



Clark County 10-Year Homeless Housing Plan

July 2006

Clark County Board of Commissioners

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INTRODUCTION

10-Year Plan Background

The Council for the Homeless coordinated the development and implementation 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 2005, mandates the creation of 10-year homeless housing plans for every county throughout the state 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% 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 was developed by an array of Clark County stakeholders and initially adopted by the Clark County Commissioners on December 21, 2005. Input was received through community meetings, a survey of community members, and focus groups and a survey of homeless individuals. The 10-Year Plan was updated in 2006 with additional strategies to address ending homelessness to more completely reflect the community's priority activities.

Community members are invited to remain engaged in local efforts to end homelessness. For information about how to get involved, contact the Council for the Homeless at 360-993-9570.

Context of Homelessness in Clark County

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

It is estimated that on any given night, nearly one million Americans are homeless. When people are unable to afford housing, they are at risk of becoming homeless. People staying in homeless shelters represent only a portion of the homeless population. Other marginally

housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need. People who are homeless may be experiencing mental health and/or substance abuse issues that impact their housing stability and ability to access available services.

The median family income in Clark County was \$66,900 in 2006, a significant increase from \$53,700 in 2000.¹ More than 38,000 people were living in poverty in Clark County in 2003, of which 38% were children under the age of 18. There were nearly as many families living in poverty (6,291 families) in Clark County in 2000 as families with an annual income above \$125,000 (6,492 families).²

Between 2000 and 2005, the population of Clark County, Washington increased 2.1% to 391,500. More than 150,000 people live in Vancouver, the largest city in the County. Approximately 47,600 people live in the towns of Camas, Battle Ground, Washougal, La Center, Ridgefield, La Center, and Yacolt, while nearly 190,000 people live in unincorporated areas of the county.³ Clark County was one of the most rapidly developing counties in Washington during the 1990s.

From 2000 to 2004, the labor force in the county increased by 16,400 to a total of 194,400 workers. However, the number of workers employed increased by only 9,500. The five largest employers in the County in 2003 were Southwest Washington Medical Center, Evergreen School District, Vancouver School District, Hewlett-Packard, and Clark County government.⁴ Increasingly, available jobs are in the service industry and pay lower wages.

While incomes were staying fairly stable and living wage jobs were lacking, housing costs increased rapidly. The average selling price of housing units increased 52% between 2000 and 2005, from \$175,400 in 2000 to \$266,928 in 2005. In just one year, from 2004 to 2005, the average selling price increased 19%.⁵ Meanwhile, the average amount of time a house was on the market decreased from 86 days in 2001 to 53 days in 2004.⁶ Sales activity for the area resulted in a \$2.6 billion in dollar volume in 2005 – a 36.8% increase over 2004's \$1.9 billion.⁷

From 2000-2004, the number of housing units increased 13%, from 134,030 housing units in 2000 to 151,951 units in 2004. There was a 51% increase in housing units in Battle Ground between 2000 and 2004, while housing production in Washougal (25%) and Camas (22%) was

¹ U.S. Department of Housing and Urban Development, *Income Limits*. Available online: <http://www.huduser.org/datasets/il.html>

² Council for Homeless, *About Homelessness, Hunger & Poverty in Clark County*. Available online: <http://www.icfth.com/about.html>.

³ Clark County, *Quick Facts*. Available online: <http://gis.clark.wa.gov/applications/gishome/publications/index.cfm?fuseaction=quickfacts>

⁴ *Ibid*, p. 3.

⁵ *Ibid*, p. 2.

