

**MASON COUNTY
10-YEAR PLAN TO REDUCE HOMELESSNESS
Phase 2**

June 2006

Recommendations for Investment of Affordable Housing (SHB 2060) and Homeless Prevention (SHB2163) Funds.

Affordable Housing Funds: about \$120,000 per year

Smaller portion allocated to Mason County Shelter, and other shelter service providers, to increase capacity (# of beds) of shelter services (recommendation of percentage to be determined by Mason County Housing Coalition)

Larger portion allocated to Habitat for Humanity of Mason County, Kitsap Consolidated Housing and other affordable homeownership service programs, to increase stock of affordable housing units available to low-income families. Local funds needed for land purchases, a necessary step in securing further funding. (Recommendation of percentage to be determined by Mason County Housing Coalition)

Homeless Prevention Funds; about \$120,000 per year

Create a staff position to facilitate implementation of action steps associated with implementation of the Mason County Homeless Plan (current short-term goals), securing on-going funding, developing capacity of local agencies to participate in the Homeless Plan, and developing on-going Homeless Plan activities (approx. \$35,000)

Allocated funds to support the Health Access Task Force (approx. \$10,000 – one-time investment)

Allocated funds to support Rental Assistance Program for “Housing First” project (\$20,000)

Allocated funds to “Affordable Rental Pilot Project” (to be determined)

Allocated funds as match for Pathway’s project (approximate \$25,000)

Allocate funds to support a “Ready to Rent” class to be offered by Mason County Shelter, but open at no cost to members of the community, including potential candidates in the “Affordable Rental Pilot Project” (\$10,000)

Allocate funds for Shelton School District Homeless Outreach Program to participate in ConneXions project (carry-over from Phase One plan) (\$5,000)

Allocate on-going funds to support Homeless Census (\$1,500)

2006 MASON COUNTY HOMELESS CENSUS SUMMARY

I. Findings

1. *THERE ARE HOMELESS PERSONS IN MASON COUNTY.*

595 persons representing 275 households were included in the 2006 Homeless Census
515 persons, representing 202 households, were confirmed in the unduplicated count.

3. *MAJORITY OF THE POPULATION ARE PERSONS/HOUSEHOLDS WHO LIVING IN UNSTABLE HOUSING SITUATIONS, and WHO ARE AT GREAT RISK FOR BECOMING THE UNSHELTERED HOMELESS.*

71.6% of this homeless population is classified as “at risk for homeless”, persons living in unstable housing (couching surfing, crisis doubling-up, or living in substandard housing – limited amenities.) This represented 74% of the households.

14.8% of the homeless population were unsheltered (living in car, outdoors, or abandon building) on the day of the census

13.4% of the homeless population participated in local homeless programs/services on the day of the census.

4. *MAJORITY OF THE AT-RISK FOR HOMELESSNESS ARE FAMILIES WITH CHILDREN.*

66% of the households in unstable housing situation were families with children

54% of the individuals in unstable housing situation were children under the age of 18 years; 46% of the individuals were children under the age of 12 years.

7. *WHEN THERE IS NO ROOM AT THE SHELTER AND TEMPORARY LIVING SITUATIONS EVAPORATE, SOME FAMILIES CHOOSE TO REMAIN IN THE COMMUNITY AND FIND ALTERNATIVE UNSHELTERED HOUSING SOLUTIONS.*

13% of the households in unstable housing situations were single women, while 21% were single men. 60% of the unsheltered homeless were families with children; these 18 families included 34 children under 18 years

100% of the households living in abandon buildings were families with children.

3. *MENTAL HEALTH AND OTHER MEDICAL PROBLEMS ARE COMMONLY IDENTIFIED DISABILITIES EXPERIENCED BY THIS POPULATION.**

Mental illness was the most commonly identified disability.

Permanent physical disability, dental and substance use were also frequently identified disabilities.

