Central Kitsap Community Council: Meeting Minutes

Meeting Date: 4-3-19

Council members in attendance: See attached sign in sheet

Motions:

1. Motion to approve the meeting minutes and agenda
   a. Motion by Brandon Myers
   b. 2nd by Monica Downen
   c. Passed Unanimously

Meeting Presentations:

- Kristen Jewell with Kitsap County Housing and Homelessness Division (see presentation)
- Jayme Stuntz and Kelsey Stedman with Kitsap Connect (see presentation)
- Joel Adamson with Kitsap Homes of Compassion
  - www.kitsaphoc.org
Homelessness in Kitsap County

April 3, 2019
Kirsten Jewell
Housing and Homelessness
Division Manager
Kitsap County Department of Human Services

Chair
Governor's State Advisory Council on Homelessness
A home affords us the freedom to flourish, invest in our children, and contribute to our society.
Across Kitsap County last year, **3,950** people needed help with housing.
More than 170 people are trying to survive outside each day.

Source: 2019 Point In Time Count – 174 Unsheltered individuals on 1/24/19
Based on 1,470 people were literally homeless during 2018 receiving HSC referrals, out of Kitsap population of 264,811

1 in 180 people in Kitsap County experienced unsheltered homelessness in 2018
Why are so many people homeless?

Why has homelessness been increasing?
Homelessness is a symptom of the breakdown of our social systems.
Everybody was once housed

When people are housed in a place they can afford, they are almost always able to maintain that housing.
What changed?

1. *Cost of housing* has increased

2. *Wages* for many are stagnant

3. Not enough *affordable AND available housing*

4. Once displaced, *huge barriers* to finding housing again
Increasing rents is the #1 driver of homelessness.
Washington State:
Deficit of new housing units necessary to maintain 2005 ratio of people to housing units

Housing unit deficit: 118,377

Source: American Community Survey 1-Year Estimates
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP04&prodType=table
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_B25001&prodType=table
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S0101&prodType=table
Cost of housing drives increases in homelessness

Average rent has increased 47% in the last four years

Kitsap Rent/Unit and Vacancy Rates

Source: UW Washington State Apartment Market Report
Incomes are not keeping up with the cost of housing.
Incomes not keeping pace with housing costs

Rent is growing faster than income, for poor and average Americans

Data sources: U.S. Census Bureau American Community Survey one-year estimates; inflation adjusted using the Bureau of Labor Statistics.
Wages not keeping pace with housing costs

Fixed incomes lag even further behind

Rent data sources: U.S. Census Bureau American Community Survey one-year estimates for Washington State, B25057
Wages not keeping pace with housing costs

Impossibly to afford housing on average renter wage or minimum wage

**Kitsap County - Out of Reach 2018**

- Minium Wage: $11.50
- Mean Renter Wage: $12.35
- Housing Wage for Zero Bedroom: $13.94
- Housing Wage for One Bedroom: $16.96
- Housing Wage for Two Bedroom: $21.87
- Housing Wage for Three Bedroom: $31.06

From NLIHC Out of Reach 2018 Report
Severe shortage of housing that is affordable for lower-income households.
Housing crisis for lowest income households

Housing Availability gap for households earning < $23,000 - $38,000 annually

88% gap in availability of affordable housing

Washington State Affordable Housing Needs Assessment, Kitsap County data, 2015
Housing crisis for lowest income households

Even more households are at high risk for homelessness

13,875 Renter Households pay more than 30% of income for housing, often 50%+

Washington State Affordable Housing Needs Assessment, Kitsap County data, 2015
For every $100 increase in the average rent →
homelessness increases 6% in metro areas;
32% in non-metro areas

Contributing factors to low incomes

- Domestic Violence
- Job Loss
- Family Crisis/Break up
- Fixed Incomes
- Physical Health Issues/Costs
- Mental Health Issues
What keeps people homeless?
Intersecting Problems

Displacement & Homelessness

- Domestic Violence
- Low Incomes
- Fixed Incomes
- Unmanaged Mental Health Issues
- Housing Shortage
- Untreated Addiction
- Lack of living wage jobs
- Chronic physical health issues
- Not enough shelter/housing assistance
- Not enough shelter/housing assistance
- Kitsap County Human Services
Once you are homeless, it is extremely difficult to find housing again.

biggest barrier = finding low cost housing
What is our community doing now to address homelessness?