⁶ Clark County Department of Assessment and GIS, *2005 Population and Economic Handbook*, p. 40. Available online: <http://gis.clark.wa.gov/applications/gishome/publications/index.cfm?fuseaction=showpopecon>

⁷ Moving to Portland, *Portland Metro Area Home Prices*. Available online: http://www.movingtoportland.net/house_price.htm

also higher than for the county as a whole. Vancouver experienced only an 8% increase in housing units during that period.⁸

As of 2000, housing units in Clark County were predominately owner-occupied (67%) compared to renter-occupied (33%). Rental costs are also on the rise. Fair Market Rent (FMR) in 2006 is \$539 for a studio, \$625 for a 1-bedroom, and \$723 for a 2-bedroom apartment. FMRs have increased from 2000, when they were \$463 for a studio, \$569 for a 1-bedroom, and \$702 for a 2-bedroom apartment.⁹

Housing costs are extremely expensive for people who are earning low incomes in Clark County. In order to afford a two-bedroom unit at the FMR, a household would need to earn nearly \$29,000 per year or \$13.90 per hour working full-time. A person working a full-time minimum wage job would need to work 76 hours per week to afford a two-bedroom unit at FMR.¹⁰

Many people earning low incomes turn to housing assistance providers to help them bridge the gap between the amount they can afford and the rising housing costs in the county. Providers of housing assistance include non-profit community-based organizations and public housing authorities. They provide assistance through various programs, including facility-based units and rental assistance. However, many of these programs have extensive waiting times before a person can get assistance, as there is far more demand for assistance than the existing funding can meet. For example, the estimated wait for a Section 8 Housing Choice Voucher through the Vancouver Housing Authority is 5-6 years.¹¹

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

Homelessness is real and growing in Clark County. In a 2005 one-day count, there were 1,578 people who were homeless, of which 66% were homeless people in families with children. This represents an increase of 10% from the 2004 one-day count. Of those people counted in 2005, 558 were unsheltered – on the streets, in parks, sleeping in cars. This represents a 36% increase over 2004, when there were 409 unsheltered homeless. In addition, the number of chronically homeless individuals increased from 154 to 290 from 2004 to 2005. Unfortunately, many homeless individuals have experience with the criminal justice system. Of the 800 people

⁸ Clark County Department of Assessment and GIS, *2005 Population and Economic Handbook*, p. 44. Available online: <http://gis.clark.wa.gov/applications/gishome/publications/index.cfm?fuseaction=showpopecon>

⁹ U.S. Department of Housing and Urban Development, *Fair Market Rents*. Available online: <http://www.huduser.org/datasets/fmr.html>

¹⁰ National Low Income Housing Coalition, *Out of Reach 2005*. Available online: <http://www.nlihc.org/oor2005/>

¹¹ Council for Homeless, *About Homelessness, Hunger & Poverty in Clark County*. Available online: <http://www.icfth.com/about.html>.

in the county jail on the night of the most recent count, 83 had utilized homeless services providers within the year prior to their incarceration.

The Council for the Homeless estimates that there is a housing gap for homeless individuals of 142 emergency shelter beds, 150 transitional housing units, and 440 permanent supportive housing units, including 194 units for the chronically homeless. Among homeless families with children, there are gaps of 130 emergency shelter beds, 140 transitional housing units, and 500 permanent supportive housing units.¹²

Current Efforts to End Homelessness in Clark County

While there are significant housing gaps resulting in hundreds of homeless men, women, and children in Clark County, the community enjoys a litany of strengths that form a solid foundation for the strategies in this plan. A group of experienced nonprofit housing developers have produced thousands of high-quality affordable housing units for households at 60% and below of 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 housing opportunities, extended-term case management services, and street outreach. In 2005, more transitional beds were available for both families and individuals. The community is also home to a robust network of Oxford Houses and other recovery resources. For people who cannot become self-sufficient, the community has successfully created HUD-funded permanent supportive housing in which housing developers and mental health providers partner to provide subsidized housing and services. Although more units of permanent supportive housing are needed, these projects have demonstrated positive outcomes.

Homelessness is an issue not only of housing, but also of living wage jobs and services for those who need them. Vancouver and smaller cities in Clark County have had recent success in attracting and retaining employers with high-wage jobs. Clark County is also home to many innovative services that were born of creativity, commitment, and local government support. Such services include a free mental health clinic, a free medical and dental clinic, the Co-occurring Methamphetamine Expanded Treatment (COMET) program, a new community health center with expanded substance abuse facilities, a Veterans Affairs Medical Center, and specialty courts (including a homeless court). Clark College offers education opportunities for displaced homemakers, and other job training opportunities exist through community centers, the Clark County Skills Center, Employment Services, and other partners. Each of these services struggles with limited capacity to meet the existing need, but the infrastructure is there.

