The Medina Foundation Impact

A Gap Analysis for Funding Homelessness Initiatives Across the Greater Puget Sound Region

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Executive Summary

Section 1: Introduction

In December 2017, the Medina Foundation (Medina) contracted with the University of Washington's Daniel J. Evans School of Public Policy and Governance Student Consulting Lab. The purpose of this study was to assess how Medina can strategically allocate their funding towards homelessness initiatives so that they may make a more significant impact within their grantmaking region. Priya D. Saxena, Jessica A. Schwartz, and Danielle Whetton conducted this research under the supervision of Erica N. Mills and in partnership with Medina staff and trustees.

Section 2: Understanding the Problem

Between 2012 and 2017, Medina granted $5,364,348 to organizations that work to prevent or directly address homelessness. The Medina Foundation distributes funding throughout 14 counties in the Greater Puget Sound region (the Medina grantmaking region). The 14 counties include: Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom Counties. In the period between 2012 and 2017, this funding supported 329,393 instances of aid to individuals at-risk of or currently experiencing homelessness. The funding supported 12 prevention programs, 40 emergency services, 28 transitional housing programs, and 26 permanent supportive housing interventions.

Despite this impressive level of action, homelessness in the Medina grantmaking region continues to increase. In fact, between 2012 and 2017, homelessness within the region increased by 11.7 percent (Washington State Department of Commerce, 2012; Washington State Department of Commerce, 2017). Economic and social factors continue to deepen the crisis, despite efforts by community partners and leaders, including Medina, to ameliorate the crisis. Due to the scale and complexity of the issue, regional funders like the Medina Foundation need to think strategically about how they deploy funding to support the organizations working to prevent or directly address homelessness.

Section 3: Research Methodology

This study sought to answer the following question: What criteria can the Medina Foundation use when assessing grant applications for homelessness initiatives? We used a three-pronged research methodology to answer our question and determine our final recommendations for Medina. These research areas included: (1) a county-level demographic data analysis, (2) a funding and cost analysis of Medina's other foundational giving, and (3) a survey of Medina staff, trustees, community partners, and grantees.

Section 4: Key Findings

We assessed each county within the grantmaking region for level of need, history and level of funding, subpopulations living in homelessness, and intervention types most likely to make an impact. These findings informed our final recommendations.

Level of Need

We determined county level of need using six metrics: poverty rate, vacancy rate, eviction rate, percent of individuals living in homelessness, proportion of Medina grantmaking region homeless population living in the county, and percent of individuals who are severely rent-burdened. A county is considered to have a higher level of need if it has a higher poverty rate, eviction rate, percent of individuals living in homelessness, proportion of Medina grantmaking region homeless population living in the county, and percent of individuals who are severely-rent burdened and a lower vacancy rate. According to our analysis, Clallam and Whatcom Counties display the highest levels of need and Island County displays the lowest.

Funding History

We used two metrics to determine a county's funding history and level of investment from other funders: known number of additional funders and estimated cost of services per successful exit. Counties with fewer known additional funders and estimated cost of services are considered counties where Medina funding will make a higher impact. Based on funding history alone, our data show that funding towards Jefferson County would make the most significant impact, and funding towards King, Snohomish, and Whatcom Counties would make the least significant impact.

Vulnerable Subpopulations

Using data from our surveys of Medina staff, trustees, grantees, and community partners, we determined the following subpopulations are most vulnerable and in need of services in the Medina grantmaking region: people of color, Native populations, immigrants, and refugees; individuals living in chronic homelessness; individuals with behavioral health disorders; unaccompanied youth and young adults; and survivors of domestic violence or sexual assault. We have determined that funding towards grantees whose programs support one or more of these subpopulations is likely to make a more significant impact.

Intervention Types

Using data from our surveys of Medina staff, trustees, grantees, and community partners, along with what we found in the literature, we determined that the following intervention types are most likely to make a significant impact: prevention programming, transitional housing, and permanent supportive housing. We have determined that funding towards grantees who implement one or more of these intervention types is likely to make a more significant impact.

Section 5: Recommendations

We developed four key recommendations based on our key findings. These recommendations, when implemented simultaneously, will help Medina to make a more significant impact in the area of homelessness in their grantmaking region.

Our four key recommendations are to prioritize funding:

1. Counties that display *higher need*
2. Counties that have been *historically underfunded*
3. Program types that will make a larger impact: *permanent supportive housing, prevention programming, and transitional housing*
4. Programs that support the most vulnerable populations: *individuals living in chronic homelessness, individuals living with behavioral health disorders, unaccompanied youth and young adults, survivors of domestic violence or sexual abuse, people of color, immigrants, refugees, and Native populations.*

The Homelessness Impact Assessment Scorecard (HIAS)

Finally, so that Medina can more easily implement these four key recommendations, we developed The Homelessness Impact Assessment Scorecard (HIAS). HIAS is a flexible Excel scorecard that will allow Medina staff and trustees to assess how well potential grantees fit these four recommendations. To use HIAS, Medina staff input grantee application information and receive a score between 0 and 60 points. Grantees programs can be low impact (between 0 and 30 points), medium impact (31 to 40 points), and high impact (41 to 60 points). The HIAS tool is set up such that Medina staff and trustees can weight recommendation categories based on foundation priorities.

Section 6: Conclusions & Future Research

As noted earlier, Medina has already made a significant impact in the area of homelessness within their grantmaking region. Based on our key findings, we conclude that Medina can make a more significant impact with their homelessness funding if they prioritize funding counties that display a higher level of need, counties that have been historically underfunded, interventions that are considered more impactful, and programs that serve more vulnerable subpopulations or subpopulations with higher instances of homelessness. When Medina implements these recommendations simultaneously, using the HIAS tool, they will ultimately make a more significant impact in the area of homelessness within their grantmaking region. We recommend future research that focuses on individual service provider needs.

Chapter One: Introduction

1.1 Report Overview

In December 2017, Medina contracted with the University of Washington's Evans School of Public Policy and Governance Student Consulting Lab. The purpose of this study was to assess how Medina can strategically allocate funding so that they may make a more significant impact in the area of homelessness within their grantmaking region[1]. This study used qualitative and quantitative data to answer one key research question: **What criteria can the Medina Foundation use when assessing grant applications for homelessness initiatives?** This research question was designed to better understand county level of need, history of funding and investment, programs that work, and subpopulations to prioritize. Our findings inform how Medina can strategically fund programs, initiatives, and organizations that prevent or directly address homelessness so that they can make a more significant impact in the area of homelessness throughout their grantmaking region (Medina Foundation, 2017).

Homelessness in Washington state is a growing concern. Despite increases in wages and level of educational attainment since 2013, other factors have caused the number of people experiencing homelessness to continue to grow ("Why is Homelessness Increasing?", 2017). In fact, between 2012 and 2017, homelessness within the Medina grantmaking region increased by 11.7 percent (Washington State Department of Commerce, 2012; Washington State Department of Commerce, 2017). This increase puts Washington state among the top 10 states in terms of rate of increase in homelessness within a 10-year period (Henry et al., 2017). In 2017, King County alone counted 11,643 individuals living in sheltered or unsheltered homelessness, a 900 person increase over 2016 (Coleman, 2017; "Seattle/King County Point-In-Time Count of Persons Experiencing Homelessness", 2017).

As homelessness continues to grow, funders, such as Medina, have become increasingly concerned about their level of impact. This report addresses this concerning by assessing how Medina can more strategically allocate their funding so that they may make a more significant impact in the area of homelessness in their grantmaking region.

This report has six chapters. Chapter One, *Introduction,* includes an introduction to the report topic, and key findings. Chapter Two, *Diagnosing the Problem*, includes a review of the literature discussing

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[1] There are 14 counties in the Medina grantmaking region. All counties are in the Greater Puget Sound region and include: Clallam County, Grays Harbor County, Island County, Jefferson County, King County, Kitsap County, Mason County, Pacific County, Pierce County, San Juan County, Skagit County, Snohomish County, Thurston County, and Whatcom County.

social and economic indicators of homelessness, populations who live in homelessness, and best practice programs and interventions to prevent or directly address homelessness. Chapter Three, *Research Methodology*, further describes our research question and sub-questions and each prong of our research. Chapter Four, *Findings and Analysis*, provides an in-depth analysis of each county within the Medina grantmaking region, as well as an overall analysis of the grantmaking region. Chapter Five, *Recommendations*, details our four key recommendations to help Medina make more strategic funding decisions so that they have a more significant impact in the area of homelessness and introduces the Homelessness Impact Assessment Scorecard (HIAS) tool. Chapter Six, *The Medina Impact*, provides an overview of Medina's impact between 2012 and 2017, as well as our concluding thoughts.

1.2 Client Objective

The Medina Foundation was founded in 1947. They are a private family foundation that supports human services organizations in 14 counties across the Greater Puget Sound Region. In additional to homelessness, Medina funds five other issue areas all that aim to increase self-sufficiency among residents of the Puget Sound region. Other funding areas include: family support, economic opportunity, hunger, education, and youth development. Of the four million dollars Medina grants annually, about one million dollars are dedicated to programs, initiatives, and organizations that prevent or directly address homelessness. Medina had three key objectives for this research:

1. To understand how Medina has funded programs, initiatives, and organizations that prevent or directly address homelessness in the past (between 2012 and 2017).
2. To understand how other organizations (i.e. government agencies, foundations, community partners, nonprofits, and for-profit businesses) fund programs, initiatives, and organizations that prevent or directly address homelessness
3. To establish a set of recommendations for how Medina can strategically fund homelessness programs in the future so that they may make a more significant impact throughout their grantmaking region.

To fulfill the client's object we analyzed grant information, demographic information, and survey data from Medina grantees, trustees, staff, and community partners.

1.3 Research Questions

In order to achieve Medina's objectives, we aimed to answer the following research question:

What criteria can the Medina Foundation use when assessing grant applications for homelessness initiatives?

To help refine our research, we broke this question down into four sub-questions:

1. What programs, initiatives, and organizations that prevent or directly address homelessness did the Medina Foundation fund between 2012 and 2017?
2. What programs, initiatives, and organizations that prevent or directly address homelessness are other funders currently supporting in the Medina grantmaking region?
3. What subpopulations of those currently experiencing and at-risk of experiencing homelessness reside in the Medina grantmaking region?
4. What types of interventions work best for those currently experiencing homelessness and those who are at-risk of homelessness?

These questions guided our research and elicited key findings about landscape of homelessness and funding in the 14 counties in the Medina grantmaking region.

1.4 Key Findings

This section outlines our key findings, recommendations, and next steps. Chapter Four, *Findings and Analysis,* includes a more in-depth analysis of our findings.

1.4.1 The Medina Impact

Between 2012 and 2017, Medina disseminated approximately $5.3 million dollars in grants to organizations, programs, and initiatives that prevent or directly address homelessness in their grantmaking region. This funding was allocated through 208 grants to 74 unique grantees. Grantees provided services through 12 prevention programs, 40 emergency services programs, 28 transitional housing programs, and 26 permanent supportive housing interventions. According to service providers' records, Medina funded a total of 329,393 instances of aid.

Medina distributed 61 percent of their homelessness funding to King County, which is home to 68 percent of region's population living in homelessness and 61 percent of service providers addressing homelessness. For all counties, other than King County, Medina is consistently listed as the primary or secondary funder in the area of homelessness ("Foundation Maps", 2018). These findings indicate that Medina's funding already makes a significant impact. Not only is Medina funding organizations through unrestricted general operating support, but they also serve counties that receive little to no funding from other organizations. Therefore, our recommendations are aimed at increasing this impact.

1.4.2 Services That Make an Impact within the Medina Grantmaking Region

Our review of the literature and analysis of survey data collected from Medina staff, trustees, community partners, and grantees, identified three key intervention types that are likely to make a more significant impact in the area of homelessness in the Medina grantmaking region:

Prevention Programming - Prevention programming includes a variety of short-term services that prevent a household from experiencing homelessness through the mitigation of other household costs. Examples of prevention programs include short-term rental assistance programs, utility assistance programs, and family resource centers. Prevention programs are designed to serve households at-risk of becoming homeless. Overall, prevention programming is a high impact program because it prevents homelessness from occurring, mitigates costs of housing an individual currently experiencing homelessness, and is the most cost-efficient intervention type (meaning fewer dollars can serve more individuals) ("Overview of the Homeless Housing System and Funding", 2017).

Transitional Housing - Transitional housing interventions support households to develop independent living skills required to maintain housing long-term. transitional housing can be a more costly intervention because households live in a temporary housing option, for up to 24 months, until a permanent housing unit becomes available. Most transitional housing facilities offer both housing and service provision. However, service providers have shared that transitional housing helps households develop the needed independent living skills, such as financial management, to help them maintain housing long-term ("Overview of the Homeless Housing System and Funding", 2017).

Permanent Supportive Housing (PSH) - Permanent supportive housing is a non-time-limited housing intervention for individuals or families who have access to support services that help households maintain self-sufficiency. As such, PSH is consistently identified as the gold standard solution to addressing homelessness. PSH helps to service households that require long-term support and can be implemented broadly for a wide range of subpopulations experiencing homelessness ("Overview of the Homeless Housing System and Funding", 2017).

1.4.3 Target Subpopulations within the Medina Grantmaking Region

Information from our review of literature and findings from surveys of Medina staff, trustees, community partners, and grantees helped us better understand which subpopulations are highly represented within the Medina grantmaking region homeless population, most vulnerable and in need of services, and most at-risk of becoming homeless.

These five subpopulations include:

1. *People of color, Native populations, immigrants, and refugees:* People of color are individuals who do not identify as white. Indigenous populations are those native to American, Hawaiian, and Alaskan land. Immigrants are permanent residents who were not born in the United States. Refugees are individuals who were forced to leave their home in order to escape war, persecution, or natural disaster.

2. *Individuals living in chronic homelessness:* Individuals living in chronic homelessness must be living with one or more disabilities and live in sheltered or unsheltered homelessness for at least 12 months continuously or on at least four separate occasions in the last three years (Henry et al., 2017).

3. *Individuals with behavioral health disorders:* Individuals with behavioral health disorders include individuals living with mental health or substance use disorders (Substance Abuse and Mental Health Services Administration).

4. *Unaccompanied youth and young adults:* This category includes unaccompanied minors under 18 years of age and young adults between the ages of 18 to 24, including parenting youth ("Opening Doors", 2015).

5. *Survivors of domestic violence or sexual assault:* This category includes all individuals who have experienced intimate partner violence. This includes patterns of behavior in which one partner used power or control over the other in an effort to control them (Fulu et al., (n.d.); Washington State Coalition Against Domestic Violence, 2018).

1.4.4 Recommendations

After completing a rigorous analysis of demographic data, past and current funding trends, and surveys of Medina staff, trustees, grantees, and community partners, we developed four key

recommendations. These four recommendations, when implemented simultaneously, will guide Medina in making a more significant impact with their homelessness funding.

In order to make a more significant impact in the area of homelessness in their grantmaking region, we recommend Medina prioritize funding:

1. Counties that display *higher need*
2. Counties that have been *historically underfunded*
3. Program types that will make a larger impact: *prevention programming, transitional housing, and permanent supportive housing*
4. Programs that support the most vulnerable populations: *individuals living in chronic homelessness, individuals with behavioral health disorders, unaccompanied youth and young adults, survivors of domestic abuse or sexual assault, people of color, Native populations, immigrants, and refugees.*

We encourage Medina staff and trustees to implement these four recommendations simultaneously and to do so by using the HIAS tool.

1.4.5 The Homelessness Impact Assessment Scorecard (HIAS)

We developed the Homelessness Impact Assessment Scorecard (HIAS), a flexible Excel scorecard, so that Median staff and grantees can more easily and simultaneously implement our four key recommendations. Medina staff and trustees can easily use HIAS to better assess incoming grant applications by indicating whether funding allocated to those applications will be high impact, medium impact, or low impact.

The scorecard is structured to incorporate our findings related to county demographic data, county funding information, recommended housing interventions, and vulnerable populations. HIAS will help Medina systematically review grant applications, strategically evaluate future homelessness interventions, and assess the grant's potential impact to meet the needs of Medina's grantmaking region. [See *Appendix A* for a PDF version of HIAS.]

Chapter Two: Understanding the Problem

2.1 Defining and Understanding Homelessness in Washington State

Homelessness is a complex issue. In this chapter, we define homelessness and describe trends in homelessness within the Medina grantmaking region. These terms and their definitions serve as the foundation for our analysis and recommendations [See *Appendix B* for a glossary of other frequently used terms]. We also share homelessness "fast facts" that provide a general overview of how homelessness has changed in Washington state and, more specifically, the 14 counties Medina funds. Later in the chapter, we share a review of literature that provides context as to the social and economic indicators of homelessness, populations that experience homelessness, and best practice interventions to prevent or directly address homelessness.

2.1.1 Defining Homelessness

We use the United States Department of Housing and Urban Development's (HUD) definition of homelessness to frame our analysis. Per HUD, as reported in the AHAR report authored by Henry & Morris (2013), an individual living in homelessness is one who does not have a "fixed, regular, and adequate nighttime residence" (p. 2). An individual living in homelessness can be sheltered or unsheltered. Individuals experiencing sheltered homelessness are those staying in "emergency shelters, transitional housing programs, or safe havens" (p. 2). An individual experiencing unsheltered homelessness is someone whose "primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people" (p. 3). Individuals living in homelessness can move quickly between experiencing sheltered and unsheltered homelessness (Henry & Morris, 2013).

Those experiencing homelessness can experience sporadic or chronic homelessness. It is important to differentiate between these two groups because they have different experiences and require different types of services. An individual experiencing chronic homelessness is any individual "with a disability who has been continuously homeless for one year or more, or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months" (Henry et al., 2013, p. 3). This definition specifies disabilities to include: substance abuse disorder, mental health disorders, developmental disability, post-traumatic stress disorder (PTSD), cognitive impairments resulting from brain injury, or a chronic physical illness or disability ("Defining 'Chronically Homeless'", 2015). Those who do not fit the criteria for chronic homelessness are considered 'sporadically homeless.'

In order to understand what it means to make an impact in the area of homelessness, it is important to understand what the end of homelessness looks like. This definition, along with our analyses and findings, guides the recommendations at the end of this report. The United States Interagency Council on Homelessness (USICH) defines the operational end of homelessness in this way:

> "An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience. Specifically, every community will have the capacity to: quickly identify and engage people at risk of experiencing homelessness, intervene to prevent the loss of housing and divert people from entering the homelessness system, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and when homelessness does occur, quickly connect people to housing assistance and services--tailored to their unique needs and strengths--to help them achieve and maintain stable housing" ("Opening Doors", 2015, p. 10).

2.1.2 Homelessness in Washington and the Medina Grantmaking Region

The depth of homelessness, nationally and throughout Washington state, has changed over time and continues to grow. Researchers, legislators, and service providers rely on annual Point in Time (PIT) counts to understand the depth and nuances of homelessness in their region. The PIT count is an annual count of unsheltered and sheltered individuals living in homelessness. Each state and county conduct their PIT count differently, although they must meet minimal standards. Most counts are conducted on one night in the winter and "are a critical source of data on the number and characteristics of people who are homeless in the United States," (Point in Time Count Methodology Guide, 2014.). PIT Count data are stored on HUD's public website and compiled into the Annual Homeless Assessment Report (AHAR). This report is sent to Congress, HUD, and other federal departments so that they may better understand the depth of homelessness on a national and local level, as well as progress made towards preventing and addressing homelessness. PIT Count data are extremely important, not only in understanding homelessness, but also in determining how to allocate funding and resources to best support those living in homelessness.

Between 2007 and 2017, Washington State experienced an 11.2 percent increase in homelessness (Henry et al., 2017). The 2017 Washington state PIT Count revealed 21,112 sheltered and unsheltered homeless people throughout the state ("2017 Point in Time Count for Washington State Summary", 2017; Henry et al., 2017). Of this total, 11,643 (55 percent) reside in King County ("2017 Point in Time Count for Washington state by County", 2017). *Figure 1* shows the total number of individuals living in homelessness in Washington State between 2012 and 2017. The data shows that,

in addition to the number of individuals living in homelessness increasing, the number of individuals living in sheltered homelessness remains steady. As shelters and other temporary housing situations fill up, more and more individuals are forced to live in unsheltered homelessness.
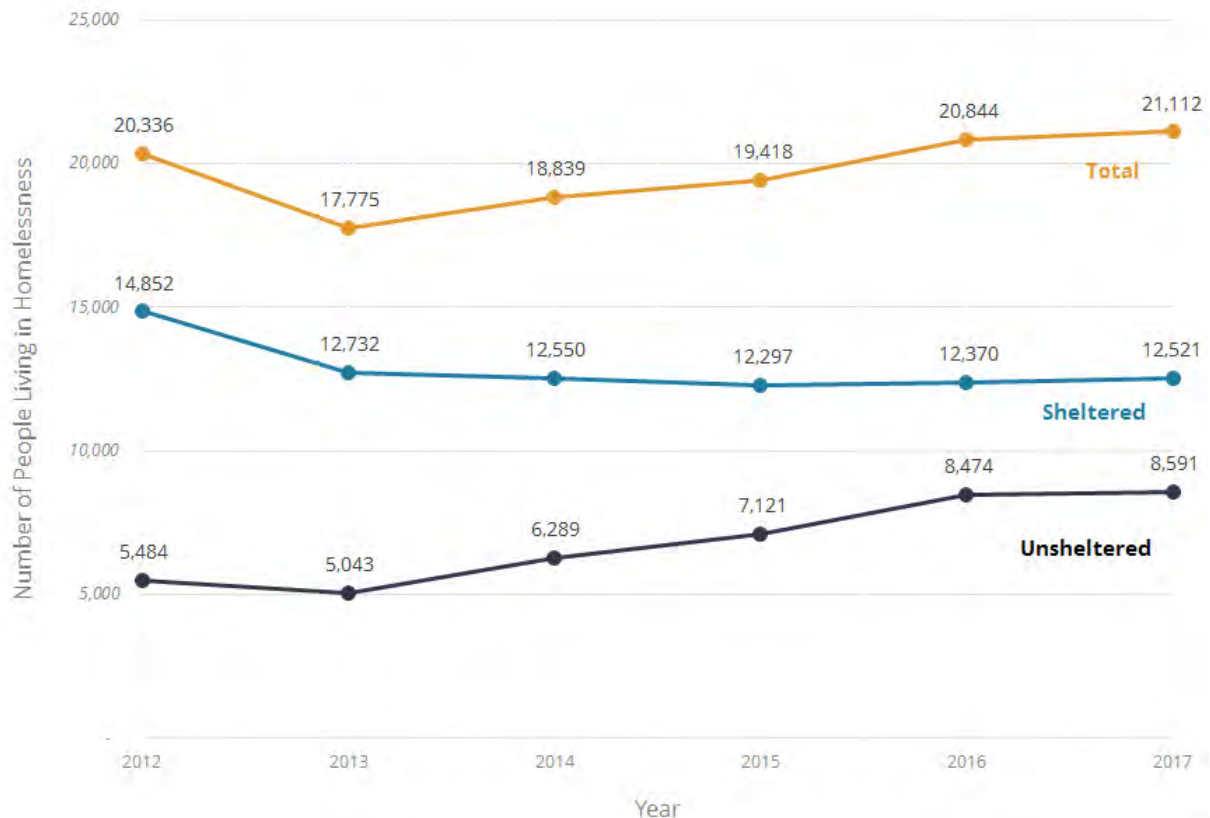
Figure 1: Total Number of People Living in Homelessness in Washington state, Created with data from Washington State Point in Time Count of Homeless Persons Summary (2012-2017).

Washington state has one of the highest number of individuals living in homelessness in the United States. In fact, the January 2017 National PIT Count found that half of all individuals experiencing homelessness reside in just five states: California (134,278 people), New York (89,503 people), Florida (32,190 people), Texas (23,548 people), and Washington (21,112 people). In Washington state, 29 people per every 10,000 are currently experiencing homelessness. The report also stated that by metropolitan Continuums of Care (CoCs)—local planning bodies tasked with coordinating all homelessness services in a geographic area—Seattle/King County ranks third nationally, with 11,643 individuals experiencing homelessness. This puts Seattle behind only New York City (76,501 homeless people) and Los Angeles City and County (55,188 homeless individuals).

2.2 Review of Literature

This review of the literature provides further context about homelessness on a national, and in some cases international, level. The literature provides the foundation and framework on which we build our research, analysis and recommendations. This literature review includes a discussion of the social and economic indicators of homelessness, populations living in homelessness, and best practice interventions for preventing or directly addressing homelessness.

2.2.1 Economic and Social Indicators of Homelessness

This first section of the literature review looks at the economic and social indicators of homelessness. Research shows that there a variety of economic and social indicators that are likely to impact instances and experiences of homelessness. Economic indicators related to homelessness include rental costs, housing availability and poverty rates. Social indicators of homelessness are more nuanced and include social support systems, age, and race. While these factors may or may not have a causal relationship with homelessness, they are correlated with homelessness.

Economic Indicators of Homelessness

Rental Costs & Housing Availability
A primary economic indicator of homelessness is the combination of rental costs and housing availability. Research shows that the cost of rent is a strong economic indicator of homelessness. A study by Maria Hanratty in Housing Policy Debate (2007) found that rates of homelessness are related to the local rental costs in relation to local poverty rates. Her study has two key takeaways related to rental costs and homelessness. First, a one percentage-point increase in the rental market share can increase instances of homelessness by 0.8 persons per every 10,000. Second, a $100 increase in median rental costs can increase instances of homelessness by two individuals per every 10,000. In their study of homelessness across Washington state, the State of Washington Department of Commerce also found that rent, and in particular increasing rental costs, were a significant indicator of homelessness. According to the Department of Commerce, between 2012 and 2015, Washington state experienced a $111 increase in median rent ("Why is Homelessness Increasing?", 2017).

Additionally, as rental costs continue to rise, higher income renters are more likely to occupy lower cost housing units. This reduces the availability of affordable housing for low-income families (Stefen et al., 2015). While poverty and increased rental costs are major indicators of homelessness, research has shown that the primary economic cause of homelessness is the lack of available affordable housing (Cunningham, 2009; Decandia et al., 2011).

Although not a perfect stand-in for availability of affordable housing, vacancy rates give us an idea of total housing availability. Vacancy rates are the number of available vacant apartments. In a low vacancy rate market, households with limited incomes are more likely to struggle with finding an apartment. Vacancy rates of five percent or less can lead to increases in rent, which can further burden families whose income does not also increase ("Why is homelessness increasing?", 2017). Rental markets in cities in the Pacific Northwest region, including Seattle and Portland, had the tightest housing market in the county. In 2015, rent in Seattle rose 10 percent due to the rapidly shrinking vacancy rates within the city ("Apartment market conditions", 2016).

Rent Burden

Rising rents can affect another indicator of homelessness—rent burden. Rent burden is a measurement that calculates the proportion of a household's monthly gross income that is spent towards their monthly costs of rent and utilities. HUD recommends that households not spend more than thirty percent of their gross household income towards rent and utilities combined. When a household spends at least 30 percent of their gross income on housing-related costs, they are considered "rent burdened". When a household spends 50 percent of more of their gross income on housing-related costs, they are considered "severely rent burdened" (Dawkins et. al., 2017; "Rental Burden: Rethinking Affordability Measures"; Stefan et. al., 2015). As household spend larger portions of their gross income on housing costs, they have less to spend on other necessities, such as food and medical care. Additionally, the larger portion of income households spend on housing, the greater the impact of rent increases. As housing costs increase, these household become increasingly burdened, making their housing increasingly less stable. ("Rental Burdens: Rethinking Affordability Measures", n.d.; Cunningham, 2009). In Washington state, 36 percent of households are rent-burdened and 15.2 percent are severely rent burdened. As of 2015, there is an estimated statewide shortage of 327,136 housing units that are both and affordable and available (Mullin, Gonergan & Associates, 2017).

Area Median Income (AMI) & Poverty Rates

A final key economic indicator of homelessness is the combination of AMI and poverty rates. AMI measures the median income of a region and it adjusts for household size. It is used by government agencies, such as HUD, to determine the regional median income and its relationship to the average cost of rent in the region. HUD uses local AMI rates to create guidelines for local housing authorities to set limits on affordable housing programs and to determine household eligibility for these programs ("Income Limits", n.d.). AMI is a useful indicator to understand the amount of income required to afford housing within a county.

Poverty rates, as used the by U.S. Census Bureau, examine area median income and household size ("Rental Burdens: Rethinking Affordability Measures", n.d.). Increasing poverty rates can create pressure within a community to provide affordable housing. A rising poverty rate indicates that, not only are incomes declining, but also that the AMI could be increasing. Hanratty (2007) found that a one percentage-point increase in a region's poverty rate could lead to an increase of homelessness by

0.6 individuals per every 10,000. An increasing poverty rate and increasing AMI indicates a broadening disparity between households that fall under the poverty rate and households with a higher income. The cost of housing increases to adjust for AMI and households below the poverty line struggle to afford higher costs, making them more vulnerable to homelessness (Hanratty, 2007).

Social Indicators of Homelessness

Deteriorated Social Supports
Social support broadly encompasses how individuals perceive their social connections with others. This includes the support they receive from family members, friends, or other community members. In surveys of individuals who are homeless, homeless individuals have reported feeling isolated from their close support networks or lacking social supports entirely. They reported that a factor of becoming homeless was not having the social support available to help them maintain housing (Nishio et al., 2016).

Age
Age may also be an indicator of homelessness which affects youth and young adults (ages 25 and under) as well as a "cohort" of vulnerable individuals born towards the end the Baby Boomer generation (Robertson and Toro, 1999; Culhane et al. 2013). In their 1999 study, Robertson and Toro concluded that youth may be the single age group most at risk of becoming homeless. A University of Pennsylvania study found that parents under the age of 25 are also highly vulnerable to becoming homeless. The same study also found that individuals born towards the end of the Baby Boomer generation (between 1957 and 1967) were highly vulnerable to experiencing homelessness, potentially due to social and economic changes that occurred during their lifetimes. These changes include, but are not limited to, deinstitutionalization of inpatient care facilities, a reduction of social welfare programs, an economic recession during the 1980's, and an increase in illicit drug use. The study found a "cohort" effect among individuals belonging to the Baby Boomer generation that this cohort has consistently been overrepresented among individuals who experiencing homelessness over a 20-year period. (Culhane et al., 2013).

Race
Race may be another key social indicator of homelessness. Research on race and rates of homelessness have mixed findings. A report conducted by HUD found that, although non-Hispanic Whites are highly represented in the homeless community, homelessness rates disproportionately grew among people of color. From 2003-2013, homelessness increased by 59 percent among individuals who identify as Black or African-American and 78 percent amongst Hispanic communities compared to a 31 percent increase amongst non-Hispanic white renters (Steffen et al., 2015). In USICH's 2015 report "Opening Doors", they reported that Black/African-Americans represented 12.6 percent of the U.S. population but 41.8 percent of the total sheltered homeless population in 2013. In 2012, individuals who identify as American Indian and Alaskan Native represented 1.2 percent of the national population but four percent of sheltered homeless

individuals and 4.8 percent of sheltered families. Additionally, 19 percent of individuals living on tribal land live in overcrowded housing (more than one person per room) ("Opening Doors", 2015).

2.2.2 Understanding who is Homeless and At-Risk of Homelessness

In this section, we include a discussion of the various subpopulations that funders and service providers may target through their work. USICH identifies five key target populations within the homeless community: Veterans, individuals living in chronic homelessness, unaccompanied youth and young adults, families with children, and single adults ("Opening Doors", 2015). Through our research we came across three additional subpopulations that warrant further discussion. These additional subpopulations include survivors of domestic violence or sexual abuse, individuals with behavioral health disorders, and individuals exiting institutions. This section includes these additional subpopulations because experience high instances of homelessness and have unique characteristics that may influence how they experience homelessness and how they respond to interventions.

Veterans Living in Homelessness

Veterans living in homelessness include all individuals living in homelessness who carry Veteran status. This includes individual adult Veterans, Veterans with families, Veterans living in chronic homelessness, and Veterans at every discharge status ("Opening Doors", 2015). Veterans are a unique portion of the United States population for two key reasons: (1) their status of having served in the Armed Forces and (2) their access to special benefits such as Veterans Affairs (VA) health care, home-loan guarantees, and education benefits (Tsai and Rosenheck 2015).

Between 2010 and 2015, homelessness among Veterans declined by 33 percent ("Opening Doors", 2015). The population saw another 17 percent decline between 2015 and 2016, making the total six-year decrease 47 percent. More critically, the number of unsheltered Veterans decreased by 56 percent. This rapid decline was largely due to the Obama administration's focus on Veteran homelessness in this time period. In 2010, a partnership among multiple federal, state, and local partners, including HUD, VA, and USICH launched the nation's first strategic plan targeted at ending and preventing homelessness. The administration and federal agencies also launched programs specifically focused on ending homelessness among Veterans, such as the HUD-VASH voucher program and the Supportive Services for Veteran Families (SSVF) grant program. Michelle Obama increased localized engagement with the 2014 launch of the "Mayors Challenge to End Veteran Homelessness." This coordinated effort has led 27 communities and two states across the country to effectively end homelessness among Veterans ("Veteran Homelessness Drops Nearly 50 Percent Since 2010", 2016).

Despite this impressive progress, Veteran homelessness appears to be back on the rise. Between 2016 and 2017 there was a 585 person increase in Veterans experiencing homelessness from 39,471

individuals, in the 2016 PIT count, to 40,056 individuals in 2017 (Henry et al., 2017). On a more local level, approximately 2,093 Veterans living in homelessness were counted in Washington state in 2017 (Henry et al., 2017). This represents a 609-person increase from 2016, adding on to the 191-person increase reported between 2015 and 2016 ("2016 PIT Estimate of Homeless Veterans by State"). More alarmingly, Washington state ranks among the top five states with the highest rates of unsheltered Veterans (Henry et al., 2017).

In his 2012 article, "Prevalence and Risk of Homelessness Among US Veterans," Dr. Jamison Fargo shows that Veterans are overrepresented among individuals living in homelessness. The study identified 130,554 adults experiencing homelessness across seven CoCs. Of these, 8.2 percent identified as Veterans. This is higher than expected given the proportion of Veterans living in poverty (3.34 percent) and the proportion included in the American Community Survey (6.96 percent). Study results also indicate that Veteran status is a significant indicator of homelessness. The study found that "male veterans were almost 50% as likely and female veterans were almost twice as likely to be homeless" compared to their non-Veteran counterparts. When focusing on individuals living in poverty, "male veterans were more than twice as likely and female veterans were more than 3 times as likely to be homeless as non-Veterans (sic)" (p. 3). Among study participants, male Veterans age 45 to 54 were at the highest risk of homelessness and made up 41 percent of the population of Veterans living in homelessness (Fargo, 2012). Of the Veterans counted in 2017, 90.6 percent identified as male and 8.9 percent identified as female (Henry et al., 2017).

A 2002 study by Richard Tessler, Robert Rosenheck, and Gail Gamache found that, of individuals living in homelessness, Veterans were more likely to be Black and less likely to be Hispanic than non-Veterans (Tessler et al., 2002). Another study found that both male and female Veterans were more than five times as likely to become homeless if they identified as black (Fargo, 2012). However, while black Veterans are more likely to experience homelessness, veterans experiencing homelessness tend to be single white men over the age of 45. Veterans experiencing homelessness also tend to be more educated (Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans, 2002) and to have more personal resources (Tessler et al., 2002) than non-Veteran homeless males. However, they are also more likely to be living with issues of alcohol dependence and abuse (Tessler et al., 2002) and tend to experience longer episode of homelessness than non-Veterans ("Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans", 2002).

In an attempt to understand risk factors for homelessness among Veterans, Tsai and Rosenheck completed a meta-analysis that looked at seven rigorous studies. All seven studies found that substance use disorders and mental health disorders were strong indicators of homelessness among Veterans. Of these factors, substance use disorder was found to have a greater effect. Six studies also identified factors such as poverty and unemployment as strong indicators, with one study finding that connecting Veterans to VA benefits helped protect against homelessness (Tsai and Rosenheck, 2015).

To increase understanding of interventions that work, in 2002, HUD reviewed a variety of programs serving Veterans experiencing homelessness. Projects reviewed all considered supportive services to be a critical aspect of programs targeted toward homeless veterans. Many of these services are similar to those included in general population homelessness assistance programs, such as those providing food, clothing, employment training, and legal services. One unique aspect of programs specialized to veterans is their focus on getting Veterans connected to the VA for medical and other Veteran benefits. This often includes assistance in getting discharge upgrades to increase eligibility for services from the VA. The interviewees also rated job assistance as an essential aspect of veteran-specific programs. Because homeless veterans tend to be more highly educated than their non-Veteran counterparts, a small amount of job training or job preparation can often lead to good quality jobs, which can allow Veterans to obtain and maintain stable housing ("Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans", 2002).

Beyond these specific services, HUD's review found that there is not complete agreement about whether or not homeless veterans respond better to highly specialized programs. Some programs, such as the Maryland Center for Veterans Education and Training (MCVET) in Baltimore, Maryland believe in a following a military-style approach. They organize their clients into platoons and squadrons and assign tours to mimic the structure and order of the military lifestyle. Others, such as Central Park Place in Vancouver Washington, however, deliberately avoid this military-style atmosphere. They find that their clients want to put their military days behind them, and therefore provide a less restrictive environment for both Veteran and non-Veteran clients. ("Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans", 2002).

Individuals Living in Chronic Homelessness

Beginning in 2007, until HUD released a formal definition in 2015, the definition of "chronic homelessness" shifted several times. According to HUD's definition, an individual living in chronic homelessness is defined as an "individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter" ("Defining 'Chronically Homeless'", 2015, p. 1). To meet this definition, the individual must have been living as described for at least 12 months continuously, or on at least four separate occasions in the last three years, where the combined episodes equal to at least 12 months. A family living in chronic homelessness is a family whose adult or minor head of household meets the definition of an individual living in chronic homelessness. It is important to note that, to meet HUD's definition of chronically homeless, an individual must have a disability. The Rural Housing Stability Assistance Program defines an individual with a disability as an individual who is diagnosed with one or more of the following conditions: substance abuse disorder, mental illness, developmental disability, post-traumatic stress disorder (PTSD), cognitive impairments resulting from brain injury, or a chronic physical illness or disability ("Defining 'Chronically Homeless'", 2015).

The 2017 National PIT count found that, of all individuals living in homelessness, approximately 24 percent reported experiencing chronic homelessness. Of those who were reported as chronically homeless, 70 percent were unsheltered (compared to 48 percent among individuals experiencing sporadic homelessness). The Washington state 2017 PIT count identified 4,357 individuals—approximately 20.6 percent of all individuals living in homelessness—as chronically homeless (Henry et al., 2017).

Individuals and families living in chronic homelessness have high and complex service needs ("Opening Doors", 2015). Some of these needs are due to the fact that those experiencing chronic homelessness have higher rates of mental illness and substance abuse disorder (Hall, 2017). Individuals living in chronic homelessness are also more likely to be living with more than one co-occurring disease or disorder, which can be partially explained by the way "chronic homelessness" is defined.

Because of the complex service needs of those living in chronic homelessness, the cost to serve these individuals is high. When cities include costs such as emergency services, they could be spending as much as 60,000 to 70,000 dollars on a subpopulation that makes up about 10 percent of the population of individuals living in homelessness. Some experts believe it may actually be more cost-effective to move individuals experiencing chronic homelessness into stable housing with support services, such as permanent supportive housing or transitional housing (Mitka, 2006). A 2009 randomized control trial found a significant decrease in emergency room visits and hospital stays among individuals with chronic illness living in homelessness. Participants in the treatment group received case management services and a short transitional housing stay, followed by movement into permanent housing. This group experienced a reduction in both hospital days (29 percent decrease) and emergency room visits (24 percent decrease). The authors estimate that "for every 100 homeless adults offered the intervention, expected benefits over the next year would be 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits" (p. 1776). These reductions could equate to significant cost reductions (Sadowski, Kee, VanderWeele, and Buchanan, 2009).

A meta-analysis of homelessness interventions in Los Angeles County, California identified several interventions that are key to successfully improving conditions for, preventing homelessness, and ending homelessness for individuals at-risk of or living in chronic homelessness. These interventions include: providing places with hygiene facilities where it is legal to park vehicles; supporting parents who are caring for children; providing emergency shelter to families with children and individuals who are pregnant; decriminalizing homelessness and behaviors associated with homelessness; assisting young adults with transitioning from institutions; job training programs, and job placement assistance (Flaming, Burns, & Carlen, 2018, p. 9-10). However, the key to ending chronic homelessness may be prevention. Because individuals living in chronic homelessness become harder to house the longer they remain homeless, it is especially critical to prevent homelessness from ever

occurring and rapidly connect individuals with relevant services when they become homeless to prevent them from becoming chronically homeless (Flaming and Burns, 2015).

