

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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1A-1. CoC Name and Number: WA-503 - Tacoma, Lakewood/Pierce County
CoC

1A-2. Collaborative Applicant Name: Pierce County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Pierce County

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Department of Child, Youth and Families	Yes	Yes	Yes
Office of Equity and Diversity	Yes	Yes	Yes
Veterans Administration	Yes	Yes	Yes

1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
(limit 2,000 characters)

1.The CoC solicits and considers a wide range of opinions through targeted involvement of a diverse set of stakeholders. The Governance Charter specifies that CoC membership must include a wide range of expertise and interests, including those of homeless service providers, mainstream service providers, funders, local entitlement jurisdictions, homeless or formerly homeless people, representatives serving sub-populations, and other organizations or persons that have an interest in preventing and ending homelessness. 2. CoC Committee meetings are open to the public and agendas are on the CoC website. Meeting agendas include a public comment period to allow attendees to offer relevant information or provide input on CoC process and policies. 3. The CoC actively solicits feedback from members of the community through the development and implementation and annual updates to the CoC Strategic Plan to Prevent and End Homelessness. To solicit outside input and expertise, this planning process brings together representatives from various community

sectors, including Behavioral Health, Department of Corrections, Juvenile Justice, Substance Use Treatment, Foster Care, and Health Care. The most recent plan also utilized focus groups to gather additional community input from people with lived experience with homelessness, a variety of service providers, and local advocates. Information gathered during meetings are utilized to inform new approaches and are taken back to the CoC for review and implementation.

4. The CoC ensure effective communication with individuals with disabilities through providing electronic and paper options for communication, having meetings at ADA accessible locations on bus routes, using presentations and microphones to increase hearing ability, and making all reasonable accommodations to ensure community members are heard and able to share their experiences.

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;**
 - 2. how the CoC communicates the invitation process to solicit new members;**
 - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

1. The invitation process used by the CoC to solicit new members rests primarily in the planning and outreach conducted by its Membership Subcommittee. The Membership Subcommittee meets bi-monthly to review current membership, identify agencies/individuals from underrepresented stakeholder groups, recruit new members, and provide guidance on equitably recruiting under-represented populations to ensure that the CoC represents the community that is served. Subcommittee members are responsible for connecting with identified sectors and inviting them to become actively involved and creating collaboration among sectors.

2. The Membership Subcommittee communicates the invitation process to potential members through email and phone calls to service providers, community organizations, City and County departments, and other stakeholder groups. The CoC regularly presents to a variety of community groups and meetings, including the Pierce County Coalition to End Homelessness, and the Puyallup Homeless Coalition.

3. The CoC ensures effective communication with individuals with disabilities by conducting various forms of outreach to solicit members and providing electronic and paper applications. The CoC works diligently to represent the community that is served and to have the shared voice of all those that experience homelessness.

4. The CoC new membership application is continuously open on the CoC website and shared quarterly with community organizations, coalitions, and stakeholders. This process allows for interested community members to apply for membership without having to wait for a pre-determined application period. Specific sectors are approached directly based on available seats.

5. Currently, there are multiple members on the CoC who have or are currently experiencing homelessness. The CoC conducts special outreach through providers, emergency shelters, secondary education, and

street outreach teams to contact people that might be interested in serving on the CoC.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
 - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
 - 3. the date(s) the CoC publicly announced it was open to proposal;**
 - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
 - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

1. The Collaborative Applicant (CA), on behalf of the CoC, broadly announces the availability of CoC funding via publication in a large local paper of record, as well as via email notification to a listserv with over 300 recipients. The listserv email also encouraged recipients to pass along the notification to others who may be interested. The Pierce County Coalition to End Homelessness, the Puyallup Homeless Coalition, Human Service providers, and the entitlement jurisdictions also received emails. The CoC published or sent the website notification, newspaper publication, listserv email, and email to coalitions and providers on 7/16. In the funding competition, new project applicants are strongly encouraged to apply and explains in great detail the method in which proposals should be submitted. The CA also conducts a competition workshop is open for all to attend. The workshop covers submission details and answers questions. 2. All projects are reviewed for threshold review. The threshold review includes timeline submission, addressing essential requirements of the NOFA, meeting the threshold requirements. The review also includes ensuring that projects are applying for eligible project types and eligible participates. All projects that meet threshold review and demonstrate meeting a need in the community are sent to the Application Evaluation Committee (AEC) for review and ranking on the Project Priority List. 3. The CoC publicly announced the NOFA was open on 7/16/2019. 4. The CoC ensures effective communication with individuals with disabilities by providing materials electronically and on paper. The CoC ensures that all community meetings and trainings are held at ADA accessible facilities and provides all reasonable accommodations. 5. The CoC encourages and accepts proposals from CoC funded and non-CoC funded organizations.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
WA Dept of Commerce Office of Homeless Youth	Yes

Juvenile Justice	Yes
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1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:

- 1. consulted with ESG Program recipients in planning and allocating ESG funds;**
- 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**
- 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**
(limit 2,000 characters)

1. Within our CoC, Pierce County (PC), the CA, and the City of Tacoma (CoT) are ESG Program Recipients. PC and CoT are both voting members on the CoC. PC and CoT have aligned our respective ESG Policies and Procedures regarding planning, allocation of funds, data collection, and service delivery which aligns with the CoC policies. 2. In the ESG funding process (including the determination of funding recommendations), both ESG recipients utilize review panels that include representatives from the CoC, other community sectors, and local jurisdictions. Additionally, PC utilizes the CoC approved scoring criteria for the ESG funding process. In April 2017, the CoC set performance standards for the homeless crisis response system and updated those performance measures in 2019. As an ESG recipient, the County holds its sub-recipients accountable and evaluates their performance monthly by providing performance dashboards. The goal of the evaluation is to ensure sub-recipients are aware of their performance.

Both ESG recipients facilitate a Rapid Re-Housing Learning Collaborative for all ESG and CoC sub-recipients. This Collaborative provides monthly technical assistance and support to ESG and CoC funded providers to strengthen performance and attain CoC approved performance targets. 3. PC and CoT collaborate to complete respective Consolidated Plans and utilized the set policies and procedures of the CoC as directive of the Consolidated Plans. Both the CoT and PC completed public comment period for the Consolidated Plans and the plans were distributed to the CoC for implementation with the Five-Year Strategic Plan to Prevent and End Homelessness.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC

ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

1. The CoC prioritizes safety by ensuring the confidentiality and choice of survivors of Domestic Violence, Dating Violence, and Stalking (collectively, DV). Survivors can access any of the three local DV shelters through 24-hour hotlines, where they obtain crisis intervention, access to emergency transfer plan, safety planning, protection order assistance, legal advocacy, support groups, assistance with immigration, locating safe permanent housing, and obtaining health insurance, food stamps, or other mainstream benefits. Upon locating shelter, CE supports clients with collection of documentation, safety planning, and identifying a permanent housing solution, whether via a housing solutions conversation and subsequent diversion or a via a rapid rehousing project (specific to DV needs or not). In this manner, survivors receive support in an environment that promotes client choice.

2. Additionally, for those in need of relocation, the CoC leverages an emergency transfer plan in accordance with the 2013 Violence Against Women Act, which states clients who have reported recent DV have the right to an emergency transfer move. All data shared between service providers is de-identified to ensure confidentiality. HMIS participation is not required for DV households in homeless programs. It is the client’s choice to have data entered de-identifiable. Survivors can also access emergency services through Coordinated Entry (CE), where they receive referrals to DV-specific and/or emergency services—including DV shelters and a local family center—and not subjected to a waiting list. Currently, CE is also accessible at shelters to both leverage their secure (or confidential) environments and ensure interaction is trauma-informed and victim-centered. Additionally, one local DV shelter is a CE access point, so clients will be able to work with a trusted advocate and avoid the potential re-traumatization of repeating their story to multiple agencies.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**
- 2. Coordinated Entry staff that addresses safety and best practices (e.g.,**

Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)

1/2: The CoC requires that all project staff, including CE staff, receive Trauma Informed (TI) training annually. Training topics include Becoming Trauma Aware/TI, integrating a TI Approach, and Learning from a TI Agency. The CoC coordinates with victim service providers to provide annual trainings to the CoC projects and CE staff, and the largest local DV provider offers a variety of trainings that are available to the community. These trainings include Trauma Informed Care, Domestic Violence 101, and Domestic Violence Victims Services Training, a 30-hour state-certified training open to anyone working in DV service provision, perpetrator treatment, or social services. Furthermore, the Sexual Assault Center of Pierce County (SACPC) offers relevant education throughout Pierce County. Presentations cover topics like general dynamics of sexual assault and abuse, date/acquaintance rape, rape drugs, and sexual harassment. SACPC also offers a 30-hour Basic Sexual Assault Awareness Training (BSAAT) quarterly. This state-certified training is open to human service providers, law enforcement, medical professionals, legal professionals, school personnel, daycare managers, religious leaders, and others who provide similar services. SACPC also offers training and consultation on Vicarious Trauma (i.e. the impact of working with trauma survivors). SACPC is a current member of the CoC. The CoC also utilizes trainings available through the Domestic Violence and Housing Technical Assistance Consortium, funded by HUD and the Departments of Justice and Health and Human Services.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

To assess the scope of community need related to DV, dating violence, sexual assault and stalking, the CoC primarily leverages the de-identified data collected and stored in HMIS. By comparing HMIS and Point-in-Time (PIT) Count estimates of community need related to DV to existing service and housing capacity, the CoC can assess the extent to which it is meeting the overall needs of the community.

The CoC Domestic Violence Subcommittee uses de-identified aggregate data from comparable databases, along with HMIS and PIT data, to assess the special needs related to domestic violence. Recommendations could include the creation of programs, changes for funding availability with a focus on DV, changes for CE to better meet the needs of this vulnerable population, and increased training and opportunities for the community to better serve DV survivors.

Additionally, the CoC keeps abreast of national, state, and local data and evidence related to DV and TI service provision. The CoC monitors community need via datasets collected by the Washington State Coalition Against Domestic Violence, the National Network to End Domestic Violence (including its state census reports), the Washington State Department of Social & Health Services, county-level public health agencies, and the Domestic Violence Evidence Project (NRCDV).

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Tacoma Housing Authority	5.00%	No	No
Pierce County Housing Authority	7.00%	Yes-HCV	Yes-HCV

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:

- 1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or**
- 2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)**

1. Pierce County, as the Collaborative Applicant and the CoC lead agency, has had multiple conversations with Tacoma Housing Authority (THA) to encourage them to adopt a homeless preference over the years. THA is a Move-to-Work Housing Authority, and while they do not have a specific homeless admission preference in their written policy, they do contribute to the system directly. THA’s philosophy is that by implementing projects to serve the specific needs of people experiencing homelessness, they can offer more effective support than by implementing a homeless preference throughout all their voucher programs. THA annually funds \$1 million dollars for rapid rehousing for families and \$288,000 for young adult rapid re-housing. Local non-profit agencies receive these funds passed through Pierce County. This is to ensure that all contracts meet all CoC expectations and performance measures. THA also has project-based vouchers in a variety of permanent housing projects throughout the system for individuals and families experiencing homelessness. These projects include the College Housing Assistance Program for homeless students at Tacoma Community College (150 vouchers); the Family Reunification Program, for homeless adults with children involved with DCYF (100 vouchers plus 20 HOP vouchers); and the Veterans Affairs Supportive Housing (VASH) for homeless Veterans (177 vouchers). In 2020, THA is opening Arlington Campus, a Permanent Housing project for young adults (58 units) and a Crisis Residential Center for youth (12 units). THA is a voting member of the CoC. Pierce County and the CoC will continue to encourage THA to adopt a preference to serve individuals and families experiencing homelessness while continuing their work. THA also provides 131 project-based vouchers in Permanent Supportive Housing projects.

2. CoC does work with all PHA’s in geographical area

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

No

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

The CoC has implemented an anti-discrimination policy stating that discrimination on the base of race, gender, gender identity, gender expression, sexual orientation, familial or marital status, creed, national origin, disability, and religion for all projects within the CoC jurisdiction, regardless of funding source. CoC funded projects are required to serve and house participants as referred through CE. Data is monitored to ensure that there is equitable services throughout the system. In addition, the CoC serves the LGBTQ population in accordance with the Equal Access Rule. To address the needs of this population, the CoC has appropriate representation on the CoC Board. The CoC now has multiple members from the LGBTQ community, as well from LGBTQ service providers. Additionally, the CoC has conducted focus groups of those who identify as LGBTQ and who are homeless. The CoC also implemented a data change in HMIS and now asks all clients if they identify as LGBTQ, with the aim of measuring any potential disproportionate outcomes for this population and addressing any unique needs accordingly. The CoC Provider Academy, which conducts regular CoC-wide training with providers has added a training regarding the Equal Access Rule. The CoC requires initial training for new hires and annual refresher training for staff.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

1. CE covers the entire CoC geographic area. Clients can easily access CE on the phone and in person. The provider agencies that operate CE includes 2 PATH Outreach providers and emergency shelters, ensuring that CE is accessible to people experiencing homelessness without regard to where they are sleeping. While specific locations may vary, CE activities take place at a minimum at the following locations: a CE office, shelters, on the phone through 211, and outdoors where unsheltered people go. 2. 5 outreach teams cover the geography of the CoC 5 days a week to bring CE to those who would not otherwise seek services. Shelter staff are also a front-door to CE, to ensure every person will be assessed for housing. 3. The approach to prioritization is to give precedence to those with the greatest vulnerability or barriers to housing. The assessment identifies people most at-risk: under 18/over 65; chronically homeless; length of time unsheltered; medical condition posing immediate risk of harm; imminent danger from family, household member, other people in the person's life (including DV); active substance abuse causing risk to self or

others; pregnancy; frequent criminal justice interactions; mental health symptoms causing risk to self or others; engaging in risky behavior in exchange for money/shelter. The housing barriers assessment identifies people who have the greatest obstacle to accessing housing: disabling condition impairing ability to secure housing; low income; criminal record (felony); lack of recent rental history; large household size. Our approach to prioritization is used for all populations. The tool includes a set of questions that are designed to assess the criteria identified above, based on self-report. When complete, the tool generates a total priority score for the household. Households with longer histories of homelessness, higher housing barriers and greater vulnerability receive higher scores and are prioritized for referral.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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Applicants must describe:

1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and

2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

1. Primary categories of prioritized need and vulnerability correspond to HUD Policy Priorities, including chronic homelessness, veteran status, membership in a family with children or an unaccompanied youth household, and domestic violence status. Accordingly, the CoC prioritizes PSH projects and other projects explicitly targeting service provision to these groups. The CoC seeks to align the supply of housing projects with demand for services that may be unique to the various needs and vulnerabilities by which all households presenting to Coordinated Entry are prioritized following an assessment. These specific needs and vulnerabilities include age (under 18, over 65); acute/chronic medical conditions; acute mental health symptoms; substance abuse; pregnancy; frequent criminal justice interactions; imminent danger from household members or other people in the client’s life; engaging in risky behavior in exchange for money/shelter; length of time unsheltered; disabling conditions impairing ability to secure housing; lack of (or extremely low) income; criminal record; eviction history; lack of recent rental history; and large household size. The CoC leverages assessments to compute a prioritization score. 2. Then, given historical score distributions for a give intervention type, the CoC reviews, ranks, and rates projects in accordance with a model that forecasts demand for a particular intervention in the upcoming funding cycle. The CoC seeks to fund a portfolio of projects that meet the changing needs of clients entering the system, as measured by forecasting priority score distributions. Additionally, the CoC assigns points to applicants in a manner that rewards renewal applicants for previous integration with Coordinated Entry (i.e. by computing a CE utilization rate and a CE referral acceptance rate), since we believe integration with CE is the best way to ensure the CoC meets specific needs and vulnerabilities as efficiently as possible.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:

1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or

2. check 6 if the CoC did not make public the review and ranking process; and

3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or

4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 0%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

1.The CoC written process for reallocation stats that the Application Evaluation Committee (AEC) will examine the spending history and performance measures of all renewal projects. Any grants that are deemed low performing will be candidates to have their grant amount reduced. Funds captured from grants that are reduced will be used to fund new projects, which can be placed in Tier 1 or in Tier 2, or HMIS. Renewal projects may voluntarily reduce one of more of their grants, either in whole or in part. If reducing in part, the renewal project will be reduced by the requested amount (at minimum) and reallocated to a new housing project. If the project has historically underspent more than they volunteered to reallocate, the AEC may reallocate more funds to create a new project. 2.The CoC approved the reallocation process 3. The CoC communicated the reallocation process to all applicants through a detailed

description in the NOFA and on the CoC website. 4. The CoC identified projects that were low performing based on project scoring, objective performance measures, and previous budget expenditures. The CoC identified projects that no longer met a need in the community utilizing the Strategic Plan and Gaps Analysis that have been conducted. 5. The CoC determined to reallocate low performing projects based on project scoring, objective performance measures, overall community need, and previous budget expenditure.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input checked="" type="checkbox"/>

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	2,733.00
the CoC is Currently Serving	3,240.00

1F-2a. Local Need for DV Projects.

Applicants must describe:

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

The CoC calculated the number of DV survivors needing housing or services in questions 1F-2 by pulling available data from HMIS, along with requesting data from DV providers and shelters. This number is deduplicated to the best of our ability and then reported in 1F-2. The data source used is HMIS and DV comparable databases.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

DUNS Number	180238727
Applicant Name	Korean Women's Association

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:

- 1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and**
 - 2. the proposed project addresses inadequacies identified in 1. above.**
- (limit 2,000 characters)**

The following inadequacies exist in the current Pierce County Coordinated Entry system:

1. CE providers (i.e., staff trained in CE) currently receive only an introductory training on trauma-informed services, but would benefit from additional tailored training including trauma-informed responses to DV, how to provide survivor-centered safety-planning, how to discuss safety and validate survivor decision-making, and how to discuss informed consent and protecting a survivor's confidentiality.
2. CE staff are trained in informed consent, but do not have special training in discussing informed consent with a survivor, which may result in DV survivors being entered into the system as identified and thus at risk of being found by their abusive partners.
3. The current CE assessment questions only prioritizes whether a household is fleeing or not, but does not assess for lethality, which may result in a lack of prioritizing survivors with higher lethality and the highest need of services.

The proposed project will address each of the following:

1. Program staff will be thoroughly trained in various aspects of dv and trauma-informed, survivor-centered advocacy services. This will include comprehensive training on appropriate safety planning, client confidentiality, and client autonomy. Program staff will primarily serve as dv advocates first, and as CE providers second, which is an important (and vital) difference from the current way that the system operates. Additionally, KWA is collaborating with other CE

- provider agencies in developing a mandatory training protocol for all CE Specialists to be trained in DV, not exclusively reserved for DV agencies.
- 2. Program staff have in-depth knowledge and experience in properly de-identifying clients to ensure that their confidential information is protected.
- 3. Program staff have significant training and experience in conducting lethality assessments and asking questions related to experiences with dv.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
Korean Women's As...	180238727
New Phoebe's House	612489708

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	180238727
Applicant Name:	Korean Women's Association
Rate of Housing Placement of DV Survivors–Percentage:	51.00%
Rate of Housing Retention of DV Survivors–Percentage:	100.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

“Pathway Home” has not yet started its first year of the contract, there is no data to provide about this project’s housing rates. The only available current data is from the WAFHOME DV Shelter. The most recent performance report for WAFHOME (April 2019), provided by Pierce County and obtained from HMIS data, identifies that the permanent housing exit rate was 51% (exceeding the 30% goal). Data on housing retention is not currently tracked by WAFHOME, but it will be tracked by Pathway Home.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

For the WAFHOME DV Shelter – Shelter residents are provided with a Coordinated Entry (CE) conversation within 5 business days of entry into the program. The Housing Coordinator and other shelter advocates work with the client from their first day in the shelter on identifying the client’s needs, barriers, and next steps in order to access permanent housing. All services are voluntary and client-driven, so that the client has the option to decide if they want to utilize staff services and if so, the level of support and assistance they need. Whether or not the client is selected from the CE priority pool, WAFHOME staff work with the client to identify multiple housing options and assist the client in obtaining necessary documents, establishing or increasing a source of income, communicating with landlords, developing a budget, completing housing applications, etc.

