

City of Tukwila *Planning and Community Development Committee*

- Orthia Delostrinos Johnson, Chair
- ♦ Kathy Hougardy
- De'Sean Quinn

Distribution:

- C. Delostrinos Johnson
- K. Hougardy
- D. Quinn T. McLeod

Mayor Ekberg D. Cline

- R. Bianchi
- C. O'Flaherty
- A. Youn L. Humphrey

AGENDA

Monday, September 19, 2022 – 5:30 pm

THIS MEETING WILL BE CONDUCTED **BOTH ON-SITE AT TUKWILA CITY HALL** AND ALSO **VIRTUALLY**, BASED ON THE GOVERNOR'S PROCLAMATION **20-28**.

ON-SITE PRESENCE WILL BE IN THE HAZELNUT CONFERENCE ROOM (6200 SOUTHCENTER BOULEVARD)

THE PHONE NUMBER FOR THE PUBLIC TO LISTEN TO THIS MEETING IS: 1-253-292-9750, Access Code 768282783#

Click here to: Join Microsoft Teams Meeting For Technical Support during the meeting call: 1-206-433-7155.

Item	Recommended Action	Page
1. BUSINESS AGENDA		
 a. Tourism and lodging tax update: 2023-2024 Biennial Budget Updated Six-Year Financial Plan Brandon Miles, Business Relations Manager 	a. Forward to 9/26 C.O.W. Meeting.	Pg.1
 b. Health through Housing community engagement and next steps. Kelly Rider, King County Department of Community and Human Services (DCHS). Rachel Bianchi, Deputy City Administrator 	b. Discussion only.	Pg.11
2. MISCELLANEOUS		

Next Scheduled Meeting: October 3, 2022



Allan Ekberg, Mayor

INFORMATIONAL MEMORANDUM

TO:	Planning and Community Development
FROM:	Brandon Miles, Business Relations Manager
CC:	Mayor Ekberg
DATE:	September 13, 2022
SUBJECT:	2023/2024 101 Fund Budget (Tourism)

ISSUE

Review and discussion of draft budget for the 101 Fund (Tourism).

BACKGROUND

The City collects a 1% charge on eligible overnight stays in hotels, motels, and short-term rentals (such as Airbnb). Washington State law limits the use of these funds to tourism promotion activities. Historically, the City has used these funds to support a variety of tourism activities including sponsoring events at the Museum of Flight, assisting Starfire Sports with attracting tournaments, supporting the activities of Seattle Southside Tourism Authority, supporting smaller events, and the ongoing operations of Experience Tukwila.

Attached for review are the applicable pages of the City's draft 2023/2024 101 Fund budget and the six-year financial model which is used for planning purposes

DISCUSSION

Revenue Collection

The lodging industry was hit hard by the pandemic. The City had initially estimated the collection of approximately \$820,000 in lodging tax funds for 2020; however, the pandemic caused lodging tax collections to drop significantly to only \$292,358. 2021 was slightly better than 2020 with about \$540,000 collected but was still significantly lower than historical actual revenues over the last ten years. Because of assumptions regarding ongoing impacts from the pandemic, the 2022 budget estimated collecting \$450,000 in lodging tax funds. However, collections to date have been strong and staff is now anticipating that lodging tax collections will be closer to \$700,000 for 2022. Staff is forecasting a return of historical lodging tax collections for 2023 and 2024.

Expenses

The 101 Fund is used to support a .5 FTE in the Office of Economic Development¹. To accomplish the goals of the tourism program, the City contracts for services, provides funds for third parties, and sponsors a variety of activities and events. Nearly 85% of the forecasted budget expenditures for 2023 and 2024 go to support direct tourism activities including:

- Experience Tukwila (\$300,000)
- Third Party Sponsorships (\$260,000)
 - Seattle Seawolves
 - Starfire Sports
 - o Others
- Small Event Support (\$30,000)
- Art Investments (\$150,000)

¹ The position is the Business Relations Manager, which is supported 50/50 by the general funds and lodging tax fund.

- Showare and City of Kent Rebate Program (\$30,000)
- Tukwila Pond (\$400,000)
- Wayfinding (\$200,000)

These expenditures are consistent with the guiding principles adopted by the City Council in 2020 regarding the use of lodging tax funds, which state that lodging tax funds should be used for:

- 1. Marketing efforts to attract visitors under other brands² (such as Seattle and Kent Valley Way).
- 2. Marketing to attract day visitors from within the greater Seattle region using the "Tukwila" brand.
- 3. Destination Development
 - a. Tourism infrastructure
 - b. Events and Festivals
 - i. Marketing
 - ii. Development

Ending Fund Balance

The 101 Fund is projected to have a healthy ending fund balance for 2022 of just over \$2 million. Over the next six years the City is forecasting spending down the ending fund balance as investments are made in the City's tourism infrastructure. At the end of 2027, the 101 Fund is projected to have an ending fund balance of just over \$1.27 million.

Six Year Financial Plan

In 2020 the City began to use a six-year financial plan for planning purposes for the 101 Fund. This was done so that the City could anticipate future expenditures and plan accordingly to be able to invest in the City's tourism economy. From 2022-2027 the six-year financial model shows the City spending just over \$5.087 million to market the City to visitors and invest in the City's tourism infrastructure.

FINANCIAL IMPACT

Total budgeted expenditures for the 101 Fund are \$938,890 in 2023 and \$944,668 in 2024.

RECOMMENDATION

Forward to the September 26 Committee of the Whole meeting for discussion.

ATTACHMENTS

- Draft pages from the 2023/2024 budget for the 101 Fund.
- Six-year financial model.
- Tourism Guiding Funding Principles.

² As a reminder, the City Council authorized the collection of a \$2 per room night Tourism Promotion Area (TPA) fee in partnership with the cities of Des Moines and SeaTac. The TPA fees is remitted by the Department of Revenue directly to Seattle Southside Regional Tourism Authority and is used to promote the region to visitors outside 50 miles from the City under the "Seattle Southside" brand.

https://tukwilawa.sharepoint.com/sites/mayorsoffice/cc/Council Agenda Items/Mayor's Office/PCD, 2022.09.19/1.0 2022 and 2023 Lodging Tax Budget, PCD Memo.docx

FUND NUMBER: 101 POSITION: Business Relations Manager

Description

This fund consists of proceeds from a special excise tax on lodging charges and is used to promote tourism within the City (Chapter 67.28 RCW).

2021-2022 Accomplishments

- Worked with partners and created a Tukwila signature event for the region (Juneteenth). **Strategic Goal 5**
- Assisted in bringing in additional events and festivals to the City. Strategic Goal 5
- Supported Parks and Recreation to complete a master plan for Tukwila Pond. Strategic Goal 5
- Increased the total number of followers on Experience Tukwila by over 15%. Strategic Goal 5
- Managed ExperienceTukwila.com to bring more organic traffic to the site via site development and search engine optimization. Strategic Goal 5
- Continued to build partnerships with the Seattle Seawolves and other rugby organizations to position Tukwila as the center of rugby in the Pacific Northwest. **Strategic Goal 5**
- Completed first promotional videos for Experience Tukwila. Strategic Goal 5
- Partnered with Seattle Southside Tourism Regional Tourism Authority on room booking tracking for events receiving City sponsorship. Strategic Goal 5
- Working with the Cities of SeaTac and Des Moines, completed a comprehensive review of the Seattle Southside Tourism Promotion Area. Strategic Goal 5

2023-2024 Outcome Goals

- Working with community partners, build the annual Juneteenth event into a signature, regional City event. **Strategic Goal 5**
- Identify and assist in the creation of smaller event in the Tukwila International Blvd area. **Strategic Goal 5**
- Complete wayfinding program for tourism areas of the City. **Strategic Goal 5**
- Increase total number of followers on all social media platforms by 15%. Strategic Goal 5
- Manage and build out the Experience Tukwila website. Strategic Goal 5
- Follow up on survey of 2017 that resulted in Tukwila's first net promotor score. Strategic Goal 5
- Begin planning for tourism opportunities related to the 2026 World Cup. Strategic Goal 5
- Identify ways to assist small, minority owned businesses in tourism promotion. Strategic Goal 5
- Expand the City's relationship with the Seattle Seawolves and other rugby organizations. **Strategic Goal 5**

