

CHAPTER THREE

HOUSING AND COMMUNITY DEVELOPMENT NEEDS

INTRODUCTION

General information about the housing and community development needs in Clark County, including incorporated and unincorporated areas, helps to provide a baseline for decision making. Housing needs can be summarized in terms of:

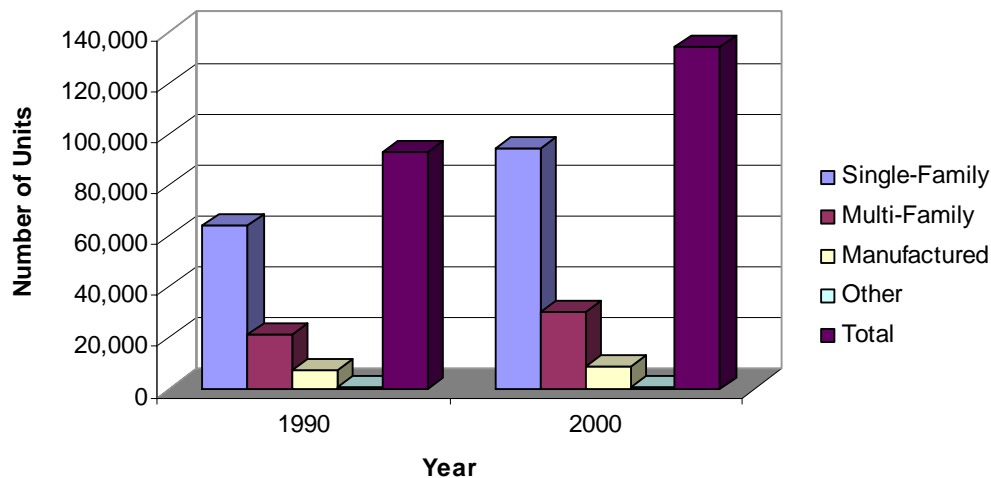
- General market and housing inventory;
- Condition of housing;
- Housing for minority groups and people with special needs;
- Housing and service needs of homeless persons and families;
- Public and assisted housing;
- Lead-based paint hazards;
- Barriers to affordable housing;
- Community development needs; and
- Poverty prevention.

Chapter Three presents a discussion of each of these arenas.

GENERAL MARKET AND HOUSING INVENTORY

Census data provides the most complete picture of the number and type of available housing units. Figure 3-1 uses these data to depict the number of housing units in Clark County by type of unit for the period 1990 to 2000.

FIGURE 3-1
Housing Types in Clark County: 1990 – 2000



Source: U.S. Census.

Notes: The term single-family is used to describe both attached and detached units.

The total number of single-family units increased by 44 percent between 1990 and 2000.

Single-family homes, including attached and detached units, comprised 71 percent of the total. Twenty-two percent of the remaining units were multi-family dwellings, 7 percent were manufactured homes and less than one percent was defined as “other.”

Table 3-1 summarizes the growth in new construction as measured by permits issued. Between 2000 and 2004, Clark County issued a total of 15,841 permits.

TABLE 3-1
Clark County New Construction Permit Activity: 2000 – 2004

2000		2001		2002		2003		2004	
SF	MF	SF	MF	SF	MF	SF	MF	SF	MF
1,792	18	2,320	25	2,093	6	2,121	32	2,077	33

Source: Clark County Community Development

Notes: SF - Single-Family; MF - Multi-Family

Table 3-2 shows the trends in housing tenure over a recent twenty year span.

TABLE 3-2
Housing Tenure in Clark County: 1980 - 2000

Housing Tenure	1980	1990	2000
Total Housing Units	72,652	92,849	134,030
Vacant Units	3,902	4,409	6,822
Occupied Units	68,750	88,440	127,208
Owner-Occupied Units	46,350	56,872	85,551
Renter Occupied Units	22,400	31,568	41,657

Source: 1980, 1990, 2000 U.S. Census.

There is no reliable local or county data on the number of vacant and/or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

HOUSING PROBLEMS

The Department of Housing and Urban Development considers households with “housing problems” to be those households that:

- Spend more than 30 percent of their income on costs associated with housing;
- Occupy units having physical defects; or
- Occupy units that meet the definition of overcrowded (more than one person per room).

As shown in Table 3-3, a significant number of Clark County households experience one or more of these housing challenges.

TABLE 3-3
Housing Units with Housing Problems, 2000

Income Level	Renter-Occupied	Owner-Occupied
0-30% of AMI	6,400	2,936
31-50% of AMI	5,623	3,385
51-80% of AMI	3,954	6,896
80%+ of AMI	1,733	10,809
Total	17,710	24,020

Source: 2000 CHAS Data

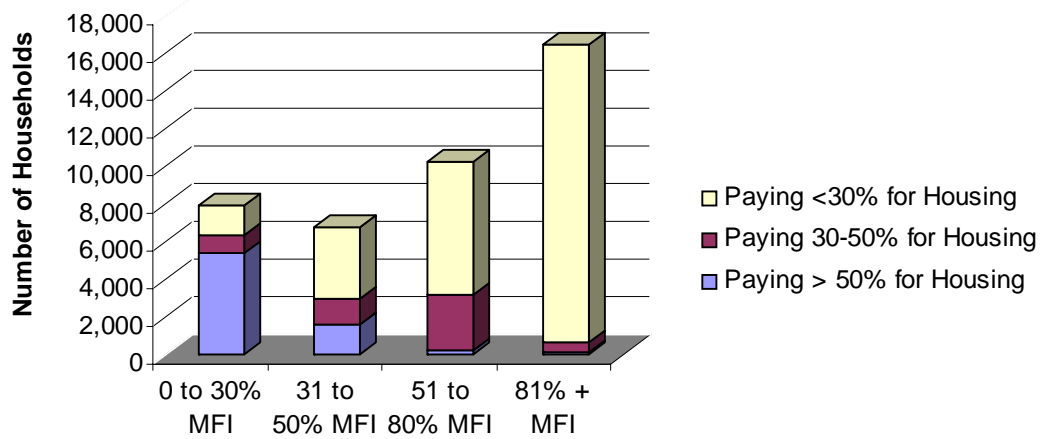
Housing Affordability

Although lenders, builders, housing advocates, and citizens may have somewhat different definitions of affordable housing, all of these groups have recognized that the relationship of household income to housing prices is the principal determinant in the ability to secure adequate housing. The US Department of Housing and Urban Development’s (HUD’s) standard for describing affordability is shelter plus utilities that cost no more than 30 percent of a household’s gross income. Households that pay more than this are considered “cost burdened.”

Extremely low, low, moderate and middle-income levels for households have been defined by HUD and are revised annually. Low-income households earn in the range of 31 to 50 percent of the area’s median income (AMI). At moderate income levels, households earn between 51 and 80 percent of AMI. Middle income households are those with incomes in excess of 80 percent of AMI.

Figure 3-2 depicts 2000 census information combined with the HUD income levels to illustrate the percentage of households paying cost burdens in excess of 30 percent for shelter. The data show that households with incomes below AMI (presented in Chapter 2) were likely to pay more than 30 percent of their income for housing.

FIGURE 3-2
Households by Percent Paid for Housing: 2000



Source: U.S. Census.

Homeownership Affordability

As shown in Table 3-4, prices for homes, including both new construction and existing domiciles have risen dramatically over the past decade. From 1995 to 2004, the price of a new home increased by 67 percent and the price of an existing home increased by 56 percent. Annual increases have gone up by an average of five percent.

TABLE 3-4
Single-Family Home Median Sale Prices in Clark County: 1995 - 2004

Year	New Construction Median Sale Price	Percent Change	Existing Homes Median Sale Price	Percent Change
1995	132,000	5.7%	118,500	6.8%
1996	131,000	-0.8%	125,000	6.0%
1997	136,535	4.2%	132,000	5.6%
1998	146,038	7.0%	137,500	4.0%
1999	152,192	4.9%	144,858	5.4%
2000	169,102	10.4%	139,050	-3.5%
2001	174,731	3.3%	158,000	12.9%
2002	185,803	6.3%	160,800	1.8%
2003	197,800	6.5%	172,900	7.5%
2004	221,068	11.7%	185,000	7.0%

Source: Clark County Real Estats.

Incomes increased 59 percent between 1995 and 2004, but they did not keep pace with escalating home costs. Affordability is defined in rough terms as 2.5 times AMI. Figure 3-3 shows the relationship between AMI and the median price of a new or existing house over a ten year span from 1995 to 2004.

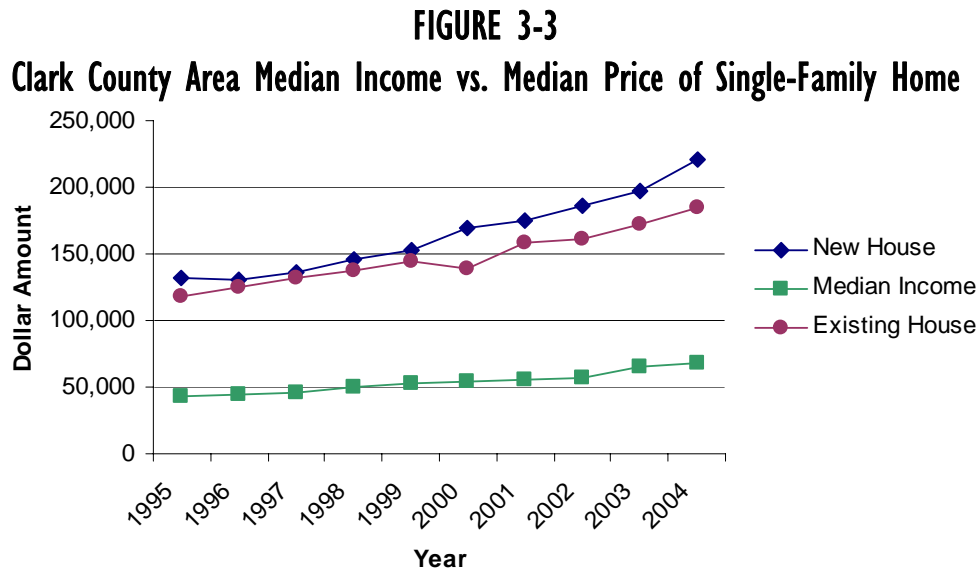


Table 3-5 below shows the general relationship between AMI and the number of homes available to families based on the relationship between affordable mortgages and income.

TABLE 3-5
Affordable Mortgage by Percent of 2004 Area Median Income (AMI)

Percent of AMI ¹	Monthly Income	Affordable Expenses ²	Affordable Mortgage ³	Affordable Sales Price ⁴	Homes sold in 2004
10%	\$566	\$165	\$27,521	\$28,969	44
20%	\$1,097	\$329	\$54,874	\$57,762	54
30%	\$1,645	\$494	\$82,395	\$86,732	194
40%	\$2,193	\$658	\$109,749	\$115,525	567
50%	\$2,742	\$823	\$137,270	\$144,495	1,737
60%	\$3,290	\$987	\$164,623	\$173,287	4,361
70%	\$3,838	\$1,152	\$192,144	\$202,257	1,007
80%	\$4,387	\$1,316	\$219,498	\$231,051	811
90%	\$4,935	\$1,481	\$247,018	\$260,019	541
100%	\$5,483	\$1,645	\$274,372	\$288,813	344

1 – 2004 Area Median Income: \$67,900

2- Assumes 33% of monthly income going to housing expenses (mortgage, property taxes, insurance).

