



City of Tacoma
Neighborhood and Community Services Department

Issue Statement: Systems and Strategy Division

PURPOSE

This issue statement will guide Neighborhood and Community Services (NCS) funding recommendations for the 2027-2028 biennium. NCS recognizes that community needs shift, and in response have reviewed current data and feedback from Tacoma residents and community members to align our programming to reduce barriers experienced by marginalized communities while remaining equitable in our funding practices. NCS is committed to addressing the needs of the community that are outlined in this document. Due to the critical nature of some services, and a limited provider pool, not all Department Priority Areas will be competing for funding.

NCS SYSTEMS AND STRATEGY DIVISION OVERSIGHT

Homelessness refers to the state of individuals or families lacking a stable, safe, and adequate place to live. This often entails not having a permanent residence and may involve living on the streets, in shelters, or in temporary accommodations. Individuals and families experiencing homelessness often lack resources and support networks to obtain permanent housing.

Community Wellness is defined as the overall physical, mental, social, and economic health of the Tacoma community. It is characterized by the availability of resources, quality of life, and the presence of equitable opportunities that foster an environment of growth and resilience. This includes, but is not limited to, access to quality healthcare; youth and young adult development, intervention, and support services; public safety through violence prevention and reduction efforts, and reliable access to nutritious food.

FUNDING PRIORITIES

The City will prioritize investments that address the following areas and solutions to:

- Increase residents' perception of safety.
- Increase access to mental health and substance use disorder services.
- Improve equitable services for youth, seniors, and vulnerable populations.
- Increase accessibility to health care services.
- Increase equitable access to nutritious and culturally relevant food.
- Support prevention and early intervention to reduce violence.
- Enhance coordinated services for at-risk individuals leaving hospitals, jails, juvenile detention facilities, or crisis facilities to ensure access to resources, permanent supportive housing, and promote financial empowerment.
- Prioritize diverse shelter models for multiple types of households. Enhance homeless outreach efforts, permanent supportive housing programs, rapid rehousing initiatives, and supportive services tailored to prevent and end homelessness.

NCS will continue to fund, but will **not** be competing the following areas:

- City Initiatives,
- Interlocal Agreements,
- Young Adult Sheltering, and
- Senior Programming.

DEPARTMENT PRIORITY AREAS

Homelessness

Homeless Strategy, Systems, and Services addresses the following City Council goals: Community Safety and Housing and Homelessness. The Homelessness priority area includes four specific focus areas: sheltering, complementary services, housing services and interventions, and encampment response. Point in Time Count data identifies current drivers of homelessness, informing targeted investments across these priority areas.

- Of the 2,955 individuals counted during [Pierce County's 2025 Point in Time Count](#) (PIT), the top three reported causes for homelessness were: family crisis, no affordable housing, and domestic violence.¹

Sheltering

Goal: Prioritize diverse shelter models for multiple types of households.

Funding will support shelter programs that are tailored to meet the identified needs of individuals or families experiencing homelessness. These programs will provide basic and enhanced supports, such as hygiene services, meals, laundry, and case management, with a focus on trauma-informed care and person-centered practice.

Shelter programs and models may vary in approach to meet specific or emergent needs such as the population(s) served, intake/screening processes, and length of stay requirements. However, programming should align with several key priorities, especially in goals 2 & 3, as outlined in the [City of Tacoma's Homelessness Strategy](#). Shelter programs will be easily accessible and provide Tacoma residents a safe and dignified experience. Additionally, efforts should focus on reducing barriers to shelter for all individuals experiencing homelessness and prioritize access to behavioral health and case management services. Funding may also be used to address the housing stability needs of sheltered individuals and families through resources such as Temporary Financial Assistance.

Complementary Services

Goal: Provide individuals and families access to a continuum of tailored supports to prevent and end homelessness.

