



## **HEADING HOME**

# **Kitsap Homeless Housing Plan**

**Updated for 2016**



**Kitsap County**  
Department of Human Services



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## Acknowledgements

Thanks to the many people and organizations that provided input and supported the effort to update the Kitsap Homeless Housing Plan, including citizens, mayors, city council members, social service providers, and people experiencing homelessness.

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## I. Executive Summary

The Kitsap Homeless Housing Plan contains data and information collected in 2014 and 2015, as noted. It was updated during 2015 and approved by the Kitsap County Board of Commissioners on November 9, 2015.

### **History**

The Washington State Legislature approved House Bill 2060 in 2002, creating a Low Income Housing Program. It provides a source of grant funding for low income housing capital projects and operations and maintenance, but it does not fund services.

Evidence-based practices from around the United States consistently have demonstrated that successful transition from homelessness to self-sufficiency requires accompanying supportive services (debt counseling, job training, etc.) Historically there had been no statewide, integrated approach to homelessness. House Bill 2163, passed in 2005, attempted to remedy this situation by:

- Creating a State Council on Homelessness, whose mission is to align State policies and practices across many State agencies and departments towards a single goal: reducing homelessness.
- Requiring the Washington State Department of Commerce (formerly Community, Trade, and Economic Development) to:
  - Oversee the implementation of the provisions of ESHB 2163;
  - Create a statewide strategic plan to house homeless persons;
  - Assist local governments in developing 10-year Homeless Housing Plans, with the goal to reduce homelessness by 50% by 2015; and
  - Coordinate an annual census of homeless persons.
- Creating a funding source for programs that directly address the goals identified in these 10-year Homeless Housing Plans.

The Kitsap Continuum of Care Coalition, a network of homeless services and affordable housing providers, worked extensively with Kitsap County Human Services staff to develop the Plan.

### **Purpose of the Plan**

The overall goal of the Plan is to ***work together as a community to make homelessness a rare, brief, and one time occurrence in Kitsap County through an efficient and effective homeless response system.***

The Kitsap Homeless Housing Plan Update Committee, a subcommittee of the Kitsap Continuum of Care Coalition, analyzed the needs of homeless people in Kitsap County by reviewing the Homeless Point In Time count data, Homeless Management Information System data, results from a survey of providers, a survey of homeless individuals, stakeholders workshops, meetings with elected officials and review of national evidence-based practices.

To achieve making homelessness rare, brief, and one-time, the Plan includes data analysis, needs assessment, coordination and linkage of resources to avoid duplications, and identification of community-wide collaborative approaches. The included Action Plan is intended to address homelessness by promoting a continuum of housing and support services that augment individual and family stability, resiliency, and economic independence.

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This Plan is intended to complement the 2016-2020 CDBG/HOME Consolidated Plan (HUD), the Kitsap County Comprehensive Plan updated in 2015-2016, the Challenge to End Veteran Homelessness Plan and other local plans that address homelessness and affordable housing.

## Scope of the Plan

This plan addresses issues of homelessness throughout Kitsap County, including:

- Information about progress made over the last ten years,
- Current demographics of homelessness in Kitsap,
- Resources available and current needs and gaps, and
- An action plan that outlines the goals, strategies, and action steps that will be used over the next five years to address homelessness.

## Barriers

Despite significant improvements in the provision of housing and services to people experiencing homelessness, and a vastly improved capacity over the last 10 years, the planning process revealed specific barriers and gaps within our community's capacity to assist all people experiencing homelessness. These barriers and gaps are the underlying causes of Kitsap's inability to meet the needs of all homeless residents at this time. They include:

- Insufficient funding
- Increased demand
- Limited capacity – both in housing stock and providers' limited ability to expand and enhance services

## Gaps in Homeless Housing and Services

The following needs and gaps in housing resources have been identified:

- Emergency shelter for single men, men with children, couples, households with pets, and large families
- Housing and services for homeless individuals entering the community from jails, correctional facilities, foster care, hospitals, and mental institutions, and who are chronically unsheltered.
- Overnight shelter
- Housing First/Harm Reduction housing (for chronically unsheltered and other high-needs populations)
- Additional units of Permanent Supportive Housing
- Coordination of case management both between homeless providers and among other systems of care
- Leadership, planning, and collaboration among different sectors that serve people experiencing homelessness
- Citizen outreach and communication
- Integration of planning efforts

## Goals

The Homeless Housing Plan includes a strategic plan, comprised of five goals with supporting strategies and action steps. Indicators of success are included for each goal.

- 1) **Make homelessness rare** (prevention strategies).
- 2) **Make homelessness brief** (crisis response strategies).
- 3) **Make homelessness one-time** (ensure long-term housing stability strategies).
- 4) **Continuously improve the homeless response system** (increase capacity and efficiency strategies).
- 5) **Expand community engagement** (leadership, planning, and communication strategies).

The Plan in its entirety is available online at  
[http://www.kitsapgov.com/hs/housing/housing\\_grant.htm](http://www.kitsapgov.com/hs/housing/housing_grant.htm)

## II. Introduction

### Homelessness among our Neighbors

Here in Kitsap County, homelessness is not as visible as it may be on the streets of Seattle, but it affects hundreds of people directly, every day, right here in our urban and rural communities. These are our friends, neighbors, co-workers, and community members.

According to the 2015 Point In Time Homeless Count, on any given day there are estimated to be nearly 500 people living on the streets, in vehicles, and in the woods of Kitsap County, in shelters, in transitional housing, or with friends and family in temporary situations.

Homelessness happens to people of all ages, genders, education levels, races, income levels, and household types. It happens to good people in our community who work hard to be self-sufficient but live on the brink of economic instability. Health issues, poor credit, job loss, family break-up, domestic violence, mental illness or substance use disorders can also push people into homelessness. Whatever the underlying reason for their homelessness, they are in crisis. Visible or hidden, everyone deserves a safe and decent place to live.

### Causes of Homelessness

Homelessness was a relatively rare phenomenon until the 1980s, when many economic and social changes converged to cause its dramatic rise. These changes included:

- Lack of growth in real earnings for those with low incomes,
- Growing scarcity of appropriate affordable housing,
- Demolition of old buildings that provided inexpensive Single Room Occupancy (SRO) opportunities, and
- Closing of institutions (i.e. beds at Western State Hospital) that had long served the mentally ill.

The number of homeless families and individuals continued to rise during the 1990's. Factors included:

- On-going deinstitutionalization of persons with mental illness without the development of adequate community-based housing and appropriate support services,
- Foreign out-sourcing of manufacturing jobs that paid a living wage,
- Rise of a service economy with low paying jobs, and
- Flat and/or reduced spending on social programs at the state and federal level.

To compound the issue, the impact of welfare reform in the 90's pushed thousands of families into the position of choosing between paying rent and feeding their children.

More recently, the Great Recession of 2009-2012 created the highest unemployment rates in decades, resulting in fewer workers employed, a decline in earned income, fluctuating rents, an increase in home foreclosures,

### Spectrum of Services at Coffee Oasis Spark Charlie's Hope

Street Hope, Coffee Oasis' Street and School Outreach program found Charlie, age 19, as he exited Renaissance Alternative High School due to lack of stable housing. Charlie's parents' addictions to methamphetamines had torn the family apart and his sister was placed in Child Protective Services.

Once connected to Coffee Oasis, Charlie's relationship with the Program's director blossomed. During that time his father entered an Oxford House to support his addiction recovery.

Soon Charlie entered Coffee Oasis' Partnering Hope program to support his goals of getting a driver's license, completing his education at Renaissance High School and working with his dad to secure housing in order to bring his sister back into the family.

Next steps brought Charlie into Coffee Oasis' HOPE INC job training program, resulting in an internship, and eventually a permanent job at the YMCA. Also, following monitored weekly visits, Charlie's sister was returned to the care of Charlie's dad, who secured employment and rented a three-bedroom home that the three now live as a family unit. Sadly, Charlie's mom has not overcome her addictions.

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and a reduction in state and federal funding for need-based assistance programs. These factors pushed many low-income households, and even some middle-income families, into crisis, including homelessness.

Today, many of our community's low-income persons are at-risk of becoming homeless – often a single paycheck away from losing their housing. Many of these individuals lack education and job skills to be prepared to compete for living-wage jobs, have an insufficient personal safety net to successfully weather temporary or chronic adversity, and may use poor judgment and choices related to personal relationships and engagement in risky behaviors. Ultimately, they lose hope for a future that envisions economic self-sufficiency and social resiliency.

While economic problems and evictions are often the final event leading to homelessness, persons with serious behavioral health issues are particularly vulnerable. They are often unable to maintain a job (or if they do, it is at very low pay), have difficulty managing medicines appropriately and rely on multiple services to sustain self-sufficiency. Others at-risk are members of dysfunctional families who are often victims of domestic violence, runaway or abandoned youth or youth who have aged out of foster care, large families, or veterans who have been negatively impacted by the traumas of war. The combination of rising housing costs, limited income and a severe shortage of affordable housing are other major factors leading to homelessness. The issue of homelessness is evident across Kitsap County.

Ultimately, homelessness is a result of other societal factors that create financial instability and inability to afford housing: lack of affordable housing, inter-generational poverty, expensive health care costs, lack of living-wage jobs, lack of education and training, severe mental illness, and substance use disorders. Addressing homelessness is, necessarily, working backwards attempting to fix the condition (homelessness) and then providing individualized social supports to address the underlying social issues facing each individual household.

### **Social Impact of Homelessness: The Cost of Doing Nothing**

Homelessness not only has huge impacts on the individuals experiencing it, it is also expensive for our community. Homelessness almost always escalates an already unstable family situation. Youth and adults with mental illness or drug and alcohol problems get worse when they do not have stable housing to get the behavioral and/or medical attention they need.

Homelessness costs our community in other ways, as well. Each year, Kitsap County residents' tax dollars are spent caring for homeless people through our emergency services – including 911, emergency rooms and clinics, law enforcement, fire and rescue units, jails, detoxification programs, public health system, the judiciary system and more.

Homelessness has a particularly troubling impact on children. Homeless children often are impacted by adverse childhood experiences (ACEs) resulting in impediments to growth and development and overall weak performance in school. Numerous studies have found that housing instability and homelessness lower academic performance, increase the chances of repeating a grade, and reduce high school completion rates. Homelessness also puts children at greater risk of serious physical health problems.<sup>1</sup> All of these factors contribute to perpetuating the cycle of homelessness.

### **Downhill Slide, Then Hope**

In his mid-30's, Tom, who had a long history of using and selling cocaine, arrived at Benedict House, a Kitsap shelter and transitional residence for men. He had worked as a truck driver for most of his life, but had a serious accident that crushed his right hand making it impossible to continue driving.

Lost, injured, homeless, and stigmatized, Tom ended up at the Benedict House. Tom's case manager was able to help him access an orthopedic specialist to perform restorative surgery on his hand.

Tom is making excellent progress as a result of the restorative surgeries and therapy that he is receiving, while concurrently participating in a 12-Step program to curb his addiction. Tom has been accepted into permanent housing at Catholic Housing Services Max Hale Center and will now live independently.

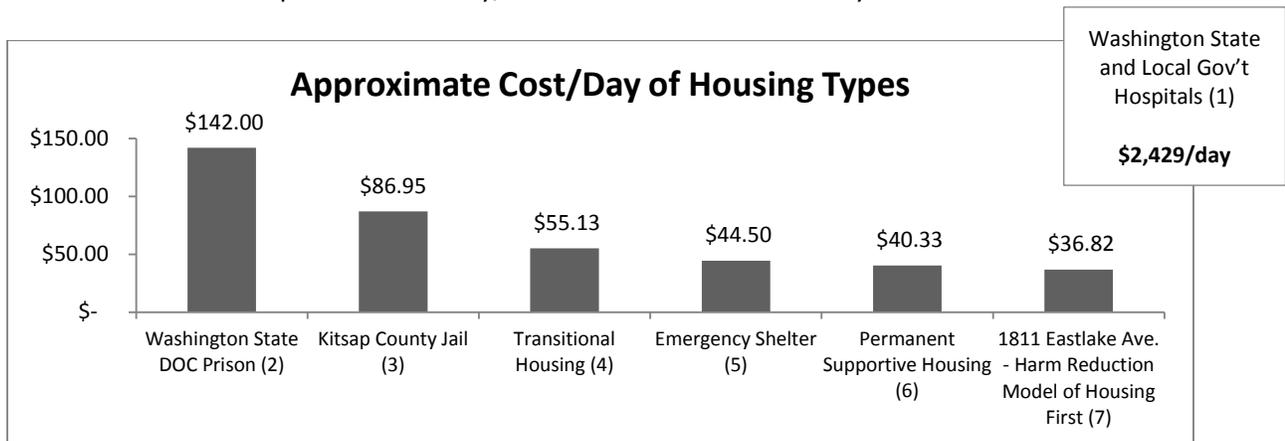
<sup>1</sup> The Center for Budget and Policy Priorities, Report: Recession Could Cause Large Increases in Poverty and Push Millions into Deep Poverty, 11/24/08.

