

## APPENDIX C: SUMMARY OF HOMELESS PLAN STRATEGIES

The strategies are listed in order of priority. The action steps are also listed in order of priority.

### Prevention/diversion/discharge planning

<b>Strategy I PREVENTION</b>	Increase housing stability for individuals and families at risk of homelessness by supporting and expanding programs that provide short-term rental housing assistance, eviction prevention services and other short-term supportive services.
<b>Description:</b> Provide resources through local service providers to meet critical needs of persons in crisis in order to prevent them from becoming homeless. Meet the short term housing costs of households with rental payments to prevent eviction, first and last month's rent, utilities, etc., to stabilize housing.	
<b>Evidence of the Strategy's Effectiveness</b>	The most economically efficient way to end homelessness is to prevent its occurrence. Financial assistance to prevent an eviction, mediation to address problems with a landlord or lender, and case management can all prevent individuals and families from becoming homeless. A 1991 study of eviction prevention programs by the U.S. Department of Health and Human Services found that the average cost to prevent family homelessness was one-sixth the average cost of a stay in a shelter.
<b>Population to be Served</b>	Very low income individuals and families at risk of homelessness.
<b>Extent of Need</b>	In 2000, 68% of rental households with incomes below 30% AMI were paying more than 50% of their income for housing. (CHAS data) Clark County is only serving 35% of the need for homelessness prevention, based on the turn-away numbers for Emergency Shelter Assistance Program. (ESAP)
<b>Organizational Responsibility</b>	Local government, Council for the Homeless, Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Provide both partial and full monthly rental or mortgage assistance and other supportive services for 3 to 6 months.</li> <li>2. Increase the availability of specific assistance funds to prevent individuals and families from becoming homeless, including but not limited to transportation, food, childcare, education, utilities, medical and dental emergencies.</li> <li>3. Fund 25 rental assistance vouchers for very-low income disabled individuals with supportive services.</li> <li>4. Increase outreach and support services for families experiencing violence.</li> <li>5. Continue local efforts that provide funding to relocate individuals and families that lose their housing due to code enforcement</li> </ol>

	actions, and increase as needed to ensure that families do not become homeless in these circumstances.
<b>Intermediate Measures:</b>	<ol style="list-style-type: none"> <li>1. 40 additional families maintain housing stability through the receipt of financial assistance; 50 households avoid eviction.</li> <li>2. 100 families will not become homeless as a result of accessing the specific assistance.</li> <li>3. Households placed in “housing first” pilot will remain stable for 1 year.</li> <li>4. Rental assistance recipients maintain housing stability for 24 months.</li> <li>5. One domestic violence staff person is available one day a week in both north and east county.</li> <li>6. Families will not become homeless due to code enforcement.</li> </ol>
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Increase availability of staff to provide crisis intervention and case management to individuals and families in times of crisis.</li> <li>2. Support free mental health services and medications for non-insured families.</li> <li>3. Create a fund to pay insurance premiums or cost of medical, dental, and vision services and co-pays.</li> <li>4. Ensure continuation of community information and referral.</li> </ol>

<b>Strategy 2 DIVERSION/ RE-ENTRY</b>	Increase coordination and linkage among mainstream programs that provide care and services to low-income people in order to consistently assess and respond to their housing needs to prevent homelessness, and ensure that public institutions (hospitals, prisons, jails, mental health facilities) discharge people into housing.
<b>Description:</b> Most people who become homeless are eligible for assistance from mainstream systems of care, and many are or recently have been active clients of one or more of these systems. Studies on where homeless people have lived immediately before becoming homeless show trends that suggest solutions. Public systems or institutions, such as jails and prisons, hospitals, the child welfare system and mental health facilities, too often "graduate" people directly into the homeless system. One aspect of prevention is to stop these discharges into homelessness, through basic transition planning so that people leaving these institutions have stable housing and some means for maintaining it. Work to expand housing options for people being discharged from state psychiatric hospitals or residential treatment facilities, prisons, local jails, and local hospitals. Improve procedures for early planning and coordination of discharge. Procedures may include local community support, case management, re-entry counseling, education, training and employment opportunities, and identification of housing and gender responsive services. <i>State of Washington 10-Year Homeless Plan</i>	
<b>Evidence of the Strategy's Effectiveness</b>	Research indicates that disabled offenders provided permanent supportive housing upon release and other offenders provided long-term transitional supportive housing have lower rates of recidivism (up to 60%). A study found that prisoners participating in pre-release planning had a 54% lower rate of re-offending. <i>State of Washington 10-Year Homeless Plan</i>
<b>Population to be Served</b>	Very low-income homeless and chronically homeless about to be released from correctional facilities, jail, residential treatment facilities and/or hospitals.
<b>Extent of Need</b>	Procedures are in place for state facilities, but lack of structured and case managed appropriate housing and resources for supportive services limits ability to implement.
<b>Organizational Responsibility</b>	Local Government, Law and Justice entities, Council for the Homeless and Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Increase capacity of Homeless Court.</li> <li>2. Work to successfully reintegrate youth who are transitioning out of foster care or who are being released from juvenile facilities.</li> <li>3. Work to establish discharge planning and re-entry procedures from hospitals, jails, prisons, and detox and other treatment programs.</li> <li>4. Integrate planning with specialty courts: Domestic Violence, Mental Health, Drug &amp; Alcohol, and Homeless.</li> <li>5. Identify and coordinate a coalition of transitional and permanent housing leaders to coordinate a diverse group of multi-disciplinary service providers in crafting a matrix of specialized supportive housing and responsive support service strategies for</li> </ol>

