

V. HOUSING AND HOMELESS NEEDS ASSESSMENT

A. HOUSING NEEDS ASSESSMENT IN CLACKAMAS COUNTY

In late 2008, the Clackamas County Community Development Division conducted two surveys to aid the development of the housing and community development needs addressed in the Consolidated Plan. Both surveys comprised a series of questions in which the respondent was asked to rank the desirability of the particular housing or community development need. This section addresses housing needs.

The levels of the ranking were listed as “no need,” “little need,” “medium need,” or “high need.” Topics included community services, community facilities, infrastructure, neighborhood services, the needs of special populations, housing and economic development needs. Selected questions were then posed under each topic area.

One survey was designed for agencies and the participating communities in the county, termed the “agency survey.” The other was designed for residents and interested persons in the county and is called the “resident survey.” The agency survey garnered 48 responses and the resident survey another 117 respondents, although all respondents did not answer every question. A tabulation of responses to all survey questions, as well as charts and related tables, are reproduced in Appendix D.

HOUSING NEEDS EXPRESSED IN THE AGENCY SURVEY

The agency survey was distributed to representatives of both County and City governments in Clackamas County by way of an e-mail containing a link to a Web-based survey. Responses were downloaded and evaluated. The following narrative presents selected tabulations of that information as it relates to housing needs and expressed housing barriers and related concerns, beginning with naming of the top three housing activities that would greatly benefit the county. As seen in Table V.1, these are affordable rental units, homeownership opportunities and rehabilitation of existing rental units.

Activities	Responses
Development of affordable rental units	24
Development of affordable home ownership opportunities	19
Rehabilitation of existing rental units to improve safety and quality	12
Emergency rental assistance payments	9
Long-term rental assistance payments	7
Provide assistance with down payments for first time home buyers	7
Home repair grants	7
Provide low-interest loans to remodel existing homes	6
Provide low-interest loans to purchase new homes	6
Devote additional funds to affirmatively furthering fair housing	6
Conduct first-time home buyer classes	5
Home weatherization grants	4
Provide foreclosure prevention counseling and assistance to homeowners	4
Provide assistance with utility expenses for renters	2

Another question on the agency survey asked prospective respondents about the major factors that adversely affect people’s ability to purchase a home. Nearly 70 percent of all the respondents indicated that the most important factor was that prices were too high, as noted below in Table V.2.

Table V.2 What Major Factors Affect People’s Ability To Buy Homes? 2008 Clackamas County Agency Survey	
Activities	Responses
Homes for sale are too expensive	32
Homes for sale are of poor quality	9
Homes for sale are not the right size	3
No or few homes for sale	2
Total	46

Another of the questions asked the agency respondents to rate the degree of availability and affordability of various housing options, from “really bad” to “very good.” As seen in Table V.3, below, the availability of rental housing was rated as good, with the affordability of rental housing viewed more poorly. Rental housing for the disabled was also viewed as not being sufficiently accessible. The availability of for-sale housing was good, but again, the pricing of the units was viewed poorly, with many respondents not knowing the accessibility of the for-sale units.

Table V.3 The Availability and Affordability Of Homes 2008 Clackamas County Agency Survey						
Question	Really Bad	Bad	Good	Very Good	Don't Know	Total
Availability of rental housing	2	12	21	2	5	42
Affordability of rental housing	11	11	10	1	8	41
Accessibility of rental housing for disabled	6	14	3	0	18	41
Availability of for-sale owner-occupied housing	0	1	25	6	9	41
Affordability of owner-occupied housing in your area	11	10	10	0	10	41
Accessibility of for-sale housing for the disabled	5	8	3	0	24	40

The agency survey also inquired about building and zoning regulations throughout the county and whether they adversely affect, have no impact, or are helpful for the availability and affordability of homes. In general, the representatives of the agencies indicated that the building and zoning regulations have little if any affect on either the availability or affordability of housing, as noted in Table V.4, on the following page. However, for building codes, it appears that many do not know the affects, as the “don’t know” category had the largest response. Interestingly, zoning ordinances are viewed to have an adverse affect on affordability by a number of agency representatives.

Table V.4
Do Building and Zoning Regulations Affect the Availability and Affordability Of Homes?
 2008 Clackamas County Agency Survey

Question	Adverse affect	No affect	Helpful	Don't Know	Total
Building Codes affect availability of homes	3	15	5	17	40
Building Codes affect affordability of homes	6	16	2	16	40
Zoning Ordinances affect availability of homes	7	12	7	14	40
Zoning Ordinances affect affordability of homes	12	10	3	3	28

The agency representatives were also asked to rank the need for housing for selected housing recipients, whether special needs groups or otherwise. Overall, very strong sentiment was voiced for the high need to address families with children. Shelter for homeless families was also expressed as a high need by many of the respondents, as was housing for the elderly, as seen in Table V.5, below. On the other hand, single adults, the mentally or physically disabled, and two-adult families were viewed to only have “some needs” for housing.

Table V.5
The Level of Need for Affordable Housing by Each Group
 2008 Clackamas County Agency Survey

Group	No Need	Low Need	Some Need	High Need	Total
Families with children	0	2	6	25	33
Shelter for homeless families	1	2	8	18	29
Elderly (those over 65 years of age)	0	2	13	17	32
Shelter for victims of domestic violence	1	3	11	14	29
Single adults	0	4	15	13	32
Mentally or Physically disabled	1	1	16	13	31
Youth shelters	3	4	10	13	30
Families (2 adults)	0	4	15	12	31
Persons with alcohol- or drug-related problems	3	2	10	11	26
AIDS or HIV infected	3	4	12	9	28

The agency survey was also used to draw out sentiment on the desire for selected housing activities, such as development of affordable rentals, down payment grants, home buyer classes or emergency rental assistance. Sentiment indicated a high need for the development of affordable rental housing, but sentiment for all other activities was more muted, such as 21 respondents indicating “some need” for the rehabilitation of existing single-family homes, as seen in Table V.6, on the following page. Still, this block of questions received barely 30 responses from the entire community of 48 respondents.