¹² Council for Homeless, *About Homelessness, Hunger & Poverty in Clark County*. Available online: <http://www.icfth.com/about.html>.

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

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

HOMELESS PERSONS IN CLARK COUNTY AND EXISTING RESOURCES

Homeless Population and Subpopulations (Section 2) and Housing Activity Charts (Section 3)

The March 2005 homeless count identified more than 1,500 homeless men, women, young people, and children in Clark County. This was a 10% increase from 2004 and more than double the number identified in the 2001 count of homeless persons. The 2005 total included 1,020 who were living in emergency shelters or transitional housing programs on the night of the count. An additional 558 individuals who were unsheltered were counted.

Of these individuals, 289 were chronically homeless, 230 experienced chronic substance abuse issues, 217 were severely mentally ill, 144 were Veterans, and 112 were victims of domestic violence. Three individuals living with HIV/AIDS were included in the count. Of those counted, 55 were unaccompanied youth under the age of 18.

As of March 2005, there were 305 year-round emergency shelter beds available in Clark County for youth, single adults, and families. There was an unmet need of 279 emergency shelter beds. There were approximately 783 transitional housing beds for individuals and families, including youth, and an unmet need for an additional 290 beds. There were 292 beds of permanent supportive housing with a need for 940 additional beds.

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

HOMELESS SERVICES NEEDS

Section 4

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

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 state average, and drug and alcohol use. One of the fastest growing counties in the state, 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.

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% 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. Methamphetamine use has become a significant issue throughout the country, and in Clark County. More than three-quarters of police contacts, generally, in Vancouver are related to methamphetamine use, as are the majority of placements of children into foster care in Clark County.¹³

A multi-dimensional approach is needed to support individuals and families with these complex issues. A wide range of services are needed, including case management and life skills

¹³ The Columbian, *Budget cuts hurt drug fight, say critics*, February 23, 2006.

development—rental assistance alone will not prevent homelessness or assist people to regain housing stability after a period of homelessness.

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

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

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

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

Youth and young adults become homeless when they run away, leave abusive or dysfunctional family situations, are told by parents to leave, or 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.¹⁴

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.

¹⁴ Continuum of Care Youth Sub-Committee, *July 2001 Homeless Youth Survey*.

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

SUMMARY OF HOMELESS STRATEGIC PLAN

Section 5

The state 10-Year Plan guidelines require that communities develop strategies and activities that together with existing efforts will result in a 50% 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

Short- and long-term activities were developed in each strategy area. Strategies and activities were organized by homeless sub-population: chronically homeless individuals, homeless families, non-chronically homeless individuals, and homeless youth and young adults. Estimated costs, responsible parties, intermediate outcomes, and number of units developed were identified for each activity. In addition, strategies were developed to assist the community to implement new and strengthen existing data collection and planning practices.

Allocation of Available 2163 Funding, by Population

At a Community Meeting on April 12, 2006, participants agreed that a proportional allocation of 2163 funding was appropriate and in keeping with the planning process, which emphasized reducing homelessness among all subpopulations. An estimated \$700,000 will be available for distribution in Clark County in 2006. Participants acknowledged that some funds would need to be set aside to cover costs associated with the annual homeless count, HMIS, and other planning activities. Participants agreed to the following allocation plan for the initial distribution of 2163 funding:

- Chronically Homeless Individuals: 33%
- Homeless Families: 33%
- Non-chronically Homeless Individuals: 20%
- Homeless Youth and Young Adults: 14%

It was acknowledged that needs will change over time and that the community will need to come back together regularly to reevaluate current activities, emerging need, and appropriate allocation of these limited resources.

