

Health Through Housing Frequently Asked Questions

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Background

Q: What is the Health Through Housing initiative?

A: The Health Through Housing (HTH) initiative is a regional approach to address chronic homelessness countywide, primarily by leveraging former hotels to bring online subsidized housing units paired with health services and social supports.

Q: What is the goal of the Health Through Housing initiative?

A: King County's paramount goal is to partner with local cities across the region to rapidly acquire and operate up to 1,600 units of affordable housing for residents experiencing or at risk of chronic homelessness. The HTH Implementation Plan also directs King County to also reduce the racial-ethnic disproportionality annually among people experiencing homelessness. Access to HTH units come with a comprehensive array of supportive services that will help residents achieve and maintain health and stability.

Q: How is Health Through Housing funded?

A: HTH is funded through a dedicated sales tax that was implemented countywide in 2020. The State Legislature passed House Bill 1590 in 2020, which allowed jurisdictions to enact a 0.1% sales tax to finance construction of affordable housing and behavioral health facilities and operations or services at affordable housing sites. In 2020, the King County Executive proposed, and the County Council adopted this dedicated sales tax. In 2021, the State Legislature passed House Bill 1070, which subsequently clarified acquisition of property as an eligible use of these funds.

Q: How long will the Health Through Housing initiative last?

A: This initiative and the tax that supports it have no end date. Current efforts are governed by the Health Through Housing Implementation Plan which was adopted by King County Council in 2021 and directs all initiative operations through the end of 2028. At that point, a new implementation plan will be due.

Q: How many Health Through Housing sites have been identified?

A: To date, eleven sites have been purchased by King County: one each in Auburn, Federal Way, Kirkland, Redmond, and Renton as well as six properties in Seattle (in Aurora, Bitter Lake, Pioneer Square, Queen Anne, Capitol Hill and the downtown core). Health Through Housing also funds ongoing operations in five new non-County owned supportive housing buildings within the City of Seattle. This brings the total number of HTH sites to sixteen.

Q: What is permanent supportive housing?

A: Permanent supportive housing (PSH) is an evidence based approach to chronic homelessness that pairs affordable housing with supportive services like case management, transportation resources and health care services. Through PSH, people experiencing chronic homelessness can achieve long-term housing stability and improve their health and well-being. Investments in PSH have helped [decrease nationwide homelessness by eight percent](#) since 2007.

PSH typically features a constellation of services in the realm of employment, mobility, physical and behavioral health care, and social connectedness. The exact type of services a person receives will vary based on their needs and self-identified goals.

Fidelity with the evidence-based PSH model requires that programs adhere to the following tenets:

- No barriers to entry (e.g. limitations on individuals with active or history of substance abuse, treatment, or service participation requirements);
- No preconditions (e.g., sobriety, income); and
- Does not terminate program participants from the project for lack of participation (e.g. supportive service participation requirements or rules beyond normal tenancy rules)

Q: What will be the measure(s) of success?

A: The program will measure success by the number of individuals moved from homelessness into stable housing and the percentage of those households who remain stably housed over time. King County is finalizing performance measures to assess how the health outcomes of HTH residents improve over time.

Selection of Health Through Housing Properties

Q: How are properties selected?

A: King County is committed to consulting with local cities and communities to identify potential properties, and to collaboration to ensure success. Properties are evaluated based on program criteria, local zoning and other regulatory requirements, and access to transit and other amenities. The County will only move forward with a HTH site if there is support from elected officials in the local jurisdiction.

Q: How does the cost of purchasing hotels compare to new construction?

A: The average cost to build a new permanent supportive housing facility is approximately \$400K to \$400K per unit or more, depending on location. In comparison, purchasing hotels during a depressed market is averaging around \$270K per unit, a significant savings! Once a provider is selected and staffing is in place, hotels can provide housing quickly and efficiently.

Q: How does the County engage community before the purchase of a hotel or building?

A: When the County is engaged in purchase and sale negotiations, often with private parties, this process requires discretion to negotiate fair and reasonable purchase prices for each property. Therefore, it is difficult to simultaneously conduct financial negotiations and community engagement in a way that stewards public funding by protecting against price escalation. Outreach and engagement with neighbors and businesses near HTH locations will continue in earnest as service operators are identified. The development of Good Neighbor Agreements (GNA) with the community plays a significant role in engaging and nurturing relationships with the local community.

Population Served by the Health Through Housing Initiative

Q: Who does the Health Through Housing Initiative serve?

