



Clark County 10-Year Homeless Plan

Clark County Board of Commissioners
Adopted April 24, 2012

Marc Boldt, Chair
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CLARK COUNTY
WASHINGTON

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Original Plan Adoption: December 20, 2005
Updated Plan Adoption: April 24, 2012

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Developmental Disabilities Advisory Board	Substance Abuse Advisory Board	Clark County RSN Quality Management Group
Urban County Policy Board	Neighborhood Association Coalition of Clark County	Safety Net Coalition
Vancouver Housing Authority Board of Commissioners	Executive Director Discussion Group	Hazel Dell/Salmon Creek Business Association
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Consumers Literally Without Homes		

EXECUTIVE SUMMARY

Clark County, through various diverse funding sources, volunteer programs, faith-based efforts and partnerships, has made measurable progress towards reducing the number of people who are homeless by fifty percent. New programs targeting specific populations, such as those who are chronically homeless or ages 16-24, have made significant impacts. In addition, a greater emphasis on coordination with mainstream partners has increased the community's capacity to house people, and new funds have provided the community with opportunities to try new things and measure the results to determine success.

This second update of the 10-Year Homeless Plan was developed by the Clark County Department of Community Services in partnership with the Council for the Homeless and the Coalition of Service Providers for the Homeless. Feedback was sought through a community forum on January 12, 2011, and outreach to advisory and policy boards, veteran groups, neighborhood associations, community stakeholders, business associations, elected officials and consumers. In addition, a draft of the document was posted on the Council for the Homeless website for interested community members to read and provide feedback.

The 10-Year Homeless Plan is a framework to guide the community in its homeless system planning. Each revision infuses the current best practices, outcome requirements and data sets into the plan. This second revision places a particular focus on creating or enhancing programs to support veterans, persons who are homeless for the first time and homelessness prevention.

The Introduction details the advancement of the 10-Year Plan, including the evolution of funds dedicated to homeless programs and the change in program requirements around the Federal HEARTH Act. This section also describes the community-specific causes and factors of homelessness and current efforts to end homelessness in Clark County through programming, coordination and collaboration.

The Overview of the Homeless System section provides an overview of the monetary and subjective costs of homelessness, funding streams to support planning and programs and existing resources and information on the number of people who are homeless in Clark County. It also explores examples of current collaborative efforts that strengthen the homeless system.

The Statistics and Recommendation section discusses, in depth, the number of people who are homeless, presents the existing housing resources through a Housing Activity Chart and summarizes the needs of people who are homeless, as well as recommendations of best practices the homeless system should move toward to adopting. This section also presents recommendations for Washington State legislative and policy changes needed to address homelessness.

The Strategies to Address Homelessness section represents the core of the plan, with a summary of homeless plan strategies that are ranked, and all nine strategies in order of priority. Each strategy is updated with best practices, accomplishments and action steps. The action steps will provide a foundation with which to work from when determining future public

funding allocations and necessary collaboration and coordination needs to end homelessness in the long-term.

Challenging Times

Clark County residents, service providers and businesses dealt with many economic challenges in 2010-2011. According to the January through December 2011 AP Economic Stress Index, Clark County consistently had one of the top ten highest economic stress index levels among 39 counties in the state of Washington, factoring in unemployment, bankruptcy and foreclosure rates.¹ These current economic challenges have exacerbated the root causes of homelessness.

The years 2012 and 2013 may prove to be challenging in terms of public funding for programs within the homeless system. Many of the current funding sources are facing reductions and changes due to the adoption of the HEARTH Act and its shifting of the focus of homeless systems toward meeting outcomes. In order to meet these new program outcomes and adapt to less funding, while trying to sustain safety net services, the County and community may have to come together to revisit priorities and make some tough decisions.

Coordination, collaboration and service integration among both traditional and non-traditional entities is vital to increasing the capacity of the homeless system to focus on housing stability and rapid re-housing. In a community with a strong focus on housing those who are most vulnerable, sustained momentum toward ending homelessness will continue even with sparse funds. More than ever, the community will need to work together to move the 10-Year Homeless Plan forward.

¹ AP Economic Stress Index, Clark County WA, 2010, 2011 http://hosted.ap.org/specials/interactives/_national/stress_index/

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INTRODUCTION

Planning to End Homelessness: 10-Year Plan Background

The Washington State Legislature passed the Homeless Housing and Assistance Act (ESSHB 2163) in the spring of 2005, directing local governments to develop 10-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 10-year plan to reduce homelessness by 50 percent;
- Conduct an annual point-in-time count of homeless persons;
- Report progress implementing plans annually to the Washington State Department of Commerce; and
- 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 10-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.” The Department of Commerce has primary responsibility for planning and support for state implementation of the plan.

The Act requires the Department of Commerce to:

- Work with the Interagency Council for the Homeless and Affordable Housing Advisory Board (AHAB) to develop a 10-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; and
- 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 the Department of Commerce 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 Commerce. The remaining funds stay in the county with the first \$250,000 collected annually utilized to pay back a county bond that was used to acquire land for affordable housing. The final bond payment will be in December 2013. The remaining funds are used for homeless shelter operating costs.

The Council for the Homeless and Clark County Department of Community Services coordinate 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, focus groups and a survey of persons who are homeless. The 10-Year Homeless 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. The Plan is being updated again in 2012 to recognize the outcomes that have been met, assess progress towards unmet outcomes and revise strategies in light of the current economic situation, updated community needs assessments and new expectations from the U.S. Department of Housing and Urban Development (HUD). As part of the planning process, action items were prioritized for biennial resource allocation. The Clark County 10-Year Homeless Plan will continue to be updated periodically to respond to emerging issues, trends and changes in resources available.

Housing for the highest need families who are homeless is an issue of critical concern to Clark County and currently there are many related planning efforts to address this problem. 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. In addition, the City of Vancouver and Clark County received American Recovery and Reinvestment Act (ARRA) Homeless Prevention and Rapid Re-housing Program (HPRP) funds to provide rental assistance and support to families and individuals in the community.

Clark County's 10-Year Homeless Plan is complemented by other related plans, in particular the 5-Year Consolidated Housing and Community Development Plan and the Continuum of Care application. The Consolidated Plan sets priorities for the expenditure of federal Community Development Block Grant (CDBG) and Home Investment Partnership (HOME) funds awarded by HUD. The Clark County 10-Year Homeless Plan is incorporated into the Clark County Consolidated Plan. The Continuum of Care application, coordinated by the Council for the Homeless is a competitive process which 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.

Planning Roles

Clark County and the City of Vancouver are recipients and administrators of federal CDBG and HOME funds. They are each responsible for developing a 5-Year Consolidated Housing and Community Development Plan for submittal to HUD, as well as an annual Action Plans.

The Council for the Homeless (Council), a private non-profit organization, has primary responsibility for homeless planning in Clark County. In that role, they convene the Clark County Continuum of Care group called the Coalition of Service Providers for the Homeless Planning Group (Coalition), 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 the "Point-in-Time" Homeless Count, the housing gaps analysis and monitoring and evaluation of projects funded through the Continuum of Care process.

The Coalition also has primary responsibility for developing the Continuum of Care Application for Clark County. The Council and the Coalition, including representatives from Clark County and the City of Vancouver, were instrumental in the development of Clark County's 10-Year Homeless Plan and all updates. Clark County is the lead agency with responsibility for administering and reporting on the expenditure of 2060, 2163 and 1359 document recording surcharges.

In addition to its capacity as convener of Clark County's Coalition of Service Providers for the Homeless Planning Group, the Council manages four programs that serve the homeless system: the Emergency Shelter Clearinghouse, the Homeless Management Information System (HMIS), the Landlord Outreach Program and the Community Voice Mail program. In addition, the Council facilitates community education events, creates pocket guides of local homeless resources and provides advocacy around homeless issues.

The Community Action Advisory Board (CAAB), the Vancouver Housing Authority Board and the Urban County Policy Board (UCPB) also play important roles in either planning or implementing strategies to resolve homelessness. Clark County received designation as a Community Action Agency (CAA) under the provisions of the Economic Opportunity Act of 1964 (which also required recognition by the U.S. Office of Economic Opportunity) and 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. CAAs reach out to all persons who are low-income in their communities, address multiple needs through a comprehensive approach, develop partnerships with other community institutions, involve clients who are low-income in the agency's operations and administer a full range of coordinated programs aimed at reducing poverty.

The CAAB is comprised of nine members representing a cross section of the community. Board membership includes citizens who are low-income, elected public officials and representatives from the private sector. The CAAB conducts a biennial needs assessment of people who are low-income 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 Vancouver Housing Authority (VHA) 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, during 2011 it owned and/or managed 1,166 units of public housing,

2,293 units of affordable tax credit or bond financed housing and administered the Section 8 Housing Choice voucher program that served an additional 2,301 households. The VHA 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 Programs. The VHA also makes apartments available for transitional housing programs in partnership with Share, Community Services Northwest and Open House Ministries. In partnership with Clark County and Share, the VHA provides units for the Share ASPIRE transitional housing program. The VHA also owns Central Park Place, a single room occupancy (SRO) development built in cooperation with the U.S. Department of Veterans Affairs for veterans who are low-income and homeless. In addition, the VHA partners with Columbia Non-Profit Housing and other community partners to create affordable housing for individuals and families who are low-income, elderly and/or disabled.

Designated as a public development agency, and also a community renewal agency, the VHA is charged with redevelopment of select areas within Vancouver that have underutilized or declining commercial properties combined with 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, community service and employment preparation programs. The VHA was instrumental in developing the initial concept of the four-county, bi-state Bridges to Housing program.

The Urban County Policy Board (UCPB) coordinated by Clark County Department of Community Services, selects HOME and CDBG projects based on a numeric scoring system. The UCPB consists of the mayors, or their designee, of all cities and towns in the County, except Vancouver, and is chaired by a county commissioner. The projects selected are recommended to the Board of County Commissioners for final approval and submission to HUD.

HEARTH Act

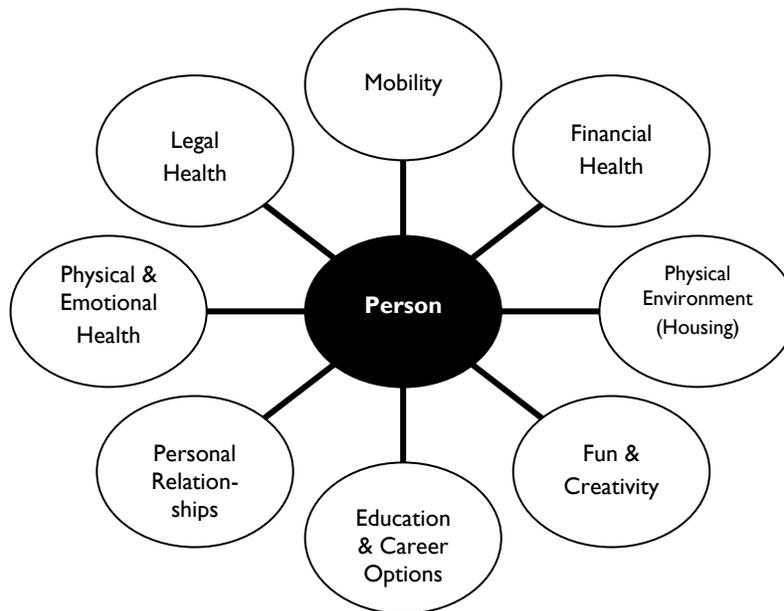
The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act passed by Congress in 2009 amends and re-authorizes the McKinney-Vento Homeless Assistance Act to improve community capacity to carry out the mission of preventing and ending homelessness. Substantial changes between the two Acts, include:

- A consolidation of HUD's competitive grant process;
- The creation of a Rural Housing Stability Program;
- A change in HUD's definition of homelessness and chronic homelessness;
- A simplified match requirement;
- An increase in prevention resources; and
- An increase in the emphasis on performance.

The HEARTH Act requires Continuums of Care (COC) and their respective communities to focus on systems change and embrace best practice strategies to meet newly required performance measures. Many system changes have been proposed and will be slowly implemented in the 2012 plan update.

A system change necessary to meet the HEARTH Act requirements is the adoption of a person-centered approach to case management within the homeless system. This approach identifies the strengths of individuals within different specified areas and identifies where additional support, connections and exploration within the same specified areas could benefit the person as a whole. Ultimately, this approach helps households achieve stability in housing and better prepares them to sustain stability when faced with a crisis. It allows for the interventions to fit the person rather than requiring the person to fit into the interventions. This approach is not new to case management in Clark County, but the extent to which it is carried out differs from agency to agency.

**Figure I
Person-Centered Approach**



Nationally, a person-centered approach to health care is regarded as a best practice, particularly when serving people who are homeless or at-risk of homelessness.² Often this population is uninsured, or underinsured, and is dealing with multiple, co-occurring disorders, including untreated chronic diseases, mental health and substance abuse disorders.³ These patients typically need individualized assistance and intensive support to effectively utilize Medicaid, Department of Social and Health Services (DSHS) benefits and other resources. This unique approach to serving people creates direct linkages, collaboration and service integration between behavioral health, physical health, dental health and social service providers instead of requiring the patient to piece a fragmented system together to meet their complex needs.

² The National Association of Community Health Centers, Inc., The Impact of Community Health Centers and Community-Affiliated Health Plans on Emergency Department Use, Choudry, Lina, Douglass, Mackenzie, et al, April 2007

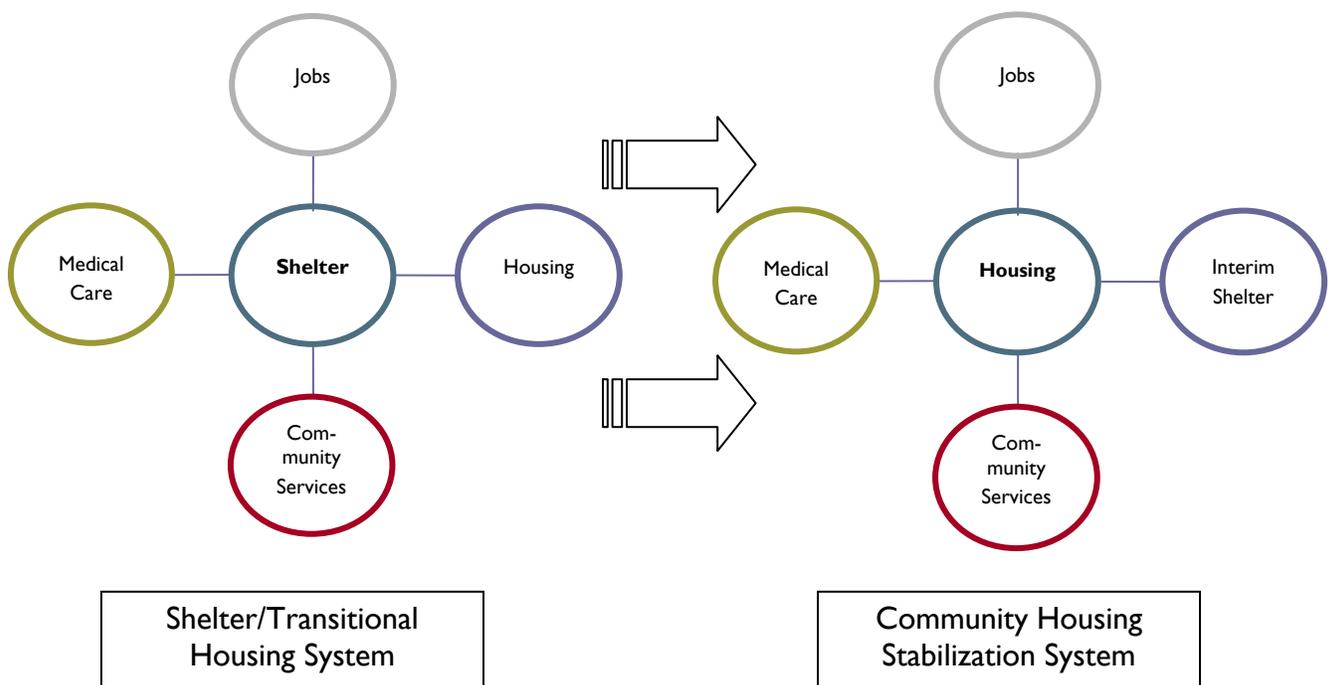
³ ibid

Statistics have shown that when patients have an established person-centered medical home, they are more likely to improve their health status by managing their conditions, preventing new conditions and maintaining their housing stability.⁴ This model also results in greater cost efficiencies among all services.⁵

Additional action steps required by the HEARTH Act include:

- Sustaining and increasing homeless prevention and shelter diversion programs;
- Streamlining the screening process for each type of assistance so households are referred to the most appropriate program type;
- Rapidly re-housing households into private sector housing;
- Having a housing first focus; and
- Shifting resources to programs that are meeting outcomes and finding efficiencies.

**Figure 2
HEARTH Act Paradigm Shift**

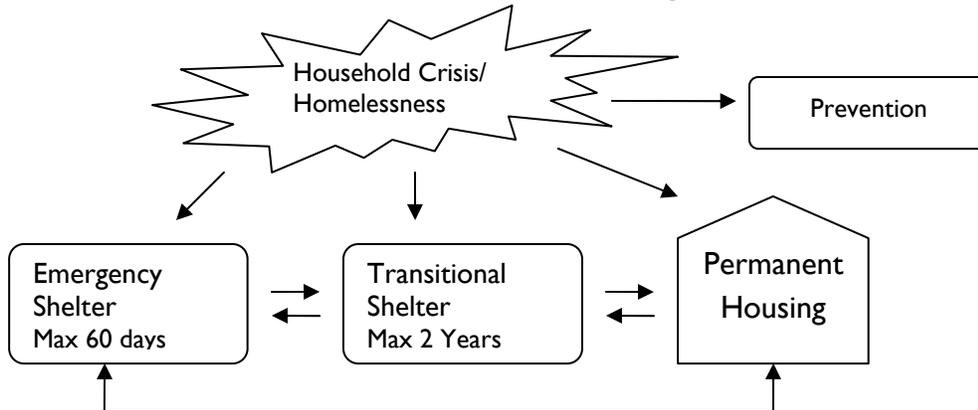


The paradigm shift from shelter/transitional housing focused homeless systems to housing-focused homeless systems, as defined by the HEARTH Act, proposes new system level performance goals. When communities meet the defined goals they are identified as “High Performing Communities” and will be eligible to receive bonus funds through the Continuum of Care process, when available.

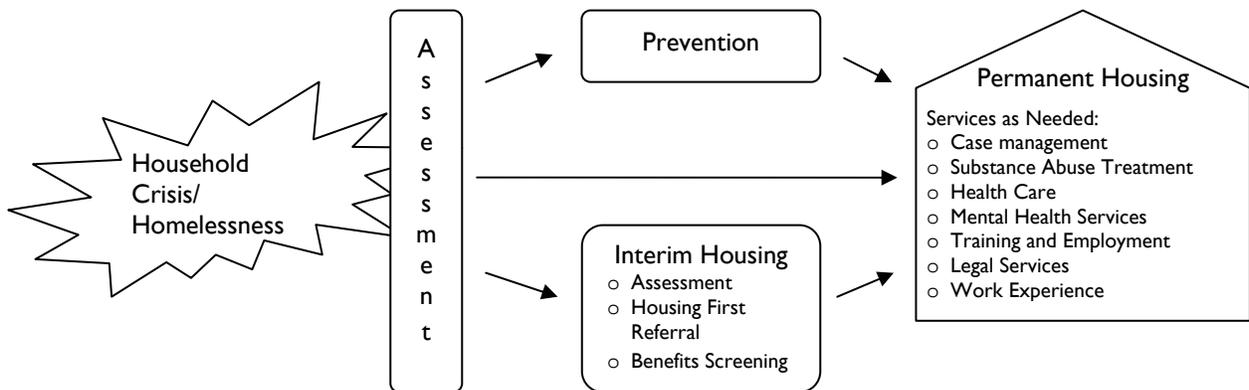
⁴ Starfield B and Shi L. “The Medical Home, Access to Care, and Insurance: A Review of Evidence.” May 2004 *Pediatrics* 113(5):1493-8.

