Clark County 5-Year
Local Homeless Housing Plan

Council for the Homeless

November 2025

This plan was adopted by the Clark County Board of Councilors on 11/18/25

Council for the Homeless

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A Letter from the CEO

Greetings,

We are honored to present the 2025–2030 Local Homeless Housing Plan (LHHP), a roadmap for housing and homelessness services in Clark County, Washington. This five-year plan establishes the strategic direction, priorities, and funding framework to guide our shared efforts to prevent and end homelessness across the community. Council for the Homeless is honored to lead this important process.

As the lead agency for the Continuum of Care in Clark County, Council for the Homeless values and prioritizes collaboration. The development of this plan reflects the voices of key partners in this work, including individuals with lived experiences of housing instability and homelessness, jurisdictions across Clark County, and community members. We are grateful to the ECO Northwest team for guiding and facilitating this process. Their support has helped shape a plan that will inform our efforts to increase housing stability and reflects our shared belief that housing stability is essential to a strong and thriving Clark County.

Twenty-twenty-five has been an interesting year for social service providers. The federal administration has providers grappling with unexpected questions: *What services can we provide? Who can we provide services to? Will resources remain stable?* Many of these questions remain unanswered, creating uncertainty for providers and the communities we serve. This year has reminded us how complex and uncertain the landscape of social services can be. It is also a reminder of why strong community partnerships and local planning matter now, more than ever.

Despite these challenges, this plan has been developed with optimism. It reflects our unwavering commitment to advocate for our unhoused neighbors and ensure that resources are available to meet their needs. While future changes in funding or federal priorities may affect how we move forward, our commitment remains strong. If funding shifts, we will update this plan to reflect the ever-changing resource landscape.

We stand united with our partners, elected officials, and community supporters in the belief that Clark County will not give up. Together, we will continue to advocate, innovate, and provide compassionate, practical solutions to ensure every person has a place to call home.

Peace and gratitude,
Sesany Fennie-Jones
Chief Executive Officer
Council for the Homeless

Acknowledgments

Clark County Community Services and Council for the Homeless (CFTH) would like to thank many individuals and organizations for their contribution to this work. Special thanks belong to community members who provided insight through their professional or lived experiences.

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Executive Summary

Homelessness in Clark County is rising amid persistent housing affordability challenges, systemic barriers, and a fragmented service landscape. The 2025–2030 Clark County Local Homeless Housing Plan (LHHP) responds to these realities with a five-year strategy to strengthen the County's homeless response system, expand equitable housing solutions, and reduce homelessness. Developed in accordance with Washington State Department of Commerce (Commerce) guidance, this plan not only fulfills state requirements but also provides a local opportunity to align systems, resources, and community energy toward more effective and equitable outcomes.

Purpose and Approach

The purpose of the Local Homeless Housing Plan is to chart a coordinated, evidence-based path for Clark County to address homelessness by identifying local needs, assessing system capacity, and setting priorities for action. To ensure the plan reflects the lived realities of those most affected, Clark County, Council for the Homeless (CFTH), and ECOnorthwest facilitated a seven-month engagement process. This included:

- Six Steering Committee meetings with service providers, local government leaders, and by-and-for organizations;
- Two focus groups with people with lived experience of homelessness and housing instability; and
- One service provider workshop.

Community engagement emphasized trauma-informed practices and intentionally included perspectives from disproportionately impacted populations, including Black, Indigenous, and People of Color (BIPOC) residents, youth, families, veterans, people with disabilities, and individuals with chronic homelessness.

Key Findings

The assessment of homelessness in Clark County revealed both strengths within the response system and persistent gaps that must be addressed.

CLARK COUNTY NEEDS MORE AFFORDABLE HOUSING.

Engagement with local providers and community members revealed that housing market pressures—particularly rising rents and move-in costs in a near-zero vacancy market—are large barriers to preventing and exiting homelessness. Quantitative data show that Clark County will need nearly 116,000 additional housing units by 2045, including over 20,000 affordable to households at 0–30% AMI. Existing efforts to meet this need include a council-appointed Project Advisory Group tasked with providing input into the writing of the

Housing Options Study and Action Plan and developing recommendations to encourage the creation of more multi-family and regulated affordable housing.[1]

HOMELESSNESS IS INCREASING.

Homelessness increased 5% from 2023 to 2024, with a specific increase in the representation of senior households who are homeless. A 2024 report shows that in 2024, the Housing Hotline received nearly 70,000 calls and close to 9,000 people experienced homelessness, with more than 5,000 whom were newly homeless.[2]

HOUSEHOLDS NEED EQUITABLE ACCESS TO SERVICES.

Families represented nearly a third of those seeking shelter and housing in 2024, but fewer received access compared to other groups. Community input from the 2024 Community Needs Assessment (CNA) also emphasized that BIPOC households, seniors, and people with disabilities face compounded barriers due to discrimination, language gaps, and transportation challenges.

INNOVATIVE PROGRAM AND SHELTER MODELS ARE SYSTEM STRENGTHS.

Clark County directly funds a wide range of homeless response activities, including eviction prevention, outreach, non-congregate and congregate emergency shelter, permanent supportive housing programs, transitional housing programs, and rapid re-housing programs. By-Name-Lists, which comprehensively document every person in a community experiencing homelessness, enable real-time matching of youth, veterans, and people experiencing chronic homelessness to housing resources. Among these programs, focus group and workshop participants highlighted innovative models like Safe Stay Villages and Safe Parking as system strengths, as they expand crisis capacity for short term stabilization. Participants expressed that cross-sector collaborations, flexible staffing models, and the recruitment of bilingual and bicultural staff address workforce challenges and reflect the equity priorities identified in the 2024 CNA.

THE HOMELESS RESPONSE SYSTEM NEEDS MORE FUNDING AND CAPACITY.

Despite the majority of county and city funding being directed toward emergency shelter, overall capacity remains inadequate, particularly for families, women, and people with disabilities. Permanent Supportive Housing (PSH) programs show high retention (91% of households housed in 2023 remained stably housed one year later), but entry is constrained by long for permanently publicly waits.[3] These difficulties were highlighted in engagement with service providers and people with lived experience of homelessness. Those who had previously sought subsidized housing programs noted that they faced four-

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[1] Clark County Community Planning. 2025. Housing Project Advisory Group Members.
https://clark.wa.gov/community-planning/housing-project-advisory-group-members
[2] Council for the Homeless. 2025. 2024 Homeless Crisis Response System Report.
https://www.councilforthehomeless.org/wp-content/uploads/2025/08/2025Aug12_2024-CFTH-System-Numbers-Report-draft.pdf
[3] Ibid.

to eight-year waitlists. Participants also described the county homeless response system's services as fragmented and difficult to navigate with transportation barriers, inconsistent staffing, and lack of cultural competency compounding challenges. They stressed that structural barriers, including camping bans, eviction and criminal records, and volatile funding streams, further entrench homelessness and prevent system stability.

CURRENT FUNDING AND POLICY ENVIRONMENT PRESENTS CHALLENGES

Clark County faces declining local, state, and federal homelessness funding. Nearly all county-funded homeless response services are reliant on state and federal passthrough dollars. The CNA findings reinforce that housing affordability and financial insecurity remain top unmet needs for low-income households. At the same time, recent federal executive orders also introduce uncertainty by shifting funding priorities away from established best practices such as housing first and harm reduction and are imposing stricter program conditions.[4] This volatility heightens the importance of coordinated local planning and diversified funding strategies but also amplifies the challenge of policymaking in the current environment. Without stable, diversified funding, providers cannot sustain workforce, expand shelter capacity, or shorten multi-year waitlists for permanent housing, leaving the system reactive instead of strategic.

Objectives and Actions

In response to these findings, Clark County's Local Homeless Housing Plan identifies seven key objectives, prioritized through community engagement, with associated actions designed to build capacity, close gaps, and improve outcomes:

1. **Strengthen the homeless service provider workforce** by improving service provider staff wages, supporting staff mental health, and investing in training.
2. **Prioritize assistance based on greatest risks of harm,** focusing on prevention and high-barrier populations.
3. **Seek to house everyone in stable settings** by evaluating interim housing strategies to meet immediate needs in the short- and medium-term future.
4. **Promote an equitable, transparent crisis response system** through greater accountability and improved data infrastructure.
5. **Prevent episodes of homelessness whenever possible** by encouraging affordable housing preservation and production, improving institutional referrals, and evaluating negative exists from programs.
6. **Address barriers to stability** through harm reduction practices, integration of wraparound services, and tenant protections.
7. **Increase accessibility of services** by developing culturally and linguistically appropriate communications and assisting service providers with streamlining and simplifying program applications.

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[4] Washington State Department of Commerce. 2024. State of Washington Homeless Housing Strategic Plan 2024-2029. https://deptofcommerce.app.box.com/s/tl07c32p6j2w33ojxp3l9pn6s6fo58dg

1. Introduction

In Clark County, the path to obtaining housing is inhibited by rising costs, systemic barriers, and a fragmented support system. These pressures reflect both local market conditions and broader regional trends, placing Clark County among the fastest-growing areas in the state for housing need.[5] The 2025–2030 Clark County Local Homeless Housing Plan responds to these realities with 16 prioritized actions that aim to improve the homeless response system and reduce the level, frequency, and duration of homelessness.

This plan is both a state requirement and a local opportunity. Under Washington state law, each county must prepare a five-year plan to reduce homelessness in alignment with state guidance. Beyond statutory compliance, this plan is a chance for Clark County to align its systems, resources, and energy to create a more effective response to homelessness.

Council for the Homeless (CFTH), Clark County's Continuum of Care Organization, has long led the County's efforts to prevent and end homelessness and is tasked with producing and updating the Homeless Housing Plan, which has been historically referred to as the Homeless Action Plan. CFTH connects people experiencing housing crises with services, shelter, and permanent housing. It also serves as the strategic lead on regional homeless system planning, convening service providers, people with lived experience, and government partners across the county. As part of this process, County contract data was reviewed to identify the scope of currently funded activities.

> This plan is a chance for Clark County to align its systems, resources, and energy to create a more effective response to homelessness.

The Homeless Housing Plan covers the five-year period from 2025 through 2030, consistent with Commerce's Local Homeless Housing Plan Guidance (State Guidance). This five-year plan builds on past local planning efforts, including the 2018 Homeless Action Plan. It aims to strengthen what's working, identify and address service gaps, and ensure the system works better for those it's intended to serve. To ensure that the plan is equitable and effective, each action is informed by the voices of people directly impacted by homelessness as well as service providers, policy leaders, and by-and-for organizations.

Guided by Washington state's required objectives, the plan is designed to:

♦ Promote an equitable, accountable and transparent homeless crisis response system
♦ Strengthen the homeless service provider workforce
♦ Prevent episodes of homelessness whenever possible

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[5] Washington State Department of Commerce. 2024. Appendix A: State of Washington Housing Market Trends and Needs Assessment. Washington State Affordable Housing Advisory Board 2023-2028 Housing Advisory Plan. https://deptofcommerce.app.box.com/v/2023-2028HousingAdvisoryPlan/file/1686930126331

- Prioritize assistance based on the greatest barriers to housing stability and the greatest risk of harm
- Seek to house everyone in a stable setting that meets their needs

Homeless Housing Plan Process

The Local Homeless Housing Plan process took place over the course of seven months. This process included a series of engagement and presentations, a plan drafting and feedback period, and a public hearing and adoption process. Prior to the beginning of the planning process, the County published a notice on its website and social media announcing the development of its updated plan. This notice included the timeline of the Local Homeless Housing Plan development, including the expected date of adoption.

The Local Homeless Housing Plan was informed by extensive community engagement efforts that included a diversity of perspectives. A Community Engagement Plan outlined the process, which included a series of Local Homeless Housing Plan Steering Committee meetings, two focus groups, and a workshop with service providers. These engagements—alongside external research on existing conditions, barriers, and opportunities in Clark County—generated the actions and priorities in this Plan.

| May |
| June |
| July |
| Aug |
| Sept |
| Oct |
| Nov |

Engagement and Presentations
Draft Plan
Collect Feedback
Finalize Plan
Notice of Public Hearing
Public Hearing and Adoption

Research and Analysis

| Previous Plans & Studies | Existing Conditions Analysis |

Steering Committee Meetings

| Kickoff | Gap Analysis | Barriers, Opportunities |
| Prioritize Objectives | Workshop Actions | Plan Listening Session |

Additional Engagement

Lived Experience Focus Groups and Service Provider Workshops

Final Report

State Guidance required that Clark County include a diversity of perspectives in engagement related to the Local Homeless Housing Plan. As such, the County ensured engagement captured the following perspectives:

♦ 12 Steering Committee members representing local government (including elected representation from the County Council and the two largest cities), by-and-for organizations, service providers, and people with lived experience of homelessness.

♦ 8 service providers representing local government (including elected representation from the County Council and the two largest cities), behavioral health representatives, emergency shelter operators, and homeless outreach providers who participated in a Service Provider Workshop to identify potential objections and actions for the plan.