A: The target population are people whose income is at or below 30% of the area median income (AMI) and who are experiencing or at-risk of chronic homelessness. Chronic homelessness is defined as:

An adult person with a diagnosed or self-identified disability, behavioral health condition or chronic illness who has been continuously homeless for a year or more, or

1. has experienced multiple episodes of homelessness in the past three years for a combined 12 months. At-risk of chronic homelessness is defined as: An adult person with a diagnosed or self-identified disability, behavioral health condition or chronic illness who has been continuously homeless in the past three years for a combined 10 months, or continuously homeless in the past five years for a combined 12 months, AND
 - has been incarcerated at any time in the past five years, OR
 - involuntarily committed at any time, OR
 - identifies as a member of a racial-ethnic or gender-diverse population that is overrepresented among people experiencing homelessness in King County

Q: Is there an income eligibility requirement?

A: Yes. Individuals or households served through HTH must earn at or below 30% AMI. For a single person, that is about \$27K/year.

Q: Why is HTH focused on people experiencing chronic homelessness?

A: People experiencing chronic homelessness have the greatest barriers to housing, including little or no income, have at least one disability, and have lived the longest without stable housing. The comprehensive services that will be available onsite through HTH make this an ideal home and setting for these individuals.

Q: Are HTH facilities for single people only or will there be opportunities for couples or families?

A: HTH provides opportunities for both individuals and couples/partners to transition into single room homes, with a primary focus on single adults.

Q: What is the difference between Health Through Housing and homeless shelters?

A: HTH provides the safety and stability of a place to call home. Privacy. A door that locks. Their own bed to sleep in every night. A bathroom. A shower that doesn't require signing up for a time slot. Ready access to medical and behavioral health services and a case manager to help navigate complex systems. Studies show these elements create a base to begin to rebuild lives. Persons referred to HTH have also been screened and assessed to aid in their housing placement and have often undergone some amount of stabilization. Persons entering shelter may be coming directly from an institution like a hospital and are often not screened prior to seeking shelter

Q: What are the residents' responsibilities?

A: Each prospective resident will receive an individual assessment prior to placement in any HTH unit. Each resident must sign a code of conduct agreement - not dissimilar from a lease agreement as it spells out the rules and obligations for tenancy. Each resident will pay one-third of their income, whether social security, disability or veterans' benefits. Given that all tenants are very low-income, payment of one-third of their income represents a substantial investment in their housing.

Q: Will there be rules for behavior for residents?

A: Rules will vary by provider, but in general, permanent supportive housing (and emergency housing) sites have a code of conduct that is agreed upon at the time of entry. Residents are required to comply with the terms of the agreement or risk eviction. These cover expectations for things such as rent responsibility, visitors, interpersonal behavior, etc. The rules are balanced with the recognition that people experiencing chronic homelessness will often require support as they transition into housing and adjust to a living situation with rules. The core principle behind housing first is that stable housing creates the foundation that makes it possible to address other needs.

Operations

Q: How soon will the buildings have occupants?

A: King County works closely with each host city and the onsite service provider to determine official occupancy dates. Another critical development piece prior to opening is community conversations on Good Neighbor Agreements.

Q: Who will provide the onsite services?

A: Onsite resident supports will be provided by non-profit organizations with expertise in providing permanent supportive housing and serving diverse populations disproportionately experiencing homelessness. The County uses a Request for Qualifications (RFQ) process to identify potential operators.

Q: Will the City be involved in choosing an operator for the facility?

A: Yes. The local city will participate in the selection of the HTH facility operators.

Q: What is the onsite staffing plan?

A: All HTH facilities will have 24/7 staffing. The actual staffing plan is developed by the selected service provider and includes onsite case management and access to health and behavioral health treatment and services. Every site assesses and adjusts the staffing plan as needed.

Q: How long can a resident stay?

A: HTH is a housing program. There is no limit on length of stay. There will, however, be substantial onsite services, including housing counseling, so that residents who are able and want to move-on to other permanent housing receive the support to do so, opening their HTH unit for another person to use.

Q: Will residents have restrictions on access to come and go from the facilities?

A: No. This will be their home, and they will come and go as anyone would from their own home. Access by non-residents of the facility will be limited or restricted by the operator's guest policy.

Q: What about guests or couch surfing?

A: There are guest policies in place at HTH residences. Residents can invite family and friends to visit their home. Residents cannot invite others to move in. HTH staff will know who lives there and who does not. Only those who have been assessed and approved for residency will be allowed to live there.

Q: How will you keep residents and businesses safe?

A: Safety of residents and surrounding neighbors is critically important. Living unsheltered and outside is life-threatening, and one of the most important functions of HTH is to bring at-risk and chronically homeless residents into safer places. To be clear, King County does not subscribe to stereotypes that depict persons experiencing homelessness as dangerous. Do some people who are homeless use or abuse substances? Yes, but so do millions of people across the country who struggle with addiction in the privacy of their own homes. The same is true for people experiencing a mental illness or living with some sort of life trauma. These challenges by no means are restricted only to those who are homeless. For HTH tenants, the expectation is that residents will abide by the code of conduct and if they can't or won't, they will have to leave.

