



Clark County 10-Year Homeless Plan

August 2007

Clark County Board of Commissioners

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CLARK COUNTY
WASHINGTON

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INTRODUCTION

Planning to End Homelessness: 10-Year Plan Background

The Washington State Legislature passed the Homelessness Housing and Assistance Act (ESSHB 2163) in the spring of 2005, directing local governments to develop ten-year homeless plans “which shall be aimed at eliminating homelessness, with a minimum goal of fifty percent by July 1, 2015.”

The Act requires county governments to:

- Develop a ten-year plan to reduce homelessness by 50 percent.
- Conduct an annual point in time count of homeless persons.
- Report progress implementing plans annually to State of Washington Department of Community, Trade and Development (CTED).
- Use the local portion of a \$10 document recording fee (\$10 million per year) to reduce homelessness.

The Act also directed the state to develop a complementary ten-year homeless plan “which shall outline statewide goals and performance measures...” including the goal of “by July 1, 2015, reduction of the homeless population statewide and in each county by 50 percent.” CTED has primary responsibility for planning and support for state implementation of the plan.

The Act requires CTED to:

- Work with Interagency Council for the Homeless and AHAB to develop a ten-year plan to reduce homelessness by 50 percent.
- Coordinate the annual point in time count.
- Produce an annual report on the performance measures used to measure state and local plan implementation.
- Provide technical assistance to counties.
- Pass through 85.5 percent of the state portion of a \$10 document recording fee (\$6 million per year) to local governments to reduce homelessness.

In spring 2007, the Washington State Legislature passed Engrossed Second Substitute House Bill 1359 (ESSHB 1359) which creates an additional eight dollar document recording fee. The bill allows counties to retain \$7.20 from each eight dollars collected. The funds must be used to “directly accomplish the goals” of the county 10-Year Homeless Plan. The remaining funds are remitted to CTED for homeless housing programs.

The first deed recording fee was passed in 2002, when the Washington State Legislature passed House Bill 2060 which enacted a \$10 document recording fee, forty percent of which is sent to Washington State Department of Community Trade and Economic Development. The remaining funds stayed in the county with the first \$250,000 collected annually utilized to pay back a county bond used to acquire land for affordable housing. The final bond payment will be December 2013. Forty-five percent of the remaining funds are combined with the HOME program funds, and 55 percent is used for homeless shelter operating costs.

The Council for the Homeless coordinated the development and implementation of Clark County's 10-Year Homeless Plan. This plan, which meets the state legislative requirement for the development of a homeless plan, is part of a broader community effort aimed at ending chronic homelessness and addressing family homelessness in Clark County.

The Clark County 10-Year Homeless Plan was developed by an array of 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. In 2007, the Plan was revised to ensure consistency with the State's Plan, which was adopted in July 2006. As part of the planning process action items were prioritized for biennial resource allocation. The Clark County 10-Year Homeless Plan will be updated periodically to respond to emerging issues, trends, and changes in resources available.

Housing for the highest need homeless families is an issue of critical concern to Clark County and currently there are two related planning efforts to address the problem in Clark County. Representatives from Clark County participate in the planning for the Washington Families Fund, and in the Bridges to Housing project, a regional effort in the Portland-Vancouver area to address the needs of homeless families with significant service needs.

Clark County's 10 Year Homeless Plan is complemented by other related plans, in particular the Consolidated Plan, and the Continuum of Care Application. The Consolidated Plan sets priorities for the expenditure of federal Community Development Block Grant and HOME funds awarded by the U.S. Department of Housing and Urban Development (HUD). The Continuum of Care application is a competitive process and requires local planning entities to submit annual plans to HUD under the McKinney-Vento Act for new or renewing projects and programs to end homelessness. The Clark County 10-Year Homeless Plan is incorporated into the Clark County-Vancouver Consolidated Plan.

Planning Roles

Clark County and the City of Vancouver are recipients and administrators of federal CDBG and HOME funds. They are responsible for developing a joint 5-Year Plan for submittal to HUD, as well as annual action plans.

The Council for the Homeless, a private non-profit organization, has primary responsibility for homeless planning in the Clark County area. In that role they convene the Clark County Continuum of Care group, a collaborative forum for local government, homeless providers, social service agencies, faith based organizations and interested citizens. Clark County's Continuum of Care is responsible for planning for the "Point in Time" Homeless Count, the housing gaps analysis, and for the monitoring and evaluation of projects funded through the Continuum of Care process.

The Council for the Homeless also chairs the Continuum of Care Planning Group that has primary responsibility for developing the Continuum of Care Application for Clark County. The Council for the Homeless and the Continuum of Care Planning Group, including

representatives from Clark County and the City of Vancouver, were instrumental in the development of Clark County's 10-Year Homeless Plan and updates to that plan. Clark County is the lead agency with responsibility for administering and reporting on the expenditure of 2163 and 1359 funds.

In addition to its capacity as convener of Clark County's Continuum of Care, the Council for the Homeless manages three programs that serve the homeless system: the Emergency Shelter Clearinghouse, the Homeless Management Information System (HMIS), and the Community Voice Mail program. In addition the Council does community education and advocacy around homeless issues.

The Community Action Advisory Board, the Clark Housing Review Board and the Vancouver Housing Authority Board also play a role in either planning or implementing strategies to resolve homelessness.

Clark County received designation as a Community Action Agency under the provisions of the Economic Opportunity Act of 1964 (which also required recognition by the U.S. Office of Economic Opportunity) or by the State under the Coats Human Services Act of 1998. A Community Action Agency is a public organization whose mission is to reduce the causes and conditions of poverty in its geographic area. Community Action Agencies reach out to all low-income people in their communities, address multiple needs through a comprehensive approach, develop partnerships with other community institutions, involve low-income clients in the agency's operations and administer a full range of coordinated programs aimed at having an impact on poverty.

The Community Action Advisory Board (CAAB) is comprised of nine members representing a cross section of the community. Board membership includes low-income citizens, elected public officials, and the private sector. The Advisory Board conducts a biennial needs assessment and recommends funding for programs and services provided by community-based organizations that meet identified priority needs. The board makes recommendations for funding programs that address essential human needs and programs that move people towards self-sufficiency.

The Clark Housing Review Board (CHRB) consists of 12 members with a background or interest in housing. The City of Vancouver and Clark County appoint an equal number of board members. The membership also includes the County Treasurer or their designee and the Vancouver City Treasurer. Members are appointed to three-year terms by the County Commissioners or Vancouver City Council. The Home Investment Partnership Program (HOME) and Document Recording Surcharge (HB 2060) funded projects and other projects selected for funding are recommended by the CHRB to the Board of County Commissioners for final approval and submission to HUD.

The Vancouver Housing Authority is a public municipal corporation governed by a six-member Board of Commissioners appointed by the mayor of Vancouver. As the only housing authority in Clark County, it owns and/or manages 1,049 units of public housing, 2,059 units affordable tax credit or bond financed housing, and administers the Section 8 Housing Choice voucher program that serves an additional 2,200 households. The Vancouver Housing Authority owns

two family shelters operated in partnership with Share, a domestic violence shelter operated by the YWCA, and a youth shelter in partnership with Janus Youth Services. The VHA also makes apartments available for transitional programs in partnership with Share and Open House Ministries. In partnership with Clark County and Share, the VHA provides units for the Washington Families Fund transitional program. The VHA owns Central Park Place, a single room occupancy (SRO) development built in cooperation with the U.S. Department of Veterans Affairs for low-income veterans and homeless individuals. The VHA works in partnership with the Columbia Nonprofit Housing and other community partners to create affordable housing for low-income families, elderly and disabled households. Designated a public development agency and a community renewal agency, the VHA is charged with redevelopment of select areas within Vancouver that have underutilized or declining commercial properties and higher than average poverty levels. Through Moving to Work and Family Self-Sufficiency programs, the VHA creates opportunities for families to participate in home ownership programs. The VHA was instrumental in developing the initial concept of the four-county, bi-state Bridges to Housing program.

Causes of Homelessness

The housing affordability crisis in the United States has been a driving factor for a growing homeless population. When it is not possible to obtain affordable housing, residents with low incomes inevitably pay a larger percentage of their income toward housing costs than people earning higher incomes, or they combine households to share housing costs. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at increased risk for homelessness. Many low-income individuals and families are forced to make critical choices when their income is not sufficient to meet their basic living needs. It may mean fewer meals, no health care, and the loss of utilities, overcrowded housing, or eviction.

According to a U.S. Department of Housing and Urban Development (HUD) release of the Annual Homeless Assessment Report (AHAR), the department's first report on homelessness to the Congress since 1984, it is estimated that 700,00 to 754,000 people were homeless (sheltered and unsheltered) on any given night.¹ People staying in homeless shelters represent only a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need. People who are homeless may be experiencing mental health and/or substance abuse issues that impact their housing stability and ability to access available services. Before becoming homeless, 12.4 percent of single adults came from public systems and institutional settings, including psychiatric facilities, substance abuse treatment centers, hospitals, jails, and foster care.²

Each year local government, homeless providers and social service agencies in Clark County participate in a one day "point in time" count of homeless individuals and families— on the street, in shelters, in transitional housing and those doubling up with friends or family.

¹ *Annual Homeless Assessment Report to Congress (AHAR)*, US Department of Housing and Urban Development, Office of Community Planning and Development, February 2007.

² *Ibid.*

The following table summarizes the homeless count for the past three years.

CLARK COUNTY “POINT IN TIME” HOMELESS COUNT³									
	3/15/05			1/26/06			1/27/07		
	Sheltered*	No shelter	Total	Shelter	No shelter	Total	Shelter	No Shelter**	Total
Homeless Individuals	530	284	814	615	111	726	616	133	820
Persons in Homeless families w/children	490	274	764	505	160	665	548	95	835
Total Persons	1,020	558	1,578	1,120	271	1,391	1,164	228	1,392
Homeless Families w/Children	171	111	282	170	52	222	188	115	303

* Includes persons in emergency shelters and transitional housing.

**Includes people living with family or friends.

In a 2007 one-day count, 1,392 people were homeless in Clark County. Over 50 percent were homeless people in families with children. Of those people counted in 2007, close to 30 percent were unsheltered – on the streets, in parks, sleeping in cars, or doubled up with family or friends.

People who earn low incomes typically pay a higher proportion of their incomes for health care, housing and other necessities leaving them with little money to pay for food for themselves and their family members. More than one-third of the students in Vancouver and Evergreen schools are eligible for free or fee-reduced school lunches, indicating that they are at risk of going hungry outside of school. A local nonprofit shelter and service provider, Share, serves an average of 500 meals per day to hungry people (180,000 meals last year). In addition, each month area food banks give food to 26,000 people in 8,000 households.

The Council for the Homeless estimates that there is a housing gap for homeless individuals of 149 emergency shelter beds, 352 transitional housing units, and 411 permanent supportive housing units, including 197 units for the chronically homeless. Among homeless families with children, there are gaps of 130 emergency shelter beds, 140 transitional housing units, and 500 permanent supportive housing units.⁴

Stagnant and Declining Wages

³ Source: Council for the Homeless, Clark County.

⁴ Council for Homeless, 2006 *Continuum of Care Application: Exhibit 1*.

