

CLARK COUNTY

HOMELESS ACTION PLAN

2019-2022

*A Framework
For Action*



FINAL OCTOBER 2018



This plan was adopted by the Clark County Board of Councilors on 11/27/18.



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Executive Summary

Homelessness is a growing challenge in Clark County. **Over 2,593 unduplicated households experienced homelessness in 2017, including 1,401 children under 18ⁱ.** The need and interest in an updated, targeted and robust homeless action plan is high. As the collaborative applicant or lead agency for the Clark County/City of Vancouver Continuum of Care (CoC), the Council for the Homeless (Council) was tasked with creating a plan focused on the next four years to address homelessness in our community. The **2019-2022 Clark County Homeless Action Plan (Plan) focuses on the role of the Homeless Crisis Response System (HCRS) in Clark County, WA** in ending homelessness. It captures and elaborates on a multi-faceted approach to service analysis, delivery, and response to create lasting impact and change for those experiencing homelessness. Using and executing best practice approaches and extensive community feedback, the Council has identified key strategies to decrease the number of individuals experiencing homelessness in our community over the next four years.

Method

The Clark County Homeless Action Plan (Plan) was developed to provide vision, direction and ready to implement solutions for our community's work to end homelessness. This plan will be updated approximately every four years; however, progress reports will be released annually. The Plan was created with input and feedback from members of the general community including key leaders and stakeholders, homeless service providers and individuals experiencing homelessness. Feedback was gathered utilizing a series of in-person forums held at various locations throughout the community, soliciting feedback at community meetings and online surveys developed with each specific target population in mind. The Council received an overwhelming response to their request for participation, with 78 people participating in community forums and 806 people completing the online-survey. Respondents were asked their thoughts, vision and priorities on a variety of homeless topics that have directly shaped this Plan.

Increasing Capacity

To effectively reduce the number of people experiencing homelessness, the capacity of the Homeless Crisis Response Systems needs to grow across all the intervention types. The plan proposes significant investments which will require funding above and beyond the current HCRS to achieve success.

HCRS Capacity Building Plan

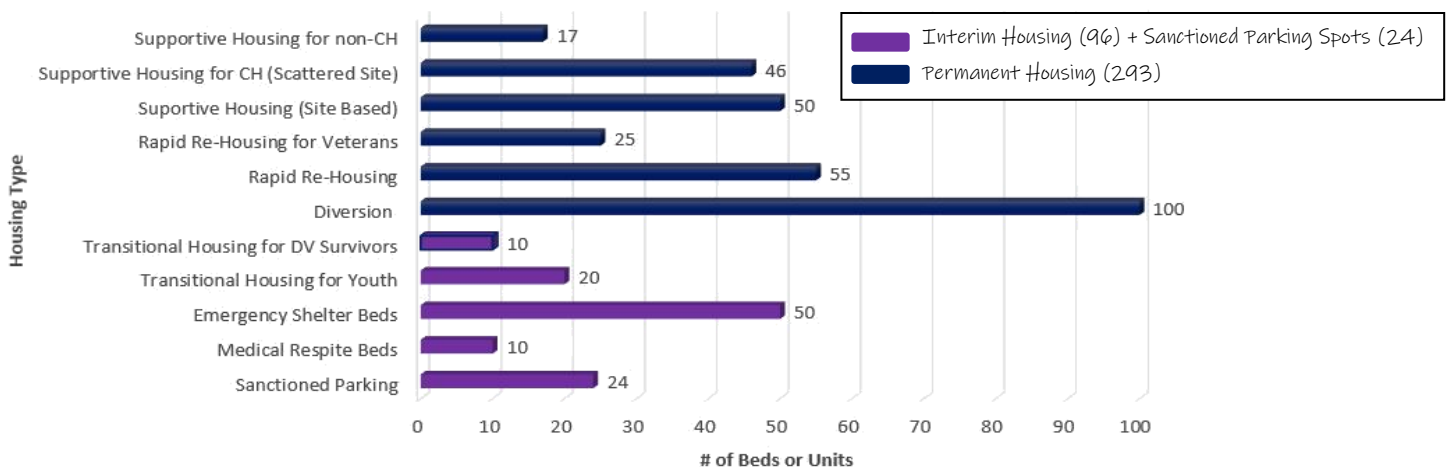


Figure 1: Key Highlights from the Action Plan Section (pg. 27-32) to build housing capacity from 2019-2022..

Clark County is fortunate to have many philanthropic and community minded businesses, individuals, foundations and non-profits seeking to address homelessness. Through these partnerships our system is currently about to offer safe parking spaces, winter shelter, severe weather shelter, emergency shelter, housing (recovery, interim and permanent), basic need services (showers, food/meals, laundry, fellowship), rental assistance to tenants and much more. To fund these programs, Clark County housing and service providers rely on a variety of federal, state, local and private funding sources including the Department of Commerce, Housing and Urban Development, Vancouver Housing Authority, City of Vancouver, Clark County, and Veteran Affairs to name a few. The funding chart below, provides a more detailed list of current funders and funding sources as a framework for this plan.

Funder	Funding Name	Funding Source
Clark County	Document Recording Fees (1570, 2163, 1359)	Local
	Emergency Solutions Grant (ESG)	Federal- Housing and Urban Development (HUD)
	Consolidated Homeless Grant (CHG)	State-WA State Department of Commerce
	Community Development Block Grant (CDBG)/HOME Tenant Based Rental Assistance (TBRA) Funds/TBRA Supportive Services	Federal- Housing and Urban Development (HUD)
	Marriage License Fees-Serves Domestic Violence Survivors	Local
City of Vancouver	Community Development Block Grant (CDBG)/HOME Tenant Based Rental Assistance (TBRA) Funds/TBRA Supportive Services	Federal- Housing and Urban Development (HUD)
	Affordable Housing Fund Rental Assistance/Shelter & Day Center Services	Local
Vancouver Housing Authority	VASH (Veterans Affairs Supportive Housing)	Federal- Veterans Affairs
Council for the Homeless	Continuum of Care (CoC) Funding	Federal- Housing and Urban Development (HUD)

Results

This Homeless Action Plan represents **Clark County's shared vision to build a community that helps people who are homeless move into housing.** With the assistance of Clark County Public Health, the Council analyzed results from our public forums and surveys and has listed overarching findings below with more detailed results examined throughout this Plan.

This Plan **works towards a common philosophy that ending homelessness is achievable. In Clark County, when people become homeless, it is our vision that through partnerships and ongoing attention we can make sure their experience is rare, brief, and one-time.** Aiming to make sure that when homelessness is experienced, individuals are immediately connected to resources to regain stability; this Plan offers a diverse client-centered approach to meeting the needs of people who are homeless in Clark County. Encompassing more than just overarching strategies, **this Plan sets important population-specific goals based on community feedback for Veterans, people who are chronically homeless, couples and families.**

Recommendations

With a focus on continuous improvement, this Plan calls out a need for a re-occurring assessment model that 1) Identifies, 2) Assists, and 3) Resolves homelessness using the HCRS as a fulcrum for action and partners as catalysts for change. Through continued dialogue, community education, and persistent pursuit of best practice approaches, our community can reduce the number of individuals and families locally experiencing homelessness. To achieve this, the plan sustains and adds promising and best practices and creates a detailed list of goals and timelines over the next four years (2019-2022).



Core Elements of the Homeless Action Plan:

- **IDENTIFY:** Create and implement strategies to more effectively and rapidly identify who is without a home, and work to recognize and provide for their basic and housing needs. Key resources such as community partners, the homeless crisis response system, and our mobile street outreach teams will be utilized to develop a laser-like focus on moving households to permanent housing. Using low-barrier interim housing consisting of emergency shelter and transitional housing (for youth, domestic violence survivors and individuals exiting systems of care) will also be key.
- **ASSIST:** Provide clear and rapid pathways to programs that prevent and end homelessness. Particularly, this Plan focuses on upstream solutions to serving those most at-risk and placing homeless households in permanent housing, ending their homelessness. Diversion, Prevention, Rapid Re-Housing and Supportive Housing programs are all critical permanent housing interventions and resources applied in this Plan. All resources utilize coordinated entry and assessment to effectively triage households into programs that best meet and fit their needs. This element includes a focus on increasing service delivery to Veterans, people who are chronically homeless, families and youth (ages 12-24). Increasing the capacity of permanent housing programs is necessary in order to effectively reduce homelessness.
- **RESOLVE:** Build, advocate and act on key protective factors for individuals who are at-risk of or are experiencing homelessness. Create a safety net of support, including employment, behavioral health, peer services and Housing First programming.

AREAS OF INCREASED FOCUS IN THIS PLAN

Increase Mobile Outreach and Engagement
Strengthen Prevention and Diversion Practices
Meet the Basic Needs of People who are Unsheltered
Leverage Community Resources and Investments to Reduce Homelessness and Impact Outcomes
Increase Housing Options and Transition Support for People Coming out of Systems of Care
Increase Permanent Housing Options
Engage the Expertise of People with Lived Experience
Continual Community and System Educational Opportunities

Introduction & Scope

Clark County has been working to prevent and end homelessness since the 1980s. During that time, our homeless crisis response system has seen significant improvements and increased capacity. Clark County uses a continuum of care that spans from outreach and emergency shelter to rental assistance, case management, housing placement and permanent housing. Sophisticated data collection and analysis is built into each of the HCRS programs to track progress toward performance measures and make improvements, as needed.

Creating a cohesive and effective plan to identify, assist and resolve homelessness in our community is critical. Those who go without adequate housing often experience not only the instability of homelessness, but dramatic effects on their health and overall well-being. It's an issue that requires deep rooted partnerships, community involvement, effective planning, continual assessment, significant investment and systems change.

The [2015-2018 Clark County Homeless Action Plan](#) aimed to ensure our local system was as effective, efficient, and as client-centered as possible. The Plan was utilized in several ways. Funders used the Plan to make decisions regarding allocations of resources, while providers of homeless services used it to inform program design and services delivery. In addition, task-forces used the Plan as a catalyst for change and development. These taskforces consisted of the following: 1) Continuum of Care (CoC) Steering Committee, 2) CoC Coordinated Assessment Workgroup, 3) Coalition of Service Providers, 4) Housing First Cohort, and 5) Severe Weather Task Force. These groups were assigned responsibility for addressing homeless needs in Clark County and recommending policy priorities for our community. For a description of these taskforces, reference Appendix V.

Since 2015, noteworthy progress has been made to address homelessness in Clark County including;

- The addition of 54 permanent supportive housing beds;
- The addition of 18 single female beds;
- An increase of 40 households receiving rapid-rehousing services;
- Over 100 households receiving diversion services, and;
- The addition of two new street outreach team members to identify and connect homeless populations.

This **2019-2022 Clark County Homeless Action Plan ("Plan")** builds upon the foundation of past plans by gaining valuable insight from the community, service providers and those experiencing the homeless system. By planning for and anticipating system and community changes the local HCRS can better address the needs of individuals and families. With a comprehensive and well-established continuum of care at the core of the Plan, this next iteration targets best practice approaches, systemic opportunities for improvement and tactical stakeholder engagement to establish goals, outline plans, and determine clear deliverables to address homelessness in the years to come.




Over half a million people are homeless in the United States on any given night [according to the U. S. Department of Housing and Urban Development \(HUD\)](#). HUD, the Washington State Department of Commerce and this Plan, defines "**Literally Homeless**" as **an individual or household living outside or in a building not meant for human habitation or which they have no legal right to occupy, in an emergency shelter, or in a temporary housing program--if habitation time limits exist. The definition also includes people/households who are fleeing or attempting to flee domestic violence, sexual assault, stalking, or have no other residence, and lack the resources or support networks to obtain permanent housing.** The issue and numbers of individuals experiencing homelessness has increased considerably, up and down the West Coast in urban, suburban, rural and frontier communities. **On any given day in Clark County, approximately 374 people, including 44 families are experiencing unsheltered homelessness, according to the 2018 Point-in-Time Count. Hundreds more are at-risk of losing their homes** due to uncertain financial conditions, loss of employment, chronic health conditions, release from other systems of care, chemical dependency, domestic violence situations and more. In addition to this, competitive employment, stagnant wages, rising housing costs, and lack of affordable housing further exacerbate the issue.

