

A Home for Everyone

Whatcom County 10-Year Homeless Housing Plan

Phase 1



For more information concerning this Example, the Guidelines, and the Homelessness Housing and Assistance Act, please contact:

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| Date of Plan Adoption | December 6, 2005 |

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|-----------------------------|---|

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| David Cahill | City of Bellingham Community Development | Largest city |
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A Home for Everyone

Whatcom County

10-Year Homeless Housing Plan

Homelessness: The Problem

Annually, as many as 3.5 million people become homeless in the United States.¹ According to a recent U.S. Conference of Mayors study, people remain homeless for an average of eight months.² But averages tend to mask the diversity of the homeless population. While many are homeless for only a short period of time, about 20% are homeless for long periods of time or cycle in and out of homelessness.

In American cities, the homeless population includes single men (41%), families with children (40%), single women (14%), and unaccompanied youth (5%). An average of 23% of homeless people in the cities are considered mentally ill; 30% are substance abusers; 17% are employed; and 10 % are veterans.³

Homelessness has real costs to entire communities. For example, many of the chronically homeless, particularly those who are mentally ill, substance abusers (or both) tend to end up in expensive services and facilities such as jails and hospital emergency departments. Additionally, criminal justice research studies have demonstrated that mentally ill offenders with no housing are up to four times as likely to re-offend and end up back in jail compared to those who are housed upon their first release. Other negative impacts on the criminal justice system occur when public defenders lose contact with their homeless clients, some of whom fail to show up for court appearances because the public defender could not remind them of their court date. This leads to additional charges against these clients, some of whom will end up back in jail because of this.

Lack of affordable housing leads the list of homelessness causes. Other causes include mental illness, substance abuse and the lack of needed treatment services, low-paying jobs, unemployment, domestic violence, and prisoner re-entry.⁴ Domestic violence is a leading cause of homelessness among women.⁵

The diverse causes of homelessness mean that the homeless population is also diverse and their variety of experiences and circumstances demand multiple strategies to prevent, reduce, and, ultimately, to end homelessness. The complexity of this challenge is compounded further by the fact that many homeless persons exhibit qualities of multiple subpopulations – for example, the substance abuser who is also mentally ill, or the ex-offender who is developmentally delayed.

¹ National Alliance to End Homelessness. 2003. Fact Sheet on Homelessness.

² U.S. Conference of Mayors. 2004. Hunger and Homelessness Survey: A status report on hunger and homelessness in America's cities.

³ U.S. Conference of Mayors. 2004.

⁴ U.S. Conference of Mayors. 2004.

⁵ National Alliance to End Homelessness. 2003.

Homelessness in Whatcom County

When someone thinks “homeless,” they may imagine panhandlers, indigents sleeping in a park, or sign holders at freeway ramps. Actually, the homeless are often children. Of the 839 individuals counted in Whatcom County’s 2005 Point-in-Time Count, 40% were under the age of 18. Often, a homeless child lives with one or more parent, a relative or a friend. Children and adults may be sleeping in a car, staying in a camper at a state park, or temporarily living in substandard housing such as a garage or shop. They may be living in a motel, in transitional housing, or in an emergency shelter. In this year’s count 25% of the individuals counted indicated domestic violence as a reason for their homelessness.⁶ It should be noted that some service providers interviewed for this plan acknowledged that the 2005 and earlier point-in-time homeless counts tend to underestimate certain homeless populations (e.g., people living in the woods or on the street).

In Whatcom County and across the nation, an increasing number of families are living on the margin. As these families experience rising rents or housing costs, low-paying jobs or a job loss, an illness or an unexpected expense, they may face the possibility of becoming homeless.⁷

In addition to individuals, families, and youth, an additional subpopulation – the chronically homeless – is of particular concern. A chronically homeless person is defined as “an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.”⁸ One reason chronically homeless persons are of particular concern is that they tend to consume a disproportionate share of homeless services resources. For example, according to the U.S. Department of Health and Human Services, although the chronically homeless make up 10% of homeless shelter users, they consume 50% of the bed nights.⁹ The chronically homeless represent perhaps 10-20% of the total number of homeless in Whatcom County. It is estimated that there are approximately 220 chronic homeless persons living in the streets or in temporary shelter in Whatcom County on a given night.¹⁰

Finally, as many homeless service providers will attest, many of Whatcom County’s homeless persons are transients. It is believed by some people that this is due, in large part, to our shared border with Canada. According to Canada Border Services Agency, border agents refuse entry to people seeking entry to Canada from Whatcom County for many reasons (e.g., inadequate documentation, past criminal history), including, occasionally for having inadequate financial resources to support themselves while in Canada; however, the agency does not keep records of the reasons entry was refused.¹¹ Therefore, it is difficult to estimate the degree to which the border affects the size of the local homeless transient population.

⁶ Whatcom County/City of Bellingham. 2005. Point-in-Time Count of Homeless Persons.

⁷ Whatcom County/City of Bellingham. 2005.

⁸ U.S. Department of Housing and Urban Development

⁹ U.S. Dept. of Health and Human Services. 2003. Comprehensive Plan to End Chronic Homelessness

¹⁰ City of Bellingham/ The Low-Income Housing Institute. 2003. A Way Back Home: A ten-year plan to end chronic homelessness in Whatcom County

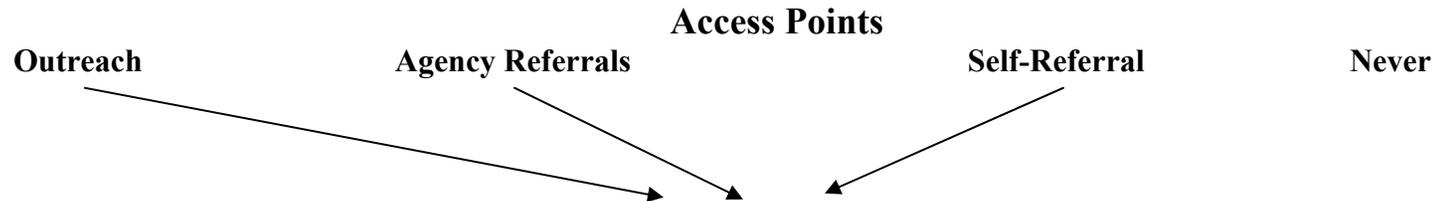
¹¹ Personal communication: Heather Ardiel, Manager of Program Services and Operational Support, Canada Border Services Agency.

The Homeless Support Network in Whatcom County

The Whatcom County Coalition for the Homeless (WCCH) is a consortium of public and private agencies and non-profits that collaborate to create a system of housing and services, with the ultimate goal of moving homeless families and individuals to permanent housing and self-sufficiency. This system is called the Continuum of Care. The WCCH oversees the implementation of the local Continuum of Care (the array of local services available) and makes recommendations for filling gaps in services. A diagram on the following page depicts examples agencies and their services that comprise the local Continuum of Care.

In 2003, a group of housing and service providers worked with the City of Bellingham and a consultant to develop a *Ten Year Plan to End Chronic Homelessness in Whatcom County*, and updated the *Whatcom County Continuum of Care Strategic Plan*.

Continuum of Care in Whatcom County – Examples of homeless housing, prevention, and services system



| Continuum of Care Component Examples¹² | | | | | | | |
|---|---|--|--|--|--|--|--|
| Outreach and Assessment | Prevention | Emergency Shelter | Transitional Shelter | Supportive Services (social, health, income) | Permanent Supportive and/or Subsidized Rental Housing | Market Rental Housing | Homeownership |
| Whatcom Counseling and Psychiatric Clinic Westcoast Counseling Church on the Street WC Health Department Women's Jail Outreach Old Town Christian Ministries NW Youth Services Catholic Community Services Hope House | <p>Rental assistance and case management</p> Opportunity Council Whatcom Counseling and Psychiatric B/WC Housing Authority | Lighthouse Mission YWCA Opportunity Council Womencare Shelter NW Youth Services Old Town Christian Ministries Sun Community Services Evergreen AIDS Foundation Agape Women's Christian Home Lake Whatcom Residential and Treatment Center Project Hope | Catholic Community Services Lydia Place YWCA Sun Community Services Project Hope Lighthouse Mission NW Youth Services Opportunity Council Oxford House New Way Ministries | <p>Life skills training</p> Lake Whatcom Treatment Center | B/WC Housing Authority Shelter Plus Care B/WC Housing Authority Public Housing B/WC Housing Authority Section 8 vouchers Sean Humphrey House Whatcom Counseling and Psychiatric Clinic | Rental housing affordable to low- to moderate-income households B/WC Housing Authority (Section 8 vouchers) City of Bellingham HOME Partnership Program (Tenant-based rental assistance) | Kulshan Community Land Trust Habitat for Humanity B/WC Housing Authority City of Bellingham Whatcom/Skagit Homes Rebuilding Together Opportunity Council |
| | <p>Youth counseling and case management</p> NW Youth Services | | | <p>Alcohol and drug abuse treatment</p> Catholic Community Services CPEP Housing Program Evergreen AIDS Foundation | | | |
| | <p>Peer support counseling for mentally ill</p> Rainbow Center | | | <p>Basic needs</p> Maple Valley Inn Opportunity Council | | | |

¹² See following page for definition of each Continuum of Care component

Continuum of Care Components

Prevention is the first key to reducing homelessness. Homeless prevention activities include income supports, rental assistance and advocacy, and maintenance of existing housing stock. Stabilization services such as one-time emergency funds to prevent eviction and crisis intervention assist those at risk of becoming homeless to maintain their housing.

