



WHATCOM COUNTY COUNCIL

COUNCIL MEETING AS THE HEALTH BOARD JOINT MEETING WITH THE PUBLIC HEALTH ADVISORY BOARD

10:00 a.m. Tuesday, July 30, 2024

Garden Level Conference Room, Civic Building, 322 N. Commercial Street

(if virtual: www.whatcomcounty.us/joinvirtualcouncil)

A G E N D A

	Meeting Topics	Pages	Time
1.	Roll call of Health Board members. Roll call of PHAB members.	No paper	10:00 -10:05
2.	Health Officer/Health Director update	(Pages 2-9)	Only if questions
3.	Permanent Supportive Housing/22 North Roundtable	(Pages 10-20)	10:10 – 10:50
4.	Public Comment	No paper	10:50 - 11:00
Adjourn			

Equity – Collaboration – Compassion – Transparency – Innovation - Service

Leadership:

Health Director

Erika has focused on a few key areas over the last few months and will continue to do so into the summer and fall. Namely, launching and implementing the Fentanyl Operations Plan, overseeing and communicating about the Healthy Children’s Fund expenditures and projects, planning for biennial budget, developing organizational and position changes to better meet needs, planning for building acquisition and financing, structuring of a more effective Public Health Advisory Board, and planning for severe weather for vulnerable populations.

In terms of public facing activities, Erika continues to maintain and build relationships with outside service providers, provide public presentations on Justice Project, Healthy Children’s Fund, and Fentanyl Operations Plan activities and goals, and leadership for the Funders’ Roundtable with local philanthropy. She transitioned her role of Washington State Association of Local Public Health Officials (WSALPHO) President and now serves as the Past President until June 2025. Erika continues to serve on the Board of National Association of City and County Health Officials (NACCHO).

Health Officer

Dr. Harley continues to support the Communicable Disease division, focusing particularly on the Tuberculosis Program. With the rise in pre-immigration screening for latent TB infection, the TB nurses are managing an increasing number of reports for individuals potentially at risk of developing active TB disease. These new arrivals to the U.S. require risk assessments, care coordination, and connections to preventive treatment. Additionally, within the CD&E division, developing the department's capacity for comprehensive health screening for refugees is a goal.

She collaborates closely with community health staff, offering health expertise, connecting staff to community healthcare partners, and helping design health education events. Strengthening connections and collaboration between public health and healthcare organizations and providers remains a key priority.

In light of Dr. Thompson’s departure from the department at the end of June, Dr. Harley is stepping up to advise on epidemiology and informatics within the Health Information and Assessment team. Another critical area of focus following Dr. Thompson’s exit is

opioid response work, especially regarding improving access to Medication for Opioid Use Disorder (MOUD) in our community, as well as substance use prevention and education initiatives. We will soon bring on Dr. Shannon Boustead on a temporary basis to provide expertise and coordination on MOUD expansion and healthcare community connection.

Communicable Disease and Epidemiology (CD&E):

The CD&E division's public health nurses and staff within the CD&E division continue clinical service outreach and educational events in the community.

Avian Influenza Internal Task Force: Avian influenza (bird flu) is a disease caused by infection with avian (bird) influenza (flu) Type A viruses. These viruses occur naturally in wild aquatic birds. These viruses can also infect poultry (such as chickens, turkeys, pheasants, quail, domestic ducks, geese, and guinea fowl) and other bird species, as well as wildlife and domestic animals. There has now been spread among dairy cattle herds in multiple states, but none identified in Washington. With the assistance of Dr. Amy Harley, we have established an internal department task force that consists of our communicable disease staff, environmental health, communications, and emergency preparedness. This task force meets regularly to share information and discuss our response should an outbreak among dairy farm workers occur.

Refugee Health Screenings: With the assistance of Dr. Amy Harley, we are working with the Department of Health and the Department of Health and Human Services to offer Refugee Health Screenings in Whatcom County. Refugees who resettle in Whatcom County must travel to Snohomish County for Refugee Health Screenings. Offering this service locally can reduce barriers for refugees seeking health services. Reducing barriers to healthcare access for this population is vital for infectious disease surveillance in the community. We are developing the internal capacity to provide this much-needed service in the community.

Increasing Community Naloxone Access: A naloxone box pilot project is currently underway based on a recommendation from the Syringe Services Program public health nurses. To increase the access and availability of naloxone and overdose prevention supplies, WCHCS has purchased nine Naloxone boxes to be placed strategically at various locations throughout Whatcom County. Working closely with community partners, the project aims to ensure inclusion and access to supplies, such as naloxone, for those facing the most significant barriers to accessing care. Limited hours, lack of transportation, and stigma create substantial barriers to the populations that benefit from accessing naloxone.

