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WHATCOM COUNTY COUNCIL

Homeless Strategies Workgroup

Friday, October 4, 2019 Meeting #13 Summary

Time: 8:30 – 10:00 a.m.

Location: Whatcom County Civic Center Annex,
322 N. Commercial, Garden Room

Attendance:

Members

Ann Beck, Whatcom County Health Department
Barry Buchanan (HSW Chair), Whatcom County Councilmember
Karen Burke, Whatcom County Housing Advisory Committee/DVSAS
Undersheriff Doug Chadwick, Whatcom County
Carol Frazey (for Rud Browne), Whatcom County Councilmember
Dan Hammill, City of Bellingham Council Member
Mike Hilley, Whatcom County EMS
Michael Lilliquist, City of Bellingham Council Member
Kelli Linville, Mayor of Bellingham
Mike Parker, Opportunity Council
Michael Shepard, Port of Bellingham
Markis D. Stidham, Homeless Advocate
Guy Ochiogrosso, Bellingham Regional Chamber of Commerce
Emilio Vela, Jr., Northwest Youth Services

Guests:

Sara Airoldi, Northwest Youth Services
Annette Bagley, YWCA Board
Helen Campbell, citizen
John Campbell, citizen
Liz Coogan, City of Bellingham, Executive Assistant to the Mayor
Chris D'Onofrio, Whatcom County Health Department
Mark Gardner, City of Bellingham, Legislative Analyst
Heather Katahdin, volunteer, citizen
Chris Kobdich, Unity Care NW
JC Mansfield, HomesNow volunteer
Vanessa Martin, Whatcom County Prosecutor's Office
Emerson McCuin, Northwest Youth Services
Jennifer Moon, Unity Care NW
Sybil Sanchez, Bellingham Technical College
Rick Sepler, City of Bellingham, Planning
Ryan Simonis, Whatcom Community College
Lisa Sloan, Lighthouse Mission, Administration
Tara Sundin, City of Bellingham

Meeting Summary Prepared By: Cathy B. Halka, AICP, Legislative Analyst, Whatcom County Council

1. Welcome and Introductions, HSW Chair, Whatcom County Councilmember Barry Buchanan

Councilmember and Chair of the HSW, Barry Buchanan, welcomed the group.

The members approved the September 20th meeting minutes.

2. Homeless Outreach Team (HOT), Opportunity Council, Steven Bass

Steven Bass presented on the Homeless Outreach Team. The HOT team serves everyone experiencing homelessness connects people to services (housing services, substance use disorder services, etc.). They are a secondary crisis response; people can call the HOT team if they aren't sure the situation requires 911 emergency services. This year the HOT team has had 5,389 contacts (1,300 unique contacts). They are expanding their team to add two new staff members and hope to reach 10,000 contacts by the end of the year.

They use a holistic approach to heal the whole person and address all their needs. They use motivational interviewing to connect clients to difficult appointment they may have otherwise been too stressed to attend.

They work with a lot of organizations to connect people to services. They make sure people they connect with are all on a housing interest list, and they help find a good fit.

Unity Care NW has a lot of resources and GRACE has some of the highest users of emergency services. The HOT team goes to their staff meetings to brainstorm and collaborate.

Bellingham Police Department, Public Works, and Parks and Recreation are all good partners. The HOT team is the initial contact for people experiencing homelessness. City provides information on camp locations. The Black Drop provides a generous donation of coffee. The team goes out at 7am to talk with people. They interact with business owners to provide information about HOT Team services. Some business owners end up developing relationships with clients.

The County funds two positions: Opioid Substance Use Disorder Specialist (OSUDS) and Supportive Services for Veterans and Families program. OSUDS addresses the person as a whole, meets active users where they are, and connects them to services like medically assisted treatment (MAT) and peer counselors or mental health counselors.

People of color are disproportionately experiencing homelessness. Elderly clients are in tents, RVs, or cars. They don't often go to shelters.

HOT team wants to expand out into the county. The model may look different, such as getting the word out that HOT will be in an area on certain days and available to help, rather than regular visits to sites which is more feasible to do within Bellingham.

They use a 'vulnerability assessment tool' to prioritize people for housing, called the Service Prioritization and Assistance Tool (SPAT).

