

# Homelessness Assessment

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## Homeless facilities and services

Bellingham's homeless housing and service organizations participate in Whatcom County's coordinated entry system, and a database called the Homeless Management Intake System (HMIS). Whatcom County was an early adopter of this system, which is now recognized as a best-practice for housing people effectively across multiple organizations. In addition, the County and the City are committed to a Housing-First model and prevention-based strategies. That means the same coordinated-entry system serves people who are at-risk of homelessness, currently homeless, and re-entering society from institutional settings.

The Opportunity Council's Homeless Service Center, located in Bellingham, is the agency responsible for managing the coordinated entry system and rental assistance distribution in coordination with Whatcom County Health Department. All agencies that provide housing perform a standardized housing assessment that is administered at the point of entry. A standardized intake and vulnerability assessment is administered at entry and households are then referred to openings with the following partners:

- Bellingham/Whatcom County Housing Authority
- Catholic Housing Services\*
- Lighthouse Mission Ministries
- Lydia Place\*
- Interfaith Coalition
- Northwest Youth Services\*
- Opportunity Council\*
- Pioneer Human Services
- Sun Community Services
- YWCA

\*These partners receive County-funded rental assistance through the coordinated entry system.

Other community partners that provide support to homeless households include:

- Compass Health
- Catholic Community Services
- Domestic Violence and Sexual Assault Services
- Lake Whatcom Treatment Center
- Unity Care NW
- SeaMar
- Northwest Regional Council
- Department of Social and Health Services (DSHS)
- Whatcom Alliance for Health Advancement

The Homeless Service Center supports key staff responsible for managing and coordinating across the partner agencies listed above. These are:

- HMIS Database Manager
- Housing Retention Manager
- Leasing Specialist
- Landlord Liaison
- Housing Referral Specialist
- Program Assistant
- Homeless Outreach Specialists
- Homeless Outreach Coordinator

### Homeless housing needs

As a jurisdiction, there are three main sources of data on the homeless population: The 2017 Point-in-Time Count, the Homeless Service Center and the Homeless Outreach Team (both operated by the Opportunity Council). This data, other than the Homeless Outreach Team, includes all of Whatcom County. That said, Bellingham is by far the largest City in Whatcom County and most of the services and facilities for people experiencing homelessness are located here.

Over the past five years since the previous Consolidated Plan, the homeless population has grown steadily, from an estimated homeless population of 493 to 742 (a 49% increase). The Whatcom County Point-in-Time count shows that the percentage of homeless individuals who are *unsheltered* increased each year, then returned to the 2012 level (40%) after Lighthouse Mission’s interim low-barrier shelter opened its doors in Fall 2016, providing 80 additional beds.

**Table 14. Whatcom County Point-in-Time Count by year**

	2012	2013	2014	2015	2016	2017
Individuals sheltered	296	369	355	352	367	443
Individuals unsheltered	197	192	198	299	352	299
Percent unsheltered	40%	34%	36%	46%	49%	40%
<b>Total</b>	<b>493</b>	<b>561</b>	<b>553</b>	<b>651</b>	<b>719</b>	<b>742</b>

The number of people who are homeless over the course of any given year is much larger than those who are experiencing homelessness on a single night. The Homeless Service Center reports that there were 2,399 people in Whatcom County who were homeless at some point during 2017. This number represents all households that were active at some point on the Housing Pool (a housing list for people experiencing homelessness) during a 365 day period. Of those, 989 were people in families with children, 1,410 were people in adult-only families, and 119 were veterans. Table 15 compares a 365-day period in 2012 with a 365-day period in 2017, which shows significant increases in both the number of people becoming homeless and the number of people exiting homelessness into stable housing.

**Table 15. Changes in Housing Pool from 2012 to 2017**

Population	# becoming homeless/yr			# exiting homelessness to stable housing/yr			Avg # of days experiencing homelessness		
	2012	2017	% chg.	2012	2017	% chg.	2012	2017	% chg.
Persons in families with adults & children	364	834	129%	268	669	150%	189	99	-48%
Persons in families with adults only	365	910	149%	151	375	148%	235	259	10%
Chronically homeless individuals	130	226	74%	47	113	140%	273	338	24%
Chronically homeless families	21	58	176%	2	44	2100%	193	117	-39%
Veterans	51	100	96%	50	31	-38%	146	153	5%

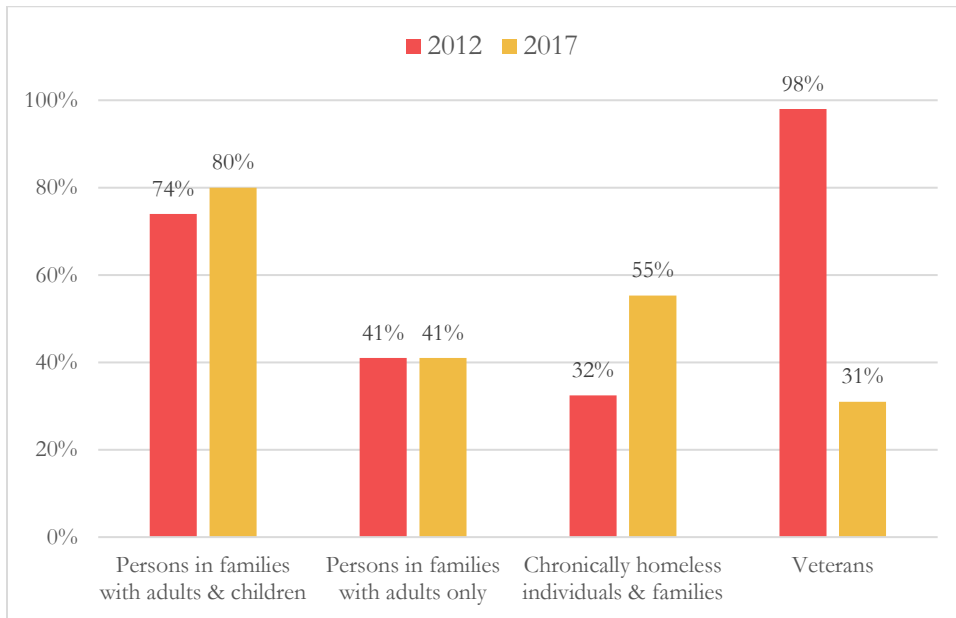
Data source: Opportunity Council, Homeless Service Center, Housing Pool and HMIS data. June 2017.

