



## Homelessness and Behavioral Health

On any given night, nearly 85,000 Americans with disabling health conditions who have been homeless for long periods of time—some for years or decades—can be found sleeping on our streets, in shelters, or other places not meant for human habitation. These men and women experiencing chronic homelessness commonly have a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death.

Ending Chronic Homelessness in 2017, United State Interagency Council on Homelessness

### **Nationally:**

According to the U.S. Department of Housing and Urban Development:

- People living in shelters are more than twice as likely to have a disability compared to the general population.
- On a given night in 2017, 20 percent of the homeless population reported having a serious mental illness, 16% conditions related to chronic substance abuse, and more than 10,000 people had HIV/AIDS.
- People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions.
- More than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.
- Substance use disorders are known risk factors for homelessness, and substance abuse and overdose disproportionately impact homeless people.

National Alliance to End Homelessness

### **In Washington State:**

- As of January 2019, Washington had an estimated 21,577 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD).
- Of that total, 1,751 were family households, 1,585 were Veterans, 1,911 were unaccompanied young adults (aged 18-24), and 4,884 were individuals experiencing chronic homelessness.
- Public school data reported to the U.S. Department of Education during the 2017-2018 school year shows that an estimated 40,112 public school students experienced homelessness over the course of the year.
- Of that total, 2,957 students were unsheltered, 4,993 were in shelters, 2,521 were in hotels/motels, and 29,641 were doubled up.

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## In Kitsap County:

- From 2013 to 2017, about 1 in 3 Kitsap households spent more than 30% of their income on housing, similar to the state overall. This percentage has been decreasing from about half from 2008 to 2012. Renters have higher percentages than owners in all areas of the county.
- As of October, 2019, there were 378 people on the Bremerton Housing Authority's waitlist for section 8 housing and 188 people on Housing Kitsap's waitlist. The average wait time for housing is about 18 months.
- During the 2017-18 school year, about 28 out of every 1,000 Kitsap public school students lacked a fixed, regular and adequate nighttime residence. This rate has been increasing from 2007-08 to 2017-18, but is better than Washington State overall.
- The rate in Bremerton is much higher than in any other area of the county. Bainbridge and Central Kitsap have the lowest rates.
- About 2% of Kitsap residents are currently or imminently experiencing homelessness and seeking housing through Kitsap Community Resources. This percentage is unchanged from 2011 to 2017.
- During the annual point-in-time count in January, 2019, 480 homeless individuals were identified in Kitsap County. This is a rate of almost 2 per 1,000 residents, lower than the state overall, but unchanged from 2006.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

The 2019 Kitsap County Point in Time Count of 173 unsheltered individuals indicates a 16% increase from 2018 and a 5% increase from the average of 165 individuals over the prior 3 years. Since the opening of the Winter Shelter, the number of sheltered individuals has increased 16% from 264.

- 48% identified mental health issues and 34% identified mental health as the cause of their homelessness.
- 28% identified substance abuse issues and 13% identified substance abuse as the cause of their homelessness.

Kitsap County Department of Human Services 2019 Point in Time Count

## Consequences of Homelessness:

Communities have long grappled with the interconnected challenges of mental illness, substance use disorder, and homelessness. Over the past decade, the toll of these challenges has grown as the opioid epidemic further strains access to health care, housing, education and other critical services. As outcomes for those experiencing mental illness, substance use disorders and/or homelessness continue to deteriorate, the costs of addressing these issues have risen.

National League of Cities, Mental Illness, Substance Use, and Homelessness: Advancing Coordinated Solutions Through Local Leadership

Chronic homelessness refers to people who have chronic and complex health conditions including mental illnesses, substance use disorders, and medical conditions who experience long-term homelessness— and can be found sleeping on the street or in shelters. Without stable housing, they cycle in and out of emergency departments, inpatient hospital stays, psychiatric centers,

detoxification programs, and jails, resulting in high public costs and poor health outcomes for individuals including premature death. A chronically homeless person costs the taxpayer an average of \$35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average \$12,800, making the net savings roughly \$4,800 per year.

Ending Chronic Homelessness Saves Taxpayers Money, National Alliance to End Homelessness

### **Treatment of Individuals Homeless:**

Men, women, youth, and families living with mental or substance use issues may need treatment, case management, and discharge planning in addition to financial support (e.g., employment assistance, Housing First programs, targeted rental/housing subsidies) to avoid or escape homelessness. Being homeless, no matter how long it lasts, is a life-altering traumatic event that creates major stress in any person's life, regardless of age.

Housing and shelter programs can help address the root causes of homelessness through a range of essential recovery support services, including mental and substance use disorder treatment, employment, and mainstream benefits. Types of housing and shelter programs include:

- Emergency shelters are often where people experiencing economic shock first turn for support through a wide range of services.
- Transitional housing typically involves a temporary residence of up to 24 months with wrap-around services to help people stabilize their lives.
- Permanent supportive housing offers safe and stable housing environments with voluntary and flexible supports and services to help people manage serious, chronic issues such as mental and substance use disorders.
- Providing permanent supportive housing on a housing first basis—without requiring transitional steps or demonstrated sobriety—is effective for people experiencing chronic homelessness. People with a serious mental illness, substance use disorder, or co-occurring mental and substance use disorder have demonstrated similar or better housing stability and substance use, compared to those placed in housing with pre-requisites.
- Discharge planning for people released from institutional care (e.g., hospitals, psychiatric care, substance abuse treatment centers, foster care, military service, jail, prison).
- Case management that focuses on determining clients' needs for housing assistance, helping them find and get housing, and securing other resources needed to maintain housing stability (e.g., health insurance, childcare services, medical treatment, psychological services, food, clothing).

Homeless Programs and Resources: Substance Abuse & Mental Health Services Administration