Community Solutions Workgroup – Continuum of Housing:

Meeting 2 Notes

August 10, 2017

Opening presentations

Staff Presentation – Summary of what we heard on July 27th & Continuum Inventory and Fund Leveraging: Samya Lutz, Housing and Services Program Manager, presented a summary of what was heard at the last Community Solutions Workgroup meeting, as well as information about the current continuum inventory and fund leveraging. (See PowerPoint presentation for details.)

Presentation by WC Health Department staff on prevention efforts – CHIP and ACEs: Amy Rydell and Amy Hockenberry from the Whatcom County Health Department presented on prevention efforts being implemented in the community – specifically related to the Community Health Improvement Plan (CHIP) and Adverse Childhood Experiences (ACEs). (See handouts from Whatcom County Health Department for details.)

Q&A from the Workgroup members following the presentations is attached in Appendix 2.

Discussion – Areas of Focus & Key Issues for this group

The group generally agreed with the City focus on Present and Near-term issues (rather than Future and Long-term), as long as the prevention issues are incorporated where appropriate, system collaboration continues, and the issues are not lost to sight. Those longer term issues will not go away and will get worse if ignored, affecting the severity of tomorrow’s Present and Near-term issues. This group will keep a ‘parking lot’ to note longer-term issues and perhaps the City will convene a future CSW to focus there.

Key issues summary comments:

- We need to take leverage to the next level and build development capacity locally
- Identify partners (public-private) to help with present and near-term needs
- Potentially we can fill each other’s gaps to help community move forward
- State concrete goals, and identify system issues that negatively affect our ability to maximize our capacity
- We have shifting gaps in terms of who is served well: we’ve done better in certain parts and groups but not so well with all groups
- Focus on a smaller area to move forward with momentum
  - EG: We want to prioritize where needs are in our community for two specific activities
- There is nowhere for people to ‘move up’ the ladder to – housing mobility is at a standstill in many places, especially when it comes to folks currently living in public or subsidized housing units
- Organizations can look to leverage capacity both internally (across departments) and externally
- Our priority should be to fully utilize existing underutilized resources within the system: Capacity is an issue. Before talking about barriers, it needs to be articulated specifically what additional capacity is needed. What is the desired goal? What negatively effects how capacity is being used at all, appropriately, or how we envisioned? What additional capacity is needed? What other factors (i.e. zoning policies, services, training availability, etc.) are at play? (Sue)
BARRIERS and OPPORTUNITIES *(See Appendix 1 for detailed dialogue notes.)*

**Summary of barriers:** Coordination & collaboration; Balancing short-term and long-term solutions; Lack of flexibility in how to use vouchers and lack of adequate housing inventory.

**Summary of opportunities:** Leverage resources; Public-private partnerships; Case management to better utilize our capacity; incentivize private landlords to take voucher subsidies.

**Next steps**

− What is needed in our community? This group helps us to prioritize that list. What is the need? What is holding us back? (Tara)
− Offline ideas can be brought back into the group. (MK)
− Case management issue means different things to different people. (Sue)
− One issue for case management is getting numbers for vouchers and flexibility in the rules. (April)

**Summary of next steps:** City will send out follow-up email with questions for CSW members to return prior to next meeting to inform following work.
APPENDIX 1. Detailed dialogue notes

The following detailed comments were divided roughly into “barriers” and “opportunities” for further consideration:

BARRIERS

- We have to focus on long term and short term goals. Things can get better in the short term but then the long term has the potential to fall behind. Important to keep this in mind. (Greg)
- We need to be more collaborative up front. If what the City can do is not connected with our school districts, then the work is wasted. The inter-system piece is critical. (Emily)
- There is no budget for homes. This is a great opportunity to share the importance of affordable housing development, so that we aren’t perpetuating poverty areas. Expired vouchers are a challenge looking towards the future. I have seen examples of people’s income increasing while they are in Section 8 housing and they quit their jobs because the thought of losing their voucher is scary to them. (Tony)
- There are three ways to live in Bellingham: play the subsidy game, stay highly burdened or leave Bellingham. People who are bottlenecked but want to get out of subsidy could go out to Cordata or move into a multi-family home, but most don’t want to leave their neighborhoods. (April)
- It would be helpful to the Lighthouse Mission to have tackle barriers, such as reducing easy access to cheap alcohol. (Hans)
  - Past research told us the amount of resources it would take for the Police Department to set up this system (“Alcohol Impact Area”) would not provide enough reward. Targeted work could happen with certain stores. (Tara)
- A high priority is to look at what the gaps are and how we can fill them. (Emily)
- Barriers in public housing are health related. We need a better referral program or a way to connect people with services and case management. (Kate D)
- Lost case management happens when people don’t want the case management time but are mandated to take it due to source of funding or other requirements. (Hill)
- Section 8 is the hardest to sell to a landlord due to lack of services associated. (Tony)