	this high need vulnerable population.
<b>Intermediate Measure</b>	<ol style="list-style-type: none"> <li>1. Task Force has been convened to explore opportunities for increased funding for homeless court.</li> <li>2. Increased supply of transitional housing for people moving out of treatment facilities.</li> </ol>
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Advocate and support the criminal justice system to provide housing for offenders, including sex offenders, and especially single parent female offenders who will resume primary care of their dependent children.</li> <li>2. Plan for housing assistance/case management and services for persons discharged from detox and other treatment facilities.</li> </ol>

## Housing plus supportive services

<b>Strategy 3 PERMANENT HOUSING</b>	Preserve and expand the supply of housing affordable to persons and families with very low incomes to prevent homelessness and serve as an option for permanent housing for homeless and chronically homeless persons and families.
<b>Description:</b> The State of Washington monitors federally assisted multi-family housing with expiring contracts, and pursues preservation of appropriate candidates through intervention with owners, non-profit buyouts and other methods. Clark County will work with the State to preserve properties at risk of loss. Clark County is part of a regional response to family homelessness program called Bridges to Housing.	
<b>Evidence of the Strategy's Effectiveness</b>	History of preserving expiring federal contracts provides housing stability for low-income tenants. Lack of permanent affordable housing is one of precipitating factors in causing homelessness. <i>State of Washington 10-Year Homeless Plan</i>
<b>Population to be Served</b>	Very low-income households at risk, residents of housing with expiring federal contracts, mobile home parks, or transitioning from homelessness, including families eligible for the Bridges to Housing program and chronically homeless.
<b>Extent of Need</b>	Estimated deficit of 6,162 rental units affordable to houses below 30% MFI (2000 HUD CHAS data)
<b>Organizational Responsibility</b>	Local Government, Council for the Homeless, Continuum of Care Planning group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	1. Affect policy on financing low-income housing projects to increase the housing stock for families below 30% MFI: including families participating in the Bridges to Housing program
<b>Intermediate Measure</b>	1. 50 housing units for households below 30% MFI will be preserved or developed which should include families participating in the Bridges to Housing program.
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Affect policy to ensure no net loss of affordable housing units.</li> <li>2. Create financial incentives to builders to increase the number of affordable units through affecting local government building policies.</li> <li>3. Expand the supply of permanent supportive housing to implement "housing first" strategies.</li> <li>4. Explore the development of accessory dwelling units to provide needed rentals, but also to provide an income stream to low-income and first time homebuyers.</li> </ol>

