

Clark County 10-Year Homeless Housing Plan

Clark County Board of Commissioners

Betty Sue Morris, Chair
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Approved by Clark County Board of Commissioners December 20, 2005

Background

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

Nationally, in both the advocacy and federal funding arenas, there is an increased emphasis on ending homelessness for chronically homeless individuals in the next ten years. The Washington Homelessness Housing and Assistance Act, enacted in May of this year, mandates the creation of 10-year homeless housing plans for every county throughout the state by December 31, 2005, and provides additional funding for the state and counties to provide homeless housing and services. The ultimate goal of the Act is to decrease homelessness by at least 50 percent statewide by 2015. These federal and state priorities intersect with a local commitment to meet the needs of homeless individuals and families in the most effective way possible.

The Clark County 10-Year Homeless Housing Plan will be updated in early 2006 with additional strategies to address homelessness to more completely reflect the community's priority activities. In late 2006, the plan will be reviewed to ensure consistency with the Washington State Homeless Housing Plan when it is published, as required by the Homelessness Housing and Assistance Act.

SECTION I – Contact Information

Jurisdiction: Clark County

**Other Jurisdictions
Represented in this Plan:** N/A

Date of Plan Adoption:

Jurisdiction Contact Person		Plan Contact Person	
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Planning Group Name: Clark County 10-Year Plan Task Force

Planning Body Members:

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
Cheryl Pfaff	Community Choices, 2010	Community Health
Melodie Pazolt	Columbia River Mental Health Services (CRMHS)	Employment Services
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

SECTION 2 - 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 March 15, 2005 sheltered and unsheltered street count.

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

Part I: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	131 (A)	399 (A)	284 (N)	814
2. Homeless Families with Children	63 (A)	108 (A)	111 (N)	282
2a. Persons in Homeless Families with Children	187 (A)	303 (A)	274 (N)	764
Total (lines 1 + 2a only)	318	702	558	1,578
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless		95 (A)	194 (N)	289
2. Severely Mentally Ill		129 (A)	88(N)	217
3. Chronic Substance Abuse		134 (A)	96 (N)	230
4. Veterans		104 (A)	40 (N)	144
5. Persons with HIV/AIDS			3 (N)	3
6. Victims of Domestic Violence		91 (A)	21 (N)	112
7. Youth (Under 18 years of age)		23 (A)	32 (N)	55
8. Single Adult Men*				
9. Single Adult Women*				
10. Chronically Physically Disabled*				

*Optional

Note: The quality of the data presented in each box must be identified as: (A), (N), or (S).

(A) Administrative records

(N) Enumerations

(S) Statistically reliable samples.

SECTION 3 - Housing Activity Charts

The Housing Activity Charts presented in this section were prepared for and included in the Clark County, Washington 2005 Continuum of Care Application, and include information about the emergency, transitional, and permanent housing resources available to homeless youth, individuals, and families in Clark County.

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

HMIS Participation Code:

A = all of the clients served by this program have data entered into the HMIS

S = some of the clients served by this program have data entered into the HMIS

N = none of the clients served by this program have data entered into the HMIS but they plan to participate in the future

Z = this program does not plan to participate in HMIS

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

539011: Clark County

531668: Vancouver

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

SM = only Single Males (18 years and older)

SF = only Single Females (18 years and older)

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

FC = only Families with Children; YM= only unaccompanied Young Males (under 18 years)

YF = only unaccompanied Young Females (under 18 years)