Unaccompanied Youth and Young Adults

Per USICH, unaccompanied youth and young adults include "unaccompanied minors under 18 and young adults between the ages of 18 to 24, including parenting youth" ("Opening Doors", 2015, p. 21). Hooks Wayman, in his report "Homeless Queer Youth: National Perspectives on Research, Best Practices, and Evidence Based Interventions" defines homeless youth as those who "are typically defined as unaccompanied persons, aged twelve to twenty-four, who do not have familial support and who are living in shelters, on the streets, in a range of places not meant for human habitation, or in others' homes for short periods under circumstances that make the situation highly unstable" (Hooks Wayman, 2008, p. 590). To understand the definitional issues when deciding who are considered to be homeless and unaccompanied youth, Toro et al. (2007) cite the Runaway and Homeless Youth Act (RHYA). RHYA defines homeless youth as individuals who are "not more than 21 years of age … for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement," (6-2). The McKinney-Vento Homeless Assistance Act, the primary piece of federal legislation that pertains to education for homeless youth, defines homeless youth as those who "lack a fixed, regular, and adequate nighttime residence," (Toro et al., 2007, 6-2). Toro et al. (2007) further divide homeless youth into four subgroups: (1) runaways, (2) throwaways, (3) systems youth, and (4) street youth. Runaways are homeless youth who have left home without permission, whereas throwaways are youth who were forced from their home by parents (throwaways). Street youth and system youth are those exiting foster care or the juvenile justice system (Toro et al., 2007; Farrow, et al., 1992).

Although there are slight differences in how agencies define unaccompanied youth and young adults, the core factors are the same. All definitions, for example, bind the group by age (generally under 21 or 24) and all refer to individuals who are unstably housed or living in places not meant for human habitation. For the sake of clarity and consistency, we have chosen to adhere to the USICH definition of unaccompanied homeless youth and young adults laid out previously.

The 2017 National PIT count revealed 40,799 unaccompanied youth living in homelessness. This is a significant decrease from the 2014 National PIT count, which revealed 45,205 unaccompanied youth living in homelessness, indicating that homelessness among unaccompanied youth may be declining ("Opening Doors", 2015). According to 2017 numbers, 2,135 youth (10.1 percent of all individuals living in homelessness) living in homelessness reside in Washington State (Henry et al., 2017), while approximately 60 percent resided in California, Nevada, and Florida ("Opening Doors", 2015).

Unaccompanied youth and young adults living in homelessness are more vulnerable than other populations experiencing homelessness for several reasons. First, unaccompanied youth and young adults living in homelessness are more likely to be unsheltered than all other individuals experiencing

homelessness (Henry et al., 2017). Additionally, unaccompanied youth and young adults living in homelessness are more likely to have compounding social, economic, and health issues, such as significant experience with trauma, multiple types of abuse, neglect, exposure to violence, depression, suicidal ideations, or other mental health disorders, chronic health issues, high rates of substance use disorders, and a history of physical or sexual assault ("Opening Doors", 2015). While all unaccompanied youth and young adults living in homelessness are vulnerable to various dangers, the following groups are more vulnerable and more likely to face risky situations: LGBTQ youth, pregnant and parenting youth, youth involved in the juvenile justice and child welfare systems, children with disabilities, and survivors of human trafficking and exploitation. LGBTQ youth are more likely to become homeless, and risk increases the earlier youth come out as LGBTQ. Those who come out earlier and experience homelessness also tend to spend more time living in homelessness ("Opening Doors", 2015; Morton, Dworsky, Matjasko, Curry, Schlueter, Chávez, & Farrell, 2018). Individuals who identify as black, individuals with lower educational attainment (less than high school or equivalent), and individuals from low-income households (annual household income below $24,000) also face an increased risk of experiencing homelessness (Morton et al., 2018).

Interventions and prevention strategies for homeless and at-risk youth can include broad youth programs or specialized programs for youth subpopulations. Due to the perceived vulnerability of homeless and unstably housed youth, organizations targeting this population tend toward PSH programs with intensive services. (Burt, M., Pearson, C., & Montgomery, A., 2005)

One local example of an intervention program for youth experiencing homelessness is the Seattle Homeless Adolescent Research Project (SHARP). This program was evaluated for the effectiveness of its "intensive case management program" for King County homeless youth. In a randomized control trial, youth received either normal case management services or more intensive services. Intensive services included 1) formal and informal assessments, 2) individualized treatment planning, 3) linkage to adolescent services throughout the Seattle area, 4) monitoring or tracking through service providers and peer networks, 5) advocacy for basic entitlements , 6) counseling or therapeutic relationships based on trust and youth choice, 7) treatment teams of service providers, 8) 24-hour crisis services, and 9) flexible funds to be used for transportation, medication, recreation, permits, and other individualized needs. In the first three months of the program, both groups saw a decrease in physical complaints, symptoms of depression and anxiety, and aggressive and undesirable behaviors, as well as a reported increase in self-esteem and overall quality of life (Cauce & Morgan, 1994). This evaluation suggests that homeless youth could benefit from case management-based intervention programs.

A similar program, Urban Peak Denver, combines an overnight shelter with case management services for homeless youth. Case management services include initial assessment, development of a treatment plan and linkage to area service providers. Urban Peak also provides onsite medical and mental health care and education services through service partners. Urban Peak's own database

showed positive housing outcomes for 48 to 65 percent of their youth between 2000 and 2003 (Burt, Pearson, & Montgomery, 2005).

Transitional housing programs may also be effective for youth and young adults experiencing homelessness. One study that interviewed youth and young adults enrolled in transitional housing program found promising results. For example, while study participants tended to have complicated relationships with childhood caregivers, many articulated that the transitional housing setting allowed them to build a new family made up of staff and other youth and young adults. Individual relationships, both peer-to-peer and participant-to-staff, also helped youth and young adults build a sense of connection and increased their empathy and appreciation of diversity. The transitional housing provided them with a community and support systems, and taught them how to get along with others, even when there were personality clashes or differing perspectives. Finally, many participants recognized that they were not yet ready to live on their own and that the transitional living program was a critical stepping stone to successfully living on their own (Holtschneider, 2016).

Whatever the service type, research indicates that you may respond best when all services they need are located together. The St. Basils' Youth Hub follows this approach. Located in Birmingham, U.K., the hub is a collection of agencies and organizations co-located in a single building, which serves an average of 4,000 homeless and at-risk youth each year. St. Basils' believes that providing a single hub helps mitigate some of the chaos that youth face when accessing services. Because these youth are often moving in and and out of homelessness, the added chaos of being shuffled among different providers in different locations can deter youth from seeking the services they need. St. Basils' provides a full array of services in one location. Centrepoint, a London nonprofit organization, calls this a "single front door" approach. Evidence suggests this approach may be particularly effective when serving youth. For example, between 2015 and 2016, St. Basil's reported a success rate[2] of 84 percent (Preventing youth homelessness: What works?, 2016, p. 13).

Families with Children

Per USICH, families with children include "both those families who do and those who do not meet the Federal definition of chronic homelessness" ("Opening Doors", 2015, p. 17). There were no other significant definitions of "families with children" who experience homelessness in the literature. As such, we use the USICH definition throughout our report and in our analyses.

According to Congress' 2017 AHAR report, homelessness among families with children decreased by five percent--from 194,716 families to 184,661--between 2016 and 2017. However, while homelessness among families with children decreased, this population comprises 33 percent of the population of individuals living in homelessness overall (Henry et al., 2017). In 2017, 68,353 families with children were counted in the National PIT Count. The 2014 National PIT count revealed

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[2] The hub defines success as resolving the issue that brought the youth in with no further requests for services by that youth within the next six months.

216,261 people in 68,353 families as homelessness ("Opening Doors", 2015"). We were unable to find specific numbers for families with children living in homelessness in Washington state.

Families with children living in homelessness face issues similar to other subpopulations within the homeless community. However, some issues that are more prevalent and have a greater impact on families with children experiencing homelessness include but are not limited to: poverty, community violence, domestic violence, limited networks for support, additional trauma for children due to lack of stability, higher rates of acute and chronic health problems among children, decreased academic achievement among children, and family separations ("Opening Doors", 2015). More than 80 percent of women and children living in homelessness have experienced some form of domestic violence. Family separations include instances of child welfare involvement or imprisonment of the parent (DeCandia et al., 2011; Olsen et al., 2013). According to Erin C. Casey, Rebecca J. Shlafer, and Ann S. Masten in their 2015 study, "Parental Incarceration as a Risk Factor for Children in Homeless Families", parental incarceration is a significant risk factor among families with children living in homelessness.

Individual Adults

Individual adults living in homelessness include individual adults over the age of 24 ("Opening Doors", 2015). Individual adults living in homelessness may have dependents, but these dependents may not be residing with the adult. Similar to "families with children", there were little to no other reputable sources that define "individual adults" who experience homelessness. As such, we use the USICH definition of individual adults living in homelessness for our analyses and to frame our findings.

The 2014 National PIT count revealed 362,163 individual adults experiencing homelessness ("Opening Doors", 2015). USICH includes Individual adults living in homelessness as a key subpopulation because they make up the bulk of the homeless population in the United States (Byrne et al., 2015).

The causes of homelessness for individual adults are similar to the causes of homelessness among families, because many individual adults are experiencing homelessness alone only because they have been separated from their children ("Opening Doors", 2015). They also face similar or the same indicators of homelessness as other subpopulations (Byrne et al., 2015). However, instances of incarceration and experience with institutions may be more prevalent among individual adults living in homelessness. For example, Casey et al. (2015) report that in a study of individual adults residing in a New York City based homeless shelter, 23 percent had reported a history of incarceration in the past two years.

Survivors of Domestic Violence or Sexual Abuse

Women who experience domestic violence are more likely to become homeless and experience prolonged periods of homelessness than the general population (DeCandia et al., 2011; Olsen et al., 2013; "Domestic Violence, Housing, and Homelessness", n.d.). Per DeCandia et al., (2011), one in four women living in homelessness report that the cause of their homelessness was because of violence committed against her. Findings from the National Network to End Domestic Violence back up this assertion. According to their research, between 22 and 57 percent of all women living in homelessness report that domestic violence was the "immediate cause of their homelessness" (Domestic Violence, Housing, and Homelessness, n.d., p. 2). All Home King County reports that, in the 2017 King County/Seattle PIT Count, approximately 40 percent of survey respondents reported having experienced at least one episode of domestic violence. Additionally, seven percent of survey respondents reported to be currently experiencing domestic violence ("2017 Seattle/King County Count Us In Executive Summary", 2017). Prioritizing survivors of domestic violence or sexual abuse is particularly important because it occurs disproportionately to women living at or below the poverty level and has harsher negative consequences for women with children (DeCandia et al., 2011).

There are many reasons why women who experience domestic violence or sexual abuse may become homeless at higher rates and experience homelessness for longer periods than the general population. Isolation is common among women who experience domestic violence. These isolation means that women who experience homelessness due to domestic violence are less able to use social capital to lift themselves out of homelessness. (DeCandia et al., 2011; Olsen et al., 2013). Survivors of domestic violence and sexual abuse are also likely to be impacted by behavioral health disorders including mental health issues, PTSD, and substance abuse disorder (DeCandia et al., 2011; Olsen et al., 2013). In fact, "homeless mothers who are survivors of domestic violence or sexual assault suffer from post-traumatic stress disorder at rates that are three-times that of the general female population" (DeCandia et al., 2011). They may also face economic pressures. Annually, domestic violence results in an estimated loss of nearly eight million days of paid work, and this loss of economic capital contributes to multiple episodes of homelessness (Olsen et al., 2013).

In order to lift them out of homelessness, survivors of domestic violence or sexual abuse require access to both emergency shelter and safe and affordable housing, as well as avenues for economic stability ("Domestic Violence, Housing, and Homelessness", n.d.). However, throughout the 1980s and 1990s in the United States, survivors of domestic violence or sexual abuse had few options other than emergency shelters. Because stays at emergency shelters were only temporary, many survivors were forced to return to the home of their abuser after timing out of services (Olsen et al., 2013). Additionally, when other services are not available, survivors tend to overstay in emergency shelters. As shelters fill up with overstayers, they are often forced to turn away families in need ("Domestic Violence, Housing, and Homelessness", n.d.).

The passage of the McKinney Act in 1987 expanded options for survivors to include transitional housing. However, research shows that housing first and permanent housing, remain the best options for survivors of domestic violence or sexual abuse (Olsen et al., 2013).

Individuals with Behavioral Health Disorders

Behavioral health disorders are extremely common among individuals living in homelessness. Fifty percent of survey respondents from the All Home Count us In (PIT Count) survey reported at least one disabling condition. Of this 50 percent, 66 percent reported two or more disabling conditions. Behavioral health conditions were the most frequently reported disabling condition with 45 percent of survey respondents reporting a psychiatric or emotional condition, followed by drug or abuse (36 percent), post-traumatic stress disorder (34 percent), chronic health problems (30 percent), physical disability (26 percent), traumatic brain injury (11 percent), and AIDS / HIV (3 percent) (All Home, 2017). Behavioral health disorders are thought to be more prevalent among individuals living in homelessness. In fact, Khosla, Doll, Geddes (2008) found that individuals living in homelessness in Western counties (North America and Europe) are "substantially more likely to have alcohol and drug dependence...and the prevalence of psychotic illnesses and personality disorders are higher." Not only are behavioral health disorders more prevalent among individuals who experience homelessness, but also more prevalent among women who have also experienced domestic violence. A 2014 study found that women living in homelessness are not only more likely to have experienced domestic violence or sexual assault but that those experiences make this population more likely to have co-occurring behavioral health disorders (Ponce et al., 2014).

A 2000 study by Gelberg, Andersen, and Leake found that individuals living in homelessness are more willing to obtain care for their physical and behavioral health conditions if they believe the care is important. Additionally, authors found that care is likely to be far more effective should it be paired with efforts to find the individual permanent housing. Ponce's 2014 study found that women who have experienced domestic violence or sexual assault and live with one or more chronic behavioral health disorder would benefit more from peer-to-peer outreach and mental health-focused outreach. Another study found that individuals with behavioral health disorders are likely to benefit more from permanent supportive housing that combines housing with quality services (Tsemberis et al.., 2012).

Individuals Exiting Institutions

Institutions can be defined as jails, prisons, extended hospital stays, and other out-of-home care settings (Greenberg and Rosenheck, 2008; Shah and Felver, 2013). Individuals leaving such institutions are likely to have at least one housing need. When these housing needs are not met, individuals exiting institutions are more likely to experience homelessness (Shah et al., 2012; Shah and Felver 2013; Roman et al., 2006). According to data from HMIS and the 2011 AHAR to Congress, 11.5 percent of individuals who became homeless entered the homeless system from institutions (Shah & Felver, 2013).

In Washington state, 48 percent of individuals exiting chemical dependency residential facilities experienced homelessness in the year following their exit from the institution. Additionally, 44 percent of individuals exiting correction facilities experienced homelessness in the year after exiting the institution. Individuals who leave foster care, state mental hospitals, and juvenile rehabilitation facilities are also more likely to experience homelessness in the year following their exit (36 percent, 29 percent, and 26 percent, respectively) (Shah and Felver, 2013).

Shah and Felver (2013) also found that more than one-quarter of their study population (individuals in both HMIS and the Department of Social and Health Services Integrated Client Database) experienced homelessness at some point. Similarly, individuals leaving residential chemical dependency treatment facilities and prisons make up particularly high opportunity populations due to the fact that these subpopulations were far more likely to experience homelessness.

High rates of criminal justice system involvement among individuals living in homelessness can be both an indicator of homelessness and a reason for extended experiences of homelessness (Greenberg and Rosenheck, 2008). Individuals experiencing homelessness often experience repeated instances of prison, which can lead to multiple instances of homelessness. For example, in their 2008 study, Greenberg and Rosenheck found that 15.3 percent of individuals in jail had experienced homelessness prior to their incarceration and that the rate of homelessness among inmates was approximately 7.5 to 11.3 times the annual rate of homelessness in the general population.

Researchers find that two particular housing models work best for individuals with behavioral health disorders and individuals who have exited institutions: supportive housing and transitional housing (Roman et al., 2006).

2.2.3 Best Practice Interventions for Preventing and Addressing Homelessness

A homelessness intervention is any type of support designed to prevent a household from experiencing homelessness, to move a household from a recent episode of homelessness into housing, or to prevent a household with a history of homelessness from experiencing chronic homelessness. (Burt et al., 2005; Apicello, 2008). This is a broad definition that encompasses a large variety of intervention types from short-term financial assistance to permanent supportive housing. Researchers use different methods to break down these intervention types. Most of these categorizations come from the fields of public health and medicine, with a strong focus on chronic disease prevention, but they have been adapted for use in the context of homelessness. These breakdowns are important, because they imply different types of approaches to identifying and addressing target populations. Two of the most common breakdowns are by timing of intervention and targeting level (Apicello, 2008).

The most common categorization of interventions is by timing. Intervention types are categorized as primary, secondary, or tertiary prevention. Primary prevention is targeted at keeping individuals or families from ever experiencing homelessness. In other words, it refers to keeping those already in housing housed. Secondary prevention refers to getting those who recently became homelessness back into stable housing. These individuals are generally identified when they seek shelter. Finally, tertiary prevention focuses on preventing those already experiencing homelessness from experiencing chronic homelessness (Burt et al., 2005; Apicello, 2008).

The second categorization is based on targeting. Homelessness prevention can target homelessness at different levels: universal, selected, or individual. Universal prevention focuses on larger, systems-level interventions that affect entire populations. One example would be housing affordability. Selected prevention looks at groups of individuals who have a higher risk of homelessness on average, such as people of color or individuals living in poverty. Individual prevention targets people on an individual level. An individual is targeted for intervention based on having certain risk factors, such as those related to race, age, or level of substance use (Apicello, 2008).

Apicello (2008) argues for a third distinction regarding homelessness prevention: the population/high-risk framework. This framework distinguishes between a cause that is experienced by an entire population — in her example, a dearth of affordable housing — and a cause experienced by some individuals within a population —in her example, substance use. This framework is useful, because it allows those addressing homelessness to focus on subpopulations that are most at-risk of experiencing homelessness, while still addressing the wider causes experienced by the population as a whole.

While population-wide homelessness prevention strategies and programs, are an important piece of a community's efforts to address or end homelessness, they are beyond the scope of this research project. Thus, the following sections on intervention methods are focused on high risk populations and individuals. For clarity purposes, this section highlights first primary prevention, in its own section, and then secondary and tertiary prevention by intervention type. In addition to primary prevention, intervention types explored are emergency shelter, rapid rehousing, transitional housing, and permanent supportive housing.

Primary Prevention

A 2005 HUD-funded study (Burt et al.) HUD analyzed homelessness prevention strategies across the country in an effort to identify the most promising strategies for primary, secondary, and tertiary prevention. The study identified housing subsidies, permanent housing with supportive services, housing court mediation, cash assistance for rent or mortgage arrears, and rapid exit from shelter as the most promising strategies for homelessness prevention. As described above, primary prevention refers to interventions that specifically target individuals or groups at-risk of homelessness. The concept is to provide short-term support to help individuals and families maintain their current

housing. Interventions can include short-term loans or grants to cover rent, moving costs, security deposits. It could also include legal aid or mediation services to help prevent eviction or improve housing situations (O'Flaherty 2010).

It is important to remember that primary prevention in this case is different from systems-level prevention programs, such as increasing the availability of affordable housing or raising the minimum wage. Primary prevention interventions are also not meant to involve long-term aid. As stated in the book *How to House the Homeless,* "a homelessness-prevention program, however, might have a niche in making loans or grants to relieve liquidity problems involving housing debts, such as someone facing an emergency who cannot otherwise borrow to cover that month's rent" (O'Flaherty, 2010, p. 174). In other words, primary prevention strategies should be reserved for households in imminent risk of homelessness. USICH follows HUD's definition for those at imminent risk of homelessness: individuals or families who are likely to lose their housing within two weeks of application for assistance, who have not identified a new residence, and who lack the financial means or social support to obtain permanent housing (*Key Federal Terms and Definitions of Homelessness Among Youth*, 2018, p. 2).

Assessing Primary Prevention
There are two major challenges in assessing primary prevention programming. The first involves targeting. As discussed in Section 2.2.1, the causes of homelessness are complex and involve a combination of individual and societal factors. Because of this complexity, there is no clear consensus on what it means to be at-risk of homelessness. The best an organization can do is identify individuals who have more than one factor that is considered as an indicator of homelessness. Those with more factors may be considered to be at-risk of homelessness and in need of services (Batterham, 2017). However, "risk is not reality; the risk will only materialize for some, even without the intervention. The objective of the intervention is to reduce the probability that the risk will become reality" (Burt, Pearson & McDonald, 2005, p. 3). The second difficulty is related to efficacy. Primary prevention programs are meant to assist households in retaining or stabilizing housing. This is difficult to assess in primary prevention programming because of the lack of a counterfactual. Evaluators cannot be sure that households would actually have become homeless without the aid (Burt et al., 2005; Apicello, 2008).

Despite the lack of clear evidence of the efficacy of primary prevention overall, there have been some promising results from specific programs. A thorough evaluation of Homebase, a homelessness prevention program in New York City, for example, showed a 5 to 11 percent decrease in expected shelter entries among program participants (Goodman, Messeri, and O'Flaherty, 2016). Evaluation of another prevention program, Mid American Assistance Corporation, which serves Kansas City, Kansas and Missouri, found that of the more than 4,000 households administered homelessness prevention interventions in 2002, less than four percent (3.4 percent) experienced homelessness in 2002 or 2003. This indicates that primary prevention may have effectively prevented homelessness among recipients (Burt et al., 2005).

Emergency Shelters

The U.S. Census defines emergency shelters as any place where individuals experiencing homelessness can stay overnight. This can include a wide variety of sleeping places, including hotels or motels used to house individuals experiencing homelessness, religious missions, shelters for certain populations experiencing homelessness, and temporary shelters provided during extreme weather (Symens Smith, Holmberg, & Jones-Puthoff, 2012, p. 1).

The National Alliance to End Homelessness provides five key components that can ensure the efficacy of emergency shelters. The first recommendation is to follow a Housing First model, aiming to find stable housing for those seeking shelter and making all services voluntary. Second, whenever possible, service providers should aim to place individuals in more stable housing situations instead of temporary shelters. In other words, emergency shelters should be reserved for true emergencies. Third, shelters should adopt a no-barrier approach to service provision. Any individual experiencing homelessness should have access to emergency shelter, regardless of history, level of sobriety, or mental health status. Shelters should also be open for access 24 hours per day, seven days per week. Fourth, emergency shelter service providers should work to get individuals using their emergency shelter into stable housing as quickly as possible. In other words, emergency shelter stays should be as short as possible with the goal of successful exit into permanent housing. Finally, emergency shelters should collect data about usage and successful exits to assist in evaluating the effectiveness of the shelter program (*The Five Keys to Effective Emergency Shelter*, 2017).

USICH also created a set of criteria to improve shelter conditions. This includes training staff and volunteers in cultural competency, de-escalation techniques, and how to treat individuals with dignity, respect, and professionalism. It also includes establishing clear policies and expectations, but avoiding those that may prevent individuals from accessing services, such as curfews that conflict with work hours. Shelters should also be more accomodating of pets and personal possessions, as well as individually-defined family groups ("Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System", 2017).

Like the National Alliance to End Homelessness, USICH also cautions that emergency shelters should not be the primary line of defense for individuals experiencing homelessness and should instead be reserved for those who have no other choices. Whenever possible, staff and volunteers should assist individuals with finding more stable housing situations and connecting them with mainstream benefits and programs. Shelter staff should also assist those using emergency shelter with transitioning into more permanent housing. Shelters can benefit from having housing specialists and social workers on staff to support this work ("Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System", 2017).

Housing First and Rapid Rehousing

The Housing First model was first introduced on a large scale in the U.S. in 1992 by Pathways to Housing, a homeless intervention program in New York City. The principle of the model is that

those suffering from mental illness and addiction are better able to deal with these issues when they are stably housed. To this end, Housing First places chronically homeless individuals into permanent housing with access to supportive services. Housing First is unique in that it does not require participation in supportive services or sobriety as a condition of housing. Housing and supportive services are also generally kept separate. Individuals rent apartments from one agency, with rents generally based on income, and then receive optional supportive services from another (Pearson, 2007).

A 2003 study looked at the effectiveness of the Housing First model serving populations with serious mental health issues. The study followed three Housing First programs: Downtown Emergency Service Center (DESC) in Seattle, Washington; Pathways to Housing in New York City, New York; and Reaching Out and Engaging to Achieve Consumer Health (REACH) in San Diego, California. Specifically, the study followed 80 clients enrolled in the programs, most of whom were chronically homeless (88 percent), had a diagnosed mental illness (91 percent), and a history of substance use (75 percent). Clients also exhibited other factors that made it difficult for them to maintain stable housing, such as criminal history, limited employment history, and low educational attainment. Study clients generally responded well to the intervention, with 43 percent staying in the housing for a full 12 months and 41 percent staying in the program for 12 months with some intermittent absences from housing. Other improvements were limited. Researchers did observe a slight uptick in income for clients enrolled in the programs, but these incomes remained well below the poverty line. Looking at similar elements among the three study locations, researchers highlighted several elements that seem to have a positive impact on client housing outcomes. These include: access to a large number of housing units, either owned by the organization or acquired through connections with local landlords; some degree of housing choice or at least housing that is desirable to clients; a full continuum of supportive services to meet diverse needs, including onsite or emergency access available 24 hours per day; client-driven and community-based services; and a staff with diverse skill sets and specialties to cover diverse client needs. The study also found that, due to the high cost of delivering services to this population, Housing First programs need to have a diverse funding portfolio (Pearson 2007).

Rapid Rehousing is a special type of Housing First program that revolves around getting or keeping individuals in permanent housing quickly by providing short-term financial assistance. The 2009 Homelessness Prevention and Rapid Rehousing Program (HPRP) was enacted to address the large number of individuals and families who are just one emergency away from homelessness. The program meets the needs of these households by providing time-limited support in the form of vouchers or disbursements to cover the cost of back-owed rent or utility bills and moving costs. Data shows that 90 percent of the almost 700,000 households who received assistance entered into permanent housing successfully, with the majority doing so within 60 days. A similar program, Supportive Services for Veteran Families (SSVF), had similarly promising results. Two years after receiving services through the rapid rehousing program, only 15.5 percent of families had returned

to homelessness. In fact, among rapid rehousing programs, Veterans were 491% more likely to exit into permanent housing, potentially due to how well-funded SSVF programs are (Paterson, 2016).

Rapid rehousing may not work equally well for every subpopulation. A document study of rapid rehousing programs found that households of single mothers with children had lower rates of successful exit to permanent housing than both childless couples and two-parent households with children. Researchers believe this may be due in part to the influence of domestic violence among these women as history of trauma is a complicating factor when addressing homelessness (Paterson, 2016). Another study followed single mothers with children participating in a rapid rehousing program in Massachusetts. The study found that most participants were able to find housing that met HUD standards (at or below 80 percent of market rate), but housing varied greatly in quality and accessibility to shopping and transit. Additionally, low educational history and low wages that contributed to the families' homelessness persisted after finding housing. Participants generally needed supported beyond the time limits of the program, and many families suffered financial implications due to the risk of needing to move when vouchers expired (Meschede & Changanti, 2015).

Transitional Housing

Transitional housing refers to any housing situation in which an individual or family can live for up to 24 months and which provides access to support services. There are different types of transitional housing, including scattered site, clustered site, and communal living. The scattered site model is when individuals hold a lease at a full market rental unit within the community. These individuals receive financial support and services during the program but can often stay in the apartment after support ends. The clustered site model involves programs owning or renting a group of apartments in a cluster. The program acts as both service provider and landlord, and participants must find new housing at program completion. The communal living model is similar to shelters, where common space is shared among program participants. Again, participants must find new shelter by the end of their program tenures ("Transitional Housing: Models & Rent Structures, 2013).

Which type of transitional housing is most effective depends on the population served. For example, USICH identifies a special type of transitional housing which they call congregate transitional housing. The council defines congregate transitional housing as "facility-based programs that offer housing and services for up to two years to individuals and families experiencing homelessness" ("Role of Long-Term, Congregate Transitional Housing in Ending Homelessness", 2015, p. 1). The report recommends this type of long-term (up to two years) support as best practice for only certain subpopulations, including individuals or heads of households with substance use disorders, individuals with severe trauma, such as survivors of domestic violence, and unaccompanied youth who are either pregnant or parenting and are unable to live on their own. USICH also acknowledges that the same facilities can be used as short-term emergency shelters for certain populations who may have trouble getting into traditional emergency shelters, such as those exiting institutions,

individuals listed on sex offender registries, and large families ("Role of Long-Term, Congregate Transitional Housing in Ending Homelessness", 2015).

Permanent Supportive Housing

Permanent supportive housing is a non-time-limited housing intervention for individuals or families that includes access to support services to help households maintain self-sufficiency. PSH is designed for households that require long-term support. Permanent Supportive Housing is often considered a best practice in preventing and stopping homelessness for the general population and specific subpopulations within the homelessness community ("Overview of the Homeless Housing System and Funding", 2017).

A 2009 study (Larimer et al.) found that permanent supportive housing was effective at reducing recurring homelessness among those with severe drug or alcohol addiction. This approach both improved outcomes and reduced costs associated with drug and alcohol addiction. Another study (Collin, et al., 2016) found that permanent supportive housing is effective in preventing recurring homelessness among families. Families have complex needs. Often, families experiencing homelessness are low income but have high material needs and are involved with multiple systems (i.e. mental health facilities and child welfare services). The study discusses a pilot program based on the New York Keeping Families Together (KFT) initiative. The KFT was a PSH program that added more intensive case management services that prioritized a closer relationship between case managers and families than other PSH programs. After only 22 months in the program, almost all of the families who were chronically homeless when enrolled in KFT were stably house.

PSH may also provide unique benefits to unaccompanied homeless youth. A 2015 study (Brothers et al.) found a reduction in risky behavior among youth enrolled in a PSH program. This study emphasized the importance of building social networks among youth in the program. Youth who have strong social networks show greater reduction in risky behavior and increase in "adult" behavior.

Moving towards an integrated model

Research is increasingly showing that the best approach to ending homelessness is an integrated one. USICH, for example, recommends a continuum of services tailored to subpopulations that aim to prevent and end homelessness. The key takeaway is that communities must take an integrated approach to ending homelessness, which combines primary prevention with a variety of interventions to address each household's current situation ("Family Connection: Building Systems to End Family Homelessness", 2015; "Preventing and Ending Youth Homelessness: A Coordinated Community Response", 2015; "10 Strategies to End Veteran Homelessness", 2017).

A 2005 report identified key elements that should be included in such integrated prevention strategies. One important aspect was having agencies share information related to eligibility but having one agency responsible for ultimately determining eligibility. This helps ensure proper

targeting, so that resources go to individuals and families that would actually become homeless or fail to obtain stable housing without aid. The report also emphasized the need for communities to accept the obligation of sheltering at-risk populations and to back that up with funding. Additionally, the report stressed the need for agencies to share the burden of homelessness through collaboration and referrals. This includes the need for agencies not historically responsible for homelessness prevention, such as welfare departments, to hold themselves responsible for the housing status of their clients. Finally, the report urges communities to create a plan for preventing homelessness and to develop goals and strategies and mechanisms for collecting and making use of programmatic feedback (Burt, M., Pearson, C., & Montgomery, A., 2005).

SPOTLIGHT:

HOW ONE COMMUNITY PUT AN END TO CHRONIC HOMELESSNESS

In March 2017, Bergen County became the first community in the country to end chronic homelessness. Not only did the county meet the definition of functional zero for the number of individuals in the county living in chronic homelessness, but Bergen County found stable housing for *all* individuals living in chronic homelessness within the county. In other words, Bergen County reached actual zero for individuals living in chronic homelessness. County official believe this achievement is largely due to strong partnerships among government agencies, nonprofits and others within the county, adherence to the Housing First model, and the use of data to help identify and track individuals experiencing homelessness. More importantly, this end to chronic homelessness appears to be sustainable. Data shows that 95% of those placed into permanent housing have never had another episode of homelessness. When individuals do return to homelessness, the team works quickly to move them back into housing (Maguire, 2017).

"Bergen County didn't end chronic homelessness by having more money or better knowledge than other communities...They built a better, more coordinated housing system— a command center"
- *Beth Sandor, Director of Community Solutions' Built for Zero campaign (Maguire, 2017).*

Bergen County's efforts were guided by the Built for Zero campaign, which was founded in 2015 as Zero: 2016. The goal of the campaign is to help communities reach functional zero for

Veteran and chronic homelessness. (Maguire, 2017). The campaign worked with USICH, HUD and other agencies and organizations to create definitions for functional zero. In terms of chronic homelessness, functional zero is defined as a reduction to 3 individuals or to 0.1% of the homeless population identified in the most recent annual homelessness count. For Veterans, the definition is a little more complex. Built for Zero considers a community to have reached functional zero for homeless Veterans when the number of Veterans currently experiencing homelessness[3] "is less than the number of Veterans a community has proven it can house in a routine month" (*Getting to Proof Points, 2018*, p. 4).

Bergen County is not alone. Since its founding, Built for Zero has helped seven communities[4] achieve functional zero for Veterans and three[5] for individuals living in chronic homelessness. These communities serve as inspiration for 19 more communities across the U.S who are experiencing measurable decreases in Veteran and chronic homelessness. The campaign has helped house more than 85,000 individuals, with 89% of communities sustaining functional zero month-to-month. According to the Built for Zero Philosophy, to reach functional zero communities need: "1) a real-time feedback loop, 2) a multi-agency, command-center-style team, capable of making fast decisions in response to the data, 3) flexible resources that can be shifted and reallocated in response to changing information, and 4) a menu of proven best practices to work from, organized according to the types of problems a community may need to solve over time" (*Getting to Proof Points, 2018*, p. 14).

"Bergen County is the proof that [ending chronic homelessness] can be done. And because it can, it should" **(Knotts & Thompson, 2017).**

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[3] It is important to note, that Veterans living in transitional housing are considered homeless by this definition.
[4] Gulfport/Gulf Coast Region, MS; Rockford/Winnebago, Boone Counties, IL; Montgomery County, MD; Arlington County, VA; Ft Myers/Cape Coral/ Lee County, FL; Riverside County, CA; Norman / Cleveland County, OK
[5] Bergen County, NJ; Rockford/Winnebago, Boone Counties, IL; Lancaster County, PA

Chapter Three: Research Methods

3.1 Research Methods Summary

In order to determine how Medina can make a more significant impact with their homelessness funding, we asked the following research question: **What are the criteria the Medina Foundation can use when assessing grant applications for homelessness initiatives?** In order to answer this overarching question, we focused on the following four subquestions:

- a. What programs, initiatives, and organizations that prevent or directly address homelessness has Medina funded between 2012 and 2017?
- b. What programs, initiatives, and organizations that prevent or directly address homelessness are other funders currently supporting in the Medina grantmaking region?
- c. What subpopulations of those currently experiencing homelessness and those at-risk of experiencing homelessness reside in the Medina grantmaking region?
- d. What types of interventions work best for those currently experiencing homelessness and those who are at-risk of experiencing homelessness?

To answer the research questions, we developed a three-pronged data collection approach. Each research task was designed to answer a specific set of subquestions. The data collection tasks were:

1. A **portfolio analysis** of Medina's and other organization's current and past funding
2. A **demographic study** of the 14 counties in the Medina grantmaking region
3. A **survey** of Medina grantees, trustees, staff, and community partners

The following sections provide more detailed information about each of these research tasks.

3.1.1 Portfolio Analysis of Medina and Non-Medina Funding

This analysis yielded information regarding Medina's and other local funding sources' level of investment and grantmaking history in the Greater Puget Sound Region. This analysis answered the following sub-questions:

- a. What programs, initiatives, and organizations that prevent or directly address homelessness has Medina funded between 2012 and 2017?
- b. What programs, initiatives, and organizations that prevent or directly address homelessness are other funders currently supporting in the Medina grantmaking region?

The primary task in this research methodology was a five-year review of Medina's grants to programs that prevent or directly address homelessness. We used the Medina funding database to create summary statistics for 208 grants allocated between 2012 and 2017. This yielded information regarding the dollar amount of funding allocated to each county in the grantmaking region, the number of programs Medina funded, the types of programs funded, and the number of instances of aid delivered by Medina's grantees. Our secondary task was using Foundation Maps, an online database of grants, to glean similar statistics for funding from other area foundations, agencies, and organizations. [See *Appendix B* for table of service providers within Medina grantmaking region]

The tertiary task in this methodology included an analysis of program cost based on data available through the Department of Commerce's Homeless System Performance Reports. The Homeless System Performance Reports use data collected from service providers through the Homeless Management Information Systems (HMIS), a federally standardized database on homeless service utilization. Data included information on each of the 14 counties, including average cost per-household per-day, average cost per-household per-successful exit to permanent housing, and the proportion of service utilization. The average cost of service per-successful exit was calculated by finding the sum of each intervention option by the proportion that services were utilized in that county [See *Figure 2*]. This analysis helped determine the cost of various services that prevent or directly address homelessness in the Medina grantmaking region. [See *Appendix C* for Table of Average Cost of Total Housing Interventions by County]

$$C_{Total\ Cost} = I_{PP}U_{PP} + I_{ES}U_{ES} + I_{TH}U_{TH} + I_{RRH}U_{RRH}$$

In which,
$C_{Total\ Cost}$ - Total estimated cost of services in a county
I - Intervention Type
U - The proportion that services were utilized
PP - Prevention Programming
ES - Emergency Shelters
TH - Transitional Housing
RRH - Rapid Rehousing

Figure 2 - Formula for Estimated Total Cost of Services Per County Calculation. Created with data from County Report Card, 2017; Washington State Homeless Performance County Report Cards, 2018

These tasks gave us a better understanding of how much funding counties receive, how many funders invest in the different counties in the grantmaking region, what types of interventions are funded, and how much programs cost by county. This analysis revealed trends in costs of services and level of investment from Medina and other local funders.

3.1.2 County Level Demographic Data Analysis

Our second research task was an analysis of county-level demographic data. Along with gaining a better understanding of county level of need, the analysis helped us answer the following subquestion:

    a.   What subpopulations of those currently homeless and those at-risk of homelessness reside in the Medina grantmaking region?

To conduct this analysis we gathered information about the following factors:

- Racial & ethnic distribution
- Gender distribution
- Age distribution
- Veteran status
- Homelessness rates
- Area median income (AMI)
- Poverty rates
- Rental costs
- Vacancy rates
- Eviction rates

We chose these statistics because our review of the literature revealed them to be indicators of homelessness. We gathered this data from a mix of federal, state, and county sources, including: the United States Census Bureau, the United States Department of Housing and Urban Development (HUD), the State of Washington Department of Commerce (DOC), County Departments of Health and Human Services (DHHS), Princeton University's Eviction Lab, State Point in Time (PIT) Counts, and County PIT Counts. This research gave us an overall picture of the racial makeup of residents, the number of Veterans residing in the county, the percentage of residents living in poverty, and other statistics that are likely indicators of homelessness. This analysis helped us determine each county's level of need and the depth homelessness within each county.

3.1.3 Survey Analysis of Medina Staff, Trustees, Community Partners, and Grantees

Our final research task was a series of surveys sent to four groups of stakeholders: (1) Medina staff, (2) Medina trustees, (3) Medina community partners, and (4) Medina grantees. Each survey stakeholder group received a slightly different survey though the goals of all surveys remained the same. Medina staff provided us with contact information for staff, trustees, and community partners to survey. We used the Medina grants portfolio database to identify individuals who received homelessness funding between 2012 and 2017. Medina staff reviewed and approved this list, making changes in contact information where necessary. While Medina staff provided the list of names and contact information for survey respondents, the list of individuals who responded and their responses remain anonymous.

Surveys were fielded through Qualtrics and were open for two weeks in March 2018. Respondents were emailed a request to complete the survey from Medina staff and the research team. Including all four lists, we sent surveys to a total of 184 individuals across all 14 counties in the Medina grantmaking region. A total of 128 individuals, representing all 14 counties in the grantmaking region, completed our survey. Our overall response rate was 70 percent. Response rates among each respondent group varied. We achieved a 100 percent response rate from Medina staff, 64 percent from Medina trustees, 73 percent from community partners, and 65 percent from grantees.