For the Pathway Home RRH Project (will begin Nov. 2019) – Program participants will be assisted as quickly as possible. Within 5 business days of receiving a referral (or sooner), the RRH Specialist will arrange to meet with the referred client and begin the intake process and assessment of client needs.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
- 2. measured its ability to ensure the safety of DV survivors the project served.**
(limit 2,000 characters)

a. All staff are required to complete 20 hours of DV training before providing any direct client services, which includes training on safety planning. In addition to self-study and in-person training, staff will also receive individual training on safety planning from their supervisor, including shadowing and role-play of various safety planning scenarios. All training is documented and kept in staff files. b. All conversations will occur in a private space – in a staff office with a closed door, with only the client and staff member present, in order to ensure privacy and confidentiality. c. The population that will be served is domestic violence survivors and their dependent children. Clients will currently be fleeing an abusive partner and will not enter the program as a couple. Intakes and conversations will happen privately, without children present. Assistance in accessing childcare will be provided, if needed. d. safety planning is an ongoing conversation that will take place in every meeting with the client. Each client’s individual safety concerns will be taken into consideration when locating housing options, such as abuser’s location, client information, access to transportation and other resources, etc. e. N/A f. N/A 2. Exit surveys will be provided to each client upon completion of the program to measure the effectiveness of safety planning and direct client services. Ongoing conversations about safety will also take place throughout their duration in the program and staff will welcome client feedback.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on**

- trauma;
 - (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

a. All staff are required to complete 20 hours of DV training before providing any direct client services, which includes training on safety planning. In addition to self-study and in-person training, staff will also receive individual training on safety planning from their supervisor, including shadowing and role-play of various safety planning scenarios. All training is documented and kept in staff files. b. All conversations will occur in a private space – in a staff office with a closed door, with only the client and staff member present, in order to ensure privacy and confidentiality. c. The population that will be served is domestic violence survivors and their dependent children. Clients will currently be fleeing an abusive partner and will not enter the program as a couple. Intakes and conversations will happen privately, without children present. Assistance in accessing childcare will be provided, if needed. d. Safety planning is an ongoing conversation that will take place in every meeting with the client. Each client’s individual safety concerns will be taken into consideration when locating housing options, such as abuser’s location, client information, access to transportation and other resources, etc. e. N/A f. N/A 2. Exit surveys will be provided to each client upon completion of the program to measure the effectiveness of safety planning and direct client services. Ongoing conversations about safety will also take place throughout their duration in the program and staff will welcome client feedback.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

(limit 2,000 characters)

KWA mission is to work with survivors of Domestic violence. Intensive

outpatient, outpatient, and recovery maintenance treatment for drugs and alcohol, violence and sexual trauma recovery are offered. Groups and individual counseling are available as clients create their plan for recovery. A Domestic Violence Advocate is available. We have parenting education, programming, parenting coaching, behavioral therapies, formalized bonding activities and protocols to decrease the trauma children have experienced. We support clients at court proceedings and placement meetings. We work with clients to quash warrants and attend to outstanding legal issues. Financial literacy training is available with support to address credit challenges or begin to establish credit. Vocational case management established goals for educational pursuits and options for job training. Vocational support helps with resumes, interview techniques and job searches.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	612489708
Applicant Name:	New Phoebe's House
Rate of Housing Placement of DV Survivors--Percentage:	100.00%
Rate of Housing Retention of DV Survivors--Percentage:	95.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

New Phoebe's House (NPH) served 148 families who reported domestic violence over the last 9 years. This is an average of 17 families annually reporting DV in our transitional program. We know that on average 95 percent of our clients remain in our program. Usually 1 may return to addiction or a dv partner. So, with using HMIS, and our resident reports, we can state that while in our transitional program, 95% remain housed. Once in community housing about 85% remained housed.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

New Phoebe House has housed DV survivors experiencing homelessness since 2002. The women we served were also challenged with substance use disorder, co-occurring mental health challenges and challenges to their parental rights. While in our transitional housing program, women are provided safety

from violence and homelessness. The program allows them to meet all the court or treatment requirements, gain a stable behavior health platform (clean and sober status and mental health assessment, medication and counseling as needed) gain parenting skills, and reclaim their parental rights. Although the transitional housing phase could be up to 24 months, the average length of stay has averaged between 6-8 months. Since 2015, we have had an AfterCare program that has helped women with limited or no income move into permanent housing with subsidies and support. This has made it much easier to get clients into their own housing and not return to unsafe perpetrators, or other toxic family members. We provide ongoing case management, DV & Paralegal support, parent coaching, recovery maintenance groups, and mental health medication management to ensure their ongoing success in permanent housing. 80-85% (of 35-40 families annually) of our mothers and children move out into permanent housing. In any given year there is usually 1-2 clients that cannot maintain a recovery status and return to homelessness and substance use, or go to an inpatient treatment program, and do not attain permanent housing or return to a perpetrator.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
 - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

Since 2002, NPH has protected the safety of mothers and their children. We have never had an incident of harm that occurred on our property due to a perpetrator. The several times a stalking perpetrator came on our property, the police responded immediately and all women and children were safe, inside our walls. We have secure locking gates, doors, security systems and windows that are blocked from entry. The proposed Phoebe Place will be set up with more extra safety features, including bars for the windows, as it will be dedicated to clients fleeing DV. Our staff members are all trained to keep our site confidential. Those living in our facility are also requested to keep the site confidential, which is part of the agreement they sign on admission. We are unmarked and work to keep our street address secure. Our phone protocols prevent inadvertent information from being given out. The residents are educated in phone protocols as well. At any one time we have 2-3 families de-identified in HMIS for the needed increase of safety and security. We do an assessment during the intake process to begin safety planning and understand the client's needs. All of our clients have experienced multi-trauma abuse. So, each client is allowed safe, private space for case management, assessments, and 1:1 advocacy and support. Our Holistic Recovery For Mothers treatment

program provides group and individual support for trauma survivors in a safe, therapeutic environment. Many of our staff members are recovery coaches/peers and understand the client's experiences. Since we serve only mothers, we never would have an intake with a couple. Each year, we conduct an in-house resident survey that measures each resident's perception of the program, including our ability to keep them safe. Last year, 100% of clients thought we helped them to feel safe from danger.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
 - 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

NPH. as one of the first agencies in Washington to understand Adverse Childhood Event Scores, we created an Adult Trauma Score Assessment tool to better support each client's needs. About 90% of our adult clients have experienced sexual trauma. Many times, admitted into our program after a recent re-traumatization. We have a holistic, wellbeing model. Our resources include paralegal support, domestic violence counseling & advocacy, support groups, education and case managers who are their recovery peers. Our entire program is based upon positive, strengths-based, client-driven goal setting focused on eliminating barriers to success. Clients can participate in Resident Council allowing input into the structure of the program. We seek input from clients via surveys annually. Participants may attend a Healthy Relationship and Trauma group for education and learning, parenting classes, self care, life skills, vocational components and financial literacy. Our Phoebe Kids Play program offers children trauma-reducing art, music and play therapies. We provide childcare during education so mothers can have maximum benefit. Our Parenting Educator can work 1:1 with mothers to help their child in emotion regulation and a sense of safety and security. Bonding activities with mothers and children help to restore or create a bond with mother and child/ren that may

have been damaged or interrupted as a result of removal from the home, domestic violence, addiction or mental health. We work side by side with Child Protective Services, CASAs, and Department of Corrections to assist the mother in re-establishing a healthy home. Both transitional component or RRH component have these services available. Our full service outpatient recovery treatment program is immediately available for the clients including: substance use and mental health assessments, substance use disorder mental health groups and individual counseling, skills group, and healthy relationships and trauma recovery. Our "one stop" treatment program decreases the traumatic impact of seeking care from multiple sites and providers. Because it is for women by women, it offers a safe haven and allows women to speak more freely than in a mixed treatment group. We understand that many women have children and are balancing reunification, childcare and meeting many legal requirements. Vocational assessment and support are available. The transitional component is congregate living and a unique opportunity for women to develop bonds with others in similar situations. Spiritual needs are part of the wellbeing plan that can look very different for women, from meditation and yoga (available through the program) to external recovery groups, church or religious options. We serve a culturally and racially diverse population and are dedicated to having all staff attend cultural competency training, equity, diversity and inclusion training annually. We have created and continue to update plans supported by the staff and board. We are active in challenging systemic racism and work to be an anti-racist organization. We look at outcomes through multiple lenses to ensure all clients are experiencing a welcoming environment designed to meet their individual needs. Many of our clients are differently-abled due to mental health, chronic substance use, learning disabilities or challenges due to substance use while they were in utero. We actively work at inclusivity. Our board has members who have experienced substance use disorder, sexual violence, domestic violence or who have family members active in addiction. We include the President of Resident Council on the Board to represent the homeless community and report on resident initiatives.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Our long-standing mission is to serve mothers and children impacted by

chemical dependency, homelessness and trauma. We help mothers stop cycles of addiction, homelessness and family violence, and achieve and maintain safe reunification through clean and sober living, healing and self-sufficiency. Our program is set up for Recovery, Reunification, Resiliency and Rehousing in the community. Through a formal relationship with Community Healthcare Family Medicine program we address physical care of both mothers and children. A Family Medicine Resident is available for immediate referral. As a fully licensed behavioral health treatment provider, we have immediate referral for substance use and mental health assessments and trauma recovery. Intensive outpatient, outpatient, and recovery maintenance treatment for drugs and alcohol, violence and sexual trauma recovery are offered. Groups and individual counseling are available as clients create their plan for recovery. Our Paralegal/LLLT can provide legal support for DV or parenting custody issues. A Domestic Violence Advocate is available. We are experts at working with mothers who have had challenges to parental rights, and have done so for the last 17 years. We have parenting education, programming, parenting coaching, behavioral therapies, formalized bonding activities and protocols to decrease the trauma children have experienced. We support clients at court proceedings and placement meetings. Our Phoebe Kids Play program offers children trauma reducing child care services while mothers attend important aspects for their recovery and education. We work with clients to quash warrants and attend to outstanding legal issues. Financial literacy training is available with support to address credit challenges or begin to establish credit. Vocational case management established goals for educational pursuits and options for job training. Vocational support helps with resumes, interview techniques and job searches.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification. Mediware/Bowman

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	726	74	629	96.47%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	160	0	148	92.50%
Rapid Re-Housing (RRH) beds	606	75	531	100.00%
Permanent Supportive Housing (PSH) beds	847	0	535	63.16%
Other Permanent Housing (OPH) beds	550	0	550	100.00%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
 (limit 2,000 characters)**

1. PSH beds fall below the required 85% in the HIC report due to Veterans Affairs VASH Vouchers being counted on the HIC but not being in HMIS. Removing the VASH vouchers from the HIC, the CoC is at 100% PSH beds in the HIC and 100% PSH beds in HMIS. VASH Vouchers are not required to be in HMIS per VA guidelines. The steps the CoC will take over the next 12 months to increase bed coverage rate to at least 85% for PSH is to ensure data quality for the HIC and HMIS and report according to HUD's guidelines and requirements. 2. The CoC is currently at 100% for PSH when data is entered correctly into the HIC.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
 (mm/dd/yyyy)** 04/29/2019

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 01/25/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/29/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC’s sheltered PIT count results; or

3. state “Not Applicable” if there were no changes.

(limit 2,000 characters)

Not Applicable

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, No

transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
 - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

1. Changes in the unsheltered count implementation from 2018 to 2019 were minimal. In 2018, specialized outreach teams, consisting of 36 people from various organizations, conducted encampment outreach throughout Pierce County from 1am to 5am. These outreach teams included PATH Outreach Workers, Veteran Outreach Teams, The Rescue Missions “Search and Rescue” team, Mental Health Professionals, Youth and Young Adult Outreach, and other groups. In 2019, we increased the amount of outreach workers to 60 from various organizations and conducted encampment outreach throughout Pierce County from 10pm to 3am. The change was at the request of encampment outreach teams with the thought that the participants staying in the encampments would more likely be awake to conduct surveys. While we had a decrease in the number of unsheltered counted in 2019, we do not believe this was due to the change but more so due to the warm and dry January weather we were having on the night of the Homeless PIT Count.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count. Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1. The CoC engaged stakeholders serving youth experiencing homelessness to plan the 2019 PIT Count by having youth providers on the PIT Subcommittee.

The PIT Subcommittee of the CoC includes Department of Child, Youth, and Families, PATH outreach, youth homeless service providers, youth education and employment service providers, LGBTQ service providers, school liaisons, librarians, police from multiple jurisdictions, the Sexual Assault Center of Pierce County (SACPC), and the Youth Coalition to End Homelessness. The PIT Count Subcommittee meets at least monthly beginning in September and discusses donations, outreach locations, PIT count events, volunteers, survey changes, and targeted outreach for youth. 2. The CoC worked with the PIT Count Subcommittee to select locations where youth experiencing homelessness were most likely to congregate. This team helped locate relevant encampments, locations where youth congregate during the day, and services that youth might seek during the day. The PIT Subcommittee worked with local school homeless liaisons to locate additional locations where youth congregate and worked directly with emergency services on sites that youth were spotted. 3. The PIT Count Subcommittee involved youth in the counting during the 2019 PIT Count by having youth representation at the Subcommittee meetings to discuss locations where youth congregate, reviewing the survey questions, and by having youth participate in conducting outreach when and where appropriate. We also collaborated with local Community Colleges and Universities to provide outreach donations and to conduct surveys to give the youth experiencing homelessness and peer to peer connection.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;**
 - 2. families with children experiencing homelessness; and**
 - 3. Veterans experiencing homelessness.**
- (limit 2,000 characters)**

1. The CoC PIT Count Subcommittee collaborated with PATH teams to connect with individuals and families who are chronically homeless. PATH teams have developed on-going relationships with this population over time and utilized this connection to conduct surveys. PATH teams led and participated in outreach to encampments and other known locations where chronic homeless individuals and families were known to be located between 10pm to 3am and during the day from 8am to 4pm. We also conducted the count between the hours of 5pm and 8pm for the largest homeless hot meal site in Pierce County and at registration for the roving homeless shelter program. Prior to the PIT Count, PATH teams informed clients of the upcoming event and explained the purpose and importance of the Count. This outreach allowed teams to collect more information during the Count since individuals in encampments were aware the event would be occurring. PATH teams worked with the CoC to map out encampments and provided a schedule for outreach workers. 2. To reach families with children, the CoC worked with school liaisons, the State Department of Social and Health Services, food banks, hot meal sites, DV providers, and homeless providers who specifically serve families with children. 3. The CoC also worked with Veteran providers, including the Veterans Affairs (VA), Supportive Services for Veteran Families (SSVF), and the Veteran Medical Outreach Team. The VA completed surveys at the clinic, and the SSVF and VA Outreach teams conducted surveys throughout the community from 10pm to 3am and from 8am to 5pm. On the same day as the PIT, the CoC also

held an event for all populations called Project Homeless Connect (PHC). PHC offers services like child care, access to Coordinated Entry, homeless services, food, medical care, dental care, connections to behavioral health and substance use treatment, clothing, employment, education, veterinary services, Veteran services, and additional resources.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
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2,584

3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1. To determine risk factors predictive of first-time homelessness, the CoC has conducted research on two main populations: people already experiencing homelessness and people interacting with benefit systems and legal systems outside the homeless crisis response. For example, presented with people who are already homeless, the CoC has analyzed characteristics of the population identifying as experiencing homelessness for the first time and distinguished these factors from those of people experiencing repeated instances of homelessness. 2. The CoC's strategy for responding to homelessness risk is twofold and composed of rigorous prevention research and the application of diversion. The CoC recently completed a piece of qualitative research on the

unmet need for preventative services in the Black and African American communities in the CoC’s geographic area. This research is fueling the design of a prevention pilot. Additionally, the CoC is analyzing local eviction data with the aim of identifying possible targets for an eviction-prevention project. The CoC’s diversion approach acts as an informative tool for understanding first-time homelessness—as well as responding to it. Diversion houses approximately 20% of people assessed at Coordinated Entry in a median time of 32 days, and 81% of people housed through diversion do not return to homelessness within one year. In terms of vulnerability and housing barriers, because many first-time homeless clients are best served by diversion—they make up 40% of the above population—the CoC is interested in moving these light-touch services ‘upstream’. Targeted outreach based on qualitative and quantitative research efforts (as outlined above) will inform where and how to apply this approach. 3. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	111
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3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1. The CoC’s strategy to reduce the length of time spent homeless begins with outreach and diversion. Several teams conduct outreach five days a week throughout the region. This process allows early contact in someone’s homeless episode, quick relationship-building, and smoother facilitation of connections to Coordinated Entry and other services. Diversion, which houses singles and families in a median time of 32 days, represents another core approach to reducing length of time spent homeless, as the housing solutions collaboratively identified by households and diversion specialists avoid the time one might spend on a waiting list. Additionally, the CoC includes length of time homeless as a contractual performance outcome measure, and reviews performance measures monthly through performance dashboards. Finally, the CoC provides several ongoing training efforts aimed at reducing time spent homeless, including Trauma Informed services, mental-health first aid, low barrier conversion, harm reduction, fair housing, and Progressive Engagement. The CoC identifies and houses individuals and families with the longest length

of time homeless through outreach and the Coordinated Entry system. The PATH teams specifically target chronically homeless individuals and families. The PATH teams also act as Coordinated Entry access points. Since length of time homeless is a CE assessment element that adds to the vulnerability score of clients, time spent homeless is thus related to the time one spends waiting for a housing referral. 2. The CoC identifies and houses individuals and families with the longest lengths of time homelessness with prioritization through CE assessment and outreach. 3. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	35%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

- 1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;**
- 2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;**
- 3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and**
- 4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1.The CoC has implemented multiple strategies to increase the rate at which people exit to permanent housing. First, all provider contracts include an 80% target for exits to permanent housing, and the CoC provides monthly performance dashboards and review them with providers. The CoC provides technical assistance to agencies whose performance is substandard. Agencies that consistently under-perform receive a performance improvement plan and risk reallocation of funding to other successful projects or non-renewal in future

funding rounds. Last year, the CoC released system-wide performance public dashboards on the County’s website. These documents help relay to the public the progress the CoC is making towards improving system performance and help providers assess progress against their peers. 2 core strategies for increasing permanent housing exit rates include the expansion of diversion services to shelters and the new CTI approach in RRH projects. Furthermore, the CoC’s strategic plan emphasizes the roles of other sectors in the provision of permanent housing destinations. 3. With respect to housing retention and permanent housing destinations from projects other than RRH, the CoC’s strategy has an emphasis of other sectors’ supportive roles—with the addition of several complementary ideas unique to permanent housing projects. For example, monthly meetings of a PSH collaborative (attended by PSH providers) ensure active workshopping of effective tactics as they arise. Partnerships with non-traditional sectors—including health care—bolster the CoC’s ability to expand PSH options, and implementation of new invoicing and financing structures—for example, leveraging the Medicaid Waiver—ensure the projects’ sustainability and efficiency. 2/4. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC’s strategy to increase the rate of housing retention and exits to permanent housing.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	7%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	3%

3A-4a. Returns to Homelessness—CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)**

1. Through the Coordinated Entry assessment, the CoC collects a series of HUD-, State-, and County-required data elements for storage in HMIS. Leveraging these data, Pierce County Human Services, the CoC Collaborative Applicant, regularly conducts a broad range of analysis aimed at identifying common factors of people returning to homelessness. The CoC has built a suite of tools for conducting these (and similar) analyses on datasets exported from HMIS. Specifically, the agency applies everything from standard statistical hypothesis testing and multivariate regression techniques (i.e. to identify which

factors are significantly associated with returns to homelessness) to more sophisticated models like random forests and gradient boosting. 2. The CoC's strategy to reduce the rate of additional returns to homelessness is twofold. First, with respect to the analyses noted above, the CoC seeks to apply the research surrounding commonly identified factors of persons returning to homelessness and iteratively tweak policies and service delivery accordingly. Second, the CoC includes returns to homelessness as a contractual performance outcome measure. The CoC expects PSH projects to keep 12-month returns to homelessness below 10% and transitional housing and RRH projects to keep 12-month returns to 15%. Contracted agencies review performance measures monthly through performance dashboards. Through a variety of learning collaboratives, agencies share results, concerns, and best practices with one another—all with the aim of encouraging a locally validated evidence-based approach to reducing the rate of additional returns to homelessness. 3. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC's strategy to reduce the rate at which individuals and persons in families return to homelessness.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	4%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	47%

3A-5a. Increasing Employment Income.

Applicants must:

- 1. describe the CoC's strategy to increase employment income;**
 - 2. describe the CoC's strategy to increase access to employment;**
 - 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.**
- (limit 2,000 characters)**

1/2. Historically, the CoC's attempts at directly incentive's to workforce providers to serve the homeless population has yielded strong results, but these results have been contingent on a limited funding pool—and when the funding pool depletes, the services run out, as well. As such, without current funds to incent the workforce system, the CoC's present strategy to increase access to employment and increase employment income focuses on a slower, more organic set of relationships between the CoC and the workforce system—with the goal of increasing the number of people served in both systems. The

strategy begins with co-education of homelessness service and workforce system providers on available resources in the community. The CoC uses the Provider Academy to host webinars and in-person sessions on a variety of topics, including employment. Additionally, mainstream providers regularly present and offer trainings and connections to homelessness service providers within the CoC's geographic area. 3. The CoC works with mainstream employment organizations to help individuals and families increase their cash income via similar trainings through the Provider Academy, as well as inviting presentations at the CoC meetings, learning collaborative meetings, and at various Coalition meetings. The local Workforce Central provider is a member of the CoC and regularly serves individuals and families experiencing homelessness, and the CoC regularly measures contractual performance outcomes related to increases in income of any source. Additionally, the CoC plans to train workforce navigators in Coordinated Entry, and via the new Medicaid Waiver, will seek to offer supported employment and supported housing services to people on CE waiting lists. 4. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC's strategy to increase job and income growth from employment.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1/2 The CoC strategy to increase non-employment case income and to increase access to non-employment cash sources is to educate providers using the Provider Academy to host webinars and in-person sessions on a variety of topics including mainstream benefits and Veteran specific benefits. Additionally, mainstream providers regularly present and offer trainings and connections to homelessness service providers within the CoC's geographic area through learning collaborative meetings and at various Coalition Meetings. The local Workforce Central provider is a member of the CoC and regularly serves individuals and families experiencing homelessness, and the CoC regularly measures contractual performance outcomes related to increases in non-employment cash income. 3. The Pierce County Human Services Community Services Division manager is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
- 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further**

**their recovery and well-being.
(limit 2,000 characters)**

1 The CoC promotes partnerships and access to employment opportunities with private employers and private employment organizations by collaborating with the Tacoma/Pierce County Coalition to End Homelessness and their subcommittee on Workforce Development. The Coalition works with various employment providers, including private and non-profit, to connect homeless service providers with employment opportunities and local trainings. The CoC Performance Subcommittee reviews data on provider calls quarterly including increase in income to ensure that projects are connecting participants with employment opportunities.

