reallocation of Health through Housing Revenue to Fund Bond Financing Costs. October 29, 2025. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7718540&GUID=5BF7C132-117C-4C14-AA59-9BB0FE5560D8&Options=Advanced&Search=>]

²⁹ Because HTH residents sometimes move throughout the year, the number of people who are housed at any one point in time is lower than the total number of people housed in HTH buildings throughout the entire year. Accordingly, on December 31, 2025 the HTH initiative was housing 989 people, compared to 897 residents on December 31, 2024.

³⁰ Haven Heights in Honor of Bruce Thomas is using a phased move in approach while rehabilitation continues to take place on the building. The site first opened for occupancy in June 2024, with 15 residents moving into the building by year end. During 2025, an additional 27 residents moved in, bringing the total number of occupied units to 42. Once rehabilitation work is complete the building will have 100 housing units.

³¹ In prior annual reports, the counts of People Housed in Health Through Housing (HTH) EH and PSH represented the total number of unique individuals served within each housing type, regardless of movement between them. This resulted in a small number of individuals being counted in both EH and PSH if they transitioned between programs. Beginning in 2024, individuals who moved from EH into PSH were counted only in PSH, so that the EH and PSH counts sum to the total number of distinct individuals housed by HTH. This change results in slightly lower counts for earlier housing types when compared across years.

³² The Total Units Secured as EH decreased by 15 from prior reports due to the following changes: 10 Argyle units were reclassified as PSH because they contain kitchens, three units were removed from Mary Pilgrim Inn's unit count, and two units at Sheila Stanton Place were reclassified as relocation units.

³³ There are several reasons why HTH buildings have occupancy rates above 100 percent. Occupancy is calculated by dividing the number of residents housed by the number of units available for occupancy, which means the occupancy rate will be above 100 percent if multiple residents are living in one room. HTH sites place multiple residents in a single room for a few reasons: HTH provides housing for couples who live together, and, in some sites, residents at high risk of overdosing are given roommates to reduce the risk of overdose.

³⁴ King County Regional Homelessness Authority (KCRHA) System Performance Dashboard, Homeless Management Information System (HMIS) data as of 12/2/2025. [<https://kcrha.org/community-data/system-performance/>]

³⁵ Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

³⁶ Across King County in 2025, 59 percent of residents of other, non-HTH enhanced non-congregate and hotel shelters maintained their housing or exited to permanent destinations.

³⁷ For the remaining 10 percent of residents, HTH does not have data on where the resident went after exiting the site. The absence of data for some residents may reflect the resident opting not to report or data not being collected at exit, among other reasons. An additional 10 individuals passed away while enrolled with HTH. Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.

³⁸ 50 residents were at risk of chronic homelessness prior to HTH's intervention, as defined by KCC 4A.503. One client's referral paperwork indicated they were chronically homeless. However, upon arrival at the HTH site, staff found that the client was homeless, but did not meet the chronic or at risk definition. To promote this individual's housing stability, the client was enrolled for a short stay before exiting to permanent housing.

