

CHAPTER FOUR

HOMELESS NEEDS and SOLUTIONS

Introduction

Identifying the nature and extent of homelessness, homeless facilities and services, and priority needs in Clark County, helps to provide a baseline for decision making. The data in this chapter addressing homeless needs is organized into the following categories:

- Causes of Homelessness
- Point in Time Homeless Count
- Unmet Needs
 - Homeless Housing
 - Homeless Services
- Priority Homeless Needs
- Homelessness Prevention Strategies

In 2007, stakeholders providing housing and services for homeless persons in the county met to develop a *Ten Year Plan to End Homelessness*: a strategic plan to aggressively pursue solutions to reach the stated goal of ultimately ending homelessness. The primary homeless planning organization in the county – the Council for the Homeless – provided leadership to help stakeholders assess the causes of homelessness and the needs of homeless persons, including the chronically homeless. The Council continues to lead the effort to improve coordination and community planning among homeless providers, governmental agencies, and business interests through regular meetings and special events that increase community awareness.

Causes of Homelessness

The housing affordability crisis in the United States has been a major factor contributing to a rise in homelessness. Many low-income individuals and families are forced to make critical choices when their income is not sufficient to meet their basic living needs. It may mean fewer meals, no health care, losing heat and utilities, overcrowded housing, or eviction. Often the event resulting in the actual homelessness is at the end of a series of major issues that an individual or family is unable to cope with or solve. While a full analysis can be found in the *Ten Year Plan* document, the basic causes identified by the plan are outlined below¹:

- A stagnant and declining wage structure
- Links between rising costs and poverty
- Declining housing subsidies
- Domestic violence
- High rates of mental and physical health problems and declining services
- Drug and alcohol dependency
- Generational poverty
- Loss of system support by those leaving institutions

¹ Clark County Ten Year Plan to End Homelessness, August 2007

Individuals or families can be considered at risk of homelessness if they are paying a high percentage of their income for housing (typically 50 percent or more), are living in substandard or overcrowded housing. Substandard housing is defined as housing that does not meet local housing codes, housing is considered overcrowded by HUD if there is more than one person per room.

It is important to understand not only the causes of homelessness, but how homelessness manifests itself. Different homeless subpopulations require different housing strategies. There are three general types of homelessness: Chronic, Episodic and Transitional.²

Chronically Homeless

Chronically homeless people are defined by HUD as homeless individuals with a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either 1) continuously for one whole year, or 2) four or more times in the past three years. Chronically homeless people often need long-term subsidization of both housing and services, such as mental health, basic health care, and substance abuse treatment. Many have a serious mental illness like schizophrenia and/or alcohol or drug addiction. In Clark County's 2009 Homeless Count, 158 people (14 percent) were considered chronically homeless.

Episodically Homeless

The episodically homeless use homeless facilities intermittently, but for short periods. This group frequently also uses other public services systems, particularly jails, prisons and hospitals. The episodically homeless are estimated to constitute approximately nine percent of the homeless population³.

Transitionally Homeless

Those who have one-time or short-term stays in the homeless assistance system and return infrequently have been called the "transitionally" homeless. The majority of families and single adults who become homeless fall into this category. They often have a financially-related housing crisis that results in their homelessness.⁴

Point in Time Homeless Count

A 2009 point in time homeless count found 1,159 people who were homeless in Clark County. This was a slightly larger than the number found in 2008 of the same period (1,062). The table below reflects statistics compiled on January 29, 2009, from this one-day point in time count by volunteers and staff at 27 unsheltered sites, 11 sheltered sites and 14 transitional housing locations.