Priority Strategies to Reduce Homelessness

Community stakeholders came together at two meetings in March 2006 to prioritize short-term strategies for each population addressed in the 10-Year Homeless Housing Plan. Priority strategies for each homeless subpopulation are presented here. (See Appendices C and D for the complete presentation of strategies, activities, timelines, and costs.)

Chronically Homeless Individuals

1. Continue to fund the current shelter and outreach programs and transitional housing (Housing)
2. Develop a direct link between the County Detox Center and the Shelter system (Housing)
3. Create and fund a Resource Center for chronically homeless individuals to provide emergency intervention, showers, mail service, laundry facilities, credit reports and access and information regarding other services. Provide funding for licenses and identification. (Prevention)
4. Educate a broad range of community members--including faith-based groups and businesses--on homelessness, including causes, prevention, and how they can help (Prevention)
5. Develop a strategy to provide education to employers on mental illness and homelessness (Income)
6. Develop supported employment opportunities (Income)
7. Engage police and sheriff to develop protocols for identify and engaging homeless people on the street including those previously and currently incarcerated (Prevention)
8. Create 20 beds of supportive housing for chronically homeless individuals. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood (Housing)
9. Enhance system to enroll chronically homeless individuals in Medicaid and/or GAU and/or veteran's benefits (Health)
10. Ensure effective outreach to homeless persons having difficulty accessing services (Health)
11. Increase the capacity of homeless court (Prevention)
12. Develop a direct link to the community's free clinic for people who meet the definition of chronically homeless. Increase free clinic capacity to accommodate chronically homeless individuals (Health)

Homeless Families

1. Support current and increase transitional housing programs (Housing)
2. Participate in and access regional efforts, such as Bridges to Housing, Washington Families Fund, and other comprehensive strategies, which provide housing and intensive support services for very low-income homeless families. (Housing)
3. Provide both partial and full monthly rental or mortgage assistance and other supportive services for up to three months. (Prevention)

4. Expand the capacity and resources of rental education programs to increase the number of families served in classes and the number who successfully maintain permanent rental housing for six months. (Prevention)
5. Develop a Landlord Guarantee Fund that provides incentive to landlords to rent to graduates of rental education programs. (Prevention)
6. Affect policy on financing low-income housing projects to increase the housing stock for families below 30 percent of area median income (Housing)
7. Support free mental health services and medications for non-insured families. (Health)
8. Increase the availability of specific assistance funds to prevent families from becoming homeless, including but not limited to transportation, childcare, education, utilities, medical and dental emergencies. (Prevention)
9. Ensure families who are eligible for mainstream employment and education services are enrolled (Income)
10. Increase outreach and support services to families experiencing violence (Health)
11. Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co pays. (Health)
12. Implement micro enterprise programs that support families as they increase their income through small business enterprises. (Income)

Note: After the community group prioritized short-term activities, a long-term activity was converted to short-term, because it related to an ongoing effort. As a result, the following short-term activity is not reflected in the priority list: “Continue local efforts that provide funding to relocate families that lose their housing due to code enforcement actions, and increase as needed to ensure that families do not become homeless in these circumstances.”

Non-chronically Homeless Individuals

1. Continue to fund the current shelter and transitional housing programs. (Housing)
2. Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services. (Housing)
3. Increase employment opportunities for people in substance abuse and mental health treatment programs. (Income)
4. Refine rental education programs to incorporate a fast track option. (Housing)
5. Provide credit building and financial planning opportunities. (Income)
6. Provide one-time three-month emergency rental assistance to renters and homeowners in times of financial crisis. (Prevention)
7. Enhance system to enroll individuals in Medicaid and/or GAU/SSI (Health)
8. Create 25 beds of supportive housing for non-chronically homeless individuals and couples. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood (Housing)
9. Develop supported employment opportunities. (Income)
10. Develop a low cost dental and vision program for adults. (Health)