Q: What will be enforcement strategies from illegal activities in units or the surrounding area?

A: The code of conduct pertains to the individual unit, the shared spaces in the housing project and the immediate vicinity of the housing site. Regarding the surrounding area, the onsite operator will be responsible for ensuring there are no illegal activities in the surrounding premises by HTH residents. Failure to abide by the code of conduct and the rules governing the housing means the resident will lose their apartment. The Good Neighbor Agreement will also likely include discussion around expectations for the surrounding area.

Q: What services will be provided to residents asked to leave/lose their apartments?

A: Transition services will be provided to any tenant needing a different housing or shelter option. The operator will work with the County to identify an appropriate alternative placement.

Q: Will there be security?

A: All HTH sites have 24/7 staffing. Permanent supportive housing buildings elsewhere in the county all have staff awake, alert and on duty around-the-clock. Should the need arise to increase or revise the staffing plan for any HTH site, the provider will do so.

Q: Will drug and/or alcohol use be permitted in the individual units?

A: Substance use that is legal in any other resident's home will be legal in these homes. HTH buildings and their residents are subject to all applicable local, state and federal law regarding the use, possession, and sale of illicit substances.

Tenants will not be required to prove sobriety as a precondition for accessing housing, nor will they be forced to accept treatment as a condition for ongoing residency. The onsite agency staff will directly engage anyone exhibiting problem behaviors due to substance use and offer treatment services with the goal of preserving housing stability while offering immediate access to treatment and clear direction as to what is and isn't acceptable behavior. That said, anyone who is unable to abide by the code of conduct and continuously disrupts housing for the other residents is at risk of removal from the housing program. If that becomes necessary, case managers would work directly with the tenant to try to find a different housing situation that might be a better fit.

Q: Why aren't you mandating behavioral health treatment for people with substance use disorders as a condition for housing?

A: The approach for Health through Housing is rooted in a commitment to evidence-based practices, individual autonomy, and a comprehensive understanding of the complexities surrounding substance use. It is supported by the County's Medical Director for the Crisis Care Centers, along with data and research on long-term outcomes. We continue to invest in and prioritize supportive housing, safety and stability, and a range of treatment options that meets the needs of individuals on an ongoing basis. Compulsory treatment is not being used in the Health through Housing initiative to address substance use disorder for the following reasons:

- Compulsory treatment has not demonstrated effectiveness in fostering long-term recovery or addressing the underlying causes of substance use in most cases. Instead, such approaches may lead to increased overdose rates and recidivism, underscoring the need for strategies that respect individuals' autonomy and promote voluntary engagement in treatment. You can find some additional context on this research [here](#) and [here](#). There are no comprehensive studies on compulsory treatment for fentanyl use disorder.
- By contrast, the permanent supportive housing (PSH) models utilized in HTH are proven to offer an effective approach by providing a supportive environment that promotes long-term engagement in treatment and recovery. This is only possible by respecting individuals' autonomy and providing comprehensive but voluntary services.
- Because of the relationship between compulsory treatment and punitive, criminal justice approaches, the use of compulsory treatment leads to further stigmatizing and marginalizing individuals with substance use disorders, making it less likely they will seek treatment and accept housing. A trauma-informed evidence-based response that views substance use disorders as complex health issues is essential for a multifaceted, supportive approach.
- King County deploys involuntary treatment when indicated by law. However, Washington State's involuntary commitment system for behavioral health needs (RCW 71.05 and 71.34), which includes individuals with substance use disorders (as authorized by [Ricky's Law](#)), only authorizes involuntary treatment in dire circumstances, instead prioritizing voluntary treatment and personal autonomy.

King County's Public Health department and DCHS' Behavioral Health and Recovery Division are [working to address](#) the emergent crisis of fentanyl use, with its high potency and risk of overdose, through a multi-faceted, multi-disciplinary set of strategies including but not limited to permanent supportive housing access. Engaging in open, informed dialogue with the residents of King County, including the City of Federal Way, is vital to advancing approaches that genuinely meet community needs.

Q: Is this a safe injection site?

A: No. HTH is housing. Any assertion that a HTH building would be a safe injection site is unequivocally inaccurate.

Q: Are there background checks on the tenants?

A: It is important to note that the individuals moving in to HTH sites are all enrolled in the Homeless Management Information System (HMIS). Some will also be enrolled in the Veterans data system. Some will be enrolled in the Behavioral Health information system. They are not strangers to our region's housing and human service system. No one walks up and gets assigned a room – this is no longer a hotel and there are no walk-ins. The assessment between case manager and prospective tenant will determine if the proposed location is a fit or if another option or location would be better. Any state or local laws, requirements, or restrictions in place for tenants in apartment buildings or houses in the same area will pertain to HTH residency as well. This would include sex offender registration and any exclusions to tenancy required by law.