Homelessness does not discriminate in our community. It does not distinguish between races or background. It does not have one type of look, face, lifestyle or persona. It is universal. It affects men, women, families, children, seniors, Veterans and many more. It can come in many forms. It can be a process that slowly happens, or it can occur suddenly.

The Clark County Homeless Crisis Response System (HCRS) has undergone several transformations over the past several decades. Between 2005-2014, the number of people identified as unsheltered homeless in the one-day Point-in-Time homeless count decreased by almost half, while the same one-day count in 2017 and 2018 saw an increase in the number of individuals experiencing homelessness in our community. Clark County's Homeless Action Plan maps out a way for the HCRS to decrease the number of people who are homeless throughout the county. Many of the goals, strategies, funding streams, and measurement tools are commonly shared between the City of Vancouver, Clark County and other system funders.

The scope of the 2019-2022 Plan is limited to the Continuum of Care of homeless services, which is the Homeless Crisis Response System (HCRS). The HCRS is designed around very specific federal and state performance measurement outcomes that seek to meet people's immediate needs when they lose their housing, then; help them return to a stable housing situation as quickly as possible coupled with the safety net support they need to not return to homelessness.



"We need more tolerance and understanding. Instead of criminalizing homelessness, let's use this opportunity to empower our community and our system."

*~ Community Member
CFTH Survey*



Ending homelessness is a multi-tiered approach that requires resources above and beyond the crisis response system, including the leveraging of other systems of care such as healthcare (physical, behavioral and oral), employment training and placement, and affordable housing.

The goals and strategies within this Plan, will allow our community and partners to more effectively direct assistance to people experiencing homelessness and services that fill gaps and address needs in the current system of care. It is written with the guiding philosophy and community goal that no person should experience homelessness in Clark County, but if a person does become homeless, they will be met with a responsive system of care that treats the whole individual while working to address the causes of homelessness.

This visual illustrates focus areas that are not a part of the HCRS. For example, offering affordable housing coupled with behavioral and physical health services are often integral supports for someone exiting homelessness and stabilizing in housing. However, these supports are components of other outside efforts that need to be closely partnered with the HCRS.



Figure 2: Illustrates the focus areas that are not a part of the Homeless Crisis Response System

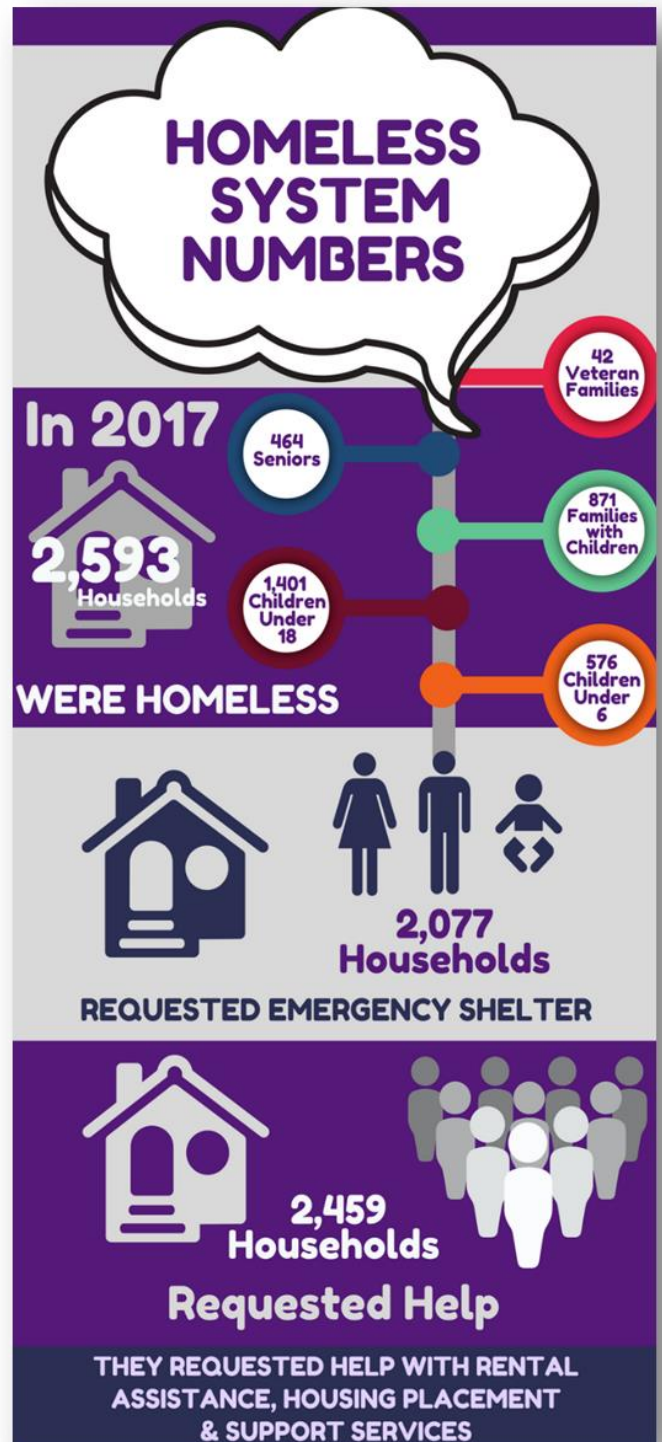
Extent of Homelessness

Contributing Factors

The housing affordability crisis in the United States, particularly up and down the West Coast has been a driving factor for a growing homeless population. Homelessness has increased in Washington State due to multiple factors, but overwhelmingly because increasing rents are pushing people living at the margins into homelessness. In 2017, Clark County had 2,593 homeless households seeking assistance through the Housing Solutions Center. Housing stability is essential for people to address challenges and pursue growth opportunities.

According to the U.S. Interagency Council on Homelessness, substantial evidence indicates that when people—both adults and children alike—experience homelessness, their prospects for future educational attainment, employment growth, health stability, and family preservation are significantly reducedⁱⁱ. While local Rapid Re-housing programs have an 86% success rate, only 10% of those who tried to access a housing program in 2017 actually got in.ⁱⁱⁱ Local agencies and nonprofits find that it isn't always about having enough housing programs available in the community, but rather having the right type of housing program available that matches with the services, needs and eligibility of the individuals needing to be housed.

[Council for the Homeless' Housing Solutions Center](#), which serves as the community's coordinated entry and assessment for emergency shelter and housing programs, hears frequent stories from people falling behind on rent and wages even though they are holding multiple jobs^{iv}. The Great Recession both locally and nationally has had a significant impact on both housing and employment even in 2018. During the Great Recession, building of new rental units, came to a sudden and jarring halt. Half built complexes were abandoned, and the home foreclosure rate increased sharply. It's only been since 2015-2016 that new rental unit construction has increased and foreclosure rates have fallen.



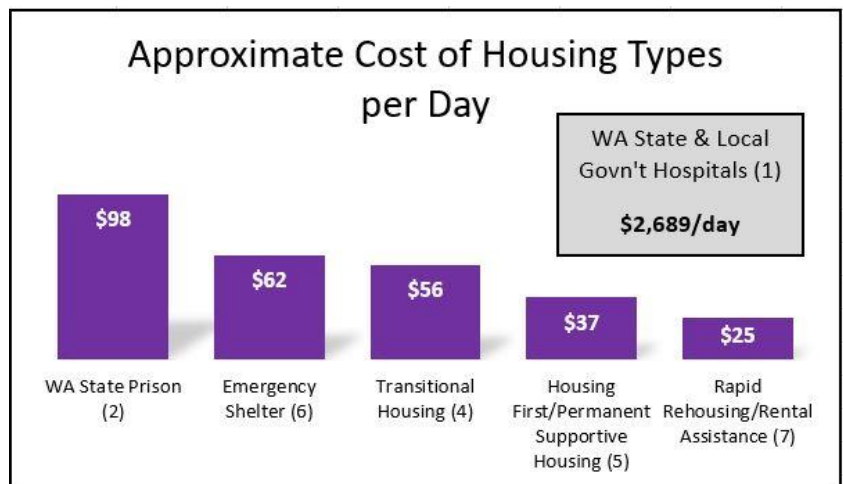


Our region continues to experience a significant rise in the cost of living with a limited availability of affordable housing units and shrinking vacancy rates. **From 2013 to 2018 the average Fair Market Rent for a two-bedroom apartment increased from \$900 per month, to over \$1300 a month, and vacancy rates dropped to 2.1%.** To make matters worse, wages have remained fairly stagnant over the past several years with the **average median income reported by HUD for one person being \$28,500 and \$40,700 for a household of four.** 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. **Those who have fallen into homelessness and/or live paycheck-to-paycheck can't afford move-in costs. Many individuals and families who are low-income 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, eviction or homelessness.

According to the City of Vancouver, our community is experiencing a significant demand for rental units with historically low vacancy rates and rapidly increasing rents. **Approximately half of all renters in our community are considered cost-burdened (meaning that they spend 30% or more of their income on housing per month).**^{vi} The challenges and opportunities facing the region point to the need for a more coordinated and aligned approach to understanding and addressing homelessness and the complex systems that surround it.

Compounding this issue is the growing concern for when individuals exit

other systems of care (jail, treatment facilities, etc.) without adequate housing arrangements and they often end up in the Homeless Crisis Response System. In 2017, only 71 of the 140 individuals who left the jail systems and received housing assessments scored high enough to get into permanent supported housing. A [new report](#) from the [Prison Policy Initiative](#) titled *Nowhere to Go: Homelessness among formerly incarcerated people*. explores the link between homelessness and incarceration in the United States. The research shows that formerly incarcerated people are nearly ten times more likely to be homeless than the general population. In addition, only 24% of individuals without homes who are assessed as needing intensive supports from other systems of care (mental health facilities, hospitals, treatment facilities, etc.) are placed into permanent housing at exit.^{vii}



- (1) Kaiser State Health Facts
- (2) WA State Prison, 2016
- (3) Clark County Sheriff's Office, 2017
- (4), (6), (7) Clark County HMIS System & WA Depart. of Commerce System Report Card, 2017
- (5) 1811 East Lake Project, Seattle, WA DESC

Breaking the Cycle

With our local economy improving and fair market rents at an all-time high, it is vital to break the cycle of homelessness by building pathways to opportunity in Clark County. One way people who are homeless remain dehumanized is through myths and stereotypes being accepted as facts. **Homelessness is traumatic** and people living on the streets are merely trying to meet their basic needs the best way they know how. In fact, many of the individuals experiencing homelessness were at one point our neighbors. **Over 81% of people who are homeless throughout the region identified their last permanent zip code as locations inside Clark County**, with only 6% identifying zip codes from other parts of Washington state and the remaining either identifying with zip codes from Oregon or other nearby states.^{viii} During the county-wide surveys, stakeholders were asked about their perceptions on homelessness and responses varied significantly. **Over 60% of the individuals surveyed indicated that they want to live in a community that helps people who are homeless** by a variety of options including: increasing programming and housing options, having a more active and present community role, connecting more individuals to resources and increasing outreach. Our community is ripe for change. With this said, there is still more work to do to help our community understand homelessness, including the causes and factors that perpetuate and repeat the cycle of homelessness.