⁵ The National Association of Community Health Centers, Inc., *Community Health Centers, the Local Prescription for Better Quality and Lower Costs*, March 2011, page 9.

**Figure 3
Current Clark County Shelter Model**



**Figure 4
Getting Housed, Staying Housed Model**



HEARTH Act Performance Goals:

- Average length of homeless episode is less than 20 days;
- Less than 5 percent of individuals/families who were homeless within the past two years become homeless again;
- Number of newly homeless is 10 percent lower than the previous year;
- Length of stay in shelters is less than 14 days or 10 percent less than the previous year; and
- Job and income growth for people who are homeless.

In Clark County, baseline figures for each of these performance measures are being identified and action steps within each strategy have been created to move toward achieving these measures.

Causes of Homelessness

Since 2008, the United States has been entrenched in one of the longest spans of economic instability since the post-war period. Nationwide, unemployment is skyrocketing, demand for safety net programs is unprecedented and home foreclosures are at an all time high.

Lack of Affordable Housing

Mortgage foreclosure rates in Clark County ranked first out of Washington's 39 counties in each of the first six months of 2009 and continued to be in the top ten during 2010.⁶ More individuals and families are losing their homes and being forced to double up with friends and families, others are spending exorbitantly high percentages of their income to keep their housing and making hard choices when their income is not sufficient to meet their basic living needs. These choices may include: fewer meals, no health care, overcrowded housing or eviction. Tough choices, coupled with a lack of affordable housing, force residents with low incomes to pay a larger percentage of their income toward housing costs than people earning higher incomes. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at an increased risk for homelessness.

According to the 2010 Annual Homeless Assessment Report (AHAR) to Congress by the U.S. Department of Housing and Urban Development (HUD), it is estimated that 649,917 people were homeless (sheltered and unsheltered) in the United States on any given night.⁷ People staying in homeless shelters represent only a portion of the homeless population. Other marginally housed people may be staying in substandard housing, cars or are temporarily doubled-up 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, 14.5 percent of single adults nationwide came from public systems and institutional settings, including psychiatric facilities, substance abuse treatment centers, hospitals, jails and foster care.⁸

Table I
Number of Persons who are Homeless Based on the Population

Population	Clark County		Washington State	
	2005	2010	2005	2010
General	400,722	425,363	6,287,759	6,724,540
Homeless	1,578	837	22,827	20,346
Homeless per 10,000	39	20	36	30

Source: American Community Survey, WA State Summary by Population, 2005, 2010
 American Community Survey, County Summary by Population, 2005, 2010
 WA Department of Commerce State PIT Results, 2005, 2010
 Council for the Homeless Clark County Point in Time County Results 2005, 2010

⁶ AP Economic Stress Index, Clark County WA, 2010, 2011 http://hosted.ap.org/specials/interactives/_national/stress_index/

⁷ Annual Homeless Assessment Report to Congress (AHAR), US Department of Housing and Urban Development, Office of Community Planning and Development, June 2011.

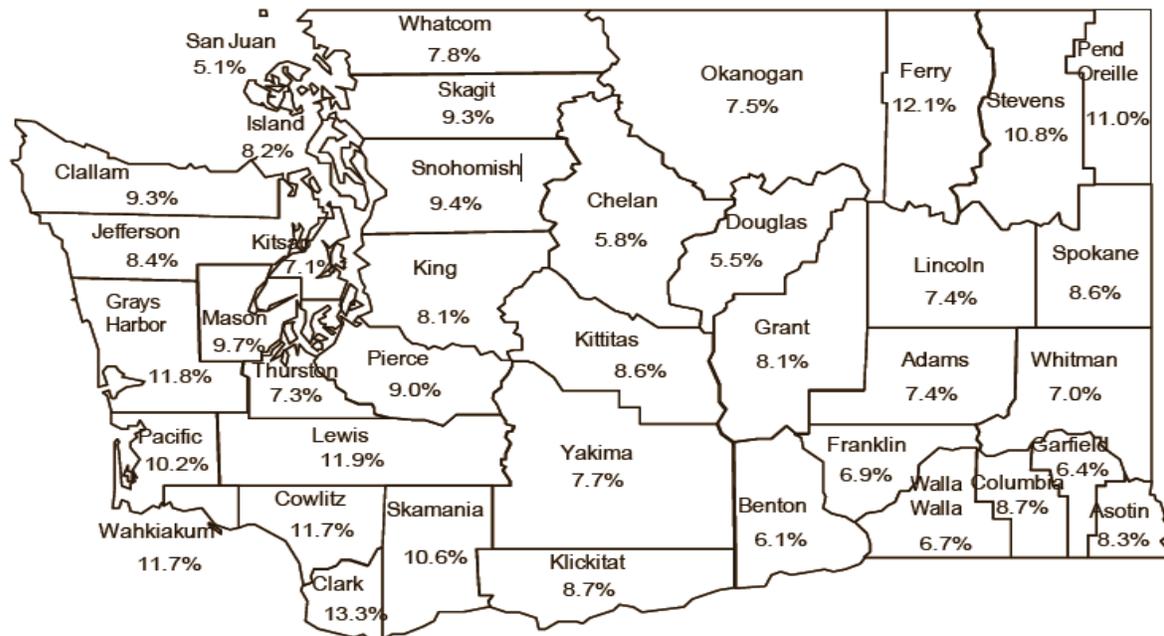
⁸ Ibid.

People with low incomes typically need to make challenging choices between paying for health care, prescriptions, housing, food and other necessities. In 2011, approximately 49 percent of students in the Vancouver and Evergreen school districts are eligible for free or fee-reduced school lunches, an increase of 19 percent from 2007, indicating children are at an increasingly high risk of going hungry outside of school. Share, a local non-profit shelter and service provider, serves an average of 250 meals per day to people who are hungry (88,156 meals in 2011). In addition, area food banks gave food to approximately 9,000 households each month.

Stagnant and Declining Wages

Homelessness extends far beyond affordable housing; livable wage jobs and services to support those looking for jobs are essential. Unfortunately, the national economic downturn has had a significant impact on Clark County's economy, leading to the third highest level of unemployment in Washington State at 12.9 percent in 2009⁹ and the highest level numerous times in 2010. Employers are also reducing employee work hours and wages. The service industry is the predominant sector in the County, which means those losing hours are most likely already earning below a livable wage.

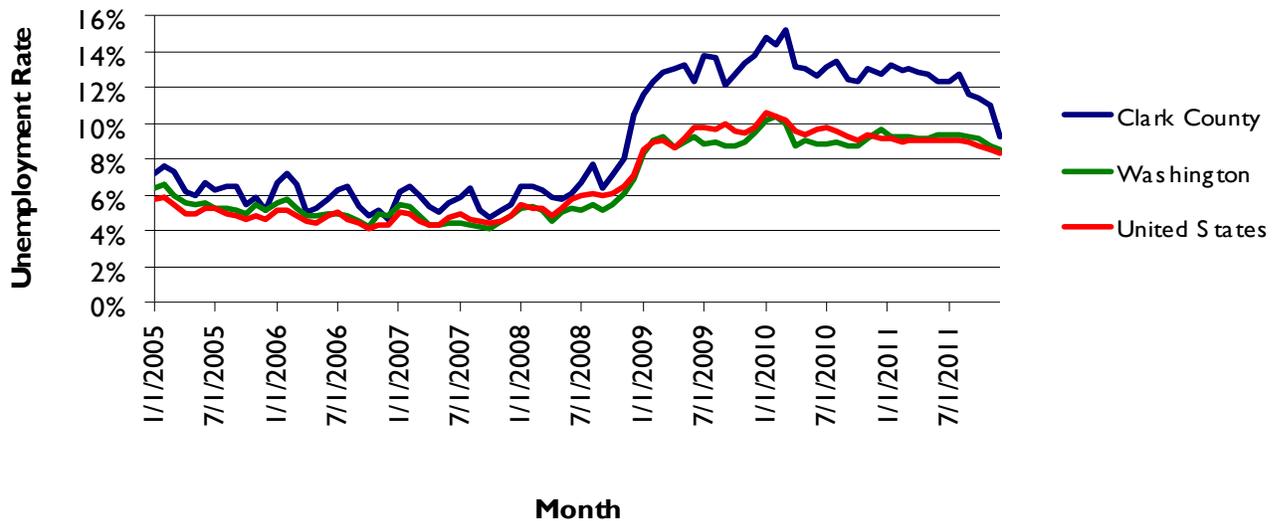
Figure 5
Unemployment Rates by County
 Not seasonally adjusted, July 2010



Source: Washington State Employment Security Department
 Washington's statewide unemployment rate in July: 8.9% (down from 9.0% in June 2010)
 U.S.: 9.5% (no change from June 2010)

⁹ Washington State Employment Security Department

Chart I
Unemployment Rate (Not Seasonably Adjusted): 2005-2010



Source: Washington State Employment Security Department, January, 2012

The median household income in Clark County was \$50,199 in 2009¹⁰, the lowest median income on record through the entire decade and 25 percent less than in 2006.¹¹ In addition, the per capita income in the Portland metropolitan area decreased by three percent to \$38,728 per person in 2009.¹²

From 2000 to 2010, the population of Clark County, Washington grew by 26 percent to reach 435,600¹³ persons. More than 165,500 people live in Vancouver, the largest city in the County. Approximately 56,285 people live in the cities of Camas, Battle Ground, Washougal, La Center, Ridgefield and the town of Yaoclt, while nearly half of the County’s population lives in unincorporated areas.¹⁴ Clark County has the second highest population density in Washington, after King County, and Vancouver is the fourth largest city.

From 2004 to 2009, the labor force in the County increased by 11 percent to a total of 218,170 workers. However, the number of workers employed increased by only 9,500. The five largest private employers in the County in 2010 were Southwest Washington Medical Center, Fred Meyer, WaferTech, Wells-Fargo & Co. and SEH America.¹⁵

¹⁰ Clark County Census 2000 Quick Facts Available online: <http://gis.clark.wa.gov/applications/gishome/publications/?pid=quickfacts>

¹¹ ibid

¹² The Columbian, Per capita income down 3% in Portland-Vancouver, The Associated Press, August, 12, 2010

¹³ Clark County Public Health Report Available online: <http://www.clark.wa.gov/public-health/reports/documents/CCDemogSheet2009July2009update2.pdf>

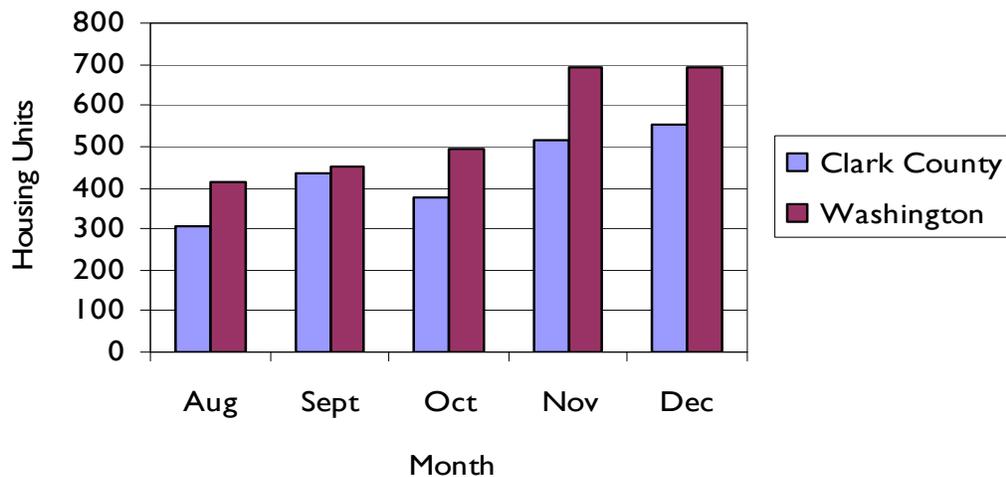
¹⁴ Office of financial management- Official April 1 Population Estimates. Available online: <http://www.ofm.wa.gov/pop/april1/finalpop2009.xls>

¹⁵ Columbia River Economic Development Council Available online: <http://www.credc.org/index2.php?sec=business&page=infocenter>

The Link Between Rising Housing Costs and Poverty

In 2009, Clark County experienced increased poverty rates, in part due to a 12.9 percent unemployment rate and a continued lack of living wage jobs. The percentage of people below the poverty level was 11.9 percent.¹⁶ From 2005-2007, home prices skyrocketed only to decrease by 21 percent the following two years. This decrease left many households in situations where they owed more money on their house than it was worth. As a result, households were unable to sell because they would not be able to pay off their mortgage once the house was sold at a depreciated price. This has led to a marked increase in the number of foreclosures. In July 2010, one of every 305 homes was in foreclosure, making Clark County's foreclosure rate third among all of Washington's 39 counties, up from the fourth-highest rate in July. Only Lewis and Snohomish counties had higher rates.¹⁷ During a five month period from August through December 2010 the Foreclosure Action ratio to Housing Unit has increased, meaning in both Clark County and Washington State the number of foreclosures has decreased, but still remains high. This is particularly true in Clark County which lagged behind Washington State in the number of Foreclosure Actions to Housing Units during the past six months.¹⁸

Chart 2
Foreclosure Actions to Housing Units: August-December 2010



Source: RealtyTrac, Clark County Foreclosure Activity Information, California, August-December 2010

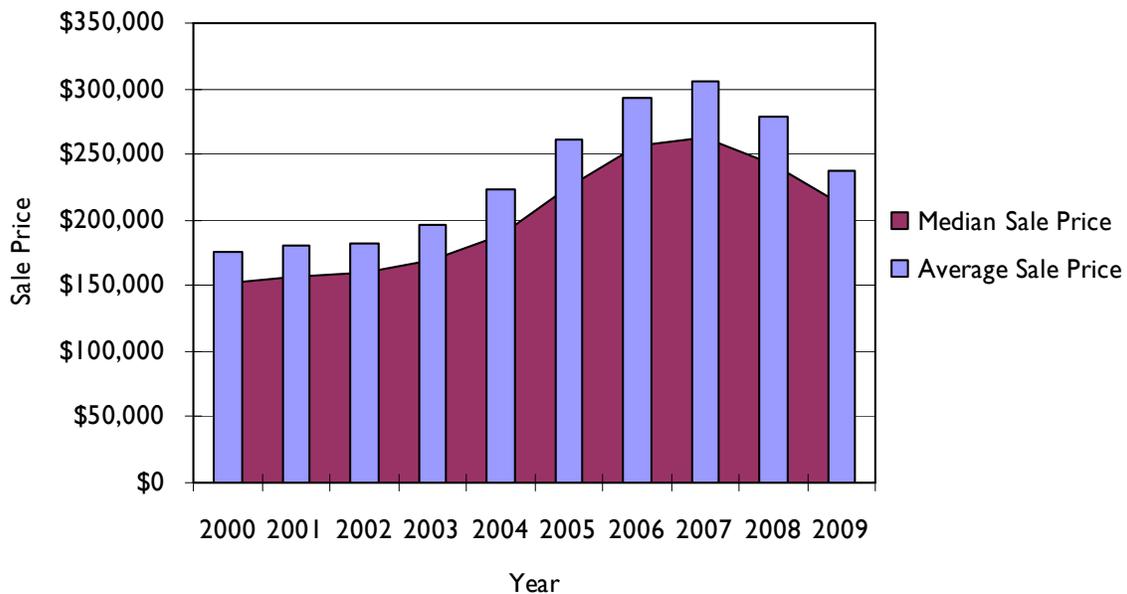
Residential home sale prices in Clark County have dipped in both median and average sale prices to almost 2004 levels. This means selling a home is difficult, and selling a home without equity is even more challenging because purchase prices were so inflated.

¹⁶ U.S. Census Bureau, 2009, American Community Survey, Compiled by Coalition on Human Needs
http://chn.org/pdf/2010/ACSpov_allcounties2009.pdf

¹⁷ RealtyTrac, Clark County Foreclosure Activity Information, California,

¹⁸ *ibid*

**Chart 3
Residential Home Sales Prices in Clark County: 2000-2009**



Source: Vancouver WA, Real Estate Market Statistics
http://www.vancouverclarkcountyhomes.com/current_market_Vancouver_Wa.htm

Housing is considered affordable if a household is paying no more than 30 percent of their income on rent or mortgage and utilities. If a household is paying more than 30 percent of their overall income toward rent or mortgage and utilities they are considered to be rent or mortgage burdened and may be at-risk of homelessness.

**Table 2
Clark County 2010 Housing Cost Burden**

2010 Clark County Rent Burden		2010 Clark County Mortgage Burden	
Percent of Households Income spent on Rent	Percent of Renters	Percent of Households Income spent on Rent	Percent of Renters
35% or more	42.5%	35% or more	28.9%
30%-34.9%	9.2%	30%-34.9%	8.9%
25%-29.9%	11.6%	25%-29.9%	12.4%
19.9%-24.9%	12.7%	19.9%-24.9%	16.0%
Less than 19.9% or less	24.1%	Less than 19.9%	33.8%

Source: American Community Survey 2010, 3-year estimates, DP04

In 2010, housing units in Clark County were predominately owner-occupied (65.9%) compared to renter-occupied (34.1%). The owner-occupied rate is approximately two percent less than the rate in 2005, illustrating an increase in renter-occupied units.¹⁹ Although the costs of

¹⁹ American Community Survey, 2010 3-year estimates, DP04

homeownership have decreased, rental costs are on the rise. Fair Market Rent (FMR) in 2011 was \$675 for a studio, \$783 for a 1-bedroom and \$905 for a 2-bedroom apartment. Even in the midst of an economic depression, FMRs have increased 20 percent from 2006, when they were \$539 for a studio, \$625 for a one-bedroom, and \$723 for a two-bedroom apartment.²⁰

Housing costs take up a disproportionate amount of wages for people who are earning low incomes in Clark County. Since 2007, the Washington State minimum wage has increased by .74 cents to \$8.67²¹ in 2010. Someone earning minimum wage, working full-time, would only be able to afford housing costs of \$451 per month. This is \$224 less than FMR for an apartment without a separate bedroom. The housing wage as a percentage of the minimum wage for a one-bedroom apartment is approximately 173 percent.

In order to afford a two-bedroom unit at FMR, a household would need to earn over \$36,000 per year or almost \$17.31 per hour working full-time. A person working a full-time, minimum wage job would need to work nearly 80 hours per week to afford a two-bedroom unit at FMR. The living wage needed for someone renting a two-bedroom apartment has risen over three dollars from 2007. The 2009 American Community Survey (ACS), a national study conducted by the U.S. Census Bureau, determined that many renters experiencing rising rents and lower incomes also appear to be doubling up with friends or family members.

Declining Housing Subsidies

Many people earning low incomes turn to housing assistance providers to help bridge the gap between the amount they can afford and the rising housing costs in Clark County. Providers of housing assistance, including non-profits, community-based organizations and the Vancouver Housing Authority, provide assistance through various programs, such as facility-based units and rental assistance. However, many of these programs have extensive wait times before a person can get assistance; there is far more demand for assistance than the existing funding can meet. For example, in 2010, the estimated wait for a household on the Section 8 Housing Choice Voucher waiting list through the Vancouver Housing Authority, was between four and five years.²² The Section 8 waiting list has been closed to new households for over three years.