2023-2024 Indicators of Success

- Identification and recruitment of new activities, festivals, and events to bring to the City. Strategic
 Goal 5
- Increased sales at hotels, restaurants, and entertainment establishments. Strategic Goal 5
- More "feet on the streets" and "heads in beds." Strategic Goal 5
- Increase total number of followers on all social media platforms by 15%. Strategic Goal 5

- Goal is to have 20,000 unique visitors on the Experience Tukwila website using organic search techniques (non-ads). **Strategic Goal 5**
- See improvements in the City's Net Promotor score compared to 2017 score. Strategic Goal 5

Budget by Revenue and Expenditure Summary

				Lodging Tax					
		Actual				Budget		Percent	Change
			F	Projected					
	2020	2021		2022	2022	2023	2024	2022-2023	2023-2024
Operating Revenue									
Hotel/Motel Tax	\$ 292,358	\$ 540,329	\$	700,000	\$ 450,000	\$ 720,000	\$ 750,000	60.0%	4.2%
Grant Revenues	30,878	10,680		-	-	-	-	0.0%	0.0%
Investment Earnings	13,036	1,942		2,500	6,000	6,000	6,000	0.0%	0.0%
Total Oprating Revenue	336,272	552,950		702,500	456,000	726,000	756,000	59.2%	4.1%
Operating Expenditures									
Salaries & Wages	57,622	60,695		64,713	63,732	68,766	72,432	7.9%	5.3%
Benefits	19,017	19,182		16,542	19,335	22,631	23,398	17.0%	3.4%
Supplies	-	1,150		1,000	5,000	2,000	2,000	-60.0%	0.0%
Professional Services	394,026	186,966		146,750	425,000	375,000	375,000	-11.8%	0.0%
Professional Development	4,686	6,117		4,402	10,000	21,500	21,520	115.0%	0.1%
Advertising	93,538	218,174		139,857	250,000	350,000	350,000	40.0%	0.0%
Technology Services	572	614		885	-	2,500	2,500	0.0%	0.0%
Repairs & Maintenance Services	-	5,000		-	-	-	-	0.0%	0.0%
Other Expenses	205	95		(14)	218,000	70,000	70,000	-67.9%	0.0%
Total Operating Expenditures	569,665	497,992		374,134	991,067	912,397	916,850	-7.9%	0.5%
Indirect Cost Allocation	19,416	24,981		25,231	25,231	26,493	27,818	5.0%	5.0%
Other Non Operating	-	-		-	-	-	-	0.0%	0.0%
Total Expenses	589,081	522,973		399,365	1,016,298	938,890	944,668	-7.6%	0.6%
Beginning Fund Balance Change in Fund Balance	1,965,198 (252,809)	1,712,389 29,977		1,742,366 303,135	1,742,366 (560,298)	2,045,501 (212,890)	1,832,611 (188,668)	17.4% -62.0%	-10.4% -11.4%
Ending Fund Balance	\$ 1,712,389	\$ 1,742,366	\$	2,045,501	\$ 1,182,068	\$ 1,832,611	\$ 1,643,943	55.0%	-10.3%

Salary and Benefit Details

		Lodging	r Tax				
	2022	2023	2023 Bud	get	2024	2024 E	Budget
Position Description	FTE	FTE	Salaries E	Benefits	FTE	Salaries	Benefits
Business Relations Manager	0.5	0.5	\$ 68,766 \$	22,631	0.5	\$ 72,432	\$ 23,398
Department Total	0.5	0.5	\$ 68,766 \$	22,631	0.5	\$ 72,432	\$ 23,398

General Ledger Code Details

Revenues

		Act	ual		F	Projected		Budget	
GL Account Code	Account Description	2020		2021		2022	2022	2023	2024
Operating Revenues									
MR101300-313310	Hotel/Motel Tax	\$ 292,358	\$	540,329	\$	700,000	\$ 450,000	\$ 720,000	\$ 750,000
MR101300-333219	Dept Of Treasury-Cares Act	\$ 30,878	\$	-	\$	-	\$ -	\$ -	\$ -
MR101300-337090	Port Of Seattle-Economic Dev P	-		10,680		-	-	-	-
MR101300-361110	Investment Interest	13,036		1,942		5,200	6,000	6,000	6,000
Total Operating Revenues		\$ 336,272	\$	552,950	\$	705,200	\$ 456,000	\$ 726,000	\$ 756,000