Over 16% of individuals shared in the Action Plan survey that they believed many individuals in our community are choosing to be homeless or are homeless because of drug addiction or mental illness. It is imperative that community education and a shared framework of understanding is built amongst our community stakeholders. **It is rare that individuals prefer life on the streets. Instead, people prefer to live in a place where they can make their own decisions and rules. Finding a housing environment for each person to live by their desires is possible and can be done through the Housing First Supportive Housing model.** Homelessness can happen for many reason, whether it be discharging from other systems of care, behavioral health challenges, physical disabilities, the loss of a loved one that provided financial stability, the inability to gain and sustain stable employment, returning from war or serving our country or other life events. We live in a society and culture that perpetuates stereotypes of homelessness that make it even more difficult for someone to escape the very system they are trying to avoid.

With emergency shelters, transitional housing and affordable housing units at a premium throughout Clark County, there is not one component of the HCRS that has adequate capacity to meet the need. This includes **many households not having access to even the most basic needs, including a dry and safe place to sleep, a shower, storage for their belongings or restrooms.** **Over 64.3% of Action Plan survey respondents desired an increase in basic needs facilities to help people get back on their feet.** Trying to find a job without clean clothing, being able to brush your teeth or even showering is nearly impossible without access to basic needs facilities. Therefore, outreach, engagement and connection to the Housing Solutions Center (HSC) and the robust list of community partners offering employment, health and life skills support amongst other services must increase.

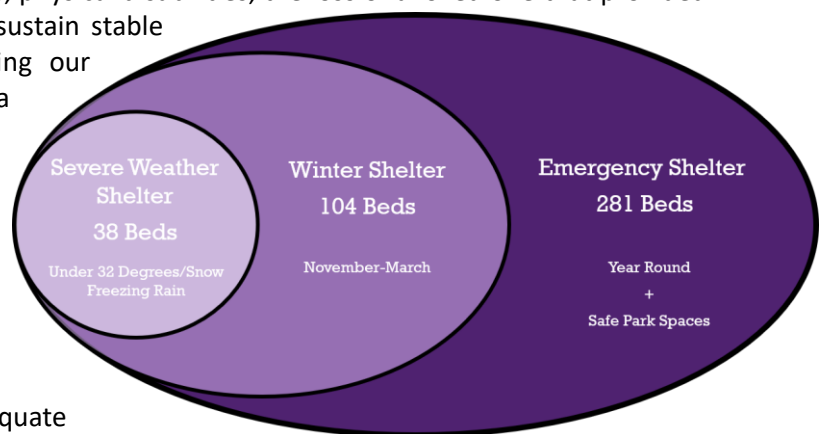


Figure 3: Illustrates the type and number of shelter beds available in Clark County currently.

Individual Entries by Housing Type (4/1/2017-3/31/2018)

People experiencing homelessness desire to receive support. **Over 52% of people experiencing homelessness in our Action Plan survey shared that increasing rent assistance and support for interim housing would help them move out of homelessness. With 48% sharing more move-in costs support and individual coaching could help them move out of homelessness.**

Each year, local governments, homeless providers and social service agencies in Clark County participate in a one day “point in time” count of homeless individuals and families— on the street, in shelters, and in transitional housing. The 2018 Point in Time Count (PIT) for Clark County took place on January 25, 2018. **Staff and volunteers counted 374 people living outside this year.** The PIT is generally considered an undercount of the actual number of homeless people living in our community given the difficulty of finding and counting everyone in a single day. It does however, create a baseline and allows trends to be tracked over time. The chart below offers a comparison of homelessness PIT counts over the last five years and notes key patterns and changes we have seen among populations.

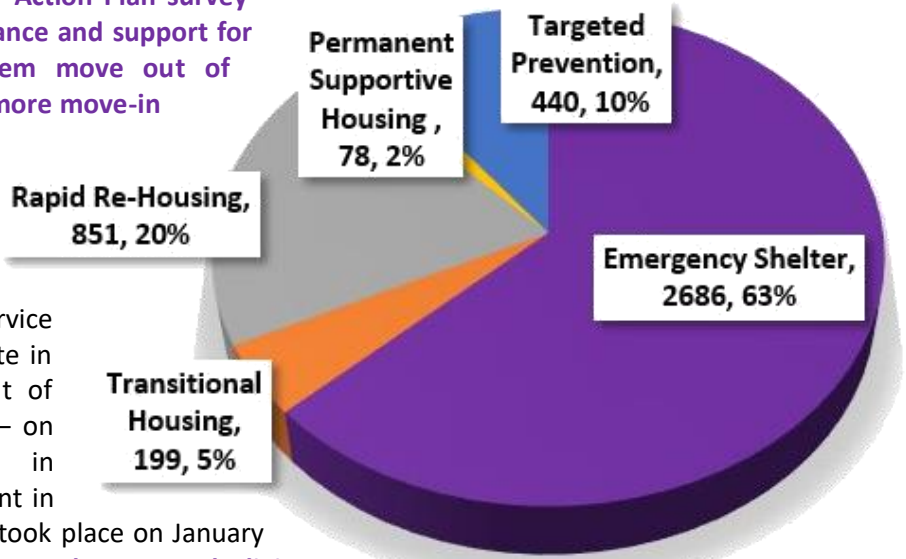


Figure 4: Illustrates the number of individuals served through each Housing type in Clark County. HMIS, 2018

The highest increase in this year’s numbers was the number of unsheltered individuals (39%) and the number of Veterans (21 in 2018 vs. 7 in 2017) entering the homeless system. Although the PIT gives our community a good snapshot of homelessness the best indicator of future homelessness is past homelessness. With over 16% of homeless individuals in Clark County experiencing homelessness more than once, it is statistically more likely that individuals will need to use the Homeless Crisis Response System more than once, if not effectively stabilized.

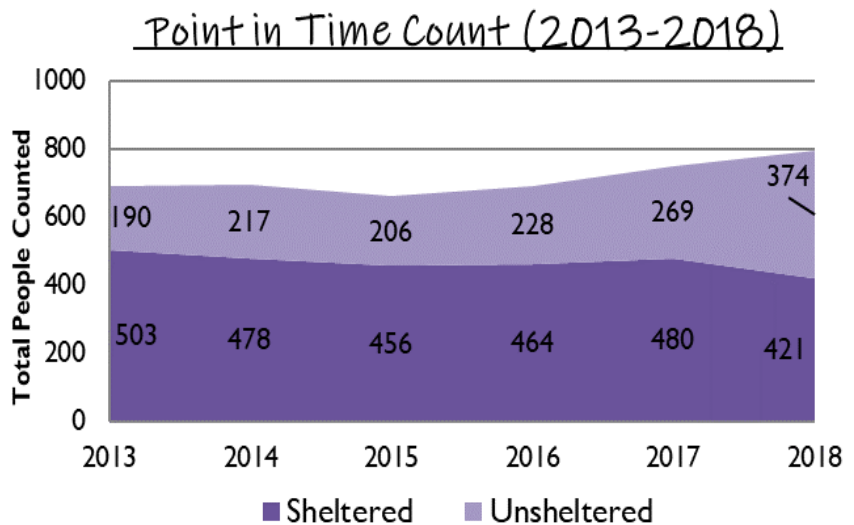


Figure 5: The number of people identified as homeless on a single day in January.

Clark County Homeless Demographic Breakdown

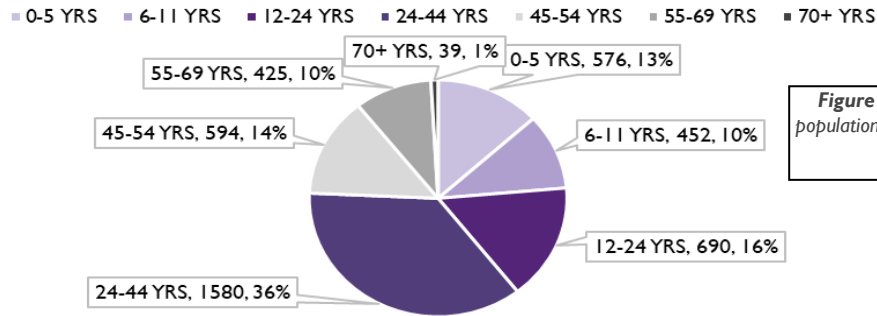


Figure 6: Breakdown of homeless population demographics from HMIS for Clark County, 2017

To create effective services and to utilize our Homeless Crisis Response System, it is important to understand who is experiencing homelessness in Clark County.

RACE AND ETHNICITY: The race and ethnicity of individuals experiencing homelessness is valuable information to ensure the cultural awareness of services. Clark County remains relatively limited on racial diversity, and this is reflected in the individuals who are homeless as well with **69% identifying as Caucasian**. Our area is beginning to see an increase in African American (13%) and Pacific Islander (8%) populations experiencing homelessness. **Every year, we see an increase in additional minorities and ethnicities falling into homelessness with over 508 Hispanic or Latino individuals experiencing homelessness in 2017.**

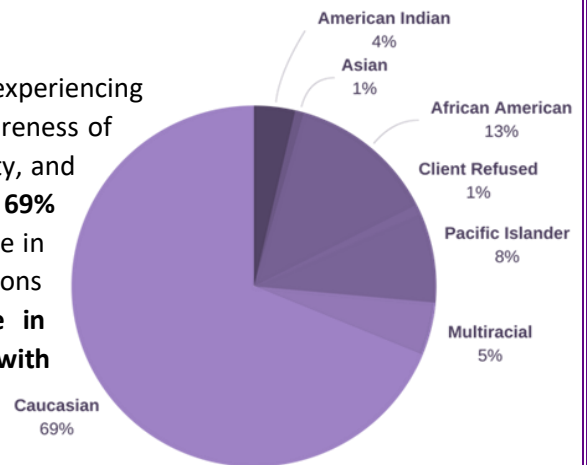


Figure 7: Breakdown of Clark County homeless race and ethnicities, HMIS

The recent [SPARC Study](#) through the Center for Social Innovation reinforced previous national findings identifying people who are Black, American Indian and Alaska Natives as being disproportionately affected by homelessness. In Clark County, this disproportionality is found among those identifying as African American. The need to provide culturally specific programming and progress equity and diversity among all HCERS agencies is high.

GENDER: The breakdown of homelessness by gender is equally dispersed between men and women. **With slightly more females finding themselves homeless (51.3%) compared to males (48.7%) according to HMIS.** With an additional 13 individuals identifying as a Transgendered-Female and 2 identifying as a Transgendered-Males our population is becoming more diverse. Opportunities exist to build relationships with local providers specializing in women and LGBTQ+ outreach as well as opportunities to design services, shelters and housing with these populations in mind.

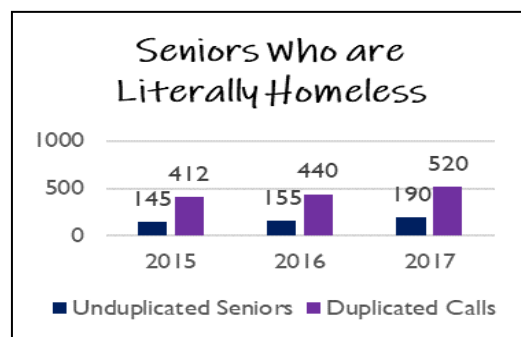


Figure 8: Comparison of Senior Homelessness.

AGE: With 690 youth ages 12-24 experiencing homelessness and over 576 children under 6 years old experiencing housing instability in 2017, the relationships with School Districts and their safety net services is vital. If youth find themselves homeless, a comprehensive continuum of services is needed in order to address their unique needs and stabilize them in housing rapidly. In 2017, Clark County saw a notable increase in the number of seniors, age 62 or older seeking housing and repeatedly calling for assistance through the Housing Solutions Center.

