# AGENDA

**Meeting Topics**

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AGENDA ITEM #4: Homeless Housing Strategy Discussion

PRESENTERS: Anne Deacon, Human Services Manager
Barbara Johnson-Vinna, Housing Specialist

BOARD ACTION: Action Item ☑ Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

Whatcom County has experienced an increase in homelessness similar to other counties in the state and nation. There are many complex factors that lead to homelessness, and as a consequence, the solutions are complex as well. National research has proffered evidence-based strategies to respond to this crisis. The Health Department’s Human Services Division has a homeless housing program that works with community partners to implement these practices and track performance measures.

A comprehensive Strategic Plan was developed in 2008 and has been updated numerous times since then. The Phase Four edition of that strategic plan is attached. The Health Department has worked closely and collaboratively with its community partners to assess local needs, identify best practices to respond to those needs, develop a plan of action based on established science, and then implement the plan in conjunction with service providers. In addition to this focused and intensive work, a Homeless Coalition led by a dedicated steering committee has been established and meets monthly to provide current feedback and discussion.

The Housing program will provide the Health Board with information on the drivers of homelessness, the status of homelessness in Whatcom County, and an overview of the programs and services currently in operation in the community.

BOARD ROLE / ACTION REQUESTED

Engage in a discussion with Health Department staff to better understand the multiple and complicated factors of homelessness, and why the County is pursuing its current activities in response.

ATTACHMENT(S)

- PowerPoint Presentation
- Phase Four of the Local Strategic Plan to End Homelessness
- County Homelessness & Housing Funding Allocation Overview
- Letter from the Whatcom Housing Advisory Committee
Homelessness and Housing in Whatcom County

Anne Deacon, Human Services Manager
Barbara Johnson-Vinna, Housing Specialist

June 26, 2018
Whatcom County Health Board
Housing Defined

- Community-based, living “independently”

- No designated length of stay (except for lease)

- Habitable: in-unit heat, power, and plumbing, with cooking capability
HOUSING COST BURDEN

HUD’s descriptions of cost burden refers to *adjusted gross income* ("Affordable Housing" = no cost burden)

No cost burden: Households spending 30% or less of adjusted gross income on housing expenses

Moderate cost burden: Households spending 31% to 40%

High cost burden: Households spending 41% to 50%

Severe cost burden: Households spending 51% or more
Homeless Statistics
HOMELESSNESS in the USA

Almost 2/3 of US homeless population occurs in 5 states

Trends in the US homeless population…

30% Mental Health Issues

60% Substance Abuse

9% Veterans

Source: HUD

Source: SAMHSA
Homelessness – WA 5th highest per capita rate

WA: 0.29%, US: 0.17%

21,112 people

8,591 living unsheltered

7,834 in households without children

757 people in households with children
2018 Point in Time Count

- 815 counted as homeless
- 384 were unsheltered

unsheltered includes those in camps, cars, and places not meant for human habitation
Drivers of Homelessness
Alcohol and drug dependence: a mixed picture

Since 2012:

WA ranks 18th in substance use disorder

1. Alcohol use disorder declined, ranked 29th

2. Overall illicit drug dependence may be stable, ranked 11th

3. Ranked 13th in pain reliever use disorder, and 12th in heroin use

4. Opioids continue to be a crisis, WA ranks 32nd in prevalence of drug overdose deaths

Sources:
1. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Table 106, Washington State, 2010-11 report compared to 2014 report
2. Rank derived from 2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates 50 States; trend derived from National Survey on Drug Use and Health: Comparison of 2008-2009 and 2014-2015 Population Percentages 50 States
4. CDC: https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm
Since 2005: Population +19%, Housing units +14%

Deficit of new housing units necessary to maintain 2005 ratio of people to housing units in WA

Source: American Community Survey 1-Year Estimates
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP04&prodType=table
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_B25001&prodType=table
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S0101&prodType=table
Washington’s rental vacancy is the lowest in the US – WA ranked #50 as of Q4 2017¹

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A 7% vacancy rate is considered the balanced, or “natural” rate ²

Sources: American Community Survey 1-Year Estimates, Table DP04
¹ – U.S. Census Bureau Quarterly Vacancy and Homeownership rates by State
Vacancy rates and rent increases are inversely related

Source: American Community Survey 1-Year Estimates, two year running average
Rents are growing with the economy, but middle & low income growth lags

Data sources: U.S. Census Bureau American Community Survey one-year estimates for Washington State, B25058, B25057, B19081; inflation adjusted using the Bureau of Labor Statistics CPI-U.
Financial Strain

Burden of Rent is Increasing

Average Cost of a One Bedroom Unit in Fall 2017 was $883
- Increase of 40% since 2009
- Home ownership less and less affordable – leads renters to occupy units for longer

Asset-Limited, Income-Constrained, Employed (ALICE) Households
- Working class families are stretching budgets more and more
- Less able to withstand financial impact of job loss, medical crisis, etc.
Affordability is a problem statewide

Definition of affordable housing: Housing costing no more than 30 percent of income

Every $100 increase in rent is associated with:

- 6% increase in homelessness in metro areas

Source of data and geographies: PUMS 2008-2012
National research shows rent growth associated with increases in homelessness \(^1,\ 2\)

Sources:
Homelessness: WA point in time count, adjusted by U.S. Census Bureau American Community Survey one-year population estimate for Washington State
2 - Dynamics of homelessness in urban America, arXiv:1707.09380
Rents are growing – Whatcom County

Source: http://www.zillow.com/home-values/
Affordability is a driver of homelessness

Every $100 increase in rent is associated with:

- 6% increase in homelessness in metro areas
- 32% increase in homelessness in non-metro areas
- This relationship between rent and homelessness means all things being equal in Washington +$100 in rent = 2,900 (+14%) more people experiencing homelessness at a point in time.

Since 2012 – Rent appears to be the only significant driver of change in homelessness

Other factors are stable or improving:

- Educational attainment/skills
- Family stability/structure (divorce, out of wedlock birth, teenage pregnancy)
- Overall alcohol and other drug dependence
- Percent of people employed (not recovered to 2006 level, but higher than 2012)
Best Practices

What are we doing?

Guided by our Strategic Plan
Coordinated Entry

Individuals & Families have a single contact point

- Eliminates duplication and frustration, maximizes efficiencies
- Rental assistance for permanent housing is distributed from the hub
- Coordination with Housing Case Management services
- Central screening and referral
- Landlord Liaison services
Prioritizing vulnerability

Limited Resources directed to those most in need

- Prioritize assistance to those who won’t be successful in obtaining housing without assistance
- Match individual/household needs with housing resources available
- Master lease agreements to incentivize acquisition of housing units
Case Management

Professionals work with households experiencing homelessness and assist in acquiring housing

- Assess unique needs
- Determine most appropriate type of housing
- Negotiate with landlords
- Support with rent applications (ID, background)
- Support housing retention
Case Management (cont.)

