

# CHAPTER FIVE

## NON-HOMELESS SPECIAL NEEDS AND SOLUTIONS

### Introduction

Certain populations require special housing and supportive service needs. Members of these groups characteristically sustain themselves on incomes well below AML. For members of this community, Clark County seeks to improve access to safe, affordable, and accessible housing, including opportunities for home ownership. Types of housing needed to serve people with special needs include permanent low-cost housing for those who can live independently, permanent supportive housing, transitional housing for those who want to move to independent living, housing for people with multiple diagnoses, accessible housing, and short-term emergency shelters designed to address immediate crises. This chapter addressing non-homeless special needs is organized into the following categories:

- Persons Affected by Substance Use Disorders
- Persons with Mental Illness
- Frail / Elderly
- Victims of Domestic Violence
- Persons with Developmental Disabilities
- Persons Living with HIV/AIDS
- Priority Needs

### Persons Affected by Substance Use Disorders

Substance abuse is a difficult community issue that results in the allocation of a disproportionate share of the public resources to adults and youth with substance use disorders. Of the economic costs related to drug abuse nationwide, 69 percent relate to lost productivity, 9 percent health care costs, and 22 percent other costs, including the costs of crime, police, and the criminal justice system. Only 3.9 percent of total economic costs are for alcohol/drug treatment. In 2007, the Washington State Department of Social and Health Services found that more than one in ten adults (10.8 percent) are in need of chemical dependency treatment. The number is slightly higher for adults living below 200 percent of the poverty level (13.5 percent).<sup>1</sup>

---

<sup>1</sup> Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2007.

**Table 5-1  
Substance Abuse Treatment Admissions to DSHS Programs,  
Clark County: 2001-2007**

<b>Adult Treatment Admissions</b>							
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Alcohol	718	649	551	583	681	739	890
Marijuana	307	214	195	177	220	260	314
Methamphetamine	679	576	542	581	827	921	861
Cocaine	109	116	88	113	116	109	130
Heroin	125	131	112	96	244	200	187
<b>Youth Treatment Admissions</b>							
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Alcohol	35	39	37	26	52	46	66
Marijuana	196	139	166	167	189	182	196
Methamphetamine	31	48	37	45	68	46	19
Cocaine	2	3	1	1	1	2	2
Heroin	1	0	2	5	0	4	5

Source: WA Department of Social & Health Services, Division of Alcohol & Substance Abuse, Abuse Trends in WA State, 2008.

Note: Excludes detox, transitional housing, group care enhancement, private pay, and Department of Corrections. Includes total admissions – counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

In 2007, six methamphetamine laboratories were reported in Clark County, down from a high of 57 in both 2001 and 2002. The community has responded to the use of meth by developing treatment programs such as the Access to Recovery and the expansion of detoxification beds in the Center for Community Health.

Both in the state and nationally, alcohol remains the single largest cause of mortality-, crime-, and health-related costs among all substances of abuse. In fiscal year 2006, alcohol was the primary abused substance for the majority of individuals in treatment in the Washington criminal justice system. In 2007, 2,550 adults, and 682 children (ages 10-18) were arrested for alcohol- and drug-related incidents.<sup>2</sup>

Health costs related to alcohol abuse are 68 percent higher than for drug-related health costs. Furthermore, alcohol abuse and alcoholism costs the nation significantly more than cancer, obesity, or drug abuse and addiction.<sup>3</sup>

Long-term heavy drinking increases risks for high blood pressure, heart rhythm irregularities, heart muscle disorder, and stroke. It increases risks for certain forms of cancer, especially esophagus, mouth, throat, and larynx, for cirrhosis and other liver disorders, and worsens outcomes for individuals with

<sup>2</sup> Washington Department of Social and Health Services, Research & Data Analysis Division, Clark County *Risk and Protection Profile for Substance Abuse Prevention*, 2008.

<sup>3</sup> Washington Department of Social and Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2007.

