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Thinking Past Tomorrow: An Analysis of Policy Efforts to Reduce Homelessness In King County, Washington

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THINKING PAST TOMORROW: AN ANALYSIS OF POLICY
EFFORTS TO REDUCE HOMELESSNESS IN KING COUNTY,
WASHINGTON

by

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I. Introduction

The citizenry of the United States of America is composed, in part, of a great number of people who neither know nor care to know what their local government does. Few people are aware of local government's influence on their lives, and even fewer care to engage with it. While national politics capture our collective imaginations, state, county, and city governments are wielding far more influence and hold much more power than most people realize. This is a basic fact of political life, at least for now. But working to recognize and identify the efforts of local government can help us hone the policies at all levels of government. This paper makes such an endeavor on the issue of homelessness, and the broader governmental response.

Flaming et al. (2009) observe the level of power that local governments hold over responses to homelessness by looking at Los Angeles County. Although the federal government dispensed the bulk of total funding, local governments still held (and hold) the ability to decide whether and how to use available grant funds within their jurisdictions. As of 2009, "only a handful of cities in the county (with Los Angeles prominent among them) are using any of their HUD block grant funds or housing funds generated by redevelopment projects to build housing for their homeless residents" (60).

With the passage of the HEARTH Act in 2009, this power has been accompanied by a dramatic increase in federal spending on homelessness. The National Alliance to End Homelessness noted in its 2015 Annual Report that "targeted federal funding to address homelessness is at its highest level in history" (The National Alliance to End Homelessness 2015b). This trend was particularly noticeable with the emphasis on permanent supportive housing and rapid re-housing services, which were implemented at the expense of transitional

housing programs. Rapid re-housing beds nearly doubled from 2013 (19,847 beds) to 2014 (37,783 beds) (NAEH 2015b).

Even though the federal government dispenses the majority of funds, the efforts of local and state government matter profoundly in the effort to address homelessness. By looking at individual continuums of care, and evaluating the success of policies and spending within a county, we can inform our understanding of homelessness and related policies. This policy analysis will focus on King County, WA, a unique and highly visible community in the fight to reduce homelessness. By analyzing the successes and failures within King County, we can understand how King County, the City of Seattle, and other major actors can respond effectively. The highly urbanized areas of Seattle, the more affluent suburban sprawl around Seattle, and the other major suburban and rural areas of the county all have a part to play in reducing the number of people facing homelessness in King County.

This paper explores the possibility that federal policies promoting Housing First have had unintended consequences that have delayed King County's ability to respond to its unsheltered homeless population, in part because of the concentration of services in the City of Seattle. It will also attempt to seek out policies that will assist King County in responding to the crisis of homelessness. The following section will cover important background on this issue, and will also explore the reasons why this topic should be vitally important to policymakers and academics.

II. The Causes & Challenges of Homelessness

1. Foundational Questions & Literature Review

Homelessness is an intricate and complex issue that demands attention because of the moral, economic, and social consequences it levies both on those living without stable housing and the communities in which they reside. This literature review will summarize several important questions that researchers of homelessness must ask and discuss some of the many potential solutions that have been tested across the country.

A. What is Homelessness?

The U.S. Department of Housing and Urban Development (HUD) defines homelessness using four categories: individual and families living in a place not meant for human habitation (including emergency shelter or transitional housing); individuals and families who will lose their primary nighttime residence (such as a hotel or motel) within 14 days; families with children or unaccompanied youth who are unstably housed; and people who are fleeing or attempting to flee domestic violence (The National Alliance to End Homelessness, hereafter NAEH, 2012).

It is very easy to treat homelessness as a state of being unsheltered, but to leave it at that would be simplistic. Such a view does not acknowledge the many interacting factors and variables that come together to cause homelessness. Housing, while important, is not a panacea. The homeless, rather, are those who are without long-term stable housing for a variety of reasons that vary wildly among individuals, including low levels of marketable skills, criminal records, the mismatch of the housing prices and wages that individuals face, domestic violence, underfunded and overly complicated social safety nets, mental illnesses, substance abuse, a lack of social support structures, rejection from one's family (particularly for LGBT youth), racial

discrimination, and a lack of land on which to build housing. The important takeaway is that homelessness is a complicated issue that demands a nuanced and determined approach.

B. Who Are the Homeless?

In 2014, almost 580,000 people in America experienced homelessness on any given night (The National Alliance to End Homelessness 2015). Around 15% of the homeless population is considered chronically homeless, and approximately 9% of the homeless are veterans. Almost 40% of the persons who are homeless on any given night are homeless with some of their family members. These numbers are typically collected in point-in-time counts conducted by local jurisdictions called Continuums of Care, charged with collecting data and administering for the county or counties they oversee. The point-in-time counts are conducted in alternate years (most recently in 2014 and 2016), and are required by the U.S. Department of Housing and Urban Development (HUD) for these Continuums of Care (CoCs) to qualify for federal funds to respond to homelessness (The National Alliance to End Homelessness 2015). Many CoCs, however, conduct their own count every year.

C. What Causes Homelessness?

The first and most important thing we must do before entering into a study of the solutions to homelessness is to ask what causes homelessness. There are various hypothesized causes ranging from individual choice and work ethic to institutional and systemic discrimination and oppression. This section will review some of the most frequently offered theories for the root causes of homelessness and summarize some of the relevant literature surrounding them.

It is important to understand the amalgamation of forces that come together when analyzing the causes of homelessness. Many studies have begun this effort. Georgiadesa (2015) studied 56 homeless individuals in South Florida in order to analyze determinants of

homelessness as reported by the interviewees. The study discusses the individual experiences that homeless people have on the street, including harassment, hunger, violence, and unemployment and poverty, all of which are discussed as forces keeping people homeless. Similarly, Snow and Anderson (1993) launched an in-depth sociological study of Austin, Texas in the 1980s, which in part attempted to determine some of the causal factors of homelessness. They found that many factors contributed to the reasons that people remained in shelters or on the street, but stressed housing, unemployment, broader economic trends like deindustrialization, lack of familial support, disabilities, and substance addictions.

Representatives of the U.S. Department of Veterans Affairs and several prominent universities conducted a study focusing on community-level determinants of homelessness. This study, which has been widely cited, discusses six important determinants of homelessness: the housing market, economic conditions, demographic composition, safety net, climate, and transience (Byrne et al. 2013). Studies and books such as these are able to deeply delve into the causes of homelessness, but to do so is outside the scope of this paper. Instead, this review will evaluate several commonly addressed causes of homelessness and attempt to provide an overview of the literature on the causes of homelessness. This review will look at causes grouped into the categories of housing and poverty, substance abuse and mental illness, choice, ‘criminalization’ of homelessness, the social safety net, and demographic and situational factors.

1. Housing & Poverty

The most obvious explanation for the existence of homelessness is also the simplest: homelessness exists because people are without housing. Byrne et al. (2013) discuss links between rent increases, housing availability, and rental vacancy rates. An area’s renter rate is positively associated with homelessness, while its vacancy rate is negatively associated. There is

a positive relationship between rent costs and homelessness (609). Byrne et al. also note how non-housing economic conditions are also important because poverty rates and unemployment rates are related to some of the causes of homelessness that are rooted in material need (609).

Most of the structural risk factors that face homeless people are interrelated. Ji (2006) attempts to determine the hierarchy of risk factors. Most studies focus specifically on housing and economic factors, but this study expanded beyond those variables and focused on four independent variables: poverty, economic conditions, the presence of affordable housing, and low levels of entitlement benefits. The study found that poverty had a significant effect on the rate of homelessness, from which they drew the conclusion that federal entitlement and anti-poverty benefits ought to be expanded.

Some authors point to the elimination of Single Resident Occupancy (SRO) housing as a culprit in the growing difficulty many are experiencing in accessing affordable housing (Donley and Wright 2008). SRO housing was composed of very small private rooms, which were available to low-income individuals (Heben 2014, 18). It was widely used by the lower and middle classes, but was eliminated by urban zoning policies in the 1980s and onward that undermined traditional low-income housing.

Wright, Donley, and Gotham (2008) focus on the links between housing policy and homelessness. Since nearly one-third of Americans are renters, the cost of housing is quite significant to poverty and homelessness (44). As affordable housing has become scarcer in recent years, poverty and homelessness have increasingly begun to intersect. They find that poverty was the strongest risk factor for homelessness. Assembling numbers from the Department of Housing and Urban Development, they find that low income (50-80% of Area Median Income), very low income (30-50% of AMI), and extremely low income (<30% of AMI) are all having a harder

time accessing affordable housing than they have in the past (34). Most households spend much more than 30% of their income, making them “rent-burdened” (35). Wright, Donley, and Gotham also blame the elimination of SRO housing as urban renewal took place (36).

Heben (2014) notes that the average American house size has increased dramatically in the past six decades (32). The contemporary American household now has about 980 square feet of space per person in their home, which is the same size that housed an entire family in 1950. This has contributed to the burden of housing costs. One of the reactions to this increase in house size is known as the “Tiny House” movement. Usually a single standalone structure built to accommodate one or two people, tiny houses are designed to be environmentally friendly and materially sparse. Tiny houses are frequently not legal houses, because local building codes restrict the way that the houses are classified (in the same way SROs were regulated). These laws frequently preclude the legal ability of individuals to build and buy tiny homes (Heben 34).

One project in Travis County, Texas is called Community First! Village, which is managed by an organization that also maintains RVs for homeless people (Marohn 2014). They attempted to build the tiny house settlement within Austin, but met with strong opposition from residents. The project is on a 27-acre parcel of land with supportive services on-site, and includes a farm to feed residents (Theen 2014). Jaywork (2015) reports a similar effort in Seattle, with tiny houses being moved into a lot specifically for homeless people. Each one houses two people, and costs around \$2,500 (with volunteer labor for assembly).

Howard Husock (2003) argues that the state of housing policy in America creates economic malincentives. He argues that the foundation of American housing policy is rooted in the belief that the free market cannot supply decent housing at an affordable cost to the poor. Husock counters that the pre-Great Depression housing markets prove this to be false, and

outlines important criticisms of urban housing policy and the incentives that are contained within America's public housing system, such as a lack of requirements that people move out of subsidized housing after certain time periods.

II. Substance Abuse & Mental Illness

Substance addictions and mental illness are disproportionately common among the homeless population. Around 18% of people who were homeless in 2012 had severe mental illnesses (Stand 2013). Fazel, Khosla, Doll, and Geddes (2008) analyzed twenty-nine studies across the US and western Europe, and found that homeless populations were much more likely to have mental illnesses or substance abuse problems than the broader populations. It also found that alcohol dependence has increased substantially among the homeless over recent decades. The relationship between substance abuse, mental illness, and homelessness is a strong one, but does not necessarily mean that homelessness is caused by substance abuse.

Kinkade (2008) argues that mental illness plays a much smaller role in homelessness than people think. He cites a Texas study that finds only 10% of the homeless population (and 20% of the chronically homeless population) suffer from any form of mental illness. Kinkade lays this mistaken belief in part at the feet of the idea that the deinstitutionalization movement in the mid twentieth century led to that era's increase in homelessness. He submits that, contrary to popular belief, alternatives (even if bad ones) for the formerly institutionalized individuals were implemented, preventing most of the mentally ill from becoming homeless.

Several studies have sought to determine the relationship between substance abuse and homelessness. McVicar, Moschion, and van Ours (2015) studied a large dataset compiled from a survey of Australian homeless people. They analyzed the dataset for evidence that substance abuse (alcohol, tobacco, or illicit drugs) held a causal relationship with homelessness. They

found no statistically significant causal effect between substance abuse and homelessness. While homeless individuals are more likely to be drug users, and vice versa, they believe that this fact is driven by other personal characteristics that, when adjusted for, lead them to say that “it seems that homelessness does not affect substance use” – although the study does not rule out the possibility that alcohol use can increase the risk of homelessness (89). Studies such as this suggest that while substance abuse may indeed be strongly associated with homelessness, the question of which causes which is unsettled.

Zerger (2008) notes that while chemical dependence and homelessness do not necessarily cause one another, they do increase one another’s consequences. Co-occurring disorders of mental health and substance addiction makes it very hard to deal with either one. Complicating this, the field’s best research is frequently unapplied in practice when treating substance use issues. This lack of application occurs because the field itself is based in a non-medical approach to substance addictions (112). This is particularly pronounced for homeless people, who are already understudied.