Community Engagement

Forum & Survey Structure

The Homeless Action Plan was built on the backbone of community engagement, stakeholder input, and current system accomplishments and opportunities. It was comprised of a variety of perspectives and input gathered at in-person forums, electronic surveys and information from the [Homeless Management Information System \(HMIS\)](#) to track current system and provider progress toward identified performance measurements targeted to ending homelessness. The forums were set up to reflect [World Café](#) facilitation styles in addition to [Community Impact](#) facilitation models to bring people together, encourage lively discussion and input and impart information for our community to implement social and systemic change.

Forums were conducted in a variety of locations throughout the county based on location accessibility and maximizing stakeholder engagement. Each forum followed the same format and was an hour and a half in length. Topics included 1) Basic Needs, Access and Prioritization, 2) Crisis and Interim Housing, and 3) Assistance to Return to Housing. Participants were encouraged to discuss what was working well, what was needed and what specific ideas, practices, or models should be considered to effect change within the three topic areas. Forums at shelters and with program participants were geared towards engaging people currently experiencing homelessness or who were at-risk of homelessness.

Surveys were designed individually for community members, service providers, and people experiencing homelessness. Questions were developed by referencing a variety of best practice approaches and settings for information gathering from across the nation. Utilizing a partnership with the Clark County Public Health (CCPH), questions were developed with the goal of collecting both quantitative and qualitative data to represent the perspectives, priorities, and general input of these three groups on subjects relating to homelessness, its causes, and potential solutions. Surveys were also vetted by CCPH for overall user experience and maximizing stakeholder readability and response. Responses from both the forum and surveys informed the structure and nature of this Plan.

There were 806 responses to the electronic survey, including, 111 service providers, 653 community members, and 42 individuals experiencing homelessness. When asked what individuals wanted in a Homeless Action Plan, there were three overarching themes.

COMMUNITY FORUMS

Location	Address	Date & Time
NORTH CLARK COUNTY	Battle Ground Community Center 912 E Main St., Battle Ground, WA, 98604	(Wednesday, May 16th, 6:00-7:30pm)
EAST CLARK COUNTY	St. Thomas Aquinas Church-Camas	324 NE Oak St., Camas, WA, 98607 (Tuesday, June 5th, 3:00-4:30pm)
EAST VANCOUVER	Beautiful Savior Church 12513 SE Mill Plain Blvd, Vancouver, WA, 98684	Thursday, May 24th, 1:30-3:00pm
WEST VANCOUVER	Vancouver Housing Authority	2500 Main St., Vancouver, WA, 98660 (Thursday, June 7th, 6:00-7:30pm)
WEST VANCOUVER	YWCA Clark County	3609 Main Street, Vancouver, WA, 98663 (Tuesday, May 29th, 1:00-2:30pm)
CENTRAL VANCOUVER	Partners In Careers	3210 NE 52nd St., Vancouver, WA, 98665 Monday, June 11th, 1:00-2:30pm
CENTRAL VANCOUVER	Bud Van Cleve Community Room-Luke Jensen Field	4000 NE 78th St., Vancouver, WA, 98665 (Thursday, May 31st, 9:30-11:00am)

SHELTER FORUMS

Location	Date & Time
SHARE--HOMESTEAD	May 9th, 7:00-8:00pm
SHARE HOUSE	May 29th, 7:00pm-8:00pm
WHAT--ST. LUKE'S	May 16th, 8:20-9:00pm
OPEN HOUSE MINISTRIES	June 11th, 6:00-6:30pm
DAY CENTER	May 20th, 2:00-3:00pm
SAFE CHOICE	June 18th, 6:30pm-7:10pm
SHARE--ORCHARDS INN	May 30th, 7:00-7:30pm
FRIENDS OF THE CARPENTER	June 20th, 1:00-2:00pm

People desired to see:

- 1) Best practice approaches and how Clark County measures up,
- 2) Clear outcomes for the work determined by the forum and stakeholder engagement,
- 3) Clear next steps for the plan and addressing homelessness in our community.

One important question the survey’s, outreach and forums sought to answer was whether our community is allocating resources towards the desired goal. We asked community members, service providers and individuals living on the street all the same question, **“What type of assistance would you prioritize to help households experiencing homelessness move into and remain in stable housing?”** Although the number one priority for all three populations was different, there was common consensus that prioritizing affordable housing and rent assistance to move individuals out of homelessness is required and necessary.

“What type of assistance would you prioritize to help households experiencing homelessness move into and remain in stable housing?”.	
Community Members	44.1%--Domestic Violence Support 42.4%--Affordable Housing Prioritized for Households Moving Out of Homelessness. 35.4%--Homelessness Prevention Rent Assistance and Support
People Experiencing Homelessness	52.4%--Rent Assistance and Support for Up to Two Years (Rapid-Rehousing) 47.6%--Move-In Cost Assistance and Coaching 42.9%--Affordable Housing Prioritized for Households Moving Out of Homelessness.
Service Provider	55.9%--Long Term Supportive Housing Programs (Housing First) 49.5%--Affordable Housing Prioritized for Households Moving Out of Homelessness 37.8%--Rent Assistance and Support for up to Two Years (Rapid Re-Housing)

Priority Populations:

- Families
- Veterans
- Youth (Ages 12-24)
- Individuals who are Chronically Homeless

Basic Need Priority:

- Emergency Shelter Beds
- Severe Weather Shelter
- Shower, Laundry, Restrooms

The surveys also asked stakeholders to identify **populations they believed needed additional resources to address homelessness**. No additional investments or additional resources for priority populations will come at the expense of others who are homeless.

Based on the forum and survey feedback, the Homeless Crisis Response System was directed to prioritize the following populations in order of priority: 1) Families, 2) Veterans, 3) Youth (Ages 12-24), and 4) Individuals who are Chronically Homeless. When asked

“What type of assistance would you prioritize to meet the basic needs of those living on the streets?”, an alignment occurred between all survey respondents in requesting an increase in; **1) emergency shelter beds (particularly domestic violence survivors, couples and single women), 2) severe weather shelter, 3) shower, laundry and restrooms.**

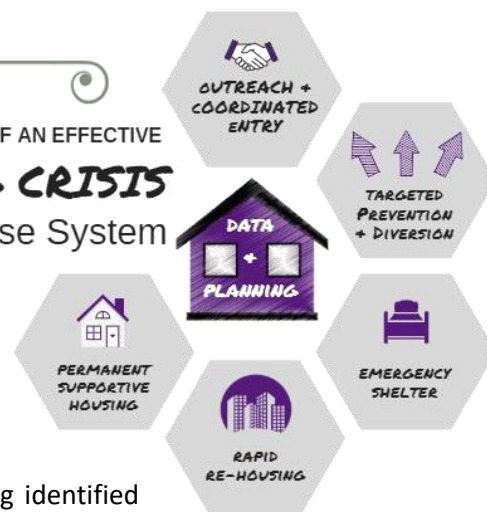


Guiding Principles: Research & Best Practices

A Framework For Change

For years the Clark County area has been using and adapting to best practice and leading approaches in the housing and homelessness field. This includes using interventions, methods and techniques that have been consistently proven to be effective with homeless and at-risk of homelessness populations. **In an era of growing interest in developing solutions to homelessness, it is critical to know what works, why it works and for whom it works best.** While there is a growing body of academic research on the causes and conditions of homelessness, the best practice approaches can most often be gleaned from other communities that are achieving identified outcomes.

COMPONENTS OF AN EFFECTIVE HOUSING CRISIS Response System



The Homeless Crisis Response System (HCRS)

According to the National Alliance to End Homelessness, **“an effective crisis response system is able to identify and quickly connect people who are experiencing or are at risk of experiencing homelessness to housing assistance and other services. The system works because it aligns a community, its programs and services around one common goal—to make homelessness rare, brief, and one-time.”** To best understand how a system should work, we must first understand what an HCRS is and the role it plays in the larger homeless system of care. A housing crisis response system helps people exit homelessness quickly. **The role of any HCRS is to identify those experiencing homelessness, prevent homelessness when possible, connect people with housing quickly and provide services when needed.**

HCRS Guiding Principles:

- All people deserve a decent and safe place to live
- Everyone is ready for housing
- Our community has a responsibility to take care of one another
- All interventions must be data-driven, outcome-based and effective

HCRS's are mandated by HUD and the WA Department of Commerce and have required specific programming requirements. Service components include outreach, coordinated entry, diversion, targeted prevention, interim housing (emergency shelters and transitional housing) and supportive housing. A HCRS is made up of multiple partners, programs, and service levels. Often, it requires deep partnerships to create a fluid and streamlined referral network to move individuals between agencies and get them back into housing.

To fund these programs, Clark County housing and service providers rely on a variety of federal, state, local and private funding sources including the Department of Commerce, Housing and Urban Development, Vancouver Housing Authority, City of Vancouver, Clark County, and Veteran Affairs, to name a few. Specific overarching grants and funding streams are critical and ongoing to the system. In March 2018, the Washington State legislature increased the amount of funding available for homeless programs through an increase in deed recording fees ([House Bill 1570](#)). These funds will enter the system and be available for use starting July 2019.

Opportunities exist for additional funders of all types to engage in the HCRS. Non-public funders are welcome to provide assistance in whatever way they see fit and their investment is valued. All projects are highly encouraged to align with the HCRS systems approach to the greatest extent possible, to understand the needs and assistance available in the community. This will also allow the publicly funded programs and their funders to adjust accordingly. For example, if a privately funded 100 beds shelter for men opened in the community, the publicly funded men's shelter would likely adjust their focus on a population that is less served in the community or move to a different type of housing. If a non-public funder is seeking public HCRS funding, a full HCRS alignment will be needed to receive assistance. This approach makes sure the HCRS is in-line with funding requirements and the HCRS is continuing to progress toward performance measures, which equates to public dollars.

Funding is invested with the overarching philosophy that making homelessness rare, brief and one-time is possible. In fact, communities across the country are already proving that they can end homelessness. **With 64 communities across the nation ending homelessness amongst Veterans and three ending homelessness among those who are chronically homeless^x,** a targeted approach that identifies those most in need can make a significant impact. Priority populations identified in this plan, do not come at the expense of other populations. But rather, targeted strategies will be identified to leverage additional resources, funding and programming to decrease the occurrences and growth of homelessness within populations deemed at significant risk by our community and data in this plan. Targeted services will be provided above and beyond current services when resources are available. **The priority of this Plan will be to target all individuals who are unsheltered and under that umbrella focus on engaging 1) families, 2) Veterans, 3) youth (Ages 12-24) and 4) people who are chronically homeless.** The Plan will also enact promising, best and evidence based best practices to achieve the overall goal of making homelessness rare, brief and, one-time.

Core Elements and Overarching Goals of a High Performing Homeless Crisis Response System:^x

- People living unsheltered are promptly identified and engaged in services.
- Everyone is housing ready.
- Diversion strategies are used first to solve a housing crisis.
- Households should not be in interim housing for longer than necessary because homelessness is traumatizing.
- Utilize the least costly and most effective intervention for each household to stabilize in housing.
- People are prioritized based on need using a transparent and consistent coordinated entry process.
- Access to housing and services is contingent on rules no more restrictive than necessary
- Housing and service goals are client driven and voluntary
- Clients are supported in developing housing stability plans that address safety, barriers to permanent housing and self-sufficiency.
- Programs quickly move clients into affordable housing and support them to housing stability
- Programs provide the minimum assistance needed to secure housing and only offer more when it is necessary to prevent a return to homelessness.
- Interim Housing (Emergency and Transitional Shelter) is closely tied to permanent housing options at a rate of *one interim housing bed to five permanent housing options* to ensure households can exit homelessness effectively.
- Programs intervene with supportive housing when clients have a disability that impacts their ability to live independently and affordable housing placements have proven ineffective.

Clark County Homeless Strategy

The Homeless Crisis Response System (HCRS) aspires to achieve an optimized level of system performance for each type of service offered and for each population receiving services. Achieving these goals is directly connected to the availability of local resources, use of evidence-based practices, and high-quality service delivery and effective management of our current system. Through a five-pronged approach aligning existing HCRS effective strategies to date with additional opportunities for improvement we have learned from others, we will create viable sustainable homeless solutions.