Since the HOT team was founded by the City of Bellingham in 2015, they've helped over 574 people connect to housing. A lot of the HOT team work is connecting people to medical appointments, but the team also works to connect people with housing.

Councilmember Lilliquist asked about the success of the OSUDS work and what is a realistic standard. Steven Bass and Mike Parker indicated that there is success connecting people to medically assisted treatment. Getting people into a substance use disorder program is more challenging.

HOT's role is to facilitate connections. The goals are harm reduction, tracking, and relationship building. HOT team connects people to Cascade Medical Advantage, which has a spoke and hub model where they connect people to other treatment options with partner agencies.

Councilmember Hammill indicated that Bellingham has had success getting people into medically assisted treatment, in which participation has tripled. There is not a medically assisted treatment program for people on meth. Karen Burke indicated that some medically assisted treatments can be abused, and MAT should be step one in a process with more next steps.

Steven Bass indicated that meth use is sometimes confused with mental health psychosis. Their team builds a relationship with the person to understand what's going on and connects them to services. The group discussed meth and housing needs.

Mike Parker said the HOT team visits camps. From July – Sept they visited 311 camps and 58 camps were inactive and 258 camps were active. They find out what peoples' needs are and report illegal activity to police. They focus on wrap around services for people.

Emilio Vela, Jr. indicated that any approach to treatment should include talk therapy.

Karen Burke indicated that it may be of interest to start a substance use and homelessness subcommittee of the Homeless Strategies Workgroup. The subcommittee would look at support for the HOT team, immediately available treatment, and treatment.

HOT team has done lunch-n-learns and is happy to visit business offices. They talk about their services.

The ring central number is 360-312-3717. Call this number for anything non-emergent. HOT team can decide who needs to be called and determine if the person is on the housing list. People can also call this number to report camps.

3. Whatcom County Plan to End Homelessness, Chris D'Onofrio

This is an update to the 2005 and 2012 plans. The updated plan will be presented at the Oct 8th Public Works & Health Committee of the County Council.

Planning process included work with a Steering Committee of the Local Coalition to End Homelessness. A public meeting was held at the YWCA in April, 2019. Staff worked with several focus groups, including different service providers with expertise in the subject.

The plan includes the same guiding principles from 2012:

- The solution to homelessness is permanent, stable housing
- Prioritize services for the most vulnerable
- Use evidence-based best practices while innovating new solutions tailored to local conditions; verify with data
- Housing restores dignity, saves lives, and strengthens community

The Department of Commerce required inclusion of key areas:

1. Identify and engage people experiencing homelessness
2. Prioritize people with the greatest needs
3. Operate a crisis response system that moves people to stable housing
4. Project the number of households served and number left unsheltered
5. Address racial disparities among people experiencing homelessness

A Point-In-Time count and a housing pool provide data about homelessness. First and foremost, data show that homelessness is an economic issue. In some cases homeless people have unmet health care and social service needs. Additionally, there are instances of domestic violence and re-entry from jails/prison where people often don't have enough support.

There are four (4) pillars, approaches to intervention: Case Management, Inter-Agency Collaboration, Quality Oversight and Assurance, and Whatcom Homeless Service Center.

There are seven (7) strategies: Coordinated Entry / Centralized Intakes, Rapid Re-Housing, Permanent Supportive Housing, Increase Supply of Affordable Housing, Prevention and Diversion, Interim Housing, and Improve Economic Security. The Whatcom County Health Department is working to increase opportunities for affordable housing. The Homeless Services Center helps people access affordable housing with the landlord liaison program, roommate café, and housing lab. The prevention and diversion programs are targeted for people who are not already homeless.

Approximately \$19million is spent on homelessness annually. That amount is contributed in nearly equally amounts by Whatcom County Health Department, City of Bellingham, Housing Authority or other Federal Funding, and private contributions. In addition, there is volunteer time.

Recent improvement include a 14% decrease in homelessness in 2018, improved relationships with landlords, development of diversion programs at the Homeless Services Center, the launch of the GRACE program, improved data collection, and stronger collaboration of services providers and community.

The plan indicates a need to expand access to affordable housing, increase support for chronically homeless population, improving assessment and referral processes, provide more extensive training for frontline staff, and a renewed focus on disparities and equity.

