

A HOME FOR EVERYONE

Whatcom County Coalition to End Homelessness 2013 Annual Report

Part A: Point-in-Time Census of Homeless Residents

Part B: Youth Homeless Count

Part C: Public School Students and their Families

Part D: Description of Coordinated Homeless Housing Services

June 2013

Sponsored by:

Whatcom County Health Department

City of Bellingham

Whatcom County Coalition to End Homelessness

Whatcom Homeless Service Center at Opportunity Council

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Executive Summary

Homelessness in Whatcom County

At any point in time, at least 561 people in Whatcom County are homeless. Throughout the year, hundreds more face the prospect of losing their homes due to economic reasons, family break up, mental illness, drug or alcohol abuse, and domestic violence. People being released from psychiatric hospitalization and incarceration face challenging community re-entry issues. Furthermore, the rising cost of housing and stagnant wages increases the risk of people losing their housing, and makes it increasingly difficult to find affordable housing.

The 2013 homeless count

This year more than 40 people participated in the homeless count, which occurred on January 24. As you read this report, please keep in mind that point-in-time counts generally underestimate the number of those who are homeless because:

- A point-in-time is just a “snapshot” and may not capture all those who are cycling in and out of homelessness over the course of a year.
- It is difficult to find where all of the unsheltered people reside. It is impossible to know all the places that might provide unconventional shelter (i.e. tents, abandoned cars) for one night.

How many are homeless?

This year we counted:

- 561 homeless persons (a *person* may be part of a family household, or an unaccompanied individual)
- 405 homeless households (a *household* may include one or more persons)

Who are the people experiencing homeless?

The 2013 homeless population is as diverse as the larger community population: they are old and young, male and female, unaccompanied individuals, and families. Of those counted this year:

- 73% of homeless households included only one person
- There were 70 families with children that included 205 persons; the median¹ family size was 3 persons

In terms of age and sex:

- 50% of all homeless persons were female
- Ages ranged from less than one year old to 73 years old
- Median age of all homeless persons was 34 years
- Median age of unaccompanied homeless persons was 46 years

¹ The median value is, essentially, the midpoint. Specifically, in a group of measurements (e.g. family size, age) arranged from lowest to highest, the median is the middle value if the number of measurements is odd. If the number of measurements is even, the median is the average of the two middle values.

Homeless youth

Homelessness among youth may result from family problems, economic problems, and residential instability. Some youth become homeless with their families, others leave home after years of physical and sexual abuse, strained relationships, parental neglect, addiction of a family member, or their own chemical addiction. The following statistics are for youth we encountered who are literally homeless.

- 133 persons under 18 years old were counted, or 24% of all homeless persons
- 17% of all homeless persons were less than 10 years old
- 50 persons counted were 16 to 21 years old
- 72 persons were 16 to 24 years old
- 7 homeless minors (age 15-17) were unaccompanied

This year, we also conducted a special count of homeless youth that included minors and young adults ages 18 to 24 who were either literally homeless or unstably housed (e.g. couch surfing with friends or relatives to prevent becoming literally homeless). In this special count we encountered:

- 78 unaccompanied youth households
- 11 unaccompanied minors (7 who were homeless and 4 who were unstably housed)
- 18 young adult families with children
- 18% of minors and 24% of young adults were unsheltered
- One in three youth had a self-reported mental health disability

Community re-entry

Homeless Count survey respondents were asked if they had been discharged from an institution within the last six months. Altogether, 63 household respondents said they had been released from jail or prison, inpatient substance abuse, mental health treatment, or juvenile detention.

- 9% of household respondents had been released from jail or prison (N=35)
- 6% had been released from inpatient substance abuse treatment (N=26)
- 3% had been released from a psychiatric hospital (N=11)
- <1% had been released from juvenile detention (N=3)

Shelter

Homeless survey respondent households told us where they had slept the previous night:

- 27% in transitional housing (N=109)
- 34% in emergency shelter² (N=138)
- 23% out of doors (N=95)
- 14% in a vehicle (N=56)
- 2% in an abandoned building (N=7)

Chronic homelessness

Based on HUD's definition of chronic homelessness, **108 persons** were chronically homeless. This is certainly an undercount since many survey respondents did not supply enough information to determine whether or not they met all of the HUD chronic homelessness characteristics. Nevertheless, it is a significant decrease from 2008 when 158 chronically homeless persons were counted.³ To be considered chronically homeless based on HUD's definition, a person must be an unaccompanied

² Emergency shelter includes 42 households who stayed in a motel using an emergency assistance voucher.

³ Due to a counting error in 2008, the published report that year reported that only 113 persons were considered to be chronically homeless by HUD's definition; however, only unsheltered persons were included in that calculation. Instead, we should have also included persons in emergency shelter who also meet the other criteria. The correct number of chronically homeless persons in 2008 is actually 158.

individual who has been homeless for 12 months or more OR has had four or more episodes of homelessness in the last three years, AND has been sleeping in a place not meant for human habitation OR in emergency shelter, AND has one of the following disabling conditions (mental disorder, substance abuse disorder, permanent physical or developmental disability).

The number (and percent) of 405 counted households with any of the HUD chronic homelessness characteristics include:

- 294 (73%) unaccompanied, single individuals
- 178 (44%) who had been homeless for 12 months or more
- 67 (17%) who have had four or more episodes of homelessness in the last three years
- 277 (68%) households including a person with a disabling condition
- 296 (47%) who slept in a place not meant for human habitation or in emergency shelter

Top reasons for homelessness

Homelessness results from a complex set of circumstances that require people to choose between food, shelter and other needs. In fact 20% of respondents to this year's homeless count reported three or more reasons for their homelessness. Below are this year's respondents' most commonly reported reasons for homelessness:

- 41% Economic reasons
- 28% Family break-up
- 27% Mental illness
- 23% Alcohol or drug abuse
- 23% Domestic violence
- 22% Lost job
- 22% Temporary living situation ended
- 21% Illness
- 16% Eviction for nonpayment of rent
- 11% Criminal conviction

Trends

Compared to the baseline year of 2008 when our community began implementing the 10-Year Plan to End Homelessness, the number of people who were literally homeless decreased by 34%, and there was a 31% decrease in homeless families with children. The number of homeless veterans decreased by 63%, and the number of chronically homeless persons decreased 34%. Another positive trend is that over this same time period, the number of persons who were homeless and re-entering the community from jail, prison, psychiatric hospitals, inpatient substance abuse treatment, and juvenile detention has decreased by 37%. Despite these positive signs, there has been little movement in the number of people encountered during each annual Count who are unsheltered, and compared to last year, the total number of homeless households has increased 10%.

Acknowledgments

Counting people who are experiencing homelessness for the annual Point-in-Time Count is not an easy assignment. Successful PIT Counts in Whatcom County are made possible because of the commitment we receive from the service organizations, community volunteers and members of the Coalition to End Homelessness.

This year was no exception; an overwhelming number of individuals and organizations assisted with the 2013 PIT count.

Thank you to all of you who gave your time and effort.

Finally, we would like to thank the individuals and families who responded to this year's PIT Count survey. We understand that we are asking you some difficult questions and asking you to share a part of your very personal story. Without this information, we would know very little about the complexities of homelessness or how we, as a community, should respond.

Part A: Point-in-Time Census of Homeless Residents

Introduction

At any point in time, at least 561 people in Whatcom County are homeless. Throughout the year, hundreds more face the prospect of losing their homes due to economic reasons, family break up, mental illness, drug or alcohol abuse, and domestic violence. Hundreds of students in our schools have unstable housing; as a result, their academic performance may suffer and they are likely to have lasting impacts from this adverse childhood experience. People released from psychiatric hospitalization and incarceration face challenging community re-entry issues. Furthermore, the recent recession, the painfully slow recovery, and associated high unemployment increases the risk of people losing their housing, and makes it increasingly difficult for people who become homeless to get back into a stable, permanent housing situation.

Report format. This marks the fifth year of our community's efforts to implement its 10-Year Plan to End Homelessness. This year we use this reporting opportunity for four purposes, each embodied in a separate section of the report:

Part A: Point-in-Time Count Homeless Census contains the results of our annual census of individuals and families who are, literally, homeless. For the second time this year, we untangle what has been a rather confusing mixture of population estimates. In the past, those estimates attempted to combine data from single, point-in-time estimates of people who are, by definition, homeless with data from the public schools using a very different definition of homelessness and cumulative, rather than point-in-time estimates. This year's point-in-time count is consistent and comparable with past years' methods to measure people who are, literally, homeless at a single point in time.

Part B: Youth Homeless Count describes the results of a focused effort during our regular point-in-time count to locate youth and young adults under 25 years old who are either literally homeless or who have unstable housing and are at risk of becoming literally homeless. This effort was carried out in collaboration with Washington State Department of Commerce and U.S. Department of Housing and Urban Development.

Part C: Homelessness of public school students contains cumulative estimates of public school students who are unaccompanied or part of families who are either experiencing a housing crisis or are literally homeless over the course of a complete school year. The data come from school district Readiness to Learn staff who help students and their families who are experiencing a housing crisis and report data to the Office of the Superintendent of Public Instruction (OSPI).

Part D: Coordinated Homeless Housing Services contains a description and diagram depicting the coordinated system of services that anyone may encounter who is having a housing crisis in Whatcom County. This section also includes some of the new performance measures that Whatcom Homeless Service intends to regularly report to the community.

The Point-in-Time Homeless Count

The Point-in-Time Count is a census of homeless persons. It is conducted over a very short period of time to reduce the chance of counting people twice. The Count is sponsored by the Whatcom County Homeless Coalition, Whatcom County Health Department, and the Whatcom Homeless Service Center. This year more than 40 agencies participated in the count, which occurred on January 24.

Homeless census data derived from this count is useful for characterizing the homeless population in our community. Knowing approximately how many families with children, unaccompanied youth, and unsheltered veterans – to use just a few subgroup examples – helps Homeless Coalition members plan for homeless services and measure progress toward goals.

The Count is also required by Washington State and federal laws as a condition of receiving financial assistance to fund homeless services.

Point-in-time count limitations

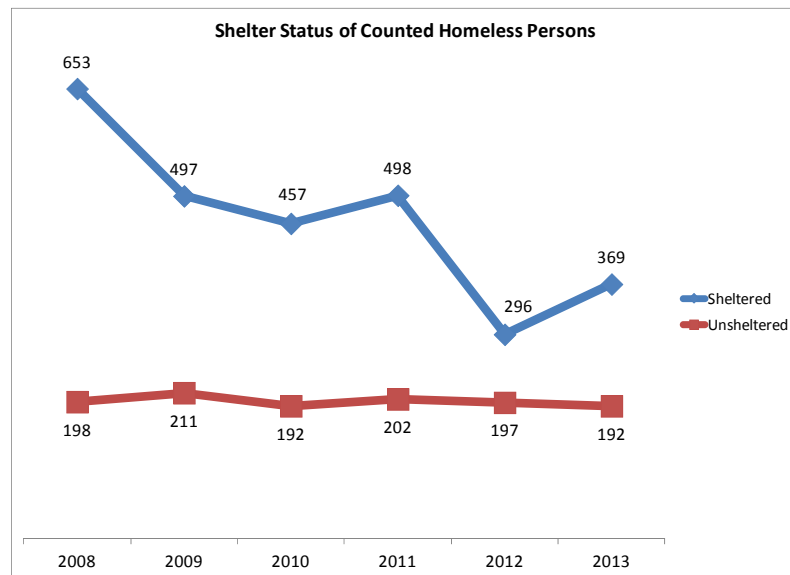
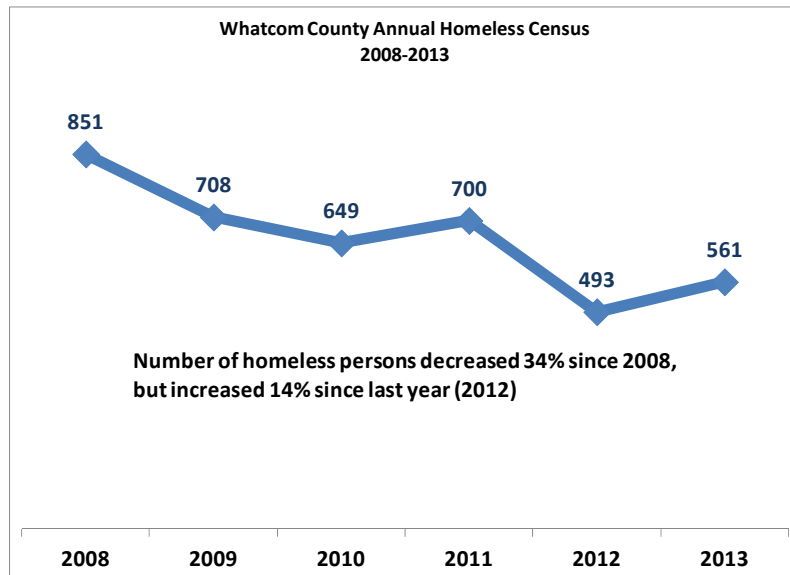
National research indicates that point-in-time counts generally underestimate the number of those who are homeless because:

- A point-in-time is just a “snapshot” and may not capture all those who are cycling in and out of homelessness over the course of a specific period of time (e.g. annually). Furthermore, an annual “snapshot” may miss any seasonal fluctuations that may occur in our communities.
- It is difficult to find where all the unsheltered people reside. It is impossible to know all the places that might provide unconventional shelter (i.e. tents, abandoned cars) for one night.

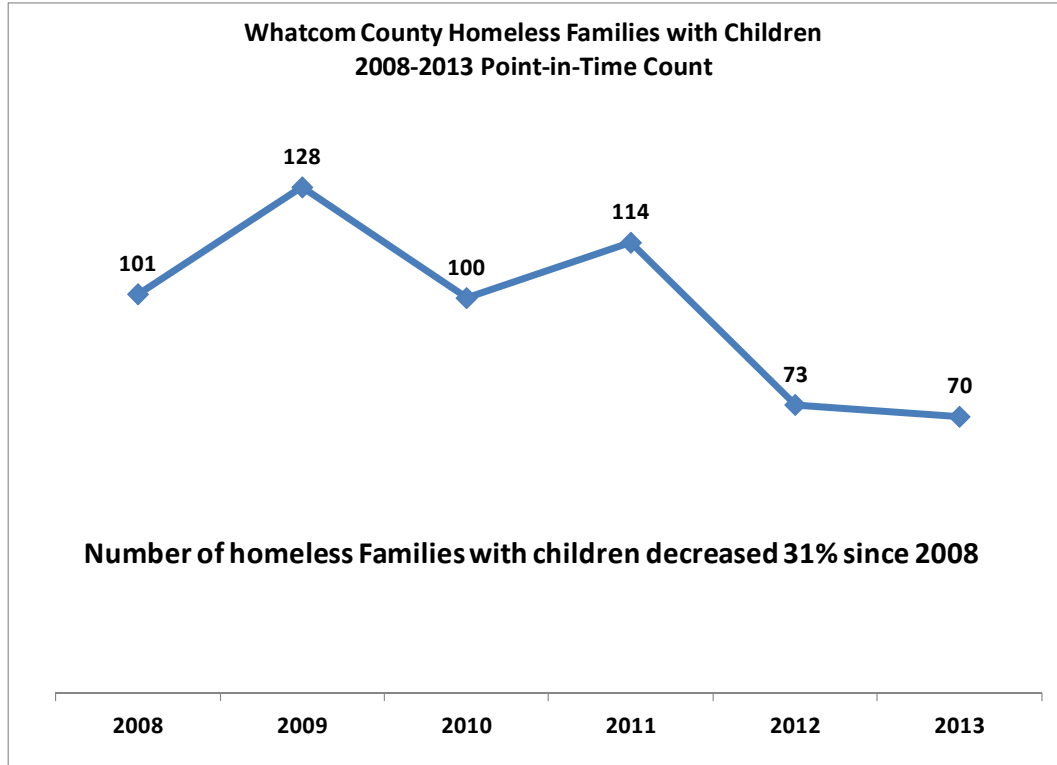
Number of homeless individuals and families in Whatcom County

At a single point in time in late January 2013, a total of **561 persons** were homeless in Whatcom County. They were members of **405 households**. For the purpose of this homeless count, households were divided into two categories: *sheltered* and *unsheltered* individuals and families. Sheltered homeless persons stayed in emergency shelter or in transitional housing on the night before the Count. Unsheltered persons stayed outdoors, in cars, or other places not meant for habitation on the night before the Count.