Expenses

NRT01300-511000 Stanies \$ 57,822 60,695 64,713 63,732 \$ 68,766 \$ Total Salaries & Wages 57,822 60,695 64,713 63,732 \$ 68,766 \$ RR101300-521000 FICA 4,254 4,489 6,966 6,4733 4,472 5,261 NR101300-523000 Industrial Insurance 162 291 146 693 172 NR101300-525000 Medical, Denial - - - - 9,652 NR101300-525007 Self-Insured Medical & Denial - - - - 9,652 NR101300-525007 Self-Insured Medical & Denial -				Ac	tual			Projected				Budget		
Total Salaries & Wages 57,022 60,995 64,713 63,732 68,766 MR101300-521000 FICA 4,254 4,499 4,738 6,772 5,261 MR101300-520000 PERS 7,344 6,966 6,485 6,238 7,216 MR101300-520000 Medical, Denkl, Life, Optical 6,299 494 4,564 522 239 MR101300-520005 Kaiser Medical & Denkl 6,299 494 4,564 522 239 MR101300-520005 Kaiser Medical & Denkl 7,344 6,802 524 7,444 - - - - 9,632 MR101300-520001 Supples-General -	GL Account Code	Account Description		2020		2021		2022		2022		2023		2024
MR101300-52100 FICA 4.254 4.499 4.738 4.872 5.261 MR101300-523000 PERS 7.344 6.966 6.485 6.238 7.216 MR101300-524000 Industrial Insurance 162 261 146 199 172 MR101300-525000 Medical Dantal, Iric, Optical 6.299 444 4.58 522 239 MR101300-525000 Kaiser Medical & Dental 6.299 444 4.58 524 7.444 - MR101300-5250007 Self-Insurance - - 6.892 524 7.444 - MR101300-531000 Supplies-General - - - 5.000 - MR101300-531001 Othere Supplies - 1.110 905 - 2.000 MR101300-531003 Operating Supplies - 1.180 1.000 5.000 - MR101300-531000 Contracted Services 19.077 5.204 140.000 - - MR101300-543000 Profesional	MR101300-511000	Salaries	\$	57,622	\$	60,695	\$	64,713	\$	63,732	\$	68,766	\$	72,432
MR101300-523000 PERS 7.344 6.966 6.428 7.216 MR101300-524000 Industrial Insurance 182 261 146 169 172 MR101300-524050 Material Insurance 62.99 494 4,548 522 239 MR101300-525005 Katser Medical & Dental 873 6,892 524 7.444 - MR101300-525007 Self-Insured Medical & Dental 873 6,892 524 7.444 - MR101300-525000 Industrial Insurance - - (3) - - Total Personnel Benefits 19,017 19,182 16,542 19,335 22,631 MR101300-51000 Supplies-General - - - - - MR101300-51003 Operating Supplies - 1,150 1,000 5,000 2,000 MR101300-541007 Contracted Services 19,077 5,204 140,000 - - - MR101300-543000 Registrations 3,70 845	Total Salaries & Wages			57,622		60,695		64,713		63,732		68,766		72,432
MRI01300-523000 PERS 7.344 6.966 6.428 7.216 MRI01300-524000 Industrial Insurance 162 261 146 169 172 MRI01300-524000 Madical, Dental, Life, Optical 6.299 484 4.548 522 239 MRI01300-525005 Katser Medical & Dental 873 6.802 524 7.444 - MRI01300-525000 Industrial Insurance - - 31 - - MRI01300-525000 Stefn-Insured Medical & Dental 873 6.802 524 7.444 - MRI01300-531000 Supplies-General - - - 33 - - MRI01300-531000 Operating Supplies - 1.150 1.000 5.000 2.000 MRI01300-541007 Contracted Services 19.077 5.204 140.000 - - - MRI01300-543001 Metherships 3.000 3.000 1.000 - - - MRI01300-543002 Re														
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MR101300-524060 Paid Family & Med Leave Prem 85 90 104 90 110 MR101300-52500 Medical. Dental. (ife, Optical 6,299 484 4,548 522 2.39 MR101300-525007 Self-instrance - - - - 9,632 MR101300-525007 Self-instrance - <t< td=""><td>MR101300-523000</td><td>PERS</td><td></td><td>7,344</td><td></td><td>6,966</td><td></td><td>6,485</td><td></td><td>6,238</td><td></td><td>7,216</td><td></td><td>7,677</td></t<>	MR101300-523000	PERS		7,344		6,966		6,485		6,238		7,216		7,677
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NRT01300-252097 Kaiser Medical & Dental - - - - - 9.632 MR101300-252007 Self-Insured Medical & Dental 873 6.892 524 7.444 - Total Personnel Benefits 19.017 19.162 16.542 19.335 22.631 MR101300-531000 Supplies-General - - 5 - - MR101300-531001 Office Supplies - - 5 - - MR101300-531001 Office Supplies - 1.110 995 - 2.000 MR101300-531003 Coperating Supplies - 1.150 1.000 5.000 2.000 MR101300-543004 Artinze 25 - - - - MR101300-543001 Memberships 3.000 3.000 1.000 - 1.000 MR101300-543004 Airfare 242 1.010 - - 1.000 MR101300-543004 Airfare 242 1.010 - -	MR101300-524050	Paid Family & Med Leave Prem		85		90		104		90		110		116
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MR101302-524000 Industrial Insurance - (3) - - Total Personnel Benefits 19,017 19,182 16,542 19,335 22,631 MR101300-531000 Supplies-General - - 5 - - MR101300-531001 Office Supplies - - 5 - - MR101300-531001 Operating Supplies - 1,110 995 - 2,000 MR101300-531004 Event Food - 39 - - - Total Supplies - 1,150 1,000 5,000 2,000 - MR101300-543000 Professional Development - 2,500 - - - - MR101300-543000 Arriare 242 1,010 - - 1,500 - - - - - - 1,000 MR10300-54300 Arriare 242 1,010 - - 1,000 MR10300-54300 Arriare - -	MR101300-525095	Kaiser Medical & Dental		-		-		-		-		9,632		9,632
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MR101300-531000 Supplies-General - - - 5,000 - MR101300-531001 Office Supplies - 1,110 995 - - - MR101300-531003 Operating Supplies - 1,110 995 - - - Total Supplies - 1,150 1,000 5,000 2,000 MR101300-543000 Professional Development - 255 - - - MR101300-543001 Memberships 3,000 3,000 1,000 - 1,000 MR101300-543001 Memberships 3,000 3,000 1,000 - 1,000 MR101300-543004 Airfare 242 1,010 - 1,500 MR101300-543007 Hote/Lodging 946 835 2,000 - 2,500 MR101300-544002 Marketing - - 7,500 - - MR101300-544002 Advertising - - 5,000 - -	MR101302-524000	Industrial Insurance		-		-		(3)		-		-		-
MR101300-531001 Office Supplies - - 5 - - - -	Total Personnel Benefits			19,017		19,182		16,542		19,335		22,631		23,398
MR101300-531001 Office Supplies - - 5 - - - -														
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MR101300-531004 Event Food - <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td>1</td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td>-</td>				-		-	1			-		-		-
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MR101300-543000 Professional Development - 255 - - - MR101300-543001 Memberships 3,000 3,000 1,000 - 1,000 MR101300-543002 Registrations 370 845 750 - 2,500 MR101300-543004 Airfare 242 1,010 - - 1,500 MR101300-543008 Ground Transp/Parking 128 172 300 - 1,000 MR101300-543098 Other Prof Dev/Travel Expenses - - 5,000 - - MR101300-544002 Marketing - - 17,857 - - MR101300-544003 Sponsorships marketing - - 17,857 - - MR101300-546003 Web Hosting 42 614 - 1,500 - MR101300-546003 Miscellaneous Expenses - - - - - MR101300-546003 Media Subscriptions 7 - - -	Total Supplies			-		1,150	-	1,000		5,000		2,000		2,000
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Updated
DRAFT -

	Working Draft Update	2022 Budgeted	2022 Forecasted	2023	2024	2025	2026	2027	Totals, '22-'27
Tourism Revenue									000
	Lodging Lax > Total Revenues: 5	450,000	\$ /00,000 \$ \$ 700,000 \$	720,000 \$	750,000 \$		825,000 \$ 875,000 \$	825,000 \$	5 070 000
		00000		-					
Tourism Expenses									
Marketing, Sales, and Sponsorships	ıd Sponsorships								
	Sponsorships \$	150,000	\$ 100,000 \$	130,000 \$	130,000 \$	130,000 \$	130,000 \$	130,000 \$	490,000
	Small Events \$	15,000	\$ 15,000 \$	15,000 \$	15,000 \$	15,000 \$	15,000 \$	15,000 \$	60,000
rience Tukwila, Brandin _i	rience Tukwila, Branding and Marketing, Visitors \$	75,000	\$ 140,000 \$	175,000 \$	175,000 \$	175,000 \$	175,000 \$	175,000 \$	665,000
World Cup	World Cup Planning and Activation \$	50,000	\$ - \$	50,000 \$	50,000 \$	50,000 \$	50,000 \$	50,000 \$	150,000
Business A	Business Attraction and Promotion		Ŷ	30,000 \$	30,000 \$	30,000 \$	30,000 \$	30,000	
COVID-19 Response								Ŷ	
	SavingLocalKC.com							Ŷ	
SS	SSRTA Emergency Funding \$							Ŷ	
	Showare Sponsorship 💲	15,000	\$ 1,000 \$	15,000 \$	15,000 \$	15,000 \$	15,000 \$	15,000 \$	46,000
Seattle Southsid	Seattle Southside Chamber of Commerce \$							Ŷ	
Destination Development	ment							Ş	I
Wayfinding Plan Deve	Wayfinding Plan Development and Installation \$	150,000	<mark>ک</mark> ، ک	100,000 \$	100,000 \$	100,000 \$	100,000 \$	100,000 \$	300,000
	Art Investments 💲	75,000	\$ '	75,000 \$	75,000 \$	75,000 \$	40,000 \$	40,000 \$	225,000
	Tukwila Pond 💲	200,000	\$ - \$	200,000 \$	200,000 \$	200,000 \$	200,000 \$	200,000 \$	600,000
General Administration	on							Ŷ	
	Salary and Benefits \$	79,978	\$ 81,257 \$	97,397 \$	101,850 \$	104,906 \$	108,053 \$	111,294 \$	108,053
	City Overhead Charge 💲	25,231	\$	26,493 \$	27,818 \$	28,653 \$	29,512 \$	30,397 \$	29,512
	Administrative \$	28,750	\$ 28,750 \$	30,000 \$	30,000 \$	30,000 \$	30,000 \$	30,000 \$	118,750
	ļ			-	-				
	Total Expenditures: 💲	863,959	\$ 391,238 \$	943,890 \$	949,668 \$	953,558 \$	922,565 \$	926,692 \$	5,087,611
	Beginning Fund Balance:	1,742,366 \$	\$ 1,742,366 \$	2,051,128 \$	1,827,238 \$	1,627,570 \$	1,474,012 \$	1,376,447	
:	Ending Fund Balance: \$	1,328,407	\$ 2,051,128 \$	1,827,238 \$	1,627,570 \$	1,474,012	1,376,447 \$	1,274,755	

Notes

This document does not bind the City to provide funds nor does it authorize any funding. All use of lodging tax funds must be approved by LTAC and the City Council through an application process.