3. *REGARDLESS OF FAMILY STRUCTURE, THE THREE MOST COMMON CAUSES FOR HOMELESSNESS WERE DOMESTIC VIOLENCE,/FAMILY BREAK-UP, JOB LOST, AND MEDICAL PROBLEMS.**

“Unable to pay rent’ was identified most frequently as causes of current housing situations.

“Upstream” crisis to current housing situations varied among family structures:

- Domestic violence and family break-up were the most frequently cited reasons for female single-parent households and single women households.
- Family break-up and job lost were the most frequently cited reasons for male single-parent households.
- Job lost and medical problems were the most frequently cited reasons for homelessness by 2-adults family households, 2-adult no children households, and single men.

6. *IN MASON COUNTY, THERE ARE BOTH CHRONIC AND NON-CHRONIC HOMELESS HOUSEHOLDS.**

42% of the persons who answered this question, revealed that they had been in their current housing situation for 4-12 months; while 32% have experienced their current unstable housing situation for over 1 year.

A small minority (27%) has experienced their current housing crisis for only 3 months or less.

27% of those who answered the question reported that this was their first time in housing crisis.

47% have been homeless 2-3 X’s; while 26% have been homeless 4 or more times in their lifetime

5. *OUR HOMELESS POPULATION ARE OUR NEIGHBORS.**

71% of the homeless lived in Shelton before they experienced their current housing crisis

12% of the population lived in unincorporated Mason County, and another 12% lived in other parts of Washington.

6% of the population lived outside the state before they became homeless.

* Question not answered by all respondents.

B. Census Limitations

1. There was limited capacity to include persons camping in the unincorporated areas of Mason County (strategies limited to State Parks users-showers, Food Bank users)
2. There was limited capacity to include youth in the school systems; only Shelton School District has Homeless Outreach program and RTL was in its early stages of implementation.
3. No service provider currently providing outreach to unsheltered homeless population in this community, so there were no trust relationships to build upon.
4. For the first time, a Hot Lunch event offered in the community. This was sponsored by an unknown entity, so trust relationships with homeless community not yet established.
5. Department of Corrections was undergoing a significant organizational change during time of census, so their data collection was incomplete. Their 55 homeless clients were NOT included in the official confirmed unduplicated census figures.
6. Rural Food Banks had very limited capacity to collect data, and were VERY hesitate to ask their clients for personal information. So, some of their data was not complete enough to include in the official confirmed unduplicated census figures.

The 2006 Homeless Census is probably an undercount of the true size of the homeless population in Mason County.

C. Myth Busters

1. According to the Mason County Sheriff's Office, there was only ONE registered Level 3 sex offender identified as homeless on the day of the census.
2. People from other parts of the state and/or country don't migrate to Mason County to become homeless.
3. In Mason County, the faces of homelessness are not single adults; there are children in two-partners and single partner households.

D. Priority Areas for Action from the 2006 Homeless Census

1. More affordable housing for low-income families
2. Preventive services for families-at-risk for homelessness, especially families with young children.
3. Preventive and supportive services for women involved with domestic violence.

E. Phase II Strategies.

Strategy Development.

From April – June 2006, a series of 23 community engagement/focus groups were conducted throughout the community. Some of these discussions 'piggy-backed' on existing regularly scheduled community work groups/task forces. Other discussions involved the staff, governance board, and clients of existing housing service providers. For some issues, such as mental health, no natural community structured existed. In these cases, special community events were organized.

At each community engagement events, participants were ask about their perceptions on gaps in services, regarding housing, health care, employment and homeless preventive services with respect to the populations they served. They were also invited to share any best practice models or programs that they were aware.

ISSUE AREA #1: HOUSING

Families with children:

Short Term Goal #1: Increase capacity of Mason County Shelter to Service more families with children. (Currently serves 6 families at one time; turns away about 34 families per month.)