Baum and Burnes (1993) hold the opposite belief of the above authors, and posit that America’s traditional understanding of homelessness is inadequate because it refuses to acknowledge the full role that mental illness, alcohol, and drugs play in the lives of so many homeless people. Baum and Burnes argue that because advocates are afraid of ‘blaming the victim’ they refuse to acknowledge the marked differences between various categories of homelessness. A family who lost their home through a drastic hike in rent is in a very different situation than a chronically mentally ill person, or someone with chronic substance abuse problems. This means that the appropriate policy responses will also be very different.

Because the mentally ill homeless are frequently unable or unwilling to access available psychiatric services, their conditions often go untreated and undiagnosed (Baum and Burnes 1993, 25). Baum and Burnes argue that because society has refused to acknowledge the extent to which mental illness plagues the homeless population, our mental health system is ill-equipped to handle or even identify the problems. They argue that a refusal to acknowledge the “importance of alcohol, drugs, mental illness, and the loss of family and community” for the homeless is in effect “society shield[ing] us, but not [the homeless], from the truth” (171). The dialogue between authors like Baum and Burnes and more recent authors is an important one that will determine the direction that future treatment options will take. As it stands, the first set of authors appears to have a greater influence in contemporary U.S. policy.

III. Choice

Some believe that homeless people are homeless because they choose to be – either implicitly through being lazy or explicitly through refusing housing when it is offered. In reality the vast majority of the unsheltered homeless population does not prefer to be un-housed. Collins, Malone, and Clifasefi (2013) studied this and found that of the chronically homeless individuals who they surveyed, only 3% refused initial approaches. Only about half of the surveyed people thought they would have been able to live in housing preconditioned on abstinence from substances like alcohol and drugs, which may explain some of the perception that the homeless choose to live without housing. Kuehn (2012) notes another study that found that 95% of individuals who were offered supportive housing accepted it, while the acceptance rate was a much less impressive 58% when individuals were offered substance abuse treatment instead of jail (18). Importantly, this study indicates that the vast majority of homeless individuals are homeless for reasons other than an explicit choice to be homeless.

IV. 'Criminalization' of Homelessness

The number and types of laws that seem to disproportionately impact homeless people have been a topic of concern among advocates for the poor and homeless in recent years. The National Law Center on Homelessness and Poverty conducted an analysis of local laws in 2011, evaluating multiple states. They surveyed service providers and people experiencing homelessness in 26 states, and found that 73% of respondents had been cited or arrested for public urination, 55% for sleeping in public, 53% for panhandling, and 20% for public storage of belongings (2011, 7). At the same time, 80% of respondents who reported restrictions on the above also reported that their cities lacked sufficient alternatives to the cited behavior (7). The Center reviewed city ordinances from 234 cities around the nation, and found that over half (53%) ban panhandling in particular public places, 40% ban camping in specific public places, and others banned begging, camping, or loitering citywide (7-8). They then reviewed studies from around the country on the costs of incarceration versus provision of housing and services, and found that it was markedly cheaper to provide services and housing than to jail individuals (8-9).

The continued status of these laws is uncertain. The Department of Justice ruled in August 2015 that Boise, Idaho's ban on people sleeping outside is unconstitutional. Because it is "life-sustaining activity," it is therefore cruel and unusual punishment to criminalize it when adequate shelter is not available (Badger 2015, 1). *The Washington Post* described this ruling as a "warning [to] cities far beyond Boise" as it backed up federal policy pushing for more humane treatment of the homeless.

Despite this indication of further judicial action, these laws are potentially troubling for several reasons. Most notably, they can be problematic because they are typically not paired with

resources that can help the homeless. Simply banning sleeping in public does not remove the need for homeless individuals to sleep; it merely tries to push them out of the area or (more frequently) pushes them out of the public eye. This, of course, may be an acceptable result for local jurisdictions and policymakers who are not attempting to solve homelessness, but it ought not to satisfy (and ought to concern) those who are interested in reducing the number of people experiencing homelessness. Obviously, such citations and laws do not directly increase homelessness, since they only impact the currently homeless. However, they do create cyclical effects that make it difficult for people experiencing homelessness to attain housing.

V. Social Safety Nets

The safety nets provided by government and social connections also play a substantial role in determining whether the poor become homeless. Because of the wide variety of public social safety net programs, it is difficult to conduct specific studies. Even so, most studies identify a negative relationship between more generous and extensive social safety net programs and homelessness (Byrne et al. 2013, 612). In other words, more generous public safety nets (unemployment insurance, public health insurance, etc.) tend to help prevent homelessness.

Snow and Anderson (1993) discuss the impact that personal safety nets have on homelessness. When a person has a strong network of family and friends, they can fall back on that safety net during hard times (economic or personal). Many of the homeless people Snow and Anderson talked to simply lacked those support networks (260). This type of social safety net generally does not interact with policy directly, although it is important to note that sometimes these social connections fail to prevent homelessness not because the connections wear out, but simply because the family or friends do not have the economic resources to spare.

VI. Demographic & Situational Factors

There are many other factors that have been associated with homelessness, all of which likely have some level of influence over the response a person receives from institutions or individuals. Particularly for homeless youth and young adults (YYA), homelessness may result from an unhealthy or dangerous family situation. Homeless youth and young adults are disproportionately members of the LGBT community. The Palette Fund, True Colors Fund, and the Williams Institute conducted a survey of homeless service providers from October 2011 to March 2012 and received responses from 354 service agencies across the nation. Their findings showed that LGBT youth comprise around 40% of the youth those service agencies interacted with in that time period (Durso and Gates 2012, 3). The agencies reported that they have seen a substantial increase in the number of LGBT youth who have accessed services over the past ten years (3). The service providers also indicated that a lack of funding for LGBT youth was hampering their abilities to respond to the need in their communities (14).

Climate may also play a role in the level of homelessness an area experiences. Many studies that test for climate variables find that areas with higher temperatures and lower precipitation have higher rates of homelessness, perhaps in part because it reduces mortality and makes homelessness more visible to observers (Byrne et al. 2013, 612).

Other demographics such as race and age are unevenly represented within the homeless population. Byrne et al. (2013) find that nationally, the baby-boomers are overrepresented among the homeless population (622). Racial composition is disproportionate to the population as a whole, although it has inconsistent results across studies. Even so, age and race do seem to be represented disproportionately within the homeless population, with African Americans and Latinos being homeless at a higher rate than one might expect based on their representation in the population as a whole. (Byrne et al. 2013, 609).

Lastly, domestic violence is a common reason for homelessness, particularly for women who flee their homes. The fourth category of HUD's definition of homelessness focuses on those who are fleeing or are attempting to flee domestic violence, specifically including those who are at risk of becoming homeless soon because of domestic violence. Domestic violence victims frequently are in need of stable housing as and after they exit abusive situations (Clough et al. 2014).

2. An Introduction to King County & its Homeless Population

A. Geography of King County

King County stretches across a highly populous section of Washington State, ranging from the highly urbanized Seattle area in the west, the central suburban areas of and around Bellevue, and the more rural portions of the county in the east. A substantial majority of the population lives on the west side of the county along or near the Interstate-5 corridor. The geography of King County is important because it concentrates services and housing where the majority of people are: the greater Seattle area. Although causality is debated, this is associated with the concentration of homeless people in Seattle, and the migration of homeless people from rural King County to more urban and suburban areas. As we will see later, south and east King County do not have nearly the same level of services as west King County does.

B. Homelessness Levels & Demographics

I. Datasets

There are two major ways of analyzing levels of homelessness. The first is the Homelessness Management Information System, or HMIS. This is a standardized system which links service providers across the county, and provides anonymized demographic data on people who use services within King County. The second indicator is annual Point-in-Time (PIT) counts

of the homeless population – a requirement for receipt of federal funds. A PIT count is the count of homeless people who are unsheltered or living in emergency shelters, transitional housing, and permanent housing on a specific night. This count occurs on a single night in January, and so only captures the people who were homeless on that night.

These two measurements measure different populations (although they overlap in the areas of Emergency Shelters and Transitional Housing), and are useful in conjunction with one another. The HMIS data provides a picture of the level of provided services in addition to providing an unduplicated count of homeless people accessing services over the course of a year. The PIT data provides a much shorter window, but captures unsheltered homeless people (HMIS services do not do as consistently).

HMIS is a federally mandated dataset collected by service providers within all CoCs nationwide and is limited by scope, as it does not extensively provide information on the number of nights individuals used the services (e.g. many or few times). Another downside to the dataset is that in King County there are service providers who have not ‘enrolled’ in the system, making the data incomplete. King is an “opt-in” county rather than an “opt-out” county, meaning that service providers must take active steps to be involved in HMIS rather than being automatically entered into the system. Overall, however, it is an effective measure of homelessness because it accounts for the unduplicated number of people accessing services over the course of a year and can be broken down into the type of services accessed.

Point-in-Time Counts are counts of homeless people on a single night, usually in late January of a given year. The PIT count in King County is called the One Night Count, and occurs every year. Between 2:00 and 5:00 in the morning, volunteers walk the streets, check all-night busses, and count the number of homeless people they can observe based off preexisting

criteria. While likely an undercount, this standardized process helps provide comparable data. Importantly, it also gives some sense of the scale of unsheltered homelessness within King County. This is used as a second data point alongside HMIS to indicate the state of homelessness in King County.

II. Data Trends

King County’s homelessness problem is not going away. Figures 1, 2, and 3 detail the shifts in the PIT and HMIS counts of homeless individuals over the past several years. More data for year-over-year shifts is available for PIT than HMIS, but as more data is released any trend lines will become easier to identify.

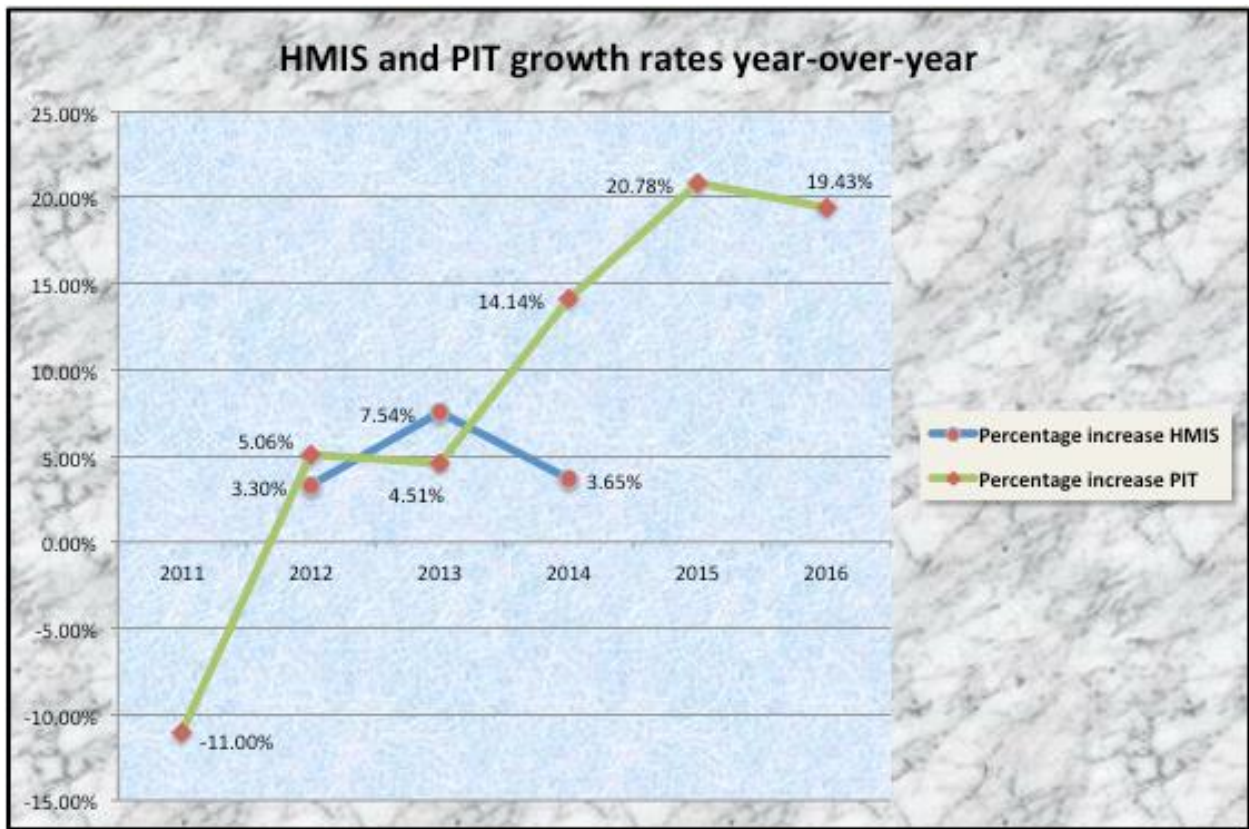


Figure 1

A significant portion of the difference in growth rates between the PIT count and the HMIS data likely stems from the fact that the PIT count has expanded to new areas that were not

previously covered by the volunteers who conduct it. Figures 2 and 3 show the raw numbers of homeless people in King County. As the data makes clear, homelessness is on the rise, and has been for most of the covered time period.