Girard Vending Machine Kiosk: Federal funding for free COVID-19 testing is ending, and there will be limited access to free testing. As a result, In March 2024, The Washington State Department of Health (DOH) launched a program with Local Health Jurisdictions (LHJs) and Tribal Nations to improve public health. These kiosks offer free COVID-19 tests. This program aims to support underserved communities and those most affected by health issues. There are two types of tests available in the machine: a rapid antigen test and a PCR test which requires the specimen to be sent out to a lab for testing. The machine is restocked regularly by the vendor, LTS. This program is expected to last until December 2024.

Infection Prevention Team Achievement: Public health nurses in the Infection Prevention Team were awarded a certificate of achievement for their exemplary contribution and commitment to the prevention and control of healthcare-associated infections in Whatcom County long-term care facilities.

Community and Organizational Development (COD):

Whatcom Community Health Insights- launches July 15th: This data platform provides public health data and information with over 120 health indicators on the well-being of Whatcom County's residents with a focus on health equity.

Core Competency Assessment: The Workforce Development team, with support from our Evaluator, conducted a Public Health Core Competency self-assessment. These competencies encompass the essential knowledge and skills required for public health practice, as defined by the 10 Essential Public Health Services. Findings show staff assessed themselves as highly proficient in communication, health equity, and community partnerships, while areas for growth include data and assessment, policy and planning, and public health science. Results will be used to plan for training and professional development for the department.

Extreme Heat & Wildfire Smoke Preparedness Plan: As summer months bring warmer weather, staff worked across divisions to prepare the resources and plans for Extreme Heat and Wildfire Smoke. The plans focus on direct services, DIY mitigation strategies, public information, education, and community outreach activities as well as suggested thresholds for response activation.

Healthy Children's Fund Evaluation Plan complete: WCHCS recently contracted with VillageReach to develop a comprehensive Evaluation Plan to monitor and assess Healthy Children's Fund activities and its impact on the community in early learning & care as well as supporting vulnerable families. The evaluation aligns with the implementation plan and provides guidance for an internal process evaluation as well as evaluation of the ten strategies of HCF.

WCHCS is participating in PH WINS: WCHCS will participate in the national 2024 PH WINS (Public Health Workforce Interests and Needs Survey) this September. The web-based survey asks questions on workplace culture and morale, satisfaction, and training needs, as well as demographic characteristics. PH WINS 2024 will shape investments in our workforce nationally and unite public health practitioners and researchers around the public health workforce development agenda for state and local government public health workers.

Community Health and Human Services (CH&HS):

Severe Weather Shelter After Action Report (AAR): The Homeless Housing Team presented the AAR to the County Council in June. The recommendations from the report as well as some cost projections for operating more shelters in the community, have added to the conversation Council members are already having around a shelter resolution that is on the table. The Whatcom Housing Advisory Committee has provided feedback on what a possible sub-committee to dive deeper into the topic might look like for the County Council if the resolution is passed. Response to climate related events for those who are unhoused is quite a bit of the focus for the housing team now as they move into the smoke and heat season of summer.

Community Provider Trainings: CH&HS continues to partner with the Response Systems Division on a four part training series this year, with the most recent training in June. The focus was on suicide prevention and with 50 registered attendees who work in housing and behavioral health programs. The response has been very positive, with a desire for more learning opportunities like this. The next training is in September and will focus on Brain Science Addiction & Recovery.

Healthy Children's Fund: Programs funded through Healthy Children's Fund are now moving forward! Most recently, two new contracts were signed that offer a significant step towards improving the well-being of parents and children navigating the most formative time in their lives. The Mobile Mama Therapy program will now have additional master level interns available to provide mental health support to mothers on their parenting journey, and most of the 11 contracts for doula services have now been signed. Medicaid eligible families will now have increased access to programs like these throughout Whatcom County.

Teletherapy for Students, Teachers, and Staff at all School Districts: Youth experiencing mental health challenges, as well as poor access to healthcare in some parts of the county, prompted Council to approve School age children throughout

Whatcom County are also receiving some new opportunities to improve their health in the form of teletherapy services for each district. The students served will be those who don't have access to mental and behavioral health services due to language differences, inability to get to appointments, or lack of appropriate therapists to make a good match. The goal is to provide up to 1100 clinical therapy sessions throughout Whatcom County. Whatcom County is also helping to facilitate state funding to support a rural school based health center with the Mt. Baker School District. This SBHC is strongly supported by the school district with the goal of making access to health care more available in east county. SeaMar and the community's efforts are moving along with the hope to be able to provide sports physicals for youth prior to the 2024-25 school year.

