



Whatcom County Homeless Services Center HGAP Project Proposal

C. PROGRAM/PROJECT DESCRIPTION

1. Provide a short description of the program/project.

The proposed Whatcom County Homeless Services Center (WCHSC) project adapts evidenced-based models of homeless prevention, rapid re-housing, jail diversion, and focused re-entry planning to transform our current continuum of care *from managing homelessness to ending homelessness*. Key components establish new commitments to increase access to supportive and mainstream services that are vital to retaining permanent housing. As called for in the State's 10-year plan, this project proposes *"a shift in focus from emergency response strategies to prevention and long term housing."* This systems change approach, affecting all homeless subpopulations, increases the efficiencies of the existing homeless housing infrastructure which consists of low-rent housing, transitional housing and emergency shelter. At the same time, it saves money by diverting some individuals away from high-cost institutional facilities. Under this new approach, our community is committed to homeless prevention, rapid re-housing, institutional discharge planning, and supportive services.

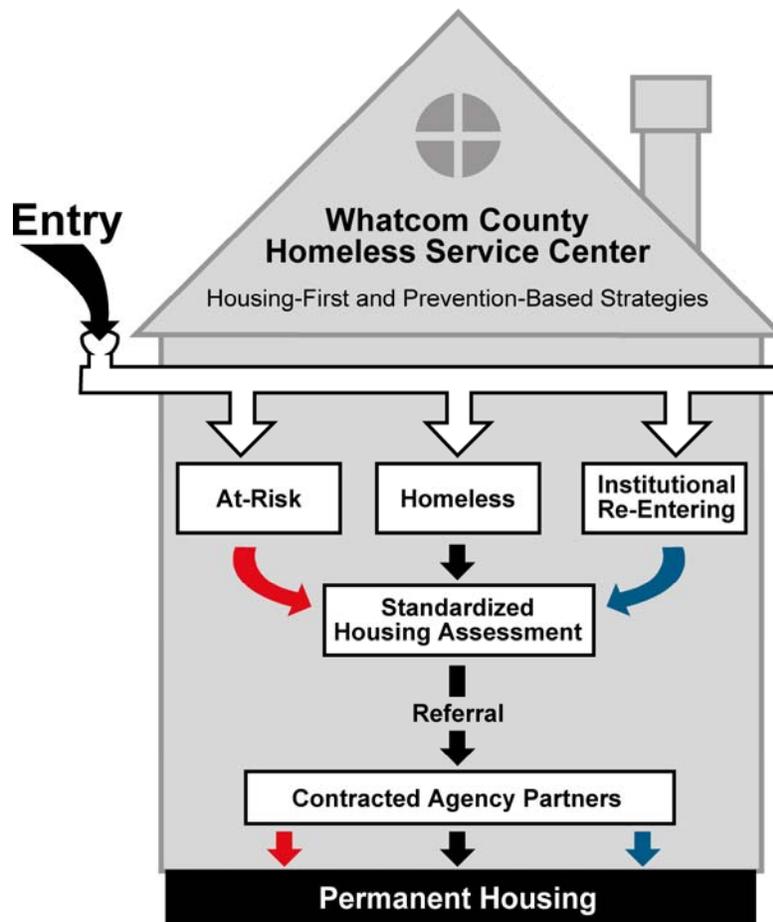


Figure 1 Proposed transformation to a coordinated homeless prevention and housing-first system



WCHSC is a central entity that implements the new programs and coordinates their activities with Homeless Coalition partner agencies. New programs emphasize (1) *prevention assistance* to reduce the number of households that will become homeless, (2) *rapid re-housing* of those who are homeless, (3) *supportive services* promoting housing stability and self-sufficiency, and (4) specialized *diversion, discharge planning and re-entry programs* which complete Whatcom County's comprehensive re-entry service commitments.

2. Describe the proposed housing and/or services, and linkages to other mainstream systems (jails, prisons, social service, medical, etc.).

