

Plymouth Crossing Community Meetings Q&A

Question from Audience	Answered by Plymouth Housing Staff
Why is a Seattle-based organization coming to Bellevue?	Our regional homelessness crisis has reached historic levels. The 2020 Point in Time count revealed that there were over 1,000 unhoused folks in east King County alone. Plymouth was approached to join the Eastgate Campus project at a time when there were no other organizations providing permanent supportive housing (PSH) in Bellevue. As an experienced PSH building owner and operator, Plymouth is excited to provide much-needed permanent housing to eastside residents. We have strong relationships with PorchLight and other long-standing eastside organizations, and have done significant outreach in the community to ensure that we are responding to the specific needs of Bellevue residents.
Where does the funding come from?	This project is funded by a combination of local funders such as King County and the Washington State Housing Trust Fund, as well as a private construction lender. We were also awarded tax credits through the Low Income Housing Tax Credit program through which we will partner with a private tax credit investor.
Where do Plymouth Housing tenants come from?	In order to reach the most vulnerable individuals in our community who need housing the most, we bring in folks from a variety of sources. Many of our tenants come through a county-wide referral system called Coordinated Entry (https://kcrha.org/resources/about-coordinated-entry/). We also look to partner with local agencies to help bring in individuals directly from the communities in which our buildings are based. In fact, one role of our on-site case managers and community specialists is to help our residents stay connected to services within the community that they've come from.
What methods will Plymouth use to determine that the future residents of Plymouth Crossing are from the eastside?	For Plymouth Crossing, we are taking action to be able to receive referrals from both PorchLight and The Sophia Way (TSW), and as many other eastside partners as possible.



Will the residents coming into this location be new to PSH or moving from another supportive housing location?	All of our residents will be new at least to supportive housing in this time in their lives. We often work with folks who have been involved in programs in the past, but everybody that's going to live with us now will be coming directly from homelessness; they will have had a significant history of homelessness—maybe a stint in some housing before that—but they'll be coming to us directly from homelessness.
Can you share a little bit about who the tenants are who will be moving into Plymouth Crossing?	Our residents come from all different backgrounds and walks of life. They tend to be older, but we have folks who are as young as 20 and as old as 75+ who move into our properties. Our buildings really reflect the gamut of life—all different ethnicities and life experiences. Most of our residents have physical or mental disabilities, and we work to make sure that our buildings are accommodating to those experiences. We're also very mindful that if you've gone through homelessness, you've also gone through some level of trauma, and we work to connect our residents to resources they might need. For example, maybe they haven't seen a doctor or dentist in a certain number of years or need to engage in some level of counseling. We connect folks to all those different services.
How old is your youngest resident? Do you house homeless teens?	Our program at Plymouth Crossing is specifically geared toward adults experiencing homelessness on the eastside, so we do not have any teenagers living in our housing. We do have a few younger adults living in our housing. Most of our residents are in their 50s and 60s. Friends of Youth is a local eastside organization that services teens and children in their shelter program.
Do residents receive disability assistance, social security, Medicare, Medicaid, or other benefits.	Yes, many of our residents qualify for these programs.
When people are applying to live in your housing, what kind of background check to you do before they can become tenants?	We follow the same guidelines for subsidized housing eligibility as the King County Housing Authority, which you can read about here: https://www.kcha.org/housing/subsidized/eligibility . More specifically, our residents' incomes must be less than 30% of the area median income (AMI)—which is currently \$27,200 for a single adult. Most of our residents receive social security income, which is somewhere in the vicinity of \$10,000 or under, which is less than half of the 30% AMI threshold.



	All our residents are single adults who have come directly from homelessness into our housing, and they also need to be either 55 or older or have a disability, and most do come to us with some level of disability. Anyone who moves into our housing must be a U.S. citizen and have a social security number on file. They also undergo criminal background checks including credit checks, rental history checks, and lifetime sex offender registration checks. Nobody who is living in subsidized housing in this area can be a registered sex offender.
What percent of residents have criminal records?	While we do screen for certain kinds of offenses, like meth production and some sex offenses, we do not track this aspect of our residents' personal history.
How is permanent supportive housing (PSH) different than transitional programming in a shelter, adult family home, skilled nursing facility, or other types of housing?	When someone moves into Plymouth Housing, they sign a lease, become a tenant of our property, and can live in their home permanently. Residents live in our buildings anywhere from a few months to many years. With a shelter or other similar program, residents in most cases do not sign leases or have the kind of landlord-tenant rights that PSH residents do. PSH differs from adult family homes and skilled nursing facilities as well in that our tenants are expected to be able to live independently. While we offer opportunities for residents to engage in additional services, they are not compulsory. In an adult family home or skilled nursing facility, residents might be receiving even more significant support, 24-hour nursing care, etc.
What are some of the expectations that come with signing a Plymouth Housing lease?	When someone moves into one of our buildings, they are agreeing to a number of building rules, such as not having weapons on-site. We also ask residents to use our guest sign-in and -out systems, so we are aware of who is coming into the property. Residents are expected to keep up their apartments as well, and we do monthly health and safety inspections to check in with folks.
What kinds of services and activities are available to residents at your buildings?	Our buildings have 24-hour front desk staff providing safety and security to the property in addition to on-site case management and physical and behavioral health services. We will have outdoor community space at Plymouth Crossing where residents can enjoy the weather or even plant and care for something if they would like. We also have indoor community spaces where people can engage in everything from just sitting down and watching TV to playing games with their peers in the property to having community meals and gatherings. A good example of this is a well-attended open mic