What does the homeless crisis response system have control over?
Intersecting Problems

- Displacement & Homelessness
  - Housing Shortage
  - Untreated Addiction
  - Lack of living wage jobs
  - Chronic physical health issues
  - Not enough shelter/housing assistance
  - Unmanaged Mental Health Issues
  - Fixed Incomes
  - Low Incomes
  - Domestic Violence

Kitsap County Human Services
What is our community doing now to address homelessness?
Kitsap Homeless Crisis Response & Housing Plan outlines our goals, core strategies, and new actions

1) Make homelessness rare
2) Make homelessness brief
3) Make homelessness one time
4) Continuously improve the homeless crisis response system
5) Expand community engagement

- Collective impact model
- National evidence-based practices
- Performance measurement
Kitsap Homeless Crisis Response System

Coordinated Entry

Immediate Temporary Housing (Shelter/Transitional/Respite)

Diversion/Prevention

Permanent Supportive Housing
- Permanent rental subsidy
- Tenancy support services
- Supportive services for mental health, substance use disorders, and other issues

Rapid Rehousing
- Temporary graduated Rental Subsidy
- Housing case management

Affordable Low Income Housing
- Permanent rental subsidy OR
- Low cost housing

Connection with appropriate resources/services

Barriers to Housing Stability

High

Low
$1,025,442
Invested to Make Homelessness
Rare, Brief, and One-Time

**Brief**
Referrals to Housing & Services
3,181 Households

Temporary Housing
1,482 Individuals

**One Time**
Permanent Supportive Housing
403 Individuals

**Rare**
Prevented from Homelessness
111 Households

**Permanent Housing**
116 Individuals

Source: 2017 Kitsap County Homeless Housing Grant Program Annual Report
Data Summaries available

Veteran Homelessness in Kitsap County
Updated: September 2017

2018 Kitsap County Point in Time Count Overview — Certified Data
The “Point in Time” count is an annual survey that gathers information about people experiencing homelessness during a 24-hour period at the end of January. This survey provides critical information regarding the scope and nature of homelessness in our community and can impact funding for homeless housing and services. Because participating in the survey is voluntary, and relies on volunteers finding people experiencing homelessness.

Housing Solutions Center Quick Facts
January 1st, 2018 - December 31st, 2018

Homelessness in Kitsap County
Countywide

- 3,224 Kitsap County households needed housing assistance in 2017 (Housing Solutions Center)
- 1,144 Homeless children counted by Kitsap School Districts in school year '16-'17
- 530 People without a home counted in a 24-hour period

At Risk of homelessness
- Literally at Risk 200
- Literally at Risk 0
- At Risk of Homelessness 300
- At Risk of Homelessness 0
# Kitsap Housing and Homelessness Coalition

**Mission:** The Kitsap Housing and Homelessness Coalition provides leadership to end homelessness through planning, coordination among social service providers, advocacy and education.

- **Members = Homeless Service Providers**
- **Advisory to Kitsap County**
- **Subcommittees**
- **Annual Project Connect Services Fairs**
- **Hunger & Homelessness Awareness Week**