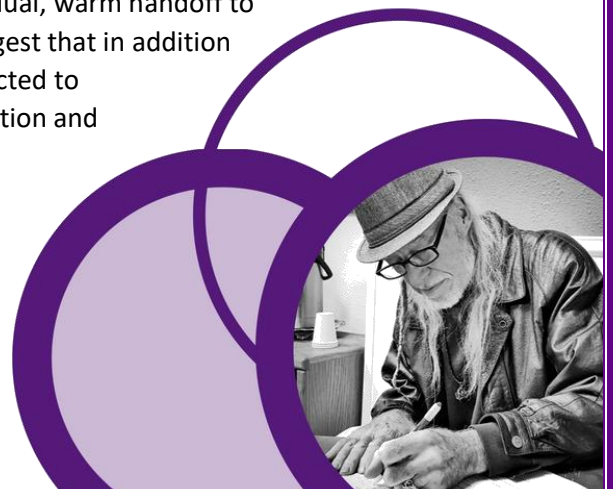
Components of an effective Homeless Crisis Response System (HCRS):

- 1) Outreach and Coordinated Entry
- 2) Targeted Prevention and Diversion
- 3) Interim Housing
- 4) Rapid Re-Housing
- 5) Supportive Housing

Outreach and Coordinated Entry:

One HCRS goal is to decrease the length of time any individual experiences homelessness. One key intervention is to actively engage individuals and families, get to know them, understand what motivates them and work with them to reduce barriers to housing. This could include behavioral health services, employment, physical health services and/or connection to housing programs. People experiencing chronic homelessness, who have one or more disabilities and who are disproportionately sleeping in unsheltered locations, are particularly vulnerable. In addition, Veterans and individuals with disabilities are also more likely to end up chronically homeless. Outreach to help these populations enter low barrier shelters, and most importantly to connect to housing, are critical for safety and health. Listed below are best practice approaches for outreach and coordinated entry.

- **Collaboration with nontraditional partners and institutional “in-reach”:** Leveraging partnerships in communities and institutions that may be reaching individuals before they end up homeless to provide additional services. This could be local churches, correction facilities, law enforcement, health care agencies, behavioral health systems or non-profits to assist in identifying who may at risk of homelessness. This strategy requires an inward deep dive of the homeless system of service providers to maximize the use of resources and partnerships.
- **Warm hand-offs:** Outreach workers have incredibly deep connections with individuals experiencing homelessness. Effective outreach ensures that there is a gradual, warm handoff to housing and service providers. Best-practice approaches suggest that in addition to warm hand-offs, street outreach teams should stay connected to individual’s post-placement in housing to reinforce the transition and provide support.
- **Assertive Community Treatment (ACT):** A multi-disciplinary approach encompassing a series of community partners, agencies, or individuals to provide assertive outreach in the community to develop intentional person-centered relationships and engage hard to serve individuals.



- **SOAR (SSI/SSDI, Outreach, Access, and Recovery)**: An evidence-based practice designed to increase access to disability income programs for adults who are homeless or at risk of becoming homeless and have a mental health and/or co-occurring substance use disorder.
- **Coordinated Entry**: Coordinated entry provides the quickest access to the most appropriate housing to every household experiencing or at-risk of homelessness through a standardized assessment and referral process. In Clark County, the coordinated entry system is known as the **Housing Solutions Center (HSC)**. A standardized process and point of entry for housing assessments and referrals into the housing system. Coordinated entry is required for communities who receive federal funding and looks to improve engagement and more quickly connect people to the right programs to meet their needs. The HSC is the hub of all homeless outreach and engagement activity. Ensuring that emergency services are aligned, assessments are uniform across providers and victims of crimes are identified and referred. Communities that collectively and effectively utilize their coordinated entry system to prioritize and identify populations find that their system makes the greatest impact in the number experiencing homelessness locally.

Targeted Prevention and Diversion

Targeted prevention assistance supports households in preserving their current housing situation or moving into a stable housing situation, particularly if they are couch surfing or doubled-up. Targeted prevention focuses on those most likely to become homeless. Based on research studies and data, this includes people who have experienced homelessness before and those with young children. Targeted prevention resolves imminent homelessness through housing-focused case management and temporary rent subsidies. The goal is to stabilize households as quickly as possible and connect them to mainstream assistance. **Diversion prevents households who are at-risk of homelessness or newly experiencing homelessness** from accessing more intensive services that are not needed, such as emergency shelter or medium to long-term housing programs. Diversion provides one-time coaching and goal setting, coupled with smaller amounts of financial assistance for move-in, if needed.

- **Progressive Engagement Approach to Client Services**: Services start with the least intensive service and amount of subsidy and progress to additional services only if necessary. To the extent feasible, client choice should drive the housing options and services offered. Participation in services is voluntary. A tri-county progressive engagement approach was used to shift the level of youth homelessness in King, Pierce and Spokane counties in Washington through the **100-Day Challenge**.
- **Critical Time Intervention (CTI)** A homeless prevention model of time-limited case management to support individuals discharging from institutional facilities into housing.

- **Service Integration (Wrap Around Services)**: Service delivery model in which multiple partners work together from a variety of systems of care to make sure an individual or family has the services, supports, and resources necessary for success. Services are client-centered.

*Clark County Returns to Homelessness
(April 2017-March 2018)*

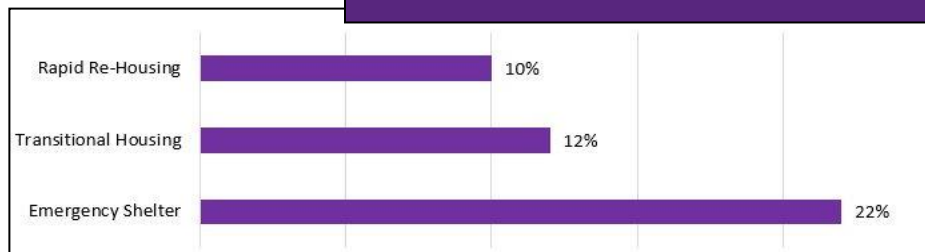


Figure 9: Percentage of Individuals Returning to Homelessness who engaged in Prevention, Diversion and Rapid Re-Housing Programs, based on the Clark County HMIS System.

Interim Housing (Emergency Shelter and Transitional Housing)

Interim Housing in the HCRS often serve as the frontline of program engagement. These services include homeless shelters, winter shelters (Winter Hospitality Overflow), severe weather shelters and transitional housing. **Common among all interim housing is that the households must leave the facility or unit because it is not permanent.** All publicly funded HCRS interim housing should be low-barrier. This means households should have minimal requirements, behavioral-based rules, be voluntary and not terminate guests for failure to participate. All interim programs should focus on moving guests from the program to permanent housing as quickly as possible and avoid exits to homelessness.

Various cutting-edge opportunities and practices have been tried throughout the country including the use of [tiny home villages, like one in Eugene, OR.](#), and also the utilization of Parks and Recreation and Public Works spaces as [temporary shelters in Walla Walla, WA.](#) In Eugene, building tiny houses offered the community a practical and sustainable way to develop low cost housing options when many regions are experiencing an affordable housing crisis. They aid in using subsidies more efficiently by significantly decreasing the cost of housing, with typical units costing about \$200 a month.

Rapid Re-Housing (RRH)

Rapid Re-Housing (RRH) quickly moves homeless populations into permanent housing by providing temporary rent subsidies and housing-focused case management using a progressive engagement focus. The household does not have to leave when services end. **RRH is often the effects of a streamlined approach from assessment to entry into housing. From April 1, 2017 to March 31, 2018, the Clark County RRH programs exited a high number of households to permanent housing (80%),** particularly when compared to other housing types. The greatest opportunity for improvement is the length of time homeless from RRH program entry to housed. An example of where length of time homeless has been shortened is in [Spokane, WA.](#) Providing immediate connections to case managers after initial assessments, participants forgo the one to six week waiting period to locate housing availability and are placed in a housing match as soon as possible. Reducing the time from Coordinated Assessment to Rapid Re-Housing.

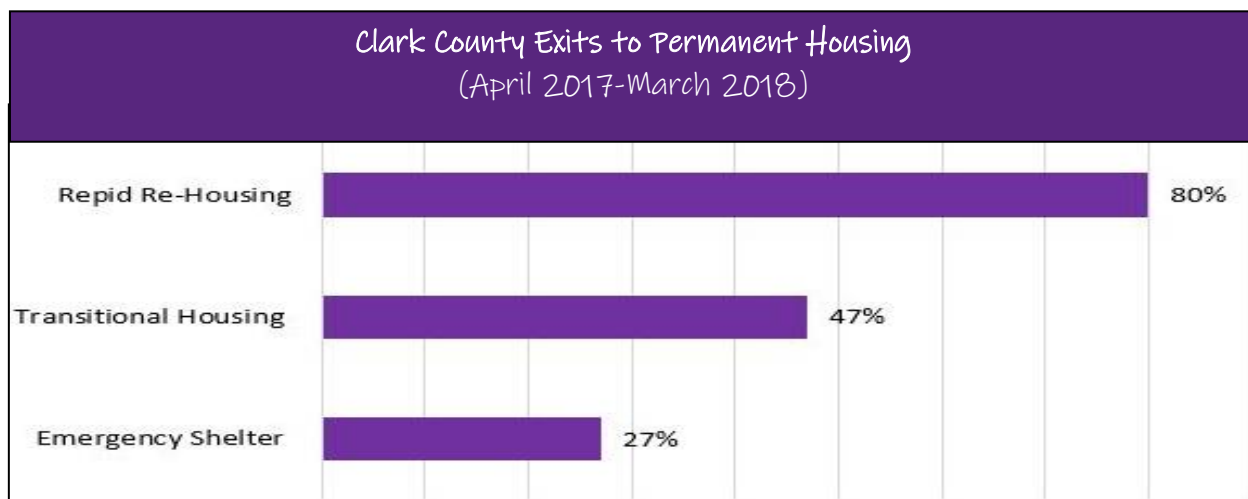


Figure 10: Percentage of Individuals Positively Exiting into Permanent Housing in Clark County from 2017-2018, based on the Clark County HMIS System.

Housing First

To improve housing outcomes, many communities are making fundamental shifts to a **Housing First Systemic model**. This requires communities to remove as many obstacles and unnecessary requirements as possible that stand in the way of people's access to permanent housing. The goal of Housing First is to provide housing first and then utilize that model as a platform to offer and engage individuals and families in support services to continue to improve their overall quality of life. The National Alliance to End Homelessness further explains that "this approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve".

According to **over 100 Clark County service provider surveys, if given the opportunity to infuse a significant amount of funds into one area that would have the greatest impact on reducing the number of people who are homeless in Clark County, 31.7% would opt for more Housing First supported housing while 26.7% would opt for an increase in homeless prevention assistance**. A cost-effective solution, Housing First has also been shown to lower public costs associated with the use of crisis services such as shelters, hospital, jails and prisons. Many communities across the country have ended homelessness using the Housing First approach including [Salt Lake City, UT](#) and [Phoenix, AZ](#) who used it to end Veteran homelessness. Several areas are on track to use the Housing First model to end homelessness in their state. For example, since 2005, [Utah has experienced a 74% reduction in the number of homeless individuals](#) while [Boston, MA](#) and [Minneapolis, MN](#) have used Housing First to save their HCRS money and gain 90% or more in housing retention rates.

Critical elements to the Housing First model include:

- A belief that people need necessities like food and shelter before they are able to attend to anything less critical such as employment, money management, behavioral health treatment.
- A belief that the clients' choice is valuable in housing selection and supportive service participation. Programming is voluntary and does not jeopardize housing.
- A focus on helping individuals and families access and sustain non-time limited housing as quickly as possible.
- A variety of services are offered to participants following housing placement to promote housing stability and individual well-being.
- Support services are based on individual need and are not time-limited.
- Housing is not contingent on compliance with services or support service plans—instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary for success.