	night at one of our properties where residents come and share whatever talent they have. We also offer cross-building programming where residents can engage with the wider Plymouth community.
Do you think all apartments will be filled up and occupied soon after the building opens?	We anticipate leasing up the building within six months after we receive our Certificate of Occupancy. To achieve this goal, we will work closely with our referral partners such as PorchLight and TSW to make sure we are serving those on the eastside who qualify for PSH and Section 8 Vouchers through the King County Housing Authority. (More information about Section 8 Vouchers can be found here: https://www.kcha.org/housing/vouchers)
On average, how long do residents live in their apartment? What makes a person move out?	Since our housing is permanent, residents are welcome to stay as long as they like, as with any typical apartment building. For many of our residents, Plymouth is their last home before they pass away, and we are thankful that they can spend the last years of their lives housed. Other reasons a resident may move out include moving in with family after achieving stability, moving to a different high-services housing facility, and sometimes moving into affordable housing without social services.
What percentage of the residents in Plymouth Housing typically become self-sufficient and able to live in housing without subsidy?	Nearly all of our residents live with a disability and may not be able to enter the workforce in the way that many non-disabled people can. In addition, market-rate housing is not affordable for many people in our region, including those with regular employment. Our goal as an organization is to ensure that our residents stay housed and never return to living on the streets, and we have a 97% success rate doing so.
How has COVID-19 affected your program?	As the case with many nonprofits and businesses, we have had to change policies in our buildings to ensure the safety of our residents and staff. We have added more janitorial staff and cleaning frequency/methods. Additionally, we have hosted testing sites and worked with public health officials to vaccinate our frontline workers as well as residents who qualify.



What will on-site physical and behavioral healthcare look like at Plymouth Crossing?	Where most Plymouth buildings have a single room that can be utilized by healthcare partners and our external behavioral health partners, the size of Plymouth Crossing has allowed for multiple. These spaces will be used by an RN who will reach out to residents, engage in motivational interviewing to help elicit their healthcare goals, and support them in achieving these goals. The RN also responds to emergent health needs, working in partnership with the care team to develop a treatment protocol and communicating and coordinating care to ensure that we're providing the best quality services.
	The RN will also provide education about various health topics and offer tools to help residents manage their chronic conditions as well as promote wellness and preventative care. Our ultimate goal is to develop an integrated, interdisciplinary care team with shared planning accountability for the residents. We truly believe that equitable access to wellbeing is the pathway to health, so we have to look at providing the whole person care.
Since mental health is such a large challenge among your population, what sort of support are you offering and how does that work? What mental health services are available to residents?	We offer case management for our residents in each of our buildings who connect them with mental health services in our region. As mentioned above, we also have a nurse who comes to our facilities regularly to see and assess residents on a regular basis.
How are you addressing drug use in your buildings to ensure the safety of your tenants and the community at large?	We start by providing entry into housing using a low-barrier model. Achieving abstinence while you're in survival mode on the streets can be extremely challenging, and for many of our residents, having a place to call home is the first step to their recovery.
	Our staff are adept at creating an environment that feels inviting—a place where there's a sense of community and people feel like they belong and have value. Healthy, reciprocal relationships allow our housing case managers and behavioral health providers to collaborate more effectively with residents to evaluate and address their substance use. This might include looking at how they're using, what they're using, the consequences, and their goals around it.
	In working with residents through a trauma-informed lens, our teams develop shared



care plans with shared goals. As we achieve some of these goals residents see a correlation between their efforts and desired outcomes, which in turn supports their internal motivation towards change. We celebrate all the small changes, positively reinforcing healthier behaviors and offering necessary and relevant resources to residents when they're ready to receive them.

Recognizing that relapse is a reality of the recovery process, our staff support residents when they experience setbacks and help them get back on a path of recovery in a non-shameful way. We want residents to feel they can talk to staff when they are struggling, so we can help them.

While this model might not resonate for every single resident, a permanent supportive environment supports recovery efforts much more compared to conditions living on the streets. Our model gives people a greater chance at stopping their abuse, and it's an amazing effort by our housing case managers, behavioral health partners, and even the community.