² Clark County Ten Year Plan to End Homelessness, August 2007

³ Clark County Ten Year Plan to End Homelessness, August 2007

⁴ Clark County Ten Year Plan to End Homelessness, August 2007

**Table 4-1
Clark County Point in Time Homeless Count: January 29, 2010**

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	24	131	37	192
Number of Households without Children:	139	208	93	440
Number of Households without Adults (nobody over 17 years old):	11	9	4	24
A. Number of Persons in Families with Children:	72	427	105	604
B. Number of Single Individuals and Persons in Households without Children:	157	208	100	465
C. Number of Persons in Households without Adults (nobody over 17 years old):	11	9	4	24
Total Persons (Add Lines A, B and C)	240	644	209	621

Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered	Unsheltered	Total
a. Chronically Homeless	103	50	153
b. Mentally Disabled	66	46	112
c. Persons with alcohol and/or other drug problems	64	35	99
d. Veterans	28	15	43
e. Persons with HIV/AIDS	6	0	6
f. Victims of Domestic Violence	146	19	165
g. Unaccompanied Youth (Under 18)	20	4	24
h. Children (Under 18) in Families	39	243	62
i. Physically Disabled	136	32	168
j. Seasonal Agricultural Workers	0	0	0
k. Persons with both substance use and mental health problems	17	20	37
l. Senior citizens (aged 65 or older)	2	1	3

Source: Council for the Homeless, 2010

The 2010 one-day count found 884 persons who were living in emergency shelters or transitional housing programs on the night of the count. An additional 209 individuals were counted who were unsheltered – on the streets, in parks, sleeping in cars, or doubled up with family or friends. Over 50 percent of those counted were homeless families with children.

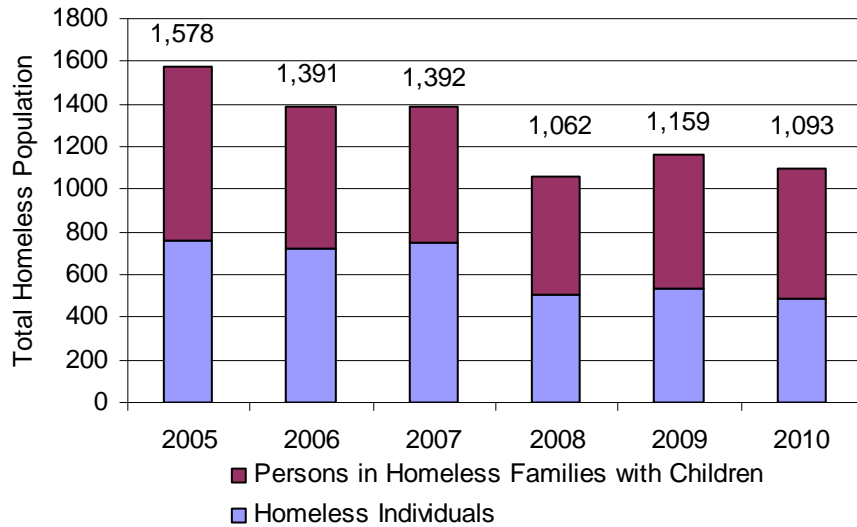
Of the total homeless population, 153 were chronically homeless, 99 experienced chronic substance use issues, 112 had severe mental illness, 43 were veterans, and 165 were victims of domestic violence. A total of 24 homeless were unaccompanied youth under the age of 18. The latter is always a difficult population to find. There were 6 people identified with HIV/AIDS.

**Table 4-2
Clark County Point in Time Homeless Count: 2006-2010**

	1/26/06			1/27/07			1/24/08			1/29/09			1/29/10		
	Shelter*	No Shelter**	Total	Shelter*	No Shelter**	Total	Shelter*	No Shelter**	Total	Shelter*	No Shelter**	Total	Shelter*	No Shelter**	Total
Homeless Individuals	615	111	726	616	133	749	421	84	505	395	142	537	385	104	489
Persons in Homeless Families with Children	505	160	665	548	95	643	459	98	537	532	90	622	499	105	604
Total Persons	1,120	271	1,391	1,164	228	1,392	880	182	1,062	927	232	1,159	884	209	1,093
Homeless Families with Children	170	52	222	188	115	303	141	28	169	204	30	234			

Source: Council for the Homeless 2006-2010. *Includes persons in emergency shelters and transitional housing. ** Includes people living with family or friends.