Homelessness is an issue not only of housing, but also of living wage jobs and services for those who need them. The median family income in Clark County was \$66,900 in 2006, an increase from \$53,700 in 2000.⁵ In 2005, 46,473 people (11.6 percent) were living below the poverty level in Clark County, of which 15,743 (34 percent) were below the age of 18. The number of people living below the poverty level increased 49.8 percent between 2000 and 2005. The largest increase in households below the poverty level⁶ was in female heads of households, with no husband present and with children under 18 years of age. The number of households in this category increased 94 percent from 2000 to 2005.⁷

Between 2000 and 2006, the population of Clark County, Washington increased 2.8 percent annually to 403,500. More than 156,000 people live in Vancouver, the largest city in the County. Approximately 50,800 people live in the towns of Camas, Battle Ground, Washougal, La Center, Ridgefield, and Yacolt, while nearly 196,000 people live in unincorporated areas of the county.⁸ Clark County was one of the most rapidly developing counties in Washington during the 1990s. Clark County has the second highest population density in Washington after King County.

From 2000 to 2004, the labor force in the county increased by 16,400 to a total of 194,400 workers. However, the number of workers employed increased by only 9,500. The five largest employers in the County in 2003 were Southwest Washington Medical Center, Evergreen School District, Vancouver School District, Hewlett-Packard, and Clark County government.⁹

The Link between Rising Housing Costs and Poverty

While incomes were staying fairly stable and there were an inadequate number of living wage jobs, housing costs increased rapidly. Housing is considered affordable if a household is paying no more than 1/3 of their income for housing costs. The average selling price of housing units increased 76 percent between 2000 and 2006, from \$175,400 in 2000 to \$308,200 in January 2007¹⁰. In just one year, from 2004 to 2005, the average selling price increased 19 percent.¹¹

As of 2000, housing units in Clark County were predominately owner-occupied (67 percent) compared to renter-occupied (33 percent). Rental costs are also on the rise. Fair Market Rent (FMR) in 2006 is \$539 for a studio, \$625 for a 1-bedroom, and \$723 for a 2-bedroom apartment. FMRs have increased from 2000, when they were \$463 for a studio, \$569 for a 1-bedroom, and \$702 for a 2-bedroom apartment.¹²

⁵ U.S. Department of Housing and Urban Development, *Income Limits*. Available online: <http://www.huduser.org/datasets/il.html>

⁶ Poverty level information <http://www.clark.wa.gov/community-action/poverty.html>

⁷ Poverty data from the American Community Survey, 2005.

⁸ Clark County, *Quick Facts*. Available online:

<http://gis.clark.wa.gov/applications/gishome/publications/index.cfm?fuseaction=quickfacts>

⁹ *Ibid*, p. 3.

¹⁰ Windermere Real Estate/Stellar Group Housing Market Updates, January – August 2006

¹¹ *Ibid*, p. 2.

¹² U.S. Department of Housing and Urban Development, *Fair Market Rents*. Available online: <http://www.huduser.org/datasets/fmr.html>

Housing costs take up a disproportionate amount of wages for people who are earning low incomes in Clark County. At the Washington State minimum wage of \$7.93, housing costs of \$412 per month would be affordable. This is \$130 less than the Fair Market Rent for an apartment without a separate bedroom. The housing wage as a percentage of the minimum wage for a one-bedroom apartment is 155 percent.

In order to afford a two-bedroom unit at the FMR, a household would need to earn nearly \$29,000 per year or \$13.90 per hour working full-time. A person working a full-time minimum wage job would need to work 76 hours per week to afford a two-bedroom unit at FMR.¹³

Declining Housing Subsidies

Many people earning low incomes turn to housing assistance providers to help them bridge the gap between the amount they can afford and the rising housing costs in the county. Providers of housing assistance include non-profit community-based organizations and public housing authorities that provide assistance through various programs, including facility-based units and rental assistance. However, many of these programs have extensive waiting times before a person can get assistance, as there is far more demand for assistance than the existing funding can meet. For example, the estimated wait for a Section 8 Housing Choice Voucher through the Vancouver Housing Authority is five or six years.¹⁴

Other Issues

High housing costs and stagnant incomes are two of the most significant factors causing homelessness among individuals and families, but there are other significant factors that cause or compound homelessness. Those factors include:

Domestic violence: Domestic violence affects many individuals who experience homelessness—as many as half of women and children who are homeless have left abusive situations. Lack of affordable housing and shelter resources leave women experiencing violence few choices and many will stay in unsafe situations for lack of other options. Youth and young adults become homeless when they run away from home, leave abusive or dysfunctional family situations, are ordered by parents to leave, or when they age-out of foster care or other institutions. In Clark County's 2007 Homeless Count, 193 people (14 percent) described themselves as victims of domestic violence.

Mental health and physical health: While availability of mental health services has decreased in recent years a strong demand for services continues. People with mental illness who lack supportive services often have difficulty maintaining their housing. Homeless people suffer from high rates of mental and physical health problems worsened by living on the streets and in shelters. The lack of residential stability makes healthcare delivery more complicated. Health conditions that require ongoing treatment such as diabetes, cardiovascular diseases, tuberculosis, HIV/AIDS, addiction, and mental illness are difficult to treat when people are living in shelter or on the streets. Homeless people often lack access to preventative care, waiting

¹³ National Low Income Housing Coalition, *Out of Reach 2005*. Available online: <http://www.nlihc.org/oor2005/>

¹⁴ Council for Homeless, *About Homelessness, Hunger & Poverty in Clark County*. Available online: <http://www.icfth.com/about.html>.

until a trip to the emergency room is a matter of life or death. These emergency room visits are costly. Additionally, when homeless people become ill, they often do not receive timely treatment.

In addition to chronic health problems, approximately half of homeless people suffer from mental health issues. At a given point in time, 45 percent of homeless people report indicators of mental health problems during the past year, and 57 percent report having had a mental health problem during their lifetime. About 25 percent of the homelessness population has serious mental illness, including such diagnoses as chronic depression, bipolar disorder, schizophrenia, schizoaffective disorders, and severe personality disorders.¹⁵ According to Clark County's Department of Community Service in 2005-2006, close to nine percent of the 7,477 consumers of mental health services in the county described themselves as homeless. In Clark County's 2007 Homeless Count, 188 people (14 percent) described themselves as mentally disabled.

Physical disability: Long term health issues or physical disabilities without adequate insurance or other financial resources can cause bankruptcy and homelessness. In Clark County's 2007 Homeless Count, 99 people (seven percent) described themselves as physically disabled.

Drug and alcohol problems: Drug and alcohol abuse are significant contributors to homelessness because of the impact on health, family, finances, and ability to retain and maintain employment. Clark County ranks 13th of 39 counties in Washington for adults at or below 200 percent of federal poverty level that need substance abuse treatment.¹⁶ In Clark County's 2007 Homeless Count, 212 people (15 percent) reported that they experienced alcohol and/or other drug problems.

Methamphetamine use has become a significant issue throughout the country, and in Clark County. More than three-quarters of police contacts, generally, in Vancouver are related to methamphetamine use, as are the majority of placements of children into foster care in Clark County¹⁷. The state attorney general reports that 70 percent of inmates with substance abuse problems report meth as their drug of choice. Discharge planning from prison and jails that includes treatment and case-management with supportive services, including housing significantly reduces recidivism.

Generational poverty: This is also a contributing factor to homelessness. If you grow up poor, there is a higher chance that you will remain poor. The lack of education or vocational skills among families makes it difficult to find and maintain employment at a living wage, or to establish a stable educational environment for children. Research indicates that the longer people are in poverty the less likely they are to escape it. Twenty-five percent of people who were consistently poor before age 17 were still poor at age 25 to 27.¹⁸

¹⁵ National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007

¹⁶ Washington State Department of Social and Health Services 2003 Needs Assessment Household Survey, Clark County Profile, March 2005, Report 4.52-6

¹⁷ The Columbian, *Budget cuts hurt drug fight, say critics*, February 23, 2006; National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007.

¹⁸ John Iceland, *Poverty in America*, University of California Press, 2003, page 49-51.

Loss of system support: It is common for people leaving jails or prisons, hospitals, foster care, or mental health or substance abuse treatment facilities to land on the streets. They face many challenges in finding work and a place to live. Due to problems of recidivism among people discharged from prison or jail, the State of Washington is currently focusing its efforts on coordinating with local jurisdictions on discharge planning into housing.

It is important to understand not only the causes of homelessness, but also the different ways that homelessness manifests itself. Different subpopulations of homeless people such as, chronically homeless, families, youth, veterans and physically or mentally disabled people require different housing strategies.

At Risk of Homelessness

Individuals or families can be considered at risk of homelessness if they are paying a high percentage of their income for housing (typically 50 percent or more), are living in substandard or overcrowded housing. Substandard housing is defined as housing that does not meet local housing codes, housing is considered overcrowded by HUD if there is more than 1.01 persons per room.

Chronically Homeless People

As noted earlier in this report, in both the advocacy and federal funding arenas, there is an increased emphasis on ending homelessness for chronically homeless individuals in the next ten years. Chronically homeless people are defined by the Department of Housing and Urban Development (HUD) as homeless individuals with a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either 1) continuously for one whole year, or 2) four or more times in the past three years. Chronically homeless people are in need of housing, but often in need of other services such as mental health, basic health care, and substance abuse treatment. Chronic homelessness is long-term or repeated homelessness accompanied by a disability. Many chronically homeless people have a serious mental illness like schizophrenia and/or alcohol or drug addiction.

Research reveals that between 10 to 20 percent of homeless single adults are chronically homeless. This group represents approximately 50 percent of homeless people, over time. Applied to a national yearly estimate of 3 million homeless people, there are thought to be some 150,000 to 200,000 chronically homeless people in the nation. In Clark County's 2007 Homeless Count, 184 people (13 percent) were considered chronically homeless.

Few people in this chronic group are likely to ever generate significant earnings through wages. While they may have some income from wages and/or public benefits, they will require long-term subsidization of both housing and services because of their disabilities.¹⁹

Episodically Homeless Group

¹⁹ National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007.

People who use shelter repeatedly, often called the episodically homeless group, are estimated to constitute approximately nine percent of the homeless single population. This group has a high public cost when housed in shelter because its members seem frequently to interact with other very costly public services systems, particularly jails, prisons and hospitals.

Transitionally Homeless

Those who have one-time and short-term stays in the homeless assistance system, exit it and return infrequently if at all have been called the “transitionally” homeless. The majority of families and single adults who become homeless fall into this category. They have most often had a financially-related housing crisis that has resulted in their homelessness.

THE COST OF HOMELESSNESS

According to the State of Washington over \$102 million in direct costs per year (including the local government's share) is spent on programs dedicated to directly serving homeless persons in Washington State.

ANNUAL FUNDS DEDICATED TO SERVING PEOPLE WHO ARE HOMELESS AND PREVENTING HOMELESSNESS				
	State and Federal Share	Local Share	TOTAL Funds	Numbers Served
Outreach to Mentally Ill Homeless Persons (PATH)	1,432,283		1,432,283	3,730 people
Emergency Shelter and Homelessness Prevention	8,072,709	15,736,815	23,809,524	45,598 people
Emergency Housing Assistance for TANF/SFA Families (AREN)	5,289,548		5,289,548	9,599 families
Domestic Violence Shelter and Supportive Services	7,900,000		7,900,000	6,324 families
Transitional Housing	4,500,000	3,000,000	7,500,000	1,371 families
Federal Supportive Housing	34,714,000	6,340,000	38,040,000	10,800 beds
Homeless Housing Program	6,133,127	9,199,690	15,332,817	n/a
TOTAL	68,027,667	34,276,505	102,304,172	

Source: Washington State Ten-Year Homeless Plan, Department of Community, Trade and Economic Development, July 2006

Clark County's homeless system is supported by a combination of public, private and philanthropic dollars, as well as by a committed faith-based network that provides countless volunteer hours.