Overall, there has been a 34% decrease in the number of homeless persons since 2008. However, the year-over-year change between 2012 and 2013 was a 14% increase in homeless persons encountered. All of that increase occurred within the sheltered homeless population, and there was not an increase in homeless families with children (see next page).



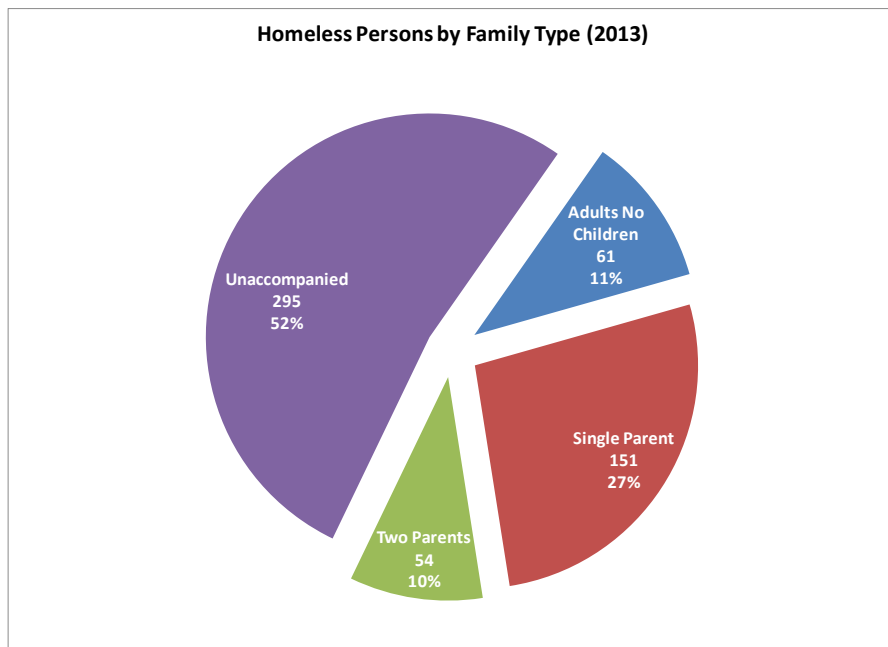
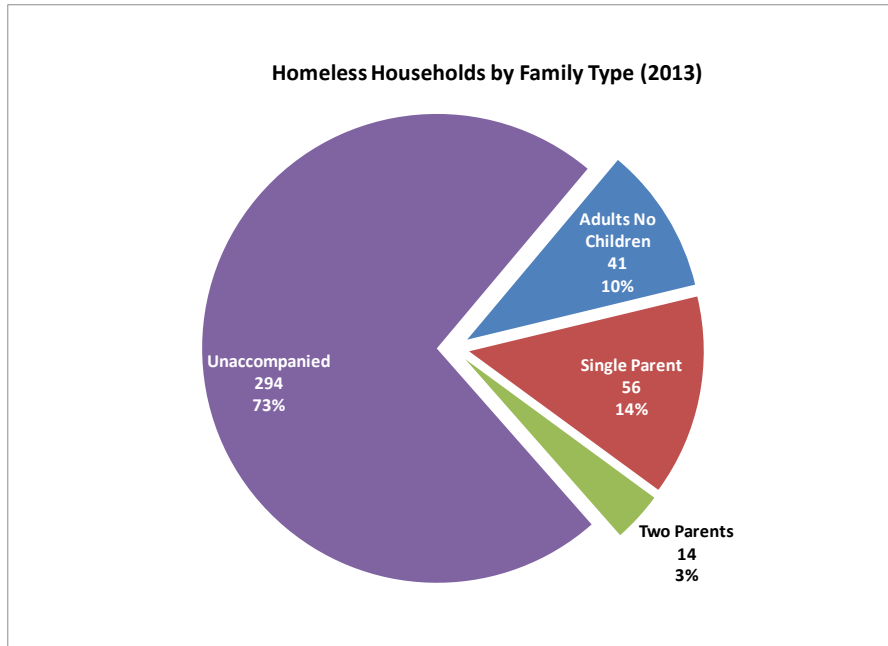
Overall, there has been a 31% decrease in the number of homeless families with children since 2008. However, the year-over-year change between 2012 and 2013 was a small decrease from 73 families in 2012 to 70 families in 2013.



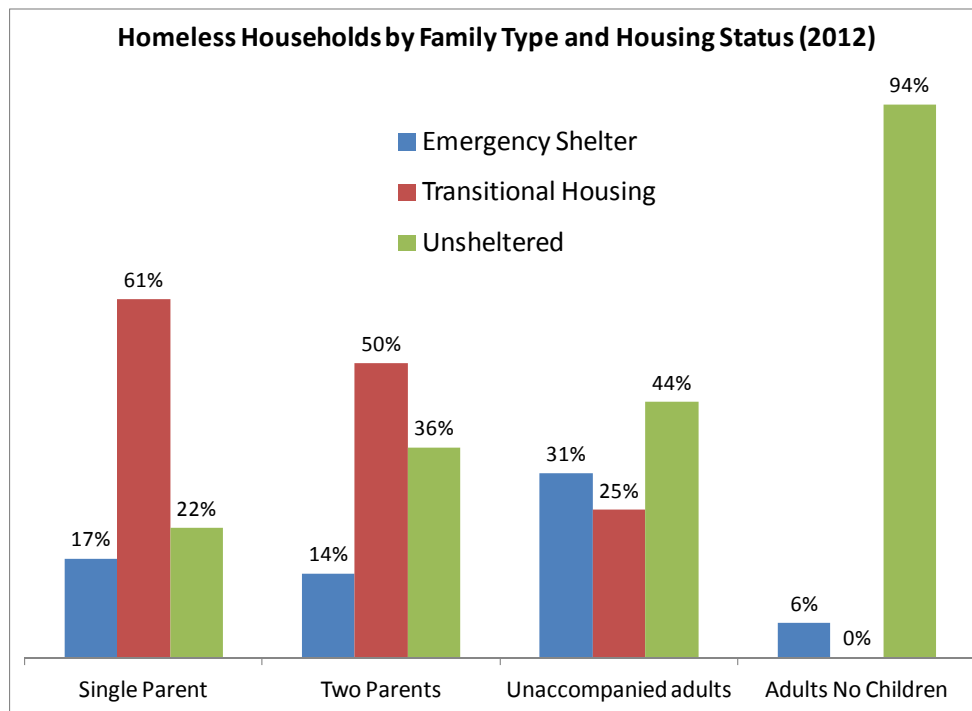
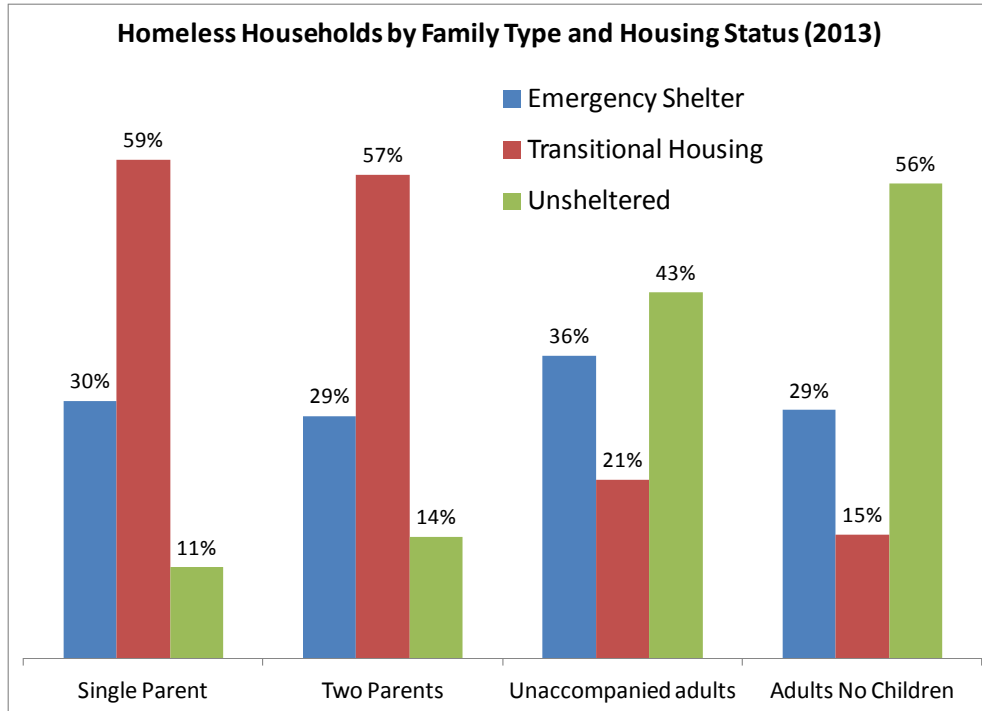
Characteristics of homeless persons and families

Household size and family status

Of the 405 homeless households counted, 294 (73%) were unaccompanied adults. There were 41 (10%) family households with no children. A total of 70 (17%) families with children were counted, most of whom (56) were single-parent families; 14 (3%) families had both parents present. Seven unaccompanied minors were encountered this year (%).



Despite the overall rise in homelessness, a much smaller percentage of families were unsheltered compared to last year. For example, only 11% of single parent families were unsheltered compared to 22% in 2012, with more of those families in emergency shelter as compared to last year. The pattern is similar for two parent families and adults only families. The mix of shelter situations for unaccompanied adults remains essentially unchanged.

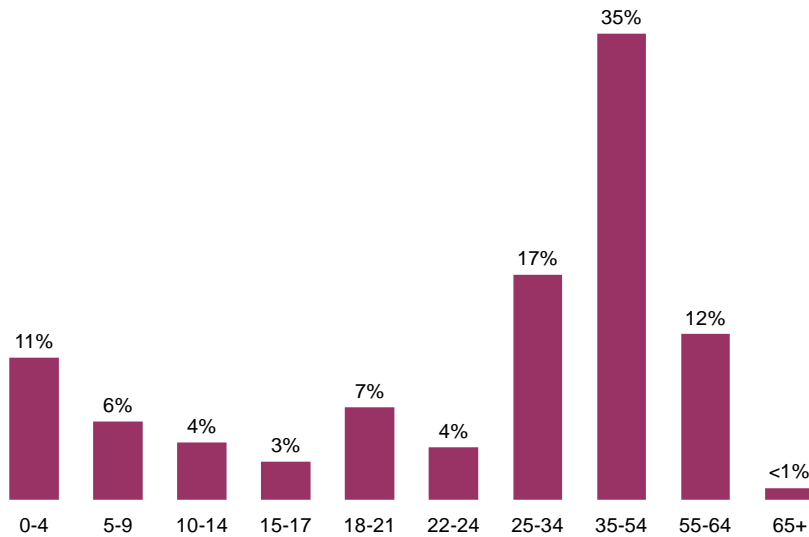


Age and sex

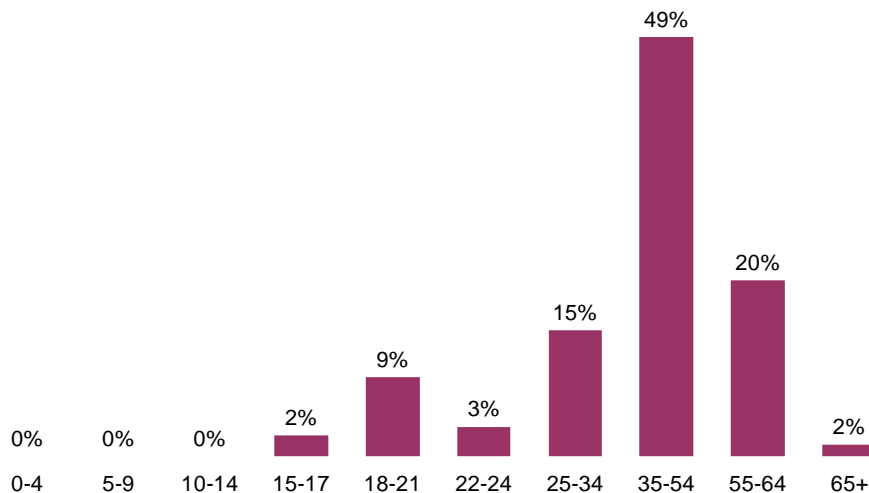
Homeless persons were about evenly divided between males (50%) and females (50%). Ages ranged from less than one year old to 73 years old. The median age of all homeless persons was 34 years. 17% of all homeless persons this year were children under 10 years old, and 24% were under 18 years old.

The median age of unaccompanied homeless persons was 46 years. Seven unaccompanied minors were encountered during this year's Count. About half (49%) of unaccompanied homeless persons were in the 35-54 years age range.

Age Distribution of All Homeless Persons (2013)



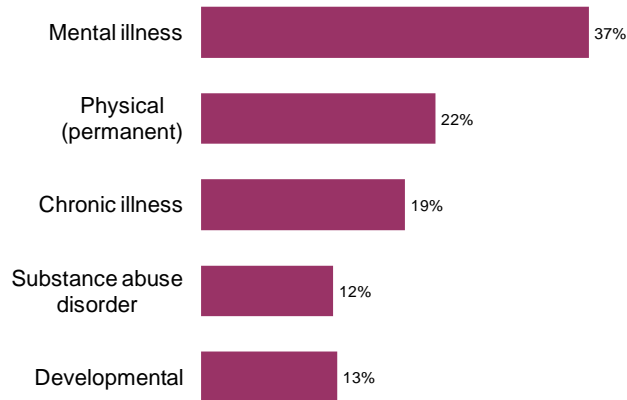
Age Distribution of Unaccompanied Homeless Persons (2013)



Disabling conditions

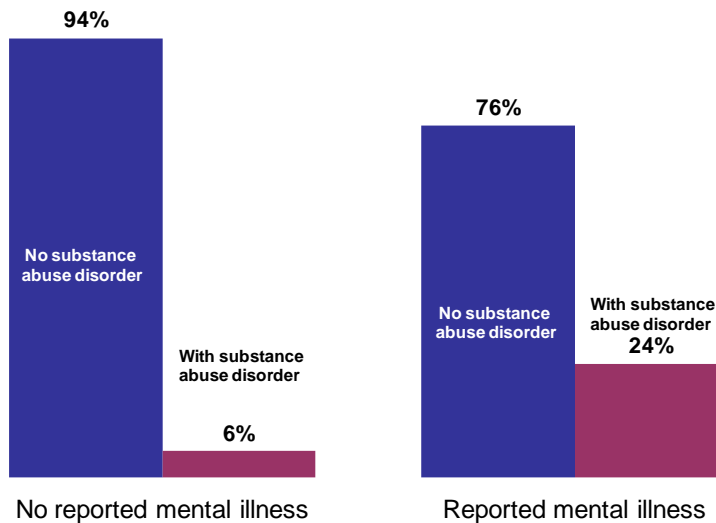
Homeless count survey respondents were asked to list which of five disabilities applied to each member of their household. The most prevalent disabling conditions were mental illness (37%), permanent physical disabilities (22%), Chronic illness (19%), substance abuse disorders (12%), and developmental disability (13%). It should be emphasized that the data below on prevalence of disabling conditions is based on self-reporting. Due to the stigma of mental illness and substance abuse, these conditions are almost certainly under-reported.