2. The CoC is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of Permanent Supportive Housing (PSH) that further their recovery and well-being through the Permanent Supportive Housing Learning Circle and through the collaboration with the Tacoma/Pierce County Coalition to End Homelessness. The PSH Learning Circle is a monthly meeting of program staff and all of the PSH providers in the community. The Learning Circle conducts trainings to address specific concerns, case conferencing, and sharing of resources to including employment, education, and volunteer opportunities.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

**3A-6. System Performance Measures 05/24/2019
Data–HDX Submission Date**

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input checked="" type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)

1.The CoC’s strategy to rapidly rehouse families within 30 days starts with diversion. Every household experiencing homelessness is eligible for a diversion conversation in which a specialist works collaboratively with the household to resolve their housing crisis as quickly as possible—in our experience, in a median time of 40 days. These housing solutions conversations often identify possible family members that could assist the household in question, eligible mainstream resources, and past landlords with whom the household may have a positive rental history. If households do not identify a diversion solution, CE places the household in the priority pool for housing referrals, where active follow-ups to households ensure families are ready for project enrollment when a referral arises. Co-referrals to family shelters and RRH projects ensure families are sheltered while locating housing.

2.To address housing and service needs and ensure families successfully maintain their housing once assistance ends, the CoC deploys several tactics. First, case managers develop a housing stability plan in concert with families, which expands and contracts according to households’ needs. Second, via the deployment of the Critical Time Intervention approach, the CoC seeks to apply an evidence-based approach to service delivery and equip families to handle crises and remain stable after exit. Third, the CoC provides ongoing provider training through the Provider Academy and regularly connects providers with mainstream resources, employment providers, and educational opportunities, with the aim of increasing their clients’ stability and long-term probability of success. Additionally, because the CoC has a contractual performance measure for returns to homelessness, providers are further incented to prepare clients to maintain their housing once assistance ends.

3. The Pierce County Human Services Community Services Division manager oversees this strategy.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)

1/2. The CoC increased availability of housing and services for youth experiencing homelessness, with a priority to serve unsheltered clients, by creating youth-focused projects and modifying current projects to be more youth-specific and youth-inclusive. The CoC encourages agencies to apply for CoC funding to create new projects, including Joint TH-RRH, RRH, and PSH projects. The CoC also encourages agencies to apply for new projects through our local Homeless Housing Program (HHP) funding for the creation of new PSH, RRH, and Shelter projects. HHP funding includes ESG, Washington State Consolidated Homeless Grant (CHG), and local document recording fees. A Way Home Washington designated the CoC as an Anchor Community. Through Anchor Communities, the CoC has completed a deep dive into the homeless emergency response system to implement changes to CE, youth specific housing programs and services, youth voice, equity and inclusivity amongst all programs that could encounter youth and young adults, and finally to collaborate with all sectors to prevent and end Homelessness. The CoC shares all available funding opportunities with agencies and actively encourages them to apply. These opportunities include funding through HUD, Health and Human Services (HHS), the Washington State Department of Commerce Office of Homeless Youth, local philanthropy groups, and local government. The CoC works closely with the WA State Department of Child, Youth, and Families (DCYF) to prevent homelessness among former foster youth and increase housing options for this population. The CoC, DCYF, Tacoma Housing Authority, and a local non-profit maintain a close collaboration and recently applied for additional Family Unification Program vouchers to increase housing options for this population. The CoC has a variety of service and housing options for youth. The Crisis Residential Center (CRC) serves youth 12-17 and offers reconciliation support, case management and works directly with Foster Care and Juvenile Justice. There are 2 Day Centers that serve youth 13-24 and both offer case management, peer support, and connect youth with a variety of resources. There is an overnight shelter for ages 13-17, where youth can stay up to 150 days. And a shelter that serves 18-24 and offers emergency shelter, case management, CE referrals, and connections to mainstream resources. There are a variety of service providers throughout the community that offers services for behavioral health, substance use, education, employment, and services specific for LGBTQ youth and young adults. Housing options for young adults include RRH, Shared Housing, Host homes, and PSH. The RRH projects offers housing options in the local rental market, shared housing options, or host homes based on client need. Youth and young adults are eligible to receive referrals to all projects within the CoC. This framework offers youth further opportunities to receive a referral for services and housing.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

1. The CoC leverages a broad evidence base to assess the strategies outlined in question 3B-2.6. In particular, evidence includes the number of available youth dedicated beds and units throughout the homeless crisis-response system (as recorded in HMIS), the number of youth-dedicated housing and service projects (as recorded in HMIS and the HIC), the number of youth passing through Coordinated Entry (as recorded in HMIS), the number of youth served and housed by the homeless crisis-response system (as recorded in HMIS), the number of youth returning to homelessness after exiting the homeless crisis response system to permanent housing (as recorded in HMIS), and the number of contract dollars awarded to youth-dedicated projects in the region (as reported by service providers). 2. To measure the effectiveness of the above strategies, the CoC measures whether the aforementioned data points increase year-on-year. 3. The CoC believes these measurements offer appropriate methods of determining the effectiveness of the CoC's strategies, because they offer straightforward indications of whether increased investment corresponds to greater absolute outcomes. Additionally, the CoC regularly solicits qualitative feedback from youth providers and other youth advocates to ensure the quantitative data collected accurately reflect the situation on the ground. Furthermore, as detailed in question 3B-2.6., because the CoC refers youth to all CoC projects (i.e. and not just youth-dedicated projects), the CoC believes that measuring youth outcomes across all projects represents a valid and useful set of metrics for assessing strategies aimed at serving youth. In this way, the CoC assesses its strategies surrounding youth experiencing homelessness in a threefold manner: first, by measuring youth-specific inputs, outputs, and outcomes; second, by couching these analyses in the broader HMIS population context; and third, by ensuring conclusions drawn are representative of provider, client, and advocate experience.

3B-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

1. The CoC has formal partnerships with (a) multiple youth education providers, including those who also offer employment, homelessness services, behavioral health services, youth outreach, and LGBTQ-specific services; (b) the PSESD; and (c) multiple local school districts, including those of Tacoma, Sumner, Bethel, and Franklin Pierce. The CoC initially created these formal partnerships for the YHDP work, and they now continue the work with the ACI 2. The CoC collaborates with (a) youth education providers through the Youth Coalition to End Homelessness (Youth Coalition). (b) The CoC also annually contacts the

Office of Superintendent of Public Instruction (OSPI) and the Puget Sound Education Service District (PSESD) to invite them to the Youth Coalition and CoC, as well as to participate in the above projects. While the CoC has been unsuccessful in cementing this partnership thus far, it will continue to work toward a sustainable relationship to address youth homelessness throughout the CoC. (c) The Youth Coalition has McKinney-Vento Liaisons from 6 of the 17 school districts throughout the CoC region, as well as representation from youth education providers like Metropolitan Development Council, VADIS, REACH, University of Washington Tacoma (UWT), University of Puget Sound, and the Willie Steward Academy. CoC Membership includes youth LGBTQ providers and school district McKinney-Vento Liaisons. These coalitions have successfully collaborated on several youth-specific initiatives, including the 100-Day Challenge to Prevent and End Youth Homelessness, the Anchor Communities Initiatives (ACI), and the preparation of three Youth Homelessness Demonstration Project (YHDP) applications. The CoC also collaborates with youth providers for the annual Homeless Point-in-Time Count (PIT).

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

The CoC has adopted a policy and set of procedures requiring programs, regardless of funding, to inform individuals and families who become homeless of their eligibility for education services. The CoC informs all programs of available educational resources for youth (and adults). Two school districts have McKinney-Vento Liaisons who serve on the CoC. CE is fully informed of educational services for individuals and families and refers clients to these services through its assessment process when appropriate.

In particular, if serving households with school age children and youth, agency staff are required to adhere to the following education assurances: First, they must establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of education and related services to individuals and families experiencing homelessness; and second, they must designate a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
WA Dept of Child, Youth, and Family	Yes	

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination—Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. No

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input type="checkbox"/>

3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

Applicants must:

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

1. The CoC systematically keeps program staff up to date regarding mainstream resources available to participants by collaborating with mainstream benefit providers to host trainings at various community meetings. The CoC requires all projects to utilize a navigation approach in linking households to mainstream resources to meet their needs. PSH projects have a contractual performance outcome of increasing or maintaining households’ income by 70% from any source (including mainstream benefits); currently, 92% of active PSH households have done so. RRH projects have a contractual performance outcome to increase households’ income by 30%; 22% of households in the current contract period have done so. While performance requirements incent providers to facilitate these resource connections, in acknowledgement of the challenges facing RRH providers and Participants, the CoC is actively strengthening its connections with mainstream benefits providers and investing in strength-based best practices like SOAR. 2. The CoC systematically disseminates the availability of mainstream resources available through education, community meetings, and email notifications. The CoC Provider Academy, a local educational tool offering online and in-person training, provides training on mainstream benefits. Additionally, mainstream benefits are discussed at CoC meetings, learning collaborative, and Homeless Coalition meetings. 3. The CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance by providing training through the Provider Academy, as well as through community meetings like the CoC, Coalitions, and Learning Collaborative. 4. The CoC provides assistance with the effective utilization of Medicaid through learning collaborative and technical assistance in implementing and utilizing Medicaid. 5. The Pierce County Human Service Community Services Manager is responsible for overseeing the CoC’s strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	23
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	23
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC’s street outreach efforts, including the methods it

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

1. The CoC’s street outreach effort include a tailored approach to street outreach from all agencies to include specific training on Trauma Informed care, motivational interviewing, the use of by-name master lists, resource provision, CE assessment, and relationship-building. All outreach teams act as deputized Coordinated Entry providers. Outreach teams collaborate daily, both with respect to sharing information within HMIS and via a secure email group to accommodate specific requests. 2. CoC outreach covers 100% of the CoC’s geographic area. 3. Teams conduct outreach continually (five days a week), and some agencies offer weekend coverage for emergencies. The primary focus is on areas with a high proportion of unsheltered persons. Greater Lakes Mental Health (GLMH) and Comprehensive Life Resources (CLR) PATH Teams conduct outreach daily throughout the CoC and focus on individuals and families with behavioral health needs and the chronically homeless (in our experience, those least likely to request assistance). CLR has two additional outreach teams: the Rising Above the Influence (RAIN) Outreach team provides outreach and services to youth and young adults involved in gangs; and the Multidisciplinary Team provides outreach and services to youth and young adults involved in gangs, sexually exploited youth, and unaccompanied youth. For youth and young adults. ACT Outreach team serves at risk of homelessness or experiencing homelessness throughout the County. For Veterans, SSVF and VA medical outreach teams conduct outreach daily and offer Veteran-specific and non-Veteran-specific resources. 4. CoC outreach teams tailor their services to reach those least likely to request assistance by entering encampments, identifying the most vulnerable clients, and targeting relationship- and trust-building to this population. Outreach teams meet with households where they are and remove as many barriers as possible to complete the assessments.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	513	606	93

4A-5. Rehabilitation/Construction Costs–New No Projects.

Applicants must indicate whether any new project application the CoC ranked and

submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
_ FY 2019 CoC Competition Report (HDX Report)	Yes	FY2019 CoC Compet...	09/03/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners’ Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	1C-4 PHA Administ...	09/06/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	1C-7 Coordinated ...	09/06/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	1E-1.Public Posti...	09/24/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	1E-1. Public Post...	09/24/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	1E-1.Public Posti...	09/25/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	1E-1. Public Post...	09/24/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	3B-3 Summary of R...	09/06/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		
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Attachment Details

Document Description: FY2019 CoC Competition Report (HDX Report)

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-4 PHA Administrative Plan Homeless Preference

Attachment Details

Document Description: 1C-7 Coordinated Assessment Tool

Attachment Details

Document Description: 1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted

Attachment Details

Document Description: 1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.

Attachment Details

Document Description: 1E-1.Public Posting–30-Day Local Competition Deadline.

Attachment Details

Document Description: 1E-1. Public Posting–Local Competition Announcement.

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3B-3 Summary of Racial Disparity Assessment

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/24/2019
1B. Engagement	09/26/2019
1C. Coordination	09/26/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/26/2019
1F. DV Bonus	09/26/2019
2A. HMIS Implementation	09/26/2019
2B. PIT Count	09/26/2019
3A. System Performance	09/26/2019
3B. Performance and Strategic Planning	09/26/2019
4A. Mainstream Benefits and Additional Policies	09/24/2019
4B. Attachments	Please Complete

Submission Summary

No Input Required

2019 HDX Competition Report

PIT Count Data for WA-503 - Tacoma, Lakewood/Pierce County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	1762	1321	1628	1486
Emergency Shelter Total	874	577	743	696
Safe Haven Total	0	0	0	0
Transitional Housing Total	394	240	135	161
Total Sheltered Count	1268	817	878	857
Total Unsheltered Count	494	504	750	629

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	388	337	366	364
Sheltered Count of Chronically Homeless Persons	182	82	188	164
Unsheltered Count of Chronically Homeless Persons	206	255	178	200

2019 HDX Competition Report

PIT Count Data for WA-503 - Tacoma, Lakewood/Pierce County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	231	132	128	113
Sheltered Count of Homeless Households with Children	204	125	120	103
Unsheltered Count of Homeless Households with Children	27	7	8	10

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	158	190	136	140	124
Sheltered Count of Homeless Veterans	125	100	51	60	57
Unsheltered Count of Homeless Veterans	33	90	85	80	67

2019 HDX Competition Report

HIC Data for WA-503 - Tacoma, Lakewood/Pierce County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	726	74	629	96.47%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	160	0	148	92.50%
Rapid Re-Housing (RRH) Beds	606	75	531	100.00%
Permanent Supportive Housing (PSH) Beds	847	0	535	63.16%
Other Permanent Housing (OPH) Beds	550	0	550	100.00%
Total Beds	2,889	149	2393	87.34%

2019 HDX Competition Report

HIC Data for WA-503 - Tacoma, Lakewood/Pierce County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	212	775	897	535

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	202	171	150	116

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	897	591	513	606

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for WA-503 - Tacoma, Lakewood/Pierce County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	3688	3822	83	87	4	40	42	2
1.2 Persons in ES, SH, and TH	4001	4058	113	111	-2	48	46	-2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3671	3711	218	383	165	77	135	58
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3992	3936	250	404	154	90	153	63

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	7	0	0%	1	14%	0	0%	1	14%
Exit was from ES	833	99	12%	32	4%	21	3%	152	18%
Exit was from TH	131	3	2%	7	5%	7	5%	17	13%
Exit was from SH	0	0		0		0		0	
Exit was from PH	1494	66	4%	33	2%	71	5%	170	11%
TOTAL Returns to Homelessness	2465	168	7%	73	3%	99	4%	340	14%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1321	1628	307
Emergency Shelter Total	577	743	166
Safe Haven Total	0	0	0
Transitional Housing Total	240	135	-105
Total Sheltered Count	817	878	61
Unsheltered Count	504	750	246

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	4058	4167	109
Emergency Shelter Total	3738	3920	182
Safe Haven Total	0	0	0
Transitional Housing Total	338	271	-67

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	298	309	11
Number of adults with increased earned income	13	12	-1
Percentage of adults who increased earned income	4%	4%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	298	309	11
Number of adults with increased non-employment cash income	113	144	31
Percentage of adults who increased non-employment cash income	38%	47%	9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	298	309	11
Number of adults with increased total income	122	149	27
Percentage of adults who increased total income	41%	48%	7%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	241	227	-14
Number of adults who exited with increased earned income	38	21	-17
Percentage of adults who increased earned income	16%	9%	-7%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	241	227	-14
Number of adults who exited with increased non-employment cash income	40	46	6
Percentage of adults who increased non-employment cash income	17%	20%	3%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	241	227	-14
Number of adults who exited with increased total income	75	62	-13
Percentage of adults who increased total income	31%	27%	-4%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3478	3652	174
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	938	1068	130
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2540	2584	44

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4931	4748	-183
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1227	1465	238
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3704	3283	-421

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	653	535	-118
Of persons above, those who exited to temporary & some institutional destinations	36	60	24
Of the persons above, those who exited to permanent housing destinations	29	49	20
% Successful exits	10%	20%	10%

Metric 7b.1 – Change in exits to permanent housing destinations

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4447	3973	-474
Of the persons above, those who exited to permanent housing destinations	1772	1405	-367
% Successful exits	40%	35%	-5%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	1258	1235	-23
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1160	1118	-42
% Successful exits/retention	92%	91%	-1%

2019 HDX Competition Report FY2018 - SysPM Data Quality

WA-503 - Tacoma, Lakewood/Pierce County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	449	493	528	682	395	429	296	161	810	833	830	1493	429	791	546	465				
2. Number of HMIS Beds	449	405	518	656	355	429	296	161	509	553	550	1493	429	791	546	465				
3. HMIS Participation Rate from HIC (%)	100.00	82.15	98.11	96.19	89.87	100.00	100.00	100.00	62.84	66.39	66.27	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3460	3639	3709	3882	577	451	338	275	1225	1265	1353	1330	2707	3050	2443	2127	46	383	340	1102
5. Total Leavers (HMIS)	2943	3114	3114	3193	315	220	193	108	233	250	300	323	1556	2096	1553	1240	0	27	106	392
6. Destination of Don't Know, Refused, or Missing (HMIS)	731	1221	1922	1944	32	21	19	21	29	40	17	52	33	204	287	220	0	20	85	226
7. Destination Error Rate (%)	24.84	39.21	61.72	60.88	10.16	9.55	9.84	19.44	12.45	16.00	5.67	16.10	2.12	9.73	18.48	17.74		74.07	80.19	57.65

2019 HDX Competition Report

Submission and Count Dates for WA-503 - Tacoma, Lakewood/Pierce County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/24/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/29/2019	Yes
2019 HIC Count Submittal Date	4/29/2019	Yes
2018 System PM Submittal Date	5/24/2019	Yes

**Pierce County Coordinated Entry System (CES)
PRIORITIZATION CRITERIA**

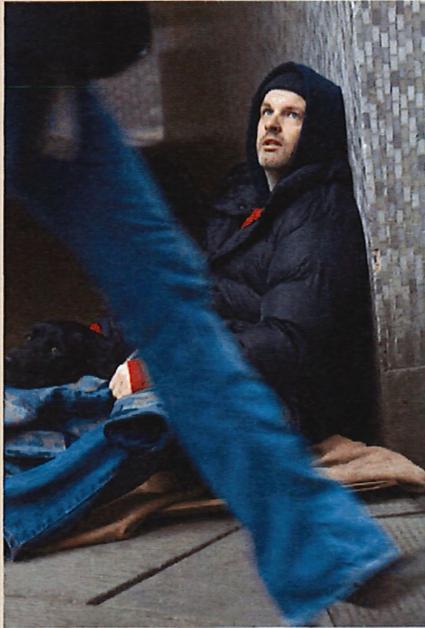
The list below presents a proposed set of criteria that Pierce County will use to identify those homeless people who have the most severe housing needs and receive highest priority for a housing referral. The table presents the proposed criteria, suggested weight of each one, and whether the information is already collected as part of the existing Centralized Intake process.

Proposed Criteria	Proposed Weight in Prioritization Scoring	Information Currently Collected?
1. Vulnerability Factors – Prioritize High Risk of Death or Immediate Harm (Serious Illness, Violence or Victimization)		
a. Age (under 18, over 65)	Medium	Yes – initial phone screen and assessment
b. Acute or chronic medical condition posing immediate risk of harm	High	Yes – Assessment interview
c. Acute current mental health symptoms causing risk to self or others	High	No – would need to add assessment questions
d. Active substance abuse causing risk to self or others	High	No – would need to add assessment questions
e. Pregnancy	High	Yes – Assessment interview
f. Frequent criminal justice interactions	Medium	No – would need to add assessment questions
g. Imminent danger from family, household member, other people in the person’s life (including DV)	High	Yes – Initial phone screen and assessment interview, but probably would need to expand questions.
h. Engaging in risky behavior in exchange for money/shelter	High	No – would need to add assessment questions
2. Housing Barriers Factors – Prioritize People Who Are Hardest to House		
a. Chronically homeless	High	Yes – initial phone screen and assessment
b. Length of time unsheltered	High	Yes – initial phone screen and assessment
c. Disabling condition (health or behavioral health challenge or functional impairment) impairing ability to secure housing	High	Yes – initial phone screen and assessment
d. No income or extremely low income (below 10% AMI)	Medium	Yes – initial phone screen and assessment
e. Criminal record (felony)	Medium	Yes – Assessment interview
f. Eviction history	Medium	Yes – Assessment interview
g. Lack of recent rental history	Medium	Yes – Assessment interview
h. Large household size	Medium	Yes – initial phone screen and assessment

Continuum of Care



PIERCE COUNTY CONTINUUM OF CARE



ADDRESSING HOMELESSNESS IN PIERCE COUNTY

Join us! We need your input.