Since 2012, there has been an increase in all types of populations experiencing homelessness in Whatcom County. The largest percentage point increases are among the number of chronically homeless families, both those experiencing homelessness in a given year and becoming homeless in a year. The largest group experiencing homelessness by far is individuals in families with adults only (i.e., single adults or couples with no children). The 2017 Point-in-Time Count documented 287 individuals in families with adults and children, and 448 individuals in families with adults only who were homeless on a given night. The same count found 52 veterans on a given night.

Despite the increased need, there have also been some positive changes. We see the number of days that families with children and chronically homeless families experience homelessness has decreased by 48% and 39%, respectively. However, the results for individuals and families without children have not been positive. We also see a substantial increase in the numbers of all populations who are exiting homelessness into stable housing among all groups except Veterans. Another way to compare the needs and outcomes of homelessness programs in the community is to look at the number of individuals exiting homelessness into stable housing as a percentage of the individuals becoming homeless in a given year.<sup>17</sup> The higher the percentage of a group that exits homelessness compared to the percentage that enters homelessness in a year, the better. This indicates that the group is being helped to access housing. Figure 10 below compares this percentage for 2012 and 2017.

<sup>17</sup> Note that this is a proportion and does not indicate that the same individuals who are entering homelessness are necessarily the same as those exiting homelessness in a given year. The specific individuals on the Housing Pool are always in flux, and may drop off for a variety of reasons.

**Figure 10. Percent of individuals exiting homelessness out of those becoming homeless in one year**



Data source: Opportunity Council, Homeless Service Center, Housing Pool data. June 2017.

Even though the number of people needing help has increased substantially since 2012 (as shown in Table 15), there has been an improvement in the percentage of chronically homeless individuals and families who are exiting homelessness compared to the proportion of the number becoming homeless in a year. At the same time, there has been very little improvement for persons in families with children, and no change for adults with no children. There has been a significant decline in the percentage of veterans who are exiting homelessness compared to the number becoming homeless. While the number of homeless veterans doubled from 2012 to 2017, the proportion who exited into stable housing dropped from 98% to 31%. Overall, these figures speak to a considerable effort to provide housing and services, but which is still not adequate to address all needs – especially of adults without children and veterans.

# Community Development Assessment

## Job market analysis

The major employment sectors in Bellingham are Education and Health Care Services (9,352 jobs), Retail Trade (6,796 jobs) and Arts, Entertainment, and Accommodation (6,117 jobs). Altogether these three sectors make up 51% of the share of all workers. The next biggest employment sector is Manufacturing, which has 2,880 jobs. These numbers indicate that Bellingham’s economy is predominantly a service economy.

**Table 16. Bellingham employment by sector**

Business by Sector	Number of Workers	Number of Jobs	Share of Workers
Education and Health Care Services	5,253	9,352	20%
Retail Trade	4,194	6,796	16%
Arts, Entertainment, Accommodations	3,867	6,117	15%
Manufacturing	2,849	2,880	11%
Professional, Scientific, Management Services	1,842	2,469	7%
Construction	1,524	2,392	6%
Finance, Insurance, and Real Estate	1,233	1,928	5%
Other Services	1,004	1,543	4%
Wholesale Trade	980	1,071	4%
Information	692	958	3%
Transportation and Warehousing	729	426	3%
Agriculture, Mining, Oil & Gas Extraction	622	460	2%
<b>TOTAL</b>	<b>24,789</b>	<b>36,392</b>	<b>--</b>

Date source: 2009-2013 ACS (Workers), 2013 Longitudinal Employer-Household Dynamics (Jobs)

## Labor force assets

Home to a state university, community college, and a technical college, Bellingham has a highly educated workforce. Of adults age 25 and over, 51% have obtained a college degree (either an Associate’s, Bachelor’s, or Master’s degree) and 26% of this population has no college education. Compare this with the US average, in which 39% of adults age 25 and over have a college degree, and 40% have no college education. Table 17 compares the educational attainment of Bellingham residents with the county, state, and nation.

**Table 17. Educational Attainment**

	Less than 9th Grade	No High School Diploma	High School Diploma /GED	Some College	Associate's Degree	Bachelor's Degree	Master's or Higher
Bellingham	2.6%	4.7%	18.7%	23.0%	10.3%	26.3%	14.4%
Whatcom	3.1%	5.7%	24.1%	24.7%	9.8%	21.7%	11.0%
WA State	3.9%	5.2%	23.1%	24.0%	9.6%	21.7%	12.5%
United States	5.5%	7.3%	27.6%	20.7%	8.2%	19.0%	11.6%

Data source: 2011-2015 ACS

### *Workforce and infrastructure needs*

In Whatcom County, Construction will be the industry with the highest expected annual job growth rate over the next five years and the occupation with the greatest number of new jobs in the short term. This is due to the high demand for new development discussed earlier.<sup>18</sup> At present, a shortage of skilled construction labor is the result of an industry that scaled down during the Recession, and is still struggling to rebuild its workforce. Natural Resources and Mining is the only industry sector expected to lose jobs in the near-term. Jobs in Professional and Business Services, Leisure and Hospitality, and Education and Health Services are expected to see healthy increases annually for the next five years and will remain a major portion of the employment market.<sup>19</sup>

**Table 18. Whatcom County industry employment projections**

	Estimated employment 2015	Estimated employment 2020	Average annual growth rate 2015-2020
Total Non-farm jobs	158,300	171,600	1.63%
Government	33,800	36,400	1.49%
Education and Health services	21,100	23,400	2.09%
Retail trade	21,000	21,800	0.75%
Leisure and Hospitality	18,800	20,800	2.04%
Manufacturing	16,100	17,000	1.09%
Professional and Business services	12,700	14,300	2.40%
Construction	11,100	12,900	3.05%
Financial activities	6,200	6,600	1.26%
Transport, warehousing and utilities	4,600	5,000	1.68%
Wholesale trade	4,200	4,200	0.00%
Information	1,800	1,900	1.09%
Natural resource and Mining	600	500	-3.58%