Homeless Youth and Young Adults

1. Continue to fund the current shelter and transitional housing programs. (Housing)
2. Hire 1 FTE outreach staff to identify homeless or at-risk youth and provide them with information, build trust, and engage in ongoing services. (Prevention)
3. Create intermediate shelter (3-6 months) for youth and young adults 16-24 years of age with attached staff and case management including credit and financial education. (Housing)
4. Coordinate efforts in order to increase access to existing programs for homeless youth; hire 1 FTE staff person (Income)
5. Develop a pool of funding to pay for healthcare premiums and/or other out of pocket medical, mental health and drug and alcohol treatment expenses for youth (Health)
6. Create 25 additional transitional housing beds with attached services (including case management and credit/financial education) for youth and young adults 16-24 years of age. (Housing)
7. Create internship/mentor opportunities, including transitional employment sites, for youth who have minimal or no work experience; hire 1 FTE staff person to coordinate. (Income)
8. Explore options of using local health care providers to provide medical care to youth at a reduced fee; work to reduce barriers to youth accessing culturally and developmentally appropriate mental health and drug and alcohol treatment; add .5 FTE staff position to coordinate. (Health)

RECOMMENDATIONS FOR STATE LEGISLATIVE AND POLICY CHANGES NEEDED TO ADDRESS HOMELESSNESS

Section 6

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% 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% area median income.
- Develop employment programs targeted and customized for general assistance clients.
- Institute a general assistance program that provides recipients a benefit level that will allow them to meet their basic monthly living expenses.
- Funding for and access to mental health services and drug and alcohol treatment (including case management) for those individuals and families in need of such services.
- Expand access to Basic Health to ensure more individuals access to medical care.

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

APPENDIX A: HOMELESS POPULATION AND SUBPOPULATIONS

Section 2

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 1: 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.

APPENDIX B: HOUSING ACTIVITY CHARTS

Section 3

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

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

HMIS Participation Code:

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 II 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
Inland Empire Residential Resources									5		5
TOTALS			48	319		TOTALS	117	350	438	788	
Under Development	Anticipated Occupancy Date										
						TOTALS					
Unmet Need (Optional for December 2005)							TOTALS	140	150	290	

PERMANENT SUPPORTIVE 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	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
						TOTALS			500	246	194	940
Unmet Need (Optional for December 2005)						TOTALS			500	246	194	940

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 Equivalents
		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.

Provider Name	Geo Code	Target Pop		Family Units	Family Beds	Chronic Individual Beds	Individual Beds	Total Year-Round Bed Equivalents
		A	B					
			TOTALS					

APPENDIX C: SUMMARY OF HOMELESS HOUSING PLAN STRATEGIES

Strategies developed to end homelessness in Clark County are presented here, by objective. See Appendix D for more detailed information, including costs for each activity.

Reduce the number of chronically homeless individuals

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

- Short Term Activity: Create 20 beds of supportive housing for chronically homeless individuals. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood.
 - Who is responsible: Share, VA, local government
 - Intermediate outcome: 80% of program participants maintain housing stability for 12 months
- Short Term Activity: Continue to fund the current shelter and outreach programs and transitional housing.
 - Who is responsible: Local government, homeless services providers, COC Planning Group.
 - Intermediate Outcome: Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.
- Short Term Activity: Develop a direct link between the County Detox Center and the Shelter system.
 - Who is responsible: Local government, homeless services providers, Drug and Alcohol Services
 - Intermediate Outcome: 20 people meeting the definition of chronically homeless are enrolled in the detox and residential programs through the drug and alcohol system.
- Long Term Activity: Completely fund construction of 25 units of affordable housing for people who are 0-30% of area median income, with no debt and an annual operating subsidy.
- Long Term Activity: Advocate and support the criminal justice system to provide housing for sex offenders and to track transient sex offenders.

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

- Short Term Activity: Create and fund a Resource Center for chronically homeless individuals to provide emergency intervention, showers, mail service, laundry facilities,

credit reports and access and information regarding other services. Provide funding for licenses and identification.

