A Home for Everyone

Whatcom County Plan
To End Homelessness

Phase 4

October 2012
ACKNOWLEDGEMENTS

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

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

Voices to Housing story project
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Photographers
  Edye Colello-Morton
  Kyle Anderson

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

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

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

Padraig O'Malley, New England Journal of Public Policy

INTRODUCTION

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

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

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

Ending Homelessness Believing that it is unacceptable for any resident of our community to be homeless is not a stretch for most people; re-building our communities to ensure there is a safe home for everyone is where tension often appears. Perhaps the idea of ending homelessness is too overwhelming, leading some to believe homelessness is an intractable problem, a permanent feature of our society. In order to make a cultural shift from having learned to tolerate an intolerable predicament to re-engaging and galvanizing into an era free from homelessness we must consider these suppositions:

Too many people experience homelessness

There are 650,000 people experiencing homelessness on any given night in the United States. Over the course of a year, 1.5 million will have been homeless for a period of time.

Homelessness in Whatcom County 493 people were counted as homeless on January 27, 2012. It is expected that 2010 people will experience homelessness over the course of the year.

“for awhile, in the mid-1980’s, when they were ‘new,’ they held our attention, but when it became clear that their presence among us was not the result of some aberration in the socioeconomic mix but rather a manifestation that something in the country had gone seriously wrong, we disengaged.”

Padraig O'Malley
1. It will not be easy—We have experienced an unfathomable economic recession and are living in an era of increasing poverty in the face of decreasing supply of low-cost housing.
2. It will take time—It will require tenacity, courage and leadership to change the culturally molded patterns, beliefs, and expectations of everyone who is part of this mix—from those who are living in homelessness to those who are part of the community they live in.
3. It will be costly—alongside the issue of the lack of affordable housing, we must understand that issues related to recovery from homelessness will draw from a limited supply of resources. People will continue to fall into homelessness but the exit out of homelessness will be swift and the pathway clear. It will be costly, but not as costly as not building the system to end homelessness.

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

Nan Roman, Executive Director, NAEH 2012

We believe it is possible to end homelessness.

We believe housing is a basic human right.

We believe housing ends homelessness.

BACKGROUND

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

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

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

**Most recent Phase of the Plan** The major objectives and strategies envisioned by the third phase of the plan and a report card on the progress of that plan:

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<tr>
<th>Objective</th>
<th>Strategy</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Coordinated homeless services</td>
<td>Create and operate a Homeless Service Center (WHSC)</td>
<td>A</td>
<td>WHSC created in 2008; a central hub for developing resources, planning, performance reporting, landlord relations</td>
</tr>
<tr>
<td>Prevention</td>
<td>Homeless prevention</td>
<td>B</td>
<td>Serve approximately the number planned; developed a new, targeted approach to maximize cost-effectiveness; not enough data yet to determine the efficacy of the new targeted approach; will report back in early 2013 after one-year of operating the new targeted approach.</td>
</tr>
<tr>
<td>Rapid rehousing and housing-first services</td>
<td>Rent subsidy and case mgmt.</td>
<td>B+</td>
<td>Serving more than number planned due to aggressive pursuit of new resources to replace and augment those lost due to economic/political/budget issues at all levels of government. Diversified portfolio of assistance types.</td>
</tr>
<tr>
<td>Private-sector housing</td>
<td>Recruit landlords</td>
<td>A-</td>
<td>Working with &gt;200 landlords and PM firms; they are largely cooperative, though challenging housing market</td>
</tr>
<tr>
<td>Reduce re-entry homelessness</td>
<td>Offender permanent housing</td>
<td>B+</td>
<td>Developed City Gate and greatly improved linkages between other programs (jail, Sun House, City Gate, WHSC, etc.). Lost some units dedicated to re-entry due to loss of HGAP resources.</td>
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<tr>
<td>Objective</td>
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<tr>
<td>Monitor performance of progress toward goals</td>
<td>Establish countywide HMIS with up to 6 participating agencies in first 3 years</td>
<td>A-</td>
<td>HMIS firmly established with more than 6 agencies. Next steps are to bring the central intake system into HMIS and improve and standardize countywide performance reporting to align with HEARTH Act goals and local priorities.</td>
</tr>
<tr>
<td>Reduce youth homelessness</td>
<td>Create separate point of entry to WHSC for youth</td>
<td>B</td>
<td>Accomplished with NWYS as partner; not a perfect solution, but having multiple points of entry for youth is preferable to maximize engagement opportunities</td>
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<tr>
<td></td>
<td>Expand youth drop-in and emergency shelter;</td>
<td>A</td>
<td>Established youth drop-in center and shelter in 2012</td>
</tr>
<tr>
<td>Expand outreach to youth</td>
<td></td>
<td>A</td>
<td>NWYS secured a federal outreach grant in 2012 to begin in 2013</td>
</tr>
<tr>
<td>Increase vocational and employment services</td>
<td>Planning and coordination of employment services for underserved groups</td>
<td>B</td>
<td>Opportunity Council created employment case mgmt services linked to housing clients; a new employment Navigator program at WorkSource will begin soon. It is linked more broadly to people who have experienced homelessness.</td>
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**Priorities that emerged after implementation of Phase 3**

