

ASPECTS OF HOMELESSNESS IN KITSAP COUNTY

POPULATION EXPERIENCING HOMELESSNESS

We have no single system or census to tell us how many Kitsap residents are experiencing homelessness on any given day. We use several sources to estimate the number - each includes a different and sometimes overlapping slice of the population and has different definitions and ways of collecting the data. This table provides detail about each source:

Point in Time Count (PIT)	Homeless Management Information System (HMIS)*	DSHS Basic Food Assistance Recipients (DSHS BF)
WHAT IS IT?		
Count of individuals and households experiencing homelessness.	Count of individuals and households currently or imminently experiencing homelessness and seeking housing.	Count of individuals and households receiving Basic Food Assistance and self-reporting homelessness.
HOW OFTEN IS IT UPDATED?		
PIT is conducted each year on one day at the end of January by volunteers and service providers.	HMIS is real-time; updated by Housing Solutions Center and housing providers as people seek housing.	Counts are updated by DSHS staff as people apply for or complete 6-month recertification reviews.
HOW IS HOMELESS DEFINED?		
In emergency or transitional shelter, unsheltered, or temporarily living with family or friends.	Literally homeless or imminently losing housing and in a homeless services or housing program.**	In emergency housing/ shelter or battered spouse shelter, or without housing.
WHAT ARE THE DATA SOURCE LIMITATIONS?		
Only collected once per year during a 24 hour period, individuals not located by a volunteer or service provider are not counted.	Only counts those seeking housing from Kitsap providers. Does not include faith-based, ex-felon, veteran, or mental health housing programs.	Only counts persons eligible for and receiving DSHS Basic Food Assistance who self-report homelessness.
HOW MANY PEOPLE AND HOUSEHOLDS ARE EXPERIENCING HOMELESSNESS?		
ON ONE DAY: 658 individuals 452 households (January 2016)	IN ONE YEAR: 4,681 individuals 2,837 households (January-December 2015)	ON AVERAGE EACH MONTH: 2,958 individuals 2,518 households (January-December 2015)



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*Housing Solutions Center is the central intake system and enters the majority of HMIS data. HMIS includes the PIT count.
**Including but not limited to: emergency shelter, transitional or permanent supportive housing, rapid rehousing, or rental assistance.

CHILDREN EXPERIENCING HOMELESSNESS

People experiencing homelessness in childhood are more likely to experience homelessness as an adult. In addition to the three sources listed on the previous page, our public school districts are an additional source to estimate the number of children experiencing homelessness.

Public School Districts	
WHAT IS IT?	Each year, school districts must report the number of children/youths experiencing homelessness to the Office of the Superintendent of Public Instruction.
HOW OFTEN IS IT UPDATED?	Data are collected throughout the year by all schools.
HOW IS HOMELESS DEFINED?	In a shelter, doubled-up, unsheltered, or in a hotel/motel.
WHAT ARE THE DATA SOURCE LIMITATIONS?	Schools use different methods to collect data. Reporting to the school is not required so some students experiencing homelessness are not identified.

This table provides counts from each source:

Point in Time Count (PIT)	Homeless Management Information System (HMIS)	DSHS Basic Food Homeless (DSHS BF)	Public School Districts
HOW MANY CHILDREN ARE EXPERIENCING HOMELESSNESS?			
ON ONE DAY: 135 children age 0-17 (January 2016)	IN ONE YEAR: 1,318 children age 0-17 (January-December 2015)	ON AVERAGE EACH MONTH: 392 children age 0-17 (January-December 2015)	IN ONE SCHOOL YEAR: 1,047 students grade K-12 (2014-15 school year)

HEALTH IMPACTS OF HOMELESSNESS

- **Negative health effects increase** as the duration of homelessness continues.
- **Health disabilities** that are more commonly seen only in people who are decades older.
- **Higher rates of life-threatening contagious diseases**, like TB and HIV/AIDS.
- **Remarkably high disease severity** because of extreme poverty, delays in seeking care, non-adherence to therapy, cognitive impairment and the adverse health effects of homelessness itself.
- **High rates of morbidity and mortality due to unintentional injuries.**
- **Hospitalizations 5 times more often** than the general population; longer stays than other low-income patients.
- Homeless children have **worse physical health** than low-income “housed” children.
- Homeless children have **more developmental delays, anxiety, depression, and behavior problems, poorer school attendance and performance, and poorer** ability to obtain **necessary immunizations.**
- **Infant birth weight is consistently lower** among homeless women, more so when maternal stress and abuse were involved, across all maternal pre-pregnancy weight categories.

HOW IS KITSAP WORKING TO REDUCE HOMELESSNESS?

By its very nature, homelessness is impossible to measure with 100% accuracy. Definitions vary between different homeless programs, the homeless population changes on a daily basis, and data collection efforts focus on different aspects of homelessness. The Kitsap Homeless Housing Plan was updated for 2016 to guide and coordinate local efforts to make homelessness rare, brief, and one-time. Local service providers carefully track and report outcomes and participate in a coordinated intake system. More important than knowing the exact number of people who experience homelessness, is our progress in ending it.