The blue shaded cells indicate updates to what was intially approved.

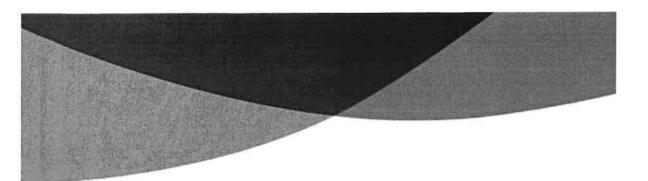
Salary/Benefits for Business Relations Manager is split 50/50 between general fund and lodging tax and is estimated to increase 3% annually after 2024.

The City overhead charge is charged to all special funds. It recoups the cost to the general fund to support the lodging tax fund. It includes facilities, technology, legal, accounting, and record keeping services and is estimated to increase 3% annually after 2024. 9/9/2022 Updated:

BJM

- The TPA revenues should be used to attract overnight visitors brand and focusing on state, national, and global marketing. from outside the 50-mile radius using the Seattle Southside .-
- 2. Lodging tax funds should be used for the following:
- a. Marketing efforts to attract visitors under other brands (such as Seattle and Kent Valley WA).
 - Marketing to attract day visitors from within the greater Seattle region using the "Tukwila" brand.
 - c. Destination Development
- i. Tourism infrastructure
 - ii. Events and Festivals
 - 1. Operations
- 2. Marketing
- 3. Development
- 3. The City of Tukwila should control how its brand is used within the region.





Health Through Housing

Overview and next steps for Health through Housing (HTH)

September 19, 2022



Kelly Rider Director of External Affairs King County DCHS

Property Siting Process

Step 2: Consult to Agree Upon Site Requirements and City Process

and Participants

and the city create a record of their mutually agreed-upon answers to the following consult to agree upon two elements of a potential HTH partnership. The County After initiating a potential HTH partnership, staff from the County and the city two questions:

1. What are the necessary characteristics of properties to consider for HTH use?

Who will represent the city in steps 3, 4, and 5 of this process? 5.

HTH Engagement Options	Official City Council meeting: Hosted by City Council, with King County and other "experts" as lead presenters	Town Hall meeting: Co-hosted by County & City, with King County as presenter	Interested parties meeting: Meetings sponsored by interested parties, with presentation by King County and attendance by City representatives	Focus groups: Small group meetings with a focus on gaining feedback on particular questions	 Other engagement options: Phone calls Flyer/doorbelling City notice through e-newsletter distribution King County and/or City website, blog posts, social media, etc.
	 Official City lead presen 	• <u>Town Hall n</u>	 Interested King County 	Eocus group	 Other engag Phone ca Flyer/doc City notic King Coult

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Engagement Options

Discussion Questions:

- What property characteristics should be considered in identifying potential Health through Housing properties?
- What is the best venue for your residents and businesses to provide input on these characteristics?
- What is the best way to notify them we are seeking feedback?

King County Health Through Housing Tukwila City Council Questions and Answers

- Question: What characteristics are you looking for in a building?
 - **Answer**: Some of the characteristics in a building we are seeking include:
 - In good quality condition, likely constructed after 1990's and/or recently renovated
 - Interior hallway entrances
 - Building size of approximately 50-150 units
 - Preference (not requirement) for units with kitchens or kitchenettes
- Question: What is the food access strategy for existing or future buildings without kitchens?
 - Answer: Buildings without kitchens receive a budget for food access. We are also working on a contract for nutrition services that would bring fresh produce, healthy options, and hygiene products on site multiple times after opening.
- **Question**: What is your Reserve Policy?
 - **Answer**: Health through Housing maintains four separate reserves as detailed in the adopted (and attached) Implementation Plan. These include:
 - A Debt Service Reserve is equal to six months of debt service,
 - A 60-day Rainy Day Reserve is consistent with the County's Comprehensive Financial Management Policies,
 - A Capital Reserve of \$10 million allows for unexpected capital expenses, and
 - A Service/Operations Reserve supports unexpected operations expenses and is funded initially at \$3 million, with an annual investment of \$500,000 in 2022 through 2024 and \$200,000 per year thereafter.

In response to Council's questions in July, the County shared the following for the September 19, 2022 Planning and Community Development Committee meeting:

- The List of Qualified Providers/Operators
- Frequently Asked Questions
- An example of a Statement of Equity Impact, from the Kirkland site

Additional Council questions to be addressed at the September 19, 2022 Planning and Community Development Committee meeting:

- **Question**: What research is available on the impact of supportive housing on surrounding communities
- Question: What policy or code language reflects the County's 50-year commitment

More information can be found in the Health Through Housing Ordinance passed by King County at https://www.tukwilawa.gov/wp-content/uploads/KCHTH-Ordinance.pdf



Frequently Asked Questions: Health Through Housing

Background

Q: What is Health Through Housing?

A: Health Through Housing (HTH) is a regional approach to address chronic homelessness at a countywide scale.

Q: What is the goal of Health Through Housing?

A: King County's paramount goal is to partner with local cities across the region to rapidly acquire and operate 1,600 units of affordable housing for residents experiencing or at risk of chronic homelessness while also reducing the serious racial-ethnic disproportionality of homelessness. All housing will include the supportive services people experiencing chronic homelessness need to achieve and maintain health and stability.

Q: How is Health Through Housing funded?

A: HTH is funded through a dedicated sales tax implemented countywide¹. The State Legislature passed House Bill 1590 in 2020, which allowed jurisdictions to enact a 0.1% sales tax to finance construction of affordable housing and behavioral health facilities and operations or services at affordable housing. In 2020, the King County Executive proposed, and the County Council approved this dedicated sales tax. In 2021, the State Legislature passed House Bill 1070, which clarified acquisition of property as an eligible use of these funds.

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

A: The housing program and the tax that supports it have no end date. It will be governed by the *HTH Implementation Plan* upon adoption by the County Council in 2021. The plan will govern operations through 2028 when a new implementation plan will be due.

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

A: To date (as of 1/18/2022), 10 sites have been purchased by King County: one each in Auburn, Federal Way, Kirkland, Redmond, and Renton and five properties in Seattle (north Seattle, Queen Anne and downtown). The County is looking to purchase two more locations in early 2022.

Q: What is Permanent Supportive Housing?

A: Permanent supportive housing (PSH), which pairs subsidized housing with case management and supportive services, is a proven solution to chronic homelessness. It has been shown to help people experiencing chronic homelessness not only achieve long-term housing stability, but also improve their health and well-being. Investments in PSH have helped decrease the number of chronically homeless individuals nationally by eight percent since 2007. PSH offers wrap around

¹ Bellevue, Covington, Issaquah, Kent, Maple Valley, North Bend, Renton, and Snoqualmie chose to implement the sales tax independently. Therefore, sales tax collected from this revenue source in those cities is not part of the HTH effort.

services to foster housing stability, which may include case management, counseling, behavioral health supports, medical services, and meals. The types of services an individual receives will vary.

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

A: At the least, the program will measure success by the number of individuals moved from homelessness into stable housing and the percentage of those households who remain stably housed over time. King County is also finalizing performance measures to assess how many HTH residents enroll in Medicaid or other health insurance, how often they seek medical care, whether and how residents' health and wellbeing improves, the rate of residents to move on to other forms or permanent housing, and the numbers who gain employment or access other forms of income like veterans benefits or social security while living in HTH units.

Selection of Health Through Housing Properties

Q: How are properties selected?

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

Q: Why is the program focused on buying hotels?

A: The hospitality industry was one of the hardest hit financially as a result of COVID. A year later, the hospitality industry still has not rebounded and hotels are for sale at lower than normal prices. Thanks to HTH, King County has been able to take advantage of this moment in time to acquire properties both for immediate use and as future development properties.

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

A: The average cost to build permanent supportive housing is about \$350K to \$400K per unit or more, depending on where it is being built. In comparison, purchasing hotels during a depressed market is averaging around \$270K per unit, a significant savings. Equally important, they are available for occupancy with very little renovation and are already furnished. Once the provider has been chosen and staffing is in place, the hotels can provide housing quickly and efficiently. HTH meets a critical need for this region.