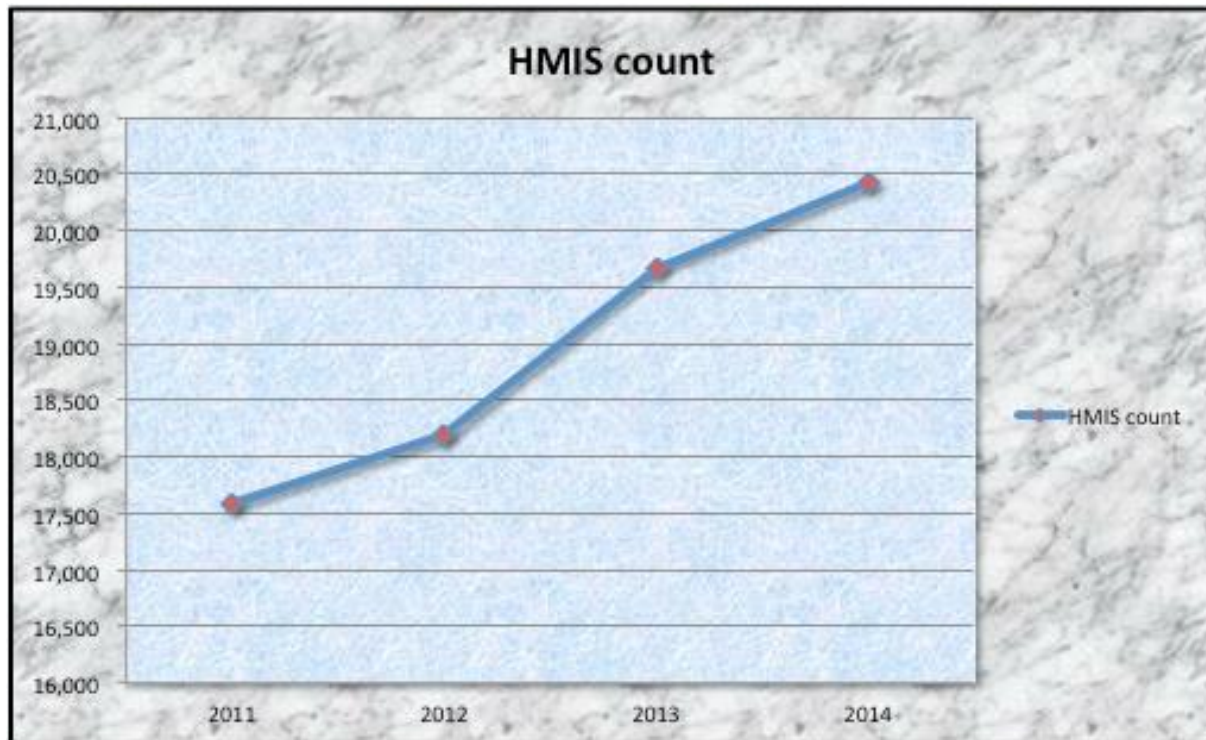


Figure 2

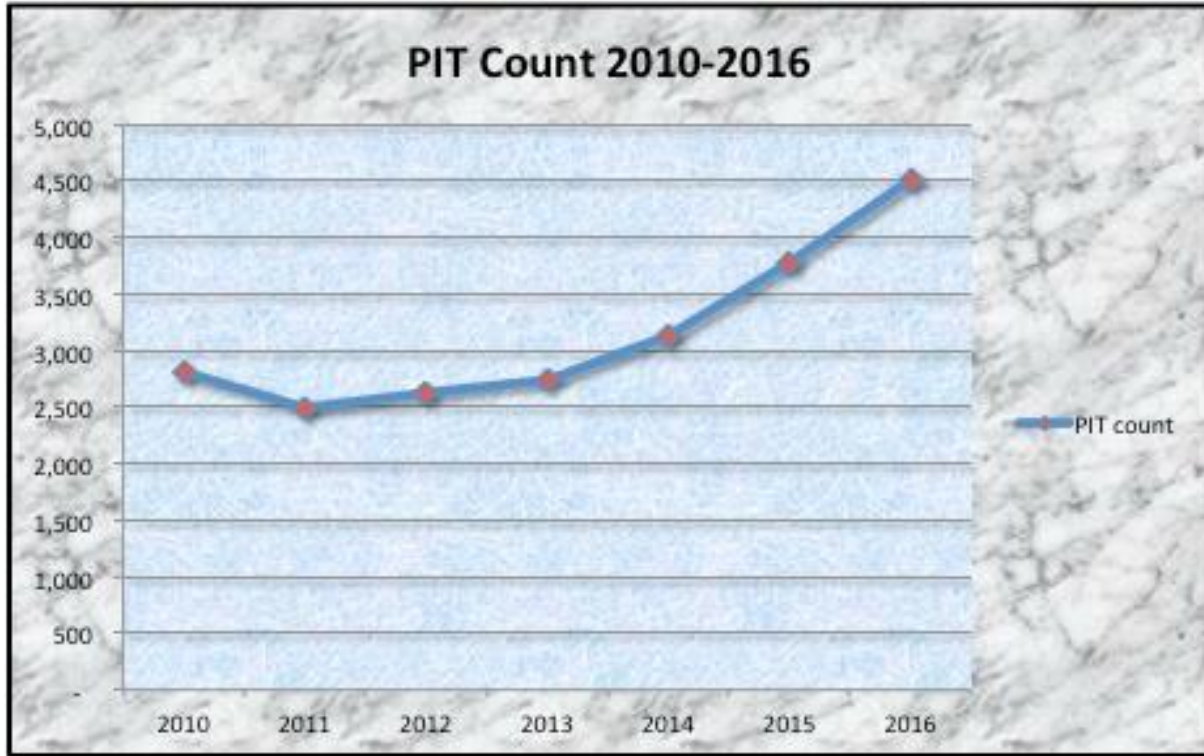


Figure 3

III. HMIS Subgroups

Age

HMIS organizes its population into age brackets. One age group stands out when one looks at the trend lines from 2011 to 2014: seniors. While some news reports claim that the percentage of the homeless who are elderly has dramatically increased, the HMIS data from 2011 to 2014 paint a less panicked, although still quite serious picture. Instead of the 50% reported by Aznoff (2015), the HMIS data reports that the population of homeless people 62 years old and older has increased from 4.88% in 2011 to 6.66% in 2014. This increase is sustained over all four years. This is by far the fastest-growing age demographic within the HMIS data, although there were significantly fewer seniors than other age groups. Aznoff (2015) reports that more than 75% of the 105,000 calls to the King County Crisis Center in 2014 were from older adults seeking housing assistance and human services assistance. The news is not all

bad in the age category. The percentage of homeless children ages one to five has fallen by 47% over the four years and the same statistic for six to twelve-year-olds was reduced by 26%.

Race/ethnicity

Across the 2011-2014 timespan, there have been several important developments in racial statistics within the homeless population. The number of individuals whose race was officially marked as “Unknown” decreased from 16% of the total to 8%. This seems likely to account for much of the changes in percentage totals, but it is still useful to look at overall trends.

- The “Hispanic/Latino” category has decreased from about 14% in 2011 to 10% in 2014. This is measured in comparison to “non-Hispanic/Latino” category, as opposed to multiple other races.
- Self-identified “non-Hispanic/Latino whites” increased from 30% of the population to 38% of the population. This was the only group to see more than a few percentage points of growth.
- “Black or African American” homelessness decreased from 35% to 32% of the total.
- The “several races” category increased from 3.6% to 6.2%.

Gender

There has been almost no change in the gender breakdown over the 2011-2014 period, with both the Male and Female categories reporting slight increases while Unknown/Other declined. The homeless population is consistently 60% male and 40% female, with a negligible number reporting to be transgender. This data seems likely to understate the level of transgender homelessness, especially given underreporting of homeless transgender youth and young adults.

Veterans

Veteran homelessness stayed fairly constant at 13.6% between 2011 and 2014, although the 2012-13 period saw a small spike that receded by 2014. These numbers are likely substantially different now, because of the 2015 push to end veteran homelessness within King County. One subgroup that may struggle to receive services is women veterans. Many homeless shelters in the Seattle and King County area that set aside beds for veterans do so only for men. There are no specifically designated shelters for female veterans in King County. Women are the fastest growing subpopulation of the veteran population, although they still only represent about 8% of veterans (Roberts 2015). Female veterans will be an important group for policymakers to watch and work with going forward.

IV. Extra-Regional Trends

King County is not alone in experiencing increases in homelessness. The entire west coast of the United States has seen increases in the homeless populations even as the nation as a whole has reduced the number of people experiencing homelessness. The Department of Housing and Urban Development reported in 2015 that Oregon's homelessness population rose slightly less than nine percent, Washington's population increased by over five percent, and California's by one-and-a-half percent (VanderHart 2015). This occurred even while nationwide homelessness was reduced by two percent. In response, five major west coast cities (Seattle, Portland, Eugene, San Francisco, and Los Angeles) are working together and pooling their resources to research homelessness in an attempt to learn from one another and discover the causes leading to this regional growth in the number of homeless people (VanderHart 2015).

C. Economic Trends

Seattle has experienced significant growth in recent years. In 2013, it was the fastest-growing big city in the country, increasing its population by 2.8% (Balk 2014). Seattle ranked as

the United States' 21st largest city by population, attracting people by its strong economy. But this population growth did not occur uniformly across the county: Seattle grew at twice the rate of surrounding King County.

Much of the housing market in King County is driven directly or indirectly by Seattle housing prices. In 2014, Seattle home prices increased faster than most other cities in the U.S. – growing at 7.5% and ranking Seattle 6th in the nation for growth in home price (Parkhurst 2015a). With rent and home values increasing within Seattle, many people have had to look elsewhere in King County, which has in turn increased rental costs in those regions. One study by the King County Housing Authority found that rents in south King County have increased by 26% in the 2010-2015 period (KIRO7 2015). As people leave Seattle, they are increasing demand for (and thus prices for) housing in other regions of the county. Seattle's growth is pushing the middle- and working-class out of the city, resulting in a "richer, whiter city" (Large 2015). This migration has exposed weaknesses in the transportation infrastructure of the area as people have discovered that commuting to jobs in Seattle from their homes in south King County is simply not feasible.

D. Causes of Homelessness in King County

Many of the common causes of homelessness that were reviewed earlier are present in King County. Among the causes that are particularly present in King County are heightened risk factors for youth, the expanding criminalization of homeless-related activities, high housing costs, and the availability of emergency shelters.

I. Youth Homelessness

Youth and young adult (YYA) homelessness has recently become a topic of particular concern in Washington State. *The Seattle Times'* editorial board ran a series of articles in 2015

dealing with the growing problems that faced the state's homeless students and children in the foster care system. Washington has 30,000 homeless children enrolled in K-12 schools (Inslee 2015). This is in part because Washington's foster care system is also highly dysfunctional and overburdened. Many runaway youth are jailed and placed in juvenile detention centers at rates far exceeding any other state. According to US Justice Department numbers, Washington jails truants and runaways more than any other state by a factor of two (Seattle Times 2015a). In 2014, one-third of the 7,466 youth detained for running away from home or skipping school were in Washington. These children are frequently at risk of sex trafficking, sexual assault, drug addiction, and other pitfalls of homelessness (Martin 2015b).