Table V.6
The Level of Need For Affordable Housing by Housing Activity
 2008 Clackamas County Agency Survey

Question	No Need	Low Need	Some Need	High Need	Total
Development of affordable rental homes	0	3	9	20	32
Emergency rental assistance for low-income families (eviction prevention)	0	5	11	14	30
Long-term rental assistance for low income persons	0	4	14	14	32
Construction of new affordable single-family homes	1	4	14	14	33
Affordable assisted living facilities for elderly and disabled people	1	3	11	14	29
Down payment grants for first time buyers	2	5	12	13	32
Rehabilitation of rental apartments	1	4	14	11	30
Low-interest financing for home repair or remodel	1	6	14	10	31
Low-interest financing for first time home buyers	4	4	14	10	32
Rehabilitation of existing single-family homes	0	3	21	8	32
Grants for manufactured and mobile home owners who have to move due to park closure	4	4	16	7	31
Home buyer classes	1	7	16	4	28

Other Concerns and Issues Expressed by the Agency Survey Respondents

Respondents to the agency survey also had a number of suggestions about enhancing the local housing and community development environment, delivery system, and commitment to housing production throughout the community. This includes needs, barrier or constraints to addressing the needs, and suggested actions that Clackamas County can consider in eliminating the constraints and barriers to housing. The general comments are segmented into three main areas: additional housing needs, barriers and constraints to resolving housing needs, and methods that Clackamas County can adopt to overcome their housing challenges.

Other Housing Needs Expressed:

- Lack of good sites to build upon;
- Nimbyism is a problem;
- Hold landlords accountable for the quality of their housing stock.

Expressed Barriers or Constraints to Resolving These Needs:

- Growing number of people with mobility impairments;
- Lack of affordable homeownership choices;
- High costs for development;
- Lack of resources for providing extremely-low-income housing;
- Permanent rental housing serving transitional community.

Other Ways Clackamas County Can Work Toward Resolving These Housing Needs:

- Enhance outreach and education about affordable housing tools and programs;
- Prioritize housing activities more efficiently;
- Hold land, or land bank inventory, for future development, such as in a land trust;
- Attempt to further leverage resources.

HOUSING NEEDS EXPRESSED IN THE RESIDENT SURVEY

Similar to the agency survey, the resident survey was distributed by way of an e-mail containing a link to a Web-based survey. This particular survey consisted of a series of questions simply ranking the level of need, such as “no need,” “low need,” “medium need,” and “high need.” Responses were downloaded and evaluated. The following presents selected tabulations of that information as it relates to housing needs.

The following narrative briefly outlines those responses to the housing component of the survey. The seven housing questions addressed in the survey are presented in Table V.7, below.

Need	No Need	Low Need	Medium Need	High Need	Total
Affordable rental housing	8	11	22	76	117
Affordable for-sale housing	7	19	30	59	115
Disabled housing	7	17	37	54	115
Homeownership assistance	12	13	42	46	113
Senior housing	9	16	44	45	114
Residential rehabilitation	14	22	44	34	114
Funding for land trust	18	29	31	24	102

Generally, housing of any sort is thought to be of high need by a majority of survey respondents. Affordable rental housing lodged the strongest “high need” sentiment, with 76 of 117 respondents indicating a high need. Several others were consistently and loudly expressed as high need: affordable for-sale, housing for the disabled, assistance with homeownership and senior housing. Needs for the rehabilitation of existing units and securing funding for a land trust were considered to be more of a medium need.

HOUSEHOLDS WITH UNMET HOUSING NEEDS IN 2012

Using the household predictions presented earlier in this document as well as the revised unmet housing needs data derived from the 2000 Census, a revised set of households with unmet housing needs has been developed. These data are segmented by tenure, income

and household type, as seen below in Table V.8. Overall, by 2012, there will be some 53,824 households that have one or more housing problems, consisting of cost burdens, overcrowding, or incomplete kitchen or plumbing facilities. There will be about 20,364 renters and another 33,460 homeowners.

Table V.8						
2012 Forecast Households With Housing Problems by Income						
HUD Special CHAS Tabulation and METRO Regional Forecast						
Income Group	Elderly Family Household	Small Family Household	Large Family Household	Elderly Non-Family Household	Other Non-Family Household	Total
Renter Occupied Households						
0 - 30%	180	2,117	488	1,269	1,937	5,991
30.1% - 50%	274	2,371	855	1,196	1,890	6,585
50.1% - 80%	147	1,897	748	1,075	1,543	5,410
80.1% - 95%	73	314	134	274	140	935
Above 95%	160	541	281	267	194	1,443
Total Renters	835	7,240	2,505	4,081	5,704	20,364
Owner Occupied Households						
0 - 30%	452	1,060	283	1,249	769	3,813
30.1% - 50%	783	1,377	479	1,505	607	4,751
50.1% - 80%	1,060	4,063	1,586	587	1,572	8,868
80.1% - 95%	418	2,787	594	148	648	4,596
Above 95%	682	7,093	1,606	277	1,775	11,432
Total Owners	3,395	16,379	4,549	3,766	5,372	33,460
Total Households						
0 - 30%	632	3,177	771	2,518	2,706	9,804
30.1% - 50%	1,057	3,748	1,334	2,700	2,498	11,336
50.1% - 80%	1,206	5,960	2,334	1,662	3,115	14,278
80.1% - 95%	492	3,101	727	422	788	5,531
Above 95%	842	7,634	1,887	544	1,969	12,875
Total Owners	4,229	23,619	7,053	7,847	11,076	53,824

Not all households are covered by the Consolidated Plan and its planning goals and objectives. Only households with income 80 percent or less of the median family income threshold are addressed. Consequently, the housing needs table useful for the Consolidated Plan will address this smaller set of households.

Priority Needs Rankings

HUD requires jurisdictions to complete Consolidated Plan Table 2A, which estimates the unmet needs by income group and household type, prioritizes needs, and sets goals for meeting these needs. In establishing its three-year priorities and assigning priority need levels, the County considered both of the following:

- Those categories of lower- and moderate-income households most in need of housing;
- Activities and sources of funds that can best meet the needs of those identified households.

Priority need rankings were assigned to households to be assisted according to the following HUD categories:

High Priority: Activities to address this need will be funded by the County during the three-year period. Identified by use of an “H.”

Medium Priority: If funds are available, activities to address this need may be funded by the County during the three-year period. Also, the County may take other actions to help other entities locate other sources of funds. Identified by use of an “M.”

