Adequate Shelter for All Plan

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# Charge from Pierce County Council

On March 23rd, 2021, the Pierce County Council adopted resolution [R2021-30s](https://online.co.pierce.wa.us/cfapps/council/model/otDocDownload.cfm?id=14416723&fileName=R2021-30s%20Signed%20Final%20Res.pdf). This resolution created the Comprehensive Plan to End Homelessness Ad Hoc Committee. The Ad Hoc Committee’s work concluded on April 24th with the presentation and acceptance of the [Action Plan](https://www.piercecountywa.gov/DocumentCenter/View/105165/Ad-Hoc-Committee-to-End-Homelessness-Action-Plan?bidId=). The Action Plan created a Steering Coming to oversee the Creating of a Comprehensive Plan to End Homelessness by September 24th, 2021, and a Shelter Plan Work Group to create and implement a plan to create adequate shelter for all by November 1st, 2021.

The Action Plan contained a process to build a shelter plan:

1. Determine the approximate number of people who are unsheltered in Pierce County
2. Identify interventions to divert or exit clients from the streets or shelter to permanent housing.
3. Include all types of shelters and other interventions we should consider developing or increase in order to adequately shelter all
4. Identify other expanded services for people who are sheltered and may need additional immediate services beyond a place to sleep, such as out-patient behavioral health treatment, transportation to/from work, and storage for belongings.
5. Determine approximate volume of our unsheltered homeless population who will access each type of intervention listed above and determine targeted per unit costs for each.
6. Build a proposed budget based on analysis, and present to County and municipal elected officials for funding and site locations.
7. Once funding is identified and approved, work with providers on plans to expand services and create the new shelter options listed in the plan.

# Number of People Experiencing Unsheltered Homelessness

Using June 1st 2021 data from the Homeless Information Management System (HMIS) and information from the 2020 Point in Time Count, it is estimated that 3,300 people are currently experiencing homelessness in Pierce County. Of those, 998 are currently sleeping in shelters or transitional housing and 15 are living at safe parking sites. That leaves 2,287 living unsheltered.

|  |  |
| --- | --- |
| Input | Clients |
| Currently Experiencing Homelessness | 3,300 |
| Current Year-Round Shelter Beds | 998 |
| Current Safe Parking Spots | 15 |
| **Remaining Shelter Need** | **2,287** |

For additional details on the approach to estimating homelessness, see Appendix A

# Shelter Guiding Principles

1. Shelter should create the fewest rules possible to ensure a safe site for guests and staff.
2. Shelter guests may request a transfer to a different shelter site.
3. Shelter stays are dependent on guests following shelter rules.
4. Shelter guests should work on goals to enter permanent housing.
5. Shelter entry should involve a same-day coordinated entry Housing Solutions Conversation and immediate placement in shelter.

# Interventions to divert or exit clients from the streets or shelter to permanent housing

As part of the Built for Zero model, shelter should be immediately available to any household experiencing homelessness. However, shelter is a temporary solution. Permanent Housing options should be discussed in a coordinated entry Housing Solutions Conversation prior to shelter entry. If Diversion is not a viable intervention, Transitional Housing, Rapid Rehousing or Permanent Supportive Housing should be offered as soon as possible. The Comprehensive Plan to End Homelessness will focus on permanent housing interventions.

# Shelter Types

Shelters can be grouped together is a wide variety of ways, including:

1. Household type served – single adults, families, couples, etc.
2. Ages served – unaccompanied youth, young adults, households with both minors and adults, etc.
3. Special populations – LGBT community, veterans, domestic violence survivors, etc
4. Substance use rules – clean and sober on one end and low barrier harm reduction on the other, with a gradient in between
5. Spaces for sleeping – dormitory rooms, separate rooms, tiny houses, apartments, hotel based, tents, personal vehicles, etc.
6. Operating hours – 24x7 or just overnight
7. Operating months – some shelter run all year long, other programs operate during inclement weather, or just during the winter.
8. Geographic origin – some shelters serve anyone, other serve just from one city or geographic region.
9. Entry process – some shelters are walk up shelters, some require referrals from law enforcement, government groups, or other agencies in the homeless system.
10. Case Management and service level – shelters can simply operate with staffing necessary to keep residents safe, or with significantly more services, such as housing case managers, child care, behavioral health, medical care and more.
11. Food – shelters often provide three meals a day to shelter clients
12. Entry requirements – like sobriety, willing to work, acceptable pets, maximum belongings, mental health status, criminal history, etc.