♦ 21 Clark County community members with lived experience of homelessness who participated in two focus groups to identify gaps, barriers, and opportunities for improvement within the Homeless Response System.

Exhibit 1 provides details on the perspectives engaged to inform the Plan. The exhibit also identifies the methods through which the County engaged each group. In total, more than 40 interested parties provided insight and information to guide the Plan development.

Exhibit 1. Engagement of Each Stakeholder Group

Required Engagement Groups	Steering Committee	Lived Experience Focus Groups	Service Provider Workshop	Present-ations
Two largest cities within the county	●		●	●
People with lived experience of homelessness	●	●		
Behavioral Health Service / Managed Care Organization	●		●	
By-and-For Organization	●			
Emergency shelter operators	●		●	
DV or sexual assault shelter housing providers	●			
Homeless outreach providers	●		●	
Rental subsidy administrators	●			
PSH providers and operators	●			
Coordinated entry staff	●			

Community Outreach & Engagement Plan

The community outreach and engagement process began with a Community Engagement Plan, which outlined the structure of the six Steering Committee meetings, lived experience focus groups, service provider workshops, and presentations to relevant stakeholders. The Community Engagement Plan outlined how the County would engage a wide and diverse set of interested parties to not only meet state requirements but inform the Plan in a more equitable way.

STEERING COMMITTEE

The Plan was informed by a Steering Committee composed of local government representatives, elected officials, by-and-for organizations, service providers, and people with lived experience of homelessness.

Over the course of six meetings, committee members learned about state requirements, the overall timeline, existing conditions findings, draft strategies and actions, and the draft plan.

Meetings allowed time for discussion, idea generation, prioritization, critiques, and feedback on the process. Members provided their input and ideas throughout the entire project and shaped the overall direction of the plan.

Steering Committee Members

Local Government Representatives
Clark County
City of Vancouver
City of Battle Ground

By-and-For Organizations
NAACP
Latino Leadership NW
Pacific Islander Association - SW

Service Providers
Share Vancouver
YWCA Clark County (Safe Choice)
Southwest Washington Accountable
Community of Health (SWACH)
Janus Youth Programs

People with Lived Experience of Homelessness

Service Providers Include:	• Behavioral Health Admin. Org. or a Managed Care Org.
	• Emergency Shelter Operator
	• Domestic violence/sexual assault shelter & housing provider
	• Homeless outreach provider
	• Rental subsidy administrator
	• Permanent supportive housing providers and operator
	• Coordinated entry staff

LIVED EXPERIENCE FOCUS GROUPS

The plan was also informed by two focus groups—one in-person and one virtual—with individuals who had either current or previous experience of homelessness or housing instability in Clark County. Sessions were structured in a trauma-informed way to solicit information and hear about personal experiences navigating the care system, and participants were compensated for their time and insights.

The focus groups intentionally included participants from populations disproportionately affected by homelessness, such as BIPOC individuals, young adults, people with disabilities, veterans, families with children, and those with chronic or current experiences of homelessness. Discussions centered on identifying what is working, what is not, and what should change within Clark County's homelessness response system. Themes from these conversations informed the system strengths, service gaps, and priorities identified within this Local Homeless Housing Plan.

SERVICE PROVIDER WORKSHOP

The Plan was also informed by service provider input from staff at eight local organizations, including program managers, case managers, and homeless response coordinators at service provider and shelter organizations. While a wide invitation was cast, participating organizations were primarily based in Vancouver or represented urban locations. The workshop helped identify potential strategies and actions for inclusion in the Plan.

Service Provider Workshop Participants	
◆ City of Vancouver Homeless Response Coordinator	◆ Clark County and City of Vancouver Community Court
◆ Kiggins Village (Tiny Homes, Safe Space)	◆ Live Love Outreach (Homeward Bound Safe Park, and Hope Village Safe Stay)
◆ Janus Youth Programs	

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Presentations and Plan Adoption

The plan was also presented to the Ending Community Homelessness Organization (ECHO) where participants were able to comment on the plan objectives, actions, and accuracy.

In compliance with Washington State Department of Commerce guidance, Clark County published a public notice announcing the public hearing and adoption of the Local Homeless Housing Plan at least 30 days prior to the scheduled hearing date. The public hearing took place on Tuesday, November 18, 2025, at 6:00pm. The notice was posted on social media and distributed broadly, with good faith efforts to ensure that people with lived experience of homelessness and housing instability were informed.

The public hearing was held in a hybrid format, allowing community members to participate in person at the Public Service Center's sixth-floor hearing room (1300 Franklin Street, Vancouver, WA) or virtually via WebEx. Following the hearing, Clark County Council considered the Local Homeless Housing Plan for adoption at the same meeting.

Future Requirements

Following release of this plan, State Guidance requires that Clark County provide annual reporting updates to Commerce on the status of the local plan and related activities for the prior fiscal year. Council for the Homeless compiles the available data to compile this report for Clark County. The first report will be due in December 2026, covering fiscal year 2025, and subsequent reports will be submitted each December through 2030. The annual report to Commerce will include:

♦ The current condition of homelessness in its jurisdiction,

♦ The County's performance in meeting the goals in its local homeless housing plan, and

♦ Any significant changes made to the plan.

In addition, the County will participate in Commerce's collection of local homelessness spending from all sources by project during the prior fiscal year. Commerce compiles this information at the state level, and Clark County will review the expenditure data locally with Council for the Homeless and other community partners to support accountability and transparency.

2. Inflows into Homelessness

Homelessness is a complex and multifaceted issue. No two stories into homelessness are the same, and no single solution works for the personal and unique confluence of circumstances that keep households from returning to stable housing. Finding broad solutions to homelessness first requires an investigation into the major causes of homelessness.

Much research has been conducted on the factors affecting the instance of homelessness and changes to homeless rates in communities. The most extensive and compelling research focuses on how **structural factors**—and more particularly, **housing market factors**—contribute to homelessness. Generally, several housing market factors influence the likelihood that households can remain stably housed, including mismatches in supply and demand, rising rents, and low vacancies.

The variety of other possible causes of homelessness are not discussed here, as the most extensive empirical research has identified housing market factors as the strongest predictor of homelessness. However, Exhibit 2 outlines a brief overview of the other causes that can contribute to homelessness.

Exhibit 2. Potential Causes of Homelessness

Structural Conditions
Structural causes are embedded in the culture, laws, and policies that shape economic and social life. These structural causes result in income inequality, poverty, mass incarceration, institutional and systemic racism, lack of housing supply and affordability, ableism, and other forms of marginalization that affect people on a mass scale.[6] Structural causes create conditions that disproportionately harm many communities and individuals, regardless of their personal choices or behavior.

Systemic Failures
Systemic failures in public institutions (such as jails and prisons, health care and hospital services, foster care organizations, and child welfare systems) also contribute to homelessness. When operating efficiently in well supplied housing markets, public institutions can assist people involved in their systems with rehabilitation and/or navigation of social welfare programs upon their exit from the institution. However, public institutions often fail to prepare people for successful exits into stable housing or jobs, and can exacerbate the difficulty faced when entering or re-entering society.[7]

Intervention and Diversion Failures
Gaps and failures may also exist in intervention and diversion programs that are meant to minimize the conditions that affect homelessness. These might be family mediation or reunification services,

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[6] Oudshoorn, Abe et. al. 2019. Evolving an Evidence-Based Model for Homelessness Prevention. (Health and Social Care). DOI: 10.1111/hsc.13000

[7] Thornton, Gavin, James Koshiba, and Joyce Lee-Ibarra. 2017. Touchpoints of Homelessness: Institutional Discharge as a Window of Opportunity for Hawai'i's Homeless. Hawaii Appleseed Center for Law and Economic Justice.

shelter programs, school-based interventions, domestic violence services, eviction supports, housing first programs, wrap-around supports, rent supplements, and more.[8] If these programs and services have poor internal policy or lack capacity and funding to meet the need for services, or if they are operating in systemic environments that prevent them from operating efficiently, they often cannot provide effective assistance to everyone who needs it.

Precipitating Events

In addition, many other personal or circumstantial experiences can lead to homelessness. These can be job losses, divorce, domestic violence, roommate challenges, evictions, or other emergency situations. These precipitating events are hard to measure. However, one California study (2023) found that the majority of people who lost their housing prior to homelessness were non-leaseholders and often received an average of one day's notice before losing their housing.[9] Structural and systemic failures that disproportionately affect low-income, disabled, or minority communities create conditions where these precipitating events can lead to homelessness more frequently for these populations than others.

Structural Cause: Housing Market Factors

The tie between housing affordability and homelessness is straightforward. The cost of housing at the extreme low-end of the market rises to levels that crowd out spending on food, clothing, childcare, and essential items to such a degree that some low-income individuals and families have no other choice but to move onto the streets or into emergency shelters. In other cases, individuals and families may face an emergency expense (such as a car repair or medical bill) and, without adequate income or savings, are evicted. For many households, private struggles collide with low incomes and high-cost housing, leaving too little cushion to deal with everyday challenges and still maintain stable housing. In each of these situations, supply-side factors relating to access to housing at a range of affordability levels come into play as well as extenuating circumstances.

In 2001, economists found that a 10 percent increase in rent leads to a 13.6 percent increase in the rate of homelessness.

In 2020, the GAO found that a $100 increase in rent leads to a 9 percent increase in the rate of homelessness.

Academic research empirically demonstrates this link between housing and homelessness.[10] Controlling for many different variables about community demographics, studies have

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[8] Oudshoorn, Abe et. al. 2019. Evolving an Evidence-Based Model for Homelessness Prevention. (Health and Social Care). DOI: 10.1111/hsc.13000

[9] Kushel, Margot and Tiana Moore. 2023. Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. Benioff Homelessness and Housing Initiative, UCSF.

[10] See for example: John M. Quigley and Steven Raphael. 2001. "The Economics of Homelessness: The Evidence from North America." *European Journal of Housing Policy* 1 (no. 3): 323-336.

identified six primary housing market and income factors that statistically significantly affect homelessness as well as several characteristics that do not statistically predict homelessness:

Statistically Predictive Factors
1. Median home values
2. Median rents
3. Median household incomes
4. Housing supply growth
5. Population density
6. Rental vacancy rates

Statistically Weaker Factors
1. High unemployment rate or poverty rate in the community
2. High rates of drug use or mental health conditions
3. High share of the population receiving supplemental nutritional program payments, disability benefits, or social security
4. High concentrations of renters, minorities, seniors, veterans, or single parents
5. High rates of funding for the local homelessness continuum of care

One of the most significant predictors of homelessness is the absolute rent in a community. Exhibit 3 below displays information on the median rent across selected counties and cities and their rate of homelessness per 1,000 people. The charts demonstrate a strong correlation with rents explaining as much as 57 percent of the variation in homelessness rates across cities and as much as 23 percent of the variation across counties.

Maria Hanratty. 2017. "Do Local Economic Conditions Affect Homelessness? Impact of Area Housing Market Factors, Unemployment, and Poverty on Community Homeless Rates," *Housing Policy Debate* 27 (no. 4): 1-16, https://doi.org/10.1080/10511482.2017.1282885;

Chris Glynn and Emily B. Fox. 2017. "Dynamics of homelessness in urban America," (Durham, NH: College of Business and Economics, University of New Hampshire).

William Yu. 2018. "Homelessness in the U.S., California, and Los Angeles,", video, 15:30. https://www.youtube.com/watch?v=XOxcDJY3ens.

U.S. Government Accountability Office. 2020. "Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population," GAO-20-433. Available from: https://www.gao.gov/products/gao-20-433.

Colburn, Gregg and Clayton Aldern. 2022. Homelessness is a Housing Problem. University of California Press.

Exhibit 3. Regions with High Median Rents have High Rates of Point-in-Time Homelessness

Source: Colburn, Gregg and Clayton Aldern. Homelessness is a Housing Problem. 2022. University of California Press.
Notes: Dashed lines indicate a linear regression of per capital PIT counts onto median gross rent between 2007 and 2019 for a sample of U.S. regions. Bands indicate 95% confidence intervals for the slope of the regression line.

Housing Pressures in Clark County

Affordability pressures are acute in Clark County, where rising costs crowd out spending on other household necessities, leaving households with little protection against job loss, illness, or other emergency expenses. For instance, 43.8% of all renter households in Clark county are cost-burdened, meaning they spent more than 30% of their pre-tax income on housing.[11] Moreover, a minimum-wage worker would need to work 77 hours per week to afford a modest one-bedroom at the 2023 FMR of $1,577.

These high housing costs likely contribute to high eviction rates in the county; about 11% of Washington eviction cases occur in Clark County despite the county's population only making up 6.6% of the state's population.[12] Moreover, local capacity to address rent-arrears risk in Clark County tightened in 2024, when emergency rental assistance households served fell 71% (1,506 in 2023 to 432 in 2024), increasing pressure on prevention pathways.[13]

In Steering Committee meetings and focus groups, participants emphasized that sudden evictions and unstable leaseholder arrangements are common events precipitating homelessness, with some households receiving little or no notice before displacement. Providers also identified systemic gaps such as the lack of medical respite beds and limited pre-release support for people exiting jails and prisons, both of which increase the likelihood of homelessness upon discharge. Together, these market pressures, personal crises, and systemic gaps sustain high inflows into homelessness and place ongoing strain on Clark County's shelters, prevention programs, and housing resources.