<b>Strategy 4 TRANSITIONAL/ SUPPORTIVE</b>	Preserve and expand the supply of transitional and permanent supportive housing for individuals and families.
<b>Description:</b>	Through “housing first” models, provide opportunities for homeless persons who are capable of independent living to move to permanent housing with service supports, such as case management, child care, counseling and employment assistance. Provide transitional housing for those moving from homeless shelters.
<b>Evidence of the Strategy’s Effectiveness</b>	Los Angeles County housing-first model demonstrated over a 10 year period an 85% success rate in stabilizing participants in permanent housing in residential neighborhoods within one year of entry. Studies examining the provision of flexible support services combined with permanent housing for persons with mental illness resulted in an 85% retention rate, a decrease in patient hospitalization, a decrease in both emergency room visits and incarcerations by 50%. In New York, a city/state collaboration involving services integration resulted in housing and services for 5,225 homeless individuals. <i>State of Washington 10-Year Homeless Plan</i>
<b>Population to be Served</b>	Homeless, chronically homeless and at risk populations
<b>Extent of Need</b>	228 unsheltered and 1164 sheltered persons in need of permanent housing per 2007 Point in Time Count.
<b>Organizational Responsibility</b>	Local Government, Council for the Homeless, Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Support current transitional housing programs.</li> <li>2. Create 20 beds of supportive housing for chronically homeless individuals and 25 beds for non-chronically homeless individuals and couples. Include mental health and substance abuse treatment, and health care along with rental subsidy. Individuals should have the option of residing in housing outside of their neighborhood.</li> <li>3. Participate and access regional efforts, such as Bridges to Housing, Washington Families Fund, and other comprehensive strategies, which provide housing and intensive support services.</li> <li>4. Create 25 additional transitional housing beds with attached services (including case management and credit/financial education) for youth and young adults 16-24 years of age.</li> </ol>
<b>Intermediate Measures:</b>	<ol style="list-style-type: none"> <li>1. 80% of participants maintain housing stability for 12 months.</li> <li>2. 80% of participants maintain housing stability for 24 months</li> <li>3. 50 families will participate in regional efforts.</li> <li>4. 25 youth and young adults achieve housing stability.</li> </ol>
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Completely fund construction of 25 units of supportive housing for 0-30% MFI with no debt and an annual operating subsidy.</li> <li>2. Expand the supply of permanent supportive housing to implement “housing first” strategies.</li> </ol>

<b>Strategy 5 EMPLOYMENT/ INCOME SUPPORT</b>	Increase access to educational and employment programs to increase earning potential for individuals who are homeless, or at risk of homelessness, and lead to self-sufficiency.
<b>Description:</b> Increased self-sufficiency depends on opportunities for education and employment, as well as affordable housing. Pursue the development of community partners with employers to serve as a source of job training and employment. <i>State of Washington 10-Year Homeless Plan</i>	
<b>Evidence of the Strategy's Effectiveness</b>	Vocational programs for homeless persons have demonstrated up to a 90% graduation and placement rate at positions earning more than double minimum wage. <i>State of Washington 10 Year Homeless Plan</i>
<b>Population to be Served</b>	Homeless and at-risk populations, including youth.
<b>Extent of Need</b>	1,392 homeless people in Clark County, 2007 Homeless Count
<b>Organizational Responsibility</b>	Local Government, Council for the Homeless, Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Develop supported employment opportunities for chronically homeless people.</li> <li>2. Increase employment opportunities for people in substance abuse and mental health treatment programs.</li> <li>3. Provide credit building and financial planning opportunities.</li> <li>4. Implement micro-enterprise programs that support families as they increase their income through small business enterprise.</li> <li>5. Ensure families who are eligible for mainstream employment and education services are enrolled.</li> <li>6. Create internship/mentor opportunities including transitional employment sites for youth who have minimum or no work experience; hire one FTE staff person to coordinate.</li> </ol>
<b>Intermediate Measures</b>	<ol style="list-style-type: none"> <li>1. 20 chronically homeless people will receive supported employment.</li> <li>2. 30 people who are unemployed and at-risk or temporarily homeless will have jobs.</li> <li>3. 75 people will complete credit building and financial planning training.</li> <li>4. 10 families who are either homeless or at risk will increase their earning potential through education and micro enterprise support.</li> <li>5. 100 additional families will be enrolled in employment and education programs.</li> <li>6. 25 youth will be placed in mentorship programs that will move them toward readiness for employment.</li> </ol>
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Explore need to increase the capacity to ensure eligible families can access mainstream employment and education.</li> <li>2. Create college transition or vocational support plan for homeless youth and young adults.</li> </ol>

## Short term emergency response

<b>Strategy 6 OUTREACH/ ACCESS/ LINKAGE</b>	Maintain an effective outreach program to chronically and non-chronically homeless persons having difficulty accessing services in order to link them to mainstream resources, as well as and comprehensive housing, physical and mental health services, and chemical dependency treatment.
<b>Description:</b> Expand outreach efforts to unsheltered populations, including “hard to serve” populations to encourage entry into housing and services. Provide early assessment and case management at intake. Promote coordination of access among shelter providers.	
<b>Evidence of the Strategy’s Effectiveness</b>	A Center for Mental Health Policy and Services Research (U. of Pennsylvania) study shows that homeless persons receiving outreach on the street experience improvements in almost all outcome measures equivalent to clients who were contacted in shelters. The report shows that over a 5-year period mentally ill people living in services-enriched housing reduced their use of publicly funded services by an average of \$12,145 per year. <i>State of Washington 10-Year Homeless Plan</i>
<b>Population to be Served</b>	Homeless and hard to serve people.
<b>Extent of Need</b>	1,392 homeless people in Clark County, 2007 Homeless Count
<b>Organizational Responsibility</b>	Local governments, Council for the Homeless, Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Create and fund a Resource center for chronically homeless individuals to provide emergency intervention, showers, mail service, laundry facilities, credit reports and access and information regarding other services. Provide funding for licenses and identification.</li> <li>2. Plan for housing and case management options for chronically inebriated individuals.</li> <li>3. Enhance system to establish eligibility and enroll homeless individuals in Medicaid, Veterans’ benefits, GAU, Social Security, or TANF.</li> <li>4. Connect homeless people to needed substance abuse, mental health and medical services.</li> <li>5. Develop a direct link to the community’s free clinic and increase free clinic capacity to accommodate homeless individuals.</li> <li>6. Engage police and sheriff to develop protocols to identify and engage homeless people on the street including those previously or currently incarcerated.</li> <li>7. Hire one FTE outreach staff person to identify and engage homeless or at-risk youth and provide them with information/contact with ongoing services.</li> <li>8. Develop a direct link between the County Detox Center and</li> </ol>