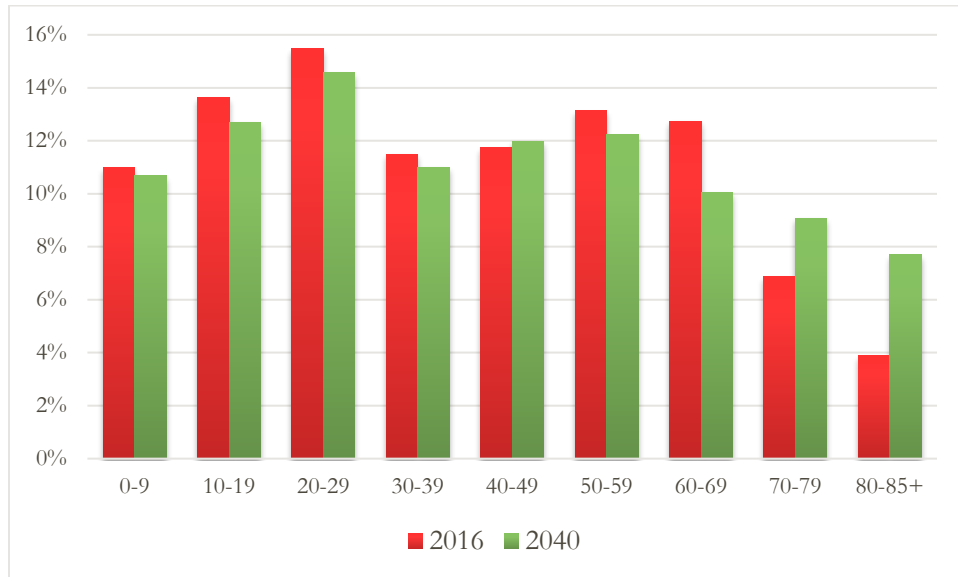
Data: Employment Security Department/WITS. January 2018.

<sup>18</sup> See section on Population Growth and Housing Demand.

<sup>19</sup> Washington Employment Security Department. Analysis provided January 2018.

One factor that will influence future workforce needs will be the age of the population. As Figure 11 shows, the youth population (age 0 to 29) in Whatcom County is expected to decrease as a percentage of the overall population, and the elderly population (age 70 and above) is expected to increase even more significantly. This will have implications for the economy and types of jobs available. An aging population in Whatcom County is a factor in the high projected growth for the healthcare industry.

**Figure 11. Current and projected population in Whatcom County: 2016 and 2040**



Data source: Washington Office of Financial Management

The following industries have the largest aging workforces (i.e. largest portion of workers age 55+), and may need to consider attracting younger workers as retirements increase:

- Utilities
- Education
- Transportation and warehousing
- Government

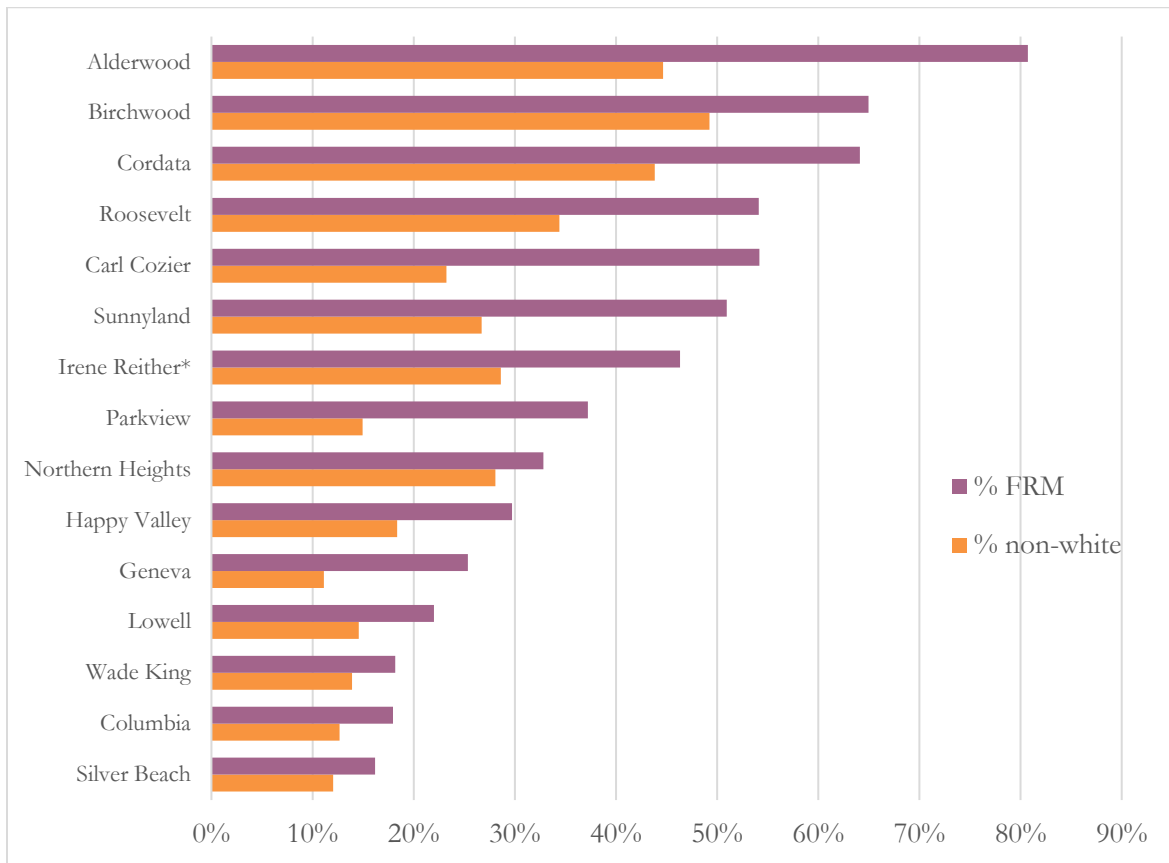
In addition to being well-educated, Bellingham residents are well-served by broadband internet access. Third party availability tools suggest that broadband availability for residents is between 98%-100%. There are multiple providers offering broadband services within the City limits to both residential and business customers. The City is not aware of specific neighborhoods lacking access to broadband services.