Whatcom County Homeless Service Center. WCHSC serves as a resource center and coordinates entry from multiple partner agencies already serving persons and families who are homeless or at imminent risk of homelessness. Partner agencies provide direct services for clients who are pre-screened and authorized to receive services. WCHSC provides these services:

- ***Standardized housing risk assessment.*** Utilizing a best practice, WCHSC's Prevention and Rapid Exit Coordinator (PREC) assesses homeless risk factors, with a standardized tool used throughout Whatcom County, for each client that is referred for homeless housing services. This tool determines housing and housing readiness needs.
- ***Rapid exit coordination¹.*** Based on the housing risk assessment, the PREC refers clients to partner agencies for homeless prevention, housing, and supportive services increasing their likelihood of retaining stable housing.² Partner agencies provide these services as part of their contractual relationship with WCHSC.
- ***Housing coordination services.*** Within WCHSC a housing resource specialist helps partner agencies to connect clients with permanent housing. Through outreach, this specialist cultivates relationships with private-sector landlords to increase the number of units available as stable housing for homeless households. The housing specialist responds to landlord complaints and manages the newly established *Risk Mitigation Fund*.
- ***Risk Mitigation Fund.*** Opening the door to homeless individuals and families may require landlords to relax screening criteria and rent to people who might not otherwise qualify. In return for relaxing these criteria, landlords receive a commitment from WCHSC to assess tenant housing readiness, provide ongoing support, and guarantee to pay from the risk mitigation fund any unpaid rent or costs associated with significant damage to the rental unit.
- ***Continuous Quality Improvement (CQI).*** WCHSC provides leadership and support to partner agencies as they work toward continuous improvement of these new programs. CQI is a process of looking at provided services, evaluating their effectiveness, and making adjustments to improve those services, as indicated by performance data. HMIS, partner agency reporting, and other information will result in data-driven decisions about resource allocation and performance.

¹ The term "rapid exit" refers to a swift exit from homelessness

² WCHSC will adapt the risk assessment tool from Hennepin County, MN.



Community-Oriented Re-Entry program (CORE). CORE is a team approach to re-entry and discharge planning with access to tenant-based housing assistance and mainstream services through the WCHSC. Recently, the Whatcom County criminal justice, substance abuse and mental health systems opened a Crisis Triage Center to coordinate services for people with mental health and/or substance abuse disorders who tend to cycle through the county jail and hospital emergency department. The state-of-the-art Crisis Triage Center is staffed 24/7 to provide expedited assessment, stabilizing interventions, and access to services. This diverts these clients, many of whom are homeless, away from costly local/state incarceration and psychiatric hospitalization. In addition, the county created a new *boundary spanner* staff position to act as a liaison between criminal justice, mental health, and substance abuse treatment systems, linking offenders to appropriate services. What’s missing from this system is a focused connection to appropriate permanent housing. Through a multi-party *Memorandum of Understanding*, CORE team members collaborate with WCHSC’s rapid exit coordinator and housing specialist to provide housing solutions.

3. Describe the potential for the program/project to be funded after the HGAP grant expires, using committed resources from the criminal justice, social service, health or other systems.

These evidence-based approaches save money by diverting people away from high-cost institutional services (e.g. jails, state hospitals, hospital EDs) and high-cost emergency and transitional shelter services. Money saved can be reprogrammed to pay for less costly alternative services as demonstrated by Whatcom County’s \$2 million investment in the new Crisis Triage Center. Another component of a new countywide policy is a local Housing Trust Fund³ to provide a stable funding source for the main program components.

4. Describe how the proposed model is connected to state and local homeless plans, and provide other evidence of local support.

