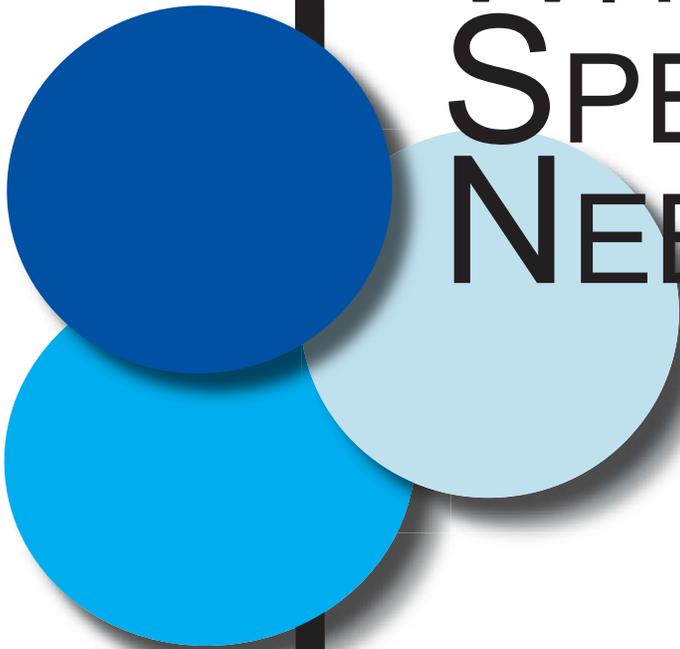


SUPPLEMENTAL
REPORT

FAMILIES
WITH
SPECIAL
NEEDS



HOUSING AND COMMUNITY DEVELOPMENT COMMISSION

SPRING 2006

Acknowledgements

Families with Special Needs Report

Key Informants, who graciously provided information about their agencies and the FWSN they served.

Organization	Name	Population served
ARC of Multnomah County	Andrew Tedlow ¹	Families with developmental disabilities
Portland Impact (Richmond Place)	Suzanne Washington & Renata Wilson	Homeless families, including Latino and Russian families
Multnomah County Department of Human Services Mental Health & Addiction Services	Amy Baker	Families with Mental Health issues
IRCO Asian Family Center	Lee Po Cha	Asian families (including immigrants, refugees)
Native American Recovery Association	Linda Drebin	Native American families
CASA of Oregon	Peter Hainley	Agricultural workers, primarily Latino
Human Solutions, Inc.	Myriam Demezas	Homeless families
Cascade AIDS Project	Liora Berry ²	People living with HIV and AIDS (PLWHA)
Portland Public Schools	Mae Soderquist	Homeless families

(Footnotes)

¹ Mr. Tedlow is no longer with ARC.

² Ms. Berry had left the employ of CAP, where she was the Housing Manager, and begun working for BHCD at the time of this interview, but she reported on CAP's programs and clients.

Special Needs Families Work Group Members: the members provided information about their agencies and the FWSN they served, as well as contributing to the analysis and recommendations in this report.

Jean DeMaster, Chair	Human Solutions, Inc.
Bruce Barnes	Oregon Dept. of Human Services
Neal Beroz	Cascadia Behavioral Healthcare
Jeanine Carr	Multnomah County Health Department
Cathy Clay-Eckton	Multnomah County Dept. of Human Services
Phillip Deas	Multnomah County Dept of Human Services Aging and Disability Services
Linda Kaeser	Housing and Community Development Commission – County appointee
Janet Hawkins	Multnomah County Commission on Children and Families
Beth Kaye, staff	City of Portland Bureau of Housing and Community Development
Laurie Lockert	Cascadia Behavioral Healthcare
Diane Luther	Multnomah County Housing Director
Seth Lyon	Multnomah County Dept of Human Services, Mental Health
Roger Meyer	Housing and Community Development Commission – Gresham appointee
Donna Shackelford	Multnomah County Office of School and Community Partnerships
Phyllis Spaulding	Selt Enhancement, Inc
Susan Stoltenberg	Portland Impact
Kerry Tintera	Portland Public Schools
Sherry Willmschen	Multnomah County Dep't of Human Services – Development Disabilities

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Families with Special Needs Report

INTRODUCTION

In 2003, the Housing and Community Development Commission for Multnomah County issued a report calling attention to the 7,890 adults between 18 – 65 years of age who had a disability, little or no income, and no permanent housing. The Special Needs Report (SN Report) called for specific system changes to ensure that these adults would receive permanent housing as well as the services they needed to succeed in housing. The SN Report has been credited with laying the groundwork for Home Again: a Ten Year Plan to End Homelessness in Multnomah County and the City of Portland, released in December 2004.