Continuum of Care Oversight Committee

The Tacoma/Lakewood/Pierce County Continuum of Care Oversight Committee provides guidance and input on the implementation of the Plan to End Homelessness. The committee consists of representatives from a variety of sectors, including local government, public housing authorities, schools, health care, law enforcement and faith based communities.

Applications for membership are open on a rolling basis. Learn more about the CoC [here](#). Apply to be a member of the CoC [here](#). For more information about the CoC, please contact Valeri Knight at vknight@co.pierce.wa.us or by phone at (253) 798-6931.

Meeting Schedule and Location

Third Wednesday of every month
9:00 a.m. - 11:00 a.m.

Salvation Army
1110 S Puget Sound Ave
Tacoma, WA 98406

Executive Subcommittee meetings are generally held the first Wednesday of every month at 714 S 27th St, Tacoma, WA 98409.

Meeting Agendas and Minutes

2019

January: [Agenda](#) | [Minutes](#)

February: [Agenda](#) | [Minutes](#)

March: [Agenda](#) | [Minutes](#)

April: [Agenda](#) | [Minutes](#)

May: [Agenda](#) | [Minutes](#)

June: [Agenda](#) | [Minutes](#)

July: [Agenda](#) | [Minutes](#)

August: [Agenda](#) | [Minutes](#)

September: [Agenda](#) | [Minutes](#)

2018

January: [Agenda](#) | [Minutes](#)

February: [Agenda](#) | [Minutes](#)

March: [Agenda](#) | [Minutes](#)

April: [Agenda](#) | [Minutes](#)

May: [no meeting]

June: [Agenda](#) | [Minutes](#)

September: [Agenda](#) | [Minutes](#)

October: [Agenda](#) | [Minutes](#)

November: [no meeting]

December: [Agenda](#) | [Minutes](#)

2017

January: [Agenda](#) | [Minutes](#)

February: [Agenda](#) | [Minutes](#)

March: [Agenda](#) | [Minutes](#)

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November: [Agenda](#) | [Minutes](#)

December: [no meeting]

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Homeless Housing Program Competition

[2019–2020 HHP Funding Awards](#)

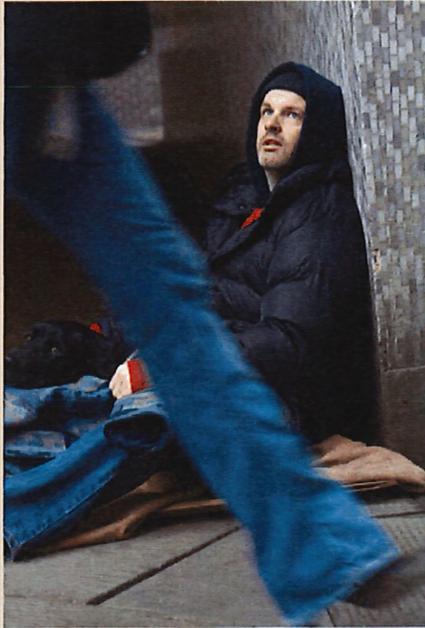
Anchor Communities Initiative Funding Awards

[2019-2021 ACI Funding Awards](#)

Continuum of Care



PIERCE COUNTY CONTINUUM OF CARE



ADDRESSING HOMELESSNESS IN PIERCE COUNTY

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[2019-2021 ACI Funding Awards](#)

Solicitations and Competitive Bids

To receive notification of Pierce County Human Services Solicitations and Competitive Bids, please subscribe to our email list by clicking [here](#). Notifications will include Notice of Funding Availability (NOFA), Request for Proposal (RFP), and Request for Qualifications (RFQ).

Solicitation #	Name	Description	Workshop Date	Due Date	Attachments
19-003-Homeless-PSH-HHC	Notice of Funding Availability Permanent Supportive Housing for Households with Children	The County is looking to create new PSH projects that leverage Foundational Community Support (FCS) funds for services. Using FCS funds for services is not a requirement, but projects that can demonstrate match with FCS will be scored higher. However, projects are required to refer all eligible households for FCS services. FCS services may be provided by the same agency or provided by an outside entity. PSH units can be located anywhere throughout Pierce County. Each household must have at least one minor child.	August 23, 2019	September 13, 2019	19-003-Homeless-PSH-HHC 2020 PSH Families Project WITH Data Application 2020 PSH Families Project WITHOUT Data Application 2020 PSH Families NOFA Budget PSH NOFA Workshop Q&A

Solicitation #	Name	Description	Workshop Date	Due Date	Attachments
19-002-Homeless-CoC	Notice of Funding Availability (NOFA) for Continuum of Care Program	The County, as the Collaborative Applicant for the CoC, is soliciting project applications from eligible, qualified and interested organizations to provide homeless housing assistance to households in Pierce County. The CoC seeks multiple organizations to provide housing and services through this funding opportunity.	July 26, 2019	August 16, 2019	19-002-Homeless CoC NOFA CoC 2019 Project Application - NEW CoC 2019 Project Application - RENEWAL CoC Workshop Q&A

Solicitation #	Name	Description	Workshop Date	Due Date	Attachments
LOI-19-001-ADR	Senior Ethnic Congregate Nutrition Services	<p>Pierce County Human Services Aging and Disability Resources (ADR) is accepting Letters of Intent from prospective applicants to determine whether one or more organizations are interested in, and qualified to submit a proposal in a competitive bid process. After review of the Letters of Intent submitted to ADR, a formal RFP may be issued.</p> <p>This Letter of Intent is not to be construed as a guarantee or promise that the service or goods referred to herein will be purchased by ADR or Pierce County. ADR retains full discretion to abandon the Letter of Intent process at any time, for any reason, without liability to offerors for any damages including, but not limited to, application preparation costs. By submitting a response to this Letter of Intent, the applicant acknowledges agreement with this process, including the fact that ADR may abandon the process at any time without liability for damages caused by such termination.</p> <p>Information contained in this announcement will serve as the basis for the more detailed specifications and requirements of a competitive RFP process.</p>		July 12, 2019	LOI-19-001-ADR

Solicitation #	Name	Description	Workshop Date	Due Date	Attachments
19-001- HOUSING- AHP	Notice of Funding Availability (NOFA) For Affordable Housing Development and Preservation	<p>Pierce County and the Pierce County Community Development Corporation (CDC) have jointly made available funds from the SHB 2060 Affordable Housing Document Recording Fee Fund Program (SHB 2060) and the HOME Investment Partnership Program (HOME) to support the development and preservation of affordable housing in Pierce County.</p> <p>Applicants can utilize funding from this NOFA to acquire, newly construct and/or rehabilitate affordable rental or homeownership housing (Capital Projects); or to provide operating and maintenance support for existing affordable rental housing (Operating and Maintenance Projects).</p>	June 26, 2019	July 26, 2019	<p><u>AHP-NOFA</u></p> <p>Capital Project Application - Rental Housing</p> <ul style="list-style-type: none"> • <u>2019 Common Application</u> • <u>2019 Common Application Workbook</u> <p>Capital Project Application - Homeownership Housing</p> <ul style="list-style-type: none"> • <u>2019 Common Application</u> • <u>2019 Common Application Workbook</u> <p>Operating and Maintenance Application</p> <ul style="list-style-type: none"> • <u>2019 O&M Application</u> • <u>2019 O&M Application Workbook</u> <p><u>AHP Q&A</u></p>

Solicitation #	Name	Description	Workshop Date	Due Date	Attachments
19-002-ADR-RFP	Request for Proposal for Senior Center Services	Pierce County Human Services, Aging and Disability Resources (ADR) is seeking proposals from eligible and qualified organizations to provide senior center services. Senior centers serve as critical community focal points for older adults, offering a variety of activities that respond to the diverse needs and interests of their community and include, but are not limited to, nutrition programs, health and wellness services, fitness activities, information and assistance to community resources, and a variety of educational and cultural opportunities.	July 23, 2019	August 9, 2019	<u>19-002-ADR-RFP-01</u> <u>Senior Center RFP Questions & Answers</u>

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Misc. Merchandise

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Misc. Announcements

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Employment

New Opportunity

Forsenic Technician Sheriff's Department
\$27.96 - \$33.74 hourly
Closes: July 26, 2019

Accepting online applications only at www.piercecountywa.org/jobs
Pierce County Human Resources Dept or (253)798-7480 or TDD (253)798-3965. EOE

Government/Federal

ADVERTISMENT FOR BIDS
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Full time, experienced. Stable year round work. Must have reliable transportation and own tools. Pay DOE + benefits. 425-888-3634

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Lake of the Woods Mobile Home 3 Bedroom 2 Bath, fully furnished, 1 King two Queen, 2 small storage sheds, front and back porch, corner lot, pest control service, gardner, security fencing. \$1,450.00
swansonjudyan@gmail.com 808-778-8726

Real Estate

Call for Bids: The Board of Directors for the Bremerton School District No. 100 will receive bids for gasoline and diesel fuel to be used from September 1, 2019 to August 31, 2020, which may be renewed up to two (2) additional years for a total of three (3) years per contract. Specifications and bid packets may be obtained at www.bremertonschools.org or by writing to the above address, Attn: Diana Brandvold. Sealed bids are to be submitted by mail or in person in an envelope clearly marked "Call For Bids: Gasoline and Diesel Fuel. All bids must be submitted on or before 11:00 a.m. on Wednesday, August 8, 2019. Bid Award: Bids will be opened on Thursday, August 8, 2019 at 11:00 a.m. for tabulation in the Administrative Office. Interested persons are entitled to attend the bid opening. The bid will be publicly read aloud and a bid may/will be awarded at the Regular Board Meeting at 5:00 p.m. on August 15, 2019. The Bremerton School District reserves the right to accept or reject any and all bids. Dated this 15th day of July, 2019.

City of Sumner

REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL SERVICES FOR THE ALDER KINCAID UTILITIES RECONSTRUCTION (CIP 19-05)

The City of Sumner solicits interest from consulting firms with expertise in engineering and construction management services related to the utility and transportation public works projects. Services are anticipated to commence in the fourth quarter of 2019 and extend for approximately two (2) years with the option for the City of Sumner to extend it for additional time and money if necessary. The City of Sumner reserves the right to amend terms of this "Request for Qualifications" (RFQ), to circulate various addenda, or to withdraw the RFQ at any time, regardless of how much time and effort consultants have spent on their responses. The City of Sumner reserves the right to retain the services of responsive firm(s) for subsequent phases including construction management services associated with this project. Prospective consultants will be held to the ADA and Civil Rights language adopted by the City of Sumner.

Legals & Public Notices

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Financial

MONEY TO LOAN
Private local investor has cash to loan on real estate equity. Fast Cash, No Credit req. Mr. Unger 253-858-4440

Business Opportunity

DID YOU KNOW 7 IN 10 Americans or 158 million U.S. Adults read content from newspaper media each week? Discover the Power of the Pacific Northwest Newspaper Advertising. For a free brochure call 916-288-8011 or email cecelia@cnpa.com (PNDC)

Did You Know

That not only does newspaper media reach a HUGE Audience, they also reach an ENGAGED AUDIENCE. Discover the Power of Newspaper Advertising in six states - AK, ID, MT, OR & WA. For a free rate brochure call 916-288-8011 or email cecelia@cnpa.com (PNDC)

Employment

New Opportunity

Forsenic Technician Sheriff's Department
\$27.96 - \$33.74 hourly
Closes: July 26, 2019

Accepting online applications only at www.piercecountywa.org/jobs
Pierce County Human Resources Dept or (253)798-7480 or TDD (253)798-3965. EOE

Government/Federal

ADVERTISMENT FOR BIDS
Bid No. 2019-20-001
Gasoline and Diesel Fuel
2019-2020 School Year

Skilled Labor

Painters
Full time, experienced. Stable year round work. Must have reliable transportation and own tools. Pay DOE + benefits. 425-888-3634

Real Estate

Homes for Rent

Tacoma North

A Room, 5 Island's, \$850 including all utilities + cable/internet. 253-313-3367

MFG Homes Rent

Lake of the Woods Mobile Home 3 Bedroom 2 Bath, fully furnished, 1 King two Queen, 2 small storage sheds, front and back porch, corner lot, pest control service, gardner, security fencing. \$1,450.00
swansonjudyan@gmail.com 808-778-8726

Real Estate

Call for Bids: The Board of Directors for the Bremerton School District No. 100 will receive bids for gasoline and diesel fuel to be used from September 1, 2019 to August 31, 2020, which may be renewed up to two (2) additional years for a total of three (3) years per contract. Specifications and bid packets may be obtained at www.bremertonschools.org or by writing to the above address, Attn: Diana Brandvold. Sealed bids are to be submitted by mail or in person in an envelope clearly marked "Call For Bids: Gasoline and Diesel Fuel. All bids must be submitted on or before 11:00 a.m. on Wednesday, August 8, 2019. Bid Award: Bids will be opened on Thursday, August 8, 2019 at 11:00 a.m. for tabulation in the Administrative Office. Interested persons are entitled to attend the bid opening. The bid will be publicly read aloud and a bid may/will be awarded at the Regular Board Meeting at 5:00 p.m. on August 15, 2019. The Bremerton School District reserves the right to accept or reject any and all bids. Dated this 15th day of July, 2019.

City of Sumner

REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL SERVICES FOR THE ALDER KINCAID UTILITIES RECONSTRUCTION (CIP 19-05)

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Supporting Partnerships for Anti-Racist Communities (SPARC)
Pierce County, WA

Initial Findings from Quantitative and Qualitative Research

January 31, 2018

This document was prepared by the
Center for Social Innovation (C4) in Needham, MA for
Pierce County Human Services and City of Tacoma Neighborhood and Community Services
in Tacoma, WA

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Background

Racial inequity persists in the United States despite significant attention to this issue over past decades. Recent assessments of the contemporary racial dynamic suggest that racism has not declined but has instead become less overt.¹ One manifestation of the nation's current racial realities is that people of color are disproportionately represented in the homeless population. Black people, in particular, are more likely to become homeless than people of other racial and ethnic backgrounds. Although Black people comprise 13% of the US population and 26% of those living in poverty, they account for more than 40% of the overall homeless population.² This suggests that poverty rates alone do not explain the over-representation of Black Americans in the homeless population. Furthermore, Black men remain homeless longer than White or Hispanic men.³

Homelessness reflects the failure of our social systems to serve people equally in housing, education, health care, and justice. The Center for Social Innovation (C4) launched Supporting Partnerships for Anti-Racist Communities (SPARC) in 2016 in response to overwhelming evidence that people of color were dramatically overrepresented in the nation's homeless population—across the country and regardless of jurisdiction. The SPARC initiative focuses on using mixed methods research to identify how people are experiencing the accrual of systemic racism and to leverage that knowledge towards systems transformation. The purpose of this report is to present initial findings from our work with Tacoma/Pierce County, WA. Subsequent reports will pull data from across all SPARC communities to take a much more in depth look at specific components of our research, such as racialized experience of services, systems involvement, and employment. We look forward to sharing these national reports when they are complete.

¹ Bonilla-Silva, E. (2006). *Racism without racists: Color-blind racism and the persistence of racial inequality in the United States*. New York: Rowman & Littlefield Publishers.

² US Census Bureau. (2013). Current Population Survey; Carter III, G.R. (2011). From exclusion to destitution: Race, affordable housing, and homelessness. *Cityscape*, 33-70.; US Department of Housing and Urban Development. (2015). *The 2015 Annual Homeless Assessment Report to Congress: Part 1*. Washington, DC.

³ Carter III, G.R. (2011). From exclusion to destitution: Race, affordable housing, and homelessness. *Cityscape*, 33-70.; Molina-Jackson, E. (2007). Negotiating homelessness through the saliency of family ties: The personal networking practices of Latino and African American men. *J Social Distress and Homeless*, 16(4), 268-320.



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Executive Summary

Beginning in late 2016, the Center for Social Innovation's SPARC initiative partnered with Pierce County Human Services (PCHS), the City of Tacoma, and other Tacoma/Pierce County service providers to amplify the issue of racial inequity and homelessness. This partnership included convening a town hall meeting, hosting a provider training, facilitating a planning session of community leaders, and collecting local data.

In the planning session of community leaders, stakeholders from the city and county homeless service organizations identified three "Structural Change Objectives" for our work to address racial inequity, including:

1. **Staff diversity and inclusion**, with careful attention to increasing the number of senior managers of color and board members.
2. **Economic mobility for people of color** so that people have opportunities to earn a living wage.
3. **Promoting fair housing** through, for example, policies that increase housing quality, ensure equitable access to housing for people with felony convictions, disregard source of income, and consider the role of racial equity in coordinated entry.

From December 5th to December 9th 2016, SPARC partnered with PCHS and other service providers in Tacoma/Pierce County, WA to collect qualitative and quantitative data that would elucidate the racial dimensions of homelessness in the area. Data collection included:

1. HMIS data from fiscal years 2012 to 2016.
2. Tacoma Housing Authority Data from 2014, 2015, and 2016.
3. An online demographic survey of homeless service providers.
4. Qualitative research including 24 individual interviews with people of color experiencing homelessness and 3 focus groups of providers, stakeholders, and consumers.

This report presents preliminary findings from these data sets. In the Discussion, we present promising directions for potential systems change and further research, and in the Recommendations, we outline potential short- and long-term action steps for the community. We also explore the links between the data and the three objectives identified by the community leaders.



Findings from Pierce County HMIS Data

Our analyses of HMIS data from Tacoma/Pierce County, WA Continuum of Care 2012-2016 projects (“project” is defined by its use in HMIS systems and typically refers to programs that target services to people experiencing homelessness) found that:

- Black/African American people represent the HMIS population at a rate of 26.3%, despite only making up 6.6% of the general population in this area.
- Examination of the destination and circumstances of clients at the time that they exit the HMIS system shows that the majority of clients (49.3%) exited the system into permanent housing, and 27% of that group exited into permanent housing with a subsidy.
- At the time of exit from the HMIS system, clients identifying as male were almost four times more likely to exit a project into homelessness than were females.
- Clients with a disabling condition were 64% less likely to become homeless after exiting the HMIS system.
- Clients who were veterans were over three times more likely to obtain permanent housing with a subsidy after exiting the project and almost three times more likely to obtain permanent housing without a subsidy.
- Being Black/African American was not a significant predictor of exiting the HMIS system into homelessness; however, Black/African Americans were statistically significantly more likely to exit into permanent housing with or without a subsidy than were Whites, with an increased likelihood of 19% and 18%, respectively.

Findings from Tacoma Housing Authority (THA) Data

Our analyses of Tacoma Housing Authority (THA) data from 2014, 2015, and 2016 on people who received Section-8 vouchers found that:

- Asian and Black populations had slightly higher percentages of moving into an apartment using a voucher compared to receiving one and not moving in (6.3% vs. 2.9% and 34.7% vs. 31.1%, respectively).
- People identifying with multiple races had a higher percentage of not moving in/not leasing (9.3% vs. 12.1%).
- People identifying as Hispanic had a higher proportion of not moving in than moving in (12.7% vs. 10.1%).
- Compared to Whites, Blacks were 19% more likely to move in.
- People who identified as Asian were more than two times (OR = 2.28) more likely to move in.
- In this sample of voucher recipients, there was a significant but unanticipated correlation between White racial group and income level and a significant correlation between Black racial group and income. **Identifying as White was associated with lower income, while identifying as Black was associated with higher income.**



Summary of Preliminary Qualitative Findings

- **Pathways into homelessness** for people of color are often characterized by:
 - *Network impoverishment.* There is no flexible money anywhere in a respondent's social network, and as a result, there is less capacity in community-level safety nets. In other words, it is just not that the people we interviewed are experiencing poverty—it is that everyone they know is experiencing poverty, too.
 - *Family destabilization.* Families faced significant psychosocial stressors associated with poverty, substance use and mental health conditions, child welfare involvement, criminal justice system involvement, and trauma.
- **Barriers to exiting homelessness** for people of color are almost entirely systemic and can be broadly classed as:
 - *Economic mobility.* Respondents do not have difficulty finding jobs, but cannot secure jobs with adequate wages.
 - *Eviction history, felony status, or credit score complications.* These barriers were often co-occurring, either within one respondent or within a family, and respondents repeatedly noted that these barriers impeded their efforts to find employment and housing.
 - *Issues with housing quality.* This was both a barrier to exit and a factor precipitating homelessness; when people could no longer bear their current housing situation, they left, but then they found it impossible to find or be shown a new place that was any better.