Hepatitis C. It is also linked with death from traffic crashes, falls, fires, and drowning, and is associated with homicide, suicide, domestic violence, and child abuse.

In Clark County, there were 328 alcohol- and drug-related deaths and 14 alcohol-related traffic fatalities in 2007.<sup>4</sup> Approximately one percent of all children born in Washington have some developmental delay as a result of parental involvement with alcohol and drugs. In May 2003, it was estimated that 25 to 30 percent of children receiving early intervention services for developmental disabilities have families in which alcohol or drug use is a significant problem. This percent has remained constant for a number of years.<sup>5</sup>

Children whose parents abuse drugs or alcohol are three times more likely to be abused and four times more likely to be neglected than are children of parents who are not substance abusers. There were 3,602 children in Clark County who were accepted into the Child Protective Services system for child abuse and neglect in 2007.<sup>6</sup>

In a 2002 study of Supplemental Security Income (SSI) recipients in Washington who entered chemical dependency treatment, those who completed treatment had lower monthly medical, psychiatric, and nursing home costs, and hence higher monthly cost offsets than those who did not. Medical care expenses for SSI recipients who completed treatment were \$380 lower than the cost of medical care for those who needed chemical dependency treatment but remained untreated. Along the same lines, youth ages 15 to 17 who complete chemical dependency treatment are 41 percent more likely to be enrolled in school than those who did not complete treatment. Additionally, those who completed treatment are 74 percent more likely to remain in school the entire year following treatment completion.<sup>7</sup>

---

<sup>4</sup> Washington Department of Social and Health Services, Research & Data Analysis Division, Clark County *Risk and Protection Profile for Substance Abuse Prevention*, 2008.

<sup>5</sup> Clark County Department of Community Services: *Developmental Disabilities Comprehensive Plan, 2003-2008: Year Three Update*, 2007.

<sup>6</sup> Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2007.

<sup>7</sup> Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2007.

**TABLE 5-2  
Adults in Households Who Qualified For and Were in Need of Chemical Dependency  
Treatment, Clark County: FY2007**

Percent of Eligible Adults <200% Poverty Level in Need of Treatment	9.2%
Number Receiving Treatment	1,722
Number Not Receiving Treatment	4,391
Penetration Rate	28.2%
Treatment Gap	71.8%

Source: Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2008

In 2007, The Department of Social and Health Services found that 4,391 people were not receiving treatment, out of the 5,955 who were eligible and in need of treatment. This is a 72 percent treatment gap, compared to the state, where 67.8 percent of adults did not receive treatment.<sup>8</sup>

**Needs of People Impacted by Alcohol and Substance Abuse**

- *Services for youth, including residential treatment*
- *Residential treatment for pregnant women*
- *Transitional living units and case management services*
- *Affordable housing*

**Persons with Mental Illness**

The Washington State Department of Social and Health Services (DSHS) defines severe mental illness as follows:

Respondent has a major disorder (such as depression, psychosis, or manic episodes) and meets at least one of these additional criteria:

- Functional limitation that limits major life activities, ability to work, or taking care of personal needs such as bathing;
- Mental health (MH) services use or desire for MH services;
- Danger to self or others;
- Dependence, i.e., inability to support one's self or provide for one's own medical care.<sup>9</sup>

<sup>8</sup> Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2008.

<sup>9</sup> Washington State Department of Social and Health Services, *The Prevalence of Serious Mental Illness in Washington State*, December 1, 2003.

By this definition, a study conducted by DSHS in 2003 found 17,489 people with severe mental illness in Clark County. Of those, 6,929 were children. Of 1,597 total inmates in June 2002, 218 (14 percent) had severe mental illness.