3- Assumes 6.0% annual interest 30 year mortgage. Does not include property taxes and insurance.

4- Assumes the ability to make 5% down payment.

	Able to afford existing median value home.
	Able to afford new median value home.

Source: Home sales from Real Estats 2003 Clark County.

Table 3-6 compares the minimum income required to purchase a median priced existing home with the minimum income required to purchase a new home.

**TABLE 3-6
Tipping Point**

	Sales Price	Down Payment (5%)	Mortgage Amount¹	Monthly Mortgage²	Total Monthly Cost²	Annual Income	% of AMI
Median Existing home 2004	\$185,000	9,250	175,750	1,054	1,317	47,891	71%
Median New home 2004	221,068	11,053	210,015	1,259	1,575	57,273	84%

¹Affordable Monthly Housing Cost, assuming 30-year mortgage at 6.0%

²Includes property taxes and property insurance.

2004 Clark County Median Income: \$67,900

Property Tax \$16/\$1000

Property insurance: existing \$54/month, new \$51/month

Source: Clark County CDBG/HOME Program

In order to purchase a home, a family must earn at least 71 percent of AMI. In order to purchase a new home, a family would have to earn at least 84 percent of the AMI. Families below these thresholds depend on outside assistance in order obtain the means to buy a house.

Rental Housing Affordability

**TABLE 3-7
Clark County Rents and Vacancy Rates: 1997-2004**

Year	Median Rent	Vacancy Rate
1997	\$609	3.8%
1998	\$618	4.0%
1999	\$634	6.0%
2000	\$643	6.4%
2001	\$653	5.8%
2002	\$658	6.0%
2003	\$666	6.7%
2004	\$665	7.2%

Source: Norris Beggs & Simpson, *Apartments Southwest Washington, 2004*

“We are about to spend our first Christmas in our new home, thanks to Columbia Non-Profit’s First Home Loan Program! We have found great pride of ownership. We now feel like we are part of the community!” ~AF

As vacancy rates increase, median rents decrease. Currently, a 3-person family at 50% of AMI can afford an apartment at \$764 a month.

TABLE 3-8
Adequacy of Rental Housing Stock for Low to Moderate Income Households in 2000

Household Income Level	# of Renter Households	Affordable Rental Units	% of Units Occupied by Different Income Level	Rental Units not Available to Income Level	Deficit or Surplus of Rental Units
< 30% AMI	7,991	3,810	52%	1,981	-6,162
30% - 50% AMI	6,799	13,215	55%	7,268	-852
50% - 80% AMI	10,292	24,785	46%	11,401	3,092

Source: 2000 HUD CHAS Data

Notes: "Percent of units occupied by different income level" is the inverse percentage occupied by those within income level

"Rental units not available to income level" is the number of affordable units multiplied by the number occupied by different households in an income level

"Deficit or surplus of rental units" is the number of renter households less the units not available

Many persons rely solely on public assistance such as Supplemental Security Income (SSI). In 2004, the average SSI monthly assistance payment for an individual in Clark County was \$564. An affordable rental unit to a person receiving SSI would cost \$169 per month, calculated at 30 percent of income. Few rental units in standard physical condition are available for this price in Clark County. An additional barrier for very-low income people is created by rental industry standards that typically require applicants to have an income equal to three times the monthly rent.

Compounding the problems of finding housing for persons with limited incomes are issues such as poor rental history, evictions, deficient credit history and possible felony arrest records, any of which can cause immediate refusal to rent to the applicant by many landlords.

The Affordability Gap

Average rent levels and mortgage payments for affordable housing by household at different income levels is shown in Figure 3-4 below. The table demonstrates a significant gap between what low-income households can afford to pay for housing and the average rent level.

FIGURE 3-4
The Housing Continuum in Clark County

HUD Area Median Income (AMI) ¹	Rental Assistance or Operating Subsidies are Required to Serve These Households	Small Subsidy, Tax Expenditure Programs Can Serve These Households	Private Market Adequately Serves These Households	
	30 Percent AMI	50 Percent AMI	60 Percent AMI	80 Percent AMI
1-Person Household	\$14,250	23,750	28,500	38,000
3-Person Household	18,350	30,550	36,660	48,900
Fair Market Rent, Thirty Percent of Income, and Affordability Gap				
1-Person Household				
1 Bedroom Fair Market Rent ²	644	644	644	644
30% of Monthly Income	356	594	713	950
Affordability Gap	288	50	(69)	(306)
3-Person Household				
2 Bedroom Fair Market Rent ²	795	795	795	795
30% of Monthly Income	459	764	917	1,223
Affordability Gap	336	31	(122)	(428)
Notes:	Housing Options			
¹ HUD 2004 Income Limits for Clark County	Households have very little ability to pay market rate rents. They may cycle in and out of homelessness and require emergency shelter, transitional housing and homeless prevention assistance. Public housing, Section 8 Vouchers, Tenant Based Rental Assistance, and other forms of rental or operating assistance generally are essential to assist these families. HOME, tax exempt bond or Low Income Housing Tax Credit projects can target a modest number of units to serve these populations.	These households have ability to pay rent slightly below market rates. They can be served easily by HOME, tax exempt bonds, and Low Income Housing Tax Credit projects. They generally do not require Public Housing, Section 8 Vouchers, HOME Tenant Based Rental Assistance, or other forms of rental or operating assistance.	These households have sufficient income to rent market rate housing. There is no need to use scarce public resources of any kind to provide them with rental housing opportunities.	
² HUD HOME Rent Limits for 2004 recorded in 68 Federal Register at 56758 (October 1, 2003)				

CONDITION OF HOUSING

Clark County relies on definitions used by the Department of Community Service's Housing Rehabilitation Program to describe the condition of housing as follows:

"I bought my house with the assistance of the First Home Loan Program. Without the First Home Loan Program, I wouldn't be a homeowner!" ~TH

- **Standard Housing Unit:** Any dwelling which meets HUD's Housing Quality Standards and the Uniform Housing Code Standards.
- **Substandard Housing Unit:** Any dwelling which does not meet HUD's Housing Quality Standards and the Uniform Housing Code Standards.
- **Substandard and Suitable for Rehabilitation:** A building with a sound basic structure for which the cost of rehabilitation, plus any outstanding mortgage or lien, does not exceed 95 percent of the value of the property after rehabilitation, and the estimated cost of rehabilitation is deemed reasonable as determined by rehabilitation specialists.

Condition of Clark County Housing

Clark County uses county Assessor's Office data to estimate the number of substandard housing units in the county. These data are also used to identify areas that have higher concentrations of substandard single-family dwellings. The Assessor's Office employs a system in which single-family residential units receive a rating of condition based on the exterior of the building. Although an exterior assessment may not provide an absolutely accurate evaluation, it is generally indicative of overall condition, because it is unlikely that a poorly maintained building is well-maintained inside. The data's greatest limitation is that it provides information for single-family dwellings only. Apartments, duplexes, and condominiums are not included.

Table 3-9 below, based on the Assessor's Office rating system, indicates the estimated condition of housing in Clark County as of 2000. Generally, houses that are ranked as "Fair" are those structures most in need of rehabilitation for which such an investment may still be cost efficient. Homes ranked as "Badly Worn" have fallen into such a state of disrepair that any investment would not be cost effective. Census tracts with the highest concentration of substandard single-family dwellings are enumerated in Table 3-9. The location of these census tracts is indicated on Figure 3-5.

TABLE 3-9
Census Tracts with Highest Concentrations of Substandard Single-Family Dwellings: 2000

Census Tract*	Number of Single-Family Units in "Fair" or "Badly Worn" Condition	Percent of Total Number of Single-Family Units in Census Tract
424.00	11	45.45%
423.00	648	17.28%
418.00	999	14.51%
415.00	679	13.11%
410.05	460	12.17%
426.00	538	11.71%
403.00	1,615	10.28%
416.00	343	9.91%
421.00	782	9.72%
409.05	1,002	9.28%
401.02	974	8.73%
401.01	1,270	8.43%
419.00	559	8.23%
425.00	300	7.67%
414.00	1,508	7.43%
404.03	1,260	7.14%
427.00	421	7.13%
406.05	947	7.07%
405.09	774	6.98%
417.00	673	6.84%
402.01	1,636	6.78%
All Census Tracts – Median		3.38%

Source: Clark County Department of Assessment and GIS

*Bold tract numbers indicate census tracts with more than 51% low and moderate income persons.

Census data for 2000 identified less than one half of one percent of the housing units in the county as not having complete plumbing facilities; less than one percent were identified as not having complete kitchen facilities.

Overcrowding

Overcrowding, defined as housing units with one or more persons per room, is a problem in Clark County. According to the US Census, 2.04% of all owner-occupied units are overcrowded, and 8.05% of all renter units are overcrowded.

As shown in Table 3-10, much of this overcrowding is clustered in census tracts in and around the City of Vancouver.

TABLE 3-10
Census Tracts with Highest Percent of Housing with More than One Person per Room

Census Tract	Percent
411.09	15.3%
417.00	14.3%
427.00	13.4%
416.00	12.8%
410.05	11.3%
412.05	8.0%

Source: Table H20, 2000 Census

Housing Needs of Racial Minority Groups

Although Clark County has a relatively small racial and ethnic population, expanding diversity has accompanied the population growth. Between 1990 and 2000, the number of Hispanic households grew 165 percent. Asian and Pacific Islander households grew 144 percent. The number of Black households in Clark County increased by 119 percent in this same decade.

The only documented data on area growth in minority groups is provided by the census. However, anecdotal data indicate that the number of immigrants and refugees from other countries who are settling in Clark County is increasing. Many are Russian or Central and Eastern European, and most others are Southeast Asian. Minority-headed households, not including immigrants known through anecdotal data, comprised 8 percent of all households in the county in 2000. However, these households represented 15 percent of renters earning less than 50 percent of AMI and 6 percent of homeowners at that income level.

As discussed in Chapter Two and illustrated in Table 3-11, a higher percentage of households in racial or ethnic minority groups are in the lowest income categories, as compared with non-minority households. Over half of all Hispanic and Black households have incomes which fall below 80 percent of AMI; 38 percent of the Asian household incomes fall below 80 percent AMI. Non-minority households, by contrast, usually earn more than 80 percent of AMI.