This Supplemental Report on Families with Special Needs picks up where the SN Report left off, by focusing on the specific housing and service needs of another group of County residents: families with special needs. These families have extremely low incomes (under \$14,000 for a family of four) and lack permanent housing. Each of these families includes at least one adult with a disability and at least one minor child. These families face many of the same barriers as the adults described in HCDC's initial report, but have additional challenges as a consequence of the presence of children in the household.

We estimate that there are at least 836 and as many as 1,950 such families in Multnomah County. Some live doubled-up, some camp outside all year round, some are in shelters or transitional housing operated by local non-profit agencies or faith communities. Under the status quo, none of these families are able to provide the safe, stable home that children need to succeed in school and in life.

The SN Report Recommendations, adopted by the Multnomah County Commission and the Portland City Council, called for three system changes:

- (1) coordinating housing + services to maximize the success of people with special needs in permanent housing;
- (2) creating enough housing for people with special needs, including housing linked with services and housing for the hard-to-house; and
- (3) improved access to housing + services, including outreach to the hard-to-house.

The Supplemental Report Recommendations augment these basic policies to reflect the distinct needs and concerns of families with children. For example, there is a greater emphasis on prevention of homelessness by making short term rent assistance available to special needs families on a priority basis. This Report endorses the Housing First approach for families experiencing homelessness, but recognizes a role for facility-based transitional housing when there are concerns about parenting skills or the safety of family members that may be addressed by short-term, intensive interventions and support in a structured environment.

To provide accountability, and to ensure that public funding is directed to the most effective programs, the Supplemental Report proposes that all programs report on a set of unified outcomes, including:

- (1) housing stability;
- (2) family unity;
- (3) family economic stability;
- (4) the mental and physical health of all family members; and
- (5) the social, emotional, and educational development of the children.

There are recommendations on resources, and on culturally-appropriate service provision. In many instances, there are recommendations for further study. Finally, this Report contains a call for coordination of the recommendations of both Special Needs reports with other current initiatives, including the Ten Year Plan, the School Aged Policy Framework, the Poverty Elimination Framework, and the redesign of County mental health services.

Summary

Families with Special Needs Report

Although comprehensive data on families with special needs is not available, it is clear from our research that there is an inadequate supply of housing linked to services for extremely low-income families with special needs. It is also clear that there are systemic barriers that impede families from accessing available services. These are two significant factors in the increase in family homelessness that has been documented in Multnomah County over the past eight years. Unless we can bring about systemic change and provide both more resources and easier access to resources for the adults and children in special needs families, many will remain homeless or continue to live under the threat of homelessness.

The most cost-effective approach to homelessness for families with special needs is prevention. A small amount of flexible financial assistance can help a special needs family to pay the rent or utility bills, fix a broken car to provide transportation to work, or otherwise overcome a short-term economic crisis that might otherwise result in eviction and homelessness. Because special needs families will face more difficulty than other families in recovering from an episode of homelessness, we recommend that special needs families receive a priority for short term rent assistance. Families with special needs exiting transitional housing should receive a priority for long-term rent subsidies, such as Section 8, so they do not become homeless again for purely economic reasons.

Housing First is the approach we recommend for families with special needs who could live independently, reinforced by case management and with support from other service providers. Under the Housing First Model, families are placed as quickly as possible into permanent housing, and are provided with home-based case management and services at the level of intensity commensurate with the family's needs. Special needs families should be given as much choice as possible about the location and type of permanent housing, and how they are served. We note that settings that offer resident services may be particularly beneficial for families with special needs. Special needs families will require home-based case management, individualized services for all adults and children in the family, and treatment for the person(s) with a disability.

