

A Home for Everyone

10-Year Plan to End Homelessness in Whatcom County

Phase III Update



For more information, please contact:

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Executive Summary

At any point in time, at least 1,298 people in Whatcom County are homeless. Throughout the year, hundreds more face the prospect of losing their homes due to precarious financial conditions, domestic violence, health crises, and chronic mental health and chemical dependency conditions. People being released from psychiatric hospitalization and incarceration face challenging community re-entry issues. Furthermore, the rising cost of housing and stagnant wages increases the risk of people losing their housing, and makes it increasingly difficult to find affordable housing.

New local resources to end homelessness. In 2005 and 2007 Washington State Legislature passed legislation that requires county auditors to charge an additional surcharge totaling 18 dollars on recorded documents. These funds are collected to support local strategies to prevent or reduce homelessness. Only those strategies and activities outlined in the county's plan can receive this funding. The Whatcom County Housing Advisory Committee advises the County on the allocation of these and other funds for very low-income housing.

A phased approach to planning. This updated 10-Year Plan represents Whatcom County's third 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 others identified major homeless housing and prevention gaps and priorities for funding to reduce homelessness. 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 CTED'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. This current phase of planning was designed to (A) update the Phase I plan to more closely align with the Phase II planning outcomes and the HGAP pilot project, (B) focus on the unique needs of homeless youth, a population category that received scant attention during the first and second phases of planning, and (C) develop plans for housing re-entering jail and prison offenders at risk of homelessness upon release, and (D) describe needs in related community service fields: mental health, substance abuse, domestic violence, law and justice, and employment services.

Ten-Year Plan strategies. The major strategies envisioned by this plan include:

- Implement the Whatcom County Homeless Services Center to provide a coordinated point of 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).

Contact information

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Other Jurisdictions Represented in this Plan:	N/A
Date of Plan Adoption	

Jurisdiction Contact Person		Plan Contact Person	
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Planning Group Name:	Whatcom County Housing Advisory Committee
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Planning Group Members:

Name	Agency	Representing
Ron Buchinski	Lighthouse Mission	Homeless service provider
David Cahill	City of Bellingham Comm. Dev.	Largest city
Laura De Rose	Interfaith Coalition	Homeless service provider
Gail deHoog	Northwest Youth Services	Housing provider
Regina Delahunt	Whatcom County Health Department	Whatcom County
David Finet	Opportunity Council	Homeless service provider
Michele Hall	Whatcom Counseling and Psychiatric	Homeless service provider
John Harmon	Bellingham/Whatcom County Housing Auth	Housing provider
Rebecca Johnson	Interfaith Community Health Center	Homeless service provider
Nancy Larsen	Whatcom-Skagit Housing	Housing provider
Sue Parrott	Domestic Violence Commission	Community Representative
Paul Schissler	Kulshan Community Land Trust	Housing provider
Gary Tomsic	Small Cities Advisory Committee	Small cities in Whatcom Co.
Carole Wells	WestCoast Counseling	Homeless Representative

Additionally, the following individuals comprise the Phase 3 planning work group. This group met more frequently than the Housing Advisory Committee and provided input on specific planning tasks, including HGAP pilot project implementation and the Phase 3 planning process.

Name	Agency	Representing
Ron Buchinski	Lighthouse Mission	Homeless service provider
Andy Byrne	Whatcom Counseling and Psychiatric Clinic	Homeless service provider
David Cahill	City of Bellingham Community Development	Largest city
Jim Cozad	Interfaith Coalition	Homeless service provider
Gail deHoog	Northwest Youth Services	Housing provider
Regina Delahunt	Whatcom County Health Department	Whatcom County
Dave Finet	Opportunity Council	Homeless service provider
Julie Foster	YWCA	Homeless service provider
John Harmon	Bellingham/Whatcom County Housing Auth	Housing provider
Steve Powers	Archdiocese Housing Authority	Homeless service provider
David Webster	Northwest Youth Services	Housing provider
Gary Williams	Whatcom County Health Department	Whatcom County
Greg Winter	Cornerstone Strategies, Inc.	Planner
Kay Ziels	Homeless Representative	Self
Jessica Haugen	Old Town Christian Ministries	Homeless service provider
Heidi Unick	Old Town Christian Ministries	Homeless service provider
George Godzik	DSHS Div. of Children and Family Services	Government agency service provider
Jana McGlinn	Whatcom Counseling and Psychiatric Clinic	Homeless service provider
Mary Jo Durboro	Readiness to Learn Coordinator	Homeless service provider
Riannon Bardsley	Northwest Youth Services	Homeless service provider
Rod Elin	Catholic Community Services	Homeless service provider
Jackie Mitchell	Whatcom County Health Department	Government agency service provider
Thad Allen	WA State Department of Corrections	Government agency service provider

Homelessness in Whatcom County

At any point in time, at least 1,298 people in Whatcom County are homeless. Throughout the year, hundreds more face the prospect of losing their homes due to precarious financial conditions, domestic violence, health crises, and chronic mental health and chemical dependency conditions. People being released from psychiatric hospitalization and incarceration face challenging community re-entry issues. Furthermore, the rising cost of housing and stagnant wages increases the risk of people losing their housing, and makes it increasingly difficult to find affordable housing.¹

How many are homeless?

In 2007 we counted:

- 1,298 homeless persons (a *person* may be part of a family household, or an unaccompanied individual)
- 871 homeless households (a *household* may include one or more persons)

Who are the homeless?

The 2007 homeless population is as diverse as the larger community population: they are old and young, male and female, unaccompanied individuals, and families. Of those counted this year:

- 72% of homeless households include only one person
- 26% of homeless households are unsheltered
- There were 171 families with children; the median family size is 3 persons
- 78% of homeless families with children are single-parent families (92% female parent)

Homeless youth

Homelessness among youth may result from family problems, economic problems, and residential instability. Some youth become homeless with their families, others leave home after years of physical and sexual abuse, strained relationships, parental neglect, addiction of a family member, or their own chemical addiction.

- 541 persons under 18 years old were counted
- 25% of all homeless persons are less than 10 years old
- 106 persons counted are 16 to 21 years old
- 158 persons are 16 to 24 years old
- At least 119 homeless youth (age 13-24) are unaccompanied

Community re-entry

Homeless Count survey respondents were asked if they had been discharged from an institution within the last six months.

- 12% had been released from jail
- 5% had been released from inpatient substance abuse treatment
- 4% had been released from a psychiatric hospital

Top reasons for homelessness

Homelessness results from a complex set of circumstances that require people to choose between food, shelter and other needs. In fact a plurality (41%) of respondents to the 2007 homeless count reported three or more reasons for their homelessness. Mental illness and substance abuse disorders top the list of factors leading to homelessness. Other common factors include domestic violence, employment-related problems, criminal history and medical crises.

¹ The current annual homeless count report can be found at: <http://www.co.whatcom.wa.us/health/wchac/index.jsp>

Homeless 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.

Housing-first is both a strategy and a philosophy premised on the belief that vulnerable and at-risk homeless households respond better to interventions and supportive services after they are in their own permanent housing, rather than while living in temporary facilities. This approach provides a link between the emergency shelter/transitional housing systems that serve homeless households and the mainstream resources and services that can help them rebuild their lives in permanent housing, as members of a neighborhood and a community.

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, time-limited place for individuals and families to reside while they prepare to move into permanent housing.

Transitional Housing is longer term housing than emergency shelter with varying degrees of support services.

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. This plan focuses on "housing case management", a service which is focused on helping clients obtain and retain permanent housing. Housing case managers may coordinate with other case managers to provide clients with a wide array of services.

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. Then, in 2007, the legislature passed HB 1359, legislation that provides an additional document recording surcharge of eight dollars that, effectively, doubles the local homeless housing resources. Combined, this fund was created to support local strategies designed to prevent or reduce homelessness. Only those strategies and activities outlined in the county's plan can receive 2163/1359 funding. The local fund produced \$149,091 in 2005, \$295,467 in 2006, \$350,000 in 2007, and is projected to have revenue of about \$580,000 in future years.² 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 2163/1359 funds to the established citizens advisory committee established by the County Executive in 2004. The Whatcom County Housing Advisory Committee advises the County on the allocation of the 60% local county portion 2163 funds and 90% of 1359 funds (40% and 10% of these funds, respectively, are transferred 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 at <http://www.co.whatcom.wa.us/health/wchac/index.jsp>

A phased approach to planning. This updated 10-Year Plan represents Whatcom County's third 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 others identified major homeless housing and prevention gaps and priorities for funding to reduce homelessness. 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 CTED's first round of the Homeless Grant Assistance Program (HGAP). As a result, the County received a \$1.4 million grant to implement the pilot project, which is matched by local 2163/1359 and Shelter Plus Care funds. This current phase of planning was designed to (A) update the Phase I plan to more closely align with the Phase II planning outcomes and the HGAP pilot project, (B) focus on the unique needs of homeless youth, a population category that received scant attention during the first and second phases of planning, and (C) develop plans for housing re-entering jail and prison offenders at risk of homelessness upon release.

Organizational structure for homeless housing 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 (2060). It is recommended that this voluntary committee also serve as the "task force" required by 2163. Planning activities such as data collection, stakeholder surveys, key informant interviews, and grant writing during Phases I, II, and III were designed and/or facilitated by Cornerstone Strategies, Inc., a local research and planning firm, in consultation with stakeholder groups (e.g. Homeless Coalition; Homeless Youth Task Force) and the Whatcom County Health Department.

² Because the fund is based on real estate transactions, the annual amount collected will fluctuate with the real estate market.

Major Gaps in the Whatcom County Continuum of Care

Findings from Phase I (2005)

In 2005, 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.³

- ❖ 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.
- ❖ 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; and adequate temporary shelter facilities to house clients until permanent housing can be secured.
- ❖ 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.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:
 - *Homeless substance abusers.* During the 2006 Whatcom County Substance Abuse Program Community Assessment, two types of housing services emerged as significant gaps in the continuum of substance abuse services. First, providers noted the lack of housing to stabilize consumers after detox and before they enter a treatment program. Second, there is limited capacity for permanent housing with supportive services to help people in their recovery.
 - *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

³ Service gaps are derived from past planning efforts and reports, recent Homeless Coalition work sessions key informant stakeholder interviews, and a recent stakeholder survey.