Lead Organization: Mason County Shelter

Action Step(s):

- a. Direct County portion of Affordable Housing Fund (SHB 2060) to Mason County Shelter for purposes of remodeling properties currently owned by Mason County Shelter for more emergency shelter for families.

Community Investment: To be determined

Short Term Goal #2: Increase local capacity of affordable rental units with partnership project involving landlords, case managers, clients, USDA-Rural Development, MC Health Department, Habitat for Humanity, and Kitsap Consolidated Housing (“Affordable Rental Pilot Project”)

Lead Organization: Identify Lead Agency/staff person (see Infrastructure Issue Area)

Action Step(s):

- b. Identify a lead agency and organizational work group to develop plan details, including budget
- c. Direct Homeless Prevention Funds (SHB 2163) to support pilot project.
- d. Develop evaluation strategy
- e. Identify and develop other funding opportunities to support project on on-going basis.

Community Investment: (Est. \$5,000)

Long Term Goal: Increase capacity of affordable permanent housing for low-income families.

Lead Organization: Habitat for Humanity of Mason County, Kitsap Consolidated Housing Self-help Program and other appropriate low-income housing agencies

Action step(s):

- a. Direct significant county portion of Affordable Housing Funds for purpose of purchasing land of multi-family permanent housing for low-income families.
- b. Engage in City of Shelton and local developers to create housing projects that support low-income families

Community Investment: To be determined

Youth:

Short-term Goal: Create a short-term (up to ten days) respite shelter system for youth (modeled after Lutheran Social Services of Minnesota youth program)

Lead Organization: to be determined

Action Steps:

- a. Identify lead organization(s)
- b. Develop a work group of critical stakeholders
- b. Identify success best practice models
- c. Develop Mason County Model
- d. Implement and evaluate

Chronically Homeless Adults

Short-term Goal: Develop the presence of an organization that targets chronically homeless adults (such as BHR's Pathway's program) in order to build a relationship with target population

Lead Organization: Bring BHR into leadership position

Action Steps:

- a. Meet with state to determine strategy to bring Pathway's dollars back into the community
- b. Work with BHR to re-implement Pathway's program

Community Investment: \$25,000

Non-chronic Homeless Adults

Short-term Goal: Create an Emergency Shelter for Victims of Domestic Violence

Lead Organization: Turning Pointe

Action Step(s): Continue to support, as demonstrated by SBH 2060 funding, Turning Pointe's current Work Plan to open a Shelter for Victims of Domestic Violence

Needed Community Investment: \$2.9 M capital and \$250,000 annual operations

Increased Capacity: 14 beds, serving 30-35 people

Long-term Goal: Create Transitional Housing for Victims of Domestic Violence

Lead Organization: Turning Pointe

ISSUE AREA #2: PREVENTION

Family with Children.

Short-term Goal #1: Increase availability of Rental Assistance funds dedicated to clients who are enrolled in programs with intense case management (First Steps, Nurse-Family Partnership, Children with Special Health Care Needs, HIV/AIDS, Readiness to Learn, HeadStart/ECAP, Turning Pointe) "Housing First" Program

Lead Agency: Mason County Housing Coalition with new infrastructure support

Action Steps:

- a. Allocated about \$20,000 from Homeless Prevention Funds (SHB2163) to targeted Rental Assistance
- b. Organize short-term case management provider work group to develop critical for fund allocation.
- c. Develop systems with Mason County Shelter to distribute funds
- d. Develop evaluation strategy
- e. Identify on-going funding stream for program

Community Investment: \$20,000

Short-term Goal #2: Implement "Ready to Rent" Education Program

Lead Agency: Mason County Shelter and Mason County Housing Coalition with new infrastructure support

Action Steps:

1. Identify and develop curriculum, in conjunction with landlords
2. Train Shelter staff to offer program
3. Orient landlords to program
4. Develop marketing and evaluation strategies
5. Allocated about \$10,000 from Homeless Prevention Funds (SHB2163) to targeted Rental Assistance

Community Investment: \$10,000

Youth

Short-term Goal#1: Build and support capacity of local programs that meet the needs of youth (SOCK, Boys & Girls Club, and RTL), so that they can develop specific strategies that will prevent homeless among local youth.