**TABLE 5-3**  
**Estimated People with Severe Mental Illness in Clark County: 2002**

Location	Household Estimate <sup>1</sup>	Community Residential <sup>2</sup>	Jails & Prisons <sup>3</sup>	Homeless <sup>4</sup>	Incarcerated Children <sup>5</sup>	State Hospitals <sup>6</sup>	Children <sup>7</sup>	Total Est. # of SMI
Clark County	9,487	363	218	375	39	78	6,929	17,489
Washington	165,154	10,025	3,826	8,104	730	2,076	105,969	295,884

<sup>1</sup> PEMINS (Prevalence Estimation of Mental Illness and Need for Services) 2000 estimate of the number of household members who meet criteria for SMI (Medium Need- Race Neutral Method).

<sup>2</sup>Includes nursing homes, adult residential, and family homes.

<sup>3</sup>Based on Jail Average Daily Population data provided by the Washington Association of Sheriffs and Police Chiefs for calendar year 2001 and prison data provided by the State of Washington Department of Corrections Planning and Research Section for June 30, 2002; applies rate of 12% to jail population and 15% to prison population.

<sup>4</sup>Uses estimate of 35% applied to estimated number of homeless based on one-night-counts and a Key Informant Survey.

<sup>5</sup>Uses estimate of 60% applied to data provided by the State of Washington Juvenile Rehabilitation Administration for calendar year 2001. Does not include youth in community facilities or tribally adjudicated youth.

<sup>6</sup>Applies estimate of 100% prevalence for all persons in beds on May 29, 2002.

<sup>7</sup>Source: Census 2000, SF-1 data file, 100% data, applying a rate of 7%.

Source: Washington State Department of Social and Health Services, The Prevalence of Serious Mental Illness in Washington State, December 1, 2003.

According to a Washington State Institute for Public Policy study, in 2008, over 118,000 individuals (86,000 adults) received services or treatment from Washington State's public mental health system. The majority of these individuals received outpatient treatment from community mental health providers. Approximately 7,800 persons (6,923 adults) had an inpatient psychiatric admission to a community hospital or evaluation and treatment facility in 2008. Finally, approximately 2,200 persons (2,100 adults) were in residence at one of the state's psychiatric hospitals in 2008.<sup>10</sup>

The Clark County Regional Support Network (CCRSN) coordinates public mental health services for people with mental illness who meet Medicaid eligibility guidelines. Its mission is *to promote mental health and ensure that residents of the Clark County Region, who experience a mental illness during their lifetime, receive treatment and services so that they can recover, achieve their personal goals and live, work, and participate in their community.* In 2008, the CCRSN served 6,757 persons in outpatient intensive services and crisis services. Table 5-4 shows these counts by agency.

<sup>10</sup> Washington State Institute For Public Policy. Outcomes For Adult Public Mental Health Clients In Washington State: A Five-Year Longitudinal Analysis June 2009.

**TABLE 5-4**  
**Clark County Regional Support Network Services: July 2007-2008**

<b>Clients by Agency</b>	<b>Children (0-17)</b>	<b>Transition Age (18-20)</b>	<b>Adult (21 &amp; older)</b>	<b>Total</b>
Catholic Community Services	162	18	0	180
Children's Center	1,033	31	0	1,064
Children's Home Center	286	2	1	289
Clark County Clubhouse	0	0	48	48
Clark County Crisis Services	192	98	958	1,248
Columbia River Mental Health	893	183	2,546	3,622
Community Services NW	2	36	901	939
Family Solutions	175	12	0	187
Lifeline Connections	1	17	334	352
SW Medical Center (ADAPT)	0	4	172	176
Seamar Community Health Center	4	0	19	23
<b>Total Served</b>	<b>2,420</b>	<b>320</b>	<b>4,017</b>	<b>6,757</b>

Clark County FY2008 Data Book Summary

CCRSN coordinates the planning and implementation of several innovative projects in public mental health, including the following:

