

2007-2008
Human Service Statement of Need

City of Bellingham
Planning and Community Development Division

June 8, 2006

Introduction

The City of Bellingham's Human Service Program provides grants to human service programs. The goal of the program is to enhance the quality of life for homeless and low income people by providing increased access to needed housing and services. The challenge given our inability to serve all needs for all people is to determine how to create the greatest impact with available dollars.

This document compiles data collected from various recent community needs assessments. Its purpose is to provide the city's Community Development Advisory Board with a foundation of knowledge about current issues in order to make informed decisions on Human Service Program funding for the 2007-2008 biennium.

Part I is the primary resource cited. The Consolidated Plan Needs Assessment was originally developed in November 2002 and has been updated as necessary every year since then. *(Page 1-13)*

Part II is a compilation of community needs assessments and action plans on various human service topics. This should serve as a sampling of the excellent resources available. While some are broad in nature, covering issues across multiple fields, most are performed by specialists in a given area of human service and so are quite detailed in their analysis about trends and key issues. *(Page 14-26)*

PART I: CITY OF BELLINGHAM NEEDS ASSESSMENT

Consolidated Plan, City of Bellingham

City of Bellingham, Planning and Community Development Dept., November 2005

The following are excerpts of a 5-year planning document that included a needs assessment, strategies and action items addressing needs of low-income and homeless. The original document can be found at <http://www.cob.org/pcd/cd/caper/index.htm>

The data in this section serves as the basis for the five-year housing and community development goals and support the City's priorities for allocating resources, establishing objectives, and developing strategies to achieve desired results.

The housing and service needs of the community and specific populations were identified using citizen input and consultation with a variety of human service agencies.

POPULATION

- The population in Bellingham increased by 29% between 1990 and 2000 and could increase another 30% to 40% by 2020.

Age Distribution

- There was a slight decline in children aged 5 to 17 between 1980 and 2000, and a decline in young adults aged 25 to 44, but a considerable increase in mature workers between the ages of 45 and 59.
- As the "baby boomers" (those born between 1946 and 1964) continue to age and begin to retire in 2010, the number of elderly will continue to increase. According to national estimates, by the year 2030 20% of the national population will be 65 and over.¹

Race and Ethnicity

- Bellingham increased in racial and ethnic diversity between 1990 and 2000 (93.8% White in 1990 compared to 87.9% in 2000); however, there are no tracts in Bellingham with disproportionate minority populations.
- The Bellingham School District reports that 20 different languages are spoken in their schools. ...(After English) the most common language is Spanish, followed by Russian and Punjabi. There is a need in the schools and in the community for translation and awareness of cultural differences.

¹99 HUD. (1999). *Housing Our Elders*.

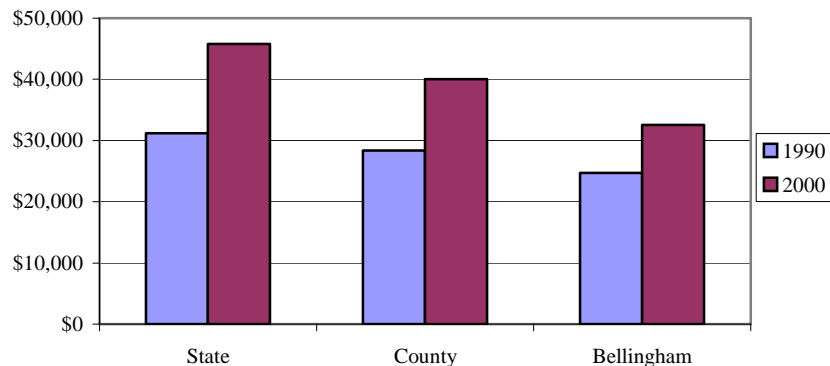
Households and Household Composition

- Between 1980 and 1990...Bellingham mirrored the national trend of smaller households.
- Smaller households, especially single elderly persons and single parents with children under 18, may result in less income for housing and other living expenses. This is often the case for single mothers with children under 18, who represented 6.2% of the 2000 population in Bellingham (compared to 6.5% in the state).

HOUSEHOLD INCOME

- Household income is lower in Bellingham than in Whatcom County and the State. Poverty levels are higher. Over 60% of females living with young children and 9% of elderly are living in poverty.
- The 1999 median household income in Bellingham was substantially below that of Washington State (29% lower). The high student and elderly population in Bellingham undoubtedly affect this income level to some extent.
- The median income in Bellingham was lower than the County and both were lower than the State in 1990 and 2000. Note that the disparity grew in 1999 as compared to 1989.

Median Household Income 1989 and 1999



Households Living in Poverty

- Almost 21% of the population in Bellingham lived below the federal poverty in 1999. This is much higher than in the county and particularly the state. Students, notoriously poor, affect this figure to some extent.
- In Bellingham, a higher percentage of individuals 65 years and older live in poverty (9.0%) as compared to Whatcom County (8.3%) and the State (7.3%). This is also true of families. Over one-third of single female householders with children under 18 live in poverty, and almost two-thirds of single female households with children under five live in poverty.
- The Bellingham School District reports that 31% of students receive free and reduced cost lunch (as of April 2002).

ECONOMIC CONDITIONS

The service and retail sectors continue to grow in Whatcom County but provide only low wages to many. Government has replaced more traditional industries as one of the largest employers in Whatcom County.

The general trend has tended away from the higher-wage, career-oriented types of jobs characteristics of manufacturing employment, toward the lower-wage, lesser-skilled, and often part-time jobs typically found in the retail and service sectors.

Unemployment

Whatcom County has experienced a relatively high unemployment rate over the last few decades compared to state and national averages.

...Unemployment in the county is increasing. County unemployment rose to 6.8% in 2001 and pushed over 8% in 2002, before dropping to 5.8% in June of 2002. ECO Northwest forecasts that, while the labor force will grow by a 2% annual rate, unemployment in the County will remain at an average of 6% through 2020.