Funding for these programs may provide essential enhancements to Tacoma's homeless service system, targeting priority areas, addressing racial disparities through tailored service delivery, and improving access to resources. This funding will enable the expansion of legal services and workforce development programs, increase access to detox facilities and mental health services, and address racial disparities in behavioral health treatment. Additionally, it will support shelter staff training, assist individuals exiting therapeutic mental health court, and expand access to other systems and resources with navigation services.

Housing Services and Interventions

Goal: Increase access to services and stable housing in order to end the cycle of homelessness.

A comprehensive range of supportive services will transition individuals experiencing homelessness to appropriate housing, in addition to ensuring the housing stability of those already housed in our community. These services include resources for households facing housing crises, integration of culturally competent and trauma-informed practices into programs, and expanded services aimed at enhancing life skills and maintaining adequate housing with an emphasis on addressing racial disparities through increased housing stability for marginalized communities.

¹ Homeless Point-in-Time Count. (2025). Retrieved January 22, 2026, from Pierce County Human Services Point-in-Time Count results webpage: <https://www.piercecountywa.gov/5985/Point-in-Time-Count-Results>

Encampment Response

Goal: Increase access to resources through outreach and address public health and safety concerns.

Funding for these programs will bolster homeless outreach and navigation services, making vital connections for individuals experiencing unsheltered homelessness to essential community resources. Programming will be trauma-informed, culturally competent, and will include a focus on marginalized groups who are disproportionately affected by homelessness. These efforts will not only provide immediate support for individuals in encampments but also contribute to long-term solutions by guiding individuals towards shelter alternatives and stable housing options.

Violence Prevention

Violence Prevention programming addresses the City Council goal of Community Safety and aligns with the [Community Safety Action Strategy](#) (CSAS).² It is consistent with the values of Belief and Trust, and Access, Opportunity, and Belonging.

Violence Prevention is the overarching priority area for three specific focus areas: youth and young adult; family and intimate partner; and community. Violence, whether at the individual, family, or community level, has residual effects on people and communities. Efforts to reduce violence in one area can have a positive impact on other focus areas. This approach addresses root causes of violence. Services are prioritized through a risk and protective framework with a lens of equity and social determinants of health.

Goal: Prevent violence and its impacts across social domains.

Strengthen protective factors and reduce risk factors primarily in the individual, interpersonal, and community domains, while increasing access to culturally relevant best practices and evidence-informed programs.

Building Resilience Against Youth Violence and Exploitation (BRAYVE)

BRAYVE aligns with CSAS Goal 2.3: Provide youth with the opportunities they need to feel safe and supported with the goal of leading to a decrease in violent crime and other risk behaviors.

Goal: Reduce the likelihood that youth and young adults will become involved in criminal activity and violent crime.

- Pierce County has higher overall youth crime than comparable Washington State counties.³
- Tacoma Police Department reports people aged 24 and under accounted for 29.2% of the Tacoma Murder and Non-Negligent Manslaughter victims in 2025, up from 23.8% in 2024.⁴
- In 2023 and 2024, people between the ages of 10 and 24 die from assault in Tacoma at a rate of 11.25 per 100,000 people. This is higher than the state average rate of 4.91 per 100,000 people.⁵

² Community Safety Action Strategy. (2024). Retrieved January 27, 2026, from City of Tacoma website:

<https://tacoma.gov/government/departments/city-managers-office/transforming-tacoma/city-council-priority-community-safety/community-safety-action-strategy/>.

³ University of Washington- CoLab Community and Behavioral Health Policy. (2025). [Pierce County Juvenile Justice Systems Assessment](#).

⁴ Tacoma Police Department Crime Analysis Unit. (2026, January 23). *26-007 cov* (Violent Crime Data 01 January 2018 to 31 December 2025)[Personal Communication to Neighborhood and Community Services Department].

⁵ Tacoma-Pierce County Health Department- Assessment, Evaluation & Epidemiology. (2025, December 22). *Violence Data* [Email to City of Tacoma- Neighborhood and Community Services Department].