## Members

<table>
<thead>
<tr>
<th>50+ KHHC Members</th>
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<tbody>
<tr>
<td>St. Vincent de Paul</td>
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<tr>
<td>Kitsap Mental Health Services</td>
</tr>
<tr>
<td>Dept. of Veterans Affairs</td>
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<tr>
<td>DSHS – Bremerton CSO</td>
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<tr>
<td>Bremerton Housing Authority</td>
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<tr>
<td>Catholic Community Services</td>
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<tr>
<td>Peninsula Community Health</td>
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<tr>
<td>Agape Unlimited</td>
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<tr>
<td>Kitsap Community Resources</td>
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<tr>
<td>Housing Resources Board</td>
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<tr>
<td>Standup for Kids</td>
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<tr>
<td>Max Hale Center</td>
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<tr>
<td>Kitsap Rescue Mission</td>
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<tr>
<td>The Salvation Army</td>
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<tr>
<td>Bremerton Foodline</td>
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<tr>
<td>Housing Kitsap</td>
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<tr>
<td>Helpline House – Bainbridge Island</td>
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<tr>
<td>Habitat for Humanity of Kitsap</td>
</tr>
<tr>
<td>United Way of Kitsap</td>
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<tr>
<td>North Kitsap Fishline</td>
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<tr>
<td>YWCA ALIVE Shelter</td>
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<tr>
<td>+ Many more!</td>
</tr>
</tbody>
</table>
The solution to homelessness?
Homes

Todd Cooper
Affordable/Low Income Housing

Need Countywide Approach

• Affordable Housing Inventory & Needs Assessment Study
• Affordable/Low Income Housing Plan

• Policy changes:
  • encourage, incentivize, require housing affordable to low income households
  • allow alternative building types and materials to reduce cost
  • unused public land for affordable housing
Affordable/Low Income Housing

• Community changes:
  • Recognition that housing for people with lower incomes is part of healthy communities
  • Non-profit organizations with capacity to develop housing
  • Community support/fundraising for housing programs
  • Support for policy changes
Highlighted Projects

One-stop housing assistance center

- Permanent Affordable Housing
- Domestic Violence
- Mental Health
- Chemical Dependency
- Self-Help Housing

Housing Solutions Center
- Intake
- Assessment of Needs
- Vulnerability Index
- Referrals to Shelter and Services
- Landlord Outreach, Recruitment & Retention

Offices:
- Bremerton
- Bainbridge
- Poulsbo
- Port Orchard
- Coffee Oasis

Women & Children Shelter
Men's Shelter
Transitional Housing
Homeless Prevention
Outreach Efforts

- **Goals:**
  - Build connections and relationships to develop trust
  - Provide information about resources
- **Outreach workers:**
  - Veterans
  - Encampments
  - Jail
  - Schools & streets (for youth)
  - Libraries, Ferry terminal
  - Salvation Army Social Services Program
Severe Weather Shelter Program

• Activates ONLY when the weather is extreme (for our climate)
• Program of the Department of Emergency Management + local host organizations
• Shelters in Kingston, Poulsbo, Silverdale, Port Orchard & Bremerton this winter
• 100% volunteer operated
• Needs volunteers!
## 2018-2019 Shelter Season Summary

**Year to Date through Sunday, March 10, 2019**

- Number of Days Activated: 39
- Overnight Stays To Date: 1,167
- Most guests on a single night: 42 on Feb 15, 2019
- Volunteers Participating: 172
- Volunteer Hours: 4,119

<table>
<thead>
<tr>
<th>Location</th>
<th>Minimum Guests per night</th>
<th>Maximum Guests per night</th>
<th>Average Guests per night</th>
<th>Total Overnight Stays</th>
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</thead>
<tbody>
<tr>
<td><strong>Port Orchard</strong></td>
<td>3</td>
<td>22</td>
<td>14</td>
<td>532</td>
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<tr>
<td><strong>Silverdale</strong></td>
<td>5</td>
<td>19</td>
<td>12</td>
<td>385</td>
</tr>
<tr>
<td><strong>Poulsbo</strong></td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>142</td>
</tr>
<tr>
<td><strong>Kingston</strong></td>
<td>1</td>
<td>9</td>
<td>3</td>
<td>108</td>
</tr>
</tbody>
</table>
Highlighted Projects

Homes for All:
Tiny Cottages Village

- Leadership Group of agency decision-makers
- Goal: South Kitsap Pilot Project
  - Village of 14 Tiny Houses
  - High-functioning households
  - Wrap-around case management and services
  - Intended as temporary housing
- Future: expand to other villages around the county
Tiny Villages Provide Many Advantages

- Safety & Security for both Residents & Neighbors
- Adjacent to Public Transportation
- Sanitation & Waste Management Provided
- Residents held to a “Code of Conduct”
- On-Site Social Services and Case Management to aid transition to self-sufficiency
- A Sense of Community
What will the South Kitsap Village Look Like?