TABLE 3-11
Household Incomes of Racial Groups in Clark County: 2000

Household	Total Households (2000)	Percent of Total Households				
		Total Households	Very Low-Income (0-30% MFI)	Low – Income (31-50% MFI)	Moderate Income (51-80% MFI)	Higher Income (>80% MFI)
White (non-Hispanic)	114,320	92%	9%	10%	18%	63%
Black (non-Hispanic)	1,799	1%	20%	12%	18%	51%
Hispanic (all races)	3,924	3%	16%	15%	24%	45%
Native American (non-Hispanic)	912	1%	9%	16%	18%	56%
Asian (non-Hispanic)	3,355	3%	11%	11%	13%	65%
Pacific Islander (non-Hispanic)	297	< 1%	9%	10%	18%	63%
All Households	124,607	100%	9%	10%	18%	62%

Source: Based on 2000 U.S. Census data provided by HUD, does not include “two or more races” or “other race.”
Percentage may not total due to rounding.

Groups facing “disproportionate impact” are defined as those racial groups at income levels that confront housing problems 10 percentage points or higher than the income category as a whole. The 2000 Comprehensive Housing Affordability Strategy (CHAS) data reveals that Black, Asian and Hispanic households (renters and homeowners together) face a disproportionate impact relative to housing. This impact is most pronounced in the 30-50% and the 50-80% AMI income categories.

HOUSING FOR PEOPLE WITH SPECIAL NEEDS

Certain populations require special housing and supportive service needs. Members of these groups characteristically sustain themselves on incomes well below AMI.

For members of this community, Clark County seeks to improve access to safe, affordable, and accessible housing, including opportunities for home ownership. Types of housing needed to serve people with special needs include permanent low-cost housing for those who can live independently, permanent supportive housing, transitional housing for those who want to move to independent living, housing for people with multiple diagnoses, accessible housing, and short-term emergency shelters designed to address immediate crises.

Persons with Developmental Disabilities

Persons with a developmental disability are people with life-long disabilities that manifest before age 18. Examples of developmental disabilities include mental retardation, cerebral palsy, epilepsy, autism or other neurological conditions that may impair intellectual functioning.

In the U.S. as a whole, 1.6 percent population lives with a developmental disability (DD). Approximately 80 percent of people with a DD condition are classified as having a mild level of disability; 18 percent have disabilities classified as moderate; and two percent are considered severe. Calculating based on national prevalence, about 6,178 children and adults with developmental disabilities live in Clark County. In 1990, 676 individuals met this definition and received case management services from Clark County. According to the Clark County Developmental Disabilities Comprehensive Plan (2003-2008) in 2003, the number had increased by 250 percent to 1,646 people served. While the number of people who are eligible grows at about six percent annually in Washington State, in Clark County, the growth has been more pronounced, expanding at a rate of almost ten percent per year.

Currently, it is estimated that one percent of all children born in the state are delayed in their maturation process as a result of parental involvement with alcohol and drugs. In May 2003, it was estimated that 25 to 30 percent of children receiving early intervention services were located within families where alcohol or drug use is a significant problem. It is unclear what the impact of the increased use of alcohol and drugs in Clark County will be on children in the future.

Over the last 20 years, the focus of the service system has been to move away from looking at deficiencies and inabilities to exploring and emphasizing individual abilities, personal choice, independence, and inclusion in all aspects of the local community.

Clark County has made substantial progress in the development of housing for people with developmental disabilities over the last decade. Specialized non-profits have been able to access local, state and federal funds to support infrastructure development. Home ownership is emerging as a very real opportunity, enabling DD-afflicted persons to build equity and stabilize housing costs. Lack of both residential support and training services continue to be issues, particularly for young adults graduating from special education programs. Some families have become creative in developing their own informal supports, but not all families are able to arrange this, especially if the individual has more extensive support needs.

The State Division of Developmental Disabilities coordinates a matrix of services, working with various providers, case managers, individuals and their families. The Clark County Developmental Disabilities Program is responsible for the coordination of early intervention, employment and training programs, parent and community involvement, and housing development projects. The Division is involved increasingly in facilitating housing services and identifying ways to ensure that housing providers are adequately serving people with developmental disabilities. The County contracts with providers for many of these programs and, in recent years, has been involved with advocating for local and state funds to build or rehabilitate housing. The Developmental Disabilities Advisory Board oversees policies and programs of the Clark County program.

Persons with Physical Disabilities

The 2000 CHAS data indicate that 8,018 households include at least one person under the age of 62 who has a mobility or self-care limitation. The 2000 Census data indicate that 7,827 individuals in Clark County over the age of 5 have a physical disability.

Residential options for persons with physical disabilities in Clark County are limited. The Vancouver Housing Authority (VHA) manages the largest number of low-income disability accessible units, 133 in total. This number includes units accessible for persons with mobility, sight and/or hearing limitations.

Although no reliable estimate of the actual number of disability accessible housing units in the area exists, reports from individuals, service providers, and advocates indicate the availability of such housing in the affordable price range is far below the current level of need. State law requires that four percent of newly constructed multi-family units be wheelchair accessible; however, while these units must be constructed, there is no guarantee that persons with physical disabilities will find such units set-aside for their exclusive use. By itself, then, state law does not guarantee that the need will be addressed by such units. Further, housing units may be advertised, as "accessible" but lack many basic features, such as wider doorways, that would render them useable for persons with wheelchairs or other mobility devices.

Persons with Mental Illness

Recent research from the Surgeon General (Mental Health: A Report of the Surgeon General, December 1999) indicates that nationally, at least one in five Americans is diagnosed with a mental illness; this translates to approximately 19,150 people in Clark County.

Clark County Regional Support Network (CCRSN) is the lead agency coordinating public mental health services in the region. CCRSN is charged with promoting mental health and ensuring that residents of the Clark County region who experience a mental illness receive treatment and services designed to help them recover, achieve their personal goals, and live, work, and participate in their community. During 2001/2002, CCRSN funded services for 4,803 mentally ill adults and 3,120 mentally ill children.

Housing Needs of Mentally Ill

Current research by Health and Human Services has demonstrated that stable housing is critical to the successful support and treatment of people with mental illnesses and/or addictions, and leads to significant efficiencies and savings across the multiple systems that touch persons who live with mental illness. Unfortunately, the mental health system does not have enough money to adequately assist all low-income mentally ill people in need and must choose to serve those with the most severe illnesses.

It can be particularly difficult for people with mental illness to obtain housing immediately upon discharge from residential treatment. CCRSN has established a liaison with Western Sate Hospital, the primary public mental health institutional facility in the area, as well as with the local hospital psychiatric unit, who focuses on discharge planning for people leaving residential mental health treatment. Mental health staff work with hospitals regarding specific patient discharges and participate on local and state-wide

committees to refine discharge policies. Current policy states that no one is discharged from mental health treatment unless they have a place to live. CCRSN has access to several different residential facilities that provide mental health services and also connect with groups and people offering a range of permanent housing options. In the past three years, only three people who were discharged from intensive mental health treatment went into the area’s homeless shelters, and these cases resulted from personal choice.

TABLE 3-12
Housing Options Specifically for People with Mental Illness

Agency	Housing Option	Services
VHA	Azalea Place – 12 units	Case management
Columbia River Mental Health	Rent/mortgage assistance and motel vouchers	
Mental Health NW	Transitional housing in 3 apartments for 3-5 people	Case management for clients in PACT program
Mental Health NW	The “Way Home” permanent housing, 19 served to date, 6 on waiting list	
Columbia River Mental Health	New Dreams – housing subsidies for 6 chronically homeless	Mental health services
Veterans’ Affairs	Community Reintegration – Transitional Lodging, Rental Subsidies	Case management, supportive services, group living situations

Source: 2004 Continuum of Care Application

Mental Health Treatment Needs

Of the 56 chronically homeless people served by Columbia River Mental Health’s day treatment program, 27 progressed to a lower level of treatment. Incarceration rates were reduced by 94.1 percent, and the frequency of emergency room visits also decreased. Since January 2004, the Wellness Project, a free mental health clinic developed by Mental Health Northwest has served 320 clients, many who are homeless or at risk of becoming homeless. By September 2004, this largely volunteer and student-run clinic was able to provide over 240 hours of free counseling and case management services each week. Permanent, transitional and crisis housing, combined with case management, are significant needs in this population. Hospitalization is available through Western State Hospital, located in Steilacoom in Pierce County and 16 beds for inpatient treatment are maintained at SW Washington Medical Center’s Psychiatric Unit.

Needs of People with Mental Illness

- **Permanent, affordable housing**
- **Short-term, emergency crisis beds and services**
- **Transitional living units and case management services**
- **More community-based housing with level of support linked to individual need**
- **Residential treatment for children**
- **Case management to assist with locating appropriate housing and roommates**
- **Assistance in working with landlords**

Persons Living with HIV/AIDS (PLWHA)

Clark County's AIDS incident rates consistently remain below the state target of 15.4 cases per 100,000 by a significant margin (3.7 per 100,000 in 2004). However, measuring the number of people and families impacted by HIV/AIDS in the community is challenging. Clark County's case management program currently serves 200 clients, of which 150 are at or below the federal poverty level. The statistics in Table 3-13 below present the number of people diagnosed in Clark County, not necessarily the diagnosed person's current place of residence.

TABLE 3-13
2004 Cumulative HIV/AIDS Cases Diagnoses in Clark County

HIV Cases	AIDS Cases	2004 HIV Rate	2004 AIDS Rate	Deaths
129	409	3.4	3.7	199

Source: Washington State HIV/AIDS Surveillance Report 03/31/05: Washington State Department of Health.

Clark County is part of the Portland Eligible Metropolitan Area (EMA), which is responsible for overseeing federal HOPWA funding for a seven county region. The EMA receives approximately one million dollars annually to provide housing and services to people living with HIV/AIDS. Funding is distributed proportionately based on the number of people who have AIDS in each county. Clark County receives approximately 11 percent of the funding, or about \$110,000. This money supports case management for 200 individuals as well as six units of transitional housing.

Housing Needs of PLWHA

The Southwestern Washington 2002 HIV/AIDS Care Services Needs Assessment reports housing as a critical need for HIV/AIDS-afflicted persons, second only to the need for ambulatory/medical care. Respondents to a 2002 Survey for People Living with HIV and AIDS in the Portland-Metropolitan Region

identified gaps and barriers to service needs in several arenas, including emergency rent and utility assistance (28 percent) and housing (24 percent). The survey also revealed that three-quarters of respondents had dealt with mental health problems at some point in their history, and one in three had used illicit substances at least once in the past year. Over three quarters of substance abusers reported co-occurring mental health problems.

Housing Options in Clark County

Stable housing is an especially critical element in meeting the diverse needs of PLWHA due to the complexity of their medical and nutritional needs. AIDS Housing of Washington reports that PLWHA who live in affordable stable housing find it easier to manage their daily medication regimen, thus promoting better health and employability. It is estimated that one-third to one-half of people living with AIDS are homeless or in imminent danger of becoming homeless.

Emergency assistance such as ‘remain in your home’ rental assistance and case management, hotel vouchers or emergency shelters are at the forefront of housing solutions for PLWHA. Transitional housing assistance is also available and typically lasts from 30 days to two years. Most transitional housing options are linked with support services that assist families and individuals with self sufficiency. Nine units in Clark County have been set aside specifically for people with HIV/AIDS:

- Clark County Scattered Sites-Transitional Housing Program- six units; and
- Affordable Community Environments Cascadia Village – three units.