Health Factors and Personal Circumstances

It is common for the general public to attribute high rates of homelessness to mental illness and substance use. In Homelessness is a Housing Problem, Gregg Colburn hypothesizes why this is:

> "On any given night in this country, the chronically unsheltered constitute only about one-tenth of the population experiencing homelessness. Yet the visibility – the literal conspicuousness – of the chronic, unsheltered population in many cities helps to cement a belief that people experiencing homelessness are mentally ill and/or addicted to a substance, as these conditions are disproportionately represented in the unsheltered population." (12)

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[11] Colón-Bermúdez, Esther. 2025. Out of Reach: The High Cost of Housing. National Low Income Housing Coalition. https://nlihc.org/oor
[12] Ibid.
[13] Ibid.

However, few empirical studies have found a direct connection between mental illness and/or substance use and homelessness. This literature review will nonetheless cover some existing research surrounding the topic to address common misperceptions about the tie between homelessness and health conditions.

It is important to understand that both mental illness and substance use disorder are medical conditions that require medical intervention.[14] In some cases, people will require long-term support in an outpatient or inpatient program. If existing health care institutions and social welfare programs are over capacity, underfunded, poorly managed, or non-existent, then people with mental illness or substance use disorder will not get the resources they need to reach stability. Having a lack of housing supports while homeless and while dealing with a health condition can also impact how long a person is homeless, and what their experience may be like when they are homeless. These circumstances, however, should be understood as a systems performance and/or intervention issue rather than a personal failure.

Due to challenges inherent in studying individual-level circumstances at scale, most research evaluates homelessness at the community level to draw conclusions on the regional factors that influence overall inflows into homelessness; fewer studies are able to evaluate the relationship between homelessness and health conditions or precipitating events on an individual level. However, some community screening tools have emerged that can predict whether an individual is at high risk of homelessness, or whether their experience with homelessness will generate high public costs.

Studies have found the following individual-level characteristics as predictive of homelessness: [15, 16]

- Prior experience being homeless
- Prior stay in a shelter
- Being doubled up with another household

- Having a pending eviction (whether a verbal threat or official notice),
- Being a recipient of public assistance,
- Having high levels of rent arrears or debt

In a more robust analysis, a California research group developed a predictive analytic tool that anticipates a homeless individual's future *public costs* based on 38 individual-level demographic, criminal justice, health diagnostic, emergency service, and behavioral health variables. The emergency services and criminal justice variables show the strongest predictive power, as described in Exhibit 4.

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[14] National Institute on Drug Abuse. "Understanding Drug use and Addiction." https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction
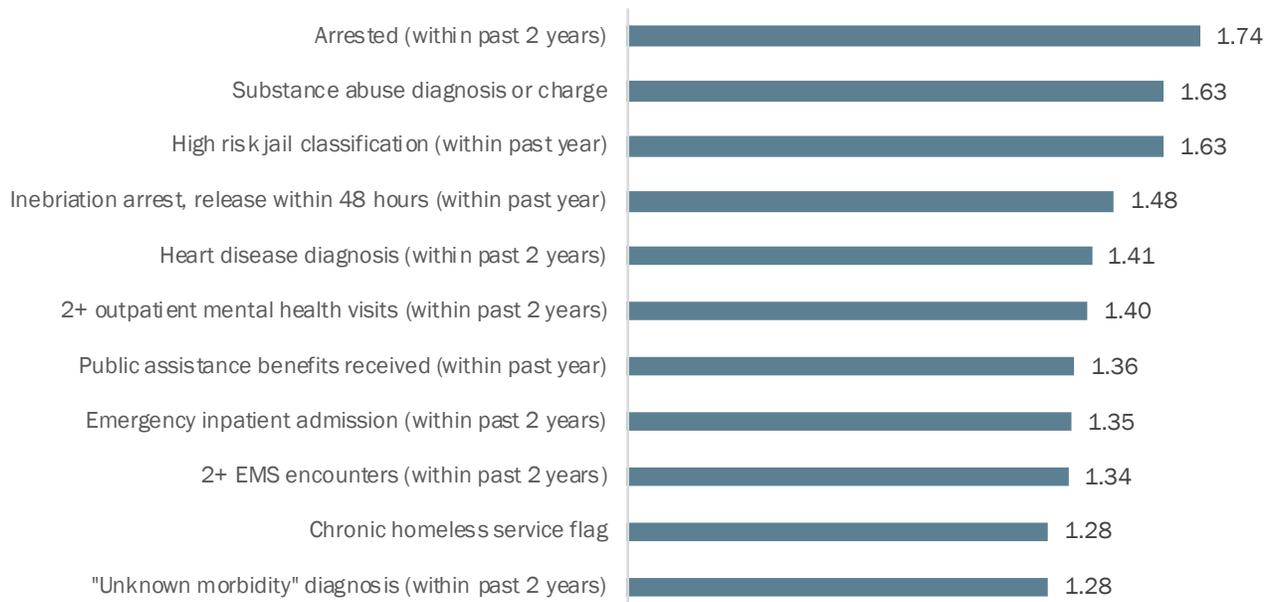
[15] Marybeth Shinn and Rebecca Cohen. 2019. Homelessness Prevention: A Review of the Literature. Center for Evidence-Based Solutions to Homelessness. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf.

[16] Such as: Mago, V.K., Morden, H.K., Fritz, C. et al. 2013. "Analyzing the Impact of Social Factors on Homelessness: a Fuzzy Cognitive Map Approach," *BMC Med Inform Decis Mak* 13, (no. 94). https://doi.org/10.1186/1472-6947-13-94; Jack Tsai. 2019. "Systematic Review of Psychological Factors Associated with Evictions," *Health and Social Care* 27, (no. 3): e1-e9. https://doi.org/10.1111/hsc.12619.

Exhibit 4. Characteristics Predictive of Homelessness Costs, Santa Clara County, CA (2018)

Source: Toros, Halil and Daniel Flaming. (2018) Prioritizing Homeless Assistance Using Predictive Algorithms: An Evidence-Based Approach. CityScape: A Journal of Policy Development and Research. Vol. 20 (1). *A note on interpreting odds ratios: an individual with this characteristic is X times more likely to be in the high-cost group than an individual without this characteristic.*

Characteristic	Odds Ratio
Arrested (within past 2 years)	1.74
Substance abuse diagnosis or charge	1.63
High risk jail classification (within past year)	1.63
Inebriation arrest, release within 48 hours (within past year)	1.48
Heart disease diagnosis (within past 2 years)	1.41
2+ outpatient mental health visits (within past 2 years)	1.40
Public assistance benefits received (within past year)	1.36
Emergency inpatient admission (within past 2 years)	1.35
2+ EMS encounters (within past 2 years)	1.34
Chronic homeless service flag	1.28
"Unknown morbidity" diagnosis (within past 2 years)	1.28

One of the difficulties in studying the association between homelessness and mental health or substance use is understanding the direction of causality: while these health factors may influence inflow into homelessness, many are also the direct result of homelessness or worsen with prolonged experiences with homelessness. In a new study, researchers find that the causal relationship between addiction and homelessness is bidirectional in that addiction can lead to homelessness, but homelessness can also spur addiction or make an existing addiction worse.[17] As no two experiences with homelessness are the same, some individuals may enter homelessness due to substance use disorders, while others begin using substances to stay awake (or to sleep) or to stay safe while on the streets.

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[17] Kelly M. Doran, Callan Elswick Fockele, and Marcella Maguire. 2022. Overdose and Homelessness—Why We Need to Talk About Housing. Journal of American Medical Association Network Open. doi:10.1001/jamanetworkopen.2021.42685.

Mental Health and Homelessness in Clark County

In the 2024 CNA respondents citing behavioral health service needs (n=340) expressed that the most common need was access to mental health services (74%), with frequent barriers including not knowing where to go (62%) and getting to services (26%).[18] Similar to national literature, the county CNA highlighted a bidirectional link between poverty and behavioral health, with poverty both causing and resulting from behavioral health challenges.

CNA respondents also echoed national literature, noting how medical crises, behavioral health emergencies, and jail releases among homeless individuals in the county often translate into high downstream public costs, particularly for emergency medical care, behavioral health interventions, and law enforcement responses. These examples show how important upstream methods are for both prevention and cost-avoidance strategies.

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[18] Clark County. 2024. Community Needs Assessment Report.

3. Scale of Homelessness and Housing Need

Demographic Overview

Demographic data suggest that homelessness is increasing in Clark County, particularly for seniors. Moreover, there are racial disparities in homelessness and poverty rates and differences in which household types get to access emergency and supportive housing.

Homelessness is increasing, particularly for seniors.

The 2024 homelessness Point-in-Time (PIT) count for Clark County shows that across the board, homelessness increased 5% from 2023 to 2024. However, a large portion of this increase represents specific increases in the number of people who accessed emergency shelter (+13%) and transitional housing (+7%), potentially representing an increase in the capacity within the homeless response system rather than an increase in the rate of homelessness itself.[19] Moreover, these increases accompanied a decrease in the unsheltered population, the number of chronically homeless people, homeless survivors of domestic violence, homeless veterans and homeless unaccompanied minors (Exhibit 5).
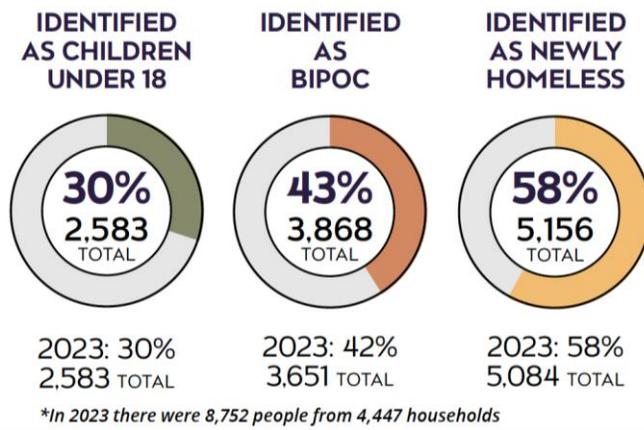
Exhibit 5. Point-in-Time Homelessness Demographic Data, Clark County, 2024

Source: Council for the Homeless, 2024 Clark County Point-in-Time Count Results

Experience of Homelessness	Number	Percent Change
Unsheltered	669	-4%
Emergency Shelter	483	+13%
Transitional Housing	214	+7%

Demographic Characteristic	Number	Percent Change
Chronically Homeless	323	-6%
Survivor of Domestic Violence	98	-13%
Veterans	39	-25%
Unaccompanied Minors	6	-14%
Total	**1,366**	**+5%**

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[19] Council for the Homeless. 2024. Clark County Point-in-Time Count Results. The Point-in-Time count is a one-night count of people experiencing homelessness in a specific geographic area, conducted annually.

The Council for the Homeless also released a Homeless System Numbers report for 2024. This report states that 8,894 people from 3,804 households were homeless in Clark County at any given time in 2024.[20] Of this population, 58% were newly homeless, 30% were under 18, and 43% were Black, Indigenous, or People of Color (BIPOC).

IDENTIFIED AS CHILDREN UNDER 18
30%
2,583 TOTAL
2023: 30%
2,583 TOTAL

IDENTIFIED AS BIPOC
43%
3,868 TOTAL
2023: 42%
3,651 TOTAL

IDENTIFIED AS NEWLY HOMELESS
58%
5,156 TOTAL
2023: 58%
5,084 TOTAL

In 2023 there were 8,752 people from 4,447 households

Examining households, seniors represented 32% of households in Clark County who experienced homelessness at any point in 2024, which is a 6-percentage point increase from 2023 (Exhibit 6). In the same timeframe, the percent of BIPOC, family, youth, and veteran households who were homeless decreased. While these data expand our understanding of who is represented within Clark County's homeless population, it is important to acknowledge that these demographic categories are not mutually exclusive, as individuals may represent multiple identities (ex: BIPOC, youth, veteran) at once. This only further highlights the need for the County to consider approaches to homelessness solutions that are tailored to meet a broader range and intersection of needs.