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

M = mixed populations

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

DV = only Domestic Violence victims

VET = only Veterans

AIDS = only persons with HIV/AIDS

EMERGENCY SHELTER

Provider Name	Facility Name	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds		
		Part Code	#Yr. Round		A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Seasonal	Over-flow/Voucher	
Current Inventory			Ind	Fam									
Janus Youth Program	Oakbridge	N			539011	YMF			10	10			
	Oakgrove	N			539011	YMF			6	6			
Veteran's Administration	Regional – TLU	Z			539011	SM	VET		5	5			
4 area Providers	Motel Vouchers	S			539011	M						6	
YWCA	Safechoice	N			531668	M	DV	8	27	8	35		
Open House Ministries	Open House	A	8	99	539011	M		27	99	8	107	10	
Share	Share House	A	30		539011	SM	VET		30	30	25		
	Share Orchards Inn	A	4	46	539011	M		12	46	4	50	10	
	Share Homestead	A	4	46	539011	M		12	46	4	50	10	
	Share Homes	A	12		539011	SF			12	12			
	WHO – St. Andrews	A			539011	M						35	
	WHO – St. Pauls	A			539011	SM						24	
TOTALS			58	191		TOTALS		59	218	87	305	84	36
Under Development			Anticipated Occupancy Date										
						TOTALS							
Unmet Need (Optional for December 2005)						TOTALS		55	137	142	279		

TRANSITIONAL HOUSING

Provider Name	Facility Name	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round		A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds	
Current Inventory			Ind	Fam							
Clark Cty. HIV/AIDS	HOPWA program	Z			539011	M	AIDS	1	4	5	9
Columbia River Mental Health Services	Elahan Place	Z			539011	SMF				34	34
	Hazelwood Dup	A	6		539011	SMF				6	6
	Daniels Street				539011	YMF				9	9
Eutyclus Ministries	1902 House	Z			531668	SM	VET			9	9
	Brush Prairie House	Z			539011	SM	VET			8	8
Janus Youth	MY House	N			539011	YMF				8	8
Legacy of Life	Legacy Maternity Home	Z			539011	SF				6	6
Open House Ministries	Pinewood Terrace	A		92	531668	M		23	92		92
Share	Share House	A	11		531668	SM				11	11
	ASPIRE	A	13	143	539011	FC		50	143	13	156
VHA	Operation Homestretch	A		30	539011	FC		10	30		30
	Central Park Place	Z			531668	SMF				83	83
	Shelter+Care	N			531668	SMF	VET			10	10
	Units - HIV/AIDS	Z			531668	SMF				6	6
Veterans Affairs	Group Living Homes	Z			531668	SMF	VET			13	13
Washington State	Chalet 11 Oxford	Z			539011	M				14	14
Oxford (Clark County/Vancouver)	Columbia Oxford	Z			539011	M				14	14
	Delaware Oxford	Z			539011	SM				9	9
	Five Corners Oxford	Z			539011	SM				8	8
	Franklin Oxford	Z			539011	SM				9	9
	Grammer Oxford	Z			539011	SM				8	8
	Heights Oxford	Z			539011	SM				9	9
	Historic Flynn Oxford	Z			539011	SF				10	10
	Laurelwood Oxford	Z			539011	SM				10	10
	Lavina Oxford	Z			539011	SM				9	9
	Lewis & Clark Oxford	Z			539011	SM				10	10
Lincoln Oxford	Z			539011	SM				7	7	
May Woods Oxford	Z			539011	SM				9	9	
Parkside Oxford	Z			539011	SM				10	10	

TRANSITIONAL HOUSING (continued)