Homeless Persons With Disabling Conditions (2013)



Additional analyses showed that a substantial number of homeless persons face the challenges of co-occurring disorders. About 1 in 4 (24%) persons who reported having a mental illness also reported having a substance abuse disorder.

Homeless persons with mental illness are highly likely to have a co-occurring substance abuse disorder (2013)



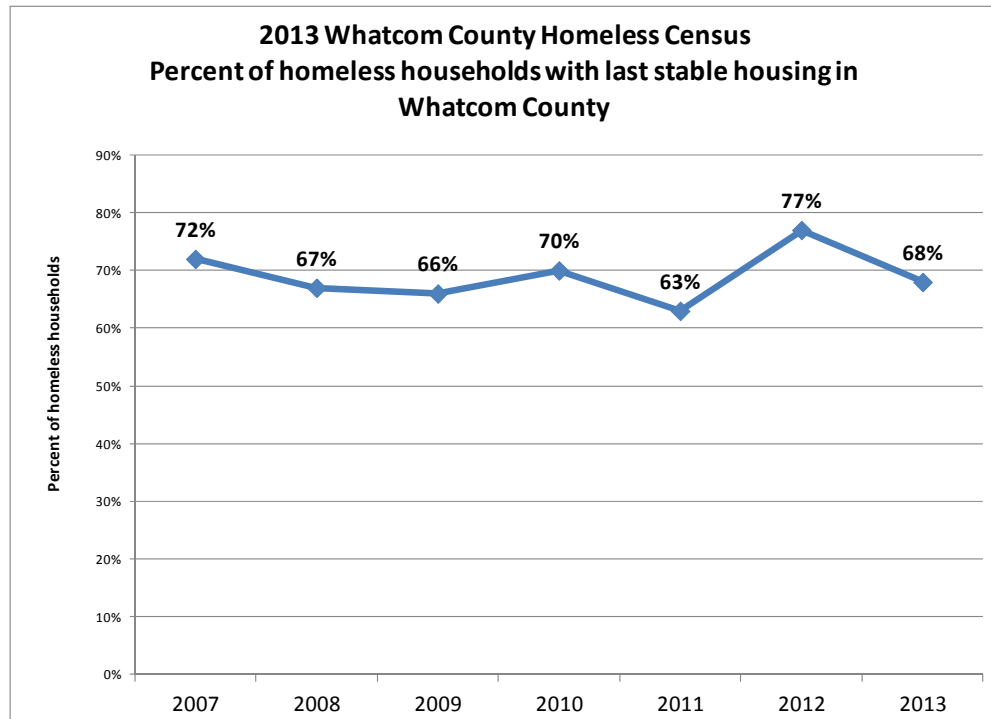
Characteristics of homelessness in Whatcom County

68% of the counted homeless persons had their last episode of stable housing in Whatcom County.

Geographic distribution: location of previous residence

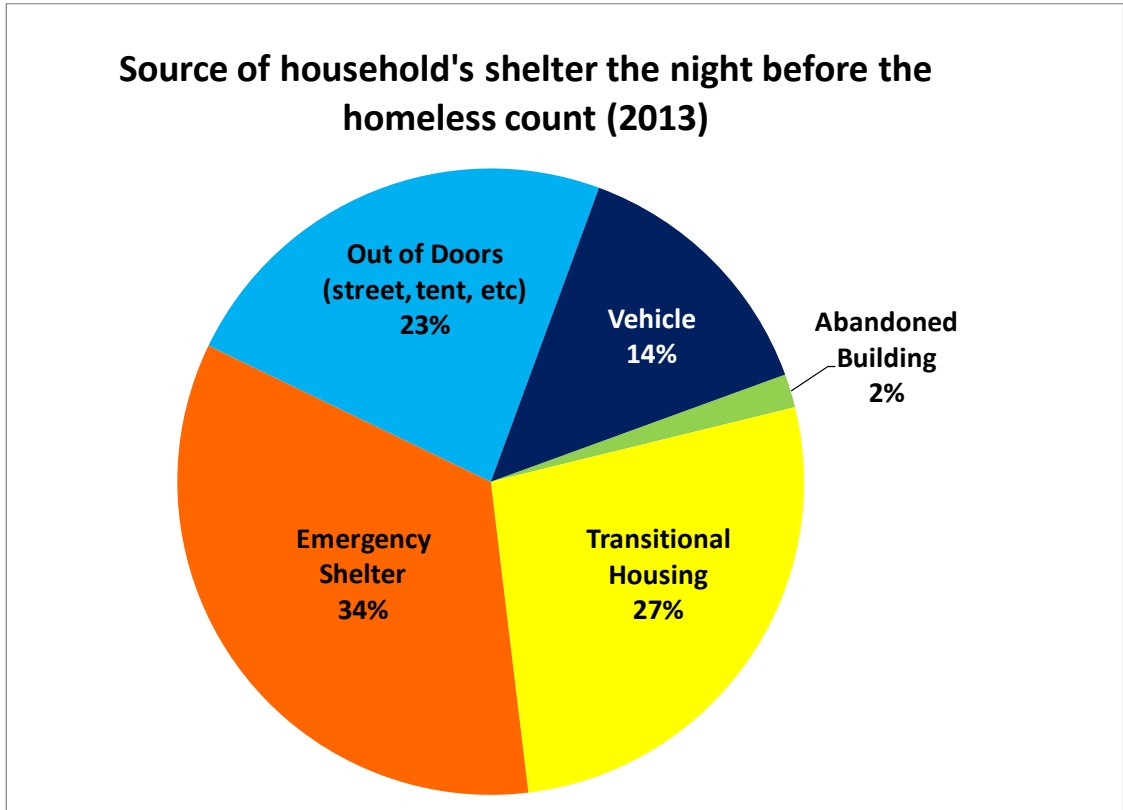
About two-thirds of homeless households had their last stable housing in Whatcom County. That statistic has been fairly stable since before our community began major new investments toward ending homelessness. Some people think that adding more housing services will attract homeless people from other locales, but the data do not support that assumption.

Most households (75%) who reported that their last stable housing was in Whatcom County said they had previously lived in Bellingham. The next most frequent location was Ferndale, followed by Lynden. A few were from other places in Whatcom County.



Sources of shelter

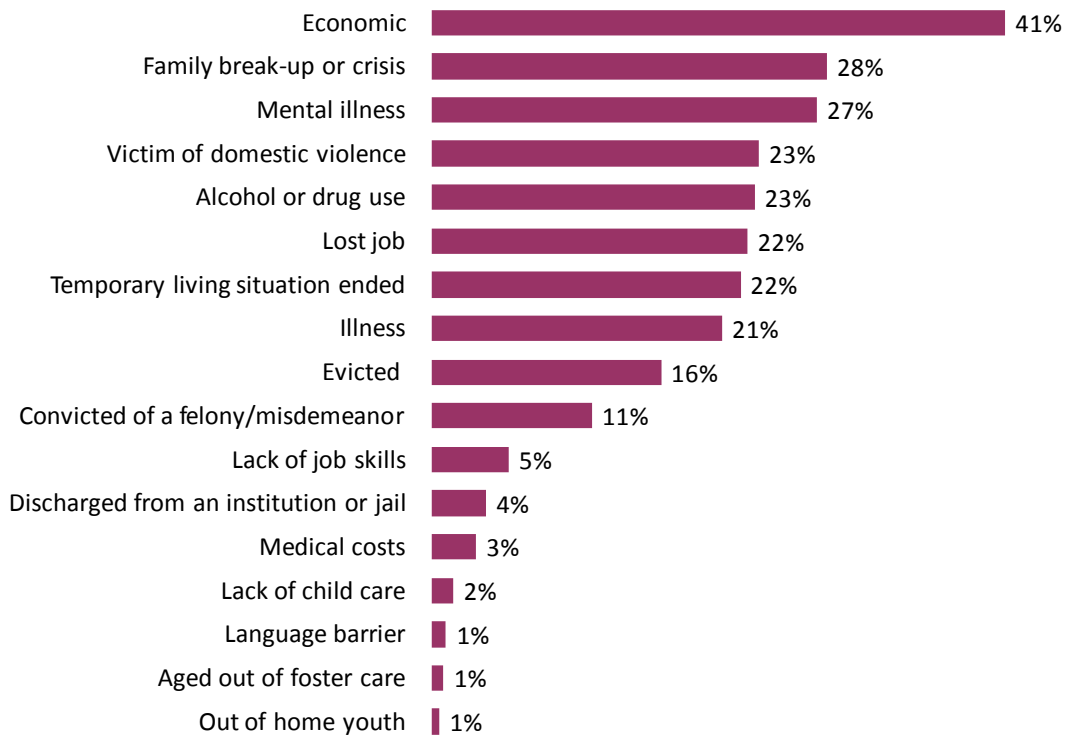
In 2013, more than half (61%) of all homeless households were sheltered; 34% stayed in emergency shelter, which might have been a motel if they were receiving a “voucher” or financial assistance to stay there, and 27% were living in transitional housing. Less than half (39%) of homeless households were unsheltered. They stayed the night before the Count out of doors (23%), in a vehicle (14%) or in an abandoned building (2%).



Reasons for homelessness

Homelessness results from a complex set of circumstances that require people to choose between food, shelter and other needs. In fact 20% of respondents to this year’s homeless count reported three or more reasons for their homelessness. The top factors people reported this year were primarily economic reasons (41%), family breakup or crisis (28%), mental illness (27%), domestic violence (23%), alcohol or drug use (23%), loss of a job (22%), and temporary living situation ended (22%).

Reasons for Homelessness by Household (2013)



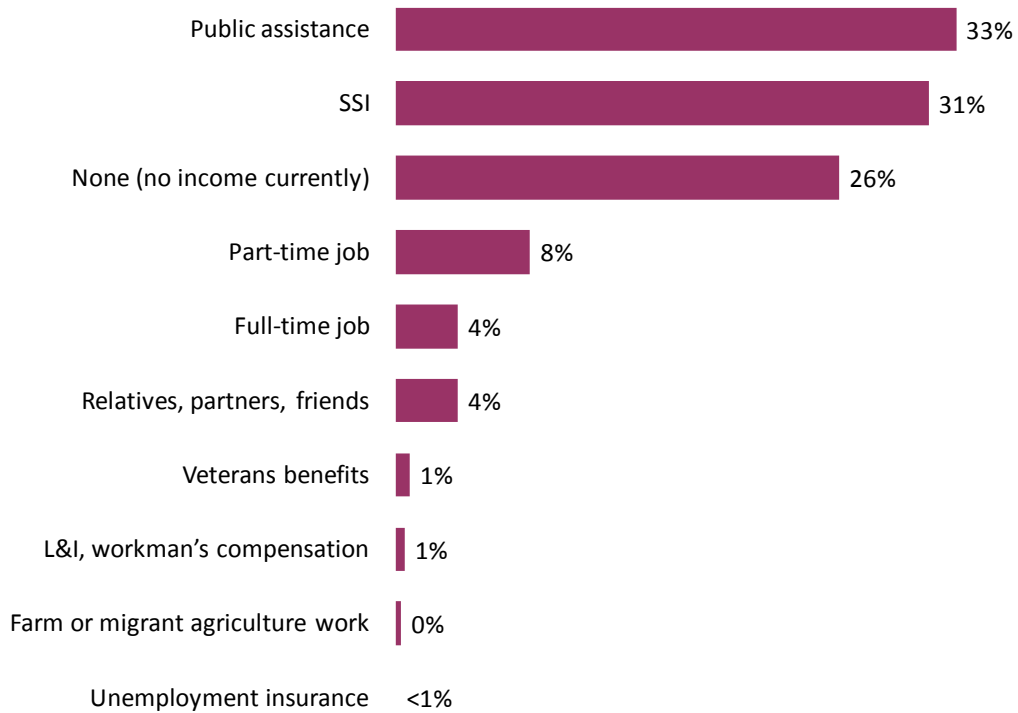
“While there is no single cause of homelessness, poverty, lack of decent and affordable housing, mental illness, substance abuse, physical disability and other life challenges all contribute to the risk for homelessness. Evidence suggests that poverty, coupled with one or more disabilities, creates the highest risk for homelessness. Mental illness, alcoholism, and substance abuse generally do not lead to homelessness for middle- or higher-income persons, as they tend to have access to financial resources and familial support. For impoverished individuals struggling with disabilities, however, the risk of homelessness is significant.”⁴

⁴ From Dutchess County Ten-Year Plan to End Homelessness. Dutchess County, New York. 2010

Sources of income

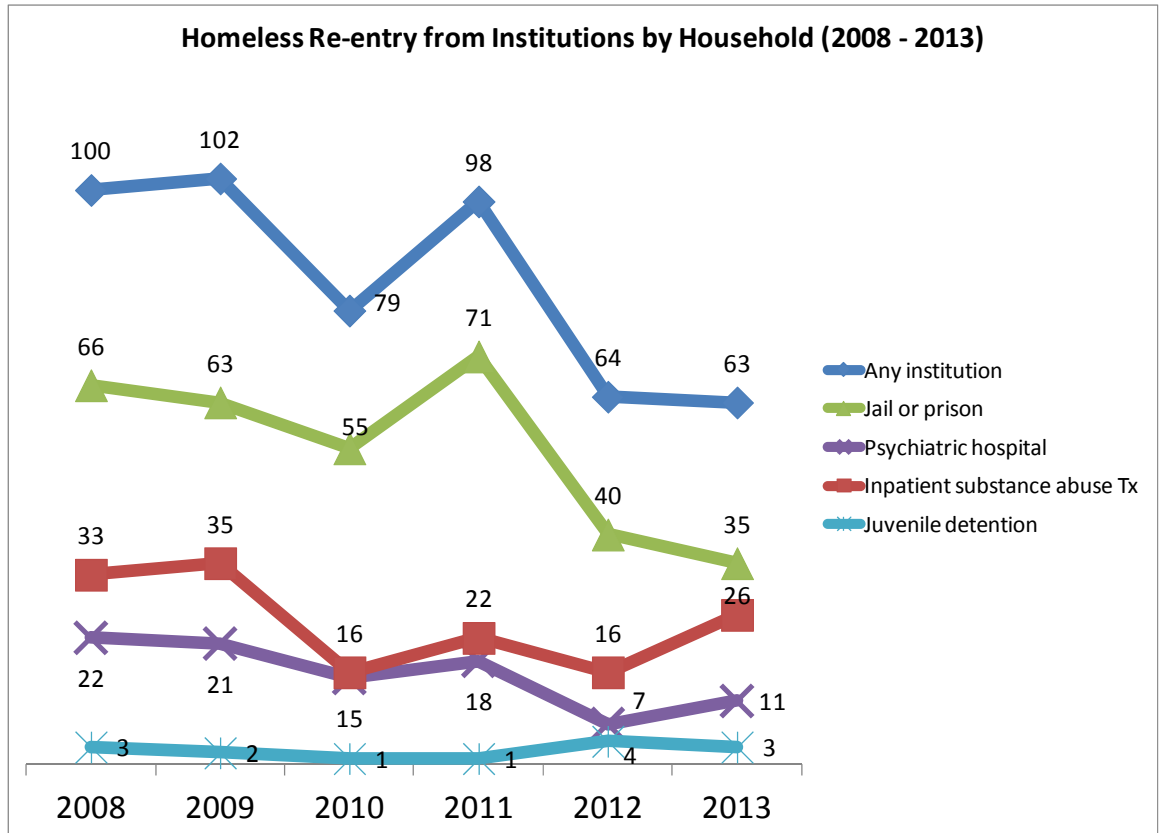
About one in four (26%) of homeless households reported having no income at all. The most common income sources reported by homeless households in 2013 were public assistance (33%) and Social Security including SS, SSI, or SSDI (31%). Only 12% of households reported income from any type of employment.