Exhibit 6. Homeless Response System Demographic Data, Clark County, 2024

Source: Council for the Homeless, Homeless System Numbers, 2024

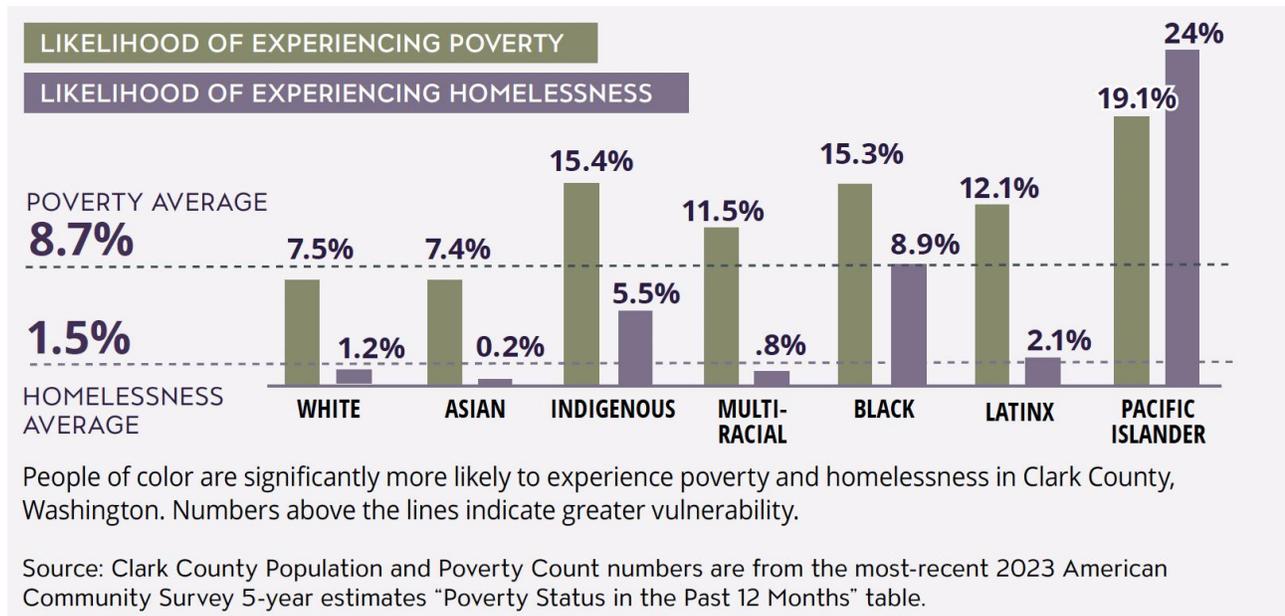|	Youth	Veterans	Families	BIPOC	Seniors
2023	8%	6%	21%	32%	26%
2024	7%	7%	19%	23%	32%

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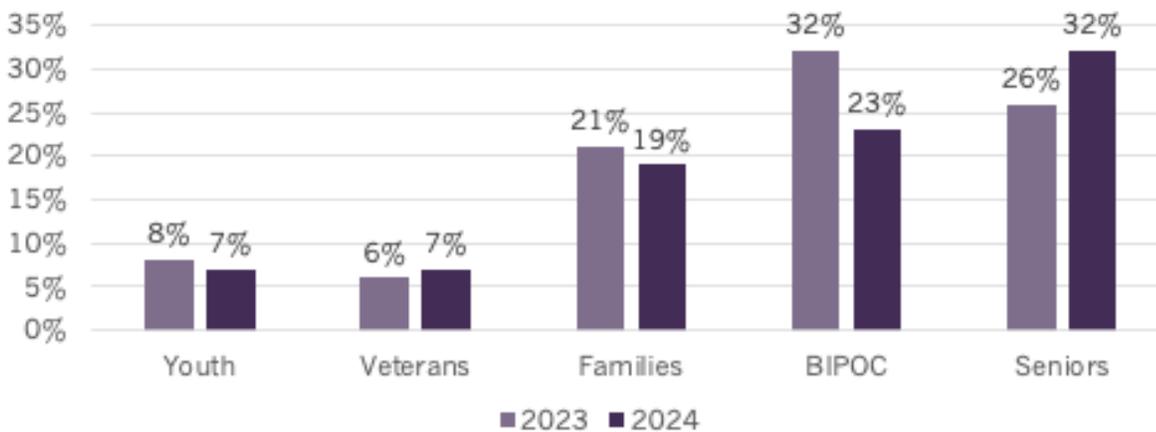
[20] Council for the Homeless. 2024. Homeless System Numbers.

There are racial disparities in homelessness and poverty in Clark County.

Despite the decrease in BIPOC homeless households from 2023-2024, there are racial disparities in poverty and homelessness in Clark County. For every race and ethnicity outside of white and Asian populations, the likelihood of experiencing poverty is above the population average of 8.7% (Exhibit 7). Moreover, Black and Pacific Islander households have a higher likelihood of experiencing homelessness than the overall population.

Exhibit 7. Likelihood of Experiencing Poverty and Homelessness by Race/Ethnicity

LIKELIHOOD OF EXPERIENCING POVERTY
LIKELIHOOD OF EXPERIENCING HOMELESSNESS

POVERTY AVERAGE
8.7%

1.5%
HOMELESSNESS AVERAGE

	WHITE	ASIAN	INDIGENOUS	MULTI-RACIAL	BLACK	LATINX	PACIFIC ISLANDER
Poverty	7.5%	7.4%	15.4%	11.5%	15.3%	12.1%	19.1%
Homelessness	1.2%	0.2%	5.5%	.8%	8.9%	2.1%	24%

People of color are significantly more likely to experience poverty and homelessness in Clark County, Washington. Numbers above the lines indicate greater vulnerability.

Source: Clark County Population and Poverty Count numbers are from the most-recent 2023 American Community Survey 5-year estimates "Poverty Status in the Past 12 Months" table.

CFTH also provides demographic data related to those who have interacted with the Clark County homeless response system. For the most part, BIPOC represent the largest percentage of households who ask for shelter and housing programs, reflecting the racial disparities in poverty and homelessness in the County (Exhibit 8).

Exhibit 8. Shelter and Housing Program Access by Demographic Characteristics

Source: Council for the Homeless, Homeless System Numbers, 2024
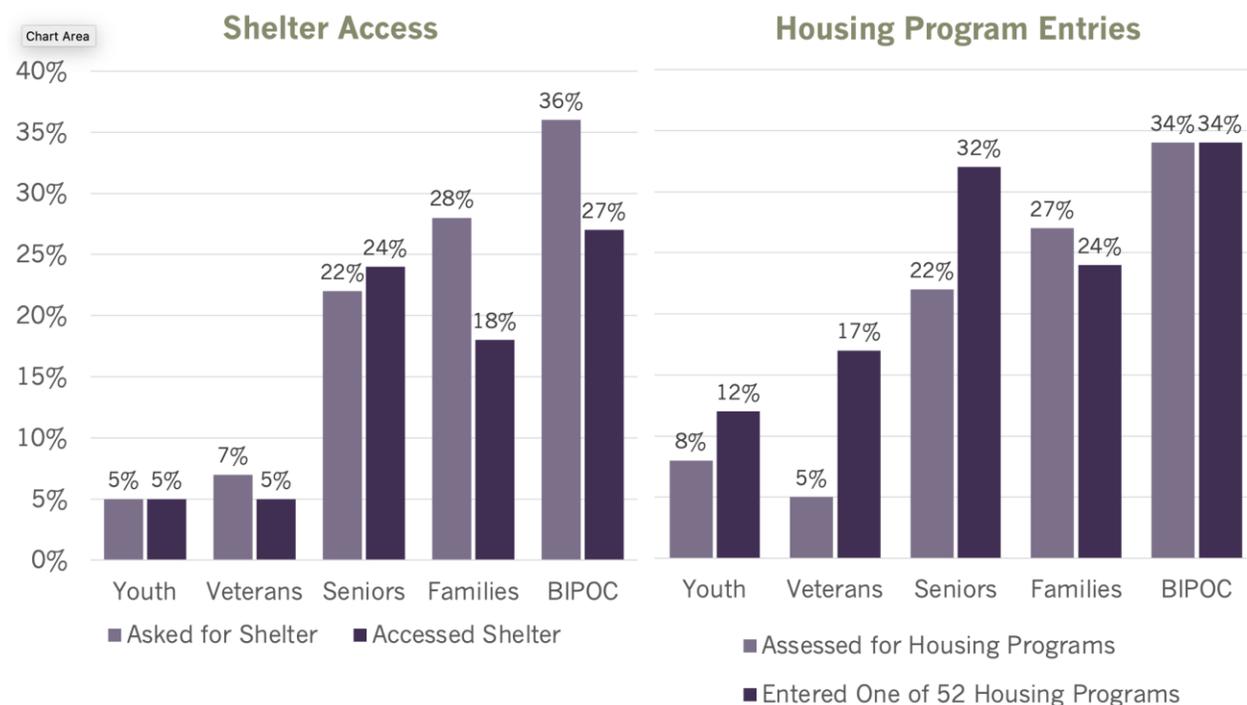
Racial disparities in poverty and homelessness across the United States largely derive from the historical and present-day impacts of a myriad of racially discriminatory policies, including but not limited to racially discriminatory hiring and labor practices, disproportionate mass incarceration, historical lending practices, direct and indirect segregation via exclusionary zoning, and discriminatory practices in the sale and leasing of housing.[21] Community input from the 2024 CNA emphasized how racial disparities occur locally, noting that BIPOC households, seniors, and people with disabilities face compounded barriers to accessing services due to discrimination, language gaps, and transportation challenges.

## Families have a harder time accessing shelter and housing programs.

The demographic makeup of those who ask for assistance mostly aligns with who receives assistance, aside from households with families (see Exhibit 8). Families represent 28% and 27% of those asking for shelter and housing programs but only represent 18% and 24% of those who receive shelter and housing program access. While families seem to receive less entry into shelter and housing programs, they represent the largest percentage of households who receive rental assistance. In 2024, families represented 73% of those who were stabilized through rental assistance, which is a 49 percentage point increase from

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[21] Alexander, Michelle. 2011. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness.* The New Press; Wacquant, Loic. 2009. *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Duke University Press; Taylor, Keeanga-Yamahtta. 2019. *Race for Profit: How Banks and the Real Estate Industry Undermined Black Homeownership*. University of North Carolina Press; and Rothstein, Richard. 2018. *The Color of Law: A Forgotten History of How Our Government Segregated America*. Liveright Publishing Corporation.

2023 (Exhibit 9).This increase likely reflects a decrease funding after federal rental assistance dollars were spent in 2023; remaining grant funding for rental assistance is primarily focused on families and youth.

Exhibit 9. Households Stabilized through Rental Assistance by Demographic Characteristic

Source: Council for the Homeless, Homeless System Numbers, 2024
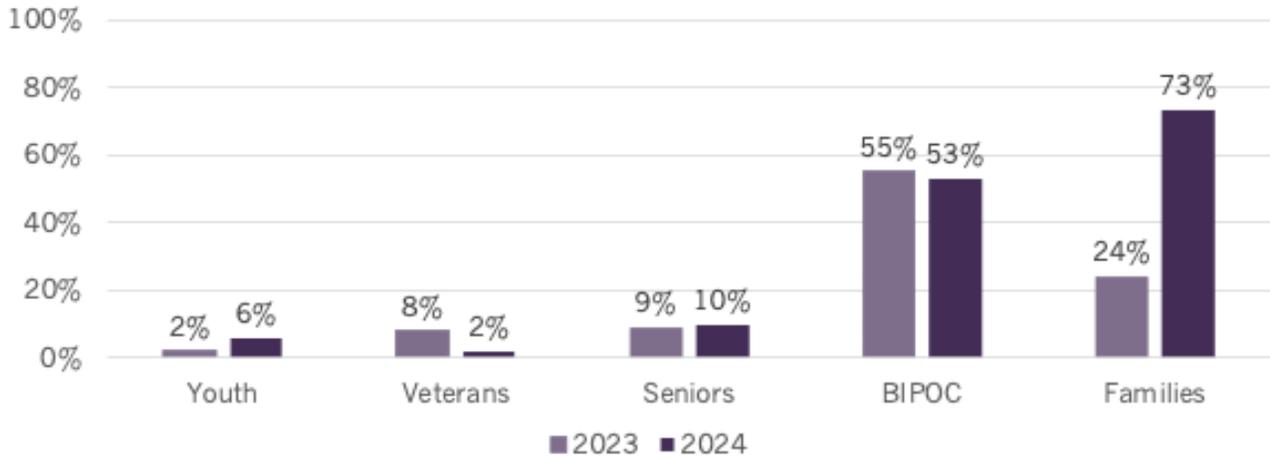
Housing Needs Assessment

Given homelessness continues to increase in Clark County, it is imperative that the County have an accurate projection of housing need in the immediate and long-term future. Data from Commerce provides estimates of net new housing needed in Clark County based on the projected population and housing supply estimates.

Commerce's 5-year projection estimates that the 2030 population may range from 528,219 at the low end to 639,352 at the high end, with a target population of 639,352 by 2030. With these population projections, Commerce estimates that Clark County will need 997 emergency beds and 28,926 new housing units by 2030. Of these new housing units needed, 5,119 should be affordable to households with incomes of 0-30% AMI, and 1,906 should be PSH units affordable to that income level.