Whatcom County Unemployment Rates			
Year	Whatcom County	Washington State	National
1970	8.5%	9.2%	5.0%
1980	10.2%	7.9%	7.2%
1990	5.0%	4.9%	5.6%
2000	5.7%	5.2%	4.0%
2001	6.8%	6.4%	4.8%

Source: Washington State Employment Security Department

In Whatcom County, unemployment does not affect all racial groups equally. In 1997, for example, 20.0% of African Americans and American Indian/Alaska Native population in Whatcom County were unemployed, compared to 5.3% of the White population.²

The rapid growth of low-wage, part-time employment, particularly in the service sectors, has given rise to several additional and unforeseen social costs. These include diminishing or complete lack of employee benefits, particularly medical insurance, associated with part-time employment. Therefore, large segments of the labor force are without medical expense coverage, which effectively decreases their standard of living.

² Washington State Employment Security, Labor Market and Economic Analysis Branch. (March 2001). *Whatcom County Profile*.

Furthermore, human service providers note that youth trying to survive on their own have difficulty finding employment to support themselves. They often have to compete with college students and other adults. Without work they are unable to afford housing and are subject to homelessness.

Underemployment

Underemployment is also a chronic and severe problem in the economy of Bellingham due to the increasing prevalence of lower-wage, non-career track retail and service sector jobs. People may work at jobs below their training and skills, for the Bellingham area labor force has a higher level of education than the personal incomes would suggest. The 2000 Census reports that 87% of persons 25 years and older were high school graduates or higher, and 28% had bachelor's degrees or higher.

HOUSING

Housing Costs and Affordability

- While incomes in Bellingham are lower than in the State, and lower than Whatcom County, housing costs are comparable. Over half of the renters in Bellingham pay 30% or more of their income for rent.
- ...a family of four (in Bellingham) making \$15,000 a year would be considered very low-income. To be considered "affordable," this household would only pay up to \$375 each month for rent and utilities. A family of four would also require at least a two-bedroom apartment. The fair market rent for a two-bedroom apartment in Bellingham (also 2002) is \$708 a month, **almost twice what this household could afford to pay.**
- A retail sales worker in Whatcom County in 2000 made, on average, \$9.75 an hour. Assuming a 2,080 hour work year, that employee would make \$20,280 annually³. If only supporting himself, he could afford to pay \$507 for housing and utilities. The fair market rent for a one-bedroom unit is \$532. If this person was a single mother supporting two children, and needed a two-bedroom apartment, the cost of the unit (\$708) would consume 42% of her monthly income.
- (These families) may end up living in overcrowded conditions, in housing that is inadequate or even hazardous, sacrificing needed medical service or other necessities, or may even be at risk of homelessness.

HOMELESSNESS

Causes of Homelessness / Barriers to Recovery

Homelessness is often caused by a series of events or health issues impacting the lives of individuals or families who are vulnerable due to poverty, illness, or dysfunction. Domestic violence, sudden health problems, rising housing costs, the loss of income and ultimately eviction, substance abuse, and disabilities all are contributing, and often precipitating, causes of homelessness. Not surprisingly, many of these same issues prevent homeless families from returning to self-sufficiency.

³ Washington Employment Security Department. (2000). *Occupational Employment Survey*.

Other barriers...described by providers in interviews were:

- Bureaucratic requirements which often frustrate homeless persons and cause them to stop asking for assistance or following up on their applications such as:
 - multiple application forms asking the same questions,
 - multiple or narrow eligibility requirements,
 - multiple referrals to find and obtain a single service, and
 - multiple locations for the range of services needed by a homeless person or family.
- A lack of clear, up to date information on resources (20% of surveyed providers indicated this was a major barrier).
- A reluctance to ask for help or a fear of asking for help (10% per survey).
- Lack of transportation to services and jobs.

Available Resources for Homeless Housing

The resources available to serve homeless persons are substantial for a community the size of Bellingham, but short enough to meet the basic needs of the homeless families and individuals. As of May, 2002, twelve different non-profit organizations provide up to 854 beds in shelters, transitional housing, and permanent supportive housing for the disabled homeless. Slightly over 50% of the beds are designated as permanent housing for persons who are disabled (generally from mental illness, substance abuse, or both). Most of the remaining beds are divided among shelters and transitional housing facilities.

Almost one-half of the total beds (413) are designated for individuals and couples without children. One hundred beds (14%) are designated for families with children, while the remaining 341 beds (37%) are available for either families or individuals, depending upon the need at the time. Sixteen beds are set aside for youth.

Specific Services Needs

Homeless persons require a wide range of services and support in order to reach self-sufficiency and independence. Case management, which includes advocacy, mentoring, referral, and other support, is considered the most critical need within a continuum of services. Case managers can assist homeless persons to obtain other services in the community they may need, such as counseling, life skills training, financial assistance, drug abuse treatment, medical assistance, and job training.

Gaps in System Servicing Homeless

The community faces several interrelated issues as it attempts to meet the needs of homeless persons. Among them are:

- Waiting lists for shelters suggest that additional capacity is needed, particularly for families, single males, victims of domestic violence, youth, and persons who do not

have a major, targeted condition or issue. No shelter exists without religious requirements for single men.

- Case management services are limited and scattered among a wide variety of organizations and have few formal linkages, causing gaps in the quality of service. Few providers offer wrap-around services that use the skills and capacities of other providers in a coordinated effort. A single homeless client may have several case managers working on his/her case, with only loose coordination between them.
- Funding resources, especially for services, are being cut severely and projections indicate that further deep cuts in state and county assistance are likely. No cohesive community strategy exists to assure that priorities will continue to be met.
- The homeless entry system depends upon an informal process of information exchange and referrals, causing homeless persons to go through multiple steps and agency referrals before obtaining needed services. Effective crisis response and referrals are difficult; however, a number of agencies informally provide referral services to other agencies. The current plans for a behavioral health crisis triage center, if realized, will significantly alleviate this need.
- Transitional housing is limited, generally for families and specifically for victims of domestic violence, substance abusers, and the seriously mentally ill.
- Additional homeless housing should include adequate case management resources to assure the client's successful return to self-sufficiency.
- There is a major deficit in beds for substance abusers going through treatment. Additional beds are needed for both pre- and post-treatment phases of programs. In addition, shelter beds for this population are very limited in part because providers screen out active users to protect non-users in their programs.
- Current affordable housing resources in Bellingham are insufficient to serve as an effective element in homelessness prevention and in providing stabilization for homeless persons "graduating" from transitional housing.

