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Dear Mr. Snow:

WA-502 formally requests a full exemption from the unsheltered portion of the annual Point-in-Time Count event. The following rationale is provided for your considerations. Responses have been provided for each of the four questions included in the HUD Exchange listserv notice.

#1-2: Our CoC (WA-502) has conducted an unsheltered PIT count every year, in addition to the annually required sheltered count. This year we are asking for a full exemption from the unsheltered count due to the safety concerns that the COVID-19 pandemic presents. We also have concerns regarding the impact that drastic methodology changes would have on our ability to use PIT data as part of our longitudinal system analysis.

WA-502 currently relies on a service-based methodology involving direct interviews with each individual/family experiencing homelessness over the maximum allowed timeframe. This fits with the urban/rural geography that makes up our CoC and ensures that we are able to count as many of our unsheltered population as possible. Moving abruptly to a statistical modeling/estimation approach and/or 'head counts' would likely result in an undercount.

Our CoC is located in Washington State, and as of today's date, our COVID infection rate has hit an all-time high and our state is in a modified state of being "open". The following is a bullet point list of the specific concerns and rationale behind the exemption request, including the specific standards considered as stated in HUD's PIT Count Methodology Guide:

- A modified unsheltered count would necessitate a mean complete methodology change with a high potential for data quality errors and miscounts. One of the most useful methods that the CoC relies on are large events comprised of homeless services providers that serve as a draw to the unsheltered homeless population. Doing so for the 2021 unsheltered PIT count would create super spreader events. [Standard 9, 11, 12]
- The high risk of exposure for volunteers because a lack of suitable PPE like n95 masks and compounded by our high case counts as of recently. Our PPE availability is limited and most resources are going to our hospitals and as a regional center for Eastern Washington our health care system is taking priority to access to PPE. [Standard 13 and 14]
- Our local providers lack the capacity for staff and personnel to assist with the counts. If staff in our key homeless system positions contract COVID it could bring our already taxed system to a halt and increase the public health crisis of COVID. [Standard 14]
- Our local board of health recently terminated the employment of our local health district health officer and there is an interim officer but there cannot be an expectation of normal operations and support for our CoC and the PIT count during this transition and the support, and spread of COVID. [Standard 13]

- There is a risk that the assembly of teams or units may itself create “spreading” events to these groups and to our vulnerable unsheltered community. There is a question if our states current restrictions will even allow enumerators to gather. [Standard 13]
- Our homeless system, health district, and health care system is not in a position to have each enumerator tested for COVID pre and post the count, let alone sustained testing for a count that could last days or more. There is a risk of death and safety is not guaranteed for volunteers or our unsheltered community. Any gathering increases the risk for contracting COVID. [Standard 13]

#3 – N/A

#4 – The majority of street outreach programs/organizations focused on understanding and addressing the needs of those experiencing unsheltered homelessness participate in WA-502’s designated HMIS database. All outreach projects, regardless of funding source, track outreach contacts and demographic information specific to those that they encounter. Caseworkers refer those encountered to the CoC’s Coordinated Entry/Assessment project for assessment and housing placement. This helps ensure that the CoC is able to identify unsheltered homelessness trends, outside of the annual PIT count, and connect this especially vulnerable population with stabilization services.

Please do not hesitate to reach out should you have any questions or require additional information. Thank you for your consideration!

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