Exhibit 10. Clark County 5-Year Projection of Housing Need by Income Level

Source: Washington State Department of Commerce, Growth Management Services, 2024.
* 2020 supply excludes homes in recreational use. Supply of PSH in 2020 is beds. However, projections of Net New Housing Needed (2020-2045) are in housing units. See Overview tab for details.
** Total Future Housing Needed (2030) excludes 2020 homes in recreational use.

Population Target = 639,352	Total	Affordability Level (% of Area Median Income)							Emergency Housing/ Shelter Beds
		0-30% Non-PSH	PSH	30-50%	50-80%	80-100%	100-120%	120%+	
Total Future Housing Needed (2045)**	77,428	4,356	2,049	8,408	19,473	11,913	9,543	21,687	1,119
Estimated Housing Supply (2020)*	48,501	1,143	142.75	4,056	15,056	9,323	7,087	11,694	122.5
Net New Housing Needed (2020-2045)	28,926	3,213	1,906	4,352	4,417	2,590	2,456	9,993	**997**

Commerce's 20-year projection estimates that Clark County will need 3,986 emergency shelter beds and 115,705 new housing units by 2045, based on a population target of 718,154 (Exhibit 11). This equates to approximately 3,800 units per year until 2045. Of these new housing units needed, 20,476 should be affordable to households with incomes of 0-30% AMI, and 7,624 should be PSH units affordable to that income level.

Exhibit 11. Clark County 20-Year Projection of Housing Need by Income Level

Source: Washington State Department of Commerce, Growth Management Services, 2024.
* 2020 supply excludes homes in recreational use. Supply of PSH in 2020 is beds. However, projections of Net New Housing Needed (2020-2045) are in housing units. See Overview tab for details.
** Total Future Housing Needed (2045) excludes 2020 homes in recreational use.

Population Target = 718,154	Total	Affordability Level (% of Area Median Income)							Emergency Housing/ Shelter Beds
		0-30% Non-PSH	PSH	30-50%	50-80%	80-100%	100-120%	120%+	
Total Future Housing Needed (2045)**	309,711	17,422	8,195	33,630	77,892	47,653	38,172	86,747	4,476
Estimated Housing Supply (2020)*	194,005	4,570	571	16,223	60,225	37,292	28,348	46,777	490
Net New Housing Needed (2020-2045)	**115,705**	12,852	7,624	17,407	17,667	10,361	9,824	39,970	**3,986**

4. Homelessness Support System Assessment

Estimates of Service Levels

The Council for the Homeless' Homeless Response System Dashboard shows that in Quarter 2 of 2025, there were 66 operating shelters and housing programs available throughout the County. Most of the 66 shelters and programs represent Emergency Shelter, Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH), units. However, the County has fewer transitional housing programs available (Exhibit 12).

Exhibit 12. Number of Clark County HMIS Programs, Quarter 2, 2025

Source: Council for the Homeless, Homeless Response System Dashboard, Q2 2025

The HRS Dashboard also includes goals and measures related to program access, representation, and impact. Exhibit 13 highlights the HRS program goals and outcomes between Q2 of 2024 and Q2 of 2025. These outcomes suggest that there have been some slight improvements in the HRS system, particularly with increasing how many chronically homeless households eventually obtain permanent housing, increasing the representation of unsheltered or literally homeless individuals who access services, and decreasing re-entry into the homeless response system. However, other measures indicate that the homeless response system is struggling to decrease wait times and length of stay, potentially suggesting that the homeless response system is over capacity.

Exhibit 13. Clark County Homeless Response System Goals and Outcomes

Source: Council for the Homeless, Homeless Response System Dashboard, Q2 2024; Q2 2025.

Increasing Access to Permanent Housing	
HRS Goal	**Outcome, Q2 2024 – Q2 2025**
♦ **Chronic Move-Ins:** Increase the percentage of households experiencing chronic homelessness at RRH and PSH program entry who have successfully moved into a unit.	**Chronic move-ins increased** slightly from **92% to 94%** in Q2 of 2025.
♦ **Percent Returning:** Decrease the percentage of people returning to the homeless response system after having been successfully housed up to two years ago.	The **percent returning decreased** from **26% to 21%** in Q2 of 2025.
♦ **Permanent Exits:** Increase the percentage of people in programs who become permanently housed after exiting the homeless response system.	**Permanent exits decreased** from **75% to 73%** in Q2 of 2025.

Providing shelter and program access to those with the greatest need.	
HRS Goal	**Outcome, Q2 2024 – Q2 2025**
♦ **Unsheltered Entries:** Increase the percentage of people that are entering programs from literal homelessness.[22]	The percent of **unsheltered entries increased** from **52% to 59%** in Q2 of 2025.
♦ **Chronic Housed:** Increase the number of chronically homeless households housed through a transitional housing, rapid re-housing, or permanent supportive housing program.	The percent of **chronic housed households decreased** slightly from **31% to 30%** in Q2 of 2025.

| Minimize program underutilization and decrease time spent needing resources.	
HRS Goal	**Outcome, Q2 2024 – Q2 2025**
♦ **Utilization Rate:** Increase the median utilization rate for the entire system.	The **utilization rate decreased** slightly from **96% to 95%** in Q2 of 2025.
♦ **Time from Entry to Housed:** Decrease the amount of time it takes to house literally homeless households after they enter a housing program.	The **time from entry to housed increased** from **23 days to 29 days** in Q2 of 2025.
♦ **Length of Stay in Program:** Decrease the median length of stay for program participants, to the degree reasonable.	The length of stay in the program **increased** from **133 days to 165 days** in Q2 of 2025.

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[22] The Department of Housing and Urban Development defines literal homelessness as an "individual or family who lacks a fixed, regular, and adequate nighttime residence".

Coordinated entry data indicate that Clark County's existing RRH and PSH programs are inadequate to serve the population needing housing. Exhibit 14 shows that requests for RRH and PSH have far exceeded housing placements since Quarter 3 of 2018. This lack of RRH and PSH puts further strain on emergency shelters and other service provider programs that then have to meet the need of community members unable to obtain stable housing. Additional data regarding Homeless Response System service levels can be found in the Appendix.

Exhibit 14. Clark County HMIS Provider Household Entries Over Time

Source: Council for the Homeless, Homeless System Trackers, Q4 2018 – Q3 2025

Note: Entries into rapid re-housing and permanent supportive housing are not included if they occurred within a week of another housing program exit, as this generally indicates a program transfer that would not have served a new household.
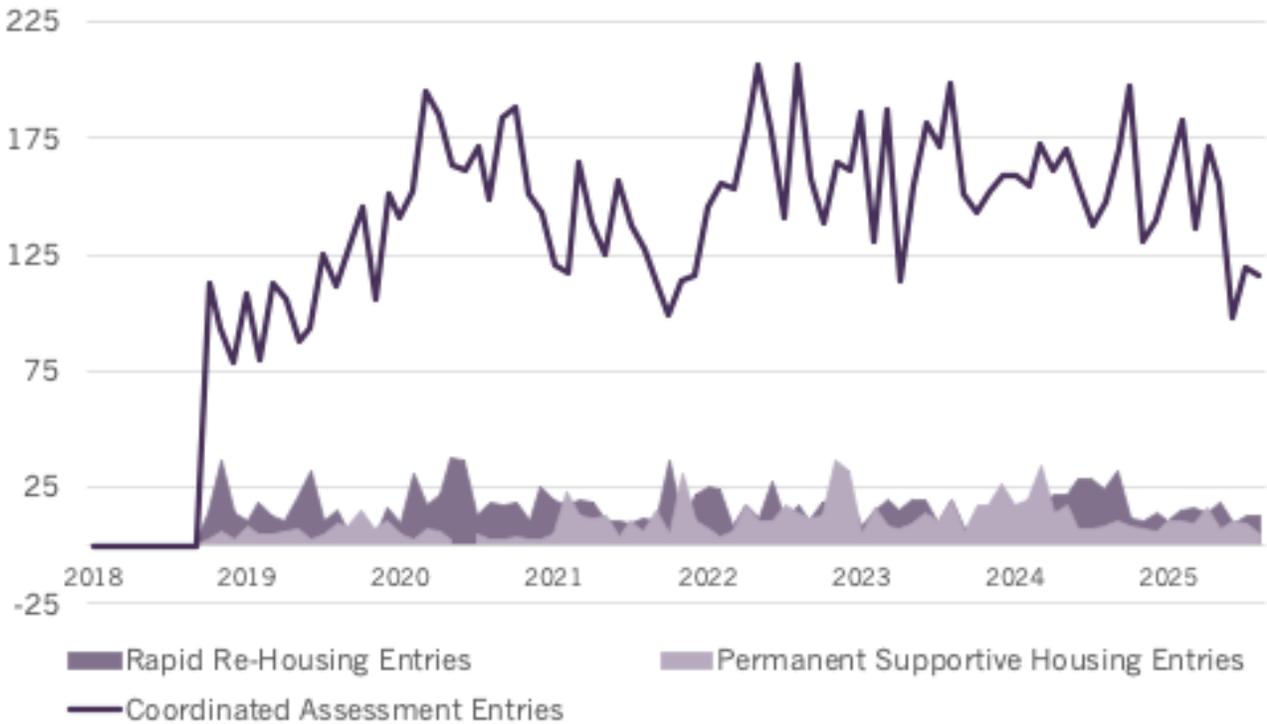
Program and Service Capacity and Gaps Assessment

Clark County's Homeless Response System demonstrates both resilience and ongoing challenges. Engagement with service providers, system leaders, and people with lived experience highlight clear strengths, including innovative programs and cross-sector collaboration. At the same time, engaged participants emphasized persistent gaps in housing capacity, service accessibility, workforce stability, and systemic barriers that continue to limit equitable outcomes. It is clear that demand exceeds capacity in the system. The following section describes these strengths and barriers in detail.

System Coverage

The Homeless Crisis Response System (HCRS) in Clark County is a braided network of programs funded through both County administered dollars and direct City of Vancouver allocations. Together, these efforts sustain prevention efforts, emergency shelter operations, outreach and supportive services, rapid re-housing, transitional housing, permanent supportive housing, and backbone system functions such as coordinated entry and HMIS.

CLARK COUNTY COMMUNITY SERVICES HOMELESSNESS INVESTMENTS

Clark County Community Services invests in a variety of service activities in its response to homelessness. These allocations make up the majority of funding dedicated to homeless crisis response efforts across Clark County. The distribution in Exhibit 15 shows that over half of all Clark County HCRS designated funding supports shelter operations, underscoring the County's heavy reliance on emergency shelter as part of its response design. While prevention represents the second largest investment, long-term solutions like PSH and RRH remain comparatively underfunded. Outreach and Transitional housing receive the smallest allocations, limiting the system's ability to sustain exits from homelessness without greater investment in permanent housing pathways.

Exhibit 15. Clark County Department of Community Services HCRS Funding Allocations
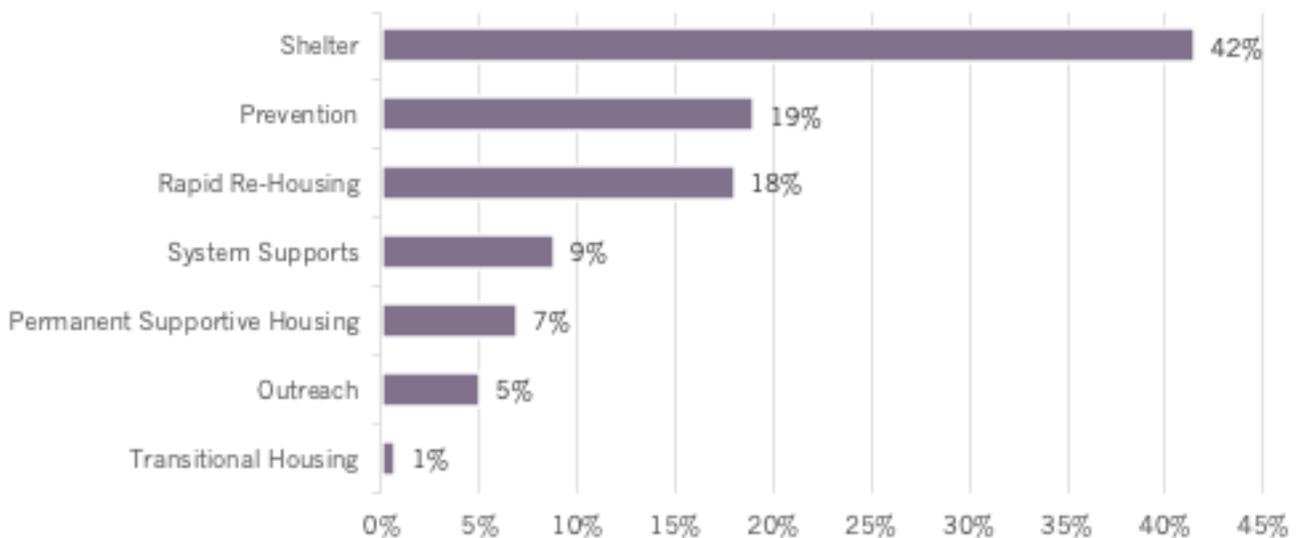
## CITY OF VANCOUVER HOMELESSNESS INVESTMENTS

In addition to Clark County's Homeless Response System Investments, the City of Vancouver provides direct funding for housing and homelessness programs. These allocations complement countywide resources and represent the response design within Vancouver City limits.