SPECIAL POPULATIONS HOUSING AND SERVICE NEEDS

Substance Abuse

- Access to affordable housing linked to recovery services is the most significant gap reported across all populations of substance abusers in Bellingham.
- According to the State Division of Alcoholism and Substance Abuse "Trends 2001" Report, the prevalence of treated substance abuse among low-income Whatcom County residents was 18.1% in 2001, compared to 16.7% of low-income residents statewide.
- In the calendar year 2001, a total of 2,548 admissions (duplicated) to state-funded treatment were recorded for Whatcom County.

In the current system of substance abuse care service providers report several gaps:

- For all populations, pre-treatment housing and supportive services are lacking. The situation is particularly dire for homeless persons, chronic substance abusers, and for persons with co-occurring mental illness. In each of these cases, the individuals who are waiting for treatment have few social supports, little personal stability, and a high likelihood of relapse.
- Affordable treatment services for working poor are in limited supply. While treatment providers do offer sliding fee scales, these are also limited.
- Post-treatment housing, including a range of housing linked to services, recovery houses, and affordable independent housing, is lacking for persons in recovery.
- Case management, which can address the problems that reduce stability of persons in recovery and derail their treatment progress, is not adequately available at many points in the treatment continuum.

In addition, a number of populations with distinct needs for and access to Substance Abuse services exist.

Homeless and Transient Persons

- The single most significant gap in service is availability of housing. Pre-treatment and post-treatment transitional housing is critically important to treatment success.
- Case management follows closely behind housing as an unmet priority need
- The impact of homelessness on substance abusers is even more pronounced in admissions to detox. While homeless and transient persons averaged 4.6 admissions to detox, those with stable residence averaged only 2.8 detox admissions.

Persons With Co-Occurring Disorders

Persons with co-occurring disorders are typically considered those who suffer from both chemical dependency and mental illness.

- In...2001, just under 13% of persons receiving publicly-funded treatment services had diagnosed co-occurring mental illness.
- These individuals are at high risk of “falling through the cracks” and of incarceration as a result of behavioral problems associated with both their addiction and their mental illness or disability.

Pregnant and Parenting Women

(Although sufficient) inpatient and outpatient treatment beds (are available)...for pregnant and parenting women, ...the treatment completion rate...(14%) is far below completion rates for the general population (37%). Potential (reasons)...identified by service providers are:

- Lack of adequate on-site childcare.

- Lack of accessible transportation, especially when children must be transported to off-site care.
- Housing instability.
- Involvement in abusive relationships.

Youth

- In 1999, 358 unduplicated youth received treatment in Whatcom County, 80% of those in outpatient services.
- Rates of treatment completion for youth are significantly lower than for the general population – 27% compared to 44% among adults in the general population. Youth confront several barriers to recovery:
 - Local access to inpatient beds is limited due to the organization of youth inpatient beds on a statewide system basis.
 - Pre- and post-treatment transitional housing for youth is lacking for those who are on the streets or otherwise disaffiliated from their families.
 - Case management for youth and their families is limited.
 - Integration of treatment services in the juvenile justice system to avoid incarceration of substance abusing youth is needed.

Injection Drug Users

Both the County's Substance Abuse Program Needs Assessment and key informant interviews report notable increases in injection drug use throughout the late 1990's and early 2000's. In the past several years, injection drug use has accounted for about one-fifth of the low-income and Title XIX recipients treated for substance abuse in the County. This is reportedly reflective of nationwide trends.

- ...Injection drug use is associated with high levels of criminal activity and with increased risk of HIV/AIDS and Hepatitis C infections.
- Street outreach services were useful in reaching and engaging injection drug users. Expansion of these services is needed.
- Expansion of treatment options, to include harm reduction approaches and the use of pharmacological and psychotherapeutic approaches is needed in order to effectively address injection drug use problems, which differ from alcohol dependency.

Victims of Domestic Violence

Domestic violence is a continuing significant problem in Whatcom County. Domestic violence offenses charged by police rose in year 2000, the latest year for which data are complete, after slight declines in 1998 and 1999. Reports from shelter providers also indicate that the need for domestic violence services is increasing.

Typically, victims of domestic violence and their children require several types of services:

- Emergency shelter – short-term shelter for victims of domestic violence...integrated with counseling, legal advocacy, referrals, and safety planning, with staff present 24

hours a day for safety. Often, limited child advocacy/child counseling is also available.

- Transitional Housing – longer term housing...integrated with some case management is...critical..., allowing women who may have been out of the workforce to reestablish themselves financially and to stabilize their families. Mental health counseling and chemical dependency treatment are needed for some women leaving violent relationships who developed such problems as a consequence of abuse or for pre-existing conditions.
- Financial assistance on a transitional basis while victims find work - assistance through TANF (Temporary Assistance for Needy Families) is the usual source of this support. Through a partnership between the state's Department of Social and Health Services and Whatcom Crisis Services, a domestic violence advocate is stationed on-site at the DSHS Community Service Office. This increases access to shelter and other supportive services for victims seeking financial assistance.

Domestic violence services and other service providers identify additional housing – especially transitional housing – as a needed resource for victims of domestic violence. Both affordability of housing and the availability of supportive services during the transition period are concerns.

Services for children and youth exposed to domestic violence are inadequate... Services for teens affected by dating violence are lacking. The June 2000 Comprehensive Plan of the Bellingham-Whatcom County Commission Against Domestic Violence identified “increasing responsive services for teens affected by domestic violence” as one of the commission’s priorities – to include drop-in groups, therapeutic groups, educational groups about healthy relationships, and other services for adolescent victims of intimate partner violence.

Services for non-English speaking persons are lacking. These include Spanish speaking residents, Russian/Ukrainian, and Indian/Pakistani immigrants/refugees.