Project component	Whatcom Plan	WA State Plan
Establish WCHSC and associated services.	Develop one-stop homeless services center	Strategies 1, 4, 7; 8, and 16
Establish rapid exit coordinator; housing resource specialist.	Implement a <i>Housing First</i> approach (p.8); and service integration (p.10)	Strategy 12
Establish outcomes-focused contracting for all homeless program funds.		Strategy 15
C.O.R.E. team approach to re-entry and discharge planning with access to tenant-based funding.	Build capacity for ALL homeless populations (p.8-9), especially those most costly to the community when they are not in stable housing and receiving supportive services.	Strategy 2 and 3
Establish HMIS and integrate into all homeless service programs.	HMIS system (p.9)	Strategy 17

³ Currently, the City of Bellingham and Whatcom County are preparing an interlocal agreement to retain a consultant to help design a local housing trust fund.



5. Describe the specific numbers and characteristics of those to be served and units/beds created, and quantify the total unmet need addressed in the proposal.

We estimate the annual demand for homeless prevention, housing-first, and supportive services in three general subpopulation categories: imminent risk households that require minimal prevention assistance to avoid eviction; homeless households that need a moderate level of temporary financial assistance and supportive services to obtain permanent housing; and high-need individuals who may require permanent rental assistance, supportive services and case management. Using these estimates, we developed a model that simulates the increases and decreases in service demands and the interaction across subpopulation categories.

Each year WCHSC and partner agencies will (A) provide homeless prevention assistance to approximately 500 households annually, our estimate of the total demand based on eviction court data; (B) provide shallow rent subsidy for 200 homeless households and up to half of these clients receive case management and supportive services, and (C) up to 60 chronically homeless and/or institutional discharge individuals will receive deep rent subsidy – including leased housing for sex offenders and dangerous mentally ill –intensive case management and supportive services. Using these approaches and the other project components described earlier, we expect to decrease overall homelessness by 19% in three years, and by 56% in nine years. These estimates and projections will be revised as appropriate after full implementation of HMIS and other evaluation methods. More detailed outcomes are described in section 8 below.

6. Provide evidence that the proposed model reduces homelessness.

The project’s main components are best practices recommended by HUD and the National Alliance to End Homelessness, modeled after Hennepin County, Minnesota and Portland, Oregon programs. Hennepin County’s family homeless program achieved 95% housing retention one year after assistance for prevention clients and 88% housing retention for rapid exit clients. It also reduced the length of shelter stays. Hennepin County evaluation data show that from program inception in 1998 to 2003, the proportion of families in transitional shelters with few housing barriers decreased from 55% to 2%, thus reserving shelter housing and support services to the neediest homeless.

Portland’s *Transition to Housing* program which serves families, individuals, and the chronically homeless achieved a 73% retention rate at an average annual cost per household of \$1,200. Our proposed risk mitigation fund is based on Portland’s *Fresh Start* and *Risk Mitigation Pool* that encourages for-profit and nonprofit landlords to relax renting requirements for clients.

7. Provide evidence that the proposed model reduces overall government costs, such as the cost of homeless housing and services in prisons, hospitals and treatment facilities.

Re-entry planning: Studies show dramatic public cost savings from good re-entry planning programs that permanently house certain subpopulations.⁴ Locally, for example, a Whatcom County program designed to safely house sex offenders released from DOC facilities cost \$17,854 for housing assistance for 14 individuals over an 18-month period. Without this program, DOC would incur \$322,500 in incarceration costs maintaining offenders until their maximum release date.⁵ WCHSC and the CORE team will produce similar savings as they work collaboratively with the Crisis Triage Center to divert potential jail bookings to appropriate treatment housing alternatives.

Homeless housing: The costs of building and operating additional transitional or emergency housing is much more costly than shallow subsidies to prevent homelessness or to support people in permanent housing. It costs \$1,680 per month for typical transitional housing in Whatcom County, compared to the

⁴ See, for example: Metraux, Stephen & Dennis P. Culhane (2004). “Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk.” *Criminology & Public Policy* 3(2)

⁵ Source: DOC, based on incarceration cost of \$68.49/day for 4,718 days saved



fair market rent (\$741 for 2-bedroom apartment), or shallow rent subsidy of \$500 or less (not unusual for Hennepin and Portland).