Income Source by Household (2013)



Community re-entry

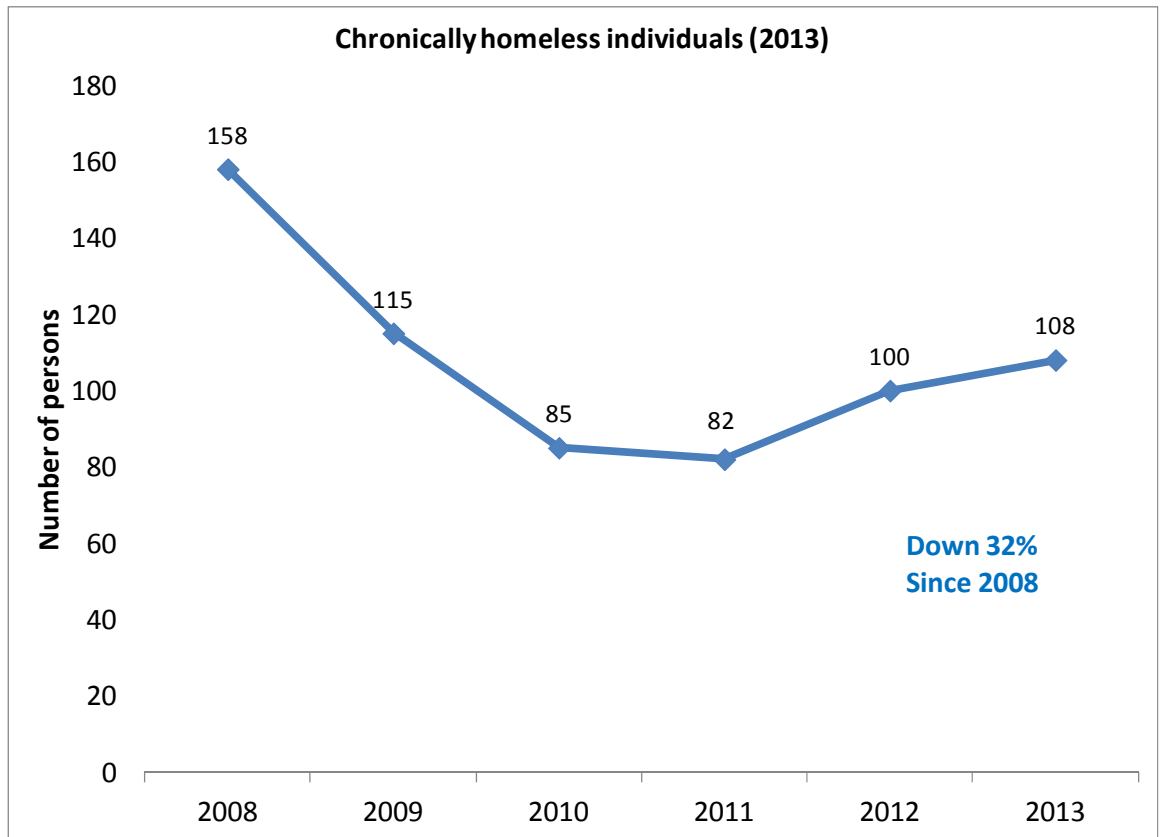
Homeless Count survey respondents were asked if they had recently re-entered the community after being discharged from a residential institution within the last six months. Altogether, 63 (or 16% of all homeless households) said someone in their household had recently re-entered the community after release from jail or prison, inpatient substance abuse, psychiatric hospital, or from juvenile detention. Compared to our base year of 2008, this is a 37% decrease in the number of homeless re-entry cases. For unknown reasons, there was a spike in re-entry cases in 2011 for most categories of institutional discharge.



NOTE: A few respondents had been released recently from multiple types of institutions, so simply adding up the number of releases for any given year will not accurately count the number of persons represented. For example, in 2013, 63 persons had a total of 75 releases (35+26+11+3 = 75)

Chronic homelessness

Based on HUD’s definition, **108 unaccompanied persons, or 27%** of all 405 homeless households were chronically homeless. As in previous years, this is almost certainly an undercount since some survey respondents do not supply enough information to determine whether or not they meet all of the HUD chronic homelessness characteristics (see paragraph below chart). Nevertheless, it is a significant decrease from 2008 when 158 chronically homeless persons were counted. However it departs from a trend of steady decreases in chronic homelessness from 2008 to 2011.

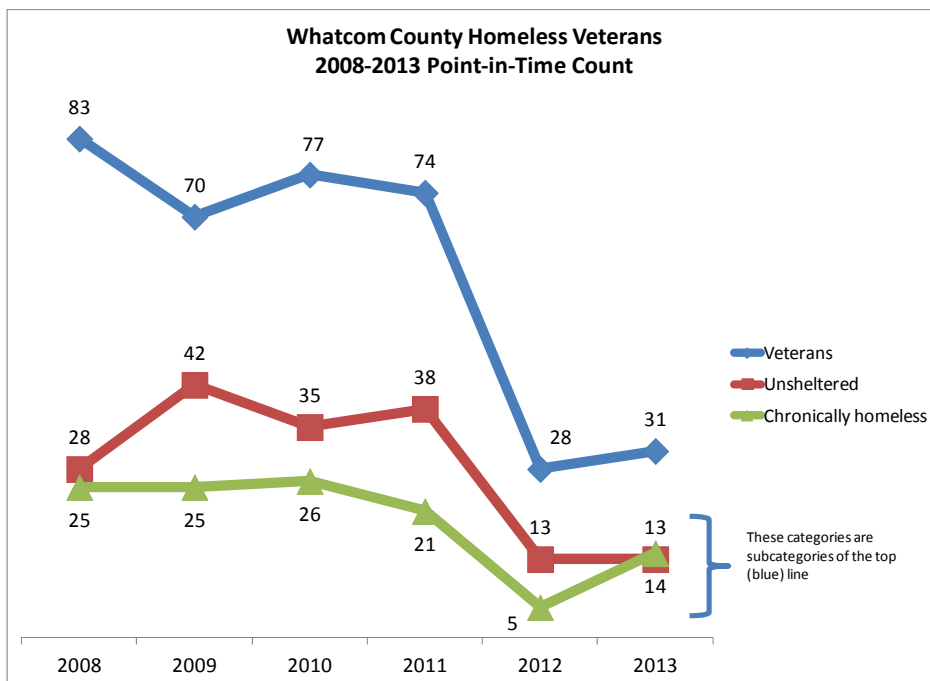
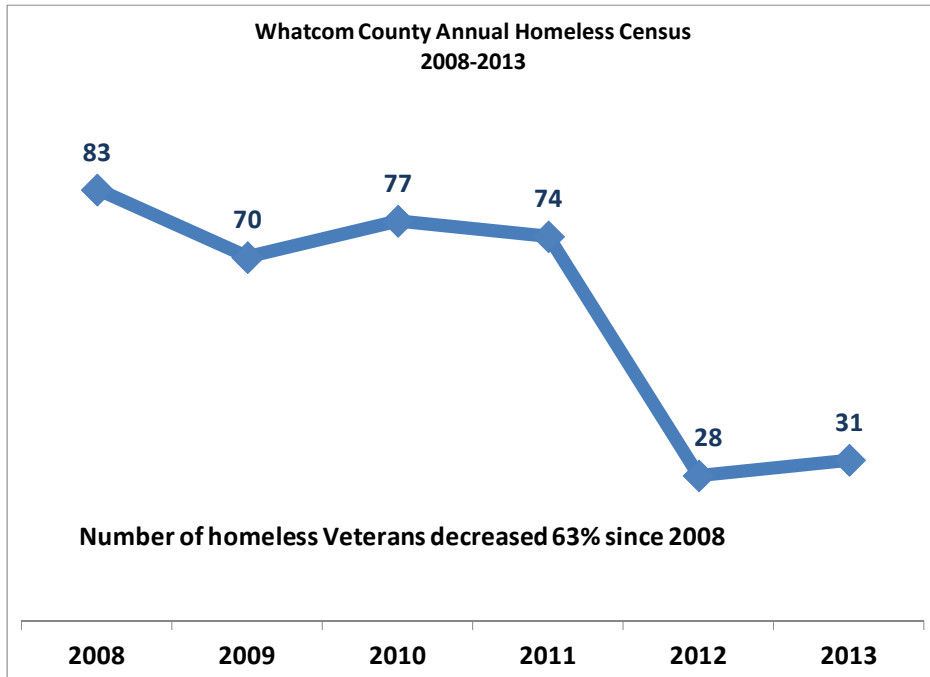


To be considered chronically homeless based on HUD’s definition, a person must be an unaccompanied individual who has been homeless for 12 months or more OR has had more than three episodes of homelessness in the last three years, AND has been sleeping in a place not meant for human habitation or in emergency shelter, AND has one of the following disabling conditions (mental disorder, substance abuse disorder, permanent physical or developmental disability).

Homeless Veterans

Over just the last three years, nonprofit service providers and Whatcom County government devoted an unprecedented effort toward ending homelessness among local Veterans.

Since 2008, the number of chronically homeless veterans encountered during the annual homeless census has decreased 63%. This year we encountered 31 homeless veterans, 13 of them were unsheltered, and 14 of them were chronically homeless.



Characteristics of homeless subpopulations

The homeless subpopulations described below include households that may have special housing and supportive services needs. As our community continues to improve services to end homelessness, it becomes increasingly important to understand the situations and experiences of households within these groups.

Much of the data in the sections below are derived from data in Table 1 through Table 12, which can be found on pages 43-48.

Homeless families with children

Most of the 70 homeless families with children (59%) encountered during the Count were living in transitional housing at the time of the survey. An additional 30% were living in emergency shelter, which included families who were staying in motels for shelter with assistance from a local service provider. Eight (11%) homeless families were living unsheltered, usually in their cars. Homeless families with children were highly likely to report domestic violence (46%), family break-up (21%), and inability to pay rent or mortgage (47%) as reasons for their homelessness. A small proportion of the adult heads of household in this subgroup had recently re-entered the community from a residential institution such as jail or treatment facility (9%). Homeless families were more likely than other homeless households to report public assistance income (68%) and less likely to have no income at all (4%).

Domestic violence survivor households

There were 90 households that reported being a survivor of domestic violence. Only 7% of this subgroup's adult respondents were male. Only one in three of these households (33%) had children. The most frequent source of shelter for DV survivors was transitional housing (59%); and 30% were in emergency shelter (which may have included a motel stay); 11% were unsheltered at the time of the Count. Their top reasons for becoming homeless were domestic violence (63%), inability to pay for housing (36%), family break-up (23%), substance abuse (14%), mental illness (20%), and health problems (16%). The most common income sources for domestic violence survivor households were public assistance (44%), Social Security, including SSI or SSDI (35%); 11% reported having no income. More than half (57%) were challenged by a disabling condition, and more than half (41%) of these household had been homeless for 12 months or more. The proportion of DV survivor households that included someone who was recently released from an institutional setting was 7%.

Unaccompanied minors (under 18 years old)

We encountered seven unaccompanied minor households. Four of them (57%) were in emergency shelter, one was in a transitional housing program and two were unsheltered. Four of them (57%) were considered chronically homeless because they had experienced repeated episodes of homelessness and had at least one disability. Three of them had recently been released from juvenile detention and one had recently re-entered the community from inpatient substance abuse treatment. Only one of the seven had any income at all, which was from Social Security benefits. These youths' top reasons for homelessness included alcohol or drug use (43%), domestic violence (29%), and lack of job skills (29%).

Chronically homeless persons

Compared to the overall homeless population, the chronically homeless (according to HUD's definition) were older and more likely to be male. Among the 108 individuals who meet HUD's definition of chronically homeless, 79% were males, and their median age was 47 years old. Compared to the overall homeless adult population, the chronically homeless persons we counted this year were more likely to report having a mental health disability (65%, compared to 28% for all adults) and more likely to report a substance abuse disorder (18%, compared to 12% for all adults).

Chronically homeless individuals comprised the subgroup most likely to report mental illness (71%) as a reason for their homelessness. Social Security, including SSI and SSDI (40%) and public assistance (28%) were the most common income sources within this homeless subgroup; however, about one in three (31%) reported no income at all.

Almost two-thirds (62%) of persons who were chronically homeless were unsheltered. The rest were living in one of several emergency shelters.

Veterans

This year's point-in-time count encountered 31 households that included a homeless veteran. All of them were unaccompanied individuals (100%) and most were male (87%). Their median age was 49 years old (ranging from 26 to 62 years old). Mental illness (61%) was common in this homeless subgroup, as were physical disabilities (29%), and chronic illness (23%).

Veteran households were highly likely to report being unsheltered (42%). Similar to previous years, they comprised the subgroup most likely to report that they were homeless due to losing a job (31%). Veterans' most commonly reported reasons for their homelessness were their inability to pay rent (41%), job loss (31%), eviction (21%), mental illness (45%), and family break-up (17%). Homeless veterans commonly reported having Social Security (30%), public assistance (23%), or no source of income (33%). Only 10% reported the VA as a source of income.

Seniors

One of the changing demographic characteristics of the United States is the rising proportion of our citizens who are elderly. Much of this increase is due to the aging of the baby boomer population. Nationally, the percent of the population 65 and older has increased from 4.1 percent in 1900 to 12.6 percent today. The U.S. Department of Housing and Urban Development (HUD) is forecasting an accompanying rise in the proportion of people who are elderly and homeless. HUD projects that the elderly homeless population will increase by 33% over the next 10 years (through 2020) and more than double between now and 2050.

During this year's Count, we encountered 29 persons who were homeless and who were at least 60 years old. They ranged in age from 60 to 73 years. About half (46%) were male, and mostly single individuals (90%).

About one-third of homeless seniors were unsheltered (38%), the rest were staying in transitional housing (35%), or emergency shelter (28%). This year we counted only one homeless senior who had recently re-entered the community from any residential institution (jail). They were most likely to say that their homelessness was due to inability to pay rent (39%), because they have been displaced from a temporary living

situation (32%), or because of a medical problem (25%). About two of three (69%) homeless seniors had been homeless for 12 months or more and 83% had a disabling condition. Their income sources tended to be Social Security (69%) or part-time work (12%); 19% had no income at all.