Factors of Homelessness

Factors Associated with Homelessness in Clark County

In a 2010 report using self-reported client data from the Homeless Management Information System (HMIS) for Clark County, a multivariate analysis of the factors associated with homelessness and “returning clients” was conducted.²³

The report noted that males and those with methamphetamine, cocaine, marijuana, and other drug addictions had a significantly greater extent of prior homelessness, as did clients who had physical and mental health disabilities. It is important to note, however, that the structure of the

²⁰ U.S. Department of Housing and Urban Development, *Fair Market Rents*. Available online: <http://www.huduser.org/datasets/fmr.html>

²¹ Washington Department of Labor and Industries, *Minimum Wage*. Available online: <http://www.lni.wa.gov/WorkplaceRights/Wages/Minimum/History/default.asp>

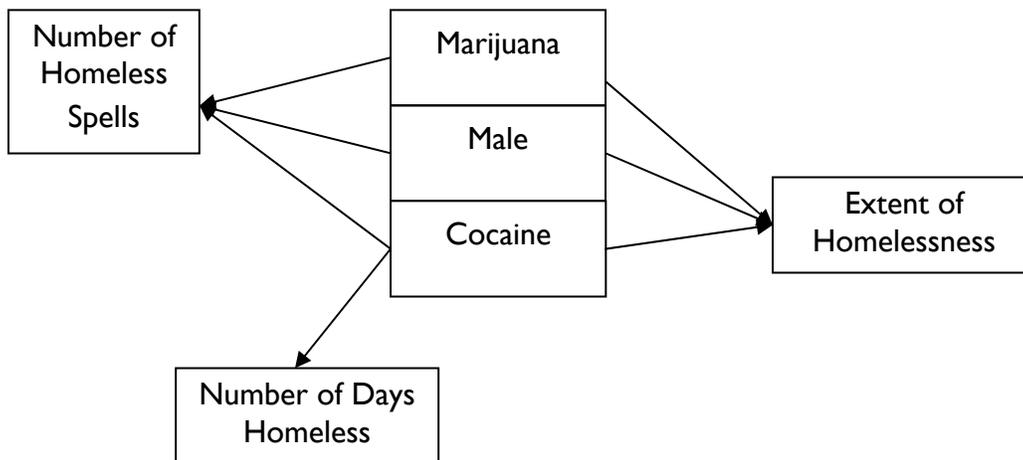
²² Vancouver Housing Authority, *How to Apply*. Available online: http://www.vhousa.com/housing/how_to_apply.html.

²³ Factors Associated with Homelessness and Returning Clients in Clark County, Washington 2008-2009, Mosher, Clayton, Washington State University Vancouver, October, 2010

HMIS data does not allow for a determination of whether the addictions preceded homelessness or whether experiencing homelessness led to substance abuse problems (the same caveat applies to the analyses of spells of homelessness and number of days homeless referenced below).

The analyses also revealed that clients who reported cocaine, marijuana and alcohol addictions experienced a greater number of spells of homelessness (defined as the number of times the client returned to access resources in Clark County’s homeless system). With respect to the number of days homeless, those with a self-reported addiction to cocaine were homeless for a greater number of days, while males and those with no reported income (in the previous 30-day period) experienced fewer days of homelessness over the study period.

Figure 6
Significant Factors Associated with Homelessness in Clark County



Source: *Factors Associated with Homelessness and Returning Clients in Clark County, Washington 2008-2009*, Mosher, Clayton, Washington State University Vancouver, October, 2010

Additional factors that cause or compound homelessness 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 individuals experiencing domestic violence few choices and many will stay in unsafe situations for lack of other options. Youth and young adults may become homeless when they run away from home, leave family situations that are abusive or dysfunctional, or are ordered by parents to leave. In 2011, the Clark County domestic violence shelter provided 9,200 bednights to 787 households. In Clark County’s 2011 Point-in-Time Count, 158 people (19%) described themselves as survivors of domestic violence. This number is highly underreported which is well-illustrated by the 1,362 households turned away from the Clark County domestic violence shelter in 2010.

Mental Health, Substance Abuse and Physical Health: Availability of services for folks who receive Medicaid has actually increased over the past few years because our system is funded based on

the number of Medicaid-eligibles in our community. As the recession hit and people lost their jobs, more and more individuals qualified for Medicaid, which increased our Medicaid funding (regardless of how many of those people on Medicaid actually requested/received services). Folks who don't fit in the Medicaid system have fewer and fewer resources as non-Medicaid funding streams continue to shrink as state and local budgets continue to be cut. Availability of mental health and alcohol and drug services have greatly diminished for individuals who are low-income in recent years, despite a strong demand for services. People with mental illness who lack supportive services often have difficulty maintaining their housing. Statistically, people who are homeless suffer from high rates of mental and physical health problems perpetuated by living on the streets and in shelters.²⁴ The lack of residential stability also 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. People who are homeless often lack access to, or resources to pay for, preventive care and wait until a costly trip to the emergency room is a matter of life or death. Additionally, when people who are homeless become ill, they often do not receive timely treatment.

Substance abuse is also a significant contributor to homelessness because of the impact on every facet of an individual's life, including health, family, finances and the ability to retain and maintain employment. Any Substance abuse treatment, regardless of an individual's type of insurance, or lack thereof, has become increasingly challenging to access due to greatly reduced state and federal funds. Clark County ranks 13th of the 39 counties in Washington for adults at or below 200 percent of the federal poverty level that need substance abuse treatment.²⁵ In Clark County's 2010 Point-in-Time Count, 99 people (9%) reported that they experienced alcohol and/or other drug problems.

In 2010, a reported 40,000 people in Washington lost Basic Health coverage over the previous two years, and the Washington Basic Health Plan had been cut by 43 percent compared to 2007 levels of care.²⁶ As of September 2, 2010, there were 8,932 persons on the Basic Health waitlist in Clark County alone.²⁷ As the State of Washington continues to balance their budget by cutting programs, and the Federal government reduces the amount of funds provided to fill in state budget holes, individuals will continue to struggle to find the physical healthcare, substance abuse treatment and mental health care they need.

In addition to chronic health problems and substance abuse challenges, approximately half of people who are homeless suffer from mental health issues. At any given point in time, 45 percent of people who are homeless 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 homeless population has a serious mental illness, including such diagnoses as chronic depression, bipolar disorder, schizophrenia, schizoaffective disorder and

²⁴ National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007

²⁵ Washington State Department of Social and Health Services 2003 Needs Assessment Household Survey, Clark County Profile, March 2005, Report 4.52-6

²⁶ Recent waitlist numbers from Preston Cody, Director of Basic Health Program, Washington State Health Care Authority, September 2, 2010.

²⁷ *ibid*

severe personality disorders.²⁸ According to Clark County's Department of Community Services, close to nine percent of the 7,477 consumers of mental health services in the County described themselves as homeless. In Clark County's 2011 Point-in-Time Count, 112 people (13%) described themselves as mentally disabled. During a 2009 three month period, 6.6 percent of individuals accessing mental health services indicated they were homeless at intake. A 2010 study by the Department of Housing and Urban Development (HUD) found that homeless systems should proactively identify individuals with severe mental illness in emergency shelters who would benefit from permanent supportive housing before they experience long-term homelessness.²⁹ This proactive approach would reduce costly utilization of the homeless system and unnecessary trauma to the individual.

Clark County and multiple partners including insurance providers, primary care providers, social service provider and hospital systems are currently undergoing a Systems Integration planning process to create medical health care homes to provide more effective and efficient care to those who are most vulnerable in the community. This model will create environments where individuals can access the services needed to address current needs and prevent future challenges.

Medical Fragility: Often, after being fully treated at a hospital or emergency setting, individuals remain medically fragile and require care that cannot be attained when living on the street, in shelter or in other precariously housed situations. According to a report in the New England Journal of Medicine, people who are homeless spend an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness. Best practices to support this population and reduce costs, focus on creating an acute care facility staffed by medical professionals and social service staff. Once there, consumers are provided preventive care to reduce health risks and case management to access the most stable housing option and connect with a primary care provider. At the end of their stay, individuals leave without their health being at serious risk and with a much lower chance of re-entering an emergency department.

HIV/AIDS: Individuals living with HIV or AIDS are deemed to be at high risk for housing instability or homelessness. During the 2010 Point-in-Time Count, seven people with HIV or AIDS were identified to be living in transitional housing. Clark County Public Health holds four housing choice vouchers to serve this population and coordinates a strong case management and outreach program. The number of people living with HIV or AIDS in the community is most likely underreported because of HIPAA laws restricting access to health information, those who choose not to disclose and those who are unaware of their positive status.

Physical Disability: Long-term health issues or physical disabilities without, or even with, insurance or other financial resources can lead to bankruptcy and homelessness. In Clark County's 2010 Point-in-Time Count, 162 people (19%) described themselves as physically disabled.

²⁸ National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007

²⁹ Abt Associates, et al, *Costs Associated With First-Time Homelessness For Families and Individuals*, U.S. Department of Housing and Urban Development, March 23, 2010, ES-13

Generational Poverty: Research indicates the longer people are in poverty, the less likely they are to escape it.³⁰ The Economic Mobility Project's comprehensive study found 42 percent of Americans born into a household that is low-income have a higher likelihood of remaining low-income than those born into other income classes.³¹ A 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. Twenty-five percent of people who were consistently low-income before age 17 were still low-income at age 25 to 27.³²

Loss of System Support: It is common for people transitioning out of systems of care such as jails, prisons, hospitals, foster care, mental health or substance abuse treatment facilities to not have a home. They often face many challenges in finding work and a place to live because of numerous reasons including: criminal backgrounds, lack of funds, lack of positive references and poor or no credit. In addition, systems of care are often highly structured environments leaving little room for individuality and privacy. This makes transitioning into a traditional apartment living environment much more challenging, especially for youth who have never lived on their own or those who have spent considerable time in community style systems of care. Local efforts include: youth oriented programs for those transitioning out of foster care, group living environment for people transitioning out of mental health treatment facilities and Oxford recovery houses for people transitioning out of substance abuse treatment. In addition, re-entry programs have been created specifically for people being released from jail or prison to help reintegrate them back into society through stable housing and intensive case management,

Lack of Income: Unemployment leads to a lack of income, but many also find themselves homeless with part-time or full-time jobs. Those who are underemployed or working part-time involuntarily have a challenging time meeting their needs. Even those who work full-time in jobs that are not living-wage find themselves dealing with homelessness. This is because jobs that are not living-wage do not provide enough income for someone to pay for a fair market apartment, utilities and other necessities such as hygiene items and food. A lack of living-wage jobs makes it hard for households to sustain stable housing and meet their needs. The Workforce Development Council of Washington State developed a Self-Sufficiency Calculator³³ (this link will take you away from this plan) to help households assess the amount of income they need and connect with resources that can help with income support, budgeting and planning.

Emerging and Diverging Populations

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

³⁰ Economic Mobility Project, *Renewing the American Dream: A roadmap to enhancing economic mobility in America*, Burkhauser, Richard, Kusters, Marbin, Haskins, Ron et. al, page 3, November 2009

³¹ *ibid*

³² John Iceland, *Poverty in America*, University of California Press, 2003, page 49-51.

³³ Workforce Development Council of Washington Self-Sufficiency Calculator, <http://www.thecalculator.org/>

Table 3
Characteristics of Emergency Shelter Clients: 2008 and 2009

Male 47%	Female 53%
Male Average Age 44	Female Average Age 38
Veteran 13%	Illegal Drug Addiction 38%
Single Adult 43%	Drug of Choice:
Experienced Domestic Violence 25%	Methamphetamines 15%
Physical Disability 26%	Cocaine 7%
Mental Disability 28%	Marijuana 9%
Alcohol Addiction 22%	Other Drug 8%

* Individuals can choose one or more characteristic by self-report

Source: *Factors Associated with Homelessness and Returning Clients in Clark County, Washington 2008-2009*, Mosher, Clayton, Washington State University Vancouver, October, 2010

Chronically Homeless: Advocacy and federal funding arenas continue to place a strong emphasis on ending homelessness for individuals who are chronically homeless. Numerous evidence-based practices have reinforced the need to serve this population through untraditional programs. The Department of Housing and Urban Development (HUD) defines those who are chronically homeless as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."³⁴ People who are chronically homeless often have serious and persistent mental health and/or substance abuse challenges. Historically, this population has utilized a large number of emergency services at a very high cost and has a low rate of housing stability. Few people in this chronic group are likely to generate significant earnings through wages. While they may have some income from wages and/or public benefits, they will require long-term subsidies for both housing and other services because of their disabilities.³⁵ A 2006 study indicated this population will become medically frail in the next 10 to 15 years and face complex medical needs, which without supportive housing, will require more costly and restrictive institutional or nursing home care settings as the only alternatives.³⁶ The same study suggests younger generations do not have such a robust chronically homeless population, meaning a reduction in the number of people who are chronically homeless in the community should be sustained.

Research reveals that 10 to 20 percent of single adults who are homeless are chronically homeless.³⁷ Applied to a national 2010 estimate of 1.6 million people who are homeless, there is thought to be approximately 123,790 people who are chronically homeless in the nation.³⁸ In

³⁴ Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019. This definition is shared by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs.

³⁵ National Alliance to End Homelessness, *Homelessness Policy Focus Areas*, February 2007.

³⁶ Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine*, 21(7), 775–778.

³⁷ National Alliance to End Homelessness, Fact Sheet: Chronic Homelessness, January 2010, <http://www.endhomelessness.org/content/article/detail/1623>

³⁸ United States Interagency on Homelessness, *Opening Doors: Federal Strategic Plan to End Homelessness*, http://www.ich.gov/PDF/OpeningDoors_2010_FSPPPreventEndHomeless.pdf, page 12

Clark County's 2010 Point-in-Time Count, 69 people (8%) were considered chronically homeless.

At-Risk of Homelessness: According to HUD, households are considered at-risk of homelessness if they are paying a high percentage of their income for housing (typically 50 percent or more) and/or 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 are more than 1.01 persons per room (including living room, dining room, etc). These households are commonly dealing with other overarching factors such as unemployment, underemployment, high or unexpected expenses, a lack of transportation, being new to the area, language barriers, high medical needs or a fixed income. In many of these households, one additional factor could trigger homelessness within days without some type of prevention assistance. Providing the minimal amount of assistance required to stabilize a household and providing information about the resources available in the community should another crisis arise, is the focus of prevention assistance.

Youth: Regionally, the number of unaccompanied youth (ages 16-24) who are homeless is increasing. The number of children in families without adequate housing is also on the rise. Youth just graduating from high school or aging out of foster care are facing bigger challenges with accessing decent housing, living wage jobs and finding opportunities to further their education. There is a concerted effort to meet the needs of youth aging out of foster care who may need extra support to achieve stability in their next steps. This effort means programs that serve youth, and the homeless system as a whole, need to continue moving to provide person-centered, strengths based approaches with flexible funding and outreach to those who are disenchanted with the current system. In 2010, Family Unification Program (FUP) housing vouchers through the Vancouver Housing Authority (VHA) have already proven to be beneficial for youth-led households; however, the need greatly overshadows the resources.

**Table 4
Number of Clark County Duplicated
Unaccompanied Youth who are Homeless: 2011**

Programs Serving Homeless Youth	
Yellow Brick Rd WA/The Perch**	6,619
The Nest	37
The PATH (HPRP)	102
Oak Grove Youth Shelter	266
Oak Bridge Youth Shelter	146
CRMHS Options Program	27
YWCA-Independent Living Skills Program	25
Total	2,238

All data provided is duplicated between programs

**Data is duplicated within programs

Table 5
Homeless Student Population in Clark County Schools: January, 2012

School Districts	Homeless Youth
Battle Ground School District	95
Evergreen School District	293
Vancouver School District	234
Total	622

Aging Populations: A proactive approach to meeting the needs of the aging population is imperative as we seek to eradicate chronic homelessness. National trends indicate homelessness is increasing among elderly adults and the numbers are projected to rise 33 percent by 2020.³⁹ The root of the problem points to a lack of affordable housing and people struggling to manage their money. Elderly adults with fixed incomes are being forced to choose between housing costs and other basic needs, such as food or prescriptions. Similar to the national trend, Clark County’s population of residents age 60 or older will nearly double by 2025.⁴⁰ The vast majority would like to age in place; staying in their own home and community.⁴¹ In 2010-2011, Clark County Community Planning Department held community workshops to help put together an Aging Readiness Plan⁴² to expand Clark County’s capacity to serve as a home for people who are aging. A number of strategies from the Aging Readiness Plan have been incorporated into the 10-year Homeless Plan. These include: developing a shared housing program, support a centralized information and referral program and encourage and support diverse communication services.

Veterans: The 2010 American Community Survey estimated there are 36,370 veterans in Clark County, of which seven percent are women. Of those veterans in Clark County, 1,392 or 4.9 percent were below the poverty line.⁴³ The majority of those veterans living below poverty are 55 or older. As veterans age they find themselves susceptible to national aging population trends showing homelessness is increasing.

³⁹ National Alliance to End Homelessness, *Demographics of Homelessness Series: The Rising Elderly Population*, April 2010

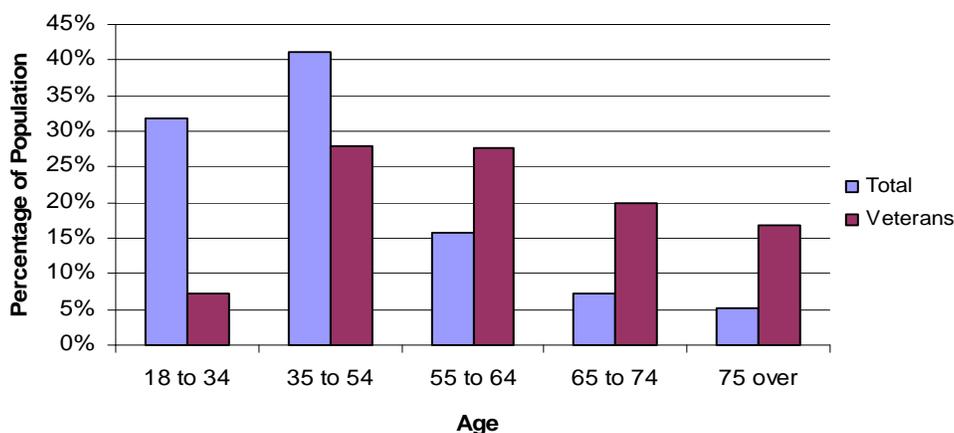
⁴⁰ The Columbian, *New Clark County task force will suggest strategies to deal with the myriad of issues*, Columbian Staff, May 21, 2010

⁴¹ *ibid*

⁴² Clark County Community Planning, *Aging Readiness Planning*, <http://www.co.clark.wa.us/planning/aging/index.html>

⁴³ American Community Survey, 3-year estimate, 2010, Sex by Veteran Status, by Poverty Status for the Civilian Population 18 Years and Older

Chart 4
Clark County General Population vs. Veteran Population: 2010



Source: American Community Survey, 3-year estimate, 2010, Sex by Age, by Veterans Status for the Civilian Population 18 Years and Older

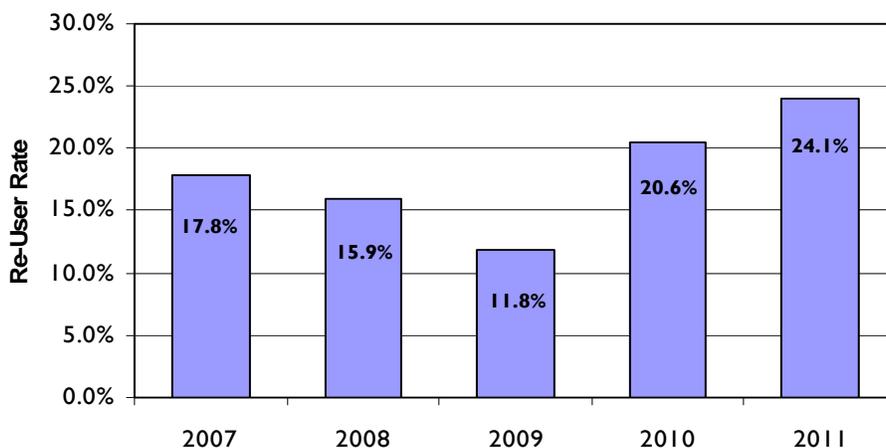
As veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are merging into civilian life. As the economy continues to slump, the needs of veterans are high for both housing and supportive services. When addressing the needs of people without homes through a person-centered approach, it must be remembered that certain veterans have unique entitlements they may not always know they are eligible to access.