Findings from Provider Survey

To support the community's structural change objectives, we also conducted research on staff. Through an online survey, we collected data on the background of providers working in homelessness response programs and their self-reported desires for professional development. In addition, we sought to understand how people perceive the issue of race in service settings through semi-structured focus groups and interviews. Our analyses of an anonymous online survey of homeless service providers found:

- Of 166 Tacoma providers who completed an online survey, 78.2% identified as White, 9% identified as Black, 9.6% identified as more than one race, 1.9% identified as Asian, and less than one percent identified as Alaska Native, American Indian, Native Hawaiian, or Other Pacific Islander. Almost 7% percent identified as Hispanic or Latinx.⁴
- Of 43 administrators (including executive directors), 38 (88.4%) identified as White. **No administrators or executive directors surveyed identified as Black.**

The entirety of our provider needs analysis can be found in the Appendix (*Tacoma Providers Diversity & Inclusion – Mixed Methods Findings*).

⁴ Latinx is a gender neutral term used in lieu of Latino or Latina.



Recommendations

Based on these data, preliminary recommendations include:

1. Design an equitable Coordinated Entry system.
2. Incorporate racial equity into funding and contracting.
3. Include racial equity data analysis and benchmarks into strategic planning.
4. Support organizational development.
5. Encourage anti-racist program delivery.
6. Promote ongoing anti-racism training.
7. Collaborate to increase affordable housing availability.
8. Explore innovative upstream interventions.
9. Investigate flexible subsidies.



1. Findings from Pierce County HMIS Data

For the preliminary analysis of Tacoma/Pierce County's Homeless Management Information System (HMIS) data, the SPARC team identified an initial set of research questions:

1. How do the racial demographics of people experiencing homelessness compare to those in poverty and the general population?
2. How do racial demographics of people experiencing homelessness relate to the number of homeless occurrences in the three-year period prior to program entry?
3. How do racial demographics of people experiencing homelessness relate to the number of months an individual has experienced homelessness over the three-year period prior to program entry?
4. How do racial demographics of people experiencing homelessness relate to "prior living situation" at program entry?
5. How do racial demographics of people experiencing homelessness relate to "destination" at program exit?

1.1 Demographics and General Sample Characteristics

The following analyses used HMIS data from the Tacoma/Pierce County, WA Continuum of Care for fiscal year 2011 through 2016. Data from the projects funded by the Project for Assistance in Transition from Homelessness (PATH) block grant were not included in this sample because PATH grantees transitioned to entering data into the Pierce County local HMIS in late 2016.

There were 23,155 de-duplicated clients in the analyzed dataset. As shown in Table 1.1, the participating clients were identified as nearly 50% female and 50% male, with a mean age at entry of approximately 27 years. The majority of clients were identified as either White (47.2%) or Black (26.3%); smaller proportions were identified as American Indian or Alaska Native (2.9%), Native Hawaiian or other Pacific Islander (4.3%), and Asian (1.6%). Close to 17% (16.6%) of clients identified as more than one race, therefore they were assigned to the multi-racial category. In addition, almost 13% of clients were identified as having Hispanic/Latinx ethnicity.

The majority of the clients were identified as the head of the household (48.5%). A large proportion of clients (27.1%) were identified as a child of the head of household, and 19.3% were identified as an unrelated household member. Within this HMIS sample, 8.4% were veterans. Table 1.1 includes some of the client characteristics relevant to this study.



Table 1.1 Client Characteristics Enrolled in Tacoma/Pierce County, WA Continuum of Care	
Client Characteristics (N = 23,153) 2011-2016	Data Results
Gender	
Male	50.4%
Female	49.5%
Transgender	0.1%
Age	
Age in years (mean)	27.18 (SD = 18.49)
Race	
White	47.2%
Black	26.3%
American Indian or Alaska Native	2.9%
Native Hawaiian or other Pacific Islander	4.3%
Asian	1.6%
Multi-racial	16.6%
Missing data	1.2%
Ethnicity	
Hispanic/Latinx	12.9%
Relationship to the Head of Household	
Self (Head of Household)	48.5%
Spouse or partner	4.2%
Child	27.1%
Other relative	0.9%
Unrelated household member	19.3%
Veteran Status	
Veteran	8.4%

How do the racial demographics of people experiencing homelessness compare to those in poverty and the general population?

Table 1.2 compares, for Pierce County, WA, the racial demographics of the total population, the population at 100% of the poverty level, the population at 50% of the poverty level, and the sample data extracted from HMIS over the past 6 years. Non-White (including multi-racial) racial groups were over represented in the analyzed HMIS sample compared to their proportions in the total population. White was the only racial group experiencing poverty at lower rates when compared to total population (74.8% of general population and 66.4% of those in poverty). While Black folks make up 6.6% of the total population in Pierce County and 9.3% of those in poverty, they make up 26.3% of the population using homeless services (emergency shelter, transitional housing, and permanent supportive housing) from 2011 to 2016.



Table 1.2 Race of people experiencing homelessness compared to those in poverty, in the general population, and in HMIS – Pierce County, WA

Race (alone)	Percent of Population) ^a	Percent of population at 100% poverty level, 2015 ^b	Percent of population at 50% poverty level, 2015 ^c	Total De-Duplicated Percent HMIS 2011-16
Black/African American	6.6%	9.3%	10.6%	26.3%
White	74.8%	66.4%	64.5%	42.2%
American Indian or Alaska Native	1.1%	2.2%	2.6%	2.9%
Asian	6.1%	6.5%	6.5%	1.6%
Native Hawaiian and other Pacific Islander	1.4%	2.1%	1.5%	4.3%
Two or more/other	10.0%	16.0%	9.5%	16.6%
Hispanic/Latinx	9.9%	19.1%	15.1%	12.9%

^a ACS 5yr 2015 Population estimate
^b ACS 5yr 2015 – population below poverty threshold
^c ACS 5yr 2015 – population below 50% of the poverty threshold

Caution is required when comparing the different data sets depicted in Table 1.2. It is difficult to draw conclusions when comparing data regarding homelessness with Census data because the homeless population is often overlooked during Census counts. However, the consistent overrepresentation of Non-White racial groups, especially Black, in HMIS data, when compared to the population estimates, demands that we look closer at the services that seek to address the injustice of homelessness. For example, while the Black population represents 26.3% of this HMIS sample, they are only 9.3% of those in poverty and 6.6% of the general population.

How do racial demographics of people experiencing homelessness relate to the number of homeless occurrences in the three-year period prior to program entry?

Table 1.3 shows the frequency of experiencing homelessness by race/ethnicity. Of all clients served by the project, 8,302 (35.9%) had records related to whether they experienced homelessness during the last three years prior to project entry. Of these clients 66.8% experienced one episode of homelessness within the last three years, 17.9% experienced two episodes of homelessness, 6.3% experienced three episodes, and 9% experienced four or more episodes. **Black and American Indian or Alaska Native held the lowest percentages of single homeless occurrences (65.1% and 61.2%) and the highest rates of double homeless occurrences (20.0% and 24.1%, respectively). Moreover, American Indian or Alaska Native and White clients shared the highest rates of 4 or more experiences of homelessness in the past three years (10.6% and 9.7%).** More analysis is needed to explain the similarities and differences of homeless frequency.



Table 1.3. Number of Times Homeless in the Past Three Years by Race (N = 8,302).

Race	Number of times homeless in the past 3 years			
	1	2	3	4 or more
White	67.0%	16.9%	6.4%	9.7%
Black	65.1%	20.0%	6.4%	8.5%
Asian	75.0%	11.7	7.5%	5.8%
Native Hawaiian or other Pacific Islander	77.8%	11.6%	4.8%	5.7%
American Indian or Alaska Native	61.2%	24.1%	4.1%	10.6%
Multi-racial	66.0%	18.6%	6.7%	8.7%
Total	66.8%	17.9%	6.3%	9.0%

How do racial demographics of people experiencing homelessness relate to the number of months an individual has experienced homelessness over the three-year period prior to program entry?

Table 1.4 shows the number of months homeless in the past three years for individuals at program entry, grouped in 1-4 months, 5-12 months, and more than 12 months. The majority of the client sample had been homeless 1-4 months (65.0%). Despite being overrepresented in the HMIS client sample, Black/African Americans were underrepresented in the group reporting having been homeless for more than 12 months, at 21.9% compared to 26.3% of the HMIS sample, while Whites were overrepresented at 52.9% compared to 42.2% of the HMIS sample.

Table 1.4 Number of Months Homeless in the Past Three Years (N=4,866)

	White	Black/AA	Asian	NHOPI	AI/AN	Two or More Races	Total
1-4 months	43.1%	30.2%	1.7%	5.3%	2.8%	16.9%	65.0%
5-12 months	44.1%	30.2%	1.0%	5.2%	2.9%	16.6%	15.8%
More than 12 months	52.9%	21.9%	1.0%	2.9%	3.0%	18.3%	19.2%

How do racial demographics of people experiencing homelessness relate to “prior living situation” at program entry and “destination” at program exit?

We also sought to understand the locations of clients prior to project entry and at final project exit. For the purposes of this report, “project” is defined by its use in HMIS systems. For this study, “project entry” is defined by the project entry for the de-duplicated client record, which represents the most recent record in the system. “Project exit” is defined by last exit in the sample for each individual where an exit location was identified as of CY 2016.

Table 1.5 shows the proportion of clients with various living situations before entry and after exiting a project. As shown in the table, the majority of clients were in a homeless living situation prior to project entry (60%). Approximately half of clients exited the project into permanent housing, with or without subsidy (13.5% and 35.8%, respectively). However, over a third left projects to a homeless or doubled up living situation (22.4% and 15.3%, respectively).



Type of residence	Prior to Project Entry (N = 20,752)	At Exit (N = 14,731)
Homeless (Shelter + Street)	60.0%	22.4%
Permanent Housing with subsidy	1.1%	13.5%
Permanent Housing without subsidy	8.7%	35.8%
Institutionalized Care	2.0%	1.1%
Jail, Prison, or Juvenile Detention	0.6%	0.5%
Doubled Up	20.0%	15.3%
Transitional Setting	4.4%	5.2%
Other	3.1%	6.2%

Note. Only those who had a record about prior residence were included

Table 1.6 shows the proportion of clients with various living situations before project entry by racial category. As shown in the table, the majority of clients were in a homeless living situation across all racial categories (57.4% to 64.4%). Native Hawaiian or Pacific Islander and American Indian or Alaska Native groups shared the highest proportion entering a project from Homelessness (64%) while multi-racial group held the lowest (57%). Generally, locations where people were living prior to entering a project are roughly the same across racial demographics in this sample.

	Homeless	Permanent Housing/Renting with subsidy	Permanent Housing/Renting without subsidy	Institutional care	Correctional facility	Doubled Up	Transitional setting	Other
White	60.3%	1.2%	8.6%	2.5%	0.7%	19.1%	4.6%	3.0%
Black	60.3%	1.3%	8.6%	1.3%	0.5%	20.9%	3.9%	3.1%
Asian	59.5%	1.8%	14.2%	1.2%	0.3%	18.0%	1.8%	3.3%
Native Hawaiian or other Pacific Islander	64.1%	0.7%	5.6%	0.3%	0.3%	21.1%	6.0%	1.9%
American Indian or Alaska Native	64.4%	0.5%	9.1%	2.8%	0.3%	15.3%	4.4%	3.1%
Multi-racial	57.4%	0.9%	8.9%	2.4%	0.4%	22.5%	4.5%	2.9%

Table 1.7 shows the proportion of clients exiting to various living situations at project exit by racial category. Comparably, there is much more variability in terms of exit locations by race than entry locations by race, particularly with regards to homeless and permanent housing exits. Exiting to a permanent housing situation is more common than exiting to a homeless situation across the board.



However, many more people exit to homelessness or to a doubled-up situation than to a permanent housing with a subsidy across all racial categories.

White and American Indian or Alaska Native racial groups shared the highest percentages exiting into homelessness (24.5% and 25.7% respectively), while Hawaiian or other Pacific Islander held the lowest rate (10.7%).

	Homeless	Permanent Housing/ Renting with subsidy	Permanent Housing/ Renting without subsidy	Institutional care	Correctional facility	Doubled Up	Transitional setting	Other
White	24.5%	12.0%	34.9%	1.5%	0.4%	15.3%	4.6%	6.8%
Black	21.9%	15.3%	38.4%	0.5%	0.6%	13.3%	4.8%	5.2%
Asian	19.9%	8.1%	40.7%	1.7%		15.7%	5.5%	8.5%
Native Hawaiian or other Pacific Islander	10.7%	16.2%	38.9%	0.3%	0.1%	18.4%	7.9%	7.4%
American Indian or Alaska Native	25.7%	8.6%	29.6%	0.5%	0.7%	22.2%	7.4%	5.2%
Multi-racial	20.3%	14.9%	33.8%	1.2%	0.6%	16.5%	6.8%	6.0%
Total	22.3%	13.5%	35.8%	1.1%	0.5%	15.3%	5.3%	6.2%

1.2 Predictors for Exit Destination

Predictors for Exiting into Homelessness

To examine the effect of race, ethnicity, and other factors on exiting into homelessness, multivariate logistic regression was conducted. As shown in Table 1.8, using White as a reference group, some race categories were found to have a statistically significant association with the outcome of exiting into homelessness. American Indian/Alaskan Native individuals were 22% more likely to exit into homelessness, and individuals identifying as Two or More Races were 20% more likely to exit into homelessness than were Whites. Age was statistically significant in the model such that for every year older there was a 1% increased likelihood of exiting into homelessness; a minimal effect size. Using female as a reference group, males were almost four times more likely (OR = 3.84, $p < .01$) to exit into homelessness. Presence of a disabling condition was also associated with exiting into homelessness: Clients with a disabling condition were 64% less likely to become homeless after exiting the project.

Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
African American	-.083	.053	2.447	.92 (0.83-1.02)
American Indian or Alaskan Native	.201	.093	4.644**	1.22 (1.02-1.47)
Asian	-.080	.138	.334	0.92 (0.70-1.21)
NHOPI	-.227	.117	3.741	.80 (0.63-1.00)



Two or More Races	.188	.084	5.061**	1.20 (1.03-1.42)
Ethnicity				
Hispanic/Latinx	.081	.073	1.213	1.08 (0.94-1.25)
Age	.012	.002	34.631**	1.01 (1.002-1.02)
Gender				
Male	1.346	.056	587.204*	3.84 (3.45-4.28)
Disabling Condition	-0.494	0.053	85.391*	0.61 (0.55-0.68)
Veteran Status	-0.136	0.071	3.717	0.87 (0.76-1.00)
Note. OR = Odds Ratio. CI = Confidence Interval.				
*p<.01. **p<.05				

Predictors for Exiting into Permanent Housing/ Renting *With* a Subsidy

Multivariate logistic regression was also run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing with a subsidy. Compared to Whites, African Americans and Native Hawaiian and Other Pacific Islanders were statistically significantly more likely to exit into permanent housing with a subsidy at rates of 19% and 28%, respectively. Age was not significant in the model. Compared to females, males were 39% less likely to exit into permanent housing with a subsidy. Having a disabling condition was not significant in the model. Veteran status was a predictor of exiting into housing with a subsidy, where veterans were almost 3 times (OR = 2.93, $p < .01$) to exit with a subsidy than were non-veterans (Table 1.9).

Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
African American	.172	.062	7.743*	1.19 (1.05-1.34)
American Indian or Alaskan Native	.023	.112	.042	1.02 (0.82-1.27)
Asian	-.213	.168	1.608	.81 (.58-1.12)
NHOPI	.245	.108	5.143**	1.28 (1.03-1.58)
Two or More Races	.035	.087	.158	1.04 (0.87-1.23)
Ethnicity				
Hispanic/Latinx	-.003	.083	.001	1.00 (0.85-1.17)
Age	-.002	.002	.471	1.00 (0.99-1.00)
Gender				
Male	-.320	.057	31.603*	0.72 (0.65-0.81)
Disabling Condition	.038	.066	.320	1.04 (0.91-1.18)
Veteran Status	1.075	.088	148.649*	2.93 (2.47-3.48)
Note. OR = Odds Ratio. CI = Confidence Interval.				
*p<.01. **p<.05				

Predictors for Exiting into Permanent Housing/ Renting *without* Subsidy

Multivariate logistic regression was also run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing without a subsidy. As Table 1.10 shows, compared to



Whites, African Americans and Native Hawaiian and Other Pacific Islanders were more likely to exit into permanent housing without a subsidy, at rates of 18% and 21%, respectively, whereas individuals identifying as Two or More Races were 33% less likely to exit into permanent housing without a subsidy. Age was significant in the model such that for every year older, there was a 1% decreased likelihood of exiting into permanent housing without a subsidy; a minimal effect size. Compared to females, males were 38% less likely to exit into permanent housing without a subsidy. Having a disabling condition was not significant in the model. Veteran status was a predictor of exiting into housing without a subsidy, where veterans were almost more than 2 times (OR = 2.40, $p < .01$) to exit without a subsidy than were non-veterans.

Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
African American	.165	.040	17.250*	1.18 (1.09-1.28)
American Indian or Alaskan Native	-.136	.075	3.238	0.87 (0.75-1.01)
Asian	-.062	.103	.361	0.94 (0.77-1.15)
NHOPI	.194	.071	7.365**	1.21 (1.06-1.40)
Two or More Races	-.282	.058	23.298*	0.75 (0.67-0.85)
Ethnicity				
Hispanic/Latinx				
Age	-.011	.002	48.459*	0.99 (0.99-0.99)
Gender				
Male	-.318	.036	77.408*	0.73 (0.68-0.78)
Disabling Condition	-.054	.043	1.598	0.95 (0.87-1.03)
Veteran	.874	.063	193.873*	2.40 (2.12-2.71)
Note. OR = Odds Ratio. CI = Confidence Interval. * $p < .01$. ** $p < .05$				

1.3 Recommendations for Further Analysis

There are several additional explorations we suggest, both immediately and over time:

- 1) Further investigate trends in the pathways (entry and exit) for Black clients, looking at variations within the group identifying as Black.
- 2) Further investigate the experience of American Indian or Alaska Native populations, as they seem to consistently hold lower odds of exiting to permanent housing and the highest chances for exiting to homelessness.
- 3) Further explore possible disparities within the 16.37% of the population that identified with multiple races. It may be important to look at the differences within that group (e.g., do the experience of those that identify as Black and another race appear different than non-Black?)



2. Findings from Tacoma Housing Authority Data

In addition to HMIS 2011-2016 data for Pierce County, SPARC received and analyzed administrative data from the Tacoma Housing Authority (THA) in order to add to our understanding of race, ethnicity, and housing. This data included demographic information on applicants that received a Section-8 voucher in 2014, 2015, and 2016.

Within the sample were two subsamples (referred to throughout as “Move-In Status:”

- “Moved-In”: Applicants who moved into an apartment that accepted their voucher during those three years; and,
- “Not Moved-In”: Applicants who received a Section-8 voucher and had not moved in within 120 days (Rental Assistance side) and applicants who had met with staff in initial shopping but declined to move in on the Public Housing side.

The SPARC Tacoma/Pierce County team was especially interested in the racial demographics of 1) the population issued vouchers, 2) the population issued vouchers who then “Moved-In” or “leased up” using the voucher, and 3) the population issued vouchers but “Not Moved-In” or “leased up.” The analyses below begin to explore those questions. In addition to race, we investigated associations between move-in status and age, family composition, and income. Though it would have been valuable to include, THA does not collect information on race or ethnicity for applicants who are denied a voucher. In addition, data collection regarding reason for leaving an apartment is not consistent and thus was not included in the shared dataset.

2.1 Demographics and General Sample Characteristics

People who were issued vouchers and either moved in or not (Merged Group):

There were 9,501 participants in the combined sample (i.e., all people who were issued vouchers and moved in combined with those who were issued vouchers but did not move in). Nearly half of participants identified as White (47.7%). The rest of the sample was 34.2% Black, 5.8% Asian, 1.5% American Indian/Alaska Native, 8% Multi-Racial, and less than 1% Native Hawaiian. In addition, 11.4% of participants identified as Hispanic. The average age of the participants on the 1st of January 2016 was 28 years ($M = 28.06$, $SD = 21.22$). The sample was 60% female and 40% male. For comparison, Table 2.1 also includes the demographics of the 2011-2016 HMIS sample (an iterative brief should include only 2014, 2015, and 2016 clients for more accurate comparison).

Race (N=9,501)	Using homeless services (HMIS) (2011-2016)	Issued Voucher (THA) (2014-2016)	Issued Voucher but NOT Moved In (THA) (2014-2016)
Black	26.3%	34.2%	31.1%



White	42.2%	47.7%	46.8%
American Indian or Alaskan Native	2.9%	1.5%	2.1%
Asian	1.6%	5.8%	2.9%
Native Hawaiian or Pacific Islander	4.3%	1%	5%
Multi-Racial	16.6%	8%	12.1%
None	--	8%	
Ethnicity (N=9,501)			
Hispanic	12.9%	11.4%	17.7%
Non-Hispanic	87.1%	88.6%	82.3%

People who were issued vouchers but Not Moved-In

The racial demographics of those who were issued vouchers but did not move in was similar to the merged group described above. Race /ethnicity of this subsample was 46.8% White, 31.1% Black, 2.9% Asian, 2.1% American Indian/Alaskan, 5% Native Hawaiian, and 12.1% were multi-racial; 17.7% identified as Hispanic. The average age of these participants on the 1st of January 2016 was almost 27 years ($M = 26.73$, $SD = 26.73$). The sample consisted of 59.4% females.