The disabling conditions seniors reported included permanent physical disability (55%), mental illness (38%), and chronic illness (38%).

Young adults (age 18-24)

Of the 78 young, homeless adults (ages 18-24) counted in this year's survey, 42% were living in transitional housing. Other housing situations included emergency shelter (13%), or unsheltered (44%). More than half (61%) were unaccompanied persons, 16% were single parents, 5% were part of a two-parent household, and 18% were living with another adult, but no children. Slightly more than half (54%) homeless young adults were female.

Among the most frequently cited reasons for their homelessness were family breakup (51%), domestic violence (27%), loss of a temporary living situation (22%), and mental illness (19%). Relatively few young adults were chronically homeless (18%); however, 54% had a disabling condition. Some young adults said that they had recently re-entered the community from an institution: jail or prison (10%), psychiatric hospital (5%), and inpatient substance abuse treatment (10%).

Young adults were highly likely to report having no income at all (23%). The most frequently reported sources of income included public assistance (45%), part-time job (14%), and Social Security, including SSI or SSDI (13%).

Persons re-entering the community from a residential institution

This year, there were 63 household respondents who had recently been released from one or more of four categories of residential institution: jail or prison (56%), psychiatric hospital (18%), inpatient substance abuse treatment (41%), or juvenile detention (5%).

The housing situation of persons in these households were as follows: unsheltered (48%), transitional housing (11%), emergency shelter (41%).

A large proportion (53%) of the persons in this subgroup attributed their homelessness to substance abuse and 45% said that mental illness was a factor. Other common homelessness factors included criminal conviction (27%), inability to pay for housing (32%), and a lost job (22%). About one in three (37%) attributed their homelessness to family break-up.

About three of four (78%) persons in this subgroup had a disabling condition, 48% had been homeless for 12 months or more, and 41% were considered to be chronically homeless by HUD's definition.

People in households in this subgroup were highly likely to have no income (30%). Public assistance (36%) and Social Security, including SSI or SSDI (28%) were the next most frequent income sources for the re-entry population. Only 5% had earned income from part-time work.

Part B: Youth Count! 2013

A special focus in 2013 to develop a better understanding of youth homelessness

The U.S. Interagency Council on Homelessness (USICH) and the Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and Education (ED), launched Youth Count!, an interagency initiative to develop promising strategies for counting unaccompanied homeless youth, up to 24-years-old, through innovative implementations of HUD's 2013 Point-in-Time (PIT) count. The Youth Count! Initiative was developed per a recommendation from the national framework for ending youth homelessness.

The HUD Point-in-Time (PIT) Count, the main data source used for measuring progress against the goals in Opening Doors, is an effective means of providing estimates for the general homeless population but has been less effective at addressing the challenges of counting homeless youth. Because the HUD PIT counts are conducted in every community around the country, this presents an opportunity to test youth PIT strategies to capture information on the numbers and characteristics of homeless youth.

The goal of this initiative is to learn promising strategies for conducting the following: 1) collaborative PIT counts of unaccompanied homeless youth that engage Continuums of Care (CoC), Runaway and Homeless Youth (RHY) providers, Local Education Agency (LEA) homeless liaisons, and other local stakeholders; and 2) credible PIT counts that gather reliable data on unaccompanied homeless youth.

The following nine diverse and dynamic communities are participating in the Youth Count! initiative:

Boston, MA	New York City, NY
Cleveland, OH	King County, WA
Hennepin County, MN	Washington State
Houston, TX	Winston-Salem, NC
Los Angeles, CA	

The Youth Count for Whatcom County was similar to the regular Point in Time count in the way volunteers were recruited and how the count training was structured.

The Youth Count differed in many other ways: peer volunteers were recruited; an all night drop-in site was available for homeless youth; a specialized youth focused interview form was used; and outreach was targeted to locations where youth were likely to be camping. Additionally, unlike our regular Point-in-Time Count, for the Youth Count, we included youth who are in unstable, doubled-up situations to prevent becoming literally homeless.

Types of Youth Count households

All young people aged 15-24 who were not dependents or otherwise associated with another family household were included in the Youth Count. Altogether, we encountered 78 youth households; 11 of them consisted of minors (under 18 years old) with no adults in the household, and 67 had a young adult (aged 18-24) as head of household.

Most of these households (56 of 78) were single, unaccompanied individuals; 18 households were families with children, and four youth households consisted of families without children (e.g. couples).

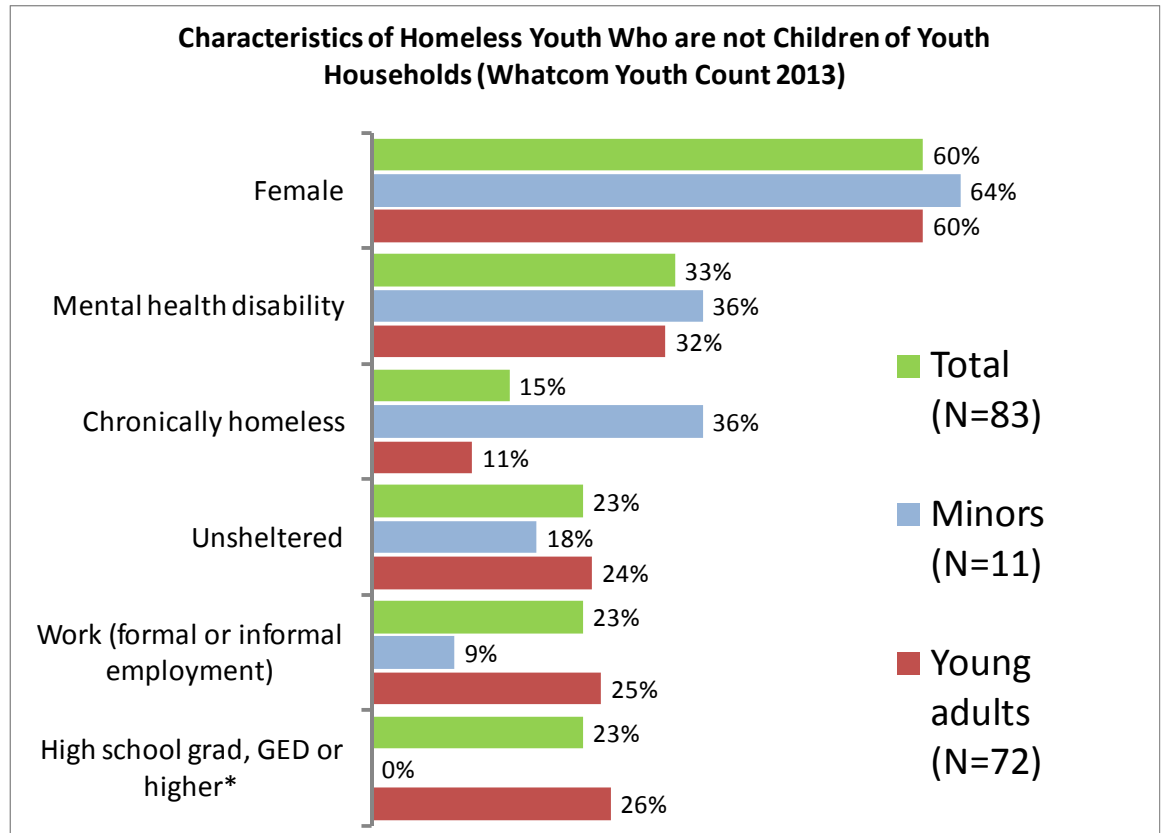
Within these 78 households were 109 persons, about half of whom (57) were single, unaccompanied individuals. There were 19 young adults (ages 18-24) in families with children; and 26 children who were part of those families. Only seven people were in households that we categorized as families without children.

Total Youth Count of unaccompanied youth households age 15-24	78
Minor heads of household	11
Young adult heads of household	67
Household type	78
Families with children	18
Families without children	4
Single, unaccompanied households	56
Total Youth Count number of persons	109
Young adults in families with children	19
Children in families with children	26
Persons in families without children	7
Singles	57

Characteristics of minors and young adults who are not children of Youth Count households

There were 83 persons counted in Youth Count households that were not children of parenting households. This section describes the characteristics of those persons.

Most (72) of the 83 persons were young adults ages 18-24; the rest (11) were minors, under 18 years old. Females were more prevalent than males and the overall percentage of females (60%) was about the same for minors and young adults. Minors and young adults were also about equally likely (33%) to have a self-reported mental health disability.



About one in three minors (36%) were deemed to be “chronically homeless”, meaning they had been homeless for at least one year or had been homeless repeatedly over the last three years, AND have a disability. Young adults were less likely than minors to be chronically homeless (11%). Approximately one in five minors (18%) and one in four young adults were unsheltered at the time of the Youth Count.

Young adults were more likely to be working for income (25%) compared to the minors we encountered (9%). Only 26% of young adults had completed high school or a GED.

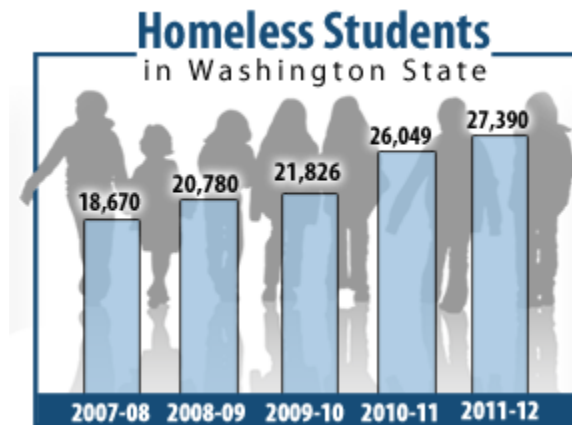
Part C: Homelessness of Public School Students

Number of homeless students in Washington State and Whatcom County public schools

In 2010, the Annual Homeless Assessment Report (AHAR) conducted by the U.S. Department of Housing and Urban Development (HUD) reported that more than 1.59 million people spent at least one night in an emergency shelter or transitional housing program during the 2010 AHAR reporting period, a 2.2 percent increase from 2009 (2010, p. ii). Regarding family homelessness, the report stated that the number of homeless persons in families had increased by 20 percent from 2007 to 2010, with families now representing approximately 35 percent of the total sheltered population

Beginning in 2004, the U.S. Department of Education required states to report data on homeless children and youth enrolled in all local educational agencies (school districts) within their state as part of their Consolidated State Performance Report (CSPR). The following figure shows the increase in the number of homeless students enrolled in Washington State public schools between the 2007-2008 and the 2011-2012 school years. (Note that these figures reflect the definition of homeless children included in Subtitle VII-B of the McKinney-Vento Act⁵, a definition that is different than the one used by the homeless Point-in-Time Count).

Statistics of Homelessness in Washington State Public Schools

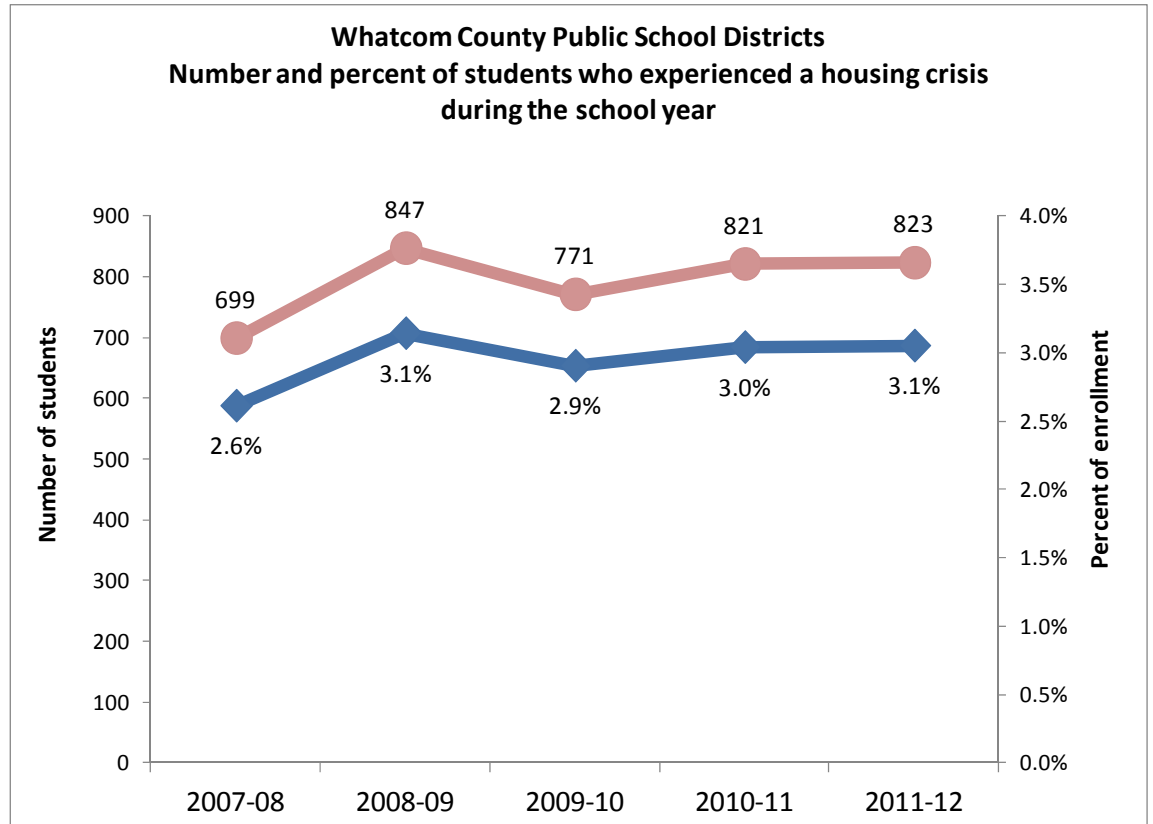


Differences between Homeless Point-in-Time Count and Homeless Students in School data. School districts and the Washington State Office of the Superintendent of Public Instruction (OSPI) report data on homelessness that is different than the countywide annual Point-in-Time (PIT) homeless count in two important respects. First, the Point-in-Time Homeless Count is a snapshot of homelessness on a single day in the community, whereas the data reported by schools are cumulative over the course of a school year. Second, the PIT count data include only people who are literally homeless, meaning those

⁵ Individuals who lack a fixed, regular, and adequate nighttime residence including, children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless.