Although many communities are implementing Housing First, there still isn't enough housing for everyone, so it becomes important for communities to have robust and engaging coordinated entry points like the HSC to match the right apartment opening and service offerings to the right person.



Systemic Best Practices

There are **emerging practices and approaches** that have been proven to be promising but are too new without enough research to be called “best practice” just yet. However, these approaches hold promise for organizations looking to make small adjustments to programming to move towards best practice approaches. Many of these practices are being adopted across the country by HCRS and housing staff for their direct effects on decreasing homelessness and aiding the homeless system.

- **Housing First Supported Housing:** A Housing First approach can be applied to all components of the HCRS including outreach, diversion, rapid re-housing and supportive housing. Housing First Supportive Housing uses the Housing First approach and pairs it with a housing subsidy, intensive case management and supportive services. It also has no time limit and has been shown to decrease the number of individuals who are chronically homeless nationally by 27%.^{xi} It is focused on serving those who are most vulnerable in the community, including those who are chronically homeless and/or highest utilizers of systems of care. An interesting example of using a small house model in a community setting that has been effective for housing over 80 Veterans is in [Walla Walla, WA](#). A partnership between the state, federal government and local VA Medical Center made the small community possible. The key to successful permanent supportive housing projects is for communities to think outside the box of traditional housing complexes.
- **Consumer Involvement, Peer Support and/or Mentorship:** Linking individuals who have experienced homelessness, mental health issues, substance use and trauma and now find themselves in stable situations with those in need of mentorship. Integrating these strengths into staffing and leadership roles in homeless service agencies.
- **Trauma-Informed Care:** A strength-based approach that focuses on using the physical, cognitive, psychological and emotional elements of individuals as healing principles to establish new frameworks of control and empowerment and create safe spaces with providers, supporters and survivors to explore informed healing practices.
- **Positive Youth Development:** A developmental model that provides ongoing, intentional and asset driven activities for youth to engage in meaningful discussions and ongoing reflections.
- **Equity, Diversion and Inclusion:** A focus on making the HCRS more equitable for populations disproportionately affected by homelessness. Making the system accessible for all populations, particularly those whose first language is not English. Provide training and technical assistance to make the system partners more culturally aware and humble in order to more effectively serve all people. Work with culturally-specific entities to provide assistance and to support the existing providers.
- **Motivational Interviewing:** A collaborative, person-centered approach to elicit and strengthen motivation to change. It offers providers a useful framework interacting with people who are experiencing homelessness or struggling with substance use, mental illness, and traumatic experiences. Rooted in an understanding that change is difficult, and client driven. This practice is recommended for broad application across programs.

System Successes & Highlights

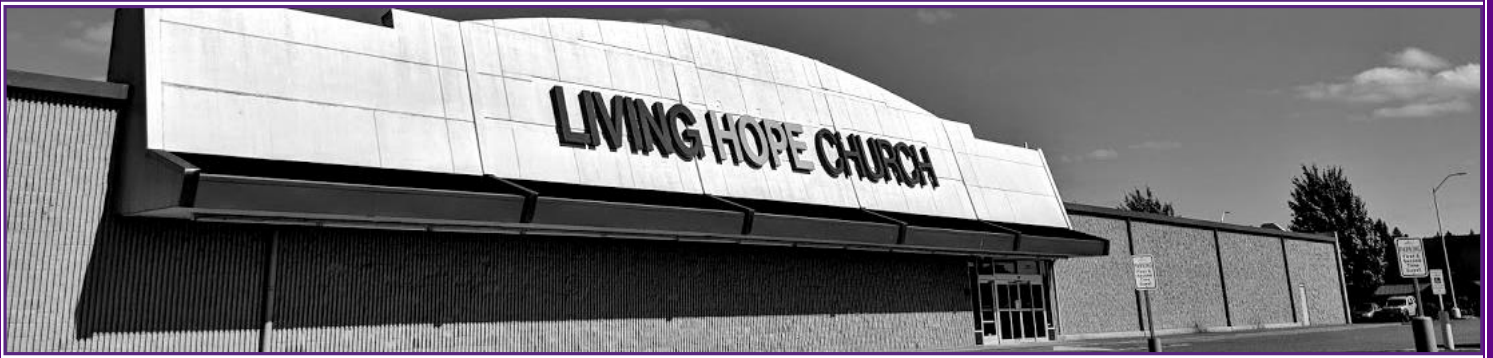
Although our community has room to grow, there have been a number of milestones and changes over the past several years that have had a positive impact on the homeless situation locally. The list below highlights some of the most impactful progress but is not exhaustive. This list below also lays the foundation for opportunities to pool and adjust resources to provide more Housing First options, increase prevention assistance and utilize valuable resources.

- **Winter Hospitality Overflow (WHO) & WHAT (Women Housing and Transition):** With the expansion of four more churches over the past several years in response to people needing more shelter, our emergency shelter beds continue to grow. Still not at the point of providing shelter for all those in need, we are a community fortunate to be surrounded by overwhelmingly supportive nonprofit and faith-based communities opening their churches, doors, spaces and resources to those that are in need. Our current emergency shelter system relies on these valuable resources to function and engage some of the hardest to reach.
- **Housing First Supportive Housing:** Locally, our community is addressing chronic homelessness with a Housing First complex called [Lincoln Place](#), a 30-unit building specifically built to support those who are chronically homeless. This property is located across the street from Share House, a local agency providing direct services for homeless populations. This is a monumental moment for our community. The project will have lasting benefits for the individuals that it will house considering that they most likely would have perpetually spent the remainder of their life on the streets. There are also scattered-site units of Supportive Housing throughout the community that are served by four different housing agencies housing the same populations served by Lincoln Place.

In Housing First projects, people experiencing homelessness are not screened out based on little to no income, mental health history, lack of rental history, poor credit, history of victimization, criminal justice involvement, history of substance abuse or “housing readiness” among other factors.^{xii} The goal of low barrier housing is that rules and policies are narrowly focused on maintaining a safe environment and avoiding exits into homelessness. People are engaged at points where they are comfortable and can transition into their new situation and the housing support system on their own. Individuals will pay a percentage of their income towards rent.

- **Housing Student Stability Program (HSSP):** A grant funded by the WA Department of Commerce and the WA State Office of the Superintendent of Public Instruction promotes local efforts to stabilize [McKinney-Vento](#) eligible youth and families, which encompasses those who are living in a place not meant to be lived in and doubled-up or “couch surfing.” During the 2017-2018 school year, the CFTH worked in partnership with Battle Ground Public Schools, Evergreen Public Schools, and Vancouver Public Schools to assist 107 households (429 people), including 25 unaccompanied Clark County youth. **Overall, 80% of the households assisted improved their housing stability and ability to maintain their housing in the future.** Other households were connected to more intensive programs to address their housing barriers. **Of the 25-unaccompanied youth assisted, 24 secured stable housing.** The remaining student continues to receive navigation support.





- **Family Community Resource Center Coordination:** CFTH staff partnered with each school district's Family Community Resource Coordinators to help meet each household's basic needs and provide housing and service navigation, which included landlord negotiation, employment resources, and one-time financial assistance to eliminate barriers to housing (such as paying for short-term childcare, transportation or move-in fees).
- **Master Leasing:** Many housing agencies, have successfully taken on the lease of rental units in order to more quickly provide housing to the people they are working with in housing programs. It may also allow for households with greater barriers to move into a housing unit.
- **WA Youth and Family Fund, Family Assistance and Community Engagement (FACE) Program:** Creates a streamlined Diversion and Rapid Re-Housing assistance program for families identified as having one adult person of color and/or on the LGBT continuum. Families are supported through two housing agencies in partnership with a collaborative group of culturally specific and aware community agencies. The program seeks to recognize and begin to address the disproportionality of homelessness for the focus populations.
- **Medicaid Waiver: Supportive Housing Benefit:** In 2017, the WA State Health Care Authority was granted an 1115 Medicaid waiver to utilize Medicaid in **creative ways to ultimately save money and provide more effective care to patients**. Now, Clark County housing, behavioral health and physical health agencies are beginning to use this supportive housing benefit to provide more wholistic care to clients. The waiver can pay for staff support and is effectively increasing the number of people with higher needs in supportive housing and expanding the community capacity to provide housing.

"Schools are seeing a dramatic increase in the number of students experiencing homelessness. Our incredible partnerships are invaluable to ensure families can access safe, secure and affordable housing."

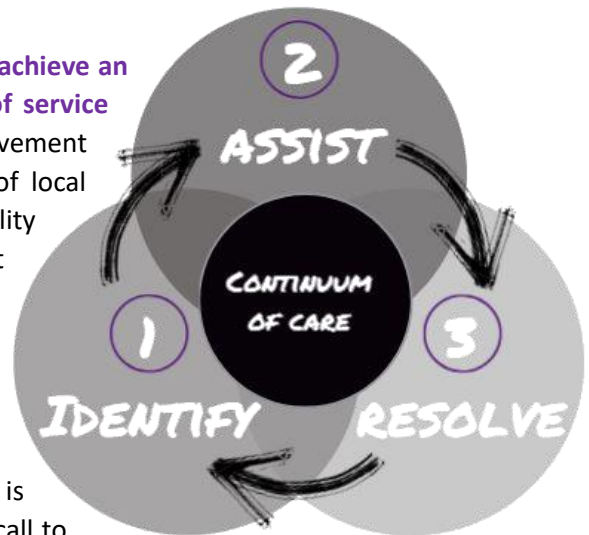
*~ Melanie Green
Evergreen Public Schools*

Clark County Homeless Strategy

The Homeless Crisis Response System (HCRS) aspires to achieve an optimized level of system performance for each type of service offered and for each population receiving services.

Achievement of these goals is directly connected to the availability of local resources, use of evidence-based practices, high-quality service delivery and effective management of our current system. By aligning existing HCRS effective strategies with additional opportunities for improvement we have learned from others, we will create viable sustainable solutions to end homelessness. Over the next four years, we will work with our community to develop and increasingly realize a shared vision in which homelessness is rare, brief and one time. This framework for change is a call to

action for our community, listing our collective goals to significantly reduce homelessness. The framework outlines ambitious yet achievable goals. This document is not meant to be a step-by-step guide for how to proceed. Rather, it provides a roadmap for launching funding efforts, additional community conversations, programming changes and policy adjustments. There is no single solution that solves homelessness. **It is a multi-tiered and multi-system issue that requires us to analyze data, listen to stakeholders, learn from those impacted by homelessness and continually adapt our continuum of care and system of services.** It requires flexibility, thoughtfulness and persistence. Goals and strategies targeted below are based on a combination of best practices approaches, enhancements to moving our current work forward, and direct feedback and input from providers, the community and those experiencing homelessness.



Seek to identify and intentionally engage with those without homes in the community to understand their barriers and goals, then connect them to housing.

- Increase the number of well-trained outreach staff to engage those unsheltered.
- Increase the number of trained staff to conduct the objective housing assessment.
- Identify dedicated outreach staff to serve as liaisons with law enforcement and other key entities that interact with people experiencing homelessness throughout the County.
- Increase the number of emergency shelter beds available in Clark County.
- Increase the skills and scope of outreach staff to allow them to work in tandem with Supportive Housing programs, to stabilize households.
- Leverage the capacity of staff for outreach identification and engagement from other systems of care.
- Learn from the expertise of people with lived homeless experience.
- Activate and collaborate with community volunteers to identify and engage people who are homeless.
- Increase the outreach effort related to the annual Point in Time Count.
- Prioritize staff training and lived experience expertise to strengthen outreach.
- Continue to work with partners to streamline data collection and data sharing efforts

- Continue developing the Veteran by Name List and efforts to identify all Veterans who are unsheltered.
- Create and sustain a Youth by Name List to begin addressing youth homelessness. Do this in collaboration with a yet to be determined group of youth.
- Invest in additional basic need options providing access to shower, laundry, storage and restrooms. Work to provide access to basic need options across the County by utilizing existing resources and community strengths.