**Figure 4-1
Clark County Point in Time Homeless Count: 2005-2010**



Unmet Needs

Unmet needs in Clark County include resources for persons at risk of homelessness and those who have fallen into homelessness. To prevent homelessness, both affordable housing resources (particularly for very low-income households) and a variety of stabilizing services are needed. To return homeless persons to self-sufficiency, there are extensive needs to be filled by the community’s system of response. These needs fall broadly within the following areas of housing and services.

Homeless Housing

Over the years, the community has gradually developed its housing resources devoted to meeting homeless needs. In 2008, 1,743 beds in the county were dedicated for homeless programs. Of the total, 163 beds were permanent supportive housing beds dedicated for chronically homeless persons.

**Table 4-3
Homeless Housing Resources: Year Round Beds/Units**

Housing Type	Family Units	Family Beds	Individual Beds	Total Beds
Emergency Shelters	56	189	103	348
Transitional Housing	133	425	301	859
Permanent Supportive Housing	54	174	308	536
Total	243	788	712	1,743

Source: 2008 HUD McKinney-Vento Application

An adequate supply of affordable housing for those at risk of homelessness and for those who are coming out of homelessness is essential. As outlined in the housing section of this plan, affordable housing for persons in the lower-income levels is in very short supply.

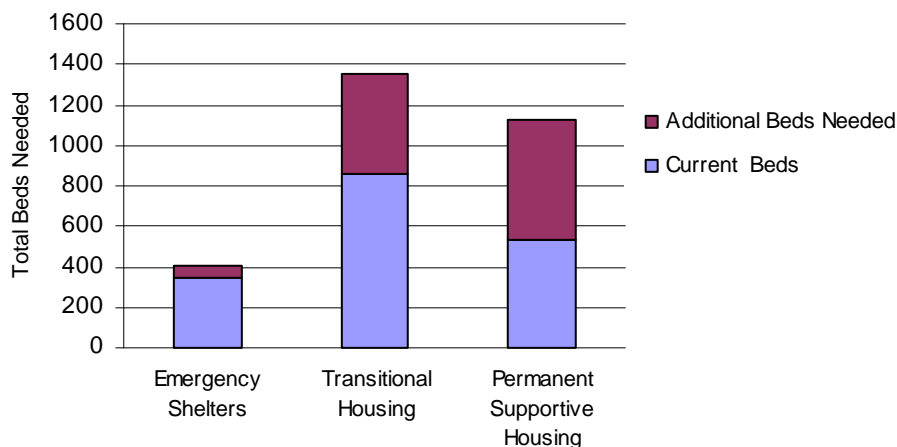
Housing needs of persons identified in the community as homeless are outlined in the county's 2008 HUD application for McKinney-Vento funds. More than 1,100 additional beds are needed to provide housing for the current homeless population (57 percent more for families and 43 percent more for single individuals). According to the 2008 HUD application for McKinney-Vento funds, current resources provide 86 percent of the need for emergency shelters, 64 percent of the need for transitional housing, and less than 50 percent of the need for permanent supportive housing.

**Table 4-4
Unmet Homeless Housing Needs-Year Round Beds/Units**

Housing Type	Family Units	Family Beds	Individual Beds	Total Beds
Emergency Shelters	7	26	31	57
Transitional Housing	93	314	178	492
Permanent Supportive Housing	106	318	269	587
Total	206	658	478	1,136

Source: 2008 HUD McKinney-Vento Application

Figure 4-2
Homeless Housing Resources and Unmet Needs: 2008



Source: 2008 HUD McKinney-Vento Application

Council for the Homeless Emergency Shelter Clearinghouse received 16,617 calls from people seeking shelter in 2008 and helped more than 4,000 clients. The Clearinghouse received emergency shelter requests from 4,032 people. Of those needing shelter, 73 percent were individuals in families, and of the total number, 35 percent were children. During the month of June 2008, an unduplicated count showed 419 children and adults were served by the Council for the Homeless Emergency Shelter Clearinghouse, an increase of 5 percent from May. That is also an increase of 5 percent compared to the same month last year. The total included 34 percent children, 26 percent singles, and 40 percent adults in families.⁵