As demonstrated in Exhibit 16, the City of Vancouver directs the majority of its homeless system funding toward emergency shelters, followed by outreach and supportive services. Smaller portions are dedicated to rapid re-housing and prevention. This distribution

highlights the City's central role in sustaining shelter capacity and service supports, while fewer resources are allocated to long-term housing interventions.

Exhibit 16. City of Vancouver Homeless Services Funding Allocations

Note: "Other Services" includes the following funding labels as reported by the City of Vancouver: "Services Only", "Housing Search", "Legal Services", "Mailbox Services", and "Other".
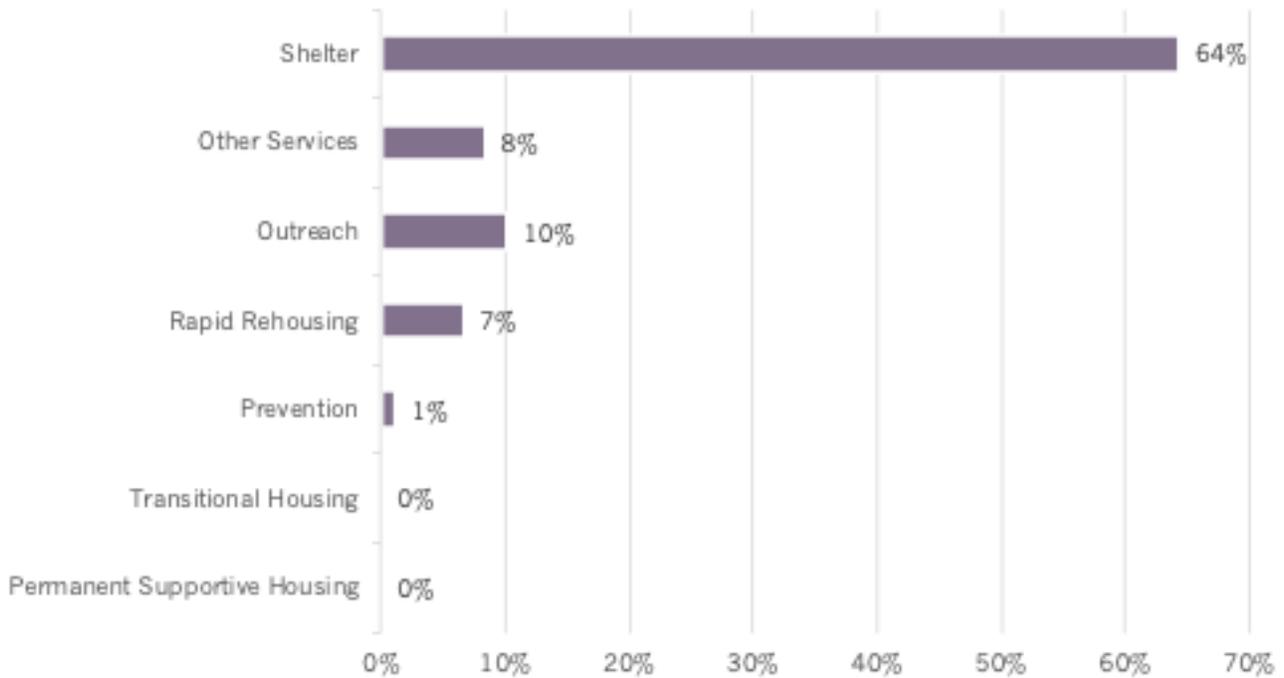
Engagement Findings: System Strengths

Through engagement with the Steering Committee, several strengths emerged that demonstrate the resilience, adaptability, and collaborative efforts of Clark County's homeless response system. Members highlighted effective programs and innovative approaches that have expanded access to services, improved coordination, and strengthened the workforce delivering care. Key strengths identified include:

Successful Programs & Services

Steering Committee members upheld Clark County's PSH programs as the most impactful intervention. Moreover, Safe Stay Villages, in partnership with HART and Community Court, provide stability and pathways toward recovery, while eviction prevention measures have offered critical support for community members at risk of homelessness. This sentiment is backed by data from the 2024 System Numbers Report, which found that eviction prevention programs stabilized 432 households even amid declining state and federal assistance funding. Youth-focused intensive case management has also been effective in meeting complex needs.

Cross-System Collaboration

The Community Court, launched in April 2023, exemplifies multi-sector coordination—bringing together DSHS, CFTH, the City of Vancouver, Clark County, attorneys, and service providers to deliver step-by-step, personalized support. In addition, Janus Youth's collaboration with Sea Mar Community Health Center has enabled therapists to meet participants directly in their homes or wherever they are located, increasing access and engagement.

Workforce Stability & Capacity

Service providers have adopted strategies to improve staff retention, including flexible schedules, remote work options, intentional caseload management, and a 32-hour work week at YWCA. Trauma support following fatalities and lessons learned during COVID-19 have reinforced provider resilience.

Expanded Access & Trauma-Informed Care

COVID-era innovations in service delivery continue to improve accessibility, alongside diverse shelter models, bilingual and bicultural staff, and resources like PeaceHealth's Community Hub. Multiple access points, coupled with Trauma-Informed Care training, ensure services are responsive and client-centered. Providers emphasized the need to sustain these trauma-informed practices beyond COVID-era funding, particularly as demand for culturally responsive services continues to grow.

Focus group participants echoed their support for some of these same programs and services and also highlighted the following existing resources:

- **Low-barrier interim housing and emergency options,** including Safe Stay Shelters, Safe Parking Spaces, Tiny Homes, and Bridge Shelter units.
- **Program supports that prevent criminalization,** such as the Community Court program.
- **Basic needs supports,** such as church and food donation initiatives.
- **School transportation supports** that help children of homeless families stay in school, including ESD 112 and HOPE Transportation.

Engagement Findings: System Gaps and Barriers

Engagement with both the Steering Committee and people with lived experience highlighted significant gaps and barriers within Clark County's homeless response system. While the County offers important programs and services, participants expressed that capacity, access, coordination, and structural barriers continue to prevent the community from securing safe and stable housing.

Gaps in Housing and Shelter Options

Echoing what Council for the Homeless quantitative data show, a significant challenge in Clark County is the mismatch between available resources and the scale of need. Service providers noted that demand for shelter and housing exceeds capacity by ten to twenty times. Focus group participants stated that families, women, and people with disabilities face especially limited options; they highlighted the lack of shelters that allow families or adults with children, reflecting what Clark County's data show about how fewer families receive shelter/housing resources than the number who ask for housing.

For those trying to transition out of homelessness, the scarcity of transitional and affordable permanent housing is a significant obstacle, especially for youth and people with disabilities. Focus group participants described years-long waits for stable placements, with some waiting up to eight years for permanent housing. Rising rents, steep deposits (often $2,000–$3,000), and high application fees compound these challenges, leaving many unable to access truly affordable housing.

Barriers to Accessing and Sustaining Services

Focus group participants also raised concerns about the accessibility and coordination of services. While the community has a strong base of organizations, participants expressed that service delivery is often fragmented and siloed, making it difficult for individuals to navigate the system. Participants shared that intake processes are confusing and sometimes require documentation that people experiencing homelessness simply do not have. Losing paperwork or making a small mistake can result in starting the process all over again, creating discouragement and delays.

Transportation was also cited repeatedly as an access barrier, particularly in rural areas where services are scarce and public transit options are limited. For people living in vehicles, safe parking programs have helped but often require frequent moves that disrupt stability, especially for families with children in school. Community members also expressed frustration that resource centers and services are spread across the county, with limited hours of operation.

Service and Staffing Challenges

Focus group participants expressed that service quality and workforce stability could use improvement. Frequent staff turnover means participants are often passed between case managers, interrupting the continuity of care and eroding trust. Both providers and people with lived experience emphasized the need for more diverse staff who are trained in cultural competency and trauma-informed care. Some participants reported that marginalized homeless community members – particularly youth of color – often feel judged or excluded when engaging with services. At the same time, providers highlighted challenges with staff retention, citing unsustainable caseloads, inadequate pay, and the emotional toll of working with high-need populations. These staffing issues make it harder to deliver consistent, high-quality support.

Policy and System Barriers

Both Steering Committee and focus group participants described systemic and policy barriers that further entrench homelessness. Focus group participants described how local camping bans push people away from critical resources such as libraries, service hubs, and social service offices. Fees from citations and vehicle impounds add financial burdens that can keep people trapped in cycles of homelessness. Criminal and eviction records were also cited as major obstacles, with one participant sharing that an eviction record prevented them from using a housing voucher.

Both community members and providers stressed that limited, unpredictable funding constrains the system's ability to meet needs, while a fragmented funding landscape fosters competition among nonprofits rather than collaboration. Participants expressed a desire for more transparency and accountability in how funds are spent, as well as greater investment in flexible resources such as mobile outreach, auto repair assistance, pet care, and hygiene services—all seen as critical supports for helping people stabilize and maintain housing.

Funding Environment

Decreasing funds may inhibit shelters and program improvements.

Data from Council for the Homeless shows that the amount of Homeless Crisis Response System funds for the County alone has decreased since 2023 (when COVID-era funding sunset) and is expected to decrease further by 2026 (Exhibit 17). Based on these federal, state, and local funding projections, county staff expect that funding for homeless services and activities will be significantly strained, forcing the county to focus on maintaining current service levels for the period covered by this plan. This data echoes community engagement sentiments that funding is inadequate to support existing shelters and programs, let alone improvements to the homeless response system. Given this context, it

will be important to elevate housing-focused solutions that lead to permanent exists from homelessness.

Exhibit 17. Homeless Crisis Response System Investment, Clark County Department of Community Services, FY 2020-2025 Actuals and FY 2026 Projections
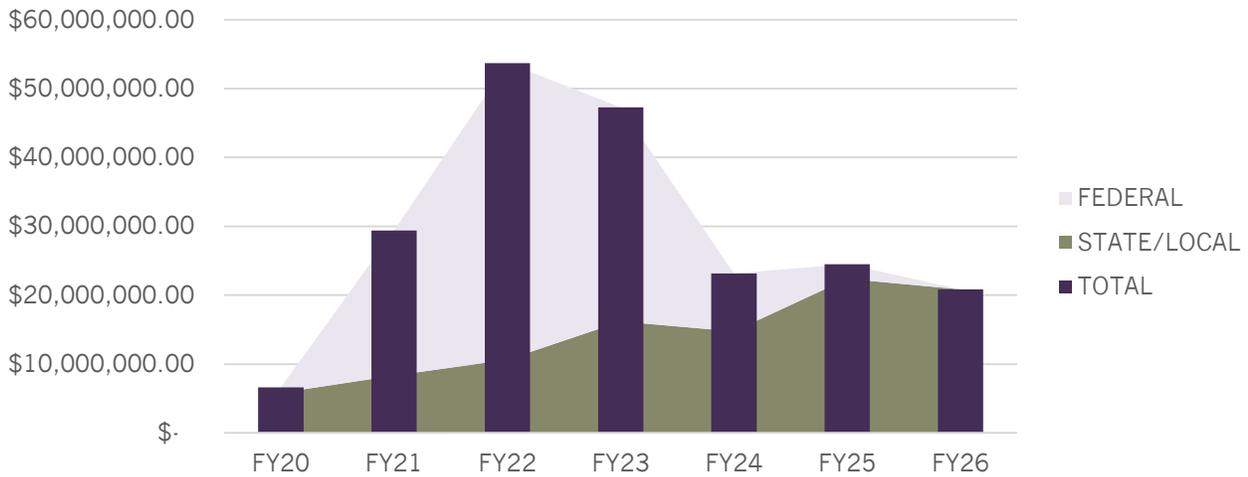
HUD Funds		Federal Housing and Urban Development funds decreased between 2024 and 2025 despite increasing need in Clark County.
FY 2024	**FY 2025**	
$2,316,242	▼$2,178,304	

The future of federal funding in Clark County is at risk.

Confounding the ability for CFTH and Clark County to plan for homeless services is the potential risk to programs that are currently funded via federal dollars. On July 24th, 2025, the White House released Executive Order 14321, "Ending Crime and Disorder on America's Streets" which includes several changes to federal homeless policy that will realign distribution of federal homelessness grants to local jurisdictions. Most notably, the executive order:

◆ Directs the U.S Department of Housing and Urban Development (HUD) and Department of Health and Human Services (HHS) to revise grant requirements to end support for Housing First policies.

◆ Directs agencies to prioritize discretionary grants for local jurisdictions enforcing bans on camping and open-air drug use.

◆ Eliminates support for housing and homelessness assistance that operate safe drug consumption sites, distribute drug paraphernalia, or allow on-site illicit drug use.

◆ Requires that recipients of federal housing and homelessness assistance condition program access upon participation in substance abuse or mental health treatment for individuals who have substance use disorders or mental illnesses.