Outreach and Assessment acknowledges that some homeless persons are unable or unwilling to accept shelter services (sometimes, unwillingness to accept or seek assistance is related to past, often traumatic, life experiences or negative experiences seeking or receiving assistance in the past). Outreach efforts, such as street outreach to people residing in places not fit for human habitation, identify and address a person's immediate needs and provide a link for the individual to ongoing support.

Emergency Shelter offers a safe, secure, temporary place for individuals and families to reside while they prepare to move into more stable housing. Emergency Shelter, along with assessment and case management, is typically provided for 90 days, or until specific goals are accomplished.

Transitional Housing is longer term (generally up to 24 months) housing with varying degrees of support services provide a period of stability while treating the underlying causes of homelessness. Transitional housing programs help people to successfully transition to and maintain permanent housing.

Permanent and Permanent Supportive Housing provides long-term, safe, decent and affordable housing for individuals and families. Permanent housing is the ultimate goal of the Continuum, and may be provided in one structure, or at scattered sites. Permanent supportive housing enables homeless persons with disabilities to live as independently as possible.

Supportive Services are often needed to help homeless people move towards self-sufficiency and independent living. Services such as substance abuse treatment, employment education and job readiness, budgeting workshops, parenting classes, childcare, transportation, and renter education may be provided as part of an emergency shelter or transitional housing program, or independently, as a supportive services only program.

About the 10-Year Plan

The Homeless Housing Assistance Act of 2005. The 2005 Washington State Legislature passed Engrossed Second Substitute House Bill 2163 or ESSHB 2163 an ACT Relating to preventing and ending homelessness in the State of Washington. HB 2163 requires county auditors to charge an additional surcharge of ten dollars on recorded documents. The fund was created to support strategies designed to prevent or reduce homelessness. Only those strategies and activities outlined in the county's plan can receive 2163 funding. The local 2163 fund is projected to have revenue of \$136,000 in 2005 and \$335,000 in 2006.¹³ The county plan is required to include a minimum goal of reducing homelessness by 50% by July 1, 2015.

Whatcom County has chosen to add the responsibilities for the administration of 2163 funds to the established citizens advisory committee established by the County Executive in 2004 advise the County regarding the allocation of the 2060 funds. This Advisory Committee is currently

¹³ The fund is smaller in 2005 because it did not begin collecting revenue until August 2005.

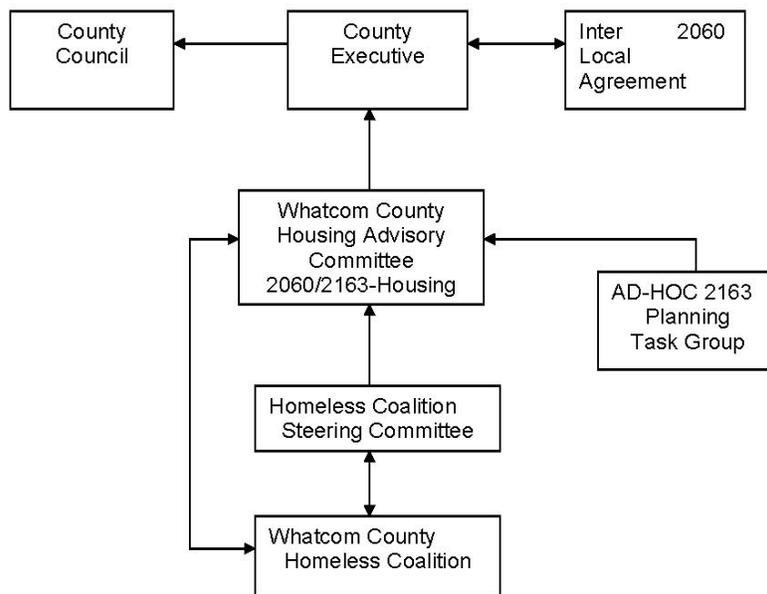
called the Whatcom County Housing Advisory Committee and is an Advisory Committee to the Whatcom County Executive Office. The citizens advisory committee will advise the County on the allocation of the 60% county portion 2163 funds (40% of funds collected are returned to the Washington State Department of Community Trade and Economic Development).

Information regarding the membership, activities and minutes of this advisory committee can be found on the Whatcom County Health Department website under housing.

www.co.whatcom.wa.us/health/hlipac/index

A phased approach to planning. Recognizing the Act’s requirement that counties develop a 10-year plan in only a few months¹⁴, CTED suggests that counties take a phased approach to planning. Under this approach, this first plan is necessarily incomplete. The quantitative estimates in Section 5 are, in some cases, based on educated guesses or potentially outdated information. The next phase of planning will occur in 2006 after the January 26 homeless census, or point-in-time count. Information from that count and from additional planning tasks will be used to refine the plan.

Organizational structure for 2163 planning and implementation. The Homeless Housing and Assistance Act (2163) requires that a “local homeless housing task force” recommend to its local government a ten-year homeless housing plan that is consistent with WA CTED guidelines. By interlocal agreement, the County Executive established the Whatcom County Housing Advisory Committee to implement the Low-Income Housing Projects Act of 2002 (2160). It is recommended that this voluntary committee also serve as the “task force” required by 2163. Planning activities such as data collection, stakeholder surveys, and key informant interviews during Phase 1 were designed and facilitated by Cornerstone Strategies, Inc., a local research and planning firm, in consultation with an ad hoc planning task group. Homeless Coalition stakeholders were consulted, surveyed, and interviewed to develop the Plan’s strategies.



¹⁴ The Act requires CTED to develop final planning guidelines by October 31, 2005, and the counties to have plans finalized by December 31, 2005.

Planning activities for the Phase 1 plan. Whatcom County Human Services Department contracted with a community development planning consultant for services to facilitate the expedited planning activities required to complete the Phase 1 plan. The consultant submitted recommended planning activities to an ad-hoc planning task group, essentially a subcommittee of the Homeless Coalition. The consultant facilitated three work sessions with the Homeless Coalition during October and November to identify homeless housing and service gaps, and to identify strategies to reduce homelessness over the next ten years. Based on input from the Coalition, the consultant designed and implemented an online survey to collect input from the Homeless Coalition members (approximately 140 service providers were included). Finally, the consultant interviewed 20 key informants with particular expertise in the area of special needs homeless populations (e.g., domestic violence survivors).

Planning activities for the Phase 2 plan. While the planning tasks for Phase 2 have yet to be developed, they will likely include activities designed to refine the quantitative estimates of housing, services, and facilities necessary to meet the expected unmet need for homeless services over the next ten years. It is also likely that during the abbreviated Phase 1 planning process, important new resources and service gaps were inadequately examined. Additional consultation with key informants will be necessary to discover these omissions, especially in areas outside of Bellingham.

The next phase of planning should also involve homeless and formerly homeless persons. As consumers of homeless housing, preventive, and supportive services, the importance of their perspectives on cannot be overstated.

Many stakeholders strongly recommended that Phase 2 planning include a review of organizational structures and staffing needs to support the ongoing planning and operational requirements to implement and monitor the Homeless Housing Plan and to coordinate low-income housing efforts in the county.

Major Gaps in the Whatcom County Continuum of Care

Public and private nonprofit agencies identified the following gaps in the local continuum of care. Agency staff believe that closing or narrowing these gaps is necessary to prevent and significantly reduce homelessness in Whatcom County.¹⁵

1. **Homeless prevention and supportive services** are lacking or in short supply. As a community, we need to increase or establish key prevention services for persons in crisis and extend follow-up services for persons “graduating” from homeless housing programs. Key services include eviction prevention interventions, security deposit assistance, programs that assist homeless persons obtain required identification documents, affordable childcare, vocational training and mentoring, financial literacy, and conflict resolution.
2. A **“Housing First” approach** is needed to prioritize placement of the homeless directly into permanent housing with supportive services. Communities across the United States are increasingly adopting this approach. Common components of successful housing first programs include hiring and training “housing advocates” who work closely with private sector landlords and homeless clients; existing service providers extend their support services to help clients remain in their permanent housing; sources of rental subsidy; adequate temporary shelter facilities to house clients until permanent housing can be secured.
3. **The supply of affordable housing to low-income persons** is both inadequate to meet the demand and it is mismatched with respect to household incomes. Mismatched housing occurs when higher income households permeate the market for housing that is affordable to lower income households, thus, lower income households find few or no opportunities for housing they can afford. This gap in the continuum of care is universally recognized and acknowledged by local providers serving the homeless.¹⁶
4. **Housing capacity for all homeless populations.** Transitional and permanent service-enriched housing capacity is inadequate to meet the needs of all homeless persons over the next ten years. The need is particularly acute for certain homeless subpopulations:
 - a. *Homeless substance abusers.* Mental health and substance abuse service providers suggest that the community pursue a more aggressive harm reduction program that would include emergency shelter services open to all, and other substance abuse services such as opiate substitution therapy (e.g., methadone program).
 - b. *Homeless mothers in substance abuse treatment* currently are required to put their children into the child welfare system during treatment. This increases the mother’s sense of guilt and failure and distracts her from the treatment plan. Models of treatment that keep the women and children together in a residential program alleviate these problems and have much higher success rates with less regression.