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<th>Objective</th>
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<tbody>
<tr>
<td>Service access</td>
<td>Conduct annual Project Homeless Connect</td>
<td>A</td>
<td>Four consecutive events annually since 2009; each serving about 460 clients, most of whom are homeless</td>
</tr>
<tr>
<td>Assist people with set-up of new home</td>
<td>Develop a “virtual furniture bank” to serve re-housed clients</td>
<td>B</td>
<td>WVC and OC develop House 2 Home Network. Due to loss of CDBG funding for 2013 ($8,000) the program is at risk.</td>
</tr>
<tr>
<td>Increase assistance with ID and other documentation</td>
<td>Provide one-on-one advocacy to assist individuals in obtaining the necessary documents to prove identity.</td>
<td>B</td>
<td>LawAdvocates and partners established the Access ID Project; though it is unclear the sustainability of this program</td>
</tr>
<tr>
<td>Objective</td>
<td>Strategy</td>
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<tr>
<td>Respond sooner to people who are medically fragile</td>
<td>Partner with hospital, DSHS, BWCHA, WAHA, EMS, others; provide tailored mix of services and subsidy</td>
<td>C</td>
<td>Workgroup formed, resources identified, Lighthouse respite beds created, but no traction on robust, systemic strategy that is commensurate with the need. WAHA now has a seat at Coalition Steering Committee. We will continue to explore avenues through healthcare reform.</td>
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<td>Increased focus on ending veteran homelessness</td>
<td>Partner with Federal and State VA, Vet Center, BWCHA, County Health Department, Veterans Advisory Board; provide mix of services/subsidy</td>
<td>A</td>
<td>35 VASH vouchers obtained; new partnerships strengthened; secured SSVF grant; and measured significant reduction in veteran homelessness</td>
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<td>Reduce victimization</td>
<td>Prioritize deep subsidy and intensive services using vulnerability assessment to pre-identified, chronically homeless individuals with whom police have frequent contact.</td>
<td>B+</td>
<td>Pilot project beginning with Bellingham Police Dept., other partners; strong evaluation results; vulnerability assessment is not universally employed to chronic population.</td>
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The most important accomplishment of Phase 3 of the Plan has been the transformation of the housing community from a system that manages homelessness to a community that has shifted its focus to ending homelessness. The housing providers have stepped up and have been willing to venture into new territory—both in scope and scale. We have many heroes in our community of service providers and partners.

**The Housing Community’s Principles Guiding the Plan** Planning sessions dating back to 2005 generated a list of consensus principles that hold true today. These guiding principles have shaped the development of all phases of the Plan; how we write policies, the methods of service delivery, the way we talk about the work, the way we interact and engage with people seeking services.

- Housing is a basic human right
- Providing housing restores dignity and instills hope
- Housing saves lives
- Housing for all
- Homelessness is expensive, invest in strategies that work and are sustainable
- Prevention of homelessness is a primary intervention
- Integrate the work and the Plan into community vision and values
“A homeless person of any medical background is roughly four times more likely to die than a housed person of the same age. These deaths are lonely, anonymous affairs...some are dying on our streets.”

Smithsonianmag.com Help the Homeless

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

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

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

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

**What we’re doing today is working.** The number of homeless individuals has been drastically reduced since 2008 when we first implemented the HSC and a coordinated approach to ending homelessness. Lessons learned:

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

These are
NOT A HOME

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

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

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

- √ Reduce the number of homeless people
- √ Reduce the amount of time people spend homeless
- √ Increase the number of people moving into permanent housing after receiving assistance
- √ Reduce the number of people who return to homelessness after obtaining permanent housing

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

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

Responsive system—the ability to provide the most appropriate service is reliant on the implementation of a responsive and managed support system that includes case management, open communication, and coordinated service delivery.