Some private sector initiatives have arisen to attempt to take some of the pressure off the collapsing foster care system. Martin (2015a) reports how a former youth minister named Lori Cavender connected a pregnant girl with a pair of social workers who housed her. Cavender then pioneered a method called "host homes" that targets older teenagers who are homeless or at risk of homelessness. It entails informal community action to connect at-risk youth with people willing to house them. Cavender now runs a nonprofit called Ryan's House, which connects youth with potential homes. Since 2011, Ryan's House has placed 21 kids in host homes, and has doubled the high school graduation rate of foster care (Martin 2015a). However, the Washington State Department of Social and Health Services informed Cavender that she was not allowed to place children without a license, and the issue is currently being lobbied at the legislature.

In addition to the foster system, the youth shelter system in Washington State is profoundly broken. As a *Seattle Times* editorial noted in 2015, the number of state-funded youth shelters has almost halved since 2008, with beds in Seattle constantly filled (2015b). Pierce

County, immediately to the south of King County, has no shelters for those less than 18 years old. South King County's only shelter for such youth closed in 2014. The lack of services has produced a waitlist for youth transitional housing that is 464 people long (for 313 spots).

The Mockingbird Society is an organization within King County that advocates for homeless youth, along with other populations. They identify three primary reasons why youth may leave their homes and become homeless (Burgess 2015). The first is that the youth may be LGBT and be rejected or abused by their families. Around 40% of homeless teens identify as LGBT, and around 46% of that group cited family rejection as a reason that they left home. A second cause can be that they are pregnant or parenting, thus reducing stability. A third cause can be mental illness, as previously discussed. Overall, youth homelessness is a large subset of an even larger problem within King County.

II. 'Criminalization' of Homelessness

One study conducted by members of the Seattle University School of Law's Homeless Rights Advocacy Project evaluated local and municipal governments across the state of Washington. They found that "Washington cities increasingly criminalize homelessness by outlawing **necessary, life-sustaining activities** [emphasis in original]" (Olson, MacDonald, and Rankin 2015, i). These activities range from urinating or defecating outside to sleeping in public places to having conspicuous body odor. Figure 4 shows the frequency that different types of laws and codes appear in municipalities across Washington State. They find that since the year 2000, criminalization ordinances have been amassing at a "rapidly growing rate without any indication of slowing down" (31). This study caught local attention, with one editorial calling for building amenities like "accessible restrooms, washing areas and affordable or transitional housing" rather than increasing the number of citable offences (Queen Anne News 2015, 1).

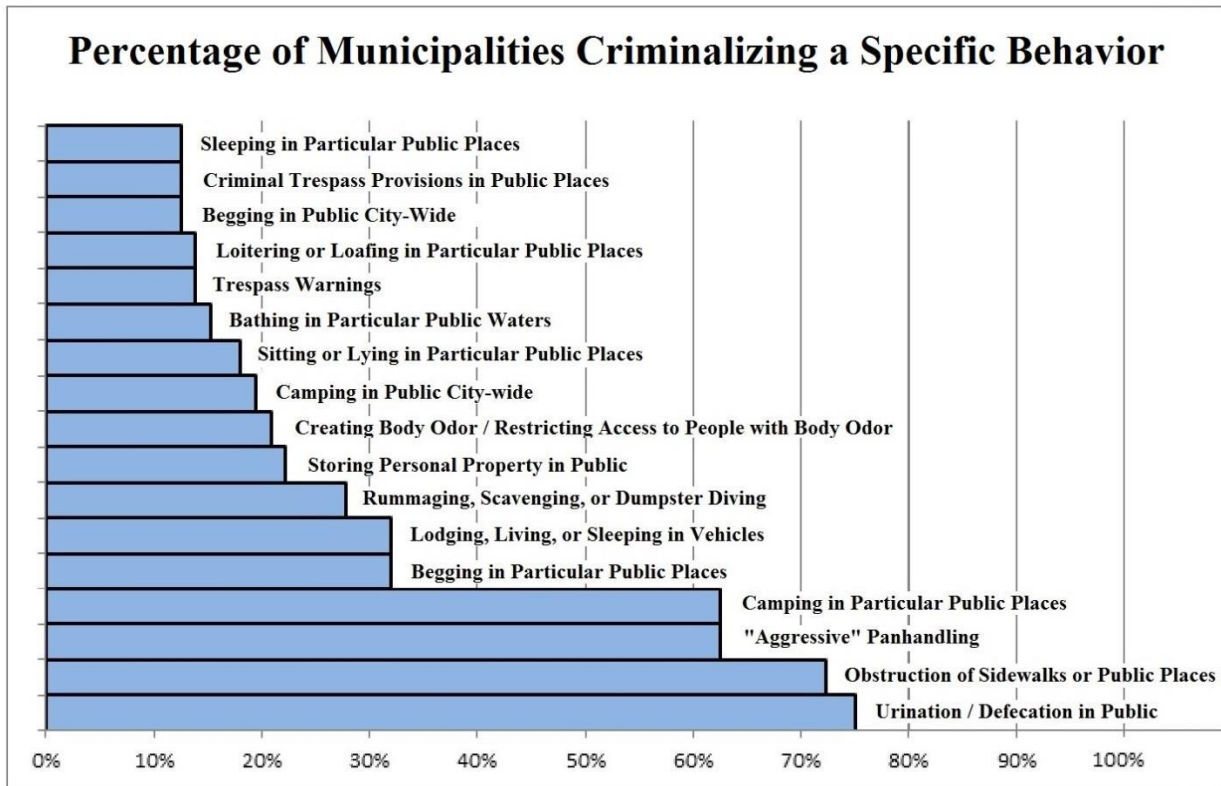


Figure 4

Another example of these laws is Seattle’s “Scofflaw” ordinance that allows the wheels of cars to be locked if their owners have four or more unpaid parking tickets (City of Seattle 2015). This, along with areas designated as no parking zones between two and five am, makes it difficult for people who live in their cars to find a safe place to park without risking the loss of their car and home (Darsie and Kirlin-Hackett 2015). One church in the City of Kirkland has responded to the need for safe parking areas by opening their parking lot and allowing people to park their cars there overnight. The church pays around \$5,000 to \$6,000 a month for a portable toilet and higher utility bills (Thompson 2015). Responses such as this help mitigate the difficulty some homeless people face.

III. Housing Market

As discussed previously, Seattle home prices have increased substantially in recent years. Between 2011 and 2014, the King County median home value as tracked by the company Zillow (calculated by taking the average of the twelve monthly medians) increased from \$321,466 to \$394,216, an 18 percent rise (Zillow 2016). Seattle's median home value moved from \$364,883 to \$452,283, a similar 19 percent increase. King County's real estate market has been heating up after a 20 percent reduction of median value from 2010 to 2011. This trend has accelerated in 2014 to 2015. Similar to other areas and instances observed earlier, these accelerating housing costs of King County have contributed to homelessness.

Even as some media outlets trumpet headlines like "New report finds 'alarming deterioration' of Seattle apartment market," all indications point that the housing market is becoming tighter for the middle and lower income brackets (Stiles 2015b). That particular article implied that the vacancy rate was rising in King County, but didn't mention until several paragraphs in that this was concentrated in the more expensive housing markets of Bellevue, South Lake Union, and other well-off neighborhoods. According to the analysis cited by Stiles, there is a 5.4 percent vacancy rate in the well-off areas and a 4.5 percent rate in middle-priced units. But only 3.2 percent of low-end apartments are vacant (2015b).

Despite high housing costs, there are some positive signs. According to data assembled by *The Seattle Times*, 'only' around 20 percent of Seattle residents spend half or more of their salaries on rent (Parkhurst 2015b). This statistic is the lowest in all of the major cities that the *Times* analyzed. In Detroit, for example, 43 percent of people spend half or more of their salaries on rent. The same analysis found that even as the total number of renters has increased in the city, the total number of people paying half their income for rent was reduced slightly. While this

is a positive sign, it may be little comfort, as paying less than half of one's income for rent is still a substantial burden.

One of the reasons that governmental rental assistance has not worked as well as advocates have hoped is source-of-income discrimination against recipients of such assistance. While it is against the law to discriminate against tenants who have government-provided housing subsidies in Seattle and King County, such a law does not exist statewide. Even within the jurisdictions that have banned it, some still believe that many landlords reject those with time-limited assistance. Daniel Malone, executive director of the Downtown Emergency Services Center, has argued that because landlords know that because some kinds of assistance end after a set period (for example, rapid re-housing assistance), they tend to not rent to recipients of assistance (Shapiro 2015).

IV. Emergency Shelter Access & Services

After the strong emphasis on permanent housing and rapid re-housing on the federal level, other forms of responses have suffered. After the HEARTH Act passed in 2009, permanent supportive housing and rapid re-housing began to enjoy the majority of governmental attention (NAEH 2015b). Compounding the problem for individuals and families seeking short-term shelter beds is the geographic misallocation of shelters. King County's shelter beds are not geographically allocated in a way that represents the population. According to the deputy director of Seattle's Human Services Department, around ninety percent of King County's shelter beds were in Seattle (Thompson 2016). This is in spite of the fact that Seattle only contains about 640,000 of King County's 2.1 million people, or about 30% (Vance-Sherman 2015). This will be discussed later, but the distribution of shelters across the county seems to draw homeless people (particularly families) to Seattle.

In an attempt to begin to provide wraparound services, King County has begun to integrate its mental health and substance abuse services into one unified program (King County Department of Community and Human Services 2015). Seattle has also invested in non-housing means of responding to the needs of homeless people, such as a mobile medical van which signs people up for Medicaid (Takeo 2016). While these programs are beginning to come online now, their absence in the past identifies another aspect of homelessness in King County: non-housing services.

III. Common Policy Solutions & Responses

1. Housing

Practically all of the common policy responses to homelessness deal with housing on some level. This is likely for an obvious reason; the end goal of responses to homelessness is usually to give the individual access to adequate housing. Various housing types can usually be placed into one of the following three categories: emergency shelter, transitional housing, or permanent housing/permanent supportive housing. In addition to these three typical policy options, there are more temporary measures. However, the bulk of governmental and non-profit focus typically goes to emergency shelters, transitional housing, or permanent supportive housing.

A. Emergency Shelters

Emergency shelters are what most people think of when they think of a homeless shelter: many people packed into a room in close proximity. Donley and Wright (2008) study a specific shelter in Florida, and describe some of the conditions. Disease frequently spreads quickly through emergency shelters, including tuberculosis and other communicable diseases (43). The demand for shelters has increased as Single Resident Occupancy housing and other small and

affordable housing has been destroyed (particularly in urban areas) and typically replaced with more expensive housing (Donley and Wright 45). Oliver, Robinson, and Koebel (2015) studied rural homeless men in Virginia and a local shelter run by local churches, and raise the possibility that the local shelters are masking the problem of the local housing market by taking homeless men off the streets and thus making them less visible. While some see emergency shelters as utterly inadequate housing that ought to be phased out, a more realistic assessment of most cities' housing resources suggests that they play an important role in preventing more homeless people from sleeping on the street.

North American studies have found three distinct groups of users of emergency shelters: temporary, episodic, and the long-staying. One Canadian study found that between 88% and 94% of people who used an emergency shelter fall into the temporary group, using shelter beds during a small number of homelessness episodes for a short period of time (Aubry, Farrell, Hwang, and Calhoun 2013, 910). The episodic and long-staying groups used disproportionately more shelter beds than their numbers would suggest. Episodic users had more episodes of homelessness than the other groups, but had shorter periods of stay than long-term stayers did. Those who stayed over a long period had few episodes of homelessness, but those episodes lasted longer than the other groups (911). Overall, shelters have been frequently taken as a necessary evil in many approaches to homelessness, with the primary focus on moving people to transitional housing and permanent housing.

B. Transitional Housing

Transitional housing provides an in-between point for those moving out of situations such as being unsheltered, addicted to substances, or in a domestic violence situation. Residents have a given period of time (usually 24 months) during which they have access to the housing, with

the hope that they will be able to stabilize and control their next housing situation. Transitional housing is often focused on homeless families because of the way that its supportive services are structured and provided (focused on education, financial literacy, etc.). Federal support for transitional housing first passed in 1987 as part of the McKinney Act (U.S. Department of Housing and Urban Development, Office of Policy Development and Research 2010, xvi). In 2007, there were around 211,000 transitional housing beds available nationwide, with a little more than half reserved for families (xvi). HUD decided that more in-depth research was required to assess the success of transitional programs, and launched several efforts to study the programs they funded. They commissioned a study that found that transitional housing was associated with positive housing outcomes. Transitional housing is associated with higher educational attainment, greater likelihood of continuing employment, and better housing stability outcomes (lii). The variables this study tracked did not appear to have a significant impact on housing outcomes, with the exception of length of homelessness prior to program entry. This was positively associated with lack of housing after program exit (ii). The study found that between 2% and 10% of the program users became homeless again in the year after program exit, which exceeded their target levels (136-7).