Housing for People with Developmental Disabilities: The Developmental Disabilities Team is in the early stages of working with a local housing provider to make sure there are some local DD funds in the development of housing units that could support those with diagnosed DD. This would help keep the units affordable for the individuals living there and continue to support the mission of community inclusion by having some units focused on DD amongst the larger building.

Environmental Health (EH):

Climate Vulnerability Assessment on Wildfire Smoke and Extreme Heat: The BRASH (Building Resilient Against Smoke and Heat) assessment was presented to Council on June 18. The various social, economic, occupations and physiological factors that influence susceptibility to wildfire smoke and extreme heat were discussed along with the eight communities in the County that experience higher vulnerability to these two emerging climate hazards. The StoryMap of this project can be accessed here: tinyurl.com/whatcomBRASH

DIY Air Cleaner Distribution: With the support of Northwest Clean Air Agency (NWCAA), EH was able to fund over 100 Do-It-Yourself (DIY) air cleaner kits. In partnership with several community organizations, distribution amongst frontline communities will occur this summer to support cleaner indoor air during wildfire season.

EPA Award for Reducing Greenhouse Gas Emissions in the Foothills Region Through Creative Food Recovery "Freedges:" EH and CH&HS teamed up with WSU Extension and Sustainable Connections on a grant to continue to reduce food waste and enhance food access in East County. The "Freedges" are free, surplus food from restaurants to residents and the approach could be used as a model in rural communities hoping to increase availability of nutritious foods to residents and reduce greenhouse gasses emitted from food waste.

Shellfish biotoxins, Beach Pollution and Rabies: Our Food Safety and Living Environment teams have been very busy sampling, investigating and educating our community when it comes to paralytic shellfish poisoning, pollution concerns at our favorite beaches and rabies. Be sure to check health advisories before harvesting shellfish and enjoying a swim at your favorite public beach. Lastly, vaccinate your cats, dogs and bat-proof your homes to decrease the likelihood of a rabies exposure!

Soil & Water Stewardship: On-Site Septic Community Education: The EH Onsite team has empowered over 250 community members to steward our soil and water resources through onsite sewage system training from April 2024- July 2024. They also have partnered with Whatcom County Public Works and the WCHCS Communications Team to launch a new online training in addition to our in-person trainings. If you own an onsite septic system please feel welcome to attend a training and learn about your onsite sewage system!

Technical Assistance Capacity: GIS EH Internal Map: EH has partnered with Whatcom County GIS to build internal capacity to identify pollution sources and provide technical assistance to community partners such as the Whatcom County Pollution Identification and Control Team, Lummi Nation, Re-Sources, and industry experts. Improving our data infrastructure is a key step towards moving from emergency, reactionary processes to a more coordinated response.

Financial Service (FAS):

State Year End: The division has been busy preparing for the June 30th year end as many of our funding sources end June 30th. We also start many contracts on July 1st to correspond to the new funding allocations. This year the division proactively sent out cutoff dates for spending by June 30th and deadlines to start contracts by July 1st. The department followed the timelines which resulted in many of our funding sources being fully spent down and contracts getting prepared and implemented sooner.

Budget Development: The department's budget is due August 9th. The FAS team has been meeting with divisions and providing resources to help better prepare the 2025-2026 biennial budget. The department is working hard on aligning anticipated costs with current and future funding sources.

Response Systems:

Leadership positions in RSD:

In June, we welcomed Hannah Fisk as our new Special Projects Manager. Hannah will be working directly on strategic initiatives including the Justice Project, 23 Hour Crisis Relief Center, Fentanyl Ops Plan as well as continuing to work with existing agencies that are contracted through Health & Community Services to provide Behavioral health services in Whatcom County.

In September, we will be moving forward with an Assistant Manager position to support the Response Systems division programs.

Therapeutic Campus development at Division Street:

In addition to the development of the 23 Hour Crisis Relief Center, we are eager to develop additional therapeutic services for the community at the Division Street property. These services could include Medication for Opioid Use Disorder, Resource and transportation services.

Justice Project:

Working closely with the Whatcom County Sheriff's Office leadership, we are honored to be part of the development team working to improve BH and re-entry services in the jail. This work includes improvements to current operations as well as future planning for the new facility.