Clark County's Department of Community Services allocates and administers a variety of funds - federal, state, and local - that serve the homeless. The City of Vancouver also provides other services that increase the direct cost of homelessness (e.g., cleanup of homeless camps).

Based on an analysis of the 2006-2007 fund allocations, the Department of Community Service reports that funds were allocated among four categories: Prevention/Diversion/Re-Entry (early intervention or emergency services to prevent homelessness), Short Term Emergency Response (shelter and outreach), Housing Plus Service Strategies (transitional and permanent housing), and Systemwide Improvement (planning, coordination, data analysis, and resource allocation).

CLARK COUNTY DEPARTMENT OF COMMUNITY SERVICES ALLOCATED FUNDS

	Prevention/ Diversion/ Re-entry	Short Term Emergency Response	Housing Plus Service	Systemwide Improvement	Other	Total
2006-2007	\$584,669	\$1,532,360	\$3,519,299	\$112,400	\$55,850	\$5,804,578
% of Total	10%	26.3%	60.1%	1.9%	1%	

As the County’s homeless system evolves to a “housing first” model that emphasizes intervention and education to prevent homelessness as well as rapid placement into affordable housing plus services, the County expects to devote a higher percentage of funding to support prevention and diversion strategies. Currently Clark County’s Emergency Response system is a critical link and first point of entry for homeless people to ensure that they get quick assessment and services appropriate to their needs.

Significant federal funds are allocated directly to agencies that serve Clark County with programs that prevent homelessness, or provide transitional and permanent housing to formerly homeless people

Vancouver Housing Authority administers approximately \$11 million in federal funds through its Housing Choice Voucher Program (Section 8), which plays an important role in housing persons who were formerly homeless, or would be homeless without subsidized housing.

Federal McKinney-Vento Act funds are allocated annually based on the Continuum of Care Plan, which is coordinated by the Council for the Homeless. In 2006 over \$1,000,000 was allocated to support a variety of programs that serve the homeless in Clark County.

The State awards Federal Low Income Housing Tax Credits for the development of permanent affordable housing. This is a competitive program so that amount awarded annually varies, but on average Clark County housing developers are awarded \$5 to 10 million in tax credits per year.

Clark County is fortunate to have many committed homeless agencies, nonprofit housing developers, and social service providers who serve homeless individuals and families. Share, YW Housing, Affordable Community Environments, Open House Ministries, Vancouver Housing Authority, Community Services NW, Columbia Nonprofit Housing, and Columbia River Mental Health Services are among those agencies that rely on private and philanthropic giving for a significant percentage of their operating support. Private and philanthropic supporters also contribute funds annually to alleviate homelessness in Clark County.

There are other mainstream programs that provide millions of dollars in essential support to low-income people by either preventing homelessness or by providing the resources needed

for them to access housing and services. The services and funding provided by Medicaid, Supplemental Security Income, General Assistance for the Unemployable, Temporary Assistance for Needy Families (TANF), Medicare, and Veterans benefits provide essential income that can prevent or end homelessness. Many homeless people are not aware of their eligibility for benefits, or face barriers that make it difficult for them to apply for these benefits. One of the primary objectives of the emergency response system is to do outreach to, and assessment of, homeless people to assist them receive the benefits for which they are eligible.

Potential to Reduce Costs by Providing Housing and Services

In addition to the direct costs associated with homelessness, we know that there are significant indirect costs incurred not only by other institutions, but by the community at large, which are difficult to quantify. Some people who are homeless are frequent users of correctional and psychiatric facilities because they do not get the services they need to prevent hospitalization or incarceration. One of the challenges of public institutions is to develop protocols so that homeless people who are treated for illness, or addiction, or who are released from correctional facilities, are not released again to the street, where they often repeat the cycle for lack of care. The City of Vancouver is currently assessing the cost of frequent users of multiple public services.

The State Ten-Year Homeless Plan reports from national studies that have shown that providing supportive housing to chronically homeless people results in a net savings to taxpayers through reduced public costs. Supportive services are services that assist homeless participants in the transition from the streets or shelters into permanent housing, and those that assist persons with living successfully in housing. Assistance can include an array of services as appropriate: health care, mental health treatment, alcohol and other substance abuse services, child care services, case management services, counseling, supervision, education, job training, and other services essential for achieving and maintaining independent living. Supportive housing has proven to be successful in:²⁰

- Reducing the number of days homeless people are incarcerated in jail by 38 percent.
- Reducing the number of days homeless people are incarcerated in state correctional facilities by 85 percent.
- Reduces homeless people's inpatient psychiatric hospital costs by 49 percent.

²⁰ Washington State Ten-Year Homeless Plan, Department of Community, Trade and Economic Development, 2006.

INSTITUTIONAL DAILY COST PER PERSON	
Institution	Costs per Day per Person
Mental Hospital	\$555
Clark County Jail	\$59.07
State Correctional Facility	\$87.67

In comparison to the costs noted above, the State reports estimated annual costs for providing supportive housing range from a low of \$3,000 for less intensive services to \$11,000 for people who have been homeless for long periods of time and need intensive, long-term supports.

A Baylor University study completed in 2005 reported that each chronically homeless individual cost the Waco, TX community \$39,000 per year.²¹

Lack of health insurance and preventative medical care is costly to low income and homeless people and to the healthcare system itself. Homeless people often rely on emergency room treatment for acute conditions, conditions which if treated early could be resolved at much less cost. The cost of emergency room treatment is high, particularly when compared to the cost of a regular health care visit.

Societal Costs

In addition to the direct costs of homelessness that we can track, there are those many costs that are less tangible but equally significant, because of their long term impact on both the individuals and families, but also on the institutions that serve them.

- *Schools:* National studies report that children who are homeless are diagnosed with learning disabilities or speech and language impediments at a rate twice the norm. They are more likely to repeat grades, or not attend school at all. In addition to the costs to the child, there are significant costs to school districts in meeting federal program mandates to provide needed services to homeless children.
- *Health and Safety:* Depression, nutritional deficiencies, chronic injuries, physical and sexual abuse occur at a much higher rate among homeless children and adults than the population as a whole.

Current Efforts to End Homelessness in Clark County

Clark County the community enjoys a multitude of strengths that form a solid foundation for the strategies in this plan although there are significant housing gaps that contribute to the plight of hundreds of homeless men, women and children in the community. A group of experienced nonprofit housing developers have produced thousands of high-quality affordable housing units for households at 60 percent and below of area median income. Because these

²¹ City of Waco 10-Year Plan to End Chronic Homelessness, *Opening Doors, Unlocking Potential*, 2005.

projects have increased in complexity throughout the years, nonprofit housing providers have also developed strong technical expertise and creative ways to combine resources. However, without deep rental subsidies, the high costs of land and construction prevent the development of affordable housing for the lowest income households.

To serve people in crisis, the community's emergency shelter providers go beyond emergency shelter beds to offer transitional housing opportunities, extended-term case management services, and street outreach. In 2005, more transitional beds were available for both families and individuals. The community is also home to a robust network of Oxford Houses and other recovery resources. Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home.

For people who cannot become self-sufficient, the community has successfully created HUD-funded permanent supportive housing in which housing developers and mental health providers partner to provide subsidized housing and services. Although more units of permanent supportive housing are needed, these projects have demonstrated positive outcomes.

Clark County is also home to many innovative services that were born of creativity, commitment and local government support. Such services include a free mental health clinic, a free medical and dental clinic, the Co-occurring Methamphetamine Expanded Treatment (COMET) program, a new community health center with expanded substance abuse facilities, a Veterans Affairs Medical Center²², and specialty courts (including homeless court, domestic violence court, mental health court and drug court). Clark College offers education opportunities for displaced homemakers, and other job training opportunities exist through community centers, the Clark County Skills Center, Employment Services, and other partners. Each of these services struggles with limited capacity to meet the existing need, but the infrastructure is there.

Strong networks of "relationship capital" enhance the housing and services capacity in Clark County. The faith community has been particularly active in filling gaps within the emergency shelter system since 2004 with the Winter Hospitality Overflow (WHO) project. The network of local landlords is well organized. The City of Vancouver, Vancouver Housing Authority, and Clark County have shown a combined commitment to the issue of homelessness since the 1980s when they came together to form the Council for the Homeless. The Council focuses on support for direct service providers through resource development, data collection, strategic planning, community education, and advocacy.

A history of successful partnerships, creative and efficient use of resources, and a strong commitment to ending homelessness in Clark County form the basis for this plan and the activities it recommends.

²² About 19 percent of sheltered homeless adults were veterans. (AHAR), *ibid*.

HOMELESS PERSONS IN CLARK COUNTY AND EXISTING RESOURCES

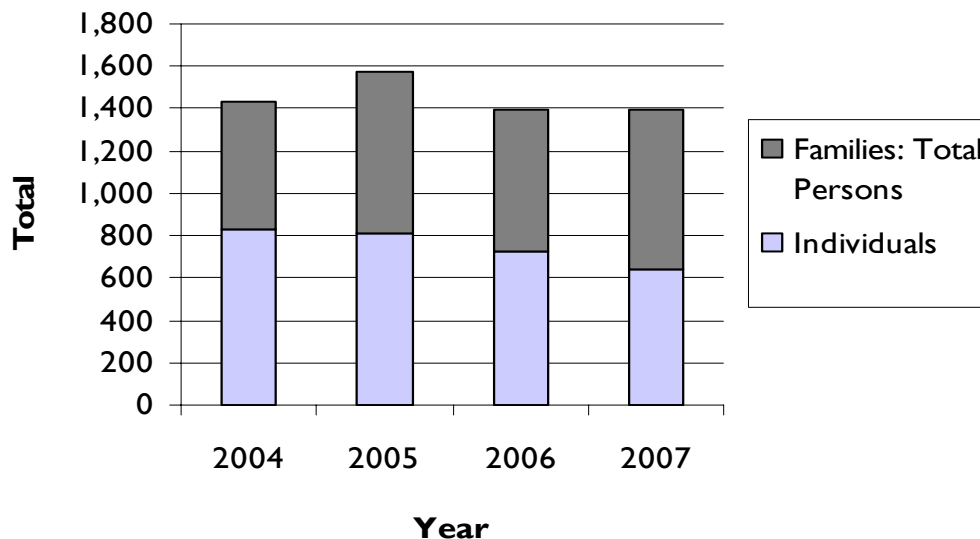
Homeless Population and Subpopulations and Housing Activity Charts

The January 2007 homeless count identified 1,392 homeless men, women, young people, and children in Clark County. The 2007 total included 1,164 who were living in emergency shelters or transitional housing programs on the night of the count. An additional 228 individuals who were unsheltered were counted.

Of the total homeless population, 139 were chronically homeless, 198 experienced chronic substance abuse issues, 173 were severely mentally ill, 173 were Veterans, and 183 were victims of domestic violence. A total of 25 homeless were unaccompanied youth under the age of 18.

As of, January 7, 2007 there were 265 year-round emergency shelter beds available in Clark County for youth, single adults, and families. There was an unmet need of 184 emergency shelter beds. There were approximately 537 transitional housing beds for individuals and families, including youth, and an unmet need for an additional 408 beds. There were 241 beds of permanent supportive housing with a need for 800 additional beds.