How is "housing first" different from a safe injection site or halfway house?

It's important to note that not all of our residents are using substances or have a diagnosable substance use disorder. For people who are and who are wanting to change their use, our method is to provide housing first. This means focusing on creating conditions that promote stability and safety so people can progress to other levels of wellbeing—and doing it in a way that respects their self-determination and recognizes that they have power to make choices about their environment, relationships, and future.

In this model, we work to reduce the harm associated with an individual's substance use, but we do not supervise drug use the way a safe injection site might for someone who is injecting opioids such as heroin, which is usually done under medical supervision.

For Plymouth, staying housed is independent of someone's recovery status, which is different than a halfway house where abstinence is a requirement. Residents have access to a full range of clinical, social, medical, and non-medical services through our providers, as well as case managers who are available day after day. Case managers proactively engage residents to increase their internal motivation for change, reduce



	harm related to use, or help people discontinue or reduce their use.
	Our approach also differs from a wet house, which is a shelter where people can drink but often without the support services described above.
How do you ensure everyone in your building remains safe?	Our staff play a huge role in keeping our tenants safe, which keeps our community safe. In addition to our front desk staff being available on-site 24/7, the work our case managers and community specialists do to build supportive relationships with and among tenants helps keep our building safe. We also have staff called safety ambassadors who provide extra security and support during the non-business hours. Additionally, we bring in tenant support aids who help with in-unit safety. For example, if someone has issues with hoarding or decluttering, we'll help make sure they have a safe and sanitary living environment.
	Our staff are trained to work within a trauma-informed care model and are certified in de-escalation. Helping someone who has become worked up get back down to their baseline—to a place where they're able to get their needs met and work with us—is 10 times better than letting them go out into the community while escalated or go lock themselves up in their room where no one else is around.
	We do have a lot of building rules, which are legally enforceable because they are part of the lease. We have a no-weapons policy, not even in cars. Quiet hours and respecting the property are within the lease. We keep up a robust guest policy so we can track who's coming and going. And when needed, we do have the ability to enforce bans and trespasses of the property. We also have cameras inside all common areas, elevators, and hallways, and surrounding the outside of the building.
	In general, our safety protocols are always growing and changing; they are tested and have worked for us, and we work with professionals to find new ones on an ongoing basis.



What happens to a resident if they are convicted of a crime while they are living in the building?	Plymouth adheres to all local laws and expects residents to follow them as well. Plymouth's response to a resident being convicted of the crime would really depend on the situation. Our priority is keeping all of our residents safe and housed.
What qualifications will be required of the assistant building managers and front desk staff?	For our building managers, we look for strong leadership skills, since they will be managing a team and overseeing a 95-unit building. For all of our building positions, we look for strong customer service skills. Our building assistants are the friendly face residents will see as they come and go from their building, for example.
Who are the live-in staff what are their roles?	Usually, our live-in staff are building coordinators and building assistants, which are property management roles.
Do your staff get any training on trauma-informed care?	Yes, we operate with a trauma-informed care model, as many of our residents have faced trauma after living outside for many years of their lives. Trauma-informed care training means that staff are aware of the lasting impacts of trauma and learn how to work with residents with sensitivity to what might remind them of past traumas.
How do you furnish your apartments?	The funding we apply for covers the cost of furnishing our apartments. However, we also have worked with local community groups to provide furniture and art for our common areas.
Can residents have a pet?	We allow service and companion animals in all of our buildings. Our residents must get prior approval in order to bring animals into the building.
What types of changes can people living near Plymouth Crossing expect to see in the neighborhood?	Because the majority of our residents do not own a vehicle, our neighbors may notice an increase in foot traffic in the area. We will likely see more people using the bus stop near our campus as well as walking up to the Eastgate Park and Ride.
	Our neighbors may also notice an increase in first responder activity in the neighborhood. Because we are not a skilled nursing facility, first responders are called to help with medical incidents in our building, such as someone falling and not being able to get up.



How do your residents participate in their community? How involved are they in their immediate community? Do they want to be?	Since our residents are permanent members of the community, many of them participate in neighborhood associations, political groups, volunteer opportunities, and other activities just as anyone else in the neighborhood would.
What can the Bellevue community do to support this project?	There are many ways to support the project. You can contact Bellevue City Council in support of allotting 1590 Funding for enhanced behavioral health supports for the Eastgate Campus. We are also inviting community members to help us acquire art pieces for inside and outside the building. Once the building is complete, there will be many opportunities to support the residents in the building, such as contributing to welcome baskets (essentials we provide to each new resident), volunteering, and providing financial support of our program. For more information about how to get involved, visit our volunteer page: https://plymouthhousing.org/how-you-can-help/volunteer/ . For additional inquiries, please contact Elizabeth Murphy at emurphy@plymouthhousing.org .