We recommend that any new funding be directed to expand the availability of permanent supportive housing for FWSN. We support the proposed Bridges to Housing

Initiative because it focuses on families that have severe housing and service needs, uses the Housing First model to place families rapidly into permanent supportive housing, and emphasizes outcome measurements.

To provide accountability and to ensure that the public funding is directed to the most effective programs, all programs should report on a set of unified outcomes including:

- a. housing stability;
- b. family unity;
- c. family economic stability;
- d. all family members' mental and physical health; and
- e. the social, emotional, and educational growth of the children.

Continued funding should be contingent on timely and accurate reporting on these unified outcomes. Program evaluation should take into account that the clients have multiple needs and face significant barriers to achieving stability.

Facility-based transitional housing remains the best approach for assessment of a family when there are concerns about parenting skills or the safety of family members. Facility-based transitional housing is also the best approach for those families with special needs who require short-term, intensive interventions and support in a structured environment. We recommend that some units of facility-based transitional housing be reserved for special needs families. Families with special needs should be moved into permanent housing as soon as possible, and provided with case management and other support from service providers, so that they can transition in place to a greater level of independence.

We think it is critical to coordinate the recommendations in both the first Special Needs Report and this Supplemental Report with other current initiatives, including Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County, Oregon; the School Aged Policy Framework; the Poverty Elimination Framework; the Corporation for Supportive Housing-funded Taking Health Care Home Initiative systems change work; and the Multnomah County mental health redesign.

Individuals and families with special needs are, by definition, at increased risk of homelessness and should receive priority access to housing and services.

DEFINITIONS

The following definitions are used in this Supplemental Report:

A Family with Special Needs (FWSN) is any household with one or more adults and one or more children or grandchild under 21 years of age, where one or more of the household members is a Person with Special Needs. Families headed by a teenager are included.¹

The needs of the family will differ depending on many factors, including the whether there are one or more Persons with Special Needs in the family, whether the Person with Special Needs is an adult or a child,² and the combination, complexity, and severity of the disabilities.

A Person with Special Needs (a person with a disability, or PWSN) is an individual with a severe mental illness³, a substance abuse disability, a developmental disability⁴, a serious physical disability,⁵ or a combination of these resulting in a serious functional impairment. (Note: This is the definition adopted by the Special Needs Committee and used throughout the Special Needs Report.)

Housing First refers to a model of addressing homelessness that is advocated by the National Alliance to End Homelessness and the Corporation for Supportive Housing. Under the Housing First Model, families are placed as quickly as possible into permanent housing, and are provided with home-based case management and services at the level of intensity commensurate with the family's needs. Housing First is a departure from the model of addressing homelessness that requires families to successfully transition through a period of temporary housing (such as shelter or transitional housing) coupled with intensive services before being "graduated" into permanent housing with a minimal level of services.

Housing + Services means the provision of permanent housing and support services in a linked or coordinated manner, although not necessarily by the same provider. This is sometimes called permanent supportive housing.⁶

Permanent Housing means a place that a family can stay as long as it meets the obligations of tenancy (e.g. paying the rent in full and on time, abiding by other lease provisions).

Permanent Supportive Housing for Families means that the family resides in permanent housing and all family members receive coordinated support services. There may be multiple service providers, and the housing provider may be distinct from the service provider(s).

Supportive Services means the range of supports needed for people to be successful in housing.

Transitional Housing means a place that a family can stay for no more than a certain period of time (typically three months to two years). Often, residents of transitional housing receive intensive services during their period of residence. Facility-based transitional housing is typically a structure managed by a social services agency. Residents receive intensive services during their stay in the facility.

(Footnotes)

¹ Emancipated minors are outside the scope of this report. More research should be done to identify their housing and service needs.

² As the workgroup conducted its interviews, it became clear that providers were describing the challenges of serving families with one or more disabled parents. The children typically had mental or emotional issues, although it was not clear if those issues were related to the family instability or a disability. As a result, this report does not include an assessment of the housing and service needs of families with severely disabled children. In the future, the Special Needs Committee should consider exploring models of providing housing and home-based services to families with severely disabled children, including respite care and personal care attendants.

³ The Special Needs Report used the term “severe and persistent mental illness.” Advocates for people with mental illness have requested that the reference to persistence be dropped, since it furthers the stereotype that mental illness is not treatable. Accordingly, we will use the term “severe mental illness.”