Needs of People with HIV/AIDS

- ***Supported services - adult foster care, group homes***
- ***Emergency housing vouchers***
- ***Single-room occupancy housing units***
- ***Rent assistance***
- ***Permanent affordable housing***
- ***Coordination among service agencies and transitional housing providers***

Elderly and Frail Elderly Persons

Clark County has a smaller proportion of elderly in the population than does the State of Washington as a whole; yet seniors are the fastest growing population segment. Table 3-14 below indicates that in 2000, the Washington State Office of Financial Management estimated that 9.5 percent of the County’s residents were over age 65, a total of 32,808 people. In 2025, the County’s senior residents are projected to become 17.5 percent of the total population, or 95,561 residents. The growth of the senior’s cohort of the population will accelerate after 2011 as ‘baby boomers’ begin to turn 65.

Baby boomers are defined as persons born in the post-WWII era between 1946 and 1964. Redefining senior housing and retirement is at the forefront of baby boomers’ minds. Demand for available and

affordable senior housing could potentially double within the next twenty years, as baby boomers begin to age and retire.

TABLE 3-14
Estimated Population Growth 65+ in Clark County: 2000-2025

Age Groups	2000	2005	2010	2015	2020	2025
65 - 69	8,903	11,629	16,732	23,499	27,536	30,561
70 - 74	8,232	8,471	10,955	15,740	21,975	25,866
75 - 79	7,070	7,190	7,340	9,505	13,655	19,192
80 - 84	4,731	5,533	5,627	5,759	7,497	10,877
85+	3,872	4,908	6,023	6,786	7,400	9,065
TOTAL	32,808	37,731	46,677	61,239	78,063	95,561

Source: State of Washington Office of Financial Management, Washington State Intermediate County Population Projections by Age and Sex 2000-2025.

The elderly are generally considered a special needs group due in part to the high correlation between age and disabilities. Those with cognitive impairments and/or in need of assistance with the activities of daily living are considered frail elderly. With advances in medicine and medical technology, life expectancy of Americans continues to grow, increasing the proportion of frail elderly. The Center for Disease Control reported in 2003 that life expectancy for females is 79.8 years and 74.4 years for males. As people enjoy longer lives, the turnover of affordable senior housing decreases, impacting availability. Other factors, such as changes in subsidized public housing and Section 8 laws, may also impact affordable senior housing options.

Subsidized Senior Housing

In 2004, VHA provided subsidized housing for 1,968 elderly and disabled households in units owned by non-profits and managed by VHA's subsidized housing and Section 8 assistance. These households represent 63 percent of VHA's subsidized housing residents. The average total income of VHA elderly and disabled households is about \$825 per month. Table 3-15 identifies supportive housing options available to seniors.

TABLE 3-15**Supportive Housing Services for Elderly Persons Living in Clark County**

Type of Facility	Service	Number of Providers	Number of Beds
Home Services	May include meals, preventative health services, day care, case management, respite for family caregivers, household chores, personal care, and emergency response systems.	7+ state contractors and many individual providers	N/A
Adult Family Homes	Personal, skilled care. Residents generally have private rooms. Meals, housekeeping, personalized activities	209+/- licensed providers	Approximately 800
Congregate Care	Centers with 40-200 residents in private or shared rooms. Meals, housekeeping, and social activities provided. Personal care services may be an option.	7	500 (Combined with Assisted Living Units)
Assisted Living	Centers with 20-100 residents in private apartments. Optional personal care and limited nursing care. Meals, housekeeping, and social activities provided. Emphasis on independence with supports as needed.	26 - Private pay and State funded	Approximately 200
Nursing Homes	Hospital-like setting with 24-hour skilled nursing care and on-site rehabilitation services. Private or shared rooms. Meals, housekeeping, activities provided.	8	Approximately 700

Source: Southwest Washington Area Agency on Aging

Homeownership rates for seniors have remained steady over the last decade. Table 3-16 indicates that 75 percent of seniors were homeowners in 2000. Maintaining homeownership as an affordable option by providing affordable community-based long term care services (in-home services) that allow seniors to stay in their own homes helps to lessen the need to develop additional affordable senior housing.

TABLE 3-16
Income Ranges of Elderly (62+) Owners and Renters in Clark County: 1990, 2000

Income	1990	2000
Owner Occupied		
0-30% AMI	1,588	1,733
31-60% AMI	2,468	2,975
51-80% AMI	3,407	4,449
Total	9,453	11,157
Renter Occupied		
0-30% AMI	1,630	1,638
31-60% AMI	1,121	1,044
51-80% AMI	752	989
Total	3,503	3,671
Combined Totals	12,956	14,828
Percent of Owner Households	73%	75%
Percent of Renter Households	27%	25%

Source: 1990 and 2000 CHAS Data

Services for Seniors

The Southwest Washington Area Agency on Aging (SWAAA) is responsible for advocacy, planning, coordination, contracting, monitoring, evaluation and other activities related to serving older persons. The SWAAA also coordinates the long-term Care Ombudsman program, which provides volunteer advocates for persons who reside in long-term care facilities. Many other non-profit and volunteer organizations provide services for the elderly, some under contract to the local Area Agency on Aging.

The following needs have been identified for low-income, elderly persons in Clark County:

Needs of Elderly and Frail Elderly People

- **Additional at-home supportive services for those above the poverty level**
- **Affordable congregate care and assisted living facilities for low-income elderly who are unable to have in-home services**
- **More physically accessible units**
- **Affordable units for seniors with incomes of 0 to 50 percent AMI**
- **Shared housing**
- **Modification of existing housing to enable seniors to “age in place”**
- **Affordable, Medicaid/Medicare eligible In-home caregivers**

Persons Affected by Alcohol and Substance Abuse

Nationally, approximately 9 percent of the population is estimated to have a serious substance abuse problem. Using this 9 percent estimator to calculate prevalence in Clark County from the 2004 census, it can be estimated that more than 34,500 residents are likely to be addicted to alcohol and/or drugs. This estimate is particularly alarming, because chronic substance abuse often leads to homelessness. Alcoholics and substance abusers are disproportionately represented among homeless populations and are among the most visible and vulnerable persons in this group.

Services such as detoxification and outpatient treatment are more accessible to persons with insurance coverage or the ability to pay. For low-income or indigent people, treatment is not available on demand. Waiting lists are especially problematic because addicted people may lose their motivation for treatment quickly.

According to the Clark County Drug and Alcohol Abuse Prevention Program, in 2004, 7,000 people accessed the area's treatment facilities, and of these, 2,240 (32 percent) requested housing assistance. Of the 7,000 accessing treatment, only 1,684 received public-funded treatment or detoxification services, 587 (35 percent) who were homeless, and 972 (58 percent) who were not.

Methamphetamine Use

The use of methamphetamines (meth) in Clark County has impacted every aspect of the community. In 2004, meth use accounted for 80 percent of all crime throughout the county. In addition to the impact on law enforcement, the use of meth impacts many other aspects of community life. According to the Clark County Meth Action Team Report:

- Vancouver/Portland has the highest rate of mail theft in a five state area, 95 percent is attributed to meth use.
- Employers report that the percentage of positive drug tests containing meth doubled from 1999-2003.
- Schools are reporting an increase in meth use as well as an increase in counseling for kids whose parents have substance abuse issues.
- Clark County has the third highest treatment admissions rate for drug treatment involving meth.
- Clark County Alcohol and Drug program devotes 85 percent of its resources to acquiring services for meth users and their families.

The community has responded to the use of meth by developing treatment programs such as the COMET Project, Access to Recovery and the expansion of detoxification beds in the Center for Community Health. There is also planning for increased awareness and prevention through education and legislation.

Alcohol and Drug Treatment Facilities

Publicly funded facilities and providers located in the county include four outpatient treatment centers, one detoxification center, one recovery house, one adult residential treatment center and a youth residential treatment center. Outpatient opiate substitution services are outsourced to one provider. Clark County collaborates with other services, organizations and individuals to provide treatment to addicted persons, to support individuals and families in recovery, and to prevent substance abuse. Currently, the county is developing a public-funded Center for Community Health, which will house a crisis triage center and provide 100 beds for detoxification, alcohol and drug treatment, and recovery housing. This facility is scheduled to open in December 2005.

Clark County's Alcohol and Drug Program provides prevention services for all residents through contracts with various agencies in the community. These programs provide services for low-income or indigent individuals and others with chemical dependencies. Adult and Youth treatment services in this program are described in a "Continuum of Care Model" that emphasizes treatment of individuals in all stages of their recovery process. The model, applied in this context, includes:

- Assessments and referrals;
- Outpatient alcohol and drug treatment;
- Treatment programs specific to individuals who are diagnosed with both mental health problems and addictions (dual diagnosis);
- Treatment programs specific to pregnant, postpartum and parenting women;
- Opiate substitution treatment;
- Childcare for clients;
- Outreach programs;
- HIV/AIDS education and prevention; and
- Youth services include intervention programs, adolescent case management, and dual recovery outpatient services.

In addition to the above, Clark County is in the unique position of offering Therapeutic Specialty Courts in the form of the Superior Court's Drug Court, District Court's Substance Abuse Court, and Mental Health Court. A Family Drug Treatment Court will begin at the end of 2005. Through intensive court monitoring, treatment, and ancillary services, these programs enjoyed considerable success in preventing and/or reducing incarceration, criminal recidivism, and utilization of public resources. As of April 2005, there are over 300 specialty court graduates, all of whom had some prior experience with homelessness, but are now living in stable housing.

The state provides funds for six months of treatment through the Alcohol Drug Abuse Treatment Support Act. People seeking this assistance must apply and meet income and other eligibility requirements.

Needs of People Impacted by Alcohol and Substance Abuse:

- **Services for youth, including residential treatment**
- **Residential treatment for pregnant women**
- **Transitional living units and case management services**
- **Affordable housing**

Persons at Risk of Becoming Homeless

A number of factors contribute to a person's or family's potential to become homeless. Income level, family or personal situations such as mental health issues, drug and alcohol problems, domestic violence, or even an issue as simple as transportation problems, can force a family into homelessness.

Commonly, the most prevalent contributor to the risk of homelessness is poverty. Federal poverty levels (FPL) are adjusted annually by the U.S. Department of Health and Human Services (HHS). FPL Guidelines for 2004 are presented in the table below:

TABLE 3-17
2004 Federal Poverty Level Guidelines

Size of Family	1	2	3	4	5	6	7	8
FPL	\$9,310	\$12,490	\$15,670	\$18,850	\$22,030	\$25,210	\$28,390	\$31,570

Source: Federal Register, Vol. 69, No. 30, February 13, 2004, pp. 7336-7338.

Table 3-18 below summarizes the number of Clark County people estimated in 2000 to have incomes at or below the FPL. These people are the most likely cohort to be threatened with homelessness.