# Minimum Shelter Requirements

Each shelter must meet the minimum shelter requirements and attempt to comply with the shelter recommendations below.

## Security

Each shelter shall have staff trained in site security on-site when the shelter is operating. Shelter generalists should provide site security, as they are more effective than hiring outside security contractors. Mandatory security training shall include verbal de-escalation. Shelter budgets shall include security training.

## Hygiene

Shelters shall provide toilets, sinks and garbage pickup adequate to service the site population. Shelter budgets shall include toilet, sink and garbage collections costs. Shelter entrances shall provide either a sink for hand washing or sanitizer. Shelters shall provide laundry and showers on site have transportation available to facilities providing those services.

## General Case Management

Shelters shall offer case management, not to exceed 1 case manager for every 20 households. Case Management should be optional but can be required. Case management can be provided by the shelter operator or contracted through another agency. Shelters should stagger case management work hours to provide services outside the typical 8am-5pm work schedule.

## Behavioral Health Services

Shelters shall offer behavioral Health services not to exceed 1 staff for every 20 clients opting to engage in behavioral health services. Case management can be provided by the shelter operator or contracted through another agency. Shelters should staff work hours to provide services outside the typical 8am-5pm work schedule.

## Food Service

All shelters shall provide breakfast and dinner on site. 24-hour shelters shall provide lunch.

## Clothing

Shelters should provide a clothing bank or transportation to a clothing bank.

## Sleeping Area

Shelters shall provide a place to sleep, which can include a vehicle, tent, tiny house, apartment, hotel room, or shared dormitory space.

## Data Tracking

Shelters should record client shelter stay information in the Homeless Management Information System. They must also track current bed availability and record any client bans in a central information system.

## Possessions

Shelters shall provide secure on-site storage for guest belongings. The quantity of storage space is dependent on available space.

# Necessary Shelter System Services

For shelters to optimally serve people experiencing homelessness, centrally coordinated services need to be in place.

## Access Hub

Access Hubs will act as front doors to the entire homeless system. Clients will get immediate access to a Coordinated Entry Housing Solutions Conversation and transportation to an available shelter bed of their choice. Access Hubs can be existing day programs. Some Access Hubs will operate 24x7 and provide cots for guests to stay when arriving outside coordinated entry and shelter enrollment hours.

## Shelter Coordinating Agency

One Shelter Coordinating Agency will track current availability of all shelter beds across the system and act as a 24x7 referral point to all shelters in the homeless system. The Shelter Coordinating Agency will also manage a banned client database, so they are aware of which shelters a client is not allowed access to. Both bed availability and banned client information will need to be maintained by each shelter, but visible to the Shelter Coordinating Agency. The Shelter Coordinating Agency will also manage requests for client transfers from one shelter to another. Transportation Coordination will also be the responsibility of the Shelter Coordinating Agency.

## Shelter to Shelter Transportation

Transportation will be available during specified hours to and from every shelter, either on a deviated fixed route or on demand. The Shelter Coordinating Agency will manage dispatching of the transportation resources.

## Centralized possession storage

A central storage location with pickup and drop off transportation will allow possessions in excess of what a shelter can store to be secured during a shelter stay. Transportation of possessions will be the responsibility of the agency operating the storage facility.

## Laundry Service

For shelters that do not provide on-site laundry, a laundry service will either pick up guest laundry and return it laundered within 24 hours or provide mobile laundry service.

## Shower Service

For shelters that do not provide on-site showers, a shower facility with transportation to and from will be available for site guests or mobile shower service will be provided.

## Case Conferencing Technology Platform

Case managers across different agencies need to discuss care plans for clients that are using services in a variety of locations. This sensitive client information needs to be communicated quickly in a secure environment.

## Enhanced Connections to inpatient Behavioral Health

Behavioral Health challenges prevent many clients from entering permanent housing. Immediate access to inpatient substance misuse treatment services, inpatient mental health treatment, and inpatient co-occurring disorder treatment must be available. Connection can be provided either through capacity at existing facilities or creation of new facilities.

# Survey of People Experiencing Homelessness

A shelter was created to determine shelter needs and preferences of people experiencing homelessness – especially those experiencing unsheltered homelessness. 100 surveys were filled out. Most of the survey respondents were currently living in Tacoma, with ages ranging from 18 to 73. Around one half had over 1 year of time homeless. Notable findings:

* Around 40% use shelters in the winter to escape the cold, while nearly 30% use shelters year round.
* The most important criteria in selecting a shelter is location, followed by cleanliness, reputation, and ease of entry.
* The top reasons shelters were liked was because of location, safety, ease of getting to, and storage for things on site.
* The top ways shelters can be improved is with toilets and showers on site, food and transportation, and better daytime hours.
* Nearly 50% identified shelters as needing 24-hour security, while 30% identified the need for case management staff. Only 20% preferred a self-managed model.