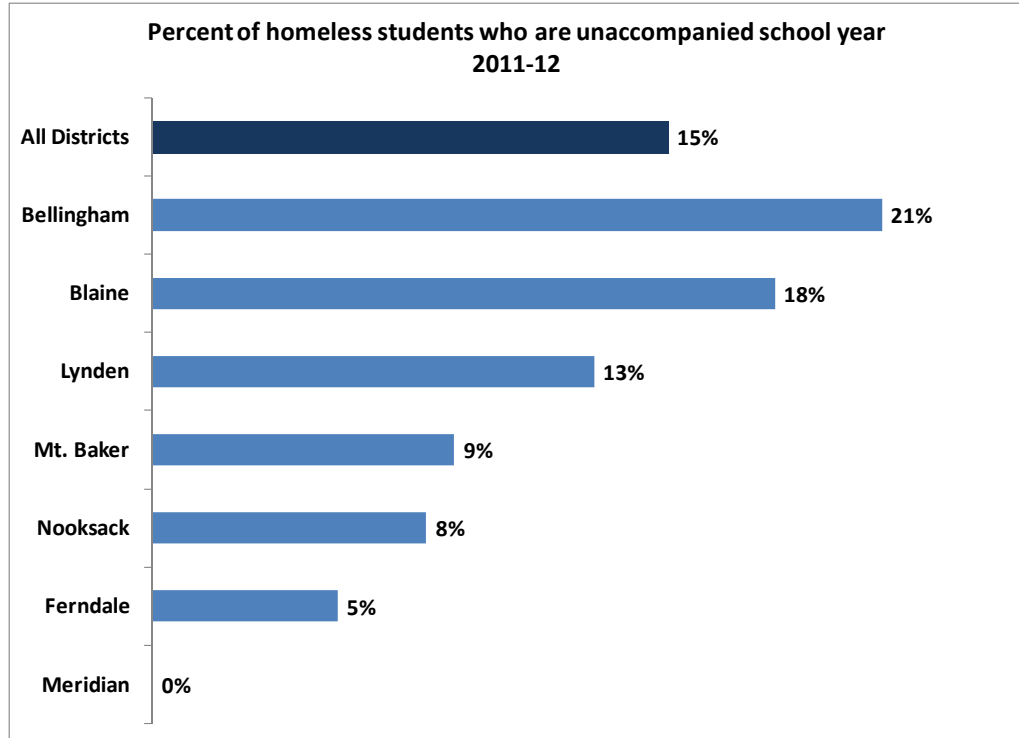
people who are unsheltered, in emergency shelter, or in homeless transitional housing. In addition to those three categories, school districts also report as homeless those children who are doubled-up with another family to prevent becoming, literally, homeless, and youth in temporary foster placements.

Whatcom County public school homeless students. The number of homeless students in Whatcom County public schools increased 18% from the 2007-08 school year to the 2011-12 school year, with a major increase occurring between the 2007-08 and 2008-09 school years, and staying relatively stable, but at this elevated level ever since then.

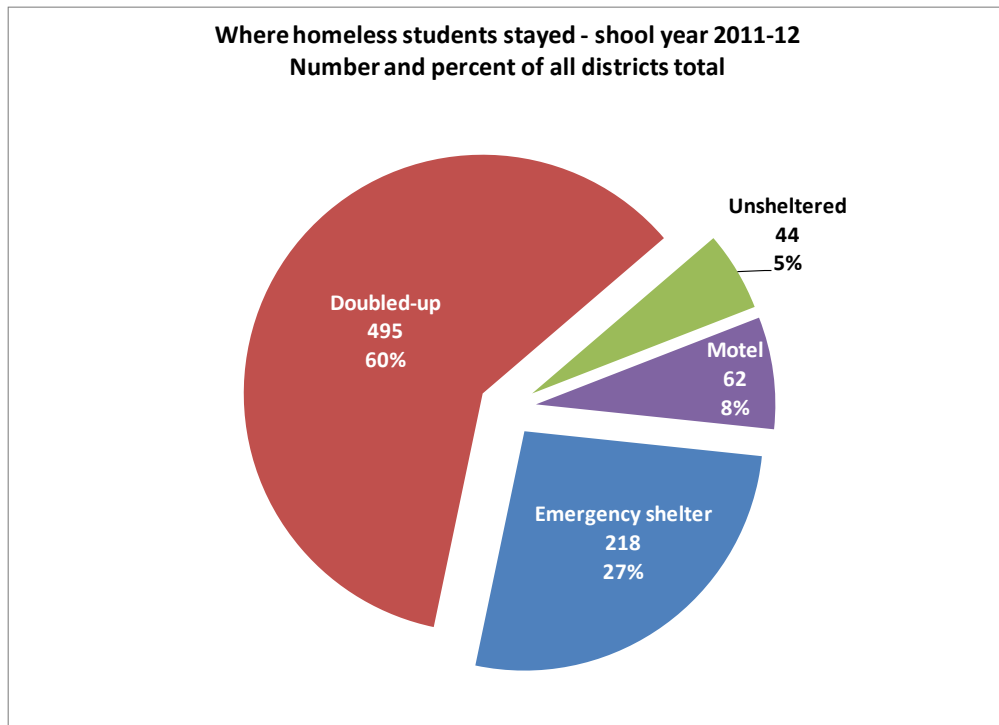


Most homeless students were part of homeless families; however, a substantial proportion of all homeless students in Whatcom County schools (15%) were unaccompanied, meaning they were no longer part of a family. They may have been “couch surfing”, finding shelter unstably at one or more friends’ or relatives’ housing, or they may have been unsheltered or in youth emergency shelter or transitional housing.

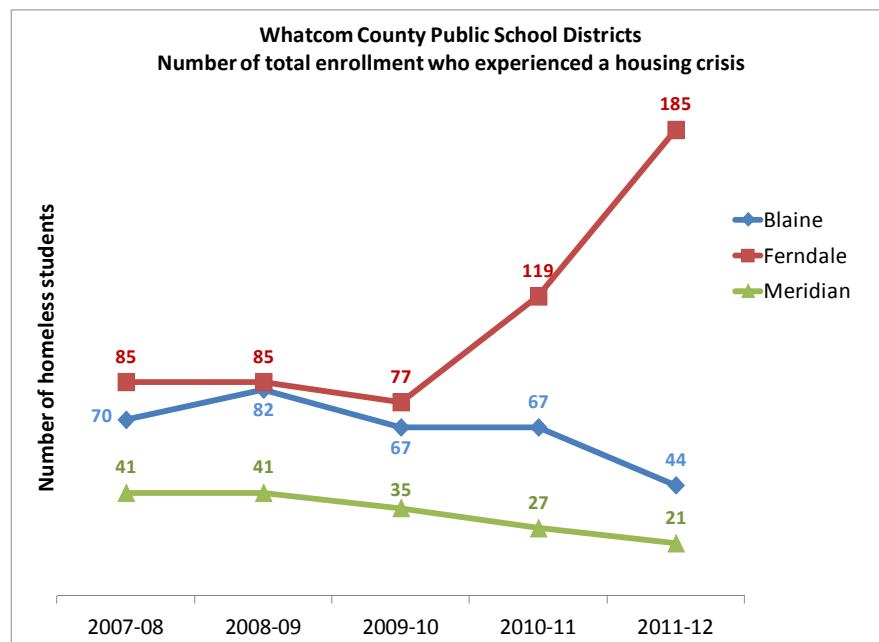
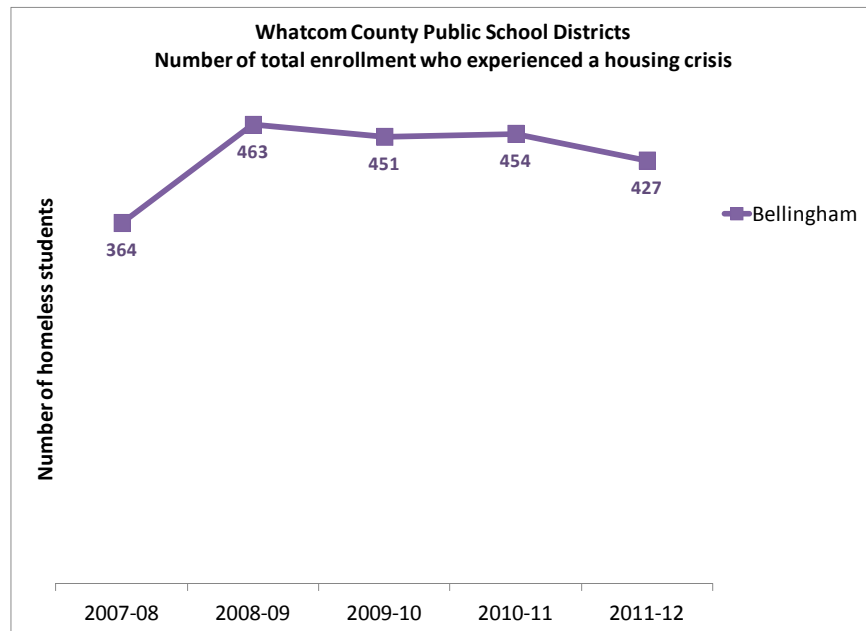
Bellingham had the highest proportion of unaccompanied homeless students (21%), followed by Blaine (18%), Lynden (13%), Mount Baker (9%), Nooksack (8%), and Ferndale (5%). Meridian School District reported no unaccompanied homeless students.

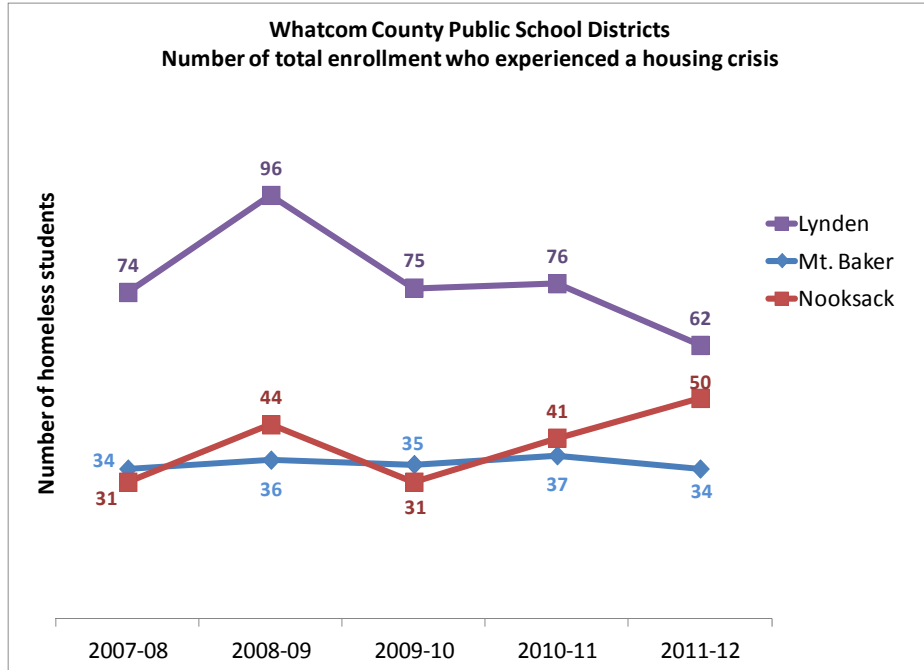


Overall, more than half (60%) of homeless Whatcom County public school students were doubled up with other households. One in four (27%) were staying in emergency shelters and 8% were staying in motels. Tragically, 5% of students were unsheltered.



Public school homeless statistics by district. The charts below show the number of homeless students counted in each school district from 2007-08 to 2011-12 school years. Bellingham, Blaine, and Lynden saw sharp increases in homelessness between 2007-08 and 2008-09, but then leveled off or declined in subsequent years. Ferndale reported a dramatic increase in homelessness that was not observed in the other districts between the 2009-10 and 2011-12 school years. This is almost certainly because Ferndale focused on wide range staff training for 2 years, and, as a result, improved their ability to identify and serve homeless students.





Homelessness and academic achievement⁶

Basics tenets of the McKinney-Vento Act require school districts to be proactive in identifying homeless students and ensuring their immediate enrollment, even if they lack documents normally required for enrollment). The definition of homeless includes children and youth who “lack a fixed, regular, and adequate nighttime residence”. Beyond this guiding phrase, the definition includes several examples of homeless living arrangements (see sidebar on previous page). Eligible students have the option of continuing to attend their school of origin (if feasible) with transportation provided by the school district upon request, even if they move outside their school of origin’s residential zone; or students may transfer to the local attendance area school. These same rights, including the right to immediate enrollment, extend to unaccompanied homeless youth, even if they are unable to provide proof of guardianship.

Under the McKinney-Vento Act, states are required to distribute a certain portion of their state’s homeless education allocation to school districts through a competitive subgrant process. Subgrant funds are awarded to facilitate the school enrollment, attendance, and success of homeless children and youth, and are based on the needs of the LEAs requesting assistance as well as the quality of their applications. School districts that apply for and receive McKinney-Vento subgrants may use the funds to provide tutoring and supplemental instruction, early childhood education, transportation, school supplies, professional development on homeless education issues for school and district staff, and other services that otherwise may not be provided by the public school program.

Homeless children not only have the adversity of poverty, they also must cope with the additional burden of homelessness. They are exposed to a plethora of risk factors which, in turn, can make them vulnerable to academic difficulties. Many research studies have found that homeless students routinely underperform when compared to the general student population.

While homelessness is certainly a risk factor for students, there is a broader constellation of risk factors experienced by homeless students and other students living in poverty that some researchers suggest may have a greater effect on student performance. These risk factors include: economic stressors, parental job loss, and parental financial distress; residential mobility; school mobility; crowding; and hunger and poor nutrition. Researchers also underscore the significance of cumulative risk, pointing out that many of the risk factors listed above often co-occur in the lives of homeless children, making it difficult to isolate the effects of each individual risk factor.

Despite the difficulty in separating the effects of poverty from those of homelessness, and the mixed results of studies comparing homeless and low-income children, it is clear that homeless children are a particularly vulnerable, heterogeneous subgroup of disadvantaged children who face numerous challenges in achieving academic success.

⁶ This section is excerpted from: Bowman, Dukes, and Moore. 2012. *Summary of the State of Research on the Relationship Between Homelessness and Academic Achievement Among School-Aged Children and Youth*. National Center for Homeless Education, Greensboro, NC.

Part D: Coordinated Homeless Housing Services Description

Coordinated Homeless Housing Services

Since 2008, when our community partners first began implementing Whatcom County's 10-Year Plan to End Homelessness, many new resources and systemic improvements have been deployed. The process diagram on the next page depicts the newly evolved, coordinated system of services that may be encountered by anyone with a housing crisis who enters this system.

System Entry: Our community operates a single-point of entry system with a physical location at the Opportunity Council's Community Resource Center (afternoons between 12:00 noon and 4:00 PM) and Whatcom Homeless Service Center (mornings between 9:00 AM and 12:00 noon). Both offices are located at 1111 Cornwall Avenue in Bellingham. Additionally, many partner agencies are trained to conduct housing service intakes at other locations throughout the County (e.g. Ferndale's Community Resource Center, Whatcom County Jail, PeaceHealth St. Joseph Medical Center, Hope House street outreach team).