TABLE 3-18
Individuals and Families Living on Incomes Below the Poverty Level

Description	Number
Married-couple families	11,135
Single male or female head of household	13,008
Unrelated Individuals	6,884
TOTAL	31,027

Source: 2000 Census, SF3, P89 Poverty Status

Individuals and families living on incomes below FPL manifest a range of needs. The most critical element contributing to their ability to stay off the streets, however, is employment with wages sufficient to pay

for basic living necessities. Safe, affordable housing, stable living environments and accessible transportation to services are also crucial. Persons living ‘on the edge’ may also need on-going training and assistance with money management, job skills, budgeting, self-sufficiency, and household maintenance.

- Needs of Persons at Risk of Homelessness**
- **Affordable permanent housing units of all sizes and types**
 - **Homeless prevention programs**
 - **Assistance with security deposits**
 - **Assistance with utility payments**
 - **Expanded service counseling**
 - **Short-term rent assistance/eviction prevention**
 - **Transitional housing with services**

HOUSING AND SERVICE NEEDS OF HOMELESS PERSONS AND FAMILIES

Anecdotal indicators from shelter providers and human service agencies in Clark County show that the number of people who are homeless is growing. This rise in homelessness is due in part to the high local unemployment rate, the lack of affordable housing and drug and alcohol use. Currently, more than 22,000 households in Clark County pay more than 30 percent of their income for housing and many shelter residents have become homeless due to unemployment or underemployment. Many people living in shelters are employed either in daily jobs or as day laborers, but they can not afford to pay for housing in Clark County. The homeless population continues to grow as at-risk persons become homeless. Growth is also influenced by Clark County’s proximity to the Portland-Metro area, which results in an influx of chronically homeless people from areas across the Columbia River. Table 3-19 depicts the use of area shelters.

**TABLE 3-19
Clark County Shelter Use**

	2002	2003	2004
Individuals sheltered (unduplicated)	2,255	2,750	2,534 ¹
Children sheltered (included in individual no.)	846	907	722
Individuals referred elsewhere (not including domestic violence shelter requests)	2,011	2,806	2,819
Bed nights	72,748	83,088	84,620
Hot meal program (individual meals)	134,186	134,717	133,085 ²

Source: Council for the Homeless HMIS data, SafeChoice, Share, Janus Youth

¹The decrease in individuals receiving shelter is due to the increase in the allowable length of stay.

²Share staff report that the decrease in the number of meals served is due to sporadic meal consumption of people using methamphetamines and two new school programs that provide lunches to children off site.

Access to shelter beds in Clark County is coordinated through the Shelter Clearinghouse. Operated by the Council for the Homeless, the clearinghouse takes calls from individuals looking for shelter and links them with shelter options or other housing resources. The clearinghouse also responds to callers looking for other information, such as donation or volunteer opportunities. In 2004, the clearinghouse received 12,000 calls for shelter and other services.

Homeless and Runaway Youth

In Clark County, Janus Youth operates three separate shelters licensed for youth only, with a total of 25 beds. They operate a responsible living skills program for people age 15-20, and have beds for assessment and stabilization. There is also a secure community residential center that can only be accessed through the police. Janus has two beds for housing youth without any public resources. During 2004, Janus had over 650 separate contacts with youth (duplicated).

Point in Time Count

In addition to the numbers of homeless persons tracked by area shelters, Clark County conducts an annual one-day street count which includes homeless people in shelters and on the street. This informal census provides a snapshot of the population, but not a completely accurate estimate of homelessness rates.

Table 3-20 provides information about the most recent homeless street count. On March 15, 2005, the one-day street count documented 1,578 homeless individuals, both sheltered and unsheltered, an increase of 147 individuals from 2004. The count was conducted by volunteers in urban areas of the county who collected information from each self-identified homeless person receiving services through various organizations, including name, age and specific service needs. This information was cross-matched with the Homeless Management Information System (HMIS) to avoid double counting. Of the 1,578 individuals contacted, 289 met the federal definition of chronically homeless: an individual with a disabling condition who has either been homeless continuously for one year OR has had at least four episodes of homeless in the past three years. The count also indicated an increase of 44 families which were unsheltered of which 11 were identified as meeting the chronic homeless definition.

TABLE 3-20
March 15, 2005 Homeless Street Count

	2004		2005			
	Unsheltered	Total	Sheltered		Unsheltered	Total
			Emergency	Transitional Housing		
Individuals	201	778	117	390	252	759
People in families w/children	172	598	187	303	274	764
Unaccompanied youth	36	55	14	9	32	55
TOTAL INDIVIDUALS	409	1,431	318	702	558	1,578
Number of families	67	219	63	108	111	282

Sources: Council for the Homeless, Shelter Clearinghouse, Vancouver School District Homeless Liaison

Homeless Shelters

As seen in Table 3-21 (Continuum of Care Activity Chart Table 1A), the county maintains 318 shelter beds in nine separate buildings to accommodate homeless individuals. The adult and family beds are full year-round. In 2004, the Shelter Clearinghouse estimated that 7,896 individuals (2,819 unduplicated) were turned away from one of the 318 shelter beds due to a lack of space, a daily average of 21 turnaways and a significant increase over prior year turnaway statistics. These numbers are based on calls to the clearinghouse and do not include people who arrived at individual shelters looking for assistance.

In spite of the increasing number of people requesting shelter through the Shelter Clearinghouse, the Clark County Continuum of Care strategy focuses on the long-term importance of permanent supportive housing rather than the short-term crisis intervention of emergency shelter beds. Community service agencies report that 90 percent of homeless families and 75 percent of homeless individuals could make an immediate move into any available supported housing if such housing were available. The Continuum of Care strategy is based on the conviction that people are better served in the long run if more permanent supportive housing is developed and linked to street outreach and mainstream resources, as opposed to building more shelters.

Needs of Homeless Persons

- **Outreach to persons not in shelters, especially outside Vancouver**
- **Clean-up and resource center for individuals (showers, laundry, etc.)**
- **In depth needs assessment at shelters**
- **Crisis/emergency shelter bed space for persons with mental illness and/or substance abuse problems**
- **Additional shelter bed space for couples and families**
- **Health, vision and dental services**
- **Children's supportive services on-site at emergency shelters**
- **Additional child care for families and women in shelters**
- **Emergency shelter for youth**
- **Transitional housing with services for youth**
- **Assistance with security deposits**
- **Transitional housing combined with case management**
- **Rent assistance programs combined with case management**
- **Job training skills and placement services**
- **Affordable housing units**

The Clark County 10-Year Homeless Housing Plan was developed by Clark County stakeholders and initially adopted by the Clark County Commissioners on December 21, 2005. Input was received through community meetings, a survey of community members, and focus groups and a survey of homeless individuals. The 10-Year Plan was updated in 2006 with additional strategies to address ending homelessness to more completely reflect the community's priority activities. The homeless plan is comprised of four major objectives: reduce the number of chronically homeless individuals; reduce the number of homeless families; reduce the number of non-chronically homeless individuals, and reduce the number of youth and young adults. Within each objective, there are four strategies; housing; prevention; health; and income.

Objective: Reduce the number of chronically homeless individuals.

Housing Strategy: Increase access to and availability of subsidized housing for chronically homeless individuals.

- Create 20 beds of supportive housing for chronically homeless individuals. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood.
- Continue to fund the current shelter and outreach programs and transitional housing.
- Develop a direct link between the County Detox Center and the Shelter system.
- Completely fund construction of 25 units of affordable housing for people who are 0-30% of area median income, with no debt and an annual operating subsidy.

- Advocate and support the criminal justice system to provide housing for sex offenders and to track transient sex offenders

Prevention Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.

- Create and fund a Resource Center for chronically homeless individuals to provide emergency intervention, showers, mail service, laundry facilities, credit reports and access and information regarding other services. Provide funding for licenses and identification.
- Increase the capacity of homeless court.
- Engage police and sheriff to develop protocols for identify and engaging homeless people on the street including those previously and currently incarcerated.
- Educate a broad range of community members--including faith-based groups and businesses--on homelessness, including causes, prevention, and how they can help.

Health Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.

- Ensure effective outreach to homeless persons having difficulty accessing services
- Enhance system to enroll chronically homeless individuals in Medicaid and/or GAU and/or veterans benefits
- Develop a direct link to the community's free clinic for people who meet the definition of chronically homeless. Increase free clinic capacity to accommodate chronically homeless individuals.

Income Strategy: Develop increased employment opportunities for people who are chronically homeless, including opportunities for niche employment.

- Develop supported employment opportunities.
- Develop strategy to provide education to employers on mental illness and homelessness.
- Develop a nonprofit to team-up with contractors to provide day laborer opportunities for people who are homeless.

Objective: Reduce the number of homeless families.

Housing Strategy: Increase the supply of supportive housing for families.

- Participate in and access regional efforts, such as Bridges to Housing, Washington Families Fund, and other comprehensive strategies, which provide housing and intensive support services for very low-income homeless families.
- Support current and increase transitional housing programs
- Affect policy on financing low-income housing projects to increase the housing stock for families below 30% of area median income
- Increase peer and community mentoring programs to support families that are homeless or at risk of homelessness.
- Affect policy to ensure no net loss of affordable housing units.

- Create financial incentives to builders to increase the number of affordable units through affecting local government building policies.

Prevention Strategy: Prevent homelessness among families

- Provide both partial and full monthly rental or mortgage assistance and other supportive services for up to three months.
- Expand the capacity and resources of rental education programs to increase the number of families served in classes and the number who successfully maintain permanent rental housing for six months.
- Develop a Landlord Guarantee Fund that provides incentive to landlords to rent to graduates of rental education programs program.
- Increase the availability of specific assistance funds to prevent families from becoming homeless, including but not limited to transportation, childcare, education, utilities, medical and dental emergencies.
- Continue local efforts that provide funding to relocate families that lose their housing due to code enforcement actions, and increase as needed to ensure that families do not become homeless in these circumstances.
- Work with school districts to offer rental education programs to high school age students.
- Engage criminal justice and family court systems in developing collaborative solutions to improve stability and reduce recidivism

Health Strategy: Improve access to mental health and chemical dependency treatment and medical, dental, vision, and family violence services for families that are homeless or at risk of homelessness

- Increase outreach and support services to families experiencing violence
- Support free mental health services and medications for non-insured families.
- Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co pays.

Income Strategy: Increase earning potential of families who are at risk of homelessness or currently homeless.

- Implement micro enterprise programs that support families as they increase their income through small business enterprises.
- Ensure families who are eligible for mainstream employment and education services are enrolled
- Explore the need to increase the capacity to ensure all eligible families can access mainstream employment and education services.

Objective: Reduce the number of non-chronically homeless individuals.

Housing Strategy: Increase the availability of housing affordable to low-income residents of Clark County who are at risk of homelessness.

- Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services.

- Create 25 beds of supportive housing for non-chronically homeless individuals and couples. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood.
- Continue to fund the current shelter and transitional housing programs.
- Refine rental education programs to incorporate a fast track option.
- Completely fund construction of 25 units of affordable housing for people who are 0-30% of AMI, with no debt and an annual operating subsidy.
- Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.

Prevention Strategy: Increase housing stability for individuals who are at risk of homelessness.