Based on these responses, shelters need to be carefully located to ensure they meeting the needs of potential residents. In addition, sites should include 24 hour security. Safe encampments should be quickly evolved into tiny house sites, as tiny house models allows for much cleaner sites.

# Community Engagement

Community Engagement is key to fully understanding the needs of people experiencing homelessness, as well as the communities impacted homelessness. Outreach is underway and will be included in this report and the recommendations when community engagement is complete.

# Shelter Model Recommendation

Four primary shelter models are recommended:

1. Safe Parking – accommodations are provided in the vehicles people own, including cars, trucks, vans, and RVs. Safe parking sites can be any size, but with site populations under 10 vehicles, on-site shelter generalists are not required. All other minimum shelter requirements must be filled.
2. Safe Encampments – accommodations are provided in tents provided by clients or by the agency. All Safe Encampments must have a plan to evolve to a tiny house village or a shelter with more durable accommodations. Safe Encampments can be any size, but with site populations under 20, on-site shelter generalists are not required. All other minimum shelter requirements must be filled.
3. Tiny House Villages – accommodations are provided in pallet shelters or tiny houses. Tiny Houses can range from plumbed homes to simple structures with not electrical or plumbing. Tiny House villages can be any size, but with site populations under 20, on-site shelter generalists are not required. All other minimum shelter requirements must be filled.
4. Hotel-Based – accommodations are provided in rented or purchased hotels rooms, apartments, Houses, or other sites with private rooms. Hotel-based sites can be any size, but with site populations under 20, on-site shelter generalists are not required. All other minimum shelter requirements must be filled.

Two additional models will be in use:

1. Medical Respite – shelter for individuals with medical conditions significant enough to require on-site medical care, but not so significant as to require hospitalization. This will require additional capital costs to ensure rooms and lavatories are wheelchair accessible and that exam rooms are plumbed for sinks. Operational costs are higher due to the need to have medical staff on site.
2. Young Adult shelter – shelter for young adults needs to be designed especially for this population, preferably in a shared house with 5 or fewer residents. This necessitates a higher staffing ratio.

## Shelter Sizing Considerations

Four factors are considered with sizing a shelter:

1. Guest safety – smaller shelters often feel safer for guests.
2. Community Acceptance – housed community members are resistant to having shelters sited in their neighborhood, and smaller shelters are typically considered more acceptable than larger shelters. Conversely, the challenge in siting a shelter may necessitate larger shelters to accommodate the dearth of acceptable sites.
3. Economies of Scale – for most shelter models, the larger a shelter, the more economies of scale possible and the lower the cost per bed night. The exception are very small shelters, where a small number of clients may be able to effectively self-manage.
4. Specific Population Needs – smaller shelters can better meet the needs of clients. Some clients need a clean and sober shelter, some need a harm reduction model. Some clients need shelters free from pets, some need pets to be allowed. Some shelters need to accommodate families with children, some shelters need to accommodate sex offenders. A larger number of smaller shelters allow greater specialization to meet the unique needs present in the community of people experiencing homelessness.

## Shelter Siting Considerations

Shelter siting needs to consider the following:

1. Community Acceptance – significant neighborhood resistance to a shelter can make a location unviable.
2. Proximity to transportation – walking distance to a bus line is an important consideration for a shelter.
3. Proximity to support networks – people are most successful exiting homelessness when they have a social support structure able to aid. Siting shelter in communities in proportion to the number of people entering homelessness there will reduce the duration of homelessness.
4. Proximity to schools and employment – transportation from a shelter to school or work is a significant challenge. Shelter options should be available near a client’s existing employment and schools.