Family Composition of those who were issued vouchers but Not Moved-In

Of those who were issued vouchers but did not move in, family composition data was available for 44.3% of participants. Single mothers and single adults with no children make up the majority of participants with available data. A large percentage of the data for families is missing (55.7%). This reality complicates further analysis of family composition and Section-8 voucher usage.

		Frequency	Percent
Valid	No Children	365	22.3
	Single Mother	288	17.6
	Single Father	28	1.7
	Adult partners with kid(s)	44	2.7
	Total	725	44.3
Missing	System	910	55.7
Total		1635	100.0

Family Composition by Move-In Status

All participants (i.e., all people who were issued vouchers and moved in combined with those who were issued vouchers but did not move in) were included in an analysis to compare family composition between the two different outcomes ($N = 4,167$). There were 5,334 cases with missing information on this variable. Within each family type, percentages of those moved in appear similar to those not moved in. The results of a chi-square analysis indicated that there were no significant differences between proportions of clients with different types of family structure, $\chi^2(3, N = 4,167) = 3.24, p = .36$.



			Moving in status		Total
			Moved-In	Issued Voucher but NOT Moved-In	
Family Type	No Children	Count	1718	365	2083
		% of No Children	82.5%	17.5%	
	Single Mother	Count	1350	288	1638
		% of Single Mothers	82.4%	17.6%	
	Single Father	Count	108	28	136
		% of Single Fathers	79.4%	20.6%	
	Adult partners with kid(s)	Count	266	44	310
		% of Adult Partners with kid(s)	85.8%	14.2%	
Total		Total Count	3442	725	4167
		Total %	82.6%	17.4%	

2.2 Race and Ethnicity Distribution by Moving In Status

All participants (i.e., all people who were issued vouchers and moved combined with those who were issued vouchers but did not move in) were included in an analysis to compare the racial demographics of those who moved into an apartment and those who did not move in (N = 7,851). There were 1,650 cases with missing information on race. Ethnicity (Hispanic vs. Non-Hispanic) is also described, for which there was nearly complete data.

			Moving In status		Total
			Moved In	Issued Voucher but NOT moved In	
Participant race	White	Count	3186	559	3745
		% of White	85.07%	14.93%	
	Black	Count	2310	372	2682
		% of Black	86.13%	13.87%	
	Asian	Count	422	35	457
		% of Asian	92.34%	7.66%	
	American Indian/Alaskan	Count	121	25	146
		% of American Indian/Alaskan	82.88%	17.12%	
	Native Hawaiian	Count	0	60	60
		% of Native Hawaiian/Pacific Islander	0.00%	100.00%	
	Multi-Racial	Count	617	144	761
		% of Multi-Racial	81.08%	18.92%	
Total		Total Count	6656	1195	7851
		Total %	84.78%	15.22%	



			Moving In status		Total
			Moved In	Issued Voucher but NOT moved In	
Participant ethnicity	Non-Hispanic	Count	7071	1344	8415
		% Non-Hispanic	84.03%	15.97%	
	Hispanic	Count	795	289	1084
		% Hispanic	73.34%	26.66%	
Total		Total Count	7866	1633	9499
		Total %	82.81%	17.19%	

Among all racial groups, Asian and Black populations had slightly higher percentages of moving in (92.3% and 86.1%, respectively), while those identifying as Native Hawaiian/Pacific Islander had the highest percentage of not moving in (100%). With regards to ethnicity, people identifying as Non-Hispanic had a higher proportion of not moving in (84.1%).

2.3 Predictors of “not moving in” after receiving a voucher

Further analysis was conducted to examine the variables associated with not moving into housing within 120 days after having received a voucher. In addition to race, we examined the effect of other demographics including gender and age, income, presence of disability, and family structure on the probability of experiencing that outcome. Results of multivariate logistic regression are presented in Table 2.5 below and indicated that some demographic characteristics and income level are significantly associated with not moving in.

Age was associated with not moving in. Age corresponds to the likelihood of experiencing this outcome in such a way that being 1 year younger increases the odds of not moving in by 1%. (It is interesting to note this while also noting the findings from the HMIS analysis that being one year older corresponded to a 1% increased likelihood of becoming homeless after exiting the project).

Compared to the participants who were Native Hawaiian and White (Native Hawaiian or Pacific Islander individuals were also included in the reference group due to small sample size), Asians were two times less likely to not move in after receiving a voucher.

Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
African American	-.195	.108	3.274	0.82 (0.67-1.02)
American Indian or Alaskan Native	.208	.315	.436	1.23 (0.66-2.29)
Asian	-.807	.286	7.940*	0.45 (0.26-.078)
Two or More Races	-.237	.223	1.136	0.79 (0.51-1.22)
Ethnicity				
Hispanic/Latinx	.083	.161	.264	1.09 (0.79-1.49)
Age	-.016	.004	15.991*	0.98 (0.98-0.99)
Gender				



Male	.108	.130	.689	1.11 (0.86-1.44)
Income Level	-.549	.116	22.441*	0.58 (0.46-0.73)
Note. OR = Odds Ratio. CI = Confidence Interval.				
* $p < .01$. ** $p < .05$				

Income Level

In order to explore the role of income, a nonparametric correlation analysis using Spearman's correlation coefficient for nonparametric data⁵ was performed between the different racial/ethnic groups and income level. Both subsamples were included.

There was a significant correlation between White racial group and income level ($r_s = -0.073$, $p < .05$) and a significant correlation between Black racial group and income ($r_s = 0.042$, $p < .05$). However, the direction of the association was different. While identifying as White was associated with lower income, identifying as Black was associated with higher income. Other racial/ethnic categories were not associated with income level.

⁵ Gravetter, F. J., & Wallnau, L. B. (2005). *Essentials of statistics for the behavioral sciences*. Belmont, CA: Wadsworth/Thompson Learning.



3. Findings from Qualitative Data Analysis

The National Picture

As of December 2017, the SPARC team has launched research in five communities in addition to Tacoma/Pierce County: San Francisco, CA; Dallas, TX; Atlanta, GA; Columbus, OH; and Syracuse, NY. Across the country, the team has collected 148 oral histories and conducted 18 focus groups. While qualitative data are still being analyzed, the most prominent preliminary finding thus far is the widespread impoverishment among people of color. What we have noticed in every city is that people of color have few resources in their networks to draw on should something go wrong. We have begun to refer to this phenomenon as “**network impoverishment.**” Qualitative data from Tacoma/Pierce County evidenced this finding in similar ways.

The Tacoma/Pierce County Picture

The SPARC team collected 24 oral histories during one week in Tacoma/Pierce County in December of 2016. These histories were collected entirely from people of color who were currently experiencing homelessness. All respondents were recruited at sites of service delivery in Tacoma, although several respondents were unsheltered at the time of their interview. During the same week, the SPARC team also facilitated three focus groups—one for people of color experiencing homelessness, one for direct service providers of color, and one for community leaders in the housing and homeless services systems as well as adjacent systems.

In reviewing the oral history interview data, our approach was to allow themes and concepts to emerge organically from the transcripts rather than approach the data with any set hypothesis. This method is referred to as a Grounded Theory approach.⁶ A team of four reviewers went through each oral history transcript and developed thematic codes. The team used the NVIVO software to code the transcripts and run analyses.⁷

This initial report focuses on the findings related to **pathways into homelessness** and **barriers to exiting homelessness**. We have focused on these areas in order to identify potential intervention sites. Preliminary findings from these areas of analysis are:

Preliminary results indicate **two main findings**:

1. Pathways into homelessness are often characterized relationally—that is to say that featuring prominently inside almost every pathway into homelessness was a significant social dimension and recognition of depleted supports; and

⁶ Charmaz, K., & Belgrave, L. (2012). Qualitative interviewing and grounded theory analysis. *The SAGE handbook of interview research: The complexity of the craft*, 2, 347-365.

⁷ QSR International. (2012). NVivo qualitative data analysis software. Retrieved from <http://www.qsrinternational.com/product>



2. Barriers to exiting homelessness are almost entirely systemic and can be broadly classed as:
 - a. Difficulty in finding employment that pays a livable wage,
 - b. Eviction history or felony status limiting housing options, and;
 - c. Lack of quality affordable housing to which people want to move.

For the purposes of this report, we drew on the three focus groups to add additional depth to the main findings from analysis of life history interviews. The focus groups allowed us a different format to hear from providers, community stakeholders, and families of color about pathways into homelessness and barriers to exit for people of color in Tacoma/Pierce County.

3.1 Pathways into Homelessness

The most significant feature of respondents' discussions of their pathways into homelessness is that their narratives demonstrated a striking social dimension. People did not come to experience homelessness solely through a lack of capital—they came to experience homelessness through fragile social networks. The fragility of these networks is marked by two main interacting, weak points: lack of capital and lack of emotional support. The following quote from an interview respondent typifies how lack of capital can strain social support:

Interviewer: You were experiencing housing and stability, and then you moved out on your own about four years ago?

Respondent: So what happen was like my mom -- like we stayed on the Hilltop and our house like burnt down. Really it got burned down. We don't know how. But besides that, it really just got to a point where it was like, we stayed at my grandma's house and it was like nine people in a two bedroom. So we did that for a few years, and then just now it got to a point where like I guess I had to sell drugs or whatever to get money so that's what I did. Long story short I just felt like I just didn't want to just live off my family knowing they don't have nothing and try to work. I had a car broke down two months so kind of really just -- really didn't help.

The important thing to note about this quote is that it demonstrates a key function of the fragility of the networks in the communities that are being impacted. The respondent is clear that they have been able to stay with people before—provided that they were able to support some of the (increased) costs of the household. This is a pattern that appears over and over again in the data. People are not unwilling to double up, to take people in and/or to live in another person's home—but they do not have the resources to accommodate the additional consumption of food and household goods. Our team has begun to refer to this as **network impoverishment**. There is no extra money anywhere in the network so, as a result, there is no flexibility in community-level safety nets. In other words: it is just not that our respondents are experiencing poverty—it is that everyone they know is experiencing poverty too. For example, one respondent had this to say:

Like a lot of it, it's really a support system. If you don't have that like support system, like I talked to a classmate, she's from Senegal, and she told me in her country, homeless people is rare to find out there because they believe that no matter what the person has done they don't believe in putting them on the streets. Unless it's like harmful, you know. Unless the person is just too mentally out of it, to a point where the family knows he could end up snapping and hurting them. But if it's just failure, or whatever the case may be, they don't believe in putting them out on the streets. And they will go through the whole



family tree that's around until, you know. So, I just notice like my support system with my family was not as tight and that played a big role, you know. The family that don't reach out and stuff because they're dealing with the way the system has affected them long-term. And, you know, it's not—I know it's not their fault.

Again, we see that family is there but seen as an unreliable support because members are dealing with their own instability. This respondent reveals that they do not blame their family for this lack of capacity to help (“I know it's not their fault”), but sees the barriers that everyone, in their own way, are up against.

One provider shared with us in a focus group that they were seeing members of families/social networks experiencing concurrent episodes of homelessness:

Generational poverty. I'm seeing a lot more families coming into this shelter. Meaning first the cousin comes in, then the cousin comes in and sees if there is an empty room open, so she calls her sister. And then her sister comes in, and then we have the mom calling. And the only reason we know this is because of caller ID. So, we know oh, the mom is calling and we're like, you know, so we're seeing a lot of that.

These preliminary findings suggest upstream intervention sites that are community based and about stabilizing these fragile networks through necessary infusions of capital—either through targeted subsidies, flexible emergency funding, or policies that better facilitate pooling of income. However, this doesn't address the long-term needs of the community regarding livable wages and sustainable avenues of income—which are addressed in a subsequent section of this report.

It is important to note that strains on social support are often deep and damaging. Family disintegration played a prominent role in a significant number of respondent histories. These narratives were commonly organized around systems involvement, with child welfare, juvenile justice, and criminal justice featured prominently. Another core competence that often triggered or complicated system involvement was the presence of mental health conditions and/or substance use disorders. These four brief quotes from different respondents highlight this trend:

Respondent 1: No I didn't want to be there [home]. It was a bad, bad place for me. And then I joined the gang and ended up addicted to drugs. I got shot six times and the doctor put me on pain pills and then my life started spiraling out of control even more.

Respondent 2: Well you know, growing up being Native American, the fact is you got a very large tribe. You're really never in a house that isn't packed. There's ten of you in a three bedroom, that's just the way we grow up. We just take care of our family. There's a lot of alcoholism, drug use, all that stuff that comes involved in that, because when you're depending on a bunch of people like that, a family in a house, somewhere along the way a couple of them fall off the wagon.

Respondent 3: My first son, I have six kids...going on six kids. But my first son - his parents. But they were alcoholic potheads, so, the whole house was always covered, like the walls were so covered in smoke. They were yellow, like you can just wipe the (inaudible) off the walls. So, we really never stayed inside, we were always outside. We only slept in our room when it was time to go to bed.

Respondent 4: I grew up with my parents being addicted to drugs so that essentially was a big reason why I was homeless as a child as well, and they weren't really around. It was more just me. Like, it was pretty bad.



As the team continues to analyze the data, questions include what capacity, if any, do individuals in them have to respond to the levels of stress they are being exposed to. Due to multigenerational trauma and poverty, respondents and their families may have limited access to resources or emotional capacity to respond to highly stressful situations without engaging in suboptimal coping strategies. When considering how to engage in family stabilization, it is important to think about how to engage people in systems of support that do not create further structural barriers or difficulty, such as an open case with child protective services or encouraging doubling up with connections whose substance use may create an unhealthy and unsustainable living situation.

3.2 Barriers to Exiting Homelessness

In some ways, analysis of the barriers to exiting homelessness offers little surprising information. However, it does confirm what has long been suspected. Disproportionate **burden of felony status, credit score complications, and eviction history** appear to be the most significant hurdles for people of color who have experienced homelessness in Tacoma. An additional hurdle appears to be **underemployment, employment discrimination, and issues with housing quality**.

The following quote from the client focus group highlights the issue of eviction history:

I'll be 57 next month and from my early 20s until, I don't know, anyway I was a corporate travel agent, okay? I did corporate travel for, I worked for American Express, I worked for Delco travel, but I did that for 18 years. And now I look at myself and I'm homeless. I've had surgery, I've had part of my left lung removed at the back. And now I look at myself and it makes me angry because now it's hard for me to get an apartment. I just received Section 8 and I'm still having a hard time getting an apartment because some dive of a landlord, you know slumlord, gave my brother an eviction notice which he never received. So we're going to get this apartment and boom, it pops up. So now instead of an apartment, we were waiting for 4 months because it was being built, so now it's finished and we find out that there's an eviction on my brother's record.

Another respondent's comment highlights the intersection of the burden of both an eviction and a criminal record:

Respondent: And he told us in, like, January that he didn't want to renew the lease. He just wanted us to move out because he had already lowered the rent by, like, \$200 and he just didn't want to do it anymore. And so he actually sold the house after we moved out. Um, but that's how that happened because prior to that I had, we had, evictions and then he, my husband, has a criminal background, so, um, it's hard for us to find people to work with us and stuff like that. So when I got my taxes this year, I paid off my eviction so I could try to move but that didn't help. It didn't help at all. I paid it off, and still nobody cares.

Interviewer: Hmm. Because -- so even though you don't owe, you still have it on your record?

Respondent: Yeah, but then it's like, well, if -- you're damned if you and you're damned if you don't. Or you're stuck in between a rock and a hard place, because -- um, I paid off the eviction, but now I don't make enough money, or my income is not adequate enough for the criteria for the rent, you know?

Respondents are aware of the way their eviction or criminal records get in the way of their housing and employment goals, and for some this felt self-defeating. This quote reflects how these barriers wear on people's internal motivation and willingness to try:



Like because I have a felony on my record and like apartments too, you know. Like sometimes I feel like, “Dang” because my felony’s going to come up, this is not going to work. They’re going to—my background check’s going to come up. This won’t work, you know. And I try to avoid stuff like that. Like my biggest thing is rejection. I hate to be told no. You know what I’m saying? And just when I get told no my feelings get hurt, you know. They get crushed like I been stepped on and I don’t like that. You know what I’m saying? So, that’s the only thing is when my barriers—my barriers come, I, you know. This felony, or court stuff, or stuff I’ve got to do with the legal system and then I’ve got to go and try to like go to a professional person for help. And they tell me, “Well, this is not going to work because your background check came up and it—”I’m like, “Dang”, you know. So I try to avoid working, but I can’t avoid working. I need a job. You know what I’m saying?

The respondent’s experience is typical of many of our Tacoma/Pierce County interviewees. Most people reported some system involvement that complicated access to housing, and discouragement that despite their efforts, there were things they could not fix. However, what is important to note about this respondent’s narrative is it highlights the dual difficulty people experiencing homelessness have in accessing both housing *and* employment due to systemic barriers. This narrative was common.

Additionally, there were many histories of chronic **underemployment**—that is people who had long job histories but none of them paid adequately or provided full time hours. Common routes of employment were warehouse workers, sanitation/maintenance, and food service. The following respondent’s work history typifies this chronic underemployment:

Well, um, it was, like, I been homeless since June 3rd, and then, um, how I got homeless is everything was going fine. I was working at Wal-Mart, like, it fit the perfect -- all the good hours and everything. I was Associate for the fitting room, and then they started hiring, like, a whole bunch of people for the holiday. So they, um, in the fitting rooms, they probably make -- you’re only supposed to have, like, at least 5 to 10 people. They had, like, 25. So that in order to give everybody hours, they took, like, my hours. I had 40 hours a week to two days and I have to pay bills and everything, you know? So after it kept getting worse and worse, I just stopped working and was on call. So then I went on TANF. So when I got on TANF, you can’t work and be on TANF. So it was, like, the TANF was way more than, you know, me working.

The above respondent made the decision to stop working and go on TANF because her income would be greater. A number of respondents were on supplemental income of some kind, and depended on those sources while expressing a desire and preference to work. The above respondent continued:

And, like, I’m willing to do everything. Like, and you can find jobs. Like, I filled out multiple applications. Like, but at the time, it’s, like, if you’re -- the TANF is helping. Like, this income -- this is a guaranteed income, you know, and if I’m going to get a part-time job that’s only going to give me a certain amount of hours, I’m going to stick with it, you know, the TANF. But as soon as you get any type of job, like, UPS. I never worked for UPS at all. They just -- I went through [REDACTED] and then signed the application, and they supposedly hired me. And then they filled out a sanction because I was working. I was, like, I’ve never went there not one time; not one time. So then they had to go through all the extra stuff, call them, they never answer their phone. But then they, in my favor, just cut it off and now I’m back on there. But I’m really trying to get a job. I’d rather work then to just go through what I’m going through at DSHS.



Respondents discussed the extent to which services helped them secure employment that paid a wage they felt they could live off of. People noted a lack of diverse options and lack of follow-through from internal staff and external resources. The below quote highlights one person's frustration:

Respondent: And it's just like, that makes no sense. So, it's just ridiculous. People have to live. And then another thing that drives me insane, like, when I hear, like, people say, "oh we're trying to help people get jobs and we're coming in, like, with resources to get jobs and stuff like that," -- oh. "The kind of jobs that we're offering to help people get are this and this, and this, maybe." You know, but who -- not everybody wants to go into that field, so --

Interviewer: So they're really narrow options?

Respondent: Very narrow. And it's like, okay, so if I can't or don't want to go into that field then what am I supposed to do? Where do I get help from? You know what I mean? So, it's just like --

Interviewer: What's the job you have now?

Respondent: Um, right now -- well, I was working at AMPM before my husband got sick, but I took a leave of absence. Um, and I was thinking about going back, but I have a job interview with Macy's on Friday. But I really wanna open my own business. So that's kinda where we're at, in between there somewhere.

Interviewer: What are the options that people usually have?

Respondent: Nursing, and then, like, contract work like, um, construction. Um, I feel like there's a third one, but I can't think of what it is. Security or something like that.

Finally, one respondent who made good income and had few barriers (no criminal record or eviction) expressed frustration with the way program policies forced him to toe a thin line that got in the way of program success:

Interviewer: That's cool. Is there anything else that you would like to see in terms of changes around programs or services that help folks?

Respondent: Well I think in general, for all homeless people, they should take a look at some of their programs and re-write the things that you need to qualify, such as the amount of income you make or the current situation you're in. Seems to me that help is more aimed toward people who have plenty of barriers and 20 walls to jump and climb, when it makes no sense to me that you would do that. If you want to help with homelessness I would start with people who are helping themselves already. The less barriers you have, the better.

While this person's response lacks a perspective on the experience of those with multiple barriers, his frustration comes from the fact that despite having a job, he still cannot afford a quality apartment for his family or make enough to get out of homelessness.