- Who is responsible: Homeless service providers, local government, nonprofit providers
- Intermediate Outcome: Funding and location are identified for the resource center.
- Short Term Activity: Increase the capacity of homeless court.
 - Who is responsible: District Court Judge, nonprofit and homeless service providers
 - Intermediate Outcome: A task force has been convened to explore opportunities for increased funding for homeless court.
- Short Term Activity: Engage police and sheriff to develop protocols for identify and engaging homeless people on the street including those previously and currently incarcerated.
 - Who is responsible: Homeless service providers, local government, police and sheriff departments, Council for the Homeless
 - Intermediate Outcome: 20 homeless people are provided treatment outside of jail.
- Short Term Activity: Educate a broad range of community members--including faith-based groups and businesses--on homelessness, including causes, prevention, and how they can help.
 - Who is responsible: Homeless service providers and planning agencies
 - Intermediate Outcome: A forum on homelessness has been developed that can be presented to various members of the community.

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

- Short Term Activity: Ensure effective outreach to homeless persons having difficulty accessing services.
 - Who is responsible: Homeless service providers, local government
 - Intermediate Outcome: 25 people meeting the definition of chronically homeless receive detox, mental health, and medical services.
- Short Term Activity: Enhance system to enroll chronically homeless individuals in Medicaid and/or GAU and/or veteran's benefits.
 - Who is responsible: Homeless service providers, community mental health providers, local government, and Department of Social and Health Services
 - Intermediate Outcome: 75 people meeting the definition of chronically homeless receive Medicaid and/or GAU and/or veteran's benefits.
- Short Term Activity: Develop a direct link to the community's free clinic for people who meet the definition of chronically homeless. Increase free clinic capacity to accommodate chronically homeless individuals.
 - Who is responsible: Local government and nonprofit and homeless service providers

- Intermediate Outcome: 75 people meeting the definition of chronically homeless are treated at the free clinic.

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

- Short Term Activity: Develop supported employment opportunities.
 - Who is responsible: Community nonprofits, business partners
 - Intermediate Outcome: 20 people meeting the definition of chronically homeless are receiving supported employment.
- Short Term Activity: Develop strategy to provide education to employers on mental illness and homelessness.
 - Who is responsible: Community nonprofits, business partners, local government
 - Intermediate Outcome: Two forums dedicated to employer education.

Reduce the number of homeless families

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

- Short Term Activity: Participate in and access regional efforts, such as Bridges to Housing, Washington Families Fund, and other comprehensive strategies, which provides housing and intensive support services for very low-income homeless families.
 - Who is responsible: Council for the Homeless, homeless service providers, local government, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services
 - Intermediate Outcome: 50 families will participate in these programs
- Short Term Activity: Support current and increase transitional housing programs
 - Who is responsible: Council for the Homeless, nonprofit housing developers, local government
 - Intermediate Outcome: 50 transitional housing units will be supported
- Short Term Activity: Affect policy on financing low-income housing projects to increase the housing stock for families below 30% of area median income
 - Who is responsible: Council for the Homeless, nonprofit housing developers, local government, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services
 - Intermediate Outcome: 50 housing units will be developed
- Long Term Activity: Increase peer and community mentoring programs to support families that are homeless or at risk of homelessness.

- Long Term Activity: Affect policy to ensure no net loss of affordable housing units.
- Long Term Activity: Create financial incentives to builders to increase the number of affordable units through affecting local government building policies.

Prevention Strategy: Prevent homelessness among families.