- Provide one-time three-month emergency rental assistance to renters and homeowners in times of financial crisis.
- Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.

Health Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for low-income individuals.

- Enhance system to enroll individuals in Medicaid and/or GAU/SSI
- Develop a low cost dental and vision program for adults.
- Support free mental health services and medications for non-insured individuals
- Create a fund to pay insurance premiums

Income Strategy: Increase earning potential of individuals who are at risk of homelessness.

- Develop supported employment opportunities.
- Increase employment opportunities for people in substance abuse and mental health treatment programs.
- Provide credit building and financial planning opportunities.

Objective: Reduce the number of homeless youth and young adults.

Housing Strategy: Increase the availability of staffed emergency and transitional housing beds for homeless and out-of-home youth.

- Continue to fund the current shelter and transitional housing programs.
- Create intermediate shelter (3-6 months) for youth and young adults 16-24 years of age with attached staff and case management including credit and financial education.
- Create 25 additional transitional housing beds with attached services (including case management and credit/financial education) for youth and young adults 16-24 years of age.

Prevention Strategy: Identify and engage homeless and at-risk youth

- Hire 1 FTE outreach staff to identify homeless or at-risk youth and provide them with information, build trust, and engage in ongoing services.
- Create youth outreach center.

Health Strategy: Ensure access to adequate and regular health care for youth through age 24

- Develop a pool of funding to pay for healthcare premiums and/or other out of pocket medical, mental health and drug and alcohol treatment expenses for youth
- Explore options of using local health care providers to provide medical care to youth at a reduced fee; work to reduce barriers to youth accessing culturally and developmentally appropriate mental health and drug and alcohol treatment; add .5 FTE staff position to coordinate.
- Encourage state efforts to provide health insurance coverage to uninsured youth to age 24 who do not have access to other health insurance options

Income Strategy: Increase access to education and employment opportunities leading to self-sufficiency

- Coordinate efforts in order to increase access to existing programs for homeless youth; hire 1 FTE staff person
- Create internship/mentor opportunities, including transitional employment sites, for youth who have minimal or no work experience; hire 1 FTE staff person to coordinate.
- Create college transition or vocational support plan

Objective: Conduct adequate data collection and planning to efficiently manage limited resources for homelessness.

Strategy: Finalize the Clark County 10-Year Plan to End Homelessness by incorporating additional objectives, strategies, activities, and outcomes and insuring that the plan is consistent with the plan developed by the state in 2006.

- The Clark County 10-Year Plan Task Force will meet as needed in early 2006 to create additional strategies to support reducing homelessness for the four identified populations of homeless persons

Strategy: Review the Clark County 10-Year Homeless Plan and the performance of and coordination between service providers, funding sources and planners, and strengthen and enhance as needed.

- Community stakeholders will meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.

Strategy: Build on successful implementation of HMIS in Clark County.

- Analyze baseline data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County.
- Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance measurement data.
- Ensure adequate training of all agencies participating in the HMIS system by increasing funding for training personnel.

Strategy: Continue to implement an effective annual point-in-time count of homeless persons.

- Engage organizations in every community within Clark County serving people who are homeless to participate in the point-in-time count.

The table below summarizes the gap in housing between need and availability in Clark County.

TABLE 3-21
Clark County Continuum of Care Housing Gaps Analysis

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Beds	Emergency Shelter	100	0	118
	Transitional Housing	550	6	150
	Permanent Supportive Housing	208	0	359
	Total	858	6	627
Persons in Families with Children				
Beds	Emergency Shelter	218	0	75
	Transitional Housing	334	0	137
	Permanent Supportive Housing	118	41	635
	Total	670	41	847

Source: 2004 Continuum of Care Application – HUD Form 40076 COC-H (Table 1A)

TABLE 3-22
Clark County Homeless Population and Subpopulations

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	108 (A)	488 (A)	237 (N)	833
2. Homeless Families with Children	64 (A)	88 (A)	67 (N)	219
2a. Persons in Homeless Families with Children	181 (A)	245 (A)	172 (N)	598
Total (lines 1 + 2a)	289	733	409	1,431
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless		23 (A)	131 (N)	154
2. Severely Mentally Ill		123 (A)	41 (N)	164
3. Chronic Substance Abuse		124 (A)	33 (N)	157
4. Veterans		172 (A)	15 (N)	187
5. Persons with HIV/AIDS		10 (A)	6 (N)	16
6. Victims of Domestic Violence		105 (A)	10 (N)	115
7. Youth (Under 18 years of age)		25 (A)	32 (N)	45

Source: 2004 Continuum of Care Application – HUD Form 40076 COC-1. (A): administrative records, (N): enumerations

Note: Methods of collection and explanation of assumptions/definitions are incorporated in the Continuum of Care Plan, Appendix M.

PUBLIC AND ASSISTED HOUSING OWNED AND OPERATED BY VHA

Public Housing is defined as any housing assisted (constructed or subsidized) with public dollars. In Clark County several non-profit organizations and for-profit companies develop public housing. Development assistance monies for public housing include tax credits, federal HOME dollars, CDBG funds, HUD 202, and HUD 811 funding. Washington State Housing Trust Fund money, bonds, and proceeds from the deed recording surcharge enacted under the State of Washington’s HB 2060 are also available. VHA administers subsidized public housing, the Section 8 Voucher Program and the majority of low-income housing developments in the county.

Public Housing Authority Inventory

Agencies throughout the county work in partnership with the VHA, community organizations and city and county departments to create a network of housing and service options for households that need assistance. An inventory of assisted housing resources in Clark County is provided in Table 3-23. For a complete list of the projects, including ownership and set-asides, please refer to Appendix K.

TABLE 3-23
Total VHA Assisted Housing Resources as of January 2004

Program	Description	Units
Low Rent Public Housing	Developed by VHA using federal funds in which elderly, disabled, and family residents pay about 1/3 of income for rent.	515
Section 8 Housing choice Vouchers	Administered by VHA, allows for low-income elderly, disabled, and senior households to rent housing from private market landlords. Residents pay about 1/3 of income for rent.	2,100
WorkForce Housing	Developed by VHA with no direct tenant subsidy. Rents are usually in the lower market ranges.	1,925
Group Living and Shelter	Developed by service agencies for specific populations who need housing and services; people pay no more 1/3 of income for rent.	302
Low Income Housing	Developed by various providers using funding from HUD, local 2060, Housing Trust Fund and tax credit monies. Rents are affordable to a range of people from 30 to 80% of AMI.	2,730
Special Needs	Same as low income housing with projects targeted to specific populations such as the mentally ill, developmentally disabled or elderly. People pay no more than 1/3 of income for rent.	622
Total Units		7,644

Source: Project lists from VHA, HUD Public Housing, WA State Housing Finance Commission, and Clark County HOME and CDBG Program

Moving To Work

An integral part of VHA's strategy for improving living conditions is the operation of programs promoting self sufficiency for family residents. Specifically, VHA operates under an approved Moving-to-Work (MTW) Plan. MTW is a demonstration program that allows housing authorities' greater flexibility to explore new ways to enhance effectiveness in delivery of services. Under this plan, VHA requires all non-elderly, non-disabled public housing tenants and Section 8 voucher holders who are able to work to participate in the MTW self-sufficiency program. Key components of this program include: help with personal goal setting, help in understanding that housing assistance is designed to be temporary for families who have the ability to achieve self-sufficiency, and establishment of an escrow savings account that grows as families increase their earned income, enabling families to accumulate up to \$6,000 toward a down payment on a home or achievement of other long-term goals. The 2005 MTW plan is VHA's final phase of its MTW self-sufficiency program. A transition away from the MTW program, which entails phasing out time limits and work requirements, has begun. The MTW transition process will be complete for county residents in April 2005. VHA has applied for an extension to complete certain administrative aspects of the program.

RISE & STARS Community Center

VHA's RISE & STARS Community Center is designed to promote self sufficiency, community service, and education. RISE & STARS provides educational opportunities and support for parents who are

working towards self-sufficiency, including computer training, parenting groups, and leadership opportunities. The RISE & STARS Youth Program assists young public housing residents academically with tutoring and provides recreational activities like sports, outdoor adventures and cultural activities. The center is funded by the HUD Capital Funds grant, private grants and contributions from VHA and the community.

The RISE & STARS Community Center also houses the Clark County Resident Council, a tenant advisory board, which promotes residents' involvement in operations, management and decision making. The Council can represent individual residents in issues with housing and also serves as a Resident Advisory Board to the VHA. The Council is a recognized 501(c)(3) organization and sponsors activities and applies for and administers grants that benefit residents.

Facility Improvements

VHA strives continuously to maintain, upgrade and improve the physical condition of its federally subsidized public housing within the county. The organization also focuses on the design and implementation of strategies that improve management and operations. A key to these efforts is VHA's participation in HUD's Capital Fund Program (CFP) which makes the housing authority eligible for additional dollars for improvements of this nature. A full listing of these activities is included in VHA's 2004 5-year Capital Funds Program report. A brief summary of the activities funded through CFP includes:

- Modernization of 20 units including replacement of windows, concrete, fences and some roofing;
- Major renovation and mold remediation at one single-family scattered site unit;
- Exterior seismic upgrades, replacement of a portion of the roof and the start of interior upgrades at Van Vista plaza (100 units);
- Replacement of furnaces in 60 low-rent public housing units;
- Re-roofing 10 units at Stapleton Road;
- Replacement of 10,000 square feet of damaged concrete outside of public housing units;
- Resident initiative coordination;
- Computer repairs and upgrades;
- Temporary assistance when relocation is required due to upgrades/improvements;
- RISE & STARS Community Center upgrades; and
- Staff training and development.

VHA works to comply with Uniform Federal Accessibility Standards. Federally assisted and owned newly developed projects must include units which are accessible to person with disabilities at a rate of a minimum of five percent of the total units, or at least one accessible unit per project, whichever is greater. Forty-nine units in VHA's Low Rent Public Housing program are accessible currently for people with impaired vision, hearing, or mobility. Residents in need of disability-related modifications may submit a request to VHA's maintenance team and reasonable accommodations to such requests are executed in a timely manner. VHA operates in full compliance with the transition plan resulting from the Section 504 Needs Assessment conducted in 1990.

Other Programs Administered by VHA

In addition to the provision of public housing, VHA also manages the following programs:

- **Section 8 Housing Choice Voucher**

Currently, over 2,100 households participate in the Section 8 Housing Choice Voucher program. Units are scattered throughout the county. In April 2004, HUD announced that it would cap rent subsidies, whereas in the past HUD would pay a percentage based on the current fair market rate. Housing authorities may exercise discretion on how to manage implementation of this change. These recent formula changes in the Section 8 voucher system will impact VHA, which is committed to absorbing the costs associated with this change for as long as possible. Residents currently continue to pay about 30 percent of their income for rent in homes at or below the average rent.

- **Public-Funded Housing**

Through VHA, approximately 3,245 households benefit from public-funded housing in Vancouver and Clark County. Using federal subsidies, public housing provides the greatest safety net for people who are elderly, disabled and/or living on low incomes. Units are located in scattered sites throughout the community.