## Recommended Shelter Expansion

Using Data from the Homeless Management Information System, the following shelters will provide the mix of locations, models and size to ensure shelter is acceptable to the vast majority of people experiencing homelessness. Some sites will be low barrier harm reductions sites, and some will be clean and sober sites. Safe Encampment sites are designed to evolve to a safer, more secure, and cleaner tiny house model.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Shelter Location** | **Family/Adults/Young Adult** | **Model** | **Units** | **Beds** | **Evolve to** |
| Gig Harbor/Lakebay | Adults/Family | Hotel-based | 25 | 50 |   |
| Roy | Adults/Family | Hotel-based | 25 | 50 |   |
| Sumner/Bonney Lake | Adults/Family | Hotel-based | 25 | 50 |   |
| Tacoma | Adults/Family | Hotel-based | 25 | 50 |   |
| Buckley | Adults/Family | Hotel-based | 25 | 50 |   |
| University Place | Adults/Family | Hotel-based | 25 | 50 |   |
| Tacoma | Youth | House-Based | 45 | 50 |   |
| Eatonville | Adults/Family | Safe Encampment | 25 | 50 | Tiny House |
| Lakewood | Adult | Safe Encampment | 45 | 50 | Tiny House |
| Lakewood | Adult | Safe Encampment | 45 | 50 | Tiny House |
| Lakewood | Family | Safe Encampment | 15 | 50 | Tiny House |
| Orting | Adults/Family | Safe Encampment | 25 | 50 | Tiny House |
| Parkland/Spanaway | Adult | Safe Encampment | 45 | 50 | Tiny House |
| Puyallup | Adult | Safe Encampment | 45 | 50 | Tiny House |
| South Hill | Adult | Safe Encampment | 190 | 200 |   |
| Tacoma | Adult | Safe Encampment | 90 | 100 | Tiny House |
| Tacoma | Adult | Safe Encampment | 190 | 200 | Austin Model |
| Tacoma | Adult | Safe Encampment | 45 | 50 |   |
| Tacoma | Family | Safe Encampment | 15 | 50 | Tiny House |
| Buckley | Adults/Family | Safe Parking (multiple sites) | 25 | 25 |   |
| Key Peninsula | Adults/Family | Safe Parking (multiple sites) | 25 | 25 |   |
| Lakewood | Adults/Family | Safe Parking (multiple sites) | 100 | 100 | Austin Model |
| Puyallup | Adults/Family | Safe Parking (multiple sites) | 100 | 100 | Austin Model |
| Tacoma | Adults/Family | Safe Parking (multiple sites) | 100 | 100 |   |
| Parkland/Spanaway | Family | Tiny House | 190 | 200 |   |
| Puyallup | Family | Tiny House | 15 | 50 |   |
| Graham | Adults/Family | Tiny House | 25 | 50 |   |
| Lakewood | Family | Tiny House | 15 | 50 |   |
| Steilacoom | Adults/Family | Tiny House | 25 | 50 |   |
| Tacoma | Family | Tiny House | 30 | 100 |   |
| Tacoma | Adults/Family | Medical Respite | 50 | 50 |   |
| Tacoma | Family | Tiny House | 30 | 100 |  |

# Shelter Costs

Shelter Capital and operation costs can vary widely, largely depending on the site costs, staffing model, services offered, and hours of operation. A self-managed encampment with no case management and minimal hygiene – just tents with porta-potties and hand-washing stations – can house 80 people for as little as $100k per year. A 24x7 medical respite facility with nursing staff housing 50 people can cost over $3M per year. Most communities have a mix of shelter models to support the different needs of people experiencing homelessness.

## Capital Costs

Estimating capital costs is a challenge. It is possible a tiny house shelter will require a $1M land purchase, but it is also possible surplus government property is available at no cost. A site may choose to plumb a bathroom, or simply use porta-potties. Those choices will significantly impact the site costs.

A recent 40-unit tiny house village cost around $500k to develop – or around $12,500 per unit. Scales of economy will also reduce the per unit costs.

While safe encampments can be a less expensive capital costs – the $6,000 needed for each tiny house is avoided – the plan to evolve safe encampments to a tiny house model eventually requires the same capital outlay.

Safe parking is far less expensive to create, as they are usually designed around night use only, with only fencing, porta-potties and hygiene stations needed on site. Safe parking setup costs are largely determined by the need for fencing, lighting and wifi.

Hotel costs can vary from nearly no capital costs if renting rooms in a hotel, to significant costs, if purchasing a hotel.

Medical respite has some of the highest capital costs – requiring a wheelchair accessible, climate-controlled facility with plumbed exam and procedure rooms.

## Operating Costs

Operating costs can be broken into four distinct categories:

### Operational Staff

All the costs associated with site management staff, including shelter generalists and supervisors.

### Supportive Services Staff

Supportive services includes housing case managers and behavioral health case managers, as well as management to oversee their activities.

### Operation Fixed Costs

This includes a wide variety of fixed costs, such as phones, supplies, food, maintenance, and utility costs.