These surveys helped us to answer the following subquestions:

a. What subpopulations of those currently homeless and those at-risk of homelessness reside in the Medina grantmaking region?
b. What types of interventions work best for those currently experiencing homelessness and those who are at-risk of homelessness?

The survey of grantees and community partners made use of their particular expertise in the area of homelessness throughout the Greater Puget Sound Region and their specific county. The survey for Medina grantees and community partners covered the following topics:

- Unique characteristics of fighting homelessness in their county
- Perceptions about populations living in at-risk of experiencing homelessness in their county:
  - subpopulations highly represented within their populations living in homelessness
  - subpopulations most vulnerable and in need of services within their populations living in homelessness
  - subpopulations most at-risk of experiencing homelessness
- Program and intervention types that make an impact in their county

The survey of Medina trustees and staff made use of their expertise about the issue of homelessness and helped us understand their perceptions about homelessness in their grantmaking region. The surveys to Medina staff and trustees covered the following topics:

- Their impressions about homelessness in the grantmaking region
- Which subpopulations of those currently experiencing homelessness and at-risk of homelessness they think are most vulnerable
- Types of programs they believe make the highest impact and would be interested in funding

Respondents were given the option to respond to close-ended quantitative questions as well as open-ended qualitative questions. Quantitative questions asked respondents to select subpopulations and intervention types to target in their county. It is important to note that respondents were not required to select one subpopulation or one intervention type. Rather, they were encouraged to

select multiple response options. This allowed respondents to prioritize one or more subpopulation and one or more intervention type. [See *Appendices H, I, J,* and *K* for full copies of surveys]

The survey of Medina staff and trustees helped us to better understand Medina's priorities, garnered buy-in from Trustees, and helped us better frame our recommendations. The results of all surveys, along with the information gathered from the other two research tasks helped us to tailor our recommendations based on local expertise, in addition to robust databases.

This three-pronged research approach helped us gain a full picture of the state of homelessness in the Medina grantmaking region. We were able to understand what subpopulations are homeless or at-risk of becoming homeless in the counties and what programs and initiatives are working to prevent or directly address homelessness. These insights, combined with information gleaned from the review of literature, helped us formulate our four key recommendations for Medina to implement so they may make a more significant impact with their homelessness funding.

3.1.4 Data Limitations

The portfolio analysis includes information collected from Medina's grant database, Foundation Maps website, and the State of Washington Department of Commerce Winter 2017 and Winter 2018 County Report Cards. Due to the inconsistencies of sources, it is important to consider that the cost analysis provides estimates for each county based on the information available. Additionally, information about non-emergency housing interventions, such as affordable housing and permanent supportive housing, were not available. The cost analysis helped to understand the availability of funding in each county, an estimate of the number of non-Medina funders, an estimate of cost of services in each county, and thus, demonstrate a county's level of financial need.

Within the demographic portion of the analysis, information also was obtained from multiple sources, including HUD, the Department of Commerce, and the Census Bureau. Cost burden, was also identified as an important aspect of the demographic analysis based on information from the literature review, but severity of cost burden in each county was not available.

The survey analysis relied on receiving feedback from respondents in each county. Island County had no survey respondents while other counties had low response rates. In the final analysis of this report, survey data was used to guide recommendations for target subpopulations and target interventions within the Medina grantmaking region.

Chapter Four: Findings and Analysis

4.1 Overview

In this chapter we share findings from our grants and funding portfolio analysis, county-level demographic data analysis, and survey analysis. First, we provide a general overview that summarizes our findings for the Medina grantmaking region in its entirety. The remainder of this chapter includes a discussion of findings for each individual county within the grantmaking region.

Our analysis of the demographic data provides general information about each county's population, racial and ethnic distributions, age distribution, Veteran status, AMI, and poverty rates. It also includes, where available, critical information about other key indicators of homelessness, such as eviction rates, vacancy rates and housing costs. Data for our demographic analysis come from the United States Census Bureau, HUD, DOC, DHHS, Eviction Lab, State PIT Counts, and County PIT Counts.

Our grant portfolio analysis highlights how Medina and other local organizations fund initiatives that prevent or directly address homelessness in the Medina grantmaking region. When we reference an organization's "primary county," we are referring to the county in which an organization is located and serves clients. Some of Medina's grantees provide services in multiple counties. We also include analysis of overall grant funding towards homelessness programs and initiatives in the region using data from the website *Foundation Maps*.

Finally, survey data includes information about the populations living in homelessness, programs that work to prevent and respond to homelessness in each county, and unique challenges to combating homelessness by county. Survey respondents include Medina staff, trustees, grantees, and community partners. Our analysis summarizes the most common responses for each of these categories. In most cases, we include the top three responses in each category.

4.2 The Medina Foundation Grantmaking Region

Figure 3: A map highlighting the counties within Medina's grantmaking region, Created using data from OpenStreetMap

Demographic Analysis

There is a total of 14 counties in the Medina grantmaking region, located in the Greater Puget Sound Region. The total population of the region is 5,039,175. Within Washington state, 10.6 percent individuals live at or below the poverty line. The average poverty rate among the counties within the Medina grantmaking region is 12.2 percent ("U.S. Census by County", 2017). Counties with the highest poverty rates include Pacific, Clallam, Grays Harbor, and Whatcom. Counties with the lowest poverty rates include Island, King, and Snohomish. AMI within the grantmaking region is $70,714. Counties with the highest AMIs are King, Snohomish, and Island whereas counties with the lowest AMIs are Mason, Grays Harbor, and Pacific (HUD, 2017).

Within the Medina grantmaking region, approximately 37.6 percent of occupied housing units are occupied by renters ("US Census by County", 2017). The median rent for a one-bedroom unit in the Medina grantmaking region is $925 per month. Counties with the highest median rents include King, Pierce, and Snohomish. Alternatively, the counties with the lowest costs of rent include Grays Harbor, Pacific, and Clallam (HUD, 2017).

As stated earlier in the report, low vacancy rates within a region increase the stress of the renters' market and allow landlords to increase their cost of rent. A low vacancy rate is an additional barrier among many that makes securing housing for low income renters increasingly difficult. Per the report "Why is Homelessness Increasing?", regions where only five percent or less of their rental housing is vacant are considered to be experiencing a housing shortage ("Why is homelessness increasing?", 2017). The average vacancy rate for Medina's grantmaking region is 3.6 percent, far below the established five percent benchmark. Counties within the Medina grantmaking region with more housing availability and a higher vacancy rate include Jefferson, Mason, and San Juan. These three counties are the only counties within the grantmaking region with a vacancy rate above five percent. Counties with the lowest vacancy rates, indicating that there is less available housing for renters include Clallam, Skagit, and Whatcom (Washington State Homeless System Performance: Year to Year Comparison, 2017). It is important to add that, while understanding how much rental housing is available gives a sense of housing availability, understanding how much of that housing is *affordable* is critical to getting a whole picture of housing available to low-income families.

Eviction rates are another key indicator of homelessness. Counties with a higher eviction rate are likely to be in need of more support services to help maintain housing. The average eviction rate for the grantmaking region is 0.85 percent. Counties with the highest eviction rates include Grays Harbor, Kitsap, and Snohomish. Counties with the lowest eviction rate include Jefferson, King, and San Juan (*Eviction Lab*, 2017).

The location of support services often determines who has access to services. A review of qualitative survey data revealed that in counties with both urban and rural spaces, most service providers are located in urban centers, and that those individuals experiencing homelessness in rural centers often lack access to critical services. There is also a great deal of variance in where service providers are located within the grantmaking region. This is sometimes, although not always, related to where the majority of individuals experiencing homelessness are located. For example, King County is home to more than 60 percent of service providers and more than 60 percent of the region's homeless population. In other cases, smaller counties benefit from service providers in neighboring counties. For example, although there are no service providers located in San Juan and Pacific Counties, grant database analysis revealed that individuals located in those counties are serviced through neighboring counties.

Homelessness in the Medina Grantmaking Region

As stated earlier, the Medina grantmaking region's total population is about 5.04 million. Of this, approximately 21,112 individuals (0.42 percent) are currently experiencing homelessness. Of the 21,112 individuals living in homelessness, 4,790 are living in chronic homelessness, 8,597 are experiencing unsheltered homelessness, and 7,448 are sheltered. *Figure 4*, shows the changes in rates of homelessness (sheltered and unsheltered) within the grantmaking region between 2012 and 2017.
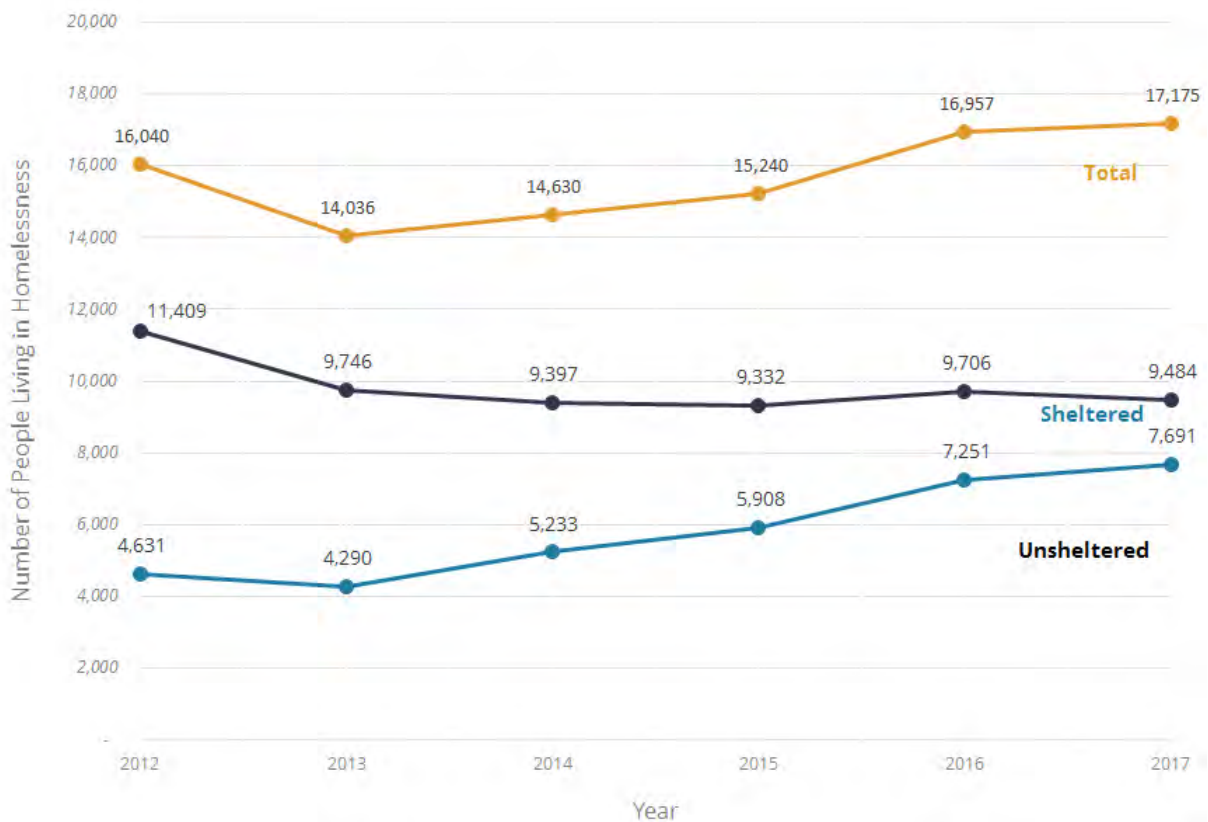
Figure 4: Total People Living in Homelessness in Medina Grantmaking Region, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

As illustrated in *Figure 4*, rates of homelessness vacillated between 2012 and 2017. Overall, between 2012 and 2017, homelessness in the grantmaking region increased by 11.7 percent. The median number of individuals living in homelessness in each county is 301. The average number of individuals living in homelessness in each county within the grantmaking region is 1,227 individuals, or 0.27 percent.

Survey respondents across all 14 counties within the Medina grantmaking region highlighted the following subpopulations as those highly represented within the population of individuals living in homelessness: individuals living in chronic homelessness, individuals living with behavioral health disorders, families with children, and survivors of domestic violence or sexual abuse. When asked about which subpopulations living in homelessness were most vulnerable and in need of services, survey respondents highlighted individuals living in chronic homelessness, individuals with mental illness, unaccompanied youth and young adults, individuals exiting institutions, and survivors of domestic violence or sexual abuse. And finally, when asked about which subpopulations were most at-risk of experiencing homelessness survey respondents selected individuals with mental illness, unaccompanied youth and young adults, individuals exiting institutions, individuals with chronic health issues, foster youth, and survivors of domestic violence or sexual abuse. *Figure 5* depicts which subpopulations were highlighted in each section of the survey. Those with two or more check

marks are considered high needs subpopulations. Organizations who serve these subpopulations would benefit from additional funding, and this funding is likely to be higher impact. It is important to note, that survey respondents could not choose individuals living in chronic homelessness as an at-risk subpopulation because these individuals are already experiencing chronic homelessness, and therefore cannot be at risk.

	Chronic homelessness	Mental health disorders	Substance use disorders	Youth & young adults	Exiting Institutions	Families w/ children	Chronic health issues	Foster youth	Domestic Violence/Sexual Assault
Most Represented	✓	✓	✓			✓			✓
Most Vulnerable	✓	✓		✓	✓				✓
Most At-Risk of Homelessness				✓	✓		✓	✓	✓

Figure 5: Subpopulations At-Risk of or Currently Experiencing Homelessness in the Medina Grantmaking Region, Created with data from survey outcomes

As illustrated in *Figure 5*, the highest needs subpopulations within the Medina grantmaking region include individuals living in chronic homelessness, unaccompanied youth and young adults, individuals with behavioral health disorders, and survivors of domestic violence or sexual abuse. Our qualitative data analysis has shown that these subpopulations are vulnerable due to a lack of services and resources to help lift them out of homelessness and into stable housing. According to survey respondents from all 14 counties in Medina's grantmaking region, individuals and families impacted by substance use disorders, mental health disorders, chronic health issues, domestic violence, sexual abuse are more likely to need additional support services to access quality housing. However, because of the lack of available quality services for these households, they remain underserved, and ultimately, are highly vulnerable to experiencing episodes of homelessness.

Homelessness Programs in The Medina Grantmaking Region

Between 2012 and 2017, funders have granted approximately $141,890,624 throughout the Medina grantmaking region. These funds were allocated through 5,439 grants to 299 unique organizations. Within the same time period, Medina granted $5,107,348 in funding to 74 organizations and impacted 329,393 instances of aid towards preventing or directly addressing homelessness. These dollars funded programs and interventions that support families with children, unaccompanied youth and young adults, Veterans, and single men. These subpopulations were supported by a variety of homelessness interventions, including 40 emergency shelter programs, 28 transitional housing programs, and 26 permanent supportive housing programs.

Costs of services that prevent or directly address homelessness vary throughout each of the counties within the Medina grantmaking region. However, it is important to understand average costs per service type as a benchmark to gain an understanding of which counties offer more costly or less costly services. Beginning in 2016, the State of Washington Department of Commerce (DoC) has released annual cost information for emergency-based housing interventions through the Washington State Homeless System Performance Report. Information about costs of services is collected using the Homeless Information Management System (HMIS), which is a federally-mandated database that tracks individuals' experiences with homelessness. The data includes cost information for prevention programming, emergency shelters, transitional housing, and rapid rehousing. It is county-level information that is divided into average cost-per-day by intervention type, and average cost-per-successful exit by intervention type.
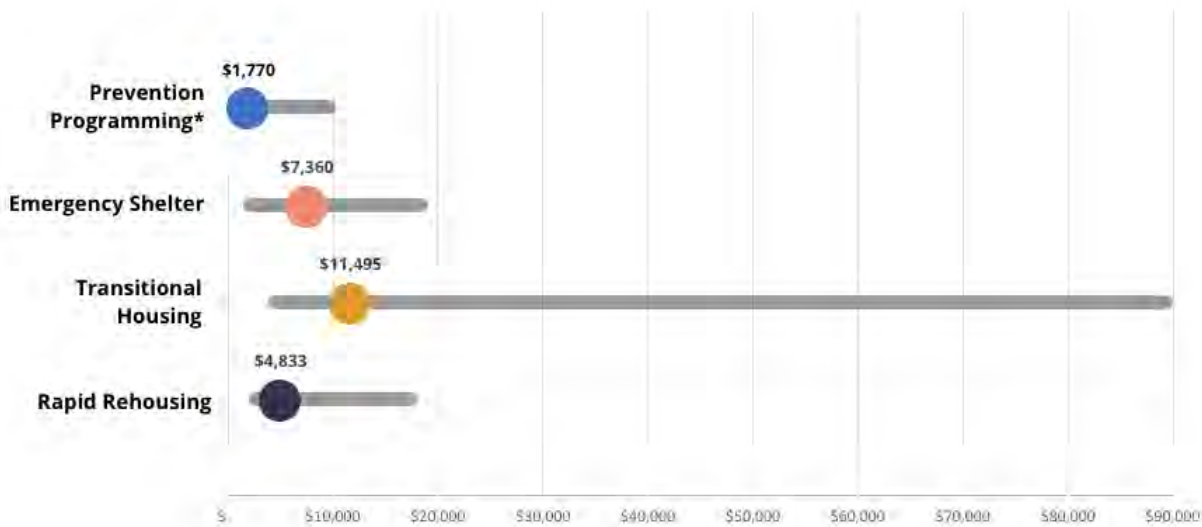
Figure 6: Average cost per services per successful exit to permanent housing, Created with data from: County Report Card, 2017; Washington State Homeless Performance County Report Card, 2018

Figure 6 shows the range of costs[6] per successful exit within the Medina Grantmaking region. The average cost of services range from $1,770 for prevention programming to $11,495 for transitional housing. On a regional level, the most affordable intervention type to implement per day is transitional housing ($38 per day). Transitional housing is followed by prevention programming ($40 per day), emergency shelters ($57 per day), and rapid re-housing ($69 per day). However, the average cost of services varied greatly across the 14 counties, with transitional housing costs having the largest range of costs from $4,470 in Pierce County to $89,330 in Snohomish County. [See *Appendix D, E, F* for Cost Analysis of Total Housing Interventions, Proportion of Services Accessed, and Average Cost of Services Per Day]

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[6] It is important to note that these costs reflect operational costs, and therefore do not account for capital investments or certain other costs, such as depreciation.

Cost is just one factor to consider in evaluating which programs or intervention types make a bigger impact. It is also important to look at outcomes. To further identify impactful intervention types, we turned to local experts. Survey respondents across all 14 counties in the grantmaking region identified housing interventions that they perceived as making the most significant impact in the area of homelessness. Region-wide, permanent supportive housing, prevention programming, and transitional housing were most commonly chosen as high-impact interventions.

The Medina Grantmaking Region in Conclusion

Our analysis revealed that subpopulations within the Medina grantmaking region vary in type of and level of need. While there was some variation across counties (Sections 4.3 to 4.17 provide detailed county-level analysis) common themes emerged. Overall, regional experts consider individuals living in chronic homelessness, individuals living with mental illness, unaccompanied youth and young adults, and survivors of domestic violence or sexual abuse to be high needs and high priority subpopulations within the Medina grantmaking region. Experts believe that prevention programming, transitional housing, and permanent supportive housing make the biggest impact in preventing and addressing homelessness for these and other subpopulations within the region. Regionally, prevention programming is the most cost effective type of programming in terms of per-successful exit operational costs. Transitional housing is the most expensive.

4.3 Clallam County

Figure 7: A map highlighting Clallam County, Created using data from OpenStreetMap

Demographic Analysis

Located in western Washington, Clallam County's total population is 74,570 ("U.S. Census by County", 2017). The county's population and density both increased in 2016 by about one percent year over year. The majority of the county's population (43,485) resides in unincorporated areas, but more than a quarter of the population (26.25 percent) resides in Port Angeles (Clallam County Community Health Status Assessment, 2017).

Clallam County's population is aging. As of 2015, the median age in the county was 51, which is the sixth highest median age in Washington state. Additionally, 50.4 percent of the county population is over 50 years of age (Clallam County Community Health Status Assessment, 2017). Similarly, 28.30 percent of Clallam County's population are 65 years or older ("U.S. Census by County", 2017).

The vast majority of Clallam County's population (83.20 percent) is white (non-Hispanic). The largest populations among communities of color are Hispanic (6.1 percent) and Native American and Native Alaskan (5.60 percent). Almost five percent of the population is foreign-born, and 12.6 percent of the population has Veteran status ("U.S. Census by County", 2017).

Clallam County's population is less wealthy and more impoverished when compared to all residents of Washington State and the Medina grantmaking region. Median income for a four-person household is $62,300 (HUD, 2017), which is significantly lower than the state average and the Medina grantmaking region average of $70,714. The poverty rate, at 15.3 percent, is considerably higher than the grantmaking region average of 12.2 percent. More troubling, more than a third (35 percent) of county residents are living below 200 percent of the poverty level (Clallam County Community Health Status Assessment, 2017).

The cost of rental units in Clallam County is lower, on average, compared to other counties in the grantmaking region. The median price for a 1-bedroom rental unit in Clallam is $702 per month compared to the grantmaking region average of $925 per month, making it the third lowest in the region ("50th Percentile Rent Estimates", 2018). However, despite more affordable housing, Clallam County has the third lowest vacancy rate for rental units at 1.8 percent, far below the housing shortage benchmark of 5 percent and the grantmaking region average of 3.6 percent. And finally, approximately 0.38 percent of the Clallam County population is living in homelessness. This rate is higher than the grantmaking region average, which stands at 0.27 percent (Washington State Homeless System Performance: Year to Year Comparison, 2017).

Homelessness in Clallam County

Between 2012 and 2015, homelessness in Clallam County saw a significant decrease. However, between 2015 and 2016, homelessness increased sharply. Following 2016, it appears as if homelessness is decreasing, even if slightly. According to the 2017 PIT Count, approximately 281 individuals are experiencing homelessness in Clallam County. Of those 281 individuals living in homelessness, 222 (79 percent) are unsheltered and 59 (21 percent) are sheltered. *Figure 8*, shows how the number of individuals living in homelessness (sheltered and unsheltered) changed between 2012 and 2017.
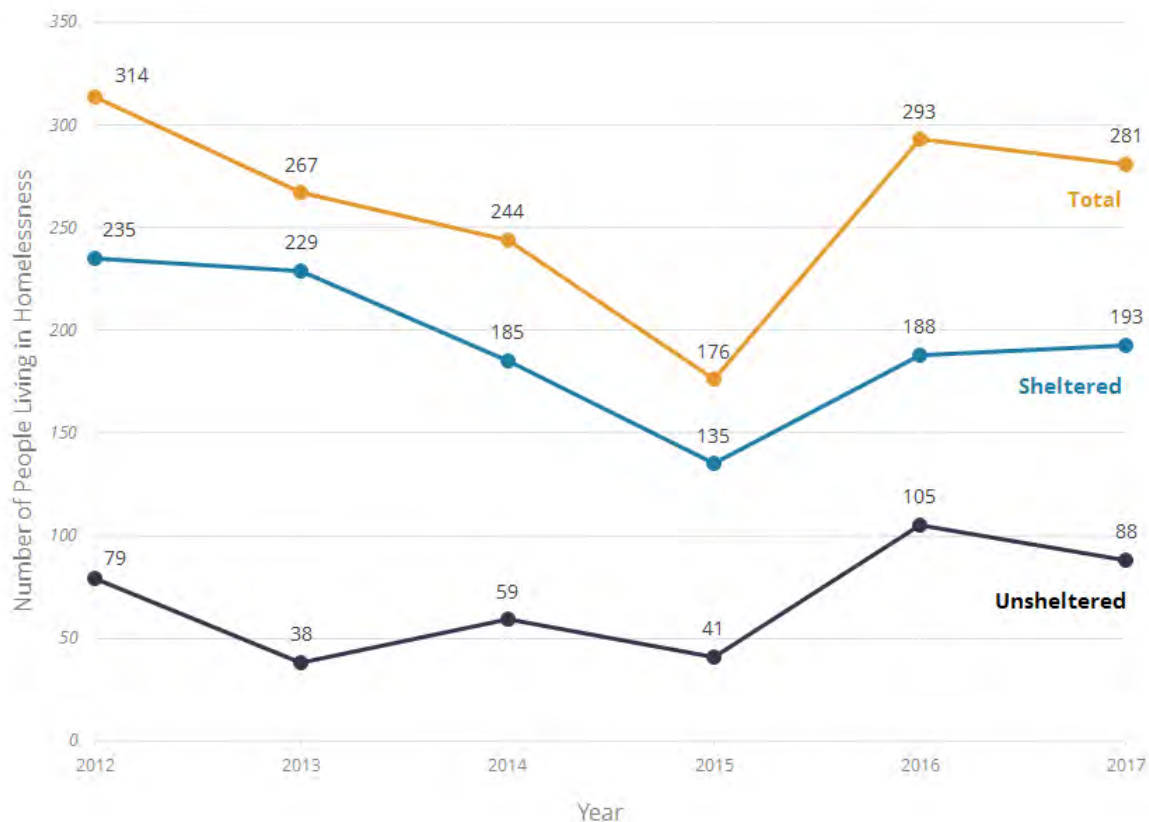
Figure 8: Total People Living in Homelessness in Clallam County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Survey respondents identified individuals with a chemical dependency, individuals experiencing chronic homelessness, and survivors of domestic violence or sexual abuse as the most represented subpopulations among those living in homelessness within the county. Respondents also identified individuals with a substance use disorder, those living in chronic homelessness, and individuals with mental illness as being the most vulnerable and in need of services across the county. Surveys respondents in Clallam County indicated that those experiencing chronic homelessness make up the majority of individuals living in homelessness because they face more barriers to service. Finally, when asked about which subpopulations are most at-risk of experiencing homelessness, respondents from Clallam County highlighted unaccompanied youth and young adults. Survey respondents also noted that the combination of mainly rural spaces and high poverty rates make addressing homelessness in Clallam County particularly challenging.

Homelessness Programs in Clallam County

Between 2012 and 2017, Clallam County received a total of $296,693 from local funders towards programs that prevent or directly address homelessness. This funding supported six different

organizations (two of which Medina also funded). This funding supported emergency shelters, transitional housing programs, and permanent supportive housing interventions that targeted families, single adults, and survivors of domestic violence or sexual abuse (*Foundation Maps*, 2018). Within this same period, Medina granted $50,000 in funding towards programs that prevent or directly address homelessness within Clallam County. These grants supported two organizations and helped the organizations deliver 3,863 instances of aid. These organizations, predominantly serve young adults and Veterans and provide a mix of outreach and prevention programming, drop-in day services, emergency housing, transitional housing, and permanent supportive housing (*Medina Foundation Grant Database,* 2018).

Services that prevent or address homelessness directly in Clallam County are far more affordable than when compared to the grantmaking region average. The cost of addressing homelessness in Clallam County ranges from an average of $19 per household per day for emergency shelter programs to an average an average of $58 per day for transitional housing programs. Prevention programs, on average cost $10 per day and rapid re-housing costs, on average, $18 per day. When considering the cost to move a household into permanent housing, cost for prevention services and emergency shelters are around $3000. The average cost per successful for transitional housing and rapid rehousing are around $16,500 and $12,500, respectively ("County Winter Report Card", 2017; "Washington State Homeless System Performance", 2018). While emergency shelter programs are the least expensive programs to operate in Clallam County, survey respondents identified transitional housing, permanent supportive housing, and prevention programs as the most impactful types of programming for addressing homelessness in the county.

Clallam County in Conclusion

Lower than average salaries and relatively high unemployment (7 percent) likely contribute to the county's high poverty rate (15.3 percent). Additionally, the rental vacancy rate in Clallam County (1.8 percent) is far lower than the 5 percent housing shortage threshold and the 3.6 percent grantmaking region average. Therefore, not only are Clallam County residents more likely to be experiencing poverty and unemployment, they are also likely to face a great deal of challenges in finding rental housing.

As noted in the surveys, and confirmed through our demographic analysis, the mix of urban and rural spaces in the county make fighting homelessness challenging, likely leading to the high proportion (79 percent) of individuals experiencing unsheltered homelessness. While most programs receiving funding in Clallam County serve families, single adults, survivors of domestic violence or sexual abuse, unaccompanied youth and young adults, and Veterans, survey respondents representing Clallam County feel that individuals living in chronic homelessness and individuals living with behavioral health disorders as most in need of services. This is a potential funding gap for homelessness services. According to local experts, this funding should be directed to transitional housing, permanent supportive housing, and prevention programs, as these intervention types are seen as most impactful.

4.4 Grays Harbor County

Figure 9: A map highlighting Grays Harbor County, Created using data from OpenStreetMap

Demographic Analysis

Grays Harbor County is far smaller than the average county within the Medina grantmaking region, with a population of 71,628. According to the U.S .Census Bureau, the majority of the population (79.60 percent) identifies as white. The largest minority populations are Hispanic individuals (9.90 percent) and Native Americans/Native Alaskans (5.50 percent). Foreign-born residents make up 5.40 percent of the population, and 10.29 percent of county residents hold Veteran status. Grays Harbor County has a wide age distribution with about a fifth of the population each 65 years old and above (20.20 percent) and under 18 years old (20.80 percent) ("U.S. Census by County", 2017).

Grays Harbor County's AMI is $51,400 (compared to the $70,714 grantmaking region average) (HUD, 2017). Individuals residing in Grays Harbor County make, on average, 72 cents for every dollar that state residents make. Unsurprisingly, a large portion of Grays Harbor residents (15.2 percent) are living at or below the poverty line (U.S. Census, 2016). According to the 2016 Community Health Needs Assessment, Grays Harbor residents are less educated, make less money, and are more likely to live in poverty than the state average. From 2009 to 2011, the number of people living below the Federal Poverty Level in Grays Harbor increased by 16 percent. One-in-five students reported skipped meals or reduced meal sizes due to lack of financial resources. ("Grays Harbor County Community Health Needs Assessment", 2017).

The median rent estimate for a one-bedroom apartment is $598.00 ("50th Percentile Rent Estimates", 2018), and there is a 2.5 percent vacancy rate (Washington State Homeless System Performance: Year to Year Comparison, 2017). The county estimates that there are 17 affordable housing units for every 100 families whose income is no more than 30% of the AMI ("Building Housing Resources - Grays Harbor County Ten Year Plan to End Homelessness", 2016). Approximately 0.28 percent of the population living in Grays Harbor county experience homelessness--compared to the 0.27 percent grantmaking region average (Washington State Homeless System Performance: Year to Year Comparison, 2017).

Grays Harbor also has higher rates of family and domestic violence than the state average. One-fifth of students report being the victim of physical abuse by an adult, and one-third report witnessing violence between adults. There were just under six domestic violence arrests per 1,000 Grays Harbor County residents in 2011, which equates to 702 per 100,000 Washington residents. Dating violence is also prevalent, and 10 percent of 12th graders report feeling controlled or threatened by a partner. The county also reports higher rates of bullying, with just under 14% of eighth graders reporting that they had been bullied at least once a week in 2012. The state average for eighth graders is around 9 percent percent (Community Health Needs Assessment, 2016).

Homelessness in Grays Harbor County

Between 2012 and 2017, homelessness in Grays Harbor has increased. Particularly interesting is that at some points between 2012 and 2017, unsheltered homelessness in Grays Harbor County increased dramatically and then decreased dramatically, the following year. As of 2017, there are an estimated 201 individuals living in homelessness in Grays Harbor County. Of these, 59 percent are unsheltered. Overall, individuals living in homelessness account for 0.28 percent of the county's population (PIT Count, 2017). *Figure 10* shows the change in the number of individuals living in homelessness (sheltered and unsheltered) in Grays Harbor County between 2012 and 2017.
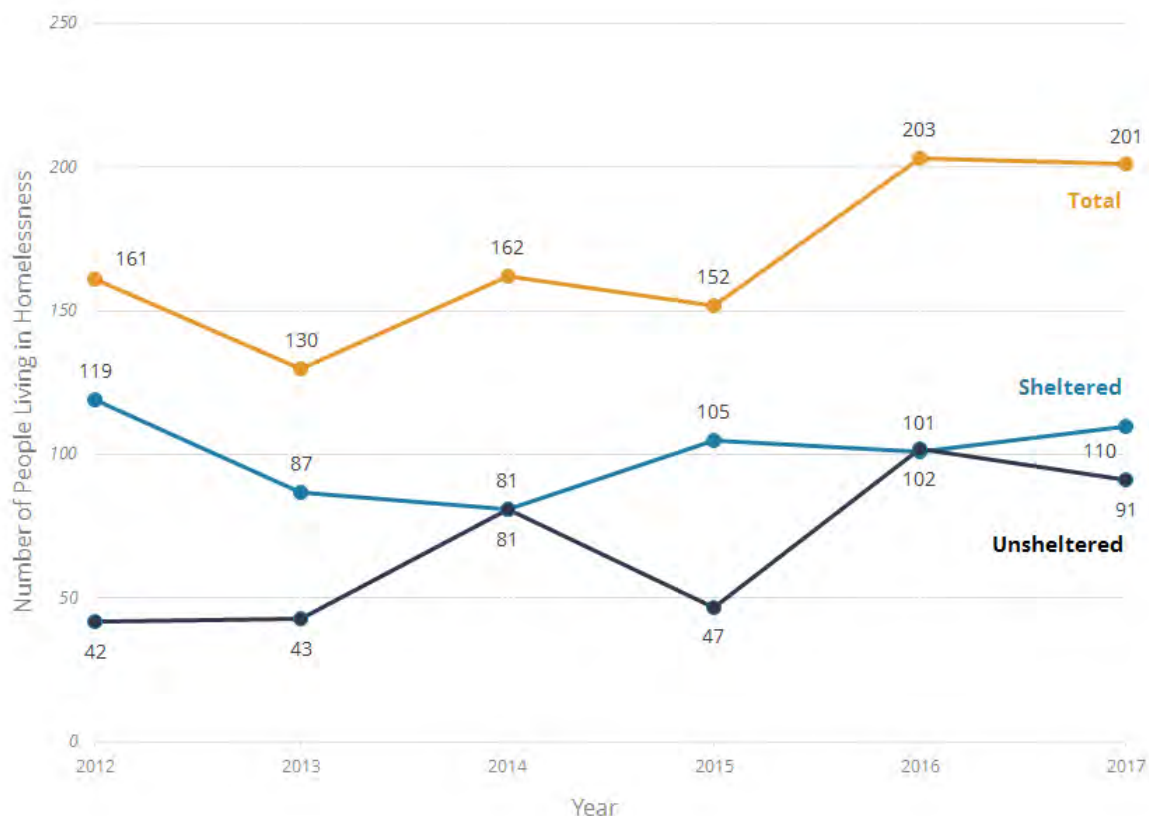
Figure 10: Total People Living in Homelessness in Grays Harbor County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Survey respondents representing Grays Harbor County identified individuals living in chronic homelessness and individuals with behavioral health disorders as highly represented subpopulations living in homelessness in Grays Harbor County. Of individuals living in homelessness, respondents identified unaccompanied youth and young adults, individuals exiting institutions, individuals with chemical dependency, and individuals with mental illness as those most vulnerable and in need of services in Grays Harbor County. And finally, respondents highlighted unaccompanied youth and young adults, individuals exiting institutions, and those living in rural communities as those most at-risk of becoming homeless. Survey respondents also noted that the combination of mainly rural spaces and high poverty rates make addressing homelessness in Grays Harbor County particularly challenging.

Homelessness Programs in Grays Harbor County

Between 2012 and 2017, funders granted a total of $152,370 to organizations preventing or addressing homelessness in Grays Harbor County. This funding supported 18 programs, one of which Medina also funded. The organizations receiving funding predominately provide emergency shelter, prevention programming, and advocacy programming for single adults, unaccompanied youth and young adults, and female survivors of domestic violence and sexual abuse and their children (*Foundation Maps*, 2018). Within this same time period, Medina granted $40,000 to one organization in Grays Harbor County. This organization provides emergency housing for unaccompanied youth and young adults, as well as families with children, experiencing homelessness. The funding to this organization helped the organization extend 935 instances of aid.

Service delivery in Grays Harbor County is more cost effective on average than in Medina grantmaking region in general. The cost of addressing homelessness in Grays Harbor County ranges from an average of $20 per-household per-day for prevention programming to an average of $49 per-household per-day for emergency shelter programs. Rapid rehousing programs fall in the middle with an average per-household per-day cost of $32. The cost differential changes significantly when considering cost per-successful exit to permanent housing. The average cost per-successful exit is $3,292 for emergency shelter and $8,500 for rapid rehousing (Department of Commerce, 2018). When asked to choose the most impactful interventions in their county, Grays Harbor County survey respondents chose transitional housing, permanent supportive housing, rapid rehousing, and prevention programming.

Grays Harbor County in Conclusion

Grays Harbor residents experience poorer outcomes than most of the residents living in the Medina grantmaking region. Grays Harbor County residents experience higher poverty rates, lower wages, and higher instances of domestic violence and abuse. To compound these issues, the county has an extremely low vacancy rate (2.5 percent) and, in 2015, the county estimated that there were only 17 affordable housing units for every 100 families whose income is no more than 30 percent of AMI (Grays Harbor County Ten Year Plan to End Homelessness, 2015). Although survey respondents

highlighted a variety of different subpopulations as being highly represented, most in need of services, and most at-risk of homelessness, individuals exiting institutions were highlighted repeatedly. There is limited information regarding cost of services that prevent or directly address homelessness in Grays Harbor County. However, based on an analysis of survey data, individuals living in homelessness in Grays Harbor would see a significant impact in their outcomes from additional transitional and permanent supportive housing programs, especially those serving individuals exiting institutions.

4.5 Island County

Figure 11: A map highlighting Island County, Created using data from OpenStreetMap

Demographic Analysis

Island county is located in the northwest region of the Medina grantmaking region and is composed of two islands, Whidbey and Camano. The county has a population of 82,636, far lower than the grantmaking region average county population of approximately 300,000 individuals. A large portion of the county identifies as white (79.8 percent). Approximately 7.2 percent of the population in Island County is foreign-born. More of the county is older. Almost a quarter of the population (23.8 percent) is 65 years or older, and only 18.3 percent of the county is 18 years or younger.

Approximately 127 (0.15 percent) individuals in Island County are experiencing homelessness (PIT Count, 2017). Of this total, 14.8 percent are individuals who hold Veteran status and 33 percent were unsheltered. Residents in Island County have the the third highest AMI within the grantmaking region at $77,300 (HUD, 2017). Paired with higher AMI, Island County also has the third lowest poverty rate at 9.4 percent ("U.S. Census by County", 2017).

Housing in Island County is more affordable than the grantmaking region average ($850 per month for a 1-bedroom unit compared to $925 per month ("50th Percentile Rent Estimates", 2018). And similar to the rest of the counties in the grantmaking region, Island County holds a very low vacancy rate (2.7 percent of rental units are vacant). However, their eviction rate of 0.61 percent is lower than the grantmaking region average (*Eviction Lab*, 2017).

Survey respondents representing Island County noted that while the county on average is wealthier and fewer experience poverty compared to other counties in the grantmaking region and across the state, the poverty residents do experience is often more pronounced due to a lack of services in the region.

Homelessness in Island County

Homelessness in Island County increased steadily between 2012 and 2016. However, after 2016 Island County saw a sharp decrease in the number of individuals living in homelessness. Island County has one of the lowest proportions of individuals living in homelessness throughout the grantmaking region. Their population of individuals living in homelessness account for only 0.74 percent of all individuals living in homelessness within the grantmaking region. Additionally, unlike other counties in the region, a majority of individuals living in homelessness in Island County are sheltered, rather than unsheltered. In 2017, there were 127 individuals, about 0.15 percent of the county's population, living in homelessness in Island County. A little over a third (37.8 percent) of individuals living in homelessness in the county are unsheltered. *Figure 12* shows the number of individuals living in homelessness in Island County between 2012 and 2017.

Figure 12: Total People Living in Homelessness in Island County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Homelessness Programs in Island County

Between 2012 and 2017, local funders granted $94,782 in funding to support organizations that prevent or directly address homelessness in Island County. These dollars supported 17 grants (*Foundation Maps,* 2018). Between 2012 and 2017, Medina did not provide any funding to service providers who are *primarily* based out of Island County. However, Medina did award funding to two organizations in neighboring counties. Both of these service providers note serving residents of Island County. These organizations implemented emergency shelter programming that target Veterans, families with children, and individuals living in chronic homelessness (*Medina Foundation Grant Database*, 2018).