⁴ 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.

Management Information System (HMIS), a database that Whatcom County will have access to in the near future, may provide some of this functionality.

- *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 be 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. Since 2005, Whatcom County, with funding from NSMHA has employed two jail diversion case managers to work with mentally ill offenders. Also, the County now provides substance abuse outreach services directly to jail inmates.
 - *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.
 - *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. In 2004, 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.
 - *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 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 teen parent).
- ❖ 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.
 - ❖ A separate youth drop-in center is needed to serve a similar function for unaccompanied, homeless youth and youth at risk of homelessness.
 - ❖ 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.
 - ❖ 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:
 - *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.
 - *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.

- *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.

Phase II (2006): from managing homelessness to ending it

Phase I planning findings were incorporated into a plan to transform the local continuum of care into one that is more focused on ending homelessness through new levels of coordination and collaboration. As a result of this planning, Whatcom County received a \$1.4 million, three-year grant to improve the way our community responds to homelessness. The new Whatcom County Homeless Services Center (WCHSC) project adapts evidenced-based models of homeless prevention and rapid re-housing 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 Washington State's 10-year plan to end homelessness, this project proposes "a shift in focus from emergency response strategies to prevention and long term housing."

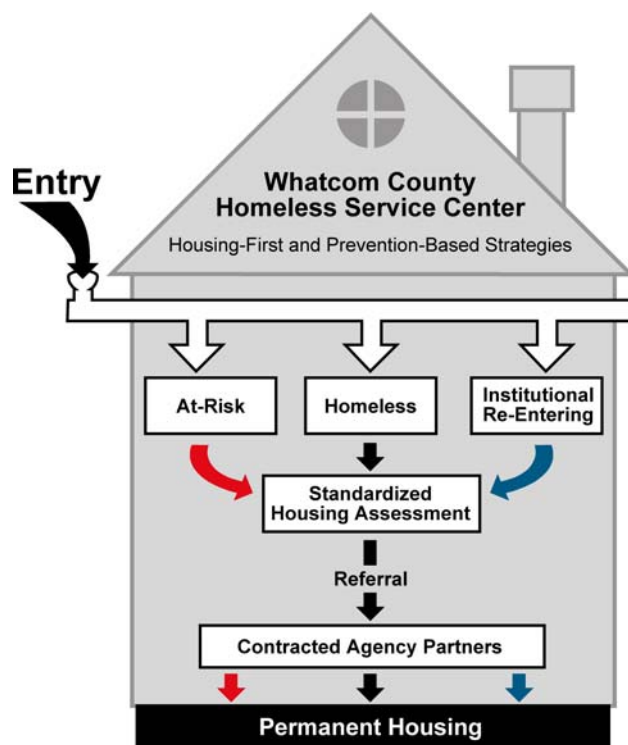


Figure 1 A new coordinated homeless prevention and housing-first system

The underlying principles of this new project are systems transformation and housing-first approaches rather than adding more shelter capacity. The goal is to end homelessness by:

- Adopting a "Housing First" Model;
- Creating a "No Wrong Door" homeless service system that will serve all homeless populations;
- Increasing permanent housing placements by maximizing community access to the private rental market;
- Coordinating community resources by establishing a Homeless Service Center
- Implementing the strategic goals and priorities in our Ten-Year Plan to End Homelessness;
- Implementing data-driven programming;
- Enhancing prevention and chronic homeless services; and
- Addressing the gaps in the housing continuum

Phase III (2008): implementing the new system

At the heart of this plan is the newly established Whatcom County Homeless Services Center (WCHSC). The WCHSC and its activities are structured as follows:

- Administration: The County will contract with the Opportunity Council to provide administrative support to operate the WCHSC.
- Contracted Services (Whatcom County Health Dept. contracts):
 - Primary: prevention services for households and individuals at immediate risk of eviction and homelessness; rental and mortgage vouchers.
 - Secondary: services to households and individuals who are already homeless; rental subsidies and limited housing case management services.
 - Tertiary: services to chronically homeless households and individuals; deep rental subsidies and extensive housing case management services.
- Oversight: The County will have responsibility for the implementation of the WCHSC with the County's Housing Advisory Committee and the Homeless Coalition serving an advisory role.

Whatcom County Health Department will coordinate the following services and activities through the WCHSC using a CTED HGAP grant, County 2163 and 1359 funds, and HUD Shelter Plus Care funding:

- Project oversight and reporting to CTED
- Prevention / Secondary / Tertiary Services
- Standardized Housing Risk Assessment
- Rental / Mortgage Subsidies
- Housing Case Management Services
- HMIS (Homeless Management Information System)
- Landlord Risk Mitigation Fund

Phase III (2008): focus on youth homelessness

Whatcom County youth service providers formed an ad hoc Homeless Youth Task Force in the summer of 2007 to further develop the youth component of the 10-Year Plan to End Homelessness. Through a series of task force meetings and a survey of homeless youth service providers, the task force identified service gaps that should be addressed in the plan. Please note that the task force concentrated its planning effort primarily on unaccompanied youth and not on youth who are members of homeless families.

Whatcom County homeless services providers and youth service providers acknowledge that the County's new Homeless Services Center, in its current form, is not designed to offer services and programming to unaccompanied homeless youth. This is particularly true of unaccompanied, unemancipated minors. Included in this group are young people returning from juvenile detention, inpatient treatment and other institutions whose families are not able or willing to have them return to their home of origin. Similarly, minors with "Children in Need of Services" (CHNS) or At-Risk Youth (ARY) petitions filed with the courts are often from family systems that will not be viable options immediately or at all for housing stability. These youth, though technically eligible to become dependents or "wards" of the State's foster care system, are rarely placed by the Department of Social and Health Services due to a shortage of foster care beds and well documented trends of such youths' inclination to run from care.

Finally, a growing number of older youth with diagnosed and "gray area" disability assessments -- meaning they don't meet the threshold for government-funded special needs services, yet cannot function independently—will pose a longer-term housing need in the community, even though they haven't reached the age of majority, which allows them to legally obtain housing.

In other words, both short-term needs of minor youth and longer-term needs of older youth will present real challenges to this county's evolving strategy on homelessness.

Housing strategies

- Drop-in, limited-term youth shelter. Currently there is no drop-in emergency shelter that accepts youth under 18 years old. The task force and survey respondents identified several factors that should be weighed when considering the feasibility and program design of a drop-in youth shelter that accepts minors:
 - *Programming and barriers to entry.* Shelter services may be provided using a "low barrier" approach. This approach gives immediate shelter to street youth, providing basic needs without an accompanying requirement that residents will comply with or achieve specific expectations (e.g. substance abuse abstinence). Alternatively a "high expectations" approach to service provision may be used even though it would limit services to youth who are willing to transition away from the destructive behaviors that characterize street life. A third option is to develop service delivery in a way that borrows from each of the first two approaches.⁵
 - *Physical configuration and costs:* A large part of the feasibility analysis will consider the type and design of physical structure that is required based on projected needs and programming components. These factors will have significant impacts on both capital and operating costs. For example, would it be more cost-effective to acquire land and build new, acquire and retrofit an existing building, or lease and remodel to suit?

⁵ For example, J. T. Fest recommends a hybrid approach that excludes few, if any, youth and provides engagement opportunities that foster youth development. See Fest, J.T. (2005). The Drop In Dilemma: Low Barriers versus High Expectations. JTFest Consulting Library, www.in4y.com

- *Siting and neighborhood relations*: Local zoning ordinances and neighborhood plans impose serious restrictions to group living facilities such as a youth shelter. Wherever a tentatively feasible project is sited, the surrounding neighborhood(s) and its planning organization would need to be consulted throughout the facility planning and permitting process. Programming decisions about barriers to entry and the physical facility configuration are bound to be factors in how the affected neighborhood(s) will receive the project.
- *Fit with Overall 10-Year Plan Philosophy*. The focus of the local 10-Year Plan is to re-orient the homelessness system toward one of “housing-first”. Shelter programs are typically downplayed under this philosophy and accompanied by a “rapid exit” strategy. Further investigation is needed about the practicality and fit of “housing-first” with the youth population, particularly minor youth.

These complex feasibility factors and unanswered questions indicate the need for a more focused study of youth shelter needs and solutions. The 10-Year Plan includes youth shelter as a planning item with resources to develop a feasibility analysis, and, if warranted, a facility plan. The result of this feasibility analysis will be capital and operating cost estimates for a future 10-Year Plan update.⁶

- Young adults (18-24 years old) will be eligible for rental assistance through the existing HGAP pilot program; however, there is a need for a separate point of access for these clients who may be reluctant to access services through existing adult and family programs. The separate point of access would be provided by a partner agency to the Whatcom County Homeless Services Center.
- Group homes, especially for minors, comprise a general category of housing that can be configured in ways that are both efficacious for youth housing objectives and neighborhood-compatible. However, current zoning ordinances include provisions that preclude or create enormous obstacles to this housing option. The 10-Year Plan includes a policy objective to work with local governments and other stakeholders to develop a legislative remedy (e.g. an exemption for certain types of group homes).
- Short-term housing assistance for youth exiting institutions for the period between community re-entry and family re-unification.
- Allocate a portion of local rental assistance for “bridge funding” to extend housing for youth who are nearing self-reliance but have exhausted their length-of-stay eligibility in their current housing program.
- Permanent housing with supportive services for re-entering youth with mental health issues or developmental disabilities that preclude family re-unification or self-sufficiency.
- Often, when youth exit transitional housing, their case management support is also terminated. There is a need for supplemental case management resources to extend these services beyond “graduation” or exit from shelter and transitional programs into permanent housing to prevent relapse or regression.
- Fund outreach services (including staff, support materials, office space, etc.) to unsheltered, unaccompanied youth, directing them to Homeless Services Center assistance, drop-in centers, shelters, transitional programs, etc.