Low Priority: The County will not directly fund activities to address this need during the three-year period, but other entities’ applications for federal assistance might be supported and found to be consistent with this Plan. In order to commit CDBG, HOME or ESG Program monies to a Low Priority activity, the County would have to amend this Consolidated Plan through the formal process required by the Consolidated Plan regulations at 24 CFR Part 91. Identified by use of an “L.”

No Such Need: The County finds there is no need or that this need is already substantially addressed. The County will not support other entities applications for federal assistance for activities where no such need has been identified. Identified by use of an “N.”

Priority need rankings have been assigned to each of the required categories for HUD Housing Priority Needs Table 2A. This information, in conjunction with the information presented in Table V.8 on the previous page, is offered on the following page.

Table 2A
Clackamas County, Oregon

Priority Housing Needs/Investment Plan Table for 2009-2011 Consolidated Plan

PRIORITY HOUSING NEEDS (households)		Priority		Unmet Need in 2012
Renter	Small Related	0-30%	H	2,117
		31-50%	H	2,371
		51-80%	H	1,897
	Large Related	0-30%	H	488
		31-50%	H	855
		51-80%	H	748
	Elderly	0-30%	H	1,449
		31-50%	H	1,470
		51-80%	H	1,222
	All Other	0-30%	H	1,937
		31-50%	H	1,890
		51-80%	H	1,543
Owner	Small Related	0-30%	H	1,060
		31-50%	H	1,377
		51-80%	H	4,063
	Large Related	0-30%	H	283
		31-50%	H	479
		51-80%	H	1,586
	Elderly	0-30%	H	1,701
		31-50%	H	2,288
		51-80%	H	1,647
	All Other	0-30%	H	769
		31-50%	H	607
		51-80%	H	1,572
Non-Homeless Special Needs	Elderly	0-80%	H	36,458
	Frail Elderly	0-80%	H	2,383
	Severe Mental Illness	0-80%	H	14,215
	Physical Disability	0-80%	H	21,935
	Developmental Disability	0-80%	H	5,970
	Alcohol/Drug Abuse	0-80%	H	35,200
	HIV/AIDS	0-80%	H	258
	Victims of Domestic Violence	0-80%	H	1,005

PUBLIC HOUSING NEEDS

HACC has completed a Physical Needs Assessment (PNA) and its Management Needs Assessment (MNA) for each of the units it owns and operates. In the 2005-2010 Capital Fund Program, the HACC identified \$25,709,437 in physical needs, \$3,333,650 in management needs, \$1,333,650 in non-dwelling structures and equipment.

According to the most recent Section 504 needs assessment, the needs of eligible qualified individuals with handicaps are being accommodated proportionately to the needs of non-handicapped individuals in the same categories. Five percent of each HACC development is Section 504 accessible except for the Clackamas Heights development, which received a HUD waiver. Despite this determination, HACC has made revisions to its Equal Opportunity Housing Plan, Occupancy Policy and Administration Plan which emphasize a commitment to the goals of Section 504.

In July 2007, HACC staff provided an analysis of its waiting list for public housing units and Section 8 vouchers.¹ Key findings were:

1. Families who apply for housing assistance tend to be very small, with an average of 2.6 persons. This is consistent with 2000 census data for Clackamas County, which show that the weighted average size for all households was 2.6, with 2.3 for all renter households. Only 3 percent of all applicant households have six or more members, and only 1 percent have more than six. As a result, we conclude that HACC should concentrate its redevelopment on apartments with one to three bedrooms and de-emphasize 4-bedroom units. HACC may still choose on a project-by-project basis to provide housing opportunities for large families.
2. Applicants for housing assistance are extremely poor. Median income of families on the waiting list was approximately \$7,500, compared to a 2007 county-wide median income of nearly \$67,000. The 2000 census reported that renter income was 63 percent of the overall median, which would indicate that current median renter income is \$42,000. The obvious conclusion is that public housing and Section 8 applicants cannot afford to pay rent without assistance. If HACC develops affordable units without rent subsidies, as recommended in three of the four scenarios, those units cannot be expected to relieve the demand for public housing or Section 8 vouchers.
3. About 12.4 percent of applicants but nearly 43 percent of HACC residents report a household member with a disability. (The large number of current residents is probably affected by Hillside Manor, which provides 100 units of housing to elderly and disabled people). The redevelopment should therefore ensure both accessibility and visitability.
4. If HACC develops non-public housing units, they will be targeted to households with incomes much higher than current or potential public housing residents. We have assumed that new units will have restrictions that limit them to households with 50 to 55 percent of metropolitan Portland's area median income (AMI) of \$63,800. With gross rents (including an allowance for tenant-paid utilities) between \$600 (for 1-bedroom) and \$1,000 (for 3-bedroom units), we conclude that qualifying households will have incomes between \$22,000 and \$40,000.

¹ <http://www.clackamas.us/docs/hacc/feasibility/execsummary.pdf>

PUBLIC HOUSING STRATEGY

In May of 2008, the Housing Authority of Clackamas County adopted a 10-year strategic plan to redevelop and reposition the HACC housing portfolio. The purpose was to upgrade and expand HACC's housing portfolio to provide affordable housing to lower-income residents that is energy efficient, accessible, financially stable, community-oriented and supportive of resident achievement and long-term success. This strategy is guided by 11 principles, as follows:

1. Redevelop Public Housing units with the goal of one-for-one replacement. Replacement units may be developed at other "off-site" locations. If at some point one-for-one replacement is determined to be financially infeasible, then HACC shall seek to acquire "replacement" vouchers from HUD and project-base those vouchers to ensure that the affordability of "lost" units is retained.
2. Increase the number of Affordable Housing units for working households. The integration of Affordable Housing units with Public Housing units will serve to a) provide additional housing opportunities to a range of households with incomes between 30 percent and 60 percent median family income; and b) provide a more balanced portfolio for HACC long-term management and operations.
3. Locate new housing projects in or around the North Clackamas Urban Renewal District and/or close to other existing community amenities, supportive services, education/training, job opportunities and public transportation.
4. Incorporate green building and energy efficient standards, meeting the LEED silver standard, into the design and construction of housing projects. Pursue the use of renewable energy and waste water reduction solutions.
5. Provide open space/play space/community space on redevelopment sites.
6. Create diverse communities with a mix of incomes, race, ethnicity, ages and tenure (rental and homeownership), and commercial and residential uses that are accessible to disabled people.
7. Build with project designs that are compatible with and enhance the surrounding neighborhoods.
8. Pursue public-private partnerships throughout the development process.
9. Maximize the long-term financial health of HACC by creating a financially strong housing portfolio, using a mix of housing types, tenures, funding sources and ownership models.
10. Undertake site planning efforts with the participation and input of existing public housing and neighborhood residents, local municipalities and other community stake holders.
11. Facilitate the development of more housing for targeted, unmet housing needs of "special needs" populations.