Programs that prevent or directly address homelessness in Island County are more cost effective when compared to other counties. Homelessness intervention services range from $10 per day for homelessness prevention programming up to $58 per day for transitional housing programing. Emergency shelter programming is estimated to cost about $39 per day and rapid rehousing interventions are estimated to cost $18 per day. Prevention services were the most highly utilized services in the county (42.9 percent) followed by rapid rehousing (31.7 percent), emergency shelters (20.5 percent), and transitional housing (4.9 percent) ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018)..

Island County in Conclusion

To address the growing homelessness population in Island County, the county has created strategic plans to provide emergency services and affordable housing interventions for individuals who are currently homeless or at-risk for homelessness. The county is actively working to foster services locally through local service providers. The county's Board of Health has taken initiatives to lead planning for emergency services, a coordinated entry system, and affordable housing that they intend to be completed in the year 2018 ("Island County Community Health Improvement Plan", 2017). Though Island County residents tend to be wealthier and fewer are living in poverty, survey respondents representing Island County noted that those who are experiencing poverty or homelessness face a great deal of challenges to support themselves. Medina has not allocated funding to organizations in Island County due to the fact that there are no primary service providers located in Island County. As such, it might make a greater impact to fund neighboring programs who serve residents of Island County, in addition to their primary county.

4.6 Jefferson County

Figure 13: A map highlighting Jefferson County, Created using data from OpenStreetMap

Demographic Analysis

Jefferson County is located on the Western side of the Medina grantmaking region, and parts of county run along the coastline. Although Jefferson County is home to one of the larger cities in the region, Port Townsend, at a population of just 31,139, it is also one of the region's least populated counties. The residents of Jefferson County skew older; over one third (34.7 percent) of the county's population is 65 years of age or older. The county also has a high proportion of individuals who are under 65 years old and living with a disability (14.7 percent) ("U.S. Census by County", 2017).

Jefferson County's AMI is $63,700, lower than the Medina grantmaking region average (HUD, 2017). Additionally, approximately 12 percent of its population is living in poverty (compared to the 12.2 percent grantmaking region average) ("U.S. Census by County", 2017). Compared to the grantmaking region average of $925 per month, the median rent for a 1-bedroom unit in Jefferson County is lower, at $753 per month ("50th Percentile Rent Estimates", 2018). Jefferson County has one of the highest vacancy rates for housing units at 6.7 percent, which is the third highest vacancy rates for the region (Washington State Homeless System Performance: Year to Year Comparison, 2017). While this is only slightly above the 5 percent housing shortage benchmark, Jefferson County is one of three counties in the grantmaking region who fall into this category. Jefferson County also has one of the lowest eviction rates at 0.52 percent (*Eviction Lab*, 2017).

These statistics showing housing availability and lower rental costs might imply that residents in Jefferson County experience more housing stability than residents living in other counties within the Medina grantmaking region. However, survey respondents representing Jefferson County highlighted rapidly increasing costs of housing, an economy transitioning from natural resources to tourism, and high cost of living as unique features of the county that negatively affect housing stability and make it more challenging to prevent and address homelessness in the county.risis.

Homelessness in Jefferson County

Homelessness in Jefferson County saw a large spike between 2014 and 2015. And while homelessness within the county increased between 2016 and 2017, rates in 2017 stayed well below historical highs. In 2017, there were 187 individuals living in homelessness in Jefferson County. Of this total, 49 percent are experiencing unsheltered homelessness. While this number is lower than other counties, Jefferson County has the highest percent (0.60 percent) of its county population living in homelessness within the Medina grantmaking region. *Figure 14* illustrates the number of individuals living in homelessness in Jefferson County between 2012 and 2017.

Figure 14: Total People Living in Homelessness in Jefferson County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Homelessness Programs in Jefferson County

Between 2012 and 2017, Jefferson County received an estimated $184,353 in grant funding from local funders. This funding went to three service providers in the county (*Foundation Maps*, 2018). In this same time period, Medina did not provide any funding to Jefferson County. However, Medina did award a grant to a service provider which neighbors and serves Jefferson County (*Medina Foundation Grant Database*, 2018). Services that prevent or directly address homelessness in Jefferson County range from $20 per day (for emergency services) up to $40 per day (for rapid re-housing). Prevention programming sits between emergency services and rapid re-housing at $22 per day

("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018).

Survey respondents in the Jefferson County area identified the following interventions as most impactful: emergency services, transitional housing, and permanent supportive housing. They also identified Veterans and individuals in rural communities as highly vulnerable populations within their region.

Jefferson County in Conclusion

Jefferson County is a smaller county with few service providers. Therefore, the county receives less funding from local grant makers. However, Jefferson County has a higher percentage of its population living in homelessness compared to other counties in the Medina grantmaking region. Of those who are experiencing homelessness in Jefferson County, almost half are experiencing unsheltered homelessness. Medina can make a more significant impact in Jefferson County if they allocate funding to emergency shelter programming, transitional housing, and permanent supportive housing.

4.7 King County

Figure 15: A map highlighting King County, Created using data from OpenStreetMap

Demographic Analysis

King County is the largest county in the Medina grantmaking region with a population of 2,149,970. The next largest county in the region is Pierce County which has a population of 861,312 individuals. King County's population tends towards the younger side. Approximately one fifth of the population is under 18 years of age, whereas only one tenth is over 65 years of age. The county is predominately white (61.1 percent) but less so when compared to other counties in the grantmaking region. The county is evenly divided between men and women. Approximately 17.4 percent of the county is Asian, 9.5 percent are Hispanic/Latino, 6.8 percent are Black/African American, 1 percent are Native American/Alaskan, and 1 percent are Native Hawaiian/Pacific Islander ("U.S. Census

by County", 2017).

King County has the highest AMI—tied with Snohomish County—of $96,000 (HUD, 2017). Similarly, King County residents pay the highest rents, also tied with Snohomish County, at $1,633 ("50th Percentile Rent Estimates", 2018). King County has one of the lowest poverty rates of all counties in the Medina grantmaking region. The county's poverty rate is 9.3 percent, whereas the regional average is 12.2 percent average rate("U.S. Census by County", 2017). While poverty rates are low, rental prices are higher than average and vacancy rates are low. Only 3.4 percent of housing is King County is available for rent (Washington State Homeless System Performance: Year to Year Comparison, 2017).

Homelessness in King County

Approximately 0.54 percent of individuals (11,643 individuals) in King County are living in homelessness. This is the second highest rate of homelessness within the Medina grant making region (following only Jefferson County with a homelessness rate of 0.6 percent). Additionally, of all the individuals living in homelessness in the Medina grant making region, 68 percent are experiencing that homelessness in King County (PIT Count, 2017).

The number of individuals living in homelessness has increased steadily since 2012. In fact, since 2012, the number of individuals living in homelessness in King County has increased by 31.4 percent, from 8.858 to 11,643 individuals. Of these 11,643 individuals, approximately 52 percent, are unsheltered and 48 percent are sheltered (Washington State Homeless System Performance: Year to Year Comparison, 2017). There are many misconceptions about homelessness in King County. According to the 2017 King County PIT Count, approximately 77 percent of individuals living in King County are from King County. Additionally, people of color are disproportionately represented within King County's homeless population. For example, less than 10 percent of individuals living in King County identify as Black/African American, whereas 29 percent of individuals living in homelessness in King County identify as Black/African American (Count Us In, 2017). Additionally, 90 percent of PIT count survey respondents stated they would be ready and willing to take safe and affordable housing if it were offered. *Figure 16* shows the number of individuals living in homelessness in King County from 2012 to 2017.

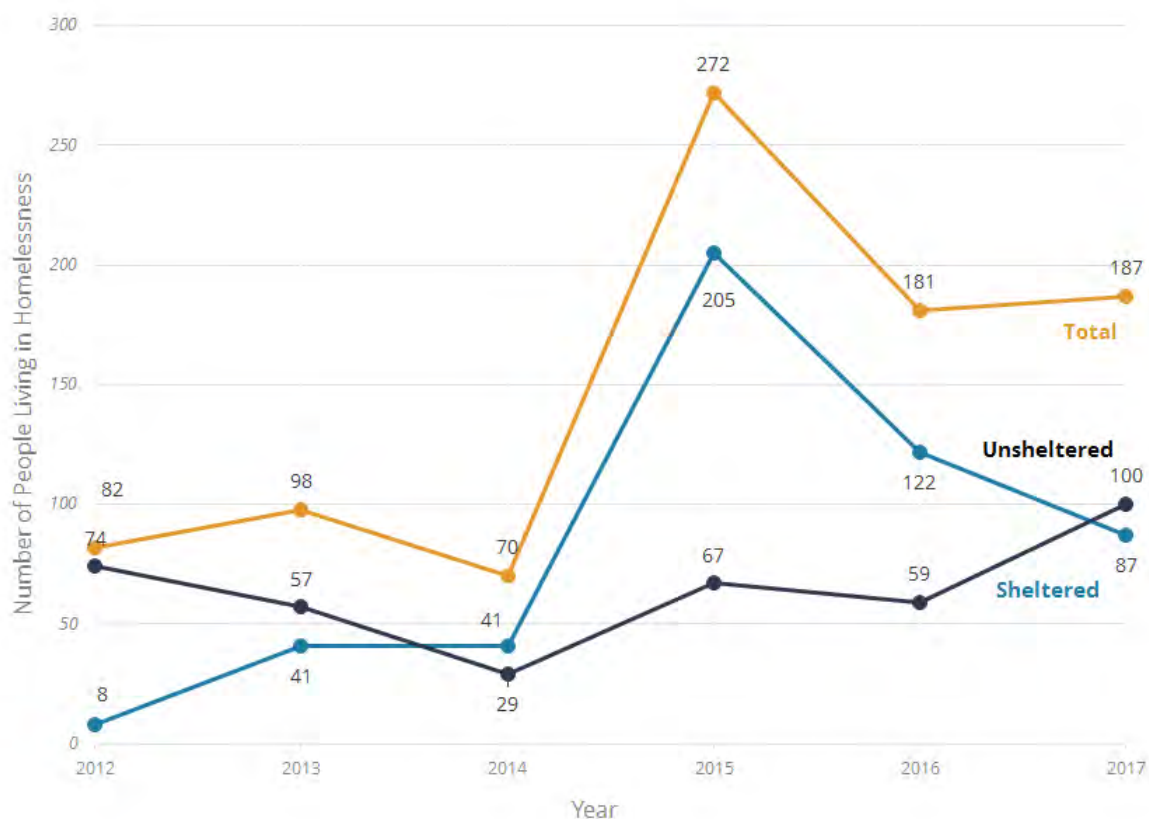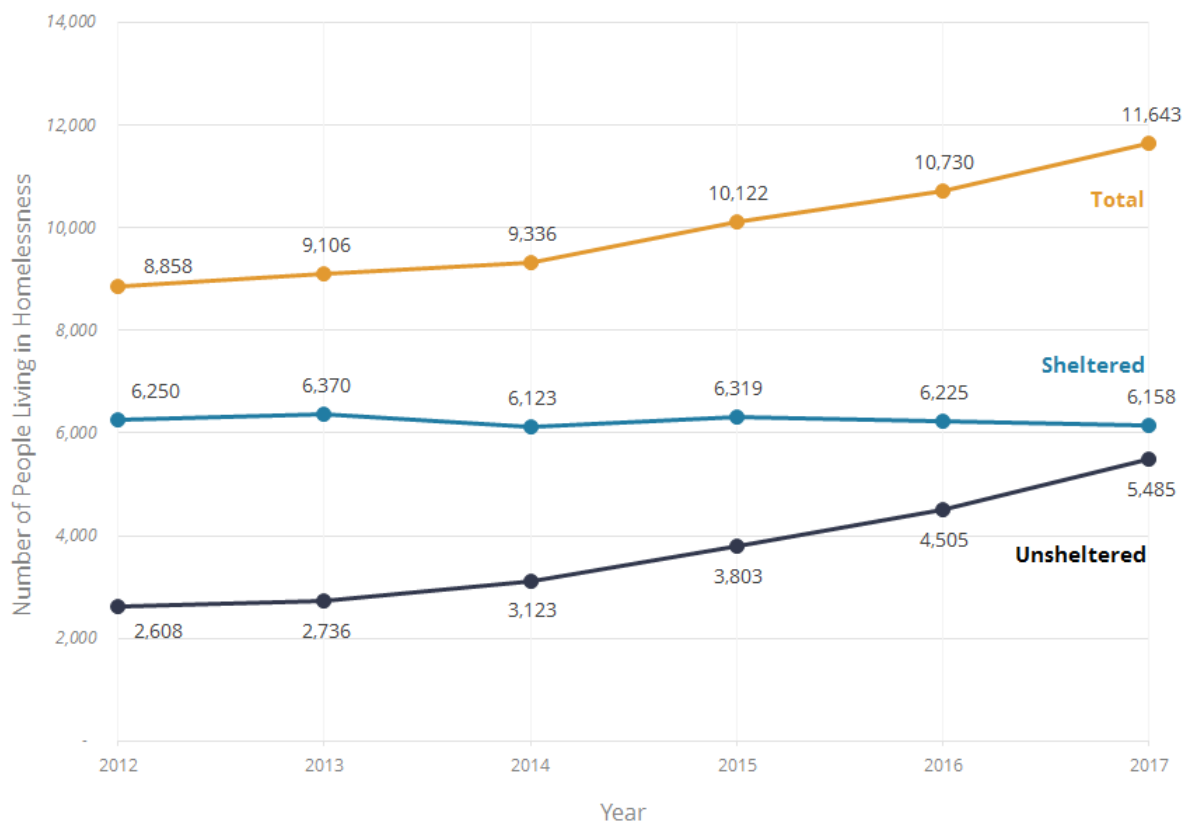*Figure 16: Total People Living in Homelessness in King County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).*

Survey respondents representing King County shared that individuals exiting institutions, individuals with chemical dependency issues, and individuals with mental illness are the most represented subpopulations living in homelessness in King County. County respondents believe these subpopulations are highly represented because the county lacks the targeted and consistent services they need. Likely because of their complex needs, survey respondents find that these subpopulations tend to spend longer periods living in homelessness than others. Several survey respondents representing King County also noted that American Indian and Alaskan Natives and other people of color are disproportionately represented within the homeless population.

When asked about which subpopulations living in homelessness are most vulnerable and in need of services to lift them out of homelessness, King County survey respondents highlighted unaccompanied youth and young adults, individuals living in chronic homelessness, and survivors of domestic violence or sexual abuse. And finally, the three subpopulations most at-risk of experiencing homelessness, per King County survey respondents, are individuals exiting institutions, survivors of domestic violence or sexual abuse, and foster youth.

Homelessness Programs in King County

Between 2012 and 2017, foundations granted $110,100,00 towards homelessness initiatives in King County. This funding supported 453 organizations (42 of which Medina also funded) that implemented emergency shelter services, permanent supportive housing interventions, and transitional housing programs. These programs served single adults, families, and unaccompanied youth and young adults (*Foundation Maps*, 2018). In this same time period, Medina granted $3,119,300 to 42 organizations and impacted 202,868 instances of aid. The Medina funding supported families with children, single adults, and unaccompanied youth through prevention services, emergency housing, transitional housing, and permanent supportive housing (*Medina Foundation Database*, 2018).

Services that prevent or directly address homelessness in King County require slightly less funding than average with the Medina grantmaking region. Overall, the estimated cost per year to provide services in King County (excluding prevention services) is $19,285, compared to the $20,352 average cost throughout the grant making region. The median cost for prevention services is $15 per day. The median cost per day for transitional services is $38. Emergency shelter services cost $55, and rapid re-housing costs $85. The median cost per successful exit for prevention services is not available. However, rapid re-housing costs, on average, $7,351 per successful exit, whereas emergency shelter services and transitional housing cost $14,207 and $12,021, respectively ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018).

King County survey respondents believe permanent supportive housing, prevention services, and transitional housing are the three types of interventions likely to make the biggest positive impact in the area of homelessness in their county. This is particularly important because we know from the 2017 King County PIT count that 90 percent of survey respondents stated they were ready and willing to accept safe and stable housing if it were offered.

King County in Conclusion

The breadth and depth of homelessness in King County far surpasses other counties in the Medina grant making region. The county has the second highest percentage of its population living in homelessness and the largest number of individuals living in homelessness. The county is also experiencing one of the largest housing shortages. That said, King County receives the most funding within the Medina grantmaking region towards preventing and addressing homelessness. King County's largest subpopulations living in homelessness, per our survey respondents, are individuals with behavioral health disorders and individuals exiting institutions. These populations are likely to benefit most from preventative services that maintain the care and support they need and transitional housing services or permanent supportive housing that pair services with housing. Outside of our own study, rental assistance and more affordable housing were cited as the "top two supports needed to end" experiences of homelessness in King County (Count Us In, 2017). All in

all, King County is a particularly large county, whose population has diverse needs. While rates of homelessness in the county are particularly high, survey respondents believe that strengthening and expanding the already strong safety net within the county could make a big impact in the area of homelessness in Washington's most populous county.

4.8 Kitsap County

Figure 17: A map highlighting Kitsap County, Created using data from OpenStreetMap

Demographic Analysis

Kitsap County is located in the center of the Medina grantmaking region. While it is the fifth largest county in the Medina grant making region with 264,811 residents, its population is less than the region's average county population (359,941). Most of the county is white (77.1 percent) and male (51.1 percent). Approximately 7.6 percent of the population is Hispanic/Latino, whereas 5.9 percent are two or more races, 5.4 percent are Asian, 3 percent are Black/African American, and 1.7 percent are Native American/Alaska Native. More than one-fifth of the population in Kitsap County are under 18 years old and approximately 17 percent are 65 years and older ("U.S. Census by County", 2017).

At $77,100, Kitsap County has the fourth highest AMI within the Medina grantmaking region (HUD, 2017). Paired with a higher than average AMI, approximately 10 percent of individuals living in Kitsap County are living at or below the poverty line ("U.S. Census by County", 2017). Although the county boasts a higher than average AMI and lower than average poverty rate, their 2.7-percent vacancy rate falls far below the 5 percent housing shortage benchmark and below the grantmaking region 3.7-percent average (Washington State Homeless System Performance: Year to Year Comparison, 2017). In addition to this housing shortage, Kitsap County median rents for a 1-bedroom apartment are above the region average and the fifth highest in the region at $933 per month ("50th Percentile Rent Estimates", 2018). So, while residents in Kitsap County might be wealthier than average, there is still a deep housing shortage and a lack of affordable units for lower-income residents. Interestingly, Kitsap County also has the third highest eviction rate (1.9 percent) among all counties in the grant making region (*Eviction Lab*, 2017). All of this leads us to believe that finding and keeping housing as a low-income resident or someone transitioning out of homelessness is likely to be a challenge in Kitsap County. Survey respondents from Kitsap County echoed this notion stating that a lack of affordable housing and high costs for

rental units make addressing homelessness challenging. On a positive note, they also noted that the county has a well-established safety net, a close-knit community, and interagency collaboration, which help them in their efforts to deliver quality services residents need.

Homelessness in Kitsap County

The number of individuals experiencing homelessness in Kitsap County has been rapidly increasing since 2013. In fact, from 2013-2017, homelessness in Kitsap County has increased by 219 percent. In 2017 there were 517 individuals, or about 0.2 of the county population, living in homelessness in Kitsap County, a 62-person or 13.6-percent increase from 2016. Of the 517 individuals living in homelessness in Kitsap County, 53 percent were sheltered and 47 percent were unsheltered. Figure 18 shows the total number of individuals living in homelessness in Kitsap County between 2012 and 2017.
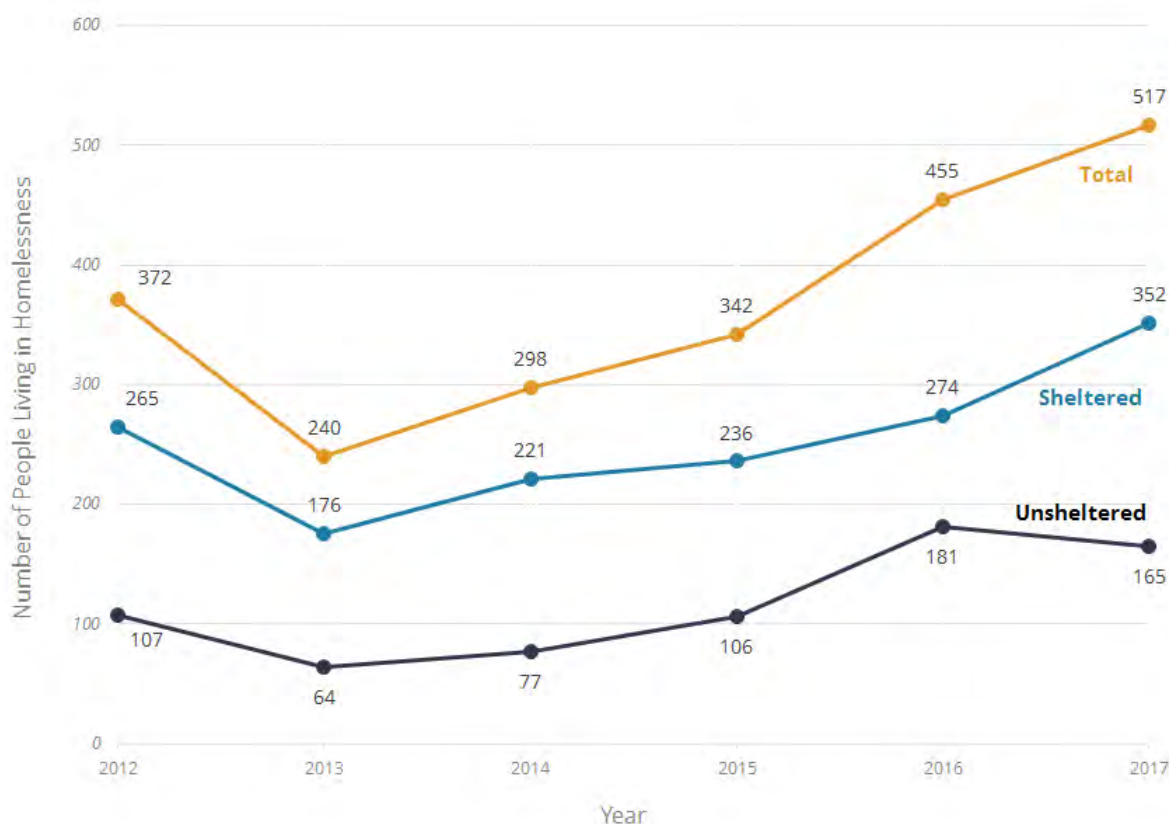
Figure 18: Total People Living in Homelessness in Kitsap County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

According to survey respondents from Kitsap County, most of the individuals living in homelessness in their county are individuals with mental illness, individuals living with chemical dependency, and individuals living in chronic homelessness. Through qualitative analysis we learned that these subpopulations are highly represented because they face barriers to accessing quality

services. Because it is more challenging for individuals with mental illness, individuals with chemical dependency, and individuals living in chronic homelessness to access quality services they are more likely to remain homelessness for longer periods of time and therefore end up highly represented within the county's homeless population.

Similar populations were highlighted as the most vulnerable and in need of services. Kitsap County respondents highlighted unaccompanied youth and young adults, individuals with chemical dependency issues, and individuals with mental illness as those who are most vulnerable and in need of services. This poses a particular challenge to the county, as individuals with mental illness and chemical dependency issues are highly represented within the homeless population and most vulnerable and in need of services, yet still face the most barriers to accessing the services they need. When asked about which subpopulations are most at-risk of becoming homeless, Kitsap County respondents highlighted individuals exiting institutions, survivors of domestic violence and sexual abuse, foster youth, and individuals with a chronic health issues.

Homelessness Programs in Kitsap County

Since 2012, Kitsap County received a total of $2,600,000 in funding from foundations supporting housing and homelessness efforts. This support funded 22 organizations (four of which Medina also funded) implementing day centers, emergency shelters, and permanent supportive housing to single adults, youth and young adults, and survivors of domestic violence or sexual abuse (*Foundation Maps*, 2018). Between 2012 and 2017, Medina granted $268,00 to Kitsap County. These funds supported four organizations and 13,662 instances of aid. Per service providers, this funding supported single men, families headed by single parents, and single adults, through drop in day services, emergency housing, outreach, and transitional housing programs (*Medina Foundation Grant Database*, 2018).

Services in Kitsap County are more affordable than the grantmaking region county average. The county average is $13,549 compared to the regional average of $20,352. The county did not have cost information about transitional housing programs or permanent supportive housing. The most affordable intervention type per day is transitional housing at $18. This is followed by rapid re-housing programs and prevention programming, both at $21 per day. When looking at median costs per successful exit, prevention programs are the most affordable option in Kitsap County at $431 per successful exit. Emergency shelters cost the organizations $1,452 per successful exit, and rapid re-housing costs $3,541 per successful exit ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018). Survey respondents in Kitsap County believe prevention programming, emergency shelters, and permanent supportive housing to be the most impactful for their county.

Kitsap County in Conclusion

Homelessness in Kitsap County is increasing at a rapid pace (219 percent between 2013 and 2017). While the county has a higher AMI and lower poverty rate than the Medina grantmaking region

average, rental housing prices are increasing and the housing stock is diminishing. This means that lower income residents in Kitsap County are likely to face an increasing number of barriers to finding and keeping affordable housing. In addition to higher rent prices and lower housing availability, a higher than average number of residents in Kitsap County are facing eviction (1.7 percent in 2017 compared to the grantmaking region average of 0.85 percent) (*Eviction Lab*, 2017).

While housing is more expensive in Kitsap County, service delivery costs are lower than average providing the opportunity for funders to impact a greater number of individuals for few dollars. While Medina has funded the most impactful intervention types in the past, such as prevention programming and permanent supportive housing, Medina could increase its impact in the county, by supporting organizations that tailor programming to the county's most highly represented subpopulations, individuals living in chronic homelessness, individuals living with mental illness, and individuals living with chemical dependency, and the county's subpopulations most in needs of services, unaccompanied youth and young adults, individuals living with chemical dependency, and individuals living with mental illness. Medina can also consider funding organizations that work to prevent homelessness among populations most at-risk of homelessness in Kitsap County, such as individuals exiting institutions, survivors of domestic violence and sexual abuse, foster youth, and individuals with a chronic health issues.)

4.9 Mason County

Figure 19: A map highlighting Mason County, Created using data from OpenStreetMap

Demographic Analysis

Mason County is the fourth smallest county in the Medina grant making region. with a population of 62,198. Its population is far smaller than the regionale average of 359,941. The county is 81.1 percent white and 51.6 percent male. Approximately 9.4 percent of county residents are Hispanic/Latino, 4.5 percent are Native American/Alaska Native, 1.3 percent are Asian, and 1.3 percent are Black/African American ("U.S. Census by County", 2017).

Mason County's AMI falls below the grant making region average at $60,500 compared to $70,714. Their AMI is the third lowest in the grant making region (HUD, 2017). Not surprisingly, Mason County's poverty rate is well above the grant making region average and one of the region's highest, at 14.9 percent ("U.S. Census by County", 2017).

The median price for a 1-bedroom rental unit in Mason County is the fourth most affordable and approximately $200 less than the average at $738 per month ("50th Percentile Rent Estimates", 2018). Paired with lower rental prices is a higher vacancy rate of 7 percent. In fact, Mason County has the second highest vacancy rate within the grantmaking region (Washington State Homeless System Performance: Year to Year Comparison, 2017). While there are more rental units available to Mason County residents, a low AMI and high poverty rate means that most residents do not have the purchasing power to afford moving in to or maintaining rental prices in the county. In fact, qualitative data showed that housing costs, while low compared to other counties in the grant making region, are prohibitively costly to Mason County residents, making housing instability and homelessness far more likely for lower income residents in the County.

Survey respondents from Mason County noted that their higher poverty rates and lower income levels have deemed them a "distressed" county for many years. And while they have wealthier counties located to their north and south, Mason County residents still lack adequate services to meet their needs.

Homelessness in Mason County

Homelessness in Mason County has decreased by 48 percent between 2016 and 2017, from 416 individuals to 216. Between 2012 and 2017 the average number of individuals living in homelessness in Mason County was 307. *Figure 20* shows the number of individuals living in homelessness in Mason County between 2012 and 2017.
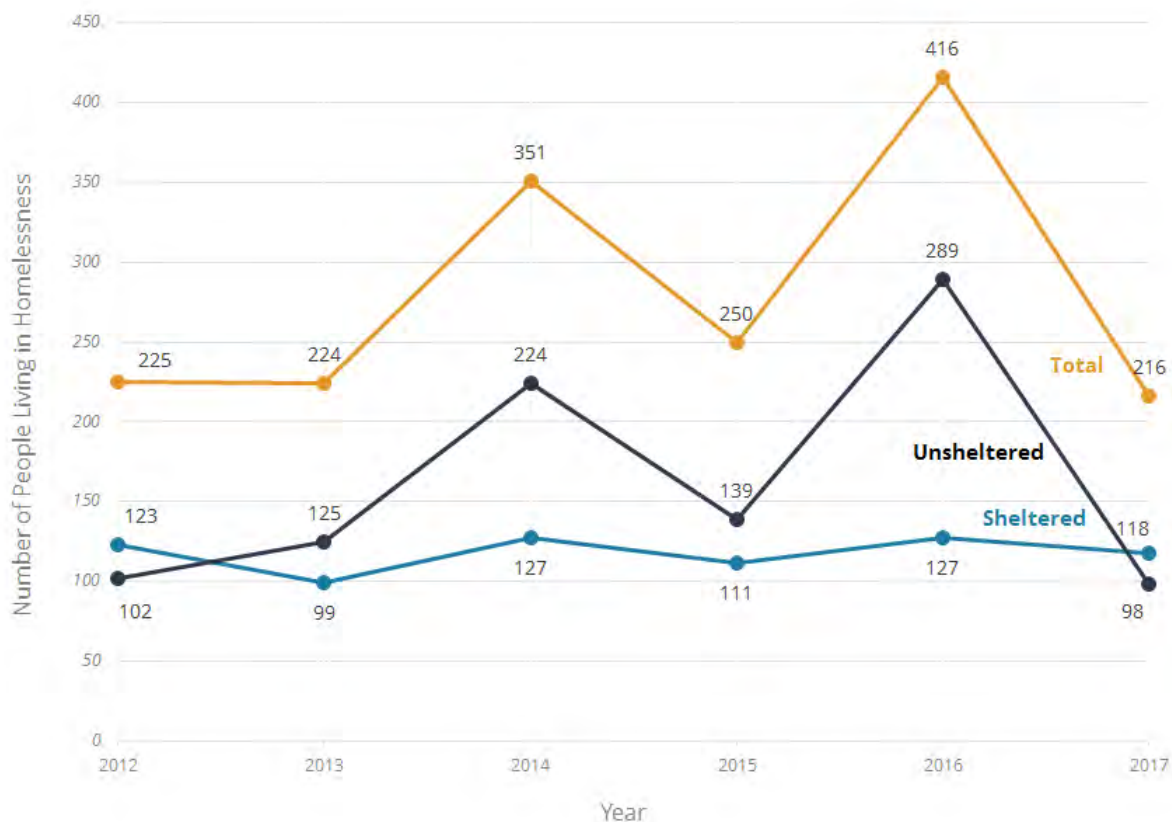
Figure 20: Total People Living in Homelessness in Mason County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

While Mason County experienced a significant decrease in homelessness between 2016 and 2017, they have the fourth largest proportion (0.35 percent) of individuals living in homelessness in their county compared to others in the grant making region. Mason County is only preceded by Jefferson, King, and Clallam Counties. Of the 216 individuals living in homelessness in Mason County, a majority are unsheltered (55 percent unsheltered compared to the 45 percent who are sheltered).

According to survey respondents, the most represented subpopulations living in homelessness in Mason County are unaccompanied youth and young adults, individuals with behavioral health disorders, and individuals living in rural communities. Qualitative data revealed that Mason County has few to no resources that prevent or directly address homelessness for unaccompanied youth and young adults. Adults with behavioral health disorder face similar challenges in connecting with services. Subpopulations who are most vulnerable and in need of services in Mason County include individuals exiting institutions, unaccompanied youth and young adults, and older adults. Survey respondents noted that rising housing costs make it challenging for individuals in these subpopulations, particularly individuals exiting institutions, to find affordable and stable housing. Additionally, survey respondents noted that individuals exiting institutions and survivors of domestic violence or sexual abuse are most at-risk of experiencing homelessness. County survey

respondents also families are likely to be highly represented within the homeless population because of the lack of affordable housing units.

Homelessness Programs in Mason County

Between 2012 and 2017, foundations granted a total of $236,471 to Mason County organizations that prevent or directly address homelessness. This funding went to 12 organizations (one of which Medina also funded) that offer emergency shelters, prevention programming, or supportive housing. This funding supported survivors of domestic violence or sexual abuse and families (*Foundation Maps*, 2018. Within this time period, Medina granted $60,000 to one Mason County organization, which provided 1,231 instances of aid. The program supported families and provided prevention programming, transitional housing, and emergency sheltering (*Medina Foundation Grant Database*, 2018)..

Services that prevent or directly address homelessness in Mason County are slightly more costly than the average throughout the Median grant making region ($27,643 compared to $20,352). At $31 per day, emergency shelters and transitional housing are the most affordable housing interventions in Mason County. Prevention programming averages $92. Rapid rehousing costs approximately $214, making it the most expensive county in the region in which to fund this intervention type. In terms of cost per successful exit, prevention programming is the most cost effective intervention in the county at $1,210. Emergency shelters and rapid rehousing are both significantly more expensive, at $6,760 and $4,470 per successful exit, respectively. In 2017, 61.5 percent of services accessed in Mason County were for emergency shelter, followed by rapid rehousing (19.9 percent), prevention programming (13.5 percent), and transitional housing (5.1 percent) ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018)
.

Mason County residents believe that permanent supportive housing and prevention programming are most likely to make the largest impact on homelessness in their county. While cost estimates are not available for permanent supportive housing programs, prevention services are the most most cost effective per successful exit and accessed at around the same rate as the regional average. This creates an opportunity for Medina to fund high-impact, low-cost interventions in Mason County.

Mason County in Conclusion

Mason County has a small population but a larger proportion of residents living in poverty and a lower than average AMI. Additionally, while the number of individuals living in homelessness decreased significantly between 2016 and 2017, survey respondents noted that rising rental costs make it far more challenging for lower income residents, particularly families, to find and keep stable housing. Unaccompanied youth and young adults are over represented within the homelessness population and one of the most vulnerable subpopulations living in homelessness. As there are little to no services that target unaccompanied youth and young adults directly, funding such services is likely to make a larger impact. Medina can make a big impact in Mason County by funding low-cost

prevention programming. Although cost information is not available for permanent supportive housing, survey respondents feel strongly that these interventions are also high-impact options for Medina to fund.

4.10 Pacific County

Figure 21: A map highlighting Pacific County, Created using data from OpenStreetMap

Demographic Analysis

Pacific County is a smaller county located in Southwestern corner along the coastline of the Medina grantmaking region. Pacific County's population is only five percent (21,149 individuals) of the Medina grantmaking region average population (359,941 individuals). It is the second smallest county, by population, in the entire grantmaking region. Pacific County is also less wealthy and has a higher percentage of individuals living in poverty than other counties in the grantmaking region ("U.S. Census by County", 2017). The County's AMI is $52,700 (compared to $70,714 in the grantmaking region) (HUD, 2017), and 17 percent of its population are living in poverty (compared to the 12.2 percent average within the grantmaking region). In fact, Pacific County is host to the highest percentage of individuals living in poverty throughout the entire grantmaking region ("U.S. Census by County", 2017). Median rent for a 1-bedroom unit in Pacific County is the second most affordable, at $674 per month ("50th Percentile Rent Estimates", 2018). Approximately 4.3 percent of rental units are vacant; higher than the grantmaking region average (3.6 percent) but still lower than the 5 percent housing shortage benchmark (Washington State Homeless System Performance: Year to Year Comparison, 2017). Though more rental housing is available to new tenants, more Pacific County residents are evicted than in other counties. Approximately 0.73 percent of renters were evicted last year. While this rate is lower than the regional average of 0.88 percents, it is still higher than many other counties in the region (*Eviction Lab*, 2018).

Homelessness in Pacific County

Between 2012 and 2017, homelessness rates saw a sharp increase, followed by an even sharper decrease. Between 2014 and 2017, homelessness decreased by 94 percent. While homelessness has decreased dramatically in Pacific County, over the past five years, almost all individuals experiencing homelessness were experiencing unsheltered homelessness. In 2017, Pacific County counted only 12 individuals living in homelessness. This is the lowest homelessness rate (0.06 percent) of all counties within the grantmaking region. Unfortunately, all 12 of the individuals experiencing homelessness were unsheltered. *Figure 22* shows the changes in degree of homelessness in Pacific County between 2012 and 2017.

Figure 22: Total People Living in Homelessness in Pacific County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Survey respondents representing Pacific County noted that individuals with behavioral health disorders are likely to be highly represented within the homeless population due to barriers they face in accessing services. Not only do individuals face their own personal barriers, but there are also limited resources for them to access within Pacific County. Several other respondents noted that women and children are highly represented within the homeless population due to high rates of domestic violence, and that Alaskan Native and American Indian individuals, and families experience homelessness at high rates. Pacific County survey respondents also noted that the

county's particularly high poverty rate and lack of affordable housing are large barriers to addressing homelessness in their county.

Homelessness Programs in Pacific County

Pacific County is one of two counties in the Medina grantmaking region that did not receive funding from Medina (*Medina Foundation Grant Database*, 2018) or other funders reported through *Foundation Maps* (2018). Qualitative data showed that services in the county are scattered due to being made up of a mix of rural and suburban areas. This may explain the rate of unsheltered homelessness experienced by the county. However, individuals experiencing or at risk of experiencing homelessness in Pacific County may have received services from a neighboring county.

Unsurprising, there is limited information regarding cost of services in Pacific County. Data from the Washington State Department of Commerce indicated that the only services accessed in Pacific County were prevention programming (47.5 percent) and rapid rehousing (52.5 percent).. Prevention programming in Pacific County is estimated to cost $33 per day, whereas rapid rehousing is estimated to cost approximately $73 per day, on average. The cost per successful exit to permanent housing aligns with the regional average of $1,770. However, the cost per successful exit for rapid rehousing in Pacific County is much higher than the regional average ($17,384 in Pacific County versus $4,833 in the grant making region) ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018).

Survey respondents in the Pacific County area identified the following interventions as most impactful: prevention programming, transitional housing, and permanent supportive housing. It is important to note that we do not have evidence of transitional housing or permanent supportive housing programs within Pacific County. County respondents identified individuals living in chronic homelessness and individuals living with behavioral health disorders as the most at-risk populations needing support.

Pacific County in Conclusion

Pacific County does not appear to receive any direct funding from funders, including Medina, to programs working to prevent or directly address homelessness. However, data available through the Department of Commerce indicates that there are some programs available that provide prevention services and rapid rehousing, with rapid rehousing being accessed slightly more frequently than prevention services in 2017. Individuals with behavioral health disorders and individuals living in chronic homelessness are the most in-need of services. Survey data indicated that interventions such as prevention programming, transitional housing, and permanent supportive housing are most impactful when serving these subpopulations. Funding towards this type of programming, serving those subpopulations identified as most impactful in Pacific County has the potential to make a big impact, even if that funding is directed towards organizations that serve Pacific County from a neighboring county.

4.11 Pierce County

Figure 23: A map highlighting Pierce County, Created using data from OpenStreetMap

Demographic Analysis

Pierce County is located in the southeast corner of the Medina grantmaking region. It is the second largest county by population in the grantmaking region with a total population of 861,312 individuals ("U.S. Census by County", 2017). More than two thirds (67.6 percent) of Pierce County's population identify as white, non-Hispanic. The largest populations of other races are Hispanic/Latino and Black/African American at 7.5 percent and 10.6 percent, respectively. Those who identify as two or more races make up another 7 percent of the population, and individuals who identify as Asian 6.6 percent. Foreign-born individuals make up 9.50 percent of the county population, and 10.0 percent of individuals in the county hold Veteran status. Pierce County has a younger population than other nearby counties, with almost a quarter of the population (23.7 percent) under the age of 18 and just 13.4 percent at 65 years or older ("U.S. Census by County", 2017).