- For violent incidents, young people between the ages of 10 and 24 have emergency department visits at a rate of 92.5 per 10,000 people and is more common in the population 18 to 24 than the population 10 to 17.⁵
- According to a presentation by Pierce County Juvenile Court, Black youth are 3.43 times as likely as White youth to be referred to the court from law enforcement, that is a rate of 30.4 per 1,000 Black youth and 8.9 per 1,000 for White youth.⁶
- The Tacoma Public School student groups that have the highest discipline rates on average are overrepresented. These include male students; Black students; American Indian/Alaska Native; or two or more races; low-income students; students experiencing homelessness; youth in foster care; migrant; and students with disabilities.⁷
- The Healthy Youth Survey (HYS) data in 2023 shows Tacoma youth face higher community, school, and peer-individual risk factors than the state average.⁸

Funding will be prioritized to support data-informed strategies for firearm violence reduction, interventions and outreach for youth with highest risk, prevention strategies, placed-based interventions, mental health resources, and trauma informed practices. The City expects to fund secondary prevention and intervention for youth and young adults 10 through 24 years of age; funding recommendations will represent a balance of services. Services should be trauma-informed, culturally responsive, ongoing engagement, equitable, and responsive to community needs.

Domestic Violence/Intimate Partner Violence Prevention (DV/IPV)

DV/IPV aligns with CSAS Goal 2: Support focused approaches to providing the right services for individuals with specific needs to increase safety within the community.

Goal: Increase healing and restorative resources for individuals and families impacted by domestic and/or intimate partner violence and increase access to immediate and crisis response services.

- Pierce County had the highest DV related homicides in the State of Washington in 2024.⁹
- In 2024, domestic violence offenses made up 49.5% of all crimes against persons in Washington State.¹⁰
- Non-fatal strangulation forensic exams have increased year over year since 2023 with new legislation. 2025 had 119 exams completed with the majority of survivors between the ages of 18 and 24 followed by the 25 and 30 age group.¹¹
- Emergency department visits for sexual violence occur at a rate of 32.8 per 10,000 visits for people in the 10-24 age bracket, higher than all other ages and for all adults 18+.⁵

Funding to reduce violence within the family domain will provide supportive services including therapeutic/support groups, legal advocacy, safety planning, survivor advocacy, and services that will reduce barriers to services. Programs may offer crisis hotline services, hospital response, and youth focused prevention

⁶ Pierce County Juvenile Court. (2025, November 21). *BRAYVE Executive Steering Committee and Data* [Personal Communication to Neighborhood and Community Services Department].

⁷ Report Card - Washington State Report Card. (2025). Retrieved from K12.wa.us website: <https://reportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/100261>.

⁸ Tacoma Public Schools. (2026, February 5). 2024 HYS PPT Brief [Personal Communication to Neighborhood and Community Services Department].

⁹ Fatalities by County - Updated every 6 months – Washington State Coalition Against Domestic Violence (WSCADV). (2025, July 3). Retrieved from Washington State Coalition Against Domestic Violence (WSCADV) website on 2026-01-30: <https://wscadv.org/resources/fatalities-county-updated-every-6-months/>.

¹⁰ *Crime in Washington 2024 Annual Report Washington Association of Sheriffs and Police Chiefs*. (2024). Retrieved from <https://www.waspc.org/assets/CJIS/2024%20Crime%20in%20Washington-compressed%208-2025.pdf>.

¹¹ Tacoma Pierce County Crystal Judson Family Justice Center. (2026, January 13). *Non-Fatal Strangulation Data for COT* [Personal Communication to Neighborhood and Community Services Department].

education. Programs will address prevention and intervention services for individuals and youth, to promote healing, and resiliency and disrupt the cycle of violence. Services are intended to address physical and/or sexual violence between current and/or former intimate partners and provided to survivors and their children.

Community Violence Response

Violence Prevention aligns with CSAS Goal 3; Theme 1: Violent crime, and a perceived lack of action to address it, has a big impact on many community member's perceptions of safety.