There are scalable services that could provide more if there is more funding: staff for shelters and 24/7 facilities, case managers and supervision, and rental assistance.

Homelessness is not distributed evenly. There is a much greater likelihood for Native Americans to be homeless. Non-white households are twice as likely to be homeless. LGBTQ identification is overrepresented among homeless youths.

The forecast based on the model from the Dept. of Commerce indicates that in scenario 1 with 0% population and rent growth, the unsheltered population decreases by 24 people and the cost is \$111,629. In scenario 5 with 1.5% population growth and 8% rent growth there are 129 more unsheltered and a cost of \$758,772 to offset growth in homelessness.

Currently there are 522 households waiting on housing. \$7.4 million would be the cost for rapid rehousing for all 522 households for one year. There are 1,000 households that became housed last year (data from partners).

Ann Beck indicated that document recording fees go up and down. They are currently down. Behavioral health funds are down. The department is always adjusting based on funding available.

Council Member Hammill indicated that you can solve this issue by raising taxes, and he wishes the County would raise taxes to be a better funding partner on this issue.

Council Member Lilliquist asked if we need more funding in general or are there better ways to divide funding among programs. Chris D'Onofrio indicated that the county is spending \$500,000 in emergency shelters, not much on transitional housing, about \$2 million in rental assistance, \$1 million in permanent supportive housing, and \$1 million on case management. A lot of the

funding allocation comes down to values and priorities.

Council Member Lilliquist indicated that he wants to coordinate program funding allocations with the county, and he wants a group to be chartered to discuss a county-wide comprehensive approach. It could be the HSW chartered for an additional purpose.

Mike Parker indicated that a dashboard would be helpful in showing what services are and how much they cost and their results. Further, he indicated that currently they are limited to studio and one-bedroom units for housing and that it's more costly than a 4 bedroom unit where rent of each room is cheaper and thereby the subsidy per month is lower.

Mayor Linville indicated her support for maintaining the HSW and using the group to work in the future. She wants to define who is helped. She uses the term 500, wanting 500 people housed every year. It would be helpful to look at the point-in-time count and see what kind of housing they need in the next year. Places take 3 years to build. Interim housing is needed so people aren't waiting for the perfect solution. Leaving people on the street for a long time only makes their situation worse.

Markis Stidham indicated that he has spoken before on behalf of HomesNow. He has been asked to serve on the leadership. Residents are very happy right now and if anyone has any questions they can direct them to him. Additionally, he provided a Safe Parking proposal to the HSW – see attached.

4. Develop HSW Action Items

Mayor Linville provided a short statement about the HomesNow investigation. She indicated that they don't discuss ongoing investigations. The primary focus now is the safety of the residents, and City staff are visiting the Unity Village site daily to provide support.

5. Public Comment

JC Mansfield suggested a welcome kiosk at libraries or bus stations where you can collect data on where people are from and what their needs are as well as provide information on where services are available.

Lynnette Allen indicated that she is concerned about the fact that there are people waiting to get into HomesNow, and if the investigation goes on too long, it will prevent people from getting in. In regards to the \$7.4M needed to house people, is there a way to bring down the cost by asking leasing agencies to put a percentage of their leases into a fund for low income people. (Mayor Linville indicated that that happens now by incentive. Council Member Lilliquist indicated that a model requiring businesses to charge less might equate to rent control)

Mayor Linville said she can't say how long the investigation will go on. The thing that the police chief and planning director will be looking for is a reconstitution of the board and a written proposal for the oversight process for the board. They have been directed to the Whatcom Community Foundation for some direction. Until the procedures of the board are provided, the city does not want the population to expand.

Annette Bagley, board member for the YWCA, which provides transitional housing, is having an open house on Saturday October 19th from 11am-3pm and invites everyone to attend.

6. Discussion of Next Steps

The next meeting is October 18, 2019. The Garden Room is not available so we will be meeting at the County Courthouse on the 5th floor in Room 514. You will need to go through security.