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- ³⁹ Initial Health Through Housing Implementation Plan.
[<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]
- ⁴⁰ KCHRA System Performance Dashboard. March 17, 2026. [<https://kcrha.org/community-data/system-performance/>]
- ⁴¹ Colburn, G., Fyall, R., McHugh, C., Moraras, P., Ewing, V., Thompson, S., Dean, T., & Argodale, S. Hotels as Noncongregate Emergency Shelters: An Analysis of Investments in Hotels as Emergency Shelter in King County, Washington During the COVID-19 Pandemic. *Housing Policy Debate*. 2022; 32(6): 853–875.
[<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10586465/>]
- ⁴² National Health Care for the Homeless Council. Homelessness and Health: What’s the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴³ National Health Care for the Homeless Council. Homelessness and Health: What’s the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴⁴ National Health Care for the Homeless Council. Homelessness and Health: What’s the Connection? (February 2019). [<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>]
- ⁴⁵ Seattle-King County Homeless Management Information System (HMIS) Data as of 3/1/2025.
- ⁴⁶ Housing First in Permanent Supportive Housing. April 15, 2025.
[<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>]
- ⁴⁷ Interview with HTH site staff. December 20, 2024.
- ⁴⁸ PACT teams consist of a psychiatrist, nurse, mental health counselors, substance use disorder professionals, case managers, vocational specialists, and peer specialists who provide services throughout the community.
- ⁴⁹ King County Department of Community and Human Services. New Actions to Stop the Surge of Fentanyl Overdoses and Expand Behavioral Health Treatment in King County. (March 6, 2024).
[<https://dchsblog.com/2024/03/06/>]
- ⁵⁰ Viral Hepatitis Among People Experiencing Homelessness. CDC.
[<https://www.cdc.gov/hepatitis/hcp/populations-settings/peh.html>]
- ⁵¹ Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁵² Health Through Housing Dashboard, *Health Supports* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁵³ In the 2022 report, interactions with the behavioral health system, such as authorizations for care during a resident’s stay in HTH, were documented using the PHP96 behavioral health system database that DCHS administers. In 2023, the methodology was updated to include authorizations that began before a resident’s stay and continued into it. Additionally, new programs introduced in 2023 were included. In the 2024 report, the methodology was again updated to include both authorizations for care documented in the PHP96 behavioral health system database and authorizations for care documented in the Medicaid claims database. This data improvement gives the HTH initiative to a more holistic view of residents’ health care access.
- ⁵⁴ Some onsite physical health care services, such as those provided by HealthPoint, are paid for with grant funds secured by the health care provider. Accordingly, a resident may not need to have insurance to access health care services.

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- ⁵⁵ These outcomes are assessed for HTH residents who have consented to sharing their identifying information in HMIS. They are calculated for all such residents of HTH, including those who have exited, regardless of how long they remained enrolled in the program.
- ⁵⁶ Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner and Tim Aubry. National At Home/Chez Soi Final Report. Mental Health Commission of Canada. (2014). [<https://www.mentalhealthcommission.ca/resource/national-at-home-chez-soi-final-report/>]
- ⁵⁷ The data in this subsection only reflects the health care data available to the HTH initiative. As a result, it does not include health care that HTH residents access from the U.S. Department of Veterans Affairs, charity care, private insurance, or out-of-pocket payment, some of which is offered on site through HTH programs. HTH will continue to monitor health outcomes and access and will update its dashboard and other reporting to reflect additional data on care access as it becomes available. Additionally, DCHS is currently working with an external evaluation partner to better understand residents' health and wellbeing, and is planning to release a final report by the end of 2026.
- ⁵⁸ Metro started serving two sites that opened in late 2025 in the first quarter of 2026.
- ⁵⁹ The food boxes include dry and canned goods, fresh produce, and meats. Close coordination with staff at each site addresses dietary restrictions, culturally specific food preferences, and delivery timing to meet residents' needs.
- ⁶⁰ HTH residents can choose to pursue multiple service areas.
- ⁶¹ Ordinance 19179. [<https://mkcclegisearch.kingcounty.gov/Legislation.aspx>]
- ⁶² Initial Health Through Housing Implementation Plan. [<https://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=9959294&GUID=718EA25C-9032-448C-8C98-060B2C97B5E8>]
- ⁶³ Seattle-King County HMIS Data as of 3/1/2025.
- ⁶⁴ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.
- ⁶⁵ 2022 Health Through Housing Annual Report. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]
- ⁶⁶ Seattle-King County HMIS Data as of 3/1/2025.
- ⁶⁷ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.
- ⁶⁸ 2022 Health Through Housing Annual Report. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]
- ⁶⁹ Seattle-King County HMIS Data as of 3/1/2025.
- ⁷⁰ Washington State Office of Financial Management Population Interim Estimates (PIE), April 2025.
- ⁷¹ 2022 Health Through Housing Annual Report. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6262252&GUID=12B235F6-F229-411C-9293-B498A6821F87&Options=&Search=>]
- ⁷² Five Charts That Explain the Homelessness-Jail Cycle-and How to Break It. The Urban Institute. 2020. [<https://www.urban.org/features/five-charts-explain-homelessness-jail-cycle-and-how-break-it>]
- ⁷³ Overall, 45 percent of HTH residents experienced a jail booking at some point in the five years prior to their enrollment. Among HTH residents, jail booking rates were highest among the BAAA residents (52 percent) and Native Hawaiian or Pacific Islander residents (52 percent).