Q: Why did you not do more to engage community before the purchase?

A: The County was engaged in purchase and sale negotiations with private parties and sought to negotiate fair and reasonable purchase prices for each property. It is difficult to conduct financial negotiations in a way that properly stewards public funding and protects against price escalation when community engagement and price negotiation occur simultaneously. Outreach and engagement have taken place with neighbors and businesses near the HTH locations and will continue in earnest as the service operators are identified and begin to take a leadership role in establishing connections with the local community. A significant piece of this will be discussions around operations and development of Good Neighbor Agreements with the community.

Population Served by Health Through Housing

Q: Who will be served by Health Through Housing?

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

- 1. An adult person with a disability who has been continuously homeless for a year or more OR
- 2. An adult person with a disability who has experienced multiple episodes of homelessness in the past three years for a combined 12 months.

Q: Is there an income eligibility requirement?

A: Yes. Individuals or households served through HTH must earn at or below 30% of Area Median Income (AMI). For a single person, that is about \$24K/year.

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

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

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

A: HTH is primarily purchasing former hotels and will transition these hotel rooms into single room homes for adults or adult couples. Single adults will not be expected to share units.

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

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

Resident Roles and Responsibilities

Q: What are the residents' responsibilities?

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

Q: Will there be rules for behavior for residents?

A: Rules will vary by provider, but in general, permanent supportive housing (and emergency housing) sites have a code of conduct that is agreed upon at the time of entry. Residents are

required to comply with the terms of the agreement or risk eviction. These cover expectations for things such as rent responsibility, visitors, interpersonal behavior, etc. The rules are balanced with the recognition that people experiencing chronic homelessness will often require support as they transition into housing and adjust to a living situation with rules. The core principle behind housing first is that stable housing creates the foundation that makes it possible to address other needs.

Operations

Q: How soon will the buildings have occupants?

A: King County will work with each host city and the onsite service provider to determine official occupancy dates. The first HTH facility opening for housing will be in Seattle in late September. The hope is to move most people in before the severe weather hits. Providers must be selected and hire staff. Another critical development piece prior to opening is community conversations on Good Neighbor Agreements.

Q: Who will provide the onsite services?

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

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

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

Q: What is the onsite staffing plan?

A: All HTH facilities will have 24/7 staffing. The actual staffing plan will be developed by the selected service provider, but will include onsite case management and access to health and behavioral health treatment and services. Every site will assess and adjust the staffing plan as needed.

Q: How long can a resident stay?

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

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

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

Q: What about guests or couch surfing?

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

Q: How will you keep residents and businesses safe?

A: Safety of residents and surrounding neighbors is critically important. Living unsheltered and

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

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

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

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

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

Q: Will there be security?

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

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

A: Substance use that is legal in anyone's home will be legal in these homes. The onsite agency staff will directly engage anyone exhibiting problem behaviors due to substance use and offer treatment services. The provider will have the goal of preserving housing stability while offering immediate access to treatment and clear direction as to what is and isn't acceptable behavior. HTH units will have an elevated level of funding and access for onsite services, including behavioral health services. Tenants will not be required to abstain from use of drugs or alcohol as a precondition for accessing housing. Nor will they be involuntarily treated or be forced to accept treatment as a condition for ongoing residency. However, anyone who is unable to abide by the code of conduct and continuously disrupts housing for the other residents is at risk of expulsion. If that becomes necessary, case managers would work directly with the tenant to try to find a different housing situation that might be a better fit.

Q: Is this a safe injection site?

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

Q: Are there background checks on the tenants in the facilities?

A: It is important to note that the individuals moving in to HTH sites are <u>all</u> enrolled in the

Homeless Management Information System (HMIS). Some will also be enrolled in the Veterans data system. Some will be enrolled in the Behavioral Health information system. <u>They are not</u> <u>strangers</u> to housing and human services. No one walks up and gets assigned a room – this is no longer a hotel and there are no walk-ins, ever. The assessment between case manager and prospective tenant will determine if the proposed location is a fit or if another option or location would be better. Any state or local laws, requirements, or restrictions in place for tenants in nearby apartment buildings in the same area will pertain to HTH residency as well. This would include sex offender registration and any exclusions to tenancy required in law. The goal is for the tenants to be successful in housing and for the housing to fit in the neighborhood.

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

A: Housing stability is defined as not returning to homelessness. Therefore, if individuals move from chronic homelessness into HTH buildings, the program will have achieved success on that goal. As appropriate or as requested, onsite case managers will work with residents who want to move on to another type of housing once they have achieved improved health and stability. An example might be a person who stabilizes in a HTH hotel who wants to move to an apartment with a kitchen. As the program name emphasizes, access to healthcare is a key component of a person's overall health and wellness, and we know that people who do not have housing are profoundly challenged in accessing and benefiting from healthcare. This program will house people and then provide onsite and accessible services to help them gain health and stability.

Q: Do you anticipate a high turnover rate?

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

Q: How are you working to control COVID infection among homeless populations? Are you working to vaccinate the homeless population?

A: Since March 2020, King County has been operating the Isolation and Quarantine system for the county and 80% of the people served have been folks who were unsheltered at the time of intake. One of the best interventions we have for people who live unsheltered, aside from a vaccine, is the ability to be in a single room setting. The data is also clear that living in a single room setting, as opposed to a congregate shelter, is one of the most effective ways to slow the spread of COVID.

At the Isolation and Quarantine facilities, when people are leaving the facility and have a clear bill of health, staff coordinates a vaccine for them upon their departure. All the HTH locations will have healthcare services available and we believe we will be able to create higher rates of vaccination within these locations generally than unsheltered people living outside.

Referrals

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

A: It is a fact: People are experiencing homelessness in every part of King County – north, south, east, and west. It is simply not true to suggest that East King County, for example, does not have people who are living there every night without a stable home. We know that more than 6,000

people <u>throughout</u> King County do not have a place to sleep indoors tonight. Homelessness is a regional crisis and no one entity or jurisdiction can solve that crisis alone. People from the local community eligible for housing in a HTH site will be prioritized for placement in a location closest to the community they consider home whenever possible.

Q: How can someone get referred to this property?

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

Q: Should city residents be prioritized?

A: An amendment to HB 1070, which gives the County authority to use these funds for acquisition of existing buildings, requires that" ...a county that acquires a facility under [this statute] must provide an opportunity for 15 percent of the units provided at that facility to be provided to individuals who are living in or near the city in which the facility is located, or have ties to that community." The 15 percent is considered a minimum.

Q: How will local referrals work?

A: The County and the onsite provider will collaborate with the local city on the local referral protocols and procedures for housing assignments:

- The County and partner agencies, in coordination with the local jurisdiction and local service providers, will provide initial targeted street outreach to people living unsheltered in the local community.
- The local jurisdiction will identify key local service providers and City staff that provide homeless outreach services in the local community. These individuals will work with the selected outreach team in providing referrals and creating a list of eligible individuals experiencing homelessness locally.

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

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

Roles and Responsibilities of Host Cities and Community

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

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

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

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

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

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

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

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

NOTE: Some host cities have also developed their own Health Through Housing FAQs specific to the city's policy and procedures.