### Agency Administration

Agencies typically add an additional 15% for an administrative/accounting overhead.

#### Shelter type and cost quick reference

|  |  |  |  |
| --- | --- | --- | --- |
| Shelter Type | Per Unit Capital Costs | Per Unit bednight Cost | Per unit Annual Cost |
| Safe Parking | $300 | $5 | $1,825 |
| Safe Encampment | $6,500 | $56 | $20,500 |
| Tiny House Village | $12,500 | $56 | $20,500 |
| Hotel-Based – Rental | $0 | $116 | $42,340 |
| Hotel-Based – Purchased | $100,000 | $56 | $20,500 |
| Medical Respite | $500,000 | $128 | $41,000 |
| Young Adult – House-Based | $0 | $128 | $41,000 |

## Proposed Shelter Expansion Plan Costs

This plan assumes no land costs or hotel purchases. It also assumes safe encampments will be developed into tiny house villages, so capital costs need to be $12,500 per unit to cover the eventual tiny house structure cost. Using the number and type of units in the recommended shelter plan, the total capital costs will be around **$15M**. Annual operating costs will be around **$36M**. These costs are in addition to the nearly $21M spent annually in Pierce County for shelter.

In addition to the added cost of creating shelter, each of the shelter systems such as the Shelter Coordinating Agency and the Personal Belonging Storage has an associated cost, which combine for nearly **$1M** in operating costs annually. There may be additional capital costs associated with these shelter system programs, depending on the design of the programs.

# Appendix A – Approach to Estimating Unsheltered Homelessness

Nationally, the Point in Time (PIT) Count is the most commons data source for determining the number of people experiencing unsheltered homelessness. The Point in Time Count takes place in late January each year. In Pierce County, the Point in Time Count uses a mix of homeless service providers and volunteers to visit locations known to be visited or lived in by people experiencing homelessness. A record of interviews or observations of individuals potentially experiencing homelessness are recorded in a central system. Unfortunately, the Point in Time Count can dramatically undercount the number of people living unsheltered. However, is very useful in establishing the lowest number of individuals that are experiencing homelessness at a given time. Many people experiencing homelessness are missed in the Count, mostly because encampment locations are unknown, people are not present at the encampment when the survey teams visit the site, or people actively avoid detection. Because of this undercount, the Point in Time Count is not considered an accurate count of those experiencing homelessness.

In communities where the vast majority of homeless service providers use a central Homeless Management Information System (HMIS), data from that system forms a much more accurate count of people experiencing homelessness. In Pierce County, the overwhelming majority of service providers, including shelter operators, outreach providers, the coordinated entry system, and permanent housing providers, record client interactions in the Homeless Management Information System. In Pierce County, this record of client interactions allows analysis that can provides a more accurate windows into the number of individuals living unsheltered in Pierce County.

Within the Homeless Management Information Systems, by-name lists provide a tool to track individuals currently experiencing homelessness. Pierce County uses four by-name lists to track people experiencing homelessness, or at risk of homelessness (see appendix B). When by-name-lists are actively maintained, these are an accurate count of the people currently experiencing homelessness in the community. The calculation to determine unsheltered homelessness using the by-name list is as follows:

1. Add all individuals currently experiencing homelessness on the 3 by-name lists
2. Add all individuals enrolled in Diversion, Rapid Rehousing and Permanent Supportive Housing but not yet housed.
3. Remove any individuals in shelter, transitional housing or other housed situations

It is possible that this Homeless Management Information System list is an overcount – people could exit a program or by-name list to a housed situation without information their case manager, and not be exited from the list for weeks or months. However, it is also possible that using the by-name-lists is an undercount. People still living homeless in Pierce County may not have any interaction with the homeless system at all, and thus not get recorded and counted in the Homeless Management Information System. It is also possible that someone is exited from a by-name list because too much time has elapsed since the last contact, and they are removed from the by-name list, but still are homeless in the community.