People With Developmental Disabilities

Persons with co-occurring disorders of developmental disability and substance abuse, or developmental disability and mental illness have difficulty finding coordinated, comprehensive services.

Persons with developmental disabilities can need a variety of services depending on the specific type and severity of cognitive, emotional, and/or physical impairment they experience. Impairments in these areas have implications not only for their daily activities and service needs, but also for their income levels, access to community facilities and services, and housing needs.

For persons who are medically fragile or have significant difficulties with activities of daily living and self-care, care services are provided by the State Division of Developmental Disabilities through Personal Care Contracts to individual care providers. These can be, in some cases, family members or contracted caregivers. Low levels of pay for care and chore services is a chronic problem for those who need these services and lead to a lack of training and high turnover among caregivers.

Since incomes can be low for both those working and for those receiving SSI or other government benefits, housing and other basic needs are sometimes an issue for persons with developmental disabilities. In addition, a variety of housing options, from fully independent affordable housing to supported congregate housing, are needed for the developmentally disabled community.

Providers identified transitional services for persons with disabilities, such as from school to work, as a gap in services. Additionally, persons with co-occurring disorders of developmental disability and substance abuse, or developmental disability and mental illness, experience difficulty finding coordinated, comprehensive services.

Mentally Ill

Publicly funded services are virtually unavailable for those who are not Medicaid eligible unless they actively present a danger to themselves or others.

Due to concentration of services, availability of subsidized housing, and access to public transportation, a significant number of the mentally ill persons in Whatcom County reside in Bellingham. ...A number of these persons are homeless, transient, and suffer from co-occurring disorders, which present its own set of challenges and service needs.

The state mental health managed care system provides services to Medicaid eligible persons with severe and chronic mental health problems through a system of Regional Support Networks that contract with local providers. Mentally ill individuals receive case management, medication management, group treatment, and limited individual services.

Stable and affordable housing is an ongoing need for mentally ill persons who are typically unemployed or underemployed. This housing stock is limited. In particular, housing linked to services that provide respite care when mental health crises occur, or that provide transitional housing from a hospitalization through to permanent independent or semi-independent living is generally lacking in Bellingham and in the surrounding county.

Current mental health services are inadequate to meet the needs of some populations:

- Those who are Medicaid eligible, but have not yet gone through intake may be difficult to engage. The county mental health, corrections, and substance abuse services are working together on a behavioral health triage project that may address the outreach and engagement needs of these persons over time.
- Publicly funded services are virtually unavailable for persons who are not Medicaid eligible, and are not so ill as to require hospitalization (i.e., they do not immediately present a threat to themselves or others).
- As noted above, services for persons who have co-occurring disorders are fragmented. Outreach and engagement is lacking and services are not coordinated.
- Children and youth, who are often Medicaid eligible, do not have access to adequate services. There is a large unmet need, particularly among youth who have acute, but not chronic, mental health problems.
- Persons who have borderline intellectual function are often served in the mental health system; however some mental health providers question whether services are meeting their needs because their ability to take in and use information and behavioral strategies is limited. For these individuals, some fusion of strategies that works for training new skills to the developmentally disabled is needed.

- An emerging need is mental health services integrated into systems of care for elderly persons, so that elders who have or develop mental health problems are identified and appropriately treated.

Elderly

Inadequate pay for care and chore workers contributes to a chronic shortage of help to keep seniors in their homes, which would avoid costly and personally disruptive relocation and institutionalization.

The needs of low-income elderly persons are, in part, the needs of low-income persons—affordable housing, access to transportation, and access to health care. These needs are also in part, those of elderly persons—assisted living facilities, home and personal care services, and services to encourage socialization.

While low-income senior citizens can access housing through the BHA and through Section 8 vouchers and Section 202 buildings, an adequate stock of affordable housing is not available in the city. In the past two years, escalating utility costs have complicated the cost of housing, especially for seniors on fixed incomes who have trouble keeping pace.

Several gaps in services confront elderly persons:

- As a result of economic pressures, changes in public transportation will constrict where seniors can live, restricting them within the city and potentially forcing them to move from suburban or rural homes of their own to more affordable urban homes.
- Access to medical services is limited for those on Medicaid and even for those on Medicare without additional insurance. The cost of medication for those on Medicaid without additional insurance is a significant burden. A pending state waiver of Medicaid regulations that would impose co-pays and premium sharing for persons on Medicaid is an increasing anxiety among Medicaid recipients, regarding how they will meet their health care needs while on inadequate fixed incomes.
- Access to dental care is extremely limited for low-income elderly. Adult dental is available for seniors on Medicaid to a limited degree, but Medicare does not pay for dental services at all.
- There is a chronic shortage of workers for in-home chore and personal care services due to low levels of pay and reimbursement for these services. This places seniors who might remain in their homes with some limited chore and personal care services at risk of institutionalization or of having to relocate to assisted living facilities.
- Gaps related to delivery of services to non-English speaking Hispanic and Russian/Ukrainian populations appear, for the moment, concentrated outside the City of Bellingham. Again, with changes in the transportation system, this focus may change.

NEIGHBORHOOD COMMENTS

Representatives on the Mayor's Neighborhood Advisory Board from the target neighborhoods were consulted in developing this *Consolidated Plan*. Some of their comments were:

- Integrate retirement home residents and developmentally disabled adult and youth facility residents into neighborhood support systems.
- Provide support services and facilities, including daycare and community centers, into target neighborhoods.
- Increase safety education and crime prevention activities. Involve neighbors in Block Watch programs, and other activities that bring neighbors together.
- Build additional supportive housing and link to transportation and services.
- Build a sense of community.