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Homeless adults have a hard time gaining employment and holding a job. Evictions and foreclosures hurt landlords, banks, and neighborhoods. Law enforcement spends countless hours responding to complaints about illegal camping and illegal overnight parking.

Cost studies around the nation, however, have proven that many of these individuals and households can succeed in transitioning back to stable housing, and often self-sufficiency, if they access appropriate supportive services.

Once housed, their use of emergency services declines sharply as family or individual's stability improves. The result: a decrease in expenses for society, and a more livable community for all of us.<sup>2</sup>



(1) 2010 Kaiser State Health Facts

(2) State of Wash DOC website

(3) Kitsap County Jail, Ned Newlin

(4)(5)(6) [www.huduser.org/portal/publications/pdf/costs\\_homeless.pdf](http://www.huduser.org/portal/publications/pdf/costs_homeless.pdf). "Costs Associated with First Time Homelessness for Families and Individuals, March 2010"

(7) <http://jama.jamanetwork.com/article.aspx?articleid=183666>. April 1, 2009 Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems

Although implementing the Kitsap Homeless Housing Plan will require significant community investment, it will not cost our community as much as continuing to try to manage homelessness through expensive shelter systems and public services in the years to come.

## History of the Plan

This plan is part of a national movement to end homelessness. As part of that national effort, Washington State passed legislation in 2005 (ESSHB 2163) mandating that each county focus on reducing homelessness. Each county is required to (1) develop a Homeless Housing Plan with the goal of reducing homelessness by 50% by 2015, (2) collect funds to pay for its implementation through a document recording surcharge at the county Auditor level, (3) collect data about homeless persons and the services they receive to evaluate progress, and (4) coordinate efforts among homeless service providers.

The Kitsap Continuum of Care Coalition developed the first Kitsap Homeless Housing Plan, which was approved by the Kitsap Regional Coordinating Council in December 2005. Since that time, the Plan has been updated every three to four years.

## Plan Updated during 2015

The picture of homelessness and the body of research about the most effective ways to help people regain housing stability have changed rapidly. Since 2005 many new strategies have been implemented, the landscape of providers has changed, we have much better data about our homeless households, and new evidence-based practices have been developed and replicated around the country.

<sup>2</sup> U.S. Department of Health and Human Services, Medicaid and Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan, Martha Burt, Carol Wilkins and Danna Mauch, 1/6/11

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The original 2005 legislative mandate was to “reduce homelessness by 50% by 2015.” With a much clearer understanding of the underlying causes of homelessness, the goal in Kitsap, and nationwide, is to **make homelessness rare, brief, and a one-time event**. Until the underlying social issues that lead people to become homeless are addressed, the homeless response system’s role is to prevent homelessness whenever possible and help people quickly regain stable housing and overcome their barriers to sustaining that housing.

In mid-2015, the Kitsap Continuum of Care Coalition formed an *Ad hoc* Homeless Housing Plan Update Committee to oversee the process of updating the plan to reflect the current situation. One objective of this update is to focus on gaps in what’s currently being provided and offer specific goals and strategies to fill them. Another objective is to incorporate strategic thinking about what is needed over the next five years to continue the progress effectively addressing homelessness in Kitsap County.

Input for the plan was gathered from a broad range of sources:

- Point in Time Count data,
- Homeless Management Information System data,
- Kitsap Continuum of Care Coalition members through survey of service providers,
- Community stakeholders workshops,
- Survey of individuals experiencing homelessness, and
- Meetings with elected officials.

The Plan Update Committee also looked at plans and evidence-based practices from around the country.

This Plan includes three substantive sections:

- **A Progress Report**, which briefly discusses progress made in addressing homelessness over the last 10 years, and outlines the current homeless response system and resources available;
- **The State of Homelessness**, which provides a review of data and statistics regarding homelessness in Kitsap in 2015; and
- **The Action Plan**, including the current needs and gaps that impede progress and goals, strategies, and action steps that our community should undertake to address homelessness over the next five years.

Although these sections overlap, each can “stand alone,” presenting relevant information on a single aspect of homelessness in Kitsap. Collectively, these sections complete the picture of what will be required to make homelessness rare, brief, and one-time.

### Purpose of the Plan

The Homeless Housing Plan Update Committee identified three main purposes of the plan, in addition to fulfilling the legislative mandate:

- **Blueprint for Implementation:** A clear and concise agreement about the community’s plan to reduce homelessness.

### Forward Bound Moves Families Forward, Step by Step

Formerly homeless with co-occurring mental health and addiction disorders, Julianna found refuge in the Guest Program at Kitsap Recovery Center. Her children were scattered among various relatives, experiencing the trauma of separation and housing instability. Julianna and her three minor children were ideal candidates for Forward Bound, West Sound Treatment Center’s best practices Housing First program for high-needs families.

As her family reunited, Julianna continued recovering from her addictions and joined the Forward Bound program with permanent housing for her family. Case management techniques aided the family’s goal-setting, and while this single mom enjoyed her renewed relationships with her children, she found full-time employment and began working toward a business degree at Olympic College.

Soon the family began displaying symptoms associated with the traumas of past abuse, abandonment, and addiction. The children engaged in illegal behavior, hung out on the streets, and one child attempted suicide. Forward Bound’s critical care case management model wrapped the family in a cocoon of services and supports to assist the family to overcome their challenges and make progress down a pathway to self-sufficiency and breaking the cycles of addiction disease and mental illness. The family continues to do well, thanks to permanent housing and trained staff to walk alongside them if a crisis emerges.

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- **Tool for Advocacy:** An informational focal point to inspire local advocacy and leadership to embrace homelessness as a priority for action.
- **Reference for Funders:** An articulation of the community’s priorities for funding, ensuring that these priorities meet the Federal, State, and local requirements that the funded programs are in alignment with the community’s homelessness plan.

The plan lays out broad goals and strategies to guide government, non-profit agencies, and other partners to achieve the desired outcomes necessary to reduce homelessness and create community impact.

### Future Plan Updates

The Homeless Housing Plan Update Committee recommends updating the plan periodically to reflect the changing factors that affect homelessness, recent successes in reducing homelessness, new innovations in homeless housing programs, as well as new legislation. The plan should be updated every three to five years, or as required by the Washington State Department of Commerce.

## III. A Decade of Inequality and Evolution

The past decade has been challenging for many Kitsap County citizens, as the value of their wages has diminished, the number of households living in poverty has risen, and the lack of affordable housing has affected many households, resulting in housing instability and homelessness. In response, Kitsap’s social service providers have created a homeless response system to meet the growing demand, with more beds and units available even in the face of now diminishing state and federal resources. Together this “Continuum of Care” has been recognized by Commerce as a leader in implementing major changes in the way people are assisted to regain housing stability. However, barriers and gaps still exist that impede progress toward the goal of making homelessness rare, brief, and one-time.

### An Affordability Crisis

Although Kitsap’s economy is recovering, mirroring positive economic forecasts around the state, those households at the lowest income levels are still struggling to maintain stable housing.

### Declining Value of Wages

Nationally, statewide, and locally, the value of wages has not kept pace with inflation and the cost of goods and housing. In 2015 in Washington, a minimum wage worker earned an hourly wage of \$9.47. For Kitsap County, the living wage (the amount that an individual must earn to support their family) is \$9.87 for a household of one, or \$14.62 per adult for a household with two working adults and two children. Minimum wage is simply not enough for any sized household to live without risk of a housing crisis.<sup>3</sup> In addition, Washington State low-income residents pay the highest proportion of taxes than in any other state.<sup>4</sup>

### Rising Poverty Rates

By every measure, more of our Kitsap neighbors are experiencing poverty than ever before<sup>5</sup>:

- 11% of residents are living below the Federal poverty level (2013), an increase from 9% in 1998.
- 14% of youth are living below the Federal poverty level (2013), an increase from 11% in 1998.
- 35% (2013) of households are spending more than 30% of income on housing, an increase from 32% in 1998.

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<sup>3</sup> MIT Living Wage Calculator, Kitsap County, 2015.

<sup>4</sup> Institute on Taxation and Economic Policy, 2015 Report

<sup>5</sup> Kitsap Public Health District, Public Health Indicators, May 2015.

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## Affordable Housing Crisis

Many factors contribute to homelessness, but in most situations the underlying cause is the gap between income and the cost of available housing. Housing is considered “affordable” when it costs no more than 30% of household income. In Kitsap, housing costs are well beyond the affordability of low-income households, particularly single-adult households or households with children, where an adult must provide childcare<sup>6</sup>:

- Affordable rent for a person earning minimum wage is \$492.
- In Kitsap, the estimated mean renter wage is \$11.26; making \$586 an affordable rent with a single wage-earner.
- For a household of any size earning 30% or less of Area Median Income (\$22,380), affordable rent would be no more than \$560.
- Kitsap fair market rent (FMR) for a two-bedroom apartment is \$1,020 (statewide: \$1,128). The annual household income needed to make this affordable is \$40,800, or \$19.62 per hour.

In addition, vacancy rates are extremely low in Kitsap, falling from 9.73% for second quarter 2013 to 3.01% for second quarter 2015. At the same time, the per-unit rent in Kitsap County increased 10% over the past year, further exacerbating the ability for low-income households to find affordable housing.<sup>7</sup>

## Other Causes of Homelessness

Homelessness is a result of the breakdown of other social factors, such as economic security, employment, education, and the health care system. The Great Recession that began in 2008 had a huge impact on economic and housing factors that affect homelessness. The resulting economic instability, foreclosure, unemployment, insufficient outreach to some of the most vulnerable citizens including veterans, loss of retirement and savings, and loss of health benefits forced an unprecedented number of households into homelessness. Many of these households were not previously considered to be at risk of homelessness, but were affected by prolonged unemployment, foreclosure or health care issues.

With so many of our neighbors living on the edge of housing instability, small crises are often the tipping point leading to homelessness. These crises are often related to loss of employment or financial hardship (38% report this as a major factor in their homelessness), physical health issues (31%), mental health issues (30%), substance abuse disorders (35%), domestic violence (21%), or family break-ups (20%)<sup>8</sup>. In addition, emerging research shows the impact of adverse childhood experiences (ACEs) on the physical and behavioral health of adults, increasing the likelihood of homelessness.

## Progress and Innovation

When individuals or families are in danger of becoming homeless, or have already lost their housing, the goal is to get them into housing and provide services that best meet their needs as quickly as possible. This “homeless response system” involves many organizations, a diverse set of programmatic tools, and multiple funding sources. Ten years after the originating legislation, Kitsap has made progress in many areas, adding additional units of subsidized housing and temporary housing beds, as well as adding supportive services and programs. Below is a sample of major innovations and accomplishments.

## Efficiency of the Response System

Since 2005, tremendous progress has been made to improve the efficiency of the housing and services delivery system. The Point in Time Count has been conducted in coordination with a low-income services fair, **Project**

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<sup>6</sup> National Alliance to End Homelessness, Out of Reach Report, Kitsap County, 2015.

<sup>7</sup> Apartment Insights Washington, August 2015 Report

<sup>8</sup> Kitsap Homeless Management Information System Data, 2014.

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**Connect**, for the last seven years. This consistency, in addition to a stable planning committee, has resulted in more similarity in methodology from year to year.

HUD and WA Commerce required implementation of the **Homeless Management Information System (HMIS)**, which requires certain data to be collected about all clients receiving homeless housing and services that are funded through federal, state, and local homeless grants. This information is used to produce high-level reports to evaluate the outcomes of homeless housing and service providers. Kitsap fully implemented HMIS among all required homeless service providers in 2009-2010. Shortly thereafter, Kitsap piloted full client data-sharing between all HMIS agencies through the **Kitsap HMIS Collaborative**, making it one of the first counties in Washington to do so. Kitsap has also worked with WA Commerce, the state HMIS administrator, to pilot new ways to use HMIS to gather better data and maximize efficient delivery of client services.

A **Strategic Analysis of Funding Sources** undertaken in 2010 resulted in the creation of the **Coordinated Grant Application Process**, implemented in 2011, which combines the applications for the major local government funding sources for homeless housing, social services, and community development into a single application and review process. This eliminates duplication of funding, and increases the efficiency for grant administration and for grantees.

Many years of work went into creating a **coordinated entry program** for Kitsap, wherein all residents seeking assistance with housing or homeless services are greeted, assessed, and referred through a single access point. In 2012, the Housing Solutions Center (HSC) began operations. It was designed and implemented through a community process and funded through the Homeless Housing Grant Program. The HSC also keeps a **community-wide emergency housing waitlist**.

### Prevention

The most cost-effective way to decrease homelessness is to intervene before individuals and families lose their housing. Often, a household on the brink of homelessness can avert the crisis with a small amount of financial support and the necessary supportive services to regain financial stability. Contrast this minimal cost for prevention with the immense cost to the family, social service agencies, and the community when individuals or families become homeless. By focusing on prevention and diversion, we can effectively reduce homelessness.