CLARK COUNTY HOMELESS COUNTS



Includes people unsheltered, and people in emergency and transitional shelter. Unaccompanied youth are included in the individual number

Please see Appendix A, the Homeless Population and Subpopulations chart, for more detail on homeless persons and Appendix B for the Housing Activity Charts, which detail the emergency, transitional, and permanent housing targeted to homeless persons in Clark County.

HOMELESS SERVICES NEEDS

Note: Unless otherwise cited, the information included in this section primarily was drawn from the Clark County Consolidated Plan, the 2005 Continuum of Care Plan, and stakeholder input during the planning process.

A multi-dimensional approach is needed to support individuals and families with these complex issues. A wide range of services are needed, including case management and life skills development—rental assistance alone will not prevent homelessness or assist people to regain housing stability after a period of homelessness.

Availability of mental health services has decreased in recent years while a strong demand for these services continues. Expanded counseling services are needed to address identified behavioral health concerns. In addition, those who are homeless or at risk of homelessness need access to the full range of health care services, including medical, dental, vision, and medication. Decreased funding and services available from mainstream resources, particularly health care, mental health and addiction programs and voter-approved tax limitation measures reduce the ability of government and local providers to pay for needed services.

Persons living ‘on the edge’ and those who are homeless may need ongoing training and assistance with money management, job skills, budgeting, self-sufficiency, and household maintenance. Transportation is a significant issue for these individuals and families, particularly those that live outside the urban core of the county. For those with criminal records, particularly felonies, ongoing support and advocacy are needed to ensure access to appropriate housing and increased housing stability.

Additional services are needed to assist homeless youth, individuals, and families to stabilize their lives and access appropriate housing, including:

- Outreach to persons not in shelters, especially outside Vancouver
- Clean-up and resource center for individuals (showers, laundry, etc.)
- Additional shelter bed space for all homeless persons—youth, individuals, and families, including access to expanded shelter beds during winter months and crisis beds for persons with mental health and substance abuse problems
- In-depth needs assessment for those entering shelters and access to needed services, such as child care
- Transitional housing with services, specifically case management, particularly for youth
- Job training skills and placement services
- Assistance getting identification and addressing legal issues

Outreach services are particularly important for homeless youth, and engagement and trust building may take months or even years. According to a 2001 survey in Clark County, food, showers and laundry facilities, access to telephones, and job training and education were the services homeless youth were most likely to use.²³

²³ Continuum of Care Youth Sub-Committee, *July 2001 Homeless Youth Survey*.

Homeless court allows people who are homeless to address legal issues that impact their ability to access housing or employment. Homeless court meets monthly. The court works with the homeless to find realistic resolutions to legal issues, including lowering payments on fines. A number of those who participated in focus groups and a survey of people who had experienced homelessness indicated that homeless court had been a helpful resource to them.

In July 2005, Share's ASPIRE (Achieving Self-sufficiency, Personal Improvement, and Resource Education) project received a grant from the Washington Families Fund (WFF), a public-private partnership established by the Washington Legislature in 2004 to expand service-enriched affordable housing for homeless families in Washington State. The ASPIRE project's grant award, funded over ten years, will be used in conjunction with a rental subsidy and discretionary funds from the Vancouver Housing Authority (VHA) to provide support services in 10 new transitional housing units. WFF funds will pay for a half-time case manager and additional related support activities. WFF and Bridges to Housing, a local initiative to address the housing and support services needs of homeless families and children, when fully funded, will provide an essential bridge to housing stability for homeless families in Clark County.

SUMMARY OF HOMELESS STRATEGIC PLAN

The state 10-Year Plan guidelines require that communities develop strategies and activities that together with existing efforts will result in a 50 percent reduction of homelessness in ten years.

The strategies are listed in order of priority.

Appendix C of the 2007 update of the Clark County 10-Year Homeless Plan includes strategies that are categorized consistent with the State’s 10 Year Plan strategy format and themes:

- **Prevention/diversion/discharge planning:** these strategies are critical to limiting the “front door” or the number of youth, single adults, and families that fall into homelessness. They include programs aimed to keep at-risk people in their housing, approaches to divert people from jail into housing and treatment services, and policies/resources that assure people are discharged from state correctional facilities, state hospitals and residential treatment facilities, local jails and hospitals, and foster care with affordable housing and necessary supporting services in place.

Strategy 1 PREVENTION	Increase housing stability for individuals and families at risk of homelessness by supporting and expanding programs that provide short-term rental housing assistance, eviction prevention services incentives for landlords to rent to low income households, and other supportive services.
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Strategy 2 DIVERSION/ RE-ENTRY	Increase coordination and linkage among mainstream programs that provide care and services to low-income people in order to consistently assess and respond to their housing needs to prevent homelessness, and ensure that public institutions (hospitals, prisons, jails, mental health facilities) discharge people into housing.
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- **Housing plus supportive services:** these strategies are designed to expand the affordable housing available to people who become homeless and to provide the necessary supporting services to assist homeless youth, families, and single adults to reach self sufficiency. For most homeless populations, services will be transitional; more intense initially and tapering off over time. For the chronic homeless/disabled population, ongoing supporting services linked to affordable housing will be required. Supportive services can include rent assistance, transportation, child care, health care, training, and counseling.

Strategy 3 PERMANENT HOUSING	Preserve and expand the supply of permanent housing and permanent supportive affordable to persons with very low incomes.
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Strategy 4 TRANSITIONAL/ SUPPORTIVE	Preserve and expand the supply of transitional supportive housing for individuals and families.
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Strategy 5 EMPLOYMENT/ INCOME SUPPORT	Increase access to educational and employment programs to increase earning potential for individuals who are homeless, or at risk of homelessness, and lead to self-sufficiency.
--	--

- **Short term emergency response:** these strategies are designed to quickly identify people who are homeless, assess their needs, and get them into appropriate housing with appropriate supporting services. They include outreach, shelter, and rapid access to benefits, services, and affordable housing.

Strategy 6 OUTREACH/ ACCESS/ LINKAGE	Maintain an effective outreach program to chronically and non-chronically homeless persons having difficulty accessing services in order to link them to mainstream resources, as well as comprehensive housing, case management, physical and mental health services, and chemical dependency treatment.
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Strategy 7 ACCESS TO SHELTER	Ensure availability and access to staffed clearing house, emergency shelter and services in the existing shelter system.
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- **Systemwide Improvement:** The Clark County Homeless Plan contains two strategies that are designed to improve the overall performance, efficiency, and accountability of the homeless system.

Strategy 8 PLANNING/ COORDINATION	Plan and coordinate countywide and systemwide to efficiently manage limited resources for ending homelessness.
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Strategy 9 DATA ANALYSIS	Build on successful implementation and expansion in Clark County.
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Short- and long-term activities were developed in each strategy area. Short term activities were defined as those activities that could reasonably be expected to be implemented within two years. Long term strategies were forecast to occur within the 10 year horizon of the plan.

Appendix D includes a matrix of prioritized strategies and short term actions with a projected timeline and estimated cost of implementation.

Because homeless needs will change over time the community will meet regularly to reevaluate current activities, emerging need, and appropriate allocation of these limited resources.

RECOMMENDATIONS FOR WASHINGTON STATE LEGISLATIVE AND POLICY CHANGES NEEDED TO ADDRESS HOMELESSNESS

Members of the Clark County 10-Year Plan Task Force provided input regarding the state-level changes in policy and law necessary to achieve the state's goal of a 50 percent reduction in homelessness. Individual recommendations are presented here. Where appropriate, similar recommendations from various individuals were combined and are presented together.

- Most state housing funding sources restrict use of the developed properties for a period of time. Eventually, as homelessness is reduced, some of these units will need to be re-purposed and flexibility from the state regarding the restricted use requirements will be needed.
- Coordinate reporting requirements for all state funding sources.
- Increase access to existing state resources targeted to youth who are homeless or at risk of homelessness—expand eligibility to include both youth up to age 21 and youth not in state care.
- Decrease or eliminate barriers to housing and employment for the offender population: develop alternatives to incarceration, clear criminal records after a certain time period or appropriate intervention (such as drug treatment, counseling, etc.), and provide employment opportunities for ex-offenders.
- Provide better support to children:
 - Adjust TANF requirements for single parents; maintain TANF for non-needy relatives.
 - Fully fund early childhood education for all children below 80 percent area median income.
- Develop employment programs targeted and customized for general assistance clients.
- Institute a general assistance program that provides recipients a benefit level that will allow them to meet their basic monthly living expenses.
- Funding for and access to mental health services and drug and alcohol treatment (including case management) for those individuals and families in need of such services.
- Expand access to Basic Health to ensure more individuals access to medical care.

For additional information regarding these suggestions or to contact the community stakeholders who participated in the planning process, please contact the Council for the Homeless at 360-993-9570.

APPENDIX A: HOMELESS POPULATION AND SUBPOPULATIONS

The Homeless Populations and Subpopulations chart presented below was prepared for and included in the Clark County, Washington 2005 Continuum of Care Application, and reflects information gathered during the January 27, 2007 sheltered and unsheltered street count.

Exhibit I: Continuum of Care Chart HUD 40076 COC – I Homeless Populations and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Temporarily Living with Family/Friends
	Emergency	Transitional		
Number of Families with Children (Family Households):	53	135	32	83
a. Number of Persons in Families with Children:	172	376	95	192
b. Number of Single Individuals and Persons in Households without Children:	164	452	133	71
Total Persons: (Add Lines Numbered a & b)	336	828	228	263
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Temporarily Living with Family/Friends
	Emergency	Transitional		
a. Chronically Homeless	66	19	73	25
b. Mentally Disabled	55	73	45	15
c. Persons with alcohol and/or other drug problems	77	77	44	14
d. Veterans	25	127	21	4
e. Persons with HIV/AIDS	1			
f. Victims of Domestic Violence	66	111	6	10
g. Unaccompanied Youth (Under 18)	9	8	8	9
h. Physically Disabled	43	16	35	5
i. Seasonal Agricultural Workers	-	-		
j. Persons with both substance use and mental health problems	22	15	17	8
k. Senior citizens (aged 65 or older)	-	2	1	

APPENDIX B: HOUSING ACTIVITY CHARTS

The Housing Activity Charts presented in this section have been updated from those prepared for and included in the Clark County, Washington 2006 Continuum of Care Application. They include information about the emergency, transitional, and permanent housing resources available to homeless youth, individuals, and families in Clark County.

The charts in this section include codes to denote certain information or populations. The following descriptions will assist you to understand the codes used in the Housing Activity Charts.

HMIS Participation Code:

PA = Client level data in HMIS on at least 75% of the homeless persons served

PS = Client level data in HMIS on less than 75% of the homeless persons served (0 – 74%)

N = Not yet providing client level data to HMIS but will begin providing data by 9/1/07

D = Declined participation in HMIS or will begin providing data after 9/1/07

DV = Domestic violence service provider: providers whose primary mission is serving victims of domestic violence and are not reporting client-specific data to HMIS

Geo Code: The geographic area code indicates where the project is located:

539011: Clark County

Target Population A: Only one code should be used per facility. If more than one group is served use the mixed populations code.