Services are adjusted to needs

- Prevention assistance requires a “light touch”
- Intensive services required for those experiencing chronic homelessness
  - Caseload ratios reduced
- Homeless Outreach Team
Specialized Housing

Staffed (24/7) and monitored housing programs

- City Gate Apartments (38 units)
- Francis Place (42 units)
- 22 North (40 units)
Specialized Shelters

Focus on transition to permanent housing

- Sun House
- DVSAS (Domestic Violence & Sexual Assault Services)
- Interfaith Coalition
- NWYS (Northwest Youth Services) PAD
Responding to the Crisis

Community partners offer services focused on a humane response to issues of safety and health (NOT focused on housing)

- Low-barrier shelters
- Safe storage
- Temporary Encampments
Available County Resources
County investments

Multiple funding sources utilized

- Federal HUD grants to community providers
  - Some matched with local county funds
- Federal Substance Abuse Block Grant
- State grants to County
- Local Document Recording Fees
- Local Veterans & Mental Health Millage
- Local Behavioral Health Program Fund
Whatcom County’s Housing Expenditures

2018 Budget = $4.67 M

Local Funds = 58%

- Rental Assistance: 56%
- Shelter: 35%
- Case Management: 10%
What we’ve accomplished
Change in homelessness accounting for population increases (per-capita homelessness)
Population growth vs. Homeless Count

- Blue line: Homelessness Per 1,000 (2013 Comparison)
- Red line: Homeless Per 1,000 (Year of Count)
Rental Increases vs. Homeless Count
Where do we go from here?
Coordinated Efforts

Strategic Planning in collaboration with the city of Bellingham

- County ~ primary funder for Whatcom Homeless Service Center
- County ~ services & some rental assistance focused on housing the homeless
- City ~ focus on housing development & Homeless Outreach Team
Five-year Plan to End Homelessness

Next update due December 2019

- Recent state legislation directing new guidelines and five-year plans as opposed to ten-year plans
- Will incorporate best practices, community partnerships, and diversified approach
- Focus on reducing homelessness through provision of permanent housing
A Home for Everyone
Whatcom County Plan To End Homelessness
Phase 4

October 2012
ACKNOWLEDGEMENTS

Writing on behalf of and representing
- Whatcom County Housing Advisory Committee
- Whatcom County Steering Committee of the Coalition to end Homelessness
- Plan to End Homelessness Ad Hoc Committees
- HEARTH Work Group
- Whatcom County Coalition to End Homelessness

Staying true to our word, using best practices and evidence based work, I have Shamelessly borrowed from leaders and giants in the field
- NAEH
- Pathways to Housing
- Denver Plan
- Federal Strategic Plan to Prevent and end Homelessness
- COB Consolidated Plan

All these are great resources—look them up!

Voices to Housing
- Philip Corrigan

Photographers
- Edye Colello-Morton
- Kyle Anderson

Every resident of our community who has no home of their own.

All the service provider and volunteer heroes who work tirelessly on behalf of those who are without a home of their own.

In memory of those who lost the battle and died while homeless
Introduction............................................. 1
Background............................................. 2
Report Card- Phase 3...................................3
Guiding Principles...................................4
Shared Values........................................4
Goals.....................................................
The Plan Nine Strategies
   Strategy One—Central Point of Entry............
   Strategy Two—Rapid Re-housing...............  
   Strategy Three—Permanent Supportive Housing...
   Strategy Four—Increase the Supply of Affordable Housing
   Strategy Five—Prevention...........................
   Strategy Six—Interim Housing.................
   Strategy Seven—Economic Security..........  
   Strategy Eight—Collaboration................
   Strategy Nine—Quality Assurance...........

Voices of the...........................................

Conclusion.............................................
“to be homeless literally means that you have no home to live in, without the reference point to which you instinctively turn, that you are deprived of your sense of place and privacy, your sense of belonging, of rootedness and community—all essential elements of identity, of self-worth...”

Padraig O'Malley, New England Journal of Public Policy

INTRODUCTION

Whatcom County Plan to End Homelessness provides a blueprint for how our community will work together to prevent and end homelessness. The Plan addresses issues that keep people homeless and describes strategies designed to create safe, appropriate housing and supportive services needed to end homelessness. The Plan also demonstrates a commitment to long term solutions that require participation from all sectors of the community.

Homelessness

Homelessness is essentially caused by the inability of people to pay for housing. Poverty and the lack of safe, affordable housing is the commonality among the homeless. Homelessness is also a complex issue. Understanding it requires a grasp of several social issues, disabilities, and all that is entailed with recovery from homelessness. The many faces of the homeless have become commonplace in our nation and in our local communities. Homelessness impacts adults, families, elderly, children, youth, individuals, veterans, mentally ill, medically fragile and they are living in shelters, transitional housing, doubled up with friends and family, on the streets, in the woods, in cars and in buildings that are not fit to be called a home.

Housing

Stable housing is the foundation upon which people build and improve their lives. It is the foundation for good health, positive educational outcomes, reaching one’s economic potential, and for community development.

Ending Homelessness

Believing that it is unacceptable for any resident of our community to be homeless is not a stretch for most people; re-building our communities to ensure there is a safe home for everyone is where tension often appears. Perhaps the idea of ending homelessness is too overwhelming and leading some to believe homelessness is an intractable problem, a permanent feature of our society. In order to make a cultural shift from having learned to tolerate an intolerable predicament to re-engaging and galvanizing into an era free from homelessness we must consider these
concepts:
1. It will not be easy—We have experienced an unfathomable economic recession and are living in an era of increasing poverty in the face of decreasing supply of low-cost housing.
2. It will take time—It will require tenacity, courage and leadership to change the culturally molded patterns, beliefs, and expectations of everyone who is part of this mix—from those who are living in homelessness to those who are part of the community they live in. People living in generational poverty.
3. It will be costly—alongside the issue of the lack of affordable housing, we must face the reality that issues related to recovery from homelessness will draw from a limited supply of resources. People will continue to fall into homelessness but the exit out of homelessness will be swift and the pathway clear. It will be costly, but not as costly as not building the system to end homelessness.

“If we believe that a defining value of our nation is the conviction that the most vulnerable people among us should be supported and treated with compassion, we must stand up and say that. If we believe that our nation, which remains the richest nation in the world in spite of its current economic woes, has the capacity to provide children, veterans, people with mental illness – indeed, anyone in need – with food, clothing and a place to call home, we must stand up and say that.” Nan Roman, Executive Director, NAEH 2012

We believe it is possible to end homelessness.

We believe housing is a basic human right.

We believe housing ends homelessness.

BACKGROUND

The 2005 Washington State Legislature passed Engrossed Second Substitute House Bill 2163, an act relating to preventing and reducing homelessness in the State of Washington. This bill, referred to as the Homelessness Housing and Assistance Act and subsequent legislation, requires county auditors to charge a surcharge on recorded documents. The intent of the legislation is to provide funding for local communities to reduce homelessness. Along with the additional funding, the Act requires counties to have Housing Plans formerly referred to as Ten Year Plans. Designing and implementing a strategic plan to reduce and end homelessness allowed our community of service providers to coalesce more effectively than in previous times.