Additionally, five action items were selected for the period covering 2008 through 2013, as follows:

1. Undertake the planning process to redevelop the Hillside Park site in Milwaukie. This includes initiating a master planning process for the site with the City of Milwaukie and community stakeholders, and organizing a development team.
2. Perform work necessary to apply for a HUD HOPE VI grant in 2009.
3. Pursue off-site development opportunities or the acquisition of existing units, in anticipation of the sale of Oregon City View Manor, and/or Clackamas Heights in Oregon City, and/or the scattered site units to developed mixed unit type projects.
4. Sell Scattered Site units only as needed to generate cash flow and development resources, with the intent of replacing the units with at least at a one-for-one ratio within the new projects.
5. Until the housing markets show corrections and “sell-and-replace” scenarios are more financial feasible, retain and maintain as active public housing the Oregon City View Manor and Clackamas Heights sites in Oregon City.

B. HOMELESS NEEDS ASSESSMENT IN CLACKAMAS COUNTY

HOMELESS OVERVIEW

HUD² defines the term “homeless” according to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), which states that a person is considered homeless if the person lacks a fixed, regular and adequate night-time residence, or a person who has a primary night time residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (42 U.S.C. § 11302(a)).³

Therefore, homelessness can be defined as the absence of a safe, decent, stable place to live. A person who has no such place to live stays wherever he or she can find space—an emergency shelter, an abandoned building, a car, an alley or any other such place not meant for human habitation.

The homeless sub-populations tend to include those with substance abuse and dependency issues, those with serious mental illness, persons living with HIV/AIDS, women and other victims of domestic violence, emancipated youth, and veterans.

² 24 CFR 91.5- U.S. Department of Housing and Urban Development, Office of Community Planning and Development.

³ The term “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law (42 U.S.C. § 11302(c)). HUD also considers individuals and families living in overcrowded conditions to be “at risk” for homelessness.

The major causes of homelessness seen in Clackamas County are poverty, lack of affordable housing, substance abuse, mental illness and the lack of needed services, low-paying jobs, domestic violence, unemployment, changes and cuts in domestic service programs, limited life skills, and prison-release issues.

Many factors contribute to homelessness: declines in personal incomes, a lack of affordable housing for precariously-housed families and individuals who may be only a paycheck or two away from eviction, not enough funding or support for welfare and homeless prevention agencies. It takes only one additional personal setback to precipitate a crisis that would cause homelessness for those at risk of homelessness. Deinstitutionalization of patients from psychiatric hospitals without adequate community clinic and affordable housing support only propagates more people in search of affordable housing. Personal vulnerabilities also have increased, with more people facing substance abuse problems, diminished job prospects because of poor education or health difficulties while lacking medical coverage.

Satisfying the needs of the homeless population therefore represents a significant public policy challenge and a complex problem, due to the range of physical, emotional and mental service needs required to sustain residence in permanent housing. The following helps to characterize the nature and extent of homelessness in Clackamas County.

THE 2007 COUNT OF HOMELESSNESS IN CLACKAMAS COUNTY

The Clackamas County Homeless Count, prepared in 2007, was a point-in-time count of homeless persons in the County. Homeless persons targeted include those without their own apartment, house or mobile home as well as those living doubled-up in overcrowded conditions. While not every homeless person was included in the actual count, the count serves as a reference point for extrapolating estimates of the total number of homeless persons in the county during the fourth week of January 2007. Findings from the 2007 count can be used to enhance understanding of the extent of homelessness in Clackamas County and to support implementation of the Ten-Year Plan to Address Homelessness.

The lead agency for the County was the Social Services Division, which coordinated the overall effort. A wide range of participants conducted the count, such as the Coordinating Council for Homeless Programs, 130 community volunteers, homeless advocates, School Homeless and Migrant Homeless Liaisons, Community Agency and Shelter Staff, and Clackamas County Staff.

The count was a one-night street and shelter count during the fourth week in January 2007. There also were service-based counts over several weeks preceding and immediately following the street and shelter count. The count was conducted in both rural and urban areas, food distribution sites, service agencies, schools, camps and other outdoor sites, transit malls and other miscellaneous sites, and emergency shelters and transitional housing sites. The count was conducted by use of personal interviews of homeless persons, reports

prepared from school counts of homeless children and their families, surveys completed at emergency shelters and transitional housing sites, and utilization of numerous screens to control for any potential duplication of the count.

Findings of the 2007 Clackamas County Homeless Count

The characteristics of the homeless population were found as follows:

- 3,543 homeless persons were counted.
- The count included 1,310 children (37 percent) and 2,233 adults (63 percent).
- There were 2,733 persons in 568 families with children (51 percent of households).
- There were 737 persons in 467 adult-only households (42 percent of households).
- The count included 73 unaccompanied youth (7 percent of households).
- Eight percent of those surveyed were veterans.

Places where homeless persons in Clackamas County slept in January 2007:

- Doubled up/overcrowded conditions (62 percent of those surveyed)
- Outdoors – camps, streets, forest/woods, by/under bridges, by railroad tracks (10 percent of those surveyed)
- Emergency shelters or transitional housing (nine percent)
- In cars/trucks (nine percent)

Things people say they need to get out of being homeless:

- Money to help pay rent (52 percent of those interviewed)
- Money to help pay rent deposit (40 percent of those interviewed)
- Food (38 percent of those interviewed)
- Help getting a job (38 percent of those interviewed)
- Medical care (29 percent of those interviewed)

All told, there were 8,272 homeless persons projected to be in Clackamas County at the end of January 2007, comprised of:

- 3,543 persons actually counted
- 4,729 additional homeless persons estimated using statistical modeling
- This includes an estimated 2,531 children in 1,082 families

The Clackamas County Homeless count also distinguishes those persons sleeping outdoors, in emergency shelters or in transitional housing as HUD homeless.