The AMI in Pierce County is $74,500 (approximately $3,000 higher than the grantmaking region average) (HUD, 2017). The poverty rate in Pierce County (12.1 percent) is also slightly higher than the state average of 11.3 percent but 0.1 percent lower than the grantmaking region average ("U.S. Census by County", 2017). The median rental value of a one-bedroom rental unit in Pierce County is $936, slightly higher than the grantmaking region average ("50th Percentile Rent Estimates", 2018). There is a rental housing shortage in Pierce County, with only 2.9 percent of rental units vacant (Washington State Homeless Performance: Year to Year Comparison, 2017).

Homelessness in Pierce County

Homelessness in Pierce County decreased between 2016 and 2017. In 2017, there were an estimated 1,321 individuals (0.15 percent of the county population) living in homelessness in Pierce County. Of these individuals, 71 percent are unsheltered (PIT Count 2017). *Figure 24* shows how the number of individuals living in homelessness in Pierce County changed between 2012 and 2017.
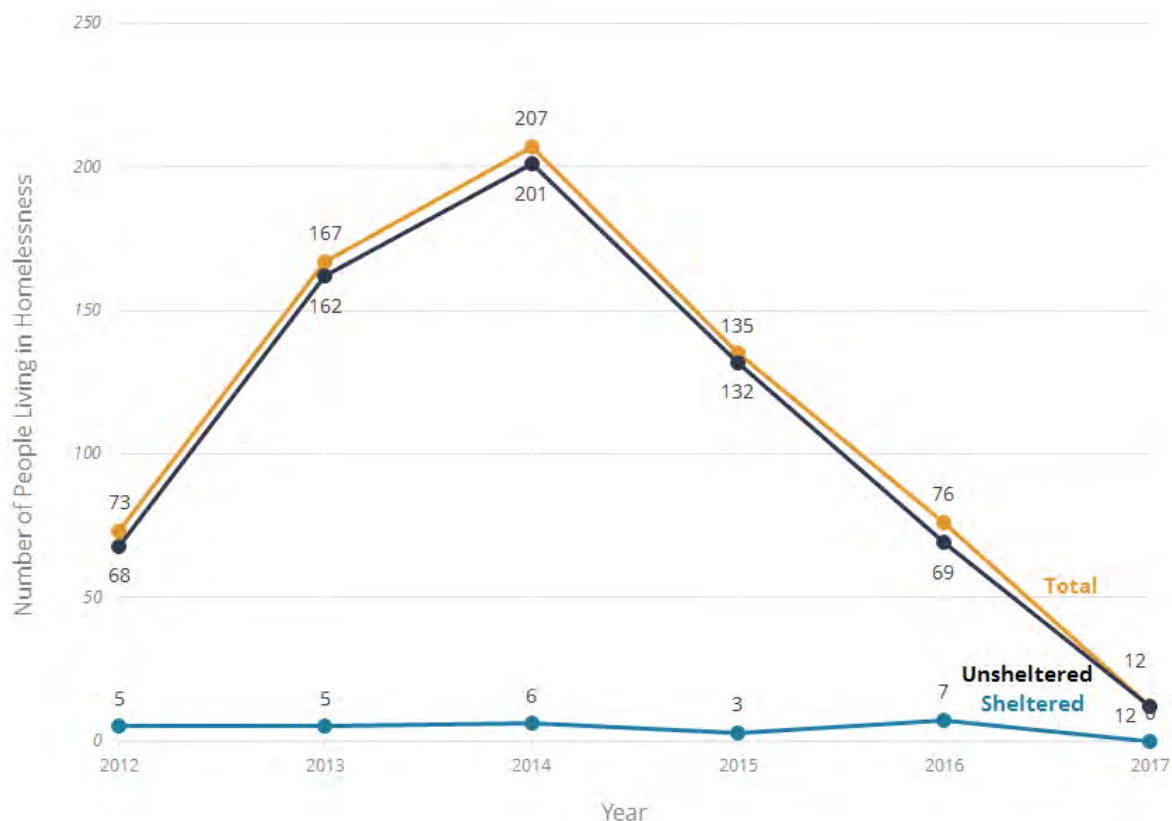
Figure 24: Total People Living in Homelessness in Washington State, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Survey respondents highlighted the following subpopulations as those most represented among the county's homeless population: families, individuals living in chronic homelessness, survivors of domestic violence or sexual abuse, and individuals with mental illness. Respondents recognized the following subpopulations as most in need of services in Pierce County: unaccompanied youth and young adults, survivors of domestic violence or sexual abuse, and families with children under 18 years old. Survey respondents representing Pierce County specifically pointed to the high rates of domestic violence as a factor contributing to homelessness among women, families, and youth. They also noted that those with mental illness and substance use disorders are highly represented within the county's homeless population due to the lack of services available to support them and the unique barriers to accessing services that exist for these individuals. Respondents also named unaccompanied youth & young adults, individuals exiting institutions, survivors of domestic violence or sexual abuse, and individuals with mental illness as those most at-risk of becoming homeless.

Homelessness Programs in Pierce County

Between 2012 and 2017, funders granted an estimated $10.2 million to 92 service providers in Pierce County (eight of which Medina also funded). These dollars supported a variety of program types including, but not limited to, emergency shelters, permanent supportive housing, and basic aid. These dollars supported families with children, unaccompanied youth and young adults, and survivors of domestic violence or sexual abuse (*Foundation Maps*, 2018). Within the same time period, Medina granted $460,000 to organizations in Pierce County, making it one of Medina's most funded counties. This funding supported eight organizations and impacted 10,000 instances of aid. Families, single adults, Veterans, and individuals with mental illness make up the majority of clients served by these organization, which provide prevention programming, emergency housing, transitional housing, and permanent supportive housing programs (*Medina Foundation Grant Database*, 2018).

The per-household per-day cost to address homelessness in Pierce County varies by intervention type. The estimated per-household per-day cost for transitional housing is the lowest ($11), followed by emergency shelters ($47), and rapid rehousing ($51). Cost disparities increase, however, when considering costs per-successful exit. These costs range from $927 for prevention programming and $2,157 for emergency shelter to $4,470 for transitional housing and $14,466 for rapid rehousing. The most utilized service in Pierce county, in 2017, was emergency shelters (66.6 percent), followed by rapid rehousing (31.0 percent) and transitional housing (3.1 percent). Information regarding the cost and utilization rate of prevention programming was not available ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018).

When asked which programs types were most impactful in addressing homelessness in Pierce County, survey respondents highlighted permanent supportive housing, prevention programming, and rapid rehousing. Pierce County survey respondents noted several themes that make their county unique as they address homelessness. The most significant response was that Pierce County is experiencing rapidly increasing rental costs. Additionally, the mix of rural and urban spaces makes targeting place-based response more challenging. However, survey responded indicated that the City of Tacoma is working on providing unique and innovative resources to address homelessness in their county.

Pierce County in Conclusion

Pierce County has a large number of individuals experiencing homelessness (1,321), and a high proportion of these individuals (71%) are unsheltered. Survey data showed that high rates of domestic violence increases the prevalence of homelessness among women, family, and youth. Respondents highlighted permanent supportive housing as a high impact intervention type for their county. Transitional housing may also be an effective and cost effective ($11 per household per day) intervention, especially for families escaping domestic violence. While the City of Tacoma is reportedly working on some innovative programs to address homelessness, they may be a higher need for funding for place-based services targeting more rural areas of the county.

4.12 San Juan County
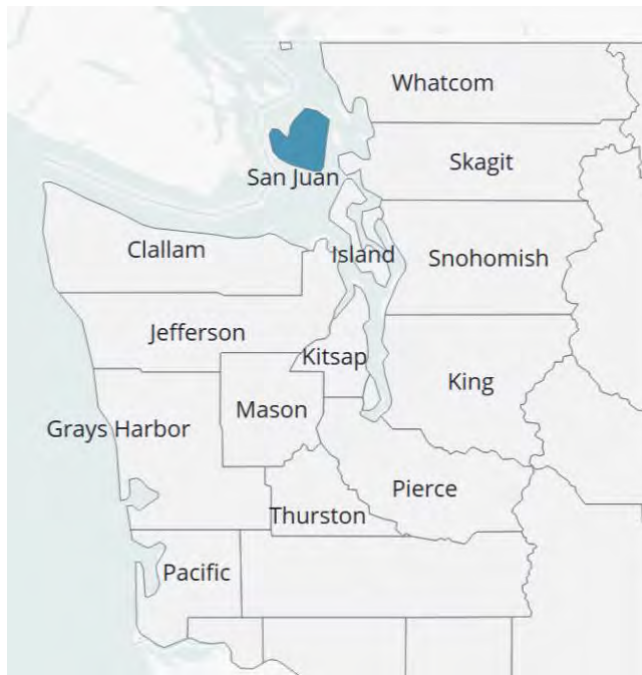
Figure 25: A map highlighting San Juan County, Created using data from OpenStreetMap

Demographic Information

Located in northwestern Washington, San Juan County has a population of 16,339, making it Western Washington's least populated county. Of these residents, almost 90 percent identify as white. The largest minority populations in San Juan County are Hispanic/Latino (6.1 percent) and two or more races (2.5 percent). Foreign-born residents make up almost 7 percent (6.8 percent) of the total population, and 9.5 percent of residents hold Veteran status. The age distribution in San Juan County skews older, with only 13.5 percent of the population under 18 years old, while almost a third of the population (31.8 percent) are over the age of 65 ("U.S. Census by County", 2017).

At $67,600, San Juan County's AMI is just below the regional average ($70,714) (HUD, 2017). San Juan County also has a below average poverty rate of 9.9 percent ("U.S. Census by County", 2017). San Juan County's high vacancy rate (8.7 percent) (Washington State Homeless System Performance Report) likely contributes to a median rent ($908 per month) that is below the regional average ($925 per month) (HUD 2018).

Homelessness in San Juan County

San Juan County has the region's second smallest homeless population with an estimated 36 individuals, 42 percent of whom are unsheltered (PIT Count, 2017). Between 2012 and 2015, most of San Juan County's population of individuals living in homelessness were unsheltered. After 2015, the total population of individuals living in homelessness started to decrease, as did the number of individuals experiencing unsheltered homelessness. *Figure 26* shows changes in the county's population of individuals living in homelessness between 2012 and 2017.

Figure 26: Total People Living in Homelessness in San Juan County, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

According to survey data, the most highly represented subpopulations living in homelessness in the county are individuals with mental illness and those living in rural communities. Respondents also recognize individuals with mental illness as most in need of services. County survey respondents pointed to the lack of adequate mental health services as a contributing factor. Survivors of domestic violence or sexual abuse and individuals with chronic health issues are reportedly most at-risk of becoming homeless in San Juan County. Survey respondents representing San Juan County noted that a declining number of affordable rental units, high costs for construction, and the assumption that Island residents are wealthy makes it difficult to address homelessness in the county. Despite the perception of wealth, approximately one-third of San Juan County residents do not have sufficient income to meet their basic needs ("Alice in PNW", 2018).

Homelessness Programs in San Juan County

San Juan County currently has no service providers located within the county. Therefore, the county receives no direct Medina Foundation or other funding dollars for in-county programs (*Medina Foundation Grant Database*, 2018; *Foundation Maps*, 2018). The county's homeless population likely receives some services from neighboring counties. County survey respondents named permanent

supportive housing, rapid rehousing, and prevention programming as the most impactful intervention types for county residents.

Services utilized in San Juan County were limited to prevention programming (34.5 percent) and rapid rehousing (65.6 percent). At $97, San Juan County has the second highest per-household per-day cost of prevention programming in the Medina grantmaking region. At $88 per household per day, the cost of rapid rehousing is also above the regional average of $69. When considering cost per successful exit, prevention programming is still higher than neighboring counties at $4,120 per successful exit. Rapid rehousing, at $9,791 per successful exit, is also much more expensive than the regional average of $4,833 per successful exit ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018).

San Juan County in Conclusion

San Juan County is generally more financially sound than neighboring counties, but this general wealth is not distributed evenly. About one-third of residents lack the income to meet basic needs, and rising rental and construction costs in the county make addressing homelessness challenging. The lack of in-county services also makes addressing homelessness more difficult. Prevention services could be impactful in prevent the one-third of the population on the brink of experiencing episodes of homelessness. With only 36 individuals experiencing homelessness in San Juan County, rapid rehousing also has the potential to help end homelessness in the county. However, high costs of services could be a barrier in making impact in San Juan County.

4.13 Skagit County

Figure 27: A map highlighting Skagit County, Created using data from OpenStreetMap

Demographic Analysis

Skagit County is located in the North Cascades area of the Medina grantmaking region. It is a small county, with the third smallest county population (123,681 individuals) in the Medina grantmaking region. Although, seventy-five percent of the population is white, non-Hispanic, Skagit County has the largest Hispanic population within the state at eighteen percent ("U.S. Census by County", 2017).

The AMI in Skagit County is $63,300, lower than the grantmaking region average (HUD, 2017). However, their poverty rate of 11.3 percent is also lower than the grantmaking region average (12.2 percent) ("U.S. Census by County", 2017).

The median rent estimate for a one-bedroom unit in Skagit County is $794, approximately $200 more affordable than the grantmaking region average ("50th Percentile Rent Estimates", 2018). Despite more affordable housing, Skagit County also yields an incredibly low vacancy rates for rental units at 0.3 percent, which is the lowest vacancy rate within the region (Washington State Homeless System Performance: Year to Year Comparison, 2017). Skagit County's eviction rate is 0.81 percent (*Eviction Lab*, 2017).

Homelessness in Skagit County

In 2017, there were 321 individuals (0.26 percent of the total population) living in homelessness within Skagit County. Approximately 63 percent of these individuals were sheltered. Skagit County's homeless population represents 1.87 percent of the individuals served within the Medina grantmaking region. Homelessness rates within Skagit County have vacillated a great deal between 2012 and 2017. However, between 2016 and 2017 there was a slight decrease in homelessness. Additionally, for the second time in this five-year period, more of the individuals living in homelessness in Skagit County were sheltered rather than unsheltered. *Figure 28* notes the changes in homelessness in Skagit County between 2012 and 2017.
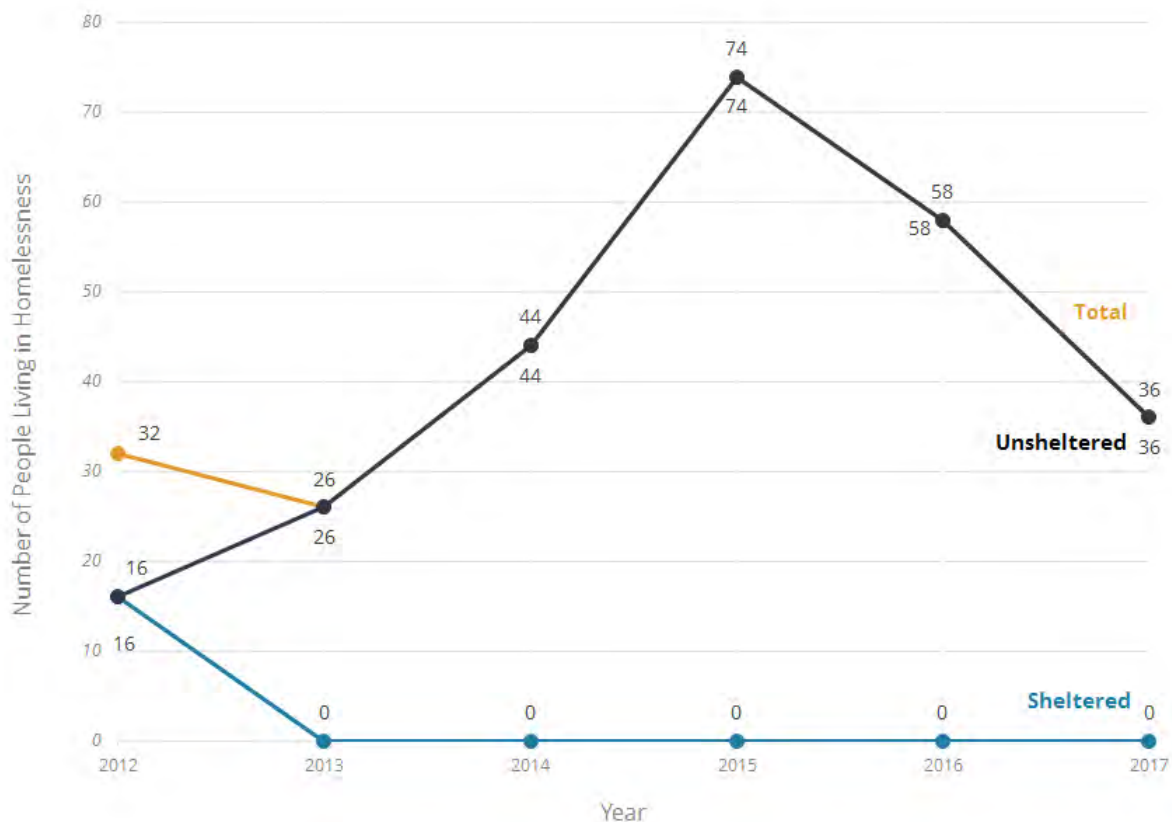
Figure 28: Total People Living in Homelessness in Washington State, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Homelessness Programs in Skagit County

Between 2012 and 2017, Skagit County received a total of $925,955 in funding from 29 funders supporting homelessness interventions. These dollars supported nine different grant recipients (*Foundation Maps*, 2018). In this same time period, Medina granted $162,000 in funding towards four grantees in Skagit County (*Medina Foundation Grant Database*, 2018).

Survey respondents in the Skagit County area identified the following interventions as most impactful: permanent supportive housing and rapid rehousing. They also identified individuals living in chronic homelessness and unaccompanied youth and young adults as highly vulnerable populations local to their region. Survey respondents also noted that the lack of services and affordable housing make addressing homelessness in Skagit County particularly challenging.

Skagit County in Conclusion

Qualitative data analysis drew out two clear conclusions about Skagit County. First, there are not enough services to help those with behavioral health disorders or chronic health issues. In fact, there are not enough resources to properly diagnose individuals so they may qualify for services. And

second, survivors of domestic violence or sexual abuse and youth, including foster youth, often do not have a safe place to go and end up living in homelessness. Medina can make a more significant impact in the Skagit County region by funding types of interventions that support these subpopulations vulnerable and at-risk subpopulations.

4.14 Snohomish County

Figure 29: A map highlighting Snohomish County, Created using data from OpenStreetMap

Demographic Analysis

Snohomish County is the third largest county in the Medina grant making region, with a population of 787,620 (compared to the 359,941-average population). Approximately 70.9 percent of the county is white and 50.2 percent are male. More than one fifth of the population is under 18 years old. In terms of race and ethnicity, approximately 10.7 percent of the county is Asian, 9.9 percent is Hispanic/Latino, 3.3 percent is African American, and 1.6 percent is Native American/Alaska Native ("U.S. Census by County", 2017).

Snohomish County's $96,000 AMI is tied with King County for the highest in the grant making region (HUD, 2017). Despite this high AMI, Snohomish County also has one of the region's highest poverty rates. Eight percent of residents in Snohomish County live at or below the poverty line ("U.S. Census by County", 2017).

Although Snohomish County has a high AMI, its housing is less affordable than other counties in the region. In fact, Snohomish County is tied with King County for the highest median cost for a 1-bedroom rental unit ($1,633 compared to the $925 average) ("50th Percentile Rent Estimates", 2018). Additionally, the county's 3.7-percent vacancy rate for rental housing is the third smallest in the grant making region (Washington State Homeless System Performance: Year to Year Comparison, 2017). Survey respondents representing Snohomish County noted the very low vacancy rate is complicated by the fact that the housing that is available is neither affordable nor is it connected to services. High rental costs and low housing availability means that those who are in need of housing or struggling to keep their housing face particularly difficult circumstances.

Snohomish County survey respondents further noted that their large county expands over urban, rural, suburban, and preserved land. This variation in landscapes makes it particularly challenging to implement quality tailored services to those at risk of becoming homeless and those currently experiencing homelessness. One respondent noted that Snohomish County residents are living with costs (i.e. rent, mortgage, utilities, taxes, etc) comparable to King County and without King County wages. Respondents noted that the opioid crisis is particularly high in Snohomish County, putting an additional strain on implementing tailored services.

Homelessness in Snohomish County

In 2017, there were 1,066 individuals living in homelessness in Snohomish County. This accounts for 0.1 percent of the county's total population. Fifty-nine percent of individuals living in homelessness in Snohomish County were unsheltered. Between 2012 and 2015, the number of individuals living in homelessness in Snohomish County decreased from 2,047 to 829. Unfortunately, after 2015, the number of individuals living in homelessness began to increase. *Figure 30* shows the number of individuals living in homelessness in Snohomish County between 2012 and 2017.
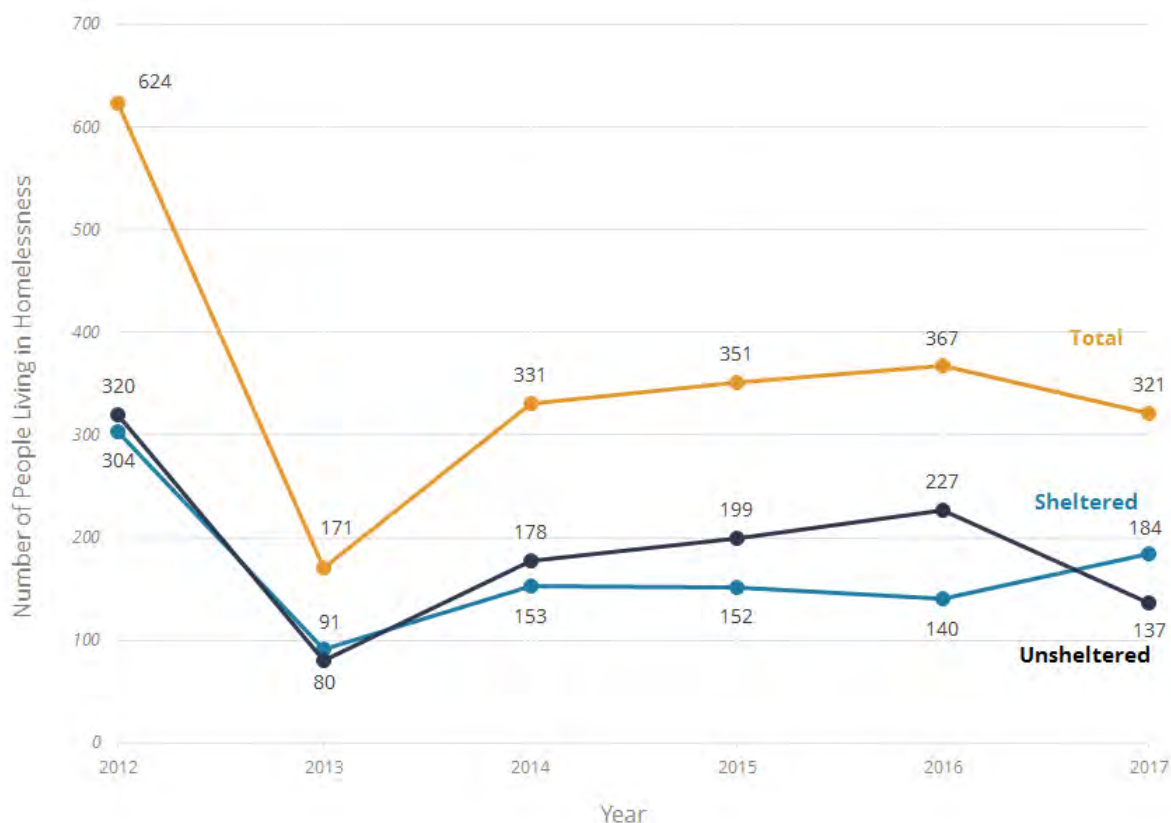

Figure 30: Total People Living in Homelessness in Washington State, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

According to the Snohomish County 2017 PIT Count Report, approximately one-third of the homeless population are under the age of 18 and 363 of the 1,410 households living in homelessness had experienced some form of domestic violence. Survey respondents from Snohomish County shared that, while individuals living in homelessness is the most visible, families in Snohomish County make up the majority of the homeless community. According to these respondents, many school-aged children and their families are unstably housed or living in chronic homelessness due to a lack of services and affordable family-sized units to lift them out of homelessness.

According to survey respondents, individuals living in chronic homelessness, survivors of domestic violence or sexual abuse, and unaccompanied youth and young adults are the most represented subpopulations living in homelessness in Snohomish County. Similarly, the subpopulations considered to be most vulnerable and most in need of services are individuals living in chronic homelessness, survivors of domestic violence or sexual abuse, and unaccompanied youth and young adults. However, respondents believe that the subpopulations most at-risk of experiencing homelessness in Snohomish County are individuals exiting institutions, survivors of domestic violence or sexual abuse, and unaccompanied youth and young adults.

Homelessness Programs in Snohomish County

Between 2012 and 2017, foundations granted $12.5 million to 61 organizations (three of which Medina also funded) preventing or directly addressing homelessness in Snohomish County. These organizations implemented emergency shelter programming, transitional housing programming, and permanent supportive housing. These programs served single mothers, unaccompanied youth and young adults, and families (*Foundation Maps*, 2018). During this same time period, Medina granted $413,000 to three organizations, impacting 9,070 instances of aid. These organizations supported youth and families. Per reports from Snohomish County Grantees, the $413,000 supported prevention programming, emergency shelter programming, transitional housing, and permanent supportive housing efforts (*Medina Foundation Database*, 2018).

Services that prevent or directly address homelessness in Snohomish County are among the costliest in the Medina grantmaking region. The total estimated costs for services per successful exit in Snohomish County is $52,499 compared to the $20,352 grantmaking region average. When considering costs, prevention programming is the costliest program type in Snohomish County, at $482 per day. Emergency shelters are the most cost effective at $74 per day, followed by rapid rehousing at $78 per day. Prevention programming is the most cost-effective service type per successful exit at $4,774. Rapid rehousing costs $14,351 per successful exit and emergency shelters cost $6,282. Again, transitional housing is the costliest program type. Per successful exit, transitional housing costs $89,330. Emergency shelters are the most utilized service at 61.5 percent and transitional housing is the least utilized intervention at 1.6 percent. When accounting for service utilization, Snohomish County's services are the most expensive in the region, averaging at $15,017 per-household per successful exit ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018). Survey respondents representing

Snohomish County highlighted transitional housing, permanent supportive housing, and prevention programming as the three intervention types that are likely to make the biggest impact in their county.

Snohomish County in Conclusion

Snohomish County, like many other counties in Medina's grantmaking region, faces high costs for building housing, high costs for rental units, and a low availability of affordable housing. Snohomish County PIT Count reports and survey respondents note that unaccompanied youth and young adults are, not only highly represented within the county's homeless population, but also particularly vulnerable. Medina has supported organizations that provide services to youth and young adults, but more support is needed. Individuals living in chronic homelessness and survivors of domestic violence or sexual abuse are also highly represented subpopulations living in homelessness. Permanent supportive housing interventions are likely to provide a larger impact for individuals living in chronic homelessness and survivors of domestic violence or sexual abuse, whereas unaccompanied youth and young adults are likely to benefit most from transitional housing. Similarly, while Medina funded three emergency shelter programs in the county between 2012 and 2017, survey respondents note that need for emergency shelter services, particularly for women and children, greatly exceeds supply.

4.16 Thurston County

Figure 31: A map highlighting Thurston County, Created using data from OpenStreetMap

Demographic Analysis

Thurston County is the fourth largest county in the Medina grant making region with a population of 275,222 individuals. Most of the county (75.6 percent) is white and female (51.1 percent). Approximately 8.6 percent of the population identifies as Hispanic/Latino, 6 percent identify as Asian, 3.5 percent as Black/African American, and 1.7 percent as Native American/Alaska Native ("U.S. Census by County", 2017).

Thurston County's AMI is higher than the average county in the Medina grant making region ($76,300 compared to $70,714) (HUD, 2017). Despite higher than average AMIs, approximately 10 percent of Thurston County

residents are living at or below the poverty line ("U.S. Census by County", 2017). Similarly, only 2.7 percent of the county's rental housing is vacant and open to new renters. The average vacancy rate in the Medina grant making region is 3.6 percent (Washington State Homeless System Performance: Year to Year Comparison, 2017). Paired with lower than average vacancy rates, Thurston County also boasts one of the highest median rent prices for 1-bedroom apartments in the grant making region at $972 per month ("50th Percentile Rent Estimates", 2018).

While wealth is higher than average and poverty rates are lower than average, high rent prices and low vacancy rates prove that maintaining and finding affordable housing in Thurston County can be challenging for low-income residents and individuals living in homelessness. According to the 2017 Thurston County PIT Count, 26.9 percent of survey respondents cited eviction as the top reason they became homeless. This was also the most frequently cited reason for the cause of an individual's homelessness (Thurston County PIT Count, 2017).

Homelessness in Thurston County

In 2017, the Thurston County PIT Count reported 534 individuals living in homelessness (0.2 percent of the County's total population). This is higher than the average number of people living in homelessness between 2012 and 2017. However, this is also lower than the average in the Medina grantmaking region (0.27 percent). Additionally, most of the individuals (60 percent) living in homelessness in Thurston County are sheltered, compared to the 40 percent who are unsheltered. Homelessness in Thurston County vacillated between 2012 and 2017. However, from 2016 to 2017, the number of individuals living in homelessness decreased from 586 individuals to 534 individuals. *Figure 32* shows the number of individuals living in homelessness in Thurston County between 2012 and 2017.
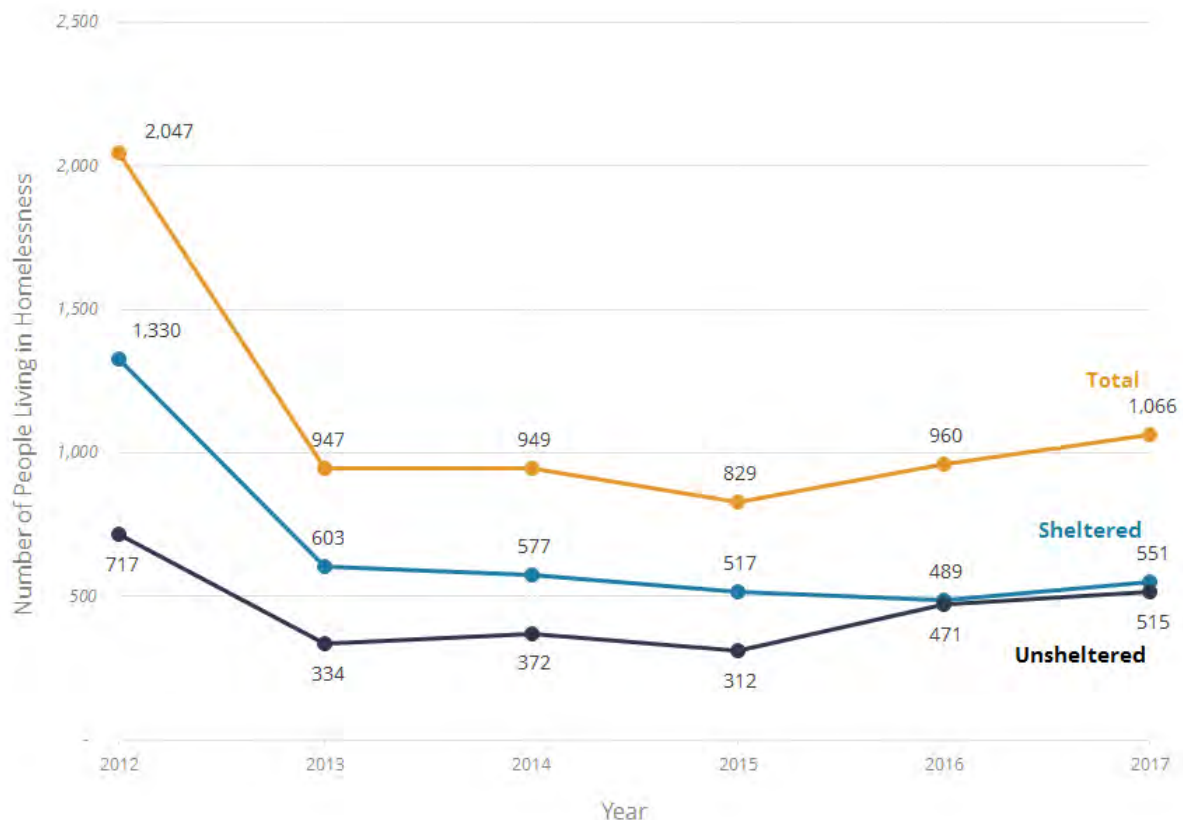
Figure 32: Total People Living in Homelessness in Washington State, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

The 2017 Thurston County PIT count survey also found that rural communities lacked service agencies with which to partner. Our survey results show similar themes. Survey respondents representing Thurston County noted that in addition to challenges accessing services from rural parts of the county, low vacancy rates make addressing homelessness in their county particularly challenging. Respondents also noted that rent costs are increasing rapidly as individuals and families from King and Pierce Counties move to Thurston County in search of more affordable housing.

According to survey respondents, most of these individuals living in homelessness are individuals living in chronic homelessness, unaccompanied youth and young adults, and individuals with mental illness. Survey respondents also noted these three subpopulations as ones that are most vulnerable and in need of services. Qualitative data showed us that unaccompanied youth and young adults are a particularly vulnerable subpopulation because there is no teen shelter within the county. Without a shelter geared specifically towards unaccompanied youth and young adults, this subpopulation is most likely to remain unsheltered and detached from relevant programming that might connect them to services and housing. Similarly, survey respondents noted that individuals with behavioral health disorders issues also face a lack of services which, indirectly, puts up barriers to housing that require they be connected to services. When asked which subpopulations are most at-risk of

experiencing homelessness, respondents from Thurston County highlighted unaccompanied youth and young adults, Veterans, and older adults.

Homelessness Programs in Thurston County

Thurston County received a total of $1.7 million from foundations supporting housing and homelessness work. This money supported 40 organizations (four which Medina also funded). These other foundations funded permanent supportive housing interventions, day centers, and emergency shelters. These interventions served unaccompanied youth and young adults, survivors of domestic violence or sexual assault, and single adults (*Foundation Maps*, 2018). Between 2012 and 2017, Medina granted Thurston County $230,000 to four organizations, supporting 8,144 instances of aid. Per reports from Thurston County grantees, this funding supported individuals who are living in chronic homelessness, Veterans, men, youth, and families who accessed prevention programming (1), emergency shelters (2), and permanent supportive housing interventions (2) (*Medina Foundation Grant Database*, 2018).

Services that prevent or directly address homelessness in Thurston County, cost on average, about the same as the regional average ($8,933 per successful exit for Thurston County, $8,760 for the region). Per day, rapid rehousing interventions are the costliest ($783), followed by emergency shelters ($380), prevention programming ($35), and transitional housing ($26). Transitional housing programs are also the costliest per successful exit, costing an average of $13,177. Per successful exit, transitional housing is followed by prevention programming ($9,599), emergency shelters ($9,926), and rapid rehousing ($6,015) ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018). When it comes to services that make an impact, Thurston County survey respondents highlighted permanent supportive housing and prevention programming. While we do not have county level cost information for permanent supportive housing interventions, we do know that prevention programs are the most affordable intervention per successful exit into permanent housing.

Thurston County in Conclusion

While the number of individuals living in homelessness in Thurston County decreased between 2016 and 2017, increasing rental costs and lowering vacancy rates make homelessness and housing instability more of a reality for Thurston County residents. As such, preventative programming has the potential to make a bigger impact than other types of services. Prevention programming is also the second most favored program type among Thurston County survey respondents and one of the more cost effective intervention types in the county. The subpopulations highly represented in Thurston County include individuals living in chronic homelessness, unaccompanied youth and young adults, and individuals with mental illness. These subpopulations benefit from housing stability and services tailored to their needs. As such, permanent supportive housing is likely to make a larger impact than programs that offer transitional housing and emergency shelter services. This analysis pairs well with survey results as respondents from Thurston County favor permanent supportive housing interventions the most.

4.17 Whatcom County

Figure 33: A map highlighting Whatcom County, Created using data from OpenStreetMap

Demographic Analysis

Whatcom County has a population of 74,570. Most of the population (83.2 percent) identifies as white (not Hispanic/Latino). The county's largest minority populations are Hispanic/Latino (6.1 percent) and two or more races (3.9 percent). About 5 percent of the population is foreign born, and 12.57 percent hold Veteran status. The county has a relatively even age distribution, with 17.4 percent under the age of 18 and 28.30 percent at 65 years old or older ("U.S. Census by County", 2017).

AMI in Whatcom County is $68,300, which is slightly below the regional average (HUD, 2017). Though AMI is only slightly below the grantmaking region average, Whatcom County has one of the highest poverty rates at 15.2 percent ("U.S. Census by County", 2017). Therefore, although median rent is below average for the region at $832 for a 1-bedroom unit ("50th Percentile Rent Estimates", 2018), this is likely to be out of reach for a large portion of the population. The vacancy rate is also less than 1 percent (0.5 percent), which is one of the lowest in the region and likely to lead to increasing rental costs, further burdening individuals living at or below the poverty line (Washington State Homeless System Performance: Year to Year Comparison, 2017).

Homelessness in Whatcom County

Whatcom County has an above-average proportion of individuals living in homelessness with 713 individuals (or 0.33 percent of the population) experiencing homelessness counted in the 2017 PIT Count. According to the report, 55 percent of these individuals are unsheltered. Between 2012 and 2017, homelessness in Whatcom County has been slowly increasing. In fact, between 2012 and 2017 the number of individuals living in homelessness in Whatcom County increased by 44.6 percent. *Figure 34*, below, shows the number of individuals living in homelessness in Whatcom County between 2012 and 2017.
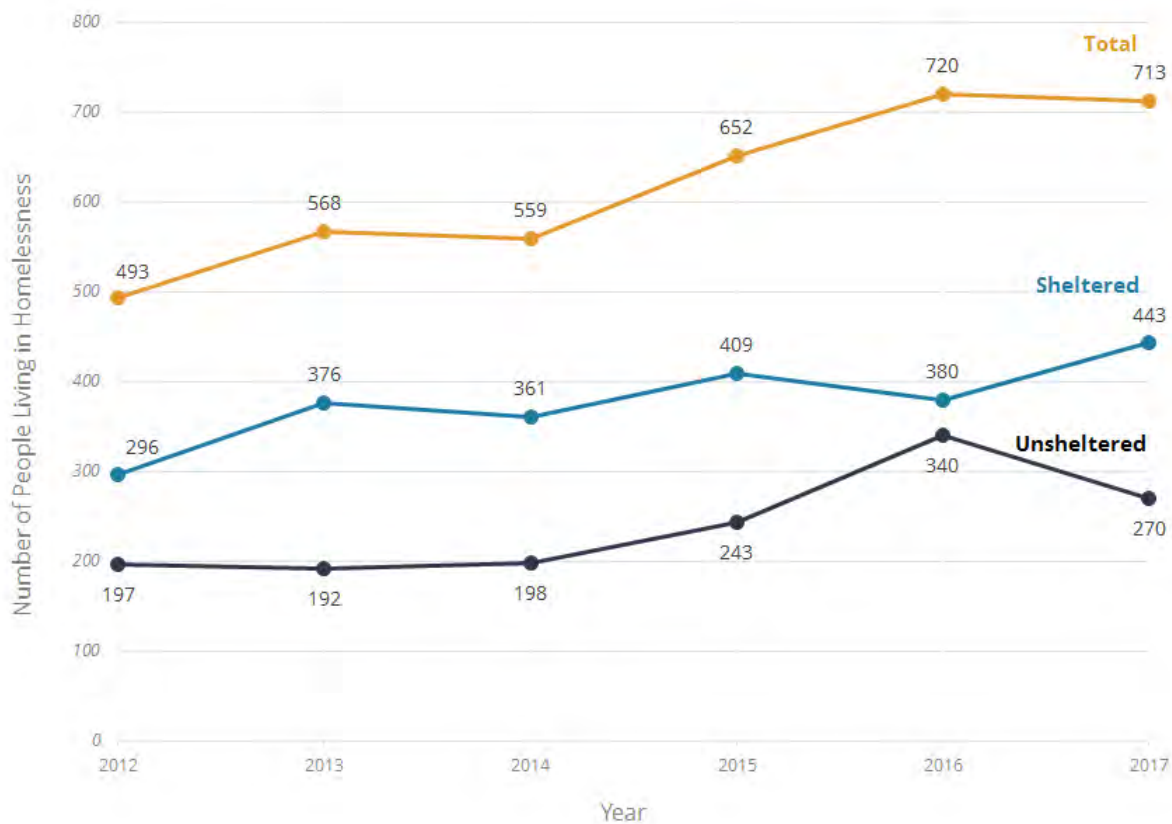
Figure 34: Total People Living in Homelessness in Whatcom, Created with data from Washington State Point in Time Count of Homeless Person Summary (2012-2017).