# Appendix B – By Name Lists

|  |  |  |
| --- | --- | --- |
| List Name | Description | Management |
| Veterans Master List | A list of all literally homeless veterans in Pierce County | Any agency that identifies a veteran experiencing homelessness may add them to the list – there are no minimum requirements for inclusion on the list. The list is actively managed by Catholic Community Services (CCS) Supportive Services for Veterans Families (SSVF) team. Veterans are removed from the list when not in contact with the homeless system and unreachable in 3 attempts to contact using all methods possible over a period of 3 months. |
| Priority Pool | A list of all individuals experiencing homelessness who have had a Coordinated Entry Housing Solutions Conversation in the past 3 months and are not experiencing chronic homelessness (have a documentable disability and over a year of homelessness during the last 3 years) | Any staff member trained and certified in Coordinated Entry Housing Solutions Conversations can enter individuals onto the list. Individuals are automatically removed from the list after 90 days or when no longer literally homeless. |
| Chronically Homeless Master List | A list of all individuals experiencing literal homelessness who have had a Coordinated Entry Housing Solutions Conversation, have been in contact with the homeless system in the past 3 months, have a documentable disability, and over a year of homelessness during the last 3 years.  | Individuals remain on the list until housed, or are removed from the list when not in contact with the homeless system and unreachable in 3 attempts to contact using all methods possible over a period of 3 months. |
| Youth and Young Adult Master List | A list of all youth literally homeless or homeless under the McKinney-Vento definition of homelessness, which includes people at risk of homelessness | Currently managed inside the Homeless Management Information System. The list contains both individuals who are literally homeless as well as clients who are at risk of homelessness – but can be filtered to allow viewing of those experiencing literal homelessness.  |

# Appendix C – Glossary of Terms

### By-name list

A by-name list is a real time, up-to-date list of all people experiencing homelessness in your community that can be filtered by categories and shared across appropriate agencies. This list is generated with data from outreach, HMIS, federal partners, and any other community shelter and providers working within the homeless subpopulation.

### Chronically Homeless

Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

### Coordinated Entry System

A coordinated entry system standardizes and coordinates the way households experiencing homelessness across the community are assessed for and referred to the housing and services that they need for housing stability.

### Diversion

Diversion is a strategy intending to divert households from the Homeless Crisis Response System. It does so by helping them, through a Housing Solutions Conversation (see below), identify immediate alternate housing arrangements, and if necessary, connect with services and financial assistance to help them return to permanent housing. Diversion is implemented within the coordinated entry system

### Homeless Management Information System

An information system designated by the Continuum of Care Committee to comply with requirements prescribed by HUD. This system stores client information about persons who access homeless services in a Continuum of Care, and is a core source of data on the population of people experiencing homelessness who engage with Coordinated Entry.

### Housing Solutions Conversation

This short-term problem-solving technique, the core tactic for Diversion (see above), meets a housing crisis head on with the creativity and resources of the person experiencing the crisis. By helping them to leverage their natural resources—such as their family, friends, or faith communities—people can find no-cost or low-cost housing solutions at a critical moment. Once the issues are identified, their own solution can sometimes be paired with short-term rental assistance, a one-time bill payment, or help finding a job or addressing health and safety needs, providing support to help them maintain their current housing.

### Literally Homeless

A person who is literally homeless does not have a fixed nighttime residence and instead might sleep overnight in a temporary shelter or place not meant for human habitation.

### McKinney-Vento Homeless Assistance Act

The federal McKinney-Vento Act more broadly defines homelessness in an effort to provide protections and supports for students living in a variety of unstable housing situations: Homeless students are defined as those who lack “a fixed, regular, and adequate nighttime residence,” and includes those that who are living in doubled up situations.

### Medical Respite

A shelter model providing additional medical support to medically fragile clients.

### Permanent Supportive Housing

Permanent Supportive Housing is long-term housing that provides supportive services for low income or homeless people with disabling conditions. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. Supportive services may be provided by the organization managing the housing or coordinated by the housing provider, and provided by other public or private service agencies.

### Point in Time County

The annual count of sheltered and unsheltered homeless persons on a single night, which is conducted in Pierce County in January

### Rapid Rehousing

Services and supports designed to help persons experiencing homelessness move as quickly as possible into permanent housing with time-limited financial assistance.

### Safe Encampment

A shelter model where clients stay in tents in an encampment setting with hygiene facilities. Staffing can range from self-management models to 24x7 staffing with security and case management.

### Safe Parking

A shelter model where clients stay in their cars in a parking lot setting with hygiene facilities. Clients typically only stay during the night, but some sites run 24x7. Sites are typically self-managed with some case management.

### Shelter

Shelter includes any facility with the primary purpose of providing temporary shelter for all people experiencing homelessness or specific subpopulations.

### Shelter Generalist

A staffing role providing a variety of operational supports at a site, often including security, site cleanup, client interactions, and coordinating meals.

### Transitional housing

Temporary housing and supportive services for up to 24 months that serves households before transitioning into permanent housing.