⁴ Consistent with the Special Needs Report, “developmental disability” is defined broadly to include mental retardation, autism spectrum disorders, and any other medical condition that affects the development of cognitive capacity.

⁵ Consistent with the Special Needs Report, “serious physical disability” includes living with HIV/AIDS.

⁶ Consistent with the Special Needs Report, we use Housing + Services instead of the more commonly used “permanent supportive housing,” because we found that “supportive housing” has some very specific definitions in certain contexts, resulting in confusion.



PROCESS

The Special Needs Families Work Group (SNFWG) met from March 2004 – April 2005, thirteen times over a fourteen-month period. The members of the SNFWG are listed at the beginning of this document. To ensure that it was receiving a broad and diverse perspective, the SNFWG interviewed ten (10) key informants, representatives of public and non-profit agencies serving FWSN, to provide data and perspective on the issues referred by the SNC. The representatives were invited to join the SNFWG and were added to the mailing list to receive report drafts and information. In addition, members of the SNFWG provided the group with information.

The SNFWG reviewed drafts of this report and refined its recommendations. The SNFWG adopted this report on March 1, 2005. The SNFWG and the Special Needs Committee held a joint public hearing on the Draft Report at the Mid-County Library on April 19, 2005. The Special Needs Committee adopted this report on May 18, 2005.

The Housing and Community Development Commission adopted this Report on June 1, 2005.

DATA RECOMMENDATIONS

- 1) We have asked agencies to collect data on the incidence of special needs among families seeking assistance, using the SNC definition of “special needs.” We will need to rely on self-reporting of special needs by family members, because most agencies do not have the resources to do a complete assessment of all family members. We should recognize that that may result in under-counting the number of families with special needs, since families may be reluctant to divulge information that they fear may result in government action to remove their children either temporarily or permanently, or could disqualify them from receiving benefits or services.
- 2) We recommend that ServicePoint collect data on the incidence of special needs among families seeking assistance from participating agencies, using the SNC definition of “special needs.”
- 3) Use Service Point to confirm the incidence of special needs adults in homeless families.
- 4) We recommend that ServicePoint collect data on the ages and family configurations of those seeking assistance from participating agencies, for use in developing a housing strategy. ¹
- 5) Building on the January 2005 One-Night Street and Shelter Count, We recommend that the County coordinate and sponsor one-night universal counts of homeless families, canvassing streets, publicly funded shelters, shelters operated by faith communities, motels, and parks, to avoid duplication and undercounts. The survey should seek to determine the number of families with special needs. The counts should be repeated at least twice a year (ideally, summer and winter) to take into account seasonal variation. To avoid duplication, this should be coordinated with one-night shelter and street counts, and cross-checked with information from school homeless liaisons.

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- 6) We recommend that the County determine a methodology for counting the number of homeless families that are “doubled up” and not counted in the universal count.
- 7) Because good data is necessary to both sound planning and outcome evaluation, agencies serving FWSN should receive adequate funding to collect and maintain need and performance data.

For discussion on this topic, see p. 38.

SPECIFIC RECOMMENDATIONS TO MAXIMIZE THE USEFULNESS OF SERVICEPOINT

To maximize the usefulness of Service Point, we recommend that systems:

- 1) agree on common vocabulary
- 2) commit to updating ServicePoint in a timely way with narrative information about developments in the family’s situation, treatment, referrals, etc.
- 3) provide consistent training and cross-training for all system users

For discussion on this topic, see p. 38.

GENERAL RECOMMENDATIONS TO ADDRESS THE UNIQUE HOUSING AND SERVICE NEEDS OF FAMILIES

Agencies in Multnomah County are generally forward-looking and either create or readily adapt best practices with respect to addressing the housing and service needs of FWSN, to the limits of their resources. Some best practices require systems change beyond the capacity of any single agency to achieve. We recommend that funders and systems actively promote these systemic and agency best practice recommendations:

For discussion on this topic, see p. 38.

ONE: INITIAL ASSESSMENT

The family itself becomes a client: In addition to providing for the mental and physical health of the individual family members, the system of care must have the goal of keeping the family together, or, in some cases, reuniting families that have been separated. This will require an assessment of a family's need for assistance in resolving family dynamic issues.