Presentation: Homeless Outreach Team, Steven Bass

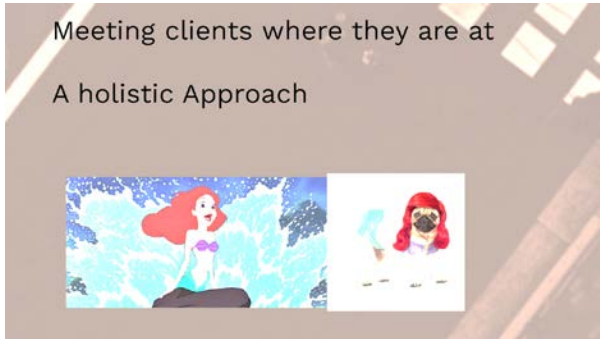


- Building rapport and trust
- The HOT team shares information
- The HOT team humanizes our clients
 - through advocacy
 - by giving context to partner agencies



Creating a network of wrap around community based services

<ul style="list-style-type: none"> • Support Services • Housing Pool (Coordinated Entry) • Emergency Shelter • Transport to Appointments • Intensive Case Management and GRACE • DSHS and Social Security 	<ul style="list-style-type: none"> • Crisis Respite/ CORS • Community Paramedic • Out Patient Mental Health • Dental • Whatcom County Health Dept. • Supportive Relocation/ Reunification • Immigration Services • Faith based resources • Adult Protective • Jail Discharge Planning • Veteran's Benefits and Services 	<ul style="list-style-type: none"> • Health and Wellness • Hospital Social Workers • Health Insurance Enrollment • Primary Care Physicians • Detox, Substance Use Disorder Support and Treatment • Northwest Regional Council • Emergency Department
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1. Avoids duplication of services and waste of resources
 2. Partner meetings (Care conferences, GRACE etc.) staffing clients
 3. City Encampment Coordination Team
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Addressing substance use means addressing the whole person

OSUDS can tap into a multifaceted network of care

Supportive Services for Veteran Families and Opioid Substance Use Disorder Street Outreach allow us to expand our reach



Bellevue Business Response

1. Morning runs
2. These relationships go both ways
3. We meet with business owners and discuss concerns and options
4. Ring central

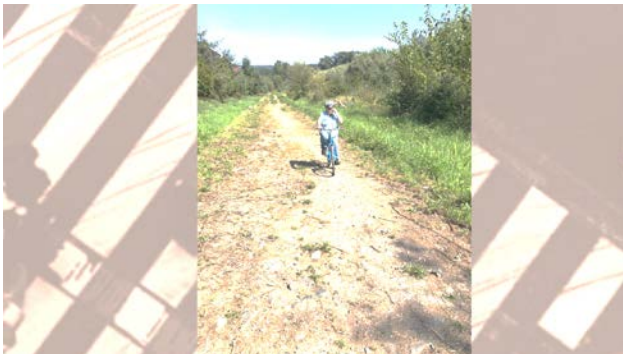
Numbers

HOT in 2019

PIT 2019

More Trends and Numbers

Questions



HOT collects data (encounters, camp visits)

- 5,389 contacts in 2019

- 1,295 unique individuals, as of October 2019

- 104 SPDATS completed in 2018



OSUDS & SSVF

Uniquely Positioned to Help

2019 PIT annual data:

- 700 counted 294 unsheltered (place not meant for habitation)
- There were 72 families with children
- 12% of homeless households identify as Native American (3.1% of the county population)
- 126 persons under 18 (18% of all homeless persons) 13% under 10 years old
- 361 (70%) households include a person with a disabling condition

- 2019 Drop in homelessness but bigger proportion unsheltered
- Compared to the baseline year of 2008, homelessness decreased 18%
- 2/3 counted had their last permanent residence in Whatcom County (dispels myth of moving here)
- 22% of those encountered in 2019 were encountered in 2018 (211 Homeless for 12 months or more)
- Elevated rates for POC particularly Native Americans, living w/ disabilities, LGBTQ, institutionalized
- 55 years 18% increase (17% of the count)
- 2018 22 North added 36 homes



Presentation: Whatcom County Plan to End Homelessness, Chris D'Onofrio

Whatcom County Local Homelessness Plan Update

Whatcom County Health Department
 October 4, 2019
 Homeless Strategies Workgroup



Background



Planning Process

Community Input

- Steering Committee of the Coalition to End Homelessness
- Public meetings, focus groups, City of Bellingham