Health through Housing Provider Pools Property Management Operations

	Provider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
	Wallingford INN				×		
	Catholic Housing Services	×			×	Х	Х
ng	Catholic Community Services of King						
	County	×			×	×	×
	American Indian/Alaska Native						
	Emergency Housing & Permanent						
	Supportive Housing in King County	×	×	×	×	×	×
	Compass Housing Alliance Health						
	through Housing RFQ Application	×	×	Х	×	Х	Х
	CFH Response to HTH RFQ	×					
10							
	DAWN Qualifications for HTH RFQ					Х	×
	DESC's Application for Health Through						
nter	Housing	×	×	Х	×	Х	Х
_	LIHI's HTH RFQ Response	×	×	Х	×	Х	Х
	HtH Plymouth Housing	×			×		
5	Snoqualmie Valley HTH			Х			
	St. Stephen Housing Association HTH						
	RFQ					Х	×
	The Salvation Army	×	×	Х	×	Х	×
	ULMS Health thru Housing Support						
attle	Services				×		X
	YMCA HTH Application	×	×	Х	×	Х	X
	YWCA Health Through Housing	Х			×	Х	Х

Provider 4450 Green Lake Way N Archdiocesan Housing Authority Catholic Community Services of King County County Compass Housing Alliance Compass Housing Alliance Compass Housing Alliance Congregations for the Homeless DAWN - Domestic Abuse Women's Network

Downtown Emergency Service Cent Low Income Housing Institute (LIHI) Plymouth Housing

Snoqualmie Valley Shelter Services

St. Stephen Housing Association The Salvation Army Urban League of Metropolitan Seati YMCA of Greater Seattle YWCA Seattle-King-Snohomish

Health through Housing Provider Pools On Site Support Services

Provider	Provider Program Name	East County	North County	Northeast County	Seattle	Southeast County	Southwest County
	Catholic Community Services of						
Catholic Community Services of King County	King County	×			×	×	×
	American Indian/Alaska Native						
	Emergency Housing & Permanent						
Chief Seattle Club	Supportive Housing in King County	×	×	×	×	×	×
	Compass Housing Alliance Health						
Compass Housing Alliance	through Housing RFQ Application	×	×	×	×	×	×
Congregations for the Homeless	CFH Response to HTH RFQ	×					
DAWN - Domestic Abuse Women's Network	DAWN Qualifications for HTH RFQ					×	×
Downtown Emorgoncy Convice Contor	DESC's Application for Health Through Housing	>	>	>	>	>	>
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	Health Through Housing - ETS						
Evergreen Treatment Services - REACH	REACH		×		×	×	×
Friends of Youth	Friends of Youth	×					
Kent Youth and Family Services	Kent Youth and Family Services	×			×	×	×
Low Income Housing Institute (LIHI)	LIHI's HTH RFQ Response	×	×	×	×	×	×
Plymouth Housing	HtH Plymouth Housing	×			×		
Public Defender Association	Public Defender Association				×		×
Renton Ecumenical Association of Churches	REACH Health Through Housing						×
Snoqualmie Valley Shelter Services	Snoqualmie Valley HTH			×			
Solid Ground	Solid Ground WA		×		×	×	×
	St. Stephen Housing Association						
St. Stephen Housing Association	HTH RFQ					×	×
The Salvation Army	The Salvation Army	×	×	×	×	×	×
The Sophia Way	The Sophia Way	×					
	ULMS Health thru Housing Support						
Urban League of Metropolitan Seattle	Services				×		×
YMCA of Greater Seattle	YMCA HTH Application	×	×	×	×	×	×
YWCA Seattle-King-Snohomish	YWCA Health Through Housing	×			×	×	×

Southwest County \times $\times \times$ \times \times \times \times \times \times \times Southeast County \times × × \times \times × \times Seattle × \times \times \times \times \times × \times \times **Northeast County** × \times \times \times \times North County \times \times \times \times \times East County \times \times \times \times \times \times \times \times Supportive Housing in King County **Diversion Throughout King County** Emergency Housing & Permanent Vehicle Residency Outreach/Safe Neighborhood House Homeless **Catholic Community Services of** Kent Youth and Family Services American Indian/Alaska Native Health Through Housing - ETS DESC's Application for Health Mary's Place Outreach and CFH Response to HTH RFQ **ULMS Health thru Housing Proverider Program Name** Street Outreach Services **Snoqualmie Valley HTH** The Salvation Army Through Housing Support Services The Sophia Way King County REACH Lot **Evergreen Treatment Services - REACH** Urban League of Metropolitan Seattle Downtown Emergency Service Center Catholic Community Services of King **Snoqualmie Valley Shelter Services** University Heights Center for the Congregations for the Homeless Kent Youth and Family Services Community Association Neighborhood House The Salvation Army **Chief Seattle Club** The Sophia Way Mary's Place rovider County

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YMCA HTH Application

YMCA of Greater Seattle

Health through Housing Provider Pools **Street Outreach**

Health through Housing Provider Pools Community Based Organization (CBO)

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	YWCA Seattle-King-Snohomish	YWCA Health Through Housing	×			×	×	×



Department of Community and Human Services Leo Flor, Director 401 Fifth Avenue, Suite 500 Seattle, WA 98104 (206) 263-9100 Fax (206) 205-6565 TTY Relay 711

March 2, 2022

- TO: James Lopez, Deputy City Manager for External Affairs
- FM: Leo Flor, Director, King County Department of Community and Human Services
- RE: <u>Statement of Equity Impact for the Kirkland Health through Housing site at 10530</u> Northup Way, Kirkland, WA 98033 (Subject to future update and refinement)

Key Findings of Kirkland Health through Housing Equity Impact Statement for 10530 Northrup Way, Kirkland, WA 98033

- Kirkland is among King County's healthiest and most resilient communities, and residents of Kirkland experience strong access to every determinant of equity.
- This analysis <u>does not</u> identify any likely negative equity impacts upon the future residents of the planned Kirkland Health through Housing site.
- This analysis <u>does not</u> identify any likely negative equity impacts of the planned Kirkland Health through Housing site upon the persons who reside or work near the planned site.
- This analysis <u>does</u> identify that persons who are housed in the Kirkland Health through Housing site will by virtue of being housed in permanent supportive housing within Kirkland experience increased access to safety services, nutrition, human services, housing, job training, healthy built environments, supportive neighborhoods, and transportation, which are eight of the fourteen determinants of equity.
- This analysis <u>does</u> identify and acknowledge that the community engagement process to-date about the Kirkland Health through Housing site has not included significant community comment identifying racial equity as a concern. King County will continue reviewing community feedback provided directly to the City of Kirkland and adjust this finding as warranted.
- This analysis <u>does</u> identify that community engagement processes to-date have included consistent emphasis from community members about the importance of safety in their community, with a specific emphasis on the importance of safety in and around the school adjacent to the Kirkland Health through Housing site. King County shares the community's and City's emphasis on the importance of safety, including safety for residents of the Kirkland Health through Housing site, for students at the adjacent school, and for persons living and working near the site. King County appreciates Kirkland's recognition that persons of different races have different experiences of safety, and that efforts such as those captured in Kirkland's <u>Resolution 5434</u> to ensure the safety and respect of Black people can contribute to

increasing equity for Health through Housing residents who identify as Black. Black persons are one of two races that experience disproportionate chronic homelessness in King County, making up approximately 27% of the chronically homeless population despite making up approximately 7% of the Countywide population and approximately 1.4% of the City of Kirkland population. While specific strategies to promote safety unless in the context of racial equity are outside the scope of this Statement of Equity Impact, King County and the City of Kirkland have separately memorialized shared principles and terms that the City of Kirkland approved on March 1, 2022 as Resolution 5522 and its accompanying Term Sheet.

• Consistent with the King County Equity Impact Review Process, the Equity Impact Statement recommends ongoing community engagement and updates to this analysis so that any adverse equity impacts that may emerge can be identified and mitigated quickly while any opportunities for positive equity impacts may be identified and reinforced quickly.

Summary of the Health through Housing Initiative

King County's <u>Health through Housing</u> initiative invests in the premise that a person's ability to be housed is a fundamental component of that person's ability to gain and maintain health. The paramount goal of the Health through Housing initiative is the creation and operation of 1,600 units of affordable housing with housing-related services for eligible households in King County that are experiencing chronic homelessness or that are at risk of experiencing chronic homelessness.¹

In addition to the initiative's paramount goal, Health through Housing has seven ordinance-adopted supporting goals, the first of which is to annually reduce racial and ethnic disproportionality among persons experiencing chronic homelessness in King County.²

Implementation of the Health through Housing Initiative is guided by the Health through Housing Implementation Plan. King County adopted the Implementation Plan in King County Ordinance 19366.