⁶ The reader will note that there is a placeholder figure of \$3 million in capital costs for a youth shelter facility under the “Strategies” section of the plan. This is merely a placeholder figure to indicate that there may be a substantial capital project to address youth homelessness as a long-term strategy.

Income strategies

- Pursue a community YouthBuild project to create a program that provides experiential employment/vocational services and produces low-income housing units for youth or for the general homeless population.
- Create a permanent position for the purpose of creating and/or coordinating employment and vocational services for homeless and at-risk subpopulations that are currently not served well (e.g. youth, re-entering offenders and people in recovery from chemical dependency) by existing services.

Health strategies

- As part of the feasibility analysis and facility planning for a youth shelter, examine the feasibility of establishing a teen health center/clinic in the facility's programming and physical space, or as a clinic or teen clinic services that are independent of a shelter. The result of this feasibility analysis will be capital and operating cost estimates for teen clinic services in a future 10-Year Plan update.

Phase III (2008): focus on re-entering offenders

The number of incarcerated offenders in Whatcom County has increased four-fold during the past 20 years. The County currently incarcerates approximately 400 offenders a night and is planning to build a new 800 to 1,000-bed Main Jail facility by 2011. This additional capacity is approximately equal to the increased number of offenders being returned to Whatcom County from the State Department of Corrections. Stable re-entry housing has been shown to be a factor in reducing recidivism, thus increasing public safety and reducing the public costs associated with repeatedly incarcerating the same individuals.

State Department of Corrections staff working in Whatcom County have historically worked closely with the County Continuum of Care to develop creative supportive re-entry housing alternatives for offenders being released from state correctional facilities. These efforts, however, have been hindered by limited and dwindling resources for housing and supportive services necessary to ensure successful offender re-entry.

Whatcom County previously included funding for the development of specialized offender re-entry housing in its 2006 HGAP application. When the 2006 HGAP application was not fully funded, the Whatcom County Housing Advisory Committee (HAC) decided to focus the HGAP award on the community's broader homeless housing system transformation efforts.

At the August 9, 2007 HAC meeting, the Committee unanimously agreed to recommend that the County re-apply for the HGAP funding to support the Whatcom County HGAP Re-Entry Project. The Whatcom County Homeless Coalition affirmed this recommendation at its September 6, 2007 meeting.

The Whatcom County HGAP Re-Entry Project consists of two components:

- Re-Entry Master Lease Housing
- Community Services Offender Transitional Housing

Re-Entry Master Lease Housing

The County proposes to Master Lease five three-bedroom houses to provide project-based, leased housing for re-entering offenders. The program will provide a permanent housing placement and housing case management, implementing a Housing First model for re-entering offenders. Offenders will be allowed to remain as long as they wish. Should they wish to move into other permanent housing, they will receive financial and case management support from the new Whatcom County Homeless Service Center. Eligible participants will have an individualized re-entry plan, be under the supervision of the Department of Corrections (DOC), and receive support from DOC staff and a housing case manager in implementing their individual re-entry plan.

Community Services Offender Transitional Housing

The County also proposes to expand a re-entry housing program established by Whatcom County that serves the Whatcom County Jail population. The local community agency currently contracting with Whatcom County has provided re-entry housing services for over 30 years. This provider recently adapted its mission to work with Whatcom County and has subsequently served the needs of offenders re-entering the community from the Whatcom County Jail for the past two years. HGAP funds will be used to support two additional re-entry transitional beds and case management for offenders with mental health and/or substance abuse issues in order to ensure successful offender community stabilization.

Phase III (2008): homeless management information system and evaluation

During Phase I and subsequent planning activities, stakeholders expressed a need for accountability regarding homeless services spending as it relates to results. State and federal law now also require increased accountability at the local level through the use of homeless management information systems (HMIS). HMIS allows local, regional and state-level collaboratives to keep track of who is homeless, how each homeless household is being served by local programs, and how well they succeed in exiting homelessness to permanent housing.

Washington State CTED is in the process of procuring HMIS from a commercial vendor and making that product available to all counties for use in fulfilling their own HMIS requirements. CTED is also providing annual, formula-based grants to counties to cover some of the costs of implementing HMIS. Counties like ours that do not currently use HMIS typically begin implementing the system with just a few participating agencies, and then, as local expertise is developed to support the system, the rest of the local continuum is encouraged to participate.

It is estimated that HMIS software licensing costs for Whatcom County will be approximately \$15-20,000. In addition, as the system begins to add more than the few early participating agencies, a dedicated full- or part-time position will be needed to administer the system (provide local training, maintenance, and troubleshooting, updates, and data integration/migration).

Phase III (2008): Project Homeless Connect

People experiencing homelessness find themselves living at the edge of community life with few resources to protect health and safety. They encounter numerous obstacles when trying to access basic human services. Traditional approaches for providing essential human services to homeless people are often fragmented and outside the reach of many. The Whatcom County Coalition for the Homeless has approved a first annual Bellingham Whatcom Project Homeless Connect event to take place on April 8, 2008 at Assumption School in Bellingham. This one-day, one-stop event will mobilize community volunteers and local service providers in order to:

- invite and welcome homeless people
- reduce barriers to services
- provide immediate and complete service outcomes
- create sustainable and long term service partnerships
- track and publicize results that connect to this 10-year plan to end homelessness

Project Homeless Connect (PHC) events, a recognized best practice, have been used with success in more than 130 US cities to provide access to medical care, dental care, benefits processes, drivers licenses and other forms of identification, veterans services, haircuts, legal services, mental health care, chemical dependency treatment, veterinary care, child care, education, employment, and housing. Events are not intended to supplant existing community services. Rather, they are periodic opportunities for the community to offer coordinated assistance in a way that supports the local 10-year plan to end homelessness.

The objectives of the first Bellingham Whatcom PHC event are threefold:

1. Provide one-stop access to significant human services for people experiencing homelessness: People who are homeless in rural Whatcom County often travel great distances in order to access the services they need. This is problematic for a population that is extremely low income and often without personal transportation or resources to access public transport. In addition, the effects of mental illness and other disabilities can make it difficult for homeless people to coordinate multiple service appointments.

2. Raise public awareness of the issue of homelessness within the community: PHC offers multiple opportunities for integrating implementation of the local, community-based 10-year plan to end homelessness. City/county leaders and community stakeholders can use the event to:
 - Re-prioritize local government resources
 - Develop ongoing community partnerships
 - Catalyze media interest
 - Connect provider agencies operating in isolation
 - Mobilize corporate/local business resources.
3. Provide a vehicle for community-wide involvement in addressing the issue of homelessness: PHC is an unusual opportunity not only for educating the public about homelessness in their midst but for offering an outlet for community members to do something concrete to address the issue. Participation often helps to debunk myths and stereotypes about homelessness by initiating interaction in a safe environment between people who might not normally connect with each other in their community.

Phase III (2008): improve linkages between homelessness, employment, substance abuse, mental health, domestic violence, law and justice systems, and affordable housing systems

Homelessness results from a complex set of circumstances that often include problems associated with mental and behavioral health, employment and criminal behavior. In fact a plurality (41%) of respondents to last year's homeless count reported three or more reasons for their homelessness. Mental illness and substance abuse disorders top the list of factors leading to homelessness:

- 35% Mental illness
- 32% Alcohol or drug use
- 21% Domestic violence
- 19% Lost job
- 13% Convicted of a felony
- 11% Lack of job skills
- 10% Discharged from an institution (e.g. jail, prison, psychiatric hospital)

Government regulations, often related to funding for community services, tend to result in local services planning and delivery to occur within easily identified service "silos" that are somewhat separated from otherwise closely related areas of service. For example, like most counties, Whatcom County has separate citizen committees that are responsible for planning and prioritizing services in the fields of housing/homelessness, mental health, substance abuse, law and justice, etc. Although these committees typically understand the conceptual linkages between these fields of service, they rarely conduct planning or implement priority actions jointly. As stated earlier, this is, in large part, due to the silo funding resources that each have specific planning and implementation requirements.

The advent of local funding authorized by recent statewide homeless housing legislation (HB 2163 and 1359) is increasing the ability of local communities to bridge these traditional silos and to implement services linked more closely to the complex and sometimes unique needs of clients.

This section of the 10-Year Plan is meant to describe the needs, opportunities, and actions to address homelessness more effectively by linking homeless housing assistance to other services. Alone or in combination these services are necessary for some homeless households to obtain and retain permanent housing. The following recommended actions are not listed in the 10-Year Homeless Plan Goals, Objectives and Strategies, because their *primary* funding is likely to come from sources other than local homeless dollars.

Substance abuse

The County recently completed its six-year substance abuse strategic plan⁷. Among the many recommended actions are several closely related to ending or preventing homelessness.

- *Recovery house*: Inpatient treatment available to public-pay, chemically-dependent clients is often too short in duration to allow for an adequate period of recovery for the client to regain self-sufficiency, and often, clients have no home upon discharge. Discharging clients earlier than they are ready or to an unstable housing situation increases the chance of relapse and homelessness. Whatcom County lacks a recovery house, a voluntary, supervised facility staffed by trained

⁷ The County's Substance Abuse Strategic Plan can be found here: http://www.co.whatcom.wa.us/health/human/substance_abuse/index.jsp

chemical dependency clinicians. Local substance abuse program planners estimate that such a facility serving Whatcom County would be a 20-bed facility serving persons re-entering the community primarily from inpatient treatment programs. The recovery house program would provide between 2 and 18 months of transition time, depending on individual client needs.

- *Youth outreach and intervention.* Recent planning processes for the County Substance Abuse Program's Strategic Plan and this 10-Year Plan highlighted the need for increased levels of outreach and intervention services for youth in school and on the street. As a result of these expressed needs, the County is in the process of implementing two new projects. First, the County will contract with a service provider to conduct outreach activities in the Ferndale school district, and provide outreach to homeless youth outside of school settings.