“A gated community for low income residents”
Highlighted Projects

Housing Navigation Center

- Navigation Center model used in many other places
- 50-75 shelter beds, prioritized for people with mental health treatment needs/substance use disorders/chronically homeless
- Open 24/7 with on-site supportive services
- Allows pets, possessions, and partners (but not families with children)
- Priority in Homeless Plan, early planning stages
Everyone should have the opportunity to live in a safe, decent, affordable home.
Thank you!

You can make a difference.
Questions?

Kirsten Jewell

kjewell@co.Kitsap.wa.us

Goals for today

- Review how Kitsap Connect was Founded/Original Model
- What is Kitsap Connect Today?
- Kitsap Connect Clients
- Outcomes to Date
- Lessons Learned & Recommendations
- Discussion
Why was Kitsap Connect created?

- 2014: KCHP (Kitsap Community Health Priorities) identified four major priorities:
  - Behavioral Health
  - Affordable Housing
  - Adverse Childhood Experiences
  - Obesity
Two Goals Emerged:

- Medical respite for the homeless

- Care coordination for high-utilizers of costly services (Emergency room, ambulance services, 911, jail, etc)
Kitsap Connect

A collective impact program that focuses on high utilizers of community services such as the emergency room, 911, ambulance services, and jail.

Mission: To reduce suffering and promote stabilization of some of our most vulnerable community members while also decreasing the misuse and overuse of costly community services.

Funding: Kitsap County Mental Health, Chemical Dependency, & Therapeutic Court Tax (1/10 of 1% grant)
Kitsap Connect Original Design

PHASE I: IDENTIFYING & REFERRING ORGS
= 50 most frequent utilizers ("super users")

- Law Enforcement
- EMS
- Peninsula Community Health
- Kitsap Mental Health Services
- Treatment Programs
- Health Care
- Kitsap Mental Health Services

CLIENTS
Program Criteria
- frequent utilizers of EMS, medical, and/or law enforcement
- Mental Health and/or CD issues
- need extra assistance/supports
- often need housing stability
- willing to participate

Roles & Responsibilities
- Mobile response & outreach to referred clients
- Client intake, assessment, referrals/connection to appropriate resources
- Coordinate care through on-going outreach/engagement, support & care conferences among providers

Outcomes
- Reduce cost: clients reduce use of EMS, emergency medical, and law enforcement
- Improve health: clients get more consistent and preventive health care
- Improve efficiency: coordination between care providers

Existing Care & Service Providers
- Chemical Dependence Treatment Programs
- Mental Health Treatment Providers
- Health Care Providers
- Homeless Coordinated Entry Program
- Social Service Providers
- Housing Providers
- Housing Case Managers (Medicaid)

Referrals for participants
Kitsap Connect Eligibility

- Referrals accepted from any partner agency

- **Criteria:** mental health and/or substance abuse histories and who are high-utilizers of costly interventions including hospitals, emergency rooms, jail, and crises response services in Bremerton and Central Kitsap.
  - High utilization includes **10 or more** encounters within the **12 months** prior to being referred to Kitsap Connect.
  - The average Kitsap Connect client has **38** encounters
Who is Kitsap Connect Today?