	<p>the Shelter System.</p> <p>9. Explore the establishment of a Sobering Center.</p> <p>10. Add .5 FTE staff person to coordinate youth health strategy: Explore options of using local health care providers to provide medical care to youth at a reduced fee; work to reduce barriers to youth accessing culturally and developmentally appropriate mental health and drug and alcohol treatment.</p>
<p><b>Intermediate Measures</b></p>	<ol style="list-style-type: none"> <li>1. 75 homeless people receive Medicaid, GAU, and Veterans', Social Security or TANF benefits.</li> <li>2. 25 homeless people receive detox, mental health, and medical services.</li> <li>3. 75 homeless people are treated at the free clinic.</li> <li>4. 20 homeless people are provided treatment instead of jail.</li> <li>5. 100 youth will receive information about resources.</li> <li>6. Plan in place for chronically inebriated individuals.</li> <li>7. 20 chronically homeless individuals are enrolled in the drug and alcohol system's detox and residential programs.</li> <li>8. Funding and location identified for the Resource Center.</li> <li>9. Plan developed for a Sobering Center.</li> <li>10. 3 providers/clinics provide reduced cost health care to youth and young adults.</li> </ol>
<p><b>Long-Term</b></p>	<ol style="list-style-type: none"> <li>1. Dedicate substantial resources to preventing homelessness.</li> <li>2. Enhance coordination and information sharing among emergency assistance (including rent or mortgage and utility assistance) providers to maximize existing prevention dollars.</li> <li>3. Move beyond one-time eviction prevention payments to providing time-limited housing subsidies until families become financially stable.</li> <li>4. Combine emergency assistance with time-limited or ongoing case management to reduce future risk of homelessness.</li> <li>5. Target new homelessness prevention and emergency assistance efforts to the neighborhoods from which a disproportionate number of people seeking shelter are exiting.</li> <li>6. Integrate homelessness prevention activities at intake sites for shelters to identify resources to prevent homelessness.</li> <li>7. Increase availability of staff to provide crisis intervention and case management to individuals and families in times of crisis.</li> <li>8. Develop a pool of funding to pay for healthcare premiums and/or other out of pocket medical, mental health and drug and alcohol treatment expenses for youth.</li> <li>9. Ensure access to adequate and regular health care for youth by encouraging state efforts to provide health insurance coverage to uninsured youth to age 24 who have no other health insurance options.</li> <li>10. Support free mental health services and medications for non-</li> </ol>

	<p>insured individuals.</p> <ol style="list-style-type: none"><li>11. Create a fund to pay insurance premiums.</li><li>12. Create youth outreach center.</li><li>13. Ensure continuation of community information and referral.</li></ol>
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<b>Strategy 7 ACCESS TO SHELTER</b>	Ensure availability and access to staffed emergency shelter and services in the existing shelter system.
<b>Description:</b> Clark County’s homeless and housing plans call for a “housing first” model. The system is in the process of evolution and there is currently not an adequate supply of permanent or supported housing for homeless individuals or families. The emergency shelters in Vancouver serve as the entry point to obtain transitional housing and provide a short term solution to the emergency need for relief from the streets. The shelter staff provides a supportive environment, assess needs and eligibility for mainstream resources, and refer the households to appropriate programs. The number of people turned away from emergency shelter in Clark County (about 65% of those who request shelter) exhibits the need for continued emergency response.	
<b>Evidence of the Strategy’s Effectiveness</b>	Clark County’s has a one-stop resource for directing homeless people to available shelter. A clearinghouse does a daily assessment of demand and provides vital information for planning efforts.
<b>Population to be Served</b>	Homeless populations
<b>Extent of Need</b>	Based on Emergency Shelter Assistance Program (ESAP) turnaway numbers for emergency shelter and emergency assistance, Clark County turns away 65% of those who request shelter.
<b>Organizational Responsibility</b>	Local Government, Council for the Homeless and Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short Term</b>	<ol style="list-style-type: none"> <li>1. Continue to fund and increase access to the current shelter and outreach programs.</li> <li>2. Create intermediate shelter (3-6 months) for youth and young adults 16-24 years of age with attached staff and case management including credit and financial education.</li> </ol>
<b>Intermediate Measures</b>	<ol style="list-style-type: none"> <li>1. 2 years of funding committed to current programs to assist people to move out of homelessness.</li> <li>2. 30-60 youth per year will move towards self-sufficiency through accessing transitional housing beds and more intense case management.</li> </ol>
<b>Long-Term</b>	Continue to explore “housing first” strategies to place homeless individuals and families into supported housing.