LEAD Program expansion:

Whatcom LEAD has received additional funds from the Health Care Authority to expand our team by two FTEs. This will allow us to address the current waitlist of folks waiting to get into the program. This will also allow us to continue to focus on the expansion of pre-arrest and pre-charge diversions in partnership with law enforcement and the prosecuting attorney's office.

Street Medicine program development and expansion:

We are so excited that the Health & Community Services Street Medicine program continues to develop and provide critical health care services to members of our community. The Street Medicine team of a nurse and nurse practitioner is able to work with community members who struggle to connect to primary care services. The team works closely with outreach teams, housing and shelter providers and the Response Systems programs. We are excited to bring on a part-time outreach staff in the fall to provide additional services to the folks served by this program.

Supporting the Fentanyl Operations Plan:

In coordination with the Fentanyl Ops Plan, our team is focused on securing funding for SUD navigation services embedded at St. Joe's hospital, SUD navigation services for

individuals who have recently overdosed and the purchase of recovery supplies.

Data Sharing Agreements:

Working closely with our Health Informatics team, we continue to focus on building data sharing agreements with our key partners to analyze the impact of RSD programs.

Before the end of the year, we hope to have these agreements in place with local law enforcement and our hospital.



**HEALTH BOARD
PUBLIC HEALTH ADVISORY BOARD
Discussion Form**

July 30, 2024

AGENDA ITEM #3: *Permanent Supportive Housing*
PRESENTERS: *Ann Beck, Community Health and Human Services Manager
and Michaela Mandala, Housing Specialist, Whatcom
County Health and Community Services*

BOARD ACTION: Action Item Discussion FYI - Only

On July 9, the County Council/Health Board discussed and considered a Councilmember-generated resolution to discontinue County funding to Opportunity Council to operate the 22 North Permanent Supportive Housing building.

This update is to share with the Health Board and Public Health Advisory Board some information about the 22 North contract and the requirements in place for the program and building. The briefing will also provide more detail and context around the nation Permanent Supportive Housing model, in order to support Council in their further discussion in their subsequent discussion of AB2024-469.

EQUITY CONSIDERATIONS

(include data or information about how topic impacts or could impact equity, including racial equity)

Formerly homeless young people and adults are disproportionately impacted by health disparities including quality and length of life outcomes.

BOARD ROLE / ACTION REQUESTED

Discussion re: AB2024-469.

ATTACHMENT(S)

Permanent Supportive Housing Frequently Asked Questions



RESOLUTION NO. _____

**REQUESTING THE WHATCOM COUNTY EXECUTIVE DECOMMISSION sALL
CONTRACTS WITH THE OPPORTUNITY COUNCIL AND NORTHWEST YOUTH
SERVICES RELATING TO THE 22 NORTH PERMANENT SUPPORTIVE HOUSING
FACILITY**

WHEREAS, the [Opportunity Council](#) states they provide affordable permanent housing units for income-qualifying applicants located in downtown Bellingham, at 1022 N. State Street; and

WHEREAS, the Opportunity Council owns and operates the property and services for 22 North Supportive Housing Facility; and

WHEREAS, the Opportunity Council has stated the goal of the 22 North Permanent Supportive Housing Facility is to provide wraparound support, build stability, and opportunity for adults experiencing homelessness; and

WHEREAS, the Opportunity Council and Northwest Youth Services provide case management and other support services to homeless individuals and individuals who are 18- to 24-years-old residing at the 22 North Permanent Supportive Housing Facility; and

WHEREAS, on July 14, 2023, the Whatcom County Council authorized [Contract No. 202106006-6](#), which in addition to providing funding for the Opportunity Council's Homeless Outreach Team hires a behavioral health consultant to provide direct service, consulting, and training work for the 22 North Permanent Supportive Housing Facility; and

WHEREAS, on December 7, 2023, the Whatcom County Council authorized [Contract 202207001-6](#) to provide funding for 24/7/265 funding for on-site supportive services, staffing, and training for the 22 North Permanent Supportive Housing Facility with additional reporting requirements; and

WHEREAS, on September 15, 2020, the Whatcom County Council authorized [Contract No. 2020009034](#) to fund clinician consultations provided by Northwest Youth Services at the 22 the North Permanent Supportive Housing Facility and coordination with the Opportunity Council's housing team; and

WHEREAS, from January 1, 2024 to June 13, 2024, at least 6 overdoses were reported by the [Bellingham Police Department](#) on N. State St. between 200 BLK N. State St. and 2000 BLK N. State St.; and

WHEREAS, from January 1, 2024 to June 13, 2024, at least 5 death investigations have been reported by the Bellingham Police Department on N. State St. between 200 BLK State St. and 2000 BLK N. State St.; and