Survey respondents highlighted individuals experiencing chronic homelessness, survivors of domestic violence or sexual abuse and their families, unaccompanied youth and young adults, and individuals with mental illness as the subpopulations most highly represented among the county's homeless population. Respondents also chose those experiencing chronic homelessness and unaccompanied youth and young adults as those most in need of services. When asked to report on the subpopulations most at-risk of becoming homeless in their county, Whatcom County respondents highlighted individuals exiting institutions, foster youth, unaccompanied youth and young adults, and survivors of domestic violence or sexual abuse. Survey respondents further indicated that individuals with behavioral health disorders face high barriers to access services, and that there is a lack of services directed towards youth in the county.

Homelessness Programs in Whatcom County

From 2012 to 2017, Whatcom County programs received $305,000 in Medina Foundation funding to five different organizations. These organizations predominantly serve single parents and families with a mix of prevention programming, transitional housing, drop-In day services, permanent

supportive housing, emergency housing, outreach, and advocacy (*Medina Foundation Grant Database*, 2018)..

The cost of addressing homelessness in Whatcom County varies greatly by intervention type. Per-household per-day costs range from $37 for transitional housing and rapid rehousing to $135 for emergency shelters. Relative cost shift drastically when considering cost per successful exit, ranging from $1,710 for prevention programming to $26,209 for transitional housing. Emergency shelter ($18,365) and rapid rehousing ($9,981) fall in between ("Washington State Homeless System Performance", 2017; "Washington State Homeless System Performance", 2018). Survey respondents indicated emergency shelters, prevention programming, and permanent supportive housing as the most impactful intervention types for Whatcom County.

Whatcom County in Conclusion

Whatcom County has a high proportion of individuals experiencing homelessness, likely due in part to low wages, high poverty rates, and low vacancy rates. Individuals with behavioral health disorders, especially individuals living in chronic homelessness, and unaccompanied youth and young adults seem to experience the largest service gaps, due to fewer available services and high barriers to accessing services. Survey results indicate that emergency shelters and prevention programming have high impact potential, and these interventions have lower costs compared to other intervention types in the county. Programs providing these types of interventions, tailored to individuals experiencing chronic homeless and unaccompanied youth and young adults, may have a high impact potential in Whatcom County.

Chapter Five: Recommendations

5.1 Recommendations Overview

After completing a rigorous analysis of demographic data, past and current funding trends, and surveys of Medina staff, trustees, grantees, and community partners, we developed four key recommendations. These four recommendations, when implemented simultaneously, will help Medina make a larger impact with their homelessness funding.

So that Medina can make a more significant impact on homelessness within their grantmaking region, we recommend they prioritize funding:

1. Counties that display *higher need*
2. Counties that have been *historically underfunded*
3. Program types that will make a larger impact: *permanent supportive housing, prevention programming, and transitional housing*
4. Programs that support the most vulnerable populations: *individuals living in chronic homelessness, individuals with chemical dependency, individuals with mental illness, unaccompanied youth and young adults, survivors of domestic abuse or sexual assault, people of color, immigrants, refugees, and Native populations.*

In order to facilitate Medina's funding decisions, we created the Homelessness Impact Assessment Scorecard (HIAS). The tool takes the form of a flexible Excel workbook. The scorecard assesses grant applications or letters of inquiry using metrics based on our four key recommendations. The scorecard incorporates a flexible weighting system that allows Medina staff to manually adjust how they prioritize recommendations. Once Medina staff input all necessary information. the scorecard will rate the grant request as high impact, medium impact, or low impact. This can help Medina strategically target grant requests that fulfill prioritized programming.

It is important to note that the scorecard will not dictate whether Medina should allocate funding to an organization or not. The scorecard simply shows whether funding allocated to a grant recipient will likely be high impact, medium impact, or low impact. The ultimate funding decision is left to Medina staff and trustees. The scorecard is also designed to use information already included in grant applications and letters of inquiry, so grant applicants will not be required to submit any additional information. (See *Appendix C* for HIAS)

Sections 5.2-5. further expands on each of our four final recommendations. These sections include information about how we define or frame our recommendation, its positive contributions to

making a larger impact, its tradeoffs, and how we address those tradeoffs. The final section of this chapter presents the Medina Foundation Homelessness Impact Assessment Scorecard and further explains its use.

5.2 Recommendation One

Prioritize funding counties that display a higher level of need.

Our analysis of demographic data revealed varying levels of need among the counties in the Medina grantmaking region. County demographics tell us economic and social factors that might indicate the depth of homelessness and the county's ability to prevent or directly address homelessness. **As such, we recommend Medina prioritize funding grantees in counties that display higher need.** We recommend using the following six metrics to define and assess county level of need:

1. *County poverty rate:* the percent of individuals living at or below the poverty line
2. *County rental vacancy rate:* the percent of rental units available for habitation
3. *County eviction rate:* the percent of renters evicted from their homes
4. *Percent of individuals living in homelessness:* the percent of individuals living in homelessness (sheltered and unsheltered)
5. *Proportion of homeless population residing in the county:* the proportion of the total Medina grantmaking region population living in homelessness residing in a specific county
6. *Percent of renters in the county who are severely rent-burdened:* the percent of renters in the county who are spending 50 percent or more of their income on housing costs (rent and utilities).

These metrics come from the U. S. Census Bureau (2016), Eviction Lab (2017), state and county PIT Counts (2017), and HUD (2013) . These six metrics are the most robust indicators of county level of need for two reasons: 1) they combine both economic and social indicators of homelessness and 2) the sources of these data are reputable and complete for each of the 14 counties in the grantmaking region. However, there are two tradeoffs to using only these metrics to assess county level of need. First, these metrics are centered around level of need among adult residents in a county, therefore painting an incomplete picture of need among youth and young adults in a county. And second, these metrics do not take into consideration a county's racial/ethnic composition. This lens is critical as people of color, Native populations, immigrants, and refugees have higher instances of homelessness. We do address vulnerable subpopulations in our fourth recommendation.

Prioritizing funding counties that display a higher level of need means that Medina would allocate more of their homelessness funding to counties with higher poverty rates, lower vacancy rates, higher eviction rates, higher percentages of individuals living in homelessness, higher proportions of the regions individuals living in homelessness, residing in the county, and higher percentages of renters in the county who are severely rent-burdened. Section 5.6, "The Homelessness Impact

Assessment Scorecard" describes how to use our scorecard tool to determine level of need in a county, and how we weight county level of need in assessing a grantee's potential impact.

5.3 Recommendation Two

Prioritize funding counties that have been historically underfunded

Our analysis of Medina and non-Medina funding showed clear trends in how grantmakers have invested and continue to invest in the Medina grantmaking region. This is critical, as funding is required to support programs, initiatives, and organizations preventing or directly addressing homelessness. **As such, we recommend Medina prioritize funding grantees in counties that have been historically underfunded.** We recommend using the following two metrics to define and assess whether a county has been historically underfunded:

1. *Known number of additional funders:* The number of funders, excluding Medina, who made grants in the county between 2012 and 2017
2. *Estimated cost per successful exit for interventions that prevent or directly address homelessness:* Estimated cost of services that prevent or directly address homelessness by successful exit in the county

These metrics come from "Washington State Homeless System Performance" Reports (2017-2018), the *Medina Foundation Grant Database* (2018), and the website, *Foundation Maps* (2018). These two metrics allow us to assess how many additional funders are investing in homelessness initiatives in a particular county and how far Medina dollars can go in that county. Using these metrics also allow us to better understand the distribution of funding throughout Medina's grantmaking region.

One tradeoff to how we define our second recommendation is that we do not include a metric such as "total dollars received from funders" or "number of service providers in the county". We chose not to include "total dollars received from funders" because we did not have a comprehensive and reliable sources from which to obtain this information. Additionally, sources containing information about grant dollars do not specify how these dollars were spent, so we could not verify how many dollars were directly or indirectly going towards preventing or addressing homelessness. We chose not to include a metric measuring the number of services providers in a county, because this does not accurately depict the number of service providers serving individuals in a county. Rather, our research shows that many organizations provide services outside their county, and individuals may seek services in neighboring counties.

Prioritizing funding in counties that have been historically underfunded means that Medina would allocate more funding to counties that have fewer additional funders than other counties and to counties where cost of services are lower. Medina would be supplying critically needed funds to programs in counties with fewer additional funders, meaning their funding would make a more

significant impact. Similarly, Medina dollars would stretch further in counties where costs of services tend to be lower, therefore making it likely that Medina dollars would impact higher instances of aid towards preventing or directly addressing homelessness. Section 5.6, "The Homelessness Impact Assessment Scorecard," describes how to use our scorecard to assess historical level of funding in a county, and how we weight funding level and cost of services in assessing potential grantees.

5.4 Recommendation Three

Prioritize funding programs that will make a larger impact.

Our review of the literature and survey results made it clear to us that there are three intervention types that are considered best practice in preventing or directly addressing homelessness. Investing in intervention types that are both shown to be effective in addressing homelessness and considered impactful by Medina staff, trustees, grantees, and community partners will help Medina make a bigger impact with its homelessness funding. **As such, we recommend that Medina prioritize funding programs that will make a larger impact.** The following three intervention types are likely to make the largest impacts across the Medina grant making region:

Prevention Programming - Prevention programming includes a variety of short-term services that prevent a household from experiencing homelessness through the mitigation of other household costs. Examples of prevention programs include short-term rental assistance programs, utility assistance programs, and family resource centers. Prevention programs are designed to serve households at-risk of becoming homeless. Overall, prevention programming is a high impact program because it prevents homelessness from occurring, mitigates costs of housing an individual currently experiencing homelessness, and is the most cost-efficient intervention type (meaning fewer dollars can serve more individuals). ("Overview of the Homeless Housing System and Funding", 2017).

Transitional Housing - Transitional Housing interventions support households to develop independent living skills required to maintain housing long-term. Transitional housing can be a more costly intervention because households live in a temporary housing option, for up to 24 months, until a permanent housing unit becomes available. Most transitional housing facilities offer both housing and service provision. However, service providers have shared that transitional housing helps households develop the needed independent living skills, such as financial management, to help them maintain housing long-term. ("Overview of the Homeless Housing System and Funding", 2017).

Permanent Supportive Housing (PSH) - Permanent supportive housing is a non-time-limited housing intervention for individuals or families who have access to support services that help households maintain self-sufficiency. As such, PSH is consistently identified as the gold standard solution to addressing homelessness. PSH helps to service households that require long-term support and can be implemented broadly for a wide range of subpopulations experiencing homelessness. ("Overview of the Homeless Housing System and Funding", 2017).

The data supporting these metrics come from our review of the literature and surveys of Medina staff, trustees, grantees, and community partners. We highlight these three intervention types for two reasons. First, leaders, academics, experts, and practitioners in the field consider these three program types to be best practice in preventing or directly addressing homelessness. Second, survey respondents across all 14 counties in the Medina grantmaking region highlighted these three interventions as those most likely to make a more significant impact than other intervention types.[7]

One tradeoff to highlighting these three intervention types is that we do this instead of highlighting the most selected impactful intervention types by county. More specifically, prevention programming, transitional housing, and permanent supportive housing were selected most frequently as the intervention types likely to make the biggest impacts across all 14 counties. We do not highlight intervention types by county for four reasons. First, several counties had smaller response rates and to weight those respondents more heavily than respondents in other counties would be inequitable. Second, the variation in the types of programs that would make a larger impact among counties was negligible. Third, as stated earlier, these intervention types align with expert opinion gathered in our review of literature. And fourth, recommending intervention types by county would make HIAS a more burdensome, and therefore, less useful tool.

When Medina prioritizes funding grantees that implement prevention programming, transitional housing interventions, or permanent supportive housing, they will be allocating more of their funding to programs that are shown to have positive results both internationally and locally. Section 5.6, "The Homelessness Impact Assessment Scorecard," describes how to use our scorecard tool to allocate points for programs that offer one or more of these intervention types. This section also describes that, while these intervention types are prioritized, the scorecard tool will not penalize grantees implementing other intervention types.

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[7] Survey respondents were asked "What types of housing-related programs or initiatives do you think would make the biggest impact in the fight against homelessness?" and were encouraged to select two options (out of six). Respondents could select more than one response but could not select a particular response more than once. There were a total of 241 selections. Permanent Supportive Housing received 73 selections; Prevention programming received 58 selections; and Transitional Housing received 49 selections.

5.5 Recommendation Four

Prioritize funding programs that support the most vulnerable populations

Like our third recommendation, we use information and data from our review of the literature and survey results to highlight which subpopulations Medina should prioritize funding. Our survey and review of the literature made it clear to us that there are specific subpopulations that are at greater risk of experiencing homelessness or are more highly represented among those living in homelessness. Investing in programs that target and serve subpopulations who are more at-risk of experiencing homelessness or highly represented among those currently experiencing homelessness will have a higher impact in minimizing these instances of homelessness in the grant making region. **As such, we recommend Medina prioritize funding programs that support the most vulnerable subpopulations.** More specifically, we recommend Medina prioritize funding programs that support the following vulnerable subpopulations:

1. *People of color, Native populations, immigrants, and refugees:* People of color are individuals who do not identify as white. Indigenous populations are those native to American, Hawaiian, and Alaskan land. Immigrants are permanent residents who were not born in the states. Refugees are individuals who were forced to leave their home in order to escape war, persecution, or natural disaster.

2. *Individuals living in chronic homelessness:* Individuals living with one more more a chronic disabilities--sheltered, unsheltered-- for at least 12 months continuously or on at least four separate occasions in the last three years (Henry et al., 2017).

3. *Individuals with behavioral health disorders:* individuals living with mental or substance use disorders (Substance Abuse and Mental Health Services Administration).

4. *Unaccompanied youth and young adults:* Unaccompanied minors under 18 years of age and young adults between the ages of 18 to 24, including parenting youth (Opening Doors, 2015).

5. *Survivors of domestic violence or sexual assault:* Individuals who were formerly in an physically, sexually, or abusive relationship. This includes a pattern of behavior in which one partner used power or control over the other in an effort to control their partner (Washington State Coalition Against Domestic Violence).

The data supporting these metrics come from our review of the literature and surveys of Medina staff, trustees, grantees, and community partners. Similar to our third recommendation, we highlight these particular subpopulations for two reasons. First, leaders, experts, academics, and practitioners in the field have recognized these subpopulations as most vulnerable and highly represented among

populations living in homelessness. And second, survey respondents across all 14 counties in the grantmaking region highlighted these subpopulations as highly represented among populations living in homelessness, most vulnerable and in need of services, and most at-risk of experiencing homelessness.[8]

There is one tradeoff to prioritizing these particular subpopulations. Like our third recommendation, these subpopulations were highlighted among respondents across all 14 counties and there was some variation in responses when observed at the county level. We disregard this tradeoff for the same reasons in our third recommendation. We attempt to address this tradeoff by allowing Medina staff to grant points for each vulnerable subpopulation served.

When Medina prioritizes funding grantees whose programs target people of color, Native populations, immigrants, and refugees, along with individuals experiencing chronic homelessness, individuals with behavioral health disorders, unaccompanied youth and young adults, and survivors of domestic violence or sexual abuse, they will be supporting programs that target subpopulations highly represented among populations living in homelessness, subpopulations with higher instances of homelessness, subpopulations who are more in need of services, and subpopulations who are most at-risk of becoming homeless. Section 5.6, "The Homelessness Impact Assessment Scorecard" describes how to use the scorecard tool to allocate points for programs who target one or more of these subpopulations.

We encourage Medina staff to implement these four recommendations simultaneously and to do so by using HIAS. Using the scorecard as a tool to assess a grantee's potential impact will ensure that Medina is making strategic decisions to allocate their homelessness funding in a way that makes a larger and more positive impact throughout their grantmaking region.

5.6 The Homelessness Impact Assessment Scorecard (HIAS)

HIAS is a flexible Excel scorecard that presents Medina with a functional tool that will assist them in implementing our four recommendations. The scorecard is divided into four sections. Within each section, the user can allocate points to assess the potential grantee's county's level of need and funding history and level, whether the program implements a high-impact intervention, and whether the program targets vulnerable subpopulations. The scorecard compiles these points to determine whether funding allocated to the program will be high impact, medium impact,

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[8] Respondents were asked three questions about subpopulations to determine which subpopulations are highly represented among those living in homelessness, which subpopulations living in homelessness are most vulnerable and in need of services, and which subpopulations are most at-risk of becoming homeless. The following individuals received the most selections for all three questions: individuals living in chronic homelessness, individuals with chemical dependency, individuals with mental illness, unaccompanied youth and young adults, and survivors of domestic violence or sexual assault.

or low impact. It is important to note that the scorecard tool will never tell the user not to fund a potential grantee. Rather, it will tell the user about the program's potential impact. The ultimate funding decision is up to the Medina staff and trustees. The tool gives Medina staff and trustees the ability to more easily implement our four recommendations and to have more confidence in their decision making.

As noted above, the scorecard will be divided into four sections. Section one assesses level of need in the grantee's county (recommendation one). Section two assesses the county's history of funding, other investments, and cost effectiveness of programming (recommendation two). Section three assesses program intervention type (recommendations three) and section four assesses the grantee based on who the program serves (recommendation four). The user can decide how much to weight each section of the tool. The flexible weighting system allows the user to change and weight their priorities (i.e. if a user wants to prioritize county level of need they will allocate a larger weight percentage to section one) and ensures the scorecard can be used year after year.

5.6.1 Section One: Assessing County Level of Need

As noted above in Section 5.2, "Recommendation One", there are six total metrics to use when assessing county level of need. Those metrics are: county poverty rate, county vacancy rate, county eviction rate, percent of individuals living in homelessness (sheltered and unsheltered), proportion of homeless population residing in the county, and percent of renters who are severely rent-burdened.

To build this portion of our scorecard, we listed the value of each metric per county in order from lowest to highest. Potential grantees can receive up to three points for each metric. The score they ultimately receive depends on whether the value of the metric places them at the highest need, medium need, or lowest need. This section prioritizes counties with high poverty rates, high eviction rates, high percentages of people living in homelessness, high proportions of individuals living in homelessness, high percentages of residents who are severely-rent burdened, and low vacancy rates.

5.6.2 Section Two: Assessing County Level of Funding

As noted above in Section 5.3, "Recommendation Two", there are two metrics to use when assessing whether or not a county has been historically underfunded. Those metrics are: the number of known additional funders and costs of services to prevent or directly address homelessness per successful exit. As noted above, this portion of the scorecard accounts for 20 percent of the potential grantee's overall score. This section of the scorecard prioritizes counties with lower known funders and more affordable costs of services.

5.6.3 Section Three: Assessing Grantee's Support of High Need Populations

The third section of the HIAS tool allocates points to programs that prioritize vulnerable subpopulations. Grantees will receive one point each for serving chronically homeless individuals, individuals with behavioral health disorders, unaccompanied youth and young adults, survivors of domestic violence or sexual abuse, people of color, Native populations, immigrants, and refugees. The highest number of points available in this section is five.

5.6.4 Section Four: Assessing Grantee's Intention to Deliver High Impact Programming

The fourth and final section of the HIAS tool allocates points to grantees who deliver high impact programs: prevention programming, transitional housing, and PSH. Grantees can, at most, receive up to three points in this section of the scorecard.

Chapter Six: Conclusion and The Medina Impact

6.1 The Medina Impact

Despite Medina's impressive level of action, the number of individuals living in homelessness within their grantmaking region continues to increase. Economic and social factors that influence homelessness continue to deepen the crisis, despite the efforts of community partners and leaders like Medina. In fact, between 2012 and 2017, homelessness within the Medina grantmaking region increased by 11.7 percent (Washington State Department of Commerce, 2012; Washington State Department of Commerce, 2017). Additional and strategically deployed funding is required to support the organizations working to prevent or directly address homelessness throughout the Greater Puget Sound region.

While the homelessness crisis throughout the Medina grantmaking region has grown to be more pronounced and significant, Medina has been a strong partner to organizations and already has a strong reputation for making a significant impact. Between 2012 and 2017, Medina granted $5,364,348 to organizations implementing programs that prevent or directly address homelessness. This funding was distributed throughout almost all fourteen counties in the Medina grantmaking region. This funding supported 329,393 instances of aid to individuals at-risk of or currently experiencing homelessness through 12 prevention programs, 40 emergency services, 28 transitional housing programs, and 26 permanent supportive housing interventions.

In addition to Medina's significant contribution to organizations in their grantmaking region, they have also built strong relationships and continue to be a highly respected family foundation. According to *Grant Advisor*, a website that allows funding recipients to rank and share information about funders they work with, Medina is a strong partner to organizations in the Greater Puget Sound Region. Grantees who use Grant Advisor are asked three questions:

1. What was the overall relationship with the funder?
2. How would you rate this funder's accessibility?
3. How successfully do you think the funder is accomplishing its current philanthropic goals?

Medina is one of the only foundations to receive 100 percent positive responses to all three of these questions. In choosing words or phrases to describe Medina, grantees chose "gets" nonprofits and issues, builds relationships, friendly, responsive, insightful, open-minded, and positive leader in the field. Several specifically mentioned how incredibly helpful it was to receive general operating funds. And one grantee exclaimed: "Thank you Medina for 'getting it.'"

6.2 Conclusion

Medina has already built strong relationships with grantees, has an extremely strong reputation, and has already made a significant impact in the area homelessness within its grantmaking region. However, through an analysis of county level demographic data, past and current funding trends, and survey responses from Medina staff, trustees, grantees, and community partners we uncovered four key takeaways:

1. Counties within the Medina grantmaking region face varying levels of need
2. Counties within the Medina grantmaking region have differing histories of investment and levels of funding
3. There are several widely recognized programs that are understood to make a higher impact in the area of homelessness across the region
4. There are several widely recognized subpopulations who are highly represented within the populations of individuals living in homelessness, more vulnerable and in need of services to lift them out of homelessness, and most at-risk of homelessness.

These four high level findings led us to four key recommendations. So that Medina may make an even more significant impact in the area of homelessness, we recommend that Medina prioritize funding:

1. Counties that display *higher need*
2. Counties that have been *historically underfunded*
3. Programs that implement *high impact services*
4. Programs that target our six defined *vulnerable subpopulations.*

When Medina implements these four recommendations simultaneously using the Homelessness Impact Assessment Scorecard (HIAS) tool, they will make higher impact funding decisions and see positive results throughout their grantmaking region.

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Attachment Table

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Medina Foundation
Homelessness Initiatives Assessment Scorecard (HIAS)

Purpose
The following scorecard is designed to assist the Medina Foundation assess incoming grant applications within their Housing and Homelessness Department. Scorecards will assess grant applications based off of their county locations for recommendations one and two. Recommendation three creates a score based off of information provided by the grant applicant regarding their organization's services and intended use of grant money. The scorecard will help Medina strategically award grants within their grantmaking region. Its structure is based our final four recommendations

The scorecard will help Medina strategically award grants within their grantmaking region. Its structure is based our final three recommendations:
1. Allocate more funding to counties with *higher need*.
2. Allocate more funding to counties that have been *underfunded*.
3. Prioritize *high needs populations.*
4. Prioritize *high impact programs.*

About this draft
This edition of scorecard can be completed manually to test out the effectiveness of the score tool. The final version of this scorecard will be converted into an Excel file so that grant reviews can easily calculate scores.

Instructions: Use the score tally column to track scorecard values.

Step 1: Record scores of grant applicant.

RECOMMENDATION ONE: Allocate more funding to counties with higher need based on county demographics.	
These following questions assess counties based on how their demographics compare to other counties within the region. The three counties with the highest need will receive a score of '3', and counties with the lowest need will receive a score of '1'. All other counties receive a score a '2'. See Table 1A for county rankings and their score allotment.	
Scorecard question	Score tally
Poverty Rate - What is the applicant's county score based on their poverty rate? • 3 points – Pacific, Clallam, Grays Harbor, Whatcom	

• 2 points- Mason, Pierce, Jefferson, Skagit, Thurston, Kitsap • 1 point – San Juan, Island, King, Snohomish	
Vacancy Rate - What is the applicant's county score based on their vacancy rate? • 3 points – San Juan, Skagit, Whatcom, Clallam • 2 points – Grays Harbor, Island, Thurston, Pierce, King, Kitsap • 1 point – Snohomish, Pacific, Jefferson, Mason	
Eviction Rate - What is the applicant's county score based on their eviction rate? • 3 points – Grays Harbor, Snohomish, Kitsap, Pierce • 2 points – Clallam, Thurston, Skagit, Whatcom, Pacific, Mason • 1 point – Island, Jefferson, King, San Juan	
Percent of People Living in Homelessness - What is the applicant's county based on the percent of people within their communities living in homelessness? • 3 points – Jefferson, King, Clallam, Mason • 2 points –Whatcom, Grays Harbor, Skagit, San Juan, Kitsap, Thurston • 1 point – Island, Pierce, Snohomish, Pacific	
Proportion of Homelessness Population - What is the applicant's county based on the proportion of people living in homelessness compared to other counties in Medina's grantmaking region? • 3 points – King, Pierce, Snohomish, Whatcom • 2 points – Thurston, Kitsap, Clallam, Mason, Grays Harbor • 1 point – Jefferson, Island, San Juan, Pacific	
Total Score	

RECOMMENDATION TWO: Allocate more funding to counties that have been underfunded

This recommendation helps to understand the amount of funding required to fund services based on the grant applicant's county.

Cost of services range by county and by intervention type. Many service providers deliver services through a variety of intervention options, so cost information has been averaged by the cost of all services per county. Counties that require less funding will receive a higher score of '3' to indicate that a smaller amount of grant money is needed to provide services for more individuals. In counties where the average cost of homelessness interventions are higher, they will receive a score of '1'.

Additionally, some service providers lack funders within their counties. The number of known additional funders will help Medina prioritize counties that have lower known funders to homelessness interventions. This will prioritize counties that few or zero additional funders by giving them a score of 3. Counties with a high number of additional funders will receive a lower score of '1'.

See Table 1B for county rankings and their score allotment.

Cost of services in each county – What is the applicant's county score based off of their cost per services? • 3 points – Jefferson, Island, Clallam • 2 points -Mason, Kitsap, Grays Harbor, Pierce, San Juan, Skagit, Thurston, Pacific • 1 point – Whatcom, King, Snohomish	
Number of known additional grant funders – What is the applicant's county score based off of the number of known additional grant funders? • 3 points – Pacific, San Juan, Jefferson • 2 points – Grays Harbor, Island, Mason, Clallam, Kitsap, Skagit, Thurston, Whatcom • 1 point – Snohomish, Pierce, King	
Total Score	

RECOMMENDATION THREE: Prioritize high needs populations.

Recommendation three is based on information about the grant applicant. During the grant review process, Medina staff can add additional points to their recommendations based on whether the grant applicant serves high needs populations. For the following questions, all questions that receive a 'yes' will receive '1' additional points. All questions are receive a 'no' will receive '0' additional points.	
Cultural Competency - Does the grant applicant provide services that are tailored to specific communities of individuals (e.g. people of color, immigrants, or refugees)? If yes, add 1 point. If no, add 0 points.	
Chronic homelessness - Does the grant applicant serve individuals who are living in chronic homelessness? If yes, add 1 point. If no, add 0 points	
Behavioral Health - Does the grant applicant serve individuals living with behavioral health conditions, such as mental illness or substance use disorders? If yes, add 1 point. If no, add 0 points.	
Unaccompanied youth and young adults - Does the serve unaccompanied youth and/or young adults? If yes, add 1 point. If no, add 0 points.	

Survivors of domestic violence/sexual assault- Does the grant applicant serve survivors of domestic violence/sexual assault? If yes, add 1 point. If no, add 0 points.	
Total score	
RECOMMENDATION THREE: Prioritize high impact programs.	
Recommendation three is based on information about the grant applicant. During the grant review process, Medina staff can add additional points to their recommendations based on whether the grant applicant provides high impact programs. For the following questions, all questions that receive a 'yes' will receive 1 additional points. All questions are receive a 'no' will receive 0 additional points.	
Prevention programming - Does the grant applicant provide prevention programming? If yes, add 1 point. If no, add 0 points.	
Permanent supportive housing - Does the grant applicant provide permanent supportive housing? If yes, add 1 point. If no, add 0 points.	
Transitional housing - Does the grant applicant provide transitional housing? If yes, add 1 point. If no, add 0 points.	
Chronic homelessness - Does the grant applicant serve individuals who are living in chronic homelessness? If yes, add 1 point. If no, add 0 points.	
Total Score	

Step 2: Total each recommendation's raw score total based on the above scorecard.

Recommendation 1 Raw Score Total: _____

Recommendation 2 Raw Score Total: _____

Recommendation 3 Raw Score Total: _____

Recommendation 4 Raw Score Total: _____

Step 3 - Modify Score: Scores need to be adjusted so that each recommendation is equal to 60 points.

        1a) Recommendation 1 Raw Score Total:_____ x 4 = _____

        2a) Recommendation 2 Raw Score Total:_____x10=_____

        3a) Recommendation 3 Raw Score Total:_____x12=_____

        4a) Recommendation 4 Raw Score Total:_____x20=_____

Step 4 – Determine weights based on recommendation priorities.

Each recommendation can be weighted by a percentage. Total weight amount must be equal to 100%.

	Column	Weight Amount (%)
Recommendation 1	1b	
Recommendation 2	2b	
Recommendation 3	3b	
Recommendation 4	4b	

Step 5 – Calculate the final score
Multiply the modified score (Step 3) by its weighted amount (Step 4).

Recommendation 1 Final Score: 1a_____x 1b_____%=_____

Recommendation 2 Final Score: 2a_____x 2b_____%=_____

Recommendation 3 Final Score: 3a_____x 3b_____%=_____

Recommendation 4 Final Score: 4a_____x 4b_____%=_____

Final total score: _____

Scoring System

High Impact: 41+ points	Medium Impact: 31-40 points	Low Impact: 0-30 points

Table 1A: County Demographics Ratings

		Poverty Rate		
		County	Rate	Score
High Need	1	Pacific	17.00%	3
	2	Clallam	15.30%	3
	3	Grays Harbor	15.20%	3
	4	Whatcom	15.20%	3
	5	Mason	14.90%	2
	6	Pierce	12.10%	2
	7	Jefferson	12.00%	2
	8	Skagit	11.30%	2
	9	Thurston	10.40%	2
	10	Kitsap	10.10%	2
	11	San Juan	9.90%	1
	12	Island	9.40%	1
	13	King	9.30%	1
Low Need	14	Snohomish	8.00%	1

Source: US Census Bureau, 2016

Vacancy Rate		
County	Rate	Score
San Juan	0.30%	3
Skagit	0.30%	3
Whatcom	0.50%	3
Clallam	1.80%	3
Grays Harbor	2.50%	2
Island	2.70%	2
Thurston	2.70%	2
Pierce	2.90%	2
King	3.40%	2
Kitsap	3.50%	2
Snohomish	3.70%	1
Pacific	4.30%	1
Jefferson	6.70%	1
Mason	7.00%	1

Source: Washington State Homeless System Performance: Year to Year Comparison, 2017

Eviction Rates		
County	Rate	Score
Grays Harbor	1.93%	3
Snohomish	1.33%	3
Kitsap	1.09%	3
Pierce	0.97%	2
Clallam	0.88%	2
Thurston	0.87%	2
Skagit	0.81%	2
Whatcom	0.76%	2
Pacific	0.73%	2
Mason	N/A	2
Island	0.61%	1
Jefferson	0.52%	1
King	0.41%	1
San Juan	0.08%	1

Source: Eviction Lab, 2017

		Total Percent of People Living in Homelessness		
		County	Rate	Score
High Need	1	Jefferson	0.60%	3
	2	King	0.54%	3
	3	Clallam	0.38%	3
	4	Mason	0.35%	3
	5	Whatcom	0.33%	2
	6	Grays Harbor	0.28%	2
	7	Skagit	0.26%	2
	8	San Juan	0.22%	2
	9	Kitsap	0.20%	2
	10	Thurston	0.19%	2
	11	Island	0.15%	1
	1	Pierce	0.15%	1
	13	Snohomish	0.14%	1
Low Need	14	Pacific	0.06%	1

Source: Washington PIT Count Homeless Person Summary, 2017

Proportion of Regional Homelessness		
County	Rate	Score
King	67.79%	3
Pierce	7.69%	3
Snohomish	6.21%	3
Whatcom	4.15%	3
Thurston	3.11%	2
Kitsap	3.01%	2
Skagit	1.87%	2
Clallam	1.64%	2
Mason	1.26%	2
Grays Harbor	1.17%	2
Jefferson	1.09%	1
Island	0.74%	1
San Juan	0.21%	1
Pacific	0.07%	1

Source: Washington PIT Count Homeless Person Summary, 2017

Table 1B: County Cost Effectiveness Ratings

High Priority		Average Cost Per Successful Exit			Known Additional Funders		
		County	Rate	Score	County	Count	Score
	1	Jefferson	$ 3,628.59	3	Pacific	0	3
	2	Island	$ 4,473.29	3	San Juan	0	3
	3	Clallam	$ 4,618.11	3	Jefferson	6	3
	4	Mason	$ 5,115.38	3	Grays Harbor	8	3
	5	Kitsap	$ 5,187.72	2	Island	10	2
	6	Grays Harbor	$ 5,505.57	2	Mason	12	2
	7	Pierce	$ 5,957.71	2	Clallam	13	2
	8	San Juan	$ 7,841.59	2	Kitsap	22	2
	9	Skagit	$ 8,190.19	2	Skagit	29	2
	10	Thurston	$ 8,933.15	2	Thurston	40	2
	11	Pacific	$ 9,967.35	1	Whatcom	43	1
	12	Whatcom	$ 10,218.53	1	Snohomish	61	1
	13	King	$ 11,765.42	1	Pierce	92	1
Low Priority	14	Snohomish	$ 15,016.57	1	King	453	1

Created using data from: DoC Winter County Report Cards, 2016-2017

Created using Data from: Foundation Maps, 2018

Appendix A: Glossary of Terms

This appendix item includes a glossary of terms frequently used throughout the report. Terms are listed in alphabetical order and include citations where appropriate.

At-Risk of Homelessness: individuals or families who are likely to lose their housing within two weeks of application for assistance, who have not identified a new residence, and who lack the financial means or social support to obtain permanent housing (*Key Federal Terms and Definitions of Homelessness Among Youth*, 2018, p. 2).

County poverty rate: the percent of individuals living at or below the poverty line within a county. This statistic comes from the U.S. Census Bureau (2017).

County eviction rate: the percent of renters evicted from their homes within a county. This statistic comes from Princeton University's Eviction Lab.

County rental vacancy rate: the percent of rental units available for habitation within a county. This statistic comes from the U.S. Census Bureau (2017).

Emergency Shelter: any place where individuals experiences homelessness can stay overnight (U.S. Census Bureau). This can include a wide variety of sleeping places, including hotels or motels used to house individuals experiencing homelessness, religious missions, shelters for certain populations experiencing homelessness, and temporary shelters provided during extreme weather (Symens Smith, Holmberg, & Jones-Puthoff, 2012, p. 1).

Estimated 'cost per successful exit' for interventions that prevent or directly address homelessness: Estimated cost of services that prevent or directly address homelessness by successful exit in the county per successful exit. This statistic comes from County Departments of Commerce (2017/2018).

Families with Children: "both those families who do and and those who do not meet the Federal definition of chronic homelessness" ("Opening Doors", 2015, 17).

Homelessness Intervention: any type of support designed to prevent a household from experiencing homelessness, to move a household from a recent episode of homelessness into housing, or to prevent a household with a history of homelessness from experiencing chronic homelessness (Burt et al.et al, 2005; Apicello, 2008).

Housing First: places chronically homeless individuals into permanent housing with access to supportive services (Pearson, 2007).

Immigrants: Immigrants are permanent residents who were not born in the states.

Individual Adults: individual adults over the age of 24 living in chronic or sporadic homelessness ("Opening Doors", 2015). It is important to include that individual adults living in homelessness may have a dependent but may have been separated from that dependent.

Individuals Exiting Institutions: individuals who not longer reside in an institution such as jail, prison, extended hospital stays, and other out-of-home care settings (Greenberg and Rosenheck, 2008; Shah and Felver, 2013).

Individual Living in Chronic Homelessness: an individual "with a disability who has been continuously homeless for one year or more, or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months" (Henry et al., 3). Per the Rural Housing Stability Assistance Program, this definition specifies disabilities to include: substance abuse disorder, mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or a chronic physical illness or disability ("Defining 'Chronically Homeless'", 2015).

Individual Living in Homelessness: an individual living in homelessness is one who does not have a "fixed, regular, and adequate nighttime residence" (Henry et al., 2).

Individual Living in Sheltered Homelessness: an individual who is staying in "emergency shelters, transitional housing programs, or safe havens" (Henry et al., 2).

Individual Living in Unsheltered Homelessness: someone whose "primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people" (Henry et al.et al, 3).

Individuals with Behavioral Health Disorders: individuals living with mental or substance use disorders (Substance Abuse and Mental Health Services Administration).

Known number of additional funders: The number of funders--excluding Medina-- who made grants in the county between 2012 and 2017. This number comes from the website, Foundation Maps (2018).

Medina Grantmaking Region: the 14 counties in the Greater Puget Sound region where Medina makes grants. These counties include: Clallam, Grays Harbor, Island, Jefferson, Kitsap, King, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom.

Native populations: Native populations are those native to American, Hawaiian, and Alaskan land.

People of color: People of color are individuals who do not identify as white.

Percent of individuals living in homelessness: the percent of individuals living in homelessness. sheltered and unsheltered. This statistic comes from National and County PIT Count data (2017).

Percent of renters in the county who are severely rent-burdened: the percent of renters in the county who are spending 50 percent or more of their income on housing costs (rent and utilities). This statistic comes from HUD (2013).

Permanent Supportive Housing: Permanent supportive housing interventions are implemented such that individuals and families have access to high-quality and stable housing with close by support services to maintain self-sufficiency. As such, PSH is consistently identified as the gold standard solution to addressing homelessness. PSH helps to service individuals and households that require long-term support and can be implemented broadly for a wide range of sub-populations experiencing homelessness.

Point in Time Count: an annual count of unsheltered and sheltered individuals living in homelessness. Each state and county conducts their PIT count differently--so long as they meet the minimal standards--but most counts are conducted on one night in the Winter. According to HUD, "PIT Counts are a critical source of data on the number and characteristics of people who are homeless in the United States," (Point in Time Count Methodology Guide, 2014). PIT Count data are stored on HUD's public website. PIT Count data are also compiled into the Annual Homeless Assessment Report (AHAR). This report is sent to Congress, HUD, and other Federal departments so that they may better understand the depth of homelessness on a national and local level as well as progress made towards preventing and addressing homelessness. PIT Count data are extremely important to not only understanding homelessness but also in determining how to allocate funding and resources to best support those living in homelessness.

Prevention Programming: Prevention programming includes a variety of services that prevent a household from experiencing homelessness through the mitigation of other household costs. Examples of prevention programs include short-term rental assistance programs, utility assistance programs, and family resource centers. Prevention programs are designed to serve households at-risk of becoming homeless.

Primary Prevention: programming targeted at keeping individuals or families from ever experiencing homelessness (Burt et al., 2005; Apicello, 2008).

Proportion of homeless population residing in the county: the proportion of the total Medina grant making region homeless population residing in a specific county. This statistic comes from National and County PIT Count data (2017).

Rapid Rehousing: a special type of Housing First program that revolves around getting or keeping individuals in permanent housing quickly by providing short-term financial assistance.

Refugees: Refugees are individuals who were forced to leave their home in order to escape war, persecution, or natural disaster.

Survivors of Domestic Violence or Sexual Assault: individuals who were formerly in an physically, sexually, or abusive relationship. This includes a pattern of behavior in which one partner used power or control over the other in an effort to control their partner (Washington State Coalition Against Domestic Violence).

Transitional Housing: There are different types of transitional housing, including scattered site, clustered site, and communal living. The scattered site model is when individuals hold a lease at a full market rental unit within the community. These individuals receive financial support and services during the program, but can often stay in the apartment after support ends. The clustered site model involves programs owning or renting a group of apartments in a cluster. The program acts as both service provider and landlord, and participants must find new permanent housing at program completion. The communal living model is similar to shelters, where common space is shared among program participants. Again, participants must find new permanent shelter by the end of their program tenures. ("Transitional Housing: Models & Rent Structures, 2013)

Unaccompanied Youth or Young Adult: "unaccompanied minors under 18 and young adults between the ages of 18 to 24, including parenting youth," ("Opening Doors", 2015, 21). This also includes parenting youth and foster youth.