The second is an innovative project, based on a best practice intervention called *Screening, Brief Intervention, Referral and Treatment (SBIRT)*. SBIRT provides universal screening (CRAAFT) of risk and substance abuse, combined with "staged" interventions at nine hospital emergency departments (ED's) throughout the state. Staged interventions vary depending on the level of risk or substance abuse. A brief intervention can consist of 10 minutes of education and support for low risk, a moderate intervention may provide 10 or 12 sessions and motivational strategies and counseling. Severe risk will most likely result in an assessment and follow-up recommendations. This new project will apply the same principles to youth in several local high schools.

- *Street outreach* for adults who are homeless, transient or have no stable housing. Specialized Outreach Services (SOS), would place professionals into the community to locate, engage, motivate and assist with removing barriers to homeless people in need of services. The primary goal is service coordination to address the participant's needs and to provide a seamless process for access to services.
- *Access to Recovery program.* Access to Recovery (ATR) is federal grant funding administered through the Division of Alcohol and Substance Abuse (DASA). ATR provides ancillary support services and treatment to low-income persons entering recovery from addiction. The funding source requires a unique service and payor infrastructure that will accommodate a "voucher" system. The county's substance abuse services system currently lacks such infrastructure, and community partners have very limited resources to meet the needs of low-income persons in recovery.

Even though it was ultimately determined that Whatcom County would not be able to implement ATR at this time, the determination was based solely on the limited federal funding available in federal fiscal year 2008. This resulted in DASA restricting fund availability to the six counties that are already participating in ATR. Had DASA been successful in obtaining all of the ATR funding it asked for, it is likely that Whatcom County would have pursued an ATR program for the following reasons:

- ATR implements many high priority objectives in the county's six-year strategic plan
- Impressive community outcomes in the six counties currently participating
- ATR funds supplement, and will not supplant, current funding for treatment and recovery support services
- ATR would provide significant new funding to expand capacity and improve treatment outcomes
- County staff and space requirements to operate the program are modest and would be paid for with ATR case rate and administrative allowances
- Health Department fiscal and contracting staff determined the voucher payment and tracking system to be feasible with adequate controls to prevent fraud, waste and abuse

Mental health

This area's regional support network for mental health services, North Sound Mental Health Administration (NSMHA), believes that people who have a mental illness should be able to live as independently as possible in a house or an apartment in the community. Obtaining and keeping a home is very difficult for some people who have a mental illness. In Whatcom County, there is a very limited supply of affordable housing available to people who qualify for Medicaid. Some consumers have difficulty securing housing because of poor credit or rental histories, because landlords fear some consumers' past behaviors or simply because some landlords hold stereotypic, negative attitudes towards people who have a mental illness. NSMHA estimates that 90 consumers of Medicaid and state-funded mental health service consumers are homeless.⁸

Within NSMHA's region there is a variety of residential and residential support services available. Various supported housing programs serve 155 NSMHA consumers in Whatcom County. Additional programs and resources serving NSMHA consumers include Shelter Plus Care and Projects for Assistance in Transition from Homelessness (PATH) operated by Whatcom Counseling and Psychiatric Clinic. PATH seeks homeless people who need mental health services. Staff from the PATH programs assist such individuals in a variety of ways including finding and keeping housing. In the coming year, the Whatcom Counseling program expects to serve 65 consumers through this program. A Program of Assertive Community Treatment (PACT) program recently began in Whatcom County and will serve 50 consumers. PACT offers intensive case management which helps consumers, amongst other things, find and keep safe, stable and clean housing.

NSMHA specific priority housing recommendations

- NSMHA will develop an MOU with each county that defines the roles of the counties and NSMHA in creating and funding housing and housing support services.
- NSMHA, in consultation with providers and others, will develop a policy defining the roles and duties of case managers in helping consumers live successfully in the community. The policy will describe the role that case managers play in helping consumers obtain and keep housing. It will describe case managers' responsibilities for ensuring that consumers have the daily living skills they need in order to live independently.
- NSMHA will advocate that all counties in the region adopt a one-tenth of one percent addition to the county sales tax for the support of drug and mental health treatment services.
- NSMHA will survey the clinical directors from all of its providers to determine if case managers want more information, training or technical assistance in order to support consumers living in the community (e.g., how to train consumers in ADLs, tenant-landlord relations, etc.) If there is a region-wide need for such training or information, NSMHA will work with providers to obtain it.
- Many landlords are reluctant to rent to people who have mental illnesses for fear that their property will be damaged or that they will have to spend much more time and money in managing their properties. NSMHA will work with its member counties and providers to find ways to support landlords and to overcome these risks. Such supports might include guaranteed payment for any damages caused by consumers, rapid response to landlord-tenant problems and eviction support.
- NSMHA will arrange training, consultation and other forms of technical assistance for providers and other organizations which are interested in developing housing for NSMHA's consumers.

⁸ NSMHA. 2007. 2007 Housing Plan, October 2007 Draft. P. 10 (based on 2006 statistics)

NSMHA will begin by surveying members of the housing work group and potential developers of housing in order to determine their needs and the most effective type of technical assistance.

- NSMHA will offer to convene regularly-scheduled meetings of housing developers in the region at which participants can exchange information and obtain consultation or other forms of technical assistance.
- To understand why some consumers lose housing and to evaluate the mental health system's ability to help consumers find and keep housing, it is necessary to gather more information and improve the reliability of all information gathered. Through discussions with county and state HMIS specialists, NSMHA will seek to increase the quality and quantity of information collected about people who are homeless and have a mental illness. NSMHA will look for ways to improve its own data and data collection methods in order to track the progress of homeless consumers at finding housing.

Domestic violence

According to recent, annual countywide homeless counts, domestic violence is among the top reasons Whatcom County's homeless cite as a reason for losing their housing.⁹ The effect of domestic violence on individuals and families goes far beyond the immediate physical symptoms, crossing over into all spheres of social and economic life. A recent study of low-income households in Whatcom County found that, overall, the community service needs of households experiencing domestic violence are similar in type to the general low-income population, yet domestic violence survivors are far more likely to have trouble accessing these essential services. Furthermore, there is a prominent suite of services for which domestic violence survivors are up to four times more likely to express an extreme difficulty accessing: domestic violence services, affordable housing, substance abuse, mental health, life skills, child care, legal, and basic education services.¹⁰

The Bellingham-Whatcom County Commission Against Domestic Violence, a joint effort by the City of Bellingham and Whatcom County, was created in 1998 to provide leadership in the community's effort to reduce and prevent domestic violence. The Commission and local domestic violence services staff observe the following issues related to homelessness:

- Victims and survivors report that a lack of safe and affordable housing is a barrier to leaving an abusive relationship.
- Domestic violence can lead to homelessness, which puts women and children at risk in many other ways.
- Screening for domestic violence should be part of any intake screening at the new Homeless Service Center because victims are at various levels of danger. Their level of risk should be a factor in determining which housing strategy will be most effective and safe.
- Many domestic violence victims and survivors have multiple challenges, especially chemical dependency and mental health disorders. Practitioners from each of these fields should work together and understand how the issues "work" together so as not to jeopardize safety for the victims and their children.

⁹ The current annual homeless count report can be found at: <http://www.co.whatcom.wa.us/health/wchac/index.jsp>

¹⁰ These findings are contained in a Whatcom Prosperity Project report, which can be found here: http://www.whatcomcounts.org/whatcom/javascript/htmleditor/uploads/WPP_DV_report_091307.pdf

The Commission recently completed a community assessment as part of its strategic planning process. Among the findings are the following:

- During focus group interviews with 35 domestic violence survivors the following themes emerged related to housing and homelessness. Insufficient understanding of domestic violence by service providers can put survivors at greater risk. Affordable housing shortages cause some women to stay with an abuser as they believe there is nowhere to go. Women in transitional or emergency housing long for safe and stable housing. Those with multiple challenges perceive that there is a lack of coordination among the mental health, substance abuse and domestic violence providers. Some women do not trust that the community will keep them safe. They desire one person who will work with them to help coordinate access to multiple services for their families
- Among professional service providers, the lack of adequate and affordable housing was mentioned as a concern in each of five focus groups (including 72 participants). These professionals also see a need for greater consistency in how the community intervenes with families where there is domestic violence.

Among the high-priority activities recommended by the Commission's new strategic plan are the following:

- *Increase the centralization, integration and coordination of high quality services to victims of domestic violence.* Two activities under this goal are to explore the feasibility of a Family Justice Center, and to bring together domestic violence/substance abuse/mental health/housing/CPS service staff to talk about how to better coordinate and integrate services for families experiencing domestic violence. A Family Justice Center is a model developed in San Diego that is essentially a "one-stop shopping center" where many services are co-located for victims of domestic violence. It is built on the understanding that victims need immediate access to many services in order to safely leave an abusive relationship
- *Increase consistent and appropriate responses to domestic violence victims/survivors from the broad array of community and institutional service providers.* A number of activities are proposed which relate to improving practices and responses of systems, such as the mental health, substance abuse, and Child Protective Services. Victims state that providers do not seem to understand the dynamics and impacts of domestic violence and therefore do not always respond in ways that take into account the complexity of their risk and safety needs. The Commission will also be engaging in activities to ensure that improved practices recently implemented in the criminal justice system as a result of the Safety Audits, are sustained.
- *Increase children and youth access to domestic violence services and educational opportunities related to domestic violence and its prevention.* This includes work to develop a model school district domestic violence response policy and procedures.
- *Increase consistent and appropriate responses by employers to domestic violence issues in the workplace.* This includes strategies to develop a model workplace policy on domestic violence and followed by work with identified employers to adopt the policy.

Law and justice

During 1999 and 2000, faced with a chronic jail overcrowding problem, Whatcom County government carried out an extensive analysis and planning process to identify the causes of jail overcrowding, identify gaps or redundancies in the system, and recommend a “system-based, strategic plan that enhances the delivery system of justice services, including greater efficiencies and effectiveness.” The resulting Law & Justice Plan was adopted by the County Council in June 2000.