- Short Term Activity: Provide both partial and full monthly rental or mortgage assistance and other supportive services for up to three months.
 - Who is responsible: Homeless service providers, local government, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services.
 - Intermediate Outcome: 40 additional families maintain housing stability through the receipt of financial assistance.
- Short Term Activity: Expand the capacity and resources of rental education programs to increase the number of families served in classes and the number who successfully maintain permanent rental housing for six months.
 - Who is responsible: Local government, homeless service providers
 - Intermediate Outcome: 500 more families successfully participate in the Ready to Rent program.
- Short Term Activity: Develop a Landlord Guarantee Fund that provides incentive to landlords to rent to graduates of rental education programs program.
 - Who is responsible: Local funders including businesses, landlords, and government, homeless service providers and referral agencies
 - Intermediate Outcome: Fewer families will become homeless due to landlord/tenant, financial, or neighbor conflict issues.
- Short Term Activity: Increase the availability of specific assistance funds to prevent families from becoming homeless, including but not limited to transportation, childcare, education, utilities, medical and dental emergencies.
 - Who is responsible: Homeless service providers, local government, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services, local government, Clark County Health Department
 - Intermediate Outcome: 100 families will not become homeless as a result of accessing the specific assistance
- Short Term Activity: Continue local efforts that provide funding to relocate families that lose their housing due to code enforcement actions, and increase as needed to ensure that families do not become homeless in these circumstances.
 - Who is responsible: Local government
 - Intermediate Outcome: Families will not become homeless due to code enforcement.

- Long Term Activity: Work with school districts to offer rental education programs to high school age students.
- Long Term Activity: Engage criminal justice and family court systems in developing collaborative solutions to improve stability and reduce recidivism

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

- Short Term Activity: Increase outreach and support services to families experiencing violence
 - Who is responsible: YWCA, Children's Home Society, criminal justice and family court systems, Department of Social and Health Services, Child Protective Services
 - Intermediate Outcome: One SafeChoice staff is available one day a week in both North County and East County.
- Short Term Activity: Support free mental health services and medications for non-insured families.
 - Who is responsible: Columbia River Mental Health Services, Community Services North West-Wellness Project, Vancouver Children's Center, Children's Home Society of Washington, Catholic Community Services, criminal justice systems and family court, Department of Social and Health Services, Child Protective Services, local government
 - Intermediate Outcome: 25 non-insured families will receive mental health services.
- Short Term Activity: Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co pays.
 - Who is responsible: Non-profit service providers
 - Intermediate Outcome: 50 non-insured families will receive assistance

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

- Short Term Activity: Implement micro-enterprise programs that support families as they increase their income through small business enterprises.
 - Who is responsible: Workforce Development Council, Columbia River Economic Development Council, Partners In Careers, Small Business Administration, Columbia River Mental Health Services, YW Housing.
 - Intermediate Outcome: 10 families who are at risk of becoming homeless or presently homeless will increase their earning potential through education and micro enterprise support.
- Short Term Activity: Ensure families who are eligible for mainstream employment and education services are enrolled
 - Who is responsible: Service providers, employment and education institutions

- Intermediate Outcome: 100 additional families will be enrolled in employment and education programs
- Long Term Activity: Explore the need to increase the capacity to ensure all eligible families can access mainstream employment and education services.

Reduce the number of non-chronically homeless individuals

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

- Short Term Activity: Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services.
 - Who is responsible: Existing low-income housing providers
 - Intermediate Outcome: Rental assistance recipients maintain housing stability for 24 months.
- Short Term Activity: Create 25 beds of supportive housing for non-chronically homeless individuals and couples. Include mental health and substance abuse treatment, and health care along with a rental subsidy. Individuals should have the option of residing in housing outside of their current neighborhood.
 - Who is responsible: Existing low-income housing providers
 - Intermediate Outcome: 80% of program participants maintain housing stability for 24 months
- Short Term Activity: Continue to fund the current shelter and transitional housing programs.
 - Who is responsible: Local government, homeless services providers, COC Planning Group
 - Intermediate Outcome: Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.
- Short Term Activity: Refine rental education programs to incorporate a fast track option.
 - Who is responsible: Local government and nonprofit service providers
 - Intermediate Outcome: People who are at risk or experiencing homelessness for the first time complete the fast track ready to rent program
- Long Term Activity: Completely fund construction of 25 units of affordable housing for people who are 0-30% of AMI, with no debt and an annual operating subsidy.
- 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); Share, YW Housing, local government
 - Intermediate Outcome: 50 individuals avoid eviction
- Long Term Activity: Increase availability of staff to provide crisis intervention and case management to individuals in times of crisis.