A Phased Approach This updated 10-Year Plan represents Whatcom County’s fourth phase of planning under the Homeless Housing and Assistance Act. During the first phase of planning in 2005, the County’s Homeless Coalition, Whatcom County Housing Advisory Committee and other key stakeholders identified major homeless housing and prevention gaps and priorities for funding to reduce homelessness. During this phase of the Plan and
planning, key concepts and strategies emerged as necessary components of all future Plans—Housing First, Housing Affordability, Serving All Homeless Populations, Single Point of Entry, Street Youth, ending Homelessness as we know it.

In 2006, during the second phase of planning, the County designed a three-year pilot project that incorporated the priorities and preferred approaches identified in Phase I. This conceptual plan was prepared as a grant application for Washington State Department of Commerce’s first round of the Homeless Grant Assistance Program (HGAP). As a result, the County received a $1.4 million grant to implement the new Homeless Services Center project.

The major strategies envisioned by the third phase of the plan included:

- Implement the Whatcom County Homeless Services Center to provide a coordinated point of entry and exit from homelessness for individuals and families with both moderate and severe housing barriers, and coordinated homeless prevention services to close the front door to homelessness for those who are in severely unstable housing situations.
- A focus on ending youth homelessness by harnessing existing and new resources to reunite homeless youth with their families and provide safe housing and supportive services in the interim. Help young adults transition from homelessness and transitional housing to permanent housing. Develop youth development programming and facilities for unemancipated, homeless youth under 18 years old to get them off the street and into a safe, supportive environment.
- A renewed focus on providing stable housing for potentially homeless, re-entering offenders for the purposes of increased public safety and to reduce the costs associated with repeatedly incarcerating the same homeless individuals.
- Begin implementing a countywide homeless management information system (HMIS) to provide better accountability for public investments in homeless services.
- In recognition that homelessness results from a complex set of challenges for individuals and families, create more linkages across community service systems (e.g. domestic violence, mental health, substance abuse, law and justice, and employment services).

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<td>A Whatcom Homeless Service Center began operations June, 2008</td>
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<td>B+ County-wide implementation of HMIS, Data management System</td>
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<td>A+ NWYS built a new Youth shelter called the P.A.D. which includes a Drop In Center for Youth</td>
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<tr>
<td>A City Gate Offender Re-entry housing project implemented</td>
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<td>B+ Linkages have been created and new relationships forged.</td>
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<td>A - Number of homeless as reported in PIT is down 42% overall since 2008.</td>
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<td>B- Number of chronic homeless down __%, remaining pretty stable.</td>
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<td>A Veteran homelessness nearly eradicated</td>
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* A more detailed report on the progress made on Phase 3 of the Plan can be found in Appendix __
The most important accomplishment of Phase 3 of the Plan has been the transformation of the housing community from a system that manages homelessness very well to a community that has shifted its focus to ending homelessness.

**The Housing Community’s Principles Guiding the Plan** Planning sessions dating back to 2007 generated a list of consensus principles that hold true today. These guiding principles have shaped the development of all phases of the Plan; how we write policies, the methods of service delivery, the way we talk about the work, the way we interact and engage with people seeking services.

- Housing is a basic human right
- Providing housing restores dignity and instills hope
- Housing saves lives
- Housing for all
- Homelessness is expensive, invest in strategies that work and are sustainable
- Prevention of homelessness is a primary intervention
- Integrate the work and the Plan into community vision and values

“A homeless person of any medical background is roughly four times more likely to die than a housed person of the same age. These deaths are lonely, anonymous affairs...some are dying on our streets.”  
Smithsonianmag.com Help the Homeless

**The Housing Community’s Core Values** Our planning also led us to the identification of the core values shared by housing providers, common to many if not most of the larger community, and explicitly stated in the Federal Strategic Plan to Prevent and End Homelessness.

We believe that it is unacceptable for any resident of our community to be homeless; not for children, youth, families, medically fragile, mentally ill, elderly, our nation’s veterans.

Furthermore, stable housing is the foundation upon which people build and improve their lives—the foundation for good health, for positive educational outcomes, for reaching economic potential.

Therefore, we agreed to strive to end homelessness for all. We made a commitment to seek long term solutions.

**Right sized response**

People who are homeless exist in a continuum of self-sufficiency. To most effectively address this, it is important to assist them with correct supports and responses along the continuum, from the safety net all the way to independence from systems. It is important to apply a proportional response to people’s crisis.
What we’re doing today is working. The number of homeless individuals has been drastically reduced since 2008 when we implemented the HSC and a coordinated approach to ending homelessness. Lessons learned:

- Homeless individuals with multiple barriers such as poor credit and criminal histories can obtain and retain housing
- Permanent housing drastically changes the types of services homeless people use—from costly emergency response services to more proactive supportive outpatient services
- Income levels increase with stable permanent housing
- Financial investments for rapid re-housing housing, such as security and utility deposits help make a transition from homelessness faster
- Complexity is the norm and so we welcome it. Rascals exist, we will look for the right sized approach to keep them successfully housed.
- Veteran Homelessness is nearly eradicated.
- We are getting a handle on the homeless youth in our community. Youth have a Drop In Center AND a new Shelter and a Street Outreach Program
Under a bridge
In a tent
On a bench
In a car

These are
NOT A HOME

A roof over
one’s head
A door to close
A window to see out

Safe
Affordable
Housing
MOVING FORWARD with PHASE FOUR of
WHATCOM COUNTY’S PLAN to END HOMELESSNESS

Goals
Four overarching goals drive this Plan and the efforts of the community to end homelessness. Strategies of this Plan and future strategies must produce these measurable results:

√ Reduce the number of homeless people

√ Reduce the amount of time people spend homeless

√ Increase the number of people moving into permanent housing after receiving assistance

√ Reduce the number of people who return to homelessness after obtaining permanent housing

System Implementation Standards
To ensure the system we build remains effective and sustainable for the long term each strategy must demonstrate that one or all of the following standards apply:

Appropriate Services—tailored and targeted services using a “right service at the right time” approach

Responsive system—the ability to provide the most appropriate service is reliant on the implementation of a responsive and managed support system that includes...

Effective Implementation—the success of the Plan depends on strong community support, advocacy efforts and the establishment of an effective governance structure to support improved outcomes.

Nine Strategies – A snapshot

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<td>2. Rapid Re-housing</td>
<td>5. Prevent individuals and families from becoming homeless</td>
<td>8. Provide Leadership and Community Partnerships</td>
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Strategy 1

A centralized and coordinated entry creates a common way to access services and quickly link people to appropriate resources.

HMIS or Homeless Management Information System is the state-wide data management system we use for data management.