Guiding principals and values remain the same

- The solution to homelessness is permanent, stable housing
- Prioritize services for the most vulnerable
- Use evidence-based best practices while innovating new solutions tailored to local conditions; verify with data
- Housing restores dignity, saves lives, and strengthens community

Plan Overview



Requirements from Dept. Commerce

1. Identify and engage people experiencing homelessness
2. Prioritize people with the greatest needs
3. Operate a crisis response system that moves people to stable housing
4. Project the number of households served and number left unsheltered
5. Address racial disparities among people experiencing homelessness

Identified Needs



Leading Causes of Homelessness

(Point - In - Time, Housing Pool)

1. Economics / Shortage of Affordable Housing
 - Eviction, Job Loss, Unemployment
2. Unmet Health Care and Social Service Needs
 - Mental Illness, Substance Abuse, Medical, Dev. Disabilities
3. Domestic Violence, Family Conflict, Prejudice
4. Re-Entry from Jails, Prisons, and other Institutes

What We Do Now



4 Foundational Pillars

- Case Management
- Inter-Agency Collaboration
- Quality Oversight and Assurance
- Whatcom Homeless Service Center

What We Do Now



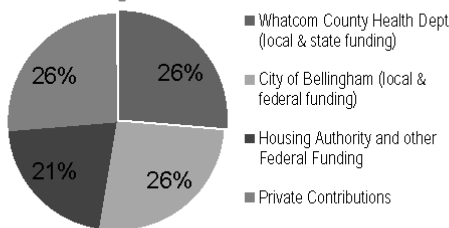
7 Local Strategies

- Coordinated Entry / Centralized Intakes
- Rapid Re-Housing
- Permanent Supportive Housing
- Increase Supply of Affordable Housing
- Prevention and Diversion
- Interim Housing
- Improve Economic Security

System Resources



Annual Funding - \$19 million



System Resources



Recent Improvements or Additions

- Count of homeless individuals decreased 14% from 2018
- Increased number of units and added service capacity
- Improved relationships with landlords
- Development of diversion program at Homeless Svc Cntr
- Launch of coordinated care program (GRACE)
- Improved data collection and data use
- Stronger collaboration of service providers and community

Plan to End Homelessness



New and Promising Practices

- Expand **access** to affordable housing
 - Landlord Liaison, Roommate Café, Generations Project, Housing Lab, Supported Employment
- Increase support for **chronically homeless population**
 - Use Medicaid funding (Foundational Community Supports) to increase capacity of Permanent Supportive Housing
- Improve **assessment and referral process**
 - Better info from assessments, better coordination with partners

Scale Appropriately



Adjust to Funding Allowances

- Staff for shelters and 24/7 facilities
- Case managers and supervision
- Rental Assistance

Equity Actions



Reduce Disparities in Homelessness

- Provide training for partner agency staff on equity and cultural competency
- Require contractual partners of the Health Department to submit plan on how they intend to work toward reducing disparities in at least one of the identified groups
- Reach out to leadership of groups that experience disparities in rates of homelessness

Forecast – Status Quo



Funding Required to Keep Up with Need

	Population Growth (annual%)	Rent Growth (annual%)	Predicted change in number of unsheltered HHS in 2024	Annual Funding to Offset Growth (includes inflation)
Scenario 1	0	0	-24	\$111,629
Scenario 2	0	3	-5	\$198,314
Scenario 3	1.5	3	+29	\$318,183
Scenario 4	1.5	5	+67	\$493,327
Scenario 5	1.5	8	+129	\$758,772

Plan to End Homelessness



New and Promising Practices

- Provide more extensive training for frontline staff
 - Behavioral health, trauma-informed care, motivational interviewing, etc.
- Renewed Focus on Disparities and Equity
 - Work directly with effected communities
 - Culturally appropriate programs and policies
 - Cultural competency training, diversity in staff

Equity Analysis



Homelessness is not distributed evenly

- Much greater likelihood for Native Americans to be homeless
- Non-white households are twice as likely to be homeless
- LGBTQ identification overrepresented among homeless youths
- Only 7% of single parent homeless families led by male head of household
 - Nationally, 20% of single parent households have male parent

Opportunities



Communication and Community

- Reduce stigma around people experiencing homelessness
- Build faith in programs that end homelessness
- Help the community become part of the solution
- Use resources that already exist