8. Provide a short description of outcomes and methods that will be used to collect outcomes.

Central to this project is a detailed and integrated approach to collecting and reporting outcomes. Outcomes-based contracting adapted from Hennepin County and Portland is a primary objective of CQI. HMIS system implementation has begun in Whatcom County and is one method of collecting and reporting outcome data. The program will develop an evaluation and outcome reporting system to supplement HMIS capabilities for the purpose of tracking outcomes including but not limited to those in following table:

	Primary services: Homelessness prevented (households)	Secondary services: Moderate needs homeless housed (households)	Tertiary services: Chronic homeless housed (individuals)
Year 1 assisted	250	100	30
Year 2 assisted	500	200	60
Year 3 assisted	500	200	60
Total assisted	1,250	500	150
Percent housed after one year	85%	75%	50%
Change in number of homeless subpopulation by 2015	NA	-52%	-73%
Approximate project cost per subpopulation	\$ 910,000	\$ 968,000	\$ 2,631,500
Avg. cost per homeless assisted	\$ 728	\$ 1,936	\$ 17,543

In addition, WCHSC’s housing resource specialist, working with for-profit and nonprofit housing developers and landlords will, facilitate the addition of 300 units of housing with relaxed rental qualifications and 100 units of supportive housing.

9. Provide evidence of project readiness (funding in place, site secured, etc.).

Whatcom County’s Homeless Coalition, Housing Advisory Committee and community leaders prepared for this *systems transformation* project during Phase I ten-year planning last year. Homeless Coalition steering committee members identified evidence-based models to adapt to local conditions, visited four sites and began adapting their tools last summer (e.g. partner agency outcomes-based contracts, risk assessment tool, job descriptions, evaluation methods). Concurrently, our community decided to reserve all of the county’s 2163 funds and much of the sponsor-based Shelter Plus Care funding for this project. Portland’s Transition to Housing program agreed to participate in a *Housing First Mentoring Academy* in early 2007 to kick-start this project. All partner and collaborating agencies will participate in this two-day workshop. The Mentoring Academy applies to all homeless and at-risk subpopulations and focuses on implementation issues related to integrating services and outcome-based contracting and reporting. As part of CQI, Academy participants will continue to meet regularly to raise and resolve



issues that arise throughout the three-year project. Also, Whatcom County has already initiated the process to become HMIS compliant and is committed to integrate HMIS into all WCHSC and partner agency activities. Finally, the Bellingham/Whatcom County and Archdiocesan Housing Authorities recently committed to setting aside up to 20% of new housing units as permanent supportive housing for the homeless.

10. Describe the capacity of involved organizations to successfully implement the proposal.

Whatcom County is committed to an open public process that gives existing homeless coalition members and others the opportunity to become partner agencies. A great strength of this transformative project is its reliance on existing organizations, whose missions align with project goals. We identified a local organization eager to manage the project. This entity recently assumed these responsibilities for a statewide project involving contract administration and performance monitoring of nearly 40 organizations over a multi-year period.

Existing service providers that comprise the county's homeless coalition already have the outreach and referral networks, case management expertise, and detailed knowledge of their particular client subpopulation's assets and needs.

Our community has a well-developed governance structure for multi-agency projects. Formal policy and funding decisions are delegated to the county's Housing Advisory Committee. The Whatcom County Homeless Coalition and its steering committee meet monthly to plan future projects and confer about ongoing activities related to the local continuum of care.

HGAP and local funds described in this project focus on building community homeless service capacities that are currently limited: homeless prevention services, case management focused on housing outcomes, integrating re-entry and discharge planning and crisis triage services with housing resources, and encouraging more private sector involvement in homeless housing solutions.



D. PROPOSED IMPLEMENTATION TIMELINE

Please limit the timeline to no more than 20 steps.