- **Mental Health Court:** Through collaboration between the Mental Health and Criminal Justice systems, the Mental Health Court diverts offenders with mental illnesses and/or drug use disorders from the county's jails – the success rate of the program exceeds 60 percent.
- **Program for Assertive Community Treatment (PACT):** PACT is a service-delivery model that provides comprehensive, individualized, locally based treatment to people with serious and persistent mental illnesses. The multidisciplinary team of professionals is available 24 hours a day, seven days a week, 365 days a year. There are three PACT programs in Clark County:
  - Community Services Northwest PACT Program
  - Columbia River Mental Health Services PACT Program
  - Lifeline Connections COMET program, specializing in co-occurring mental health and chemical dependency issues
- **Consumer Voices are Born (CVAB):** CVAB is a mental health self-help recovery center operated by people in recovery from mental illness. CVAB's mental health recovery center offers peer support, support groups, classes, social activities and the WarmLine, a peer telephone support line.
- **Val Ogdan Center:** A clubhouse model program that provides people who have been diagnosed with a mental illness the opportunity to become involved in a safe, supportive community of peers while working to achieve employment goals.
- **School-Based Mental Health Program:** This program is a collaborative effort between the education and mental health systems. It equips families with problem solving strategies for

helping their child function more effectively in school and at home by providing access to professional mental health services at school sites.

- **Jail Transition Program:** The Jail Transition program, operated by Lifeline Connections, provides transitional mental health services for mentally ill offenders while confined in a county or city jail. These services facilitate access to mental health services upon mentally ill offenders' release from confinement, including expediting applications for new or re-instated Medicaid benefits.

Many of the RSN providers and programs are located within the Center for Community Health, a partnership between the Department of Veterans Affairs and the Clark County Department of Community Services. The Center for Community Health houses the Department of Washington Service Division, Clark County Department of Community Services, Clark County Public Health Department, Clark County Veteran's Assistance Program, Community Services Northwest, Consumer Voices Are Born (CVAB), Cowlitz Indian Tribe Health & Human Services, Hotel Hope (a 16-bed combined co-occurring mental health and substance abuse evaluation and treatment center managed by Columbia River Mental Health Services), Lifeline Connections, the Mental Health Ombudsman, and the US Department of Veterans Affairs.

The following are housing options for persons with mental illness in Clark County per the *CCRSN Residential/Housing Plan*, updated August 2008. The housing is listed from most restrictive to least restrictive:

- **Skilled Nursing:** Six beds operated by contracted service providers offer intensive 24/7 care.
- **Assisted Living:** Assisted living includes meals, structure, hygiene, life skills and monitoring for tenants. Columbia River Mental Health has 32 units of assisted living available, while other contracted providers offer an additional 30 units of assisted living.
- **Supported Housing:** There are a total of 131 units of supported housing operated for people who can live independently with some case management services at the site. The type of housing and case management availability varies from site to site. The supportive housing beds are operated by Columbia River Mental Health, Community Services Northwest and Lifeline Connections. Another 20 beds of supportive housing provide intensive housing using the PACT model of treatment.
- **Shared Living:** Columbia River Mental Health operates 31 shared living arrangements that include housing with two to three bedrooms and peer roommates for support.
- **Group Living:** In the Group Living model, the group decides who lives at the residence and how the group functions. Columbia River Mental Health offers this option with six beds at its 99<sup>th</sup> Street home. Other agencies such as Oxford House and YW Housing also offer group living arrangements.
- **Housing Subsidies:** Other than living autonomously with no assistance, housing subsidies are the most independent type of housing for people with mental illness. As of 2008, Columbia

River Mental Health provided 22 individuals with a housing subsidy, Community Services NW provided 19 housing subsidies and Lifeline Connections provided four tenants with monthly rental assistance.