PART II: ADDITIONAL INFORMATION RESOURCES

2005 – 2006 Human Service Statement of Need

City of Bellingham Planning and Community Development Department, June 2006

The following are excerpts from a needs assessment used for identifying funding priorities. The original document can be found at

http://www.cob.org/documents/planning/cd/human/2005_2006_stateofneed.pdf

The top ten Human Service Needs identified by this survey has changed very little over recent years. This year the survey ranked them as follows:

1. Housing (16.28% of respondents prioritized this the highest “essential need”)
2. Physical Health (12.09%)
3. Basic Needs (11.98%)
4. Mental Health (8.74%)
5. Job Training (7.58%)
6. Child Care (5.27%)
7. Support Services / Case Management (4.59%)
8. Intervention (4.19%)
9. Substance Abuse (3.83%)
10. Crisis Services (3.31%)

A Roadmap for Impact

United Way of Whatcom County, January 2001

The following are excerpts from an initial needs assessment used to identify key issues for funding prioritization. Contact the author for a copy of the original document.

- 11% of Whatcom County residents lived below the Federal Poverty Level in 1997, an increase of over 2% since 1990 (U.S. Census Bureau).
- Youth services received more United Way Safety Net funds than any other service category in 2000 (2000 Safety Net Allocations – United Way of Whatcom County).
- The Mentally Ill were identified as a population most in need of services (2000 United Way Needs Assessment Survey of Service Providers and Key Informants).
- Child Abuse Prevention/Intervention were identified as second most essential services. Domestic Violence Prevention/Intervention was also identified in the top four most essential services. (2000 United Way Needs Assessment Survey of Key Informants).
- Most essential services were housing, parent support, transportation and childcare.
- Services most needed related to Housing were focused on women's 24-hour emergency shelter, affordable permanent housing, and support to develop the life skills needed to

gain and maintain permanent housing.

- In 2000, United Way provided \$1,115,666 in funding to 28 partner agencies. The greatest percentage of funding went to Youth Services (19%), Mental Health Services (16%), and Housing (15%).
- (In focus groups held with key informants, many providers commented) about the importance of agencies linking with each other to address the multiple needs of consumers. This led to discussion of a prevention approach to social and health problems, and the value of building resilience and teaching life skills. The need for a strength-based approach and individualized case planning approach to service delivery was suggested in order to truly help individuals and families address the root causes that lead to crises.
- Many providers suggested that the approach of prioritizing service needs for the community contradicted two growing trends. The first trend is the increased use of an integrated service approach and the use of natural links between services. Providers are seeing themselves more and more vitally connected and working together as a team for healthy families and individuals. Prioritizing them separates and disconnects them, identifies one as more important and contradicts the growing focus on collaboration and integration.
- The findings of the focus groups and analysis of the survey results suggest the following as appropriate recommendations to the United Way Needs Assessment Committee.
 - Develop a set of broad outcomes from which the organization would select multiple community strategies to achieve.
 - Require outcome and results-based planning in partner organization relationships.
 - Endorse a set of community values, such as integrated service delivery, cultural competence, a consumer-driven approach, and a family-based services approach and require incorporation of the values into United Way's expectations of partnering agencies.

2004 Washington State Rural Continuum of Care McKinney Application

Bellingham/Whatcom County Coalition for the Homeless, July 2004

The following is an excerpt from a grant application for federal homeless funding which included a comparison of available services and unmet need, or service "gap". The original document can be found at http://www.cob.org/documents/planning/cd/human/shp_app_partII_2004.pdf

Continuum of Care: Housing Gaps Analysis Chart

	Current Inventory in 2004	Unmet Need/ Gap
Individuals		
Beds		

Emergency Shelter	196	15
Transitional Housing	117	150
Permanent Supportive Housing	153	182
Total	466	347
Persons in Families With Children		
Beds		
Emergency Shelter	278	14
Transitional Housing	166	115
Permanent Supportive Housing	0	140
Total	444	269

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

Whatcom County Health Dept / City of Bellingham, January 27, 2006

The following are excerpts from a homeless count that was required in order to be eligible for federal grants. The original document can be found at

<http://www.co.whatcom.wa.us/health/pdf/2006pitreport.pdf>

The January Point-in-Time count resulted in identifying 839 homeless persons:

- 839 individuals counted as homeless
- 57% male and 43% female
- 40% under the age of 18 years old

- By 1999 the annual real wage in Whatcom County declined \$3,800 from its peak in 1971.
- 26% of homeowners pay 30% or more for housing.
- Renters spend 55% of income on rent -- 6% higher than the average renter statewide -- and had to earn a higher wage than the average Washington State resident to afford a two-bedroom apartment (Community Counts, 2002).
- In 2000, the hourly wage required to rent a two-bedroom apartment was \$13.62/hour which is more than double the minimum wage.
- Of 400 responders 75% were homeless one month or less. The most common reasons for homelessness were:

- drug and alcohol abuse
 - domestic violence
 - inability to pay rent/mortgage
 - mental illness
 - job loss
- Whatcom County's poverty rates tend to be higher than those of Washington State. In 1998, there were 5,686 children living in households with incomes below poverty level (Community Counts, 2002).
 - Trends in Whatcom County parallel those that exist nationally: increase in people living in poverty, increase in housing costs, lack of health care, drug and alcohol abuse, and domestic violence.
 - Declining wages have put housing out of reach for many workers; in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at fair-market rent.

A Way Back Home - A TEN YEAR PLAN TO END CHRONIC HOMELESSNESS IN WHATCOM COUNTY 2003-2013

A committee of homeless stakeholders, facilitated by John Epler and Associates, Winter '02-'03

The following is an excerpt from a plan developed to determine the extent of chronic homelessness in Whatcom County. The original document can be found at http://www.cob.org/documents/planning/cd/human/10yearplan_end_chronic.pdf

"Chronic Homeless" persons are homeless individuals or families who have been on the streets or in and out of shelters for more than a year.

The Chronic Homeless represent a relatively small proportion of the total homeless population—perhaps 10-20 percent of the total number of homeless in the County.

The group is also a heavy user of services in the homeless assistance system and the health and social services system. The (United States Dept of Health and Human Services) Plan indicates that although the chronic homeless make up 10 percent of the homeless shelter users, they consume 50 percent of the bednights provided by homeless shelters.

It is estimated that there are approximately 220 chronic homeless persons living in the streets or in temporary shelter in Whatcom County on a given night.