OPPORTUNITIES

- While focusing on the present and near term goals, we need to make sure we are still thinking about the root causes and how to ensure they are addressed to prevent the long term effects. (Dan)
- Need to ask: What are our policies that are creating our problems? This can be seen at in the classroom as well as in the City. (AB)
- The consolidated plan has flexibility to define what we want. Some of the policy issues can be discussed and identified as things the City wants to work on. Funding sources in the levy focus on housing affordability, but is very limited on services. We could potentially leverage staff resources. (Tara)
- We need to have everyone in the county rowing in the same direction. There are great projects happening in the County but we never know about them. The County and City should leverage each other’s resources. There is no reason why we can’t have a consolidated plan in the different cities and counties. This could be done together or simultaneously and it would get as
many people involved as possible. It is important not to lose efforts and work that has already been done. (MK)

− Public and private partnerships are important. Who are our partners for providing more housing units? What current units need rehabilitation? What about cost burdened people and homeless? (Anne)

− The capacity to put resources to work is huge. We should leverage potential local dollars to the next highest level. (Greg)

− Don’t limit yourself until I limit you. Think of what we want to do and then ask what resources everyone has. We need to think of how we can do it instead of thinking of all the reasons we can’t. (MK)

− Where can we fill each other’s gaps? Need to focus on partnerships for further projects. (Emily)

− A modest amount of levy funds could be reinvested in Samya’s team so that she could have a partner to help develop the capacity we need. How will the City put together deals like 22 North where there is a service intensive aspect? How will the City be more proactive? (Greg)

− A reality that has come about is the inability for people to use vouchers before they expire. An opportunity could be to invest in service dollars to keep them out of homelessness. (Emily)

− Priority for fully utilizing the underutilized services in our community by leveraging existing resources. (Emily)

− Case management, SHP (subsidy for housing) case management provides a liaison between landlords and case workers. We need more landlords on our side so that people can use vouchers and dedicate units to low income. (Joe)

− Incentivizing agencies for success is important. (Joe)

− If we are going to offer case management, we can’t punish people’s past and not look towards their future. We need to provide point people that they can contact and outline healthcare resources. These should be uniformed across the board so that no matter what agency someone is dealing with, they have the same provider and message. (Ann B)

LANDLORD ENGAGEMENT (A present barrier? A future opportunity?)

− A focus group was held that asked private landlords if they could have one or the other, which they would choose: fully guaranteed damage mitigation or no financial guarantee but with case management. A third of respondents said case management. (Greg)

− Where are the landlords in these conversations? What about the developers? (Ann B)

  o We need to look and see what we need, then invite developers and the planning committee to talk about different barriers. (MK)

− We should find ways to encourage private homeowners or landlords to participate. (Paul)

− Our organizations need to encourage their peers. Sometimes it’s peer to peer rather than government to individual. Public dollars aren’t dependable right now. (MK)

− More landlords would be willing to support Section 8 housing if they knew more about it. Providing training would be a beneficial way to do this. (Kate D)

− Dedicating time to making relationships with landlords is important. It is time intensive but a landlord liaison provides a benefit. Youth at risk of housing can start using services, but our team at Northwest Youth Services only can dedicate 10-15 hours a week to that resource. This is an opportunity that could be expanded on. There are service dollars that could be used as case management dollars. (Katie)
APPENDIX 2. Q&A from Workgroup members following the presentations

• Q: Was this a resolution that was passed or a county-wide effort? (April)
  o A: In October 2015, the Healthy Planning Resolution was passed by the Whatcom County Council:
    ▪ Includes all departments to take a healthy approach to planning and incorporating health in all policies
    ▪ Last June, 80 people were convened to discuss what it looks like to implement a healthy planning approach
      • It is difficult to do this without hiring capacity, but the Whatcom County Health Department is hiring a “health in all planning” specialist
    ▪ There is a policy focus each year. This year: children & families
      • Expanded nurse family program
      • Menu of options for different policy
      • Family friendly work place for Whatcom County

• Q: When will equity profiles be ready? (Sue)
  o A: Hopefully within the next 4 months, by December or the New Year. Any input is accepted and encourage to reflect the many different aspects and community members of Whatcom County.

• Q: Is the entire Bellingham Police Department trauma trained? (Dan)
  o A: Yes. They had 2 hours of ACES and trauma training.

• Q: A trauma-informed community is greater than just law enforcement officers. Has the Health Department thought of training other public workers? (April)
  o A: We haven’t but it has potential to happen.

• Q: What do the trainings look like?
  o A: Trainings are an hour and a half to two hours. They start with neuroscience and delve into the question: how does someone foster resiliency?

• Q: Where does the recommendation of this group go to? (Dan)
  o A: It goes to municipalities and counties.

• Q: As we become a trauma concerned community, we are going to need more people helping each other as peers as we establish this. (Hill)
  o A: There are opportunities for training organizations like the Opportunity Council, which involves the City and the County. We have to think a bit outside of the box to train everyone to know the basics of helping one another.

• Q: Do the nonprofits in the communities do this training? (Sue)
  o A: It is the hope that most organizations who are working with populations with high trauma have had some sort of training. It may not be consistent or disseminated to each employee, but those working with high trauma individuals should have training.