What is a Housing Interest Pool? This is a way to keep an up to date record of the housing needs of people seeking housing assistance and the housing units, rental subsidies, and case management support that are available so that the most appropriate referral will be made. People are not left in a vacuum with unrealistic hopes. A HIP replaces a first come first served wait list.

System standard at work: Effective Implementation, by having a system and infrastructure in place to support effective service delivery, cross-agency coordination, and improved outcomes for homeless people.

Goals—Reduce the number of homeless people
Reduce the amount of time people spend homeless

Fully implement and sustain a Centralized and Coordinating Point of Entry into Homeless Housing and Prevention Services

Activities
- Implement a county-wide no wrong door approach for homeless housing related services
- Provide centralized intake, assessment and referral services for homeless housing related activities
- Implement a county-wide data management system to track client data in support of service delivery, communication between providers, and reporting requirements
- Maintain one community-wide Housing Interest Pool
- Provide people waiting for housing with case management services
- Prioritize people for services using a risk assessment tool or vulnerability index
- Conduct outreach to property owners, managers and community stakeholders to build relationships and resources

Outcomes
- Increased efficiencies for housing providers
- The most vulnerable and those most in need will obtain housing and services
- Increased number of people receive appropriate housing services
- Increased number of housing options
- Improved relationships with landlords and property owners
Strategy 2

Move people who are homeless rapidly into permanent housing whenever possible

Activities
- Re-tool the housing continuum of care system into an effective crisis response for people who lose their housing into one that rapidly returns people to permanent housing
- Ensure that an adequate supply of rental subsidies is available so that housing is obtained as rapidly as possible
- Convert service enriched housing units into permanent housing for families with children
- Provide housing counseling and search assistance
- Provide tailored services to the level necessary to help people sustain their housing

Outcomes
- Shorten the time people spend on the street, in cars, or in other unsafe situations
- Shorten the time it takes to help people get back into permanent housing of their own
- Increased availability of housing with supportive services for people who repeatedly cycle in and out of homelessness
- Reduced number of people who return to homelessness

Rapid Re-housing is the primary tool communities can use to drive down the numbers of people experiencing homelessness. It is a cost-effective strategy that has proven successful in many communities across the country. It works by quickly re-housing individuals and families who have become homeless by helping them locate and secure housing with short term rental assistance and follow up case management.

Re-tooling the homeless crisis response system
Temporary residential programs like shelters and transitional housing are an integral part of the crisis response system when used for those who really need it. The majority of households would benefit from rapid re-housing while some would benefit from temporary housing with intensive supports—the end game is the same for all—to efficiently and effectively help people achieve permanent housing.

What are tailored services?
Providing the right services at the right level at the right time for each household

System standard at work:
Appropriate Services,
Responsive system
Goals—Reduce the number of people who are homeless Reduce the amount of time spend homeless
Strategy 3

Provide Permanent Supportive Housing designed to meet the long term needs of homeless individuals and families who have been chronically homeless using the housing first approach

Activities

- Expand the supply of permanent housing units by 100 over 5 years by constructing new units, ensuring adequate rental subsidies exist for scattered site PSH housing
- As appropriate, convert transitional housing options to permanent housing in conformance with the Housing First model
- Promote providers who can operate this type of specialized housing.
- Integrate primary and behavioral health care services with housing assistance services.
- Implement an effective outreach model that engages the chronically homeless population and people who have frequent contacts with the hospital and the criminal justice system
- Improve discharge planning with hospitals, psychiatric facilities, jails and prisons to connect people with housing prior to discharge

Outcomes

- Reduction in chronic homelessness
- Decrease in the use of publicly funded medical and behavioral health services, city jails, and state prisons.
- Reduction in people’s vulnerability to and impacts of homelessness; improved health outcomes
- Improved community safety
- Increased number of PSH providers

Permanent Supportive Housing is housing, often with deep subsidies coupled with supportive services. Homelessness causes illnesses or makes existing physical and mental illnesses worse. PSH improves physical and mental health and reduces the need for expensive treatment services. People’s lives improve and the whole community benefits.

Chronic Homelessness is often public face of homelessness. Chronic involves either long-term or repeated bouts of homelessness coupled with a disability.

Housing First means to provide people who are homeless with direct and immediate access to housing and offering them supports to sustain their housing. The chronically homeless person often struggles mental illness and/or chemical addictions. Treatment is not a precondition for housing while at the same time robust services and assertive engagement are an integral part of the housing.

System standard: Appropriate Services

Goals
- Reduce Number of Homeless people
- Reduce the amount of time spent homeless
- Increase the number of people moving into permanent housing

Scattered site versus project based housing

An apartment of one’s own in a regular building in the community—this model is the scattered-site model and is the number one choice of consumers. Some people need a higher concentration of services readily available and found on site—that is project based housing. As people’s lives improve, they can move on and out. Both are examples of service enriched housing.
Strategy 4

Increase the supply of affordable housing units

Activities
- Encourage the development of 1500 affordable housing units over 10 years
- Leverage private sector investment with public subsidies from the federal, state and local levels (usually at a dollar ratio of six to one or greater)
- Develop a local housing investment fund that is primarily designed to develop housing that is affordable to households of very low incomes
- Adopt housing policies in each municipality that incentivize, facilitate and assist in the construction of homes that remain affordable, preservation of homes that are currently affordable, and conversion of unaffordable homes to affordable rental or ownership opportunities
- Work with state and local governments to expand rental assistance and low-cost capital for new construction and rehab
- Improve access to federally funded housing assistance
- Recruit landlords and community members to rent units affordable to low-income people.

Outcomes
- Reduction in number of people experiencing or most at risk of homelessness
- Increased number of affordable housing options within the community
- Increased job opportunities during construction and increased economic activity post construction
- Increased local match funding available to leverage outside resources
- Improved community health

How does affordable housing improve health?

When unaffordable housing is the only choice available, people are forced to make trade-offs that are associated with poor health. People may have to rely on less expensive nutritionally deficit foods, live in over-crowded conditions, suffer from poor mental health. When too large a percentage of income goes to cover housing costs, residents may be unable to afford medical care for themselves or their family. It is estimated that in the City of Bellingham alone more than 3000 renter households who make below 30% AMI pay more than 50% of their income for housing costs.

What is affordable housing?

Housing is considered affordable when rent or mortgage accounts for 30 percent or less of monthly household income. People are considered severely housing cost burdened when they pay 50% or more of their monthly income for housing. Transportation needs must be considered when providing affordable housing because it is critical for connecting people to jobs, schools, health care, and child care. A new measure, the Housing and Transportation Affordability Index considers housing as affordable if the combined housing and transportation costs are less than 45% of household income.

The primary cause of homelessness for families with children is their inability to find housing they can afford. Housing needs to be affordable to those households with the lowest incomes and who are most at risk of homelessness. “The difference between low-income families and homeless families is nothing more than the housing they can afford,” Nan Roman, president of the NAEH.

We should be able to end family homelessness by creating more affordable housing.