- Program Coordinator
- Public Health Nurse
- Housing Outreach Coordinator
- Licensed Mental Health Counselor
- Chemical Dependency Professional
- Community Health Worker
Close Partnerships/ In-Kind Support

THE SALVATION ARMY
KITSAP MENTAL HEALTH SERVICES
BREMERTON FIRE
KITSAP Rescue Mission
Heart and Hope
HARRISON MEDICAL CENTER
Part of Franciscan Health System
BREMERTON HOUSING AUTHORITY
SHERIFF - KITSAP COUNTY
POLICE CITY OF BREMERTON
1901
BREMERTON CITY OF
KITSAP COMMUNITY RESOURCES
Kitsap Connect Model Model Today

Client-Centered Care

Referral & Eligibility
- Locate client
- Complete VAT & Medical intake
- Build rapport with client over time

Outreach, Enroll & Establish
- Provide referrals
- Support KCR Housing CM
- Help re-connect to services

Stabilization and Crisis Response
- Respond to client-identified priorities
- Help stabilize & manage crises (physical, mental, housing)
- Identify barriers to accessing care (Legal: need for ID, SS card, etc.)

Transition and Graduation
- Provide supportive for client transition to long-term resources
- Warm handover to long-term housing case-management

Care Coordination & Linkages to Resources
- Address barriers & assist in system navigation
- Connect with existing resources (Medical, mental health, substance use, dental, financial, legal, housing)
- Advocacy work with community resources client may have had negative interactions within the past
- Advocacy for housing

After Care
- Prepare for client care
- Support KCR Housing CM
- Help re-connect to services

- Locate client
- Complete VAT & Medical intake
- Build rapport with client over time

Trust

Time

- Address barriers & assist in system navigation
- Connect with existing resources (Medical, mental health, substance use, dental, financial, legal, housing)
- Advocacy work with community resources client may have had negative interactions within the past
- Advocacy for housing

- Provide referrals
- Support KCR Housing CM
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- Respond to client-identified priorities
- Help stabilize & manage crises (physical, mental, housing)
- Identify barriers to accessing care (Legal: need for ID, SS card, etc.)

- Prepare for client care
- Support KCR Housing CM
- Help re-connect to services
Sarah

- 32 years old
- On SSI due to permanent physical disability = $733/mo
- Homeless, living in wheelchair next to dumpster with overhang
- Needs assistance with ambulating, showering & toileting; no caregiver
- Banned from Kitsap Transit & wound care
- SUD (in recovery) & Depression/Anxiety
- High utilizer of Harrison ER mainly for chronic poor healing wounds = 35 visits over last year
- High utilizer of EMS = 17 transports over last year
Sarah

- Collaborated with wound care & Kitsap Transit
  - Assisted client in showering; assisted in wound care appoints = wounds healed!
- Collaborated with DSHS and caregiver agency
  - Client was given caregiver in homeless setting who now supports her in home
- Housing
  - Moved in an apartment with KCR support
- Mental Health
  - Established with PCHS behavioral health counselor & primary care
- Reduced Utilization & Cost Savings
  - ER utilization reduced from 35 to 10 visits
  - Hospital stays reduced 19 to 9 days
  - EMS transports reduced 17 to 5
  - Total cost savings of $107,400
Barriers

**Medical/Mental**
- Chronic homelessness
- Brain damage
- Burned bridges: previous no-shows, lack of engagement, behavioral issues
- The “jacket”
- Transportation

**Substance Use**
- Tri-morbid issues result in difficulty getting treatment
- Lack of dependable & sober supports

**Housing**
- No ID and/or SS card
- 88% gap in affordable housing inventory (long waitlists, 18 page applications)
- 5% vacancy rate
- Unreliable mail/phone
- Past evictions/no rental history
Client Demographics

- Total number of enrolled clients to date (Since August 2016): 44
- Referrals and linkages to non-clients: 136
  - Combined=over 800 referrals & linkages to community resources
- Current caseload: 18
- Average length of time with Kitsap Connect: 1 year
Client Demographics