### Poverty by neighborhood

There are areas in Bellingham where both racial/ethnic minorities and low-income families are concentrated. According to school district enrollment data and Census tract level data, there are certain neighborhoods that have a high concentration of both racial/ethnic minorities and low-income families – and in most cases these overlap (see Figure 12 below). Areas of concentration are defined as neighborhoods where the average is at least one standard deviation above the city’s average.

The percent of children enrolled in elementary school who qualify for free or reduced meals (FRM) is one way to measure the number of low-income families in an area. Looking at school district data, the average percentage of children in Bellingham who receive FRM is 41%, but the range by elementary school varies substantially, from 16% to 81%. Alderwood Elementary school is the highest, with 81% of students receiving FRM. Although the Alderwood neighborhood is not currently within the Bellingham city limits, it is included in this data set because it is part of the Bellingham School District and may be annexed into the city during the next Consolidated Plan period.<sup>20</sup> Birchwood and Cordata neighborhood schools also meet the criteria for high concentration of low-income families, with 65% and 64% respectively.

**Figure 12. Bellingham School District: % minority and free/reduced meals by elementary school**



\*Irene Reither School is in the Meridian School District, but enrolls students that live in north Bellingham city limits.

Another way to measure the concentration of low-income families is to look at the percent of families below the Federal Poverty Level by Census tract. There are 17 Census tracts in the city, and not all of them correspond exactly with just one neighborhood, although several do. Some neighborhoods are spread across two or more Census tracts, or combined. The city average rate of family poverty is 12.4%. Looking at Census tract data, the area corresponding to the City Center has the highest rate of family poverty, at 58.5%. Happy Valley also meets the criteria for a concentrated area of poverty at 31.4%. The family poverty rate for the

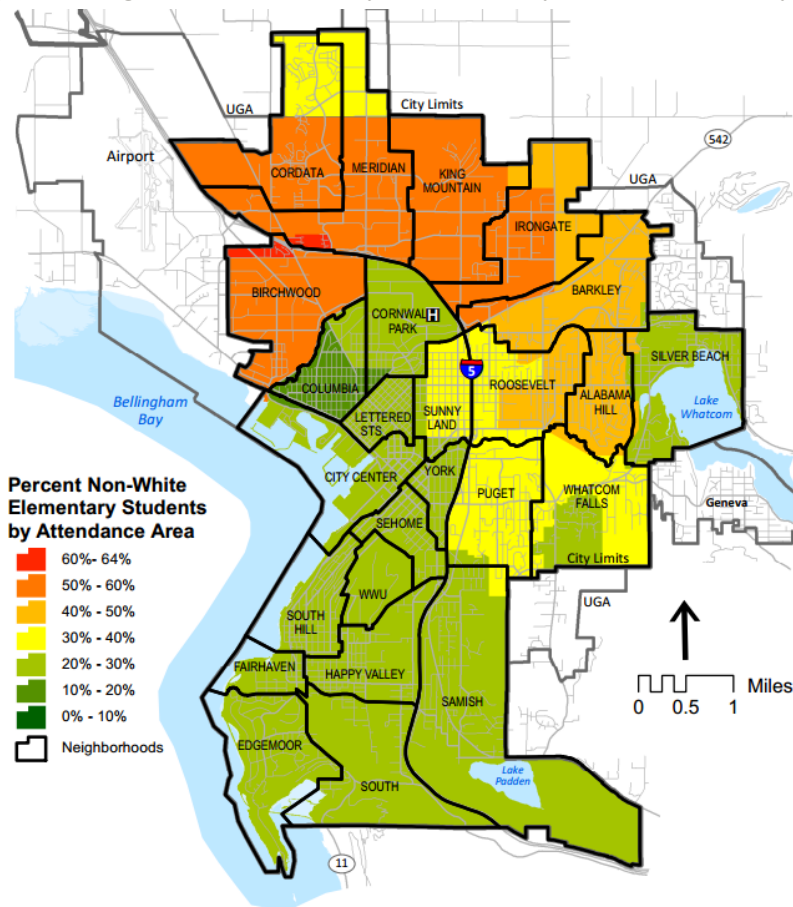
<sup>20</sup> See section NA-50: Non-housing Community Development Needs in the full version of the Consolidated Plan.



Census tracts corresponding to Roosevelt (20%), Birchwood and Meridian (22.1%) don't meet the threshold of being one standard deviation higher than the city average, but still have rates that are well above average.

Using the same data sets, we can see that high-poverty neighborhoods also correspond to areas where minority families are concentrated. The average percentage of non-white, non-Hispanic students is 25% per elementary school. Birchwood (49%), Alderwood (45%), and Cordata (44%) have the highest percentages of minority students, and all meet the criteria for an area of high concentration of minority families with children. Figure 13 is a map of Bellingham that shows the percentage of 2016-17 enrolled public elementary students who identified as non-white/non-Hispanic or more than one race in each attendance area.

**Figure 13. City of Bellingham racial diversity of elementary school students by neighborhood**



Data source: WA State Office of the Superintendent for Public Instruction, Report Card for Bellingham & Meridian

According to Census tract data, the percentage of minority population in Roosevelt (38.7%), Birchwood/Meridian (31.7%), and City Center (24.3%) neighborhoods all meet the criteria for concentrated areas of minority families when compared to the city average of 17.2% non-white, non-Hispanic.

The same neighborhoods with the highest percentage of family poverty and minority populations generally correspond to those with the most multi-family housing. The four neighborhoods with the highest number of multi-family units are Cordata, Birchwood, Happy Valley, and Roosevelt. Together, these four neighborhoods make up 42% of the city's total multi-family housing units. Including Puget and Meridian neighborhoods

would account for 57% of all the city’s multi-family housing. As such, these neighborhoods also have among the highest population density in the city.<sup>21</sup>

## **Community development needs**

### ***Public facility needs***

The City of Bellingham aims to remain responsive to the needs of local agencies as new priorities and opportunities arise. In the past, we have responded by supporting community groups who identified a need for facilities in their service area, and the City will continue to do so in the future for agencies serving low income residents – especially prioritizing neighborhoods that lack opportunities for local residents and services for special needs groups.