In order to provide a structure to support collaboration, the first recommendation of the June 2000 Law & Justice Plan was to establish the Law & Justice Council to provide direction in implementing the plan, and to continue the law and justice planning process over the long term.

Two examples of progress since the 2000 Plan was adopted include the following which are particularly relevant to the issue of homelessness:

- The percentage of low risk offenders diverted from maximum security jail cells to alternative programs has increased from 30% to 75%.
- The county has opened a new 14-bed Behavioral Health Triage Center co-located with the Work Center to divert from jail appropriate offenders whose main issue is mental health, alcohol, and/or substance abuse.

The plan’s update recommendations are organized by the areas of responsibility of Law & Justice Council standing committees. Here we highlight recommendations of the Community Based Options Committee that are important future components of our community’s response to homelessness.¹¹

- Increase cross system coordination of pre and post booking diversion utilizing the new Whatcom County Behavioral Health Triage Center.
- Utilize funding authorized by state legislation to develop diversion alternatives for ex-offenders. Consider the option provided by Hargrove Bill to add a local option 1/10th of 1% to the sales tax.
- Increase community housing access for ex-offenders released from the county jail.
- Investigate ways to ensure that offenders released from prison as well as from jail have housing, employment, and health care. Establish a local transition network to which newly released ex-offenders may be evaluated and access services.
- Develop transportation and staffing for both group therapy and individual services to be provided in the new Triage Center for offenders who are housed in the existing main jail.
- Develop coordinated utilization of the Children’s Mental Health Crisis Emergency Team to work with Juvenile Court, probation and Detention Center.
- Provide for adequate space and staffing for long-term mental health, alcohol and substance abuse treatment in plans for the new main jail.
- Coordinate Whatcom County Law and Justice planning efforts with state and federal community re-entry legislation.
- Cooperate with statewide effort to establish electronic health records technology to coordinate health records between jails and community mental health and substance abuse treatment agencies.
- Reduce the inappropriate use and need for additional jail capacity with the provision of treatment and supports for offenders with treatable behavioral health disabilities.

¹¹ The Law and Justice plan update can be found here: <http://www.co.whatcom.wa.us/boards/lawjustice/lireport.jsp>

Employment

Only 10% of those counted during the 2007 point-in-time homeless count reported full- or part-time employment as income sources, and 19% reported no income at all. Retaining permanent housing will require that most formerly homeless households earn a significant portion of their incomes from employment. Local and regional planning activities for homeless, substance abuse, mental health and other services repeatedly point to the need for improved employment, vocational and/or training services for individuals and subpopulations that have been poorly served to date: re-entering offenders, persons with chemical dependency and/or mental health disorders, and homeless (or formerly homeless) adults and youth.

New local employment services

Fidelity supported employment program. One example of a local employment services program targeted specifically at individuals within these subpopulations is a new supported employment services program operated by Whatcom Counseling and Psychiatric Clinic. This is a fidelity program, meaning that it will adhere to strict service guidelines based in the evidence-based model from which it is derived. The guidelines for this program cover such program features as maximum caseload (25), scope of staff services (vocational only), integration of vocational specialists into treatment teams, and zero exclusion criteria. The program is funded for 90 slots and will begin this year with 2 staff, eventually staffing up to adhere to the maximum caseload limit.

Food Stamp Employment and Training (FSET) program. FSET includes federal grant funds matched by local funds and services to assist Food Stamp or Basic Food recipients (who are not receiving TANF assistance) to achieve self-sufficiency through employment and training activities. In Washington State, DSHS administers the Food Stamp program and the employment and training component. Whatcom County has served as a pilot FSET site since 2006. Locally, DSHS is partnering with Bellingham Technical College to provide the employment and training services and the required state/local matching funds. To date, the local pilot program has attracted far more participants than originally planned for; however, it is a challenging amount of administrative burden for local partner organizations. It is particularly challenging because participants must be enrolled in the Food Stamp program to receive the employment and training assistance, and, often, these clients tend to cycle off the Food Stamp program because they fail to complete required paperwork at regular intervals or to meet with their case managers when required to do so.

Employment strategies that are working in other communities

Workforce Development Council/ Mental Health System collaboration in Southwest Washington. The SWWDC provides grant funds to Columbia River Mental Health's Clearview Employment group to provide targeted employment help to those with disabilities. This type of collaboration between local Workforce Investment Act (WIA) programs and homeless and mental health providers has been recommended as a successful model program that could be adapted locally in Whatcom County between our own Northwest Workforce Development Council and continuum of care providers.

Collaboration between Seattle Jobs Initiative and Downtown Emergency Service Center. In July 2006, Seattle Jobs Initiative (SJI) and the Downtown Emergency Service Center (DESC) established a formal partnership, through a Memorandum of Agreement (MOA), and commenced a pilot project to provide employment services to homeless adults participating in DESC's Connections program, a comprehensive daytime service and referral center, links homeless individuals to a range of services. The goal of this partnership is to place homeless Seattle residents into jobs that lead to stable housing and economic success. To achieve this goal, SJI and DESC have aligned their vocational services to ensure that clients receive comprehensive support that addresses both their housing and employment needs.

Seattle/King County Taking Health Care Home Initiative is in the process of formulating strategies to improve collaboration, enhance homeless assistance and employment services and promote systems change across the workforce development and homeless assistance systems. Its recent report, *Developing Community Employment Pathways* (2007) recommends early implementation steps to improve linkages between substance abuse, mental health, homeless and employment services. The report also describes the primary sources of funding to support new employment initiatives targeting the populations of interest to this plan. Among the recommendations from that project are several early implementation strategies that may be useful first steps here in Whatcom County. This project's report can be found in its entirety at <http://www.seattle.gov/housing/homeless/EmploymentReport.pdf>.

Affordable housing services

According to Whatcom County's Comprehensive Plan, "Housing is not only a basic human need; it is a fundamental building block in the development of strong communities. The quality, price and availability of housing have far reaching effects. Housing is an issue of equity, and a healthy community strives to provide housing affordable to households at all income levels. Every community and neighborhood needs a healthy mix of housing sizes, types and prices, affordable at the wages of the jobs nearby. A balanced mix will have housing costs in sync with wages and incomes."¹²

It goes without saying that housing affordability is fundamentally intertwined with homelessness and homeless prevention. Although housing cost burden is not the primary reason for homelessness, it is among the most important reasons that adequate and decent housing are such elusive goals for many, many households and individuals in our community.

Existing housing affordability resources

Low-income households struggling with high housing cost burdens can access numerous assistance programs to help them attain a variety of housing objectives, from exiting homelessness to homeownership. These are too numerous to mention here, but readers can read about these programs in the Bellingham and Whatcom County comprehensive plans and in the City of Bellingham's Consolidated Plan.¹³

Countywide Housing Affordability Taskforce

In response to the recent skyrocketing prices for homes in Whatcom County, the City of Bellingham and Whatcom County governments developed an interlocal agreement for the purpose of developing task force recommendations to increase the supply of affordable housing throughout Whatcom County and its cities. The mission of the Countywide Housing Affordability Taskforce (CHAT) is to develop and present action strategies and programs to address the anticipated need for 11,000 additional housing units by the year 2022 that are affordable to household earning 80% or less of the county median income.¹⁴ The CHAT group is expected to forward its recommendations to both councils in early 2008.

¹² P. 3-1. The Whatcom County Comprehensive Plan can be found at: http://www.co.whatcom.wa.us/pds/planning/comp_plan/comp_plan.jsp

¹³ City of Bellingham Consolidated Plan: <http://www.cob.org/services/neighborhoods/community-planning/consolidated-plan.aspx>

¹⁴ Resource materials from the CHAT project can be found here: <http://www.cob.org/government/public/chat/index.aspx>

Stakeholder Recommendations for State Policy Changes Needed to Address Homelessness

In response to a survey in 2005 and subsequent stakeholder meetings and planning processes, homeless housing and services stakeholders suggested the following changes to local and state policies.

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 prohibiting 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 Care 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*.¹⁵

¹⁵ SMC 22.206.160(C) Ordinance #117942, effective January 12, 1996

10-Year Plan Goal, Objectives and Strategies

This plan's goal is to reduce homelessness by 50% in Whatcom County by 2015. 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 plan 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.

Objective 1. Prevent homelessness among households at imminent risk of losing their housing (*primary* population)

Objective 2. Reduce the number of homeless households with low-moderate housing barriers (*secondary* population)

Objective 3. Reduce the number of homeless households with high-severe housing barriers (*tertiary* population)

Objective 4. Reduce the number of homeless youth

Objective 5. Reduce the number of homeless, re-entering offenders

Objective 6. 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.

The following table identifies high-priority activities to end homelessness in Whatcom County as expressed by participating stakeholders. Some of the listed activities are currently underway, others are now in contract negotiations, the rest are high-priority activities for funding with local homeless dollars and matching funds as they become available.