Children's needs: In addition to assessing the needs of the individual adult(s) in the family, the physical, emotional, educational, social, recreational, spiritual, and nutritional needs of the children must be assessed.

Safety: The intake should assess the safety of each family member. In rare instances, concerns about the safety of family members will result in a referral of children to others for their safety.

TWO: DEVELOP AN INTEGRATED FAMILY SERVICE ACTION PLAN WITH INTEGRATED OUTCOMES

The assessment should lead to the development of an Action Plan directed to this set of goals:

- a. housing stability
- b. family unity, unless abuse is present
- c. family economic stability
- d. the mental and physical health of each adult and child in the family
- e. children's social, emotional, and educational growth

Strength-based planning: The Action Plan should build on the identified strengths of the family, and address its particular needs.

Choice: All providers we interviewed stressed the value of empowering a family to make informed choices. Giving the family some options, coupled with information to use in decision-making, shows respect for the family and acknowledges that, ultimately,

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the family determines its own destiny. At the assessment stage, it is important to allow the family to describe its needs. This opens the door for providers to support the family in its choices to the extent of the agency's resources. We anticipate that some families will choose to refuse housing and services.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON HOUSING PLACEMENT

For discussion on this topic, see p. 38.

We recommend that the guiding principle of housing placement should be finding the type of housing that will advance the goal of family housing stability.

RECOMMENDATIONS TO OVERCOME BARRIERS TO PERMANENT HOUSING (INCLUDING PERMANENT SUPPORTIVE HOUSING) RELATED TO LACK OF FAMILY SIZE UNITS

- 1) Prioritize available family size units for FWSN. There will be a significant number of new family-sized units available when HAP's HOPE VI project, New Columbia, is completed, presenting us with an opportunity to house many Families with Special Needs. HAP's inventory of Public Housing is another potential resource for this effort.
- 2) Set goal for development and acquisition/rehab of family-size housing by non-profits to ensure long-term affordability. Since preservation and rehab projects have tended to focus on properties with studio or one-bedroom units, we suggest that the City adopt a goal that 1/2 of all new development units have two or more bedrooms. Of these, 50% should have 3 or more bedrooms.
- 3) Continue to expand the use of private market housing for families with special needs by developing relationships with private sector landlords.

- 4) Buy down the rents of vacant family size units.
- 5) Offer short and long-term rent assistance. (See recommendation below.)

For discussion on this topic, see p. 38.

RECOMMENDATIONS TO OVERCOME BARRIERS TO PERMANENT SUPPORTIVE HOUSING RELATED TO STRUCTURAL ISSUES

For discussion on this topic, see p. 38.

We recommend that the State, the Cities and the County work to promote partnerships between a broader range of family housing providers and family service providers so that families can succeed in permanent housing.

RECOMMENDATIONS ON THE USE OF TRANSITIONAL HOUSING

Transitional housing should continue to play an important role in assisting FWSN. Families that, at the time they enter the system, are unable to live independently even with case management and service supports should be placed in transitional housing, until they have acquired the ability to live independently with those supports. Facility-based transitional housing should also be used when necessary to observe a family where there is an issue about the parenting skills or the safety of family members.

For discussion on this topic, see p. 38.

Transition from transitional housing to permanent supportive housing should be accomplished as soon as the family is ready, and an appropriate housing unit is available.

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RECOMMENDATIONS ON THE USE OF SHELTER AND VOUCHERS TO HOUSE FWSN

Because we do not regard motels as appropriate housing for FWSN, we think it would be wise to ensure that some shelter capacity is available for FWSN in emergency situations. To meet the needs of FWSAN, shelters would have to be accessible, offer some family privacy, and be open 24 hours. Motel vouchers should be available for use as a last resort until shelter or housing is available.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON LONG-TERM RENT SUBSIDIES

For discussion on this topic, see p. 38.

We recommend continued advocacy at the federal level to fully fund and expand the Section 8-voucher program and project-based Section 8. We also recommend that HAP create a local preference in its Section 8 waiting list for families exiting HUD McKinney-funded transitional housing, so that families do not return to homelessness due to economic reasons.