Once a household has been identified, their homelessness or housing instability is resolved in an efficient manner with the least intensive supports with a focus on those who are most vulnerable.

- Increase the number of households served in all best-practice permanent housing types.
- Increase permanent housing options for Veterans, domestic violence survivors and people who are chronically homeless.
- Increase supported employment programs for those who are engaged in permanent supportive housing programs.
- Conduct a Veteran Challenge to increase resources and housing options available for Veterans in Clark County.
- Increase Rapid Re-housing capacity for all populations.
- Increase Diversion assistance capacity for those who are experiencing homelessness and those at targeted risk of homelessness
- Increase Housing First Supportive Housing capacity for families.
- Formally and intensively partners with safety net services to make sure households stabilize in permanent housing.



Once a household is stabilized in housing, they are connected with safety net services, remain stable and do not become homeless again.

- Adopt a systemic community response by gaining the commitment of HCRS funders to follow a systemic approach to assistance and services.
- Provide Homeless Crisis Response System-wide trainings on Assertive Engagement, Trauma Informed Care, Equity, Motivational Interviewing, Positive Youth Engagement and other best practice approaches.
- Work with partners to streamline approvals and incentivize development of affordable housing for people experiencing homelessness.
- Encourage trauma informed and community-centered housing design and development
- Utilize predictive prevention strategies to identify those who are at the highest risk of recidivism
- Progress equity and diversion throughout the HCRS.
- Provide resources, tools and education to prepare households to remain stable in their housing.
- Create opportunities for landlord education, conversation and partnership.
- Connect people experiencing homelessness with Medicaid Supportive Housing Options, if qualified.

2019-2022 ACTION PLAN OUTCOMES

GOAL I: IDENTIFY:

Seek to identify and intentionally engage with those without homes in the community to understand their barriers and goals, then connect them to housing.

TARGET	STRATEGY	OUTCOME	ACCOUNTABILITY	TIMELINE
<i>System Alignment</i>	Examine opportunities with local funding to expand flexibility in paying for services that respond to community, stakeholder and population input listed in this survey.	Flexible Funding household support is incorporated into housing program reimbursement/guidelines.	County/COV	End 2019 & Annual
<i>System Alignment</i>	Increase the outreach effort related to the annual Point in Time Count.	Provide a formal volunteer engagement and training series to increase community involvement with the Point in Time Count.	CFTH	Annual
<i>System Alignment</i>	Continue to work with partners to streamline data collection and data sharing efforts	<ol style="list-style-type: none"> 1) Create a data sharing agreement with at least one system of care partner. 2) Identify common people who are high utilizers of services to collaboratively address housing needs. 	CFTH/Data Partners	End 2019
<i>System Alignment</i>	All funders of HCRS program require programs to follow a coordinated and systemic approach.	<ol style="list-style-type: none"> 1) Funders require: HMIS data entry, use of coordinated entry (Housing Solutions Center) Engagement in the Continuum of Care and annual Point in Time Count. 2) HCRS funded programs addresses and positively effects system-level performance measures identified in the Clark County Homeless Action Plan. 	COV/County/Other funders	Annual
<i>System Alignment</i>	Prioritize people who are unsheltered for HCRS programs.	Increase the percent of people who are unsheltered and entering HCRS interim and permanent housing programs by 10%. (2017 Baseline: 70%)	Outreach Teams/CFTH/County	Annual
<i>Outreach & Engagement</i>	Increase the number of skilled and well-trained mobile outreach staff available to engage with those who are unsheltered.	<ol style="list-style-type: none"> 1) Number of HCRC Outreach staff increases to 14. (2017 Baseline: Six) 2) Develop collaborative outreach approaches to effectively track, target and ensure engagement with people who are chronically homeless and/or most vulnerable. The Outreach Collaborative meeting absorbs new staff/teams and meets regularly. 3) Increase the number of households permanently housed by Outreach teams by 10% each year. (2017 Baseline 25%) 4) Increase the number of peers providing outreach in the community to at least one per agency. 5) Diversify the skills sets of outreach teams, by creating additional PACT-like or FACT-like teams dedicated to serving people who are unsheltered and unengaged with behavioral health. 	CoC/CFTH/County/COV/Other Funders	<ol style="list-style-type: none"> 1) End 2022 2) Annual 3) Annual 4) End 2020
<i>Outreach & Engagement</i>	Increase the number of outreach staff trained to conduct the community's objective housing assessment.	80% of outreach staff are trained and conducting housing assessments each year. (2017 Baseline: 40%)	CFTH/Outreach Agencies	Annual
<i>Outreach & Engagement</i>	Align outreach staff more closely with community partners to address their needs related to homelessness.	One outreach staff member is identified as a liaison for specific law enforcement entities, the library and other engaged entities.	Outreach Agencies/Partner Agencies/CoC	End 2019
<i>Outreach & Engagement</i>	Increase the scope of outreach staff to allow them to work in tandem with Supportive Housing programs, to stabilize households.	<ol style="list-style-type: none"> 1) Funders adjust contracting/grants and fund accordingly to effectively allow outreach staff to help transition supportive housing households from the street to home. 2) Outreach teams funded by the HCRS have a primary focus on targeted outcomes related to reducing housing barriers and housing those who are most vulnerable. 	County/COV/CoC	All Annual

<i>Outreach & Engagement</i>	Utilize by Names Lists to more effectively identify the community needs and identify housing for those with the highest needs.	Formalize the Veterans By Name List process and surrounding efforts to identify all Veterans who are sheltered and unsheltered.	CFTH/Partner Agencies/CoC/Funders	Annual
<i>Outreach & Engagement</i>	Create additional basic need options providing access to shower, storage, laundry, restrooms, vaccines to all.	<ol style="list-style-type: none"> 1) Provide ongoing operational funding to the Grand Blvd. Day Center. 2) Sustain food options available to people experiencing homelessness. 3) Explore, provide technical assistance support and fund strategies to address the identified basic needs of those who are unsheltered. 4) Increase access to basic need options across the County utilizing community and faith-based resources that already exist. 5) Increase the number of sanctioned parking options available at night for people living in their cars to 60. (2018 Baseline: 36) 	COV/County/Other Funders/CFTH	All Annual
<i>Emergency Shelter</i>	Provide safe, interim housing for households to move out of crisis and reduce barrier to housing.	<ol style="list-style-type: none"> 1) Increase the number of emergency shelter beds available throughout the community by 50. Prioritize single women, couples, families and/or DV survivors. (Baseline: 180 beds) 2) All publicly funded shelters are low-barrier, focus on alleviating housing barriers for households to quickly move them to permanent housing and flexible in the populations they serve. 3) Provide basic needs for those residing in the facility, including food, showers, laundry and storage. 4) Increase motel vouchers for people with high needs who cannot go into shelter. 	County/City	<ol style="list-style-type: none"> 1) 2022 2) Annual 3) Annual

GOAL 2: ASSIST:

Once a household has been identified, their homelessness or housing instability is resolved in an efficient manner with the least intensive supports.
Focus on those who are most vulnerable.

TARGET	STRATEGY	OUTCOME	ACCOUNTABILITY	TIMELINE
<p>People who are Chronically Homeless</p>	<p>Reduce the number people and families who are chronically homeless in the community.</p>	<ol style="list-style-type: none"> 1) Convene a Housing First workgroup to strengthen the system efforts to serve those who are most vulnerable and provide programs to fidelity. 2) Prioritize interim housing beds for people who are chronically homeless and entered in a housing program. 3) Work collaboratively with other systems of care to create additional supportive housing beds that prioritize people with high needs. 4) Number of people who are chronically homeless decreases by 25% (2017 Baseline: 115 Individuals & 8 Families) 5) Increase in Housing First Supportive Housing capacity in the community by 30% (2018 Baseline: 152 program spots) 6) Decrease the number of negative exits from Supportive Housing to non-permanent housing by 3%. (2017 Baseline: 8%) 7) Explore a by name list for people who are chronically homeless, ensuring cross-system partnerships, data and engagement. 8) Increase the number of site based supportive housing units available to people who are chronically homeless by 50. (2018 Baseline: 30 units) 	<p>County/CFTH/VHA/Systems of Care</p>	<ol style="list-style-type: none"> 1) End 2019 2) End 2019 3) End 2021 4) End 2021 5) End 2022 6) Annual 7) End 2022 8) End 2022
<p>Veterans</p>	<p>End Veteran Homelessness in Clark County.</p>	<ol style="list-style-type: none"> 1) Conduct a 100-day Veteran Challenge utilizing community and provider ideas and input and make other system efficacy improvements to end homelessness for Veterans. 2) Increase number of VASH vouchers available in the community. (2018 Baseline: 44) 3) Develop targeted homeless prevention approaches for Veterans in collaboration with community partners. 4) Create targeted Diversion and Rapid Re-housing program for Veterans to move eligible households from the Veteran By Name List to stable housing. 5) Reduce the number of Veteran households on the VBNL by 50% (2018 Baseline: 300 households) 	<p>County/ COV/CFTH/VA/VHA Veteran serving agencies</p>	<p>All End of 2020</p>
<p>Youth (12-24)</p>	<p>Create a comprehensive continuum of youth (ages 18-24) services to reduce the number of youth experiencing homelessness.</p>	<ol style="list-style-type: none"> 1) Create five dedicated youth (ages 18-24) low-barrier transitional housing beds to meet the immediate needs of youth without homes. (2018 Baseline: 0 beds) 2) Increase HCRS access points that are tailored for youth as a part of the coordinated entry and assessment. (Baseline: HSC and outreach only) 3) Develop 20 additional supportive transitional housing options appropriate for youth. (2018 Baseline: 58 program spots) 4) Develop and support a youth action board to move forward system development and oversight of youth priorities. 5) Create and sustain a Youth by Name List to begin addressing Youth homelessness among those who are sheltered and unsheltered. 6) Create or identify a youth advisory group to create and provide feedback regarding the Youth by Name List. 	<p>County/Youth serving agencies/CFTH</p>	<ol style="list-style-type: none"> 1) End 2021 2) End 2019 3) End 2021 4) End 2020 5) End 2021 6) Annual 7) End 2019 8) End 2021