- Requires recipients of federal funding to collect and share behavioral health data with law enforcement, where permitted by law.[23]

With enforcement of these policies pending CFTH and Clark County must make local plans while contending with a large shift in the federal approach and funding for homelessness. CFTH and Clark County will continue to monitor these shifts and additional legislation.[24]

The County identified the following federally-funded programs in Clark County that may be at risk due to decreases in federal funding that goes to the county:

Programs providing rent assistance* to low-income households, including Section 8 vouchers:

Total households served: 3,548
Total federal funding: $48,523,020

Each rent assistance payment is income for property management companies and landlords.

Programs supporting people ending their homelessness; moving into a home with supportive services to stabilize:

Total households served: 746
Total federal funding: $6,074,504

Programs providing services to people living outside, in their car, and in emergency shelter:

Total people served: 9,559
Total federal funding: $741,127

Programs helping low-income households purchase a home or complete improvements to extend the life and efficiency of their home:

Total households served: 53
Total federal funding: $2,182,458

Additional data concerning Clark County's funding sources and uses can be found in the Appendix.

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[23] Executive Office of the President. 2024. Executive Order 14321.
[24] Bipartisan Policy Center. 2024. "President Trump's Executive Order on Homelessness: A Shift in Federal Policy". https://bipartisanpolicy.org/blog/president-trumps-executive-order-on-homelessness-a-shift-in-federal-policy/

5. Objectives and Actions

Incorporating the findings from research literature, community engagement, and system assessment, this plan identifies several areas of prioritization and objectives. These objectives and actions are guided by best practices and tailored meet the feedback from community engagement. With this focus in mind, this plan advances the following 16 strategic actions. These actions are organized into seven key objectives, which are ordered by priority levels that engaged participants helped identify.

Local Homeless Housing Plan Objectives

♦ **Strengthen the homeless service provider workforce.** Enhance workforce retention and wellness by increasing wages, supporting staff mental health, and providing training that ensures providers can deliver consistent, high-quality services.

♦ **Prioritize assistance based on the greatest risks of harm**. Utilize data and best practices to ensure direct prevention and housing resources reach people facing the highest risks and barriers.

♦ **Seek to house everyone in a stable setting that meetings their needs.** Expand interim and long-term housing options to provide immediate stability while pursuing permanent solutions, ensuring that all individuals can access housing appropriate to their circumstances.

♦ **Promote an equitable, accountable, and transparent homeless crisis response system.** Increase public trust and system effectiveness by strengthening accountability, improving transparency in funding decisions, and maintaining accessible data infrastructure.

♦ **Prevent episodes of homelessness whenever possible.** Reduce inflows into homelessness through affordable housing preservation and production, stronger institutional referrals, and program improvements that limit negative exits and promote stability.

♦ **Address barriers to achieving stability**. Support long-term housing success by integrating harm reduction practices, expanding wraparound services, and strengthening tenant protections to safeguard against eviction and discrimination.

♦ **Increase the accessibility of programs and services.** Make programs easier to navigate by streamlining application processes and ensuring culturally and linguistically appropriate communication so services are inclusive and accessible to all communities.

Homeless Housing Plan Actions

Exhibit 18. High-Level Local Homeless Housing Plan Objectives and Actions

Objectives		Actions	
1	Strengthen the homeless service provider workforce	**1.1**	Encourage providers to increase staff wages.
		1.2	Incentivize providers to adopt policies and programs that support staff mental health.
		1.3	Fund and partner with by-and-for organizations to provide staff training opportunities.
2	Prioritize assistance based on the greatest risks of harm.	**2.1**	Evaluate and strengthen homelessness prevention tools.
3	Seek to house everyone in a stable setting that meetings their needs	**3.1**	Evaluate interim housing strategies.
4	Promote an equitable, accountable, and transparent homeless crisis response system.	**4.1**	Improve transparency and accountability in funding.
		4.2	Maintain real-time accessible data infrastructure.
5	Prevent episodes of homelessness whenever possible	**5.1**	Encourage regulated affordable housing options.
		5.2	Partner with the local housing planning department to create and/or facilitate a housing policy task force.
		5.3	Improve institutional referrals.
		5.4	Evaluate negative exists from programs and decrease episodes of homelessness.
6	Address barriers to achieving stability.	**6.1**	Fund and develop harm reduction practices.
		6.2	Encourage integration of wraparound services.
		6.3	Develop tenant protections.
7	Increase the accessibility of programs and services.	**7.1**	Develop culturally and linguistically appropriate communications.
		7.2	Assist service providers with simplifying forms and streamlining processes to increase program accessibility.

Objective 1: Strengthen the homeless service provider workforce.

Action 1.1: Encourage providers to increase staff wages.

Call for providers to increase wages to improve workforce retention and wellness. Set guidelines or expectations for how to properly develop a living wage structure across the agency.

Implementation Roles	Timeline	Evaluation	Funding Source
County + CFTH to set expectations; agencies implement	Mid-term (2-3 years, phased in with contract renewals or new RFA solicitations)	Annual provider wage surveys; contract monitoring reports	CHG admin, Local DRFs, private donations

Action 1.2: Incentivize providers to adopt policies and programs that support staff mental health and retention.

Prioritize grants for providers who commit to adopting policies and programs that support staff mental health (example: 4-day work weeks, Employee Assistance Plans).

Implementation Roles	Timeline	Evaluation	Funding Source
County to design grant incentives; providers develop and adopt policies	Mid-term (2-3 years)	Grant applications demonstrating policy adoption; staff retention rates	County general fund pilot, MHST, HRSA Workforce resiliency grants

Action 1.3: Fund and partner with by-and-for organizations to provide staff training opportunities.

Dedicate funding toward hiring by-and-for organizations to facilitate cultural competency and trauma-informed care trainings for service providers. Incentivize service provider attendance with stipends. Use trainings to develop a shared understanding of key concepts (e.g., Housing First, Trauma-Informed) among service providers.

Implementation Roles	Timeline	Evaluation	Funding Source
County contracts with by/for orgs; CFTH coordinates	Short-term (1-2 years)	Training attendance logs, post-training surveys, evidence of practice integration during County contract and program monitoring	HUD CoC planning/training funds, CHG training allocation, Commerce equity grant

Action 1.4: Research alternative workforce retention and wellness strategies.

Seek out alternative opportunities to attract and retain service providers through research and investigation of practices within peer geographies.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH and County to identify staff researchers and engage peer jurisdictions.	Ongoing	Memorandum of new best practices; staff retention data	Explore funding opportunities, including private funding. CHG

Objective 2: Prioritize assistance based on the greatest barriers to housing stability and the greatest risk of harm.

Action 2.1: Evaluate and strengthen homelessness prevention tools.

Work collaboratively with the prevention workgroup to gather feedback and examine outcomes of prevention funding. Develop a working group in partnership with the prevention workgroup to review tools and approaches used, research best practices, and develop proposed changes for the prevention workgroup to review and adopt.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH in collaboration with prevention workgroup partners	Short term (>1 year); Ongoing	Prevention outcome tracking; demographic equity analysis	CHG prevention

Objective 3: Seek to house everyone in a stable setting that meets their needs.

Action 3.1: Evaluate interim housing strategies.

Recognizing that long-term permanent and affordable housing solutions identified in the County Comprehensive Plan will require time to implement, explore alternative approaches to providing permanent housing that may help meet immediate needs in the short- and medium-term future. Potential strategies may include models such as shared housing or host home programs.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH	Initial evaluation of system needs and potential solutions short term (>1 year) Ongoing review and exploration	Potential interventions will be shared with relevant workgroups for effectiveness prior to implementation.	Explore private funding, grant applications, and other opportunities based on interventions identified

Objective 4: Promote an equitable, accountable and transparent homeless crisis response system.

Action 4.1: Improve transparency and accountability in funding.

Consider methods to improve provision of transparent information about how funds are used and linked to expenditures, such that community members and people with lived experience of homelessness know where to find this information. Engage with the community and/or conduct research to determine what methods might help increase visibility into how dollars are distributed across programs. Evolve existing tools.

Implementation Roles	Timeline	Evaluation	Funding Source
County (expenditures); CFTH (system data)	Ongoing	County revenue, expense, and Quarterly Outcome reports are available to the public and posted at https://clark.wa.gov/community-services/caab-community-action-advisory-board CFTH published system and program-level outcome and performance information at https://www.councilforthehomeless.org/by-the-numbers/system-dashboard-for-clark-county/	CHG; DRF; CSBG; COC

Existing Efforts

♦ County publishes detailed revenue reports of all funding sources being designated for Homeless services in May and November every year.

♦ County publishes expenditure reports detailing all expenses, funding sources, contracts, contracted providers, and remaining funds in May and November each year.

♦ County publishes outcome, expenditure, and performance information of each funded contract on a Quarterly basis.

♦ CFTH publishes an online system dashboard detailing desired outcomes, actual outcome performance per each service program, numbers of persons served, and other information on a monthly basis.

Action 4.2: Maintain real-time accessible data infrastructure.

Establish shared goals and establish performance tracking for all providers.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH (Data team); County (reporting templates)	Ongoing	Data quality scores; time-to-intake; dashboards; monthly HMIS workgroup	CHG; COC

Objective 5: Prevent episodes of homelessness whenever possible

Action 5.1: Encourage regulated affordable housing options.
Continue to collaborate with comprehensive planning and housing planning staff to ensure that the county is planning for regulated affordable housing preservation and production.

Implementation Roles	Timeline	Evaluation	Funding Source
County; Cities	Long term (5-10 years)	Regulated units preserved/produced; pipeline milestones; share of units at or below 50% AMI	WA Housing Trust Fund, LIHTC, Local SHB 1406, CDBG, HOME

Existing Efforts
Clark County has adopted a Housing Options Study and Action Plan (HOSAP) that includes an Advisory Group. The HOSAP is currently in implementation. ♦ Phase 2, focused on Multi-family & Regulated Affordable Housing Strategies. ♦ Forum meetings include participation from members of the HOSAP Project Advisory Group, Clark County Planning Commission, and Development and Engineering Advisory Board who have experience with Title 40 and/or housing development regulations. HOSAP details regarding forum meetings, including the meeting materials, and updated information and dates/times of upcoming meetings are provided at: https://clark.wa.gov/community-planning/housing-options-study-and-action-plan. The public can also sign up for email updates at the above webpage.

Action 5.2: Partner with the local housing planning department to create and/or facilitate a housing policy task force.
Partner with the local housing planning department (County staff responsible for the Comprehensive Plan) to create and/or facilitate a housing policy task force. This task force would monitor housing production and inform policy changes to improve supply and affordability.

Implementation Roles	Timeline	Evaluation	Funding Source
County (planning); CFTH (advise)	Mid-long term (policy package in 1-2 years; adoption sequenced with comp plan)	Adoption of tools; time-to-permit; affordable set-asides	Growth management/planning grants, 1406/1591, general fund

Action 5.3: Improve institutional referrals.

Work collaboratively across partners to understand full scope of current work with local jails, hospitals, and service providers. Work to identify gaps and opportunities for improvements of current partnerships to stabilize social determinants of health and increase wraparound supports for individuals exiting institutions.

Collaborate with Clark County Jail to expand pre-release assistance from jails, increase social service providers working directly with incarcerated individuals prior to release, and expand coordination with social service staff once individual is released to improve supports including connection to housing, shelter, peer support, basic needs, mental health and substance use services and effective system navigation.

Collaborate with local hospitals to increase coordination of services between medical providers and social service providers, explore funding for increased cross system collaboration through collocated social service positions in hospitals and expanded respite beds.

Collaborate with local Independent Living Skills (ILS) lead and DCYF to develop partnership to increase direct connection to local housing service providers and financial assistance for youth and young adults exiting foster care and extended foster care.

Implementation Roles	Timeline	Evaluation	Funding Source
County (funding); CFTH (Access); MOUs with Sheriff, hospitals, DSHS/DCYF, BH-ASO/MCOs	Ongoing and expanded work, 2-3 years	Number of warm handoffs; referral-to-enrollment rate; 90-day recidivism rate; equity	CHG; DRF; MHST

Action 5.4: Evaluate negative exits from programs and decrease episodes of homelessness.

Use system data to understand current programmatic outcomes, including identifying programs with highest rates of negative exits. Work collaboratively with programmatic staff and workgroups to identify opportunities to increase positive exits, including through improving appropriate referrals, increasing peer support and more coordinated warm hand-off procedures.

Work with legal aid providers and prevention service providers to evaluate and develop processes to prioritize high risk households with prevention assistance. Evaluate best practices and develop tools to increase effective identification of individuals at highest risk of eviction.

Explore opportunities to expand diversion services for unhoused and at-risk households. Provide training and ongoing support to HCRS partners on how to implement diversion first practices. Work collaboratively for funding opportunities to expand diversion services for at risk households.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH to lead, collaboration with workgroups, partner agencies and legal aid partners. County to assist with contract support.	Ongoing. Evaluation and identification of scope of work, <1 year.	System dashboard information, eviction rates with specific focus on identified priority populations.	TBD.