More recently, transitional housing has been reclassified to be similar to shelter housing, in that individuals living in it are still considered to be legally homeless (NAEH 2012). This is a notable change, because it affects the levels of homeless funding that each jurisdiction receives from the federal government and the ways in which the federal government counts bed space for the homeless.

From 2000 to 2010, federal policy shifted toward a greater focus on chronic homelessness, and HUD encouraged states to develop their own 10-year plans to end

homelessness rather than simply manage it. The Institute for Children, Poverty, and Homelessness (2011) argues that the subsequent reduction in chronically homeless individuals came at the cost of an increase in family homelessness. Some funding levels were restricted and communities were pushed toward using funding for preventative services and rapid re-housing efforts instead of emergency shelters and transitional housing. According to the ICPH, this focus undermined homeless families because it overlooked the greater number of barriers they faced on the road to financial independence and self-sufficiency. In 2009, the HEARTH Act was enacted over the objections of groups like the IPCH, shifting the official federal priority away from transitional housing and toward what is known as Permanent Supportive Housing (Institute for Children, Poverty & Homelessness 2010).

C. Permanent Supportive Housing

Permanent Supportive Housing (PSH) is housing which is designed to support its residents in an ongoing manner, usually with built-in services available either within the building or nearby. This support usually takes the form of counseling, substance treatment, mental healthcare, physical healthcare, or other professionally administered support. PSH is frequently administered in conjunction with the ‘Housing First’ approach, which hypothesizes that providing housing without requiring other conditions to be met (e.g., requiring abstinence from alcohol or drugs) will be more effective at reducing homelessness than abstinence-based housing.

The City of Austin’s Ending Community Homelessness Coalition (ECHO) describes Housing First as being differentiated by “an immediate and primary focus on helping individuals and families access long-term, sustainable housing” as swiftly as is possible (2015a, 6). Collins, Malone, and Clifasefi (2013) find that Housing First fills a need among chronically homeless

individuals who are alcoholics, including those who do not believe they would be able to stay in housing mandating abstinence from alcohol or drugs. They found that only about half of the surveyed people thought they would have been able to live in abstinence-based housing. The study found that of the 23% of residents who returned to homelessness after two years, none of the hypothesized risk factors were helpful predictors (race, alcohol consumption, etc). Kuehn (2012) notes another study that concludes that individuals are more open to a Housing First placement than a substance abuse program, and that PSH accomplishes many of the goals of the substance abuse program. This indicates that PSH may be more successful in convincing homeless people to join programs than sobriety-based housing is.

Barbara Poppe, the former director of the United States Interagency Council on Homelessness, summarized her agency's experience with supportive housing by noting that the expense of providing supportive housing was far outweighed by the monetary cost of allowing the homeless population to stay on the streets (Kuehn 2012, 17). Poppe argues that the many studies supporting the concept of Housing First refute the idea that chronically homeless individuals cannot be housed, saying, "We've proven it's possible to house anyone" (18).

In her review of literature around the effect that Permanent Supportive Housing and other Housing First projects have on chronically homeless individuals, Kuehn (2012) finds that the overwhelming majority demonstrate that Housing First can be a cheaper and more effective option than leaving individuals unsheltered or in emergency and transitional housing. One statewide study in Maine found that in rural areas, supportive housing almost eliminated incarceration costs, reduced ambulance costs by a third, and reduced costs incurred by emergency room trips by 14% (18).

Fitzpatrick-Lewis et al. (2011) conducted an extensive literature review, focusing on homelessness in Canada. They looked at several broad categories and their findings suggested that the provision of supportive housing was effective in reducing homelessness for the mentally ill, substance abusers, and homeless youth. One particular case that they discuss is a Housing First project in Seattle, which reduced the median drinks per day of its residents without placing any limitations on the alcohol intake of its residents. That study, conducted by Collins et al. (2012), analyzes project-based supportive housing following the Housing First model. They found reason to reject the hypothesis that non abstinence-based projects enable alcoholics. Their study found a statistically significant reduction in typical and peak consumed drinks. For every three months, participants reduced their typical drinking by 7% (514). Collins et al. conclude that there was correlative support for the idea that PSH may be a factor reducing average per day drinks for individuals. Fitzpatrick-Lewis et al. conclude that integrating supportive services into housing contributes to reducing homelessness.

A study in Los Angeles County of over 10,000 homeless individuals found that the 1,000 individuals who resided in supportive housing cost approximately \$2,292 less per person to care for than individuals who were not placed in such a program (Flaming et al. 2009, 1). The report also found that costs increase substantially as individuals age, and suggests that early intervention in the lives of homeless people can result in substantial cost savings (2). These cost savings were not distributed evenly, however. Costs are reduced by 79% when disabled and chronically homeless individuals are moved to supportive housing, but savings drop substantially (although are still significant) for other categories (53).

An important caveat that Flaming et al. make is to warn against the assumption that these cost savings will materialize in the form of funds which can be used to pay for more supportive

housing (57). Instead, because emergency shelters and other first-line responses to homelessness may frequently not be able to serve the entire population of people seeking services, moving one homeless person from a hospital bed to supportive housing may simply open up the hospital bed for the next person in line. While it is undoubtedly a positive thing that more people are accessing services, it may disappoint policymakers who expected to see material and fungible cost savings from supportive housing.

Lastly, a review conducted by the National Alliance to End Homelessness analyzed over 30 studies of permanent supportive housing, finding that the majority of them “show significant savings that completely or nearly offset the cost of housing” (Snyder 2015, 2). The National Alliance review highlights a study conducted in Denver that calculated that even after accounting for the cost of housing, permanent supportive housing saved money when the costs of shelter, health care (mental and physical), and criminal justice were taken into account. They produced Figure 5, which shows the costs of each approach for an average homeless person.

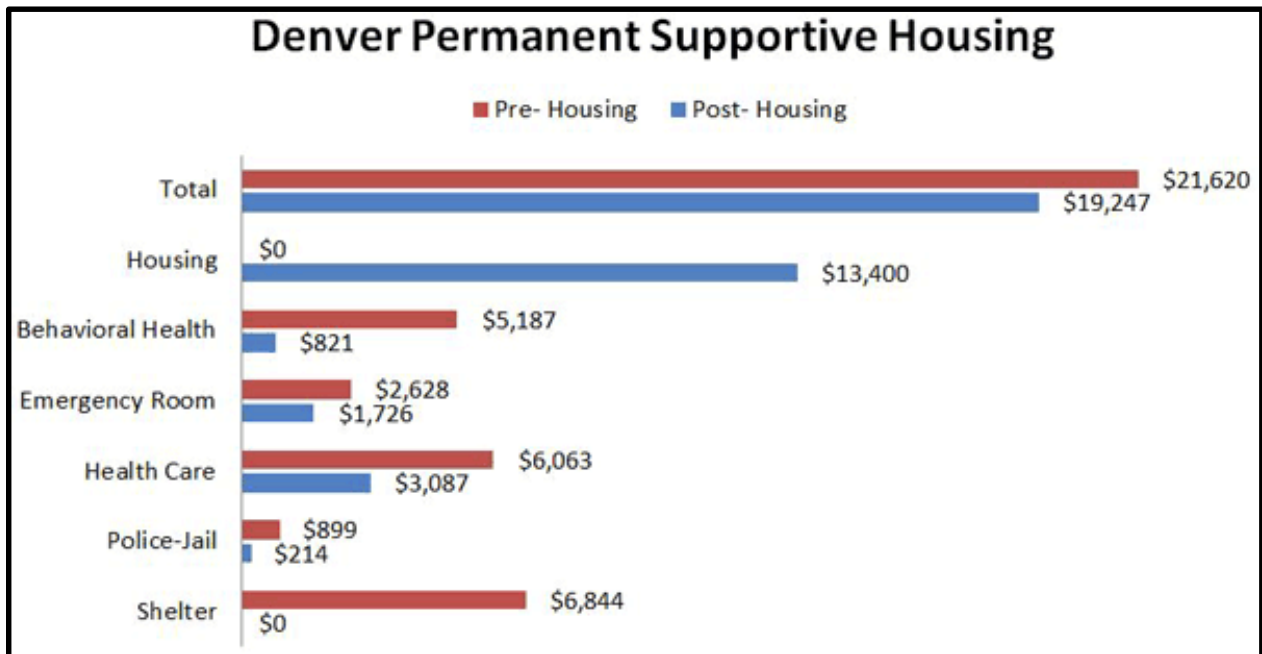


Figure 5

2. Non-Construction Policy Responses

Aside from the general categories of housing types and prevention/diversion strategies, there are some other methods used across levels of government and the private sector to address homelessness. Even so, the federal overarching strategy is focused on providing housing, perhaps not surprisingly.

One strategy that is currently employed by some governments (particularly the federal government) is to subsidize rent and housing costs rather than attempting to provide housing themselves. Byrne et al (2013) find that expanding the Department of Housing and Urban Development's Section 8 rent subsidization program would be the most effective way to reduce the problems of affordable housing, which they see as having driven much of the homelessness expansion in recent years (621). They also identify the idea of a tax credit similar to the Earned Income Tax Credit that would target renters as an alternative to providing direct subsidization of rent (622).

The Tent City model is a common form of self-governing organization. In this setting, a number (which varies significantly, but is frequently around 60) of individuals live together in tents or other easily movable structures and move between locations at given time intervals, usually contingent on local ordinances and regulations.. As Heben (2014) notes, tent city-like structures are hardly a new phenomena. The prevalence of "Hooverilles" in cities like Seattle during the Great Depression has been compared to modern tent cities.

In addition to traditional rent- and housing-based measures, various community and government responses have focused on stopgap or unconventional measures that provide some relief from the immediate problems created by homelessness. Solutions include alternative long-term housing (micro-housing created in Austin, Texas) to extremely short-term (opening parking

lots to people looking for a place to park their car and sleep in it). These will be developed more in the following section, which will more fully develop the policy study of King County.

IV. King County

1. Datasets & Limitations

There are multiple different sets of data that this paper considers, but the primary four are statistics on the levels of homelessness, spending totals for programs responding to homelessness, data on housing stock, and demographic information about King County as a whole. Together, they can illustrate the ways that King County and its major players respond to homelessness, and the ways in which that effort can be improved.

A. Homelessness Statistics

The first major dataset that this paper analyzes is the prevalence of homelessness. This study evaluates the number of homeless people in King County through a primary and a secondary indicator: the Homelessness Management Information System and Point-in-Time counts, as previously discussed.

B. Governmental and Nongovernmental Funding

The second major data category is spending data from government sources (broken into Federal, State, County, and Local sections) and nongovernmental sources (private charities and humanitarian organizations). This data captures the state of different government and nongovernmental programs as they were in the years 2011 through 2014, and has been adjusted for inflation to 2014 dollars to provide a useable comparison.

This dataset is necessarily only partially complete, because some branches of government are not fully transparent with their funding, some programs are mixed between homelessness- and nonhomelessness-related funds, and some programs simply do not appear to have available

funding records for some of the years reviewed. Some agencies did not have access to budgetary data prior to years as recent as 2014.

The dataset includes funds that are on various fiscal years. In order to convert all funds to the same fiscal year used by the HMIS data, it was assumed that each month of spending within a year was equal to any other month, so for example Fiscal Year 2011 (October 2010 through September 2011) includes one-fourth of the spending from calendar year 2010 and three-fourths of the spending from calendar year 2011. This was necessary in order to make the spending data comparable to the HMIS data. All spending data has been adjusted for inflation to be reflected in 2014 dollars based off the Seattle-Tacoma-Bremerton Consumer Price Index (City of Seattle 2016).

One notable item missing from the dataset is spending from the Veterans Administration, most notably the Supportive Services for Veterans and Families (SSVF) program. This is due to two reasons: first, the VA did not respond to requests for information and appears to have not made the necessary history of their grants available online. Freedom of Information Act (FOIA) requests were considered to rectify this lack of information, but the typical length of such requests unfortunately made them infeasible. Second, the private organizations in King County who received the funds were generally uncommunicative and unwilling to release their internal spending data. This appears to have been due to concerns about that information being published, but also included indications that the spending data was not tracked in such a way that would have been useful to this study.