¹⁵ Service gaps are derived from past planning efforts and reports, recent Homeless Coalition work sessions key informant stakeholder interviews, and a recent stakeholder survey.

¹⁶ For example, for three years in a row, the City of Bellingham’s Human Services Needs Assessment finds that affordable housing tops the list of client needs according to service providers interviewed. See: City of Bellingham, Community Development Division. 2004. 2005-2006 Human Service Statement of Need.

- c. *Homeless substance abusers awaiting inpatient or intensive outpatient treatment.* Their chance of successfully entering treatment are much greater if they have a supportive place to live during this critical period.
- d. *Homeless substance abusers, post-treatment housing.* Another critical period for substance abusers is after treatment. Those in the chronic stages of alcoholism and other drug addiction are only beginning to recoup brain and life skills functions after 10-30 days of treatment. Our community lacks an adequate supply of permanent supportive post-treatment housing that allows for these recovering clients to become stable, viable, productive members of society.¹⁷
- e. *Mentally ill persons* may require temporary transitional housing that includes various life skills training before they are ready to secure and maintain a permanent residence in the community. It has also been suggested that Whatcom County mental health service providers conduct long-term case management facilitated by a computer-based information system to allow for systematic follow-up with clients. The Homeless Management Information System (HMIS), a database that Whatcom County will have access to in the near future, may provide some of this functionality.
- f. *Ex-offenders often lack housing when released from jail or prison.* Particular offender subpopulations require special needs. These include released seniors, mentally ill offenders, and offenders considered to dangerously mentally ill, sex offenders, offenders with developmental or cognitive disabilities, and youth offenders. In addition to a need for permanent housing with support services, there is also a need to assess the needs of released offenders and help them get the services they will need to secure permanent housing. Currently, the county jail does not have a dedicated staff social worker position to connect released offenders with housing and other services.
- g. *Families with older adult males.* Shelter and transitional housing in Whatcom County lack the capacity and adequate services to shelter or house male spouse/partners as part of the family seeking services and/or male children older than 12 years of age with their mothers seeking services.
- h. *Individual youth.* Until very recently, unaccompanied, homeless youth under 18 years of age in need of a short stay in safe, supervised housing would find few, if any such housing available. Last year, Northwest Youth Services turned away 42 such individuals before implementing a “host home” program, including one leased residential facility and several scattered site safe homes to augment that capacity. This program provides temporary housing until case managers can help their clients find more permanent housing (e.g., helping to stabilize the situation at home through conflict resolution services). More of this housing is needed to meet the demand.
- i. *Parenting youth.* Northwest Youth Services must still turn away all parenting youth under 18 years of age. There is a need for “host homes” to serve this

¹⁷ Whatcom County Substance Abuse Program. 2001. Whatcom County Substance Abuse Program Needs Assessment 2001-2005.

population who require relatively long stays (averaging about six months) and supervised foster parents or staff licensed to serve children of both age groups (that of the child and the parent).

5. **A one-stop homeless services center** is needed to provide certain basic needs as well as referrals to all services available in the county's continuum of care.
6. **A separate youth drop-in center** is needed to serve a similar function for unaccompanied, homeless youth and youth at risk of homelessness.
7. **A triage center for persons with mental illness and substance abusers.** Whatcom County has committed to building, and plans to open, a Behavioral Health Crisis Triage Center in the fall of 2006. This facility will provide a "no wrong door" point of engagement for individuals needing acute behavioral health assessments and stabilization services. The success of the triage center will rely upon the continued development of the elements of the Continuum of Care listed on page 3.
8. **Services integration** using coordinated, case-focused teams of service providers directed at tracking and actively resolving key issues facing the homeless as they move through the continuum of care.
9. **Development of a Homeless Management Information System (HMIS).** Among the key components of the services integration initiative is the HMIS, which produces aggregate information in the homeless to improve planning for their needs, shares appropriate information among providers, and facilitates a client-friendly intake and referral process.
10. **Develop the "community will" and commitment** to prevent and eliminate homelessness in Whatcom County, engaging government and the business community in expanding political and financial resources to meet the needs of the homeless. This will require:
 - a. *Increased public awareness* through community-wide education and outreach to explain the root causes of homelessness, the opportunities to reduce and prevent homelessness and the risks and rewards of implementing the Homeless Housing Plan.
 - b. *Accountability for implementing the Homeless Housing Plan.* It is an unfortunate reality that many good intentions and sound solutions remain confined to unimplemented planning documents. The Homeless Coalition and other community leaders must assign responsibility for implementing the strategies embodied in this plan, and must regularly monitor and report progress in meeting outcomes and performance measures identified in the plan. It is recommended that early in the Phase 2 planning process, the Housing Advisory Committee and Homeless Coalition assess the organizational structure and staffing needs to support the ongoing planning and operational requirements to implement and monitor the Homeless Housing Plan and coordinate county low-income housing efforts.
 - c. *Actively engage federal, state, and local policy makers in the homelessness reduction planning process and encourage them to remove barriers to reducing and preventing homelessness.* Continuum of care service providers identified a

host of policy changes at all levels of government that will facilitate the strategies they believe are necessary to meet the goals and objectives set out in this plan. Working together within our community and with other communities statewide, continuum of care stakeholders have a responsibility to inform legislators, government agency leaders, the business community and the public of these necessary policy changes.

10-Year Plan Goal, Objectives and Strategies

This plan's goal is to reduce homelessness by 50% in Whatcom County in ten years. It is an ambitious goal Whatcom County shares with nearly all other Washington counties. Similarly, each county has developed a Homeless Housing Plan within a common framework of *objectives* and *strategies*.

Objectives are organized by homeless subpopulations. As described in the opening sections of this plan, the homeless and near-homeless are a very heterogeneous population, and each subpopulation has unique or special needs. In addition, some of the identified gaps in the continuum of care will help to reduce or prevent homelessness across the board, or at least across multiple subpopulations. The detailed plan in the next section, therefore, is organized around the following set of objectives. Additional objectives and subpopulations may be identified in the next phase of this plan (Phase 2) in 2006.

Objective 1. Reduce the number of chronically homeless individuals

Objective 2. Reduce the number of non-chronically homeless individuals

Objective 3. Reduce the number of homeless families

Objective 4. Reduce the number of homeless youth

Objective 5. Reduce the number of all homeless persons

Strategies are the approaches or tools that we, as a community, need to establish or expand to meet the objectives, and, ultimately, the goal of reducing homelessness by 50%. Housing and shelter programs certainly comprise one set of strategies, but homeless prevention and reduction require a continuum of care, including many other types of services. Therefore, to meet each objective, recommended strategies are organized into the following categories:

Housing strategies

Prevention strategies

Income strategies

Health strategies

Each strategy includes one or more activities that will be required to implement that strategy. Short-term activities identify persons or organizations responsible for those activities; long-term activities may not identify a responsible party due to the need for additional planning or feasibility work necessary to further develop the strategy.

| | | | Start of Planning date | Implementation Date | Capital/planning Costs | Annual Housing Operating Costs | Annual Service Costs | Single Individual Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds created with: (vouchers, leasing, renovation, or new construction). |
|--|----------------------|---|------------------------|---------------------|------------------------|--------------------------------|----------------------|------------------------|-------------|--------------|--------------------------------------|------------|--|
| Goal: Reduce the number of homeless persons by 50% by 2015 | | | | | | | | | | | | | |
| Objective: Reduce the number of chronically homeless individuals. | | | | | | | | | | | | | |
| Housing Strategy: create more housing for the chronically homeless | | | | | | | | | | | | | |
| | Short Term Activity: | Increase utilization of vouchers to provide permanent supportive housing | Jan-06 | Jan-09 | | \$ 330,000 | \$ 696,000 | | | | 60 | 60 | Vouchers |
| | Who is Responsible: | WCPC; BWCHA; OC | | | | | | | | | | | |
| | Outcome: | Permanent supportive housing for 60 persons at high risk of homelessness | | | | | | | | | | | |
| | Long Term Activity: | <i>Housing where substance abuse abstinence is not required</i> | 2007 | 2009 | \$ 1,725,000 | \$ 370,000 | \$ 580,000 | | | | 50 | 50 | Construction |
| | Long Term Activity: | <i>Create a transitional facility for sex offenders (level 2 and 3)</i> | 2007 | 2009 | \$ 620,000 | \$ 74,000 | \$ 16,000 | | | | 20 | 20 | Construction |
| | Long Term Activity | <i>Develop and implement "Housing First" programs that move people directly into permanent housing with supportive services</i> | 2007 | 2009 | | \$ 550,000 | \$ 80,000 | 100 | | | | 100 | Voucher |
| | Long Term Activity | <i>Housing for people engaged in substance abuse treatment</i> | 2007 | 2009 | \$ 1,380,000 | \$ 296,000 | \$ 464,000 | | | | 40 | 40 | Construction |
| | Long Term Activity | <i>Transitional housing that leads to Shelter Plus Care certificate.</i> | 2007 | 2010 | \$ 1,725,000 | \$ 370,000 | \$ 580,000 | | | | 50 | 50 | Construction |
| | Long Term Activity | <i>Mental health services in post-treatment housing (e.g., clean and sober housing)</i> | | | | | \$ 630,000 | | | | 50 | 50 | |
| Prevention strategy: prevent homelessness among chronically homeless individuals | | | | | | | | | | | | | |
| | Long Term Activity: | Design and construct a one-stop facility with services for all homeless persons | 2008 | 2010 | \$ 2,000,000 | \$ 50,000 | \$ 640,000 | | | | | | |
| | Long Term Activity: | <i>Permanent affordable rental housing for extremely low income households(<30% of median income)</i> | 2007 | 2009 | | \$ 2,200,000 | \$ 320,000 | | 400 | | | | Voucher |