## Systemwide improvements

<b>Strategy 8 PLANNING/ COORDINATION</b>	Plan and coordinate countywide and systemwide to efficiently manage limited resources for ending homelessness.
<b>Description:</b> Local planning groups, which includes local government, provides coordination of local planning efforts to end homelessness.	
<b>Evidence of the Strategy's Effectiveness</b>	Clark County's Continuum of Care has been recognized as an effective collaborative planning group that identifies priorities and recommends resource allocations.
<b>Population to be Served</b>	Homeless populations
<b>Extent of Need</b>	1,392 homeless people, 2007 Homeless Count
<b>Organizational Responsibility</b>	Local Government, Council for the Homeless and Continuum of Care Planning Group
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Update the Clark County Plan by incorporating additional objectives, strategies, activities, and outcomes to insure consistency with State Plan.</li> <li>2. Clark County 10-Year Plan group will meet as needed to update strategies to reduce homelessness for the four identified populations of homeless persons.</li> <li>3. Community stakeholders meet annually to review progress on implementing the plan's strategies and develop new initiatives as needed.</li> </ol>
<b>Intermediate Measures</b>	<ol style="list-style-type: none"> <li>1. Clark County 10-Year Plan meets state guidelines.</li> <li>2. Clark County 10-Year Plan accurately reflects local needs and priorities.</li> <li>3. Report on progress toward meeting goals, and updates to 10-Year plan every 2-3 years.</li> </ol>
<b>Long-Term</b>	Coordination among local, State, and Federal government to respond to emerging needs and trends.

<b>Strategy 9 DATA ANALYSIS</b>	Build on successful implementation and expansion of HMIS in Clark County.
<b>Description:</b> Clark County's HMIS system is one of the first in the country. Comprehensive unduplicated data is essential for planning and coordination of services, as well as for allocation of resources. The County provides local data to state and local govt to assess statewide and national priorities and trends.	
<b>Evidence of the Strategy's Effectiveness</b>	Data is needed in order to determine program effectiveness and determine modifications in plans and activities to more effectively work toward ending homelessness.
<b>Population to be Served</b>	Homeless populations
<b>Extent of Need</b>	1,392 homeless people and the organizations that serve them.
<b>Organizational Responsibility</b>	Council for the Homeless and Continuum of Care Planning Group; local govt.
<b>Action Steps/Measure</b>	
<b>Short-Term</b>	<ol style="list-style-type: none"> <li>1. Insure adequate training for all agencies participating in HMIS by increasing funding for training personnel.</li> <li>2. Analyze data available through HMIS to determine where additional inquiry/exploration is needed to fully understand homelessness in Clark County.</li> <li>3. Incrementally expand the agencies and organizations participating in the HMIS system and collecting performance outcome measurements.</li> <li>4. Continue to implement an effective annual point-in-time count of homeless persons by engaging organizations in every community within Clark County serving people who are homeless to participate in the point in time count.</li> </ol>
<b>Intermediate Measures</b>	<ol style="list-style-type: none"> <li>1. Information collected through HMIS is accurate.</li> <li>2. Local planning groups always use HMIS data during priority setting.</li> <li>3. 100% of agencies receiving Continuum of Care and 100% of agencies receiving Homelessness Housing and Assistance Act funding collect necessary information for performance outcome measurement.</li> <li>4. People who are homeless are counted in every city and town in Clark County where they reside.</li> </ol>
<b>Long-Term</b>	<ol style="list-style-type: none"> <li>1. Adequate funding for data collection and analysis needs to be developed.</li> <li>2. All agencies serving low-income and homeless persons are connected to the HMIS system.</li> <li>3. Formation of a committee to develop policy and procedures for collection and analysis of HMIS data.</li> </ol>