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

Nine Strategies – A snapshot

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

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

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

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

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

**HMIS or Homeless Management Information System**

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

**What is a Housing Interest Pool?**

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

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

**Goals**—Reduce the number of homeless people
- Reduce the amount of time people spend homeless
Strategy 2

Move people who are homeless rapidly into permanent housing whenever possible

Activities

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

Outcomes

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

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

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

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

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

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

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

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

System standard: Appropriate Services

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

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

Scattered site versus project based housing

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

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

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

Outcomes
- Reduction in chronic homelessness
- Decrease in the use of publicly funded medical and behavioral health services, city jails, and state prisons.
- Reduction in people’s vulnerability to and impacts of homelessness; improved health outcomes
- Improved community safety
- Increased number of PSH providers
Strategy 4  Increase the supply of affordable housing units

Activities

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

Outcomes

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

What is affordable housing?

Housing is considered affordable when rent or mortgage accounts for 30 percent or less of monthly household income. People are considered severely housing cost burdened when they pay 50% or more of their monthly income for housing.

Transportation needs must be considered when providing affordable housing because it is critical for connecting people to jobs, schools, health care, and child care. A new measure, the Housing and Transportation Affordability Index considers housing as affordable if the combined housing and transportation costs are less than 45% of household income.

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

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

System Principle at work
Responsive system

Goals—Reduce the number of homeless people, Increase the number of people moving into permanent housing

How does affordable housing improve health?

When unaffordable housing is the only choice available, people are forced to make trade-offs that are associated with poor health. People may have to rely on less expensive nutritionally deficit foods, live in over-crowded conditions, suffer from poor mental health. When too large a percentage of income goes to cover housing costs, residents may be unable to afford medical care for themselves or their family. It is estimated that in the City of Bellingham alone more than 3000 renter households who make below 30% AMI pay more than 50% of their income for housing costs.
Strategy 5

Prevent individuals and families from becoming homeless

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

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

Why Targeted Prevention?
Many households who receive prevention assistance would not necessarily become homeless without it. Prioritizing households with the most imminent and intense housing crisis and who would become homeless without the receipt of assistance is the focus of targeted prevention. Targeting the intervention closer to a household's anticipated separation from housing increases the chances they will actually need financial assistance from the homeless assistance system in order to stay out of shelter. The more time a household has until their housing situation falls apart, the more likely it is they will find a workable solution that does not require the homeless system to intervene.

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

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

School districts

877 Children experienced homelessness or were not living in a home of their own last year in Whatcom County
Homelessness has a particularly traumatizing effect on children.
Children experiencing homelessness often have poor health and develop educational deficits as their schooling is disrupted by frequent moves.
School personnel can help identify households for Targeted Prevention and Diversion Programs (e.g. households that move frequently, are living in unstable or unsafe conditions, living in a motel, have children under the age of two, young parent families)
Strategy 6

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

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

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

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

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

System Standards at work
Appropriate Services, Responsive system

Goal—Reduce the number of homeless people (unsheltered)
Reduce the amount of time spent homeless
Strategy 7

Increase economic security and reduce financial vulnerability

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

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

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

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

System Standards: Effective Implementation Appropriate Services

Goals—Reduce the number of Homeless People

Decrease the number of people who return to homelessness after receiving services
Strategy 8

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

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

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

**We can’t do this alone**

A plan with goals as ambitious as reducing and ending homelessness will not be successful without broad-based support across a variety of sectors. We need strong leadership and shared vision, to break down the silos and organize our resources to achieve our intended results. We must develop a public-private investment—citizens, including people who have had firsthand experience with homelessness alongside local public officials, businesses, nonprofits, faith-based organizations, foundations, and volunteers.

As we continue to make progress toward our goal of reducing and ending homelessness, we can expect that community members will become increasingly interested in Plan efforts and share with us the belief that it is unacceptable for anyone in our community to be without a home.

System Standard
Effective Implementation

Goals—Reduce number of homeless people
Increase the number of people moving into Permanent housing
Reduce the number of people returning to homelessness

**From an Interfaith Coalition volunteer who staffs the cold weather shelter and serves food through CAST:**

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

Certainly this is true, but there is more to it than a sense of community or a debt owed to veterans. The more contact I have with street people, the more I like them as individuals. In return for my time and slight exertions, I am privileged to be in relationship with some very marginalized people.
Strategy 9  Develop and/or improve systems to support efficient and effective Plan implementation

**Activities**

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

**Outcomes**

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

*Given the complex array of strategies, it will be necessary to have a multi-tiered governance structure to oversee and guide Plan efforts.*

*Given the complexity of the service delivery system that we built, we must ensure that all case managers have training and tools they will need to support the provision of services that are part of the Plan.*

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

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

System Standards at work

**Responsive System,**

**Effective Implementation**

**Goals—**
- Reduce the number of homeless people
- Reduce the amount of time spent homeless
- Increase the number of people moving into PH
- Reduce the number of people who return to homelessness