### **Needs of People with Mental Illness**

- Permanent, affordable housing
- Transitional living units and case management services
- More community-based housing with level of support linked to individual need
- Case management to assist with locating appropriate housing and roommates
- Assistance in working with landlords

## **Frail Elderly**

The elderly are generally considered a special needs group, due in part to the high correlation between age and disabilities. Those with cognitive impairments and/or in need of assistance with activities of daily living are considered frail elderly. An increase in the number of frail elderly is expected due to the combination of an aging baby boom and increasing longevity due to improved medical technology.<sup>11</sup> In the next 20 years, a wave of construction of nursing homes will be necessary. A person born in 1905 had a life expectancy of 48.7 years, whereas a person born in 2005 has a life expectancy of 77.8 (75.2 for males, 80.4 for females).<sup>12</sup> As the life expectancy continues to rise, the county's senior services will be increasingly burdened.

In April 2008, the Clark County population over 85 was estimated at 6,070, or 1.4 percent of the total population. The population 65 and over was estimated to be 42,357, or 10 percent of the population. This is a slightly higher rate than 2000, where 9.5 percent of the population was 65 or over.<sup>13</sup> The aging population in Clark County, as elsewhere in Washington, is expected to place increasing demands on service systems including housing, medical, dental, nursing and in-home care, transportation, meals and social activities.

The Southwest Washington Area Agency on Aging (SWAAA) is responsible for advocacy, planning, coordination, contracting, monitoring, evaluation and other activities related to serving older persons. The SWAAA also coordinates the long-term Care Ombudsman program, which provides volunteer advocates for persons who reside in long-term care facilities. Many other nonprofit and volunteer organizations provide services for the elderly, some under contract to the local Area Agency on Aging.

<sup>11</sup> Washington Center for Real Estate Research, Washington State University, *Housing Washington's Seniors*, Fall 2006.

<sup>12</sup> Centers for Disease Control, *National Vital Statistics Reports*, April 24, 2008.

<sup>13</sup> Washington Office of Financial Management, Forecasting Division, Population Estimates, April 2008.

### Needs of Elderly and Frail Elderly People

- Additional at-home supportive services for those above the poverty level
- Affordable congregate care and assisted living facilities for low-income elderly who are unable to have in-home services
- More physical accessible units
- Affordable units for seniors with income of 0 to 50 percent AMI
- Shared housing
- Modification of existing housing to enable seniors to “age in place”
- Affordable, Medicaid/Medicare eligible in-home caregivers

## Victims of Domestic Violence

Domestic violence has come into the forefront of discussion in recent years with increased recognition of the magnitude of the problem and immediate and long-term consequences for the victim, the family and the community. The *National Violence Against Women Survey*<sup>14</sup> found that nearly one-quarter of women reported they were raped or physically assaulted by a current or former spouse or partner at some time in their lives. Domestic violence offenses often go unreported, which makes it difficult to assess the extent of the problem in communities. Increased vigilance by the justice system, advocacy for victims in services and legal matters, have increased the extent to which victims seek help. Yet domestic violence remains a leading cause of homelessness for women.

The American Bar Association<sup>15</sup> defines domestic violence (in part) as:

Domestic violence is a pattern of behavior that one intimate partner or spouse exerts over another as a means of control. Domestic violence may include physical violence, coercion, threats, intimidation, isolation, and emotional, sexual or economic abuse. Frequently, perpetrators use the children to manipulate victims: by harming or abducting the children; by threatening to harm or abduct the children; by forcing the children to participate in abuse of the victim; by using visitation as an occasion to harass or monitor victims; or by fighting protracted custody battles to punish victims. Perpetrators often invent complex rules about what victims or the children can or cannot do, and force victims to abide by these frequently changing rules.

In Clark County, 3,602 children were identified as victims in reports to Child Protective Services and accepted for further action in 2007.<sup>16</sup> The Vancouver Police Department reported 1,182 cases of domestic violence in 2007. The Clark County Sheriff's Office reported 2,255 in the entire county in

<sup>14</sup> U.S. Department of Justice, *National Violence Against Women Survey*, July 2000.