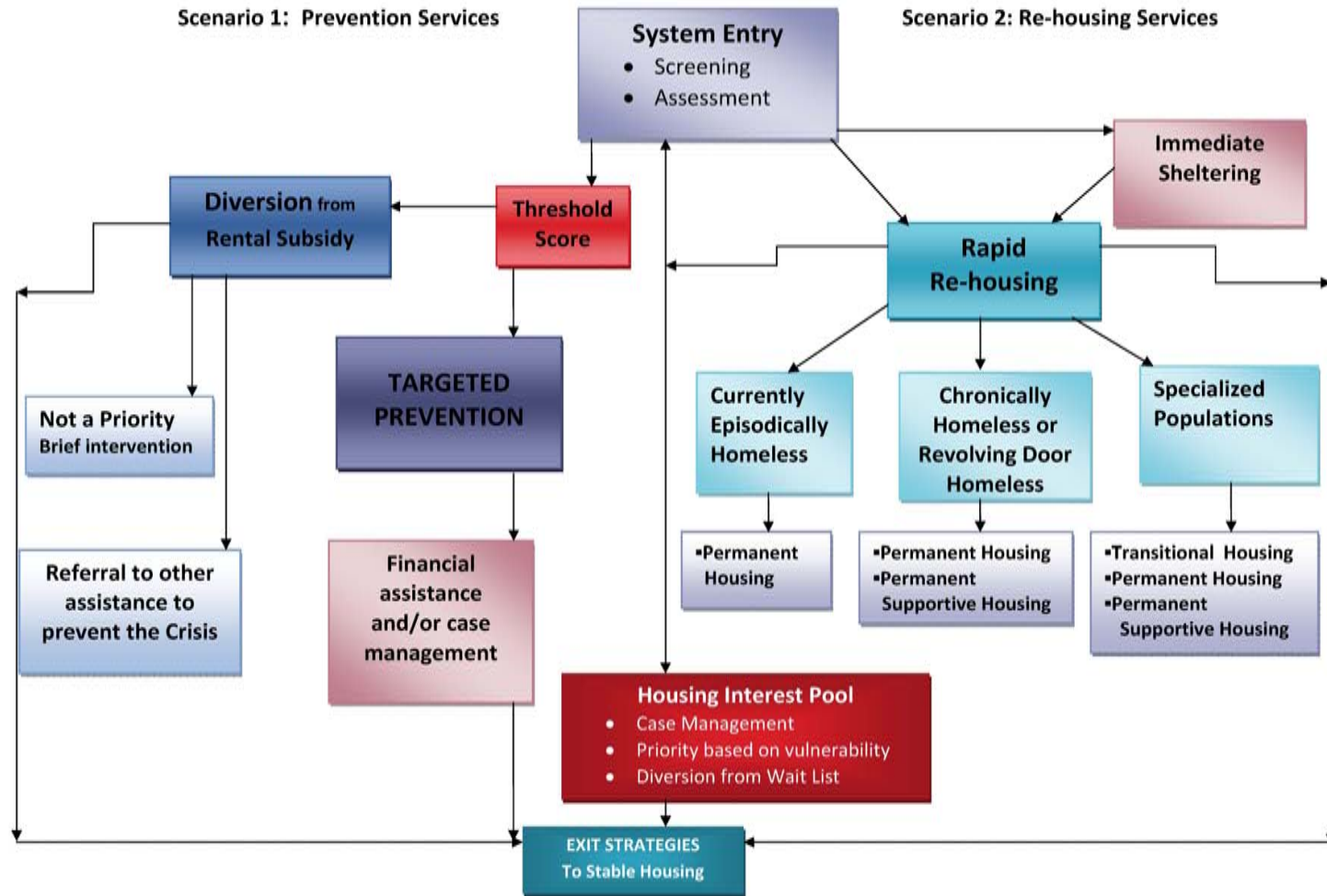
Screening and assessment: When someone presents at one of the system entry points, professional staff conduct screenings and assessments to determine the most appropriate and available housing service. Because there are fewer resources available than the existing demand for services, the most intensive services are prioritized to households assessed as being highly vulnerable based on several types of assessment that are used depending on the demographic characteristics of the applicant. For example, someone who is at risk of eviction will participate in a *Targeted Homeless Prevention Risk Assessment*, whereas someone who is chronically homeless and disabled will participate in a standardized *Vulnerability Assessment*.

Scenario 1 – Homeless prevention: When someone is at risk of losing their housing or doubled up with another household to prevent from becoming literally homeless, they may be eligible for homeless prevention services. Homeless prevention is typically a combination of housing case management or counseling and temporary financial assistance. Because there are limited resources for homeless prevention, they are targeted toward those most at risk of becoming literally homeless. Factors such as current income, rent burden, children present, and disabilities will be considered in determining whether or not someone qualifies for homeless prevention services. People who did not qualify may receive a brief intervention service, such as a meeting with a housing case manager to offer guidance and advice and referral to allied agencies that can offer other services to help (e.g. legal aid, energy assistance, or child care assistance referral).

Scenario 2 – Homeless re-housing: People who present as literally homeless also receive a screening assessment to determine the most appropriate service intervention that will result in the most rapid exit from homelessness. A homeless household may receive immediate shelter services, including referral to partner agencies such as Lydia Place or YWCA. They may also be placed on the Housing Interest Pool (HIP).

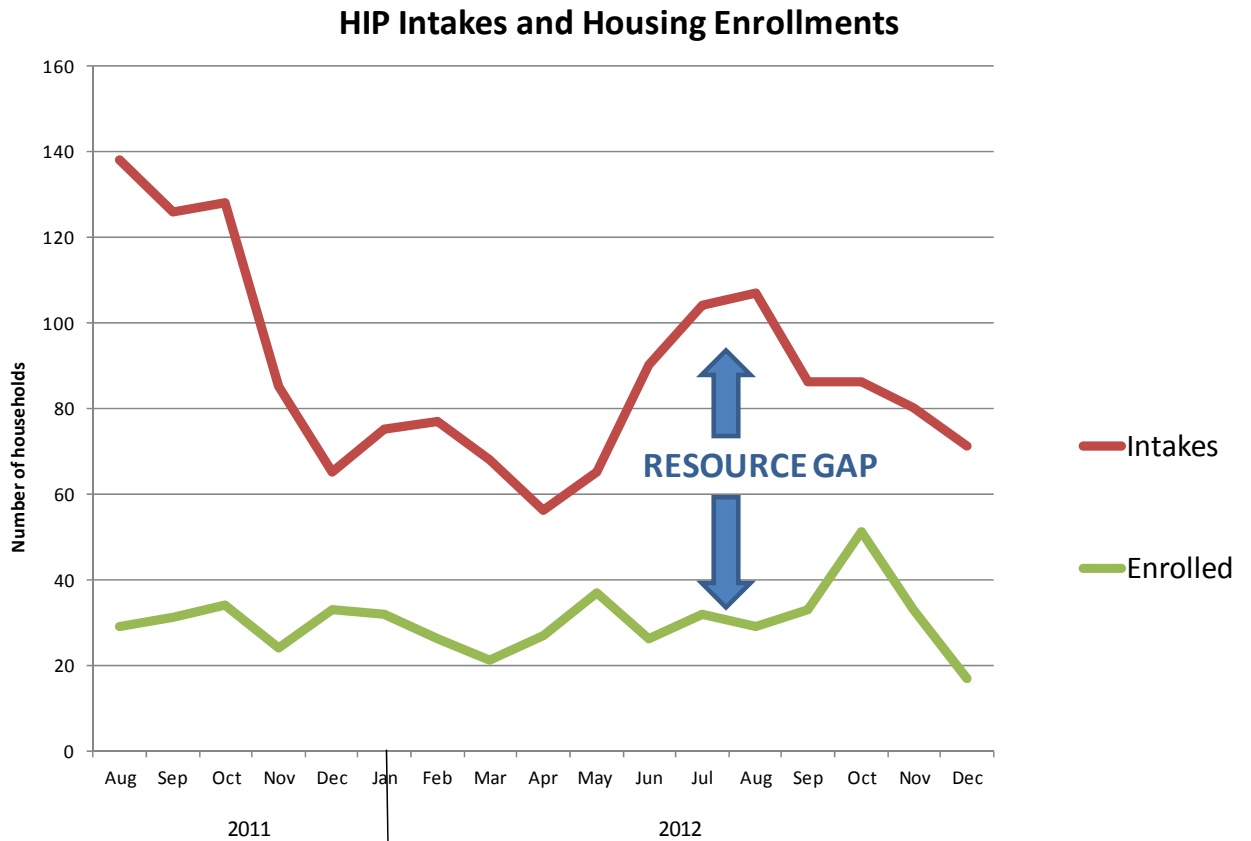
Housing Interest Pool (HIP): The HIP is a waiting list of sorts, but is not based on first-come-first-served priority. Rather, people are prioritized for services based on vulnerability. Because some of the grant funding available is targeted toward specific populations, some people may be prioritized sooner than others (e.g. people with a mental illness, veterans, families with children). People in the HIP are expected to receive a limited amount of case management even as they wait for enrollment into services. The purpose of this wait list case management is to try to help people exit homeless even without a more intensive intervention, and to refer them to other services they may need to reduce their housing barriers.

Whatcom County Coordinated Entry and Homeless Housing Services



A large gap in resources needed to end homelessness

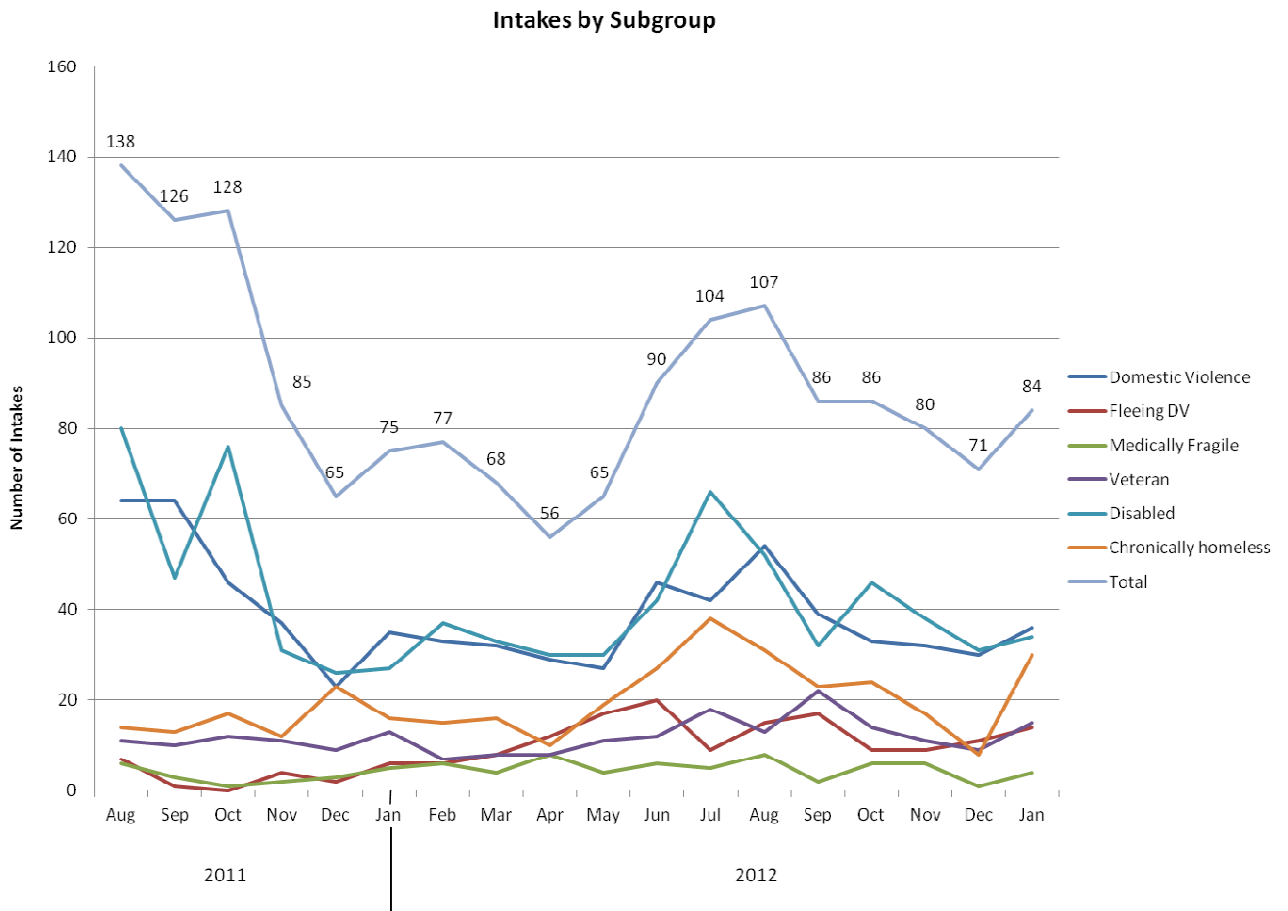
This chart starkly illustrates a gap that exists in our community between the number of those who are in need of housing services, and what our community is currently able to provide. The red line represents the number of new literally homeless households that apply for services each month. The green line below represents the number of households that enroll into a housing program each month, including permanent and transitional housing programs.



Through the Housing Interest Pool we can track the number of intakes we see in various sub populations. Note that although we have significantly decreased the number of homeless veterans (as reported earlier in this document), the veteran line in the chart below is relatively stagnant. This is because we are not only serving literally homeless veterans via the Housing Interest Pool, but also veterans at-risk of homelessness (couch surfing, facing eviction, etc).

Also notable is the significant decrease in new households seen in November of 2011. This is due to more intensive targeting which began at this time; we began serving only literally homeless households at this time, with exception to veterans and those fleeing domestic violence.

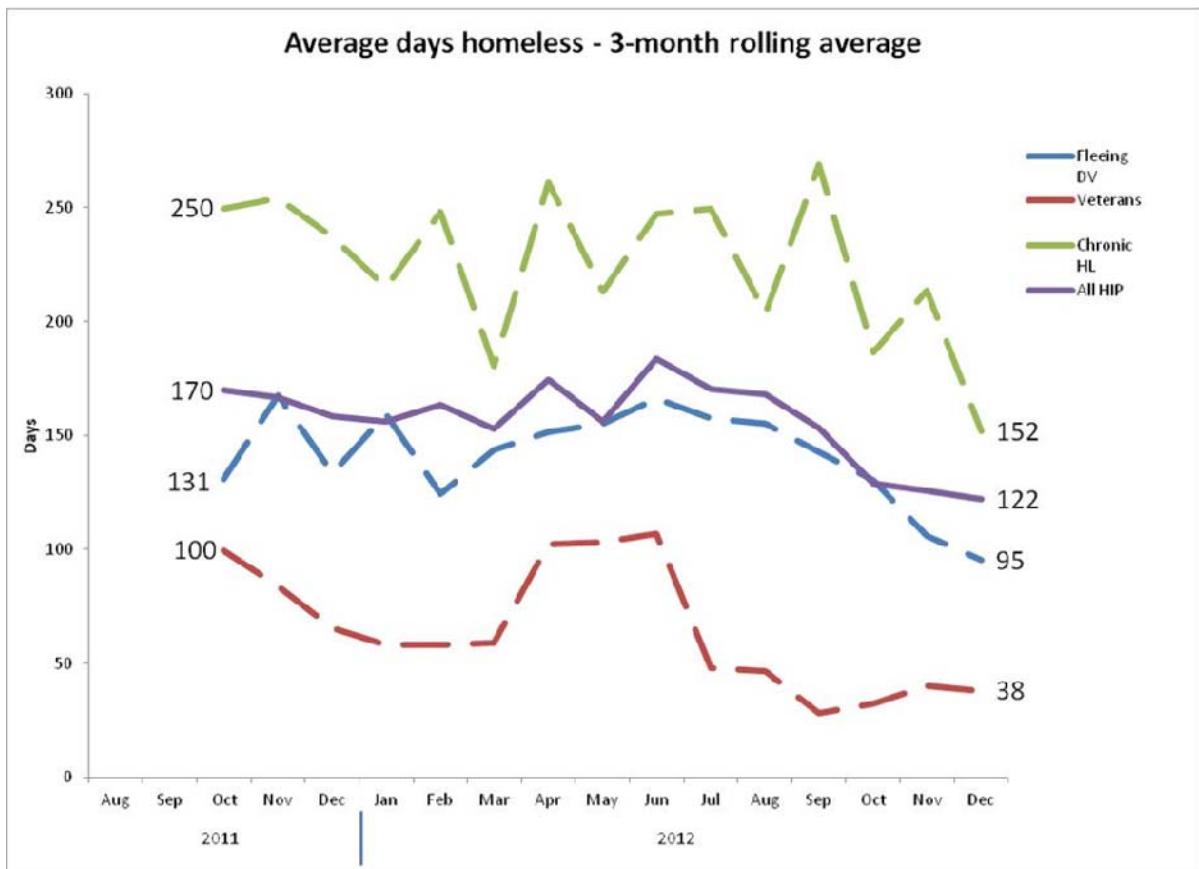
Two populations, one called “Domestic Violence” and one called “Fleeing DV” are represented. “Fleeing DV” refers to individuals who were fleeing domestic violence at their time of intake. “Domestic Violence” refers to any head of household who has experienced domestic violence in their lifetime (“Fleeing DV” is included in this number).