One present example is Bellingham’s Senior Activity Center. With the population of Bellingham continuing to age, the center has increased its programming and outgrown the current building, which is 40 years old. There is need for increased program funding, safety and security improvements, lighting and acoustic improvements, parking, and increased space for large group classes. Health and wellness programs for seniors – including socialization, meals and exercise programs – have been proven to save money in the long-term by preventing or delaying stays skilled nursing facilities or hospital visits.

Meanwhile, residents of the Birchwood neighborhood lack access to fresh and nutritious food after a major grocer closed its location there in 2016. The nearest grocery stores are more than a mile away, which is especially difficult for low-income families who rely on public transportation. Birchwood has some of the highest concentrations of both poverty and minority households, and the loss of a local grocery store within walking distance has represented a significant hardship for this community.

Other public comment indicated a desire for microenterprise development, especially related to food production. Microenterprise operations related to food production could be permissible in some areas, while others may require special zoning. Innovative responses to the needs of urban food production and local jobs could be mutually beneficial, as they could boost both jobs and health outcomes in some of the lowest-income neighborhoods, where both economic and health disparities exist.

Within the next five-year period, it is also possible that the City will annex low-income areas within the City’s urban growth area. The Alderwood neighborhood is one of these areas, with higher rates of poverty than the city as a whole and which lacks urban levels of service. We anticipate the highest public investment needs would be in the form of:

- Housing rehabilitation (both for multifamily rental and owner-occupied properties);
- Facilities (neighborhood center or other);
- Services (mobility and transportation, nonprofit services, policing); and
- Infrastructure (sidewalks, street lighting, parks and public spaces).

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<sup>21</sup> City of Bellingham, WA. Bellingham Housing Statistics page. Available at [www.cob.org/housingstats](http://www.cob.org/housingstats)

## *Public service needs*

The main non-housing public service needs in Bellingham are treatment for mental health and addiction, peer support and community inclusion for the formerly homeless population, basic needs support, and disaster preparedness.

### Mental health treatment & support services

For both mental health and addiction treatment services, the Whatcom County Health Department is the lead agency. The county has its own set of existing plans to increase availability of mental health facilities and services, expand treatment for opioid addiction, and increase coordination between agencies for patients with the highest service needs, among other strategies.<sup>22,23,24</sup> The City of Bellingham recognizes the immense need for these services. Beyond medical treatment, the community needs resources for emotional and social support of our most vulnerable populations – especially those exiting homelessness or treatment. The desire to belong and to be accepted is a fundamental human need. City workgroup discussions and survey of service providers revealed that a lack of social inclusion is a significant barrier to successful housing and recovery for the homeless population, and no current programs explicitly target this gap. Such programs might rely on volunteers and community organizations, with City support.

The need for mental health and addiction treatment were prioritized among the service gaps by the Community Solutions Workgroup, and also prioritized as the top service needs by survey participants. Many members of the public and stakeholders expressed that mental health and addiction treatment are a foundation for stability (including employment and housing). The Community Solutions Workgroup and service provider sub-group also identified social inclusion and job training as a gap for the homeless. Providers reported that clients who received stable housing were still going to the drop-in center to fulfill their social needs. This was mainly due to feeling as if they did not belong anywhere in the broader community and/or lacking the skills to develop new social networks.

### Basic Needs Support

Part of supporting community development, equity, and preventing future homelessness, is providing support for basic needs for those experiencing hardship. The robust agency network in Bellingham is well suited to provide things like emergency food, meals, literacy training, trauma support, job training, early childcare services, legal, mediation and diversion assistance, and other essential needs for low income families with support from the City and other community partners.

### Disaster preparedness

Disaster preparedness efforts have taken place through citizen groups and countywide planning. The need for preparedness can come suddenly in the event that a disaster threatens or strikes. Natural disasters elsewhere

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<sup>22</sup> Whatcom County Behavioral Health Funds: Annual Report 2016. Available at: <http://www.whatcomcounty.us/DocumentCenter/View/30506>.

<sup>23</sup> Preventing and Reducing Incarceration in Whatcom County. Oct 2017. Available at <http://www.co.whatcom.wa.us/DocumentCenter/View/31000>

<sup>24</sup> Whatcom County Behavioral Health Facility Planning Report: Envisioning a New Substance Use Disorder Continuum of Care. June 2016. Available at: <http://www.whatcomcounty.us/DocumentCenter/View/19067>

in the country have showcased how the effects of a natural disaster can be especially devastating for low-income residents and neighborhoods. Bellingham, like all of the Puget Sound region, lies along the Cascadia Subduction Zone, making it vulnerable to a high magnitude earthquake. Other hazards include flooding, tsunami, volcanic eruption, wind storms, and wildfires.<sup>25</sup> It is prudent that the City remain flexible and receptive to any emergency response, public safety, and infrastructure needs which may prevent injury, reduce hardship, or avoid damages in the event of such a disaster, with particular attention to the special needs populations.

The City's Legacy and Strategic Commitments include increasing community readiness and resilience.<sup>26</sup> As such, the City of Bellingham needs to be prepared for natural disasters, including proper infrastructure, planning, and response. A community's resiliency in the event of a natural disaster is in large part dependent on thoughtful planning and training for a worst-case scenario. Preparedness has taken place with leadership from public safety experts, volunteer organizations, and countywide efforts. The City is a supportive partner and resource in these preparedness and response efforts as needs arise.

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<sup>25</sup> Whatcom County Sheriff's Office. Whatcom County hazards. Available at: <http://www.whatcomcounty.us/1500/Hazards>. Accessed January 8, 2018.

<sup>26</sup> See City Legacies and Strategic Commitments in the Strategic Plan section.

## Special Needs Assessment

Those with the greatest housing and service needs in our jurisdiction are elderly, persons with physical or mental disabilities, victims of domestic violence, and persons with behavioral health needs (including people with alcohol and drug addictions). Because these same populations also comprise a substantial number of people who are homeless, it is critical that adequate services and housing is available to prevent future homelessness. Other populations identified by the community as having housing and service needs are farmworkers and families with young children, especially single-parent families.