<sup>15</sup> U.S. Department of Justice, Office of Justice Programs, 1997, *When Will They Ever Learn? Educating to End Domestic Violence*, A Law School Report: American Bar Association Commission on Domestic Violence.

<sup>16</sup> Department of Social & Health Services, Division of Alcohol & Substance Abuse, *Abuse Trends in WA State*, 2007.

2007. The Vancouver Police Department and Clark County Sheriff's Office each reported one murder with a domestic violence relationship in 2007.<sup>17</sup>

The Safe Choice Domestic Violence Shelter was created in 1992 and offers temporary short-term shelter for women seeking safety from abusive relationships. The shelter supplies emergency food and clothing, as well as legal advocates, weekly domestic violence support groups, counseling, and referrals to community resources.

#### **Needs for Victims of Domestic Violence**

- Supported services – adult foster care, group homes
- Emergency housing vouchers
- Permanent affordable housing
- Coordination among service agencies and transitional housing providers

### **Persons with Developmental Disabilities**

Under RCW71A.10.020(3) the definition in law of a developmental disability is a disability attributable to:

- Mental retardation;
- Cerebral Palsy;
- Epilepsy;
- Autism; or
- Another neurological or other condition closely related to mental retardation or that requires treatment similar to that required for individuals with mental retardation.

Which:

- Originated before the individual attained age 18;
- Continued or can be expected to continue indefinitely; and
- Results in substantial limitations to an individual's intellectual and/or adaptive functioning.

Approximately 6,860 children and adults in Clark County (1.7 percent of the total county population) had a severe developmental disability in 2006. During the same year, 1,812 individuals were known to the State Division of Developmental Disabilities and were eligible to receive state-funded services. Among these individuals, most children and many adults (682 children and 489 adults) lived at home with their parents. However, 190 adults (10.5 percent of those eligible for state services) lived at home with no formal support services. The remaining adults lived in either residences with support services for people with developmental disabilities or in homes with formal support programs sponsored by the Washington State Department of Social and Health Services that provide long-term custodial care. At least 90 percent of adults with developmental disabilities have incomes below the poverty level.<sup>18</sup> As of

<sup>17</sup> Washington Association of Sheriffs and Police Chiefs, *Crime in Washington Annual Report, 2007*.

<sup>18</sup> Clark County Department of Community Services: *Developmental Disabilities Comprehensive Plan, 2003-2008: Year Three Update, 2007*

May 2008, 12 percent of children in the Vancouver School District were receiving special education services (about 2,719 students).<sup>19</sup>

There are a number of services and supports in Clark County for persons with developmental disabilities. For ages birth to three, there are several early intervention services: training and education for parents, support groups for families, integrated pre-school, adaptive equipment, and specific individualized therapies. The major focus of day program services for adults with developmental disabilities is employment and community participation and inclusion that will lead to employment. Services include personal agents, competitive employment programs, and supported employment. Residential services include independent living, supported living, adult family homes, companion homes, and family support services. Additionally, there are a number of programs to improve the quality of life of people with a developmental disability.

#### **Needs for People with Developmental Disabilities**

- Specialized Services
- Residential Services
- Family Support Services
- Residential support and training services

The Developmental Disabilities Comprehensive Plan identified these unmet needs in 2005:

- Specialized Services: 81 in supported employment, 10 in Community Connections
- Residential Services: 48
- Family Support Services: 526 (just 30 percent of the total need was met – only 228 received services)

Additionally, the plan identified a lack of residential support and training services, particularly for young adults graduating from special education programs. There were a minimum of 49 transition students expected in 2007.

While the number of people who are eligible grows at about 6 percent per year in Washington State, in Clark County, the growth has been about 10 percent per year. The State of Washington identifies four trends that are driving the growing demand for services, including increases in life expectancy, growth in the number of parents becoming too elderly to care for their adult children, medical advances that continue to save the lives of premature infants, and the general population growth that Washington has experienced.<sup>20</sup>

---

<sup>19</sup> Washington State Report Card, 2008-2009 School Year.