- There were 545 HUD homeless persons out of 3,543 total homeless persons counted.
- The number of HUD homeless included 140 children (26 percent) and 405 adults (74 percent).
- There were 237 persons in 74 families with children (23 percent of HUD households).

- There were 306 persons in 243 adult-only households (76 percent of HUD households).
- Two HUD homeless persons counted were unaccompanied youth (1 percent of HUD households).
- The count included 60 chronically homeless persons.
- There were 1,576 HUD homeless persons projected to be in Clackamas County at the end of January 2007.⁴

CURRENT HOMELESS DELIVERY SYSTEM

In October of 2008, Clackamas County prepared its most recent Continuum of Care (CoC) application. The lead organization is the Clackamas County Department of Human Services, with the Coordinating Council for Homeless Programs being the primary decision making body operating the CoC. CoC activities are carried out by a number of subcommittees, such as the Chronic Homelessness Steering Committee, Bridges to Housing, Homeless Count Workgroup, and the 10-Year Plan Steering Committee. A complete list of all member organizations can be found on page nine of the CoC.

The Continuum of Care application is the source that lists the facilities, enumerates the complete homeless strategy and identifies other resources anticipated to be used for the homeless community in Clackamas County. The table presented on the following page has drawn the number of homeless persons from that document, as well as the gap in current homeless capacity for Clackamas County.

PROGRAMS HISTORICALLY USED TO ASSIST IN ELIMINATING HOMELESSNESS

Shelter Plus Care Program

This program is designed to link rental assistance to supportive services for homeless low-income individuals and families with secondary needs such as mental illness, HIV/AIDS, alcohol or drug addiction, and post-traumatic stress disorders. Applicants are assessed carefully for participation prior to being admitted to this program by a designated homeless service provider who will also provide the necessary supportive services.

Section 8 Housing Choice Voucher Homeless Set-Aside Program

This program provides a limited number of Section 8 Housing Choice vouchers to homeless, low-income individuals and families who are pre-qualified by several non-profit agencies who contract with the Housing Authority to provide case management services. Individuals or families referred through this program may have disabilities such as mental illness, substance abuse and HIV/AIDS.

⁴ <http://www.clackamas.us/cd/homeless.htm>

Table 1A
Clackamas County, Oregon
Homeless and Special Needs Populations
Continuum of Care: Housing Gap Analysis Chart⁵

		Current Inventory	Under Development	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	4	0	164
	Transitional Housing	19	0	269
	Permanent Supportive Housing	79	0	680
	Total	102	0	1,113
Persons in Families With Children				
Beds	Emergency Shelter	34	0	44
	Transitional Housing	99	0	54
	Permanent Supportive Housing	32	0	183
	Total	165	0	281

Continuum of Care: Homeless Population and Subpopulations Chart⁶

Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children (Family Households):	24	20	80	124		
1. Number of Persons in Families with Children	75	50	293	418		
2. Number of Single Individuals and Persons in Households without children	26	15	1,117	1,158		
(Add Lines Numbered 1 & 2 Total Persons)	101	65	1,410	1,576		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless	4				188	192
b. Seriously Mentally Ill	36					
c. Chronic Substance Abuse	10					
d. Veterans	3					
e. Persons with HIV/AIDS	0					
f. Victims of Domestic Violence	54					
g. Unaccompanied Youth (Under 18)	2					

C. NON-HOMELESS SPECIAL NEEDS ASSESSMENT IN CLACKAMAS COUNTY

According to HUD, special needs populations are “not homeless but require supportive housing, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, public housing residents, and any other categories the jurisdiction may specify.” Clackamas County also considers farm workers and victims of domestic violence as special needs populations. Because each group faces unique housing challenges, each likely requires a variety of support services in order to achieve and maintain a suitable living environment. In December of 2008, the Clackamas County Department of Human

⁵ Data Drawn from Housing Inventory Chart2008.xls. Received from M. Sirois. 2/11/09.

⁶ Data drawn from October 22, 2008. Clackamas County Continuum of Care application, pages 28 and 30.

Services announced that rising costs, growing demands and decreasing revenues have resulted in their decision to contract out more social services.⁷ All of these special needs populations will be discussed in terms of their size, characteristics, services and housing currently provided, as well as services and housing still needed.

ELDERLY AND FRAIL ELDERLY

Many elderly citizens are on a fixed income, which has made residential stability for this population precarious during the recent foreclosure crisis. This is because rent, utilities and predatory lending have all increased, while access to affordable housing has decreased. For example, retirees in some Clackamas mobile home communities are being forced to abandon their homes, and in some cases go back to work, due to mobile home park operators raising rents or implementing new utility fees.⁸ Similarly, seniors have been found to be more vulnerable to subprime lending, which has been linked to the recent foreclosure crisis. According to a study by the AARP Public Policy Institute, borrowers over 64 years old are three times as likely to hold a subprime mortgage as those under 35. Similarly, a Consumers Union report found subprime lending in predominantly elderly neighborhoods at greater than 70 percent. Not surprisingly, seniors account for about one-third of clients at ACORN, a non-profit that provides foreclosure counseling.⁹

Moreover, mobile home parks are closing nationwide and being sold to developers who build higher revenue-generating projects. In Clackamas County in 2007, individuals living in 250 low-cost units of the Thunderbird Mobile Home Park were given notice that they would need to leave the park in one year due to its closing.¹⁰

Clackamas County defines elderly residents as being 62 years and older. According to the 2006 American Community Survey, an estimated 57,131 Clackamas County residents are elderly. Clackamas County defines a frail elderly person as being over 64 years of age with a self-care disability, or being unable to perform at least three activities of daily living such as eating, dressing, bathing, grooming and household management activities. According to the Clackamas County Older Americans Act Area Plan of July 2007, elderly citizens are served through both a single-entry system and focal points. Through Clackamas County Aging and Disability Services (ADS) Single Entry system, all requests for information and services go through one central location, providing better service and decreasing confusion and frustration. In addition, ten focal points, usually with the words “community center” or “senior center” in their name, contribute to the service delivery system by providing meals, information, assistance, outreach, transportation, social services, legal counseling, health promotion activities, recreation and social programs.

⁷ Zuckerman, Peter. “Social services moving to outside contractors.” *The Oregonian*. 4 Dec. 2008.