### Elderly population

While age 62 and above is commonly considered to be a senior, we will use age 65 and above to define the “elderly” population.<sup>27</sup> There are estimated to be 11,315 residents aged 65 and above in Bellingham (13.6% of the population). Of these residents, 18% have some kind of disability, and 1,884 have an independent living difficulty. The total elderly population has increased by 1,371 since the last Consolidated Plan, and the proportion that have disabilities has increased by 2.4 percentage points. Though these changes are moderate, the proportion of the population aged 75+ years with disabilities jumps to 51.1%, and so the care needs of the elderly population are likely to increase in coming years as the larger 65+ population continues to age.<sup>28</sup>

### Assets

Altogether, there are 29 Skilled Nursing Facilities, Adult Family Homes, and Assisted Living facilities in Bellingham, with a total capacity of 1,454 beds.<sup>29</sup> This does not include Senior Living or Retirement communities, which may provide meals and some services, but whose residents are capable of living independently and could live elsewhere in the community if they chose to. Table 19 below shows the long-term care facilities by type and number of beds available to residents who are paying with Medicaid.

**Table 19. Long-term care facilities in Bellingham**

	Total number of beds (capacity)	# of Medicaid clients as of January 2018	# of Medicaid clients not required to pay privately before residency
Adult Family Homes	59	19	14
Assisted Living Facilities	809	182	147
<b>Total</b>	<b>868</b>	<b>201</b>	<b>161</b>

Data sources: Northwest Regional Council, January 2018.

Skilled nursing facilities are medical care institutions rather than a long-term housing option. However, they cannot legally discharge patients who no longer require medical care unless they have safe and appropriate housing to go to, and therefore may end up providing long-term housing and care if there are no other

<sup>27</sup> The reason is simply because most ACS and Census data is grouped by age in this way.

<sup>28</sup> 2012-2016 ACS estimate.

<sup>29</sup> Calculated using Bellingham’s 2017 Housing Unit & Population Estimate Report and DSHS’s Assisted Living Facilities locator.

housing options available. As of February 26, 2018 there were 594 beds in skilled nursing facilities in Bellingham, and 318 residents using a skilled nursing facility for long-term care, without a discharge plan.<sup>30</sup>

In addition to housing for seniors, there are several programs in the community which help enable seniors to continue to live independently in their own homes. Programs such as the Volunteer Chore Program provide free access to light housework. The Home Rehab Program offers loans for low-income seniors to make needed health and safety repairs which do not have to be repaid until the house is sold. The Whatcom County Council on Aging (WCCOA) manages the Meals on Wheels program and the Bellingham Senior Activity Center. Through the Center, WCCOA runs a variety of evidence-based programs to promote seniors’ health and well-being.

The Northwest Regional Council, in association with county governments, implements state and federal programs for seniors and people with long-term care needs in Whatcom County. The goal of community-based care is to help seniors and adults with disabilities live in their homes and communities for as long as possible, postponing or eliminating the need for residential or institutional care, such as nursing homes. Some of the community-based care programs they participate in are Senior Information & Assistance, Congregate Meals, Respite Care, Adult Day Services, Case Management and Family Caregiver Support.<sup>31</sup>

### *Needs*

Among the elderly population, the most common disability is ambulatory difficulty, followed by hearing difficulty. Although many seniors may continue to live independently or with assistance from family members, 1,884 people in this group have an independent living difficulty, and 2,093 have two or more types of disability. These numbers exceed the 1,454 long-term care beds available in the community, indicating that many residents rely on in-home care or lack appropriate care.

**Table 20. Population age 65+ with disabilities**

Ranked in order of prevalence	Number	% with disability
Total population 65 years and older	11,315	
with any difficulty/disability	4,304	38.0%
With an ambulatory difficulty	2,356	20.8%
With a hearing difficulty	1,927	17.0%
With an independent living difficulty	1,884	16.7%
With a self-care difficulty	1,136	10.0%
With a cognitive difficulty	1,097	9.7%
With a vision difficulty	894	7.9%

Data source: 2012-2016 ACS

<sup>30</sup> WA Department of Health and Human Services. Aging and Long-Term Support Administration, March 2, 2018.

<sup>31</sup> Northwest Regional Council home page. Available at: <http://www.nwrcwa.org>. Accessed January 23, 2018.

A challenge facing the elderly and disabled community is that oftentimes neither traditional health insurance nor Medicare pay for long-term care facilities, and in many cases residents must pay 2-3 years of private pay<sup>32</sup> before Medicaid is accepted. This reality is especially problematic for low-income elderly and disabled residents who need daily care. While there are 868 beds available in Adult Family Homes (AFH) and Assisted Living Facilities (ALF) together, only 23% of these accept Medicaid clients (a total of 201 beds). As the population ages and demand for AFHs and ALFs increases, Medicaid beds decline as many facilities generally only choose to accept Medicaid clients when they are not able to reach capacity with private pay clients. The Northwest Regional Council estimates that there are 485 people in Bellingham (and a total of 891 people in Whatcom County) who are currently receiving Medicaid long-term care at home but are eligible to move to an AFH or ALF, and will likely need AFH or ALF care in the future. They estimate this number will increase from 891 to 1,266 within five years.<sup>33</sup>

Even for those who do not have regular care needs, it is difficult for seniors on a fixed income to find housing they can afford. As of January 2018, the BHA had 278 people on their project-based voucher waitlist for senior housing, and 1,005 people on their public housing waitlist for senior and/or disabled housing.

## Disabled population

Assuming that most disabled children will be cared for by their parents or guardians as would any minor, and elderly care needs are discussed above, the disabled population included below are adults between the ages of 18 and 65. Among these adults, 17% (10,059 people) have a disability – although not all are necessarily in need of assistance. Only 3.8% have an independent living difficulty, and 1.5% have a self-care difficulty. While the percentages are relatively small, the total number of non-elderly disabled adults is greater than for elderly adults for all types of disabilities except self-care.