The American Recovery and Reinvestment Act passed by Congress in 2009 provided significant investment in eviction prevention and rapid rehousing programs; this program and its successors provide assistance in the form of short-term **rental and mortgage assistance**. Assistance with **utilities costs** is provided through a Low Income Home Energy Assistance Program (LIHEAP) and partnerships with local utilities companies. Other programs provide funding for minor home repairs for extremely low-income households to rectify health and safety issues that might result in homelessness. **Weatherization programs** help low-income households to reduce utilities costs through small grants to improve energy efficiency.

Since 2012 Kitsap Transit has provided vouchers for **free bus transportation** to low-income and vulnerable populations for specific uses, such as getting to job interviews, food banks, or case management appointments. In addition, Kitsap Transit provides reduced-cost Orca cards to low-income households. Other prevention strategies provide **job training, financial literacy**, and links to **education opportunities**.

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## Increased Subsidized Housing Units

Each type of housing in the subsidized housing continuum plays a key role in moving people from homelessness to self-sufficiency.

Emergency shelters provide immediate relief from homelessness and the opportunity for service providers to assess the needs of each individual. Transitional housing, with supportive services, provides the time needed for a homeless household to get stabilized.

Permanent supportive housing is needed for individuals who are unable to achieve and

sustain economic self-sufficiency. Affordable housing is a necessary option for many low-income people in our community, whether they've experienced homelessness or not.

Year	Emergency Shelter Beds	Transitional Housing Units	Permanent Supportive Housing Beds
2005	71	109	193
2008	79	344	115
2012	108	304	255
2014	130	102	273

Reflecting the federal and state focus away from supporting transitional housing, many of these units have been converted to Permanent Supportive Housing.

Due to the continuing shortage of emergency shelter beds, creative short-term methods have been implemented, such as short-term **indoor tent cities**, **safe car parks**, and **severe weather shelters**.

Kitsap adopted the use of **Rapid Re-housing** programs (supported by national studies) that provide a brief and graduated subsidy to homeless households, placing them in permanent housing as quickly as possible while providing short-term supportive services. Rapid rehousing has proven successful for households with few barriers to self-reliance.

Significant investments have been made in creating **new units of affordable housing** through the Bremerton Housing Authority's Bay Vista project, which replaced the aging clustered subsidized housing units of the West Park project with a mixed income housing development. In addition, a community "**land-trust**" model was employed to add 24 single-family home ownership units for low-income households on Bainbridge Island.

Increasing access to private market units has recently become a focus; the Housing Solutions Center **Landlord Liaison Program** works with local landlords to provide incentives for renting to "hard to serve" households.

Lastly, additional Housing Choice Vouchers for veterans were recently added to Bremerton Housing Authority's portfolio, expanding the housing resources for veteran households.

## Increased Supportive Services

Housing alone is usually not enough to enable people to make this transition from homelessness to stable housing. Supportive case management services provide assistance and skill-building to overcome the crises and dire circumstances that cause homelessness. Progress has been made in providing supportive services in a variety of areas, such as **legal services**, **job counseling**, **training and placement**, **homeless childcare**, "**ready to rent**" classes, **financial literacy classes**, and **behavioral health services**. However, expanded access to all of these services is needed to meet the demand.

## Specific Populations

Certain homeless populations require specific services or housing situations to be able to acquire and sustain housing. Several programs exist to serve particular populations, such as veterans, youth, severely mentally ill, those with chemical use disorders, and survivors of domestic violence.

Homeless youth, countywide, have benefitted from improved accessibility to services by Hope in Christ Ministries' Coffee Oasis programs, which include **youth street outreach**, **drop-in centers**, **case management**, **job**

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**training**, and in December 2012 the opening of a **youth shelter**. Youth exiting foster care are served by the West Sound Youth for Christ Independent Living Specialist program, which helps them make the transition to independent housing; however, there are far more foster youth who need this support than currently receive it. West Sound Treatment Center is piloting a program for chemically dependent people re-entering the community from jail. Veterans are currently benefiting from a **national initiative to end veteran homelessness**.

Housing and services are still needed for several homeless sub-populations to achieve stable housing. Because of their special needs, these populations have little hope of regaining housing without programs specifically geared to their needs. Chronically homeless individuals (particularly men) and individuals re-entering the community from correctional facilities, jails, mental institutions, foster care, and hospitals remain extremely under-served, as there are not always housing options available or adequate to address the unique needs of these populations. We need to further develop innovative, evidence-based programs in order to move these sub-populations out of homelessness.

### Current Resources

#### Leadership

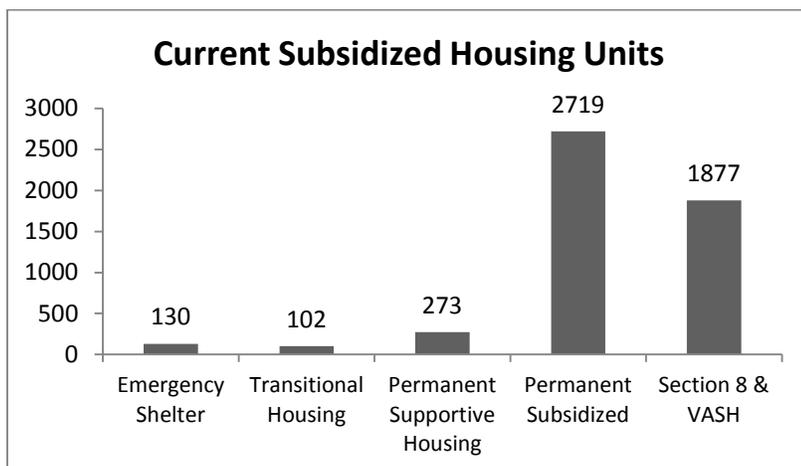
The political and community commitment to address the issue of homelessness is essential. Over the last few years, leadership in this effort has enabled Kitsap to make extraordinary progress in addressing homelessness through HMIS implementation, the Housing Solutions Center, and support for the Kitsap Continuum of Care Coalition. The leadership has been by Kitsap elected officials, the Kitsap Continuum of Care Coalition, the Kitsap Regional Coordinating Council, and the Kitsap County Department of Human Services, Housing and Homelessness Program.

#### Providers

The Kitsap Continuum of Care Coalition is a very active organized network of homeless housing and service providers that creates a continuum of housing and services for homeless households. Together these organizations comprise the homeless response system.

#### Housing Units

Through these providers, the following subsidized housing is currently available:



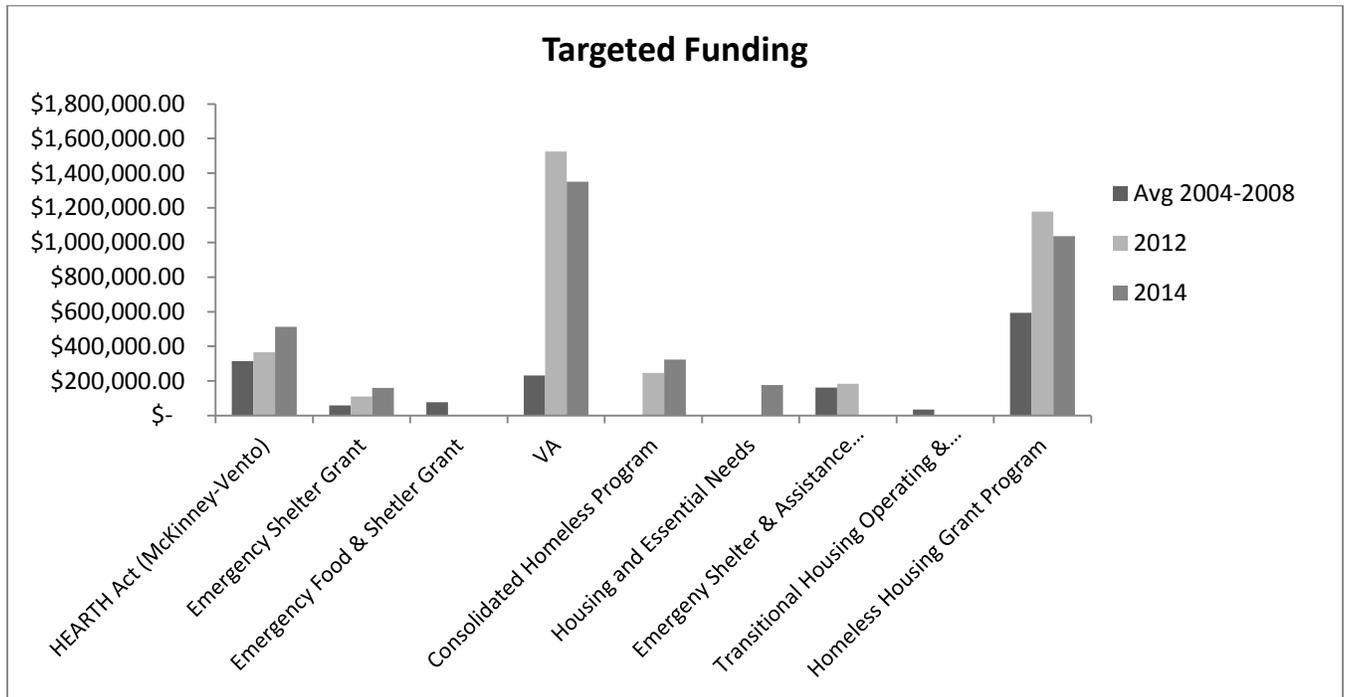
Some additional funding sources are also available for capital acquisition and construction of subsidized affordable housing. Please reference Appendix A for more information.

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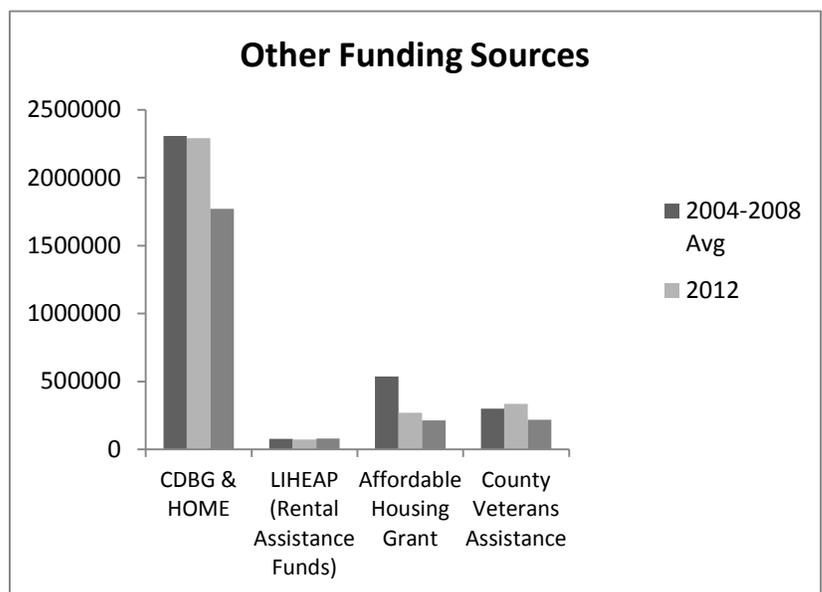
## Existing Funding Sources

In order to fund these programs Kitsap County housing and services providers rely on a number of federal, state, local and private funding sources of funds.

There are some sources specifically “targeted” towards the homeless; these funds are restricted to services and projects which directly benefit homeless individuals and families and others with special needs. Other funding sources, while not “targeted” towards people experiencing homeless, must be used to benefit low-income individuals and families in need, and as such, are used to indirectly address homelessness.



On an annual basis, overall targeted funds have increased by approximately \$2.4M since 2004. However, \$1.3M of this is exclusively for operation of transitional housing for veterans. The total increase of funds to reduce homelessness among other populations is approximately \$1M since 2004. Non-targeted funds have decreased \$600,000 over the last ten years, despite greatly increased demand.



## **IV. KITSAP HOMELESSNESS TODAY**

### **Demographics**

Understanding the scope of homelessness in Kitsap County is an important step in developing key strategies to address it. Homelessness is an extremely complex social challenge and requires significant community investments to create an impact. There is a constant flow of people becoming homeless while others move out of homelessness into housing. Many may only experience one episode of homelessness, while others (often termed “chronically homeless”) may experience multiple episodes over several years or remain homeless for many years. Fortunately, we have better data and statistics on the homeless population than ever before to guide our efforts.

Before discussing statistics and data, it is important to recognize that it is very difficult to arrive at a definitive number of homeless households or accurate statistics about our homeless population. The following variables impede our ability to accurately identify the number of individuals and families that are homeless and the complex barriers they face while attempting to overcome homelessness:

- The face and composition of homelessness is changing all the time. Each day new households are forced into homelessness and each day homeless households are re-housed and re-gain self-sufficiency.
- Due to the ongoing stigmatization of being homeless, many individuals and households either do not self-identify as homeless and do not seek services, or do not admit to being homeless. Our data collection efforts require voluntary participation, so households that do not seek services or volunteer to be counted in our homeless census are not included in statistics. This is the hidden face of homelessness.
- Data about homelessness gathered from different sources does not always provide a consistent picture, since it may define homelessness differently or collect data differently.