⁸ *The Oregonian*, February 21, 2008

⁹ *The Oregonian*, August 9, 2008

¹⁰ Clackamas County Ten-Year Plan & Policy to Address Homelessness 1st Annual Progress Report – 2008.

The major federal and state programs administered by ADS are as follows: Medicaid, for seniors in need of long-term care; Oregon Project Independence, for those not eligible for Medicaid; Adult Care Home licensing and investigation; Protective Services, for abuse neglect investigation; Pre-Admission screening or assessment to ensure appropriate out of home placement; Risk Intervention, for those financially exploited or in need of an advocate; Older Americans Act services.

The Clackamas County Social Services Division currently provides several types of senior housing, depending on the amount of medical or living assistance a frail elderly resident needs. Seniors with full self-care ability can utilize the public housing and voucher program that families and disabled residents use. Seniors needing more support can choose from 15 supportive living communities, none of which accept Medicaid. Here the assistance levels range from independent housing to long-term care. At a higher level of support, 25 assisted living facilities provide supervised care housing options which are designed to meet social as well as medical needs of seniors. Eighteen of those facilities accept Medicaid. Frail Elderly citizens needing more intensive support can opt for one of the County's 26 residential care facilities, which provide supervised care in either apartments or boardinghouse style complexes for six or more residents. Fifteen of these accept Medicaid. Frail elderly residents who need 24-hour supervision and/or long-term care are best served by nursing homes, which have more staff and consultants than the other senior housing options. Clackamas County currently provides 15 nursing homes for frail elderly, 11 of which accept Medicaid.¹¹

PEOPLE WITH DISABILITIES

Many people with disabilities live on fixed incomes and thus face financial and housing challenges similar to those of the elderly. A September 2004 report by the Governor's Mental Health Task Force concluded that Oregon's public mental health system is significantly under-funded. This underfunding, combined with reductions in support for affordable housing and general assistance, has increased the chance that people with mental disabilities will be homeless. Further, the eradication of the Medically Needy program for most adults means that many with mental illness no longer have access to both medications and treatment. The task force determined that "Oregon needs at least 14,713 additional affordable housing units, of which at least 2,567 require support services."

This report also found that "more people with mental illness are incarcerated than are being cared for in psychiatric hospitals". Furthermore, 16 to 20 percent of all Oregon county jail and state prison inmates have mental illnesses. The number jumps to 60 percent for youth with mental illnesses in juvenile corrections facilities. Those with mental illness find recovery challenging without affordable housing. Likewise, patients from psychiatric hospitals and structured residential programs have a hard time transitioning back into main stream society without a reasonably priced and supportive living situation.

¹¹ <http://www.clackamas.us/socialservices>

The 2000 Census found that 50,253 people over age five with disabilities, defined as a long-lasting physical, mental, or emotional condition, were living in Clackamas County. A 2006 American Community Survey estimated that there are now 49,439 people in Clackamas County with a disability. This is 14.1 percent of the total population.

Mental health disorders are conditions of altered thinking, mood and/or behavior associated with impaired functioning or distress.¹² They affect at least one in five adults and one in ten children, occurring throughout all social classes, ages and backgrounds. The Office of Mental Health Addiction Services (OMHAS) discovered that 1496 adults were receiving services through Clackamas County community mental health programs in October 2004. Their figure for all of 2001 was 4,191 for those over 17. Within any six-month period, Clackamas County Behavioral Health and the Developmental Disabilities program provide mental health treatment to 2599 individuals.¹³ Clackamas County Social Services Division also provides housing for disabled individuals in the form of 26 residential care facilities (apartments and boardinghouses), 15 of which accept Medicaid.¹⁴

An August 2005 OMHAS study found that 1,685 adults receiving mental health services were living in structured or specialized residential settings, and 3,585 people with mental illness were living in supportive housing. Specifically in Clackamas County, in 2005, 388 adult mental health clients were living in affordable housing and 320 were benefitting from Section 8. In addition, in 2005 48 mental health clients were in residential treatment facilities, 22 were in adult foster homes, 86 were in site-specific supported housing, 210 were in integrated supported housing, 12 were in a room and board situation, and 36 people total received crisis respite housing.

According to the August 2005 OMHAS study, 5,270 people in Oregon receiving mental health services were estimated to be in need of affordable housing. Additionally, 1,940 were identified as needing mental health supportive housing, and 577 people were in need of more structured or specialized mental health residential programs. More urgently, 259 were believed to need mental health crisis-respite housing. Community mental health programs reported that the three top barriers facing Oregonians with mental illnesses were affordable housing, insufficient client income, and lack of structured and residential services. Clackamas County's decision to move social services to contractors could disrupt the recovery of mental-health clients because it can take years to develop a good relationship with a therapist, according to Mike Bowen, president of the County's National Alliance on Mental Illness affiliate.¹⁵

¹² Clackamas County Data book November 2002

¹³ Clackamas County Community Health Division Implementation Plan 2009-2011

¹⁴ www.clackamas.us/socialservices

¹⁵ Zuckerman, Peter. "Social services moving to outside contractors." *The Oregonian*. 4 Dec. 2008.

PEOPLE WITH ALCOHOL OR OTHER DRUG ADDICTIONS

People with addictions find transition from treatment programs, and recovery in general, challenging without stable, safe and affordable housing. Housing has become increasingly unaffordable due to the recent real estate downturn and foreclosure crisis.

Illicit use of prescription drugs is the quickest growing form of substance abuse both nationally and in Oregon. To illustrate, admissions in Oregon for treatment of prescription drugs rose 332 percent in just a decade. In addition, drug-related deaths increased eight percent in 2007 to 13.7 percent.¹⁶ While heroin, marijuana and crack cocaine are all widely abused in Portland and its surrounding counties, ice methamphetamine accounts for the primary drug problem. From 2006-2007, arrests for possession of methamphetamine declined in Oregon City, while arrests for possession of cocaine increased. Police reason that the crackdown on home meth labs has driven the price of meth up, making cocaine more desirable.¹⁷

According to the County's Data Book of November 2002, more than 35,200 Clackamas County residents abuse or depend on alcohol and illicit drugs. It also stated that during fiscal year 2001-2002, 3,699 Clackamas County residents received treatment for alcohol or other drug issues. The Data Book of November 2002 estimated that 40,766 of Clackamas County residents were in need of treatment services. Treatment admissions in Oregon for prescription drugs rose 332 percent in a decade.¹⁸ Within any six-month period, Clackamas County Behavioral Health and the Developmental Disabilities program provide alcohol and drug abuse treatment to 815 individuals.¹⁹

The national High Intensity Drug Trafficking Areas (HIDTA) program has created some graphs and tables that enumerate treatment admissions and drug-related death statistics for Clackamas County. With 15 drug-related deaths in 2007, Clackamas County is tied for second place in Oregon, yet still far behind Multnomah's 101 statistic.