SM = only Single Males (18 years and older)

SF = only Single Females (18 years and older)

SMF = only Single Males and Females (18 years and older with no children)

FC = only Families with Children

YM= only unaccompanied Young Males (under 18 years)

YF = only unaccompanied Young Females (under 18 years)

YMF = only unaccompanied Young Males and Females (under 18 years)

M = mixed populations

Target Population B: Indicate whether the project serves these additional characteristics:

DV = only Domestic Violence victims

VET = only Veterans

HIV = only persons with HIV/AIDS

Emergency Shelter													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory			Ind.	Fam.									
Janus Youth Program	Oakbridge	PA	10	0	539011	YMF		0	0	10	10	0	4
Janus Youth Program	Oakgrove	PA	6	0	539011	YMF		0	0	6	6	0	0
Veteran's Admin.	Regional – TLU	D	0	0	539011	SM	VET	0	0	10	10	0	0
4 Area Providers	Motel Vouchers	PA	0	0	539011	M		0	0	0	0	0	6
YWCA	Safechoice	DV	0	0	539011	M	DV	8	27	8	35	0	0
Open House Ministries	Open House Family Shelter	PA	4	103	539011	M		28	103	4	107	0	0
Share	Share House	PA	30	0	539011	SM	VET	0	0	30	30	25	0
Share	Share Homestead	PA	4	46	539011	M		12	46	4	50	0	10
Share	Share Homes	PA	12	0	539011	SF		0	0	12	12	0	0
Share/CFTH	WHO-St. Andrew	PA	0	0	539011	M		0	0	0	0	42	0
Share/CFTH	WHO-St. Paul	PA	0	0	539011	SM		0	0	0	0	28	0
SUBTOTALS:			70	195	SUBTOTAL CURRENT INVENTORY:			60	222	88	310	95	30
NA	NA	NA	0	0	NA	NA		0	0	0	0	0	0
Inventory Under Development			Anticipated Occupancy Date										
NA	NA	NA	NA	NA	NA	NA		0	0	0	0	0	0

Transitional Housing															
Provider Name	Facility Name*	HMIS			Geo Code	Target Pop		Year-Round			Total Year-Round Beds				
		Part. Code	# of Year-Round Beds in HMIS			A	B	Fam. Units	Fam. Beds	Indiv. Beds					
Current Inventory (Available on or before 1/31/06)				Ind.	Fam.										
Clark County HIV/AIDS	HOPWA Program	D	0	0	539011	M	HIV	1	4	5	9				
Columbia River Mental Health	Elahan Place	D	0	0	539011	SMF		0	0	32	32				
Columbia River Mental Health	Hazelwood Duplex	PA	6	0	539011	SMF		0	0	6	6				
Janus Youth Program	MY House	PA	8	0	539011	YMF		0	0	8	8				
Legacy of Life	Legacy Maternity Home	D	0	0	539011	SF		0	0	6	6				
Open House Ministries	Pinewood Terrace	PA	9	62	539011	M		16	62	9	71				
Share	Share House	PA	11	0	539011	SM		0	0	11	11				
Share	Share ASPIRE	PA	43	139	539011	FC		51	139	43	182				
Share	Share ASPIRE Wisemoves	PA		16	539011	FC		6	16	0	16				
Vancouver Housing Authority	Operation Homestretch	PA	0	24	539011	FC		10	24	0	24				
Vancouver Housing Authority	Central Park Place	N	0	0	539011	SMF		0	0	68	68				
Vancouver Housing Authority	Units – HIV/AIDS	N	0	0	539011	SMF	HIV	0	0	6	6				
Agape Manor	Agape Manor	PA	3	4	539011	YF		2	4	3	7				
YW Housing	YW Housing Wisemoves	PA	0	39	539011	FC		16	39	0	39				
YW Housing	YW Housing	PA	14	3	539011	M		1	3	14	17				
YW Housing	Kauffman Townhomes	PA	0	4	539011	FC		1	4	0	4				
Community Services NW	MHNW – STEP	PA	6	5	539011	M		2	5	6	11				
SUBTOTALS:			100	296	CURRENT INVENTORY:			106	300	237	537				
New Inventory in Place in 2006 (Available 2/1/06 – 1/31/07)				Ind.	Fam.										
NA	NA	NA	0	0	0	0	0	0	0	0	0				
Inventory Under Development(Available after 1/31/07)				Occupancy Date											
NA	NA		0		0	0	0	0	0	0	0				
Unmet Need								UNMET NEED TOTALS:				56	183	225	408

Permanent Supportive Housing											
Provider Name	Facility Name	HMIS			Geo Code	Target Pop.		Year-Round			Total Year-Round
		Part. Code	# Year Round Beds			A	B	Fam. Units	Fam. Beds	Ind./CH Beds	
Current Inventory(Available on or before 1/31/06)				Ind.	Fam.						
Community Services Northwest	Azalea Place	D	0	0	539011	SMF		0	0	14/14	14
Columbia River Mental Health	Cascade Terrace	D	0	0	539011	SMF		0	0	12/1	12
Columbia River Mental Health	Ft. Vancouver Apartments	D	0	0	539011	SMF		0	0	19/0	19
Columbia River Mental Health	Daniels Street	D	0	0	539011	SF		0	0	6/6	6
Columbia River Mental Health	Orchards 129 th Avenue	D	0	0	539011	SMF		0	0	3/0	3
Columbia River Mental Health	39 th Street Triplex	D	0	0	539011	SMF		0	0	6/2	6
Columbia River Mental Health	99 th Street House	D	0	0	539011	SF		0	0	6/2	6
Columbia River Mental Health	New Dreams	PA	14	0	539011	M		0	0	14/14	14
Columbia River Mental Health	Forest Creek Condos	D	0	0	539011	M		3	5	12/2	17
Community Services Northwest	The Way Home	PA	8	0	539011	SMF		0	0	8/8	8
Share	ASPIRE –Bridges to Housing	PA	0	46	539011	FC		13	46	0	46
Share/YW Housing	Story Street	PA	25	4	539011	M		1	4	25/0	29
Vancouver Housing Authority	Central Park Place	D	0	0	539011	SMF	VET	0	0	35/35	35
YW Housing	Kauffman	PA	0	23	539011	M		9	23	0	23
Clark County, HIV/AIDS	HOPWA Program	D	0	0	539011	M	HIV	0	0	3/3	3
SUBTOTALS:			47	73	SUBTOTAL CURRENT INVENTORY:			26	78	163/87	241
New Inventory in Place in 2006 (Available 2/1/06 – 1/31/07)				Ind.	Fam.						
Columbia River Mental Health	New Dreams Too	PA	4	0	539011	M		0	0	4/4	4
SUBTOTALS:			4	0	SUBTOTAL NEW INVENTORY:			0	0	4/4	4

Permanent Supportive Housing (continued)

Inventory Under Development(Available after 1/31/07)			Anticipated Occupancy Date									
YW Housing	Aurora Place Apartments*	PA	March 2007	539011	M		18	60	7/0	67		
Columbia River Mental Health	PACT Rural	D	July 2007	539011	SMF		0	0	20/20	20		
Community Services NW	PACT Rural	D	July 2007	539011	SMF		0	0	6/6	6		
Community Services NW	The Way Home Too*	PA	TBD	539011	SMF		0	0	4/4	4		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							18	60	37/30	97		
Unmet Need							UNMET NEED TOTALS:		121	378	422/ 139	800

HOME Tenant Based Rental Assistance Targeted to Homeless Persons

Provider Name	Geo Code	Target Pop		Family Units	Family Beds	Chronic Individual Beds	Individual Beds	Total Year-Round Bed Equivalentents
		A	B					
Share	531668	M		29	87		29	116
			TOTALS	29	87		29	116

Housing Choice Vouchers (Section 8) Targeted to Homeless Persons

The Vancouver Housing Authority does not target Housing Choice Vouchers to homeless persons. However, individuals who successfully complete a transitional housing program (which they entered directly from a shelter) are given a preference on the waiting list for Housing Choice Vouchers.

APPENDIX C: SUMMARY OF HOMELESS PLAN STRATEGIES

The strategies are listed in order of priority. The action steps are also listed in order of priority.

Prevention/diversion/discharge planning

Strategy I PREVENTION	Increase housing stability for individuals and families at risk of homelessness by supporting and expanding programs that provide short-term rental housing assistance, eviction prevention services and other short-term supportive services.
Description: Provide resources through local service providers to meet critical needs of persons in crisis in order to prevent them from becoming homeless. Meet the short term housing costs of households with rental payments to prevent eviction, first and last month's rent, utilities, etc., to stabilize housing.	
Evidence of the Strategy's Effectiveness	The most economically efficient way to end homelessness is to prevent its occurrence. Financial assistance to prevent an eviction, mediation to address problems with a landlord or lender, and case management can all prevent individuals and families from becoming homeless. A 1991 study of eviction prevention programs by the U.S. Department of Health and Human Services found that the average cost to prevent family homelessness was one-sixth the average cost of a stay in a shelter.
Population to be Served	Very low income individuals and families at risk of homelessness.
Extent of Need	In 2000, 68% of rental households with incomes below 30% AMI were paying more than 50% of their income for housing. (CHAS data) Clark County is only serving 35% of the need for homelessness prevention, based on the turn-away numbers for Emergency Shelter Assistance Program. (ESAP)
Organizational Responsibility	Local government, Council for the Homeless, Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Provide both partial and full monthly rental or mortgage assistance and other supportive services for 3 to 6 months. 2. Increase the availability of specific assistance funds to prevent individuals and families from becoming homeless, including but not limited to transportation, food, childcare, education, utilities, medical and dental emergencies. 3. Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services. 4. Increase outreach and support services for families experiencing violence. 5. Continue local efforts that provide funding to relocate individuals and 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.
Intermediate Measures:	<ol style="list-style-type: none"> 1. 40 additional families maintain housing stability through the receipt of financial assistance; 50 households avoid eviction. 2. 100 families will not become homeless as a result of accessing the specific assistance. 3. Households placed in “housing first” pilot will remain stable for 1 year. 4. Rental assistance recipients maintain housing stability for 24 months. 5. One domestic violence staff person is available one day a week in both north and east county. 6. Families will not become homeless due to code enforcement.
Long-Term	<ol style="list-style-type: none"> 1. Increase availability of staff to provide crisis intervention and case management to individuals and families in times of crisis. 2. Support free mental health services and medications for non-insured families. 3. Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co-pays. 4. Ensure continuation of community information and referral.