Data about homelessness is collected in two primary ways, through the efforts of the social service and housing providers who work with people experiencing homelessness:

#### **Point in Time Count**

Point in Time Count (PIT) is required by the Department of Commerce and HUD in order to receive homeless grant funds. The information from the count is compiled and submitted to WA State and is used locally for evaluation and planning purposes. The PIT surveys sheltered and unsheltered people experiencing homelessness on the fourth Thursday in January during a specific 24-hour period in all WA counties. Kitsap County has conducted an annual Point in Time Count of the homeless since 2005. The PIT provides limited information about the full scope of homelessness, because external factors affect the results: weather, volunteers, and the social stigma of homelessness. However, the PIT provides a large sample, from which we can extrapolate general information about our homeless population, including reasons for homelessness.

#### **Homeless Management Information System and Housing Solutions Center**

The second tool that is used to collect information about homelessness in Kitsap is the Homeless Management Information System (HMIS). This is a federally-mandated and state-managed database of information that is required to be collected by homeless housing and service providers about every client who receives homeless assistance provided by federal or state funding. (Faith-based or privately-funded programs are not required to participate, though in Kitsap several of these programs choose to do so.)

Required HMIS data includes demographic information such as gender, age, prior living situation, length of time homeless, education level, ethnicity, and family composition. (Clients must provide signed consent to have identifying information entered into the system.) When a client enters a particular housing or homeless services program, information about their participation in the program is also recorded in HMIS.

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HMIS information is used at the state level to develop state-wide statistics and models. At the local level it provides accurate information about clients who access services. Its limitation is that clients, who are not using services, either by choice or because needed services are not available, are not included. Thus, it provides limited information about under-served populations or gaps in service.

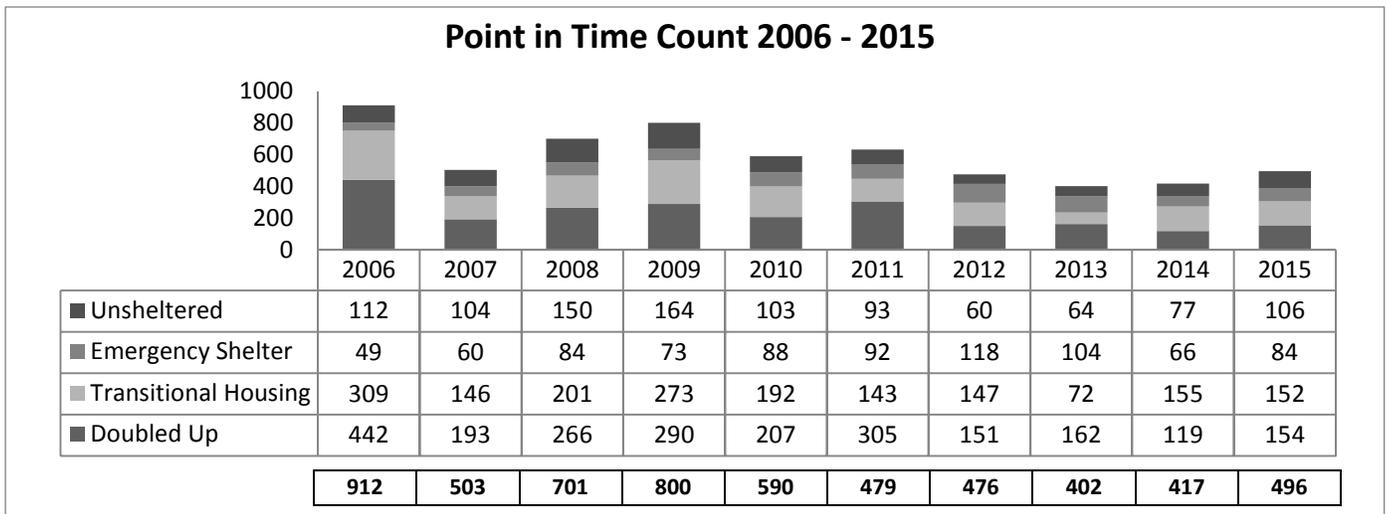
Over the last few years Kitsap has implemented a single point of entry program for all individuals (coordinated entry) seeking housing assistance and homeless services. Operational since February 2012, the Housing Solutions Center, in combination with HMIS, is able to provide very detailed information about homeless and at-risk households who are accessing services.

### RARE: How many people experience homelessness?

The Point in Time Count provides information about homeless households who choose to participate in a survey on one particular day, regardless of whether they are seeking or receiving services and includes individuals who are sheltered and unsheltered, by federal definition. The Homeless Management Information System and the Housing Solutions Center provide information only about clients who seek and access services.

#### At a Point in Time

The following table shows data compiled from annual Point In Time count from 2006-2015.

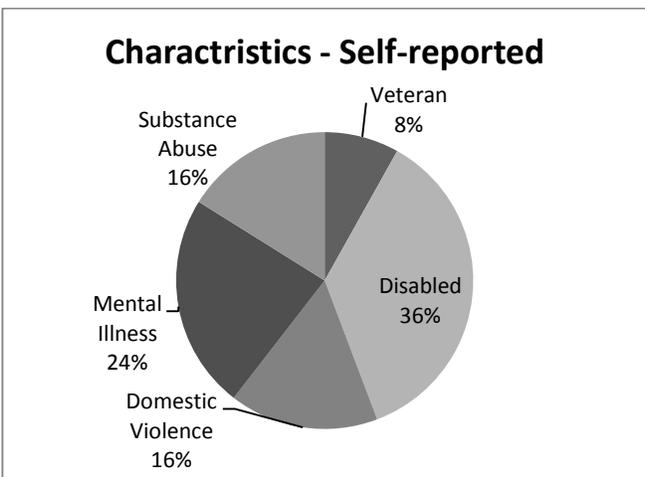
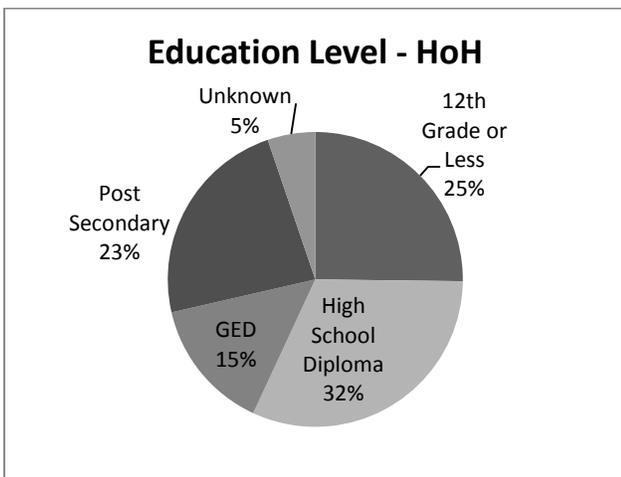
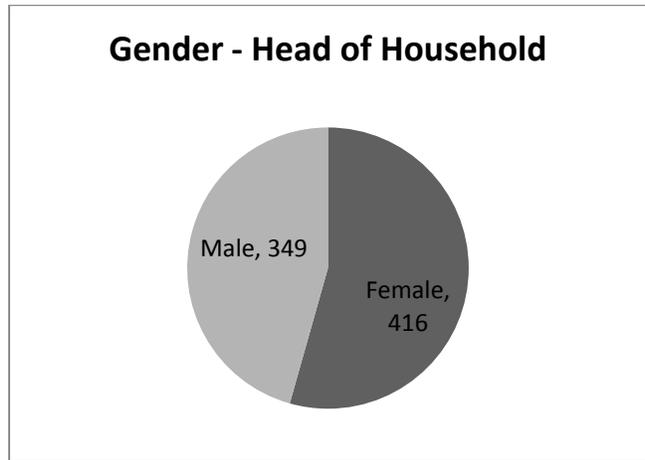
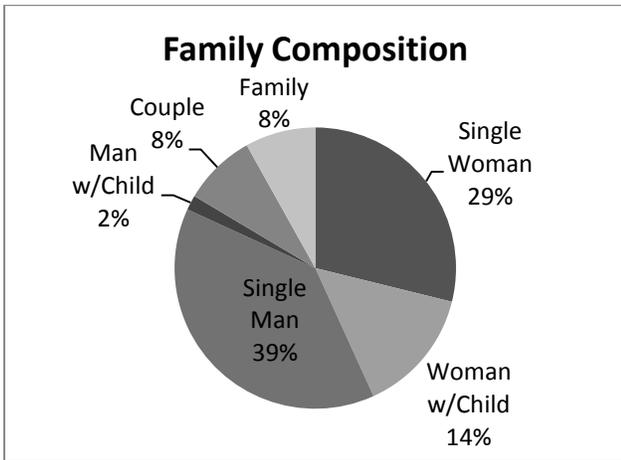
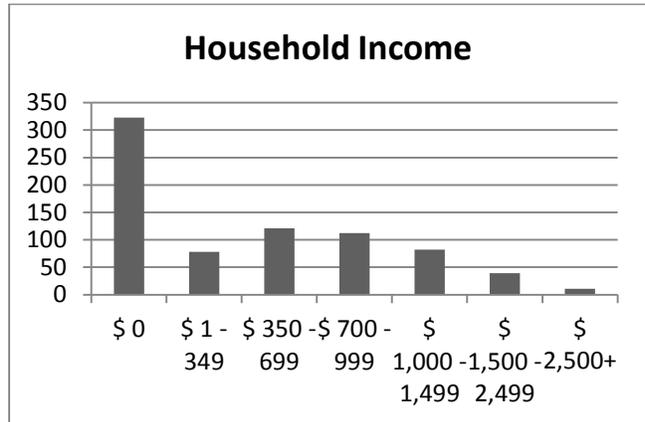
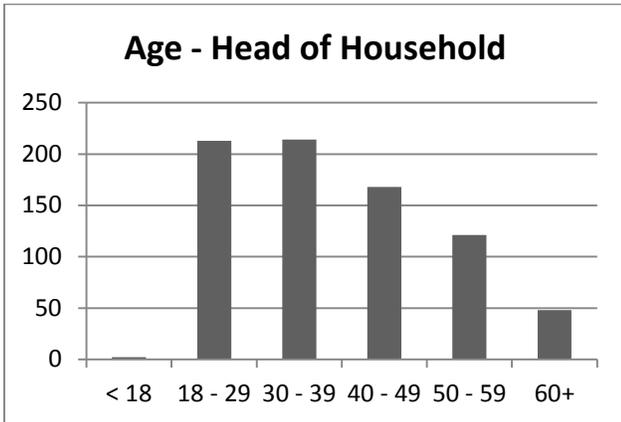


The numbers of individuals who have been counted in the annual Point in Time Count have declined between 2006 and 2015 by 46%. This decrease in the number of homeless counted may be due to several factors, likely reflecting new funding for services and facilities.

- In 2015, less than half, 48% were being served by current facilities, staying in emergency shelter or transitional housing.
- 31% were living with family or friends, considered to be unstable housing situations.
- 21%, or 106 individuals, were not being served by current homeless housing programs and were living in situations not meant for human habitation, such as abandoned buildings, illegal encampments on private and public property, on the streets, or in their cars.
- Data also shows that children under the age of 18 are a significant proportion of the homeless population, ranging from 33% to 25% (2015) over the last ten years.

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## 2014 Demographics for People Experiencing Homelessness in Kitsap<sup>9</sup>

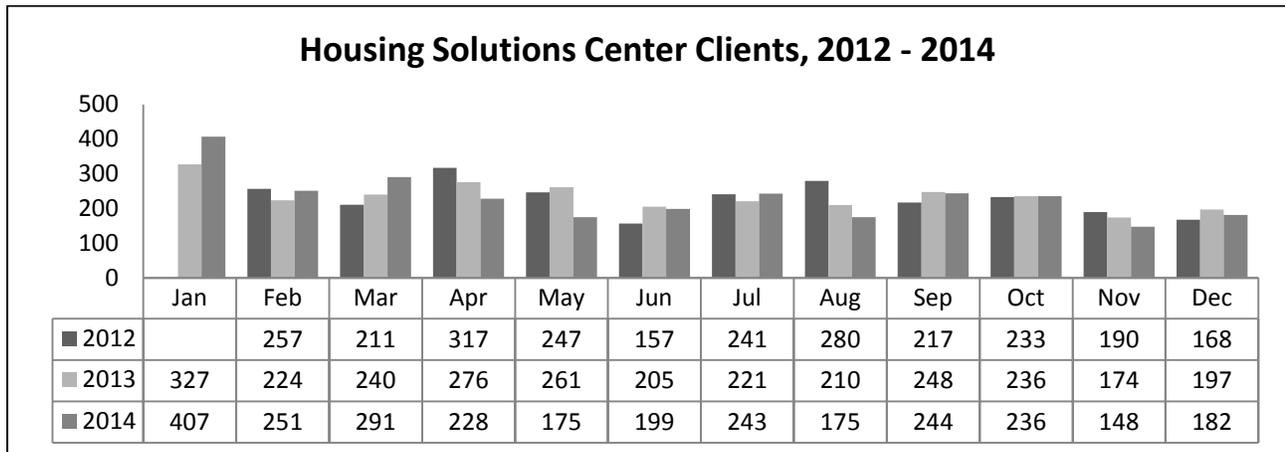


<sup>9</sup> Data from the Homeless Management Information System, through the Housing Solutions Center, 2014, Literally Homeless Households.