- Average age 53 years old (min 24, max 70)
- 16 females, 28 males
- 100% experiencing mental illness and/or substance use
- 90% experiencing homelessness
- 85% disabled, 95% unemployed
- 50% have dementia and/or other cognitive disorder
- Average number of encounters at intake: 38
### Kitsap Connect Clients vs Traditional HSC Clients (2018)

<table>
<thead>
<tr>
<th></th>
<th>Housing Solutions Center (n=2,644 households)</th>
<th>Kitsap Connect (n=26)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally homeless</td>
<td>42%</td>
<td>90%</td>
<td>↑ 2.1X</td>
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<tr>
<td>Long-term physical disability</td>
<td>23%</td>
<td>84%</td>
<td>↑ 3.7X</td>
</tr>
<tr>
<td>Developmental Disability (DD)</td>
<td>11%</td>
<td>37%</td>
<td>↑ 3.4X</td>
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<tr>
<td>Co-occurring Physical/DD</td>
<td>6%</td>
<td>32%</td>
<td>↑ 5.3X</td>
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<tr>
<td>Mental Health (MH)</td>
<td>42%</td>
<td>68%</td>
<td>↑ 1.6X</td>
</tr>
<tr>
<td>Substance Use (SUD)</td>
<td>21%</td>
<td>26%</td>
<td>1.2X</td>
</tr>
<tr>
<td>Co-occurring MH/SUD</td>
<td>12%</td>
<td>16%</td>
<td>1.3X</td>
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Desired Outcomes

- **Reduce suffering and Improve health:** Help clients get connected and stay connected with primary care, mental health, housing resources etc., through time-limited, intensive care coordination

- **Improve efficiency and breakdown silos between agencies**

- **Reduce costs:**
  - Average ER visit = $2,400
  - Average hospital inpatient stay per day = $3,780
  - Average ambulance ride = $800
  - One night in Kitsap County Jail = $91.06
How’s It going? --Reduce Costs

PERCENTAGE OF CLIENTS THAT REDUCED USE OF COSTLY SERVICES (N=32)

24%
76%

CLIENTS HAVE 72% FEWER NIGHTS IN JAIL WHILE IN KITSAP CONNECT (n=44)

PRIOR TO ENGAGEMENT
-531 days

DURING ENGAGEMENT
751 days
210 days
How’s It going?—Reduce Costs

- $433,090 savings to date, 10% outliers removed (n=3)
- $14,934/client, If 10% of outliers removed (n=3)
How’s It Going?—Reduce suffering/improve health

- Statistically significant improvements in:
  - Mental health
  - Healthcare supervision
  - Income
  - Residence
  - Substance use

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<tr>
<th></th>
<th>PRIOR TO ENGAGEMENT</th>
<th>DURING ENGAGEMENT</th>
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<tr>
<td>Number of visits</td>
<td>124</td>
<td>291</td>
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<tr>
<td>Increase in visits</td>
<td>+167</td>
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CLIENTS (n=36) INCREASE PENINSULA COMMUNITY HEALTH APPTS by 57% WHILE IN KITSAP CONNECT
How’s It Going?—Reduce suffering/improve health

74% (n=28) OF HOMELESS CLIENTS BECOME HOUSED WHILE IN KITSAP CONNECT

86% OF THE CLIENTS HOUSED ARE STILL HOUSED TODAY (n=24)
How’s it going?—Breaking silos and ↑ efficiency

- 91% of community partners agree that Kitsap Connect is helping to overcome cross system barriers to improve collaboration across agencies very well to extremely well.

- “They are fulfilling an essential function”

- “The system barriers are extremely complex - and the needs of this population are even more complex. These challenges didn’t happen overnight and the they will take a long time to really transform.”