System Principle at work
Responsive system

Goals—Reduce the number of homeless people, Increase the number of people moving into
### Strategy 5

**Prevent individuals and families from becoming homeless**

**Activities**
- Implement a Targeted Prevention approach when providing financial assistance to people at risk of becoming homeless
- Create a Diversion Program that prevents homelessness for people seeking shelter
- Provide case management support to help people sustain housing
- Provide education and training that assists with financial literacy, renter education, and housing advocacy
- Promote collaboration between local school districts and crisis programs to help target families most at risk

**Outcomes**
- Reduce the number of people who enter the homeless service system
- Increased income and cost savings to landlords
- People at most risk of homelessness are able to sustain housing
- Fewer families are living in doubled up situations
- Improved health of young families

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**Why Targeted Prevention?**

Many households who receive prevention assistance would not necessarily become homeless without it. Prioritizing households with the most imminent and intense housing crisis and who would become homeless without the receipt of assistance is the focus of targeted prevention.

Targeting the intervention closer to a household’s anticipated separation from housing increases the chances they will actually need financial assistance from the homeless assistance system in order to stay out of shelter. The more time a household has until their housing situation falls apart, the more likely it is they will find a workable solution that does not require the homeless system to intervene.

**What is a Diversion Program?**

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and if necessary, connecting them with services and financial assistance to help them return directly to permanent housing. People are diverted from entering the shelter system.

Once the immediate housing crisis is addressed, most households will avoid future episodes of homelessness, even if they have a very high housing cost burden.

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**School districts**

877 children experienced homelessness or were not living in a home of their own last year in Whatcom County.

Homelessness has a particularly traumatizing effect on children. Children experiencing homelessness often have poor health and develop educational deficits as their schooling is disrupted by frequent moves. School personnel can help identify households for Targeted Prevention and Diversion Programs (e.g., households that move frequently, are living in unstable or unsafe conditions, living in a motel, have children under the age of two, young parent families).
Strategy 6

Provide interim housing and supportive services for people who are temporarily homeless and waiting for permanent housing.

Activities
- Provide appropriate temporary housing for homeless individuals and families
- Provide shelter and safe housing for homeless youth
- Provide supportive housing units specific to the needs of veterans recovering from homelessness and responsive to the affects of serving in combat
- Form multi-disciplinary teams to conduct effective outreach and engagement activities, particularly to youth, chronically homeless and veterans and that help people living on the streets directly access housing
- Form partnerships with NW Regional Council on Aging, PeaceHealth Hospital, DSHS Home and Community Services to develop and provide housing for elderly and medically fragile people who would otherwise be homeless
- Provide wrap around supportive services to temporarily homeless individuals and families

Outcomes
- Chronically homeless and disenfranchised people become safely housed
- Homeless youth have access to safe housing
- Veterans who are homeless receive housing with appropriate support services
- Families with children have access to year round immediate sheltering
- Vulnerable elderly and medically fragile homeless citizens are safely housed with wrap around supportive services
- Increased savings for health care system
- Improved crisis response

What is interim housing?
Agencies currently provide interim housing through emergency shelter and transitional housing. These resources are best used in support of the bigger picture goal of helping people get into permanent housing as quickly as possible. Interim housing should be reserved for populations with special needs or facing life threatening situations. The current housing stock is unable to meet the demand for immediate housing for all and therefore, these interim programs are an important part of the Plan. However, because people served in these programs remain in a state of homelessness and because these programs are much more costly than rapid re-housing, targeting people for these services is a must.

Populations most likely to benefit from interim housing include those transitioning from institutions, youth, people leaving domestic violence, and some veterans.

System Standards at work
Appropriate Services, Responsive system
Goal—Reduce the number of homeless people (unsheltered)
Reduce the amount of time spent homeless
Strategy 7

Increase economic security and reduce financial vulnerability

Activities
- Coordinate and integrate employment programs for people receiving housing assistance
- Improve access to mainstream services
- Improve access to work supports including strategies that include transportation, child care, child support, domestic violence, criminal justice history, disabling conditions
- Provide services that help households maximize whatever income they have, e.g. utility assistance, transportation assistance, and other goods and services in order to offset their housing costs
- Pilot programs that link increased income to housing for families with young children

Outcomes
- Improved family income
- Increased number of households with living wage jobs
- Increased ability to sustain housing for households with very low incomes

While circumstances vary, the main reason people experience homelessness is because they cannot find housing they can afford. For the past two years, during the annual Point in Time Count, household economic factors topped the list of reasons for homelessness; unable to pay rent or mortgage and job loss.

Providing services to help people increase their workforce skills, increase their income or maximize what income they have is a prudent strategy. However, programs designed to connect people to employment need to respond to the concurrent needs of people who have been or still are homeless.

System Standards:
Effective Implementation
Appropriate Services

Goals—Reduce the number of Homeless People
- Decrease the number of people who return to homelessness after receiving services
Strategy 8

Provide and strengthen collaborative leadership and partnerships at all levels of government and across all sectors, organized around preventing and ending homelessness

Activities

- Engage with broader community including business community, neighborhood associations and property owners to build relationships and promote goals and strategies of the Plan
- Coordination with Housing, Human Services and other key agency partners to identify ways in which they can prioritize their resources in support of the housing needs listed in the Plan
- Coordinate community planning, needs assessments, funding priorities, and funding cycles within the network of community funders
- Promote public awareness and advocacy
- Engage the faith based and existing volunteer groups to provide peer and community support networks
- Seek out voices of those who are homeless at all stages of planning and services

Outcomes

- Continuity of care is maximized while minimizing duplication of funding and services
- Increased alignment of resources
- Increased efficiencies of services and providers
- Increased effectiveness of plan implementation
- People who are homeless or were formerly homeless participate in finding solutions to ending homelessness
- Increased community response and improved community health
- Neighborhood associations and business owners

From an Interfaith Coalition volunteer who staffs the Cold Weather Shelter and serves food through CAST:

"Why do you do it?" For years, I answered that question obliquely, saying I felt called to serve these folks. I can be more specific—working in the District of Columbia in the mid-1980s, after the Reagan Administration released thousands of mentally ill people from a large local hospital, my short walk between my office and the subway station took me past several men living on the street who were not only mentally ill but combat veterans.

Certainly this is true, but there is more to it than a sense of community or a debt owed to veterans. The more contact I have with street people, the more I like them as individuals.

In return for my time and slight exertions, I am privileged to be in relationship with some very marginalized people.
Strategy 9  Develop and/or improve systems to support efficient and effective Plan implementation

Activities

- Implement an effective governance structure that provides guiding vision, advisory capacity, and evaluation to Plan implementation
- Require accountability of services and outcome
- Coordinate homeless related efforts with policy leaders to ensure more effective and sustained Plan implementation
- Examine and implement evidence based delivery models
- Provide worker training appropriate to build core competencies for the population served (e.g. mental health, crisis response, chemical dependency)
- Develop common standards for service delivery, procedures, and data sharing and collection

Outcomes

- Development of adaptive changes over time
- Homeless Plan participants receive consistent services
- Improved measurement of Plan progress
- Increased capacity to achieve Plan goals
- Increased number of skilled staff in the housing provider community

Given the complex array of strategies, it will be necessary to have a multi-tiered governance structure to oversee and guide Plan efforts. Given the complexity of the service delivery system that we built, we must ensure that all case managers have training and tools they will need to support the provision of services that are part of the Plan.