WHEREAS, on February 2, 2022 Kassandra Booker was murdered in the stairwell of 22 North by her drug dealer; and

WHEREAS, on June 2, 2023 Philip Moitoret died of a meth overdose in unit 508 of 22 North.; and

1
2 **WHEREAS**, on October 10, 2023, Michael Swonger died of an overdose in unit 510
3 of 22 North, and he wasn't seen for four days prior to being found dead; and
4

5 **WHEREAS**, on November 9, 2023 Brian Owen died of an overdose in unit 510 of 22
6 North, and he wasn't seen for four days prior to being found dead; and
7

8 **WHEREAS**, on December 7, 2023 Joanne Ball was found dead in unit 202 of 22
9 North; and
10

11 **WHEREAS**, on December 30, 2023, Christine Osthimer overdosed in unit 302 of 22
12 North, and three days later, on January 2, 2024, she was found dead in unit 308, a unit
13 which had been condemned for meth contamination by the Whatcom County Health
14 Department in 2022; and
15

16 **WHEREAS**, on March 27, 2024, Donald Bering was found with meth foil, covered in
17 feces, and dead in unit 402 of 22 North; and
18

19 **WHEREAS**, on May 6, 2024, Jere Boyd was found dead in unit 501 of 22 North after
20 not being seen for 72 hours; and
21

22 **WHEREAS**, on October 10, 2023, a person died of an overdose in unit 510 of 22
23 North, and he wasn't seen for four days prior to being found dead; and
24

25 **WHEREAS**, on January 26, 2022, Desiree Feliciano died outside 22 North; and
26

27 **WHEREAS**, on June 2, 2022, Jordan Terry died one block away from 22 North in
28 front of Sophie's Gold Mine and Repair; and
29

30 **WHEREAS**, on August 9, 2022, Ward Simmons, Jr. died on the trail behind 22
31 North; and
32

33 **WHEREAS**, from January 1, 2024 to June 13, 2024, at least 8 drug/narcotics
34 violations were reported by the Bellingham Police Department on N. State St. between 200
35 BLK State St. and 2000 BLK N. State St.; and
36

37 **WHEREAS**, from January 1, 2024 to June 13, 2024, at least 10 behavioral health
38 investigations were reported by the Bellingham Police Department on N. State St. between
39 200 BLK State St. and 2000 BLK N. State St.; and
40

41 **WHEREAS**, from January 1, 2024 to June 13, 2024, at least 32 trouble with a
42 person incidents were reported by the Bellingham Police Department on N. State St.
43 between 200 BLK State St. and 2000 BLK N. State St.; and
44

45 **WHEREAS**, from January 1, 2024 to June 13, 2024, at least 33 graffiti incidents
46 were reported by the Bellingham Police Department on N. State St. between 200 BLK State
47 St. and 2000 BLK N. State St.; and
48

49 **WHEREAS**, between October 2023 and January 2024, the 22 North Task Force has
50 reported at least 24 crisis calls by onsite staff for police services, off-site staff, private
51 security, or medical response teams in the four-month period; and
52

1 **WHEREAS**, between February 2022 and May 2024, there have been at least 8
2 individuals who have died at the 22 North Permanent Supportive Housing Facility; and
3

4 **WHEREAS**, between June 2022 and January 2024, the 22 North Task Force has
5 reported at least 17 resident evictions at the 22 North Permanent Supportive Housing
6 Facility; and
7

8 **WHEREAS**, community members have shared concerns with the 22 North Task
9 Force and with the Whatcom County Council regarding drug-usage, violence, and criminal
10 activities inside the 22 North Permanent Supportive Housing Facility and the surrounding
11 areas; and
12

13 **WHEREAS**, on June 15, [2022](#), Cascadia Daily published an article stating that
14 community members near 1022 N. State St. reported increased litter, thefts, vandalism,
15 assaults, and drug use as a result of the 22 North Permanent Supportive Housing Facility;
16 and
17

18 **WHEREAS**, in response to increased crime surrounding the 22 North Permanent
19 Supportive Housing Facility in [2022](#), the article from Cascadia Daily reported the Bellingham
20 Police Department enhanced patrols around the 22 North Permanent Supportive Housing
21 Facility; and
22

23 **WHEREAS**, Whatcom Health and Community Services reported the average cost of a
24 bed per year in 2022 at the 22 North Permanent Supportive Housing Facility is \$25,000.
25