Health through Housing Equity and Social Justice Impact Review

The Health through Housing Implementation Plan requires an Equity and Social Justice (ESJ) Impact Review for a Health through Housing property purchased in 2022 or later. The Ordinance-adopted Implementation Plan states that the ESJ Impact Review process

seeks to avoid results in which housing for people experiencing homelessness is sited where housed people who live or work near the homeless housing are most willing to tolerate it, rather than where the people who live within the homeless housing are most likely to benefit from living. The impact review process ... seeks to reduce bias in siting decisions for homeless housing³

The Implementation Plan requires a Statement of ESJ Impact for any Health through Housing site, noting that the statement

will not constitute [a] formal determination of feasibility but instead will result in a list of positive and negative potential ESJ impacts that may result from each property's potential

¹ King County Code 24.30.030.3

² Supporting Goal 1 is required by King County Code 24.30.030.A.1

³ Health through Housing Implementation Plan pages 43-44

use as a Health through Housing site, including countermeasures that the County and a city should consider to reduce negative ESJ impacts or to amplify positive ESJ impacts, if any. $^{\rm 4}$

The Implementation Plan specifies that the statement of ESJ impact will at a minimum include analyses of considerations about the impact of the Health through Housing building *upon the persons who will live or receive services within the building* and considerations *about the impact of a Health through Housing building within a community*. The analysis summarized within this memorandum is for the hotel located at 10530 Northup Way, Kirkland, WA 98033 ("the Kirkland Health through Housing site").

Assessment of the ESJ impact of the Kirkland Health through Housing site upon the persons who will live and receive services within the building

As a matter of preliminary equity analysis, a person who goes from being unhoused (including being sheltered) to being housed with supportive services will in almost every regard benefit from gaining a home. The experience of homelessness and housing instability within King County correlates strongly with historical patterns of exclusion and systemic racism.

It is not a coincidence that the two racial-ethnic populations that currently exhibit disproportionate rates of chronic homelessness in King County—County residents who identify as Black and as Native American—are the same populations who been subject to centuries of systemic oppression, including government-sectioned slavery, segregation, wide-scale dispossession of land, disparate treatment under the law, and disproportionality in incarceration. While the origins of these oppressions are centuries old, they remain active in the form of systemic racism even today. Data across numerous health and human services domains consistently identify residents who identify as Black and Native American as disproportionately experiencing poverty, homelessness, and criminalization.⁵

The Health through Housing initiative is designed to contribute to a reduction of racial-ethnic disproportionality in chronic homelessness. Providing supportive housing to persons experiencing chronic homeless with special care taken to ensure access for Black and Native persons experiencing chronic homelessness is a small but important step in achieving the Health through Housing initiative's purpose.

• How will the Kirkland Health through Housing site can contribute to the reduction of racial ethnic disproportionality amongst persons experiencing chronic homelessness in King County?

King County's approach in the Health through Housing initiative to reducing racial ethnic disproportionality amongst persons experiencing chronic homelessness will be three-fold:

• First, some buildings within the Health through Housing portfolio will be operated by agencies who are representative of and specialize in being inclusive for populations who disproportionately experience chronic homelessness. One example is a not-yet-operating Health through Housing building that seeks an

⁴ Health through Housing Implementation Plan pages 43-44

⁵ On June 11, 2020, King County declared racism a public health crisis: <u>https://kingcounty.gov/elected/executive/constantine/initiatives/racism-public-health-crisis.aspx</u>.

operator with experience in housing and serving chronically homeless Native American residents. The Kirkland Health through Housing site is not currently slated for a similarly focused use and is currently planned for general use within the Health through Housing initiative.

- Second, King County intends to fund centralized outreach contracts with agencies who specialize in reaching and serving persons of races and ethnicities who disproportionately experience chronic homelessness. The purpose of this centralized outreach capacity will be to assist and supplement outreach services operating in and around Health through Housing host communities so that local outreach and referral efforts are inclusive for persons who identify as a population that disproportionately experiences chronic homelessness.
- Third, King County will through its contract with an operator will monitor the composition of residents of the specific site to contribute to the Health through Housing portfolio's overall reduction of racial ethnic disproportionality. In the event that a Health through Housing site demonstrates a pattern of preserving rather than reducing racial ethnic disproportionality, King County and the City may offer additional technical assistance and other supports to ensure that the building and its operator are creating a welcoming environment and properly tailored supportive services so that the initiative can meet the requirements of the Health through Housing Implementation Plan's Supporting Goal One.
- How to operate, staff, and administer the Kirkland Health through Housing site to promote reduction of racial ethnic disproportionality amongst persons experiencing chronic homelessness in King County.

The City of Kirkland has undertaken a specific initiative to ensure the safety and respect of Black people, committing through <u>Resolution 5434</u> to several actions related to examining and dismantling institutional and structural racism in Kirkland. King County will support in all ways possible the goals of Resolution 5434 in the way that it provides for operations, staffing, and administration of the Kirkland Health through Housing site.

As mentioned in the previous section, King County will also seek to contract with a centralized outreach provider who can augment and enhance local outreach efforts to increase access for persons who identify as a race that experiences disproportionate chronic homelessness.

King County's Health through Housing Implementation Plan also requires implementation of the initiative's Strategy 4, the Capacity Building Collaborative. Strategy 4 will equip providers representative of communities who most disproportionately experience homelessness with resources and support to use their expertise and provide services in ways that can reduce racial-ethnic disproportionality among persons experiencing chronic homelessness. Over time, Health through Housing Strategy 4 will build the capacity of all community-based organizations to operate housing that serves their own communities. Strategy 4 will also create relationships between all Health through Housing organizations that enhance their ability to provide welcoming, affirming, and culturally responsive services to communities who disproportionately experience chronic homelessness.

 How the site's proximity or access to determinants of equity⁶ would benefit residents, including how beneficial access may be increased including how beneficial access may be increased with a particular focus on residents or participants who identify as members of communities that disproportionately experience homelessness

Kirkland is among King County's most resilient, vibrant, and welcoming communities.⁷ The City of Kirkland has strong access to all fourteen determinants of equity. This analysis <u>i</u>dentifies that persons who are housed in the Kirkland Health through Housing site will by virtue of being housed in permanent supportive housing within Kirkland experience increased access to safety services, nutrition, human services, housing, job training, healthy built environments, supportive neighborhoods, and transportation, which are eight of the fourteen determinants of equity. In particular, residents of the Kirkland Health through Housing site will gain access to housing, human services, safety services, and nutrition that will be substantial improvements to what is typically available to a person experiencing chronic homelessness.

• Whether there are any conditions present that would exacerbate inequities among persons experiencing homelessness and how to mitigate or reverse those conditions.

This analysis finds no condition present that would exacerbate inequities among persons experiencing homelessness other than that the general population of the City of Kirkland is less racially and ethnically diverse than King County as a whole and less racially and ethnically diverse than the Countywide population of persons experiencing chronic homelessness. A higher percentage of Kirkland's population identifies as White than the Countywide population, and a lower percentage of Kirkland's population identifies as a member of every other race and ethnicity tracked by the U.S. Census Bureau except for persons who identify as two or more races. The Census Bureau estimates that 5.7% of Kirkland's population identifies as being of two or more races. A table depicting these data is available <u>online through the U.S. Census Bureau</u>. That table is also included within this document in a subsequent section. Based on these findings, if the racial-ethnic composition of the population residing within the Kirkland Health through Housing site exactly matches the City's overall population, then the population housed within the hotel would not contribute to reducing disproportionality amongst Black and Native

⁶ King County Ordinance 16948 identifies fourteen determinants of equity. They are community and economic development; community and public safety that includes services such as fire, police, emergency medical services; a law and justice system that provides equitable access and fair treatment; Early childhood development; Education; Equity in County Practices that eliminates all forms of discrimination; Food systems and access to affordable, healthy, and culturally appropriate foods; high-quality health and human services; Healthy built and natural environments; Housing that is safe, affordable, high-quality and healthy; Job training and Jobs; Neighborhoods that support all communities and individuals through strong social networks, trust among neighbors, and the ability to work together; Parks and natural resources; and transportation.