In addition, best practices indicate veteran-to-veteran services are effective in helping people move toward self-sufficiency. It is most appropriate to ask if someone was in the armed forces rather than if they are a veteran when screening for services. Added to this plan is a renewed and advanced commitment to create new partnerships with the Veterans Administration and their efforts to end veteran homelessness by 2015, as specified in the [Federal Strategic Plan to Prevent and End Homelessness](#) (this link will take you away from the plan). The veteran homelessness plan seeks to give maximum opportunities for our veterans of foreign wars to reintegrate into their home communities in a stable, safe and welcoming way. Locally, the efforts to mirror the federal goals have already proven beneficial to local veterans through the Veterans Affairs Supportive Housing (VASH) voucher program and the local Veteran’s Assistance Fund offering emergency assistance, and referral services. New programs include the Veteran Women Program and Homeward Bound which are federally-funded grant programs serving women veterans and veterans with children who are homeless.

Repeat Consumers of the Homeless System: The HEARTH Act is defining “high performing communities” as those where fewer than five percent become homeless again after exiting the homeless system in the following two years, or the percentage who leave homelessness and become homeless again in the following two years decreases by 20 percent from the preceding year. These are challenging statistics for any community to achieve, particularly those communities with a large number of emergency shelters and not enough long-term housing options. In order to reduce the number of repeat households in shelters, homeless system

services must be well coordinated and aligned so households enter into housing as quickly as possible. Housing stability is achieved with the help of case management and direct connections to other systems, such as mental and physical health and a community of support.⁴⁴

Chart 5
Clark County Emergency Shelter Re-User Rates: 2007-2011



Source: Council for the Homeless, HMIS System, 2007-2011

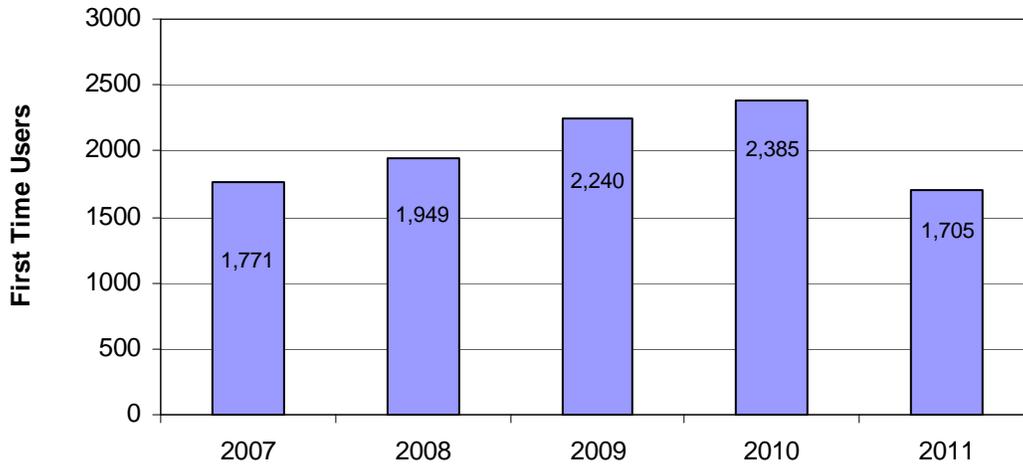
Chart 5 illustrates the percentage of adult individuals who exited an emergency shelter during the previous year and re-entered shelter in the identified year. The 10-Year Plan strategies highlight many action steps that have been identified nationally as best practices to decrease shelter re-user rates.

Homeless for the First Time: Beginning in 2008, a new face of homelessness began to appear. Individuals and families who may have had stable employment, but are now facing unemployment or underemployment through no fault of their own are entering the homeless system. These are families who are not on public assistance, may not be grappling with substance abuse and have led comfortable, often middle class, existences until the economic slump began. These households are unfamiliar with the resources and unaware of where to go and what to do to access help. Research has shown the majority of these households need assistance for short periods of time and do not require the costly intensive services people who are chronically homeless may need.⁴⁵

⁴⁴ Ten Essentials Toolkit, National Alliance to End Homelessness, August 15, 2003.

⁴⁵ Abt Associates, et al, Costs Associated With First-Time Homelessness For Families and Individuals, U.S. Department of Housing and Urban Development, March 23, 2010, ES-15

Chart 6
Clark County First Time Homeless System Users: 2007-2011



Source: Council for the Homeless, HMIS System, 2007-2011

The chart above represents individuals who were entered for the first time into HMIS as being homeless during the corresponding year. These individuals were not necessarily provided with housing, they may be only seeking services.

OVERVIEW OF THE HOMELESS SYSTEM IN CLARK COUNTY

The Cost of Homelessness

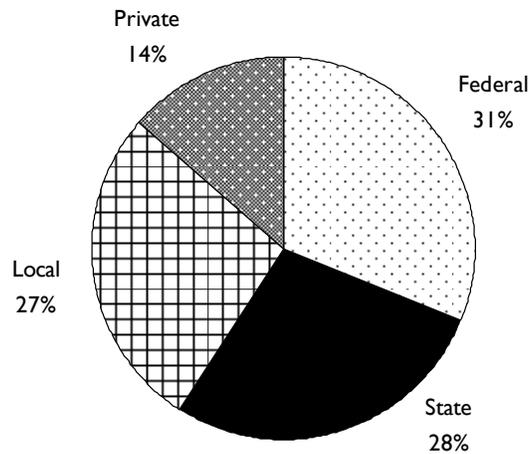
According to the State of Washington, over \$102 million in direct costs per year (including the local government's share) is spent on programs dedicated to directly serving persons who are homeless in Washington State.

Table 6
Annual Funds Dedicated to Serving People who are Homeless and Preventing Homelessness in WA State-2006

	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

Figure 7
Clark County Homeless Program Fund Expenditures: 2009



Source: HHAA Report, 2009

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. The State level, funding has decreased primarily due to the local document recording surcharges shifting to local funding since it is collected and distributed locally.

Clark County's Department of Community Services allocates and administers a variety of funds - federal, state and local - that serve the homeless. In addition, other service costs outside of the homeless system can be attributed to an increase in the overall direct costs of homelessness. These services include WA Department of Transportation cleanup of homeless camps, police costs and railroad route security costs.

County fund document recording surcharges are allocated to agencies through a Request for Proposal (RFP) process focused on meeting the needs of the community and achieving outcomes of the 10-Year Homeless Plan. Based on an analysis of the 2008-2009 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), Housing Plus Service Strategies (transitional and permanent housing, outreach), and Systemwide Improvement (planning, coordination, data analysis, and resource allocation).

Table 7
Clark County Department of Community Services Allocated Funds: 2006-2011

	Prevention/ Diversion/ Re-entry	Housing Plus Service	Short -Term Emergency Response	Systemwide Improvement
Strategies	1, 2, 6	3, 4, 5	7	8, 9
2006-2007 % of Total	10%	60%	26%	3%
2008-2009 % of Total	22%	38%	37%	3%
2010-2011 % of Total	28%	31%	38%	3%

Since 2006, Clark County has successfully transitioned additional funds into strategies one, (Prevention) and two (Diversion/Re-entry) as identified by the 10-Year Plan. As the County’s homeless system continues to evolve into a “getting housed, staying housed” model, the County strives to devote a higher percentage of funding to support prevention and permanent housing strategies. Clark County’s Emergency Response system continues to be a critical link and first point of entry for people who are homeless to ensure they get quick assessment and services appropriate for their needs.

Federal Funding

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

The 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 2010, over \$900,000 was allocated to support a variety of programs that serve the homeless in Clark County.

Washington State awards Federal Low-Income Housing Tax Credits for the development of permanent affordable housing. This is a competitive program so the amount awarded annually varies. 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 non-profit housing developers and social service providers who serve individuals and families who are homeless. Private and philanthropic supporters also contribute significant funds annually to various non-profits.

There are other mainstream programs that provide millions of dollars in essential support to people who are low-income by either preventing homelessness or by providing the resources needed to access housing and services. The services and funding provided by Medicaid, Supplemental Security Income, Disability Lifeline (formerly GAU), Temporary Assistance for Needy Families (TANF), Medicare and Veterans benefits provide essential income and support that can prevent or end homelessness. Many people who are homeless are not aware of their eligibility for benefits, or face barriers that make it difficult for them to apply. One of the primary objectives of the emergency response system is to outreach and assess people who are homeless to assist them in receiving the benefits for which they are eligible.

In 2010, Washington State faces a \$2 billion shortfall during the 2011-2013 budget period, even after cutting state spending \$5.1 billion from 2008-2010. Among many proposed cost reducing actions, the governor has proposed to implement a five-year maximum limit on receipt of TANF benefits. It is very likely that this proposal will increase the number of people who are living in extreme poverty and increase the number of people who are homeless.

Each State and Federal program provides a small boost to the economy because funds are reinvested in the community through payments of rent to private landlords, purchases of food and goods and payment of services such as health care. In addition, payments are directed to organizations and companies to train, or re-train, people for new jobs, allowing them to find stable employment.

Potential to Reduce Costs by Providing Housing and Services

In addition to the direct costs associated with homelessness, 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. Public institutions are beginning to realize the benefit of developing protocols so that people who are homeless are not released again to the street, where they often repeat the cycle for lack of care.

The [Federal Plan to End Homelessness](#) (this link will take you away from the plan) includes national studies that have shown providing supportive housing to people who are chronically homeless resulted in an average public cost reduction of \$5,731 per month, or 71 percent.⁴⁶ Supportive services are services that assist participants who are homeless in the transition from the streets or shelters into permanent housing, along with services that assist persons with living successfully in housing. Assistance can include an array of services: 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

⁴⁶ Tools for Identifying High-Cost, High-Need Homeless Persons, June 2010, Daniel Flaming, Michael Matsunaga, Patrick Burns, Gerald Sumner, Manuel H. Moreno, Halil Toros pg. 3

essential for achieving and maintaining independent living. Supportive housing has proven to be successful in:⁴⁷

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

Table 8
Institutional Nightly Cost per Person: 2010

Institution	Costs Nightly per Person	Costs Annually per Person
WA State Inpatient Mental Hospital	\$596 ⁴⁸	\$217,540
Clark County Inpatient Chemical Dependency Facility	\$132 ⁴⁹	\$48,180
Clark County Jail	\$78.83 ⁵⁰	\$28,773
State Correctional Facility	\$93.35 ⁵¹	\$34,073

Sources: Multiple sources, see footnotes.

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 Los Angeles County study completed in 2010 reported that each chronically homeless individual, literally living on the streets, cost the community \$8,083 per month.⁵² Lack of health insurance and preventive medical care is costly to people who are low-income and homeless and to the healthcare system itself. People who are homeless often rely on emergency room treatment for acute conditions, which if treated earlier through primary care could be resolved at a lesser cost. The cost of emergency medical services is high, particularly when compared to the cost of preventive health care visits.

⁴⁷ Washington State Ten-Year Homeless Plan, Department of Community, Trade and Economic Development, 2006

⁴⁸ Information about Eastern State Hospital, August 2010, <http://www.dshs.wa.gov/mhsystems/eshinformation.shtml>

⁴⁹ Conversation with Camilo DeGuzman, Substance Abuse Program Coordinator, Clark County, November, 23, 2010

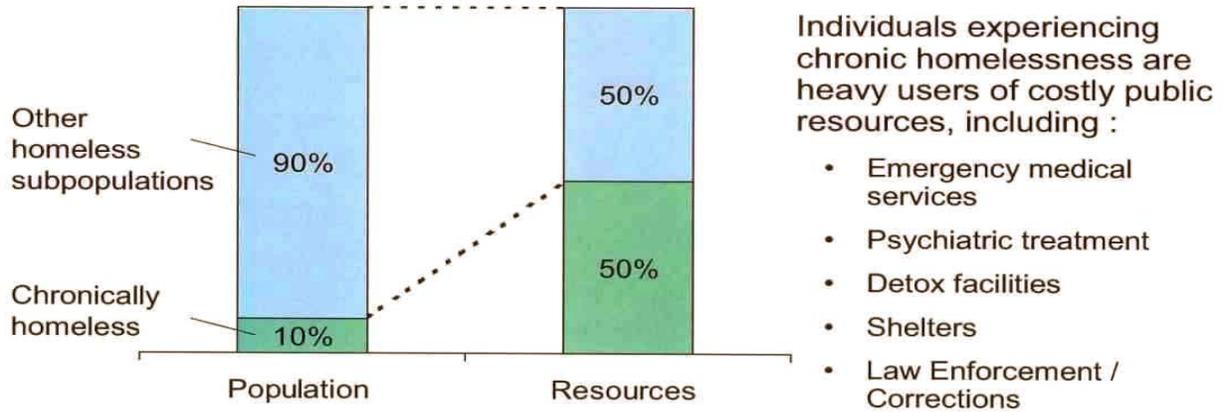
⁵⁰ Clark County Therapeutic Specialty Courts-2009 Year End Summary, page 7, <http://www.co.clark.wa.us/courts/superior/therapeutic.html>; and *ibid*

⁵¹ Clark County Therapeutic Specialty Courts-2009 Year End Summary, page 7, <http://www.co.clark.wa.us/courts/superior/therapeutic.html>; and *ibid*

⁵² Tools for Identifying High-Cost, High-Need Homeless Persons, June 2010, Daniel Flaming, Michael Matsunaga, Patrick Burns, Gerald Sumner, Manuel H. Moreno, Halil Toros pg. 3.

Figure 8
Costs Associated with People who are Chronically Homeless

10% of the homeless population consumes over 50% of the resources



Burt, Martha R., Laudan Y. Aron and Edgar Lee. 2001. *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press. Kuhn, R. & Culhane, D.P. (1998). Applying cluster analysis to test of a typology of homelessness: Results from the analysis of administrative data. *The American Journal of Community Psychology*, 17 (1), 23-43. Community Shelter Board. *Rebuilding Lives: A New Strategy to House Homeless Men*. Columbus, OH: Emergency Food and Shelter Board.

Societal Costs

In addition to the direct costs of homelessness that can be tracked, there are many costs that are less tangible, but equally significant. Homelessness has been shown to have an impact on the institutions that serve families and individuals.

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 twice as likely to repeat grades, not attend school at all, and are four times more likely to drop out of school.⁵³ 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 children who are homeless.

Health and Safety: Depression, nutritional deficiencies, chronic injuries, physical and sexual abuse occur at a much higher rate among children who are homeless and adults than the population as a whole.

Violence: According to the National Coalition for the Homeless, 2009 was the deadliest year for people who were homeless in the past decade. In Oregon and Washington, there were eight deaths and seven non-lethal acts of violent hate crimes against people who were homeless, a likely under-reported number.

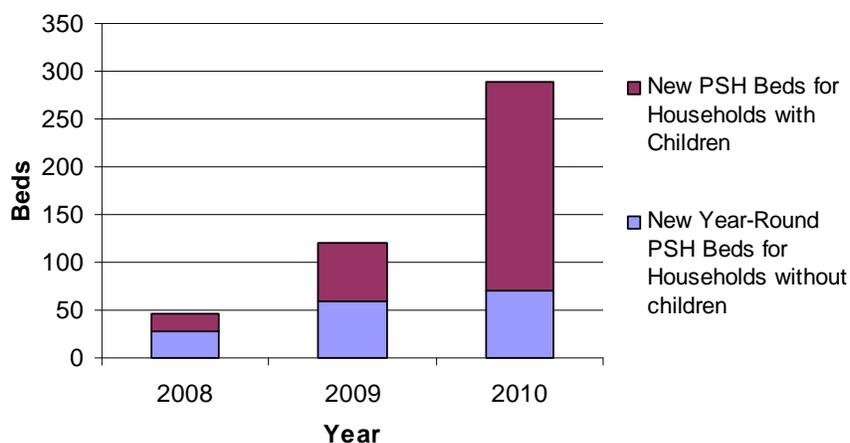
⁵³ Fight Poverty website, Effects of homelessness on children's education, <http://www.fightpoverty.mmbrico.com/consequences/homeless.html>, 2010.

Current Efforts to End Homelessness in Clark County

Clark County has multitude of strengths that form a solid foundation for the strategies in this plan. However, there are also significant housing gaps that contribute to the plight of hundreds of men, women and children who are homeless in the community. A group of experienced nonprofit housing developers has produced high-quality affordable housing units for households who earn 60 percent or less of the area median income. Because these 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 and permanent housing opportunities, extended-term case management services and street outreach. In 2010, the permanent housing stock was increased and the emergency and transitional housing options remained stable. The community is also home to 35 Oxford Houses and other recovery oriented housing options. 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.

Chart 7
New Permanent Supportive Housing (PSH) Beds in Clark County



Source: 2009 Clark County AHAR report

Housing developers and mental health providers have partnered to provide subsidized housing and services for HUD-funded permanent supportive housing. These units are primarily for people who cannot become self-sufficient. In 2010, the community had 790 permanent housing options which have demonstrated positive outcomes. According to a formal equation developed by HUD, the community is still in need of at least 102 additional permanent housing options specifically for people who are homeless. The need for emergency shelter is still high, but according to the equation, if there were enough permanent housing options in the community, the shelters would have space for those wanting shelter when they were ready to enter, not when space became available.

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 clinic, a low-cost dental clinic, Bridges to Housing and therapeutic specialty courts (including homeless, domestic violence, mental health, family, veterans and drug court). In addition, there are three high-intensity wraparound mental health programs. These programs include Co-occurring Methamphetamine Expanded Treatment (COMET) program, and the Clark County Housing and Engagement Collaboration (CHEC). Clark College offers education opportunities for displaced homemakers, and other job training opportunities exist through community centers, Veteran Women Program, 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 service 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 and through Friends of the Carpenter. The network of local landlords is well organized and actively engaged through the CHEC landlord outreach and the local tenant education programs. Due to Clark and Cowlitz County bordering in Woodland, Cowlitz programs play a vital role in helping to fill North Clark County gaps in services. Programs such as the Cowlitz County Emergency Support Shelter and Veterans Assistance Program may provide outreach and services to North Clark County residents. In addition, the Cowlitz Indian Tribe provides services to tribe members and their families in Clark County. Those include Vocational Rehabilitation, physical health, behavioral health and Domestic Violence and Sexual Assault Survivor programs. Each entity plays an important role in the effort to reduce homelessness in Clark County.

The City of Vancouver, Vancouver Housing Authority and Clark County have shown a combined commitment to the issue of homelessness since the late 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 and analysis, shelter coordination and strategic planning. In addition, the Council offers community education, resource coordination, a homeless service specific resource guide and advocacy.

Since 2007, numerous innovative and unique programs for Clark County have been created to support those who are homeless or at-risk of homelessness. The common threads between the successful programs are strong collaborations between service providers, agencies specializing in one service such as employment, case management or mental health and barriers being consciously reduced for clients. Examples of these types of programs include Homeless Employment Navigator (HEN), the Perch (Youth Drop-in Center), the Re-entry Housing Program and Clark County Housing and Engagement Collaboration (CHEC).

The HEN Program provides supportive employment services for those who are homeless or at-risk of homelessness. Highlights of this program include mobile case management to reduce barriers for clients and approaching clients from a strengths-based perspective.