This group represents the "hard to serve," who either have great difficulty in accessing or remaining in programs of assistance, or who avoid assistance.

While many will have some financial support through SSI and other public assistance, their lives will only become stabilized through long-term housing and services supports that respond to their unique disabilities.

We envision a broadened and coordinated system of stabilizing services and facilities for persons in Whatcom County who are chronically in a state of homelessness, so that they may live safely and return to meaningful lives.

Barriers to Recovery

- Insufficient permanent supportive housing resources in the community
- No shelter/beds to keep substance abusing people safe and detoxed while they wait for an inpatient bed
- Lack of knowledge on how to access assistance
- Fear of the system/reluctance to ask for real help
- Criminal records
- Poor physical health
- Multiple drug use
- Improper or inadequate use of prescribed medicine
- Lack of mobility (lacking driver's licenses)
- Inability of the care system to respond to persons with major, but undiagnosed, health issues

How can we best go about helping this population?

- Humane assistance to encourage a return to productive lives
- Broaden services to accommodate persons with severe disorders and those coming out of the criminal justice system without housing.
- Expand programs by building on to existing programs
- Expand outreach to bring more of the "difficult to serve" into a system of care
- Expand shelters to serve as a beginning to recovery
- Provide low performance shelter and housing programs

Access to Primary Care Providers in Whatcom County

Whatcom County Health Department, Whatcom Alliance for Healthcare Access (WAHA), July 2004

The following are excerpts from a survey of primary care physicians used to improve access to healthcare. The original document can be found at:

http://whatcomalliance.org/media/documents/Access_to_Primary_Care_Providers_WC.pdf

- Whatcom County's ratio of total population to primary care physicians reflects a system approaching stress level. The ratio of population per 1 FTE (40 hours direct patient care) is 1784:1. While this is better than the federal standards for serious shortage (3000:1), it is worse than ideal capacity levels (1200:1).
- Historically Whatcom County has had a large migrant and seasonal worker population...This population's demand on the healthcare system was significant...(In 1990 there were) approximately 14,000 migrants and 15,000 seasonal workers (in Whatcom County), nearly 23% of the total population at that time. In the last decade there has been a major decline in this population...(In 2000 this population comprised) roughly 3% of the total population. While access to care for the migrant and season population is challenging, especially in urban areas, this population's impact on the healthcare system in Whatcom County has reduced dramatically.
- Population to provider FTE ratios in Whatcom County indicate primary care capacity is in the upper end of normal range for the total population (1784:1). Ratios for the low income population (2088:1) and Medicare enrollees (1597:1) are showing signs of stress. The low-income population includes residents with incomes below 200% of the Federal Poverty Level and the homeless....The ratio of the population over 65 to Medicare physician FTE (1286:1) is well within the range found when all persons are insured.

- Practitioners at Community Health Centers (about 11 FTE) are the most accessible to new publicly insured patients, where 100% accept new Medicaid FFS, Medicare FFS, and BHP. Tribal Clinics are open primarily to Native and IHS patients, so they are not included. There are no OB/GYN practitioners and only 1.2 FTE of Pediatric physicians at Community Health Centers or Tribal Clinics.
- Whatcom County reflects a higher percentage of FTE in Federally Qualified Health Clinics (FQHC) or Community Health Centers than many other similar urban counties. However, there are no other safety net options in Whatcom County at this time.”

Long Range Strategies and 18-Month Goals of the Whatcom County Continuum of Care
Whatcom County Coalition for the Homeless, July, 2004

The following are action items excerpted from a planning document for the Whatcom County Continuum of Care. The original document can be found at http://www.cob.org/documents/planning/cd/human/coc_stratplan_07_01_03.pdf

1. ...Increase key prevention services for persons in crisis and extending follow-up services for persons “graduating” from homeless housing programs. Key services include eviction prevention interventions, crisis management, and the provision of housing and support programs to stabilize the financial condition of renters and owners.
2. Maximize the integration of services by... tracking and actively resolving the key issues facing the homeless as they move through the continuum.
 - a. (Develop) ...a Homeless Management Information System (HMIS). HMIS produces aggregate information on the homeless to improve planning for their needs, shares appropriate information among providers, and allows the homeless to complete a “single time source application” when coming into the system, facilitating a client-friendly intake and referral process.
 - b. ...Establish clear linkages between providers of substance abuse services and mental health providers to assure that client’s needs are met.
 - c. Establish a “No Wrong Door” intake system.
3. Create a triage center for persons with mental illness and substance abusers, enhancing outreach and intake for the chronic homeless population.
4. Increase the number of emergency shelter beds available for families with children, the chronic homeless and unaccompanied youth.
5. Expand transitional housing resources for homeless, focusing on the needs of pregnant / parenting teens and the disabled.
6. Adopt a “Housing First” model to first seek the placement of the homeless who would benefit from living in permanent housing with supportive services.
7. Develop the “Community Will” and commitment to create (by)...involving government and the business community in expanding political and financial resources to meet the needs

of the homeless....Use the "Partnership for Community Health" model.

8. Activate the Bellingham/Whatcom County Ten Year Plan to End Chronic Homelessness

Needs Assessment 2001-2005

Whatcom County Health Department, Substance Abuse Program, 2001

The following are key findings of a periodic needs assessment used to evaluate emerging needs for program development. The original document can be found at

http://www.whatcomcounty.us/health/pdf/sa_needs-assess.pdf

Key findings:

- People who are most severely addicted (late stage) and specialized populations often fall through cracks and fail to get or complete needed treatment services during crisis and post-crisis.
- Cost inefficiencies are created when people who are assessed as needing and being eligible for state funded inpatients beds relapse while waiting to access treatment. These people must go through the process of re-qualifying for state funds. The waiting period for a bed can be a few days up to 4 months.
- Transportation continues to be significant barrier for many individuals attending outpatient treatment. People in rural communities find particularly difficult getting to and from a treatment program that meets 3 or 4 times each week.
- The continuum of prevention services through treatment continues to have gaps in services for youth.
- Housing issues continue to plague people with substance abuse problems.