Share, a local nonprofit shelter and service provider, runs several shelters including Share House, Share Homestead, Share Orchards Inn, Share Homes, and the Winter Hospitality Overflow (WHO) program. The WHO Program at St. Andrew Lutheran Church runs from November 1st to March 30th and has a bed capacity for 35 single women, couples, and families; and 24 single men. The Homeless Count found a 100 percent increase between 2007 and 2008 in the number of children staying with families in the St. Andrew Lutheran Church shelter.⁶

⁵ Clark County Council for the Homeless

⁶ Clark County Council for the Homeless, *Coming Home*, Spring 2008

Homeless Services

Clark County has a strong community and network of nonprofits serving the homeless. However, despite the efforts of homeless providers and local government, there are still significant service gaps and unmet needs. Mental health services have declined in recent years and there is a need for services such as counseling, medical care, dental care, vision care, and affordable prescription medicine. A high percentage of chronically homeless persons require these services in particular. To respond to these needs and to be able to fill gaps in the community's system for delivering housing and services, financial resources are critically needed. The *Ten Year Plan to End Homelessness* summarizes additional major service needs in the community as follows:

- Outreach to persons not in shelters, especially in Vancouver
- Additional shelter bed space for all homeless persons, including expanded shelter during winter months and crisis beds for persons with mental health or substance use problems
- In-depth needs assessment for those entering shelters and access to needed services, such as child care
- Transitional housing with services, specifically case management, particularly for youth
- Job training skills and placement services
- Assistance in obtaining personal identification and addressing legal issues

A major planning effort among the four Portland-Vancouver Metropolitan Area counties resulted in the development of the *Bridges to Housing Plan*. This plan targets high-need homeless families experiencing multiple barriers to housing, such as mental illness, domestic violence, physical and cognitive disabilities, and alcohol/substance use. It identifies approximately 1,800 high-need homeless families living in the Portland-Vancouver area at any given point in time, with more than 3,900 children. According to the *Bridges to Housing Plan*, homeless children are 60 percent more likely to be removed from the care of their parents than other children. School is difficult to manage – nationally, 20 percent of homeless school-aged children are not enrolled. Students who change schools four or more times by 6th grade are on average a year behind their peers in learning. And each time a child changes school, the odds of dropping out increase by 30 percent.

People who earn low incomes typically pay a higher proportion of their income for health care, housing and other necessities leaving them with little money to pay for food for themselves and their family members. More than one-third of the students in Vancouver and Evergreen schools are eligible for free or fee-reduced school lunches, indicating that they are at risk of going hungry outside of school. The Share Hot Meals program serves an average of 500 meals per day to hungry people (more than 120,000 meals each year).⁷ In addition, Share provides additional services through the Children's Hunger Initiative, such as the backpack program and SummerSLAM, providing meals for children in need.

The *Ten Year Plan to End Homelessness* identified outreach as a critical component in addressing the needs of homeless individuals and families. High need homeless families are often high resource users, interacting with the health care, school, mental health, and corrections systems at great cost. The Share Outreach program provides outreach to 1,800 hard-to-reach and hard-to-serve homeless individuals each year. In addition Share ASPIRE (Achieving Self-sufficiency Personal Improvement and Resource

⁷ Clark County Council for the Homeless

Education) provides case management to families and single adults on their way to stability and self-sufficiency. Currently, the ASPIRE program serves 120 households each month. The program has experienced a 70 percent success rate and has served more than 560 households over the past six years. Addressing the needs of these families and developing strategies to overcome family barriers to success with short-term, intensive interventions promises cost savings to the system as a whole.⁸

Homeless Grant Assistance Program (HGAP): HGAP teams are organized around the PACT concept, and incorporate enhanced services including street engagement, assessment and treatment, intensive case management, mentors, housing-first principles, supported employment, linkage to service components and system training and collaboration.