⁷ Public Health-Seattle & King County's City Health Profiles depict Kirkland as fairing better than County and State averages on numerous indicators of health: <u>https://kingcounty.gov/depts/health/data/city-health-profiles.aspx</u>

communities. It is unlikely, however, that the hotel's resident population would exactly match the demographics of the City's population. This analysis does not have access to racial-ethnic data about the Health through Housing-eligible population currently living in Kirkland. Future development of such data may aid in refining and updating this analysis and informing future countermeasures.

Assessing the ESJ impact of the Kirkland Health through Housing site within a community

• Whether the building would be located in a community that may be more or less resilient because of historical patterns of investment and equity

In consultation with Headwater People, King County introduced in 2020 the *King County Equity Impact Awareness Tool* to assess the resiliency of communities within the county when making siting decisions. The tool is available <u>online</u>.⁸ The tool in its introduction notes that despite King County's overall wealth as a County, wealth and security are not equally distributed.

The tool indexes communities' resilience by incorporating data on the racial-ethnic, economic, and age characteristics of a community. Using the most recent update of the community resiliency tool, Kirkland is among six King County communities that receives a zero-risk factor score, indicating that Kirkland is among the most resilient of the fortyeight King County communities that the index assesses. Because the Kirkland site is near the border of other assessed communities, it is also important to examine the resilience scores of those neighboring communities. The three neighboring communities (Bellevue-West, Bellevue-NE, and Mercer Island/Point Cities) score 1 or 2 for resilience risk factors, indicating that they are also among the County's most resilient communities. Based on these factors, this analysis determines that placement of the Kirkland Health through Housing facility is in one of the County's most resilient communities and therefore does not create risk of perpetuating historical patterns of investment and development that contribute to current inequities within King County.

For comparison, the Kirkland Health through Housing site would become the 10th Health through Housing property within the initiative's portfolio of acquisitions, and the Kirkland site has the highest resiliency score (i.e., the lowest risk factor score) of any of the 10 sites.

Health through Housing Location	Compound Resiliency Risk Score
	 0 is the most resilient, indicating a community in which no risk factors are present). 8 is the least resilient, indicating a community in which all risk factors are present at the highest level.
Seattle: Uptown	5

⁸ <u>https://kingcounty.gov/~/media/elected/executive/equity-social-justice/2020/COVID-19/OESJ-EIA-942020.ashx?la=en</u>

Seattle: Aurora	6
Seattle: Stone Way	6
Seattle: Argyle	5
Seattle: Pioneer Square	5
Renton	4
Auburn	3
Federal Way	6
Redmond	1
Kirkland	0

• <u>What impact the property may have in reducing or increasing the diversity of the</u> <u>community</u>

The U.S. Census Bureau's data as accessed in March 2022, provide a July 2021 estimate for the population and demographics of the City of Kirkland.

All Topics	۹	King County, Washington	X	۹	Kirkland city, Washington		×
Population Estimates, July 1 2021, (V2021)			🛆 NA				NA
L PEOPLE							
Population							
Population Estimates, July 1 2021, (V2021)			🛆 NA				NA
Population estimates base, April 1, 2020, (V2021)			🛆 NA			♪	NA
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)			🛆 NA			♪	NA
Population, Census, April 1, 2020		2	269,675			92,1	175
Population, Census, April 1, 2010		1,	931,249			48,7	787
Age and Sex							
Persons under 5 years, percent			▲ 5.7%			▲ 6.	5%
Persons under 18 years, percent		6	20.0%			▲ 20.	5%
Persons 65 years and over, percent		6	13.5%			🛆 13.	1%
Female persons, percent		6	49.7%			▲ 50.	7%
Race and Hispanic Origin							
White alone, percent		6	66.2%			▲ 75.	7%
Black or African American alone, percent (a)			▲ 7.0%			▲ 1.4	4%
American Indian and Alaska Native alone, percent (a)			1.0%			▲ 0.3	3%
Asian alone, percent (a)		6	19.7%			▲ 14.4	4%
In Native Hawaiian and Other Pacific Islander alone, percent (a)			▲ 0.8%			▲ 0.	1%
Two or More Races, percent			▲ 5.2%			▲ 5.	7%
Hispanic or Latino, percent (b)			▲ 9.9%			▲ 7.	7%
White alone, not Hispanic or Latino, percent		6	58.1%			▲ 71.:	2%
Population Characteristics							
Veterans, 2015-2019			100,581			3,4	463
6 Foreign born persons, percent, 2015-2019			23.1%			23.	3%

The Census Bureau estimates include racial demographic population data that describe Kirkland's residents as being 75.7% White with the next highest percentage being 14.4% Asian. Relevant to the question of whether a Kirkland Health through Housing site would likely increase or decrease racial-ethnic diversity within the City of Kirkland, the likely effect based on the demographic characteristics of people experiencing chronic homelessness in King County is that the location would marginally increase the racialethnic diversity of Kirkland. This effect should not be unduly emphasized, however, because the number of persons who will live at the Kirkland Health through Housing site would be fewer than 120 persons, and that number is too small to move percentages relative to Kirkland's overall population estimate of more than 92,000 persons.

The graph below, copied from Figure 16 of the Health through Housing Implementation Plan, provides data on the racial composition of persons experiencing chronic homelessness in King County in 2018, 2019, and 2020. The graph illustrates that the two single races that are disproportionately chronically homeless in King County are persons who identify as Black or African American and American Indian or Alaska Native.

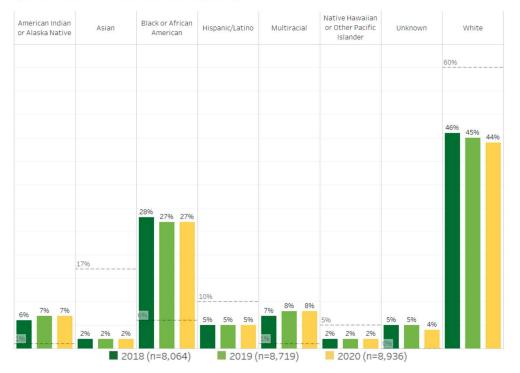


Figure 16: Annual Chronic Homelessness in King County

 Whether persons who reside or work near the potential property are also persons whose historical or current experience of inequity leaves them subject to a material risk of worsened inequity that would be directly related to the presence of a Health through Housing building.

The Kirkland Health through Housing site is a hotel that has been operating in its current location for more than a decade. There is no other housing adjacent to the building, although there are single-family homes to the South of the site on the other side of Highway 520, there are residences to the East of the Health through Housing site on the other side of an office building, and there are residences to the Northeast of the Health through Housing site, on the other side of parking lots and a school. The presence of these residences indicates that the area is suitable for residential use and the Health through Housing site's use as permanent supportive housing is a conforming use to the existing zoning.

In addition to residences and a highway, there are business offices, a fast-food restaurant, and a private school either adjacent to or in the immediate vicinity of the Health through Housing site. This analysis does not attempt to classify the race and ethnicity of each person residing or working next to the Health through Housing site. There is no indication that the persons who reside or work near the Kirkland Health through Housing site are subject to a material risk of worsened racial inequity directly related to the future presence of a permanent supportive housing building as could be the case in other locations within the County that have historically seen patterns of underinvestment. This analysis recommends that King County's future community engagement and neighborhood agreement processes seek out additional information about persons residing or working near the potential property to inform strategies that may be helpful to counter and actual and material worsening of inequity that this initial analysis fails to identify.

Language Access

Implementation of recommendations within this Statement of Equity Impact and its future updates, including ongoing community engagement, will provide for increased language access to ensure that King County and Kirkland residents may participate in this process. The City of Kirkland web-based communications prioritize translations of written materials in Spanish, Chinese, Russian, Vietnamese, Persian, Portuguese, Hindi and Telugu. King County commits to making communications regarding this Statement of Equity Impact accessible to Kirkland and County residents in these languages. King County also commits to adjusting which languages in which it offers translations to best meet the needs of the Kirkland community.