- **WorkForce Housing**

WorkForce Housing is a unique approach that promotes long-term sustainability in housing for working households. Although income requirements vary, WorkForce Housing offers affordable rents to families earning 60 to 80 percent of the AMI. Currently, over 1,900 WorkForce Housing units are available in Clark County. WorkForce Housing developments are purchased through tax-exempt revenue bonds and low-income housing tax credits. At least 51 percent of the units are funded with tax-exempt bonds and must be rented to households at or below 80 percent of AMI. All of the units funded with tax credits must be rented to households at or below 60 percent of AMI. The largest occupancy growth since 2000 has been in two-bedroom units. Participation by households at or below 30 percent of AMI has grown dramatically. Table 3-24 shows that the number of vouchers for WorkForce Housing is projected to increase as the new amendment regarding voucher funding allows for greater utilization. The increased percentage of participants below 30 percent of AMI, believed to be the result of a large influx of new voucher holders, has contributed to the growth in program size and increased turnover.

TABLE 3-24
2004 Number and Characteristics of Households in VHA Public Housing and on Vouchers

	Public Housing	Vouchers	Total	Percent of Total Households
Distribution by Family Type				
Family	281	809	4,599	58
Elderly and/or Disabled	232	1,102	3,372	42
Distribution by Income Range				
Below 30% of AMI	440	1,638	7,288	91
Between 30 and 50% AMI	73	273	683	9
Between 50 and 80% AMI	0	0	0	0
Above 80% AMI	0	0	0	0
Total Number of Households	513	1,911	7,971	

Source: Moving to Work Annual Plan FY 2005, VHA

Waiting List

The number of monthly applicants continues to grow at a pace that exceeds the supply of public housing units and available Section 8 vouchers. Currently, more than 5,000 families are on the waiting list for low-income housing vouchers as Table 3-25 shows; the majority of these persons earn incomes below 30 percent of AMI. Applicants may be required to wait up to three years to receive support.

VHA created a local preference for homeless individuals and families leaving HUD-defined transitional housing programs. The result was the successful movement of 12 individuals and families from transitional housing to the Section 8 Voucher Program during the last year. The 2005 MTW Plan provides additional information on preference/organization of the waiting list.

TABLE 3-25
2004 Number and Characteristics of Households on VHA Waiting List

	Public Housing	Vouchers
Distribution by Family Type		
Family	2,097	2,502
Elderly and/or Disabled	1,573	1,799
Distribution by Income Range		
Below 30% AMI	3,370	3,918
Between 30% and 50% AMI	300	383
Between 50% and 80% AMI	0	0
Above 80% of AMI	0	0
Total Number of Households	3,670	4,301

Source: Moving to Work Annual Plan FY 2005, VHA

LEAD-BASED PAINT HAZARDS

Lead levels in children and adults have declined in the past three decades, but lead persists in the environment in lead paint, old plumbing and contaminated soil. In housing, lead is considered a particularly alarming problem because of the potential for children to be exposed, particularly young children under the age of six. The nervous and circulatory systems in young children are not fully developed, and lead, like other toxicants, can easily enter their young brains. Chronic exposure to even low levels of lead can cause irreversible learning difficulties, mental retardation, and neurological and physical damage.

Relatively Low Levels of Lead Poisoning in Washington State and Clark County

Three primary sources of data report prevalence of childhood lead poisoning in Washington State: the Five Cities surveys conducted between 1994 and 1997; the 1999 statewide Childhood Lead Prevalence Survey; and the Childhood Blood Lead Registry. Results from these three surveys are consistent in reporting a low prevalence of elevated blood lead levels in most of the state. Of the 230 children tested in 2003, only one tested positive for elevated blood lead levels under the Department of Health's Lead Poisoning Prevention Program.

In targeting areas for the prevention of lead-based paint poisoning, Clark County considers two major factors:

- **Lead-Based Paint is Most Prevalent in Older Homes:** According to one recent national study,⁵ 68 percent of housing units built before 1940 contain some lead-based paint hazards, as do 43 percent of units built between 1940 and 1959 and eight percent of units built between 1960 and 1977. According to this study, lead-based paint is not as prevalent in the western portion of the United States due to the relative newness of the region's housing stock.
- **Children are Particularly Vulnerable to Lead-Based Paint:** According to the United States Center for Disease Control (CDC), children under the age of six are most vulnerable to lead poisoning both because they are growing so rapidly and because they tend to put their hands or other objects into their mouths. The CDC asserts that, while children from all social and economic levels can be affected by lead poisoning, those children living at or below the poverty line who reside in older housing are at the greatest risk. Children living in poverty are four times more likely to suffer from lead poisoning than children growing up in wealthier families.⁶

The County has analyzed 2000 U.S. Census information to identify areas of housing that can be characterized as "high-risk" with respect to lead paint hazards and poisoning. Census tracts with high risk potential were determined by summing the percentage of children less than six years of age in families living below poverty and the percentage of houses built before 1970. The mean (45.3 percent)

⁵ Jacobs, David E., Clickner, Robert P., Zhou, Joey Y., Viet, Susan M, Marker, David A., Rogers, John W., Zeldin, Darryl C., Broene, Pamela, and Friedman, Warren. 2002. *Environ Health Perspect* 110:599-606

⁶ "The Decline in Blood Lead Levels in the United States," J.L Pirkle, et al.. 1994. *Journal of the American Medical Association*

and one standard deviation (31.6 percent) were summed (76.9 percent) to determine the risk level. Census tracts above 76.9 percent were determined to have a high potential for lead-based paint hazard risk. Table 3-26 presents the Census tracts with the highest potential for risk based on the methodology outlined above. Figure 3-6 illustrates the locations of these Census tracts.

TABLE 3-26
Census Tracts with a High Potential for Lead-Based Paint Hazard Risks

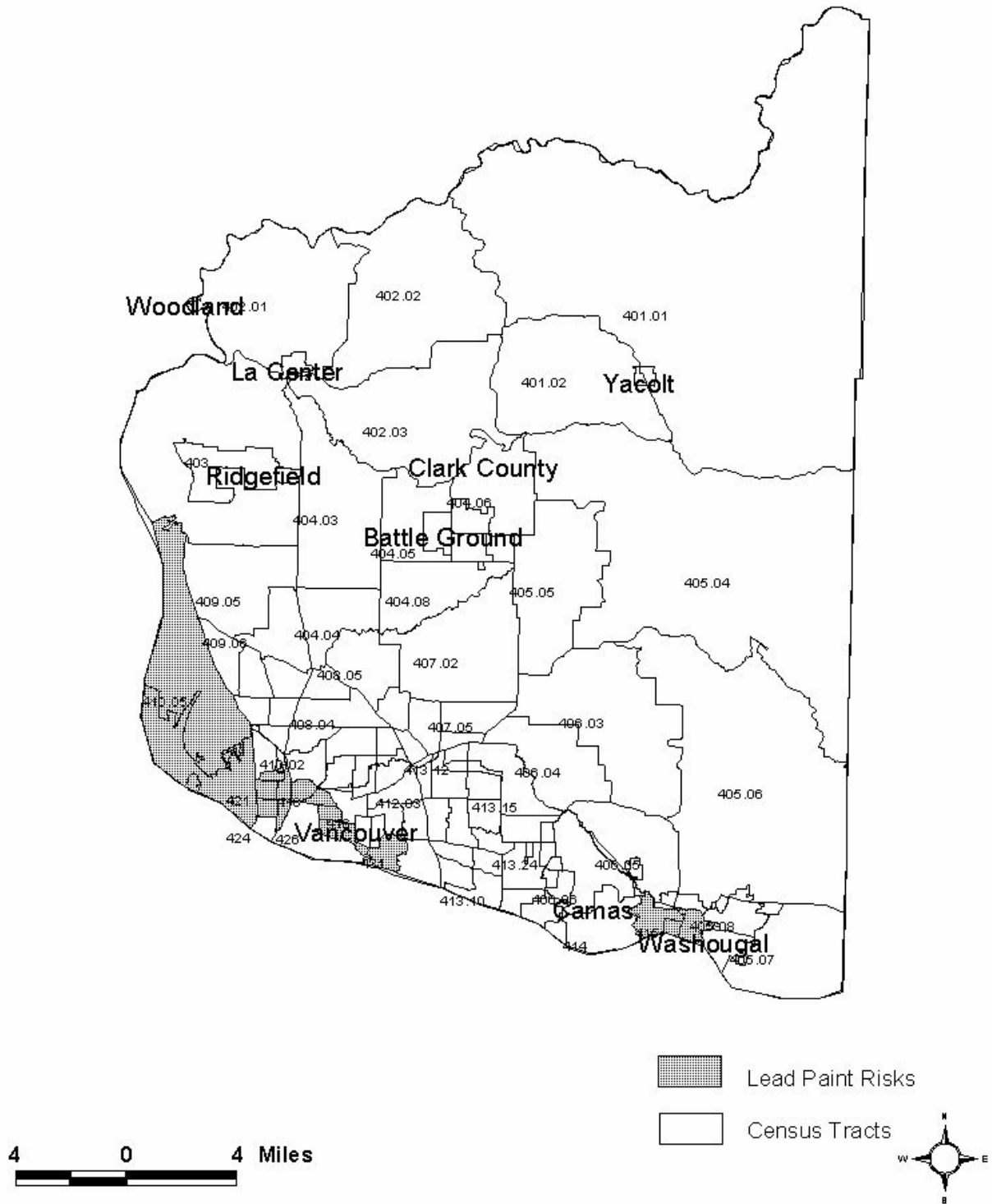
Census Tract	General Location
425.00	Vancouver
418.00	Vancouver
410.05	Vancouver
430.00	Vancouver
419.00	Vancouver
423.00	Vancouver
428.00	Vancouver
421.00	Vancouver
420.00	Vancouver
429.00	Vancouver
417.00	Vancouver
431.00	Vancouver
415.00	Camas/Washougal
410.07	Vancouver
405.09	Washougal
427.00	Vancouver
424.00	Vancouver
426.00	Vancouver

Source 2000 U.S. Census Bureau and Clark County CDBG/HOME Program

Low and Moderate-Income Households Living with a Lead-Based Paint Hazard

Based on data from a HUD study, *The Prevalence of Lead-Based Paint in U.S. Housing (2002)*, it was estimated that 5,711 low and moderate-income Clark County households live in housing units with a significant lead-based paint hazard.

FIGURE 3-6
Clark County Census Tracts with a High Potential for Lead-Based Paint Risks, 2000



BARRIERS TO AFFORDABLE HOUSING

Costs related to housing and incentives to develop, maintain, and improve affordable housing in Clark County are impacted by market pressures and public policies. A discussion of some of the major factors contributing to housing costs in Clark County follows.