Despite the limitations of the data, enough spending data exists to form a reasonably complete picture of the state of homelessness funding in King County for 2011 through 2014.

The data is not always explicitly broken up into types of projects (e.g., Emergency Shelters vs. Permanent Supportive Housing), but that information is available for some of the funds.

2. King County: A Study of Policy

A. Philosophies of Housing

In the wake of deinstitutionalization in the 1960s, federal policy moved to what became known as the continuum of care model. Continuums of Care (CoC) are jurisdictions that are recognized by the federal government as responsible for coordinating responses to homelessness. King County's CoC corresponds to its geographic boundaries. In other words, the boundaries of the CoC are the same as the County, which is not always the case.

The agency in King County that heads the CoC and coordinates countywide efforts to address homelessness is called All Home. Formerly The Committee to End Homelessness in King County, it was rechristened in 2015 as the agency altered its homelessness strategy. A substantial portion of the reason for this shift was the end of the federally promoted *Ten-Year Plan to End Homelessness in King County*, which (perhaps needless to say, given the topic of this paper) did not end homelessness (All Home 2015). All Home's executive director Mark Putnam stated at the time that their focus had shifted to fostering community engagement around the goals of making homelessness "safe, rare, and one-time" rather than simply focusing on ending it entirely (All Home 2015).

Some local commentators have criticized All Home for focusing on long-term and permanent housing at the expense of emergency shelter beds, and have implied that such a focus contributed to the startling increase in the unsheltered homeless population measured in the January 2015 Point-in-Time Count (Barnett 2015).

Partly in response to the failure of the *Ten-Year Plan* All Home launched their new four-year strategic plan in late 2015, pursuing strategies focused around securing more federal and state funding, streamlining the intake system that people who access services go through, and increasing the stock of subsidized housing and emergency shelter within the county (Shapiro 2015). By prioritizing strategies like advocacy for rapid re-housing (a strategy in which homeless families are moved to private housing with subsidized rents quickly after they become homeless), All Home is shifting focus away from constructing new permanent supportive housing for all homeless people.

One of the primary points of contention in Seattle/King County continues to be the role that government-subsidized or government-owned new construction for permanent housing should play. Permanent supportive housing aligns with federal funding priorities, and so its role has still been emphasized in recent years even as other strategies have begun to be utilized in King County. A second point that divides many in Seattle and King County is the level of priority that should be placed on emergency shelter and services.

The argument for expanding permanent supportive housing is bolstered by two studies that analyzed a single shelter in downtown Seattle. Collins, Malone, and Clifasefi (2013) study Seattle's Downtown Emergency Service Center (DESC). This project is also known as 1811 Westlake, after its address. It finds that PSH fills a need among chronically homeless individuals who are alcoholics, including those who do not believe they would be able to maintain abstinence-based housing. They found that of their sample of chronically homeless individuals the vast majority wanted housing (only 3% refused initial approaches) (271). Even so, only about half of the surveyed people thought they would have been able to live in abstinence-based housing. The study found that only 23% of residents returned to homelessness after two years,

but a logistic regression found that that none of the typically hypothesized risk factors were helpful predictors of returns to homelessness (“age, gender, race/ethnicity, history of homelessness, alcohol or other drug use, illness burden, or psychiatric symptoms”) (271).

Larimer, et al. (2009) also analyzed 1811 Westlake and found that the total cost of caring for and housing homeless individuals was reduced by \$2,449 per person per month compared to their control group, who were not placed in permanent supportive housing (1349). In addition, median drinks consumed dropped steadily from “15.7 per day prior to housing to 14.0, 12.5, and 10.6 per day at 6, 9, and 12 months in housing, respectively” (1355). Their findings strongly support the core tenants of Housing First, which are that provision of permanent or long-term housing create substantial cost savings and health benefits. They also suggest that permanent supportive housing with on-site services is necessary to realize these benefits because the benefits built upon themselves as the study went on (1356).

These two studies, while widely touted as examples of how Seattle and King County’s approach was working, were not countywide and did not look at the overarching state of homelessness. Proponents of expanding emergency shelter funding can point to the expansion of the annual point-in-time counts as evidence that while PSH has succeeded with the chronically homeless, it has not stopped aggregate homelessness from increasing.

B. Emergency Shelters

Some local commentators have criticized All Home (then called The Committee to End Homelessness) for focusing on long-term and permanent housing at the expense of emergency shelter beds, and have implied that such a focus contributed to the startling increase in the unsheltered homeless population measured in the January 2015 Point-in-Time Count (Barnett 2015).

One of the areas in which the lack of emergency shelter beds has become most obvious is within the youth shelter system. The number of Washington state-funded youth shelters has almost halved since 2008 (falling to 23), with beds in Seattle becoming constantly filled (The Seattle Times 2015b). Pierce County (immediately to the south of King) operates no shelters for those under 18 years old. South King County's only youth shelter closed in 2014, and the waitlist for youth transitional housing is nearly one and a half times the number of total beds. Youth in Pierce County and south King County must travel to Seattle if they wish to sleep in a shelter, casting Seattle in the light of a 'service magnet,' or a city that offers many services, attracting people from the surrounding area. While Pierce County is opening a shelter each for minors and young adults in 2016, the lack of youth shelters statewide is a serious concern, particularly for Seattle as its homeless population grows.

This is a broader problem outside of youth and young adult homelessness: according to the deputy director of Seattle's Human Services Department, around ninety percent of King County's shelter beds were in Seattle (Thompson 2016). This represents a geographical misallocation of resources that provides clear incentives for homeless people to congregate in Seattle, rather than being provided resources in their home communities.

As part of the County State of Emergency, King County has announced substantial investments in emergency shelter, capital projects, and supportive services (King County 2016). These new projects are paid for through multiple sources, all of which currently exist. It will remain to be seen if total spending will increase substantially, but even so, this is a substantial realignment of focus toward services and shelters. The move would expand shelters in southern and eastern King County, create a day center in south King County, and focus on youth and young adults in eastern and southern King County. Of the \$10 million allocated for services,

only about \$1.1 million is targeted outside of Seattle (Thompson 2016). This is in addition to steps taken by the County in 2015 in downtown Seattle, which expanded shelter capacity by 100 beds (King County 2015). While data will be needed to see whether this move is successful, it reverses many recent trends in emergency shelter capacity, and appears to be a strong first step toward expanding shelter capacity. These actions seem likely to be followed up by further expansion of shelter capacity, and an increased focus on south and east King County.

Among the problems created by the lack of emergency shelter beds is the fact that, as noted earlier, the beds are three times more geographically concentrated in Seattle (90%) while the population of King County is much less concentrated within the City of Seattle (30%) (Thompson 2016, Vance-Sherman 2015). This may push homeless people in need of shelter to move to Seattle in search of emergency shelter. But because Seattle's housing prices and rental rates are so high, this hampers their efforts and efforts made on their behalf to find permanent housing.

Some have pushed back against this narrative by arguing that local shelter beds are not regularly filled. One *Seattle Times* reporter interviewed the head of a local Salvation Army rehabilitation shelter, who complained, "I've got empty beds [...] We haven't been full since ... since I can't remember when" (Westneat 2016). The journalist acknowledges that the shelter's empty beds may be explained by the Salvation Army's standards, which include a dress code, required work, a spiritual component, and an addiction treatment program. When evaluated through the lens of Housing First, it should not be a surprise that few homeless people in Seattle's infamous "Jungle" have taken the shelter up on its standing offer of shelter.

Requiring sobriety and substance counseling as a condition of housing will work for some people, but will not for others. While the shelter offers a wide range of services, the

research simply does not indicate that such preconditions are effective in reaching a large swath of the homeless population.

While some argue that many shelter beds go unfilled, the data tell a different story. When we look at the HMIS average shelter bed utilization rate across the county, a reasonable first impression might be that the aforementioned shelter director was correct on a system-wide level.

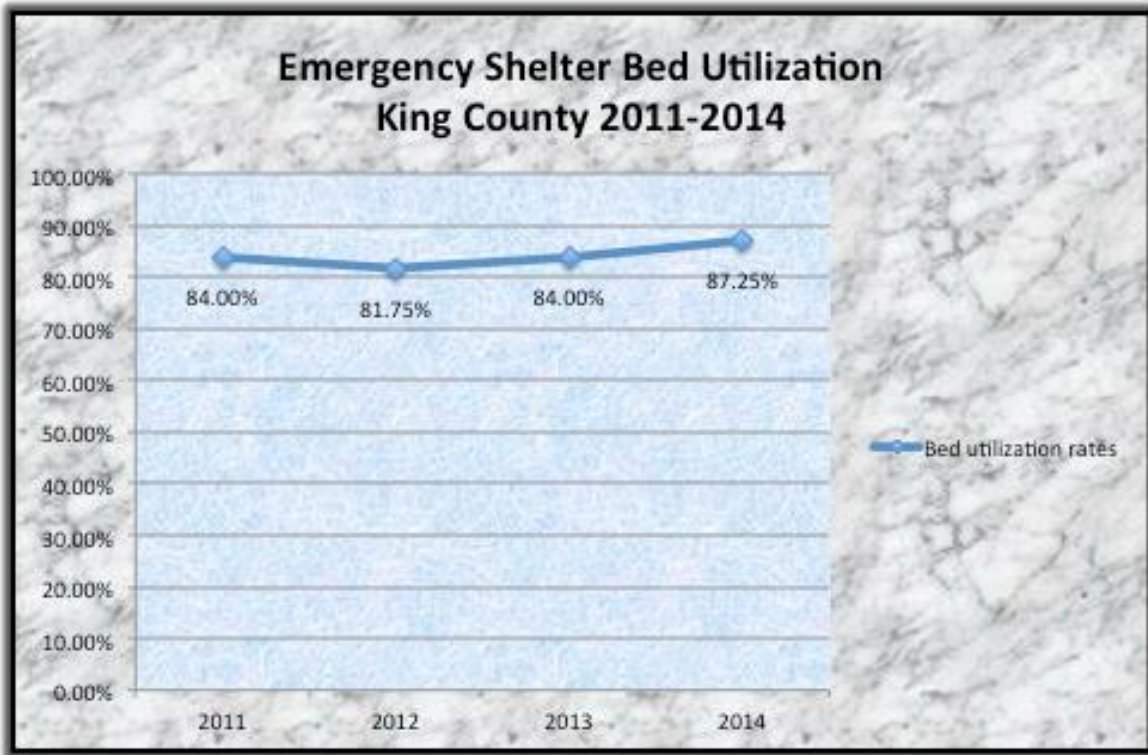


Figure 6

It does indeed seem as though there is substantial slack throughout the emergency shelter system. Utilization rates are consistently below 90 percent, their upward trend in the last two years of the data notwithstanding. But this is an aggregation of the data: breaking it down by service type and geography tells us a different story. Figures 7 and 8 show the rates of utilization for Seattle, and the parts of King County outside of Seattle. They also display rates for beds dedicated to families, and beds dedicated to individuals.