Goal: Increase access to resources in neighborhoods impacted by community violence to promote healing and repair and to reduce escalation of future community violence.

- Crimes Against Person¹² crime rate per 1,000 people has declined in Tacoma since the peak in 2022 from 26.8 to 21.2 per 1,000 people in 2025.^{Error! Bookmark not defined.}
- Total Crimes Against (Persons, Property, Society) rate per 1,000 residents declined from a high of 164.4 in 2022 to 91.2 in 2025, the lowest since 2018.^{Error! Bookmark not defined.}
- While overall violence in Tacoma has **decreased** in some subsets of the population, perception of safety in the community remains mixed. When asked about overall feeling of safety in their community, 38% of respondents reported feeling very safe or safe, 23% reporting feeling neutral, and 39% reported feeling unsafe or very unsafe.¹³

Funding will be prioritized to provide community healing from trauma after incidents of violent crime, including homicide, that impact community. Services promote repair and build resiliency to foster a sense of belonging and prevent further trauma and violence. Funding may be prioritized for services that also mobilize volunteers to implement programming. Supportive programming may include community-level healing through culturally responsive practices such as moments of blessing and reclaiming spaces of violence. Community outreach to neighbors, businesses, and surrounding areas with higher rates of violence may encourage restoration. Resources may be made available to those most impacted by community trauma and may include group level social-emotional supports such as support groups for grief, loss and trauma. Individual-level supports may include referrals to licensed mental health supports and care-support after the traumatic loss of a loved one.

Health and Health Care

Health and Health Care programming addresses the following Council goal area: Community Safety. It is consistent with the values in [Tacoma 2035](#) of Belief and Trust and Access, Opportunity, and Belonging.

Health and Health Care aligns with CSAS Goal 2.2: Support people experiencing behavioral health challenges.

¹² National Incident-Based Reporting System (NIBRS). (2012). Retrieved from <https://ucr.fbi.gov/nibrs/2012/resources/crimes-against-persons-property-and-society>

¹³ ETC Institute. (2024). [2024 City of Tacoma Community Survey Findings Report](#).

Goal: Improve health outcomes and increase equitable access to healthcare for Tacoma residents.

- The American Community Survey (ACS) reports that 7.2% of Tacoma residents do not have medical insurance. People of color and people who are not U.S. citizens disproportionately do not have medical insurance in Tacoma.¹⁴
- According to the Substance Abuse and Mental Health Services Administration, “In 2021-2023, among adolescents aged 12 to 17 in Washington, 13.4% had serious thoughts of suicide in the past year.”¹⁵
- Opioid related deaths have significantly increased in recent years and are the top cause of drug-caused deaths in Pierce County.¹⁶

Programming in this priority will enhance accessible, equitable, and comprehensive services that promote physical and behavioral health. This includes a focus on behavioral health, including services addressing mental health and substance use disorders, such as opioid use disorder. Additional funded supplemental services may include transportation resources to health care appointments, as well as resource and benefits navigation.

Equitable Food Access

Equitable Food Access programming addresses the following Council goal area: Community Safety. It is consistent with the values in [Tacoma 2035](#) of Belief and Trust and Access, Opportunity, and Belonging.

Goal: Increase access to nutritious food options for all Tacoma residents.

- According to the U.S. Department of Agriculture (USDA), 9.5% of households in Tacoma are food insecure. Food insecurity disproportionately affects people of color, people with disabilities, and people over the age of 60.¹⁷
- According to the USDA, the cost of food is expected to rise 2.7% in 2026.¹⁸

Programming in this priority addresses the disparities in accessing nutritious and culturally relevant food. This may include, but is not limited to, investment in the delivery of nutritious food, food education, distribution of meals, mobile and stationary food banks, and food pantries.