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- ⁷⁴ HTH Dashboard, *Location Map* tab. [<https://www.kingcounty.gov/hthdashboard>]
- ⁷⁵ Initial Health Through Housing Implementation Plan. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]
- ⁷⁶ RCW 82.14.530(3)(b) requires counties to provide an opportunity for 15% of units at a facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community.
- ⁷⁷ King County Code 4A.503. [https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]
- ⁷⁸ HTH's allocation of Strategy 3 revenues in 2025 amounted to 12.85 percent of total HTH sales tax revenues, as allowed in the Implementation Plan.
- ⁷⁹ City of Bellevue Resolution 9826. [<https://bellevue.municipal.codes/enactments/Res9826>]
- ⁸⁰ City of Covington Ordinance 14-20. [<https://covington.municipal.codes/enactments/Ord14-20>]
- ⁸¹ City of Issaquah Ordinance 2922. [<https://issaquah.civicweb.net/document/127758/>]
- ⁸² City of Kent City Code 3.16.035 Additional Sales or Use Tax for Housing. [<https://www.codepublishing.com/WA/Kent/>]
- ⁸³ City of Maple Valley Ordinance No. O-20-708. [<https://cms3.revize.com/revize/maplevalleywa/Documents/Government/Ordinances/2020/Ord708%20Additional%20Sales%20and%20Use%20Tax%20for%20Housing%20and%20Related%20Services.pdf>]
- ⁸⁴ City of North Bend Code 3.10.010. [<https://www.codepublishing.com/WA/NorthBend/#/html/NorthBend03/NorthBend0310.html>]
- ⁸⁵ City of Renton Ordinance 5983. [<https://edocs.rentonwa.gov/Documents/DocView.aspx?id=8226729&dbid=1&repo=CityofRenton&cr=1>]
- ⁸⁶ City of Snoqualmie Resolution 1557. [<https://portal.laserfiche.com/Portal/DocView.aspx?id=1946&repo=r-d06bc528>]
- ⁸⁷ The plan notes that the County and the city of Sammamish agreed in 2021 that the County would not pursue HTH acquisition in Sammamish but would meet annually to discuss HTH and opportunities for partnership.
- ⁸⁸ In 2025, \$12,989,652 in HTH revenue could not be allocated to a specific jurisdiction.
- ⁸⁹ HTH sites that had opened earlier than 2023 received inflationary adjustments to their contracts during 2023 that contributed to increased costs that year and in subsequent years.
- ⁹⁰ Initial Health Through Housing Implementation Plan. [<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]
- ⁹¹ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]
- ⁹² HTH Dashboard. [<https://www.kingcounty.gov/hthdashboard>]
- ⁹³ Catholic Community Services [<https://ccsww.org/>]
- ⁹⁴ Compass Housing Alliance [<https://www.compasshousingalliance.org/>]
- ⁹⁵ Downtown Emergency Services Center (DESC) [<https://www.desc.org/>]
- ⁹⁶ Plymouth Housing Group [<https://plymouthhousing.org/>]
- ⁹⁷ The Salvation Army [<https://seattle.salvationarmy.org/>]
- ⁹⁸ Chief Seattle Club [<https://www.chiefseattleclub.org/>]
- ⁹⁹ Lavender Rights Project [<https://www.lavenderrightsproject.org/>]
- ¹⁰⁰ The Urban League of Metropolitan Seattle [<https://urbanleague.org/>]

¹⁰¹ CCS operated The Bob G. between April 2020 and June 2023, at which point the building was closed due to unsafe building conditions.

¹⁰² King 5. King County Accepting Applications for Rental Assistance before Eviction Moratorium Expires. [<https://www.king5.com/article/news/health/coronavirus/king-county-accepting-applications-for-rental-assistance-before-eviction-moratorium-expires/281-0f3962e9-3abe-451d-8563-ebb4200e97d5>]

¹⁰³ Zillow King County Market Overview, data through July 31, 2021. [<https://www.zillow.com/king-county-wa/home-values/>]

¹⁰⁴ King County Homelessness Response System Data Review: Q1 2021 Release. [https://kcrha.org/wp-content/uploads/2022/05/KC-Homeless-Response-System_Data-Review_Q12021.pdf].

¹⁰⁵ University of Washington and King County DCHS: Impact of Hotels as Non-Congregate Emergency Shelters. (2020). [https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf].