Priority Homeless Needs

The needs of homeless persons continue to grow as a result of the economic downturn and other social factors. The priority needs were developed through a community process involving the Council for the Homeless in the development of county-wide *Ten Year Plan to End Homelessness*. Several meetings were conducted to develop the strategies and priorities. Information and data used to determine the priorities included the homeless point in time count, homeless housing inventories, and consultations with providers and homeless persons. Targeted populations specifically noted in the plan include persons at risk of homelessness (including persons being discharged from institutions), families, individuals (including chronically homeless persons), and youth.

The following priority needs serve as a base for establishing the strategies of the community aimed at ending homelessness:

- A high number of persons at risk of homelessness or doubled up as a result of a lack of affordable housing.
- A lack of housing planning for persons coming out of institutions such as jails, treatment programs, hospitals and foster care.
- An inadequate number of beds serving as transitional housing for individuals and families and permanent supportive housing for disabled, chronically homeless individuals.
- Insufficient resources for key supportive services such as employment skills, budgeting skills, mental health, medical health, and detox for homeless persons and persons at risk of becoming homeless.
- A lack of a central resource center to triage and engage people who are homeless.
- On-going data collection and analysis to provide a strong basis for planning and decision-making on homeless activities.

⁸ Meyer Memorial Trust, *Bridges to Housing: Alleviating Family Homelessness in the Portland Vancouver Metropolitan Area*, November 2005

Homelessness Prevention Strategies

The Clark County *Ten Year Plan to End Homelessness* establishes a county-wide roadmap of strategies aimed at achieving the goal of ending homelessness in Clark County. The strategies of the *Ten Year Plan* are adopted as part of the Consolidated Plan to provide further guidance to homeless providers and community funders in planning for increasing and better coordinating the resources of the community in this effort. These strategies address the needs of chronically homeless as well as helping extremely low and low-income individuals and families who are at imminent risk of becoming homeless.

Strategy 1: Prevention/Diversion/Discharge Planning

These strategies are critical to limiting the “front door” or the number of youth, single adults, and families that fall into homelessness. They include programs aimed to keep at-risk people in their housing, approaches to divert people from jail into housing and treatment services, and policies/resources that assure people are discharged from state correctional facilities, state hospitals and residential treatment facilities, local jails and hospitals, and foster care with affordable housing and necessary supporting services in place.

- **Prevention** – 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 incentives for landlords to rent to low- and moderate-income households, and other supportive services.
- **Diversion/Re-Entry** – 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.

Strategy 2: Housing Plus Supportive Services

These strategies are designed to expand the affordable housing available to people who become homeless and to provide the necessary supporting services to assist homeless youth, families, and single adults to reach self sufficiency. For most homeless populations, services will be transitional: more intense initially and tapering off over time. For the chronic homeless/disabled population, ongoing supportive services linked to affordable housing will be required. Supportive services can include rent assistance, transportation, child care, health care, training, and counseling.

- **Permanent Housing** – Preserve and expand the supply of permanent housing and permanent supportive housing affordable to persons with very low incomes.
- **Transitional/Supportive Housing** – Preserve and expand the supply of transitional supportive housing for individuals and families.
- **Employment/Income Support** – 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.

Strategy 3: Short Term Emergency Response

These strategies are designed to quickly identify people who are homeless, assess their needs, and get them into appropriate housing with appropriate supporting services. They include outreach, shelter, and rapid access to benefits, services, and affordable housing.

- **Outreach/Access/Linkage** – Maintain an effective outreach program for chronically and non-chronically homeless persons having difficulty accessing service in order to link them to mainstream resources, in addition to comprehensive housing, case management, physical and mental health services, and chemical dependency treatment.
- **Access To Shelter** – Ensure availability and access to a staffed clearinghouse, emergency shelter, and services in the existing shelter system.

Strategy 4: System Wide Improvement

The Clark County Homeless Plan contains two strategies that are designed to improve the overall performance, efficiency, and accountability of the homeless system.

- **Planning/Coordination** – Plan and coordinate county-wide and system-wide to efficiently manage limited resources for ending homelessness.
- **Data Analysis** – Build on successful implementation and expansion in Clark County.