The CHEC program provides intensive, holistic team-based services for those who are chronically homeless or recently released from an institution, including hospitals, prisons, jails and mental health facilities. This program also supports a landlord outreach coordinator who engages landlords to reduce rental barriers and provide education opportunities. Between August 1, 2008, and September 30, 2010, 75 individuals living in Clark County who were homeless, living in encampments or places not meant for habitation received housing through CHEC. Eleven out of the 75 individuals who have received housing are high priority clients based upon their history of contacts with the Vancouver Police Department. During the same time frame, 105 individuals who were released from jail, prison, hospitals or institutions and were likely to locate in Clark County upon release, received housing. The six month housing retention rate is 64 percent, the average monthly rental subsidy was \$402 and the average rental deposit subsidy was \$360.

The Perch is a drop-in center for youth ages 16-24. This program works in partnership with the Yellow Brick Road street outreach program to provide basic necessities such as food and laundry and referrals to physical health providers, housing options and job search support. For those who would like additional support, case management and access to two housing programs are also offered on-site.

The Re-Entry Housing Program of Clark County is a collaborative program with Second Step Housing and the Department of Corrections and is funded by The United Way. The program supports offenders who are at high-risk of homelessness and recidivism as they re-enter into the community and seek self-sufficiency.

Our Community Comes Together

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.

Since the development of this plan, many community efforts have created or strengthened opportunities to provide resources to those who are homeless.

Project Homeless Connect: Yearly, the community comes together to connect those without homes (guests) to community members willing to offer services and resources. In 2010, over 75 volunteers, serving more than 3,000 hours, hosted the event to welcome 344 households, including 15 children. The event offered guests opportunities to connect with veteran resources, volunteer lawyers, mental health providers, alcohol and drug counselors, spiritual guides, census representatives and social service representatives. Guests could access identification cards, vehicle registration, clothing, food, wellness screenings, dental consultations, eye exams, voter registration, glasses, books, toys, pet care, haircuts, tax preparation, possible job opportunities, DSHS benefits and more. Many smaller homeless connects also occur throughout the year, planned and executed by different faith communities and other groups of concerned citizens.

Veteran's Stand Down: Stand Down refers to a grassroots, community-based event designed to help the nation's estimated 107,000 homeless veterans who, on any given night, "combat" life

on the streets. In Clark County, homeless veterans are brought together in a single location for one day and are provided access to the community resources needed to begin addressing their individual problems and start rebuilding their lives. In the military, Stand Down afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being. Today's Stand Down affords the same opportunity to homeless veterans. The 2010 Stand Down was supported by over 200 volunteers who served more than 1,200 volunteer hours.

Weatherization Project: The Weatherization Project is a partnership between the Southwest Washington Workforce Development Council, WorkSource Vancouver, Vancouver Housing Authority, Clark County, Clark College, City of Vancouver, Richart Family, Inc. and the Northwest Service Academy. The focus of the program is to train people who are low-income Clark County residents, dislocated workers or residents from the VHA to become trained weatherization professionals and move on to find living-wage jobs in the field.

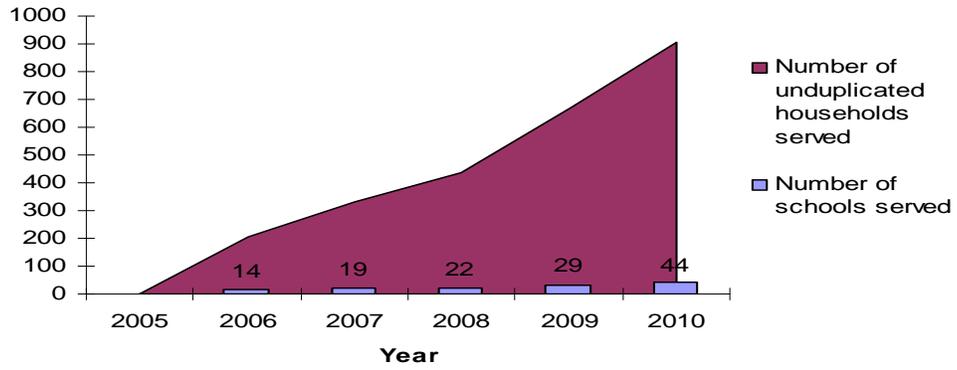
WHO (Winter Hospitality Overflow): WHO is a nightly winter shelter program composed of local nonprofits, volunteer groups, individuals and faith communities committed to providing a safe, supportive shelter during the winter months to families and individuals experiencing homelessness. Since 2003, two churches in Clark County have generously offered their space to men, women, families and couples to attain case management, a warm sleeping space, snacks and hospitality. During the 2009-2010 winter, over 42 different organizations and faith communities provided more than 13,600 volunteer hours and even more provide financial support to this important effort.

Resource Coordination: 211info is a coordinated information and referral service. It serves as a bridge to direct services providing crucial connections, and more importantly, options for those in Clark County. In addition, 211 maintains the Housing Connections website that connects landlords with rental properties, to prospective renters through a comprehensive on-line searchable database accessible on-line and by telephone.

The Emergency Shelter Clearinghouse (ESC) is a hotline that handles the screening and referral process for emergency shelter along with referrals to other resources in Clark County. The Clearinghouse is open seven days a week, 11 hours a day and calls are answered by staff members and community volunteers who answer the phone from the office and their homes. In 2011, Clearinghouse volunteers served 6,153 hours.

Backpack Program: The Backpack Program engages community volunteers to fill bags with 5-10 pounds of donated, non-perishable, easy-to-prepare food. The packs are discretely given out to various schools on Friday afternoons to ensure that children and their families have nutritious food to eat over the weekend.

Chart 8
Increasing Impact of the Backpack Program



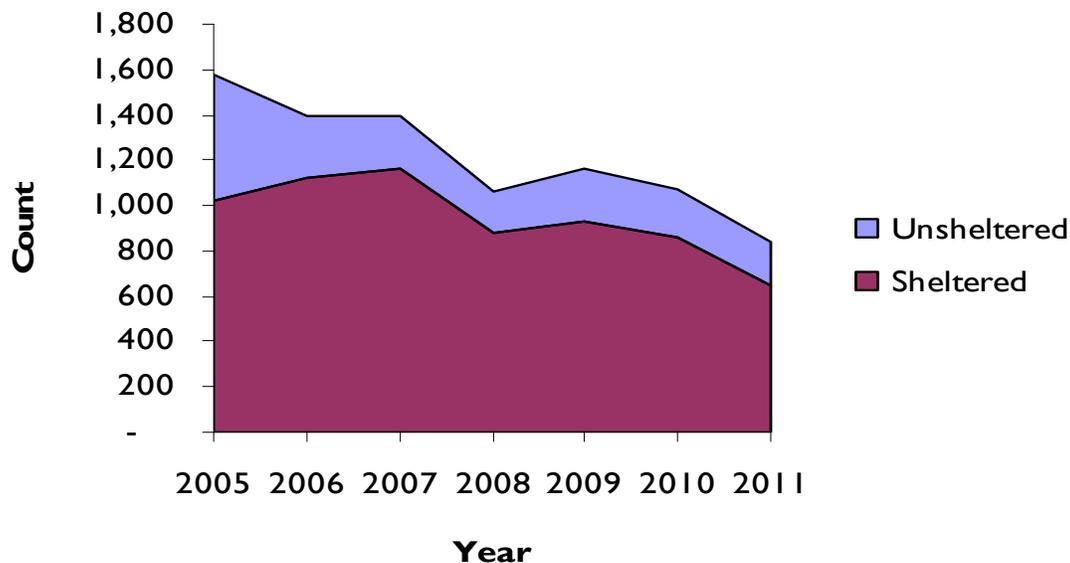
Source: Tarinn Smith, Share Hunger Response Director, December 10, 2010

STATISTICS AND RECOMMENDATIONS

Homeless Persons in Clark County and Existing Resources

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 doubled up with friends or family. The following table summarizes the Point-in-Time Count for the past six years.

Chart 9
Clark County Point in Time Count, 2005-2010

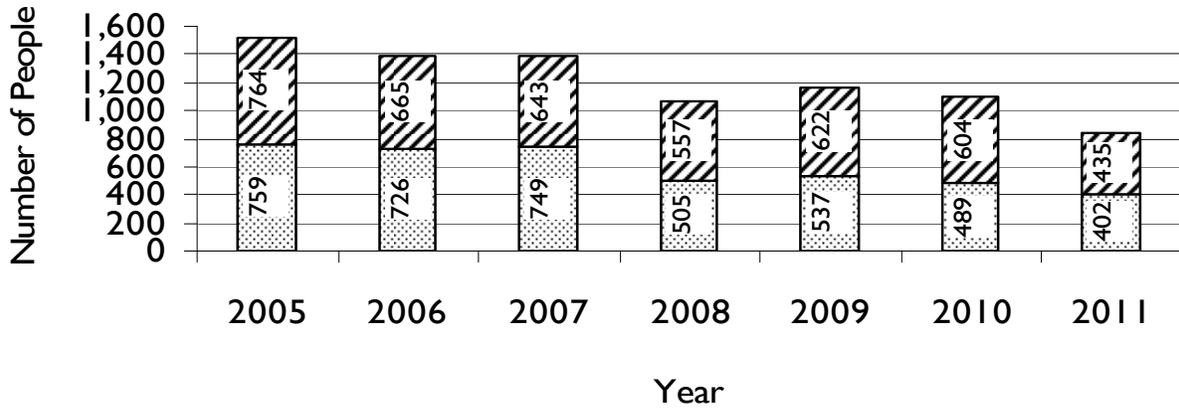


Source: Council for the Homeless, 2005-2011

The January 27, 2011 Point-in-Time Count identified 837 men, women and children who were homeless in Clark County on that specific day. The 2011 total included 650 people who were living in emergency shelters or transitional housing programs on the night of the count. An additional 187 individuals who were unsheltered – on the streets, in parks or sleeping in cars – were counted.

Chart 10

Clark County Point in Time Count, 2005-2011



■ Homeless Individuals ▨ Persons in homeless families with children

Source: Council for the Homeless, 2005-2011.

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

Of the total homeless population, 164 were chronically homeless, 69 self-reported chronic substance abuse issues, 112 self-reported being mentally disabled, 95 self-reported as Veterans and 158 self-reported as victims of domestic violence. A total of 19 people were unaccompanied youth under the age of 18. Individuals could report having more than one challenge and be counted under a subpopulation multiple times.

As of January 7, 2010, there were 164 year-round emergency shelter beds available in Clark County for youth, single adults and families. There were approximately 620 transitional housing beds for individuals and families, including youth, and 391 beds of permanent supportive housing. According to a formal HUD equation, the community is in need of 102 additional permanent supportive housing options for people who are homeless.

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

Homeless Service Needs

Note: Unless otherwise cited, the information included in this section was drawn from the Clark County Consolidated Plan, the 2010 Continuum of Care Plan and stakeholder input during the planning process.

A multi-dimensional approach is needed to support individuals and families who are homeless or at-risk of homelessness and dealing with complex issues. A wide range of services are needed, such as case management and life skills development; rental assistance alone may not

prevent homelessness or assist people to regain housing stability after a period of homelessness.

Availability of mental health and drug and alcohol recovery services has decreased in recent years for people without Medicaid 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 prescription. Decreased funding and services available from mainstream resources, particularly health care, mental health and substance abuse programs, and voter-approved tax limitation measures reduce the ability of government and local providers to pay for needed services.

Persons at-risk of homelessness 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 youth, individuals and families who are homeless to stabilize their lives and access appropriate housing. These include:

- “No wrong door” access points for those who are homeless or at-risk of homelessness to access resources within days, not months;
- Transitional housing with services, specifically case management, particularly for youth;
- Job training skills and placement services;
- Streamlined point of entry for community rental assistance programs;
- Landlord Guarantee Fund;
- Coordinated, low-barrier mental health and substance abuse programs for those residing within the homeless system;
- Additional permanent supportive housing;
- Housing first opportunities for those actively using substances;
- Continued in-depth HMIS data analysis;
- Assistance getting identification and addressing legal issues; and/or
- Access to income, either through government benefits or employment.

In addition, the homeless system needs to re-focus and move toward meeting the performance measures of the HEARTH Act by adopting the best practices around homeless services. Best practices the homeless system will begin to adopt include:

- Housing First
 - Moving away from a shelter-centered system and moving households who will imminently become homeless, or are homeless, directly into permanent housing.
- Consumer Involvement
 - Involving individuals without homes or those who have been formerly homeless in all aspects of the homeless system, including planning and service delivery.
- Common Assessment for all providers
 - Using the same intake form for all programs so that individuals are screened only once to determine program eligibility.
 - Using the same assessment for consumers each time they access services to be able to identify progress or challenges over time.

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.

- Streamline all state funding sources for homelessness so that there are no restrictions on eligibility or type of use except that funds must be used in accordance with priorities in the local 10-Year Plans to end homelessness.
- Improve access to housing for individuals and families who are low-income by prohibiting source of income discrimination.
- Add homeless as a protected class under the Malicious Harassment statute.
- Promote systems coordination and cost savings by planning for the housing needs of individuals exiting state systems of care.
- Revive the Washington State Housing Trust Fund at \$200 million.
- 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.
- Expand the Aged, Blind, or Disabled program, Pregnant Women Assistance program and Housing and Essential Needs (HEN) program to provide recipients with benefits that will allow them to meet their basic monthly living expenses in order to prevent homelessness or create housing stability.
- Provide 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 that do not receive Medicaid.
- Expand access to Basic Health to ensure more individuals access to medical care.

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

SUMMARY OF HOMELESS STRATEGIC PLAN

The Washington 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 10 years.

The Coalition of Service Providers for the Homeless and its workgroups continue to meet regularly to re-evaluate current activities, emerging need(s) and appropriate allocation of limited resources because the needs of people who are at-risk of homelessness or are homeless change over time.

***The strategies are listed in order of priority.**

Prevention/Diversion/Discharge Planning

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

<p>Strategy 1 PREVENTION</p>	<p>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. Focusing on homelessness prevention allows the community to support the greatest number of people for the least amount of cost and keeps households out of the homeless system all together.</p>
<p>Strategy 2 DIVERSION/ RE-ENTRY</p>	<p>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.</p>

Housing Plus Supportive Services

These strategies are designed to expand affordable housing to people who become homeless and to provide the necessary supportive 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 those who are chronically homeless or disabled, ongoing supportive 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 SUPPORTED HOUSING	Provides housing which is intended to be the tenant's home for as long as they choose and appropriate supportive services for people who for reasons outside of their control cannot support themselves independently in housing. Reasons could include mental health needs, physical health needs, and other unique circumstances. ⁵⁴
Strategy 4 TRANSITIONAL/ SUPPORTIVE	Preserve and expand the supply of short-term supportive housing for individuals and families.
Strategy 5 EMPLOYMENT/ INCOME SUPPORT	Improve 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 effective outreach programs for persons who are homeless and chronically homeless and are not engaged in the homeless service system. Linkages should be created to easily connect those who are homeless to mainstream resources, and create simple access points for comprehensive housing, physical and mental health services, and chemical dependency treatment.
Strategy 7 ACCESS TO SHELTER	Ensure availability and access to staffed emergency shelter and services in the existing shelter system.

⁵⁴ Clark County 10-Year Homeless Housing Plan 2009 Report Card

Systemwide Improvement

The 10-Year 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 system wide to efficiently and effectively manage limited resources for ending homelessness.
Strategy 9 DATA ANALYSIS	Build on successful implementation and expansion of Homeless Management Information Services (HMIS) in Clark County.

Short, intermediate 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 forecasted to occur within the 10-Year horizon of the plan or beyond.

HOMELESS PLAN STRATEGIES

The following nine strategies are listed in order of community defined priority.

Prevention/Diversion/Discharge Planning: Strategies 1 & 2

Strategy 1 PREVENTION/ INTERVENTION	Increase housing stability for individuals and families at-risk of homelessness by supporting and expanding programs that provide housing payment assistance, eviction prevention services and other supportive services.
Description:	Identify households at-risk of homelessness, whose housing situation will stabilize long-term, if they receive assistance, such as rent/mortgage, rental arrears, utility, mediation, case management credit repair, etc. Provide resources through local service providers to meet the critical needs of persons in crisis.
Evidence of the Strategy's Effectiveness	The most economically efficient way to end homelessness is to prevent its occurrence in the first place. 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.
Population to be Served	Individuals and families who are very low income and at-risk of homelessness.
Extent of Need	In 2009, 85% of rental households with incomes below 30% AMI were paying more than 30% of their income for housing (CHAS data). ⁵⁵ Clark County is only serving 35% of the need for homelessness prevention based on the turn-away numbers for the Emergency Shelter Assistance Program (ESAP).
Organizational Responsibility	Local government, Council for the Homeless, Coalition of Service Providers for the Homeless Planning Group and the Community Action Advisory Board.
Accomplished	<ol style="list-style-type: none"> 1. 795 additional households were able to stay in their homes because of new or strengthened programs. 2. United Way Community Relief Fund supported 143 households with rent and utility assistance. 3. The increased availability of supportive assistance funds prevented individuals and families from becoming homeless. Assistance included but was not limited to transportation, food, childcare, education, utility, medical and dental emergencies. 4. Funded 25 rental assistance vouchers for very-low income disabled individuals with supportive services. 5. Established funding to assist families at-risk of homelessness due to code enforcement. 6. Stabilized housing for households placed in "housing first" pilot for 1 year. 7. Added a Foreclosure Assistance Program that served 500 households. 8. Increased outreach and support services for families experiencing violence in north and east Clark County by having one SafeChoice staff available one day per week. 9. Established a Housing Justice Project to reduce eviction rates. 10. Created a Homeless Student Support Team to engage the community in meeting the needs of youth in a local school district.

⁵⁵ U.S. Census Bureau, 2009 American Community Survey 1-year estimates, Table B25074 Household Income by gross rent as a percentage of household income in the past 12 months, Clark County WA.

Best Practices	<ol style="list-style-type: none"> 1. Housing Subsidies are an effective prevention strategy and have been shown to help 80 percent of first-time homeless families sustain housing for a minimum of two years.⁵⁶ 2. Short-term housing subsidies had the greatest effect of several potential interventions in reducing homelessness.⁵⁷ 3. Housing subsidies are an effective prevention strategy and have been shown to help homeless families (80–85 percent retention over at least 18 months) in which a parent’s mental illness complicates housing stability, sustain housing.⁵⁸ 4. Housing subsidies for homeless families or chronically homeless single adults are effective in achieve housing stability.⁵⁹ 5. Prevention programs need to support households in decreasing their rent to income ratio.⁶⁰
Outcomes / Measures	<ol style="list-style-type: none"> 1. 70% of those who receive rental assistance maintain stable housing for 18 months. 2. 70% of chronically homeless single adults who receive rental assistance maintain stable housing for 18 months. 3. 75% of households who receive homeless prevention funds do not enter into a homeless housing program within two years. 4. Sustain and increase homeless prevention programs at 2009 (pre-ARRA) levels. 5. Number of newly homeless is 10% lower than the previous year.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Provide flexible funding for partial and full month rental or mortgage assistance and other supportive services for households with short-term needs. 2. Increase the availability of flexible assistance funds to prevent individuals and families from becoming homeless, including but not limited to transportation, food, childcare, education, utility, medical and dental emergencies. 3. Ensure families do not become homeless due to code enforcement actions by sustaining funds that can help relocate individuals and families to decent and safe housing. 4. Continue coordination with DSHS to assist families in rapidly accessing emergency income support and other services. 5. Integrate homelessness prevention screening and activities within intake sites for all housing programs to identify households who are most effectively served by homelessness prevention. 6. Establish an initial abbreviated prevention assessment system for referral to local agencies. 7. Increase flexibility of resources to allow programs to meet the varying needs of households, as identified by assessments. 8. Create culturally appropriate eviction prevention services to ensure diverse communities are not disparately impacted by displacement. 9. Connect those who receive eviction prevention assistance with available weatherization services to increase the energy efficiency in their home.

⁵⁶ Shinn et al., 2001, Stojanovic et al., 1999.

⁵⁷ Quigley et al. 2001.

⁵⁸ Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, and Holupka , 1995.