26 **NOW, THEREFORE, BE IT RESOLVED** that the Whatcom County Council requests
27 the Whatcom County Executive to cancel all contracts with the Opportunity Council and
28 Northwest Youth Services relating to the 22 North Permanent Supportive Housing Facility;
29 and
30

31 **BE IT FURTHER RESOLVED** that the Whatcom County Council requests the
32 Whatcom County Executive immediately cancel all county funding and pass through funding
33 for the 22 North Permanent Supportive Housing Facility with the intent of permanently
34 shutting down the current program; and
35

36 **BE IT FINALLY RESOLVED** that the Whatcom County Council requests the
37 Whatcom County Executive develop a strategy to repurpose the current 22 North facility
38 into a secure detox and treatment facility and seek reinstatement of funding towards the
39 new objective.
40

41 **APPROVED** this ____ day of _____, 2024.
42

43
44 ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

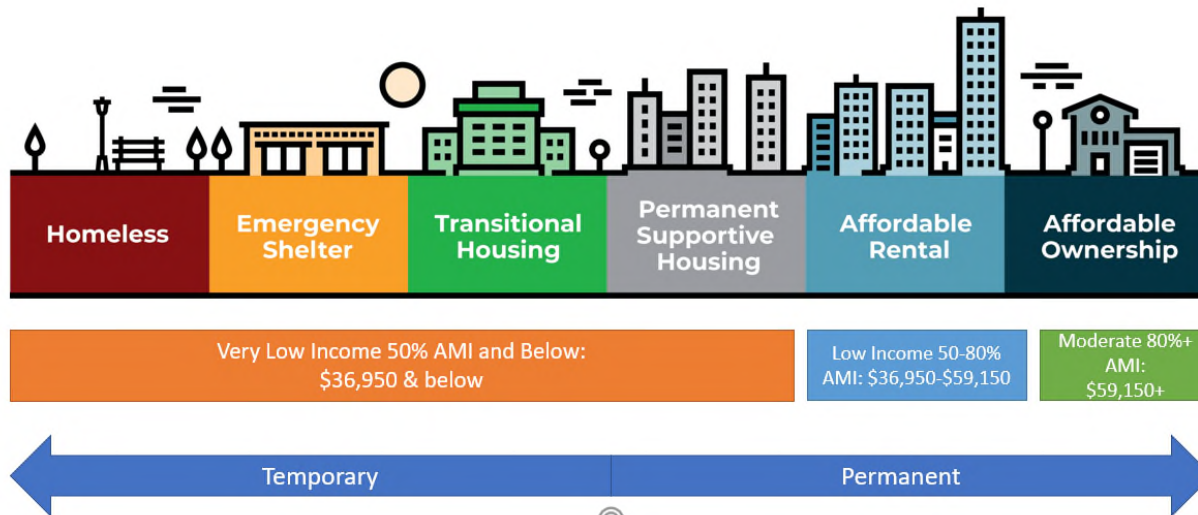
45
46
47 _____
Cathy Halka, Clerk of the Council

Barry Buchanan, Council Chair

48
49 APPROVED AS TO FORM:
50

51 _____
52 Civil Deputy Prosecutor

Permanent Supportive Housing Frequently Asked Questions



Permanent supportive housing is a crucial ‘housing tool’ in our ‘housing toolbox.’

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What is Permanent Supportive Housing (PSH)?

Permanent Supportive Housing (PSH) is an approach that offers stable, permanent housing in combination with supportive services. It is an evidence-based best practice that supports people with disabilities who have experienced 'chronic homelessness,' meaning they have been homeless for more than a year. PSH is one of many interventions to homelessness on the "housing continuum," that creates stability by offering long-term support for tenants that need it.

This approach emphasizes working with highly vulnerable individuals and leveraging their strengths to set and reach personal goals while acquiring essential life skills necessary for sustainable community living. Engagement with supportive staff is not required, but participants are expected to adhere to program guidelines and landlord/tenant regulations; failure to comply, particularly if posing a risk to the community, may result in eviction.

What does the "supportive" in Permanent Supportive Housing mean?

Services are tailored toward helping participants gain the skills necessary to manage their needs, recover from harms brought about by an extended period of homelessness, and improve (or at least stabilize) their health. Staff are trained and available to provide one-on-one services. Case managers connect residents to services and spend time assisting them as they set and work towards goals.

Staff promote healthy community integration by encouraging participation in community life. Being involved in the community fosters a sense of belonging and reduces isolation, both of which are protective factors to improve individual and community health.

Some PSH programs are designed for tenants who need more support, and those facilities have full-time on-site service staff (including nights and weekends). Other programs have tenants who require lower levels of support and in-person check-ins are conducted during normal business hours with after-hours resources on call.