Aging and Disability

Aging and Disability programming addresses the following Council goal area: Community Safety. It is consistent with the values in [Tacoma 2035](#) of Belief and Trust and Access, Opportunity, and Belonging.

Goal: Improve the quality of life for seniors and/or individuals with disabilities in Tacoma.

- In the general population of Tacoma, 15.1% of residents have a disability, according to the ACS.¹⁹

¹⁴ U.S. Census Bureau. (2023) [American Community Survey 5-year data: Table S2701. \[Selected Characteristics of Health Insurance Coverage in the United States\]](#). U.S. Department of Commerce. Retrieved November 5, 2025.

¹⁵ Substance Abuse and Mental Health Services Administration. (2025) [Behavioral Health Barometer: Washington Volume 8](#). Retrieved January 6, 2026.

¹⁶ University of Washington. [Washington state opioid trends: Deaths](#). (2015). Washington.edu. Received January 20, 2026.

¹⁷ U.S. Department of Agriculture, Economic Research Service. (2026, January 8). [Food Security in the U.S.](#)

¹⁸ Sweitzer, M., & Davidenko, V. (2025, April 25). [USDA ERS - Summary Findings](#).

¹⁹ U.S. Census Bureau. (2023). [American Community Survey 5-Year Estimates Subject Tables: Table S1810 \[Disability Characteristics\]](#). U.S. Department of Commerce. Retrieved November 4, 2025.

- According to the ACS, about 14% of Tacoma’s population is 65 years and over¹⁹.
- Pierce County reports that “In 2010, one in every six Pierce County residents was over the age of 60. By 2020, approximately one in five County residents was over the age of 60. By 2030, one in four of Pierce County’s population is projected to be age 60 and over.”²⁰
- The National Council on Aging reports that “older adults who participate in senior center programs experience better psychological well-being across several measures compared to non-participants, including higher levels of health, increased social interaction, and greater life satisfaction.”²¹

Programming in this priority area seeks to holistically support these populations by promoting healthy lifestyles and independence, while offering opportunities for positive and meaningful community involvement. Funding may include, but is not limited to, aiding senior and/or residents with disabilities in the navigation and application of services, transportation resources, supporting financial security and empowerment, and fostering community connections by offering programs that are culturally relevant and prioritize the emotional and social well-being of seniors and individuals with disabilities, ensuring they remain engaged and supported.

²⁰ Pierce County Human Services, Aging & Disability Resources. (2023). [2024-2027 Area Plan](#). Pierce County.

²¹ National Council on Aging. (2024, August 15). [Get the Facts on Senior Centers and How They Serve Older Adults](#). Ncoa.org.

DEFINITIONS

At-risk: An individual who faces conditions or circumstances that increase their chances of negative outcomes.

Disparities: One group is systemically faring worse than another for reasons that are not due to the group's needs, eligibility, or preferences.

Case Management: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the health and human services needs of those served.

Community Violence: Acts of violence that generally take place in public areas and occur between unrelated individuals who may or may not know each other.

Equitable Opportunities: The principle that all individuals should have fair and impartial access to opportunities, resources, and benefits, regardless of their gender, race, or any other factors that could potentially impede their ability to access these opportunities.

People-centered: Placing the needs, desires, and experiences of individuals at the core of decision-making within a system.

Permanent Supportive Housing: An intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

Rapid Rehousing: Short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.

Risk and Protective Factors: Risk factors are conditions or attributes that increase the probability of an individual or group experiencing negative outcomes or adverse events. Protective factors are attributes or conditions that help shield individuals from negative outcomes and enhance their resilience.

Supportive Services: A variety of tailored resources and assistance provided to individuals or groups to address their specific needs and enhance overall well-being.

System: Body of work dedicated to pursuing a common objective.

Trauma-informed: Service delivery approach focused on an understanding of and responsiveness to the impact of trauma.

Vulnerable populations: Individuals who are at greater risk of poor physical and social health status. They are considered vulnerable because of disparities in physical, economic, and social health status when compared with the dominant population.