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## Each Year

HMIS data collected upon entry into the Housing Solutions Center program indicates the number of households seeking assistance for housing stability.

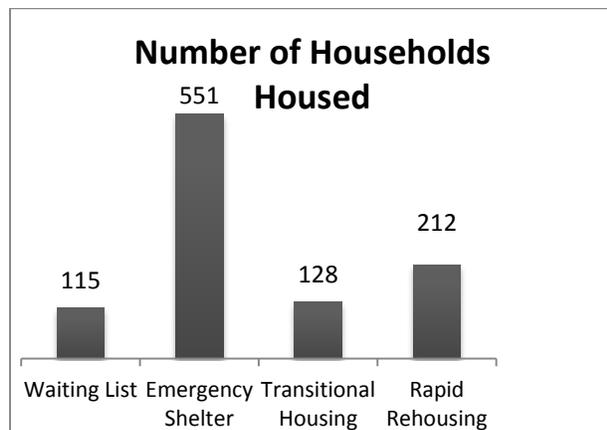
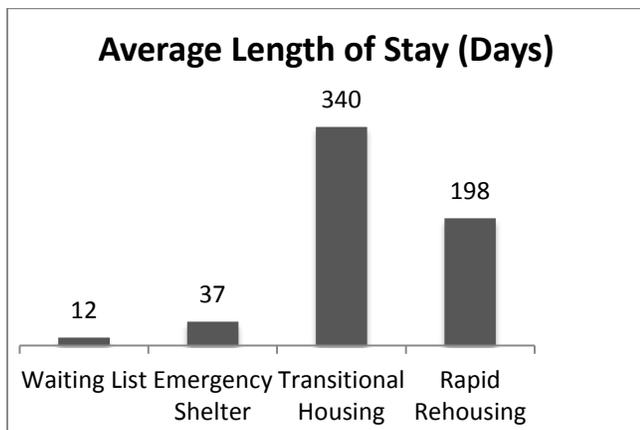


Key 2014 statistics for people seeking housing stability assistance at the Housing Solutions Center:

- Housing Status:** In 2014, the HSC enrolled 2,779 households comprising 5,569 individuals. Of these, 766 households reported being literally (or unsheltered) homeless, 831 reported being imminently at risk of homelessness, and 717 were unstably housed and at risk of homelessness.
- Prior Living Situation:** The prior living situation for 37% was staying with family or friends, for 33% it was a rental, for 13% it was an unsheltered situation (such as an encampment, living in a car, or place not meant for human habitation).
- Reasons:** Frequently cited reasons for homelessness: primarily economic reasons (38%), family crisis (26%), health problems (19%), mental illness (14%), displacement (13%) and domestic violence (11%).
- Income:** 30% of households reported \$0 income, 25% reported incomes from \$1 - \$699. \$700 is the minimum income for a household to be considered able to maintain housing independently, though at this income level, they are very likely to be severely rent-burdened (paying 50% or more of income on housing).

## BRIEF: How long are people homeless?

HMIS and the Housing Solutions Center record the length of time people spend in different types of housing:



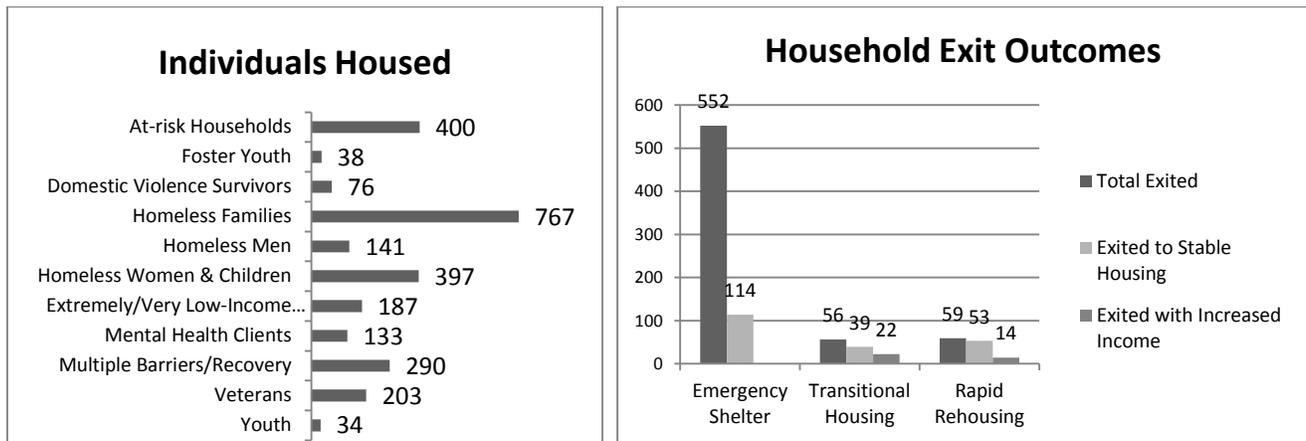
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Shorter stays in temporary housing are considered to be better for building long-term stability. In addition, when people regain permanent housing faster, more people are able to be served with the limited temporary housing resources. HUD sets the goal of less than 20 days in emergency shelter.

This data does not include people who are unsheltered and are NOT seeking services – often these individuals experiencing “chronic homelessness” are unsheltered for extended periods of time (1+ years) or repeatedly over the course of many years.

### ONE-TIME: How many people are re-housed? How many people experience homelessness again?

A total of 2,666 individuals were housed in the homeless response system during 2014.



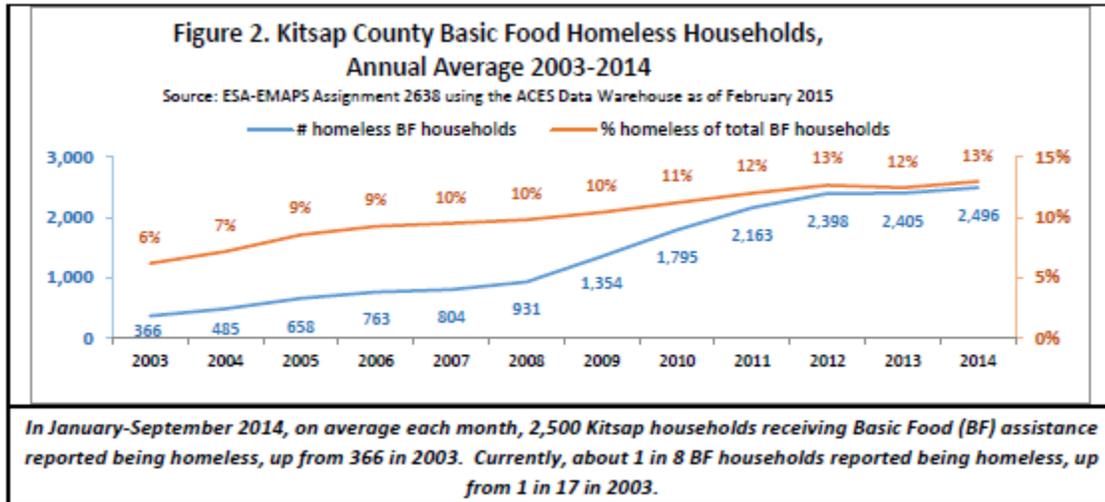
Of the 2,109 households housed in 2014, only 25 had returned to homelessness after previously being stably housed within the last two years. Of the 667 households exiting transitional housing and rapid rehousing programs in 2014, 206 exited to stable housing and 36 exited with increased income (of those exiting transitional housing and rapid rehousing programs).

### Other Sources of Data about Homelessness

Other government agencies and departments collect information about their clients, some of whom are homeless. These sources of information provide us with different perspectives on homeless households.

The Washington State Department of Social and Health Services (DSHS) recorded information about clients receiving Basic Food Assistance who report that they are homeless. The chart below shows a significant increase in annual Basic Food clients reporting homelessness from 2003 (541, 5% of all BF cases) through 2012 (for 9 months: 2,697, 8% of all BF cases).

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### Conclusion

A critical question emerges from all of this data: Why does the Point in Time Count indicate a 46% reduction in homelessness, while all other data indicates an increase? One answer may be that even though the number of households entering a state of homelessness is consistently increasing, Kitsap providers are doing a better job of quickly providing immediate housing and services so that the amount of time households spend homeless is decreasing. We must keep in mind that the Point in Time Count is merely a one-day sampling of those who choose to report that they do not have a home.

Forty-eight percent of Kitsap’s homeless individuals who access services through the Housing Solutions Center are homeless for less than one month before being sheltered or permanently housed through one of Kitsap’s social service agencies or overcoming homelessness on their own. At the same time, more than 100 homeless people are considered to be “chronically homeless” (*i.e.* they have been without housing 1+ years or have had four episodes of homelessness within three years).

Though no single data source provides definitive information about homeless demographics, the picture that results from the data sources cited above indicate more than 2,500 households, with a variety of household compositions and needs, require homeless housing and services on an annual basis. Each household has unique needs that must be met in order for them to access a path to regain stable housing and self-sufficiency.

## **V. ACTION PLAN**

### **Action Plan: Needs, Gaps, and Proposed Strategies**

***We will work together as a community to make homelessness a rare, brief, and one time occurrence in Kitsap County through an efficient and effective homeless response system.***

Despite strong leadership and a diversity of existing resources, homelessness is still a persistent issue in Kitsap, illustrated by the current demographics of homelessness. The update process revealed specific barriers and gaps that represent some of the underlying causes of Kitsap’s inability to meet the needs of all homeless residents.

Five goals constitute the critical path to making homelessness rare, brief, and one-time, while improving our response system and engaging our community. Specific strategies and action steps to achieve each goal are listed. Because many of the strategies are closely related, some of the action steps support more than one strategy.

This plan is not intended to be a comprehensive list of the existing strategies and programs already in place in our county. Instead, it anticipates that the existing continuum of housing and homeless services that has been developed over the last decade is maintained, with improvements that reflect evidence-based practices. This plan also does not enumerate every possible action step that could be implemented; instead it focuses on achievable action steps that are needed to fill identified gaps in housing and services.

#### **1. Make homelessness rare**

One of the most cost-effective ways to decrease homelessness is to prevent the endless flow of individuals and families who become homeless from entering the system.

##### **Current Needs and Gaps**

**Increased Demand:** The numbers of homeless individuals and households and requests for homeless services have grown, as evidenced by data referenced earlier. As long as the myriad underlying social causes of housing crises exist, households will continue to become homeless. National research indicates that many households who report needing assistance to prevent homelessness may actually be resilient enough to resolve the issue independently, whereas those who are most vulnerable should be prioritized for assistance.

**People Re-entering the Community from Systems of Care:** People are frequently discharged from other systems of care, such as jails, hospitals, behavioral health programs, and foster care, into homelessness due to lack of housing options. In addition, Kitsap currently has very few emergency housing beds for people who have criminal histories.

**Affordable Housing Shortage:** Kitsap County, like many other cities and counties, is in the midst of a shortage of affordable housing – both subsidized and market-rate. The 2015 Washington State Affordable Housing Needs Assessment estimates that there are only 12 units of affordable housing for every 100 units needed by people earning less than 30% of Area Median Income (AMI). This results in 4,545 renter households at 30% of AMI and 4,110 renter households at 50% of AMI being cost-burdened, spending more than 30% of their income on housing. An addition 2,700 home-owner households at 30% of AMI and 2,845 households at 50% AMI are cost-burdened. These are the households most at risk of housing instability and homelessness. The 2016-2020 Kitsap County Consolidated Plan includes a comprehensive affordable housing needs assessment and gap analysis.

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## **Proposed Strategies**

**Preventing homelessness** through targeted prevention can avert eviction or foreclosure for those *most likely* to become homeless. Diversion programs make smaller investments of funds for non-housing items that prevent housing instability or homelessness. Prevention programs have improved efficacy if connections to existing supports (such as job training and placement, basic life skills, financial literacy, and education) are included, so that households can address the underlying reasons for their housing crisis.

**Pro-actively planning for housing and services for individuals re-entering the community** from jails, correctional facilities, foster care, hospitals, mental health programs, and homeless shelters and programs will prevent homelessness among people in these situations. In addition, respite beds are needed for people with complex medical and/or behavioral health needs who do not have stable housing and are in need of related supportive services either temporarily or long-term.