Other factors:

- Youth require specialized services, the continuum of services may contain even more gaps than the adult Continuum of Care research demonstrates an association between staying in treatment longer and successful treatment outcomes. Treatment retention rates range from 50-70 percent and success requires more targeted efforts, such as training and case management.
- Newly developed outreach services are a key to the treatment continuum and should be monitored for successful outcomes in getting people into chemical dependency services.
- Treatment utilization waxes and wanes in various service categories. Treatment resource must be expanded while being enhance as providers shift from "low reimbursement" services...to other services.
- Prevention efforts have more than doubled in the last year, but more wrap-around efforts targeted at high-risk kids needs to be initiated.
- Development of a Crisis Triage Service required ongoing collaboration of the (Substance Abuse) Program with criminal justice, law enforcement, mental health and others.
- Research and training to provide county-wide outcomes is necessary.

Among the recommendations:

- Continue outreach programs which effectively assist people with access to treatment
- Continue to develop community partnerships to promote ownership of triage services
- Develop enhancements and creative service alternatives for the gap between identification of need for treatment and entry to treatment.
- Develop services that assist the offender population with access to and retention in treatment
- Develop services that include an emphasis on and access to vocation services

- Develop partnerships with the city and Whatcom County Homeless Coalition (for Pre- and Post-Treatment Shelter)
- Seek consulting to develop community-wide treatment outcomes

Whatcom County Developmental Disabilities Plan (2003-2007)

Whatcom County Health Department, September 2003

Developed through community surveys and forums, this plan identifies current needs, available resources, goals and strategies for the purpose of program development. Excerpts are found below. The original document can be found at http://www.whatcomcounty.us/health/pdf/dev_dis_plan_2003.pdf

Currently there are 757 individuals with a developmental disability identified as eligible through DDD in Whatcom County. Of the total, 314 or approximately 40% are currently receiving county funded services.

Trends in Early Intervention Services:

- The number of children receiving county funded services increased by over 35% between 1993 and 2002, slightly higher than the increase in total population in Whatcom County during that time. (Approximately 30%)
- The numbers of eligible children is expected to increase due to population growth, increase in public awareness, increased numbers of children diagnosed with Autism, and increased screening and child find activities.

Trends in Transition Services:

- Adult Employment and Day Program Services for those students graduating or aging out at 21 has relied upon funding by the Washington State Legislature. No additional funding was provided by the legislature for 2003-2005 graduates. As a result, Whatcom County may resort to a waiting list for county supported services.

Trends in Employment Services:

- The current trend in employment and day program services in Whatcom County is the increase in supported employment services and a decrease in prevocational services.
- Increased employment in community settings, the closing of one of three prevocational facilities in 2000, and an economic downturn resulting in layoffs and reduction of work hours in 2003 have contributed to the decline in Prevocational Services.

Trends in Community Access and Community Connection;

- Person-to-Person services first became available in Whatcom County in 2002. The use of these services as an alternative for those individuals not yet ready for employment and seeking to explore volunteer opportunities, build skills, and develop community connections is anticipated to increase.

Trends in Transportation:

- Fixed route ridership increased by almost 6% from 2001 to 2002.

- Specialized transportation ridership remained flat after declining significantly between 1999 and 2000. (WTA staff attributes the decline in specialized ridership to the closing of sheltered workshop during that time.)
- Individuals with developmental disabilities made up only 6% of the total active ridership of specialized while accounting for 18% of the total rides made. (Jan. –June 2003)
- In September 2003, in response to community need, WTA expanded evening and weekend hours.

Trends in Residential Services and Supports:

- There has been an increase in the % of Adults 18 and older living in their parent’s/relative’s home, their own home, and Adult Family Home (AFH)
- There has been a decrease in the % of Adults 18 and older living in Adult Residential Centers (ARC), Group Home (GH), Nursing Facilities (NF)
- The percentage of adults being served in Supported Living has held steady at approximately 25% of the total adult population.

Community Counts

Whatcom Coalition for Health Communities, 2002

The following are excerpts from a broad range of indicators designed to assess “community health”, presumably with the intent of tracking change over time. The original document can be found at <http://communitycounts.info/>

The indicators highlighted in this report are the product of more than 16 months of work by numerous people brought together by the Whatcom Coalition for Healthy Communities. Community members with expertise in the respective areas helped identify and prioritize indicators for inclusion in the report. The information comes from a compilation of reports including census data and health statistics supplemented by reports produced by local, state and national organizations.

Executive Summary

Economy

Trends in the demographic data show that Whatcom County is one of the fastest growing regions of Washington, growing 30% during the 1990s.

Demographics

Whatcom County is becoming more racially and ethnically diverse. The percentage of Whites decreased from 93% in 1990 to 91% in 2000. Ten years ago Native Americans were the largest non-white population in the county. While their numbers have increased by 20%, this is less than the county’s overall growth of 30%, and is significantly less than the 134% growth rate of Latino/Hispanics, and the 106% growth rate of Asians. Whatcom County’s population is getting older primarily due to aging baby boomers (those born 1946-1964). Between 1990 and 2000, the largest growth occurred among people aged 45-54.

Health

Compared to the nation and other similar counties, Whatcom County’s population enjoys above-

average health status. Life expectancy here is 78 years compared to the national average of 74 years. Overall, the leading causes of death in Whatcom County are heart disease, cancer and stroke. Behaviors that increase the risk of early mortality are tobacco use, poor diet and lack of physical activity, and alcohol use. Among younger people, the leading causes of death are intentional and unintentional injuries.

Access to high quality health care is a key component of community health. With the high cost of health care, most community members need some form of health care insurance coverage to access care.

Washington State and nationwide, the percent of uninsured has been rising since 1988 (Figure 15). Prior to 1999, Washington's uninsured rate was lower than the national rate. Since then, the statewide and national rates are nearly identical. Standardized county-level measures of health insurance coverage are not yet available.