**Table 21. Disability by type for population aged 18-64 years**

Ranked in order of prevalence	Number	% with disability
Total population aged 18-64 years	57,667	
with any difficulty/disability	10,059	17.4%
With a cognitive difficulty	2,934	5.1%
With an ambulatory difficulty	2,332	4.0%
With an independent living difficulty	2,168	3.8%
With a hearing difficulty	1,131	2.0%
With a vision difficulty	993	1.7%
With a self-care difficulty	866	1.5%

Data source: 2011-2015 ACS

Compared to the number in Table 21, far fewer adults with cognitive difficulty have a developmental disability which is severe enough to qualify for paid services. The Washington State Developmental Disability

<sup>32</sup> Median private pay cost for an Adult Family Home or Assisted Living Facility is \$55,920 per year, and \$102,936 per year in a Skilled Nursing Facility (Nursing Home).

<sup>33</sup> Data provided by Northwest Regional Council, January 2018.

Administration reports that there are 1,259 eligible clients in Whatcom County as of July 1, 2017. Of those, 637 are adults between the ages of 18 and 62.<sup>34</sup>

### *Assets*

The majority of the 523 public housing units managed by the BHA are for either seniors or people with disabilities. Throughout the community, there are also a handful of organizations that offer in-home care, permanent supportive housing, transitional housing, and emergency shelter to adults with developmental disabilities and other needs.

- Lighthouse Mission Ministries' Special Needs dorm: 16 emergency shelter beds
- Opportunity Council's Evergreen House: 3 permanent supported housing units
- Sun Community Services: 11 permanent supportive housing units and 9 transitional housing beds
- Access Living; provides in-home care to over 40 adults with developmental disabilities

Of the 1,259 developmentally disabled clients in Whatcom County, 172 adults live in a DDA residential setting. These include:<sup>34</sup>

- 139 clients have Supported Living services
- 11 clients live in Group Homes
- 4 clients live in Companion Homes
- 24 clients live in Adult Family Homes

The Arc of Whatcom County also provides family support, advocacy, training, and serves as a resource for individuals with developmental disabilities and their caregivers. In 2015, the Arc provided:<sup>35</sup>

- Family support events for 710 individuals
- Information and educational newsletters to over 1,637 individuals
- Information and education in response to 450 requests for problems solving assistance and support
- Technical assistance, resources, and support to 314 educators regarding inclusion and self-determination

### *Needs*

As of January 2018, there were 500 people on the BHA's waiting list for disabled or supportive housing, and the estimated wait time was five years.<sup>36</sup> The BHA also manages the Section 8 voucher program. The waitlist for Section 8 assistance is currently closed, with 1,193 households on the waitlist, 448 of which have a member of the household with a disability. Compared to the non-elderly adult population at large, we see that the proportion on the waiting list with a disability is more than twice as high (38% compared to 17% of the

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<sup>34</sup> Washington State DSHS Development Disability Administration. DDA Caseload and Cost Report. Available at: <https://www.dshs.wa.gov/dda/publications/dda-reports>.

<sup>35</sup> The Arc of Whatcom County: 2015 Report. Available at: <http://arcwhatcom.org/wp/wp-content/uploads/2013/10/Annual-Report-2015.pdf>

<sup>36</sup> Bellingham Housing Authority, January 2018.



general adult population). This backlog indicates there is significant unmet need for disability housing in Bellingham, and a disproportionately high amount of low-income residents in need of housing who are disabled.

The types of disability most common among the non-elderly adult population is very different from disabilities common among elderly adults. As Table 21 shows, the most common disability type among non-elderly adults in Bellingham is cognitive difficulty, which includes having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem. Mental health disability is possibly the biggest non-homeless special needs group in the jurisdiction, and also significantly impacts the homeless population.<sup>37</sup>

Safe, independent, accessible, and affordable housing provides individuals with freedom and self-sufficiency as well as offering the opportunity to achieve independence and become part of a community. Lack of affordable and accessible housing is the most significant barrier to community integration for people with developmental disabilities. High unemployment rates for persons with significant disabilities (typically 60% to 90%) engender continued reliance on public benefits. People with disabilities who receive SSI often cannot afford housing at market rates. In fact, they constitute the low-income group with the highest level of unmet need for housing assistance (as evidenced by the number of disabled individuals on the waitlist for subsidized housing). According to the Arc of Whatcom County, a considerable number of individuals with developmental disabilities live in substandard or unsafe housing which constitutes a significant risk to health and safety. There are also community facility needs for safe and engaging day services for adults with disabilities who are unable to function independently.

## **Victims of domestic violence**

### ***Assets***

In 2014, Domestic Violence and Sexual Assault Services (DVSAS) took over the services for victims in Whatcom County that were formerly provided by Womenscare. DVSAS provides safe emergency shelter, advocacy counseling, legal assistance, referrals, and a 24-hour helpline for victims of domestic violence. In addition, the Whatcom County Commission Against Domestic Violence provides outreach, awareness building, and trainings to the community.

Currently there are 166 beds in the city available to victims of domestic violence and their children. Not all of these beds are exclusively designated for those fleeing domestic violence. Some are available for women and children who are facing homelessness for other reasons, and often have domestic violence in their backgrounds.

- DVSAS Safe Shelter: 21 beds; Baker Place Shelter: 4 beds (with an additional 8 beds under construction, to be open in 2018)

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<sup>37</sup> As of December 2017, 50% of the households on the Housing Pool identified as having a mental health disability. The proportion of homeless households with a mental health disability consistently hovers around 50% on both the Housing Pool and annual Point-in-Time count.

- Dorothy Place: 35 beds (25 beds are in permanent supportive housing; 10 beds are transitional housing)
- Lydia Place: 20 beds (8 transitional beds; 5 permanent supportive units)
- YWCA’s Larabee Residence: 36 beds (9 emergency shelter and 27 transitional beds for single women)
- Lighthouse Mission Ministries’ Agape Home: 50 beds (transitional housing for women and children)

### ***Needs***

Over the past five years, there has been continuous demand for DVSAS’s services. Fewer protection orders were filed in 2016, but even more victims are reaching out for help. The number of calls, unique victims receiving services, and domestic violence offenses remains constant or has increased slightly since the previous Consolidated Plan.