According to OMHAS's 2005 survey, 110 residents were in Oxford House, a Clackamas County self-run and self-supported addiction recovery house. Five were in a transitional ADF home, a shared-living, single-family home setting for those who have recently completed addiction treatment. In 2007, 30 Oxford Houses operated in Clackamas County.²⁰

The Inn runs two homes in Milwaukie that take in, and are mainly utilized by, women in recovery from substance abuse. The first, Madrona House, is alcohol- and drug-free transitional housing for four mothers and their children, referred by the Oregon

¹⁶ *The Oregonian*, August 8, 2008

¹⁷ *The Oregonian*, June 26, 2008

¹⁸ *The Oregonian*, August 2008

¹⁹ Clackamas County Community Health Division Implementation Plan 2009-2011

²⁰ A Snapshot of Affordable Housing in Clackamas County 9/19/08

Department of Human Services. Residents may stay there for up to one year with a live-in house mentor, communal kitchen and living space, and frequent community meetings.

The second, Avalon House, is alcohol- and drug-free permanent housing for six women, some single and others with children, referred by a treatment court. Studies show that drug court graduates are half as likely to relapse and re-offend as common treatment program alums. In addition to a live-in residential manager, communal kitchen and living space, and frequent resident meetings, Avalon House also provides intensive coordination with the drug, DUII, mental health and family courts.²¹

In addition to the above-mentioned housing assistance programs, in 2008 Clackamas County started offering an adult Intensive Outpatient Alcohol and Drug program. While this program is open to all addicts, 100 spots are reserved for non-Medicaid parents with substance abuse issues who have children in the Child Welfare system.

According to a 2005 survey by OMHAS, 3,062 Oregonians with substance use disorders were estimated to be “currently homeless.” 1,053 Oregonians are estimated to need alcohol and drug structured or specialized residential programs. More than 200 of those were in Clackamas County: specifically, 28 individuals needed structured or specialized housing, 58 required recovery housing and 120 were in want of affordable housing. Respondents to this survey, when asked on a scale of 1 to 5, with 5 being the highest, to rate the need for various residences for alcohol and drug clients, gave recovery housing and affordable housing a high rating and structured/specialized residential services a medium rating. The same survey found that 31 Clackamas County residents with alcohol or drug disorders were at risk of being homeless. Of these residents, 36 had been homeless for five years, six were chronically homeless and six were currently homeless.

PERSONS WITH HIV/AIDS AND THEIR FAMILIES

National research has demonstrated that housing is the greatest unmet service need among people living with HIV/AIDS. Part of this is due to several personal and structural factors unique to this population: loss of income due to progressive inability to maintain employment; disease progression requiring accessible facilities; and policy requirements that limit residence in temporary or transitional programs.

In addition, homelessness is a barrier to outpatient care and HIV/AIDS specific therapies. Research shows that among people with HIV/AIDS, there is a strong correlation between housing and improved access to, ongoing engagement in, and treatment success with health care. Part of this is due to the fact that complex medication regimens require that medicines be refrigerated and administered according to a strict schedule. Furthermore, homeless HIV positive individuals have a death rate that is five times greater than that of

²¹ <http://www.theinnhome.com/index.html>

housed HIV positive people, 5.3 to 8 deaths per 100 people compared to 1 to 2 per 100 people.²²

The number of Oregonians living with HIV/AIDS has steadily increased over the past few decades. Starting in 1981 with two cases, the number reached 4,933 in December 2007. In Clackamas County specifically, 258 individuals were reported to be living with HIV/AIDS by the end of December, 2007.²³ The demographics of HIV/AIDS have changed as more women and minorities are being affected by HIV/AIDS. (Source: 2006-2007 Portland EMA Action Plan for HIV/AIDS Housing Resources)

Currently the only housing program in Clackamas County dedicated to individuals with HIV/AIDS is the Swan House, a large 6-bedroom home located in a residential neighborhood of Milwaukie, Oregon. Here, caregivers trained in HIV/AIDS treatment provide specialized care to five low-income people living with HIV/AIDS who require assistance with personal care, meals, mobility, transportation and medication. Residents may also be recovering from alcohol and drug addiction and receiving help with mental illness or other health issues. Other available services include social work, occupational therapy and weekly visits from a health care consultant.

Esther's Pantry provides food and personal care items to people living with HIV/AIDS. It, like Swan House, falls under the "Our House" umbrella, a Portland-based program that provides housing and specialized services for people living with HIV/AIDS.

About 18.5 percent of individuals with HIV/AIDS in Oregon and Clark County, WA reported being homeless at some point in the previous two years, while 31 percent had experienced unstable housing situations in the previous twelve months according to a 2005 study done by Program Design & Evaluation Services, a joint effort between Oregon State Public Health and Multnomah County Health Department. Similarly, a 2007-2008 Center for Disease Control and Prevention study of Oregon HIV/AIDS patients found that 15 percent needed help finding housing/shelter and 32 percent did not receive housing/shelter.²⁴

The overwhelming majority of people living with HIV/AIDS in the Portland EMA must depend on public subsidies for housing as they are very low-income. Unfortunately, the gap between households needing a subsidy and available housing assistance has increased 60 percent since November 2003. This gap is due to a variety of circumstances: housing price increases; EMA HOPWA grant cuts; Ryan White Title I, CDBG and Home entitlement cuts; and more restrictive Medicaid eligibility criteria.²⁵

²² "Housing is the Foundation of HIV Prevention and Treatment", NAHC 2005.

²³ Center for Disease Control's HIV/AIDS Reporting System (HARS).