Provider Name	Facility Name	HMIS			Target Pop.		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round	Geo Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds	
	Reserve Ridge Oxford	Z		539011	SM				9	9	
	Rosemere Oxford	Z		539011	SM				9	9	
	Sign Oxford	Z		539011	SM				7	7	
	Silver Star Oxford	Z		539011	SM				8	8	
	St. James Oxford	Z		539011	SF				10	10	
	Tallwood Manor Oxford	Z		539011	SM				9	9	
	Vancouver Oxford	Z		539011	SM				9	9	
Agape Manor	Agape Manor	A	2	6	539011	YF		3	6	2	8
YW Housing	Jubilee House	A		8	531668	FC		3	8		8
	Val's House	A		8	531668	FC		3	8		8
	Amber's House	A	5		531668	M		2	3	2	5
	Key House	A	1	4	531668	M		2	4	1	5
	McLoughlin House	A	3	2	531668	M		1	2	3	5
	Swift House	A	4	3	531668	M		1	3	4	7
	Watson House	A	3		531668	M		1	2	1	3
	Hyde Park House	A	2	3	531668	M		1	3	2	5
	Hope House	A		8	531668	FC		3	8		8
	Worth House	A		8	531668	FC		3	8		8
	Kauffman Townhomes	A		26	531668	FC		10	26		26
TOTALS			48	319		TOTALS	117	350	433	783	
Under Development		Anticipated Occupancy Date									
Inland Empire Residential Resources		January 2006							5	5	
						TOTALS			5	5	
Unmet Need (Optional for December 2005)						TOTALS		140	150	290	

PERMANENT SUPPORTIVE HOUSING

Provider Name	Facility Name	HMIS			Target Pop.		2005 Year-Round Units/Beds					
		Part. Code	#Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual Beds	Individual CH Beds	Total Year-Round Beds
Current Inventory			Ind	Fam								
ACE	Cascadia Village	N			539011	M				10		10
	Covington Commons	N				M						TBD
	The Mews				539011	M		3	15	5		20
Columbia Non-Profit Hsg.	Azalea Place	Z			539011	SMF				12		12
Columbia River Mental Health	Cascade Terrace	Z			539011	SMF				11	1	12
	Ft. Vancouver Apts.	Z			531668	SMF				19		19
	U Street House	Z			539011	SF				3	1	4
	Orchards 129th Ave	Z			539011	SMF				3		3
	39th St. Triplex	Z			531668	SMF				4	2	6
	99th Street House	Z			539011	SF				4	2	6
	New Dreams	A	14		539011	M					14	14
	Forest Creek Condos	Z			539011	M		1	5	12	0	17
	Clear Dreams	Z			539011	M				13		13
Mental Health NW	The Way Home	A	12		539011	SMF					12	12
Veterans Affairs	Shelter+ Care (HAP)	Z			539011	SMF	VET			20		20
	Lifetime Section 8	Z			539011	SMF	VET			11		11
Share/YW Hsg.	Story Street	A	29	26	539011	M	VET	18	26	29		55
VHA	Central Park Place	Z			531668	SMF	VET				35	35
YW Housing	Kauffman Townhomes	A		23	531668	M		9	23			23
		TOTALS		55	49	TOTALS		31	69	156	67	292
Under Development		Anticipated Occupancy Date										
YW Housing	Aurora Place	Summer 2006					26	90				90
Columbia River Mental Health	New Dreams II	Pending								10		10
		TOTALS				26	90			10		100
Unmet Need (Optional for December 2005)		TOTALS						500	246	194		940

HOME Tenant Based Rental Assistance Targeted to Homeless Persons

HOME Tenant Based Rental Assistance Targeted to Homeless Persons								
Provider Name	Geo Code	Target Pop		Family Units	Family Beds	Chronic Individual Beds	Individual Beds	Total Year-Round Bed Equivalent
		A	B					
Share	531668	M		29	87		29	116
			TOTALS	29	87		29	116

Housing Choice Vouchers (Section 8) Targeted to Homeless Persons

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

Housing Choice Vouchers (Section 8) Targeted to Homeless Persons								
Provider Name	Geo Code	Target Pop		Family Units	Family Beds	Chronic Individual Beds	Individual Beds	Total Year-Round Bed Equivalent
		A	B					
			TOTALS					

SECTION 4 - Homeless Services Needs

*In a narrative format, describe **the most important gaps** in services necessary to help homeless persons obtain and maintain stable housing, and prevent at-risk households from becoming homeless. “Homeless services” includes, but is not limited to, Prevention (short-term rent/mortgage assistance, landlord/tenant mediation); Outreach to homeless persons not engaged in services; and Supportive Services (case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, etc.)*