Q: If the goal is to help people transition into stability, what is the pathway to this goal?

A: Housing stability is defined as not returning to homelessness over an extended period of time. Therefore, if individuals move from chronic homelessness into HTH buildings and are able to remain there or move on to permanent housing elsewhere, then the program will have achieved success on that goal. (This metric and others are available on [HTH's public dashboard](#).) As the program name emphasizes, access to healthcare is a key component of a person's overall health and wellness, and we know that people who do not have housing are profoundly challenged in accessing and benefiting from health services. This program will house people and then provide connections to onsite and offsite services in the realm of primary care, mental health, substance use treatment, education and community involvement, and more to help them gain health and wellbeing.

You can learn more about the evidence-based model that HTH employs, called *permanent supportive housing*, [here](#).

Q: Do you anticipate a high turnover rate?

A: No, we do not expect a high turnover rate since this is creating homes, not shelter. For comparison, during 2020, according to the King County Regional Homelessness Authority System Performance data, 97% of households remained in permanent supportive housing.

Referrals

Q: Why are you transplanting Seattle’s homeless population to King County’s other cities?

A: People are experiencing homelessness in every part of King County – north, south, east, and west. It is simply not true to suggest that East King County, for example, does not have people who are living there every night without a stable home. We know that more than 6,000 people throughout King County do not have a place to sleep indoors every night. Homelessness is a regional crisis, and no one entity or jurisdiction can solve that crisis alone. People from the local community eligible for housing in a HTH site will be prioritized for placement in a location closest to the community they consider home.

Q: How can someone get referred to this property?

A: Each HTH property will serve as a local resource for people experiencing chronic homelessness in that jurisdiction, while also being a component of a regionwide system of emergency and permanent supportive housing. King County will work with local jurisdictions to create referral pathways for area residents. In addition to local referral, referrals to HTH units will occur through King County’s Coordinated Entry (CEA) system. Prospective residents will be assessed by a CEA team member to determine eligibility and whether this placement would be appropriate.

Q: Should city residents be prioritized?

A: An amendment to HB 1070, which gives the County authority to use these funds for acquisition of existing buildings, requires that “a county that acquires a facility under [this statute] must provide an opportunity for 15 percent of the units provided at that 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.” The 15% is considered a minimum.

Q: How will local referrals work?

A: The County and the onsite provider will collaborate with the local city on the specific local referral protocols and procedures as follows:

- The local jurisdiction will identify key local service providers and City staff that provide homeless outreach services in the local community. These individuals will work with the County in providing referrals and creating a list of eligible individuals experiencing homelessness locally.

Q: Is it true that the county will only guarantee 15% occupancy from the local area?

A: Not true. State law requires a minimum of 15% of units set aside in a HTH residence for local referrals. One thing that is exciting about opening HTH locations across the County is that we now have more housing that we can offer to people in their own communities. Because we don’t force people to live in a particular housing unit, people typically prefer to live in housing near their existing networks and communities. Some people will even choose to remain homeless rather than accept housing that is far away from their friends and supports. The hope is that each site will house at least 30% from the local community.

Roles and Responsibilities of Host Cities and Communities

Q: Who owns the properties? Will the host City incur any costs?

A: King County is purchasing HTH properties using funds made available by a new countywide 0.1% sales tax. This fund source allows the County to fully fund property acquisition, building operations, 24/7 staffing and case management for the life of the program, and any rehab or construction needed to convert the property to this use. The host cities will not incur any direct costs related to property acquisition, conversion, operations, or onsite services.

Q: What is the City's role in HTH?

A: The cities that join King County in HTH recognize that homelessness is a regional crisis that cannot be addressed by a single city on their own. They have made the choice to become a HTH partner. Each city will be responsible for processing permits where needed and providing any necessary emergency response to the HTH residents, just as the city does for any local resident. The city will participate in the selection of the onsite provider and referral of local residents. The City will advocate for an effective program for those experiencing homelessness while maintaining public safety and economic stability, thereby allowing everyone in the community to thrive.

Q: How will the city and community be involved in the Good Neighbor Agreement?

A: Property operators and service providers are committed to being responsive to local jurisdiction and community concerns. Once the City and County have selected the onsite service operator, that provider will lead the community conversations to draft the Good Neighbor Agreement. King County is committed to HTH being a good neighbor, and the County will work closely with the onsite provider to problem-solve issues or concerns that need to be incorporated into the service package, program, or site designs. The Good Neighbor Agreement is a very important component of the commitment to working together to achieve success.

Q: Will there be volunteer opportunities for community members who want to help?

A: The County anticipates many of the onsite service providers will welcome community involvement and participation.