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Goal: Reduce the number of homeless persons by 50% by 2015										
Objective: Establish a countywide, coordinated homeless services system										
Housing Strategy: Establish the Whatcom County homeless Services Center										
	Short Term Activity:	Secure funding for 3-year pilot project to establish WCHSC	Jun-05	Nov-07					NA	Whatcom County was awarded \$1.4 million and has reserved 2163 funding to establish the WCHSC. Contract between County and CTED executed in November 2007
	Who is Responsible:	Whatcom County, Homeless Coalition, HAC								
	Output:	Signed agreement b/w Whatcom County and CTED								
	Outcome:	Coordinated continuum of care								
	Short Term Activity:	Administer the WCHSC	Jun-05	Jan-08			\$ 211,484		NA	Administrative Services contract between County and Opportunity Council executed in December 2007 for Jan 1, 2008 start date. Annual administrative costs including project manager and administrative assistant positions, rent, utilities, supplies, etc.
	Who is Responsible:	Opportunity Council; Whatcom County Health Dept.								
	Output:	NA								
	Outcome:	Coordinated housing-first program								
	Short Term Activity:	Operate the WCHSC	Jun-05	Jan-08			\$ 115,750		NA	Direct service staff costs for WCHSC Rapid Exit Coordinator and Housing Coordinator positions.
	Who is Responsible:	Opportunity Council								
	Output:	NA								
	Outcome:	Coordinated housing-first program								
	Short Term Activity:	Evaluate the WCHSC program	Jun-05	Jan-08	\$ 52,414				NA	
	Who is Responsible:	WCHSC								
	Output:	Evaluation report								
	Outcome:	Optimized housing-first program								

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: Prevent homelessness										
<i>Housing Strategy: provide homeless prevention financial assistance</i>										
	Short Term Activity:	Provide homeless prevention financial assistance to households at imminent risk of homelessness	Jun-05	Jul-07		\$ 180,000		300	Prevention	
	Who is Responsible:	WCHSC and partner agency(s)								
	Output:	Annually assist 300 households at imminent risk of eviction to retain current housing								
	Outcome:	85% of assisted households retain housing for at least 6 months								
Objective: End homelessness for households with low-moderate housing barriers										
<i>Housing Strategy: provide shallow rent assistance and supportive services</i>										
	Short Term Activity:	Provide housing assistance to households with low-moderate housing barriers	Jun-05	Jul-07		\$ 180,000		150	Rental assistance	
	Who is Responsible:	WCHSC and partner agency(s)								
	Output:	Annually assist 150 households with low-moderate housing barriers								
	Outcome:	75% of assisted households retain housing for at least 6 months								
	Short Term Activity:	Provide supportive services to households with low-moderate housing barriers	Jun-05	Jul-07		\$ 120,000		75	Case management	
	Who is Responsible:	WCHSC and partner agency(s)								
	Output:	Annually provide case mgmt to 75 households with low moderate housing barriers								
	Outcome:	75% of assisted households retain housing for at least 6 months								

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: End homelessness for households with severe housing barriers										
<i>Housing Strategy: provide deep rent assistance and supportive services</i>										
Short Term Activity:	Provide housing assistance to households with severe housing barriers		Jun-05	Jul-07		\$ 270,000		45	Rental assistance	
Who is Responsible:	WCHSC and partner agency(s)									
Output:	Annually assist 45 households with severe housing barriers									
Outcome:	50% of assisted households retain housing for at least 6 months									
Short Term Activity:	Provide supportive services to households with severe housing barriers		Jun-05	Jul-07		\$ 238,500		45	Case management	
Who is Responsible:	WCHSC and partner agency(s)									
Output:	Annually provide intensive case mgmt to 45 households with severe housing barriers									
Outcome:	50% of assisted households retain housing for at least 6 months									
Objective: Added private-sector housing resources in the homeless prevention and housing system										
<i>Housing Strategy: private-sector landlord recruitment and retention</i>										
Short Term Activity:	Recruit private, for-profit and nonprofit landlords to provide homeless housing to households with low-severe housing barriers		Jun-05	Jun-08		\$ 40,000			Risk mitigation funding	
Who is Responsible:	WCHSC									
Output:	Recruit 20 private-sector landlords into WCHSC's program.									
Outcome:	200 rental units are added to the stock of housing available to formerly homeless households									

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: Short-term transitional housing for WCHSC client households										
	Short Term Activity:	Short-term emergency and transitional housing for WCHSC client households for the interim between homelessness and housing-first placement	Jun-05	Jul-07			\$ 75,000	150	Shelter/hotel vouchers	\$50 per night; avg stay of 10 nights per household
	Who is Responsible:	WCHSC								
	Output:	Provide 2,800 emergency shelter nights to 200 households per year								
	Outcome:	Safe shelter for households transitioning from homelessness to permanent housing								
Objective: Implement and monitor performance of the Homeless Housing Plan										
Planning Strategy: Homeless Management Information System (HMIS)										
	Short-term Activity	Establish countywide HMIS system with up to 6 participating agencies in the first three years.	Jun-07	Jul-08			\$ 15,000		NA	Includes software license fees and vendor training
	Who is Responsible:	WCHSC and Whatcom County Health Dept.								
	Output:	HMIS system established and in use by 6 partner agencies								
	Outcome:	Reliable evaluation and accountability system								
Monitoring Strategy: Annual Homeless Point-in-Time Count										
	Ongoing Activity	Conduct homeless point-in-time count	Oct-07	Jan-08			\$ 10,000		NA	Contracted services of PIT Count coordination and data processing and report writing

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: Reduce homelessness among re-entering offenders										
Housing Strategy: project-based, master lease housing with supportive services										
	<i>Long Term Activity:</i>	<i>Master lease three-bedroom homes for re-entering offenders from DOC facilities</i>	2007	2008		\$ 216,000		9	Leased housing	\$1,200/month per 3-BR house x 5 houses x 12 months x 3 years.
	<i>Long Term Activity:</i>	<i>Case management/staffing for re-entering DOC offenders</i>	2007	2008			\$ 150,000		Case management	1 FTE @ \$50,000/yr x 3 years
	<i>Long Term Activity:</i>	<i>Administer master lease program</i>	2007	2008			\$ 54,900		Admin	15% of housing and case mgmt costs
Housing Strategy: community services offender transitional housing										
	<i>Long Term Activity:</i>	<i>Re-entry transitional housing for re-entering County jail offenders with mental health and/or chemical dependency disorders</i>	2007	2008		\$ 540,000		16	Transitional housing	2 beds x \$90,000 per bed/year x 3 years
	<i>Long Term Activity:</i>	<i>Case management/staffing for re-entering jail offenders</i>	2007	2008			\$ 150,000		Case management	1 FTE @ \$50,000/yr x 3 years
	<i>Long Term Activity:</i>	<i>Administer jail offender transitional housing</i>	2007	2008			\$ 103,500		Admin	15% of housing and case mgmt costs

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: Reduce the number homeless youth.										
Housing Strategy: youth drop-in emergency shelter										
	Short-term activity	Planning project to determine feasibility, costs, location(s), and programming model for drop-in emergency shelter that accepts minors and provides supportive services	2008	2009	\$ 20,000				Planning	Up to 200 hours of consultant(s) time to develop both the programming model and the facility plan
	Long-term activity	Capital project to develop the youth shelter as per the programming and facility plan developed by the planning strategy above	2008	2010	\$ 3,000,000			75	Planning	Up to 200 hours of consultant(s) time to develop both the programming model and the facility plan
Housing Strategy: Homeless Services Center young adult program										
	Long-term activity	Create a separate point of entry for young adult (18-24) access to Homeless Services Center rent and supportive services assistance via partner agency contract and assistance funding	2008	2009		\$ 66,000	\$ 88,000	55	Rent asst. and case mgmt.	
Housing Strategy: Bridge housing assistance for youth in transition										
	Long-term activity	Allocate a portion of rent assistance funding to young adults (18-24) to extend housing for youth who are nearing self-reliance, but have exhausted their length of stay eligibility in current housing program	2008	2009		\$ 36,000	\$ 48,000	30	Rent asst.	
Housing Strategy: Housing and supportive services for youth with mental health/developmental disabilities										
	Long-term activity	Permanent housing with supportive services for re-entering youth (under 18) with mental health issues or developmental disabilities that preclude family re-unification or self-sufficiency	2008	2009		\$ 450,000	\$ 397,500	75	Rent asst. and case mgmt.	
Housing Strategy: Short-term re-entry housing assistance										
	Long-term activity	Provide housing assistance and supportive services for youth exiting institutions for the period between discharge and family re-unification	2008	2009		\$ 30,000	\$ 40,000	25	Rent asst. and case mgmt.	
Housing Strategy: Outreach services										

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
	Long-term activity	<i>Fund outreach services to unsheltered, unaccompanied youth, directing them to WCHSC assistance, drop-in centers, shelters, transitional programs, and employment and health services</i>	2008	2009			\$ 50,000		Outreach	1 FTE salary plus benefits and office costs
Housing Strategy: Local policies - remove obstacles to neighborhood-compatible group homes										
	Long-term activity	<i>Work with local government(s) and stakeholders to develop a legislative remedy</i>	2008	2009	\$ 10,000				Planning	Approximately 100 hours of consultant time to facilitate the project
Income Strategy: Vocational and employment services										
	Long Term Activity:	<i>Pursue a community YouthBuild project to create a program that provides experiential employment/vocational services and produces low-income housing units for youth or very low-income households</i>			\$ 10,000				Planning and grant writing	Approximately 100 hours of consultant time to facilitate the project
Health Strategy: Increase access to health care services designed for youth										
	Long Term Activity:	<i>Examine the feasibility of establishing a teen health center/clinic, either as an independent service and/or facility, or as part of a future youth shelter facility and associated programming.</i>			\$ 10,000				Planning	Approximately 100 hours of consultant time to facilitate the project

			Start of Planning date	Implementation Date	Capital/planning Costs	Annual Housing Operating Costs	Annual Service Costs	Total households	Assistance type	Notes:
Objective: Reduce the number of all homeless persons.										
Income Strategy: Vocational and employment services										
	Long Term Activity:	<i>Provide employment and vocational services for homeless and at-risk subpopulations that are currently not served well</i>					\$ 75,000		Planning/coordination	1 FTE plus benefits and office costs to coordinate homeless employment services countywide
Income, Health, Housing Strategies: Access to Services										
	Short Term Activity	<i>Conduct annually Project Homeless Connect event(s)</i>	2007	2008			\$ 7,500		Access to services event	Cash, to be matched wit in-kind donations from service providers and local businesses
Short-term strategy totals						\$ 122,414	\$ 670,000	\$ 793,234	780	
Long-term strategy totals						\$ 3,050,000	\$ 1,338,000	\$ 1,156,900	285	
Current homeless funding resources										
Accumulated and committed funding										
	2163 funds ('05 - '07)	\$	719,038							
	1359 funds ('07)	\$	141,000							
	HGAP I grant ('08-'10)	\$	1,398,638							
	HGAP II grant ('08-'10)	\$	1,214,400							
	Shelter+Care ('08-'10)	\$	600,000							
	Total	\$	4,073,076							
Projected future level of local funding (2008+)										
	2163 per year	\$	263,200							
	1359 per year	\$	323,360							
	Total	\$	586,560							

Appendix: Housing Activity Charts

NOTE: See Page 44 for description and explanation of the following tables which are required Plan components.

Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Emergency Shelter	Existing	Opportunity Council/Interfaith	Apartment (unnamed)	FC			Ferndale	1	4			
Emergency Shelter	Existing	Evergreen AIDS Foundation	Barney Wood Fund	SMF/FC	AIDS		Bellingham			9		
Emergency Shelter	Existing	Opportunity Council/Interfaith	Disciples House	FC			Bellingham	1	7			
Emergency Shelter	Existing	Agape Woman's Christian Home	Emergency Housing	FC			Bellingham	4	16			
Emergency Shelter	Existing	Lighthouse Mission	Emergency Shelter	SM			Bellingham			80		
Emergency Shelter	Existing	Opportunity Council/Interfaith	Garden St. House	FC			Bellingham	1	7			
Emergency Shelter	Existing	Opportunity Council/Interfaith	Interfaith Little House	FC			Bellingham	1	4			
Emergency Shelter	Existing	YWCA	Larabee Residence	SF		<80%	Bellingham			9		
Emergency Shelter	Existing	Evergreen AIDS Foundation	Motel Vouchers	SM/F	AIDS		Bellingham			26		
Emergency Shelter	Existing	Opportunity Council	Motel Vouchers	FC			Bellingham	68	226			
Emergency Shelter	Existing	Lydia Place/Interfaith Coalition	Our Savior's House	WC			Bellingham	1	6			
Emergency Shelter	Existing	Northwest Youth Services	Safe Home Program	YM/YF			Bellingham			5		
Emergency Shelter	Existing	Old Town Christian Ministries	Stepping Stones - Seasonal Motel Vouchers	SM/F or FC			Bellingham					
Emergency Shelter	Existing	Womencare Shelter	Womencare Shelter	SF/FC	DV	<80%	Bellingham	5	18			

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Homeownership	Existing	Lummi Island CLT	Cedrus Cooperative	House holds		<50%	Lummi Island				9	18
Homeownership	Existing	KulshanCLT	Condominium Program	House holds		<80%	Bellingham				14	14
Homeownership	Existing	KulshanCLT	Condominium Program	House holds		<80%	Everson				1	2
Homeownership	Existing	KulshanCLT	First-time Homebuyer Program	House holds		<80%	Bellingham				36	72
Homeownership	Existing	KulshanCLT	First-time Homebuyer Program	House holds		<80%	Everson				1	2
Homeownership	Existing	KulshanCLT	First-time Homebuyer Program	House holds		<80%	Ferndale				3	9
Homeownership	Existing	KulshanCLT	First-time Homebuyer Program	House holds		<80%	Lummi Reservation				2	4
Homeownership	Existing	KulshanCLT	First-time Homebuyer Program	House holds		<80%	Lynden				1	3
Homeownership	Existing	KulshanCLT	Kulshan Commons	House holds		<80%	Ferndale				1	3
Homeownership	Expected 2007	KulshanCLT	Kulshan Commons	House holds		<80%	Ferndale				5	12
Homeownership	Expected 2007	KulshanCLT	Kulshan Commons	House holds		<80%	Ferndale				1	2
Homeownership	Expected 2007	KulshanCLT	Mathei Place	House holds		<80%	Bellingham				14	32
Homeownership	Expected 2008	KulshanCLT	Kulshan Commons	House holds		<80%	Ferndale				1	2
Permanent Rental	Existing	Coast Real Estate	Apple Valley	Elderly	Disabled	<80%	Lynden				29	38
Permanent Rental	Existing	BWCHA	Bay Townhouses	House holds		<80%	Blaine				3	9
Permanent Rental	Existing	BWCHA	Baycrest Homes	House holds		<80%	Blaine				18	55

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Permanent Rental	Existing	Diamond Realty	Bayview Plaza	Elderly	Disabled	<80%	Blaine				30	30
Permanent Rental	Existing	HNN Associates	Beacon Manor	House holds		<30%	Ferndale				38	113
Permanent Rental	Existing	HNN Associates	Beacon Manor	House holds		<60%	Ferndale				12	36
Permanent Rental	Existing	Ad-West Realty	Blair Gardens	Elderly	Disabled	<80%	Everson				16	18
Permanent Rental	Existing	WSHFC TEBP	Boundary Village	House holds		<50%	Blaine				5	5
Permanent Rental	Existing	BWCHA	Bridge Creek II	House holds		<50%	Bellingham				13	21
Permanent Rental	Existing	BWCHA	Bridge Creek II	House holds		<80%	Bellingham				18	41
Permanent Rental	Existing	BWCHA	Cascade Meadows	House holds		<80%	Bellingham				216	420
Permanent Rental	Existing	BWCHA	Creekside Meadows	House holds		<50%	Sumas				12	30
Permanent Rental	Existing	BWCHA	Creekside Meadows	House holds		<60%	Sumas				8	20
Permanent Rental	Existing	BWCHA	Deer Run Terrace	House holds	Elderly	<30%	Bellingham				21	27
Permanent Rental	Existing	BWCHA	Deer Run Terrace	House holds	Elderly	<60%	Bellingham				21	27
Permanent Rental	Existing	Virtu Property Management	Evergreen Ridge	House holds		<60%	Bellingham				143	270
Permanent Rental	Existing	BWCHA	Everson Meadows	House holds		<80%	Everson				24	60
Permanent Rental	Existing	BWCHA	Falls Park Homes	House holds		<60%	Bellingham				28	63
Permanent Rental	Existing	Ad-West Realty	Ferndale Four-Plex	Family		<80%	Ferndale				4	12
Permanent Rental	Existing	Mercy Housing	Ferndale Villa (HUD)	Family		<80%	Ferndale				38	76
Permanent Rental	Existing	BWCHA	Hamilton Place Senior Living	House holds	Elderly	<60%	Bellingham				94	141

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Permanent Rental	Existing	BWCHA	Harborview Apartments	House holds		<50%	Bellingham				18	40
Permanent Rental	Existing	BWCHA	Heather Commons	House holds		<30%	Bellingham				15	32
Permanent Rental	Existing	BWCHA	Heather Commons	House holds		<50%	Bellingham				9	18
Permanent Rental	Existing	BWCHA	Heather Commons II	House holds		<30%	Bellingham				9	19
Permanent Rental	Existing	BWCHA	Heather Commons II	House holds		<60%	Bellingham				5	9
Permanent Rental	Existing	Ad-West Realty	Heritage	Elderly	Disabled	<80%	Lynden				32	34
Permanent Rental	Existing	HSC Realestate Inc.	Larkin Place	House holds		<60%	Bellingham				101	354
Permanent Rental	Existing	BWCHA	Laurel Village	House holds		<30%	Bellingham				24	48
Permanent Rental	Existing	BWCHA	Laurel Village	House holds		<40%	Bellingham				13	19
Permanent Rental	Existing	BWCHA	Laurel Village	House holds		<50%	Bellingham				13	20
Permanent Rental	Existing	Lummi Indian Business Council	Little Bear Creek	House holds	Elderly	<50%	Lummi Reservation				22	22
Permanent Rental	Existing	Lummi Indian Business Council	Little Bear Creek	House holds	Elderly	<50%	Lummi Reservation				4	4
Permanent Rental	Existing	Ad-West Realty	Lone Pine (Crest)	Family		<80%	Everson				10	10
Permanent Rental	Existing	BWCHA	Lummi Homes I	House holds	Farmworkers	<40%	Lummi Reservation				24	94
Permanent Rental	Existing	BWCHA	Meadow Wood Townhomes	House holds		<30%	Bellingham				10	20
Permanent Rental	Existing	BWCHA	Meadow Wood Townhomes	House holds		<50%	Bellingham				25	75
Permanent Rental	Existing	BWCHA	Meadow Wood Townhomes	House holds		<60%	Bellingham				5	15

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Permanent Rental	Existing	Archdiocesan Housing Authority	Mt Baker Apartments	households		<50%	Bellingham				30	30
Permanent Rental	Existing	Archdiocesan Housing Authority	Mt Baker Apartments	households		<60%	Bellingham				29	29
Permanent Rental	Existing	Nooksack Indian Tribes Housing	Nooksack Homes I	House holds			Everson				24	24
Permanent Rental	Existing	Nooksack Indian Tribes Housing	Nooksack Homes II	House holds			Everson				25	25
Permanent Rental	Existing	Prefered Capital Management Inc.	Northbrook Place	House holds		<60%	Bellingham				77	117
Permanent Rental	Existing	BWCHA	Oakland Apartments	House holds		<30%	Bellingham				11	11
Permanent Rental	Existing	BWCHA	Oakland Apartments	House holds		<50%	Bellingham				9	9
Permanent Rental	Existing	Diamond Realty	Oakwood Apts	Family		<80%	Lynden				36	50
Permanent Rental	Existing	BWCHA	Orleans Place (non-section 8 units)	House holds		<30%	Bellingham				7	17
Permanent Rental	Existing	BWCHA	Orleans Place (non-section 8 units)	House holds		<60%	Bellingham				16	42
Permanent Rental	Existing	BWCHA	Pacific Rim North	House holds		<80%	Bellingham				132	277
Permanent Rental	Existing	BWCHA	Parkway Homes	House holds		<60%	Bellingham				24	55
Permanent Rental	Existing	Ad-West Realty	Pinetree	Elderly	Disabled	<80%	Ferndale				19	23
Permanent Rental	Existing	BWCHA	Prince Court Apartments	House holds		<45%	Bellingham				25	59
Permanent Rental	Existing	WCCA	Sec 202 (Birchwood Manor)	House holds	Elderly/ disabled		Bellingham				38	38
Permanent Rental	Existing	WCCA	Sec 202 (Catherine May)	House holds	Elderly/ disabled		Bellingham				38	38
Permanent Rental	Existing	BWCHA	Public Housing (Chuckanut Sq)	House holds	Elderly/ disabled	<30%	Bellingham				101	101