⁵⁹ Strategies for Preventing Homelessness, U.S. Department of Housing and Urban Development Office of Policy Development and Research, May 2005.

⁶⁰Burt, Martha, Pearson, Carol & Montgomery, Ann Elizabeth, Community-wide strategies for preventing homelessness: Recent evidence: Results, Urban Institute, Washington DC, 2007.

<p>Intermediate</p>	<ol style="list-style-type: none"> 1. Move beyond one-time eviction prevention payments to providing time-limited housing subsidies and case management until families are stable in their housing situation. 2. Provide re-housing opportunities for those who are paying over 30% of their income to housing or those who are living doubled up. 3. Explore funding options for the Housing Justice Project. 4. Enhance coordination and information sharing among prevention providers to maximize existing prevention dollars and streamline services. 5. Create program(s) to help seniors (62+) sustain their housing. 6. Create a comprehensive resource referral list in partnership with the WorkSource Rapid Response Team for those who are being laid off or are underemployed. 7. Create new opportunities for youth to explore their post high school options and receive support as they plan for their future. 8. Work with schools to help them provide resource information to students or families about community services that might be relevant to their needs. 9. Target new homelessness prevention and emergency assistance efforts to neighborhoods and populations from which a disproportionate number of people are seeking shelter. 10. Advocate for DSHS to focus on housing stability as they work with their clients. 11. Provide advocacy support and self-advocacy opportunities through classes, drop-in options and/or a phone line for those in the middle of a potential eviction process to understand their rights and options. 12. Coordinate events or drop-in sites around foreclosure prevention and homeownership sustainability.
<p>Long-Term</p>	<ol style="list-style-type: none"> 1. Increase the availability of professionals and resource navigators 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 households. 3. With a focus on reducing re-user rates, extend case-management and supportive services for individuals and families that have completed programs, but find themselves still in need of services. 4. Ensure all person centered health care homes in the County have direct connections to prevention funds and housing programs for those who are at-risk of homelessness or homeless.

<p>Strategy 2 DIVERSION/ RE-ENTRY</p>	<p>Increase coordination and linkages 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.</p>
<p>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 focusing on where homeless people have lived immediately before becoming homeless show trends that suggest solutions. People involved in public systems or institutions, such as jails and prisons, hospitals, the child welfare system and mental health facilities are often released 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. Diversion focuses on diverting households from shorter-term, expensive programs such as emergency shelter and quickly placing households into their own market rate home through rapid re-housing programs. <i>Source: State of Washington 10-Year Homeless Plan</i></p>	
<p>Evidence of the Strategy's Effectiveness</p>	<p>Research indicates that offenders with disabilities or mental health challenges who are provided permanent supportive housing upon release and other offenders who are 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>Source: State of Washington 10-Year Homeless Plan</i></p>
<p>Population to be Served</p>	<p>People with no income or very low-incomes, who are homeless or chronically homeless and are about to be released from correctional facilities, jail, institutions, residential treatment facilities and/or hospitals.</p>
<p>Extent of Need</p>	<p>Procedures are in place for state facilities to plan for discharge, but a lack of housing focused case management staff, appropriate structured housing, subsidies to support housing and resources for supportive services limits ability to implement.</p>
<p>Organizational Responsibility</p>	<p>Local Government, Law and Justice entities, Council for the Homeless and The Coalition of Service Providers for the Homeless Planning Group.</p>
<p>Accomplishments</p>	<ol style="list-style-type: none"> 1. Established discharge planning and re-entry procedures from hospitals, jails, prisons, detox and other treatment programs. 2. Created the Re-Entry Housing Program of Clark County. This program is a collaborative program partnership with Second Step Housing, Community Services NW and the Department of Corrections and funded by United Way. The program supports offenders who are at high risk of homelessness and recidivism as they re-enter into the community and seek self-sufficiency. 3. Created the Clark Housing Engagement Collaboration (CHEC) program with Homeless Grant Assistance Funds (HGAP) funds. This program supports individuals coming from jails and state hospitals with rental assistance, landlord outreach, employment, medical and mental health/substance abuse treatment linkages to services for individuals. 4. Created a Housing Justice program to mediate between landlords and tenants during the eviction process. 5. State Legislature re-instated a three month voucher program for those being discharged from a correctional institute. 6. Acquired 50 Family Unification Program (FUP) vouchers which can be used to transition youth who have aged out of foster care into stable housing or provide housing assistance to families who are involved in the child welfare system.

	<ol style="list-style-type: none"> 7. Created a financial assistance and supportive services program for youth to help them attain and sustain housing. 8. Created a workgroup to update and maintain the housing inventory tool. 9. Convened a Task Force to explore opportunities for increased funding for homeless court and increased its capacity to serve clients.
Best Practices	<ol style="list-style-type: none"> 1. Permanent Supportive Housing for offenders reduces recidivism rates.^{61,62} 2. Therapeutic Specialty Courts lead to positive community impacts.⁶³ 3. Peer Supportive housing leads to greater housing stability.⁶⁴
Outcomes/ Measures	<ol style="list-style-type: none"> 1. 90% of those exiting institutions are discharged into housing. 2. 80% of those discharged into supportive housing remain housed for one year. 3. The recidivism rate or the rate at which an individual commits additional crimes after being placed in supportive housing, is below 30%. 4. 95% of those exiting Western State Hospital leave with discharge plans that include housing.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Create a rapid re-housing program to reintegrate youth who are transitioning out of foster care or who are being released from juvenile facilities into stable housing. 2. Work to establish additional discharge planning and re-entry procedures from hospitals, jails, prisons, mental health institutions, detox and other treatment programs. 3. Formalize integrated discharge plans between institutions and social service agencies, including housing programs. 4. Create a Veteran's Specialty Court. 5. Integrate planning with specialty courts: Domestic Violence, Mental Health, Veterans, Drug & Alcohol, Family Treatment and Homeless. 6. Identify and coordinate a coalition of multi-disciplinary service providers to create resources to help others navigate the housing programs for specific populations including male and female Veterans, domestic violence survivors, sexual minorities and people from diverse cultures. 7. Advocate for the sustainability of the offender, including sex offender, housing voucher programs. 8. Create additional rapid re-housing programs to divert or move households from emergency shelters into stable housing. 9. Increase the number of rapid re-housing opportunities for people who would do not need the long-term support of Permanent Supported Housing. 10. Provide one SOAR train the trainer per year to increase access to SSI/SSDI for those who are homeless or formerly homeless. 11. Assess the need for a human trafficking safe house in Clark County versus direct connections to Portland Metro area resources. 12. Provide rapid re-housing options for those exiting systems of care. 13. Engage in Veteran Administration efforts to support those reintegrating into the community after exiting the armed forces.
Intermediate	<ol style="list-style-type: none"> 1. Establish options for people who are medically fragile and being discharging from hospitals or other institutions. 2. Provide educational opportunities for landlords and community members to share the facts about housing people with sex offenses and parenting females with felonies.

⁶¹ Kendall Black and Richard Cho, "New Beginnings: The Need for Supportive Housing for Previously Incarcerated People," New York 2004, documents.csh.org/documents/pubs/full_new_beginnings.pdf.

⁶² Zhang, Roberts, & Callanan, 2005; The United States Interagency Council on Homelessness, 2008.

⁶³ Mosher, C., Drapela, L., & Mahon Haft, T. (September, 2002). Preliminary Report: Evaluation of Clark County Sales Tax Revenue for Chemical Dependency, Mental Health, and Therapeutic Courts. Washington State University Vancouver.

⁶⁴ Mead, S. & MacNeil, C. 2006. Peer support: What makes it unique? International Journal of Psychosocial Rehabilitation, 10 (2), 29-37, December 2004.

	<ol style="list-style-type: none"> 3. Sustain and develop population specific rapid re-housing programs to divert households from emergency shelters. 4. Support housing stability for those being released from jail or prison by advocating for offenders, including sex offenders to have their public benefits re-instated as soon as they are discharged. 5. Plan for housing assistance/case management and services for persons discharged from detox and other treatment facilities. 6. Reduce the household waiting time between filling out an application and obtaining stable housing within all rapid re-housing programs. 7. Create population focuses rapid re-housing programs to most effectively meet the needs of diverse populations. 8. Explore using HMIS to strengthen discharge procedures within agencies not currently entering data.
Long-Term	<ol style="list-style-type: none"> 1. Advocate for the criminal justice system to provide housing plans, long and short-term housing subsidies and case management for offenders. 2. Increase the supply of housing options for people moving out of treatment facilities. 3. Create housing plans for those transitioning into the community from Department of Corrections programs, including sex offenders. 4. Advocate for foster care and homeless youth to have housing plans and income support plans before exiting systems (foster care or school). 5. Create a peer navigator/mentor system to support those re-entering the community, including sex offenders.

Housing Plus Supportive Services: Strategies 3-6

Strategy 3 PERMANENT SUPPORTED HOUSING	Provides housing which is intended to be the tenant's home for as long as they choose and appropriate supportive services for people, who for reasons outside of their control cannot support themselves independently in housing. Reasons could include mental health needs, physical health needs, and other unique circumstances. <i>Clark County 10-Year Homeless Housing Plan 2009 Report Card</i>
Description: Clark County is targeting households and individuals identified as high users of services such as substance abuse and mental health treatment, corrections systems, income assistance, hospitals, foster care, emergency shelter, and domestic violence/victim's services, then placing them into subsidized permanent housing with supportive services. This is being accomplished through numerous statewide, regional and local private-public efforts. Housing is being identified by the households or through partnerships with landlords and/or the local housing authority.	
Evidence of the Strategy's Effectiveness	<p>Families participating in the innovative local Bridges to Housing permanent supported housing program have benefited from increased and sustained stability and reduced risk of domestic violence. Most children in these families have demonstrated improved physical and mental wellbeing, are performing better in school and have sought increased opportunities for social and recreational activities.</p> <p>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%.⁶⁵</p>
Population to be Served	Households who are very low-income, at-risk of homelessness, living in housing with expiring federal contracts, mobile home parks, or transitioning from homelessness, including families, who for reasons outside of their control cannot support themselves independently in housing on a long-term basis.
Extent of Need	Estimated 122 households with an unmet need for permanent supported housing in 2009. ⁶⁶
Organizational Responsibility	Local Government, Council for the Homeless, Coalition of Service Providers for the Homeless (formerly Continuum of Care) Planning Group.
Accomplishments	<ol style="list-style-type: none"> 1. Increased the capacity of permanent supported housing in Clark County between 2005 and 2009 by a total of 526 households.⁶⁷ 2. Changed zoning laws to make it easier for homeowners to sublet 'mother-in-law' apartments in their homes.
Best Practices	<ol style="list-style-type: none"> 1. 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, especially for high-needs families. Supported housing program outcomes indicate that providing services to people in permanent housing is an effective strategy to prevent and reduce chronic homelessness. Promising prevention strategies focus on people who are leaving hospitals, psychiatric facilities, substance abuse treatment programs, prisons, and jails.⁶⁸
Outcomes / Measures	<ol style="list-style-type: none"> 1. Create a 5% net increase in capacity for permanent supported housing annually until the need has been met. Current capacity (CoC 2009) for permanent supported housing is 791 households, and calculated need is 122 households. 2. Create a 10% net increase in capacity for permanent supported housing targeted at households identified as chronically homeless.

⁶⁵ State of Washington 10-Year Homeless Plan; Bridges to Housing Evaluation 2009 Year-End Report.

⁶⁶ 2009 Clark County Housing Inventory Chart.

⁶⁷ 2005 Housing Inventory; Clark County 10-Year Homeless Housing Plan 2009 Report Card.

⁶⁸ Services in Supported Housing; National Alliance to End Homelessness.

	<ol style="list-style-type: none"> Increase percentage of participants remaining in permanent supported housing projects for at least six months from the current 78% to at least 80% (CoC 2009).
Action Steps	
Short-Term	<ol style="list-style-type: none"> Sustain the existing housing and support services developed through HGAP/CHEC after funds expire in June 2011 by identifying community-based and alternative funding mechanisms. Continue to support components of Bridges to Housing with existing and alternative resources after funding expires in 2011. Apply annually for 'Bonus Funds' through the CoC to add rental subsidies to existing support service programs. Create access to at least 50 units of permanent supported housing targeted at homeless Veterans through either HUD/VASH vouchers or other resources. Promote and provide permanent supported housing training to mental health and alcohol and drug agencies. Advocate for a state organized housing task force to explore and reduce barriers that exist in the development of affordable housing projects. Identify the non-economic barriers those who are low-income experience when looking for housing and support proven strategies like tenant education, credit repair and guarantees that mitigate those barriers. Create and sustain programs to help alleviate barriers to housing for women and parenting veterans. Increase the number of permanent supported housing options for those transitioning out of systems of care. Assess opportunities for service integration, particularly with agencies that provide housing, but are outside the homeless system. Expand the number of housing first programs that place homeless individuals and families in housing with intensive services.
Intermediate	<ol style="list-style-type: none"> Explore the development of accessory dwelling units to provide needed low-cost rentals, but also to provide an income stream to low-income and first time homebuyers. Fund units of permanent supported housing located within housing developments that are easily accessible and close to services, with no debt and an annual operating and maintenance subsidy for households 0-30% MFI. Explore the development of cooperative communities or shared housing models focused on providing permanent supported housing for newly retired people who are facing a loss of income and are unable to maintain current homes. Re-program existing housing of aging population to allow for multiple dwellings. Link new permanent housing options with project based section 8 vouchers and services. Ensure participants are not rent burdened. Pursue grants that will benefit those who are homeless in collaboration with mental health providers or other non-traditional partners.
Long-Term	<ol style="list-style-type: none"> Affect policy to ensure no net loss of subsidized housing units. Create financial incentives to encourage builders to develop set-aside units in mixed income developments for very-low income homeless households currently receiving other services. Advocate for preservation of services which support high-needs homeless families and individuals, such as Medicare, Social Security, TANF, SNAP, mental health, and other services. Create, maintain and encourage housing programs that provide enough assistance to families so they are not rent burdened and continually at-risk of homelessness.

Strategy 4 TRANSITIONAL/ SUPPORTIVE HOUSING	Preserve and expand the supply of transitional (up to 2 years/time-limited) supportive housing for individuals and families.
Description:	Provide independent living opportunities for people who are homeless to help them move from short-term supportive housing (up to 2 years/time limited) to permanent housing with service supports, such as case management, child care, counseling and employment assistance, or to self-reliance.
Evidence of the Strategy's Effectiveness	Individuals in transitional housing programs benefited from educational and employment opportunities that help change life circumstances. Children benefited from having fewer moves and school changes. Families leaving transitional housing and moved to their own place and 60 percent remained in their homes 12 months later. ⁶⁹
Population to be Served	Households that are homeless, and that we can expect will have the capacity to move to self-reliance with moderate resources and supports. People whose needs are further assessed to be higher than this expectation may be moved to permanent supported housing as needed.
Extent of Need	Of the households who successfully completed a transitional housing program in 2008, 94% did not return to access any other services from the continuum in 2009. It is estimated by providers of transitional housing that approximately 50% of the people accessing transitional housing opportunities do so for lack of available permanent supported housing.
Organizational Responsibility	Local Government, Council for the Homeless, Coalition of Service Providers for the Homeless.
Accomplishments	<ol style="list-style-type: none"> 1. Created 106 (562 in 2005, increased to 668 in 2009) beds of transitional housing for homeless individuals and couples that include mental health and substance abuse treatment, and health care along with rental subsidy. Individuals have housing choice. Beds were created through the McKinney-Vento Continuum of Care Grant, Washington Families Funds, and VHA Project-Based Section 8 Vouchers. Share Aspire, Community Services Northwest, YWCA, Second Step Housing, and Open House Ministries have all added resources. 2. Participated in and accessed regional efforts, such as Washington Families Fund, and other comprehensive strategies, which provide housing and intensive support services. 3. Developed a Project-Based Section 8 program opportunity through 4 providers targeting households who by program assessment need a maximum of 18 months of support to attain self-sufficiency. 4. Collaborated with a local company, Holland Residential Services, to offer a 6 month transitional housing program that gives households whose only barrier to self-sufficiency is financial, an opportunity to develop a financial plan and build savings to develop assets.
Best Practices	<ol style="list-style-type: none"> 1. Supported Employment: is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities.⁷⁰ 2. Transitional Housing and Services: A Synthesis: Describes variations in the major approaches developed for homeless families and individuals in terms of differences in target populations, physical structures, service intensity, and other program characteristics that cluster along a continuum with "high-demand" service-intense facilities at one end and "low demand" programs with

⁶⁹ HUD's Office of Policy Development and Research, 2009.

⁷⁰ Bond, G. R., Becker, D. R., Drake, R. E., Rapp, C. A., Meisler, N., Lehman, A. F., et al., 2001, Implementing supported employment as an evidence-based practice, *Psychiatric Services*, 52, 313-322.

	<p>flexible requirements and optional services at the other. Available research assessing the major models indicates that scattered-site transitional housing programs that convert to permanent housing constitute one effective (and cost effective) approach to helping families and possibly individuals exit from homelessness.⁷¹</p> <p>3. Individualized Action Plans (IAP): Work or “actions”, which may be utilized in the course of action for persons served by a variety of programs. The Individualized Action Plan (IAP) must be completed for every person served and be linked to the recommendations/assessed needs.⁷²</p>
Outcomes / Measures	<p>1. There were 550 unique clients in Transitional Housing in 2008. In 2009 (12 months), 520 of those clients (94.55%) did not return to Emergency Shelter (HMIS). At least 80% of clients will remain in stable housing for 24 months measured annually.</p> <p>2. In 2009, 38% of adults exiting Transitional Housing were employed (CoC). At least 50% of successful graduates will be employed at exit annually.</p> <p>3. At least 8 youth and young adults remain stably housed for 18 months measured annually.</p>
Action Steps	
Short-Term	<p>1. Support current transitional housing programs with operating and maintenance resources.</p> <p>2. Support current transitional housing programs with service resources and case management.</p> <p>3. Develop short-term subsidy programs that accelerate households’ capacity to become self-sufficient and leave subsidized housing as early as possible.</p> <p>4. Identify and/or develop additional resources for those whose housing may be in jeopardy due to state budget cuts to safety net services.</p> <p>5. Increase transitional housing plus support options for Veterans.</p>
Intermediate	<p>1. Create additional permanent/transitional housing options with supportive services (including case management, long-term planning and tenant/credit/financial education) for youth, ages 16-24 years.</p>
Long-Term	<p>1. Maintain the current transitional housing programs until analysis shows it is feasible to transition housing to permanent supported housing. This is not a 1:1 trade of housing and services by program type.</p> <p>2. Coordinate local housing for individuals participating in employment or service oriented programs, training, apprenticeships, internships etc.</p>

⁷¹ SAMHSA National Registry for Evidence Based Programs and Practices.

⁷² SAMHSA National Registry for Evidence Based Programs and Practices.

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 who work 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 people who are homeless 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	People who are homeless, formerly homeless and at-risk populations, including youth.
Extent of Need	<ul style="list-style-type: none"> • 1,093 people who are homeless in Clark County during the annual 2010 Point in Time Count Homeless Count. • Unemployment Rate in Clark County is the highest in the state and throughout 2010, remained 4 points over the Washington State rate. • 27,290 people were unemployed during 2009 according to the American Community Survey. • Clark County's high unemployment rate is a contributing factor in the need to supported employment programs.
Organizational Responsibility	Local Government, Council for the Homeless, Coalition of Service Providers Group, Clark County
Accomplishments	<ol style="list-style-type: none"> 1. Increased the number of employment programs by creating the PIC women veteran employment program, two Columbia River Mental Health (CRMHS) homeless employment navigator (HEN) programs and the moving forward together (MFT) housing program. 2. From 2008-2010, 213 people who were unemployed and at-risk or temporarily homeless attained jobs. This was accomplished by developing supported employment opportunities for chronically homeless people through the HEN program. 3. Created a self-sufficiency program for those receiving section 8 vouchers and public housing. 4. Provided credit building and financial planning opportunities through the Community Housing Resource Center (CRHC) and their credit repair, debt management, credit counseling, mortgage default counseling and reverse mortgage counseling classes. 5. Developed a Clark County Asset Building Coalition (ABC). 6. 100 additional families were enrolled in employment and education programs through HEN and the Workforce Investment Act (WIA). 7. 20 chronically homeless people received supported employment through HEN. 8. 75 people completed credit building and financial planning training through CRHS, Tenant Education and Individual Development Accounts. 9. 10 families who are either homeless or at-risk increased their earning potential through education and micro enterprise support through the Share IDA program. 10. At least 762 households filed for the Earned Income Tax Credit (EITC) through CRHC and the AARP Tax Aide program at nine different sites during the 2010 tax season.