**Additional units of affordable housing** for households at very low- and low- income levels are required to prevent the large number of rent-burdened households being forced into homelessness. Alternative housing models may also provide some solutions – in other counties Single Room Occupancy units, boarding houses, shared housing and cottage houses have proved to be a viable way for more low-income households to remain intact. Expanding landlord partnerships is also key to increasing access to market-rate units for formerly homeless households. To support development of more affordable housing, new dedicated funding is required.

## **2. Make homelessness brief**

For all households who experience homelessness, getting into emergency housing as quickly as possible is the goal. After they are stabilized, transitioning to permanent housing as quickly as possible ends their homelessness.

### **Current Needs and Gaps**

**Accessibility:** While the coordinated entry system is successfully doing intake, assessments, and referrals, the accessibility of these beds remains a challenge for some households. The vast majority of shelter beds are located in Bremerton, making it difficult for households in other parts of the county. This is of particular concern to elected officials in jurisdictions other than Bremerton. In addition, few shelters accept clients on nights or weekends.

**Overnight Shelter:** Of the 766 literally homeless households and 831 imminently at-risk households seeking housing assistance at the Housing Solutions Center in 2014, 438 households (27%) were not able to be referred to housing programs or resources for a variety of reasons including resources to meet their needs not being available or not qualifying for available services. Unfortunately, Kitsap does not have an overnight shelter that could serve as temporary respites for these households until a longer-term solution could be arranged, rather than returning to unstable living conditions or situations unsuitable for human habitation. An overnight shelter could also potentially address the need for respite care for homeless people being discharged from hospitals, but who still need some semi-skilled or limited assistance.

**Immediate Housing (Shelter Beds) for Specific Types of Households:** There is no housing currently available for couples, households with pets, single parents with teenagers of the opposite sex, and people with criminal histories (especially sex offenders). In addition, there are insufficient units available for single men with children, single men, and large families, resulting in more days spent on the waitlist. Appendix A provides detail on availability of different housing types.

**Permanent Housing Availability:** Many people seeking referrals from the Housing Solutions Center are not able to be referred because although they may have housing instability and are at imminent risk of losing their housing. These households are often under income to be able to afford the minimum rent to provide long-term

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sustainability required for some programs (many have \$0 income), or they are over income to qualify for other programs (sometimes with fixed incomes), despite being extremely low-income.

Rapid Rehousing programs (permanent market-rate housing, with short shallow subsidies and case management) have proved to be successful for many low-barrier households; however funds are not available to help all households who could benefit from this type of program. Some households need slightly longer subsidies to be successful. For households with more complex barriers, permanent supportive housing is the answer. However, as with all subsidized housing, there is a severe shortage of this type of housing.

**Housing and Resources for Chronically Unsheltered Individuals:** Currently individuals with the most severe, persistent, or complex barriers to housing stability are the most under-served. Because they are often not seeking housing, it is difficult to estimate how many are living in places not meant for human habitation, such as camping illegally, living in cars, or in abandoned buildings. They tend to be difficult to place in existing shelter beds and, if they are unwilling or unable to comply with programmatic rules are unsuccessful in existing permanent supportive housing programs. A growing body of research supports a “harm reduction” housing model for these individuals to become stable re-housed.

### **Proposed Strategies**

For households experiencing homelessness, **easy access and appropriate connections to crisis response housing** makes unsheltered homelessness brief. **Immediate shelter** beds that meet the needs of all different household types and situations must be provided. Connections with tailored services should be integrated throughout the shelter network.

The goal is as quickly as possible to **place all households into permanent housing as quickly as possible**; for households with low barriers to self-sufficiency, short graduated subsidies with short term support services is appropriate; for households with complex and/or multiple barriers, permanent supportive housing is necessary.

Individuals experiencing **unsheltered and/or chronic homelessness** are extremely under-served and should be prioritized for housing and services. New programs that provide outreach, crisis response, and housing that is appropriate and attractive for these individuals are needed. In particular, Housing First, or “come as you are housing”, using the harm reduction model, has been demonstrated to save money and lives in numerous other communities. In addition, criminalization of homelessness should be prevented – a growing trend throughout the country, despite evidence that it is expensive and ineffective.

### **3. Make homelessness one-time**

To ensure long-term housing stability, households must be quickly connected with resources to help them address any barriers to housing stability. Appropriate and affordable housing must be available.

#### **Current Needs and Gaps**

**Supportive Services:** Expanding connections with supportive services is needed, including consistently incorporating these resources into housing stability plans. In addition, an increased focus on personal safety net and skill-building is needed to help households retain housing stability.

**Underserved Populations:** Homeless housing and services are lacking for individuals re-entering the community from systems of care (jails, prison, foster care, etc.), for chronically homeless individuals and households with multiple and/or complex barriers to housing. In addition, elderly and aging homeless individuals and households have been identified as a growing sub-population that will need specific types of housing and services to meet their needs. This population may also require different definitions of successful outcomes.

**Affordable Housing Policies:** Market rate affordable housing is woefully insufficient and developers do not seem inclined to create additional units. Few jurisdictions currently have land use policies that incentivize

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creation of affordable housing and permanent supportive housing units. Many communities have found success with adopting policies that allow a wider range of types of non-traditional housing to be built.

### **Proposed Solutions**

Once households are stabilized in appropriate permanent housing, they can address the issues or barriers to self-sufficiency that caused the housing crisis. Rapid **connection with individually tailored services and resources**, including employment supports and education are essential. In addition, developing resiliency through personal skill-building provides long-term benefits, including prevention of further episodes of homelessness.

**Policies that support the creation of appropriate and affordable housing**, whether market-rate affordable housing, subsidized housing, or permanent supportive housing, are likely to spur development. This contributes to long-term housing stability and reduces the likelihood of future homelessness for at-risk households.

### **4. Continuously improve the homeless response system**

Although Kitsap has a robust homeless response system, it must continuously innovate to respond to changing needs and incorporate emerging successful strategies.

#### **Current Needs and Gaps**

**Use of Performance Measurement:** Although many individual organizations are using performance indicators, including outputs and outcomes, currently there is not widespread use of countywide measures to help identify whether collective progress is being made to accomplish community impact.

**Coordination Within and Beyond the Homeless Response System:** Case management in Kitsap is defined and delivered in varying ways depending on the agency. In addition, case management is not formally coordinated among agencies for clients who are receiving services from multiple agencies. This creates duplication of services, inefficiency, and gaps in addressing client barriers. In addition, clients with high barriers are often shared across sectors, such as law enforcement, behavioral health, and emergency responders.

**Insufficient Funding:** While Kitsap County agencies do have funding sources targeted to reducing homelessness, the demand for services continues to grow. Several key funding sources either have been reduced or have stagnated over the past three to five years. Funding has not kept pace with demand and is expected to be even more limited over the coming years. In addition, more expensive operating costs mean that funding does not stretch as far as it once did. Accessing, and advocating for, additional funding resources will be critical to implementing the strategies outlined in the Action Plan.

Because of this limited funding, existing funding must be invested as effectively as possible. Over the last 10 years, significant research has demonstrated the most effective homeless housing and programs, yet in some areas Kitsap has not yet widely adopted these practices.

**Limited Capacity:** Capacity issues exist on two levels in our community. The underlying issue is that the existing emergency, supportive and permanent affordable housing available is not adequate to meet the demand. Homeless services, such as emergency shelters, are being strained and usually run at capacity.

Since there are not sufficient homeless housing units or beds available to meet the demand, homeless individuals and families are forced to find shelter in temporary or unsuitable conditions. Waiting lists for permanent subsidized housing, such as Housing Choice Vouchers, are often years long.

On a second level, some agencies' abilities to manage the expansion of an existing program or develop a new program are limited. This may be due to a need for more specific expertise and experience within agencies. Agencies can also be reluctant to expand or create new programs without assurance that they have funding for

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the ongoing operation and maintenance of these programs. Agencies may also need assistance developing their agency capacity through emerging evidence-based practices.

### **Proposed Strategies**

At a time when demand is increasing and resources are decreasing, doing more with less is imperative, but more resources are needed as well. Increasing the efficiency and effectiveness of the homeless housing system through maximizing system coordination, provider capacity, and overall system capacity is critical.

**Using performance measures and data to drive decision-making and improving coordination among different systems of care and among service providers** will improve efficiency.

We must **ensure the strategic investment of public funds** through incorporating evidence-based practices in new and existing programs to shift the response system. Additional funding is needed to keep up with the demand for homeless housing and services. An evolving economic environment and population require ensuring the “right-sizing” of our homeless response system, by continuing to monitor the number and demand for different housing units, and developing new units of housing to be as flexible as possible. The proposed Action Plan is ambitious and includes many new action steps; a new process for setting funding priorities each year needs to be developed and implemented to target funding to priority needs.

**Provider capacity and outcomes can be improved** through providing training on evidence-base practices and performance measurement and implementing shelter care standards.

## **5. Expand community engagement**

Community understanding and support for addressing homelessness is essential for generating the leadership and resources to be successful.

### **Current Needs and Gaps**

**Leadership:** Although leadership for homeless issues is strong within the homeless response system, it needs to be expanded to incorporate a broader representation from other sectors and systems of care that interact with the issues of affordable housing and homelessness.

**Citizens:** One of the most frequent themes at the Stakeholders meetings for this Plan was the need for having coordinated and consistent communication about the issue of homelessness with the broader community so that compassion for those experiencing homelessness can be increased, leading to greater community support and involvement.

**Planning Integration:** Housing stability is increasingly being identified as an important component of the success of other sectors, such as health care and behavioral health. Coordinating and integrating strategies is just beginning to be recognized as essential to success for clients in all these systems of care. The timing of the update to this Plan is intended to allow for increased coordination between planning efforts.

### **Proposed Strategies**

**Leadership** on the issue of homelessness by our elected officials and representatives from across the different sectors that touch individuals experiencing homelessness is required to make the policy changes that are needed. **Raising awareness and engaging our community** is essential to creating the community and political involvement to expand solutions. Advocacy at the state and federal level increases the likelihood of the needed funding streams to implement this plan flowing into Kitsap County.

In addition, ensuring that **planning for homelessness and affordable housing are integrated** with other planning effort and the evolution of other services delivery will provide a more cohesive and comprehensive response.

By focusing efforts on these strategies and specific action steps that support them, we can make homelessness rare, brief, and one-time.

**Action Plan: Detail**

**GOAL 1**

*Make homelessness rare.*

Indicators of Success	Action Steps
<ul style="list-style-type: none"> <li>★ Fewer people experience homelessness for the first time</li> <li>★ Fewer people discharged from institutions to homelessness</li> <li>★ Fewer low-income people are cost-burdened by their housing (spending more than 50% of income on housing)</li> </ul>	
<p>★ <b>Strategy 1.1</b></p> <p><i>Prevent people from losing their homes</i></p>	<ul style="list-style-type: none"> <li>A. <b>Targeted prevention:</b> Ensure that homelessness prevention programs (short-term rent assistance for eviction prevention) are targeted to those people who are most at risk of becoming homeless</li> <li>B. <b>County-wide assessment tool:</b> Develop and implement a county-wide vulnerability assessment/self-sufficiency evaluation tool to ensure that the most vulnerable are prioritized for prevention assistance</li> <li>C. <b>Shelter diversion:</b> Develop and implement a program that diverts people from shelter through flexible funding for non-housing related items to prevent homelessness, such as car repair, childcare, etc.</li> <li>D. <b>Connection to existing supports:</b> Improve access and connections to existing social supports and benefits</li> <li>E. <b>Fixed-income subsidies:</b> Increase availability of subsidies for people with a fixed-income (elderly, disabled, etc.)</li> <li>F. <b>Support resilience strategies:</b> Coordinate with Adverse Childhood Experiences (ACEs) and resilience development programs</li> </ul>
<p>★ <b>Strategy 1.2</b></p> <p><i>Prevent people from being discharged into homelessness</i></p>	<ul style="list-style-type: none"> <li>A. <b>Coordinated discharge programs:</b> Develop and implement additional housing and programs to ensure stable housing destinations for people being discharged from jail, hospitals, foster care, and inpatient or 24/7 behavioral health programs</li> <li>B. <b>Respite beds:</b> Create respite housing beds (for short-term stays for people with complex medical and/or behavioral health needs)</li> </ul>
<p>★ <b>Strategy 1.3</b></p> <p><i>Increase availability of affordable housing</i></p>	<ul style="list-style-type: none"> <li>A. <b>Affordable Housing Task Force:</b> Convene a task force to specifically identify and implement strategies to increase the availability and number of units of housing affordable to households earning 30% - 80% of area median income throughout Kitsap County.</li> <li>B. <b>30% - 50% AMI housing:</b> Increase units of housing that are affordable for households earning less than 50% of area median income</li> <li>C. <b>Workforce housing:</b> Increase units of workforce housing for households earning 50% - 80% of area median income</li> <li>D. <b>Alternative housing models:</b> Develop and adopt planning policies that allow alternative housing models including SROs, boarding houses, shared housing programs, tiny houses, and others</li> <li>E. <b>Partner with landlords:</b> Support programs that incentivize and reduce risk for private land lords to rent to low-income and formerly homeless households; provide case management resources and emergency response resources for resolution of tenant issues</li> <li>F. <b>New funding:</b> Develop new, local, dedicated funding streams to support development and subsidization of affordable housing units</li> </ul>