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
					d							
Permanent Rental	Existing	BWCHA	Public Housing (Lincoln Sq)	House holds	Elderly/ disabled	<30%	Bellingham				198	218
Permanent Rental	Existing	BWCHA	Public Housing (Washington Sq)	House holds	Elderly/ disabled	<30%	Bellingham				97	97
Permanent Rental	Existing	HNN Associates	Regency Park	House holds		<60%	Bellingham				225	564
Permanent Rental	Existing	BWCHA	River House Apartments	House holds	Elderly	<30%	Lynden				27	32
Permanent Rental	Existing	BWCHA	River House Apartments	House holds	Elderly	<60%	Lynden				23	26
Permanent Rental	Existing	BWCHA	Seabreeze (non-section 8 units)	House holds		<60%	Blaine				11	25
Permanent Rental	Existing	BWCHA	SeaMist	House holds		<80%	Blaine				12	36
Permanent Rental	Existing	Mercy Housing	Sterling Meadows	House holds	Farmworkers	<45%	Bellingham				50	142
Permanent Rental	Existing	BWCHA	Sumas Square	House holds		<80%	Sumas				11	11
Permanent Rental	Existing	Ad-West Realty	Sunset Apts	Family		<80%	Sumas				9	9
Permanent Rental	Existing	BWCHA	Texas Meadows	House holds		<80%	Bellingham				28	63
Permanent Rental	Existing	BWCHA	The Birches	House holds		<80	Bellingham				30	86
Permanent Rental	Existing	BWCHA	Trailside	House holds		<60%	Bellingham				4	10
Permanent Rental	Existing	BWCHA	Varsity Village	House holds		<50%	Bellingham				19	94
Permanent Rental	Existing	BWCHA	Varsity Village Extension	House holds		<50%	Bellingham				14	96
Permanent Rental	Existing	WSHFC TEBP	Voltaire Court	House holds		<80%	Bellingham				11	11

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Permanent Rental	Existing	Archdiocesan Housing Authority	Washington Grocery Building	Resident Manager		<80%	Bellingham				1	1
Permanent Rental	Existing	Archdiocesan Housing Authority	Washington Grocery Building	households		<50%	Bellingham				36	36
Permanent Rental	Existing	Diamond Realty	Washington Plaza	Elderly	Disabled	<80%	Ferndale				23	27
Permanent Rental	Existing	BWCHA	Willow Creek	Households		<50%	Bellingham				16	16
Permanent Rental	Existing	Senior Resources Group	Woodrose Apartments	Households	Elderly	<50%	Bellingham				69	90
Permanent Rental	Existing	Senior Resources Group	Woodrose Apartments	Households	Elderly	<60%	Bellingham				124	197
Permanent Rental	Existing	Archdiocesan Housing Authority	Kateri Court	Resident Manager		<80%	Bellingham				1	1
Permanent Rental	Existing	Archdiocesan Housing Authority	Kateri Court	households		<30%	Bellingham				8	8
Permanent Rental	Existing	Archdiocesan Housing Authority	Kateri Court	households		<50%	Bellingham				23	23
Permanent Rental	Expected 2008	BWCHA	Laube Hotel Housing Project	Households		<80%	Bellingham				20	20
Permanent Supportive Housing	Existing	Opportunity Council	Kateri Court	FC		<30%	Bellingham				8	8
Permanent Supportive Housing	Existing	BWCHA	Meadow Wood Townhomes		disabled	<30%	Bellingham				10	30
Permanent Supportive Housing	Existing	Sean Humphrey House	Permanent Supportive Housing	SM/F	AIDS	<50%	Bellingham				6	6
Permanent Supportive Housing	Existing	BWCHA	Shelter + Care (Sponsor Based)	SM/F							112	112
Permanent	Existing	BWCHA	Shelter + Care	SM/F	VET						14	14

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Supportive Housing			(Veterans)									
Permanent Supportive Housing	Existing	BWCHA	Shelter+ Care (Tenant Based)	SM/F							21	21
Permanent Supportive Housing	Existing	WCPC	Tenant based Section 8 Permanent Housing	FC							14	28
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Fernview)	House holds		<80%	Ferndale				30	74
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Orleans Place)	House holds		<30%	Bellingham				3	7
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Orleans Place)	House holds		<60%	Bellingham				4	9
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Riverhouse)	House holds	Elderly	<30%	Lynden				22	26
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Riverhouse)	House holds	Elderly	<60%	Lynden				6	6
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Seabreeze)	House holds		<60%	Blaine				3	7
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Varsity Village extension)	House holds		<80%	Bellingham				38	96
Rental Assistance	Existing	BWCHA	Section 8 - Project Based (Varsity Village)	House holds		<80%	Bellingham				30	94
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Acme				2	5
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Bellingham				1238	2457
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Blaine				57	136

Whatcom County 10-Year Homeless Housing Plan

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Custer				3	1
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Deming				1	3
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Everson				25	64
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Ferndale				18	257
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Lummi Island				1	3
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Lynden				89	141
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Maple Falls				31	86
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Nooksack				4	1
Rental Assistance	Existing	BWCHA	Section 8 - Vouchers	House holds		<50%	Sumas				15	38
Transitional Housing	Existing	Opportunity Council	2060 units	FC		<30%	Bellingham	4	16			
Transitional Housing	Existing	Opportunity Council	Community Transitional Housing	FC			Bellingham	8	26			
Transitional Housing	Existing	Opportunity Council	Dorothy Arnold Giesecke Place	SF, FC	DV		Bellingham	21	35	6		
Transitional Housing	Existing	Lake Whatcom RTC	Emergency Housing	SM/F	SMI		Bellingham			67		
Transitional Housing	Existing	Sun Community Services	Gladstone House	Mixed	SMI		Bellingham			5		
Transitional Housing	Existing	CCS	Growing Together	FC			Bellingham		2			
Transitional Housing	Existing	CCS	Growing Together	FC			Bellingham		2			
Transitional Housing	Existing	New Way Ministries	Housing for Single Mothers w/Children	FC	DV		Bellingham	7	14			
Transitional Housing	Existing	YWCA	Larabee Residence			<50%	Bellingham			27		

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Type Of Housing	Status	Resource/Provider	Program/Facility	Target Pop A	Target Pop B	Target Income	Location	Fam Units	Fam Beds	Indiv units/ beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Transitional Housing	Existing	WCPC	Rental Subsidies Supportive Living Program	Mixed	SMI					3		
Transitional Housing	Existing	Opportunity Council	Rental Subsidies to Landlords using HOME TBRA	FC				4	19			
Transitional Housing	Existing	Oxford House	Substance Abuse After-Treatment/ Clean and Sober Housing	SM/F			Bellingham			25		
Transitional Housing	Existing	Sun Community Services	Sun House	SM/F	SMI		Bellingham			6		
Transitional Housing	Existing	Project Hope	Transitional Housing	FC			Bellingham	7	16			
Transitional Housing	Existing	Lydia Place	Transitional Living Program	FC		<50%	Bellingham	7	18			
Transitional Housing	Existing	Northwest Youth Services	Transitional Living Program	YM/YF, FC			Bellingham	2	4	18		
Transitional Housing	Existing	Opportunity Council	WA Families Fund units	FC		<30%	Bellingham	4	16			
Transitional Housing	Expected 2007	Northwest Youth Services	Transitional Housing Acquisition	YM/F		<50%	Bellingham			1		

Inventory Totals					
Type of Housing	Fam Units	Fam Beds	Indiv Beds	Rental/ Owner Units	Rental/ Owner Bedrooms
Emergency Shelter	82	288	129	0	0
Transitional Housing	64	168	158	0	0
Permanent Rental	0	0	0	2861	5229
Homeownership	0	0	0	89	175
Permanent Supportive Housing	0	0	0	185	219
Rental Assistance	0	0	0	1620	3511
Total	146	456	287	4755	9134

C - Housing Inventory Chart Explanations

NOTE: The following codes are used in the appendices to denote target any populations served by each facility.

Facility Target Population A:

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

Facility Target Population B: additional characteristics

DV=only Domestic Violence victims

VET=only Veterans

HIV=only persons with HIV/AIDS

2007 Homeless Point-in-Time Count Statistics				
Part 1: Homeless Population	Sheltered		Unsheltered	Temporarily Living with Family or Friends
	Emergency	Transitional		
Number of Families with Children (Family Households):	30	67	6	68
1. Number of Persons in Families with Children:	96	198	21	200
2. Number of Single Individuals and Persons in Households without Children:	164	273	109	189
(Add Lines Numbered 1 & 2) Total Persons:	260	471	130	389
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Temporarily Living with Family or Friends
	Emergency	Transitional		
a. Chronically Homeless	32	0	46	0
b. Mentally Disabled	53	178	52	64
c. Persons with alcohol and/or other drug problems	47	71	38	77
d. Veterans	21	27	29	18
e. Persons with HIV/AIDS	0	4	2	1
f. Victims of Domestic Violence	55	127	32	66
g. Unaccompanied Youth (Under 18)	14	22	7	51
h. Physically Disabled	33	40	25	29
i. Seasonal Agricultural Workers	0	1	0	0
j. Persons with both substance use and mental health problems	33	48	20	35
k. Senior citizens (aged 65 or older)	0	6	5	1

*Due to missing data about shelter from some homeless count survey forms, these numbers may not exactly match those reported elsewhere in Whatcom County's 2007 Point-in-Time Count report. For example, we counted 1,298 homeless persons, but the total persons in Part 1 above equals only 1,250 because survey forms representing the remaining 48 persons lacked data on where that household sheltered the night before the count.

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 2007, 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.