Number of:	2011	2016	% change
Domestic violence offenses reported by Bellingham Police	527	564*	7%
Domestic violence protection orders filed in Whatcom County	393	180	-54%
Calls to Womenscare/DVSAS helpline	2,397	2,596	8%
Unique victims who received support services from DVSAS	2,282	2,509	10%
Adults and children who stayed in emergency shelter**	276	137	-50%

Data sources: Whatcom County Commission Against Domestic Violence and DVSAS

\*This number is from 2015. The 2016 figure has not been released.

\*\*In 2011, stays were limited to 30 nights. They are now limited to 90 nights, and the average stay is 45 nights. The decline in clients staying in shelter can be attributed to the increased length of stay for the average client.

At the time of the previous Consolidated Plan there were 115 beds available for single women and women with children in need of emergency or transitional shelter. By the end of 2015, there was capacity for 162 women and children, a 41% increase.<sup>38</sup> Nevertheless, the need remains high. DVSAS reports that they are usually at capacity every night.

### **Persons with behavioral health needs**

This section covers behavioral health needs such as mental health, addiction, and substance abuse. Available data is for Whatcom County; approximately 40% of Whatcom County residents reside in Bellingham.

In addition to the need for direct treatment for mental health and drug addiction, the City of Bellingham is aware that oftentimes such needs are the result of adverse childhood experiences and trauma. Throughout Whatcom County, many agencies and organization are reviewing their internal policies to ensure that their interactions with the community are trauma-informed, and working to reduce childhood traumas which can

<sup>38</sup> Verified by Lydia Place and DVSAS, as of July 2017.

lead to a lifetime of struggles.<sup>39</sup> The Bellingham Public Library has taken an especially pro-active role in adopting a trauma-informed approach when dealing with and welcoming people experiencing homelessness into the library, and who are using it as a safe space to shelter.

***Assets***

In 2011, the Whatcom County Health Department (WCHD) convened multiple key stakeholders and drafted a Community Health Needs Assessment Report. This report was the starting place for prioritizing the health needs of Whatcom County and developing strategies to address them. Among the top of those community priorities were substance abuse and mental health challenges. Metrics for measuring progress toward improved mental health in the community were adopted.<sup>40</sup> Since that time, additional planning has taken place with strategies to address the needs of those with serious mental illness, opioid addiction (and other substance use disorders), complicated physical health issues, or criminogenic and antisocial attitudes and behaviors. WCHD works closely with the North Sound Behavioral Health Organization, which serves a five-county region, administering a coordinated system of care, and together they are moving toward meeting the needs of those with behavioral health challenges.

The City also supports these efforts, and has partnered with the Whatcom Alliance for Health Advancement (WAHA) to serve those with behavioral health challenges that highly impact the City’s emergency medical, police, and jail resources. The Community Paramedic Program, together with professional case managers from WAHA have a mobile program serving this population, about a quarter of whom are also homeless. WAHA observed a 69% reduction in hospital and emergency department charges, along with a decrease in incarceration in the population served through this program. The county has recently joined this partnership, with the intention of expanding it into the Ground-level Response and Coordinated Engagement (GRACE) program that is countywide with additional support from regional partner agencies.

***Needs***

Although there has been progress, as of 2014 (the most recent available data) none of the mental health targets had yet been met.

Population Metric	2014	Target
Suicide death rate (per 100,000)	14.1	10.2
% of 10th grade students reporting depressive feelings	31.4%	25%
% of adults with frequent mental stress	8%	7%

Data source: Whatcom County Health Department

<sup>39</sup> Whatcom County Health Department. Whatcom Communities Addressing ACEs & Adopting Trauma Informed Approaches. August 10, 2017.

<sup>40</sup> Whatcom County Health Department. Community Health Improvement Annual Report. January 2016. Available at <http://www.co.whatcom.wa.us/DocumentCenter/Home/View/14543>.

As with mental health, the data for substance abuse is only available at the county level. In the 2016-2019 Health Needs Assessment Plan, PeaceHealth St. Joseph Medical Center reported that Whatcom County has among the highest rates of opiate addiction compared to the State as a whole.<sup>41</sup>

- **Opioid use in Whatcom County:**
  - Ranks 3<sup>rd</sup> of 39 counties in Washington for overall negative impacts from heroin abuse.
  - Ranks 6<sup>th</sup> of 39 counties in Washington for overall negative impacts from prescription opiates.
  - Deaths attributed to any opiate: 8.2 per 100,000 population (about equal to state average of 8.6 per 100,000 population).
  - Some of the highest rates of Buprenorphine prescription for Suboxone treatment for opiate addiction in all of Washington counties.
- **Excessive drinking:**
  - 22% among adults (higher than state average of 19%)
- **Smoking:**
  - 14% among adults (slightly lower than state average of 15%)
  - 10<sup>th</sup> graders smoking cigarettes in past 30 days: 8.7% (slightly higher than state average of 7.9%)

For both mental health and addiction treatment services, the WCHD is the lead. The county has its own set of existing plans to increase availability of mental health services, expand treatment for opioid addiction, and increase coordination between agencies for patients with the highest service needs, among other tactics.<sup>40</sup> The City of Bellingham recognizes the significant need for these services, and will continue to be an active partner, with the focus on implementing and expanding the GRACE program.

## Other special needs populations

Families with young children, and especially single-parent families, are particularly at risk of being priced out of Bellingham. Many struggle to find adequate housing and affordable childcare within the city and in close proximity to jobs and schools. Single-parent families are especially vulnerable to increasing housing costs: 51% are below the Federal poverty level.

Farmworkers are a vital part of the economy of Whatcom County. However, the median salary of a farmworker in Bellingham is below 50% of the area median income. At these wages, it is difficult for farmworkers to afford market-rate housing.

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<sup>41</sup> PeaceHealth St. Joseph Medical Center. 2016-2019 Community Health Needs Assessment and Implementation Plan. Available at: [https://www.peacehealth.org/sites/default/files/new\\_folder\\_3/New%20folder%20%283%29/PH\\_SJMC.Whatcom%20CHNA%202016.pdf](https://www.peacehealth.org/sites/default/files/new_folder_3/New%20folder%20%283%29/PH_SJMC.Whatcom%20CHNA%202016.pdf)