Best Practices	<ol style="list-style-type: none"> 1. Supportive Employment (SE), a SAMHSA Evidence Based Practice is a pathway out of homelessness.⁷³ 2. Supportive Employment (SE), a SAMHSA Evidence Based Practice has emerged as a model for providing rehabilitation to individuals with mental illness and co-occurring substance abuse disorders.⁷⁴ 3. Programs and individuals rooted in the Supportive Employment model and effective in helping people move out of homelessness.⁷⁵ 4. IDA's promote self-sufficiency.⁷⁶ 5. For children born to low-income parents, getting a college degree quadruples their chance of making it to the top of the income ladder as adults.⁷⁷
Outcomes / Measures	<ol style="list-style-type: none"> 1. 75% of those contacted from the shelters obtain employment (63% placement rate). 2. 60% of young adults who enter into an internship/mentorship of transitional employment program will obtain paid, at least part-time positions. 3. 40 households in who are homeless or formerly homeless increase their assets through programs like individual development accounts and SOAR. 4. 40% of those in shelters increase their income while their stay.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Increase employment opportunities for people in substance abuse and mental health treatment programs. 2. Implement micro-enterprise programs that support families as they increase their income through small business enterprise. 3. Ensure families who are eligible for mainstream employment and education services are enrolled. 4. Provide an annual retreat/training for homeless program case managers to learn about employment resources and program access and ways to support clients. 5. Increase the number of people participating in the IDA program who are formerly homeless. 6. Include employment and educational Resources for guests at the annual homeless connect. 7. Increase the coordination of short-term, work based housing/boarding opportunities by collaborating with the Workfirst Local Planning Area Board. 8. Create additional baseline tools in HMIS to increase outcome measurements. 9. Support veterans with disabilities in obtaining supportive employment. 10. Support programs that connect youth to GED programs, alternative high school education programs, and programs that help youth gain high school diplomas. 11. Provide documents into two non-English languages and provide interpreters, as necessary to all employment programs that serve people who are homeless. 12. Maintain services that provide people access to phone and answering services to link them with housing and job opportunities. 13. Coordinate SOAR certified advocates to be accessible by residents of all levels of the homeless system to help in their effort to apply for disability and attain stable income.
Intermediate	<ol style="list-style-type: none"> 1. Place youth in mentorship/internship or transitional employment programs that will move them toward readiness for employment. 2. Increase transportation options for those traveling to employment, the VA or social service programs.

⁷³ Supportive Employment, The Evidence, October 2009 <http://store.samhsa.gov/shin/content/SMA08-4365/SMA08-4365-05.pdf>.

⁷⁴ Supportive Employment, The Evidence, October 2009 <http://store.samhsa.gov/shin/content/SMA08-4365/SMA08-4365-05.pdf>.

⁷⁵ Permanent Supportive Housing, The Evidence, July 2010, <http://store.samhsa.gov/product/SMA10-4510>.

⁷⁶ Assets for Independence Act Evaluation, Impact Study: Final Report, Mills, Lam et al. February 22, 2008.

⁷⁷ Economic Mobility Project, *Renewing the American Dream: A roadmap to enhancing economic mobility in America*, Burkhauser, Richard, Kosters, Marbin, Haskins, Ron et. al, page 3, November 2009.

	<ol style="list-style-type: none"> 3. Assess employment programs on a fidelity scale annually to ensure best practice model is being followed. 4. Create an employment toolkit for case managers who work with people who are homeless or formerly homeless. 5. Create new intentional partnerships between entities with varying focuses to support those who are homeless or unstably housed in attaining employment. 6. Assist the county's unbanked and underbanked residents in achieving greater economic prosperity by connecting them to financial mainstream services, products, and financial education. 7. Support the aging population (55-70) in finding and sustaining employment to retirement. 8. Strive to maintain components of stimulus funded programs. 9. Create internship/mentor opportunities including transitional employment sites for youth who have minimum or no work experience.
Long-Term	<ol style="list-style-type: none"> 1. Explore the need to increase the capacity to ensure eligible families can access mainstream employment and education. 2. Create college transition or vocational support plans for homeless youth and young adults.

Short-Term Emergency Response: Strategies 6 & 7

Strategy 6 OUTREACH/ ACCESS/ LINKAGE	Maintain effective outreach programs for persons who are homeless or chronically homeless and are not engaged in the homeless service system. Linkages should be created to easily connect those who are homeless to mainstream resources, and create simple access points for comprehensive housing, physical and mental health services, and chemical dependency treatment
Description: Expand outreach efforts to unsheltered populations and those who are chronically homeless, to encourage entry into housing and services. Provide early assessment and case management at intake with a focus on rapid re-housing and stability.	
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	People who are homeless or chronically homeless, are living in places not meant for human habitation and struggle or resist engaging in services like emergency shelter, housing programs mental health treatment, and/or chemical dependency treatment.
Extent of Need	In 2005, 558 people were unsheltered at the Point In Time Count, 194 of which were chronically homeless. In 2010, 209 people were unsheltered at the PIT count, 50 of which were chronically homeless.
Organizational Responsibility	Local governments, Council for the Homeless, Coalition of Services Providers, Community Action Advisory Board, Clark County
Accomplished	<ol style="list-style-type: none"> 1. Created resources for chronically homeless individuals that provide emergency intervention, showers, mail service, laundry facilities, credit reports and access and information regarding other services through Share Outreach and Janus, The Perch programs. 2. Developed an enhanced system to establish eligibility and enroll homeless individuals in Medicaid, Veterans' benefits, GAU, Social Security, or TANF through HGAP Outreach Team and Share Outreach and Janus, The Perch. 3. Engaged police, Department of Transportation and sheriff to develop protocols to identify and engage homeless people on the street including those previously or currently incarcerated through the CHEC program. 4. Hired 2 FTE outreach staff people to identify and engage homeless or at-risk youth and provide them with information/contact with ongoing services through Janus Youth Yellow Brick Road program. 5. Created an outreach plan for chronically inebriated individuals through the CHEC program. 6. Explored the establishment of a Sobering Center. 7. Dedicated substantial resources to preventing homelessness through HPRP and EFSP ARRA funds. 8. Created youth outreach center through Janus Youth called The Perch.
Best Practices	<ol style="list-style-type: none"> 1. A coordinated entry and assessment process makes it easier for those who are homeless to access appropriate services and creates a more efficient use of the community's resources.⁷⁸ 2. Outreach must have the ability to connect people who are homeless to housing and services.⁷⁹

⁷⁸ National Alliance to End Homelessness, Ending Family Homelessness, Lessons from the Communities, July 2010.

⁷⁹ National Alliance to End Homelessness, Ten Essentials, August 15, 2003.

	<ol style="list-style-type: none"> 3. To End Youth Homelessness the community should have an outreach and engagement system designed to reduce barriers and encourage homeless youth so that they enter appropriate housing linked with appropriate services.⁸⁰ 4. The SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative is effective in helping people who are homeless with disabilities access benefits through the Social Security Administration.⁸¹ 5. The extent to which SOAR initiative outcomes were achieved depended on how much time and resources stakeholders invested in the initiative.⁸²
Outcomes / Measures	<ol style="list-style-type: none"> 1. At least 75 people who are homeless receive increase their income while in shelter. 2. At least 25 people who are homeless receive detox, mental health, and medical services. 3. At least 75 people who are homeless are treated at the free clinic annually. 4. At least 60 people who are homeless are provided treatment instead of jail annually through treatment courts. 5. At least 250 youth annually will receive information about resources. 6. At least 20 individuals who are chronically homeless will be enrolled in the drug and alcohol system's detox and residential programs. 7. At least 3 providers/clinics provide reduced cost health care to youth and young adults. 8. Train at least 20 SOAR certified advocates in the community and implement a SOAR initiative. 9. At least 300 individuals are served annually through project homeless connect.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Build on the existing shelter entry system to include coordinated access to all housing opportunities, including those for youth, families, elderly, veterans, and those who are chronically homeless or at-risk of homelessness. 2. Support and engage services for people who are homeless in County efforts around creating Person Centered Health Care Homes. 3. Create direct connections between substance abuse, mental health, dental health and medical services within person centered health care homes and agencies that serve people who are low-income and/or Medicaid recipients. 4. Work with person centered health care homes to increase the capacity to serve people who are low-income and at-risk of homelessness or homeless. 5. Provide training to staff and providers within person centered health care homes to help them provide culturally competent services to people who are at-risk of homelessness or homeless. 6. Create a direct link between VA programs for veterans who are homeless, the homeless system. 7. Increase availability of staff to provide crisis intervention and case management to individuals and families in times of crisis, including. 8. Develop a direct link between the county detox center and the shelter system. 9. Increase the support for people who are homeless and applying for SSI/SSDI by offering SOAR training to volunteers, peers and homeless system professionals annually. 10. Provide consumer focused resource access fairs or drop-ins such as, project homeless connect and Veterans Stand Down on an annual basis. 11. Engage the fire department in developing protocols to refer people who are homeless to available resources and expand their capacity to respond, beyond the Emergency Room.

⁸⁰ National Alliance to End Homelessness, Ten Essential Strategies to Ending Youth Homelessness, August, 10, 2005.

⁸¹ Dennis, D., Perret, Y., Seaman, A., & Wells, S. M. (2007). Expediting Access to SSA Disability.

Benefits: Promising Practices for People Who Are Homeless. Delmar, NY: Policy Research Associates, Inc.

⁸² Kauff, Jacqueline, Brown, Jonathan, Altshuler, Norma, Denney-Brown, Sama Martin, Emily and Mathematica Policy Research, Inc, Findings from a study of the SSI/SSDI Outreach, Access and Recovery Initiative, Fall 2009, <http://aspe.hhs.gov/hsp/10/SOAR/>.

	<ol style="list-style-type: none"> 12. Create a system to help people at-risk of homelessness or homeless, self triage into the most appropriate resource. 13. Support coordination of community information and referral. 14. Increase linkages with community landlords through landlord outreach education and networking. 15. Support shared housing programs in Clark County and provide outreach and information to system providers.
Intermediate	<ol style="list-style-type: none"> 1. Reduce barriers to youth accessing culturally and developmentally appropriate mental health and drug and alcohol treatment by exploring options where a health care providers will offer medical care to youth at a reduced fee or no-cost. 2. Establish additional opportunities for people who are homeless to meet their basic needs and access services through collaboration and coordination. 3. Create direct connections from outreach programs for permanent supportive housing options. 4. Ensure the main focus of community outreach programs are on housing stability. 5. Increase linkages between systems to enhance holistic planning and case management.
Long-Term	<ol style="list-style-type: none"> 1. Support free mental health services and psychiatric medications for non-insured individuals. 2. Develop a full SOAR initiative to effectively engage and efficiently move those who are homeless and have disabilities onto SSI/SSDI. 3. Develop a peer navigator program to support those who are at-risk of homelessness or homeless. 4. Develop access centers for those who are homeless and for specific populations. 5. Move toward a person centered model linking mental health, substance abuse, physical health and social services together in one holistic space. 6. Explore utilizing low-cost and/or no cost advocates (AmeriCorps/VISTA, Work Study, Intern) to further the SOAR initiative and other community based efforts.

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 a short-term urgent option for those who are on the streets, or are waiting to obtain transitional or permanent housing. Shelter staff provides a supportive environment, assess needs and eligibility for mainstream resources, and refer the households to appropriate resources and 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 has a one-stop resource for directing people who are in urgent need of housing to available shelter. The clearinghouse model, a National Alliance to End Homelessness best practice, does a daily assessment of demand and provides vital information for planning efforts. The model screens callers and diverts appropriate household to more appropriate housing or prevention options.
Population to be Served	People who are homeless.
Extent of Need	Based on Emergency Shelter Homelessness Prevention (ESHP) 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 The Coalition of Homeless Service Providers.
Accomplishments	<ol style="list-style-type: none"> 1. Studied the need for an 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. The process determined transitional housing is needed for youth. 2. Committed 2 years of funding to current programs to assist people to move out of homelessness.
Best Practices	<ol style="list-style-type: none"> 1. Coordinated access to resources.⁸³ 2. Single point of contact system, with linkages to community shelter resources, for households experiencing a housing crisis.⁸⁴
Outcomes / Measures	<ol style="list-style-type: none"> 1. ESHP turnaway numbers are reduced to below 50%. 2. All shelters are ADA compliant. 3. Those who are homeless have options to house themselves and their domestic pets. 4. Length of stay in shelters is less than 14 days or 10% less than the previous year.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Continue to fund and increase coordinated access to current shelter and outreach programs. 2. Strengthen linkages between the shelter access point, outreach programs and housing programs. 3. Ensure all shelters have consistent access to funding for interpreter services to better meet the language needs of immigrants and refugees, and other clients, with limited or no English language skills.
Intermediate	<ol style="list-style-type: none"> 1. Reduce barriers to shelter that make it challenging for consumers to access or sustain housing. 2. Create shelter options for those with domestic pets.

⁸³ National Symposium on Homelessness Research, People Who Experience Long-Term Homelessness: Characteristics and Interventions, Caton, Carol L. M.; Wilkins, Carol; Anderson, Jacquelyn, March 1, 2007

⁸⁴ Columbus and Franklin County, Ohio, Rebuilding Lives Plan Best Practice Research Summary, March 3, 2008

	<ol style="list-style-type: none"> 3. Identify deficiencies in shelters related to ADA compliance. 4. Incorporate Domestic Violence prevention information, classes and resources into all shelters and veteran programs.
Long-Term	<ol style="list-style-type: none"> 1. Create a system to divert households from shelters to most appropriate housing options. 2. Create ADA accessible shelters by determining deficits and identifying funding opportunities to ensure shelter is accessible to all. 3. Increase urgent access to emergency shelter and decrease need, by increasing permanent supported housing and homelessness prevention options.

Systemwide Improvements: Strategies 8 & 9

Strategy 8 PLANNING/ COORDINATION	Plan and coordinate countywide and systemwide to efficiently manage limited resources for ending homelessness.
Description: A planning group, which includes local government, provides coordination of planning efforts to end homelessness.	
Evidence of the Strategy's Effectiveness	Clark County's Coalition of Service Providers has been recognized as an effective collaborative planning group that identifies priorities and recommends resource allocations.
Population to be Served	People who are homeless.
Extent of Need	At the inception of the 10-Year Homeless Plan in 2005 the population of people without homes was 1578 people, and in 2010 that population has been reduced to 1093. As compared to total population this translates to a reduction from 39 per 10,000 to 25. The expectation is to eliminate the population of people without homes, and by 2015 reduce the population by 50%.
Organizational Responsibility	Local governments, Council for the Homeless, Coalition of Services Providers for the Homeless, Community Action Advisory Board, Clark County.
Accomplished	<ol style="list-style-type: none"> 1. Updated 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 meets bi-monthly and monthly as needed to update strategies and review outcomes to reduce homelessness. 3. Community stakeholders meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed. 4. Clark County 10-Year Plan meets state guidelines. 5. Clark County 10-Year Plan accurately reflects local needs and priorities. 6. Reported on progress toward meeting goals, and updates to 10-Year plan every 2-3 years.
Best Practices	<ol style="list-style-type: none"> 1. Successful Planning and coordination leads to high Performing Communities.⁸⁵ 2. Interdisciplinary, interagency and intergovernmental action is required to effectively create comprehensive responses to the complex problem of homelessness.⁸⁶ 3. Coordination with Mainstream agencies is an effective strategy for ending homelessness.⁸⁷
Outcomes / Measures	<ol style="list-style-type: none"> 1. A 10 year plan report card or an update will be published annually. 2. The plan will clearly identify action areas that are measured and analyzed. 3. A Collaborative Applicant, as defined by the HEARTH ACT, will be identified. 4. Clark County will become a high performing community on at least one outcome according to the HEARTH Act. 5. At least five in-depth assessments focusing on the housing and supportive service needs of specific populations will be conducted. 6. 90% of community funds contracts will meet or exceed stated outcomes. 7. Less than 5% of individuals/families who were homeless within the past two years become homeless again. 8. Average length of homeless episode is less than 20 days.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Develop baselines for new outcome measures incorporated in 2011 plan

⁸⁵ National Alliance to End Homelessness, Summary of HEARTH Act, July 14, 2008.

⁸⁶ Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, U.S. Interagency Council on Homelessness, Poppe et al., 2010.

⁸⁷ National Alliance to End Homelessness, Summary of HEARTH Act, July 14, 2008.

	<p>update.</p> <ol style="list-style-type: none"> 2. Measure and report on existing outcome expectations and disseminate the information to the community. 3. Align all outcomes with those presented in the HEARTH Act. 4. Engage the Coalition of Service providers in the creation and revisions of the Consolidated Housing and Community Development Plan. 5. Consciously work to meet the needs of diverse populations through culturally specific outreach, translated materials, interpretation options, encouraging diverse staff, staff trainings and more. 6. Study the impact of community ordinances that negatively affect those who are homeless and restrict where social service non-profits can locate. 7. Develop a plan to change or strike ordinances that create unnecessary barriers for social service organization and/or people who are homeless. 8. Develop or identify a workgroup to enhance cultural competency across the system to ensure access to quality services for all current and emerging populations. 9. Incorporate criteria in contracts that consider actual performance in serving diverse communities within applications for funding. 10. Ensure all homeless system service providers are trained to identify and work with those dealing with PTSD and traumatic brain injury. This is of particular importance for those working with Veterans in any capacity. 11. Survey the needs of people who are homeless and utilize this information in planning and funding allocations. 12. Assess the housing and supportive services needs of at least five different specific populations who may be underserved by the homeless system including people with developmental disabilities, survivors of domestic violence and youth aging out of foster care.
Intermediate	<ol style="list-style-type: none"> 1. Coordinate with the Federal Opening Doors Homeless Plan including the use of national measurement outcomes. 2. Coordinate with WA State 10-Year Homeless Plan updates as they become available. 3. Coordinate among Local, State, and Federal governments to identify and respond to emerging needs and trends. 4. Assess the cost effectiveness of rental subsidies versus the building of new rental units. 5. Incorporate outcomes focusing on specific populations within each community funds contract. 6. Utilize the recommendations of the Aging Task Force to effectively meet the needs of the aging population.
Long-Term	<ol style="list-style-type: none"> 1. Plan for outcome expectations beyond 2015 based on outcomes and trends as identified.