Veteran Homelessness: all individuals living in homelessness who carry Veteran status. This includes individual adult Veterans, Veterans with families, Veterans living in experiencing chronic homelessness, and Veterans at every discharge status ("Opening Doors", 2015).

Appendix C: Service Providers in Medina Grantmaking Region, Organized by County

Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Serenity House of Clallam County	X	Port Angeles	Clallam County	$ 122,768.00	23
Peninsula Housing Authority		Port Angeles	Clallam County	$ 85,925.00	3
Healthy Families of Clallam County		Port Angeles	Clallam County	$ 42,000.00	3
Sequim Community Aid		Sequim	Clallam County	$ 29,500.00	4
Forks Abuse Program		Forks	Clallam County	$ 16,500.00	3
Union Gospel Mission		Aberdeen	Grays Harbor	$ 117,370.00	14
Young Life Grays Harbor		Hoquiam	Grays Harbor	$ 5,000.00	1
CCS - Grays Harbor Youth Center	X	Aberdeen	Grays Harbor	$ 30,000.00	3
Citizens Against Domestic and SexualAbuse		Oak Harbor	Island County	$ 49,769.00	8
Ha of Island County		Coupeville	Island County	$ 25,960.00	1
South Whidbey Homeless Coalition		Freeland	Island County	$ 12,000.00	3
Readiness to Learn Whidbey Foundation		Langley	Island County	$ 5,000.00	1
Enso House		Freeland	Island County	$ 1,053.00	3
Helping Hand of South Whidbey	X	Langley	Island County	$ 1,000.00	1
Olympic Community Action Programs		Port Townsend	Jefferson County	$ 140,167.00	1
Dove House Advocacy Services		Port Townsend	Jefferson County	$ 29,348.00	14
Community Outreach Association Shelter Team		Port Hadlock	Jefferson County	$ 14,838.00	1
Building Changes	X	Seattle	King County	$ 17,300,504.00	15
King County Superior Court		Seattle	King County	$ 17,240,464.00	12
Seattle City of		Seattle	King County	$ 11,622,398.00	33
Youthcare	X	Seattle	King County	$ 7,994,669.00	288
Washington State Coalition Against Domestic Violence		Seattle	King County	$ 5,519,784.00	28
Plymouth Housing Group	X	Seattle	King County	$ 5,030,945.00	292
Downtown Emergency Service Center	X	Seattle	King County	$ 3,966,852.00	195
Compass Housing Alliance	X	Seattle	King County	$ 3,694,076.00	153
United Way of King County		Seattle	King County	$ 3,365,000.00	16
Seattles Union Gospel Mission		Seattle	King County	$ 2,674,756.00	790
King County Department of Community and Human Services		Seattle	King County	$ 2,668,198.00	6
Catholic Housing Services of Western Washington		Seattle	King County	$ 1,713,215.00	32
Catholic Community Services of Western Washington		Seattle	King County	$ 1,698,100.00	40

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Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Vine Maple Place	X	Maple Valley	King County	$ 1,578,229.00	91
Vision House	X	Renton	King County	$ 1,345,405.00	140
LifeWire		Bellevue	King County	$ 1,331,064.00	145
Seattle University		Seattle	King County	$ 1,245,271.00	8
Church of Mary Magdalene		Seattle	King County	$ 1,044,375.00	166
Shalom Zone Nonprofit Association		Seattle	King County	$ 1,006,921.00	39
YWCA of Seattle-King County-Snohomish County	X	Seattle	King County	$ 937,800.00	17
New Horizons Ministries	X	Seattle	King County	$ 896,615.00	72
Housing Development Consortium of Seattle-King County		Seattle	King County	$ 874,838.00	54
Peace for the Streets By Kids From the Streets	X	Seattle	King County	$ 764,455.00	70
Real Change Homeless Empowerment Project	X	Seattle	King County	$ 725,198.00	101
Domestic Abuse Womens Network		Tukwila	King County	$ 688,497.00	41
Attain Housing		Kirkland	King County	$ 599,331.00	53
Sophia Way	X	Bellevue	King County	$ 533,986.00	80
Mary's Place Seattle	X	Seattle	King County	$ 494,562.00	100
National Network for Youth		Seattle	King County	$ 466,250.00	1
Operation Nightwatch	X	Seattle	King County	$ 434,969.00	92
Community Psychiatric Clinic		Seattle	King County	$ 423,327.00	2
Congregations for the Homeless	X	Bellevue	King County	$ 415,265.00	21
Abused Deaf Womens Advocacy Services		Seattle	King County	$ 405,403.00	55
Pride Foundation		Seattle	King County	$ 400,000.00	1
Saint Martin de Porres Shelter		Seattle	King County	$ 381,420.00	39
Low Income Housing Institute	X	Seattle	King County	$ 376,997.00	18
API Chaya		Seattle	King County	$ 362,388.00	40
United Indians of All Tribes Foundation		Seattle	King County	$ 343,565.00	1
Solid Ground	X	Seattle	King County	$ 336,820.00	11
Catholic Comm Svcs of Western Washington	X	Auburn	King County	$ 328,916.00	3
Street Youth Ministries	X	Seattle	King County	$ 313,378.00	26
Bread of Life Mission		Seattle	King County	$ 311,955.00	86
Dunshee House		Seattle	King County	$ 305,000.00	2

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Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Seattle's Union Gospel Mission John Bang Cpa		Seattle	King County	$ 286,723.00	29
Real Escape From The Sex Trade		Seattle	King County	$ 275,654.00	31
Way Back Inn Foundation		Renton	King County	$ 254,728.00	20
New Beginnings for Battered Women and Their Children		Seattle	King County	$ 248,987.00	21
Wellspring Family Services		Seattle	King County	$ 241,581.00	9
University of Washington Foundation		Seattle	King County	$ 240,993.00	2
Roots Young Adult Shelter	X	Seattle	King County	$ 232,950.00	14
Seattle-King County Coalition for the Homeless		Seattle	King County	$ 231,494.00	26
Noel House Programs	X	Seattle	King County	$ 191,544.00	4
Center for New Creation		Seattle	King County	$ 165,000.00	3
Health Care for the Homeless Network		Seattle	King County	$ 160,000.00	4
Matt Talbot Day Center		Seattle	King County	$ 157,465.00	31
Noel House	X	Seattle	King County	$ 148,000.00	7
Alpha Supported Living Services		Bothell	King County	$ 137,021.00	29
Sacred Heart Shelter	X	Seattle	King County	$ 131,994.00	17
Northwest Network		Seattle	King County	$ 121,500.00	2
Hospitality House	X	Burien	King County	$ 110,124.00	31
Friends of Youth	X	Kirkland	King County	$ 108,100.00	9
Year Up Puget Sound		Seattle	King County	$ 100,000.00	2
Hopelink		Redmond	King County	$ 98,000.00	6
University Congregational Housing Association		Seattle	King County	$ 93,029.00	10
El Centro de la Raza	X	Seattle	King County	$ 87,603.00	3
Nellie Goodhue Group Homes		Seattle	King County	$ 71,060.00	7
Mercy Housing Northwest	X	Seattle	King County	$ 70,000.00	2
PATH		Seattle	King County	$ 70,000.00	2
Mockingbird Society		Seattle	King County	$ 65,000.00	3
Vashon Household		Vashon	King County	$ 64,621.00	25
Dawn Domestic Abuse Womens Network		Tukwila	King County	$ 64,409.00	19
ROOTS / Shalom Zone Nonprofit Association		Seattle	King County	$ 60,850.00	11
Multi-Service Center		Federal Way	King County	$ 51,724.00	2

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Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Seattle Housing and Resource Effort		Seattle	King County	$ 51,495.00	16
Seattle Childrens Theater Association		Seattle	King County	$ 50,000.00	1
Sojourner Place		Seattle	King County	$ 48,146.00	11
Way Back Inn	X	Renton	King County	$ 45,000.00	10
FareStart		Seattle	King County	$ 45,000.00	1
Jubilee Womens Center	X	Seattle	King County	$ 43,500.00	4
FUSION		Federal Way	King County	$ 41,750.00	9
Kindering Center		Bellevue	King County	$ 40,010.00	1
Rose of Lima House	X	Seattle	King County	$ 40,000.00	4
Mammas Hands		Bellevue	King County	$ 38,550.00	19
Kent Youth and Family Services		Kent	King County	$ 38,134.00	1
Friends of the Orphans Northwest		Bellevue	King County	$ 35,442.00	16
OneAmerica		Seattle	King County	$ 35,000.00	1
Catholic Housing Services		Seattle	King County	$ 35,000.00	2
Horizon House		Seattle	King County	$ 32,500.00	3
Chief Seattle Club	X	Seattle	King County	$ 32,000.00	3
Crosscut Public Media		Seattle	King County	$ 30,000.00	1
Bread of Life Mission Association Inc		Seattle	King County	$ 30,000.00	1
Abused Deaf Women's Advocacy		Seattle	King County	$ 30,000.00	1
Neighborcare Health		Seattle	King County	$ 30,000.00	1
Interim Community Development Association	X	Seattle	King County	$ 30,000.00	1
Community Homes		Bothell	King County	$ 29,074.00	24
King County Coalition Against Domestic Violence		Seattle	King County	$ 27,879.00	4
Inglewood Residential and Community Services		Kenmore	King County	$ 25,780.00	2
Banchero Friends Services		Seattle	King County	$ 25,000.00	1
Facing Homelessness		Seattle	King County	$ 23,000.00	3
Child Care Resources		Seattle	King County	$ 23,000.00	2
Immanuel Community Services		Seattle	King County	$ 21,000.00	2
Saint Francis House		Seattle	King County	$ 20,648.00	7
Imagine Housing	X	Kirkland	King County	$ 20,000.00	1

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Organization	Medina-Funded?	City	County	Value of Grants		No. of Grants
Consejo Counseling & Referral Service		Seattle	King County	$	20,000.00	1
Nexus Youth and Families		Auburn	King County	$	20,000.00	1
Market Foundation		Seattle	King County	$	20,000.00	1
Eagles on Assignment		Enumclaw	King County	$	20,000.00	1
New Horizons Ministries Nhm	X	Seattle	King County	$	19,815.00	48
HomeStep Inc.		Seattle	King County	$	18,000.00	2
Millionair Club Charity		Seattle	King County	$	18,000.00	6
Millionair Club		Seattle	King County	$	17,500.00	2
North Helpline		Seattle	King County	$	17,500.00	2
Northwest Family Life Learning and Counseling Center		Seattle	King County	$	15,578.00	8
New Beginnings		Seattle	King County	$	15,100.00	2
Splash		Seattle	King County	$	15,000.00	1
Maple Valley Food Bankand Emergency Services		Maple Valley	King County	$	15,000.00	1
KONA KAI COFFEE		Kent	King County	$	15,000.00	1
Plymouth Healing Communities	X	Seattle	King County	$	15,000.00	1
Bastyr University		Kenmore	King County	$	15,000.00	1
Bear Creek United Methodist Church		Woodinville	King County	$	15,000.00	1
Facing Homelessness		Seattle	King County	$	14,638.00	8
Friends of the VA Puget Sound Fisher House		Seattle	King County	$	12,999.00	14
ST FRANCIS HOUSE		Seattle	King County	$	12,500.00	1
Domestic Abuse Women's Network		Kent	King County	$	12,000.00	1
Young Men's Christian Association of Greater Seattle		Seattle	King County	$	11,500.00	2
Casa -Advocates for Abused Childre		Seattle	King County	$	10,635.00	14
Transitional Resources		Seattle	King County	$	10,000.00	1
REDEEMING SOLES		Seattle	King County	$	10,000.00	1
Lake City Partners Ending Homelessness		Seattle	King County	$	10,000.00	2
Circle of Friends for Mental Health		Seattle	King County	$	10,000.00	1
Family Works		Seattle	King County	$	10,000.00	2
Auburn Youth Resources		Auburn	King County	$	10,000.00	1
Community Lunch on Capitol Hill		Seattle	King County	$	10,000.00	1

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Organization	Medina-Funded?	City	County	Value of Grants		No. of Grants
Seattle Times Fund for the Needy		Seattle	King County	$	10,000.00	1
SeattleKing Co Coalition on Homelessness		Seattle	King County	$	10,000.00	1
DoVE Project		Vashon	King County	$	10,000.00	2
Vision Special Needs Housing		Renton	King County	$	10,000.00	2
Salvation Army of King County		Seattle	King County	$	10,000.00	1
HopeCentral		Seattle	King County	$	10,000.00	1
NPH USA Northwest Region		Bellevue	King County	$	10,000.00	1
US Conference of Catholic Bishops		Seattle	King County	$	8,000.00	1
Dawn -Domestic Abuse Womens Network Dawn		Tukwila	King County	$	5,950.00	6
Heroes for the Homeless		Woodinville	King County	$	5,593.00	4
Eastside Legal Assistance Program		Bellevue	King County	$	5,500.00	2
YWCA Angelines Center for Homeless Women		Seattle	King County	$	5,400.00	2
Filipino Community of Seattle		Seattle	King County	$	5,000.00	1
Providence Hospitality House		Seattle	King County	$	5,000.00	2
Sound Mental Health		Seattle	King County	$	5,000.00	1
Church Council of Greater Seattle		Seattle	King County	$	5,000.00	1
Central America Foundation		Seattle	King County	$	5,000.00	1
US Conference of Catholic Bishops		Seattle	King County	$	8,000.00	1
Dawn -Domestic Abuse Womens Network Dawn		Tukwila	King County	$	5,950.00	6
Heroes for the Homeless		Woodinville	King County	$	5,593.00	4
Eastside Legal Assistance Program		Bellevue	King County	$	5,500.00	2
YWCA Angelines Center for Homeless Women		Seattle	King County	$	5,400.00	2
Filipino Community of Seattle		Seattle	King County	$	5,000.00	1
Providence Hospitality House		Seattle	King County	$	5,000.00	2
Sound Mental Health		Seattle	King County	$	5,000.00	1
Church Council of Greater Seattle		Seattle	King County	$	5,000.00	1
Central America Foundation		Seattle	King County	$	5,000.00	1
Nickelsville		Seattle	King County	$	2,000.00	2
Saint Stephen Housing Association		Renton	King County	$	1,767.00	6
Patacara Community Services		Seattle	King County	$	1,500.00	1

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Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Survive the Streets		Seattle	King County	$ 1,400.00	3
Ladybug House		Seattle	King County	$ 1,280.00	4
Committee for Children		Seattle	King County	$ 1,000.00	3
Sawhorse Revolution		Seattle	King County	$ 1,000.00	1
World Vision		Federal Way	King County	$ 840.00	1
United States Mission		Seattle	King County	$ 625.00	3
Childrens Country Home		Woodinville	King County	$ 621.00	4
Helping and Loving Orphans		Seattle	King County	$ 600.00	1
Epiphany Parish		Seattle	King County	$ 500.00	1
Chaya Inc.		Seattle	King County	$ 402.00	1
Parkinsons Project		Seattle	King County	$ 357.00	2
Friends of Waterfront Seattle		Seattle	King County	$ 250.00	1
Heroes for the Homeless		Seattle	King County	$ 242.00	2
United Friends Group Homes		Seattle	King County	$ 163.00	2
Sisters Project		Seattle	King County	$ 100.00	1
WAVE Foundation		Issaquah	King County	$ 100.00	1
Dreams for Orphans		Seattle	King County	$ 79.00	2
501 Commons		Seattle	King County	$ -	1
Hope in Christ Ministries		Bremerton	Kitsap County	$ 1,101,298.00	32
Suquamish Tribe		Suquamish	Kitsap County	$ 570,775.00	1
Poulsbo - North Kitsap Rotary Foundation		Poulsbo	Kitsap County	$ 300,000.00	1
Housing Authority City of Bremerton		Bremerton	Kitsap County	$ 287,881.00	1
City of Bremerton		Bremerton	Kitsap County	$ 207,043.00	4
Kitsap Community Resources		Bremerton	Kitsap County	$ 25,000.00	1
YWCA of Kitsap County		Bremerton	Kitsap County	$ 24,938.00	1
North Kitsap Fishline		Poulsbo	Kitsap County	$ 21,000.00	2
West Sound Treatment Center (WSTC)		Port Orchard	Kitsap County	$ 20,000.00	1
SeaShare		Bainbridge Island	Kitsap County	$ 20,000.00	1
Housing Resources Board of Bainbridge Island		Bainbridge Island	Kitsap County	$ 16,000.00	1
Kitsap Rescue Mission		Bremerton	Kitsap County	$ 3,526.00	7

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Organization	Medina-Funded?	City	County	Value of Grants		No. of Grants
Bremerton Rescue Mission		Bremerton	Kitsap County	$	778.00	3
Turning Pointe Domestic Violence Services		Shelton	Mason County	$	181,471.00	15
Crossroads Housing	X	Shelton	Mason County	$	55,000.00	5
Pierce County of		Tacoma	Pierce County	$	4,343,395.00	26
Catholic Community Services		Tacoma	Pierce County	$	1,620,600.00	19
The Rescue Mission	X	Tacoma	Pierce County	$	1,374,539.00	173
New Phoebe House Association		Tacoma	Pierce County	$	443,082.00	33
Exodus Housing	X	Sumner	Pierce County	$	324,458.00	32
Family Renewal Shelter		Tacoma	Pierce County	$	301,510.00	23
Fife Women's Aid		Fife	Pierce County	$	180,540.00	1
Nativity House	X	Tacoma	Pierce County	$	176,790.00	21
YWCA Pierce County		Tacoma	Pierce County	$	157,047.00	11
Catholic Community Services of Western Washington		Tacoma	Pierce County	$	141,500.00	8
South Sound Outreach Services		Tacoma	Pierce County	$	140,700.00	3
Lakewood Area Shelter Association		Lakewood	Pierce County	$	132,272.00	12
Rotary International		Gig Harbor	Pierce County	$	103,000.00	1
United Way of Pierce County		Tacoma	Pierce County	$	100,000.00	2
REACH Center		Tacoma	Pierce County	$	90,000.00	1
Our Sisters House		Tacoma	Pierce County	$	69,511.00	8
Safe Home		Fircrest	Pierce County	$	67,500.00	3
Helping Hand House	X	Puyallup	Pierce County	$	64,200.00	2
Homeward Bound in Puyallup		Puyallup	Pierce County	$	55,000.00	2
Salvation Army of Tacoma		Tacoma	Pierce County	$	50,000.00	1
Emmanuels Heart International		Tacoma	Pierce County	$	50,000.00	1
Associated Ministries of Tacoma-Pierce County		Tacoma	Pierce County	$	45,000.00	4
Oasis Youth Center		Tacoma	Pierce County	$	35,000.00	1
Faith International Adoptions		Tacoma	Pierce County	$	24,500.00	2
Vietnam Veterans Leadership Program		Puyallup	Pierce County	$	23,579.00	1
Shared Housing Services	X	Tacoma	Pierce County	$	20,000.00	1
Seattle Network Services		Tacoma	Pierce County	$	20,000.00	1

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Organization	Medina-Funded?	City	County	Value of Grants		No. of Grants
Making a Difference in Community		Tacoma	Pierce County	$	10,000.00	1
Step By Step Family Support Center		Milton	Pierce County	$	10,000.00	1
Anacortes Community Shelter Project		Anacortes	Skagit County	$	273,523.00	9
Skagit Valley Hospitality House Association		Mount Vernon	Skagit County	$	217,124.00	36
Rehema Ministries		Anacortes	Skagit County	$	90,000.00	6
Skagit Domestic Violence and Sexualassault Services		Mount Vernon	Skagit County	$	83,615.00	15
Skagit County Community Action Agency		Mount Vernon	Skagit County	$	75,643.00	1
Friendship House	X	Mount Vernon	Skagit County	$	75,050.00	6
Anacortes Family Center	X	Anacortes	Skagit County	$	45,000.00	2
YMCA Skagit Valley Family	X	Mount Vernon	Skagit County	$	40,000.00	2
YMCA Oasis Teen Shelter	X	Mount Vernon	Skagit County	$	26,000.00	4
Snohomish County of		Everett	Snohomish County	$	8,882,553.00	12
Snohomish County Workforce Development Council		Everett	Snohomish County	$	807,200.00	3
Domestic Violence Servicesof Snohomish County		Everett	Snohomish County	$	573,860.00	46
Everett Gospel Mission		Everett	Snohomish County	$	505,366.00	95
Snohomish County Human Services Department		Everett	Snohomish County	$	500,000.00	1
Hand in Hand	X	Everett	Snohomish County	$	387,700.00	37
Cocoon House	X	Everett	Snohomish County	$	188,500.00	10
Housing Hope	X	Everett	Snohomish County	$	168,700.00	10
Interfaith Association of Northwest Washington		Everett	Snohomish County	$	129,204.00	12
Compass Health		Everett	Snohomish County	$	113,519.00	3
Hopeworks Social Enterprises		Everett	Snohomish County	$	55,000.00	2
Housing Authority of Snohomish County		Everett	Snohomish County	$	50,000.00	1
ChildStrive		Everett	Snohomish County	$	40,000.00	2
YWCA Everett Regional Center		Everett	Snohomish County	$	25,000.00	1
Child Advocacy Center of Snohomish County		Everett	Snohomish County	$	25,000.00	1
Volunteers of America		Everett	Snohomish County	$	15,000.00	1
Take the Next Step		Monroe	Snohomish County	$	10,000.00	1
SE Asia Foundation		Edmonds	Snohomish County	$	10,000.00	1
Society of Saint Vincent de Paul Snohomish County Council		Everett	Snohomish County	$	6,500.00	3

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Organization	Medina-Funded?	City	County	Value of Grants	No. of Grants
Jeremy Walker		Marysville	Snohomish County	$ 1,000.00	1
City of Everett Community Streets Initiative Fund		Everett	Snohomish County	$ 1,000.00	1
Domestic Violence Services of Snohomish County		Everett	Snohomish County	$ 809.00	3
Community Youth Services	X	Olympia	Thurston	$ 396,494.00	6
Safeplace		Olympia	Thurston	$ 393,780.00	62
Washington Department of Commerce		Olympia	Thurston	$ 317,579.00	2
Union Gospel Mission Association of Olympia		Olympia	Thurston	$ 175,971.00	25
Thurston County Ha		Olympia	Thurston	$ 133,921.00	1
SideWalk	X	Olympia	Thurston	$ 65,000.00	5
Washington State Coalition Against Domestic Violence		Olympia	Thurston	$ 60,650.00	7
Family Support		Olympia	Thurston	$ 54,810.00	1
Panza	X	Olympia	Thurston	$ 50,000.00	2
Olympia Union Gospel Mission		Olympia	Thurston	$ 45,540.00	2
YWCA of Olympia		Olympia	Thurston	$ 20,000.00	1
Bread and Roses of Olympia		Olympia	Thurston	$ 1,500.00	3
Bellingham Hsg Authority		Bellingham	Whatcom	$ 1,151,902.00	2
Opportunity Council	X	Bellingham	Whatcom	$ 565,630.00	10
Northwest Youth Services	X	Bellingham	Whatcom	$ 351,787.00	5
Lydia Place	X	Bellingham	Whatcom	$ 319,202.00	46
Domestic Violence & Sexual Assault Services of Whatcom County		Bellingham	Whatcom	$ 197,036.00	30
Lighthouse Mission Ministries		Bellingham	Whatcom	$ 130,082.00	86
Womencare Shelter		Bellingham	Whatcom	$ 53,375.00	8
YWCA of Bellingham	X	Bellingham	Whatcom	$ 45,000.00	2
Sean Humphrey House		Bellingham	Whatcom	$ 41,609.00	13
Sun Community Service		Bellingham	Whatcom	$ 40,880.00	1
Alternatives to Hunger		Bellingham	Whatcom	$ 20,000.00	1
Law Advocates		Bellingham	Whatcom	$ 5,417.00	2
New Way Ministries	X	Lynden	Whatcom	$ 5,000.00	1

Appendix D: Total Average Cost of Total Housing Interventions by County

Average Cost of Total Housing Interventions by County	
Clallam	$ 4,618.11
Grays Harbor	$ 5,505.57
Island	$ 4,473.29
Jefferson	$ 3,628.59
King	$ 11,765.42
Kitsap	$ 5,187.72
Mason	$ 5,115.38
Pacific	$ 9,967.35
Pierce	$ 5,957.71
San Juan	$ 7,841.59
Skagit	$ 8,190.19
Snohomish	$ 15,016.57
Thurston	$ 8,933.15
Whatcom	$ 10,218.53

Created with data from: *County Report Card*, 2017; *Washington State Homeless Performance County Report Cards*, 2018

Appendix E: Average Cost of Services Per Day

Average Cost of Services Per Day				
County	Prevention	Emergency Shelters	Transitional	Rapid Rehousing
Clallam	$ 10	$ 19	$ 58	$ 18
Grays Harbor	$ 20	$ 49		$ 32
Island	$ 10	$ 39	$ 20	$ 18
Jefferson	$ 22	$ 20	$ 20	$ 40
King	$ 15	$ 55	$ 48	$ 85
Kitsap	$ 22	$ 48	$ 18	$ 21
Mason	$ 92	$ 31	$ 31	$ 214
Pacific	$ 33			$ 73
Pierce		$ 47	$ 11	$ 51
San Juan	$ 97			$ 88
Skagit	$ 28	$ 55	$ 89	$ 31
Snohomish	$ 482	$ 74	$ 111	$ 78
Thurston	$ 35	$ 380	$ 26	$ 783
Whatcom	$ 50	$ 135	$ 37	$ 37
All 14 Counties	$ 40	$ 57	$ 38	$ 69

Source: Washington State Homeless System Performance, County Report Cards, 2018

Appendix F: Cost Per Successful Exit to Permanent Housing

Costs Per Successful Exit to Permanent Housing				
County	Prevention*	Emergency Shelters	Transitional	Rapid Rehousing
Clallam	$ 3,103	$ 3,604	$ 16,508	$ 12,533
Grays Harbor	$ 2,207	$ 3,992	■	$ 8,500
Island	$ 1,191	$ 7,490	$ 32,152	$ 2,691
Jefferson	$ 2,926	■	$ 8,507	$ 3,476
King	■	$ 14,207	$ 7,351	$ 12,021
Kitsap	$ 431	$ 7,021	$ 7,364	$ 4,055
Mason	$ 1,210	$ 6,760	■	$ 4,002
Pacific	$ 1,770	■	■	$ 17,384
Pierce	$ 927	$ 2,157	$ 4,470	$ 14,466
San Juan	$ 4,120	■	■	$ 9,791
Skagit	$ 1,310	$ 8,719	$ 16,888	$ 6,364
Snohomish	$ 4,774	$ 16,129	$ 89,330	$ 14,351
Thurston	$ 9,599	$ 9,926	$ 13,177	$ 6,015
Whatcom	$ 1,710	$ 18,365	$ 26,209	$ 9,078
All 14 Counties	$ 1,770	$ 7,360	$ 11,495	$ 4,833

Source: Washington State Homeless System Performance, County Report Cards, 2018,
*Washington State Homeless Performance County Report Cards, 2017

Appendix Item G: Proportion of Services Accessed in 2018

Proportion of Services Accessed in 2017					
County	Count	Prevention*	Emergency Shelters	Transitional	Rapid Rehousing
Clallam	2580	6.94%	82.87%	3.49%	6.71%
Grays Harbor	562	21.71%	36.12%	0.00%	42.17%
Island	776	42.91%	20.49%	4.90%	31.70%
Jefferson	164	20.12%	18.90%	18.29%	42.68%
King	32700	12.85%	70.62%	5.46%	11.07%
Kitsap	2017	23.05%	59.44%	6.20%	11.30%
Mason	628	13.54%	61.46%	5.10%	19.90%
Pacific	160	47.50%	0.00%	0.00%	52.50%
Pierce	5384	■	66.58%	3.14%	30.29%
San Juan	32	34.38%	0.00%	0.00%	65.63%
Skagit	1156	10.73%	63.84%	8.22%	17.21%
Snohomish	2358	16.75%	61.49%	1.57%	20.19%
Thurston	3574	6.04%	63.23%	3.19%	27.53%
Whatcom	1964	36.30%	28.31%	6.92%	28.46%
All 14 Counties	54056	13.26%	65.96%	5.00%	15.88%

Source: Washington State Homeless System Performance, County Report Cards, 2018,

Default Question Block

Introduction

Thank so much for volunteering to complete our survey! As you know, we are working with the Medina Foundation and your grantees to develop recommendations for how Medina can make a bigger impact with its homelessness funding.

Your voice as Medina Foundation staff is particularly important to us so we want to hear from you! We hope to use your experience and knowledge to learn where you most want to see resources and funding allocated and what issues and populations you see as priority areas.

It is important to us that you know your responses will be kept confidential. We will ask for your name and contact information at the end of this survey but will not share it or your responses with anyone outside our group of researchers. The information you share will be combined with others who complete this survey.

This survey should take between 10 and 15 minutes to complete. And if you are interested, we may contact you with follow up questions.

Please complete this survey by Friday, March 16.

Please email Priya Saxena at MedinaFoundationSurvey@gmail.com if you have any questions or comments. Thank you again for responding to our survey and helping with our study!

Understanding the Counties Medina Serves

This first set of questions will help us understand the counties Medina serves. The information you provide will supplement the data we gather from surveys of Medina grantees and our county analysis. Please answer these questions using the knowledge you've gathered from your experience and expertise and keep in mind the counties in your portfolio.

What county or counties are in your funding portfolio? (Please check all that apply). If you do not have a funding portfolio please select the county or counties you know most about.

- [ ] Clallam County
- [ ] Grays Harbor County
- [ ] Island County
- [ ] Jefferson County
- [ ] King County
- [ ] Kitsap County
- [ ] Mason County

☐ Pacific County

☐ Pierce County

☐ San Juan County

☐ Skagit County

☐ Snohomish County

☐ Thurston County

☐ Whatcom County

What do you think are the biggest challenges the county or counties in your portfolio face in fighting homelessness?

Understanding Homelessness

The following questions will help us understand the homeless community and which target populations are your highest priority across the 14 counties Medina funds. Please answer these questions based on your experience, expertise, and knowledge and keep in mind the county or counties in your portfolio.

Thinking about the county or counties in your portfolio, which of the target populations listed below do you think are most likely to experience homelessness? (Please select up to 5 target populations).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [_____] Other (please specify):

☐ [_____] Other (please specify):

Why did you select these target populations? What issues do you think these target populations face that might make

them more likely to face homelessness?

Which of the following target populations within the homeless community do you think are most vulnerable or most in

need of supportive services in your county? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency
   treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has
   experienced at least 12 continuous months or four separate occasions
   adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically
   homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [   ] Other (please specify):

☐ [   ] Other (please specify):

Why did you select these target populations? What about their demographics might make them more vulnerable than other homeless individuals?

[   ]

Thinking about the target populations in the county or counties in your portfolio, which do you think are at most risk for becoming homeless? (Please select up to 5 target populations).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Individuals with chronic health issues

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ Other (please specify):

☐ Other (please specify):

Why did you select these target populations? What issues do these target populations face that might make them more likely to face homelessness?

Programs, Initiatives, and Funding

The following questions ask about the types of housing-related programs and initiatives you believe should be priority for the Medina Foundation and which types of funding models you believe provide the most support. Please answer these questions using

your knowledge, experience, and expertise and keep in mind the 14 counties Medina Funds.
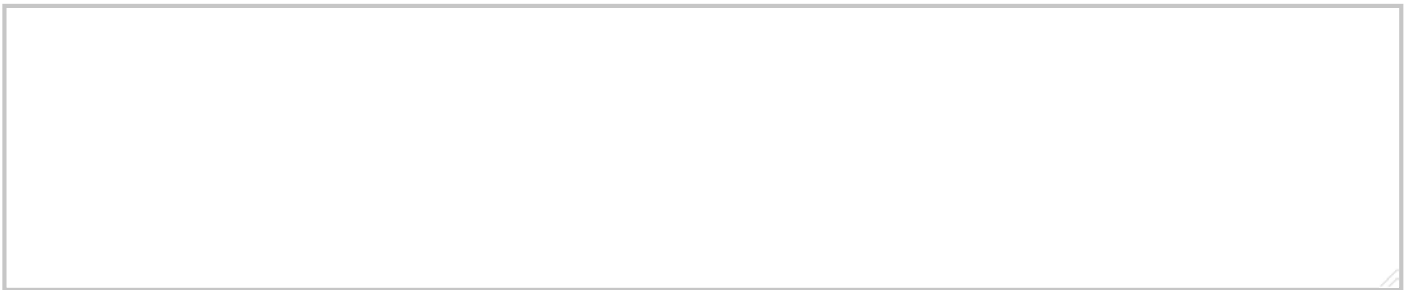
As you know, Medina currently funds a range of housing-related programs and initiatives. They do this because they know that different interventions work better for different populations and there is no one size fits all solution. Think about the county or counties in your portfolio. With those locations in mind, what types of housing-related programs or initiatives do you think would make the biggest impact in the fight against homelessness? (Please select up to two options).

☐ Emergency shelter (temporary emergency housing; generally for up to 90 days)

☐ Transitional housing (temporary housing, usually combined with supportive services, to bridge the gap between homelessness and permanent housing. Generally up to two years)

☐ Permanent supportive housing (non-time-limited affordable housing combined with wrap-around support services)

☐ Rapid Re-housing (short-term rental assistance and services to help people move quickly from homelessness into housing)

☐ Diversion (preventing homelessness by helping people identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing)

☐ [   ] Other (please specify):

Why did you select these two programs or initiatives? What do you find compelling about these types of programs?

What type of funding model or funding level would work best to support the types of programs you listed above? (For example, long-term general operating funding, one-year high value funding, multi-year low value funding, etc).

Survey Respondent Information

These questions tell us about who you are and whether or not you would like to participate in a follow up conversation.

What is your name?

[   ]

What is your email address?

[   ]

What is your phone number?

[   ]

After reviewing survey responses, we may have additional follow up questions? May we contact you to schedule a follow up conversations?

○ Yes

○ No

Thanks! How can we contact you to schedule a follow up conversation?

◯ Phone

◯ Email

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Introduction

MEDINA
FOUNDATION

Introduction

Thank so much for volunteering to complete our survey! As you know, we are working with the Medina Foundation and your grantees to develop recommendations for how Medina can make a bigger impact with its homelessness funding.

Your voice as a Medina Foundation Trustee is particularly important to us so we want to hear from you! We value your input and would love if you could share your experience, knowledge, and priorities about funding allocation and who to serve.

It is important to us that you know your responses will be kept confidential. We will ask for your name and contact information at the end of this survey but will not share this information with anyone outside our group of researchers. The information you share will be combined with others who complete this survey.

This survey should take about 5 and 10 minutes to complete.

Please complete this survey by Friday, March 16.

If you have any questions or comments, please email Priya Saxena at

MedinaFoundationSurvey@gmail.com. Thank you again for responding to our survey!

Understanding Homelessness

The following questions will help us understand which target populations within the homeless community you find most compelling or that are your highest priority for making a bigger impact. Please answer these questions based on your experience, expertise, and knowledge and keep in mind the 14 counties Medina funds.

Below are the populations that Medina currently funds. Please select the target populations that you find most compelling for Medina's funding or that are your highest priority. (Please select up to 5 target populations).

☐ Unaccompanied youth and young adults (age 24 and younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Age 55 and up)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [   ] Other (please specify):

☐ [   ] Other (please specify):

Why did you select these target populations? What issues do these target populations face that make them more compelling to you as a funder?

[   ]

Programs and Initiatives

The following questions will help us understand what types of housing-related programs and initiatives you believe should be the highest priority for Medina. Please answer these questions based on your experience, expertise, and knowledge and keep in mind the 14 counties Medina funds.

Medina currently funds a range of housing-related programs and initiatives. This is because they know that different

interventions work better for different populations and that there is no one size fits all solution. What type of

interventions do you think make the most impact? (Please select up to two options).

☐ Emergency shelters (temporary emergency housing; generally for up to 90 days)

☐ Transitional housing (temporary housing, usually combined with supportive services, to bridge the gap between homelessness and permanent housing; generally up to two years)

☐ Permanent supportive housing (non-time-limited affordable housing combined with wrap-around support services)

☐ Rapid re-housing (short-term rental assistance and services to help people move quickly from homelessness into housing)

☐ Diversion (preventing homelessness by helping people identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing)

☐ [   ] Other (please specify):

Why did you select these two programs or initiatives? What do you find compelling about these types of programs?

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Survey Respondent Information

The following questions let us know who our survey respondents are and who we may contact with potential follow up questions.

What is your name?

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What is your e-mail address?

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What is your phone number?

After reviewing the survey responses, we may have additional follow up questions. May we contact you if we have

follow up questions?

○ Yes

○ No

How should we contact you with our follow up questions?

○ Phone

○ Email

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Default Question Block

Introduction

Thank you for volunteering to complete our survey! We are second year Masters students at the University of Washington Evans School of Public Policy and Governance. We are working with the Medina Foundation to learn about homelessness in the 14 counties they fund as well as programs, initiatives, and organizations that work best to prevent and / or directly address homelessness. Our study will help the Medina Foundation allocate funding for homelessness programs so they can make a greater impact.

We are reaching out to you because the Medina Foundation identified you as a Community Partner: someone the Medina Foundation works with on homelessness issues and whose views they value. **Your voice as a Medina Foundation Community Partner is particularly important to us and our study, so we hope to hear from you!**

It is imporant to us that you know your responses to this survey will remain confidential. We will ask for you name and contact information at the end of this survey but will not share it or your responses with anyone outside of our research group. The information you share will be combined with others who complete this survey.

This surey will take approximately 10 to 15 minutes to complete.
Please complete this survey by Friday, March 16.

If you have questions or comments about the survey or our study, please email Priya

Saxena at MedinaFoundationSurvey@gmail.com.

Thank you again for responding to our survey and helping us with our study!

Organization and County Information

The following questions will help us understand your organization.

What is the name of your organization?

[   ]

What is the URL for your organization's website?

[   ]

In what county is your organization located?

[▼]

Which of the options below best describe your organization?

○ Funding Organization (provides monetary grants to service providers and other organizations)

○ Multi-Service Providing Organization (provides multiple types of services to community members)

○ [   ] Other (please specify):

Understanding the Homeless Population

These next several questions ask about those who are curently homeless and those who are at risk of homelessness in your county. Please answer these questions based on your knowledge, experience, and expertise.

Which of the following target populations do you think make up the majority of the homeless population in your

county? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

- ☐ Veterans
- ☐ Families
- ☐ Foster youth
- ☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)
- ☐ Individuals with a chemical dependency but are not chronically homeless
- ☐ Individuals with mental illness but are not chronically homeless
- ☐ Individuals with chronic physical health issues but are not chronically homeless
- ☐ Older Adults (Ages 55+)
- ☐ Individuals or families living in rural communities
- ☐ Alaskan Native and Native American
- ☐ Immigrants and Refugees
- ☐ [   ] Other (please specify):
- ☐ [   ] Other (please specify):

Please briefly explain why you think it is the case that the target populations you selected above make up the majority of the homeless community in your county.

[   ]

Which of the following target populations within the homeless community below do you think are most vulnerable or most in need of supportive services in your county? **(Please select up to 5).**

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [_____] Other (please specify):

☐ [_____] Other (please specify):

Please briefly explain why you think it is the case that the target populations you selected above are the most

vulnerable or most in need of services in your community.

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┌─────────────────────────────────────────────────────────────────────────┐
│                                                                           │
│                                                                           │
│                                                                           │
└─────────────────────────────────────────────────────────────────────────┘
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Which of the following target populations do you think are most at-risk of becoming homeless? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Individuals with chronic health issues

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [_____] Other (please specify):

☐ [_____] Other (please specify):

Please briefly explain why you think it is the case that the target populations you selected above are most at-risk of becoming homeless.

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In your opinion, what characteristics make your county unique when it comes to fighting homelessness? (e.g. you county has a particularly high or low poverty rate, your county is urban, rural, suburban, your county has high rental rates, etc.)

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Understanding Programs that Work

We would like to get a better understanding of what types of programs work for those at-risk of homelessness and those currently experiencing homelessness. Please answer the following questions about best-practice programs based on your knowledge, experience, and expertise.

Of the types of housing and homelessness interventions listed below, which two do you think make the greatest impact? (Please select up to 2).