FORM C Steps/Activities	Responsible Party	Timeline
1. RFQ for project/program mgmt.	Whatcom County Health Dept.	Dec 2006
2. Negotiate contract with CTED	Whatcom County Health Dept.; CTED	Dec 2006
3. Negotiate/sign contract with project/program manager (hereafter, WCHSC manger)	Whatcom County Health Dept.	Jan 2007
4. HMIS compliance	WCHSC manger	Jan 2007
5. Convene inaugural CORE meeting to develop Memorandum of Understanding	Whatcom County Corrections (lead agency)	Jan 2007
6. Establish WCHSC; hire project manger, rapid exit coordinator and housing specialist	WCHSC manger	Feb 2007
7. Organize and conduct <i>Housing First Mentoring Academy Level I</i>) for collaborating/partner agencies; set schedule for continuing monthly meetings	WCHSC manger	Mar 2007
8. Issue RFPs for WCHSC partner agency homeless services	WCHSC manager	Mar 2007
9. Issue RFQ for project performance tracking and evaluation	WCHSC manager	Mar 2007
10. Establish landlord risk mitigation fund and policies; conduct landlord recruitment activities	WCHSC housing specialist	Apr 2007
11. HGAP quarterly reports to CTED	WCHSC manager	Apr 2007 (ongoing)
12. Finalize housing risk assessment tool	WCHSC rapid exit coordinator	Apr 2007
13. Award outcomes-based contracts to partner agencies	WCHSC manager	May 2007
14. Lease re-entry housing units 1 and 2	Partner agency under contract	May 2007
15. Coordinate and train Triage Center staff	CORE team	June 2007
16. Implement HMIS data integration	WCHSC manager	June 2007
17. Coordinate with RSN to implement housing model	Whatcom County Health Dept.	July 2007
18. Community HGAP Summit	WCHSC manager	Sep 2007
19. First annual review of partner agency performance	WCHSC manager	June 2008
20. Develop opportunities for leveraging additional funding	Whatcom County; WCHSC manger	July 2008



E. ESTIMATED BUDGET

FORM D			
1. Grant Term (Check only one box): <input type="checkbox"/> 1 Yr <input type="checkbox"/> 2 Yrs <input checked="" type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 Yrs <input type="checkbox"/> 5 Yrs			
2. Proposed HGAP Activities	3. HGAP Funding Request	4. Other Funding Estimates (From Section I, below)	5. Total Estimated Funding (Sum of columns 3 & 4)
a. Acquisition			
b. Rehabilitation			
c. New Construction			
Subtotal: Capital Project Costs <i>(Sum of lines a - b)</i>			
d. Real Property Leasing	\$ 273,750		\$ 273,750
e. Supportive Services	500,000	693,750	1,193,750
f. Operations		40,000	40,000
g. Rental Assistance	1,430,000	1,180,000	2,610,000
Subtotal: Non-Capital Program Costs <i>(Sum of lines d - g)</i>	2,203,750	1,913,750	4,117,500
h. Administrative & Outcome Measurement Costs <i>(For HGAP funding, total admin/outcome costs may not exceed 20% of the total request. Admin costs may not exceed 10%.)</i>	250,000	146,000	396,000
TOTAL ESTIMATED BUDGET <i>(Sum of funding totals for Capital, non-Capital, & Admin/Outcome Costs)</i>	\$ 2,453,750	\$ 2,059,750	\$ 4,513,500



F. ESTIMATED FUNDING/MATCH

FORM E			
FUNDING SOURCE	A. COMMITTED/ CONDITIONAL	B. PROPOSED	C. TOTAL (A + B)
HGAP	\$	\$ 2,453,750	\$ 2,453,750
OTHER STATE FUNDS (Describe and name source):			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
FEDERAL FUNDS (Describe and name source):			
1. HUD Shelter Plus Care – sponsor based	\$ 583,750	\$	\$ 583,750
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
LOCAL GOVERNMENT CONTRIBUTIONS (Describe and name source):			
1. 2163 funds	\$ 1,476,000	\$	\$ 1,476,000
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
NONPROFIT/PRIVATE CONTRIBUTIONS (Describe and name source):			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
TOTAL STATE, FEDERAL, LOCAL AND PRIVATE FUNDS:	\$ 2,059,750	\$ 2,453,750	\$ 4,513,500