| | | | Start of Planning date | Implementation Date | Capital/planning Costs | Annual Housing Operating Costs | Annual Service Costs | Single Individual Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds created with: (vouchers, leasing, renovation, or new construction). |
|--|----------------------|---|------------------------|---------------------|------------------------|--------------------------------|----------------------|------------------------|-------------|--------------|--------------------------------------|------------|--|
| Goal: Reduce the number of homeless persons by 50% by 2015 | | | | | | | | | | | | | |
| | Short Term Activity: | Maximize the integration of services by creating coordinated, case-focused teams of service providers ("A-Teams") to expand outreach and case management for homeless persons with co-occurring disorders | 6-Jan | 7-Jun | | | \$ 530,000 | | | | | | |
| | Who is Responsible: | WCPC, Whatcom County HS, Rainbow Center | | | | | | | | | | | |
| | Outcome: | Deliver coordinated supportive services to 50 individuals with co-occurring disorders | | | | | | | | | | | |
| | Long Term Activity: | <i>Post-treatment recovery-oriented housing for people with substance abuse problems</i> | 2007 | 2009 | | \$ 550,000 | \$ 15,700 | | | | 50 | 50 | Lease |
| | Long Term Activity: | <i>Legal and other assistance in obtaining state and federal disability benefits</i> | 2007 | 2008 | | | | | | | | | |
| Objective: Reduce the number of non-chronically homeless individuals. | | | | | | | | | | | | | |
| Housing Strategy: create more housing for non-chronically homeless individuals | | | | | | | | | | | | | |
| | Long Term Activity: | <i>"Housing First" programs that move people directly into permanent housing with supportive services</i> | | | | \$ 236,000 | \$ 1,622,500 | 295 | | | | 295 | Voucher |
| Objective: Reduce the number of homeless families. | | | | | | | | | | | | | |
| Housing Strategy: create more housing for homeless families | | | | | | | | | | | | | |
| | Short Term Activity: | <i>Voucher-based programs that move people directly into permanent housing with supportive services (countywide)</i> | | | | \$ 136,000 | \$ 748,000 | | | 136 | | | Voucher |
| Prevention strategy: prevent homelessness among families | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Permanent affordable rental housing for extremely low income households(<30% of median income)</i> | | | | \$ 633,083 | | | | 115 | | | Voucher |
| | Short Term Activity: | <i>Permanent affordable homeownership opportunities for low-income households</i> | | | | \$ 2,000,000 | \$ 120,000 | | | 20 | | | Down payment assistance |
| | Who is Responsible: | Kulshan Community Land Trust | | | | | | | | | | | |
| | Outcome: | 20 permanently affordable homes developed annually | | | | | | | | | | | |

| | | | Start of Planning date | Implementation Date | Capital/planning Costs | Annual Housing Operating Costs | Annual Service Costs | Single Individual Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds created with: (vouchers, leasing, renovation, or new construction). |
|---|---------------------|--|------------------------|---------------------|------------------------|--------------------------------|----------------------|------------------------|-------------|--------------|--------------------------------------|------------|--|
| Goal: Reduce the number of homeless persons by 50% by 2015 | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Short-term rent subsidies</i> | | | | | \$ 125,000 | | | 50 | | | Voucher |
| | Long Term Activity: | <i>Domestic violence community outreach</i> | | | | | \$ 184,000 | | | | | | |
| Income Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Civil legal services for victims of domestic violence</i> | | | | | \$ 207,000 | | | | | | |
| Health Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Mental health services for families in service-enriched permanent housing</i> | | | | | \$ 68,000 | | | | | | |
| | Long Term Activity: | <i>Substance abuse treatment for families</i> | | | | | \$ 21,352 | | | | | | |
| Objective: Reduce the number homeless youth. | | | | | | | | | | | | | |
| Housing Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Host homes: 24 hr. homes with paid parents and up to 4 beds</i> | | | | \$ 100,000 | | 4 | | | | 4 | Lease |
| Prevention Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>In-home and outreach-based case management and intervention with families and youth</i> | | | | | \$ 186,400 | | | | | | |
| | Long Term Activity: | <i>Drop-in center as nexus services and activities</i> | | | \$ 250,000 | \$ 75,000 | | | | | | | |
| Income Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Vocational training that is flexible and engaging</i> | | | | | \$ 186,400 | | | | | | |
| | Long Term Activity: | <i>Apprentice and training opportunities with local businesses</i> | | | | | \$ 186,400 | | | | | | |
| Health Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Substance abuse services for youth</i> | | | | | \$ 73,162 | | | | | | |
| | Long Term Activity: | <i>Youth mental health services</i> | | | | | \$ 233,000 | | | | | | |

| | | | Start of Planning date | Implementation Date | Capital/planning Costs | Annual Housing Operating Costs | Annual Service Costs | Single Individual Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds created with: (vouchers, leasing, renovation, or new construction). |
|---|---------------------|--|------------------------|---------------------|------------------------|--------------------------------|----------------------|------------------------|-------------|--------------|--------------------------------------|------------|--|
| Goal: Reduce the number of homeless persons by 50% by 2015 | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Health services for homeless youth</i> | | | | | \$ 233,000 | | | | | | |
| | Long Term Activity: | <i>Teen Clinic STD/HIV prevention</i> | | | | | \$ 233,000 | | | | | | |
| Objective: Reduce the number homeless persons. | | | | | | | | | | | | | |
| Prevention Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Conflict resolution services</i> | | | | | | | | | | | |
| | Long Term Activity: | <i>Increase intensive and long-term case management for residents of service-enriched and short-term subsidized rental housing</i> | | | | | \$ 2,000,000 | | | | | | |
| | Long Term Activity: | <i>Engage policy makers and the community in homelessness planning and advocacy</i> | | | | | | | | | | | |
| | Long Term Activity: | <i>Eviction prevention and tenant support (financial and legal)</i> | | | | | \$ 800,000 | | | | | | |
| Income Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Job training services</i> | | | | | \$ 236,000 | | | | | | |
| | Long Term Activity: | <i>Affordable childcare</i> | | | | | \$ 1,632,000 | | | | | | |
| | Long Term Activity: | <i>Programs to assist homeless persons obtain proper identification documents</i> | | | | | \$ 14,400 | | | | | | |
| | Long Term Activity: | <i>Financial education and training</i> | | | | | \$ 236,000 | | | | | | |
| | Long Term Activity: | <i>Literacy services</i> | | | | | \$ 77,880 | | | | | | |
| | Long Term Activity: | <i>Services and support for children of homeless families (e.g., clothing, school supplies, etc.)</i> | | | | | \$ 100,000 | | | | | | |
| Health Strategy: | | | | | | | | | | | | | |
| | Long Term Activity: | <i>Health screenings for people placed in housing programs</i> | | | | | \$ 567,000 | | | | | | |

| | | | Start of Planning date | Implementation Date | Capital/planning Costs | Annual Housing Operating Costs | Annual Service Costs | Single Individual Beds | Family Beds | Family Units | Chronically Homeless Individual Beds | Total Beds | Beds created with: (vouchers, leasing, renovation, or new construction). | |
|--|---------------------|--|------------------------|---------------------|------------------------|--------------------------------|----------------------|------------------------|----------------------|--------------|--------------------------------------|------------|--|------------|
| Goal: Reduce the number of homeless persons by 50% by 2015 | | | | | | | | | | | | | | |
| Objective: Implement and monitor performance of the Homeless Housing Plan | | | | | | | | | | | | | | |
| Planning Strategy: | | | | | | | | | | | | | | |
| | Short-term Activity | <i>Conduct Phase 2 planning, including a review of organizational structure and staffing needs to successfully implement and monitor the Plan; engage homeless persons to gain their perspectives on service gaps and needs; develop and further refine the Plan's strategies, cost estimates, schedules and responsible entities; develop local performance measures.</i> | Jan-06 | Nov-06 | \$ 50,000 | | | | | | | | | |
| | Short-term Activity | <i>Conduct homeless point-in-time count</i> | Nov-05 | Jan-06 | \$ 10,000 | | | | | | | | | |
| Monitoring Strategy: | | | | | | | | | | | | | | |
| | Long Term Activity | Report annually on progress toward Homeless Plan goal and objectives using local performance measures, plan-specified outcomes, and the annual homeless point-in-time count | 2007 | 2007 | | | | | | | | | | |
| Totals | | | | | | | \$ 7,700,000 | \$ 7,970,083 | \$ 14,642,194 | 299 | 100 | 721 | 320 | 719 |