To assist organizations in coordinating service delivery, we must agree upon common standards and procedures while at the same time allowing for agencies to stay true to their missions.

We must monitor and assess progress continuously and modify course when evidence suggests a new or alternative course of action.

System Standards at work
Responsive System, Effective Implementation

Goals—Reduce the number of homeless people
Reduce the amount of time spent homeless
Increase the number of people moving into PH
Reduce the number of people who return to homelessness
Who Are the Homeless?
Identifying who and how many are homeless in Whatcom County is not a straightforward process. We simply do not know. Our efforts to identify are similar to the efforts of communities across the nation. We know that ___households with children are residing in SHELTERS or TRANSITIONAL housing units, homeless housing services at any one point in time by polling the service providers. We know how many people are staying at the Lighthouse Mission, our one and only emergency shelter who serves primarily men. We know how many people we count at one point in time during the annual POINT IN TIME COUNT. We know approximately how many are on WAITING LISTS. We know how many children who are in homeless households are served by the SCHOOL DISTRICTS, many of those are also in provider housing. We know how many HOMELESS YOUTH we have housed and how many are signed up and waiting to be housed but we do not know how many homeless STREET YOUTH are in our community. We know that many people are DOUBLED UP or what is often called couch surfing and who may not consider themselves homeless, but they really are—they do not have a home of their own, they are completely reliant on friends and family and in some cases in very precarious situations or putting others at risk of losing their housing. Many remain HIDDEN and uncounted.

Aggregate statistics often conceal the nature and the faces of homelessness. At some point we need to get from behind the numbers and make the homeless a living part of this issue.

We know that the homeless population as a whole resembles the population of the nation. We know we have homeless VETERANS, many we have been able to identify, some we cannot reach. We also know that there are people living in the WOODS and UNDER BRIDGES and in DOORWAYS in our community, many who have lost hope or trust and somehow think their lot in life is to remain homeless. What follows is a glimpse into the lives of some of our community members who live or have lived without a roof over their head and left to spending much of their time in a survival and coping mode.
Voices to Housing

A young man who worked on behalf of the homeless in our community spent some time interviewing many of our community’s residents who do not have a home of their own. We called it the Voices Project. He met with 46 people gathering their stories. He spoke with some long timers and some short timers to the homeless housing scene. We hoped that by talking with people we would gain a perspective on what kind of housing and services they would want in order to re-gain and keep housing. We hoped that people experiencing homelessness would understand that others in their community care about them. We hope they will get housing.

This is how Philip describes his project:

“These are lives as told by the people who lived them. Each story took a lifetime to accumulate and assemble; years of hardship hide behind each word. These are not the stories of strangers; if you have not seen the faces of almost all of these storytellers, you have not been looking. They are in your parks, on your street corners, in line at your food bank, on the sidewalk asking you for spare change, and sometimes even sleeping outside your office window or in your garage. These are not stories of homelessness, they are stories of members of your community, people who live next to you in Bellingham. As you read each story, remember that the person who told it is not too far away, experiencing whatever weather you see outside your window with no end (no hope?) insight.”

Gatsby lives in one of the motels on Samish Way

Like me right now, I don’t have a choice, where am I going to go? I don’t want to sleep on the streets, I’m not going to the shelter. I’d sleep under a bridge before I went there. Where am I going to go? A lot of people don’t even get enough to rent a motel every month, that’s why they are out on the streets. A lot of people, like me are on disability and that’s how we pay rent. And once you are in a motel, you just stay there because there’s nowhere else to go. You got television, a roof over your head, a telephone, heat. Probably could be worse. It’s enough to keep you. I’ve had a tough life and I’m only forty-six.

If you’ve had a rental problem, credit history, that’s why most people end up in motels. My credit’s so bad, if I tried to rent a place, it just wouldn’t happen. I’m so far in debt with medical bills. They charge $699 a month here. I’ve stayed in almost every motel in town and I like this one the best.
Miller had been homeless for a long time before he received housing assistance and he burned a few bridges along the way. He has a brain injury and is struggling to stay clean and sober.

I’ll be 64 this month. I’ve been a grandfather for years. I’ve got four grandkids and now I’ve got a great-grandchild. But I’m not in touch with them. I really should try to reconnect with them but I don’t ever seem to be able to bring about the effort. I have housing now. Through the Whatcom Homeless Service Center is how I got a house. Just after it opened up. I went in and signed up. Then I met a case manager. Most people that are camping out and stuff, if they got a place and got in a room, they’d probably take real good care of it. That’s one of the things I do at this one, if you come in my room you’d go wow, this is neat! The bed’s all made. That’s one of the first things I do in the morning is make the bed. I mean neatly. And then take a shower and blah blah blah. And I have a coffee pot. I have a bike, I have a watch, I have a clean T-shirt to put on in the morning. I’m grateful for the things god gives me, and not looking like I want a drink all the time. I don’t have anything to whine about. There’s things I have to be thankful for. My gratitude list gets longer all the time. I may be broke and I may have to ride my bike everywhere, but hey I got housing and a bike.

Joe White is living with mental illness.
One of his frustrations comes from trying to find an identity beyond crazy. Once you have some sort of mental diagnosis, it often becomes the most significant factor by which society defines you. For many homeless, especially someone like Joe, this can become yet another barrier to ever getting into housing.

I think I am a good candidate for housing because I’ve been in this town for almost twelve years, I’ve been in and out of college. I’ve been to Whatcom college, I’ve been to Bellingham Technical College. Plus I’ve been homeless in Bellingham for almost three years. Yes. And I’ve been here longer than any new person. Yes. And I’m a good boy. And plus I’m clean and sober.

Yes. Been here a long time. I came here back in 1999 and went to the Mission. But I was only there a week and a half before I got asked to leave because of a blanket issues. Yes. Well, there was this blanket and it got taken from me at the Mission and I did not like that. So I got eighty-sixed from the Mission. It was the middle of February. So I went up to Sehome Hill. I’d never been there before, all I knew was to find the nearest elevated spot. Yes. I was staying up there and I didn’t have anything. I lost it all: everything I brought to the Mission was gone. Yes. I only received like one bag back from the mission. I liked it at the Mission but I had bad luck right off the bat. But I’d come down to town during the day.
and someone told me about the Rainbow Center, so I’d come in there. It’s for people with—people who are receiving benefits from the government and homeless people. So I went in there and started volunteering.