Strategy 2 DIVERSION/ RE-ENTRY	Increase coordination and linkage among mainstream programs that provide care and services to low-income people in order to consistently assess and respond to their housing needs to prevent homelessness, and ensure that public institutions (hospitals, prisons, jails, mental health facilities) discharge people into housing.
Description: Most people who become homeless are eligible for assistance from mainstream systems of care, and many are or recently have been active clients of one or more of these systems. Studies on where homeless people have lived immediately before becoming homeless show trends that suggest solutions. Public systems or institutions, such as jails and prisons, hospitals, the child welfare system and mental health facilities, too often "graduate" people directly into the homeless system. One aspect of prevention is to stop these discharges into homelessness, through basic transition planning so that people leaving these institutions have stable housing and some means for maintaining it. Work to expand housing options for people being discharged from state psychiatric hospitals or residential treatment facilities, prisons, local jails, and local hospitals. Improve procedures for early planning and coordination of discharge. Procedures may include local community support, case management, re-entry counseling, education, training and employment opportunities, and identification of housing and gender responsive services. <i>State of Washington 10-Year Homeless Plan</i>	
Evidence of the Strategy's Effectiveness	Research indicates that disabled offenders provided permanent supportive housing upon release and other offenders provided long-term transitional supportive housing have lower rates of recidivism (up to 60%). A study found that prisoners participating in pre-release planning had a 54% lower rate of re-offending. <i>State of Washington 10-Year Homeless Plan</i>
Population to be Served	Very low-income homeless and chronically homeless about to be released from correctional facilities, jail, residential treatment facilities and/or hospitals.
Extent of Need	Procedures are in place for state facilities, but lack of structured and case managed appropriate housing and resources for supportive services limits ability to implement.
Organizational Responsibility	Local Government, Law and Justice entities, Council for the Homeless and Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Increase capacity of Homeless Court. 2. Work to successfully reintegrate youth who are transitioning out of foster care or who are being released from juvenile facilities. 3. Work to establish discharge planning and re-entry procedures from hospitals, jails, prisons, and detox and other treatment programs. 4. Integrate planning with specialty courts: Domestic Violence, Mental Health, Drug & Alcohol, and Homeless. 5. Identify and coordinate a coalition of transitional and permanent housing leaders to coordinate a diverse group of multi-disciplinary service providers in crafting a matrix of specialized supportive housing and responsive support service strategies for

	this high need vulnerable population.
Intermediate Measure	<ol style="list-style-type: none"> 1. Task Force has been convened to explore opportunities for increased funding for homeless court. 2. Increased supply of transitional housing for people moving out of treatment facilities.
Long-Term	<ol style="list-style-type: none"> 1. Advocate and support the criminal justice system to provide housing for offenders, including sex offenders, and especially single parent female offenders who will resume primary care of their dependent children. 2. Plan for housing assistance/case management and services for persons discharged from detox and other treatment facilities.

Housing plus supportive services

Strategy 3 PERMANENT HOUSING	Preserve and expand the supply of housing affordable to persons and families with very low incomes to prevent homelessness and serve as an option for permanent housing for homeless and chronically homeless persons and families.
Description: The State of Washington monitors federally assisted multi-family housing with expiring contracts, and pursues preservation of appropriate candidates through intervention with owners, non-profit buyouts and other methods. Clark County will work with the State to preserve properties at risk of loss. Clark County is part of a regional response to family homelessness program called Bridges to Housing.	
Evidence of the Strategy's Effectiveness	History of preserving expiring federal contracts provides housing stability for low-income tenants. Lack of permanent affordable housing is one of precipitating factors in causing homelessness. <i>State of Washington 10-Year Homeless Plan</i>
Population to be Served	Very low-income households at risk, residents of housing with expiring federal contracts, mobile home parks, or transitioning from homelessness, including families eligible for the Bridges to Housing program and chronically homeless.
Extent of Need	Estimated deficit of 6,162 rental units affordable to houses below 30% MFI (2000 HUD CHAS data)
Organizational Responsibility	Local Government, Council for the Homeless, Continuum of Care Planning group
Action Steps/Measure	
Short-Term	1. Affect policy on financing low-income housing projects to increase the housing stock for families below 30% MFI: including families participating in the Bridges to Housing program
Intermediate Measure	1. 50 housing units for households below 30% MFI will be preserved or developed which should include families participating in the Bridges to Housing program.
Long-Term	<ol style="list-style-type: none"> 1. Affect policy to ensure no net loss of affordable housing units. 2. Create financial incentives to builders to increase the number of affordable units through affecting local government building policies. 3. Expand the supply of permanent supportive housing to implement "housing first" strategies. 4. Explore the development of accessory dwelling units to provide needed rentals, but also to provide an income stream to low-income and first time homebuyers.

Strategy 4 TRANSITIONAL/ SUPPORTIVE	Preserve and expand the supply of transitional and permanent supportive housing for individuals and families.
Description:	Through “housing first” models, provide opportunities for homeless persons who are capable of independent living to move to permanent housing with service supports, such as case management, child care, counseling and employment assistance. Provide transitional housing for those moving from homeless shelters.
Evidence of the Strategy’s Effectiveness	Los Angeles County housing-first model demonstrated over a 10 year period an 85% success rate in stabilizing participants in permanent housing in residential neighborhoods within one year of entry. Studies examining the provision of flexible support services combined with permanent housing for persons with mental illness resulted in an 85% retention rate, a decrease in patient hospitalization, a decrease in both emergency room visits and incarcerations by 50%. In New York, a city/state collaboration involving services integration resulted in housing and services for 5,225 homeless individuals. <i>State of Washington 10-Year Homeless Plan</i>
Population to be Served	Homeless, chronically homeless and at risk populations
Extent of Need	228 unsheltered and 1164 sheltered persons in need of permanent housing per 2007 Point in Time Count.
Organizational Responsibility	Local Government, Council for the Homeless, Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Support current transitional housing programs. 2. Create 20 beds of supportive housing for chronically homeless individuals and 25 beds for non-chronically homeless individuals and couples. Include mental health and substance abuse treatment, and health care along with rental subsidy. Individuals should have the option of residing in housing outside of their neighborhood. 3. Participate and access regional efforts, such as Bridges to Housing, Washington Families Fund, and other comprehensive strategies, which provide housing and intensive support services. 4. 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.
Intermediate Measures:	<ol style="list-style-type: none"> 1. 80% of participants maintain housing stability for 12 months. 2. 80% of participants maintain housing stability for 24 months 3. 50 families will participate in regional efforts. 4. 25 youth and young adults achieve housing stability.
Long-Term	<ol style="list-style-type: none"> 1. Completely fund construction of 25 units of supportive housing for 0-30% MFI with no debt and an annual operating subsidy. 2. Expand the supply of permanent supportive housing to implement “housing first” strategies.

Strategy 5 EMPLOYMENT/ INCOME SUPPORT	Increase access to educational and employment programs to increase earning potential for individuals who are homeless, or at risk of homelessness, and lead to self-sufficiency.
Description: Increased self-sufficiency depends on opportunities for education and employment, as well as affordable housing. Pursue the development of community partners with employers to serve as a source of job training and employment. <i>State of Washington 10-Year Homeless Plan</i>	
Evidence of the Strategy's Effectiveness	Vocational programs for homeless persons have demonstrated up to a 90% graduation and placement rate at positions earning more than double minimum wage. <i>State of Washington 10 Year Homeless Plan</i>
Population to be Served	Homeless and at-risk populations, including youth.
Extent of Need	1,392 homeless people in Clark County, 2007 Homeless Count
Organizational Responsibility	Local Government, Council for the Homeless, Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Develop supported employment opportunities for chronically homeless people. 2. Increase employment opportunities for people in substance abuse and mental health treatment programs. 3. Provide credit building and financial planning opportunities. 4. Implement micro-enterprise programs that support families as they increase their income through small business enterprise. 5. Ensure families who are eligible for mainstream employment and education services are enrolled. 6. Create internship/mentor opportunities including transitional employment sites for youth who have minimum or no work experience; hire one FTE staff person to coordinate.
Intermediate Measures	<ol style="list-style-type: none"> 1. 20 chronically homeless people will receive supported employment. 2. 30 people who are unemployed and at-risk or temporarily homeless will have jobs. 3. 75 people will complete credit building and financial planning training. 4. 10 families who are either homeless or at risk will increase their earning potential through education and micro enterprise support. 5. 100 additional families will be enrolled in employment and education programs. 6. 25 youth will be placed in mentorship programs that will move them toward readiness for employment.
Long-Term	<ol style="list-style-type: none"> 1. Explore need to increase the capacity to ensure eligible families can access mainstream employment and education. 2. Create college transition or vocational support plan for homeless youth and young adults.

Short term emergency response

Strategy 6 OUTREACH/ ACCESS/ LINKAGE	Maintain an effective outreach program to chronically and non-chronically homeless persons having difficulty accessing services in order to link them to mainstream resources, as well as and comprehensive housing, physical and mental health services, and chemical dependency treatment.
Description: Expand outreach efforts to unsheltered populations, including “hard to serve” populations to encourage entry into housing and services. Provide early assessment and case management at intake. Promote coordination of access among shelter providers.	
Evidence of the Strategy’s Effectiveness	A Center for Mental Health Policy and Services Research (U. of Pennsylvania) study shows that homeless persons receiving outreach on the street experience improvements in almost all outcome measures equivalent to clients who were contacted in shelters. The report shows that over a 5-year period mentally ill people living in services-enriched housing reduced their use of publicly funded services by an average of \$12,145 per year. <i>State of Washington 10-Year Homeless Plan</i>
Population to be Served	Homeless and hard to serve people.
Extent of Need	1,392 homeless people in Clark County, 2007 Homeless Count
Organizational Responsibility	Local governments, Council for the Homeless, Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. 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. 2. Plan for housing and case management options for chronically inebriated individuals. 3. Enhance system to establish eligibility and enroll homeless individuals in Medicaid, Veterans’ benefits, GAU, Social Security, or TANF. 4. Connect homeless people to needed substance abuse, mental health and medical services. 5. Develop a direct link to the community’s free clinic and increase free clinic capacity to accommodate homeless individuals. 6. Engage police and sheriff to develop protocols to identify and engage homeless people on the street including those previously or currently incarcerated. 7. Hire one FTE outreach staff person to identify and engage homeless or at-risk youth and provide them with information/contact with ongoing services. 8. Develop a direct link between the County Detox Center and

	<p>the Shelter System.</p> <ol style="list-style-type: none"> 9. Explore the establishment of a Sobering Center. 10. Add .5 FTE staff person to coordinate youth health strategy: 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.
<p>Intermediate Measures</p>	<ol style="list-style-type: none"> 1. 75 homeless people receive Medicaid, GAU, and Veterans', Social Security or TANF benefits. 2. 25 homeless people receive detox, mental health, and medical services. 3. 75 homeless people are treated at the free clinic. 4. 20 homeless people are provided treatment instead of jail. 5. 100 youth will receive information about resources. 6. Plan in place for chronically inebriated individuals. 7. 20 chronically homeless individuals are enrolled in the drug and alcohol system's detox and residential programs. 8. Funding and location identified for the Resource Center. 9. Plan developed for a Sobering Center. 10. 3 providers/clinics provide reduced cost health care to youth and young adults.
<p>Long-Term</p>	<ol style="list-style-type: none"> 1. Dedicate substantial resources to preventing homelessness. 2. Enhance coordination and information sharing among emergency assistance (including rent or mortgage and utility assistance) providers to maximize existing prevention dollars. 3. Move beyond one-time eviction prevention payments to providing time-limited housing subsidies until families become financially stable. 4. Combine emergency assistance with time-limited or ongoing case management to reduce future risk of homelessness. 5. Target new homelessness prevention and emergency assistance efforts to the neighborhoods from which a disproportionate number of people seeking shelter are exiting. 6. Integrate homelessness prevention activities at intake sites for shelters to identify resources to prevent homelessness. 7. Increase availability of staff to provide crisis intervention and case management to individuals and families in times of crisis. 8. 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. 9. Ensure access to adequate and regular health care for youth by encouraging state efforts to provide health insurance coverage to uninsured youth to age 24 who have no other health insurance options. 10. Support free mental health services and medications for non-

	<p>insured individuals.</p> <ol style="list-style-type: none">11. Create a fund to pay insurance premiums.12. Create youth outreach center.13. Ensure continuation of community information and referral.
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Strategy 7 ACCESS TO SHELTER	Ensure availability and access to staffed emergency shelter and services in the existing shelter system.
Description: Clark County’s homeless and housing plans call for a “housing first” model. The system is in the process of evolution and there is currently not an adequate supply of permanent or supported housing for homeless individuals or families. The emergency shelters in Vancouver serve as the entry point to obtain transitional housing and provide a short term solution to the emergency need for relief from the streets. The shelter staff provides a supportive environment, assess needs and eligibility for mainstream resources, and refer the households to appropriate programs. The number of people turned away from emergency shelter in Clark County (about 65% of those who request shelter) exhibits the need for continued emergency response.	
Evidence of the Strategy’s Effectiveness	Clark County’s has a one-stop resource for directing homeless people to available shelter. A clearinghouse does a daily assessment of demand and provides vital information for planning efforts.
Population to be Served	Homeless populations
Extent of Need	Based on Emergency Shelter Assistance Program (ESAP) turnaway numbers for emergency shelter and emergency assistance, Clark County turns away 65% of those who request shelter.
Organizational Responsibility	Local Government, Council for the Homeless and Continuum of Care Planning Group
Action Steps/Measure	
Short Term	<ol style="list-style-type: none"> 1. Continue to fund and increase access to the current shelter and outreach programs. 2. 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.
Intermediate Measures	<ol style="list-style-type: none"> 1. 2 years of funding committed to current programs to assist people to move out of homelessness. 2. 30-60 youth per year will move towards self-sufficiency through accessing transitional housing beds and more intense case management.
Long-Term	Continue to explore “housing first” strategies to place homeless individuals and families into supported housing.