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## GOAL 2

### *Make homelessness brief.*

Indicators of Success	
<ul style="list-style-type: none"> <li>★ People experience fewer days of homelessness before being sheltered</li> <li>★ People experience fewer days of homelessness in shelters</li> <li>★ Fewer people are experiencing unsheltered homelessness</li> </ul>	<p><b>Action Steps</b></p>
<p>★ <b>Strategy 2.1</b></p> <p><i>Ensure easy access and appropriate connections to crisis response housing and services</i></p>	<ul style="list-style-type: none"> <li>A. <b>Coordinated Entry:</b> Continue support and system improvements for Coordinated Entry services</li> <li>B. <b>Nights and weekend coverage:</b> Expand late night and weekend access to emergency housing and services (both referrals and availability)</li> <li>C. <b>Accessibility:</b> Ensure accessibility to crisis response housing and services through geographic distribution and transportation supports</li> </ul>
<p>★ <b>Strategy 2.2</b></p> <p><i>Provide immediate shelter for all who want it</i></p>	<ul style="list-style-type: none"> <li>A. <b>Overnight shelter:</b> Create low-barrier overnight shelter beds</li> <li>B. <b>Resident shelter beds for under-served populations:</b> Increase resident shelter beds (up to 90 days) for currently under-served populations (households with pets, households with teenage boys, couples, and people with criminal histories), making these beds as flexible for usage as possible</li> </ul>
<p>★ <b>Strategy 2.3</b></p> <p><i>Move households as quickly as possible to appropriate permanent housing</i></p>	<ul style="list-style-type: none"> <li>A. <b>Rapid Rehousing:</b> Provide Rapid Rehousing (graduated rental subsidy with case management) programs for households with short-term barriers to housing stability</li> <li>B. <b>Extended Rapid Rehousing:</b> Provide “extended” Rapid Rehousing subsidies &amp; case management for households who need additional time to regain self-sufficiency</li> <li>C. <b>Permanent Supportive Housing:</b> Increase units of permanent supportive housing with sustained operating funds for individuals with long-term and/or complex barriers to stable housing</li> </ul>
<p>★ <b>Strategy 2.4</b></p> <p><i>Prioritize ending homelessness as soon as possible for people who are unsheltered and/or chronically homeless</i></p>	<ul style="list-style-type: none"> <li>A. <b>Master List:</b> Identify unsheltered homeless through a Master List Project (outreach census/survey)</li> <li>B. <b>Case Management of Master List:</b> Expand outreach case manager positions to engage unsheltered homeless individuals on a pathway to stable housing</li> <li>C. <b>Crisis Response Teams:</b> Create crisis response/engagement mobilization teams to work with first responders to assist people experiencing homelessness</li> <li>D. <b>Progressive engagement and harm reduction:</b> Use progressive engagement techniques and the harm reduction model to work with chronically homeless individuals</li> <li>E. <b>Diversion in court system:</b> Support creation and expansion of pre-adjudication and alternative sentencing programs to divert people experiencing homelessness from incarceration, avoid criminal histories, and prevent increased financial burdens both for people experiencing homelessness and for first responder systems</li> <li>F. <b>De-criminalize homelessness:</b> Ensure that homelessness is not criminalized and that life-sustaining activities (sleeping, eating) are allowed in public places and interim survival mechanisms that create pathways to housing are supported</li> </ul>

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- G. **Increase legal outdoor living options:** Create additional housing options to provide safety, sanitation, and security for people who chose to live outside, such as legal long-term camping, legal encampments, and safe park programs
- H. **Housing First Units:** Create sufficient “Come as you are housing” units (Housing First/Harm Reduction/Unconditional Housing/Low-barrier Housing) with long term operating supports to house all individuals who need it

## GOAL 3

### *Make homelessness one-time.*

Indicators of Success	Action Steps
<ul style="list-style-type: none"> <li>★ More people exit homelessness to stable housing</li> <li>★ More people exit homelessness with increased income and/or benefits</li> <li>★ Fewer people return to homelessness after being stably housed</li> <li>★ More units of housing are available for low-income households</li> </ul>	<ul style="list-style-type: none"> <li>A. <b>Employment in housing stability plans:</b> Incorporate job readiness, employment, and education goals into housing stability plans as soon as possible</li> <li>B. <b>Improve employment and education connections:</b> Improve links and referrals to education, job training, and employment resources</li> <li>C. <b>Promote skill-building:</b> Create opportunities and connections with skill-building resources to improve personal skills (such as executive decision-making, resilience, and creating personal safety nets) and technical skills (such as financial literacy)</li> <li>D. <b>Tailored services:</b> Ensure provision of tailored services and housing, especially for unique populations that require specific ones, such as youth, individuals who are disabled, and individuals with high/multiple barriers to stable housing</li> </ul>
<p>★ <b>Strategy 3.1</b></p> <p><i>Expand connections to appropriate tailored resources</i></p>	<ul style="list-style-type: none"> <li>A. <b>Policies supporting affordable housing and Permanent Supportive Housing:</b> Increase units of affordable housing and permanent supportive housing (see strategies &amp; actions under 1.3 and 2.3 above) through inclusionary zoning and incentives to developers of affordable housing</li> <li>B. <b>Convert Transitional Housing:</b> Convert Transitional Housing (24-month limit) to permanent supportive housing or project-based rapid rehousing</li> <li>C. <b>Use Section 8 and Public Housing:</b> Expand use of Section 8 and Public Housing for permanent supportive housing with increased provision of housing case management (through Medicaid, when possible)</li> <li>D. <b>Expand legal types of housing:</b> Develop policies that allow for additional types of affordable housing units, including tiny houses, single room occupancy units, boarding houses, and other housing alternatives</li> </ul>
<p>★ <b>Strategy 3.2</b></p> <p><i>Ensure sufficient supply of appropriate housing</i></p>	<ul style="list-style-type: none"> <li>A. <b>Policies supporting affordable housing and Permanent Supportive Housing:</b> Increase units of affordable housing and permanent supportive housing (see strategies &amp; actions under 1.3 and 2.3 above) through inclusionary zoning and incentives to developers of affordable housing</li> <li>B. <b>Convert Transitional Housing:</b> Convert Transitional Housing (24-month limit) to permanent supportive housing or project-based rapid rehousing</li> <li>C. <b>Use Section 8 and Public Housing:</b> Expand use of Section 8 and Public Housing for permanent supportive housing with increased provision of housing case management (through Medicaid, when possible)</li> <li>D. <b>Expand legal types of housing:</b> Develop policies that allow for additional types of affordable housing units, including tiny houses, single room occupancy units, boarding houses, and other housing alternatives</li> </ul>

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## GOAL 4

### *Continuously improve the homeless response system.*

Indicators of Success	
<ul style="list-style-type: none"> <li>★ Countywide performance indicators are being used</li> <li>★ Coordinated care programs are in place</li> <li>★ Evidence-based practices are being used</li> <li>★ Shelter care standards have been developed and adopted</li> </ul>	<p><b>Action Steps</b></p>
<p>★ <b>Strategy 4.1</b></p> <p><i>Use performance measures and data to drive decision-making</i></p>	<p>A. <b>Data-driven evaluation:</b> Identify and expand effective programs through data-driven program evaluations</p> <p>B. <b>Countywide performance measurement:</b> Develop and use county-wide performance indicators and metrics to track progress</p>
<p>★ <b>Strategy 4.2</b></p> <p><i>Improve coordination among different systems of care and service providers</i></p>	<p>A. <b>Improve coordination across sectors:</b> Improve coordination and communication with other mainstream care systems, including emergency responders</p> <p>B. <b>Coordinated case management:</b> Create coordinated care teams, bringing together case managers and other system providers from different organizations for multiple-barrier clients, as appropriate</p>
<p>★ <b>Strategy 4.3</b></p> <p><i>Ensure strategic investments of public funds</i></p>	<p>A. <b>Use evidence-based strategies:</b> Prioritize local funding to evidence-based practices and tools known to be most effective</p> <p>B. <b>Develop new annual priorities-setting process:</b> Develop and implement a new process to set annual funding priorities</p> <p>C. <b>Changes to response system:</b> Continue shifting homeless response system to reflect consistent and coordinated assessments, shelter stays that are as short as possible, immediate placement into appropriate permanent housing, and tailored connections with education, employment, and specialized services to support housing stability</p> <p>D. <b>Project needed units:</b> Use one of the available predictive tools to project the number of emergency and supportive housing units needed to meet the current gap.</p> <p>E. <b>Additional funding:</b> Advocate for, create, and attract additional dedicated funding to Kitsap for homeless housing and services</p> <p>F. <b>“Right-size” system:</b> Monitor capacity needs and adjust to ensure “right –size” capacity in different types of homeless response system housing and services</p> <p>G. <b>Flexible units of housing:</b> Make new units of homeless housing as flexible as possible, to meet changing population, needs, and evidence-based practices</p>
<p>★ <b>Strategy 4.4</b></p> <p><i>Increase provider capacity to improve outcomes</i></p>	<p>A. <b>Provide training:</b> Provide training on, and encourage use of, “evidence-based practices” to expand organizational capacities and improve outcomes (e.g. progressive engagement, motivational interviewing, vulnerability indexing, trauma-informed care)</p> <p>B. <b>Provide technical assistance on performance measurement:</b> Provide technical assistance to homeless housing and services providers on performance indicators and data analysis</p> <p>C. <b>Implement shelter care standards:</b> Develop and implement minimum standards of care/code of ethics and enforcement method for resident shelters and overnight shelters</p>

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## GOAL 5

### *Expand community engagement.*

Indicators of Success	Action Steps
<ul style="list-style-type: none"> <li>★ Leadership group is convened and actively engaged</li> <li>★ Communication plan is developed and implemented</li> <li>★ Homelessness and affordable housing are included in on-going planning efforts in other sectors</li> <li>★ Homelessness and affordable housing are coordinated with Olympic Community of Health, the Behavioral Health Organization (formerly RSN), and Medicaid Waiver changes</li> </ul>	
<p>★ <b>Strategy 5.1</b></p> <p><i>Provide accountable community leadership</i></p>	<ul style="list-style-type: none"> <li>A. <b>Leadership group:</b> Establish a community leadership council on homelessness that includes participation at the executive level from a broad range of sectors including (but not limited to): elected officials, policy-makers, homeless service providers, behavioral health providers, medical providers, law enforcement, business-owners, emergency responders, planning, transit, education, youth providers, churches/faith-based organizations, and others. The purpose of the group would be to provide leadership on ending homelessness, improve cross-sector coordination, and devise and implement cross-sector strategies.</li> <li>B. <b>Advocacy:</b> Advocate at the local, state, and federal level for homeless and affordable housing issues</li> </ul>
<p>★ <b>Strategy 5.2</b></p> <p><i>Engage community leaders and citizens to take action</i></p>	<ul style="list-style-type: none"> <li>A. <b>Communication Plan:</b> Create a coordinated communication and outreach plan about homelessness to community members to raise awareness, build compassion, and promote community engagement, using as many different avenues as possible (newspapers, radio, podcasts, social media, website, convening summits, etc.)</li> <li>B. <b>Data reporting:</b> Provide periodic easily accessible data about homelessness and affordable housing to stakeholders, elected officials, and the public</li> <li>C. <b>Volunteer opportunities:</b> Promote opportunities for personal connection and “humanizing” the issue of homelessness through volunteer projects</li> </ul>
<p>★ <b>Strategy 5.3</b></p> <p><i>Integrate planning for homelessness and affordable housing with other planning efforts</i></p>	<ul style="list-style-type: none"> <li>A. <b>Coordinate with other plans:</b> Support and coordinate with other strategies to end homelessness and increase affordable housing identified in the Kitsap County and City of Bremerton Regional Consolidated Plan, and the Comprehensive Plans of jurisdictions within the county</li> <li>B. <b>Cross-sector planning:</b> Coordinate and integrate planning efforts for housing, land use, economic development, behavioral health, education, and transportation throughout Kitsap County</li> <li>C. <b>Integrate with health system innovations:</b> Coordinate and integrate housing and homelessness strategies and action steps with the Olympic Community of Health, the Behavioral Health Organization (former RSN), and Medicaid Waiver changes</li> <li>D. <b>Support other homelessness initiatives:</b> Support other initiatives and plans to address homelessness in sub-populations (e.g. veteran homelessness, chronic homelessness, youth homelessness)</li> </ul>

## **VI. Defining and Documenting Success**

### **Defining Success**

For many years success in homeless programs was defined by how many people received housing services. Over time, the idea of what constitutes success has shifted to focus on outcomes for the individuals served. It is not enough to say that services were received, but instead we must determine the efficacy of those services in reducing homelessness. This can be a difficult process, since long-term follow-up of people who received housing or services is difficult and impractical.