Anecdotal indicators from shelter providers and human service agencies in Clark County show that the number of people who are homeless is growing. This rise in homelessness is due in part to the lack of affordable housing, an unemployment rate that is generally higher than the stat average, and drug and alcohol use. One of the fastest growing counties in the nation, Clark County had a growth rate of 13% between 2000 and 2005, contributing to competition for housing and service resources. The homeless population continues to grow as more at-risk persons become homeless. Growth is also influenced by Clark County’s proximity to the Portland Metro area, which results in an influx of chronically homeless people from areas across the Columbia River, in part due to social service cuts in Oregon.

Affordable housing is a primary need for low-income residents of Clark County as well as homeless youth, individuals, and families. Currently, more than 22,000 households in Clark County pay more than 30 percent of their income for housing. Persons at risk of homelessness have a range of needs. The most critical element contributing to their ability to stay off the streets is employment with wages sufficient to pay for basic living necessities. Many shelter residents have become homeless due to unemployment or underemployment. Many people living in shelters are employed either in daily jobs or as day laborers, but they cannot afford to pay for housing in Clark County.

Individuals and families who are low income often need assistance meeting their basic needs for shelter and food. There is a lack of safe and decent housing affordable to very low-income residents. Short-term rent assistance or eviction prevention services are needed. Credit issues can lead to legal issues that impact an individual’s ability to access housing. Individuals and families who are moving between units or exiting homelessness frequently need assistance with security deposits and utility payments. Increasing numbers of people are accessing food assistance programs, food banks, and meal programs. Resources for all of these essential services are extremely limited.

Domestic violence affects many individuals who experience homelessness—as many as half of women and children who are homeless have left abusive situations. Lack of affordable housing and shelter resources leave women experiencing violence few choices, and many will stay in unsafe situations for lack of other options. Mental health issues, drug and alcohol problems, and generational poverty are also contributing factors to homelessness. For individuals with these issues, a range of services is needed, including case management and life skills development—rental assistance alone will not prevent homelessness. Availability of mental health services has decreased in recent years while a strong demand for these services continues. Expanded counseling services are needed to address identified behavioral health concerns. In addition, those who are homeless or at risk of homelessness need access to the full range of healthcare services, including medical, dental, vision, and medications. Decreased funding and services available from mainstream resources, particularly health care, mental health and addiction

programs and voter-approved tax limitation measures reduce the ability of government and local providers to pay for needed services.

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

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

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

Youth and young adults become homeless when they run away, leave abusive or dysfunctional family situations, are told by parents to leave, and when they age out of foster care or other institutions. Outreach services are particularly important for homeless youth, and engagement and trust building may take months or even years. According to a 2001 survey in Clark County, food, showers and laundry facilities, access to telephones, and job training and education were the services homeless youth were most likely to use.

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

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

SECTION 5 – Summary of Homeless Strategic Plan

The state 10-Year Plan guidelines require that communities develop strategies and activities that together with existing efforts will result in a 50 percent reduction of homelessness in ten years. Plan objectives include reducing homelessness among youth, individuals, and families, and implementing effective data collection and planning procedures.

The state outlined four areas for strategy development: housing, prevention, health, and income. The Clark County 10-Year Plan Task Force developed the following definitions of each strategy to provide context for the readers of this plan:

- **Housing Strategy:** Increases safe and affordable housing available to people who are homeless or at risk of homelessness
- **Prevention Strategy:** Assists youth, individuals, and families to achieve or maintain housing stability and decrease risk of homelessness
- **Income Strategy:** Supports increased earning potential and sufficient income for youth, individuals, and families
- **Health Strategy:** Promotes physical and mental health for those experiencing, or at risk of, homelessness

In addition, the guidelines call for short- or long-term activities to be identified that will help reduce homelessness. Estimated costs and the number of persons served should be included. The state guidelines for plans delivered in December 2005 call for a minimum of one strategy to be developed per objective.