Objective 6: Address barriers to achieving stability.

Action 6.1: Fund and develop harm reduction practices.

Explore ways to integrate a broad range of harm reduction processes and approaches into HCRS, including practices from naloxone distribution, syringe service programs, and fentanyl test strip provision, to low barrier services, support groups, and medical services. Explore opportunities for additional funding to expand services.

Continue to fund and support existing programs that engage directly with people substance use disorder and/or provide naloxone and needle disposal.

Work collaboratively with expert organizations to expand harm reduction training for providers and ensure training is offered widely to all social service staff.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH (convenes); providers (implement); County (set contract standards)	Ongoing	Adoption of harm-reduction policies; naloxone distribution & reversals; shelter retention; exits to PH	Behavioral health, state/county opioid settlement, CHG ops, SAMHSA mini grants

Action 6.2: Encourage integration of wraparound services.

Work collaboratively across workgroups and partner agencies to understand current gaps in services and wraparound services needed to increase housing stability. Use system dashboards to examine trends and identify areas for improvement. Identify current wraparound supports to more effectively integrate and expand these efforts, explore opportunities to increase wraparound supports. Increase shared understanding of key gaps, including common definitions for key terms including "wrap around services", "low barrier", and "housing first".

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH (cross-provider workgroups); Behavioral Health providers (crisis response workgroups); County (add collaborations to contracts between key stakeholders)	Mid term (2-3 years)	6 & 12 month housing stability, BH/SUD linkage within 14 days; client-reported access	CHG & MHST

Action 6.3: Develop tenant protections.

Pass ordinances that provide legal protections against "no fault" evictions, discrimination based on source of income, unreasonable lookback periods for criminal background checks, restrictive tenant screening criteria, and retaliation against tenant organizing. Develop a Landlord-tenant mediation process or program.

Implementation Roles	Timeline	Evaluation	Funding Source
Cities & County (enact); CFTH (advocacy & technical input); legal aid partners	Short-mid term (draft policy in 6-9 months; phased adoption)	Eviction fillings per 1,000 renters; notices curved; illegal lockout reports; awareness survey	Primarily policy/staff time; OCLA & philanthropy for outreach/legal clinics

Objective 7: Increase the accessibility of programs and services.

Action 7.1: Develop culturally and linguistically appropriate communications.

Collaborate with by and for partners and utilize existing workgroups to develop culturally and linguistically appropriate communications in web forms, application forms, and paper materials to close gaps in outcomes and ensure respectful and responsive service. Distribute template language to service providers for use. Work with by and for partners to develop and provide culturally responsive training to expand workgroup knowledge and skill in serving participants.

Implementation Roles	Timeline	Evaluation	Funding Source
CFTH + By/For organization co-design; County communications support	Short-term (1-2 years, asset library & translated materials)	Website readability metrics; traffic in top languages; client comprehensive survey; uptake by by/for orgs.	CHG, Commerce equity grants, county general funds, small philanthropy for translation and training

Action 7.2: Assist service providers with simplifying forms and streamlining processes to increase program accessibility.

Use existing work group to review participating service provider documents, forms, policies, and processes related to applicant selection and entry. Assist with streamlining and simplifying these documents, forms, policies, and processes to increase accessibility of services/programs. Provide guidance to other service providers who wish to adopt similar changes.

Implementation Roles	Timeline	Evaluation	Funding Source
County (procurement/contracting); CFTH (CE/HMIS); provider workgroups	Short-mid-term (1-2 years)	Avg. application time reduced; duplicative data fields cut; client drop-off rate; staff time saved	HUD Coc HMIS/Planning, CHG, Commerce HMIS support

6. Appendix

The data provided within this appendix fulfill the Washington State requirements for the Local Homeless Housing Plans as they relate to County estimates of service levels and County homelessness funding sources and uses.

Estimates of Service Levels

Exhibit 19 shows that, across all project types—except for those labeled "other projects"—expenditures decreased in Clark County between 2023 and 2024.

Exhibit 19. Expenditures by Project Type, 2023-2024

Source: Washington Department of Commerce Estimates of Services Levels Data Tool, 2024-2025
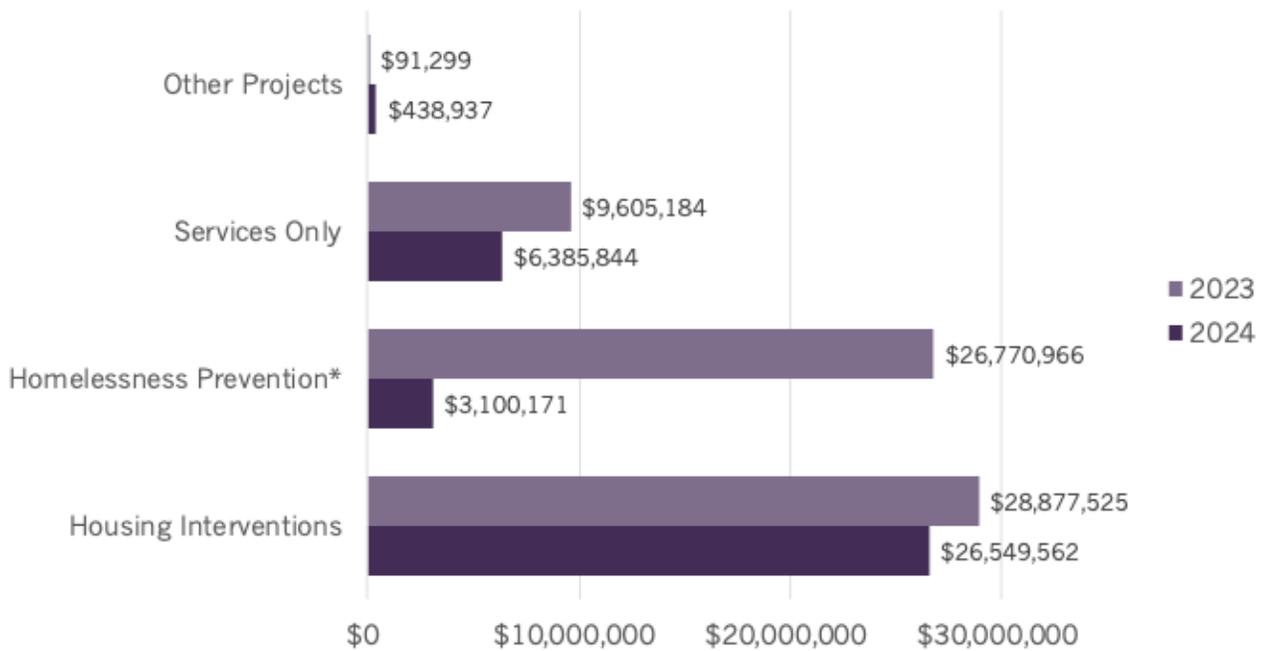
Note: *May include CE Projects

Exhibit 20 shows that federal and local annual expenditures also decreased between 2023 and 2024; however, state expenditures increased slightly. Federal COVID-era funding ended by 2023.

Exhibit 20. Annual Expenditures by Funding Source, 2023-2024

Source: Washington Department of Commerce Estimates of Services Levels Data Tool, 2024-2025
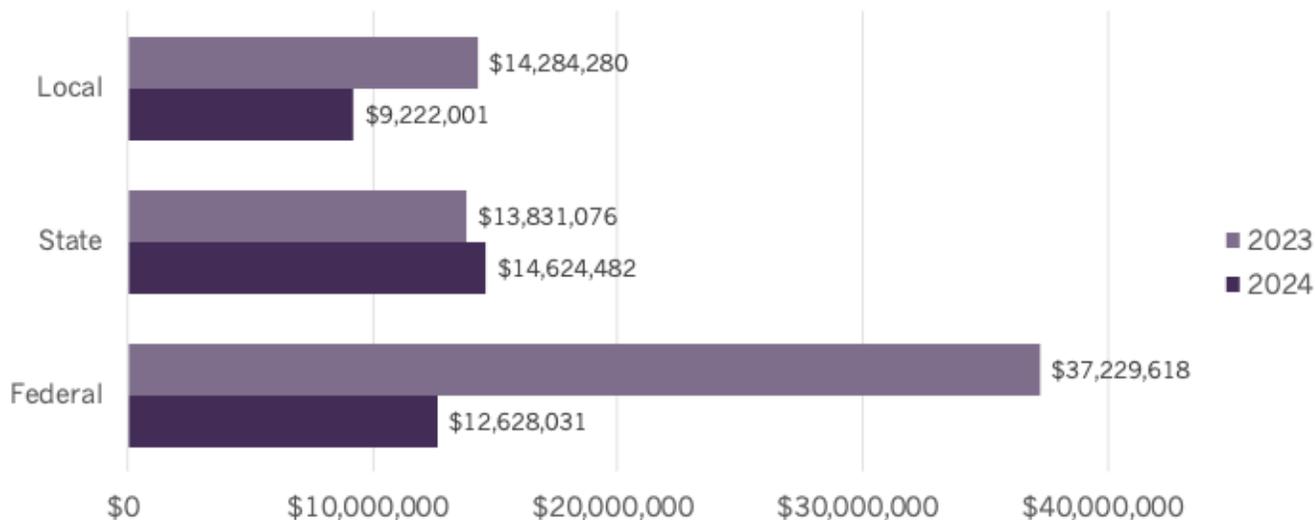
Funding Sources and Uses

Exhibit 21 lists all local, state, and federal funding sources for Clark County, including the allowable use of the funds and the status of the funding source. All funds are used for designated operating and capital expenses; these funds have been distributed and are not available for new activities or service expansions.

Exhibit 21. Local, State, and Federal Funding Sources and Uses

Source: Council for the Homeless, Clark County Community Services, 2025

Note: See Exhibit 22 for definitions of Fund Source Abbreviations.

Fund Source	Source	Status	Allowable Uses	Amount Received SFY24	Actual/ Projected Received SFY25
Mental Health Sales Tax	Local	Collecting	Operating/Capital	$13,348,493.50	$12,719,911.00
SHB 1406	Local	Collecting	Operating/Capital	$723,654.71	$1,000,000.00
Marriage License Fees	Local	Collecting	Operating/Capital	$43,950.00	$41,655.00
DRF HB 2060	Local	Collecting	Operating/Capital	$375,787.45	$375,802.96
DRF HB 2163	Local	Collecting	Operating/Capital	$1,854,145.76	$1,848,117.22
DRF HB 1359	Local	Collecting	Operating/Capital	$255,398.06	$246,385.71
CHIF	Local	Expired	Operating/Capital	$17,778.65	$12,224.11
Local Housing Levy	Local	Not Collecting	Not Applicable	$0	$0

CHG	State	Receiving	Operating/Capital	$1,209,536.00	$1,209,536.00
CHG Supp	State	Receiving	Operating/Capital	N/A	$1,395,658.00
CHG Children and Families	State	Receiving	Operating/Capital	$90,000.00	$90,000.00
HEN	State	Receiving	Operating/Capital	$2,740,149.00	$2,740,149.00
HEN FCS	State	Receiving	Operating/Capital	N/A	$109,961.00
EPRAP	State	Receiving	Operating/Capital	$4,201,215.86	$4,201,215.86
Inflation Increase	State	Receiving	Operating/Capital	$1,009,270.00	1,009,270.00
DRF Support	State	Receiving	Operating/Capital	$634,790.00	$2,594,018.00
EHF	State	Receiving	Operating/Capital	$4,465,673.00	$4,564,086.00
ESG	Federal	Not Receiving	Operating/Capital	N/A	N/A
CDBG	Federal	Receiving	Operating/Capital	$1,553,954.00	$1,567,719.00
HOME	Federal	Receiving	Operating/Capital	$624,462.00	$527,824.00
CoC Grant	Federal	Receiving	Operating/Capital	$2,316,242	$2,178,304
YHDP Grant	Federal	Not Receiving	Not Applicable	$0	$0

Exhibit 22. Fund Source Abbreviations

Abbreviation	Definition
SHB 1406	SHB 1406 Affordable and Supportive Housing Sales and Use Tax
DRF HB 2060	Document Recording Fee, HB 2060
DRF HB 2163	Document Recording Fee, HB 2163
DRF HB 1359	Document Recording Fee, HB 1359
CHIF	Community Housing Investment Fund
CHG	Consolidated Homeless Grant
CHG Supp	Consolidated Homeless Grant Supplemental
CHG Children and Families	Consolidated Homeless Grant Children and Families
HEN	Housing and Essential Needs
HEN FCS	Housing and Essential Needs Foundational Community Support
EPRAP	Eviction Prevention and Rental Assistance Program
DRF Support	Document Recording Fee Support
EHF	Emergency Housing Fund
ESG	Emergency Solutions Grant
CDBG	Community Development Block Grant
HOME	Home Investment Partnership Program (HUD)
CoC Grant	Continuum of Care Grant
YHDP Grant	Youth Homeless Demonstration Project Grant