Strategy 9 DATA ANALYSIS	Build on successful implementation and expansion of Homeless Management Information Services (HMIS) in Clark County.
Description:	Clark County’s HMIS system’s comprehensive unduplicated data is essential for planning and coordination of services, as well as for allocation of resources. HMIS provides local data to all levels of government to assess progress towards goals and priorities.
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	People who are accessing homeless services and homeless service providers.
Extent of Need	In order to receive homeless service funds organizations must enter accurate and complete data into HMIS. In 2005, at the inception of the 10 Year Plan to End Homelessness, 1,392 people, according to the annual point in time count were homeless in Clark County and six agencies were entering data into the system. In 2010, there were 1,093 individuals who were homeless, according to the annual point in time count and 13 agencies entering data into the system. Data Analysis should be the central source for determining achievement of program outcomes. 100% coverage is necessary to provide accurate and complete data to ensure system design is data driven.
Organizational Responsibility	Council for the Homeless, Coalition of Service Providers for the Homeless and Clark County
Accomplished	<ol style="list-style-type: none"> 1. Implement an effective annual point-in-time count of people who are homeless by engaging organizations in every community within Clark County serving people who are homeless to participate in the point in time count. 2. Funding for data collection and analysis has been adequately developed. 3. A committee to develop policy and procedures for collection and analysis of HMIS data has been developed. 4. Purchased and incorporated the ART report writing system into the HMIS system.
Best Practices	<ol style="list-style-type: none"> 1. Timely, accurate and complete data is central and critical to the success of HMIS.⁸⁸ 2. Take an “Everyone affects the quality of HMIS data” approach.⁸⁹ 3. Establish benchmarks for data timeliness, accuracy and completeness.⁹⁰ 4. HMIS data should be viewed as a valuable tool for the community and for ending homelessness.⁹¹ 5. Conduct long-term data analysis on the re-user rate within the homeless system.
Outcomes / Measures	<ol style="list-style-type: none"> 1. At least 95% of available beds on the Homeless Inventory Chart will provide data. 2. All partner agencies will show positive annual progress on the established data assessment tool.
Action Steps	
Short-Term	<ol style="list-style-type: none"> 1. Develop regularly scheduled trainings for new and experienced HMIS users. 2. Develop service specific HMIS entry instructions. 3. Common Intake form will be implemented for partner agencies. 4. Translate the intake/assessment form into three different languages. 5. Establish a data quality assessment tool for all HMIS partner agencies.

⁸⁸ Taylor, Patrick, *From Intake to Analysis: A Toolkit for Developing a Continuum of Care Data Quality Plan*, October, 2009.

⁸⁹ ibid

⁹⁰ ibid

⁹¹ ibid

	6. Exceed National AHAR scoring standards and increase score annually.
Intermediate	<ol style="list-style-type: none"> 1. Develop a regional data system with the Portland Metro area. 2. Conduct long-term data analysis on the number of children who are homeless system. 3. Translate intake/assessment form into additional languages, as appropriate. 4. Expand on the current data analysis regarding the re-user rate within the homeless system.
Long-Term	<ol style="list-style-type: none"> 1. Analyze data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County. 2. Create an HMIS dashboard for presentation and analysis of key data on the web. 3. Analyze HMIS data from a regional perspective and create regional outcomes.

Original Planning Body Members-2005

Name	Agency	Representing
Sherri Bennett	YWCA SafeChoice	Domestic Violence Provider
Diane Christie	Share	Homeless Services Provider
Pam Clark	Clark County Corrections	Corrections
Kim Conner	Council for the Homeless	Coordinating Entity
Julie DeSmith	YW Housing	Housing Provider
Alice Doyle	Vancouver Housing Authority	Housing Provider
Sondra Dudley	Community Action Advisory Board (CAAB)	Community Services
Karen Evans	Clark County, Dept. of Community Services	County
Renee Holmes	Open House Ministries	Homeless Person
Erin Kelleher	Affordable Community Environments	Housing Provider
Patrick Kelly	Council for the Homeless Volunteer	Volunteer
Trina King	Columbia River Mental Health Services (CRMHS)	Mental Health/Housing Provider
Bridget McLeman	Children's Home Society of Washington	Family Services
Charlie Mitchell	Northwest Justice Project/CAAB	Legal Services
Dennis Morrow	Janus Youth	Youth Provider
Pete Munroe	Clark County, Dept. of Community Services	County
Erin Nolan	Clark County Sheriff's Office	Law Enforcement
Melodie Pazolt	Columbia River Mental Health Services (CRMHS)	Employment Services
Cheryl Pfaff	Community Choices, 2010	Community Health
Karen Read	Council for the Homeless	Coordinating Entity
Gregory Robinson	Columbia River Mental Health Services	Mental Health/Housing Provider
Steve Rusk	Salvation Army	Homeless Services Provider
Vicki Salsbury	Columbia River Mental Health Services (CRMHS)	Mental Health Services/Options Youth
Peggy Sheehan	City of Vancouver	Largest City
Mary J. White	Vancouver Police Department	Law Enforcement
John Wiesman	Clark County Health Department	Public Health
David Wilde	Open House Ministries	Homeless Services Provider
Nancy Wilson	Inter-Faith Treasure House	Homeless Services Provider

Planning Process Participants-2005

Name	Agency	Representing
Sherri Bennett	YWCA SafeChoice	Domestic Violence Provider
Diane Christie	Share	Homeless Services Provider
Pam Clark	Clark County Corrections	Corrections
Kim Conner	Council for the Homeless	Coordinating Entity
Julie DeSmith	YW Housing	Housing Provider
Alice Doyle	Vancouver Housing Authority	Housing Provider
Sondra Dudley	Community Action Advisory Board (CAAB)	Community Services
Karen Evans	Clark County, Dept. of Community Services	County
Renee Holmes	Open House Ministries	Consumers
Erin Kelleher	Affordable Community Environments	Housing Provider
Patrick Kelly	Council for the Homeless Volunteer	Volunteer
Trina King	Columbia River Mental Health Services (CRMHS)	Mental Health/Housing Provider
Bridget McLeman	Children's Home Society of Washington	Family Services

Charlie Mitchell	Northwest Justice Project/CAAB	Legal Services
Dennis Morrow	Janus Youth	Youth Provider
Pete Munroe	Clark County, Dept. of Community Services	County
Erin Nolan	Clark County Sheriff's Office	Law Enforcement
Melodie Pazolt	Columbia River Mental Health Services (CRMHS)	Employment Services
Cheryl Pfaff	Community Choices, 2010	Community Health
Karen Read	Council for the Homeless	Coordinating Entity
Gregory Robinson	Columbia River Mental Health Services	Mental Health/Housing Provider
Steve Rusk	Salvation Army	Homeless Services Provider
Vicki Salsbury	Columbia River Mental Health Services (CRMHS)	Mental Health Services/Options Youth
Peggy Sheehan	City of Vancouver	Largest City
Mary J. White	Vancouver Police Department	Law Enforcement
John Wiesman	Clark County Health Department	Public Health
David Wilde	Open House Ministries	Homeless Services Provider
Nancy Wilson	Inter-Faith Treasure House	Homeless Services Provider

Additional Planning Process Participants-2007

Name	Organization
Alina Aaron	Human Service Council
Barb Baldus	Board Council for the Homeless
Jeri Balsley	Share
Sarah Bowens	YW Housing
Larry Brennan	Veterans Affairs
Pam Brokaw	Affordable Community Environments
Kate Budd	Council for the Homeless
Victoria Clevenger	YW Housing
John Collins	Community Member
Debby Dover	YW Housing
Jennifer Gallagher	Community Member
Martin Greenlee	City of Vancouver
Christine Hermann	Columbia Nonprofit Housing
David Herrington	City of Vancouver
Jim Just	VA Housing
Sandy Kendrick	Clark County Public Health
Beth Kennard	The Salvation Army
Tom Lasher	Clark County
Anne Glavas Lydiard	Vancouver School District
Carol Mackey	Community Member
Bobi Magill	Share
Lindsey Morris	Share

Name	Organization
Crystal Nebeker	Community Member, RAP
Gelinda Nell	Clark County
Megan Newell	YW Housing
Valerie Norris	YW Housing
Teresa Olson	Community Services Northwest
Laura Plymale	Janus Youth
Amy Reynolds	Share
Jim Robison	Consumer Voices are Born
Dee Sanders	Share
Keith Scheff	Veterans Affairs
Bonnie Scott	Clark County
Connie Sherrad	Vancouver Housing Authority
Duane Sich	Friends of the Carpenter
Tina Smith	Vancouver Comm. Library
Karen Steffen	Council for the Homeless
Denise Stone	Community Services Northwest
Maureen Taylor	Clark County Public Health
Tom Tucker	Greater Vancouver Interfaith Association
Audrey Warfel	Community Member
Lisa Watts	YWCA SafeChoice
Mary White	Vancouver Police Department
Lorie Wood	Community Member

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, 2011 sheltered and unsheltered street count.

Exhibit I: 2011 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):	37	103	18	173
Number of Households without Children	139	208	93	35
Number of Households without Adults (no one over 17 years old)	11	9	4	65
a. Number of Persons in Families with Children:	72	427	105	504
b. Number of Single Individuals and Persons in Households without Children:	126	126	133	66
c. Number of persons in Households without Adults (no one over 17 years old)	7	8	2	58
Total Persons: (Add Lines Numbered a & b)	239	411	187	834
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Temporarily Living with Family/Friends
	Emergency	Transitional		
a. Chronically Homeless Individual	25	NA	44	15
b. Chronically Homeless Family	2	NA	3	2
c. Mentally Disabled	36	31	45	20
d. Persons with alcohol and/or other drug problems	22	46	33	16
e. Veterans	35	28	32	12
f. Persons with HIV/AIDS	0	7	0	0
g. Victims of Domestic Violence	48	90	20	2
h. Unaccompanied Youth (Under 18)	7	10	2	51
i. Physically Disabled	59	70	33	24
j. Seasonal Agricultural Workers	0	0	0	0
k. Persons with both substance use and mental health problems	9	10	16	5
l. Senior citizens (aged 65 or older)	1	2	3	2

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 2010 Continuum of Care Application. They include information about the emergency, transitional, safe haven 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 9/1/11

D = Declined participation in HMIS or will begin providing data after 9/1/11

DV = Domestic violence service provider: providers whose primary mission is serving victims of domestic violence and are not required to report 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 population's 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

Unmet Need: Is determined by an equation developed by HUD which takes into account Point in time Count, available housing types, total population and other relevant factors.

2010 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 (Available on or before 1/28/10)			Ind.	Fam.									
Janus Youth Program	Oakbridge	PA	10	0	539011	YMF		0	0	10	10	0	0
Janus Youth Program	Oakgrove	PA	6	0	539011	YMF		0	0	6	6	0	0
Veteran's Admin.	Regional – TLU	D	20	0	539011	SM	VET	0	0	20	20	0	0
4 Area Providers	Motel Vouchers	PA	0	0	539011	M		0	0	0	0	0	6
YWCA	Safechoice	DV	20	8	539011	M	DV	8	20	8	28	0	0
Share	Share House	PA	30	0	539011	SM		0	0	30	30	25	5
Share	Share Homestead	PA	4	27	539011	M		11	27	4	31	0	10
Share	Share Homes	PA	8	0	539011	SF		0	0	8	8	0	0
Share	Share Orchards Inn	PA	4	27	539011	M		11	27	4	31	0	4
Share/CFTH	WHO-St. Andrew	PA	0	0	539011	M		0	0	0	0	50	0
Share/CFTH	WHO-St. Paul	PA	0	0	539011	SM		0	0	0	0	24	6
SUBTOTALS:			102	62	SUBTOTAL CURRENT INVENTORY:			30	74	90	164	99	31
Inventory Under Development			Anticipated Occupancy Date										
NA	NA	NA	NA	NA	NA	NA		0	0	0	0	0	0

2010 Emergency Shelter							Fam Units	Fam Beds	Indiv Beds	Total
Unmet Need							0	0	0	0
UNMET NEED TOTALS:							0	0	0	0

2010 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 1/28/10)				Ind.	Fam.						
Clark County Public Health	HOPWA Program	D	6	0	539011	M	HIV	0	0	6	6
Columbia River Mental Health	Elahan Place	PA	32	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	The NEST-TBRA	PA	16	0	539011	YMF		0	0	16	16
Open House Ministries	Open House Family Shelter	PA	4	103	539011	M		31	103	4	107
Open House Ministries	Pinewood Terrace	PA	1	35	539011	M		7	35	1	36
Open House Ministries	Transitional PBRA	PA	1	35	539011	M		7	35	1	36
Second Step Housing	Amber's House	PA	1	0	539011	SF		0	0	1	1
Second Step Housing	Key House	PA	2	0	539011	SF		0	0	2	2
Second Step Housing	McLoughlin House	PA	2	0	539011	SF		0	0	2	2
Second Step Housing	Re-Entry Pilot Project-TBRA	PA	6	2	530911	M		1	2	6	8
Second Step Housing	Re-entry Pilot Project-TBRA	PA	2	0	530911	SF		0	0	2	2
Second Step Housing	Swift House	PA	5	0	530911	SF		0	0	5	5
Second Step Housing	Val's House	PA	1	0	530911	SF		0	0	1	1
Second Step Housing	Wise Moves Amber's House	PA	0	2	539011	SFFC		1	2	0	2
Second Step Housing	Wise Moves Hope House	PA	0	9	539011	SFFC		3	9	0	9
Second Step Housing	Jubilee House	PA	0	9	539011	SFFC		3	9	0	9
Second Step Housing	Wise Moves Kauffman Transitional House	PA	0	3	539011	SFFC		1	3	0	3
Second Step Housing	Wise Moves Key House	PA	0	4	539011	SFFC		2	4	0	4
Second Step Housing	Wise Moves McLoughlin House	PA	0	4	539011	SFFC		2	4	0	4
Second Step Housing	Wise Moves Swift House	PA	0	4	539011	SFFC		2	4	0	4
Second Step Housing	Wise Moves Val's House	PA	0	5	539011	SFFC		2	5	0	5
Second Step Housing	Wise Moves Watson House	PA	0	2	539011	SFFC		1	2	0	2
Second Step Housing	Wise Moves Worth House	PA	0	8	539011	SFFC		3	8	0	8

2010 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	
Share	Share ASPIRE TBRA	PA	9	173	539011	FC		43	173	9	182
Share	Share ASPIRE Wisemoves	PA	0	16	539011	FC		6	16	0	16
Share	Operation Homestretch-TBRA	PA	0	20	539011	FC		7	20	0	20
Share	Orchards Glen	PA	0	20	539011	FC		10	20	0	20
Share	Share Homes	PA	1	0	539011	SF		0	0	1	1
Share	Share Homestead	PA	1	0	539011	SF		0	0	1	1
Share	Share House	PA	13	0	539011	SM		0	0	13	13
Share	Share S St.	PA	4	0	539011	SM		0	0	4	4
Share	Orchards Inn	PA	1	0	539011	SF		0	0	1	1
The Salvation Army	Moving Forward Together-TBRA	PA	13	0	539011	SMF		0	0	13	13
Transitional Youth	Home on the Range	D	6	0	539011	YM		0	0	6	6
Transitional Youth	Vancouver Junction House	D	7	0	539011	YM		0	0	7	7
Vida's Ark	Vida's Ark	D	2	4	539011	SFFC		2	4	2	6
SUBTOTALS:			142	458	CURRENT INVENTORY:			134	458	142	600
New Inventory in Place			Ind.	Fam.							
NA	NA	NA	0	0	0	0	0	0	0	0	0
Inventory Under Development			Occupancy Date								
NA	NA		0		0	0	0	0	0	0	0
Unmet Need			UNMET NEED TOTALS:			0	0	0	0	0	0

2010 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 1/28/10)			Ind.	Fam.							
Clark County Community Services	CHEC - TBRA	PA	32	0	539011	SMF		0	0	32/25	32
Clark County Community Services	CHEC - TBRA	PA	68	0	539011	SMF		0	0	68/25	68
Clark County HOPWA – TBRA	HOPWA – TBRA	D	4	0	539011	SMF	HIV	0	0	4/4	4
Clark County RSN	Evergreen Inn	D	19	0	539011	SMF		0	0	19/0	19
Clark County RSN	Ridgefield Living Center	D	7	0	530911	SNF		0	0	7/0	7
Columbia River Mental Health	39 th Street Triplex	D	6	0	539011	SMF		0	0	6/2	6
Columbia River Mental Health	99 th Street House	D	6	0	539011	SF		0	0	6/2	6
Columbia River Mental Health	Cascade Terrace	D	6	0	539011	SMF		0	0	6/2	6
Columbia River Mental Health	Daniels Street	D	6	0	539011	SF		0	0	6/6	6
Columbia River Mental Health	Forest Creek Condos	D	12	5	539011	M		2	5	12/2	17
Columbia River Mental Health	Ft. Vancouver Apartments	D	20	0	539011	SMF		0	0	20/0	20
Columbia River Mental Health	New Dreams - TBRA	PA	15	8	539011	SM		3	8	15/15	23
Columbia River Mental Health	Orchards 129 th Avenue	PA	3	0	539011	SF		0	0	3/0	3
Community Services Northwest	Azalea Place	D	12	0	539011	SMF		0	0	12/12	12
Community Services Northwest	Family Housing Northwest	D	0	30	539011	HC		10	30	0	30
Community Services Northwest	Welcome Home – TBRA	PA	10	0	539011	SMF		0	0	10/0	10
Friends of the Carpenter	FOC Duplex	D	1	3	539011	M		1	3	1/0	4
New Life Mission Possible Church	The Rock	D	11	0	539011	SM		0	0	11/11	11
New Life Mission Possible Church	Samaritan House	D	7	0	539011	SF		0	0	7/7	7
Second Step Housing	Aurora Place Apts.	PA	8	0	539011	SMF		0	0	8/0	8
Second Step Housing	Story Street - TBRA	PA	16	12	539011	SF + HC		6	12	16/0	28
Second Step Housing	Story Street - TBRA	PA	0	6	539011	HC		3	6	0/0	6
Share	ASPIRE – TBRA	PA	10	112	539011	M		45	112	10/0	122
Share	ASPIRE – TBRA	PA	0	38	539011	M		15	38	0/0	38
Share	ASPIRE – TBRA	PA	0	38	539011	M		15	38	0/0	38

2010 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	
Vancouver Housing Authority	Central Park Place	N	20	0	539011	M		0	0	20/0	20
Vancouver Housing Authority	Central Park Place S+C	N	20	0	539011	M		0	0	20/0	20
Vancouver Housing Authority	FUP	PA	0	150	539011	M		50	150	0/0	150
Vancouver Housing Authority	HUD/VASH	PA	70	0	539011	M		0	0	70/0	70
SUBTOTALS:			389	402	SUBTOTAL CURRENT INVENTORY:			160	402	389/223	791
New Inventory			Ind.	Fam.							
SUBTOTALS:				0	SUBTOTAL NEW INVENTORY:						
Inventory Under Development(Anticipated Occupancy Date							
SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
Unmet Need							48	24	74	102	

2010 Safe Haven 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.			
Current Inventory(Available on or before 1/1/2011)			Ind.	Fam.									
Community Services Northwest	The Way Home - TBRA	PA	7	0	539011	SMF		0	0	7	7		
Community Services Northwest	The Way Home - TBRA	PA	4	0	539011	SMF		0	0	4	4		
SUBTOTALS:			11	0	SUBTOTAL CURRENT INVENTORY:			0	0	0	0		
New Inventory in Place			Ind.	Fam.									
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		0	0	0	0

2010 Homeless Prevention and Rapid Re-Housing Program (HPRP)											
Provider Name	Program Name	HMIS			Geo Code	Target Pop.		Year-Round			Total Year-Round
		Part. Code	# Year Round Beds			A	B	Fam. Units	Fam. Beds	Ind.	
Current Inventory(Available on or before 1/28/2010)			Ind.	Fam.							
Janus Youth Programs	PATH – HPRP	PA	0	2	539011	M		1	2	0	2
The Salvation Army	Moving Forward Together – HPRP	PA	0	10	539011	M		4	10	0	10
SUBTOTALS:			0	12	SUBTOTAL CURRENT INVENTORY:			5	12	0	12
New Inventory in Place in 2010			Ind.	Fam.							
Janus Youth Programs	PATH - HPRP	PA	0	157	539011	M		63	157	0	157
The Salvation Army	Moving Forward Together – HPRP	PA	0	214	539011	M		87	214	0	214
Share	ASPIRE STEPS - HPRP	PA	0	288	539011	M		97	288	0	288
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			247	659	0	959