Strategies developed by the task force are presented here for five primary objectives. (See Appendix A for the complete presentation of strategies, activities, timelines, and costs.)

Objective 1: Reduce the number of chronically homeless individuals.

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

- **Short Term Activity:** Create 20 beds of supportive housing for chronically homeless individuals
 - Who is responsible: To be identified
 - Intermediate outcome: 80% of program participants maintain housing stability for 12 months
- **Short Term Activity:** Create and fund a Resource Center for chronically homeless individuals to provide emergency intervention and supportive services.
 - Who is responsible: Share Outreach
 - Intermediate outcome: 20 chronically homeless individuals become housing-ready; a portion of these individuals enter housing.

Health Strategy: Improve access to mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.

- Short Term Activity: Ensure effective outreach to homeless persons having difficulty accessing services

- Who is responsible: Share Outreach

Intermediate outcome: Increased number of chronically homeless individuals receive detox, mental health, and medical services.

Objective 2: Reduce the number of homeless families.

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

- Short Term Activity: Provide both partial and full monthly rental subsidies, assistance with security deposits, and short-term mortgage assistance for families through existing programs and Bridges to Housing with increased funding.

- Who is responsible: Homeless service providers

- Intermediate outcome: 40 families maintain housing stability through the receipt of financial assistance.

- Short Term Activity: Increase mentoring programs to support families that are homeless or at risk of homelessness

- Who is responsible: To be determined

- Intermediate outcome: A total of 50 families participate in mentoring programs.

Prevention Strategy: Prevent homelessness among families forced to relocate due to substandard conditions.

- Short Term Activity: Explore the need for and feasibility of a program that provides funding to relocate individuals and families that lose their housing due to code enforcement actions.

- Who is responsible: Local and County Government

- Intermediate outcome: Families will not become homeless due to code enforcement (6 families served).

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

- Long Term Activity: Create a fund to pay insurance premiums, such as Basic Health, for 75 families not eligible for insurance through other systems.

- Long Term Activity: Increase funding for dental care, such as the services provided by Northwest Medical Teams

Objective 3: Reduce the number of non-chronically homeless individuals.

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

- Short Term Activity: Fund 25 rental assistance vouchers for very-low income disabled individuals
 - Who is responsible: Existing low-income housing providers
 - Intermediate outcome: Rental assistance recipients maintain housing stability for 24 months.
- Long Term Activity: Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.

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

- Short Term Activity: Provide one-time three-month emergency rental assistance to renters and homeowners in times of financial crisis.
 - Who is responsible: Existing providers (such as Salvation Army, Treasure House, St. Vincent de Paul)
 - Intermediate outcome: 50 individuals avoid eviction
- Long Term Activity: Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.

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

Objective 4: Reduce the number of homeless youth.

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

- Short Term Activity: Create 25 additional transitional housing beds with attached case management for youth and young adults.
 - Who is responsible: Existing youth providers (such as Janus Youth Programs and Columbia River Mental Health Services) and adult providers (such as Share and YW Housing)
 - Intermediate outcome: 12 youth/young adults will achieve self-sufficiency and transition to independent living

Health Strategy: Ensure access to adequate and regular health care for youth through age 21

- Short Term Activity: Create a fund to pay insurance premiums for youth up to age 21 without access to other health insurance
 - Who is responsible: Agencies providing case management services

- Intermediate outcome: 25 youth will have access to health insurance
- Short Term Activity: Explore options of using local health care providers to provide medical care to youth at a reduced fee; add .5 FTE staff position to coordinate.
 - Who is responsible: To be determined (need to identify a champion/advocate to pursue this)
 - Intermediate outcome: 3 providers/clinics provide reduced cost health care to youth and young adults

Objective 5: Conduct adequate data collection and planning to efficiently manage limited resources for homelessness.