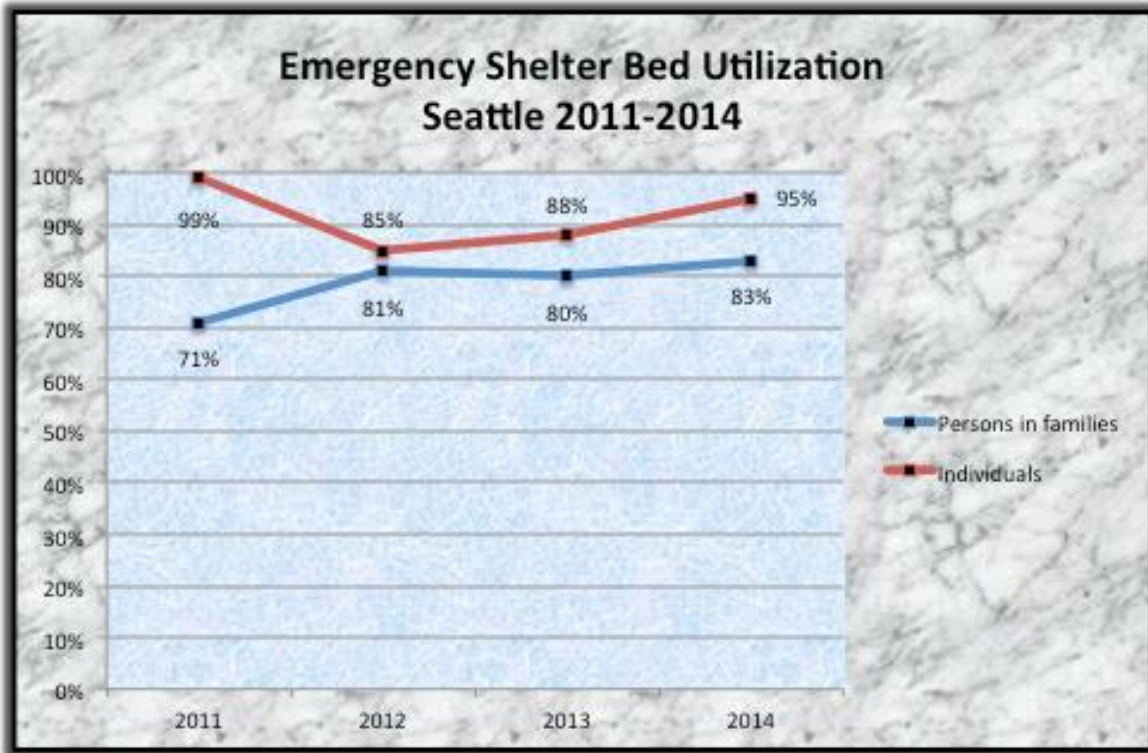


Figure 7

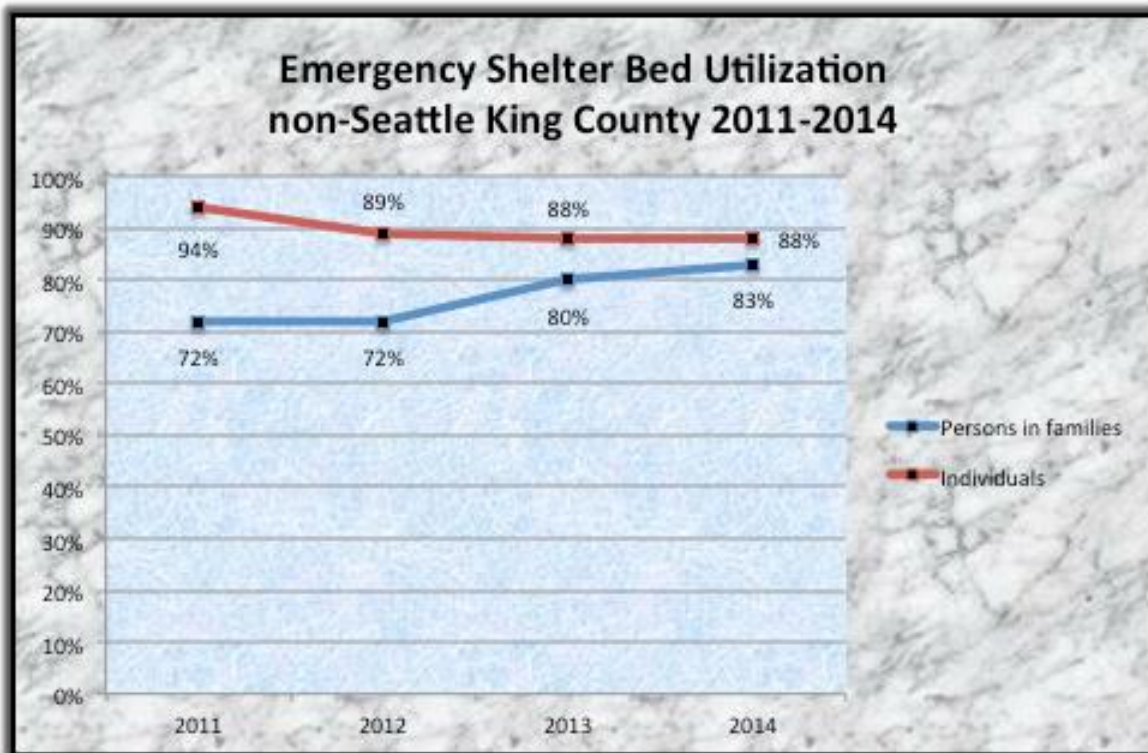


Figure 8

As already discussed, Seattle has the vast majority of shelter beds in the county. Individual beds are more common than family beds as well, especially since the shift towards rapid re-housing for families began. While it is true that there was a significant falloff in utilization for Seattle beds for individuals, the 2014 utilization rate is at 95 percent, nearing its 2011 high of 99%. The lower numbers of the average King County utilization rate stem from the other three areas: individuals and families in King County, and family beds in Seattle. Family bed utilization in particular is lower across both regions.

C. Prevention & Diversion: Rapid Re-Housing

If Permanent Supportive Housing appears to be an effective way to respond to the crisis among the chronically homeless, prevention strategies seem to be a key part of responding to the episodically homelessness, particularly families. An editorial written for *The Seattle Times* by Seattle City Councilmember John Okamoto argued that prevention and diversion approaches are key to dealing with homelessness (2015). Only 11% of Seattle's budget is dedicated to prevention strategies, though, in part because of a lack of political effort. An analysis of Seattle's homeless expenditures by the city's Human Services Department found that relatively little of Seattle's funding was directed at preventative services (City of Seattle, Human Services Department 2015). The report called for the city to make several substantial changes to the programs it funds, by focusing more on prevention and an approach called rapid re-housing, which attempts to move homeless families into pre-existing (often privately owned) housing quickly, rather than having them move through the shelter system. This strategy offers short-term financial assistance to the renters (the exact time period varies).

A 2015 report issued by King County/Seattle's Rapid Re-housing for Families (RRHF) Pilot found positive results from this approach. It partnered with government, faith-based

organizations, non-profits, and service providers to quickly move families into permanent housing. They implemented intentionally low screening criteria, with over 90% of homeless families qualifying for these services. Since November 2013 RRHF has moved 148 families into housing, with 46% of families finding housing within two months, and more than 60% within 3 months. This is in comparison to around 15 months with transitional housing in 2014. The program was successful not only in placing families, but in enabling them to retain housing after exiting the program (87% maintained permanent housing). Other programs across Washington State have also found Rapid Re-Housing to be an effective tool in reducing the rate of return homelessness (Washington State Department of Commerce 2015). These pilot programs show great promise in rapidly moving homeless families into housing.

One major partnership that has emerged in rapid re-housing is between the King County Housing Authority (KCHA) and non-profits like Lifewire, an organization focused on helping victims of domestic violence. KCHA has invested \$1 million in Lifewire over five years, and Lifewire has used those funds to provide rental assistance for rapid re-housing for victims (Langdon and Norman 2015). Lifewire reports success under these programs, which were funded by the Gates Foundation. More than 90% of the families they served remain safe and stably housed.

Rapid Re-Housing has not been without its critics. Jennifer Ho, an adviser for HUD, notes that new research indicates that families who receive rapid re-housing services are just as likely to face similar housing problems as families who went to homeless shelters Fessler (2015). Fessler notes that this may have been because the program was used as a punitive measure to attempt to incentivize families to find work, rather than a housing relief program. Even so, some

of the disagreement that has arisen with rapid re-housing as a primary strategy divides many of the leaders in King County.

All Home's new strategy for 2015 onward utilizes rapid re-housing significantly; Mark Putnam, head of All Home, says that "rapid-rehousing subsidies add up to about \$6,000 a year per client ... whereas permanently subsidized housing costs \$15,000 to \$20,000" (Shapiro 2015). But at least one major player in Seattle critiques the strategy for not creating new construction and housing units. The former director of the Downtown Emergency Services Center, Bill Hobson, argues that because rapid re-housing doesn't expand access to affordable housing, it relies too heavily on a super-charged housing market and the willingness of landlords to accept government subsidies (Shapiro 2015). As noted earlier, source-of-income discrimination has become a subject of controversy in Seattle and beyond, and often blocks recipients from finding housing with vouchers or housing assistance. Putnam argues that striking a balance between new construction and less-substantial aid like rapid re-housing is essential, and that rapid re-housing helps save money for other housing projects. For now, rapid re-housing is a central part of King County's response to homelessness, but it remains to be seen whether the housing market will continue to accommodate it as well as the pilot projects indicate.

D. Other Approaches

In addition to the mainstream policies detailed previously, King County (and Seattle in particular) has pursued other policies aimed at managing the homeless population's growth and needs. One of these methods has been Tent Cities. Tent Cities are made of groups of homeless individuals who live in self-governed encampments usually between 40 and 80 people. Their governing structures frequently have specific rules enforcing sobriety, work, and communal involvement. Communities govern themselves, and residents are usually asked to either pay

something to cover utilities, or to work themselves to complete tasks for the camp (Bernton and Beekman 2015). Tent City residents frequently report an increase in stability and an ability to break the cycle of homelessness (Johnson and Stapleton 2015).

In November 2015, new tent cities opened in the Interbay and Ballard neighborhoods of Seattle (Veyera 2015, Jaywork 2015). The process prompted some level of backlash from neighbors near the sites (located near residential areas), with many residents expressing unhappiness about the lack of prior notice or requests for feedback they received (Schodt 2015). Others went even further, arguing that the existence of marijuana dispensaries and liquor stores would prove too much of a temptation for the tent city residents. Others expressed concern over the proximity of the campsite to schools. Despite this, Schodt reports a general level of welcoming and acceptance among the residents of Ballard toward the residents of the new tent city located there.

As an attempt to enforce laws and promote public sanitation, Seattle has also increased the number of ‘sweeps’ of non-sanctioned homeless encampments. Sweeps consists of law enforcement and sanitation officials entering unsanctioned encampments and ‘sweeping’ the area by removing all belongings and people from the area. People can claim property later, but opponents of the practice claim that their ability to do so is severely limited (Beekman 2015). Advocates for the homeless argue that the sweeps will not be accompanied by adequate spending to help everyone who is displaced. These practices have become very controversial in recent years, but were not as prevalent in the 2011-2014 period.

E. HMIS Collection

One of the primary problems facing data collection in King County is the way that the HMIS system is constructed. Between 2011 and 2014, large problems became obvious with the

program that collects HMIS data for King County. The program, called Safe Harbors, was run by the City of Seattle up until 2015, when its problems became too large to ignore and responsibility for HMIS collection began to be shifted to King County. One of the challenges that the system has faced is that it is opt-in instead of opt-out. In the words of Seattle's Human Services Department, "Not all programs are required to participate in Safe Harbors HMIS, leading to incomplete and inconsistent data and limiting evaluation efforts" (City of Seattle 2015, 4). In fact, Washington is the only state in the country that allows such an opt-in approach (United Way of King County 2015). This has resulted in King County having fewer data points relative to other areas. Additionally, the data itself is not as expansive as it could be. It can state whether someone is a veteran, for example, but not whether they suffer from substance abuse or mental illness. Some cities like Portland are looking into developing a more comprehensive data system VanderHart (2015).

In addition to these policy shortcomings, the operators were not forthcoming with the data. The website seems ill designed for effective data accessing, and the administrators were reported by multiple county employees to be overworked and understaffed. In 2015, King County's HMIS data system began to transition from the Seattle-based operator to a county-run system, and so the administrative problems have begun to be addressed (Safe Harbors 2015). Time will tell whether this shift of responsibility expands the program or makes it more effective.

3. HMIS Data Shifts

The HMIS data for 2011, 2012, and 2014 is broken down into Seattle and the rest of King County (2013 was not divided). These three years enable us to analyze some of the trends in

subpopulations between emergency shelters, transitional housing, and permanent supportive housing.

The most obvious part of this dataset is the near-complete collapse in the transitionally housed population. Aside from individuals in Seattle, transitional housing has declined in every category (and individuals in Seattle have not grown nearly as quickly as comparable non-transitional housing populations). This is in line with our expectations, given the established priorities on the local and national level, and the shift of resources away from transitional housing.

Families who live in shelters appear to be increasingly moving to Seattle. The growth rate of individuals in families in emergency shelters for non-Seattle King County was negative 31% between 2011 and 2014, with the same statistic for Seattle increasing by 35%. The same statistics for individuals not in families do not mirror this trend, with individuals in non-Seattle King County increasing at three times the rate of increase for Seattle.