		<p>7) Reduce number of unaccompanied youth 18-24) experiencing homelessness in Clark County. (2018 Baseline: 98 (OSPI Homeless School Liaison Data) or 11 (PIT Count))</p> <p>8) Explore a Host Homes program to serve unaccompanied youth under age 18.</p>		
Families	Work with partner entities to more effectively identify families who are literally homeless and assess for best fit program assistance.	Create formal partnership with Department of Social and Health Services, WorkSource and other entities that serve families at risk-of homelessness to establish a formalized referral agreement.	CFTH	Annual
Domestic Violence, Sexual Assault, Stalking Survivors	Increase HCRS capacity to meet the emergency shelter needs and unique housing needs of survivors.	<p>1) Increase emergency shelter capacity by providing motel vouchers specifically for DV (et al.) survivors.</p> <p>2) Provide annual training to housing program providers regarding the unique needs or survivors.</p> <p>3) Create 10 Transitional Housing beds/units specifically for survivors to meet their immediate needs. (2018 Baseline: 0 beds)</p>	County/CFTH/YWCA	<p>1) 2020</p> <p>2) Annual</p> <p>3) 2022</p>
Targeted Prevention	Provide Targeted Prevention using a systemic approach to focus on households most likely to become homeless	<p>1) Prevention funders require an evidence-based targeted prevention and systemic approach to effect the HCRS. Prevention funding be as flexible as possible, allowing full move-in costs and utilities in order to effectively stabilize households.</p> <p>2) Develop a baseline and reduce the number of households served through Prevention that enter the HCRS within two years.</p> <p>3) The number of households who are newly homeless (last 2 years) within the HCRS decreases by 10%. (2017 Baseline: 2117 Individuals)</p>	CFTH/CoC/County/COV	<p>1) End 2019</p> <p>2) End 2019</p> <p>3) Annual</p>
Diversion	Increase the HCRS ability to provide a Diversion First approach with all household types who are willing to engage in order to reduce household engage with the HCRS and length of time homeless.	<p>1) Double the number and broaden the population types supported with Diversion (2017 Baseline: 94 households, for families, seniors and people with disabilities.)</p> <p>2) Increase the capacity to provide Diversion coaching in the community through funding and training.</p>	CFTH/County	<p>1) Annual</p> <p>2) End 2020</p>
Rapid Re-Housing	Continue to support and expand low-barrier best practice Rapid Re-housing in Clark County for all populations	<p>1) Increase number of program spots in low-barrier Rapid Re-housing program spots by 80 (2018 Baseline: 141 program spots)</p> <p>2) Increase the number of Rapid Re-housing households that exit to a permanent housing destination. (2017 Baseline: 80%)</p> <p>3) Reduce the number of households exiting Rapid Re-housing to a permanent destination who return to homelessness within two years (2017 Baseline: 10%)</p> <p>4) Decrease the average number of days households remain homeless after program entry. (2017 Baseline: 74 days)</p>	County/COV/Other Funders	<p>1) Annual</p> <p>2) Annual</p> <p>3) Annual</p> <p>4) Annual</p>
Supported Housing	Increase evidence-based supportive housing interventions that efficiently move people experiencing homelessness into permanent homes	<p>1) Increase Housing First supportive housing options for families and individuals who are not chronically homeless by 100%. (2018 Baseline: 22 units Families & 11 Individuals)</p> <p>2) Reduce the average number of days supportive housing programs take to housing a household. (2017 Baseline: 95 days)</p> <p>3) Increase the number of supportive housing programs utilizing HMIS to collect holistic data (2018 Baseline: 105 users)</p> <p>4) Work collaboratively with agencies providing 1115 Medicaid Waiver Supportive Housing to connect people utilizing the HCRS with housing options and increase HCRS capacity.</p>	CFTH and all partners using HMIS	All Annual

GOAL 3: RESOLVE

Once a household is stabilized in housing, they are connected with safety net services, remain stable and do not become homeless again.

TARGET	STRATEGY	OUTCOME	ACCOUNTABILITY	TIMELINE
Supportive Housing, Rapid Re-housing, Diversion	Provide resources, tools and education to prepare households to remain stable in their housing.	<ol style="list-style-type: none"> 1) Increase the number of Rent Well classes offered in the community. Create and offer a single class to share pieces of the Rent Well curriculum with housing programs. 2) Provide training and curriculum to housing program staff on debt negotiation, budgeting and other life skills in order to offer to program clients. 3) Provide Assertive Engagement training to program staff. 	County/CFTH	<ol style="list-style-type: none"> 1) Annual 2) Annual 3) End 2020
Targeted Prevention	Provide Targeted Prevention using a systemic approach to focus on households most likely to become homeless	<ol style="list-style-type: none"> 1) Prevention funders require an evidence-based targeted prevention and systemic approach to affect the HCRS. Prevention funding be as flexible as possible, allowing full move-in costs and utilities in order to effectively stabilize households. 2) Develop a baseline and reduce the number of households served through Prevention that enter the HCRS within two years. 3) Provide targeted prevention and diversion (particularly outside of the City of Vancouver to balance the Affordable Housing Prevention funding). (2018 Baseline: 240 additional households in City of Vancouver) 4) The number of households who are newly homeless (last 2 years) within the HCRS decreases by 10%. (2017 Baseline: 2117 Individuals) 	CFTH/CoC/County/COV	<ol style="list-style-type: none"> 1) End 2019 2) End 2019 3) Annual 4) Annual
System Alignment	Advocate for greater resources and collaborative opportunities within the HCRS and in other systems of care that intersect with people exiting homelessness, who are low-income or simply are struggling.	<ol style="list-style-type: none"> 1) Engage local governments and service providers to solicit ideas on interventions and policy changes that would reduce the number of people becoming homeless 2) CoC adopts works to develop and adopt an annual policy agenda 3) Actively support efforts to increase the availability of and greater access to safe and affordable rental unit 4) Facilitate a voter registration drive in partnership with advocates, affordable housing projects and housing programs. 	CFTH	All Annual
System Alignment	Create opportunities for landlord education, conversation and partnership.	<ol style="list-style-type: none"> 1) Develop and implement system-wide landlord recruitment and retention initiative, in tandem with system providers, partners, including staffing, marketing and outreach activities. 2) Create a marketing campaign to share information about the statewide Landlord Mitigation Program. 	CFTH/CoC/County/COV	<ol style="list-style-type: none"> 1) End 2020 2) End 2020
System Alignment	Work with local government, county officials, mayors and tribal organization to maintain a policy focus on alleviating homelessness locally.	Council for the Homeless policy agenda is created to target HCRS components and affordable housing.	CFTH	Annual
System Alignment	Learn from the expertise of people with lived homeless experience.	<ol style="list-style-type: none"> 1) Increase the number of people and scope of individuals/entities involved in the CoC Leadership, Steering Committee and associated groups, workgroups and task groups. 2) Formally seek feedback from people with lived experience when seeking to make CoC changes. 3) Create peer/community health worker positions within the HCRS and among the various programs. (2018 Baseline: Zero) 	CFTH	<ol style="list-style-type: none"> 1) End 2019 2) Annual 3) End 2022
System Alignment	Develop and provide ongoing community trainings and education series regarding the causes of homelessness, resources available and	<ol style="list-style-type: none"> 1) Create an ongoing community educational series focused on topics related to homelessness, policy and advocacy. 	CFTH/County	All Annual

	opportunities for active involvement.	<ul style="list-style-type: none"> 2) Implement trauma-informed and equity principles and other emerging practice approaches into staff trainings and the focus on the HCRS. 3) Progress policy action items identified in the plan and beyond. 		
System Alignment	Create a HCRS that is engaging and moving all people experiencing homelessness to safe, stable housing in partnership with systems of care and community resources.	<ul style="list-style-type: none"> 1) Institute standardized HCRS cultural competency trainings (equity). 2) Create and sustain culturally conscientious expectations of programs and their environments to ensure those disproportionately affected by homelessness, including people who are LGBTQ+, people of color and people with disabilities are entering safe and aware environment. 3) Create HCRS affirmative hiring and retention practices to further diversify system staff, including language skills, at all levels and in all programming types to better reflect populations served. 4) Use HMIS data to examine current HCRS programs to ensure equitable access and use is occurring 5) Create or include HCRS representation on a Discharge planning workgroup to formally establish discharge routes to housing for people exiting to homelessness and strengthen partnerships with systems of care. 6) Funders create a dedicated fund to support match needed to leverage additional significant HCRS funds new to the community. 7) Provide training and technical assistance to progress the HCRS toward Federal and State performance measurements. 8) Conduct an equity assessment of the HCRS. 	CFTH/County	<ul style="list-style-type: none"> 1) Annual 2) Annual 3) End 2020 4) Annual 5) End 2019 6) End 2021 7) Annual 8) End 2020
System Alignment	Increase knowledge of landlords and tenants regarding landlord-tenant laws and available resources to support tenancy.	<ul style="list-style-type: none"> 1) Increase tenant access to legal advocates, conflict mediators and self-help support. 2) Create a marketing campaign to share information about the Landlord Mitigation Fund, housing program strengths and resources to help pay rent. 	County	<ul style="list-style-type: none"> 1) County/CFTH 2) CFTH
System Alignment	Support and promote shared housing options focused on serving people who are without homes.	Explore how to create shared housing options for people experiencing homelessness.	CFTH	<ul style="list-style-type: none"> 1) End 2020
System Alignment	Increase HCRS transparency and information sharing.	Create an annual report specifying the strategic progress toward outcomes in the Plan.	County/CFTH	Annual
Emergency Shelter	Prevent individuals from being discharged from systems of care to homelessness.	Increase the number of medical respite beds available in the community by ten. (2018 Baseline: Three)	County, Discharge Partners	End 2023
System Alignment	Create an innovative ideas incubator task force comprised of atypical players in the HCRS.	<ul style="list-style-type: none"> 1) Identify 1-2 permanent housing projects that will allow people/couples/families to exit homelessness. 2) Identify funding non-HCRS funding. 3) Pursue project. 	CFTH/County/COV	<ul style="list-style-type: none"> 1) Convene by end of 2019

Looking Ahead: Our Future



Making homelessness rare, brief and one-time must be one of our community's top priorities. Over the next four years, the Council for the Homeless, Clark County, City of Vancouver and Vancouver Housing Authority, amongst many other partners will use this plan to inform key decisions and investment opportunities to ensure that there is continued alignment with the communities' goals for homelessness throughout Clark County. The goals and timeline in this plan are living documents that will be updated annually noting community progress and continued areas of need to decrease homelessness.

Our approach to the homeless crisis response system is multi-pronged, and requires us to:

- Provide engagement opportunities to build clear understandings of the needs and responses to homelessness.
- Engage those who have experienced homelessness and have lived experience in all parts of the HCRS.
- Own the role our community plays in removing or creating barriers and opportunities surrounding homelessness.
- Adopt a Housing First systemic approach.
- Collectively review data and information to derive knowledge about the nature and extent of homelessness.
- Use data to inform our decisions on how to move forward and build an effective HCRS.
- Hone in on and utilize best-practice models to scale and develop homeless and HCRS programs.
- Continue to integrate services and partnerships into the Housing Solutions Center and Continuum of Care.
- Welcome ideas and insights from everyone on how homelessness can be rare, brief and one-time.
- Increase outreach and engagement opportunities to more individuals and families in the homeless system.
- Actively participate and drive homeless advocacy and policy efforts both locally and statewide.

This framework articulates our shared vision and establishes a clear direction and call to action to move our future forward and make a community that is understanding, responsive and deliberate when it comes to homelessness.

Contributors & Partnerships

This is plan was made possible by the funding support of Clark County Community Services and the U.S. Department of Housing and Urban Development. In addition, this plan was created with the dedication, partnership and participation of several community agencies, governmental bodies, public agency staff, business leaders, homeless and housing service providers, community members at large and homeless families and individuals throughout Clark County who shared their views, needs and ideas on addressing homelessness in our community. The success of this plan rests on the commitment and collaboration of our community. Council for the Homeless, Clark County Community Services, City of Vancouver and Vancouver Housing Authority will provide stewardship and oversight for the next phase of the Plan. The Council for the Homeless will provide leadership to achieve the goals and strategies for the Plan. Provider agencies and the community at large form the backbone of our work to end homelessness and will be called upon to meet the challenges posed in this Plan.



Clark County Public Health (*Data Synthesis of Public Forum and Survey Data*)

Clark County Community Services (*Funder*)

Dynamic Funding Solutions (*Plan Consultant*)

Outsiders Inn (*Homeless Action Plan Photography*)



Battle Ground Community Center

Beautiful Savior Lutheran Church

City of Vancouver

Community Health Access Resource Group (CHARG)

Community Services NW

Consumer Voices Are Born (CVAB)—REACH Center

Developmental Disability Advisory Group

Latino Community Resource Group (LCRG)

League of United Latin American Citizens (LULAC)

Luke Jensen Sports Complex

National Association for the Advancement of Colored People (NAACP)

Partners in Careers

SHARE

St. Thomas Aquinas Church

Vancouver Housing Authority

YWCA

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