Many respondents were currently employed while making use of homelessness response services and either currently in shelter or living on the land. This has program implications about the use of funds for 'job readiness' programs. Most respondents had significant work history and did not seem to have difficulty securing employment—they had difficulty securing employment *with* a living wage. This suggests revisiting two core components of job readiness:

1. If the issue is not employment but employment with an adequate wage then perhaps the curricula need to be targeted towards enhancing people's skills re: industries that are in demand (a code academy for example).



2. With regard to job readiness in general, whether or not those program dollars could be better spent merely supplementing the wages of underemployed people experiencing homelessness. This would require much finer program analysis.

It is worth noting that a few respondents cited that where they feel they face racial discrimination the most is in obtaining employment and housing. Respondents repeatedly made it clear that while sometimes in the world of service provision racialized bias seemed nuanced or difficult to track, it was more apparent in housing and employment. The quotes below are exemplary of this experience:

Interviewer: Okay. Do you think racism or discrimination has affected your experience being homeless?

Respondent: I know what to expect now. You know, I know what to expect. I know that I am probably going to get discriminated against so I have to adapt, so like I have to put my stuff in a locker and then go for an interview for a job somewhere which I know I am probably going to get discriminated against, I am not even hired anyway. I have to do all these things because I can't go with all my stuff there. I can't go with my shabby clothes because I know dark-skinned brother in a homeless look is very frowned upon.

Interviewer: Do you want to give me some examples [of racism]?

Respondent: Um, some of my examples are, um - um, working - working - working around - um, how can I say it? Um - outside of my African American self, working around others was difficult. A lot of racism there. A lot.... It was - it was - It was hard, um, working, um, as a African American. It was really difficult for me. But I hung in there.

Another thread that arose in several respondent narratives was that folks felt hard pressed to find **quality affordable housing**. This was both a barrier to exit and a factor precipitating homelessness; when people could no longer bear their current housing situation, they left, but then they found it impossible to find a new place any better. The following quotes from one respondent, a father staying in a family shelter with his wife and two kids, exemplify this trend:

Respondent: It just seems like a struggle that you just get sucked into, and it really, really sucks. I kind of put my family in this situation. We actually have a Section-8 voucher. I was self-employed before. I was running my own landscape company, and I was in King County, in Covington. But we had what we referred to as a slum lord, and I just refused to continue my lease with her. After paying as much as I could out of pocket for hotels, this is where we ended up. And like I said it just sucks, really really bad, and we're finding it harder and harder to find a place. The last people we talked to, they were like, "Oh you guys are staying at the [REDACTED]? I'm sorry you probably don't qualify." But it's like they know nothing about us. I got a van that I pay \$80 a month on, my rent before we were here was \$1594 a month, I was running my own business, and I don't make pennies, I make good money. So it's like the second we landed in there, people come off and change their minds, and like I said they have no idea. They don't know who I am. They don't know what I do. They don't even know how we ended up here. It's like we ended up here to, I thought, to better my family's situation. This is a stepping stone to find a place, being that we had the Section 8 voucher and all that, but it's been like a shot in the foot...

Interviewer: Is this the first time that you've been homeless?

Respondent: It's not. It's not. I mean it's the first time that I put myself in this situation, but she was born in a homeless shelter. That's why I said it took a lot to get what we had, to straighten my life up and realize what I needed to do. And honestly the first time it was my fault too because I wasn't doing nothing. I was one of those people that wanted to take from the empty pot. I was clawing for nothing until she was born, he was really little and she was born and I was like, "I can't do this anymore," and I realized that. I wasn't drinking no more, I stopped putting myself first and putting my kids first, and that's what



makes it so hard being here now because by choice we're here. And now I think I made the wrong choice. I think we should've just lived in a crappy house with a landlord who wasn't doing nothing, cost myself money, wouldn't take money off the rent when I fixed things, had to constantly go get mold paint to take the mold down. Maybe my kids are better off like that than they are now. It is what it is now.

These questions of employment access and housing stock are intimately tied to larger questions regarding gentrification and access to desirable neighborhoods. These issues are especially important in the case of people with prior criminal justice system involvement, living with substance use disorders, or families with children. The ability to live in desirable neighborhoods related to the ability to avoid violence, exposure to drugs, and quality educational opportunities. As we look to create opportunities for folks to exit homelessness it will be critical to continue to link these strategies with larger efforts to break cycles of intergenerational poverty and create and/or maintain mixed-income neighborhoods with quality housing stock.



4. Discussion: Promising Directions

The sections above report SPARC's initial quantitative and qualitative findings on the experiences of homelessness of people of color in Tacoma/Pierce County. The qualitative themes emerged from the data independent of the Structural Change Objectives selected by the community's SPARC working group. As mentioned in the Executive Summary, Tacoma/Pierce County community leaders chose to focus on three areas of structural change:

1. **Staff diversity and inclusion**, with careful attention to increasing the number of senior managers of color.
2. **Economic mobility for people of color** so that people have opportunities to earn a living wage.
3. **Promoting fair housing** through, for example, policies that increase housing quality, ensure equitable access to housing for people with felony convictions, and consider the role of racial equity in coordinated entry.

The research summarized in this report helps guide this work and suggests additional areas for short- and long-term action. For example, respondents discussed different levels of satisfaction and comfort receiving services at existing programs. Rather than working on equalizing access to well-resourced programs, our data support the importance of increasing resources and capacity in programs that already serve majority people of color (and are often the service settings where respondents felt most comfortable). Additionally, while the initial HMIS analyses showed a similar rate of people of color entering housing with subsidy as were experiencing homelessness, the limitations of the data set (e.g., high rate of missing data and inconsistency in data collection across programs) are enough that the county should continue advancing efforts to track housing outcomes by race at the program, city, and county level. The stories we heard repeatedly demonstrated that the network impoverishment of communities make homelessness seem inevitable. In this context, how best does the community strengthen these networks? What are the necessary investments to build assets in communities of color? How do the city and county return economic mobility to some of its most disenfranchised citizens? How does that work flow through an anti-racist lens so that it is strengths-focused and empowerment-based rather than paternalistic? How do systems interact to effectively serve people with medical and mental illness?

As the community begins to discuss how best to respond to the tasks related to furthering the work of an interagency equity plan and affirmatively furthering fair housing, it will be important to consider the ways in which the larger community (and perhaps stakeholders that have not been previously engaged) might be brought to the table.

A key question becomes how to mobilize the community—what will get them to say, 'no more'? As we begin to mobilize community partnerships, and perhaps form new ones, it might also be important to revisit some of our core concepts with regard to homelessness. The SPARC team has begun to think about the possibilities with regard to how flexible subsidies could be used in combination with services to stabilize people in community rather than having them fall into the shelter population. In order to do this, we would need to, in some ways, have a much more nuanced understanding of what vulnerability looks like and what the appropriate response would be. Populations at risk might be identified through strong collaboration with other systems, including child welfare, education, healthcare, and criminal justice.



As the work moves forward it may be essential to create more accurate understandings of *how* people come to experience homelessness and use that understanding to delineate greater levels of nuance. For example, it may matter whether someone's mental health concerns were the cause of homelessness or if they have been exacerbated or brought on by the experience of homelessness—not simply to further impress on people the importance of housing first models but rather because there may be a substantive difference in the *service needs* of populations' different inflow patterns.

This work creates exciting new pathways for research and potential intervention. It is our hope that we can continue to support these efforts along with our community partners, including Tacoma/Pierce County.

As we continue to explore the data from this initiative, we are aware that a number of research questions deserve increased attention. In the next section, we discuss the implications of our findings and highlight potential areas of future research on race and homelessness. In the final section, we pull out a concrete list of recommendations.

4.1 Economic Mobility for Communities of Color

Economic mobility is clearly a pillar of ending homelessness, but remains elusive in many communities. As was detailed in the qualitative section of this report, respondents often had a rich job history, but had a great deal of difficulty securing employment that would pay a living or housing wage. Barring a significant shift in federal or state policies regarding minimum wage, it is unlikely that our current workforce development approach will be sufficient to end homelessness. Simply put, if someone comes to experience homelessness while working for minimum wage, transitioning to a different minimum wage job will not make a substantial difference in their life.

The SPARC team has begun to examine in greater detail what respondents had to say about their employment history and employment search. One area requiring more in depth analysis is employment discrimination. Unsurprisingly, respondents have repeatedly reported experiencing interpersonal racism over the course of their job searches. They have also discussed the role of systemic racism in preventing them from attaining career-track jobs, reporting, for example, inequitable access to education or skill development (including vocational training).

As we continue to investigate concrete and immediate steps that we could take in order to drive change in our communities, the SPARC team has begun to look more closely at the way communities spend workforce development dollars. A potential direction to take workforce development would be to reduce the size of cohorts moving through programs and intensify the skills being acquired. For example, rather than moving 150 people through a soft skills development program it might be more beneficial to move 20 people through a UX design code academy that is connected to a job placement possibility at several design or technology firms.

Additionally, as mentioned above, it will be important to think about what economic stabilization looks like. Our findings point to upstream intervention sites that are community-based and focused on stabilizing fragile networks through necessary infusions of capital—either through targeted subsidies, flexible emergency funding, or policies that better facilitate pooling income.



Finally, we should consider how soft skill development programs are frequently constructed around behavioral norms for professional conduct that have been established and advanced by White people. What does it mean to engage a 17-year-old Black person in a program that essentially tells them that their way of interacting the world is the wrong way?

These kinds of questions are important to consider in the construction of workforce development programs but also with regard to the ways in which we consider advancing staff of color on our teams. As we examine why certain staff members do or do not advance an important consideration must be whether or not they are being passed over because they are not cultural matches with senior leadership. As one respondent stated, “Senior managers want to know that the people around them will think like them and respond to situations the same way that they would. Sometimes it seems like they don’t choose Black staff or staff of color to advance because they don’t think we’re enough like them culturally.”

As we continue to break down the ways in which interpersonal and structural racism exacerbate each other, it could be helpful for programs to engage in honest dialogue about how personal bias might be enabled by structural factors. In the case of supporting people of color in their job search, it might be understanding a person’s context and giving second chances, rather than saying, “They’ve had three weeks to get an interview and they still haven’t.” In regards to staff of color, it might mean re-working job descriptions rather than saying, “I’m not promoting them because they don’t have a B.A.—not because they’re Black.”

4.2 Upstream and Downstream Stabilization

Our qualitative data suggest that destabilizing factors often occur well before people come to experience homelessness. Upstream stabilization may be best achieved through the development of short-term flexible subsidies. People do not always need large amounts of money, or even money that is dedicated specifically towards housing or utilities. Many respondents expressed having initial difficulty with a non-rent related financial burden. Common examples have been car repairs or food. However, without the money to pay for these non-housing areas, a crisis can rapidly develop. Respondents who cannot pay for their car repairs may be unable to get to work and subsequently lose their jobs, or those who cannot afford food for the whole household may kick adolescents or emerging adults out of the house in order to free up resources for the very young or very old.

Stabilizing these households who are on the precipice requires immediate infusions of capital. However, these subsidies have to be uniquely flexible to cover a wide range of one-time needs. This might represent expanding discretionary spending so that community members at risk of becoming homeless have access to it. Moreover, prevention approaches need to be shared among all sectors working with low income folk, so that everyone is preventing crises that lead to housing loss.

Spending models of this kind have existed for many years in the faith community. It is not uncommon for churches to step into exactly the need that is being described. Unfortunately, network impoverishment affects faith communities as well. As the broader community has less



extra money, there is less ability to ‘take up the collection plate’ in order to meet someone’s needs in crisis. In order to address the hemorrhaging of people of color into the population experiencing homelessness it will be necessary to replenish (or establish) these kinds of community level safety-nets.

Downstream stabilization focuses on securing families or individuals in housing units that they move into after exiting the homelessness response system. In these cases, two things need to be evaluated:

1. Does doubling up make sense?
2. What supports would be necessary in order to facilitate successful family reunification (for people of all ages)?

With regard to doubling-up, we need to begin to ask whether or not (middle class, White) norms of how housing needs to function make sense for all. Communities of color that have a history of living inter-generationally or with other close family or friends may protect against homelessness. Frequently, respondents would discuss being moved into housing on a time limited subsidy knowing that they would not be able to afford the housing once the subsidy ended. We believe this situation to be one of the key drivers of the rapid cycling phenomenon seen within family homelessness. The young women of color typically heading these households are not able to secure an income that will offset the loss of the subsidy, so they rapidly come to experience homelessness again. It is possible that this process may be improved by encouraging providers to let clients direct the housing outcomes. Additionally, if subsidies were adjusted to be shallower, but longer, and families exiting the shelter were encouraged to pool their subsidies and live together, this may provide enough time to stabilize and locate employment. As these options are explored, it will be important to advocate against the “cliff effect,” or policies that cut or lessen benefits as incomes increase, so that despite new income families end up further behind.

In addition to economic stabilization, encouraging living together allows for new networks of social support to be entrenched. Moving in this direction may help encourage supportive relationships within communities that are very frequently missing large numbers of people due to the continued predatory involvement of the criminal justice system.

This method could also assist with stabilizing youth, who could potentially return home but had not (and had no plans to) because they had been thrown out for being unable to contribute to household expenses. When subsidies can assist with rent payments or food in a meaningful way, it may be possible to negotiate their return to a stable living situation.

Finally, many respondents also expressed that family reunification was not possible for a variety of reasons, not all economic. Frequently these reasons involved significant social stress that may have begun with money, but these problems are not solved simply by subsidizing the return; the mistrust and anger that developed was real and often overwhelmed any desire to return to a stable living situation. In order to successfully facilitate reunification (and stabilize people downstream, e.g. after they had been re-housed) it will be important to provide ongoing services in the form of family therapy and other counseling in order to help heal social ruptures. While people are often able to mend these bridges on their own, the support to do so is often lacking. In order to re-house people (especially youth), we must treat their grievances not as temper tantrums but as real obstacles standing between them and a home.



4.3 Hispanic/Latinx

Existing literature frequently refers to the “Latino paradox” with regard to the idea that the Hispanic/Latinx population in the U.S. shares risk factors for homelessness with the Black population, but they are underrepresented, not overrepresented, among people experiencing homelessness. Despite this discussion in the literature, we have increasing reason to suspect that these theories are based on inaccurate reporting and weak methodology for counting people experiencing homelessness. Emerging from our research is the finding that in communities that have more intentional outreach to Hispanic/Latinx communities, numbers tend to trend upwards towards overrepresentation.

Hispanic/Latinx individuals are 9.9% of the general population in Pierce County, 19.1% of those in poverty, 15.1% of those in deep poverty, and 12.9% of individuals counted within the HMIS system. Hispanic/Latinx folks are slightly overrepresented in the homeless population compared to the general population, but “underrepresented” compared to their population in poverty. This may suggest that some housing insecure individuals are avoiding service engagement or accessing supports in other settings (e.g., faith communities, extended family). While reasons for this are still poorly understood, one driving factor may be that some Hispanic/Latinx individuals are traveling in ‘mixed-doc’ groups. This refers to the varying immigration status of the members of the family/group. Some members may be documented, but the entire group avoids service connection for fear of engagement by the U.S. Immigration and Customs Enforcement or other law enforcement agencies. In our nation’s current political climate, such avoidance is likely to intensify.

Our preliminary research suggests the need to focus our attention in meaningful and immediate ways on reaching out to Latinx communities. This will require deliberate cultivation of Spanish-speaking outreach teams made up of members of the communities that they hope to engage. Ideally, these teams would have preexisting relationships that they can leverage to build trust. Additionally, programs might begin to take steps to segregate documentation and immigration status from other components of a client’s file and hold it on a “need-to-know” basis, similarly to how HIV/AIDS information is managed under HIPAA. While this policy change would not have a legally enforceable edge, it would be a step towards building trust with clients regarding whether or not their immigration status will be shared with other staff—and to what extent the circulation of that information puts them at potential risk. Moreover, we might begin to more carefully identify what services we actually require immigration or citizenship information in order to activate. A number of services that may currently request this information may in fact not actually require that it to report to funders or screen individuals in or out of services.

By limiting requests for information regarding documentation status to only those services that absolutely require it and putting strict firewalls around that information, we may begin to have better engagement with Hispanic/Latinx communities experiencing homelessness. With better engagement will come a more accurate understanding of rates of homelessness, characteristics, and needs.

4.4 Trans* People of Color

Our current understanding of the needs of trans* (used here to refer to all trans, gender-expansive, gender-fluid, or non-binary individuals) people experiencing homelessness is similarly



limited. While the SPARC team has been lucky enough to engage a number of trans* youth and some trans* adults in our research, we are very far from being able to characterize patterns in trans* experiences of homelessness. While we expect that social rejection and stigma play a role in pathways into homelessness, we do not yet have enough information to suggest appropriate structural interventions.

One obstacle in the way of researching trans* experiences of homelessness is inconsistent administrative data. While there's a great deal of anecdotal evidence around trans* people experiencing homelessness at greater rates, there's still a dearth of data on trans* individuals in service systems. Because of this, we are left with an inaccurate understanding of how many trans* individuals are in need of service, and we are not able to estimate rates of disproportionality across race and gender identity. We advise programs to work diligently to capture sexual orientation and gender identity/expression (SOGIE) data so that policy decisions can be more informed.

Finally, it is important to track requests that trans* clients are making of systems. While the SPARC team will continue to analyze the available data, we believe that the best resource available to programs and systems leaders are the voices of people who are currently utilizing services. By creating a way to track (and document responses to) requests or complaints that come from trans* clients, systems can use the knowledge that's already there while waiting for better research to emerge.



5. Recommendations

There are numerous actions Tacoma/Pierce County, led by Pierce County Human Services (PCHS) and the City of Tacoma Neighborhood and Community Services (CTNCS), can take now and plan to take in the future. SPARC's recommendations include:

1. **Design an equitable Coordinated Entry system.** Coordinated Entry organizes the Homelessness Response System with a common assessment and a prioritization method. This directs clients to the appropriate resources and allows for data-driven decision making and performance-based accountability. Continual review of data from this process for racial disparities can assess whether housing interventions are sufficiently provided to people of color who come into contact with the system. Examination of the data can also help pinpoint additional intervention need. Coordinated Entry is at the root of Pierce County's response to homelessness, and racial equity should be at the root of Coordinated Entry.
2. **Incorporate racial equity into funding and contracting.** Funders should consider how to infuse a race explicit lens into its contracting, requiring that programs report how their work will address issues of racial equity. Specifically, it is useful to develop criteria in which racial equity is part of the evaluative process for scoring funding proposals. Funders can also play a role by evaluating the racial diversity of agency leadership. Finally, they should encourage agencies to periodically conduct internal program and policy reviews that examine disparities in outcomes based on race.
3. **Include racial equity data analysis and benchmarks in strategic planning.** As Pierce County and Tacoma set goals around program development, expanding housing capacity, and making more housing placements, the system should be measuring impact by race and ethnicity. It will be vital to look at how race and ethnicity relate to returns to homelessness. Additionally, it may be helpful to use a formal racial equity tool in organizational decision making. All major organizational decisions, whether explicitly about race or not, should be analyzed through an internal racial equity tool that will highlight potential negative consequences to communities of color.
4. **Support organizational development.** Many agencies that provide human services are at a critical point of self-examination. As we continue to unpack the impact of systemic inequity on the populations we serve, the time has also come to investigate the organizational practices, structures, and cultures of serve settings that unconsciously perpetuate inequity for those same communities. Despite agencies' best intentions to promote equity and justice, many have a long way to go before their internal practices, staff and leadership teams, resource allocation, facilities, and strategic planning reflect and advance these goals. However, promising practices exist and can be leveraged and tailored to organizations that are ready to do the work. PCHS and CTNCS can support agencies by providing resources to do this work and by disseminating tools and strategies.
5. **Encourage anti-racist program delivery.** SPARC's findings suggest that programs that are strengths-focused, empowerment-based, and trauma-informed, rather than paternalistic, will best serve people of color experiencing homelessness. Programs will need to look internally to answer questions about whether or not they are inadvertently replicating systems of disenfranchisement. Performing internal systems audits and looking at program



output data by race and ethnicity for disproportionality can help target the work. These philosophies might also play a key role in inter- and intra-agency equity plans.