- “Honestly, they are doing amazing work with the hardest population in our community. I am in awe of their dedication and persistence on behalf of their clients”
Issue: Difficulty getting connected and staying connected with mental health providers

- Assisted in facilitating PCHS Mental Health provider on site 3 days a week to see both Kitsap Connect and Salvation Army clients with reserved spaces daily for crises.
- Advocacy for PCHS mobile medical and mental health vans

Issue: Difficulty getting connected to substance use treatment

- PCHS Chemical Dependency Counselor on-site at Salvation Army coming soon
How’s it going?—Breaking silos and ↑ efficiency

- Issue: Frequent 911 calls to Salvation Army for police and ER
  - Security guard on site during day and during shelter
  - Salvation Army allocated funds for taxi to transport to ER

- Issue: Hepatitis C infection rates are very high (20-90% in IVDU population) but treatment unavailable doehomeless or actively using patients in Kitsap even though it has a 98% cure rate
  - Assisted in facilitating Hep C testing and treatment to people with active SUD in partnership with NW Family Medicine Residency and People’s Harm Reduction Alliance and Hepatitis Education Project. Providing monthly testing and connection to treatment at Salvation Army
Lessons Learned

- There are a lack of resources for those with mild to moderate memory loss & cognitive impairments.
- Social isolation and depression are common once housed.
- Other community agencies lack the capacity to continue long term intensive care coordination.
- Kitsap Connect clients have more complex needs than anticipated.
Recommendations Moving Forward

- Continue to advocate for permanent supportive housing
- Fine tune mental health position within Kitsap Connect team
- Solidify long-term funding streams
- Expand to South Kitsap, and then north
- Continue to address issues of data-sharing and confidentiality across agencies
Questions?

Kelsey Stedman & Jayme Stuntz
kitsap.connect@kitsappublichealth.org
360.917.0672

Yolanda Fong
yolanda.fong@kitsappublichealth.org
360.728.2224
Kitsap Homes of Compassion (KHOC)  
www.KitsapHOC.org

What is KHOC?

- Kitsap Homes of Compassion is a 501c3 non-profit with the goal of creating affordable long-term housing solutions to end homelessness through the use of shared, leased homes.
- It is NOT a halfway house for those with addictions.
- It is NOT temporary housing, rather it is a long-term housing solution for homeless.
- It currently operates 5 homes [24 beds] (2 men’s homes & 3 women’s), and 5 more opening this month [another 22 rooms].

How does the program work?

- KHOC leases 3 to 5 bedroom houses or apartments, with the owner’s consent to be used for this program. The house must be near a bus line.
- KCR (Kitsap Community Resources) gives referrals to KHOC of seniors, homeless or about to be homeless, no pets, and do not have any current addiction issues. The perspective program participant must have a steady source of income of at least $700/mo (i.e. Social Security or SSDI).
- The participant has a choice of a private room or a shared large room. Price per room start at $450/mo and vary depending on the home lease cost, with sliding scale based on income.
- Each participant signs a program agreement, in which they agree to pay the monthly program fee, refundable security deposit, and abide by the written house rules (copy on our website), and maintain the home.
- The participant’s monthly fee also includes all utilities, cable TV, and internet.
- The bedrooms have locks on the doors for resident’s privacy. They all share the use of the common areas (dining room, kitchen, living room, laundry).
- There is no “live-in” staff in the house. Each house has an assigned KHOC House Manager who visits the home weekly to facilitate the weekly house meeting and is a resource to the participants during the week in case of emergency.
- KHOC also provides “Companions/Advocates” who meet one-on-one with residents for friendship/relationship building, to encourage them with their life goals.

Funding?

- **Low Admin Cost**: 99% of all gross revenue goes toward program costs and less than 1% to administration & fundraising.
- **No Payroll**: All 15 KHOC staff are volunteers (see website). KHOC has no payroll expenses.
- **Self-Funding**: Once a home is fully occupied (approx. 2 weeks) the program is 100% self-funding by the monthly program fee the participants pay.
- **Starting New Homes**: To start a new house KHOC must receive donations to cover the one-time start-up costs of that home. (The total start-up costs are approx. $6,500/home but part of this is funded by the participants security deposit; The costs include 1st month rent, security deposit to lease home from homeowner, insurance, and cost of holding rooms vacant for homeless participants during initial filling of the home).