RECOMMENDATIONS FOR INCREASING SELF-SUFFICIENCY OF FAMILIES WITH INCREASED INCOME POTENTIAL WHO ARE RECEIVING LONG-TERM RENT SUBSIDIES

We recommend that households with increased income potential who receive long-term rent assistance make an increasing contribution to rent over time. We also recommend programs that gradually increase a FWSN's rent, placing part of the increase into an account that the family can use toward first and last month's rent when it exits the housing.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON SHORT-TERM RENT ASSISTANCE

The jurisdictions should increase funding for short-term flexible rent assistance, such as the Transitions to Housing program, because it is the cheapest and best way to prevent family homelessness. Rent assistance is also the fastest way to get a family that is homeless back into housing.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON ACCESSIBILITY

All units should be accessible in compliance with the Fair Housing Act.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON LOCATION

To the maximum extent possible, families should be given a choice of housing locations that reflect their preferences.

RECOMMENDATIONS ON SERVICE COORDINATION

- 1) We endorse the recommendation of the Homeless Families Coalition Report for additional caseworkers with manageable caseloads. FWSN will benefit from case management to help navigate the many systems and coordinate and manage communication among them. Each caseworker should have a caseload of no more than 15 families. Many providers we interviewed that offer case management reported that the effectiveness of the service was compromised because of huge caseloads.

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- 2) Multi-disciplinary case management teams should be used when the family members have divergent needs and would benefit from specialization. Establish a primary case manager to lead the team. Hold team planning/care planning meetings.
- 3) Caseworkers should be empowered to make referrals to skilled services, when indicated.

The case manager or case management team needs real-time access to relevant information about the family members and available housing and service resources.

Technology like ServicePoint, a web-based system with privacy safeguards, offers the potential for a case manager to obtain information about family members from the multiple agencies that serve them. This will allow case managers to identify chronically homeless FWSN, to determine the reasons for repeated episodes of homelessness, and to develop appropriate housing and service plans.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON FLEXIBLE RESOURCES

We recommend that each case manager or management team have the flexibility and resources to meet both individual and family service needs, using culturally-appropriate providers.

For discussion on this topic, see p. 38.

RECOMMENDATIONS ON CULTURALLY-APPROPRIATE SERVICE PROVISION

For discussion on this topic, see p. 38.

We recommend that each case manager or management team have access and funding to hire to culturally-appropriate providers when needed to meet a family's needs.

RECOMMENDATIONS ON RESOURCES

- 1) Use mainstream resources to the maximum extent possible (e.g. TANF). In other locales, the State Department of Human Services plays a leadership role in addressing family homelessness, whether attributable to special needs or purely to poverty. Local government should seek to engage Oregon DHS and its federal and state resources in this effort.
- 2) Step up advocacy at the federal level for Section 8 (both Housing Choice Vouchers and Project Based Section 8).
- 3) Step up advocacy at the state level for rent assistance, rent relief (e.g. the renters' tax credit) and the reinstatement of income support programs.
- 4) Step up advocacy for additional funding for affordable housing including the Real Estate Transfer Fees. New resources should be prioritized for households at 0-30% MFI.
- 5) Seek waivers to allow federal funds to be used with maximum flexibility to meet individual and family needs.
- 6) Collaborate with other units of government, including the State, to find a reliable way to fund case management, treatment, and support services so that mainstream housing providers will be willing to commit to house FWSN.²
- 7) Prioritize resources to the development of more permanent supportive housing for FWSN.
- 8) Increase rent assistance available to prevent family homelessness.
- 10) Do not increase transitional housing capacity or family shelter capacity.
- 11) Invest in providing accessibility, family privacy, and 24-hour coverage in existing family shelters.
- 12) Support the development of Bridges to Housing.

Many FWSN experience periodic homelessness and chronic housing instability because the type of housing they need - permanent, very low

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rent, housing with intensive case management services for a couple of years - is not available in sufficient quantities in our region. Since families move around our region depending on available jobs, affordable housing and services and other factors, we need to implement a series of regional strategies to create more permanent supportive housing for FWSN.³

A regional work group has developed a program called Bridges to Housing to fund permanent supportive housing for FWSN. Bridges' housing strategies will include:

- new construction of very low rent family housing;
- a rent buy down strategy that provides rent subsidies for very low income families in existing family apartment projects;
- an “operating subsidy” program that would plug the operating cost gap for landlords who agree in advance to make units available to families at very low rents; and
- targeting project-based operating subsidies available from housing authorities and federal resources such as McKinney to Bridges units.