Homeless Population and Subpopulations

| Part 1: Homeless Population | Sheltered | | Unsheltered | Total |
|--|------------|--------------|-------------|------------|
| | Emergency | Transitional | | |
| 1. Homeless Individuals | 63 | 87 | 145 | 295 |
| 2. Homeless Families with Children | 21 | 57 | 58 | 136 |
| 2a. Persons in Homeless Families with Children | 43 | 119 | 110 | 272 |
| Total (lines 1 + 2a) | 106 | 206 | 255 | 567 |
| Part 2: Homeless Subpopulations | Sheltered | | Unsheltered | Total |
| 1. Chronically Homeless | 34 | | | |
| 2. Seriously Mentally Ill | 212 | | | |
| 3. Chronic Substance Abuse | 136 | | | |
| 4. Veterans | 65 | | | |
| 5. Persons with HIV/AIDS | 18 | | | |
| 6. Victims of Domestic Violence | 207 | | | |
| 7. Youth | 233 | | | |

Statistics descriptors: All of the statistics above are based on a “point-in-time” count of homeless persons in Whatcom County. This census of the homeless was conducted in January 2005, over 40 organizations participated in the count. For more information, see *Whatcom County/City of Bellingham Point-in-Time Count of Homeless Persons, January 26th, 2005*.

Part 1: Homeless Population: Unduplicated counts homeless persons in sheltered and unsheltered locations at a one-day point in time.

Part 2: Homeless Subpopulations. Unduplicated counts of homeless subpopulations in sheltered and unsheltered locations at a one-day point in time.

Sheltered Homeless. Counts of adults, children and youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Does not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent’s homelessness or abandonment, now reside temporarily and for a short

anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Counts adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

Housing Activity Charts

NOTE: See Pages 18-19 for description and explanation of the following tables which are required Plan components.

| Fundamental Components in CoC System - Housing Activity Chart | | | | | | | | | | | | | |
|---|--|-----------------------------------|---------------------------|----------|-------------|---|----------------------------|-------------|--------------|------------------|-----------------|-------------------|------------|
| EMERGENCY SHELTER | | | | | | | | | | | | | |
| Provider Name | Facility Name | HMIS | | | Target Pop. | | 2005 Year-Round Units/Beds | | | | 2005 Other Beds | | |
| | | Part. Code | Number of Year-Round Beds | Geo Code | A | B | Family Units | Family Beds | Individ Beds | Total Year-Round | Seasonal | Over-flow/Voucher | |
| Current Inventory | | | Ind. | Fam. | | | | | | | | | |
| The Lighthouse Mission | Emergency Shelter | | | | 530090 | SM | | 0 | 0 | 80 | 80 | | 6 |
| YWCA | Larabee Residence | | | | 530090 | SF | | 0 | 0 | 9 | 9 | | |
| Interfaith Coalition | Interfaith Little House; Garden Street House; Our Saviour's House; Disciples House | | | | 530090 | FC | | 4 | 8 | 22 | 8 | | |
| Opportunity Council | Motel Vouchers | | | | 539073 | FC | | 0 | 0 | 0 | 0 | | 60 |
| Womencare Shelter | Womencare Shelter | | | | 530090 | FC DV | | 5 | 18 | 0 | 18 | | |
| Northwest Youth Services | Safe Home Program | | | | 539073 | YMF | | 0 | 0 | 5 | 5 | | |
| Old Town Christian Ministries | Stepping Stones Seasonal Motel Vouchers | | | | 530090 | SMF | | 0 | 0 | 0 | 0 | | 12 |
| Sun Community Services | Gladstone House | | | | 530090 | SMF SMI | | 0 | 0 | 5 | 5 | | |
| Evergreen AIDS Foundation | Motel Vouchers | | | | 530090 | SMF AIDS | | 0 | 0 | 0 | 0 | | 26 |
| Evergreen AIDS | Barney Wood Fund | | | | 530090 | SMF AIDS | | 0 | 0 | 9 | 9 | | |
| Agape Women's Christian Home | Emergency Housing | | | | 530090 | FC | | 4 | 16 | 0 | 16 | | 1 |
| Whatcom Couns. & Psych Project Hope | Emergency Housing Emergency Shelter | | | | 530090 | SMF SF | | 0 3 | 0 10 | 5 0 | 5 10 | | |
| TOTALS | | | 0 | 0 | | TOTALS | | 16 | 52 | 135 | 165 | 0 | 105 |
| Under Development | | Anticipated Occupancy Date | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | TOTALS | | | | | | | |
| Unmet Need | | | | | | TOTALS | | 3 | 14 | 15 | 29 | | |
| 1. Total Year-Round Individual ES Beds | | | | | 95 | 4. Total Year-Round Family ES Beds | | | | | 52 | | |
| 2. Year-Round Individual ES Beds in HMIS | | | | | | 5. Family ES Beds in HMIS | | | | | | | |
| 3. HMIS Coverage Individual ES Beds | | | | | % | 6. HMIS Coverage Family ES Beds | | | | | % | | |
| (Divide line 2 by line 1 and multiply by 100. Round to whole number.) | | | | | | (Divide line 5 by line 4 and multiply by 100. Round to whole number.) | | | | | | | |

| Fundamental Components in CoC System - Housing Activity Chart | | | | | | | | | | | | | | |
|---|---|------------|---------------------------|---|---------------------------------|----|----------------------------|-------------|-------------|------------------|-----------------|-------------------|------------|------------|
| TRANSITIONAL HOUSING | | | | | | | | | | | | | | |
| Provider Name | Facility Name | Part. Code | Number of Year-Round Beds | Geo Code | Target Pop. | | 2005 Year-Round Units/Beds | | | | 2005 Other Beds | | | |
| | | | | | A | B | Family Units | Family Beds | IndividBeds | Total Year-Round | Seasonal | Over-flow/Voucher | | |
| Current Inventory | | | Ind. | Fam. | | | | | | | | | | |
| Catholic Community Services | Growing Together Housing | | 530090 | FC | | 4 | 20 | 0 | 20 | | | | | |
| Lydia Place | Transitional Living Program | | 530090 | FC | | 3 | 18 | 0 | 18 | | | | | |
| YWCA | Larabee Residence | | 530090 | SF | | 0 | 0 | 27 | 27 | | | | | |
| Sun Community Services | Sun House | | 530090 | SMF | SMI | 0 | 0 | 6 | 6 | | | | | |
| Project Hope | Transitional Housing | | 530090 | FC | | 4 | 16 | 0 | 16 | | | | | |
| Northwest Youth Services | Transitional Living Program | | 530090 | M | | 1 | 6 | 12 | 18 | | | | | |
| Opportunity Council | Dorothy Arnold Giesecke Place | | 530090 | M | DV | 21 | 35 | 6 | 41 | | | | | |
| Whatcom Counseling & Psychiatric Clinic | Rental Subsidies/Supportive Living Program | | 530090 | SMF | | 0 | 0 | 30 | 30 | | | | | |
| Opportunity Council | Rental Subsidies to Landlords using HOME/TBRA | | 530090 | FC | | 4 | 19 | 0 | 19 | | | | | |
| Opportunity Council / Interfaith | Community-Based Transitional Housing | | 530090 | FC | | 8 | 40 | 0 | 40 | | | | | |
| Lake Whatcom Res. & Trtmt | Transitional | | 530090 | SMF | | 0 | 0 | 67 | 67 | | | | | |
| Oxford House | Substance Abuse After-Treatment/Clean & Sober Housing | | 539073 | SMF | | 0 | 0 | 25 | 25 | | | | | |
| New Way Ministries | Housing for Single Mothers with Children | | 539073 | FC | DV | 7 | 14 | 0 | 14 | | | | | |
| TOTALS | | | 0 | 0 | TOTALS | | 52 | 168 | 173 | 341 | | | | |
| Under Development | Anticipated Occupancy Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | 0 | | |
| TOTALS | | | | | | | | | | | | 0 | | |
| Unmet Need | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | 14 | 115 | 150 |
| | | | | | | | | | | | | | | |
| 1. Total Year-Round Individual ES Beds | | | 112 | 4. Total Year-Round Family ES Beds | | | | 166 | 166 | | | | | |
| 2. Year-Round Individual ES Beds in HMIS | | | | 5. Family ES Beds in HMIS | | | | | | | | | | |
| 3. HMIS Coverage Individual ES Beds | | | | % | 6. HMIS Coverage Family ES Beds | | | | % | | | | | |
| (Divide line 2 by line 1 and multiply by 100. Round to whole number.) | | | | (Divide line 5 by line 4 and multiply by 100. Round to whole number.) | | | | | | | | | | |