Then I began to get into services. My experiences with the WCPC go up and down. Some days they are better than others. They were helpful: WCPC was helpful in the fact that they helped me out a couple of times with apartment stuff. They really did. They also helped me with things like keeping an eye on me. But my part was sometimes when I’d go in there, I’d really have an attitude, because I don’t like being associated or affiliated with anything that has to do with mental health. I don’t like feeling accused of having a mental illness. I’m trying so hard to get away from the mental health field because it’s got such a bad stigma. I’m really trying hard to get off the Social Security System Benefits. I’m trying so hard to earn a living and income and a regular life. My whole goal is to be a tax-paying citizen. I want to get out of their system, and it’s a really hard thing.

I’ve been outdoors now, without paying rent anywhere, for almost three years. This is going on my third winter. The first winter I slept outside, I’d never slept in the snow, but I heard you get tired when you get cold and you can’t fall asleep or you’ll freeze. But I was so tired and I sat down on this bench and I just had to go to sleep. And when I woke up, my rear end was frozen to the bench and there was snow all over me, and the sun was coming up and I was thinking, Did I really live through that one? Because I knew that night, I was so tired I couldn’t move and I was wet and I knew that night, I was thinking, this is it. I’m going to go to sleep right here and they’re going to find me and I’m going to be a block of ice.

I have been trying to get into housing. But I’ve had this stuff on the record that shouldn’t have been there. That messed up my housing. I don’t know why I didn’t get more housing help. I really don’t know. Personality stuff. I went a couple times to the Bellingham Housing Authority. I’ve been a couple times down to the Opportunity Council, too. I realize that there’s personality conflicts, you know. Same thing, really. I thought if I keep going in there, when they’re not ready, when they’re not able, and keep demanding then that’s not going to be good for me. So I’m thinking whenever you’re ready and able you’ll assist. But if you’re not able and ready right now, then you can’t. But I really want to get back into some type of apartment.

I would like to start working, you know. I’m very much interested in being a productive, tax-paying citizen some day. I would like to finish college. I don’t lack much to finish up. I got about a quarter and a half to finish to acquire an associates in HVAC. I still have to refile for my universal refrigerants license. I still have to pass the ARI test. It’s the American
Refrigeration Institute test. Plus another test. I still have two more qualifications to get. Plus the associates degree. And then finish up the science and the arts degree.

How would I describe the experience of camping? Frightening and hopeless. Especially for young people and women. Because then they get desperate. Next thing you know they’re committing a crime to stay alive. It’s called forced imperilment. And by the time they get to the courtroom the courtroom is already familiar with what’s going on. And they have a standard procedure. There’s your felony, there’s your misdemeanor, they drop all this crud on you. And there goes your job, there goes your school, everything you worked for, just like that.

**Vinny made as he puts it, “a bad mistake”, which was the beginning of his homelessness.**

I became homeless in 2004. I was married, had a beautiful wife, three beautiful daughters. Had a nice beautiful home sitting on three acres. After I was married for ten years, ended up losing my house and property through divorce. I didn’t want that to happen but I made some mistakes. Lost everything. Got to pay child support.

This happened in December and the weather was pretty cold. I didn’t have any place to go. I was walking around downtown Bellingham with all my clothes in a big black garbage bag. And I didn’t know where to go, didn’t know what to do. I’d never been homeless before in all my life and I didn’t have any friends in town.

After I hooked up with some of the homeless, I slept under a bridge for quite a while, a couple of different bridges, a couple of different people. That was an eye opener for sure. Thank God for free showers at the Y. Without that, I wouldn’t be able to get a shower, ever. I need it. I use it every day. For five years now, I’ve use it every day. The free showers are a lifesaver.

A lot of times I stayed in a car at Walmart. That’s an interesting thing too. I pretty much lived in the Walmart parking lot for five years. There’s tons of people living in their vehicles there, too. All over town, really. As far as the homeless situation goes, it’s a bigger problem than what people think. I’d like to see some more low-income housing. What they’re building isn’t really changing the homeless population. None of the homeless people I know are getting in.

I would take anything that is low income. I would take a small studio, anything I could get my hands on. I just got a job, thank god. I had no income before that. Now with this job, it’s going to make a difference, I could have signed up for GAU, but I’m bound and determined to make it on my own if I can. I’m not going to work the system.

**Harry is a hoarder.**

Hoarding coupled with homelessness cannot be easy

I don’t know, I just ran out of funds. I wasn’t working, so I went down to the Mission and went from there on. I still have my storage unit if you need to store anything. I have some room there. Not massive room, but, oh, I have a twenty-eight footer. It’s big enough to get a fridge in. I want to buy a different lock and figure out their security...
A Home For Everyone       Whatcom County Plan to End Homelessness       Phase 4

system and see if I can’t start sleeping in my storage unit. I’m thinking about it. When the door’s shut you can’t put the lock on, because it goes outside. So basically, if they’re looking that carefully, they’d notice the lock wasn’t on that particular unit. If they seen you come in and if they were watching to see if you go out and if they do a tour and if they know where the unit’s at; if they notice that. If they do find you then it’s, Bye-bye, won’t do it again, Got stuck or whatever.

I’ve only been at the Mission this time for a few weeks. Before that, here and there, back and forth, different places for the night. I was at the Mission for a long time, before. At motels. My mom put me up for a couple months. I’ve kind of been camping out, too. Not like at a State park or anything. The Mission’s good, but they’ve been pretty full every night lately. Oh, I’ve lived all over Bellingham. I’ve been here since ’73. Graduated from Sehome in ’75. I was in LA for eight, ten years doing the SSI thing. But I’m here now, since about 2000. I’ve been homeless the last sixteen months.

Oh yeah, I got the Housing Authority. Have to go through the Homeless Advocacy. I got the SSI lined up in Olympia and here in Bellingham. They’ve got me on their list, when anything turns up government-wise. So basically I just have to wait. They’re all project-oriented. Unless you go through the Social Security, get your Medicaid and your Section Eight, then that takes a while to approve that, and then they’ll take you. But you have to have a permanent physical disability.

As far as showers go, I just try to stay clean. Go to bathrooms and clean up. Washing your hands and face. Sponging. Sweat it out. Change your pants, often, you know. Rainbow Center—you know about them? Yeah they help. You can get laundry, you can get bus passes there. Shower passes. They have coffee and a little bit of breakfast. Lunch for a chore. They have computer access, too. That’s definitely decent.

They have a message board.

The hardest part of all this is just getting the schedules down. Getting around. Here and there, takes up time on the bus and then you haven’t got any bus passes. It’s hard to get down there and finish my file at the Homeless Advocacy so they can get me a place.

Penny has lost much and can’t seem to find her way back.

I’ve been out going on five years. I had a good job; I lived in my own house with my kids, that’s when it all started. CPS stepped in, took the kids away because I was with a drug addict, did a lot of cocaine. That’s how they investigated and found out. Took the kids away and I pretty much just gave up. Lost my job, lost my house. I had four kids. His parents from Canada came and got the kids and I haven’t seen them in four years.