### **Challenges**

In addition, determining success in the realm of reducing overall homelessness is an elusive proposition. Several factors contribute to the challenge:

- Dynamic Population The homeless population is not static: there is a constant influx of people who are becoming homeless at any given time, while at the same time previously homeless people are being housed. While hundreds of homeless people may have been housed over a period of time, more have become homeless over the same period. Therefore, the overall number of homeless may have stayed the same or increased.
- Prevention Efforts Many of our efforts are geared at preventing homelessness and evaluating the long-term effectiveness of these programs is difficult to measure.
- Inaccurate Data & Counts There are numerous homeless people who either do not consider themselves to be homeless because they are “staying with friends” or “living in their car” or who do not want to be counted due to a variety of personal issues. Our community experiences these people and their homelessness, but they are not included in our voluntary homeless counts.

Challenges notwithstanding, it is crucial that we develop ways to assess whether the time, effort, and financial commitments to the issue of homelessness are effective.

### **Tools**

In addition to data from community partners, two primary tools will be used to assist with evaluating success:

#### **Annual Point in Time Count**

Each January the Kitsap Continuum of Care Coalition is mandated to carry out a countywide count of homeless people, both sheltered (currently receiving subsidized emergency or transitional housing) and un-sheltered (living on the streets, in cars, with friends, or identified as incarcerated transients). Participation by people experiencing homelessness is voluntary. Data collected from this effort provides the state with basic statistics about Kitsap’s progress in reducing homelessness, and provides the Continuum of Care Coalition agencies with information about the housing and services gaps.

#### **Homeless Management Information System**

This state- and federally-mandated database project collects detailed data about users of homeless housing and services. The collected data is used by the state to analyze the resources necessary to move individuals from homelessness to self-sufficiency. On a local level, it facilitates coordination among agencies and delivery of services to homeless individuals. It also allows excellent quality demographic and programmatic information to be collected about homeless households who are receiving services.

### **Performance Indicators**

For each of the Plan’s five goals, specific indicators of success are listed. Some are data-based, whereas others are performance-based. These performance indicators are also drawn from measures developed by the Washington State Department of Commerce, HUD, and referenced in the HEARTH Act.

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<b>Performance Indicators for the Kitsap Homeless Housing Plan</b>				
	<b>Name</b>	<b>Measure</b>	<b>Metric</b>	<b>Source</b>
<b>GOAL 1: Make homelessness rare.</b>				
1.1	Prevention	Fewer people experience homelessness for the first time	# of new people who have become homeless	HMIS
1.2	Institutional Discharges	Fewer people discharged from institutions to homelessness	# of people discharged from institutions	Hospitals, Jail, Foster Care, etc.
1.3	Cost-burdened	Fewer people are cost-burdened by their housing	# of cost-burdened households	WA Commerce, KPHD, Census
<b>GOAL 2: Make homelessness brief.</b>				
2.1	Term of Homelessness	People experience fewer days of homelessness before being sheltered	Average # of days before getting into emergency shelter	Community Waiting List
2.2	Term in Shelter	People experience fewer days of homelessness in shelters	Average # of days spent in shelter	HMIS
2.3	Unsheltered Homelessness	Fewer people are experiencing unsheltered homelessness	# of people unsheltered, sheltered, or in temporary housing	Point in Time Count
<b>GOAL 3: Make homelessness one-time.</b>				
3.1	Exit Destination	More people exit homelessness into stable housing	# of people exiting from each type of program to each type of destination	HMIS
3.2	Income at Exit	More people exit homelessness with increased income and/or benefits	# of people exiting programs with increased income	HMIS
3.3	Housing Stability	Fewer people return to homelessness after being stably housed	# returns to homelessness within 2 years of stable exit	HMIS
3.4	Affordable Housing Units	More units of housing are available for low-income households	# of subsidized housing units	WA Commerce
<b>GOAL 4: Continuously improve the homeless response system.</b>				
4.1	Countywide Indicators	Countywide performance indicators are being used	Countywide indicators report is being produced	KCoCC, KC Human Services
4.2	Coordinated Care	Coordinated care programs are in place	# of clients served in coordinated care programs	KCoCC, KC Human Services
4.3	Evidence-based Practices	Evidence-based practices are being used in delivering services	# of KC contracts that include evidence-based practices	KCoCC, KC Human Services
4.4	Shelter Care Standards	Shelter care standards have been developed and adopted	# of shelters that have adopted care standards	HSC Advisory Council
<b>GOAL 5: Expand community engagement.</b>				
5.1	Leadership Group	Leadership group is convened and actively engaged	Leadership group is selected and is meeting	KC Human Services
5.2	Communication Plan	Communication plan is developed and implemented	Communication plan is being used	KCoCC, KC Human Services
5.3	Coordinated Planning	Homelessness and affordable housing are included in on-going planning efforts in other sectors	Housing and homelessness representatives participate in planning efforts	KC Human Services, other planning groups

## **VII. Conclusion**

### **Ending Homelessness Requires Commitment**

Making homelessness rare, brief, and one-time must be one of our community's top priorities. It will require us to meld specific strategies to decrease homelessness and to implement broader policy changes to achieve an overall increase in affordable housing.

Our county's Homeless Housing Plan is an expression of a collective commitment to actively seek long-term and sustainable solutions to the issue rather than to simply manage episodes of homelessness as they occur.

We will need to examine our past assumptions about this issue and honestly and critically assess our present activities and initiatives. We need to do business differently – changing systems, redirecting existing resources, and securing additional funding commitments.

We must rely on all community stakeholders to drive policy changes that will result in reducing the number of people experiencing homelessness in Kitsap County:

- County Commissioners, Mayors, City Council Members, Port Commissioners
- Tribes
- Federal, State and County Agencies / Department Heads
- Business & civic leaders
- General Public / Homeless Population
- Housing Developers & Service Providers
- Non-profit organizations
- Foundations
- Faith-based organizations

### **Moving Forward to Reduce Homelessness**

It is evident that a new approach is needed since people continue to become homeless; those who are chronically homeless continue to lapse into homelessness using precious resources without successfully regaining housing; and too many people are turned away from assistance because of lack of capacity. This Plan proposes strategies to correct the flaws. This will require community investment. It builds on the successful programs we already have in place, expanding capacity to meet the level of need, and implementing policies and agreements to weave them together into one comprehensive and effective countywide system of care.

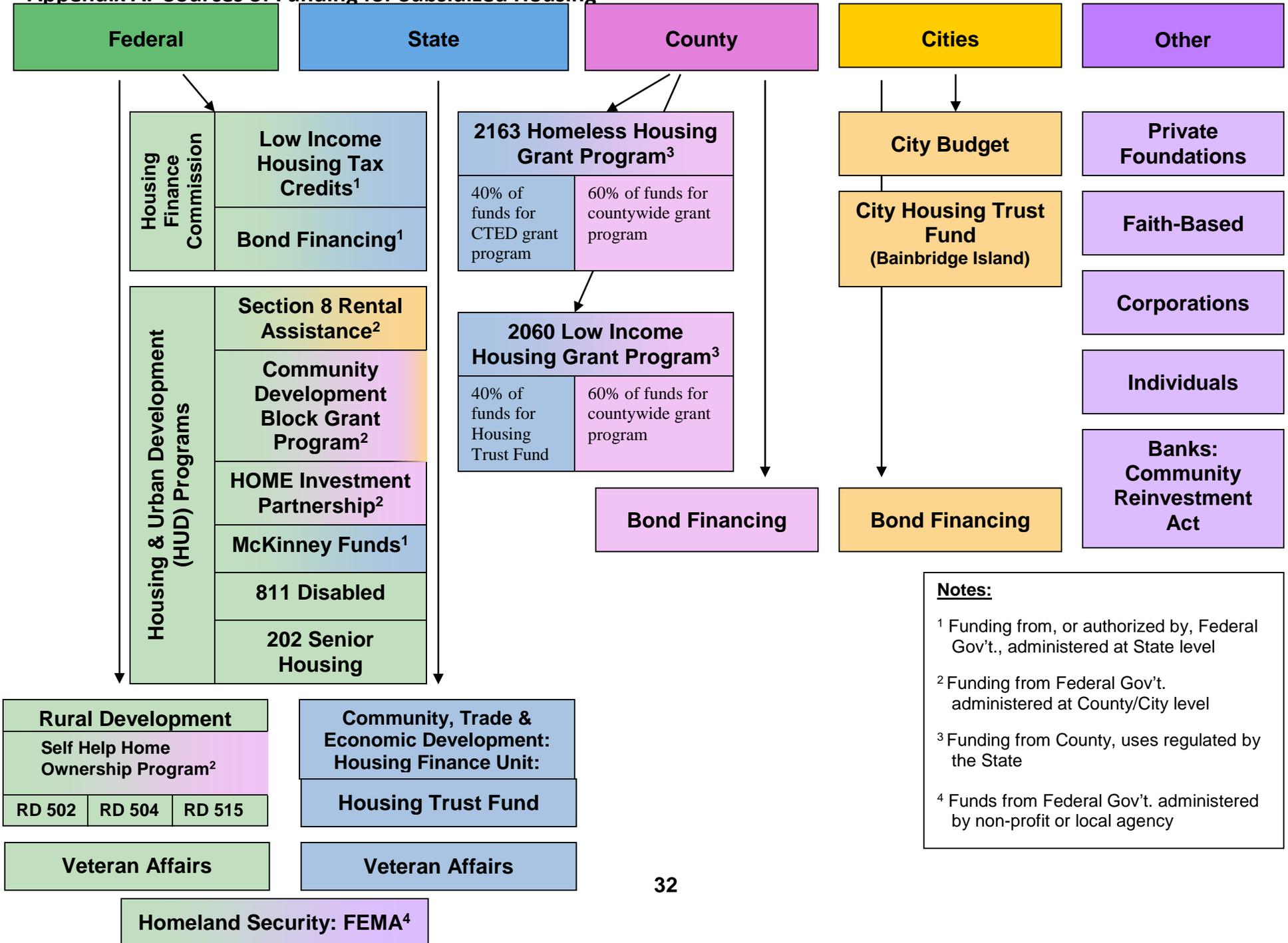
### **The Future of Homelessness**

Many social and governmental factors beyond the control of Kitsap community members contribute to the epidemic of homelessness: low minimum wage, declining job market, lack of affordable housing, and high housing and rental prices. Huge efforts will be needed to meet the needs of people who become homeless.

However, with a clear plan to reduce homelessness, the community's investment of resources, and an unwavering commitment to our community members in crisis, we can be successful in making homelessness rare, brief, and one-time.

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## Appendix A. Sources of Funding for Subsidized Housing



**Notes:**

- <sup>1</sup> Funding from, or authorized by, Federal Gov't., administered at State level
- <sup>2</sup> Funding from Federal Gov't. administered at County/City level
- <sup>3</sup> Funding from County, uses regulated by the State
- <sup>4</sup> Funds from Federal Gov't. administered by non-profit or local agency

Appendix B.

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Housing Availability Matrix		Population Served											
		No Income	Men Only	Women Only	Women w/children	Men w/children	Couples	Large Families w/children	Veterans	Pets Allowed	Felony	Sex-Offender	Behavioral Health
Type of Shelter/Housing	Safe Car Park	✓	✓	✓	✓	✓	✓	✓	Targeted for outreach	✓			Targeted for outreach
	Severe Weather Shelter	✓	✓	✓	✓	✓	✓	✓	Targeted for outreach	✓	✓	✓	Targeted for outreach
	Overnight Shelter												
	Youth Overnight Shelter (ages 16-21)	✓	✓	✓					Targeted for outreach				Targeted for outreach
	Respite Shelter												
	Short Stay/Temporary Dormitories (up to 3 months)	✓	✓	✓	No Boys over 13 allowed.	No girls in dorm settings.		✓	Targeted for outreach				Targeted for outreach
	Legal Tent City - 1 year camp with Outreach and CM												
	Transitional Housing with Case Management		✓	✓	✓	✓			✓		Case by Case	Case by Case	✓
	Tiny House Commune - Permanent with CM												
	Permanent Supportive Housing - Rq'd Treatment & Case Management		✓	✓	✓	✓	✓	✓	✓		Case by Case	Case by Case	✓
	Harm Reduction Housing First Model - with CM				✓	✓	✓	✓		✓			
	Permanent Subsidized Housing for 55+ or Disabled (No CM)		✓	✓			✓		✓	✓			
	Permanent Subsidized Housing for 62+ (no CM)		✓	✓			✓		✓	✓			
Permanent Subsidized Housing for Individuals and Families (no CM)		✓	✓	✓	✓	✓	✓	✓	✓				

<b>KEY</b>	✓ Housing Options Available	No Housing Available	Case by Case Consideration
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Updated by Marta Holt 08/10/2015