| Fundamental Components in CoC System - Housing Activity Chart | | | | | | | | | | | | |
|--|--|---------------|------------|--------|--|------------|---------------|----------------------------|-------------|----------------|-----------------------|--|
| PERMANENT SUPPORTIVE HOUSING | | | | | | | | | | | | |
| Provider Name | Facility Name | HMIS | | | Geo Code | Target Pop | | 2005 Year-Round Units/Beds | | | | |
| | | Part. Code | #Yr. Round | | | A | B | Family Units | Family Beds | Indiv /CH Beds | Total Year-Round Beds | |
| Current Inventory | | | Ind | Fam | | | | | | | | |
| Bellingham Housing Authority | Shelter Plus Care | | | 530090 | SMF | | | | | 176/8 | 176 | |
| Bellingham Housing Authority | Welfare to Work (Homeless Preference) | | | 530090 | FC | | 25 | 100 | | | 100 | |
| Sean Humphrey House | Permanent Supportive Housing | | | 530090 | SMF | AIDS | | | | 6 | 6 | |
| Whatcom Counseling & Psychiatric Clinic | Tenant-based Section 8 Permanent Housing Program | | | 530090 | FC | | 14 | 40 | | | 40 | |
| Whatcom Counseling & Psychiatric Clinic | Shared Housing | | | 530090 | M | | | | | 6 | 6 | |
| | | | | | | | | | | | | |
| | | TOTALS | | 0 | 0 | | TOTALS | 39 | 140 | 188/8 | 342 | |
| Under Development | Anticipated Occupancy Date | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | TOTALS | | | /CH | | |
| | | | | | | | | | | | | |
| Unmet Need | | | | | | | TOTALS | 13 | 140 | 182/62 | | |
| | | | | | | | | | | | | |
| 1. Total Year Round Individual PSH Beds | | | | 202 | 4. Total Year Round Family PSH Beds | | | | 140 | | | |
| 2. Individual PSH Beds in HMIS | | | | | 5. Family PSH Beds in HMIS | | | | | | | |
| 3. HMIS Coverage Individual PSH Beds | | | | % | 6. HMIS Coverage Family PSH Beds | | | | % | | | |
| (Divide line 2 by line 1 and multiply by 100. Round to whole number) | | | | | (Divide line 5 by line 4 and multiply by 100. Round to whole number) | | | | | | | |

Note: The tables below will be completed prior to plan submission with information from the Bellingham/Whatcom County Housing Authority.

Tenant-Based Rental Assistance Targeted to Homeless Persons

| Provider Name | Geo Code | Target Pop | | Family Units | Family Beds | Chronic Individual Beds | Individual Beds | Total Year-Round Bed Equivalents |
|---------------------|----------|------------|---------------|--------------|-------------|-------------------------|-----------------|----------------------------------|
| | | A | B | | | | | |
| Opportunity Council | 530090 | FC | DV | 12 | 60 | | | 60 |
| | | | TOTALS | 12 | 60 | | | 60 |

W/OC next year 75,000 homeless housing
 <50% AMI 20 LMI homeless families

Housing Choice Vouchers (Section 8) Targeted to Homeless Persons

| Provider Name | Geo Code | Target Pop | | Family Units | Family Beds | Chronic Individual Beds | Individual Beds | Total Year-Round Bed Equivalents |
|---|----------|------------|---------------|--------------|-------------|-------------------------|-----------------|----------------------------------|
| | | A | B | | | | | |
| Bellingham/Whatcom County Housing Authority | 530090 | FC | DV | 25 | 150 | | | 150 |
| | | | TOTALS | 25 | 150 | | | 150 |

Housing Activity Charts Explained

The Emergency Shelter, Transitional Housing, and Permanent Supportive Housing charts are already prepared each year by the Homeless Coalition.

HMIS Participation Code: Homeless Management Information System (HMIS).

A = all of the clients served by this program have data entered into the HMIS; **S**= some of the clients served by this program have data entered into the HMIS; **N**= none of the clients served by this program have data entered into the HMIS but they plan to participate in the future; **Z**=this program does not plan to participate in HMIS

Number of Year-Round Beds in HMIS: number of year-round individual beds and number of year-round family beds that are covered by the HMIS. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered". These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.

Geo Code: Geographic Area Code (Geo Code) for the project. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider's inventory is located. Geo Codes for Washington State can be found here:

<http://www.hud.gov/offices/cpd/homeless/apply/2005nofa/wa/ipn.xls>

Target Population A: code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and

Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations.

Target Population B: indicates whether the project serves these additional characteristics: **DV**= only Domestic Violence victims; **VET**= only Veterans, and **AIDS**= only persons with HIV/AIDS.

2005 Year-Round Units/Beds:

Family Units: number of units that the project set-aside for serving families.

Family Beds: number of beds that are contained in family units.

Individual Beds: number of beds that are serving individuals. For the Permanent Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

Year-Round Beds: number of family beds in (column "Family Beds") plus the number of beds for individuals (column "Individual Beds").

Seasonal Beds: number of beds made available to individuals and families on a seasonal basis.

Overflow Beds: number of beds, mats or spaces or vouchers that are made available on a very temporary basis.

Current Inventory: facilities and voucher programs that are currently operating.

Under Development: projects that are fully funded but are not yet serving homeless people. Indicate the anticipated occupancy date for project.

Section 6 – Stakeholder Recommendations for State Legislative and Policy Changes Needed to Address Homelessness

In response to a survey, individual homeless housing and services stakeholders suggested the following changes to state policies. Some of these policies are quite general in nature, requiring further specification in the future. Planning activities for Phase 2 of this plan include further discussion and refinement of these and other policy proposals.

The survey question below was used to elicit the following list of policy recommendations.

What state-level changes in policy, law, regulation, are necessary to achieve the goal of a 50% reduction in homelessness in Whatcom County?

Due to plan submission deadline constraints and the need for further clarification of many survey responses, some of the policy changes recommended are not listed in this Phase 1 plan.

State Legislative and Policy Recommendations

1. Encourage the state legislature to seek changes in federal policies which negatively impact our community's ability to reduce or eliminate homelessness.
 - a. Modify current federal HUD restrictions prohibition substance abusers from accessing federal housing supports by allowing exceptions based upon active participation in substance abuse treatment and evidence of recovery.
 - b. Modify current federal HUD rules regarding case management requirements for shelter plus vouchers to embrace a more holistic approach for individuals with cluster disabilities including any or all of the following, mental health, substance abuse, cognitive and medical disabilities.
2. Remove the restrictions on state-only mental health funding to allow services to be provided more holistically to homeless individuals with co-occurring disorders including but not limited to mental illness, substance abuse, developmental disabilities, cognitive impairments and medical disabilities. Focus on global disability rather than needing to meet inclusion criteria under several different eligibility criteria.
3. Expand state support to efforts that divert mentally ill, substance abusers and individuals with cognitive impairments from being jailed. Increase treatment, housing, and employment alternatives.
4. Eliminate federal blanket banishment of select drug abusers from access to public housing resources based upon an individual's recent evidence of recovery.(tie treatment to availability).
5. Allow correctional facility medical and psychiatric records to be accessed by DSHS when establishing the existence of a disabling condition.
6. Continue to move away from rigidly compartmentalized funding streams (silo funding) from DSHS to allow social service agencies to work together to bring resources to some of the high-need homeless.

7. Provide local officials the flexibility to determine local safety zones for housing offenders.
8. Provide some level of liability protection for housing providers that are willing to house and serve potentially violent individuals.
9. Provide clear standards for both tenants and rental property owners regarding the circumstances under which a month-to-month tenancy may be terminated and eviction can occur. One model for such standards is Seattle's *Just Cause Eviction Ordinance*.¹⁸

¹⁸ SMC 22.206.160(C) Ordinance #117942, effective January 12, 1996

Appendix: Homeless Housing and Services Gap Analysis

Homeless Housing and Services Gap Analysis

In a recent survey, Approximately 50 staff from the homeless service provider community rated both the importance and the community capacity to deliver 74 categories of housing and services to prevent and reduce homelessness in Whatcom County.