²⁴ Annual Client Services Data Report 2007-2008

²⁵ 2006-2007 Portland EMA Action Plan for HIV/AIDS Housing Resources

FARMWORKERS

Agriculture is Oregon's leading industry. Thus, farm workers play a vital role in the economic well-being of Oregon. There are three distinct categories of farm workers: permanent, seasonal and migrant. Permanent farm workers are compensated by a year-round wage, which is their primary source of income. Seasonal farm workers do not have a year-round wage, but work at least 25 days and earn at least \$400 in a twelve-month period. Migrant farm workers are seasonal farm workers who must travel to work at such a distance that it is impossible to return to their home each day, requiring them to establish temporary residences at one or more locations.

For a variety of reasons, it is challenging to accurately count the number of farm workers in Oregon. Washington and California, Oregon's coastal neighbors to the north and south, each have many more farm workers than Oregon. According to the Bureau of Labor Statistics (BLS), California's annual average employment of farm workers is 376,138, Washington's is 76,394 and Oregon's is 45,033. The Oregon Employment Department (OED) validates the BLS Oregon statistic, showing that Oregon farms employ an average of 46,000 agricultural workers each year. Unfortunately, these two similar estimates do not include 82 percent of Oregon farms that are too small to be covered by unemployment insurance yet provide 25 percent of all farm jobs. In addition, the OED estimate drops to 33,000 during non-planting and non-harvesting months like January.

Another count is conducted by the U.S. Department of Agriculture (USDA) every five years. Their 2002 census showed that Oregon had 122,845 farm workers, 27,339 of which were permanent. This leaves 95,506 seasonal employees, a much larger number than the OED findings.

A third source, the Alice Larson Enumeration Study of 2002, estimated 94,648 seasonal farm workers, which supports the USDA number.

Taking in to account the last three estimates, the Oregon Housing and Community Services Farmworker Information Center believes that the following reliable number expresses the reality of Oregon farm workers: 123,000 annually, 95,000 of which are seasonal. This means that around 77 percent of Oregon farm workers fall into the seasonal category.

Generations of Oregon farmers have depended upon a Hispanic workforce comprised of mainly Mexicans and Mexican-Americans. More recently, agricultural workers from Central America have become a part of the demographic. Because agricultural workers in Oregon benefit the social and economic welfare in their efforts, the state has taken measures to insure adequate agricultural labor accommodations that meet decent health, safety and welfare standards. Thus, in 2004, Oregon and OSHA provided 356 camps housing 11,916 agricultural employees.²⁶

²⁶ Agricultural Labor Housing (ALH) Information

In addition, CASA, which provides housing for farm laborers and other low-income populations, runs 129 units through the following four multi-family housing developments in Clackamas County: Arbor Terrace, Casa Verde, Plaza Los Robles and Sandy Vista.²⁷

An indirect service provided to agricultural workers is the Farm worker Housing Tax Credit Program, which is “designed to give a state income tax credit to investors who incur costs to construct, install, acquire or rehabilitate farmworker housing. The tax credit may be taken on 50 percent of the eligible costs actually paid or incurred to complete a farm worker housing project. The total of estimated eligible costs for all approved projects for each calendar year is \$7.25 million. Fully 100 percent of the credit may be transferred to a contributor of the project.”²⁸

VICTIMS OF DOMESTIC VIOLENCE

Domestic violence describes behaviors that are used by one person in a relationship to control against the other. This aggressive conduct is often criminal including physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity) and stalking. Victims can be of all races, ages, genders, religions, cultures, education levels, employment and marital statuses. While most victims are women, children in homes where there is domestic violence are also at risk of being abused.²⁹ “One in eight women are survivors of domestic or sexual violence in Oregon and likely 20,000 of those women and their children live in Clackamas County.”³⁰ Due to the immediate danger victims of domestic violence are in, they and their children are usually in urgent need of housing if they leave the abuser.

Reported incidents of domestic violence have steadily decreased in Clackamas County over the last five years. For example, 2007 showed a 7.2 percent decrease from 2006, and a 13.9 percent decrease from the prior three-year average, as seen in Table V.9.

Year	Incidences	Crimes
2003	965	1,177
2004	864	1,146
2005	876	1,180
2006	779	1,061
2007	723	1,005

The two emergency shelters and the crisis line for survivors of domestic and sexual violence in Clackamas County are provided by Clackamas Women's Services. Each year Clackamas Women's Services gets more than 5,000 calls for help and provides 350 of those individuals with shelter. With only 44 beds, the program turned away 1,414 women and

²⁷ http://www.casaoforegon.org/ProjectList_files/ClackamasCounty.htm

²⁸ http://egov.oregon.gov/OHCS/HRS_Farmworker_Housing_TC.shtml

²⁹ <http://www.domesticviolence.org/definition/>

³⁰ <http://www.cwsor.org>

children in 2006. This independent nonprofit agency has been experiencing several years of cuts in federal, state, and county funding, which make up half of its budget.³¹

VETERANS

According to the National Coalition for Homeless Veterans, veterans are at risk of homelessness for a variety of reasons: problems in transition to civilian life, chronic conditions such as post-traumatic stress disorder or loss of limbs, and difficulty finding long-term employment. Homelessness is a common problem for veterans; the Coalition reports that one-third of all homeless persons may have been in service at one time.³²

Beyond affordable housing, many veterans also need support services, such as post-war counseling, social support networks, physical therapy, low cost medical visits or drug rehabilitation.

The Clackamas County Veterans Survey, a survey of more than 100 veterans in the Clackamas County area, showed that the majority of veterans surveyed are more than five years post-deployment. While many veterans receive benefits such as compensation or pensions from the Department of Veterans Affairs, Tri-Care aid, Social Security funds, food stamps and financial aid from the Montgomery GI Bill, many veterans surveyed indicated that they are in need of assistance in credit counseling, financial counseling, applying for social security benefits or VA benefits, legal aid, as well as a social networking services such as a drop-in center to interact with other veterans or families. They also listed needs of food, gas assistance, car insurance, clothing, car repairs and utilities. The most listed medical needs were health insurance, dental care, eye care, medication, hearing aids and assistive equipment, as well as individual counseling or psychiatric counseling. In terms of housing, the survey also showed that veterans in Clackamas County are in need of rent assistance, a home loan, utility assistance, permanent housing and transitional housing.³³

³¹ *The Oregonian*, November 18, 2007

³² <http://www.nchv.org/background.cfm#facts>

³³ http://www.surveymonkey.com/sr.aspx?sm=mjdCcjpgd1RXAxcWMbroDpBaON9aeYlaH4dhyjjkRuFg_3d