<sup>20</sup> Clark County Department of Community Services: *Developmental Disabilities Comprehensive Plan, 2003-2008: Year Three Update*, 2007

## Persons with HIV/AIDS

The Housing Opportunities for Persons with HIV/AIDS (HOPWA) program was established in 1992 by the Federal Department of Housing and Urban Development to address the housing-related needs of low-income persons living with HIV/AIDS. Clark County is part of the Portland Eligible Metropolitan Statistical Area (EMSA), which is responsible for overseeing federal HOPWA funding for a seven county region. The EMSA receives approximately one million dollars annually to provide housing and services to people living with HIV/AIDS. The City of Portland has been receiving the regional allocation of HOPWA funds for distribution within the seven-county metropolitan area, which includes Clark County, since 1994.

Clark County Public Health receives resources to provide financial assistance to persons living with HIV. They also provide case management, support services, and housing assistance to allow persons to “transition in place” -after completing a plan to obtain employment or other resources sufficient to support permanent housing in units they formerly occupied on a transitional basis.

As of December 2008, 413 people in Clark County were living with HIV, 226 of whom have an AIDS diagnosis. NOTE: Everyone with HIV is infected with the virus. There is no “AIDS virus”—AIDS refers to a stage of HIV disease. People living with HIV often have other chronic health conditions, such as mental illness, substance abuse disorders, infectious disease, neurological disorders, and cardiovascular illness. Homeless or inadequately housed people living with HIV are vulnerable and less able to access needed health care and social support services.

**TABLE 5-5**  
**Persons Living With HIV/AIDS in Clark County: December 2008**

Type of Diagnosis	Number of Cases
HIV (w/o AIDS)	187
AIDS	226
All Cases of HIV	413

Source: Washington State HIV Surveillance Report, 4<sup>th</sup> Quarter 2008

New cases of HIV/AIDS in Clark County continue to be diagnosed, with 176 diagnosed between 2002 and 2007.

**TABLE 5-6  
HIV Diagnosis by Year, Clark County: 2003-2008**

<b>Year of Diagnosis</b>	<b>HIV Cases</b>
2003	25
2004	25
2005	27
2006	20
2007	43
2008	17
Total	157
Cumulative Diagnoses	652

Source: Clark County Public Health, June, 2009.

Stable housing is an especially critical element in meeting the diverse needs of persons living with HIV/AIDS (PLWHA) due to the complexity of their medical and nutritional needs. AIDS Housing of Washington reports that PLWHA who live in affordable stable housing find it easier to manage their daily medication regimen, thus promoting better health and employability. It is estimated that one-third to one-half of PLWHA are homeless or in imminent danger of becoming homeless.

Emergency assistance such as ‘remain in your home’ financial assistance, case management, emergency housing vouchers and emergency shelters are part of a crucial range of housing solutions for PLWHA. A very limited amount of transitional housing assistance is also available and typically lasts from 30 days to one year. Transitional housing options must be linked with support services that assist families and individuals with self sufficiency.

**Needs of People with HIV/AIDS**

- Supportive services – adult foster care, skilled nursing facilities, end of life residential facilities
- In-home care
- Emergency housing vouchers
- Single-room occupancy housing units
- Rent assistance
- Permanent affordable housing
- Coordination among service agencies and transitional housing providers

## **HOPWA Objectives**

The following general objectives paraphrasing the HUD goals, guide assistance provided under the HOPWA grants:

- Meet HUD’s national goal of increasing the availability of decent, safe and affordable housing for low-income people living with HIV/AIDS (PLWHA);
- Create and support affordable housing units for PLWHA by matching HOPWA with other resources through community planning for comprehensive housing strategies; and
- Create partnerships and innovative strategies among state and local governments and community based non-profit organizations to identify and serve the housing and supportive service needs of PLWHA.