Child Care

Child care supply and affordability appear to be a problem in Whatcom County. The average cost of full-time preschool child care is rising rapidly, and the supply of licensed child care slots is declining. Statewide, child care costs are rising less steeply and the supply is increasing slightly. Combining this information with the county's income trend, the problem is clear: as a percentage of a single parent's after tax income, the cost of full-time child care is increasing in Whatcom County (from 21% in 1995 to 26% in 2000), yet remains stable statewide at about 19%.

The county's average price of full-time child care is rising faster than the statewide average (Figure 43). At the same time, licensed child care capacity is declining.

In 2000, the annual cost of full-time child care in Whatcom County (\$5,783) was twice the cost of tuition and fees for a full-time student at Western Washington University (\$2,868).

Child Abuse

Abuse and neglect have a devastating effect on childhood development, family functioning and community well-being. The extent to which a community protects its most vulnerable members is a measure of its capacity to care and ability to consider the effects of its current actions on future generations.

Between 1997 and 2000, the number of Whatcom County children in child abuse cases rose from 945 to 1,011. Statewide, the proportion of children in child abuse cases is similar to Whatcom County (Figure 49). Changes in this indicator could reflect changes in reporting and surveillance efforts.

Domestic Violence Offenses

A sense of safety within the family is one of the most fundamental elements of family and community health. Domestic violence harms not only the direct victim, but also the children and other family members who suffer the emotional impacts of witnessing violence. Domestic violence is a community concern as well as a personal and family issue.

Whatcom County's reported domestic violence offense rate declined between 1998 and 1999, then rose slightly in 2000 (Figure 50). Changes in this indicator could reflect changes in reporting and surveillance efforts.

Facts About Basic Human Services

Handout from 2005 Candidates Forum sponsored by NWYS, Bellingham Food Bank, Opportunity Council, Anti-Hunger Coalition and Coalition for the Homeless

- In 2003, 36.6 million Americans lived in households that suffer directly from hunger and food insecurity. This represents an increase of more than 5 million people since 1999, and includes more than 13 million children (from *Food Security Supplement to the Current Population Survey*)
- In Washington, 1 in 6 children are at risk of going hungry because their families are food insecure (*Washington State Department of Community, Trade and Economic Development*)

It Matters How We Get There

Whatcom Transportation Policy Steering Committee, November 2002

The following is an excerpt from a report on the status of local transportation systems. The original document can be found at

<http://www.wcog.org/library/programs/WhatcomSummitReport.pdf>

The Average U.S. household spends more on transportation (includes car, insurance, repairs, fuel, etc.) than on food.

According to the Federal Highway Administration, transportation accounts for 20.3% of household budgets, second only to housing.

“Personal Attitudes Toward Health” – Whatcom Coalition for Healthy Communities

Whatcom Coalition for Healthy Communities, Spring 1999

The following are excerpts from a survey of local health concerns used to identify areas of greatest concern as well as perceived barriers for addressing health issues. The original document can be found at <http://www.whatcomcoalition.org/initiatives/paah.htm>

Health issues of greatest concern to the residents of Whatcom County are accessible health care, alcohol and other drug misuse, environmental hazards, living wage jobs and affordable housing, poor nutrition and lack of exercise and tobacco use.

Domestic Violence in Whatcom County 1998 - 2004

Bellingham-Whatcom County Commission Against Domestic Violence, May 2006

The following are excerpts from an annual report summarizing local domestic violence data. The original document can be found at <http://www.dvcommission.org/reports.htm>

- ...Domestic violence accounts for a small but consistent percentage of all of the crime dealt with by law enforcement (14% on average).
- ...2004 typically saw the highest levels of domestic violence-related activity since the inception of data collection.

For example, the number of domestic violence felony cases filed by the Whatcom County Prosecutor's Office, the number of domestic violence-related bookings at the Whatcom County Jail, the number of domestic violence referrals to Whatcom County District Court Probation, and the number Protection Orders filed by victims in Whatcom County Courts statistically surpassed that of almost every single year since the beginning of data collection.

Similarly, aspects of services provided to victims of domestic violence were statistically higher than those levels recorded earlier.

- Even given notable increases in this community's domestic violence indices, when compared to the state as a whole, Whatcom County findings are in keeping with that found across Washington.
- ...While all components of this community's Civil and Criminal Justice Systems are seeing increasing amounts of resources devoted specifically to domestic violence, this is not due to the fact that there is a higher rate of domestic violence in Whatcom County than that found across the state.

Unfortunately, the reasons for the increase in domestic violence-related indices documented across systems remains unclear. The information at hand cannot address the role that heightened attention to domestic violence, training of criminal justice personnel, or any host of other issues, may play in these increases.

Moreover, significant refinement and enhancement of existing data collection methodologies are required before these questions can be adequately addressed.

PRESS

Bellingham Herald, 12/8/05: Whatcom County has a higher percentage of residents in poverty than the state and any Puget Sound county, and the rate is going up, according to a new U.S. Census Bureau estimates. The new estimates...show 13 percent of county residents in poverty...

Hart Hodges, director of Western Washington University's Center for Economic and Business Research wondered, "...Why do our measurements for poverty tend to run higher than the state

and tend to run higher than the other I-5 counties?...It's an attention-getter...And we're digging on it".

Bellingham Weekly, 1/8/04: Bellingham is large enough to have significant challenges with low income households, but not so large as to have offsetting revenue alternatives like those found in Seattle and Tacoma.

The AS Review, 10/17/05: Poverty requires people to make extremely difficult choices. Imagine being forced to decide between paying rent or having a full stomach. What if your child is sick—would you pay for their medical treatment or purchase something to eat? What would you choose if deciding between food and the many other support systems vital for human survival and sustenance? When under economic strain, one's food budget is often the first thing to be tapped and drained, which leaves individuals and families living in poverty or low-income situations with a troubling lack of the very thing we all need to survive, food.

Mike Cohen, the director of the Bellingham Food Bank, said that 17 percent of Bellingham residents came to the food bank at least once last year.

"This points to a huge health problem," said Cohen, "as proper nutrition affects school and work performance." School and work performance, in turn, affect one's ability to succeed in the workforce and hold a job that pays a living, not minimum, wage. Thus begins the divide of those who have enough to cover their expenses, and those who live under constant economic strain."