Lead Agency: to be identified, with additional infrastructure support

Action Steps:

- a. Convene a Youth Working Group that focuses on developing specific strategies that appropriate agencies can add to their services

Short-term Goal #2: “Ready to Rent” education program, see above

Chronically Homeless

Short-term Goal #1: Build and support capacity of local programs that meet the needs of chronically homeless population (BHR’s Pathways and Coalition for Cold and Hungry), so that they can develop specific strategies that will prevent homeless among local youth.

Lead Agency: to be identified, with additional infrastructure support

Action Steps:

- b. Convene a Chronically Homeless Working Group that focuses on developing specific strategies that appropriate agencies can add to their services

Community Investment: \$25,000

Short-term Goal #2: “Ready to Rent” education program, see above

Non-chronically Homeless

Short-term Goal #1: Increase availability of Rental Assistance funds dedicated to clients who are enrolled in programs with intense case management (First Steps, Nurse-Family Partnership, Children with Special Health Care Needs, HIV/AIDS, Readiness to Learn, HeadStart/ECAP, Turning Pointe) “Housing First” Program

Strategy: See above

Short-term Goal #2: “Ready to Rent” education program, see above

ISSUE #3: HEALTH – All targeted Populations

Short-term Goal: Develop a community-driven strategy that addresses gaps in health care services (particularly mental and dental health) at the local level

Lead Agency: Mason County Health Access Task Force

Action Steps:

- c. Mason County Board of Health establish a Health Access Task Force
- d. Follow-up meeting with Homeless Community Engagement partners to confirm vision/goals and identify critical stakeholders
- e. Identify a neutral facilitator
- f. Form Health Access Task Force founding group; agree upon purpose, structure, and processes.

Community Investment: \$10,000

Long-term Goal: Implement health access strategies developed by the Task Force.

Lead Agency: Mason County Health Access Task Force

ISSUE AREA #4: EMPLOYMENT – all populations

Short-term Goal: Develop a small business incubator program

Lead Agency: Establish a work group that includes Employment Security, Olympic College, SOCK, Mason County Literacy and EDC.

Action Steps:

- a. Establish Work Group.
- b. Consensus on vision of the project
- c. Develop strategy to implement a Small Business Incubator Program
- d. Develop Business Plan to support project

ISSUE AREA #5: Planning to efficiently manage limited resources

Short-term Goal: Enhance capacity of Mason County Housing Coalition and affiliated service providers

Lead Agency: Mason County

Action Steps:

1. Identify skill set needed for staff support
2. Identify agency for staff position
3. Develop a job description and hiring committee
4. Hire staff dedicated to supporting the implementation and on-going development of Mason County Homeless Plan

Community Investment: \$35,000

Current Capacity

Mason County does not have a Federally Qualified Community Health Clinic. A FQHC typically provides comprehensive medical, dental and mental health services for low-income and uninsured individuals.

Medical services for the uninsured are offered by individual medical practices that offer sliding-fee scale options for low-income individuals. Practices are still accepting new Medicaid and Medicare patients. Mason General Hospital offers \$ charity care

Very limited dental services for very low-income children are provided by a few of the local private dental providers. Only two practices accepted new patients (children with medical coupons). No practices accept new patients (adults with medical coupons). 81% of the Mason County population don't have any type of dental insurance. Dental practices are NOT able to provide services under sliding fee schedule model. Dentist are reluctant to provide 'charity' care, due to the ongoing obligations to accept such patients are ongoing patients.

Public Assistance-funded mental health services are available to only the very poor and the very ill. Alliance Counseling offers mental health services to the uninsured under a sliding fee scale model. Their capacity is limited by their ability to secure community funds to subsidize these services.