6. **Promote ongoing anti-racism training.** Government and nonprofit staff will benefit from continuous training on the intersection of race and homelessness, on bias, and on strategies to confront racism within their work. Building off of Recommendation 2 (Support Organizational Development), PCHS and CTNCS can host inter-agency trainings and support trainings for individual agencies. While organizational development focuses on structural change to organizations, training can focus on interpersonal skills—both for working with clients and for working with our colleagues.
7. **Collaborate to increase affordable housing availability.** As the community begins to discuss how best to address homelessness through a racial equity lens, it will be necessary to discuss how people experiencing homelessness could be moved into desirable units and neighborhoods by working with landlords and developers to address certain communities' ongoing discomfort with low-income housing. While the availability of housing was outside of the bounds of this report, there is a need to look more deeply at the rate of production of new housing units, subsidy amounts to stabilize people within units now available, and the enforcement of housing quality.
8. **Innovative upstream interventions.** Homelessness is not inevitable. The data in this report suggest that it may be possible to stabilize people well before they become homeless by identifying pathways and providing support early. Preventing homelessness is a key component of achieving the county's goals, and the community is making efforts to improve its upstream services and homelessness prevention efforts. PCHS and CTNCS should continue focusing on areas where it can have the biggest impact, including targeted eviction prevention for people at risk of homelessness. Prevention also means working with the criminal justice, child welfare, and public health systems to reduce the number of people exiting into homelessness from programs and institutions within those systems. Finally, PCHS and CTNCS must continue working to reduce the number of people in its housing programs that return to homelessness.
9. **Investigate flexible subsidies.** Many financial crises start as non-rent related. For many of our research participants, initial needs were for food, car repair, or bills. This suggests that for some people, flexible subsidies could be used to avert crises that spiral into homelessness. Short-term interventions of this kind can prevent or end homelessness quickly and connect people to other systems and resources, such as employment, health care, child care, and a range of services to support greater stability. It may offer a range of one-time assistance, including eviction prevention, legal services, relocation programs, family reunification, mediation, move-in assistance, and flexible grants to address issues related to housing and employment.



6. Conclusion

While this is preliminary analysis and additional work is needed, this research opens up provocative new ways to think about homelessness and what we might do to bring it to an end in America. **Among all of this work, it is vital to keep in mind our context in the U.S. and maintain a historical perspective.** As one respondent said to us:

Respondent: And the system was set up to, for White people to succeed and not to experience homelessness I always say that like my husband he is White and his aunt in North Dakota passed away I said Oh! Yeah, he is going to be getting a check and he said why. I said because every White person back, back home or whatever has a farm and the family sells the farm because of the homestead settlement act that White people, whenever an old White person passes away you guys are going to get a check. And the check came and he was like I didn't know you knew that. I was like no the system is set for you, you think like this just happened to you, this didn't just happen and so there is so many barriers and this. Like I remember the first time I learned about like Redlining covenants, the GI Bill with housing, all of that, and my eyes just open and I was just like people don't even know like to how hard it is to step over this, jump over this, duck under that and all that like there is a whole pattern that they've been keeping from us so that we don't succeed and we don't know why we we're failing, why we can't step up and get into this, why our families don't have homes like we didn't grow up in homes and we grew up in apartments or we grew up in public housing and all of that, I was like people just knew. It would help us at least to be able to maneuver it, it's not going to get rid of it, but at least to be able to maneuver and side step.

This work begins to paint a much clearer picture of the ways people are and are not able to “maneuver and side step.” However, it will be the work of communities across the country to begin the work of responding to these deep deficits.

We recognize that equity based work should not be confined to specific initiatives, but rather should be the lens through which all of the work flows. As communities develop equity approaches, they do not happen in isolation, limited to one program or one response. Instead, racial equity models need to be widely spread across systems and sectors.

We look forward to working with community leaders across the cities engaged in SPARC to continue to develop and hone the skills of equity implementation. Our hope continues to be that we will someday be a nation that does not strive towards equity but has realized the vision of having these values sit at the core of what we do.



7. Appendix

7.1 Homeless Service Provider Diversity & Inclusion

Every day, our nation puts the complex problem of solving homelessness into the hands of individual providers doing the work. Successfully recruiting, hiring, training, and supporting the homeless service workforce is key to ending homelessness.⁸ Because the goal of SPARC is to fight homelessness by improving outcomes for people of color, an important question is: What are the characteristics of a workforce that best serves people of color? Advancing racial equity in programs may mean ensuring that people working in agencies, from the front desk to the boardroom, reflect the race and ethnicity of the people they serve.

In order to learn more about the race and ethnicity of people working in housing and homeless service programs, SPARC and Pierce County Human Services administered an anonymous online survey. The survey was sent through e-mail and was open to respondents for approximately two months (January and February 2017). Participation was voluntary, and we received responses from 166 providers. Results of the survey are described below and suggest a preliminary picture of how the race and ethnicity of agency staff relate to service type, role, education, and lived experience with homelessness. Survey results are described below, followed by a few quotes from focus group participants that shed additional light on the subject of provider race and ethnicity.

Race and Ethnicity

In the sample of Pierce County providers (n=166), 78.2% identify as White, 9% as Black, 9.6% as more than one race, 1.9% as Asian, and less than one percent as Alaska Native, American Indian, Native Hawaiian or Other Pacific Islander. Eleven providers (6.7%) percent identify as Hispanic or Latinx. Additionally, 78.8% identify as female, 18.6% as male, and 0.3% as another gender category (Table 3.4).

Table 7.1. Respondent Race

Race: What is your race?		
	Percent	Count
Alaska Native or American Indian	0.6%	1
Asian	1.9%	3
Native Hawaiian or Other Pacific Islander	0.6%	1
Black	9.0%	14
White	78.2%	122
More than one race	9.6%	15
Answered question		156
Skipped question		10

Table 7.2. Respondent Ethnicity

Ethnicity: Are you Hispanic or Latino?		
	Percent	Count
Yes, Hispanic or Latinx	6.7%	11
No, not Hispanic or Latinx	93.3%	152
Answered question		163
Skipped question		3

⁸ Mullen, J., & Leginski, W. (2010). Building the capacity of the homeless service workforce. *Open Health Services and Policy Journal*, 3, 101–110.



Age, Gender, and Sexual Orientation

Table 7.3, 7.4, and 7.5 show the gender, age, and sexual orientation of providers who responded to our survey. To protect participant anonymity, subgroup values of less than 5 are not reported. For this reason, sexual orientation is not broken down by race, and additional data for people who identify as Asian, Alaska Native or American Indian, and Native Hawaiian or Other Pacific Islander is not reported.

Age: The age range of survey respondents is 23 to 77 years and the mean age is 45 years. Age of staff did not appear to differ by race in this sample.

Table 7.3 Respondent Age by Race

Age	Black	White	More than one race
Mean	46	46	41
Range	31-64	24-77	23-65

Gender: Survey respondents were majority female (78.8%), with a similar proportion of female to male within subsamples of White staff, Black Staff, and those identifying with more than one race.

Table 7.4 Respondent Gender by Race

Gender	Total	Black	White	More than one race
Male	29 (18.6%)	4 (28.6%)	21 (17.2%)	3 (20%)
Female	123 (78.8%)	10 (71.4%)	97 (79.5%)	12 (80%)
Other	4 (0.3%)	--	-	--
Total	156	14	122	15

Sexual Orientation: The majority of respondents identify as straight or heterosexual (78.4%), with approximately 9% identifying as Gay or Lesbian and another 9% as Bisexual.

Table 7.5 Respondent Sexual Orientation

Sexual Orientation		
Do you think of yourself as:	Percent	Count
Gay or Lesbian	8.6%	14
Bisexual	8.6%	14
Straight or heterosexual	78.4%	127
Don't know	0.6%	1
Decline to answer	1.9%	3
Something else (please specify)	1.9%	3
<i>Answered question</i>		162
<i>Skipped question</i>		4



Other Variables by Race

In addition to race, ethnicity, gender, age, and sexual orientation, we asked providers to identify:

- The type of program at which they work;
- The population with whom they work;
- Their role/position in their agency;
- Their level of education;
- The length of time they have worked in homeless services;
- Whether they have experienced homelessness themselves.

Type of program at which they work. Many surveyed providers work at programs that offer mental health care, permanent housing, emergency shelter, and outreach. For program types selected by more than 10 respondents, we include percentages in Table 7.6, below (Note that this reporting only includes people who identify racially as Black, White, or more than one race, due to the risk of identifying those within the small sample of other racial groups). Of those who work in mental health care (n=64), 78.7% are White, 11.5% are Black, and 9.8% are more than one race—a distribution that reflects the racial breakdown of all respondents (78.2% White, 9% Black, and 9.6% more than one race). Of those who work in emergency shelter (n=34), 82.4% are White, 8.8% are Black, and 8.8% are more than one race, also reflecting the racial group breakdown of the total sample.

Table 7.6 Type of Organization by Race

Type of Organization (note: participants could select all that apply)	Total	Black frequency (% of org. type selections)	White	More than one race
Emergency shelter	34	3 (8.8%)	28 (82.4%)	3 (8.8%)
Transitional housing	21	3 (14.29%)	17 (80.95)	1 (4.76%)
Permanent housing	36	3 (8.3%)	31 (86.1%)	2 (5.6%)
Voucher distribution	8	2	6	--
Accept vouchers in exchange for housing	2	1	1	--
Food pantry	3	1	2	--
Soup kitchen	9	1	8	--
Mobile food program	2	--	2	--
Physical health care	2	--	2	--
Mental health care	61	7 (11.5%)	48 (78.7%)	6 (9.8%)
Alcohol and/or drug program	11	2 (18.2%)	9 (81.8%)	--
HIV/AIDS program	3	--	3	--
Outreach	22	3 (13.64%)	19 (86.36%)	--
Drop-in center	16	1	15	--



Migrant Housing	1	--	1	--
Other	40	2	34	4
Total (Select all that apply)	271	29	226	16

Role/position in their agency. Respondents were asked to select a job category best reflecting their position in their current agency, and Table 7.8 shows the results of that question. The survey was able to reach people at all levels of organizations, from direct care staff with no supervisory role to executive directors. Case managers (n=36) and administrators (n=29) are the majority of respondents. **Notably, administrators in the sample are 86.2% White and executive directors are 100% White.**

Table 7.8 Respondent Role in Agency by Race

Role (note: participants could select all that apply)	Total	Black frequency (% of staff in that role)	White	More than one race
Direct care staff (not including supervision responsibilities)	18	2 (11.1%)	16 (88.89%)	--
Direct care staff with supervision responsibilities	17	3 (17.7%)	12 (70.6%)	2 (11.8%)
Outreach specialist	8	1 (12.5%)	6 (75%)	1 (12.5%)
Case manager	36	5 (13.9%)	26 (72.2%)	5 (13.9%)
Administrator (not including executive director)	29	--	25 (86.2%)	4 (13.8%)
Executive director	13	--	13 (100.00%)	--
Other	28	3 (10.7%)	22 (78.6%)	--
Total (Select all that apply)	149	14	120	15

Education level. We chose to break down education level within each racial group, so the percentages in Table 7.9 display the proportion of people within a racial group who selected a certain level of education. For example, 14.3% of Black providers surveyed are high school graduates, compared to 1.7% of White providers. Most respondents have a bachelor's degree or master's degree.

Table 7.9 Respondent Education by Race

Education	Total	Black frequency (% of racial group at that education level)	White	More than one race
High school graduate	4	2 (14.3%)	2 (1.7%)	--
Some college, no degree	15	--	15 (12.4%)	4 (26.7%)
Associate's degree	8	3 (21.4%)	5 (4.1%)	1 (6.7%)
Bachelor's degree	37	3 (21.4%)	34 (28.1%)	5 (33.3%)
Some graduate school	9	--	9 (7.4%)	2 (13.3%)
Master's degree	59	6 (42.9%)	53 (43.8%)	3 (20%)



Doctoral degree	3	--	3 (2.5%)	--
Total	164	14	121	15

Length of time they have worked in homeless services. Table 7.11 reports length of time in the field of homeless services. Percentages reflect the proportion of each racial group with a certain duration of experience. For example, a greater proportion of Black and multi-racial staff have been in the field for less than one year, 21.4% and 20%, respectively, compared to 12.3% of White staff.

Table 7.11 Respondent Time in Position by Race

Work experience	Total	Black	White	More than one race
Less than one year	21 (13.9%)	3 (21.4%)	15 (12.3%)	3 (20.0%)
More than one year, less than 5	56 (37.1%)	4 (28.6%)	48 (39.3%)	4 (26.7%)
More than 5 years, less than 10	34 (22.5%)	2 (14.3%)	26 (21.3%)	6 (40.0%)
More than 10	40 (26.5%)	5 (35.7%)	33 (27.1%)	2 (13.3%)
Total	151	14	122	15

Lived experience with homelessness. Each of the provider surveys in SPARC cities includes a question about lived experience of homelessness. As shown below, 47 (or about one third) of the 151 Black only, White only, or multi-racial respondents indicated that they had previously experienced homelessness in their lifetime. While the majority of staff with an experience of homelessness are White (33 of 47), it is key to note that the Black and Multi-Racial groups had higher rates of lived experience (near 36% of Black staff and 47% of Multi-Racial staff, compared to 27% of White staff).

Table 7.10 Respondent Lived Experience

Previously experienced homelessness	Yes <i>n</i> (% of racial category)	No	Total
Total	47 (31.1%)	109 (72.2%)	151
Black	5 (35.71%)	9 (64.29%)	14
White	33 (27.05%)	89 (72.95%)	122
More than one race	7 (46.67%)	8 (53.33%)	15

Key Findings and Qualitative Accounts

The anonymous survey described in this report is limited to 166 providers that responded to our online survey through e-mailed requests to participate. The sample was neither random nor complete, but may provide a helpful understanding of a certain sample of providers working in housing and homeless services in Pierce County at the start of 2017. What stands out is that:



- Of the 166 providers who completed the online survey, 78% identify as White, 9% as Black, and about 10% as more than one race. This breakdown is similar to the total population, but does not reflect the demographics of the population of people experiencing homelessness (more than 26% Black, 47% White, and 16% two or more races, Table 1.1).
- When moving up in an agency, the under-representation of providers of color increases: Of 43 administrators (including executive directors), 38 (88.4%) identify as White. No administrators or executive directors surveyed identify as Black.

Qualitative data from our interview and focus groups may add deeper understanding to this preliminary survey. For example, in the focus group of providers of color, a few participants comment on their experiences in predominately White organizations, as well as organizations that appear to get whiter as you “move up” within them.

So then they started to move me up in the organization, but as I moved up in the organization I noticed that it became whiter and whiter and whiter until it was all white. And then there was me, right. So when you said the other day about you being the, you're the Black girl from, you know I was the Black guy from...in a leadership position. And so it was that, but what I learned through all of that being homeless--I've been homeless on three different separate occasions and so I understand now why God put me through the stuff that I had to go through. So that I was able to help people on a sincere level not just a level of superficial, hovering above, saying you do that, it was a matter of you know what here let me show you how to do this.

This provider alludes to the difficulty or discomfort of being the only person of color at the leadership level of their organization. They also reflect on the strengths they feel they are able to bring to their job because of their lived experience, while at the same time commenting that the White administrators or board members around them may not have the same experience to pull from. This person appears to view the style of some White organizational leaders as “hovering above” people they serve, whereas the respondent feels like they can relate to people on a personal, practical level.

A second person touched on the experience of being the only person of color in their level at their organization. They were also able to see their strengths and ways to use their “tokenism for good.”

So this may be wrong but this is how I've gone about it is that I have used my tokenism for good because when someone puts you in that place, to them you are representing every person of color, I am representing every one. So if I see something and I am like, “this is not okay, this is racist, this we need to change this service model, we need to do this,” they don't feel comfortable telling me no.

While this particular provider was empowered to make changes in their organization, it is worth reflecting on the experience of having to represent “every person of color,” and the difficulty of having that position. The experience would vary depending on the individual differences of the person serving in that role.

Another person started listing possible solutions that their agency hopes to implement.

We have a whole little bunch of plans that includes like remodeling agencies to be inclusive and welcoming to everybody of culture, providing leadership opportunities to direct service staff,



prioritizing direct service staff for internal promotions, when it happens especially those of color. We are going to mandate that person of color, multiple people of color, sit on the executive board, because there is none right now. We're re-evaluating pay across the agency looking at people of color, we have already prioritized personal life experience, but what we are finding is that HR is not wanting to pay them as much as they are paying people with degree to do the exact same work so just kind of standing up and saying...

There are little and big changes programs can make to begin to move the needle on disproportionate staffing patterns. This participant's approach includes re-evaluating pay structure, internal promotions, and instating more people of color to the board.

Through analyses of the oral histories of people of color experiencing homelessness, we hope to inquire about the potential ways provider race affects how clients experience services.

7.2 Entry and Exit Location Groupings

We grouped HMIS data fields for situations at entry into the following categories for our analyses:



1. **Homeless (Shelter + Street)**
 - a. Place not meant for human habitation
 - b. Emergency Shelter (including motel/ hotel with voucher)
2. **Permanent Housing/ Renting w/ subsidy**
 - a. Rental by client with VASH subsidy
 - b. Rental by client with other ongoing subsidy
 - c. Permanent housing for formerly homeless persons
 - d. Owned by client with ongoing subsidy
3. **Permanent Housing/ Renting w/o subsidy**
 - a. Rental by client with no ongoing housing subsidy
 - b. Residential project / halfway house with no homeless criteria
 - c. Owned by client with no ongoing subsidy
4. **Institutionalized Care**
 - a. Long-term care facility or nursing home
 - b. Substance abuse treatment facility or detox center
 - c. Foster care home or foster care group home
 - d. Hospital or other residential non-psychiatric medical facility
 - e. Psychiatric hospital or other psychiatric facility
 - f. Mental health/psychiatric, physical health, substance use treatment, foster care)
5. **Jail, prison or juvenile detention facility**
6. **Doubled Up**
 - a. Staying or living with friends
 - b. Staying or living with family
7. **Transitional setting**
 - a. Transitional Housing for homeless persons (including youth)
 - b. Safe Haven
 - c. Hotel/Motel (no voucher)
8. **Other**
 - a. Other (True Other; i.e., response option was labeled "Other")
9. **Missing data** (not included in analysis)
 - a. Client doesn't know
 - b. Client refused

We grouped HMIS data fields for destination at project exit into the following categories for our analyses:



1. **Homeless (Shelter + Street)**
 - a. Place not meant for human habitation
 - b. Emergency Shelter (including motel/ hotel with voucher)
2. **Permanent Housing/ Renting w/ subsidy**
 - a. Rental by client with VASH subsidy
 - b. Rental by client with other ongoing subsidy
 - c. Permanent housing for formerly homeless persons
 - d. Owned by client with ongoing subsidy
3. **Permanent Housing/ Renting w/o subsidy**
 - a. Rental by client with no ongoing housing subsidy
 - b. Residential project / halfway house with no homeless criteria
 - c. Owned by client with no ongoing subsidy
4. **Institutionalized Care**
 - a. Long-term care facility or nursing home
 - b. Substance abuse treatment facility or detox center
 - c. Foster care home or foster care group home
 - d. Hospital or other residential non-psychiatric medical facility
 - e. Psychiatric hospital or other psychiatric facility
 - f. Mental health/psychiatric, physical health, substance use treatment, foster care)
5. **Jail, prison or juvenile detention facility**
6. **Doubled Up**
 - a. Staying or living with friends (permanent)
 - b. Staying or living with family (permanent)
 - c. Staying or living with friends (temporary) (Option at Exit only)
 - d. Staying or living with family (temporary) (Option at Exit only)
7. **Transitional setting**
 - a. Transitional Housing for homeless persons (including youth)
 - b. Safe Haven
 - c. Hotel/Motel (no voucher)
8. **Other (clarify this is exit)**
 - a. Other (True Other; i.e., response option was labeled "Other")
 - b. Deceased
9. **Missing data (not included in analysis)**
 - a. Client refused
 - b. Data not collected
 - c. No exit interview completed



7.3 Oral History Interview Participant Characteristics

(n=24)

Gender	Age	Race/ Ethnicity (In their own words)	Sexual orientation	Married	Children (and available information on ages and gender)
Female	19	White, Puerto Rican, Greek	Straight	Engaged	Yes 1 daughter, 7 months old
Female	22	Pacific Islander	Bisexual	No	Gave a son up for adoption
Female	23	I'm an African American. Actually I'm a Brown American.	Lesbian	No	No
Female	25	Black	Straight	No	1 son, 2 years old
Female	25	Black & Hispanic	Bisexual	No	6 children
Female	26	Black	Straight	Yes	3 kids
Female	27	Mixed	Straight	No	1 daughter, not in her custody
Female	30	Native Puyallup	Straight	No	2 children
Female	32	Black	Straight	No	1 child
Female	35	Multi-racial	Pansexual	Yes, husband has been incarcerated for 7 years	5 children
Female	55	African American	Straight	"Married once"	Yes 3 children; one daughter, one son, and one deceased son
Male	21	Black (but also sometimes says Caucasian, Native and Virgin Island black.)	Bisexual	No	No
Male	21	African American	Gay	No	No
Male	24	African American	Straight	No	No
Male	29	Native American	Straight	Yes	4 children; Boy age 9, boy age 4, girl age 2, girl age 1
Male	31	Puerto Rican/Native American	Straight	Yes	3 boys: "Nine and a half, they're all boys. Four, and 19 months."



Gender	Age	Race/ Ethnicity (In their own words)	Sexual orientation	Married	Children (and available information on ages and gender)
Male	33	Black	Straight	No	No
Male	37	Black	Straight	Had been married	3 children
Male	40	Black	Straight	No	2 children
Male	44	Black (but when asked at one point, "I'm American.")	Straight	Had been married	2 children
Male	52	Black	Straight	Had been married	1 son
Male	54	African American	Straight	Married once, separated	"I have two boys from my first marriage and they are 25 and 21"
Male	58	African American	Unknown	No	No
Male	Unknown	Native American	Unknown	Yes	2 children