☐ Emergency shelter (temporary emergency housing; generally for up to 90 days)

☐ Transitional housing (temporary housing, usually combined with supportive services, to bridge the gap between homelessness and permanent housing. Generally up to two years)

☐ Permanent supportive housing (non-time-limited affordable housing combined with wrap-around support services)

☐ Rapid re-housing (short-term rental assistance and services to help people move quickly from homelessness into housing)

☐ Diversion (preventing homelessness by helping people identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing)

☐ [   ] Other (please specify):

Please describe a program, organization, or initiative that would best aid those who are currently homeless

[   ]

Please describe a program, organization, or initiative that would best prevent those who are at-risk of homelessness from becoming homeless.

[   ]

Thinking Big

These questions allow you to think big! Please answer the following questions based on your knowledge, expertise, and experience.

What would a program that eliminates homelessness in your county look like?

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Thinking about your organization or organizations in your county: what resources would it take to scale the housing / homelessness program(s) to meet current demand?

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Survey Participant Information

These questions collect information about who you are. Please remember that your identity and responses will remain confidential.

What is your name?

[ ]

What is your email address?

[ ]

What is your phone number?

[ ]

What is your job title?

After collecting our responses, we may have follow up questions. May we contact you if we have any additional or clarifying questions?

○ Yes

○ No

Thanks! How would you prefer we contact you?

○ By phone

○ By email

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Default Question Block

Introduction

Thank you for volunteering to complete our survey! We are second year graduate students at the University of Washington Evans School of Public Policy and Governance. We are working with the Medina Foundation to learn about homelessness in the 14 counties they fund as well as programs, initiatives, and organizations that prevent or directly address homelessness. Our study will help the Medina Foundation allocate funding for homelessness programs so they can make a greater impact.

We are reaching out to you because you've received funding from the Medina Foundation for a program, initiative, or organization that prevents and / or directly addresses homelessness and therefore, have a critical perspective on the topics we are studying.

Your voice as a Medina Foundation grantee is extremely important to us so we want to hear from you!

It is important to us that you know your responses will be kept confidential. We will ask for your name and contact information at the end of this survey but will not share it or your responses with anyone outside of our research group.

The information you share will be combined with others who complete this survey.

This survey will take approximately 10-15 minutes to complete.

Please complete this survey by Friday, March 16.

If you have any questions or comments, please email Priya Saxena at MedinaFoundationSurvey@gmail.com. Thank you again for responding to our survey and helping us with our study!

Organizational, County, and Grant Information

The following questions ask about your organization, the county where your organization is located, and the type of funding you've received from the Medina Foundation. We appreciate you answering these questions!

What organization do you represent?

[   ]

What is the URL for your organization's website?

In what county in your organization located?

▼

What types of housing and homelessness services does your organization provide? (Please check all that apply).

☐ Emergency shelter (temporary emergency housing; generally for up to 90 days)

☐ Transitional housing (temporary housing, usually combined with supportive services, to bridge the gap between homelessness and permanent housing. Generally up to two years)

☐ Permanent supportive housing (non-time-limited affordable housing combined with wrap-around support services)

☐ Rapid re-housing (short-term rental assistance and services to help people move quickly from homelessness into housing)

☐ Diversion (preventing homelessness by helping people identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing)

☐ [   ] Other (please specify):

Very briefly, please describe the type of funding Medina Foundation granted to you in the past five years. (e.g., "From 2014-2017 the Medina Foundation granted our organization $4,000 annually for our program on...)

We appreciate your response to this question as it will help us confirm our current knowledge!

What populations does your organization serve through their homelessness programming? (Please check all that apply).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [   ] Other (please specify):

☐ [   ] Other (please specify):

What aspects of your program(s) do you think are unique? (e.g., do you serve a specific sub-population, offer a unique service, or are one of the few programs in your community, etc).

[   ]

Understanding the Homeless Population in your County

These next several questions ask about those who are currently homeless and those who are at-risk of experiencing homelessness in your county. Please answer these questions based on your knowledge, experience, and expertise.

Which of the following target populations do you think make up the majority of the homeless population in your county? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [   ] Other (please specify):

☐ [   ] Other (please specify):

Please briefly explain why you think the target populations you selected above make up the majority of the homeless community in your county.

[   ]

Which of the following target populations within the homeless community do you think are most vulnerable or most in need of supportive services in your county? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Chronically homeless individuals (Someone with a disability who has experienced at least 12 continuous months or four separate occasions adding up to 12 months over four years of homelessness)

☐ Individuals with a chemical dependency but are not chronically homeless

☐ Individuals with mental illness but are not chronically homeless

☐ Individuals with chronic physical health issues but are not chronically homeless

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [   ] Other (please specify):

☐ [   ] Other (please specify):

Please briefly explain why you think it is the case that the target populations you selected above are the most vulnerable or most in need of services in your community.

[   ]

Which of the following target populations do you think are most at-risk of becoming homeless? (Please select up to 5).

☐ Unaccompanied youth and young adults (Ages 24 or younger)

☐ Individuals exiting institutions (such as hospitals, chemical dependency treatment centers, psychiatric hospitals, or incarceration)

☐ Survivors of domestic violence or sexual abuse

☐ Veterans

☐ Families

☐ Foster youth

☐ Individuals with chronic health issues

☐ Older Adults (Ages 55+)

☐ Individuals or families living in rural communities

☐ Alaskan Native and Native American

☐ Immigrants and Refugees

☐ [_____] Other (please specify):

☐ [_____] Other (please specify):

Please briefly explain why you think it is the case that the target populations you selected above are most at-risk of becoming homeless.

In your opinion, what characteristics or factors make your county unique when it comes to fighting homelessness? (For example, does your county have a particularly high or low poverty rate, is your county mainly rural, urban, or suburban, etc.)

Understanding Programs that Work

These next several questions ask about the types of programs you believe work best for those at-risk of homelessness and those currently experiencing homelessness. Please answer the following questions about best-practice programs based on your knowledge, experience, and expertise.

Of the types of housing and homelessness interventions listed below, which do you think make the greatest impact? (Please select up to 2).

☐ Emergency shelter (temporary emergency housing; generally for up to 90 days)

☐ Transitional housing (temporary housing, usually combined with supportive services, to bridge the gap between homelessness and permanent housing. Generally up to two years)

☐ Permanent supportive housing (non-time-limited affordable housing combined with wrap-around support services)

☐ Rapid re-housing (short-term rental assistance and services to help people move quickly from homelessness into housing)

☐ Diversion (preventing homelessness by helping people identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing)

☐ Other (please specify):

In your own words, describe a program, organization, or initiative that would best aid those who are currently homeless.
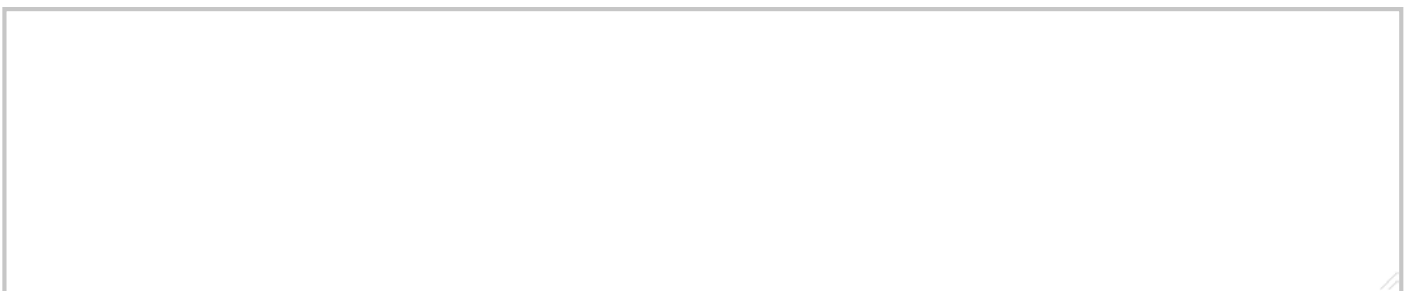
In your own words, describe a program, organization, or initiative that would best prevent those who are at-risk of homelessness from becoming homeless.

Thinking Big

These questions give you the opportunity to think big! Please answer the following questions based on your knowledge, expertise, and experience.

What would a program, initiative, or organization that eliminates homelessness look like in your county?

Thinking about your organization: what resources would it take to scale the housing /

homelessness program(s) you provide to meet current demand?

Survey Participant Information

These questions collect information about who you are. Please remember that your identity and responses will remain confidential.

What is your name?

What is your email address?

[ ]

What is your work phone number?

[ ]

What is your job title?

[ ]

After reviewing our survey responses, we may have follow up questions for you. Can we contact you with any additional or clarifying questions?

○ Yes

○ No

Thanks! If we have follow up questions, how do you prefer we contact you?

◯ Phone

◯ Email

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THE MEDINA IMPACT
A Gap Analysis for Funding Homelessness Initiatives in Western Washington

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GUIDING QUESTION

What criteria can the Medina Foundation use when assessing grant applications for homelessness initiatives?

ABOUT THIS STUDY

Starting in December 2017, the Medina Foundation collaborated with the Evans School of Public Policy & Governance's Student Consulting Lab to conduct a gap analysis of homelessness initiatives within their grant-making region. This document provides an overview of the study's findings, along with strategic recommendations for the future. Research was conducted by Priya Saxena, Jessica Schwartz, and Danielle Whetton under the supervision of Erica Mills.

RECOMMENDATIONS

Prioritize grant funding to:

- Counties with *higher need*
- Counties that have been *underfunded*
- Program types that are considered more impactful: *preventative programming, transitional housing,* and *permanent supportive housing*
- Programs that support the most vulnerable populations: *individuals living in chronic homelessness, individuals with behavioral health disorders, unaccompanied youth and young adults, survivors of domestic violence or sexual assualt,* and *people of color, immingrants, refugees, and Native Populations*

SERVICES THAT MAKE AN IMPACT

PREVENTION PROGRAMMING

PERMANENT SUPPORTIVE HOUSING

TRANSITIONAL HOUSING

NOTABLE POPULATIONS

	Chronically Homeless	Mental Illness	YYA	Chemical Dependency	Exiting Institutions	Families	Chronic Health Issues	Foster Youth	DV/SA Survivors
Most Represented	✓	✓		✓		✓			✓
Most Vulnerable	✓	✓	✓		✓				✓
Most At-Risk of Homelessnes		✓	✓		✓		✓	✓	✓

THE MEDINA IMPACT

Between 2012 and 2017, the Medina Foundation provided **329,393** instances of aid to individuals at-risk of or experiencing homelessness and granted **$5,364,348** to organization fighting homelessness.

The Medina Foundation has funded:

12 Prevention Programs

40 Emergency Services

28 Transitional Housing Programs

26 Permanent Supportive Housing Programs

Table 1: Intervention Type Costs and Proportion of Services Accessed

	Prevention Programming	Emergency Shelter	Transitional Housing	Rapid Rehousing
Estimated Costs of Service	$ 1,770	$ 7,360	$ 11,495	$ 4,833
Proportion of Services Accessed	13%	66%	5%	16%

*Prevention data only available in 2017 and not included in total estimated services

Table 2: Demographic and Regional Information Listed by County

County	Population	Median Rent	Area Median Income	% Living in Poverty	% Vacant Rental Housing	% of Renters Evicted	% Living in Homeless-ness	# of People Living in Homeless-ness
Clallam	74,570	702	62,300	15.30%	1.80%	0.88%	0.38%	281
Grays Harbor	71,628	598	51,400	15.20%	2.50%	1.93%	0.28%	201
Island	82,636	850	77,300	9.40%	2.70%	0.61%	0.15%	127
Jefferson	31,139	753	63,700	12.00%	6.70%	0.52%	0.60%	187
King	2,149,970	1,633	96,000	9.30%	3.40%	0.41%	0.54%	11,643
Kitsap	264,811	933	77,100	10.10%	3.50%	1.09%	0.20%	517
Mason	62,198	738	60,500	14.90%	7.00%		0.35%	216
Pacific	21,249	674	52,700	17.00%	4.30%	0.73%	0.06%	12
Pierce	861,312	936	74,500	12.10%	2.90%	0.97%	0.15%	1,321
San Juan	16,339	908	67,600	9.90%	8.70%	0.08%	0.22%	36
Skagit	123,681	794	66,300	11.30%	0.30%	0.81%	0.26%	321
Snohomish	787,620	1,633	96,000	8.00%	9.70%	1.33%	0.14%	1,066
Thurston	275,222	972	76,300	10.40%	2.70%	0.87%	0.19%	534
Whatcom	216,800	832	68,300	15.20%	0.50%	0.76%	0.33%	713

POPULATIONS

Chronically Homeless Individual - Individual with a physical or behavioral health disability who has been homeless for the past 12 months consecutively or 4+ times in the last three years

Family - Any household with children under the age of 18 years old

Veteran - Any individual who has previously served in the military

Unaccompanied Youth and Young Adults (YYA)- Youth includes anyone under the age of 18; young adults are adults between the ages of 18 and 24

INTERVENTIONS

Prevention Programming - Support services and financial aid to prevent at-risk households from becoming homeless; includes: temporary rental assistance, utility assistance, food banks, and family reunification programs

Emergency Shelter - Temporary overnight housing; includes night shelters and winter shelter programs

Transitional Housing - Temporary residence to assist households to prepare for and identify permanent housing; may stay in housing for up to 24 months.

Rapid Rehousing (RRH) - Housing with a low barrier to entry; focuses on housing first and provides support services after housing is secured

Permanent supportive housing (PSH) - Long-term housing with support services that assists households with developing daily living skills needed to maintain housing

Table 3: Sample Grant Exercise

	Program A	Program B
County	Pierce County	Grays Harbor
Target Population	Single Adults	Unaccompanied Youth and Young Adults
Amount Requested	$20,000	$20,000
Estimated counts of service last year	402	542
Services Description	Emergency Shelter, Case Management, Mental Health Counseling, Chemical Dependency Counseling	Housing Support, Employment Services, Educational Support, Financial Literacy
Type of Grant	General Operating	General Operating

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Attachment 2: High-Level Findings by County

1. Clallam County

Demographic Data
Table 1.1: Clallam County Demographics

Total Population	74,570	Native American / Alaskan	5.60%
Under 18 old	17.40%	Asian	1.70%
Over 65 years old	28.30%	Native Hawaiian / Pacific Islander	0.20%
Female	50.60%	2 or more Races	3.90%
Male	49.40%	Hispanic / Latino	6.10%
Black / African American	1.00%	Foreign Born	4.90%
White (not Hispanic / Latino)	83.20%	Veterans	12.57%

Source: United States 2016 Census Bureau

Homelessness Data
Table 1.2: Overview of homelessness in Clallam County

Total Population: 74,570			
Number of People Living in Homelessness	281	Percent of Unsheltered People	79%
Percent of People Living in Homelessness	0.38%	Percent of Sheltered People	21%

Source: Clallam County PIT Count Summary

Understanding Sub-Populations Living in Homelessness
Table 1.3 Overview of sub-populations living in homelessness in Clallam County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals with chemical dependency 2. Individuals who are chronically homeless 3. Survivors of domestic violence or sexual assault
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Individuals with mental illness 2.Individuals with chemical dependency 3. Individuals who are chronically homeless
Most At-Risk of Experiencing Homelessness	1. Unaccompanied Youth

Source: Medina Foundation Surveys

Medina Foundation Grant Support

Table 1.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$49,850
Top 3 Populations Served	1. Young Adults 2. Veterans 3. N/A

Number of Organizations Funded	2	**Number of Clients Served**	3,863

Source: Medina Foundation Grant Portfolio Data

Table 1.5: Overview of Interventions Funded with Medina Dollars

Prevention (Prevention)	1	**Transitional Housing**	1
Drop-In Day Services	1	**Permanent Supportive Housing**	2
Emergency Housing	2	**Supportive Services (only)**	0
Outreach	1	**Advocacy**	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 1.6: Programs with Largest Impact of Preventing or Addressing Homelessness in Clallam County

1.	Transitional Housing
2.	Permanent Supportive Housing
3.	Prevention Programming

Source: Medina Foundation Surveys

2. Grays Harbor County

Demographic Data

Table 2.1: County Demographics

Total Population	71, 628	**Native American / Alaskan**	5.50%
Under 18 old	20.80%	**Asian**	1.50%
Over 65 years old	20.20%	**Native Hawaiian / Pacific Islander**	0.30%

Female	48.7%	2 or more Races	3.90%
Male	51.3%	Hispanic / Latino	9.90%
Black / African American	1.40%	Foreign Born	5.40%
White (not Hispanic / Latino)	79.60%	Veterans	10.29%

Source: United States 2016 Census Bureau

Homelessness Data

Table 2.2: Overview of Homelessness in Grays Harbor County

Total Population: 71, 628			
Number of People Living in Homelessness	201	**Percent of Unsheltered People**	59%
Percent of People Living in Homelessness	0.28%	**Percent of Sheltered People**	41%

Source: Grays Harbor County PIT Count Summary

Understanding Sub-Populations Living in Homelessness

Table 2.3: Overview of sub-populations living in homelessness in Grays Harbor County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals who are chronically Homelessness 2. Individuals with chemical dependency 3. Individuals with mental illness
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth 2. Individuals exiting institutions 3. Individuals with chemical dependency 4. Individuals with Mental Illness
Most At-Risk of Experiencing Homelessness	1. Unaccompanied Youth 2. Individuals exiting institutions 3. Rural communities

Source: Medina Foundation Surveys

Medina Foundation Grant Support

Table 2.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$40,000
Top 3 Populations Served	1. Unaccompanied youth 2. Families 3. N/A

Number of Organizations Funded	1	Number of Clients Served	935

Source: Medina Foundation Grant Portfolio Data

Table 2.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	0	**Transitional Housing**	0
Drop-In Day Services	0	**Permanent Supportive Housing**	0
Emergency Housing	1	**Supportive Services (only)**	0
Outreach	0	**Advocacy**	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 2.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Grays Harbor County

1.	Transitional housing
2.	Permanent supportive housing
3.	Rapid re-housing (tie)
4.	Prevention programming (tie)

Source: Medina Foundation Surveys

3. Island County

Demographic Data

Table 3.1: County Demographics

Total Population	82,636	**Native American / Alaskan**	1.0%
Under 18 old	18.3%	**Asian**	5.1%
Over 65 years old	23.8%	**Native Hawaiian / Pacific Islander**	0.5%
Female	50.1%	**2 or more Races**	4.5%
Male	49.9%	**Hispanic / Latino**	7.4%
Black / African American	3.0%	**Foreign Born**	7.2%
White (not Hispanic / Latino)	79.8%	**Veterans**	14.8%

Source: United States 2016 Census Bureau

Homelessness Data
Table 3.2: Overview of Homelessness in Island County

Total Population:			
Number of People Living in Homelessness	127	**Percent of Unsheltered People**	33%
Percent of People Living in Homelessness	0.002%	**Percent of Sheltered People**	67%

Understanding Sub-Populations Living in Homelessness
There were no survey respondents for Island County.

Medina Foundation Grant Support
There was no funding given from Medina to service providers in Island County.

Programs that Make an Impact
There were no survey respondents for Island County.

4. Jefferson County

Demographic Data
Table 4.1: County Demographics

Total Population	31,139	Native American / Alaskan	2.2%
Under 18 old	14.9%	**Asian**	1.8%
Over 65 years old	34.7%	**Native Hawaiian / Pacific Islander**	0.3%
Female	50.8%	**2 or more Races**	3.2%
Male	49.2%	**Hispanic / Latino**	3.9%
Black / African American	1.0%	**Foreign Born**	4.9%
White (not Hispanic / Latino)	88.5%	**Veterans**	13.8%

Source: United States 2016 Census Bureau

Homelessness Data
Table 4.2: Overview of Homelessness in Jefferson County

Total Population:			
Number of People Living in Homelessness	187	**Percent of Unsheltered People**	49%

Percent of People Living in Homelessness	0.006%	Percent of Sheltered People	51%

Understanding Sub-Populations Living in Homelessness

Table 4.3: Overview of sub-populations living in homelessness in Jefferson County

Highly Represented Sub-Populations Living in Homelessness	1. Veterans 2. Individuals Exiting Institutions 3. Survivors of DV/SA 4. Families 5. Individuals living in chronic homelessness 6. Older Adults 7. Rural
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Rural Families
Most At-Risk of Experiencing Homelessness	1. Youth and Young Adults 2. Individuals Exiting Institutions 3. Survivors of DV/SA 4. Individuals with Chronic Health issues 5. Older Adults 6. Rural

Source: Medina Foundation Surveys

Medina Foundation Grant Support

There was no funding given from Medina to service providers in Jefferson County.

Programs that Make an Impact in Jefferson County

Table 4.4: Programs With Largest Impact of Preventing or Addressing Homelessness in Jefferson County

1.	Emergency Shelters
2.	Transitional Housing
3.	Permanent Supportive Housing

5. King County

Demographic Data
Table 5.1: County Demographics

Total Population	2,149,970	Native American / Alaskan	1.0%
Under 18 old	20.6%	Asian	17.4%
Over 65 years old	10.9%	Native Hawaiian / Pacific Islander	1.0%
Female	50.0%	2 or more Races	5.0%
Male	50.0%	Hispanic / Latino	9.5%
Black / African American	6.8%	Foreign Born	21.6%
White (not Hispanic / Latino)	61.1%	Veterans	5.2%

Source: United States 2016 Census Bureau

Homelessness Data
Table 5.2: Overview of Homelessness in King County

Total Population: 2,149,970			
Number of People Living in Homelessness	11,643	Percent of Unsheltered People	52%
Percent of People Living in Homelessness	0.5 %	Percent of Sheltered People	

Source: King County PIT Count Summary

Table 5.3: Overview of sub-populations living in homelessness in King County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals Exiting Institutions 2. Individuals with chemical dependency 3. Individuals with mental illness
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth & young adults 2. Individuals living in chronic homelessness 3. Survivors of domestic violence & sexual assault
Most At-Risk of Experiencing Homelessness	1. Individuals existing institutions 2. Survivors of domestic violence & sexual assault 3. Foster youth

Source: Medina Foundation Surveys

Costs of Homelessness Programs
Table 5.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$ 3,119,300		
Top 3 Populations Served	1. Families with children under 18 2. Single adults (Including: single women, young adults) 3. Unaccompanied youth		
Number of Organizations Funded	42	Number of Clients Served	202,868

Source: Medina Foundation Grant Portfolio Data

Table 5.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	4	Transitional Housing	13
Drop-In Day Services	12	Permanent Supportive Housing	14
Emergency Housing	15	Supportive Services (only)	4
Outreach	5	Advocacy	5

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact in King County

Table 5.6: Programs with Largest Impact of Preventing or Addressing Homelessness in King County

1.	Permanent supportive housing
2.	Prevention programming
3.	Transitional housing

Source: Medina Foundation Surveys

6. Kitsap County

Demographic Data

Table 6.1: Kitsap County Demographics

Total Population	264,811	Native American / Alaskan	1.7 %
Under 18 old	20.6 %	Asian	5.4 %
Over 65 years old	17.0 %	Native Hawaiian / Pacific Islander	1.0 %
Female	48.9 %	2 or more Races	5.9 %

Male	51.1 %	Hispanic / Latino	7.6 %
Black / African American	3.0 %	Foreign Born	6.3 %
White (not Hispanic / Latino)	77.1 %	Veterans	12.8 %

Source: United States 2016 Census Bureau

Homelessness Data

Table 6.2: Overview of Homelessness in Kitsap County

Total Population: 264,811			
Number of People Living in Homelessness	517	Percent of Unsheltered People	47%
Percent of People Living in Homelessness	0.2%	Percent of Sheltered People	53%

Source: Kitsap County PIT Count Summary

Understanding Sub-Populations Living in Homelessness

Table 6.3: Overview of sub-populations living in homelessness in Kitsap County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals with mental illness 2. Individuals with chemical dependency 3. Individuals who are chronically homelessness
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth & young adults 2. Individuals who are chronically homeless 3. Individuals with mental illness
Most At-Risk of Experiencing Homelessness	1. Individuals exiting institutions 2. Survivors of domestic violence or sexual assault 3. Foster youth (tie) 4. Individuals with a chronic health issue (tie)

Source: Medina Foundation Survey

Medina Foundation Grant Support

Table 6.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$268,000		
Top 3 Populations Served	1. Single men 2. Families headed by single parents 3. Single adults		
Number of Organizations Funded	4	Number of Clients Served	13,662

Source: Medina Foundation Grant Portfolio Data

Table 6.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	0	Transitional Housing	2
Drop-In Day Services	2	Permanent Supportive Housing	0
Emergency Housing	3	Supportive Services (only)	0
Outreach	2	Advocacy	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 6.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Kitsap County

1.	Emergency shelters
2.	Permanent supportive housing
3.	Prevention programming

Source: Medina Foundation Survey

7. Mason County

Demographic Data

Table 7.1: County Demographics

Total Population	62,198	Native American / Alaskan	4.5%
Under 18 old	19.1%	Asian	1.3%
Over 65 years old	22.4%	Native Hawaiian / Pacific Islander	0.4%
Female	48.4%	2 or more Races	4.2%
Male	51.6%	Hispanic / Latino	9.4%
Black / African American	1.3%	Foreign Born	5.9%
White (not Hispanic / Latino)	81.1%	Veterans	12.7%

Source: United States 2016 Census Bureau

Homelessness Data

Table 7.2: Overview of Homelessness in Mason County

Total Population: 62,198			
Number of People Living in Homelessness	216	Percent of Unsheltered People	55 %
Percent of People Living in Homelessness	0.35%	Percent of Sheltered People	45%

Source: Mason County PIT Count Summary

Understanding Sub-Populations Living in Homelessness

Table 7.3: Overview of sub-populations living in homelessness in Mason County

Highly Represented Sub-Populations Living in Homelessness	1. Unaccompanied youth and young adults 2. Individuals living with chemical dependency 3.Individuals living with mental illness 4. Individuals living in rural communities
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1.Individuals exiting institutions 2.Unaccompanied youth and young adults 3. Older adults (55+)
Most At-Risk of Experiencing Homelessness	1. Individuals exiting institutions 2. Survivors of domestic violence/sexual assault 3. n/a

Source: Medina Foundation Survey

Costs of Homelessness Programs

Table 7.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted		$60,000	
Top 3 Populations Served		1. Families 2. N/A 3. N/A	
Number of Organizations Funded	1	Number of Clients Served	1,231

Source: Medina Foundation Grant Portfolio Data

Table 7.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	1	Transitional Housing	1
Drop-In Day Services	0	Permanent Supportive Housing	1
Emergency Housing	1	Supportive Services (only)	0
Outreach	0	Advocacy	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 7.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Mason County

1.	Permanent Supportive Housing
2.	Prevention Programming
3.	n/a

Source: Medina Foundation Surveys

8. Pacific County

Demographic Data
Table 8.1: County Demographics

Total Population	21,249	Native American / Alaskan	3.00%
Under 18 old	16.6%	Asian	2.1%
Over 65 years old	28.9%	Native Hawaiian / Pacific Islander	0.20%
Female	50.0%	2 or more Races	3.80%
Male	50.0%	Hispanic / Latino	9.4%
Black / African American	1.1%	Foreign Born	6.1%
White (not Hispanic / Latino)	82.1%	Veterans	12.6%

Source: United States 2016 Census Bureau

Homelessness Data
Table 8.2: Overview of Homelessness in Pacific County

Total Population:			
Number of People Living in Homelessness	12	Percent of Unsheltered People	43%
Percent of People Living in Homelessness	0.0006%	Percent of Sheltered People	67%

Understanding Sub-Populations Living in Homelessness
Table 8.3: Overview of sub-populations living in homelessness in Pacific County

Highly Represented Sub-Populations Living in Homelessness	1.Individuals who are Chronically Homeless 2. Individuals with Chemical Dependency 3. Individuals with Mental Illness
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Individuals who are Chronically Homeless 2. Individuals with Chemical Dependency 3. Individuals with Mental Illness
Most At-Risk of Experiencing Homelessness	1. Individuals Exiting Institutions 2. Individuals with Chronic health issues

	3. Individuals living in rural communities

Source: Medina Foundation Surveys

Programs that Make an Impact

Table 8.4: Programs With Largest Impact of Preventing or Addressing Homelessness in Pacific County

1.	Transitional housing
2.	Permanent Supportive Housing
3.	Diversion programs

Medina Foundation Grant Support

There was no funding given from Medina to service providers in Island County.

9. Pierce County

Demographic Data

Table 9.1: Pierce County Demographics

Total Population	861,312	Native American / Alaskan	1.70%
Under 18 old	23.70%	Asian	6.60%
Over 65 years old	13.40%	Native Hawaiian / Pacific Islander	1.60%
Female	50.30%	2 or more Races	7.00%
Male	49.70%	Hispanic / Latino	10.60%
Black / African American	7.50%	Foreign Born	9.50%
White (not Hispanic / Latino)	67.60%	Veterans	10.01%

Source: United States 2016 Census Bureau

Homelessness Data

Table 9.2: Overview of Homelessness in Pierce County

Total Population: 861,312			
Number of People Living in Homelessness	1,321	**Percent of Unsheltered People**	71%
Percent of People Living in Homelessness	0.15%	**Percent of Sheltered People**	29%

Source: Pierce County PIT Count Summary

Understanding Sub-Populations Living in Homelessness

Table 9.3: Overview of sub-populations living in homelessness in Pierce County

Highly Represented Sub-Populations Living in Homelessness	1. Families 2. Individuals who are chronically homeless 3. Survivors of domestic violence or sexual abuse (tie) 4. Individuals with mental illness (tie)
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth & young adults 2. Survivors of domestic violence or sexual abuse 3. Families with children under 18 years old
Most At-Risk of Experiencing Homelessness	1. Unaccompanied youth & young adults 2. Individuals exiting Institutions 3. Survivors of domestic violence or sexual abuse (tie) 4. Individuals with mental illness (tie)

Source: Medina Foundation Surveys

Medina Foundation Grant Support

Table 9.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$460,000		
Top 3 Populations Served	1. Families 2. Single Adults 3. Veterans (tie) 4. Individuals with mental illness (tie)		
Number of Organizations Funded	8	**Number of Clients Served**	10,002

Source: Medina Foundation Grant Portfolio Data

Table 9.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	2	**Transitional Housing**	3
Drop-In Day Services	0	**Permanent Supportive Housing**	4
Emergency Housing	6	**Supportive Services (only)**	0
Outreach	0	**Advocacy**	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact
Table 9.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Pierce County

1.	Permanent supportive housing
2.	Prevention programming
3.	Rapid re-housing

Source: Medina Foundation Survey

10. San Juan County

Demographic Data
Table 10.1: County Demographics

Total Population	16,339	Native American / Alaskan	0.90%
Under 18 old	13.50%	**Asian**	1.50%
Over 65 years old	31.80%	**Native Hawaiian / Pacific Islander**	0.10%
Female	51.50%	**2 or more Races**	2.50%
Male	48.50%	**Hispanic / Latino**	6.10%
Black / African American	0.70%	**Foreign Born**	6.80%
White (not Hispanic / Latino)	89.00%	**Veterans**	9.53%

Source: United States 2016 Census Bureau

Homelessness Data
Table 10.2: Overview of Homelessness in San Juan County

Total Population: 16,339			
Number of People Living in Homelessness	36	**Percent of Unsheltered People**	42%
Percent of People Living in Homelessness	0.22%	**Percent of Sheltered People**	58%

Source: San Juan County PIT Count Summary

Understanding Sub-Populations Living in Homelessness
Table 10.3: Overview of sub-populations living in homelessness in San Juan County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals with mental illness 2. Rural communities 3. N/A

Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Individuals with mental illness 2. N/A 3. N/A
Most At-Risk of Experiencing Homelessness	1. Survivors of domestic violence or sexual abuse 2. Individuals with chronic health issues 3. N/A

Source: Medina Foundation Surveys

Medina Foundation Grant Support
No Medina Foundation funding has gone directly towards homelessness prevention programs.

Programs that Make an Impact
Table 10.5: Programs With Largest Impact of Preventing or Addressing Homelessness in San Juan County

1.	Permanent supportive housing
2.	Rapid re-housing
3.	Prevention programming

Source: Medina Foundation Survey

11. Skagit County

Demographic Data
Table 11.1: County Demographics

Total Population	123,681	Native American / Alaskan	2.70%
Under 18 old	22%	**Asian**	2.3%
Over 65 years old	16.1%	**Native Hawaiian / Pacific Islander**	0.3%
Female	50.5%	**2 or more Races**	3.1%
Male	49.5%	**Hispanic / Latino**	18.00%
Black / African American	1.00%	**Foreign Born**	9.80%
White (not Hispanic / Latino)	75.00%	**Veterans**	10,660

Source: United States 2016 Census Bureau

Homelessness in Skagit County

Table 11.2 Overview of Homelessness in Skagit County

Total Population:			
Number of People Living in Homelessness	321	**Percent of Unsheltered People**	63%
Percent of People Living in Homelessness	0.003	**Percent of Sheltered People**	37%

Understanding Sub-Populations Living in Homelessness in Skagit County

Table 11.3: Overview of sub-populations living in homelessness in Skagit County

Highly Represented Sub-Populations Living in Homelessness	1.Individuals who are Chronically Homeless 2. Families
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth and young adults 2. Individuals who are Chronically homeless
Most At-Risk of Experiencing Homelessness	1. Unaccompanied youth and young adults 2. Individuals Exiting Institutions 3. Individuals with Chronic health issues

Source: Medina Foundation Surveys

Medina Foundation Grant Support

Table 11.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$147,000		
Top 3 Populations Served	1. Women 2. Families 3. Domestic Violence		
Number of Organizations Funded	4	**Number of Clients Served**	973

Table 11.5: Types of Interventions Funded with Medina Dollars

Prevention (Diversion)	1	**Transitional Housing**	2
Drop-In Day Services	1	**Permanent Supportive Housing**	0
Emergency Housing	4	**Supportive Services (only)**	0
Outreach	0	**Advocacy**	0

Programs that Make an Impact in Skagit County

Table 11.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Skagit County

1.	Permanent Supportive Housing
2.	Rapid Re-housing
3.	--

12. Snohomish County

Demographic Data

Table 12.1: County Demographics

Total Population	787,620	Native American / Alaskan	1.6 %
Under 18 old	22.8 %	Asian	10.7 %
Over 65 years old	12.8 %	Native Hawaiian / Pacific Islander	0.6 %
Female	49.8 %	2 or more Races	4.6 %
Male	50.2 %	Hispanic / Latino	9.9 %
Black / African American	3.3 %	Foreign Born	15.0 %
White (not Hispanic / Latino)	70.9 %	Veterans	6.7 %

Source: United States 2016 Census Bureau

Homelessness Data

Table 12.2: Overview of Homelessness in Snohomish County

Total Population:			
Number of People Living in Homelessness	1,066	Percent of Unsheltered People	59 %
Percent of People Living in Homelessness	0.1 %	Percent of Sheltered People	41 %

Source: Snohomish County PIT Count Data

Table 12.3: Overview of sub-populations living in homelessness in Snohomish County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals who are chronic homelessness 2. Survivors of domestic violence or sexual violence

	3. Unaccompanied youth & young adults
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Survivors of domestic violence or sexual assault 2. Unaccompanied youth & young adults 3. Individuals living in chronic homelessness
Most At-Risk of Experiencing Homelessness	1. Individuals existing institutions 2. Survivors of domestic violence and / or sexual assault 3. Unaccompanied youth & young adults

Source: Medina Foundation Survey

Costs of Homelessness Programs

Table 12.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted		$413,000	
Top 3 Populations Served		1. Youth 2. Families 3. N/A	
Number of Organizations Funded	3	**Number of Clients Served**	9,070

Source: Medina Foundation Grant Portfolio Data

Table 12.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	1	**Transitional Housing**	2
Drop-In Day Services	1	**Permanent Supportive Housing**	1
Emergency Housing	3	**Supportive Services (only)**	0
Outreach	1	**Advocacy**	1

Source: Medina Foundation Grant Portfolio Data

Table 12.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Snohomish County

1.	Transitional housing
2.	Permanent supportive housing
3.	Prevention programming

Source: Medina Foundation Survey

13. Thurston County

Demographic Data
Table 13.1: County Demographics

Total Population	275,222	Native American / Alaskan	1.7%
Under 18 old	21.7%	Asian	6.0%
Over 65 years old	16.5%	Native Hawaiian / Pacific Islander	1.0%
Female	51.1%	2 or more Races	5.4%
Male	48.9%	Hispanic / Latino	8.6%
Black / African American	3.5%	Foreign Born	7.7%
White (not Hispanic / Latino)	75.6%	Veterans	10.5%

Source: United States 2016 Census Bureau

Homelessness Data
Table 13.2: Overview of Homelessness in Thurston County

Total Population: 275,222			
Number of People Living in Homelessness	534	Percent of Unsheltered People	40%
Percent of People Living in Homelessness	0.2%	Percent of Sheltered People	60%

Source: Thurston County PIT Count Summary

Understanding Sub-Populations Living in Homelessness
Table 13.3: Overview of sub-populations living in homelessness in Thurston County

Highly Represented Sub-Populations Living in Homelessness	1. Individuals living in chronic homelessness 2. Unaccompanied youth & young adults 3. Veterans (tie) 4. Individuals living with mental illness who are not chronically homeless (tie)
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Unaccompanied youth & young adults 2. Individuals living in chronic homelessness 3. Individuals living with mental illness who are not chronically homeless
Most At-Risk of Experiencing Homelessness	1. Unaccompanied youth & young adults 2. Veterans 3. Older adults

Medina Foundation Grant Support

Table 13.3: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$ 230,000
Top 3 Populations Served	1. Individuals who are chronically homeless 2. Veterans 3. Men, Youth, and Families
Number of Organizations Funded	4

Number of Clients Served	8,144

Source: Medina Foundation Grant Portfolio Data

Table 13.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	1	**Transitional Housing**	0
Drop-In Day Services	0	**Permanent Supportive Housing**	2
Emergency Housing	2	**Supportive Services (only)**	0
Outreach	0	**Advocacy**	0

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 13.7: Programs With Largest Impact of Preventing or Addressing Homelessness in Thurston County

1.	Permanent supportive housing
2.	Prevention programming
3.	N/A

Source: Medina Foundation Survey

14. Whatcom County

Demographic Data

Table 14.1: Whatcom County Demographics

Total Population	74,570	**Native American / Alaskan**	5.60%
Under 18 old	17.40%	**Asian**	1.70%
Over 65 years old	28.30%	**Native Hawaiian / Pacific Islander**	0.20%
Female	50.60%	**2 or more Races**	3.90%

Male	49.40%	Hispanic / Latino	6.10%
Black / African American	1.00%	Foreign Born	4.90%
White (not Hispanic / Latino)	83.20%	Veterans	12.57%

Source: United States 2016 Census Bureau

Homelessness Data

Table 14.2: Overview of Homelessness in Whatcom County

Total Population: 74,570			
Number of People Living in Homelessness	713	**Percent of Unsheltered People**	55%
Percent of People Living in Homelessness	0.33%	**Percent of Sheltered People**	45%

Source: Whatcom County PIT Count Summary

Understanding Sub-Populations Living in Homelessness

Table 14.3: Overview of sub-populations living in homelessness in Whatcom County

Highly Represented Sub-Populations Living in Homelessness	1. Chronically Homeless 2. DV/SA & Families (tie) 3. Unaccompanied youth and young adults & mental illness (tie)
Most Vulnerable Sub-Populations Living in Homelessness (most in-need of services)	1. Chronically homeless 2. Unaccompanied youth & young adults 3.
Most At-Risk of Experiencing Homelessness	1. Exiting institutions 2. Foster youth 3. Unaccompanied youth & DV/SA (tie)

Source: Medina Foundation survey

Medina Foundation Grant Support

Table 14.4: Overview of Medina Foundation Grant Support

Total Medina Foundation Dollars Granted	$305,000.00		
Top 3 Populations Served	1. Families 2. Single Parent 3.		
Number of Organizations Funded	5	**Number of Clients Served**	5

Source: Medina Foundation Grant Portfolio Data

Table 14.5: Types of Interventions Funded with Medina Dollars

Prevention (Prevention)	1	**Transitional Housing**	4
Drop-In Day Services	1	**Permanent Supportive Housing**	2
Emergency Housing	3	**Supportive Services (only)**	0
Outreach	2	**Advocacy**	1

Source: Medina Foundation Grant Portfolio Data

Programs that Make an Impact

Table 14.6: Programs With Largest Impact of Preventing or Addressing Homelessness in Whatcom County

1.	Emergency Shelters
2.	Prevention Programming
3.	Permanent Supportive Housing

Source: Medina Foundation Survey