Staff typically engage with tenants at least once per week, increasing or decreasing visits based on the tenant's level of need. These services are voluntary. Tenants have the right to decline services, and may stay at the facility as long as they abide by the terms of their lease. The service needs for any given individual will change over time, and their engagement with support staff sometimes happens right away. For some residents, engagement takes time and only becomes possible after trust is developed.

How are individuals selected for PSH programs in Whatcom County?

Selected individuals are living with a disabling condition, and are initially identified by outreach teams or emergency shelter staff. While homeless, they are encouraged to apply for services, and an intake system is used to prioritize those with the most immediate needs. Sometimes, PSH units are developed for a specific disability such as serious and persistent mental illness or people living with a developmental disability. Information collected during the intake helps match each individual to the most appropriate program for them.

Who is waiting for PSH?

As of June 2024, Whatcom County's Coordinated Entry Housing Pool has 747 households. Of those households, 463 have significant enough needs and disabilities that they are candidates for PSH. This represents 62% of people waiting for services in the housing pool.

Placement into PSH units is dependent on newly available units, either through attrition or the creation of new units, both of which are happening too slowly to meet demand for this type of intervention.

Why is Permanent Supportive Housing a "national best practice"?

Permanent Supportive Housing is a national best practice because it is proven to be extremely successful in keeping formerly homeless disabled residents housed.

Research has demonstrated that PSH is cost-effective compared to emergency services such as shelters, hospitals, and law enforcement involvement. By providing stable housing and supportive services, PSH reduces the frequency of emergency room visits, incarcerations, and other costly interventions associated with homelessness. PSH models are scalable and replicable across different communities and regions. They can be adapted to meet local needs and resources while maintaining fidelity to core principles, making them a flexible solution to homelessness.

Comparable costs at a glance:

- Avg. annual cost for bed in federal prison: **\$35,347**
- Avg. annual Whatcom jail single bed cost in 2022: **\$45,000**
- Typical annual cost of motel/hotel room in Whatcom: **\$48,000**
- One night for uninsured individual at hospital: **\$9,300**
 - **\$279,000 monthly**
 - **\$3,394,500 annually**
- Avg. annual cost of a low-barrier PSH unit in Whatcom: **\$25,000**
 - This equates to around \$69 per night, significantly more affordable than emergency services or incarceration.

Stable housing through PSH can contribute to improved physical and mental health outcomes for residents. With access to supportive services, residents can better manage chronic conditions and mental health issues, leading to better overall well-being. For many in Whatcom County, such as individuals that are unable to access emergency shelters, this is the only viable path out of unsheltered homelessness.

Are illegal substances allowed in PSH programs?

No, just like in any other apartment building, illegal substances are not permitted on the properties. Smoking of any kind in the facility, in any housing program, is grounds for lease enforcement or eviction.

PSH participants are tenants with leases, and they enjoy the same protections and rights as other tenants throughout Whatcom County. They cannot be removed from their homes without court approval. Going through the lease enforcement process can

take several months and require multiple attempts to notify the tenants of lease violations before a court will review for an eviction.

The eviction process is legally required by landlord-tenant law. It gives the tenant an opportunity to engage with support services and change their behavior to maintain housing. An example of this could be engaging with a case manager to go to detox and begin a path towards treatment. Although eviction is never a preferred solution in PSH programs, it is nonetheless an essential tool needed to protect the rest of the PSH community's health and safety.

Does Permanent Supportive Housing become a magnet for more homeless individuals to move to Cities that have it?

No, there is no evidence that Permanent Supportive Housing attracts more homeless people to a city, a specific neighborhood, or to the property itself. PSH is an intervention that effectively lowers the number of people who are homeless within a community by providing a direct solution: a place to call home with the supports needed to sustain their living arrangement. PSH projects exist in many cities in Washington State and in other states throughout the country.

What responsibilities do the tenants have?

Residents pay 30% of their income towards rent and agree to abide by their lease agreement. Some tenants who are living with a disability pay a portion of their benefits towards rent; while others who can work pay from their wages.

Tenant rents increase proportionately with their income. Some participants will use PSH as a stepping stone, moving on to other housing options in the community. For others, PSH will be a long-term housing option, with community and social service supports helping them meet their goals. The purpose of PSH is to provide stability for those who need it, not to move people out into other living arrangements.

How long can someone stay in a PSH program?