## **Priority Needs**

Table 5-7 below shows the estimated number of non-homeless persons in need of supportive housing, and their supportive housing needs (includes number of elderly, frail elderly, persons with disabilities, persons with alcohol or other drug addition, persons with HIV/AIDS and their families and public housing residents).

**Table 5-7  
Special Needs (Non-Homeless) Populations (HUD Table IB)**

<b>Special Needs Household Subpopulation*</b>	<b>Priority Need Level</b>	<b>Unmet Need</b>	<b>Services</b>	<b>Estimated Resources</b>	<b>Goals (5 year)</b>				
Elderly	High	4,161	Rent/Mortgage Assistance Case Management Life Skills Mental Health Treatment Medical Care Child Care Job Training Transportation Assistance Education Cash Assistance Food Stamps	<b>\$18 Million</b>	150				
Frail Elderly	Medium	1,754			70				
Persons with Severe Mental Illness (16-64)	High	Total 8,662			Rent/Mortgage Assistance Case Management Life Skills Mental Health Treatment Medical Care Child Care Job Training Transportation Assistance Education Cash Assistance Food Stamps	<b>\$18 Million</b>	400		
		5,488 Unemployed							
Persons with a Developmental Disability	Medium	700					25		
Persons with a Physical Disability (16-64)	Medium	Total 13,446					Rent/Mortgage Assistance Case Management Life Skills Mental Health Treatment Medical Care Child Care Job Training Transportation Assistance Education Cash Assistance Food Stamps	<b>\$18 Million</b>	350
		8,175 Unemployed							
Persons w/Alcohol/Drug Addictions	High	2,240							120
Persons w/HIV/AIDS	Medium	45							5
<b>TOTAL</b>	<b>--</b>	<b>22,536</b>	<b>--</b>	<b>1,120</b>					

\*Any household in which one of the residents is classified in any of these categories is itself classified (in its entirety) as part of that special needs category.

**Dollars to Address Unmet Need:** Based on current case management average costs at approximately \$350/person and current rental one-bedroom market value estimated at roughly \$655/person for the next five years.

**Goals:** Goals are based on the number of people who will require any of the identified services and are based on a 10 percent increase of currently served clients at 2004 funding levels. However, this is not consistent.

**Elderly:** Based on CHAS data; defined as one or two member households with either person 62 years old or older who are renters living at or below 50 percent of the AMI with a housing cost burden greater than 30 percent of their income and/or overcrowding and/or without complete kitchen or plumbing facilities.

**Frail Elderly:** Based on CHAS data; defined as households who meet the definition of elderly, with an additional condition that limits substantially one or more basic physical activities, such as walking, lifting, carrying and/or a physical, mental, or emotional condition lasting more than six months that creates difficulty with dressing, bathing, or getting around the house.

**Severely Mentally Ill:** Based on 2000 Census; people who are mentally disabled and unemployed between ages 16 - 64.

**Developmentally Disabled (DD):** Based on data reported in the Developmental Disabilities Comprehensive Plan, the county estimates that 1,700 people live in residential service facilities within the county DD system. Of those, 580 adults and 35 children are in need of some sort of residential service. The 700 cited above includes children in foster care.

**Physically Disabled:** Based on 2000 Census; people who are physically disabled and unemployed between ages 16 - 64.

**Persons w/Alcohol/Drug Addictions:** National prevalence indicates that nine percent of the population of Clark County (32,000) have alcohol or drug use disorders. However, only 7,000 people accessed the area's treatment facilities. According to the State Information System, only 1,684 received public funded treatment or detoxification services. Of these, 587 were homeless (35%) and 972 were in their own homes (58%) leaving seven percent who are in need of housing. Using this data, 7 percent (2,240) of 32,000 would require housing assistance.

**Persons with HIV/AIDS:** Data derived from Clark County HIV/AIDS case management program