Systemwide improvements

Strategy 8 PLANNING/ COORDINATION	Plan and coordinate countywide and systemwide to efficiently manage limited resources for ending homelessness.
Description: Local planning groups, which includes local government, provides coordination of local planning efforts to end homelessness.	
Evidence of the Strategy's Effectiveness	Clark County's Continuum of Care has been recognized as an effective collaborative planning group that identifies priorities and recommends resource allocations.
Population to be Served	Homeless populations
Extent of Need	1,392 homeless people, 2007 Homeless Count
Organizational Responsibility	Local Government, Council for the Homeless and Continuum of Care Planning Group
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Update the Clark County Plan by incorporating additional objectives, strategies, activities, and outcomes to insure consistency with State Plan. 2. Clark County 10-Year Plan group will meet as needed to update strategies to reduce homelessness for the four identified populations of homeless persons. 3. Community stakeholders meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.
Intermediate Measures	<ol style="list-style-type: none"> 1. Clark County 10-Year Plan meets state guidelines. 2. Clark County 10-Year Plan accurately reflects local needs and priorities. 3. Report on progress toward meeting goals, and updates to 10-Year plan every 2-3 years.
Long-Term	Coordination among local, State, and Federal government to respond to emerging needs and trends.

Strategy 9 DATA ANALYSIS	Build on successful implementation and expansion of HMIS in Clark County.
Description: Clark County's HMIS system is one of the first in the country. Comprehensive unduplicated data is essential for planning and coordination of services, as well as for allocation of resources. The County provides local data to state and local govt to assess statewide and national priorities and trends.	
Evidence of the Strategy's Effectiveness	Data is needed in order to determine program effectiveness and determine modifications in plans and activities to more effectively work toward ending homelessness.
Population to be Served	Homeless populations
Extent of Need	1,392 homeless people and the organizations that serve them.
Organizational Responsibility	Council for the Homeless and Continuum of Care Planning Group; local govt.
Action Steps/Measure	
Short-Term	<ol style="list-style-type: none"> 1. Insure adequate training for all agencies participating in HMIS by increasing funding for training personnel. 2. Analyze data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County. 3. Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance outcome measurements. 4. Continue to implement an effective annual point-in-time count of homeless persons by engaging organizations in every community within Clark County serving people who are homeless to participate in the point in time count.
Intermediate Measures	<ol style="list-style-type: none"> 1. Information collected through HMIS is accurate. 2. Local planning groups always use HMIS data during priority setting. 3. 100% of agencies receiving Continuum of Care and 100% of agencies receiving Homelessness Housing and Assistance Act funding collect necessary information for performance outcome measurement. 4. People who are homeless are counted in every city and town in Clark County where they reside.
Long-Term	<ol style="list-style-type: none"> 1. Adequate funding for data collection and analysis needs to be developed. 2. All agencies serving low-income and homeless persons are connected to the HMIS system. 3. Formation of a committee to develop policy and procedures for collection and analysis of HMIS data.

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Objective: Reduce the number of chronically homeless individuals.													
Housing Strategy: Increase access to and availability of subsidized housing for chronically homeless individuals													
Short Term Activity:	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.		Jun-2007	Dec-2008		\$ 132,000	\$ 775,000				20	20	vouchers or leasing
	Who is responsible:	Share, VA, local government											
	Intermediate Outcome:	80% of program participants maintain housing stability for 12 months											
Short Term Activity:	Continue to fund the current shelter and outreach programs and transitional housing.		Jul-2006	Aug-2006		\$ 500,000	4,000,000						Vouchers
	Who is responsible:	Local government, homeless services providers, Continuum of Care (COC) Group.											
	Intermediate Outcome:	Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.											
Short Term Activity:	Develop a direct link between the County Detox Center and the Shelter system.		Sep-2006	Jan-2007			\$ 50,000						
	Who is responsible:	Local government, homeless services providers, Drug and Alcohol Services											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Intermediate Outcome:	20 people meeting the definition of chronically homeless are enrolled in the detox and residential programs through the drug and alcohol system.											
Long Term Activity:	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.		Jan-2010	Feb-2012	4,500,000	\$ 50,000	\$ 500,000				25	25	new construction
Long Term Activity:	Advocate and support the criminal justice system to provide housing for sex offenders and to track transient sex offenders		Jan-2010	Jun-2010									
Prevention Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.													
Short Term Activity:	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.		Jan-2006	Jan-2007	4,500,000		\$ 200,000						
	Who is responsible:	Homeless service providers, local government, nonprofit providers											
	Intermediate Outcome:	Funding and location are identified for the resource center											
Short Term Activity:	Increase the capacity of homeless court.		Sep-2006	Sep-2007			\$ 125,000						
	Who is responsible:	District Court Judge, nonprofit and homeless service providers											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Intermediate Outcome:	A task force has been convened to explore opportunities for increased funding for homeless court.											
Short Term Activity:	Engage police and sheriff to develop protocols for identify and engaging homeless people on the street including those previously and currently incarcerated.		Sep-2006	Feb-2007			\$ 40,000						
	Who is responsible:	Homeless service providers, local government, police and sheriff departments, Council for the Homeless											
	Intermediate Outcome:	20 homeless people are provided treatment outside of jail.											
Short Term Activity:	Educate a broad range of community members--including faith-based groups and businesses--on homelessness, including causes, prevention, and how they can help.		Oct-2006	Mar-2007			\$ 20,000						
	Who is responsible:	Homeless service providers and planning agencies											
	Intermediate Outcome:	A forum on homelessness has been developed that can be presented to various members of the community.											
Health Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.													

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	Ensure effective outreach to homeless persons having difficulty accessing services		Jun-2006	Jun-2008			\$ 50,000						
	Who is responsible:	Homeless service providers, local government											
	Intermediate Outcome:	25 people meeting the definition of chronically homeless receive detox, mental health, and medical services.											
Short Term Activity:	Enhance system to enroll chronically homeless individuals in Medicaid and/or GAU and/or veterans benefits		Mar-2007	Jun-2008			\$ 200,000						
	Who is responsible:	Homeless service providers, community mental health providers, local government, and Department of Social and Health Services											
	Intermediate Outcome:	75 people meeting the definition of chronically homeless receive Medicaid and/or GAU and/or veterans benefits											
Short Term Activity:	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.		Sep-2006	Sep-2008			2,000,000						
	Who is responsible:	Local government and nonprofit and homeless service providers											
	Intermediate Outcome:	75 people meeting the definition of chronically homeless are treated at the free clinic.											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Income Strategy: Develop increased employment opportunities for people who are chronically homeless, including opportunities for niche employment.													
Short Term Activity:	Develop supported employment opportunities.		Nov-2006	Feb-2007			\$ 75,000						
	Who is responsible:	Community nonprofits, business partners											
	Intermediate Outcome:	20 people meeting the definition of chronically homeless receive supported employment.											
Short Term Activity:	Develop strategy to provide education to employers on mental illness and homelessness.		Jan-2007	Jun-2007			\$ 10,000						
	Who is responsible:	Community nonprofits, business partners, local government											
	Intermediate Outcome:	Two forums dedicated to employer education.											
Long Term Activity:	Develop a nonprofit to team-up with contractors to provide day laborer opportunities for people who are homeless.		Jun-2011	Jun-2012			\$ 300,000						
Objective: Reduce the number of homeless families.													
Housing Strategy: Increase the supply of supportive housing for families.													

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	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.		Apr-2006	Oct-2006			\$ 355,000						
	Who is responsible:	Council for the Homeless, homeless service providers, local government, criminal justice family court systems, Social and Health Services, Child Protective Services, local government.											
	Intermediate Outcome:	50 families will participate in these programs											
Short Term Activity:	Support current and increase transitional housing programs		Jan-2007	Jun-2007		\$ 450,000	\$ 300,000		30	10		30	
	Who is responsible:	Council for the Homeless, non-profit housing developers, local government											
	Intermediate Outcome:	50 transitional housing units will be supported											
Short Term Activity:	Affect policy on financing low-income housing projects to increase the housing stock for families below 30% of area median income		Jan-2007	Jun-2007			\$ 30,000		150	50		150	
	Who is responsible:	Council for the Homeless, nonprofit housing developers, local government, criminal justice family court systems, Social and Health Services, Child Protective Services											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Intermediate Outcome:	50 housing units will be developed											
Long Term Activity:	Increase peer and community mentoring programs to support families that are homeless or at risk of homelessness.		Mar-2010	Sep-2010			\$ 30,000						
Long Term Activity:	Affect policy to ensure no net loss of affordable housing units.		Mar-2010	Sep-2010			\$ 30,000						
Long Term Activity:	Create financial incentives to builders to increase the number of affordable units through affecting local government building policies.		Sep-2010	Mar-2011			\$ 30,000						
Prevention Strategy: Prevent homelessness among families													
Short Term Activity:	Provide both partial and full monthly rental or mortgage assistance and other supportive services for up to three months.		Jun-2006	Jul-2006		\$ 500,000	\$ 50,000		30	10		30	
	Who is responsible:	Homeless service providers, local government, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services.											
	Intermediate Outcome:	40 additional families maintain housing stability through the receipt of financial assistance.											
Short Term Activity:	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.		Jun-2006	Dec-2006			\$ 180,000						

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Who is responsible:	Local government, homeless service providers											
	Intermediate Outcome:	500 more families successfully participate in rental education programs.											
Short Term Activity:	Develop a Landlord Guarantee Fund that provides incentive to landlords to rent to graduates of rental education programs program.		Jun-2006	Dec-2006			\$ 10,000						
	Who is responsible:	Local funders including businesses, landlords, and government. Homeless service providers and referral agencies.											
	Intermediate Outcome:	Fewer families will become homeless due to landlord/tenant, financial, or neighbor conflict issues.											
Short Term Activity:	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.		Jun-2006	Jul-2007			\$ 50,000						
	Who is responsible:	Homeless service providers, local government, criminal justice and family court systems, Social and Health Services, Child Protective Services, local government, Health Department											
	Intermediate Outcome:	100 families will not become homeless as a result of accessing the specific assistance											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	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.		Jan-2006	Sep-2006			\$ 10,000						
	Who is responsible:	Local government											
	Intermediate Outcome:	Families will not become homeless due to code enforcement.											
Long Term Activity:	Work with school districts to offer rental education programs to high school age students.		Jan-2008	Jan-2012			\$ 40,000						
Long Term Activity:	Engage criminal justice and family court systems in developing collaborative solutions to improve stability and reduce recidivism		Jun-2010	Jun-2011			\$ 30,000						
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													
Short Term Activity:	Increase outreach and support services to families experiencing violence		Dec-2006	Jul-2007			\$ 30,000						
	Who is responsible:	YWCA, Children's Home Society, criminal justice and family court systems, Social and Health Services, Child Protective Services											
	Intermediate Outcome:	One SafeChoice staff is available one day a week in both North County and East County.											
Short Term	Support free mental health services and medications for non-insured		Mar-	Sep-2007			\$ 156,000						

		Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
<i>Activity:</i>	families.	2007										
	Who is responsible:	Columbia River Mental Health, Community Services NW-Wellness Project, Vancouver Children's Center, Children's Home Society of Washington, Catholic Community Services, criminal justice systems family court, Social and Health Services, Child Protective Services, local government										
	Intermediate Outcome:	25 non-insured families will receive mental health services.										
<i>Short Term Activity:</i>	Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co pays.	Jun-2007	Dec-2007			\$ 40,000						
	Who is responsible:	Non-profit service providers										
	Intermediate Outcome:	50 non-insured families will receive assistance										
Income Strategy: Increase earning potential of families who are at risk of homelessness or currently homeless.												
<i>Short Term Activity:</i>	Implement micro enterprise programs that support families as they increase their income through small business enterprises.	Nov-2007	May-2008			\$ 162,500						
	Who is responsible:	Workforce Development Council, Columbia River Economic Development Council, Partners In Careers, Small Business Administration, Columbia River Mental Health, YW Housing										

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Intermediate Outcome:	10 families who are at risk of becoming or presently homeless will increase their earning potential through education and micro enterprise support.											
Short Term Activity:	Ensure families who are eligible for mainstream employment and education services are enrolled		Jun-2007	Dec-2007			\$ 381,000						
	Who is responsible:	Service providers, employment and education institutions											
	Intermediate Outcome:	100 additional families will be enrolled in employment and education programs											
Long Term Activity:	Explore the need to increase the capacity to ensure all eligible families can access mainstream employment and education services.		Jun-2011	Jun-2012			\$ 30,000						
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.													
Short Term Activity:	Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services.		Jul-2007	Dec-2007		\$ 180,000	\$ 120,000	25				25	vouchers
	Who is responsible:	Existing low-income housing providers											
	Intermediate Outcome:	Rental assistance recipients maintain housing stability for 24 months.											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	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.		Jun-2007	Dec-2008		\$ 150,000	\$ 225,000	25				25	vouchers or leasing
	Who is responsible:	Existing low-income housing providers											
	Intermediate Outcome:	80% of program participants maintain housing stability for 24 months											
Short Term Activity:	Continue to fund the current shelter and transitional housing programs.		Jul-2006	Jan-2007		\$ 400,000	\$ 100,000						
	Who is responsible:	Local government, homeless services providers, Continuum of Care (COC) Group											
	Intermediate Outcome:	Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.											
Short Term Activity:	Refine rental education programs to incorporate a fast track option.		Jun-2006	Feb-2007			\$ 50,000						
	Who is responsible:	Local government and non-profit service providers											
	Intermediate Outcome:	People who are at risk or experiencing homelessness for the first time complete the fast track ready to rent program											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Long Term Activity:	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.		Jan-2010	Feb-2012	4,000,000	\$ 25,000	\$ 25,000	25				25	25
Long Term Activity:	Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.		Jan-2010	Jan-2012			\$ 100,000						
Prevention Strategy: Increase housing stability for individuals who are at risk of homelessness.													
Short Term Activity:	Provide one-time three-month emergency rental assistance to renters and homeowners in times of financial crisis.		Jun-2006	Jan-2007		\$ 600,000	\$ 100,000	50				50	vouchers
	Who is responsible:	Existing providers (Salvation Army, Treasure House, St. Vincent de Paul); Share, YW Housing, local government											
	Intermediate Outcome:	50 individuals avoid eviction											
Long Term Activity:	Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.		Jan-2009	Jan-2010			\$ 100,000						
Health Strategy: Develop a comprehensive service package including mental health and chemical dependency treatment and medical, dental, and vision services for low-income individuals.													
Short Term Activity:	Enhance system to enroll individuals in Medicaid and/or GAU/SSI		Sep-2006	Mar-2007			\$ 90,000						
	Who is responsible:	Share Outreach, County mental health and Department of Social and Health Services											
	Intermediate	75 people will receive Medicaid and/or											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Outcome:	GAU/SSI											
Short Term Activity:	Develop a low cost dental and vision program for adults.		Jan-2007	Jan-2008			\$ 525,000						
	Who is responsible:	Local government, Share, nonprofit service providers, Clark College, local dentists.											
	Intermediate Outcome:	75 people will receive dental services.											
Long Term Activity:	Support free mental health services and medications for non-insured individuals		Mar-2010	Oct-2010			\$ 300,000						
Long Term Activity:	Create a fund to pay insurance premiums		Mar-2010	Mar-2011			\$ 300,000						
Income Strategy: Increase earning potential of individuals who are at risk of homelessness.													
Short Term Activity:	Develop supported employment opportunities.		Jan-2008	Sep-2008			\$ 50,000						
	Who is responsible:	Community nonprofits, business partners											
	Intermediate Outcome:	20 people will receive supported employment.											
Short Term Activity:	Increase employment opportunities for people in substance abuse and mental health treatment programs.		Jan-2008	Sep-2008			\$ 75,000						

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Who is responsible:	Community nonprofits, business partners, local government, PIC, SW Washington Industry Council											
	Intermediate Outcome:	30 people who are unemployed and at-risk or temporarily homeless will have jobs.											
Short Term Activity:	Provide credit building and financial planning opportunities.		Jul-2007	Jan-2008			\$ 65,000						
	Who is responsible:	Local government, businesses, non-profit agencies											
	Intermediate Outcome:	75 people will complete training.											
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.													
Short Term Activity:	Continue to fund the current shelter and transitional housing programs.		Jan-2006	Jul-2006			\$ 65,000	\$ 50,000					
	Who is responsible:	Local government, homeless services providers, Continuum of Care (COC) Planning Group											
	Intermediate Outcome:	Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	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.		Jan-2006	Jul-2006		\$ 62,000	\$ 163,000	15				15	
	Who is responsible:	Janus Youth											
	Intermediate Outcome:	30-60 youth per year will move towards self sufficiency through accessing transitional housing beds and more intense case management											
Short Term Activity:	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.		Jan-2007	Jul-2007		\$ 60,000	\$ 290,000	25				25	leasing
	Who is responsible:	Janus Youth											
	Intermediate Outcome:	25 youth and young adults achieve housing stability											
Prevention Strategy: Identify and engage homeless and at-risk youth													
Short Term Activity:	Hire 1 FTE outreach staff to identify homeless or at-risk youth and provide them with information, build trust, and engage in ongoing services.		Jan-2006	Jul-2006			\$ 105,000						Cost includes a van
	Who is responsible:	Janus Youth, Columbia River Mental Health											
	Intermediate Outcome:	100 youth will receive information about											

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Outcome:	resources											
Long Term Activity:	Create youth outreach center.		Jan-2012	Jul-2012			\$ 250,000						
Health Strategy: Ensure access to adequate and regular health care for youth through age 24													
Short Term Activity:	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		Jan-2006	Jul-2006			\$ 30,000						
	Who is responsible:	Health Department											
	Intermediate Outcome:	25 youth will have access to health insurance											
Short Term Activity:	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.		Jan-2006	Jul-2006			\$ 30,000						
	Who is responsible:	To be determined (need to identify a champion/advocate to pursue this)											
	Intermediate Outcome:	3 providers/clinics provide reduced cost health care to youth and young adults											
Long Term Activity:	Encourage state efforts to provide health insurance coverage to uninsured youth to age 24 who do not have access to other health insurance options		Jul-2010	Jul-2011									

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Income Strategy: Increase access to education and employment opportunities leading to self-sufficiency													
Short Term Activity:	Coordinate efforts in order to increase access to existing programs for homeless youth; hire 1 FTE staff person		Jan-2006	Jul-2007			\$ 80,000						
	Who is responsible:	Janus Youth, Partners in Careers, Columbia River Mental Health											
	Intermediate Outcome:	25 youth will be employed											
Short Term Activity:	Create internship/mentor opportunities, including transitional employment sites, for youth who have minimal or no work experience; hire 1 FTE staff person to coordinate.		Jan-2007	Jul-2007			\$ 80,000						
	Who is responsible:	Janus Youth, Partners in Careers, Columbia River Mental Health											
	Intermediate Outcome:	25 youth will be placed in mentorship programs that will move them towards readiness for employment											
Long Term Activity:	Create college transition or vocational support plan		Jan-2007	Jul-2007			\$ 30,000						
Objective: Conduct adequate data collection and planning to efficiently manage limited resources for homelessness.													
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.													

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	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		Jan-2006	Jan-2006									
	Who is responsible:	Clark County, City of Vancouver, Council for the Homeless, and the Continuum of Care (COC) Planning Group											
	Intermediate Outcome:	The Clark County 10-Year Homeless Housing Plan meets state guidelines and is consistent with the state plan when it is published.											
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.													
Short Term Activity:	Community stakeholders will meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.		Jan-2007	Jan-2007			\$ 5,000						
	Who is responsible:	Clark County, City of Vancouver, Council for the Homeless, and the COC Planning Group											
	Intermediate Outcome:	The Clark County Homeless Housing Plan accurately reflects local need and priorities.											
Build on successful implementation of HMIS in Clark County.													
Short Term Activity:	Analyze baseline data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County.		Jan-2006	Jan-2006									

			Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
	Who is responsible:	Council for the Homeless and COC Planning Group											
	Intermediate Outcome:	Council for the Homeless and the COC Planning Group always utilize HMIS data during priority setting.											
Short Term Activity:	Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance measurement data.		Jan-2006	Jan-2006			\$ 10,000						
	Who is responsible:	Council for the Homeless											
	Intermediate Outcome:	100% of agencies receiving COC funding participate in HMIS and 100% of agencies receiving Homelessness Housing and Assistance Act funding collect necessary information for performance measurements.											
Short Term Activity:	Ensure adequate training of all agencies participating in the HMIS system by increasing funding for training personnel.		Jan-2006	May-2006			\$ 25,000						
	Who is responsible:	Council for the Homeless											
	Intermediate Outcome:	Information collected through HMIS about youth, individuals, and families who are homeless is accurate.											
Strategy: Continue to implement an effective annual point-in-time count of homeless persons.													

		Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction
Short Term Activity:	Engage organizations in every community within Clark County serving people who are homeless to participate in the point-in-time count.	Nov-2005	Jan-2006			\$ 2,000						
	Who is responsible:	Council for the Homeless and COC Group										
	Intermediate Outcome:	People who are homeless are counted in every city and town in Clark County where homeless people reside.										
			TOTAL	13,000,000	3,174,000	13,664,500	165	210	70	45	420	
	TOTAL UNMET NEED HOUSING BEDS/UNITS						538	777	259	194	1315	
	PERCENTAGE OF NEED MET						31%	27%	27%	23%	32%	