Impact Fees

Three tax limitation measures have been passed by voter initiative in recent years. Tax limits have limited local governments across the State of Washington severely in their ability to raise revenues for necessary public services. Limitations on revenue have prompted cities (especially in high growth areas) to employ alternative methods such as levying impact fees to finance growth and infrastructure. Although these impact fees, which are tied to new residential construction, do not reflect the full cost of service and facility impacts, they do add to the cost of providing housing. For low and moderate-income households, unsubsidized new residential construction may be cost prohibitive and/or require too large a share of household income to enable purchase or rental.

Legislation for systems development charges and impact fees does not make the waiving of such fees practical. The legislature requires that when a local jurisdiction waives systems development charges and other fees, it is required to make up these funds from general revenues. Because of this requirement, most local jurisdictions in Clark County will not consider waivers. If the legal requirement were changed at the state level, it would give municipalities an option to provide incentives to affordable housing to both public and private developers. The overall impact on the development of systems would be minimal and the cost of infrastructure and other impacts would be able to be spread over all new development.

Public Constraints on Housing

Constraints impacting *where* and *how* development may occur have been implemented to protect public interests, such as the preservation of livability and the protection of natural resources. Examples include the following:

- **Limitations on Where Development May Occur:** A community imposes constraints on where development may occur. Such limits help to ensure the preservation of open space and important natural features of that space. In addition, restrictions against the development of housing on unstable slopes or in floodplains help to minimize public costs in the event of natural disasters; and
- **Limitations on How Development May Occur:** Factors that affect housing affordability include design limitations that add to the cost of development, such as curbs, sidewalks, and underground utility requirements. Also, limitations enforced through listing salmon on the federal threatened/endangered species lists has resulted in costly stormwater management requirements.

An argument can be made that constraints on development may impact housing affordability. Yet constraints are implemented to protect other public interests, such as preservation of open space, clean air, clean water, endangered species, and public safety. Clark County endeavors to offset costs associated with constraints on development through support of affordable housing programs. Funds

from various federal and state programs such as CDBG, HOME, and the HB 2060 deed recording surcharge programs contribute to this effort. Also, Clark County is experimenting with a voluntary inclusionary zoning policy as described below.

Difficulty in Finding Land

In Clark County, insufficient vacant land remains that can accommodate the demand for housing. As a result of the dwindling supply of developable land, developers have switched from traditional single-family homes to town-homes and condominiums. This trend has increased ownership opportunities but has reduced rental potential in Clark County. In the last few years, the cost of multi-family land has risen from a range of \$100,000 - \$120,000 per acre to a range of \$145,000 - \$165,000 per acre.

Cumbersome or Redundant Bureaucratic Processes

The Clark County permit process is reviewed continuously, and changes are made based on a number of development review requirements that delay construction and occupancy. Delays include:

- The requirement that all civil improvements, including landscaping, be completed prior to issuing water meters. Developers, by contrast, are reluctant to install landscaping without having the ability to keep it watered; and
- A limited process supporting occupancy of buildings in multi-building developments as they are completed and available for occupancy. For developers, this limited occupancy translates directly to lost income.

Insurance Costs

For many years, owners of affordable rental properties have faced increased insurance premiums coupled with fewer insurance options. Oregon Housing conducted a survey of operating costs on low income housing tax credit projects in 1999. The survey showed an overall average of \$93 of insurance cost per unit per year (property/liability). According to this survey, insurance costs equaled three percent of annual operating expenses for such units.

The Housing Development Center (HDC) indicates that prime market insurance rates (rates given to preferred properties with owners that have very few insurance claims) on new construction range between \$275 - \$325 per unit per year, tripling in the past five years. Insurance costs now represent approximately ten percent of annual operating expenses.

According to the HDC, owners of affordable rental units also face difficulties if they (or their property manager) make claims against their insurance. Many insurance companies are canceling insurance policies of affordable housing projects, forcing owners to go to the “surplus” market where insurance rates can be upwards of \$425/unit.

In response to this trend of escalating insurance costs, some non-profit affordable housing developers have begun to purchase insurance through their for-profit property managers whose portfolios are large enough to enable them to stay in the preferred market. Discussions between housing providers about

group purchasing of insurance to reduce costs have also occurred. The Washington State Housing Trust Fund is investigating starting an insurance pool for affordable housing owners and operators as one method to lower the cost of insurance for housing providers.

Consumer Expectations

For most consumers, a house is their single most significant financial investment. Homes are typically regarded by their occupants as more than a place to live; they impose a significant financial burden upon owners, but may offer a windfall profit opportunity. In the 1980s and 1990s, homeowners became increasingly protective of the value, both real and perceived, of their homes. This is often exhibited as NIMBYism (Not In My Back Yard) where property owners object strenuously to the introduction of new housing that differs from existing housing in type or value. Many objections are based on fear of diversity in incomes, race, age, or ethnicity and the perceived impacts of that diversity on the value of property. NIMBYism results in excessive delays in permit review processes and can exclude legitimate housing types or income groups from neighborhoods. The impact of this intolerance on the planning process should not be underestimated. The potential that NIMBYism barriers will be raised must be recognized. Mitigation of NIMBYism through education programs, public hearing processes and in programs that attempt to create a sense of community that extends beyond the financial commitment of a house purchase is essential.

COMMUNITY DEVELOPMENT NEEDS

Identification of Needs

As part of the Clark County 20-Year Comprehensive Growth Management Plan, each incorporated city within Clark County developed its own comprehensive plan that identified community development needs within its own boundaries. Clark County also prepared a plan for unincorporated areas of the county.

Citizen input to these plans was extensive. The components of the process included a Technical Advisory Committee comprised of planning staff from the county, eight cities, and special districts; issue-based subcommittees open to all interested parties to provide input on specific issues such as housing and economic development; newsletters to citizens; telephone and mail surveys; workshops; and public hearings.

These planning processes illuminated certain community development needs in the county and in the cities. While descriptions of specific projects and their associated costs are located in each of the various comprehensive plans, a synopsis is presented in the paragraphs which follow. The overview presents information focused on infrastructure improvements (water, sewer, streets) and parks improvements. It does not focus on other types of community-based projects such as senior centers or health facilities, since the growth management planning process did not require that cities or counties include a human service component in their plans due to time and staff constraints.

Following the overview of community development needs, Table 4-3 presents a summary of the County's community development needs for 2005-2009 along with an estimate of the funds required to address those needs. When available, cost estimates from the cities' and county comprehensive plans were used. In the absence of such information, estimates were developed based on the projected cost of potential projects. Cost estimates are not provided for public services because the Clark County Urban County Policy Board has chosen not to fund public services. Cost estimates presented exceed the total funding the county can expect to receive and are presented only to provide a general assessment of the county's total community development needs.

Implementation of the cities' and county community development plans are constrained in part, by lack of funding resources. This challenge, faced by most communities nationwide, impacts Clark County significantly because of rapid growth, an immediate need for infrastructure, and diminishing availability of federal resources such as CDBG funds to address emergent needs.

Cities and the county undoubtedly will face difficult decisions in coming years as to which projects to fund. With limited resources, projects which promote a sense of community and contribute to a desirable quality of life, such as recreational activities or community centers, are likely to be assigned a lower priority than other, more urgent concerns, such as water and sewer projects. However, federal, state, and local resources may not be available to implement even these infrastructure plans. New and innovative approaches to funding community needs and options will be required in coming years.

Overview of Clark County Community Development Needs

The Department of Community Development's Comprehensive Capital Facilities Plan Summary Report highlights significant growth-related public facilities needs within the county. The report draws the following conclusions:

- **Water:** Many jurisdictions and service districts have identified the need for additional water supply and many will increasingly rely on Clark Public Utilities (CPU) water provision jurisdictions, which will access new reserves through the Vancouver Lake lowlands. Some jurisdictions only need additional water resources from CPU during peak time, or to supply major industrial users. Others will require a water system inter-tie to accommodate projected residential growth.
- **Sewer:** Sewer capacity may be an issue in the short-term for areas served by the Salmon Creek Wastewater Management System. While a plan has been drafted to remedy capacity limitations, the time required for permitting, design and construction may result in a temporary connection moratorium unless measures are taken to monitor or limit growth within the service area (which includes the City of Battle Ground and most of the Hazel Dell Service District). Substantial rate increases are likely to be required to retire bonds for this expansion project. Given its limited rate base, the City of Ridgefield is likely to face significant challenges in financing the amount of collection system improvements required to serve the hilly terrain within its current Urban Growth Area. The Town of Yacolt will also be working on plans for a sewer system during the planning period.

- **Parks:** In response to the tremendous growth experienced within Clark County, communities have been pressured to acquire, preserve, and improve parks and recreation facilities for community/neighborhood use. Strong demand for parks and park improvements is reflected in capital improvement plans throughout the county. Municipalities seek funds to develop and maintain existing parks while also investigating the feasibility of acquiring open space for creation of new parks and trail networks.
- **Stormwater:** Stormwater capital facilities are an emerging area of concern within Clark County as a result of growth, the expansion of impermeable surfaces, and the threats to native fish species. New stormwater facilities development and redevelopment projects are required to manage run-off.
- **Transportation:** Capital facilities plans throughout Clark County reflect major efforts to modernize local streets, particularly the streets and sidewalk facilities in older residential areas. Capital facilities plans express a need for the expansion of existing street and sidewalk networks into new areas. The Clark County Department of Community Development expects that current limitations on public funding for transportation will preclude meeting the transportation demands projected in the county comprehensive plan. Every jurisdiction, with the exception of Yacolt, reports increasing road and highway congestion coupled with lower standards. Interstate and state routes will experience significant increases in peak-hour failures. Funding constraints leave only level-of-service adjustments or reconsideration of the land use plan as available options to address this revenue shortfall.

SUMMARY

Chapter Three discussed in detail the affordable housing issues in Clark County. Data showed that the price has been rising very fast for both new and existing homes, which has put a strain on the affordability of homes in the county. With record low interest rates in 2003 and 2004, families at approximately 66 percent of AMI could afford an *existing home*. However, *new homes* (based on median sales price) were not affordable to households making less than 83 percent of AMI.

The 2000 census and HUD data showed a deficit of affordable housing units for households earning less than 30 percent of AMI. This rental housing shortage persists despite the fact that Clark County's rental housing vacancies have increased in recent years.

This chapter also discussed the needs of special populations such as people with mental illness, persons living with HIV/AIDS, elderly and frail elderly persons, persons affected by alcohol and substance abuse, and persons at risk of becoming homeless. Also identified were housing and service needs for each of the groups including the development of various types of housing, rehabilitation of housing for ADA accessibility, the provision of rent assistance, and the need for treatment and counseling services.

The homeless population in Clark County continues to grow as shown by the increase in shelter meals served, and unduplicated shelter counts. Many of the homeless are veterans and many have substance

abuse or mental health problems. In March 2005, the one-day homeless street count recorded 1,578 homeless persons, an increase of 147 individuals from 2004.

Water supply, sewer capacity, parks, streets and sidewalks are some of the major community development needs. Public input identified a need for services and facilities for low-income households, as well as architectural barrier removal.

The next chapter will transform the identified needs into goals and strategies to be undertaken with federal CDBG and HOME funds over the next five years. Outcomes for each goal are identified as a means of determining performance levels.