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

- Short Term Activity: Enhance system to enroll individuals in Medicaid and/or GAU/SSI
 - Who is responsible: Share Outreach, County mental health and Department of Social and Health Services
 - Intermediate Outcome: 75 people will receive Medicaid and/or GAU/SSI
- Short Term Activity: Develop a low cost dental and vision program for adults.
 - Who is responsible: Local government, Share, nonprofit service providers, Clark College, local dentists
 - Intermediate Outcome: 75 people will receive dental services.
- Long Term Activity: Support free mental health services and medications for non-insured individuals
- Long Term Activity: Create a fund to pay insurance premiums

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

- Short Term Activity: Develop supported employment opportunities.
 - Who is responsible: Community nonprofits, business partners
 - Intermediate Outcome: 20 people will receive supported employment.
- Short Term Activity: Increase employment opportunities for people in substance abuse and mental health treatment programs.
 - Who is responsible: Community nonprofits, business partners, local government, PIC, Southwest Washington Industry Council
 - Intermediate Outcome: 30 people who are unemployed and at-risk or temporarily homeless will have jobs.
- Short Term Activity: Provide credit building and financial planning opportunities.

- Who is responsible: Local government, businesses, non-profit agencies
- Intermediate Outcome: 75 people will complete training.

Reduce the number of homeless youth and young adults

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

- Short Term Activity: Continue to fund the current shelter and transitional housing programs.
 - Who is responsible: Local government, homeless services providers, COC Planning Group
 - Intermediate Outcome: Provide a commitment of two years of funding to current programs to assist people to move out of homelessness.
- Short Term Activity: Create intermediate shelter (3-6 months) for youth and young adults 16-24 years of age with attached staff and case management including credit and financial education.
 - Who is responsible: Janus Youth
 - Intermediate Outcome: 30-60 youth per year will move towards self sufficiency through accessing transitional housing beds and more intense case management
- Short Term Activity: Create 25 additional transitional housing beds with attached services (including case management and credit/financial education) for youth and young adults 16-24 years of age.
 - Who is responsible: Janus Youth
 - Intermediate Outcome: 25 youth and young adults achieve housing stability

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

- Short Term Activity: Hire 1 FTE outreach staff to identify homeless or at-risk youth and provide them with information, build trust, and engage in ongoing services.
 - Who is responsible: Janus Youth, Columbia River Mental Health
 - Intermediate Outcome: 100 youth will receive information about resources
- Long Term Activity: Create youth outreach center.

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

- Short Term Activity: Develop a pool of funding to pay for healthcare premiums and/or other out of pocket medical, mental health and drug and alcohol treatment expenses for youth
 - Who is responsible: Health Department

- Intermediate Outcome: 25 youth will have access to health insurance
- Short Term Activity: Explore options of using local health care providers to provide medical care to youth at a reduced fee; work to reduce barriers to youth accessing culturally and developmentally appropriate mental health and drug and alcohol treatment; add .5 FTE staff position to coordinate.
 - Who is responsible: To be determined (need to identify a champion/advocate to pursue this)
 - Intermediate Outcome: 3 providers/clinics provide reduced cost health care to youth and young adults
- Long Term Activity: Encourage state efforts to provide health insurance coverage to uninsured youth to age 24 who do not have access to other health insurance options

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

- Short Term Activity: Coordinate efforts in order to increase access to existing programs for homeless youth; hire 1 FTE staff person
 - Who is responsible: Janus Youth, Partners in Careers, Columbia River Mental Health
 - Intermediate Outcome: 25 youth will be employed
- Short Term Activity: Create internship/mentor opportunities, including transitional employment sites, for youth who have minimal or no work experience; hire 1 FTE staff person to coordinate.
 - Who is responsible: Janus Youth, Partners in Careers, Columbia River Mental Health
 - Intermediate Outcome: 25 youth will be placed in mentorship programs that will move them towards readiness for employment
- Long Term Activity: Create college transition or vocational support plan

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.