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

- Short Term Activity: The Clark County 10-Year Plan Task Force will meet as needed in early 2006 to create additional strategies to support reducing homelessness for the four identified populations of homeless persons
 - Who is responsible: Clark County, City of Vancouver, Council for the Homeless, and the Continuum of Care Planning Group
 - Intermediate outcome: The Clark County 10-Year Homeless Housing Plan meets state guidelines and is consistent with the state plan when it is published.

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

- Short Term Activity: Community stakeholders will meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.
 - Who is responsible: Clark County, City of Vancouver, Council for the Homeless, and the Continuum of Care Planning Group
 - Intermediate outcome: The Clark County Homeless Housing Plan accurately reflects local need and priorities.

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

- Short Term Activity: Analyze baseline data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County.
 - Who is responsible: Council for the Homeless and Continuum of Care Planning Group
 - Intermediate outcome: Council for the Homeless and the Continuum of Care Planning Group always utilize HMIS data during priority setting.
- Short Term Activity: Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance measurement data.

- Who is responsible: Council for the Homeless
- Intermediate outcome: 100% of agencies receiving Continuum of Care funding participate in HMIS and 100% of agencies receiving Homelessness Housing and Assistance Act funding collect necessary information for performance outcome measurement.
- Short Term Activity: Insure adequate training of all agencies participating in the HMIS system by increasing funding for training personnel.
 - Who is responsible: Council for the Homeless
 - Intermediate outcome: Information collected through HMIS about youth, individuals, and families who are homeless is accurate.

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

- Short Term Activity: Engage organizations in every community within Clark County serving people who are homeless to participate in the point-in-time count.
 - Who is responsible: Council for the Homeless and Continuum of Care Planning Group
 - Intermediate outcome: People who are homeless are counted in every city and town in Clark County where homeless people reside.

SECTION 6 - Recommendations for State Legislative and Policy Changes Needed to Address Homelessness

Describe the state-level changes in policy and law necessary to achieve the goal of a 50% reduction in homelessness in your county.

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

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

For additional information regarding these suggestions or to contact the community stakeholders who participated in the planning process, please contact the Council for the Homeless at 360-993-9561.

Community Review of Draft Plan and Next Steps

The draft Clark County 10-Year Homeless Housing Plan was presented to community members at a public meeting held on December 12, 2005. Close to 50 people attended the meeting, which included an overview of the planning process and a review of the initial objectives and strategies developed to reduce homelessness in Clark County.

General feedback included the need to approach ending homelessness regionally, building on other regional efforts. Community members participated in small group breakouts to discuss specific issues facing chronically homeless individuals and non-chronically homeless individuals, families, and youth:

- **Chronically homeless individuals** need better access to Veteran's Administration services, general assistance, and social security benefits. Potential strategies include connecting homeless people with day labor activities and the development of a day resource center. Public education about homelessness is needed.
- **Non-chronically homeless individuals** need better coordination with available mental health services and reduced barriers to these services; a day-center with education, employment and other services available on site; case management support to assist individuals to access services available through other systems; and credit-building and financial-planning training.
- **Families** need regional access to services. Full funding for Bridges to Housing and continued funding from the Washington Families Fund will assist families to achieve housing stability. Provide incentives to support landlords to participate in efforts to end family homelessness and provide landlords with information about resources available to families at risk of homelessness. Homeless families need low-cost child-care, improved access to services available through the State Department of Social and Health Services, particularly in rural areas of the county, and expanded domestic violence resources.
- **Youth** who are homeless need safe places to stay both during the day and at night. Additional long-term transitional housing, with attached case management services, is needed and is recommended in the plan. The lack of inpatient mental health and chemical dependency treatment resources in the county impacts youth who are in need of such services. The group recommended working with local legislative representatives to change state policies and practices regarding youth who are homeless or in foster care.

Needs and strategies identified by community members will inform ongoing development of the Clark County 10-Year Homeless Housing Plan. Community members are invited to remain engaged in the local planning process. Another community input session will be held in mid-2006. For information about how to get involved, contact the Council for the Homeless at 360-993-9561.