All these strategies to create family units at very low rents must be coupled funding for individualized packages of services that will help the parents to resolve their homelessness and will address the needs of all family members. Services might include assistance in accessing entitlements and resources for support; financial literacy; employment services; accessing mainstream health, mental health and addictions treatment services; childcare and early child development programs; and other services that address the needs of the children.

Evidence from permanent supportive housing projects in other jurisdictions and limited experience in this region shows that this type of program, coupling permanent housing with intensive services for a transitional period of about two years on average, is highly effective in resolving homelessness for high need homeless families.

For discussion on this topic, see p. 38.

- 13) Implement the recommendations in Home Again: A Plan to End Homelessness in Portland and Multnomah County, Oregon, specifically:
 - Develop 600 family units of permanent supportive housing over 10 years
 - House 50 high-need families by December 2005
 - Reorganize of short-term rent assistance to improve access
 - Continue to develop mainstream housing and service partnerships
- 14) Link the recommendations in this Report to other policy development and systems change work now underway, including but not limited to:
 - the School-Age Policy Framework;
 - the Poverty Elimination Framework;
 - the Corporation for Supportive Housing “Taking Health Care Home Initiative” systems change work
 - the County’s mental health redesign

RECOMMENDATIONS FOR FURTHER STUDY

Research into the best ways of assisting FWSN who lack permanent housing is an evolving field of study. Entities like the Corporation for Supportive Housing and the National Alliance to End Homelessness are gathering evidence and evaluating efforts. Our community has not agreed on a set of best practices, except to acknowledge that, for any specific FWSN, the “best practice” will depend on a careful assessment of each family member and the family dynamics, and that, in all cases, an integrated service delivery model is desirable.

*For discussion
on this topic, see p.
38.*

We recommend that Multnomah County convene a group to develop best practices, with representation from the Department of School and Community partnerships, the Health Department, Developmental Disabilities, A & D, Mental Health, Aging and Disability Services, and the schools.

Recommendations

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We also recommend that the City and the County develop a detailed assessment of what types of housing FWSN need using the following format:

	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Units of PSH				
Units at 0-10% MFI				
Units at 10-20% MFI				
Units at 20-30% MFI				

(Footnotes)

- 1 For purposes of our population estimate, we assumed 3 person households, but real families will be a range of sizes.
- 2 Clearly, resources are a significant issue, and this policy work must be flanked by an advocacy agenda.
- 3 Local jurisdictions should explore the use of other tools in addition to federally financed housing to address the housing gap.

DISCUSSION

I. WHAT ARE THE HOUSING AND SERVICE NEEDS OF SPECIAL NEEDS FAMILIES, AND WHAT BARRIERS PREVENT THEM FROM HAVING THESE NEEDS MET?

Both adults and families with special needs face many of the same barriers:

- 1) poverty
- 2) a housing market that offers them few safe and decent affordable units
- 3) difficulty in navigating a complex system, from completing the rental application process to applying for benefits and other assistance
- 4) non-economic barriers to housing including poor credit history, poor rental history, and criminal history
- 5) housing choice limited by the need for accessible dwellings, and/or proximity to public transportation and necessary services
- 6) limited availability of treatment and other health services
- 7) under-funded safety net services, like the Oregon Health Plan
- 8) housing and service systems that operate in an uncoordinated manner and with “silo” mentalities
- 9) case managers with caseloads that are too big to permit them to coordinate among housing and service resources

Some of these barriers play out differently or have more serious consequences for FWSN. For example:

- 1) Living in unsafe and unsanitary housing, or decrepit housing with peeling lead-based paint, poses additional and serious health and safety risks for children.
- 2) Family size units are more expensive.
- 3) Living in motels exposes children to criminal activity and sexual predators.