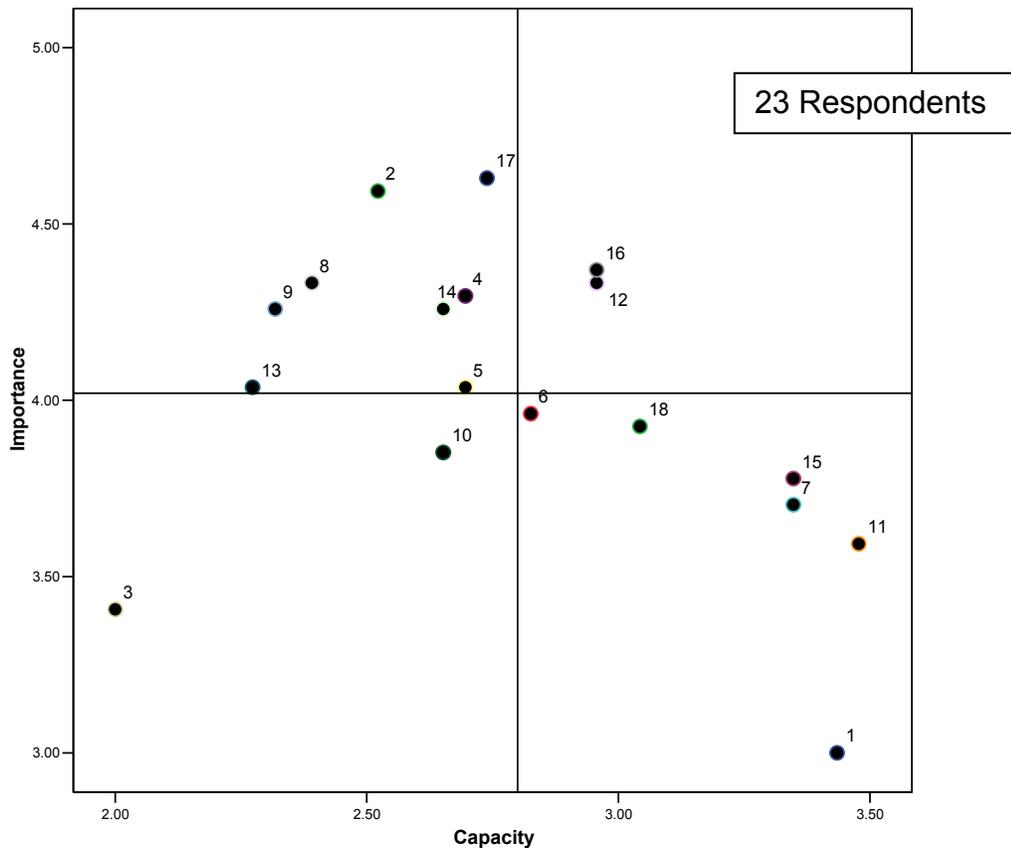
Gap analysis using the importance-capacity coordinate system. Because respondents rated each service on a five-point scale, one way to analyze these data is to calculate the average importance and capacity scores for each service. These scores from the basis of a importance-capacity coordinate rating system (see figures on following pages). The average importance and capacity ratings among clients and providers were calculated and plotted on the graph. The lines making up the “crosshairs” of each graph represent the average importance score and the average capacity score for each group of respondents.

The importance-capacity charts are divided into quadrants that rate homeless services as follows:

- Quadrant I Services that rank above average in importance, but below average in capacity
- Quadrant II Above average in importance and capacity
- Quadrant III Below average in importance and capacity
- Quadrant IV Below average in importance, but above average in capacity

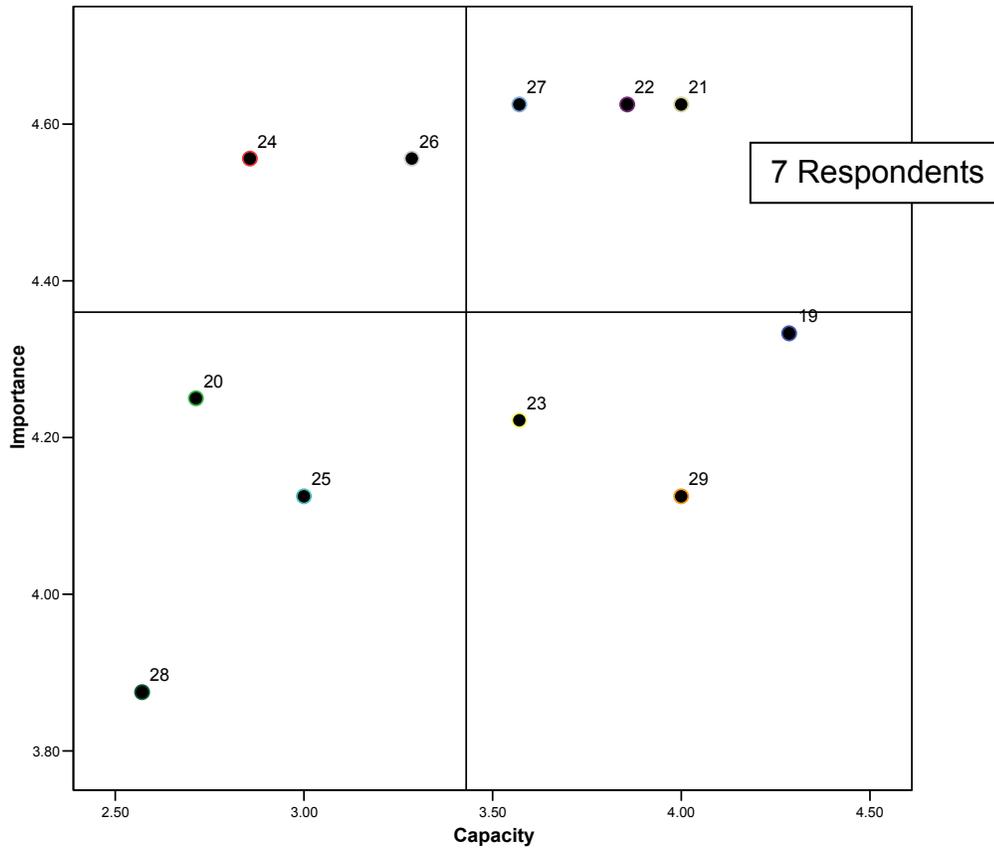
Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant of each graph. These are the services that, on average, service providers agree are both (a) very important to that homeless population, and (b) hard to access.

Figure 1. Importance and Community Capacity to Serve Homeless Families



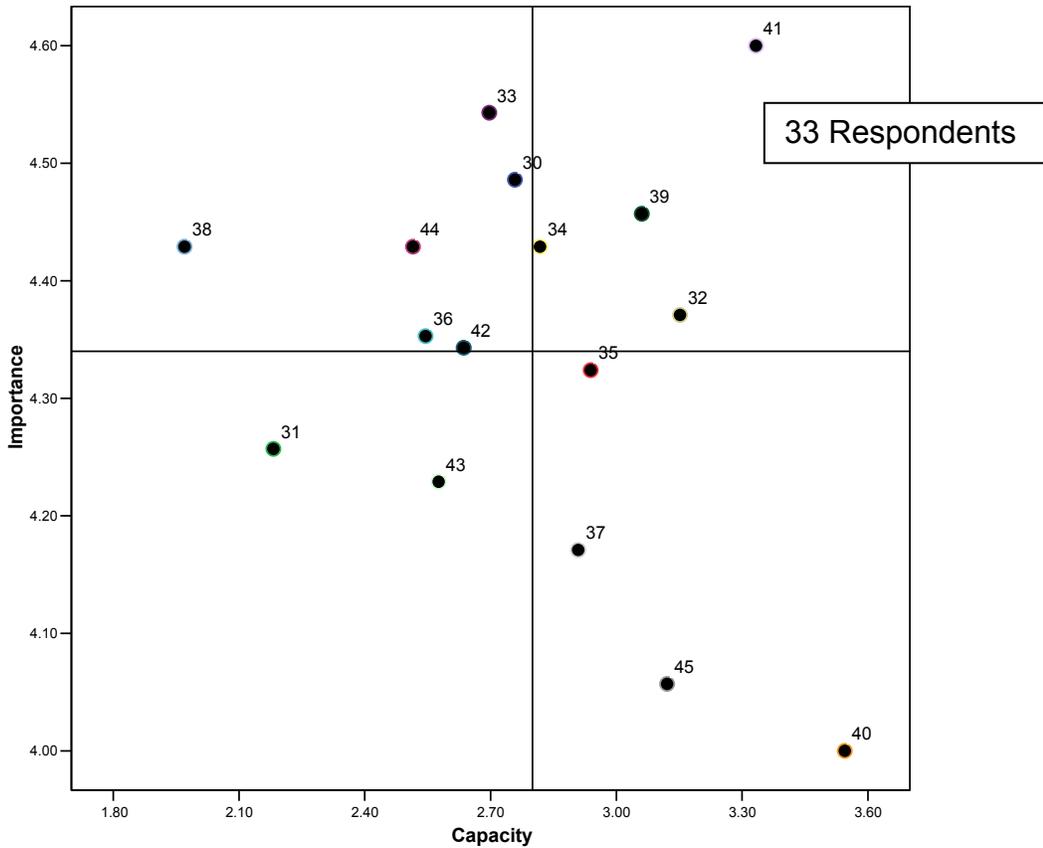
1. Religious-based emergency shelter and services
- 2. Permanent affordable rental housing for extremely low income households (<30% of median income)**
3. Permanent affordable homeownership opportunities for low-income households
- 4. Long-term transitional housing (longer than 6 months)**
- 5. Supportive residential housing for young families**
6. Transitional housing outside Bellingham
7. Transitional housing for domestic violence victims who are past the imminent crisis period
- 8. Transitional housing for families with older males and large families**
- 9. An emergency shelter and services**
10. Short-term rent subsidies
11. Domestic violence community outreach
12. Long-term case management
- 13. Non-religious-based emergency shelter and services**
- 14. Programs that move people directly into permanent housing with supportive services**
15. Civil legal services for victims of domestic violence
16. Mental health services for transitional housing residents
- 17. Substance abuse treatment for families**
18. Eviction prevention and tenant support (financial and legal)