Reducing the duration of homelessness

The chart below represents the average number of days we see homeless consumers waiting for services over time. The duration of homelessness is measured from the date we encountered the homeless family or individual (intake date) to the date an individual was enrolled into a housing program. In other words, a given month represents the amount of time people who were enrolled into a housing program in that month spent waiting for services. For example, for the overall homeless population (the purple line called "All HIP"), those who enrolled in December 2012 spent an average of 122 days waiting for an opening. We see that homeless and at-risk veterans spend the least amount of time waiting for services, while chronically homeless individuals spend much longer.

Our community's goal is to significantly reduce the duration of homelessness, and these results show that we are headed in the right direction. For example, overall, the homeless duration for the total homeless population being served on the Housing Interest Pool has decreased from an average of 170 in the fall of 2011 to 122 days this past winter. Veterans and people who are chronically homeless have experienced substantial decreases in the average time waiting for housing services.



Appendix A: Detailed Homeless Subpopulation Tables

NOTE: much of the data referenced in the Characteristics of homeless subpopulations section above can be found in the following series of tables. Also note that the size of a particular subgroup (indicated by "N=X") changes for different tables because for some survey questions, fewer people within that group provided answers.

Table 1 Source of shelter used by homeless households in selected subgroups

Shelter	Families with children (N=70)		Survivors of domestic violence (N=90)		Unaccompanied minors (N=7)		All homeless households (N=405)	
	N	%	N	%	N	%	N	%
Emergency	21	30	26	29	4	57	138	34
Transitional	41	59	49	54	1	14	109	27
Unsheltered	8	11	15	17	2	29	158	39
Total known	70	100	90	100	7	100	405	100
Unknown					0	0	0	0

Table 2 Reasons for homelessness reported by homeless households in selected subgroups

Reasons for homelessness	Families with children (N=70)		Survivors of domestic violence (N=90)		Unaccompanied minors (N=7)		All homeless households (N=390)	
	N	%	N	%	N	%	N	%
Alcohol or drug use	10	14	12	14	3	43	89	23
Domestic violence	32	46	56	63	2	29	90	23
Mental illness	9	6	18	20			106	27
Family break-up	15	21	20	23	1	14	109	28
Health problems	8	11	14	16	1	14	80	21
Unable to pay rent/mrtge	33	47	32	36			158	41
Lost job	5	7	4	5			87	22
Eviction	12	17	9	10			63	16
Lack of child care	2	3	1	1	1	14	6	2
Medical costs	2	3	2	2			12	3
Temp. living sit. ended	6	9	11	12	1	14	85	22
Aged out of foster care			1	1	1	14	3	1
Discharged from inst.	1	1	5	6	1	14	15	4
Lack of job skills	1	1	1	1	2	29	21	5
Criminal conviction	3	4	4	5	1	14	44	11
Out of home youth			1	1			2	1
Transient on the road							7	2

Table 3 Chronic homelessness and re-entry characteristics of households in selected subgroups

Characteristics of homelessness	Families with children (N=70)		Survivors of domestic violence (N=90)		Unaccompanied minors (N=7)		All homeless households (N=405)	
	N	%	N	%	N	%	N	%
>12 mos. Homeless	13	19	37	41			178	44
>3 times homeless	3	4	17	19	5	71	67	17
Disabling condition*	32	46	51	57	4	57	277	68
Chronic (HUD)	3	4	4	4	4	57	108	27
Re-entering community								
Any residential facility	6	9	5	7	3	43	63	16
Jail	1	1	3	3			35	9
Psychiatric hosp.	0	0					11	3
Inpatient treatment	6	9	3	3	1	14	26	6
Juvenile detention	0	0			3	43	3	1

* Someone in household has a mental health disorder, substance abuse disorder, permanent physical or developmental disability

Table 4 Income sources reported by households in selected subgroups

Income sources	Families with children (N=69)		Survivors of domestic violence (N=985)		Unaccompanied minors (N=7)		All homeless households (N=384)	
	N	%	N	%	N	%	N	%
No income	3	4	9	11	6	86	99	26
VA			1	1			3	1
Social Security	9	13	30	35	1	14	119	31
Public assistance	47	68	37	44			125	33
L and I	1	1	1	1			2	1
Part-time work	7	10	8	9			30	8
Full-time work	7	10	3	4			14	4
Farm work							1	<1
Friends or relatives	5	7	2	2			14	4

Table 5 Source of shelter used by homeless households in selected subgroups

Shelter	Chronically homeless (HUD) (N=108)		Unsheltered (N=158)		Veterans (N=31)		All homeless households (N=405)	
	N	%	N	%	N	%	N	%
Emergency	41	38	0	0	16	52	138	34
Transitional	0	0	0	0	2	7	109	27
Unsheltered	67	62	158	100	13	42	158	39
Total known	100	100	158	100	31	100	405	100
Unknown	0	0	0	0	0	0	0	0

Table 6 Reasons for homelessness reported by homeless households in selected subgroups

Reasons for homelessness	Chronically homeless (HUD) (N=104)		Unsheltered (N=146)		Veterans (N=29)		All homeless households (N=390)	
	N	%	N	%	N	%	N	%
Alcohol or drug use	32	31	28	19	1	3	89	23
Domestic violence	11	11	16	11	2	7	90	23
Mental illness	42	40	41	28	13	45	106	27
Family break-up	28	27	37	25	5	17	109	28
Medical problems	24	23	27	19	7	24	80	21
Unable to pay rent/mrtg	37	36	70	48	12	41	158	41
Lost job	31	30	39	27	9	31	87	22
Eviction	16	15	27	19	6	21	63	16
Lack of child care	2	2	2	1			6	2
Medical costs	1	1	3	2	2	7	12	3
Temp. living sit. ended	17	16	32	22	4	14	85	22
Aged out of foster care	1	1	2	1			3	1
Discharged from inst.	6	6	3	2	1	3	15	4
Lack of job skills	4	4	8	6	2	7	21	5
Criminal conviction	15	14	17	12	2	7	44	11
Out of home youth	1	1	2	1			2	1
Transient on the road			5	3	3	10	7	2

Table 7 Chronic homelessness and re-entry characteristics of households in selected subgroups

Characteristics of homelessness	Chronically homeless (HUD) (N=108)		Unsheltered (N=158)		Veterans (N=31)		All homeless households (N=405)	
	N	%	N	%	N	%	N	%
>12 mos. Homeless	86	80	91	58	16	52	178	44
>3 times homeless	32	30	33	21	2	7	67	17
Disabling condition*	108	100	113	72	24	77	277	68
Chronic (HUD)	108	100	67	42	14	45	108	27
Re-entering community								
Any residential facility	26	24	30	19	6	19	63	16
Jail	15	14	22	14	4	13	35	9
Psychiatric hosp.	3	3	4	3	2	7	11	3
Inpatient treatment	12	11	9	6			26	6
Juvenile detention	3	3	1	1			3	1

* Someone in household has a mental health disorder, substance abuse disorder, permanent physical or developmental disability

Table 8 Income sources reported by households in selected subgroups

Income sources	Chronically homeless (HUD) (N=102)		Unsheltered (N=142)		Veterans (N=30)		All homeless households (N=384)	
	N	%	N	%	N	%	N	%
No income	32	31	47	33	10	33	99	26
VA	0	0	2	1	3	10	3	1
Social Security	41	40	52	37	9	30	119	31
Public assistance	29	28	32	23	7	23	125	33
L and I	0	0					2	1
Part-time work	4	4	5	4	3	10	30	8
Full-time work	1	1	4	3			14	4
Farm work	0	0	1	1			1	<1
Friends or relatives	0	0	3	2	1	3	14	4

Table 9 Source of shelter used by persons in selected subgroups

Shelter	Seniors – 60+ years (N=29)		Young adults – 18- 24 years (N=61)		Persons re-entering from any institution (N=63)		All homeless households (N=405)	
	N	%	N	%	N	%	N	%
Emergency	8	28	8	13	26	41	138	34
Transitional	10	35	26	42	7	11	109	27
Unsheltered	11	38	27	44	30	48	158	39
Total known	29	100	61	100	63	100	405	100
Unknown	0	0	0	0	0	0	0	0

Table 10 Reasons for homelessness reported for persons in selected subgroups

Reasons for homelessness	Seniors – 60+ years (N=28)		Young adults – 18- 24 years (N=59)		Persons re-entering from any institution (N=60)		All homeless households (N=390)	
	N	%	N	%	N	%	N	%
Alcohol or drug use	3	11	13	22	32	53	89	23
Domestic violence	1	4	16	27	12	20	90	23
Mental illness	4	14	11	19	27	45	106	27
Family break-up	4	14	30	51	22	37	109	28
Medical problems	7	25	6	10	13	22	80	21
Unable to pay rent/mrtg	11	39	5	9	19	32	158	41
Lost job	7	25	6	10	13	22	87	22
Eviction	4	14	10	17	17	28	63	16
Lack of child care			1	2	2	3	6	2
Medical costs	1	4	1	2	1	2	12	3
Temp. living sit. ended	9	32	13	22	17	28	85	22
Aged out of foster care			1	2			3	1
Discharged from inst.			2	3	10	17	15	4
Lack of job skills	3	11	2	3	7	12	21	5
Criminal conviction	1	4	8	14	16	27	44	11
Out of home youth			2	3			2	1
Transient on the road							7	2

Table 11 Chronic homelessness and re-entry characteristics of persons in selected subgroups

Characteristics of homelessness	Seniors – 60+ years (N=29)		Young adults – 18-24 years (N=61)		Persons re-entering from any institution (N=63)		All homeless households (N=361)	
	N	%	N	%	N	%	N	%
>12 mos. Homeless	20	69	6	10	30	48	178	44
>3 times homeless			19	31	13	21	67	17
Disabling condition*	24	83	33	54	49	78	277	68
Chronic (HUD)	9	31	11	18	26	41	108	27
Re-entering community								
Any residential facility	1	3	12	20	63	100	63	16
Jail	1	3	6	10	35	56	35	9
Psychiatric hosp.			3	5	11	18	11	3
Inpatient treatment			6	10	26	41	26	6
Juvenile detention					3	5	3	1

* Someone in household has a mental health disorder, substance abuse disorder, permanent physical or developmental disability

Table 12 Income sources reported for persons in selected subgroups

Income sources	Seniors – 60+ years (N=26)		Young adults – 18-24 years (N=56)		Persons re-entering from any institution (N=61)		All homeless households (N=384)	
	N	%	N	%	N	%	N	%
No income	5	19	13	23	18	30	99	26
VA							3	1
Social Security	18	69	7	13	17	28	119	31
Public assistance			25	45	22	36	125	33
L and I							2	1
Part-time work	3	12	8	14	3	5	30	8
Full-time work			1	2			14	4
Farm work					1	1	1	<1
Friends or relatives			5	9	3	5	14	4

Appendix B: Homeless count methodology

Methods Overview

The Point-in-Time count relies on numerous volunteers and voluntary participation by many agencies countywide. Essentially, the methodology of the count includes three components: (1) coordination and training, (2) data collection, and (3) data processing.

Coordination and training require that all agencies identified as having a role in the County's continuum of care be contacted and recruited to participate in the count. Then participating agencies receive instructions for that year's count and are given data collection tools most appropriate for their situation (e.g. paper survey forms or online database access for direct data entry).

Data collection activities include (1) having clients fill out the survey questionnaires, (2) having volunteer interviewers assist clients complete the survey questionnaires, or (3) having agency staff enter client information directly into the online Point-in-Time Count database. In some cases, agency staff complete paper questionnaires for their clients. This is the second year during which we used the statewide Homeless Management Information System (HMIS) to collect data for many homeless individuals who were staying in transitional housing or emergency shelter.

Data processing begins when the paper survey questionnaires are delivered to the County's designated data analyst at the Homeless Service Center at the Opportunity Council, or when the data is entered by participating agency staff into the online database. Data from paper forms is added to the online database and then the data is "cleaned." Cleaning includes several processes designed to detect data entry errors and identify and remove duplicated survey respondents⁷. The cleaned data is then imported into special software to facilitate statistical analysis.

Data assumptions and limitations

National research indicates that point-in-time counts generally underestimate the number of those who are homeless because:

- A point-in-time is just a "snapshot" and may not capture all those who are cycling in and out of homelessness over the course of a specific period of time (e.g. annually). Furthermore, an annual "snapshot" may miss any seasonal fluctuations that may occur in our communities.
- It is difficult to find where all the unsheltered people reside. It is impossible to know all the places that might provide unconventional shelter (i.e. tents, abandoned cars) for one night.

Furthermore, due to survey item nonresponse (when a respondent skips one or more of the Point-in-Time Count survey questions), some of the analyses are based on only a subset of all homeless households counted.

⁷ Duplicated survey respondents are identified using automated and non-automated processes that rely on unique identifying data derived by combining fields of data such as sex, date of birth and initials.

**Appendix C: Whatcom County Homeless Count Report to
Washington State Department of Commerce**

April 2013

**Whatcom County 2013 Point-in-Time Homeless Count Report to
Washington State Department of Commerce**

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	21	41	8	70
Number of Households <u>without</u> Children:	113	67	148	328
Number of Households <u>without</u> Adults (nobody over 17 years old):	4	1	2	7
1. Number of Persons in Families with Children:	67	114	24	205
2. Number of Single Individuals and Persons in Households <u>without</u> Children:	115	68	166	356
3. Number of Persons in Households <u>without</u> Adults (nobody over 17 years old):	4	1	2	7
Total Persons: (Add Lines Numbered 1, 2 & 3)	186	183	192	561
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
	Emergency	Transitional		
a. Chronically Homeless Individuals	41	0	67	108
b. Chronically Homeless Families	2	0	1	3
c. Persons in Chronically Homeless Families	6	0	3	9
d. Mentally Disabled	77	45	83	205
e. Persons with alcohol and/or other drug problems	26	21	23	70
f. Veterans	16	2	13	31
g. Persons with HIV/AIDS	1	0	0	1
h. Victims of Domestic Violence	40	86	19	145
i. Unaccompanied Youth (Under 18)	4	1	2	7
j. Children (Under 18) in Families	42	69	14	125
k. Physically Disabled	42	17	65	124
l. Seasonal Agricultural Workers	0	0	1	1
m. Persons with both substance use and mental health problems	21	14	15	50
n. Senior citizens (aged 65 or older)	1	3	1	5