

MEMORANDUM OF UNDERSTANDING BY AND AMONG SPOKANE COUNTY,
WASHINGTON; THE CITIES OF AIRWAY HEIGHTS, CHENEY, DEER PARK, LIBERTY
LAKE, MEDICAL LAKE, MILLWOOD, SPANGLE, SPOKANE, AND SPOKANE VALLEY;
AND THE TOWNS OF FAIRFIELD, LATAH, ROCKFORD AND WAVERLY REGARDING A
SHARED RESPONSE APPROACH TO HOMELESSNESS

This Memorandum of Understanding (this “MOU”) is entered into as of _____, 2025, by and among Spokane County, Washington; the cities of Airway Heights, Cheney, Deer Park, Liberty Lake, Medical Lake, Millwood, Spangle, Spokane, and Spokane Valley; and the towns of Fairfield, Latah, Rockford and Waverly (individually a “Party” and collectively the “Parties”).

I. Purpose and Scope

The Parties intend for this MOU to encourage cooperation and provide the foundation and structure for a coordinated regional response to those experiencing chronic homelessness and its related mental health crisis. Such response is anticipated to include an enforcement and services framework to implement the revised public camping and vagrancy policies as authorized by recent judicial and federal policy changes.

This MOU does not establish or create any type of formal agreement or obligation, nor does it commit any funds of any Party. Instead, it is an agreement among the Parties to work together in such a manner to encourage an atmosphere of collaboration and alliance in support of an effective and efficient partnership to establish and maintain objectives and commitments with regards to a shared regional approach to homelessness.

Specifically, this MOU aims to:

- Adopt a regional response to the homelessness and mental health crisis that is playing out in our streets every day;
- Maintain clean, safe, and accessible public spaces throughout Spokane County;
- Enforce relevant municipal and county codes regarding unauthorized public camping, loitering, open drug use, and obstruction of public rights-of-way;
- Provide transitional housing, treatment, and other supportive services in alignment with a continuum-of-care approach that includes accountability and behavioral compliance; and
- Ensure enforcement actions are consistent, coordinated, humane, and constitutionally sound.

II. Background

1. Endemic vagrancy, disorderly behavior, sudden confrontations, and violent attacks have made our communities unsafe. It is clear that individual municipal approaches to this regional problem are not producing adequate outcomes.
2. Recent HUD and HHS policy guidance has moved away from mandating the "Housing First" model, allowing greater flexibility in supporting transitional, recovery-oriented, and behavior-based housing interventions. This greater flexibility encourages implementation of evidence based treatment, prevention, and recovery programs.
3. Recent Supreme Court rulings have created a pathway for communities that wish to prioritize accountability and promote treatment, recovery, and self-sufficiency.¹

III. Objectives

The Parties agree that the following principles shall be the foundation of any joint action:

1. **Treatment First Orientation**
 - Prioritize immediate access to behavioral health, substance use, and primary care treatment for individuals experiencing homelessness.
 - Recognize treatment as a critical step toward stability, dignity, and housing readiness.
 - Identify policies and procedures that limit open illicit drug use and eradicate urban camping, loitering, and squatting.
2. **Person-Centered Services**
 - Design and deliver services that respect the dignity, autonomy, and unique needs of each individual.
 - Ensure culturally competent and trauma-informed care.
3. **Collaboration and Coordination**
 - Coordinate across jurisdictions, service providers, and healthcare systems to reduce duplication and improve outcomes.
 - Share data and best practices to inform evidence-based decision-making.
4. **Public Health and Safety**
 - Frame homelessness response as a matter of public health and safety, balancing individual support with community well-being. Identify areas where public safety is at risk and local resources are inadequate.
 - Prioritize accountability and promote treatment, recovery, and self-sufficiency.
5. **Accountability and Transparency**
 - Track progress through measurable outcomes such as treatment engagement, reduction in unsheltered homelessness, and improved health indicators.
 - Commit to public reporting on shared goals and results.

¹ **Oregon v. Johnson**, 603 U.S.520 (2024), Docket No. 23-175, overturned **Martin v. City of Boise**, 920 F.3d 584 (9th Cir. 2018), reaffirming that local governments may regulate or prohibit sleeping in public spaces irrespective of current shelter bed availability, provided the laws are reasonable and not punitive in intent.

The Parties further agree to pursue the following collective goals:

1. Expand Treatment Access

- Support the development and funding of effective methods to address homelessness to include detoxification services, mental health crisis response, and long-term treatment programs.
- Reduce barriers to entry into treatment programs.

2. Strengthen Service Integration

- Establish formal referral pathways between shelters, outreach teams, healthcare providers, and treatment facilities.
- Coordinate discharge planning from hospitals, jails, and treatment centers to prevent returns to homelessness.

3. Resource Sharing

- Explore shared funding opportunities, regional grant applications, and pooled resources for treatment-first initiatives.
- Collaborate on workforce development to ensure adequate clinical and support staff capacity.

4. Regional Policy Alignment

- Work toward common policies and ordinances that support treatment engagement and continuity of care.

IV. Signatures

By signing below, each Party affirms its commitment to the Objectives set forth in this MOU.