¹⁰⁶ RCW 82.14.530 as reflected in ESHB 1070 from 2021. [<http://lawfilesexxt.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1070-S.SL.pdf?q=20210815073813>]

¹⁰⁷ King County Department of Community and Human Services. Health Through Housing: A Regional Approach to Address Chronic Homelessness. (2024). [<https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing>]

¹⁰⁸ King County Regional Homelessness Authority. 2024 Point in Time Count. [<https://kcrha.org/community-data/king-county-point-in-time-count/>]

¹⁰⁹ King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

¹¹⁰ King County Department of Community and Human Services, Performance Measurement and Evaluation Division. Integrating Data to Better Measure Homelessness. (December 2021). [https://cdn.kingcounty.gov/-/media/king-county/depts/dchs/departments/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?la=en]

¹¹¹ U.S. Census Bureau, “American Community Survey 1-Year Estimates: Selected Housing Characteristics,” 2016 and 2024. [<https://data.census.gov/table/ACSDP1Y2016.DP04>] and [<https://data.census.gov/table/ACSDP1Y2024.DP04>]

¹¹² U.S. Census Bureau, “American Community Survey 1-Year Estimates: ACS Demographics and Housing Estimates,” 2010 and 2024. [<https://data.census.gov/table/ACSDP1Y2010.DP05>] and [<https://data.census.gov/table/ACSDP1Y2024.DP05>]

¹¹³ Alexandrov, A. Place the Blame Where It Belongs: Lack of Housing Supply is Largely Responsible for High Home Prices and Rents. The Urban Institute. (January 2024). [<https://www.urban.org/sites/default/files/2024-01/Place%20the%20Blame%20Where%20it%20Belongs.pdf>]

¹¹⁴ U.S. Census Bureau, “American Community Survey 1-Year Estimates: Selected Housing Characteristics,” 2024. [<https://data.census.gov/table/ACSDP1Y2023.DP04>]

¹¹⁵ U.S. Census Bureau, “American Community Survey 5-Year Estimates: Public Use Microdata Sample,” 2019-2024 [<https://www.census.gov/programs-surveys/acs/microdata/access.2022.html#list-tab-735824205>]

¹¹⁶ Ordinance 19179

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652676&GUID=8A31F2EE-23AF-4BA3-9306-CD87CD8B40A0&Options=&Search=&FullText=1>]

¹¹⁷ King County Code 4A.503

[https://aqua.kingcounty.gov/council/clerk/code/07_Title_4A.htm#_Toc54697848]

¹¹⁸ Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1>]

¹¹⁹ Ordinance 19236

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4652907&GUID=5E5E8D61-6B3B-46EC-937C-6FD39E8CB6F0&Options=&Search=&FullText=1>]

¹²⁰ Ordinance 19236

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¹²¹ Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

¹²² King County Code 2A.300.200. [https://kingcounty.gov/council/legislation/kc_code/33_Title_24.aspx]

¹²³ Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

¹²⁴ Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

¹²⁵ All the individuals served by MRT in 2025 were in single-person households, so the number of individuals served is equal to the number of households served.

¹²⁶ Crisis Care Centers Initiative. King County. [<https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/crisis-care-centers-levy>]

¹²⁷ KCC 2A.300.200. [https://aqua.kingcounty.gov/council/clerk/code/05_Title_2A.htm#_Toc473536140]

¹²⁸ KCC 24.30.020. [https://aqua.kingcounty.gov/council/clerk/code/33_Title_24.htm#_Toc65058358]

¹²⁹ “King County Health through Housing program renamed to honor Frank Chopp.” Capitol Hill Seattle Blog. November 19, 2025. [[King County Health through Housing program renamed to honor Frank Chopp | CHS Capitol Hill Seattle News](#)]

¹³⁰ Ordinance 19997.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7711662&GUID=5131AEF4-8473-4147-8092-F4A89BE21A88&Options=Advanced&Search=>]

¹³¹ King County Department of Community and Human Services. (n.d.) Health Through Housing Advisory Committee. [<https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/health-through-housing/advisory-committee>]

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See also [Health Through Housing Dashboard](#)

¹³² Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

¹³³ Ordinance 19366.

[<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=5121460&GUID=7DC46271-C6B3-4D90-B6DE-DEF37CD0A7D5&Options=Advanced&Search=&FullText=1>]

¹³⁴ Health Through Housing Dashboard. [<https://www.kingcounty.gov/hthdashboard>]