Individuals in permanent supportive housing also display interesting trends. While non-Seattle King County has seen low single-digit percentage increases in the number of people in PSH, Seattle has seen that population increase by 62% from 2011 to 2014. Seattle does not appear to have data for permanent supportive housing that is targeted to individuals, despite individual service providers like 1811 Eastlake that are clearly individual PSH providers.

Non-Seattle areas of King County saw only a small change in total people (2.5%), but saw a significant shift (persons in families in emergency shelters and transitional housing declined, individuals in ES shot up). Seattle, on the other hand, saw a substantial increase over the same four-year period (21.9%). Seattle saw an increase of 2,700 people accessing services through HMIS providers, which was a nearly 22% increase. This increase is understated because

of the collapse of the transitional housing population, which declined by over a thousand for persons in families (a reduction of 90%), and small change for individuals (an increase of slightly less than 2%). Both shelters and permanent supportive housing in Seattle saw substantial increases across the board (increases of over 30% for shelters, and of 62% for individuals in permanent supportive housing, the only kind of PSH that Seattle operates).

V. Conclusion

Seattle and King County are currently struggling mightily with the problems that homelessness presents. The issues discussed within this paper suggest that there is support for the idea that a concentration of services within Seattle has pushed the homeless of the surrounding area to go to Seattle in order to access those services. Simultaneously, high home prices have prevented many people from finding adequate housing in the private sector. While this is certainly not the only driver of homelessness, the literature and context of the past several years of policy seems to suggest that a concentration of services within a geographically confined (and expensive) location contributes to the problem.

This is the situation that Seattle and King County find themselves in today. Acting under federal and local pressure, the regional policy focus started to shift toward permanent supportive housing. Concurrently, because of the concentration of services and emergency shelter beds in Seattle, homelessness increased in Seattle much faster than in King County (potentially because King County's homeless population tended to migrate to Seattle, and because the high housing prices in Seattle undermined those who were on the edge of homelessness).

This paper has also found support for the idea that the federal push for permanent supportive housing has occurred in a way that has had unintended consequences when paired with other, local trends (such as the clustering of emergency shelter locations). Ultimately, everything – permanent supportive housing, emergency shelter, and the homeless population itself – seems to have become concentrated in Seattle at a disproportionate rate. It seems likely that some of Seattle's policies, such as rapid re-housing, have partially mitigated the negative impacts. More research should be done on RRH and other innovative approaches in Seattle.

Because of time constraints, this paper did not conduct a rigorous statistical analysis on the relationship between different funding sources and homeless demographics. Further research is needed to explore the link between shelter beds, PSH, and the concentration of homelessness. This paper does contain collected datasets that could form the basis for such an expanded effort. In particular, future researchers ought to analyze the relationship between the spending from different levels of government (state, local, federal, etc.).

Ultimately, this paper identifies a problematic outcome with policy that includes elements of political science, economics, psychology, geography, and multiple other disciplines. It is essential, therefore, for our conversation around homelessness to be interdisciplinary and grounded in meaningful policy and a coherent political and moral philosophy. The homeless population is made up people who deserve our attention and care. The policies that have been implemented up to this point have failed dramatically. While this paper's scope is not broad enough to identify a comprehensive alternative to current policy, it has established trends that should concern policymakers and activists alike. King County's homeless are, in all senses, in a state of emergency. We must respond.

VI. Appendices

Appendix A: King County vs. Seattle HMIS Breakdown

Year	KING COUNTY										SEATTLE					
	Persons in Families in...					Individuals in...					Persons in Families in...			Individuals in...		
	ES	TH	PSH	ES	TH	PSH	Total	ES	TH	PSH	ES	TH	PSH	Total		
2011	743	1,728	563	760	321	1,120	5,235	1,141	1,182	1,689	6,953	1,386	1,689	12,351		
2012	604	1,587	616	911	322	1,117	5,157	1,072	904	2,249	7,486	1,318	2,249	13,029		
2014	512	1,358	583	1,475	306	1,132	5,366	1,549	112	2,741	9,243	1,413	2,741	15,058		
2011-12 % change	-18.71%	-8.16%	9.41%	19.87%	0.31%	-0.27%	-1.49%	-6.05%	-23.52%	33.16%	7.67%	-4.91%	33.16%	5.49%		
2012-14 % change	-15.23%	-14.43%	-5.36%	61.91%	-4.97%	1.34%	4.05%	44.50%	-87.61%	21.88%	23.47%	7.21%	21.88%	15.57%		
2011-14 % change	-31.09%	-21.41%	3.55%	94.08%	-4.67%	1.07%	2.50%	35.76%	-90.52%	62.29%	32.94%	1.95%	62.29%	21.92%		
As % of total H pop '11	4.22%	9.83%	3.20%	4.32%	1.83%	6.37%	29.77%	6.49%	6.72%	9.60%	39.54%	7.88%	9.60%	70.23%		
As % of total H pop '12	3.32%	8.73%	3.39%	5.01%	1.77%	6.14%	28.36%	5.89%	4.97%	12.37%	41.16%	7.25%	12.37%	71.64%		
As % of total H pop '14	2.51%	6.65%	2.85%	7.22%	1.50%	5.54%	26.27%	7.58%	0.55%	13.42%	45.26%	6.92%	13.42%	73.73%		
King as % of total 2011	29.77%															
King as % of total 2012	28.36%															
King as % of total 2014	26.27%															
King % of ind ES '11	9.85%															
King % of ind ES '12	10.85%															
King % of ind ES '14	13.76%															
King % share of TH '11	44.38%															
King % share of TH '12	46.21%															
King % share of TH '14	52.18%															
King % share of PSH '11	49.91%															
King % share of PSH '12	43.52%															
King % share of PSH '14	38.49%															
Change in #	(231)	(370)	20	715	(15)	12	131	408	(1,070)	2,290	27	1,052	2,707			
Sig % changes '11-'14	-31.09%	-21.41%		94.08%				35.76%	-90.52%	32.94%		62.29%	21.92%			

Trends

- Families seeking shelters are going more to Seattle than KC
- Transitional housing users are declining across the board
- PSH is used far more in Seattle than outside Seattle
- KC's share of individuals in the ES population has increased
- KC's total share of the homeless population has declined over time

Appendix B: Spending Data for King County 2011-14

	FY2011	FY2012	FY2013	FY2014	2011(14%)
Federal					
Veterans Administration					
Grant and Per-Diem	\$3,751,984	\$2,793,157	\$3,510,207	\$3,355,485	-10.57%
Housing and Urban Development					
McKinney/Vento and HEARTH					
CoC Competition	\$23,894,315	\$24,243,507	\$24,583,343	\$27,102,648	13.43%
ESG	\$1,085,942	\$1,277,309	\$1,045,206	\$1,050,324	-3.28%
CPD					
CDBG	\$18,707,861	\$15,997,560	\$16,055,394	\$15,658,929	-16.30%
HOME	\$8,656,629	\$6,030,885	\$5,256,742	\$5,346,720	-38.24%
HOPWA	\$2,092,534	\$1,862,719	\$2,257,465	\$1,920,479	-8.22%
Non-VASH Section 8 vouchers					
King County Housing Authority	\$5,847,859	\$6,221,161	\$7,423,762	\$10,906,843	7.36%
Seattle Housing Authority	\$1,079,080	\$3,003,279	\$4,036,837	\$8,356,711	7.99%
Renton Housing Authority	\$2,861,585	\$2,824,614	\$2,759,615	\$2,799,051	-2.19%
VASH vouchers					
King County Housing Authority	\$865,846	\$899,119	\$1,380,027	\$1,817,313	109.89%
Seattle City Housing Authority	\$745,700	\$902,578	\$1,201,425	\$1,472,810	97.51%
Health & Human Services					
SAMSHA	\$893,111	\$872,492	\$866,029	\$999,995	-55.21%
ACF					
Basic Center Program	\$301,626	\$73,711	\$143,318	\$158,915	-47.31%
Transitional Living Program		\$154,069	\$313,958	\$369,000	
Street Outreach Program				\$104,832	
Subtotal	\$250,784,073	\$247,156,161	\$250,833,327	\$262,820,054	4.80%
State					
Housing Trust Fund	\$7,299,005	\$3,298,152	\$2,129,471	\$1,522,742	-79.14%
Document Recording Fees	\$3,659,540	\$3,087,764	\$2,754,255	\$1,023,954	-19.29%
Subtotal	\$10,958,545	\$6,385,916	\$4,883,725	\$2,546,696	(40.14%)
County					
Veterans & Human Services Levy	\$6,996,033	\$8,953,898	\$8,432,757	\$7,413,478	5.97%
MIDD	\$4,228,225	\$6,200,927	\$8,277,849	\$8,659,175	104.79%
Subtotal	\$11,224,258	\$15,154,826	\$16,710,606	\$16,072,653	43.20%
Local					
Seattle General Fund	\$16,270,580	\$16,766,781	\$18,714,183	\$21,275,910	30.76%
Seattle Housing Levy	\$8,658,767	\$12,362,595	\$18,893,918	\$22,574,380	160.71%
ARCH	\$262,687	\$141,906			
Suburban cities/HSFC	\$9,668,081	\$9,450,715	\$9,823,623	\$9,761,718	0.97%
Subtotal	\$34,860,116	\$38,721,996	\$47,431,723	\$53,612,008	53.79%
Philanthropy					
UWKC	\$9,771,974	\$9,228,727	\$9,020,535	\$9,350,000	-4.32%
Gates/Building Changes	\$679,432	\$1,239,141	\$2,196,672	\$2,733,377	302.30%
Raikes	\$449,683	\$439,573	\$765,430	\$905,870	101.45%
Subtotal	\$10,901,089	\$10,907,441	\$11,982,637	\$12,989,246	19.16%
Total	\$28,728,081	\$46,113,340	\$41,842,018	\$58,040,658	8.92%
		2011(12)	2012(13)	2013(14)	
		5.29%	-1.23%	4.74%	

Appendix C: Reflection Homelessness & Christianity

The moral justification for caring about and reacting to homelessness is fairly straightforward: we ought to care if our neighbors are in severe material need, and that care ought to result in action. Christians frequently understand our duty to the poor as a vague and somewhat general sense of responsibility. Because local government is typically the easiest for an individual to interact with and influence, Christians ought to also understand how it functions and how they can work to improve governmental policy in their cities and neighborhoods. Such an understanding will inevitably impress upon people the necessary tradeoffs that policymaking entails. Policymaking provides an avenue to join moral and practical arguments, and fuse a compromise that moves us closer to the ideal policy.

Homelessness is also a tremendous drain on society's resources. Because we as a society have decided that we should not simply ignore the poor and homeless, we have laws and policies that require a certain level of spending. For example, requirements that emergency rooms never turn someone away for an inability to pay increases aggregate spending on emergency room visits substantially above where it might otherwise be. Our emphasis ought not to be solely to avoid spending money, but if it is possible to increase the efficient use of funds as we help people lift themselves out of poverty, then all the better.

On the non-financial side of the equation, we ought to understand that our mindsets deeply impact the ways we interact with homelessness. As David Foster Wallace once observed, life is in large part about understanding the control we have over how we think.

“It will be within your power to experience a crowded, loud, slow, consumer-hell-type situation as not only meaningful but sacred, on fire with the same force that lit the stars - compassion, love, the sub-surface unity of all things” (Foster Wallace 2008).

To that, I would simply add: if we can learn to recognize the humanity and Imago Dei within the man who pleads with us for change, and no longer walk by with only a twinge of sadness or quiet guilt, then we unlock that same force that lit the stars. Mr. Foster Wallace was not a Christian – certainly not a capital-C Christian – and would most assuredly resent my attempt to use his words to defend a universal moral imperative, which was quite explicitly not the purpose for which he spoke. But I’m going to use his words anyway, since he was right, even if incompletely. There’s a broader possibility for us, in which we fully and empathetically understand that the homeless man who calls, then yells, then curses at us each time we walk past 3rd Ave and Pike St. is quite literally made in the very image of God. That possibility enables action.

This seems foolish, and absurd, and utterly confusing when translated into policy, which doesn’t play well with evangelicalism’s desire to see the gospel easily translated into action. But it’s probably true, which is one hell of a moral quandary to wrestle with. We will always have the poor with us, but we must never let them be without our loyalty and our attention. The struggle for the policy-minded Christian, of course, is the decision of where government is an appropriate tool for that end.

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