It takes a lot of effort just to try to get into a house or a place even. I got hooked up with Lydia Place last winter and they said they had an apartment for me. I went to the first appointment and that’s when they handed me this booklet full of all these rules and I couldn’t even read them all,
because there was too many of them. It's easy enough to stay outside and I'll choose that over the rules. It's not them, I think it's me. I just don't really follow the rules when I'm told to.

I usually just stay around the park at night. I don't have a tent, I have sleeping bags and blankets. Under bridges, out at train tracks, along the tracks, down by the beach, around the park. Can't stay in one place too long. That's a big problem around here. The cops don't like people sleeping under bridges. They don't like people sitting in the park, just 'cause they know they're homeless. We get harassed all the time. I never camp by myself. So, there's always a lot of people around me. We just take care of each other. Even during the winter. It's bad, but we make it. Food's always available.

Yeah, I'm looking for housing. There's the rules thing. I can't have visitors and phone calls and that kind of stuff. And I need some kind of income. I have no income right now. I get food stamps, that's it.
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  - Increasingly part of landscape and agendas (local, national)
  - NAEH, HUD/HEARTH, Commerce—shared visions, coming into alignment
  - Best practices—Housing First, Rapid Re-Housing, Targeted services
  - Phased approach—review previous phases
  - Guiding principles—coalition, first plan—housing for all-NAEH plan
  - Many plans, basics come down to NAEH Plan—Close the front door—open the back door—build the infrastructure—plan for outcomes

- Executive Summary
  - Goals at a Glance
- “picture” These Goals, need these units-- Responsive System, Appropriate Services, Effective Implementation/Accountability and will use these strategies(1-10)

• Who are the Homeless
  ▫ Stories
  ▫ Pictures
  ▫ Upcoming based on COB data—elderly, youth, vets, extreme poverty, put in context of planning for eventualities—these populations we know to watch for,
  ▫ PIT, WA State, national #’s HIP—see Commerce Chronic Plan
  ▫ Snapshot

• Ten Year Plan—Goals, Objectives, Strategies

Signature page

Acronyms and glossary

Nice chapter breaks with awesome pictures
Dedicated to –andy accimus, others with real pics
# Annual Homeless Housing Allocations 2018

Current housing services supported annually by the County include:

<table>
<thead>
<tr>
<th>Operational Support for the Whatcom Homeless Service Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td><strong>Services Provided</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Housing Case Managers (County has assumed a lead role in supporting service capacity)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td><strong>Services Provided</strong></td>
</tr>
<tr>
<td><strong>Number of People Served</strong></td>
</tr>
<tr>
<td><strong>Description of Services</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeless Management Information System and Annual Point in Time Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td><strong>Services Provided</strong></td>
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<tr>
<th>24/7/365 Staffing at Supportive Housing Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td><strong>Services Provided</strong></td>
</tr>
<tr>
<td><strong>Number of People Served</strong></td>
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<thead>
<tr>
<th>Behavioral Health Services On-site at Housing Programs and Shelters</th>
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<tbody>
<tr>
<td><strong>Expenditure</strong></td>
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<tr>
<td><strong>Services Provided</strong></td>
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<tr>
<td><strong>Number of People Served</strong></td>
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</tbody>
</table>

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<tr>
<th>Peer Recovery Support Services On-site at Housing Programs and Shelters</th>
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<tbody>
<tr>
<td><strong>Expenditure</strong></td>
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<tr>
<td><strong>Services Provided</strong></td>
</tr>
<tr>
<td><strong>Number of People Served</strong></td>
</tr>
<tr>
<td>Operations Support for Specialized Shelters</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Expenditure</td>
</tr>
<tr>
<td>Services Provided</td>
</tr>
<tr>
<td>Number of People Served</td>
</tr>
</tbody>
</table>

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<tr>
<th>Housing Assistance to Specialty Court Members</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Expenditure &amp; People Served</td>
<td>Varies annually and included in rental assistance and Housing Case Management sections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Use Disorder Professional Services for the Homeless Outreach Team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>$112,227</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Full-time position dedicated to providing support, engagement and connection to treatment services to individuals who are homeless and challenged with substance use disorders</td>
</tr>
<tr>
<td>Number of People Served</td>
<td>660 annually with some duplication in counts</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Rental Assistance and Temporary Emergency Housing</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>$1,876,291</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Provision of rental subsidies for qualifying individuals and families who are receiving Housing Case Management services from community partners</td>
</tr>
<tr>
<td>Number of People Served</td>
<td>542 Households, consisting of 931 individuals were served in 2017</td>
</tr>
</tbody>
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<tr>
<th>Landlord Liaison Services and Facility Support</th>
<th></th>
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<tbody>
<tr>
<td>Expenditure</td>
<td>$174,797</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Master leasing, rental unit capacity building, transitional living facility support, risk mitigation, and administrative support to specialized housing vouchers for individuals living with mental illness</td>
</tr>
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<thead>
<tr>
<th>Training for Professionals Working with the Homeless Population</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>Budgeting up to $15,000 annually</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Free or reduced fee training offered to professionals and para-professionals working in the homeless housing field. Trainings are focused on improving and increasing knowledge, skills, and abilities.</td>
</tr>
</tbody>
</table>
18 June 2018

Dear Whatcom County Health Board Members,

This letter is written in anticipation of the upcoming Health Board presentation on homelessness and housing by Human Services Manager, Anne Deacon, and Barbara Johnson-Vinna, Housing Specialist, of the Whatcom County Health Department, on June 26, 2018. **On behalf of the Whatcom County Housing Advisory Committee (WCHAC), we offer our support of the current plan and strategies that our local homeless housing system has adopted in our efforts to reduce and end homelessness in Whatcom County.**

The primary reasons people continue to experience homelessness in Whatcom County are based on economic factors and the lack of affordable housing in Whatcom County. The most recent Whatcom County Plan to End Homelessness was completed in 2012 and is currently under revision. The four goals and nine strategies of this plan focus on one overarching goal: to assist people in locating and transitioning into permanent housing. To achieve this goal, housing providers use research-based practices that are effective solutions in reducing and ending homelessness. These include:

- Coordinated Entry,
- Permanent Supportive Housing,
- Rapid Re-housing

This committee also supports the funding and use of specialty shelter and transitional housing programs reserved for special populations such as families with children, youth, domestic violence survivors, and the medically fragile. All of the above services utilize case management to link households with economic resources, medical care, and other services needed to obtain housing and achieve stability.

This continuum of service is proven to be both efficient and effective. Local outcome data demonstrates that our homeless housing system is in fact working for the majority of those served. Unfortunately, our system lacks capacity to serve all in need of housing, a situation we have in common with many communities throughout the state and nation.

In order to address this gap, the WCHAC is supportive of continued public investment in the strategies outlined in our County Plan; strategies that help individuals obtain and retain permanent housing.

Thank you for hosting this presentation on the multi-faceted and persistent problem of homelessness in our community. Your interest and support are much appreciated.

Respectfully,

Emily O'Connor, Chair  
Whatcom County Housing Advisory Committee