Figure 2. Importance and Community Capacity to Serve Homeless Youth



- 19. Host homes: 24 hr. homes with paid parents and up to 4 beds
- 20. Drop-in center as nexus services and activities
- 21. Community collaboration enforcing court mandated behavior and actions
- 22. In-home and outreach-based case management and intervention with families and youth
- 23. Apprentice and training opportunities with local businesses
- 24. Vocational training that is flexible and engaging**
- 25. Health services for homeless youth
- 26. Youth mental health services**
- 27. Substance abuse services for youth
- 28. Teen Clinic STD/HIV prevention
- 29. Programs that move people directly into permanent housing with supportive services

Figure 3. Importance and Community Capacity to Serve Homeless Individuals



30. An emergency shelter and services

31. Permanent supportive housing for the chronically homeless.

32. Housing for persons who are mentally ill and/or chemically dependent who are being released from prison

33. Post-treatment, supportive housing for people recovering from substance abuse

34. Pre-treatment housing for individuals awaiting substance abuse treatment

35. Staff-supported housing for persons who are engaged in extended or intensive outpatient treatment

36. Programs that move people directly into permanent housing with supportive services

37. Rental assistance services for helping individuals find housing

38. Single point of entry outreach, “front door” access to services

39. Case management for chemical dependency clients

40. Peer support services

41. Outreach and case management services for homeless persons with co-occurring disorders.

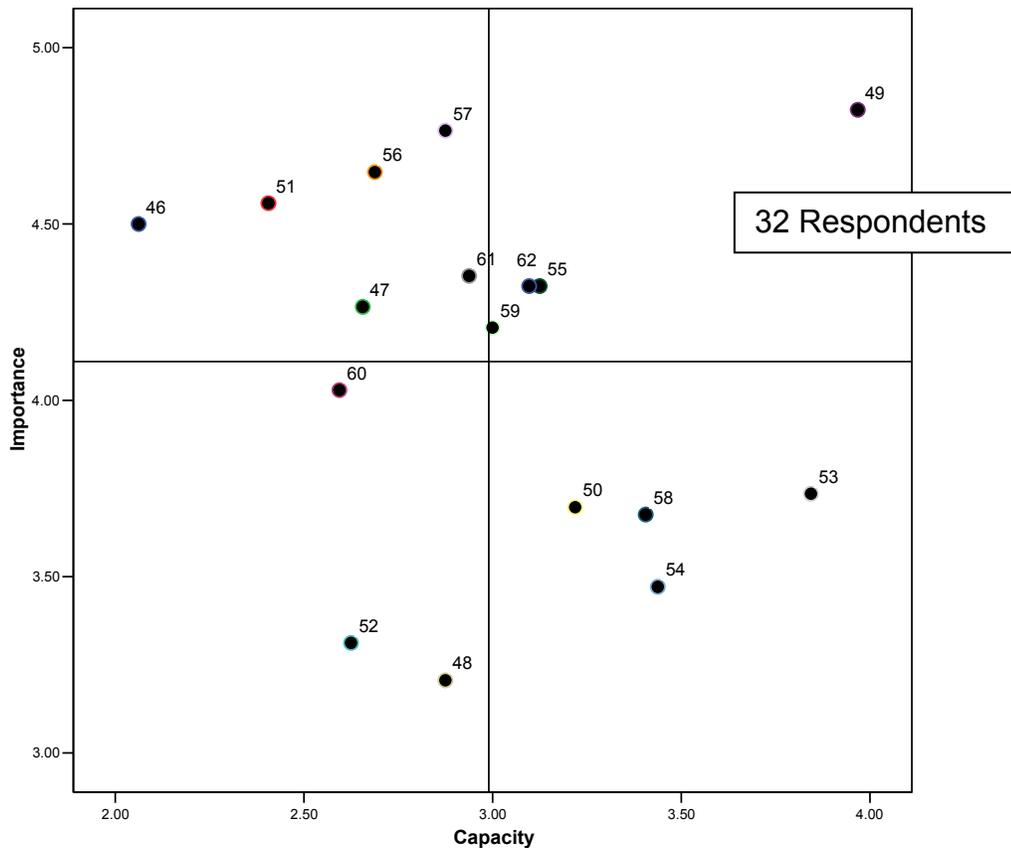
42. Triage center for emergency intervention and stabilization of persons in crisis.

43. Long-term in-patient substance abuse treatment

44. Chemical dependency and mental health outpatient treatment that is coordinated with appropriate housing component

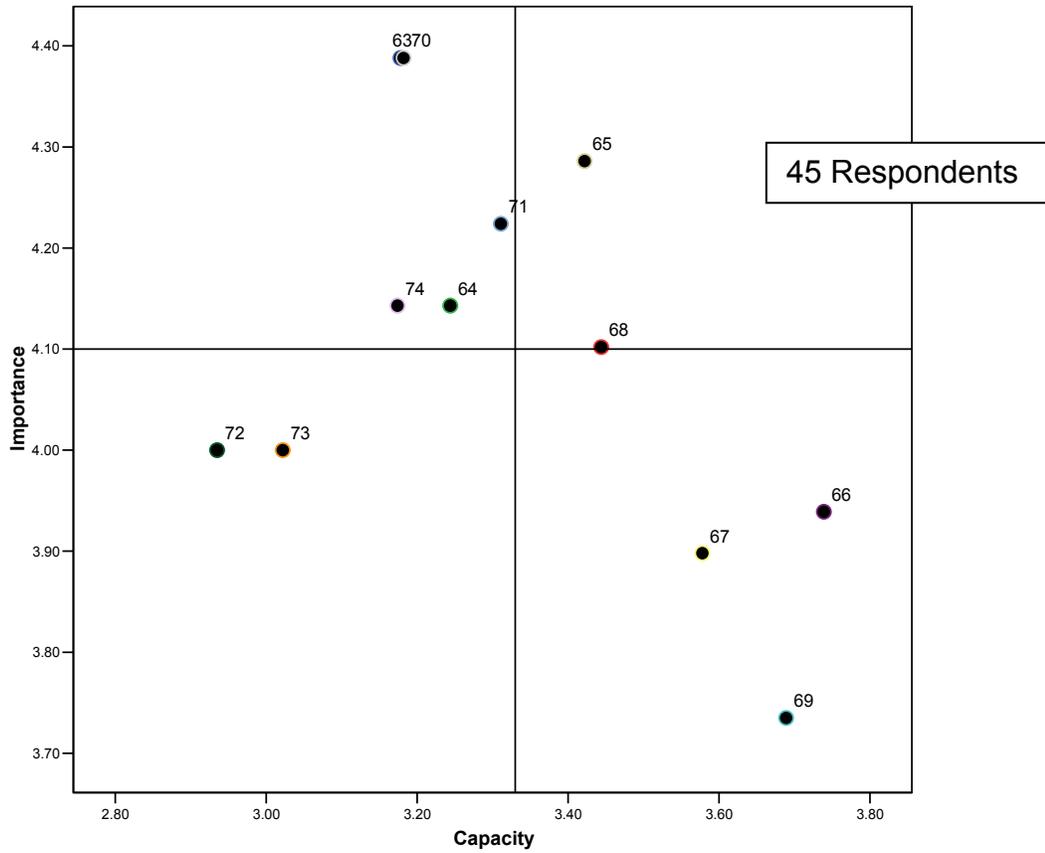
45. Outreach engagement efforts for chemical dependency treatment

Figure 4. Importance and Community Capacity to Serve Chronically Homeless Individuals



- 46. One-stop service for coordinated homeless housing and services**
- 47. Permanent affordable rental housing for extremely low income households(<30% of median income)**
- 48. Permanent affordable homeownership opportunities for low-income households
- 49. Transitional housing that leads to Shelter Plus Care certificate.
- 50. Transitional facilities for sex offenders (level 2 and 3)
- 51. Transitional facilities for mentally ill and substance abusing offenders**
- 52. Housing where substance abuse abstinence is not required
- 53. Life skills training programs for ex-offenders
- 54. Education and tuition assistance Case management
- 55. Case management
- 56. Housing for people engaged in substance abuse treatment**
- 57. Post-treatment recovery-oriented housing for people with substance abuse problems**
- 58. Legal and other assistance in obtaining state and federal disability benefits
- 59. Programs to maintain existing housing units available to the most at-risk population
- 60. Programs that move people directly into permanent housing with supportive services
- 61. Mental health services in post-treatment housing (e.g., clean and sober housing)**
- 62. Outreach services for the hardest-to-engage homeless persons

Figure 5. Importance and Community Capacity to Provide Homeless Prevention Services



63. Affordable childcare

64. Integrated vocational/educational services with other homeless services

65. Services and support for children of homeless families (e.g., clothing, school supplies, etc.)

66. Health screenings for people placed in housing programs

67. Literacy services

68. Job training services

69. Conflict resolution services

70. Integrated, case-focused teams of service providers from multiple agencies (referred to as "A teams")

71. Financial education and training

72. Programs that move people directly into permanent housing with supportive services

73. Public education about homelessness

74. Programs to assist homeless persons obtain proper identification documents