As per HUD's guidance, in PSH projects there must be a lease and it must be for a term of at least one year and automatically renewable upon expiration. As long as the tenant meets income requirements and complies with their lease, they can stay indefinitely. Residents can be evicted if they do not pay rent or violate their lease. However, onsite staff work closely with managers and service providers to make every effort to ensure the stability of the residents so that they do not return to homelessness.

Are people with criminal records allowed to live in the units?

Criminal background checks are conducted to determine eligibility for residency. While a criminal record does not automatically disqualify applicants from housing, Permanent Supportive Housing programs have varying criteria regarding background checks. Some PSH programs may disqualify individuals with serious felony charges, but most will accept those with misdemeanors. Programs that accommodate families with children typically have stricter criteria based on background checks than those serving single adults.

Increasing the number of disqualifying factors based on criminal background checks creates additional barriers to entry, thereby limiting housing options and potentially

removing PSH as one of the few viable solutions for individuals with no other housing prospects. Individuals leaving institutions with multiple charges on their record often find themselves ineligible for housing in the private rental market, making PSH their primary or only realistic housing option for re-entry.

Are PSH residents Employed?

Residents often work, particularly after they have been stably housed. However, since the typical resident is living with a disability, sometimes receiving SSI/SSDI, there may be a higher volume of individuals who are unable to work living in the PSH program.

What is Housing First and its relationship with PSH?

The Housing First approach prioritizes stable housing as a first step toward addressing other issues, such as mental health, substance use, medical challenges, and employment. This approach has been widely recognized as effective in reducing homelessness, and for providing a platform from which participants can make better use of community services.

Housing First stands as a critical intervention in homelessness, placing stable and permanent housing at the forefront without demanding prerequisites like sobriety or employment. This evidence-based approach acknowledges that being unhoused is extremely stressful and makes it very difficult for someone to focus on addressing other issues until the uncertainty of daily life and the stress of finding housing is taken care of.

By prioritizing secure housing, individuals gain improved access to essential support services and can focus on goals such as seeking substance use disorder treatment, pursuing employment or education opportunities, ultimately enhancing overall well-being.

How did COVID and the rise of fentanyl impact PSH?

Permanent Supportive Housing (PSH) programs were disproportionately affected by the COVID-19 pandemic and the eviction moratorium from 2020 to 2021. The PSH model relies heavily on outreach from various mental and behavioral health providers and employs lease enforcement to help residents change behaviors that jeopardize their housing stability. Unfortunately, both of these critical tools were severely limited during this period, leading PSH programs nationwide to struggle with stability and recovery. This impacted residents, staff, and neighboring community members.

The fentanyl crisis took off at roughly the same time, drastically altering regular operations within PSH programs. This increase resulted in higher rates of crisis situations and overdoses among residents. PSH staff, classified as frontline workers, were required to work in person and frequently responded to overdose incidents, significantly impacting their roles. Many PSH workers in Whatcom County left frontline positions for less demanding options, creating challenges in hiring new staff willing to take on these responsibilities during the pandemic.

Why does Whatcom County Health and Community Services (WCHCS) support Permanent Supportive Housing (PSH)?

Permanent Supportive Housing (PSH) is a best practice and evidence-based intervention endorsed by both the United States Interagency Council on Homelessness and the Department of Housing and Urban Development. WCHCS believes that this intervention provides dignity to individuals who have faced homelessness or housing instability, particularly those who have experienced extended unsheltered homelessness.

Moreover, for those experiencing homelessness, PSH offers a critical pathway to accessing and effectively utilizing support services aimed at improving health and overall well-being. It is also a more cost-effective solution than allowing someone to remain homeless because people in PSH are less likely to use emergency services or spend time in jail or prison.

In agreement with best practice guidance, WCHCS has seen PSH provide a sustainable, long-term housing solution to hundreds of individuals who would be unable to rent in the open housing market. For people who are unable to navigate congregate shelter settings and access services while unsheltered, it is the only available path to housing and security.

What kind of oversight of the programs is provided?

All PSH programs contracted with Whatcom county are required to submit quarterly reports. PSH programs that serve higher acuity populations submit monthly reports that include information about crisis calls made, lease enforcement activities, staffing levels, and building maintenance needs. Whatcom County staff meets with PSH providers regularly and maintains documentation on all in-person visits.

All PSH programs are subject to inspections from the various agencies who provide ongoing subsidies or who contributed investment funds to develop the building. These annual inspections include checks to the building general safety and security as well as tenant units. Additionally, all units are inspected before a new tenant moves into the unit and must meet HUD's basic Housing Quality Standards (HQS). The layered subsidies from city, county, state, and federal agencies leads to different types of oversight for the different functions and costs associated with the projects.

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