APPENDIX A: Strategy Summary Form (12-13-05)

				Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
Goal: Reduce the number of homeless persons by 50% by 2015.														
Objective: Reduce the number of chronically homeless individuals.														
Housing Strategy: Increase access to and availability of subsidized housing for chronically homeless individuals														
Short Term Activity: Create 20 beds of supportive housing for chronically homeless individuals				Jun-2007	Dec-2008		\$ 132,000	\$ 150,000				20	20	vouchers or leasing
Who is responsible: To be identified														
Intermediate Outcome: 80% of program participants maintain housing stability for 12 months														
Short Term Activity: Create and fund a Resource Center for chronically homeless individuals to provide emergency intervention and supportive services.				Apr-2006	Apr-2008	\$ 4,500,000		\$ 400,000						
Who is responsible: Share Outreach														
Intermediate Outcome: 20 chronically homeless individuals become housing-ready; a portion of these individuals enter housing.														
Health Strategy: Improve access to mental health and chemical dependency treatment and medical, dental, and vision services for chronically homeless individuals.														
Short Term Activity: Ensure effective outreach to homeless persons having difficulty accessing services				Jun-2006	Jan-2007			\$ 50,000						
Who is responsible: Share Outreach														
Intermediate Outcome: Increased number of chronically homeless individuals receive detox, mental health, and medical services.														

										Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*
Objective: Reduce the number of homeless families.																				
Housing Strategy: Increase the supply of supportive housing for families.																				
	Short Term Activity:	Provide both partial and full monthly rental subsidies, assistance with security deposits, and short-term mortgage assistance for families through existing programs and Bridges to Housing with increased funding.								Jun-2006	Jun-2007		\$ 400,000			285	95		285	vouchers
		Who is responsible:	Homeless service providers																	
		Intermediate Outcome:	40 families maintain housing stability through the receipt of financial assistance.																	
	Short Term Activity:	Increase mentoring programs to support families that are homeless or at risk of homelessness								Feb-2006	Jan-2007		\$ 50,000							
		Who is responsible:	To be determined																	
		Intermediate Outcome:	A total of 50 families participate in mentoring programs.																	
Prevention Strategy: Prevent homelessness among families forced to relocate due to substandard conditions.																				
	Short Term Activity:	Explore the need for and feasibility of a program that provides funding to relocate individuals and families that lose their housing due to code enforcement actions.								Jul-2006	Jul-2007		\$ 12,000							
		Who is responsible:	Local and County Government																	
		Intermediate Outcome:	Families will not become homeless due to code enforcement (6 families served).																	
Health Strategy: Improve access to mental health and chemical dependency treatment and medical, dental, and vision services for families that are homeless or at risk of homelessness																				
	Long Term Activity:	Create a fund to pay insurance premiums, such as Basic Health, for 75 families not eligible for insurance through other systems.											\$ 150,000							
	Long Term Activity:	Increase funding for dental care, such as the services provided by Northwest Medical Teams											\$ 100,000							

										Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*		
Objective: Reduce the number of non-chronically homeless individuals.																						
Housing Strategy: Increase the availability of housing affordable to low-income residents of Clark County who are at risk of homelessness.																						
Short Term Activity: Fund 25 rental assistance vouchers for very-low income disabled individuals										Jul-2007	Jul-2008		\$ 120,000	\$ 10,000	25						25 vouchers	
Who is responsible: Existing low-income housing providers																						
Intermediate Outcome: Rental assistance recipients maintain housing stability for 24 months.																						
Long Term Activity: Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.										Jan-2009	Jan-2010			\$ 100,000								
Prevention Strategy: Increase housing stability for individuals who are at risk of homelessness.																						
Short Term Activity: Provide one-time three-month emergency rental assistance to renters and homeowners in times of financial crisis.										Jun-2006	Jan-2007		\$ 600,000	\$ 100,000	50					50 vouchers		
Who is responsible: Existing providers (such as Salvation Army, Treasure House, St. Vincent de Paul)																						
Intermediate Outcome: 50 individuals avoid eviction																						
Long Term Activity: Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.										Jan-2009	Jan-2010			\$ 100,000								
Income Strategy: Increase earning potential of individuals who are at risk of homelessness.																						

										Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*	
Objective: Reduce the number of homeless youth.																					
Housing Strategy:		Increase the availability of staffed transitional housing beds for homeless and out-of-home youth.																			
	Short Term Activity:	Create 25 additional transitional housing beds with attached case management for youth and young adults.								Jan-2007	Jan-2008		\$ 90,000	\$ 150,000	24					24	leasing
		Who is responsible:	Existing youth providers (such as Janus Youth Programs and Columbia River Mental Health Services) and adult providers (such as Share and YW Housing)																		
		Intermediate Outcome:	12 youth/young adults will achieve self-sufficiency and transition to independent living																		
Health Strategy:		Ensure access to adequate and regular health care for youth through age 21																			
	Short Term Activity:	Create a fund to pay insurance premiums for youth up to age 21 without access to other health insurance								Jan-2007	Jan-2008			\$ 25,000							
		Who is responsible:	Agencies providing case management services																		
		Intermediate Outcome:	25 youth will have access to health insurance																		
	Short Term Activity:	Explore options of using local health care providers to provide medical care to youth at a reduced fee; add .5 FTE staff position to coordinate.								Sep-2006	Sep-2007			\$ 20,000							
		Who is responsible:	To be determined (need to identify a champion/advocate to pursue this)																		
		Intermediate Outcome:	3 providers/clinics provide reduced cost health care to youth and young adults																		

										Start of Planning Date	Implementation Date	Capital Costs	Annual Housing Operating Costs	Annual Services Costs	Single Indiv. Beds	Family Beds	Family Units	Chronic Homeless Indiv. Beds	TOTAL BEDS	Beds created with vouchers, leasing, renovation, or new construction*	
Objective: Conduct adequate data collection and planning to efficiently manage limited resources for homelessness.																					
	Strategy:	Finalize the Clark County 10-Year Plan to End Homelessness by incorporating additional objectives, strategies, activities, and outcomes and insuring that the plan is consistent with the plan developed by the state in 2006.																			
	Short Term Activity:	The Clark County 10-Year Plan Task Force will meet as needed in early 2006 to create additional strategies to support reducing homelessness for the four identified populations of homeless persons							Jan-2006	Jan-2006											
		Who is responsible:	Clark County, City of Vancouver, Council for the Homeless, and the Continuum of Care Planning Group																		
		Intermediate Outcome:	The Clark County 10-Year Homeless Housing Plan meets state guidelines and is consistent with the state plan when it is published.																		
	Strategy:	Review the Clark County 10-Year Homeless Plan and the performance of and coordination between service providers, funding sources and planners, and strengthen and enhance as needed.																			
	Short Term Activity:	Community stakeholders will meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.							Jan-2007	Jan-2007			\$ 5,000								
		Who is responsible:	Clark County, City of Vancouver, Council for the Homeless, and the Continuum of Care Planning Group																		
		Intermediate Outcome:	The Clark County Homeless Housing Plan accurately reflects local need and priorities.																		
	Strategy:	Build on successful implementation of HMIS in Clark County.																			
	Short Term Activity:	Analyze baseline data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County.							Jan-2006	Jan-2006											
		Who is responsible:	Council for the Homeless and Continuum of Care Planning Group																		
		Intermediate Outcome:	Council for the Homeless and the Continuum of Care Planning Group always utilize HMIS data during priority setting.																		
	Short Term Activity:	Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance measurement data.							Jan-2006	Jan-2006			\$ 10,000								
		Who is responsible:	Council for the Homeless																		