- 4) It is difficult for a child who is homeless to be successful at school, and each move and transfer can set back the child's educational achievement.
- 5) A SSD or SSI check that is barely enough to support an individual cannot support a family.
- 6) Adults in a FWSN may go without food in order to prevent their children from going hungry, adversely affecting their own health.
- 7) Families that include adults or children with disability-related behavioral problems may have difficulty retaining housing. They may find that they are the subject of "no cause" evictions.¹
- 8) Navigating the system is even more complex for families.
- 9) There is a scarcity of residential addiction treatment where families and children can stay together.
- 10) There is a scarcity of affordable housing with large enough units to house families.
- 11) Adults in a FWSN are at increased risk of losing custody of children or having parental rights terminated if they cannot find appropriate housing or are homeless.
- 12) Adults in FWSN may be reluctant to seek treatment for a disability because of fear of losing custody of their children. The family members may cooperate in compensating for the disability and concealing it.
- 13) Adults in a family may be in denial of the disability and unwilling to request services, putting the children at risk.
- 14) For parents with addictive disorders, the lack of sufficient treatment resources and Alcohol and Drug Free Community housing is a major barrier to recovery, thus further increasing their risk of losing custody of their children.

Discussions

Families with Special Needs Report

II. HOW MANY SPECIAL NEEDS FAMILIES ARE THERE IN MULTNOMAH COUNTY?

The Special Needs Report notes that: “While most of the people [with Special Needs] live in households of one, some live in families with minor children or with other household members.” The SN Report acknowledges that “[I]t is difficult to obtain comprehensive data on homeless families. Again, we know more about families that seek shelter through the homeless families system than about families that live doubled-up, or in cars, or camp in our local parks. . In one study sponsored by the Robert Wood Johnson Foundation, 41% of adults in homeless families self-declared that they were suffering from alcohol or drug dependencies or addictions.”

*Special
Needs Report,
P. 8.*

*Special
Needs Report,
P. 12.*

The FWSN workgroup analyzed the reasons for the data gap, reviewed and evaluated the available data from a variety of sources, and developed a “best estimate” that there are between 836 and 1,950 FWSN who lack permanent housing in Multnomah County annually. The following sections will describe these steps, and on p. 32 we present the methodology we used to arrive at our “best estimate.”

ANALYZING THE DATA GAP ON FWSN

At present, there is no comprehensive or definitive data on the number of special needs families lacking permanent housing in Multnomah County. We have identified several reasons for the current paucity of data on this population.

- 1) Agencies that assist homeless families generally have not had systems or staffing in place to tabulate information about the families they serve beyond tracking the numbers of families, the numbers of family members, and information required by funders as a condition of continued funding. Agencies serving homeless families have directed scarce resources to programs, rather than developing comprehensive data systems.
- 2) Although a few agencies, such as the Multnomah County Department of Human Services, Development Disabilities Section, require that a family

member have a documented disability as a condition of receiving services, most agencies do not have this threshold requirement.

- 3) Of the agencies that serve families without a threshold requirement of a documented disability, some lack the resources to do a full assessment on the family to ascertain whether the family includes persons with special needs. Others do an assessment as part of intake and use the information to inform decisions about services, but do not use the same categories of disability as the SNC or do not track the data. In our interviews with representatives of ten agencies, they explained that, in their view, all of the families they assist with housing (short-term rent assistance, vouchers, or placement in transitional or permanent housing) would benefit from a range of services. In particular, children who had experienced homelessness would benefit from services to help them to catch up in school, and restore their sense of safety and security.
- 4) If no treatment is available (*e.g.* permanent supportive housing for families), agencies believe there is no reason to screen for or document the need for such treatment. Agencies are typically not funded to screen or document the need for treatment that the agency cannot provide.
- 5) Agencies ascertain if people are homeless by asking them to self-declare. There are different cultural definitions of homelessness. In many ethnic cultures, none of the 16 people living in one three-bedroom unit will consider himself/herself to be homeless. This will lead to an undercount of people who, by the cultural standards of the dominant culture, lack permanent housing.
- 6) People seeking services do not want to self-identify as homeless, because they are fearful of losing their children to the state Department of Human Services, temporarily or permanently.
- 7) Funders have not requested this information in the past.

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REVIEW OF AVAILABLE DATA ON FWSN

Agencies that did not formally track the incidence of disabilities among the low-income and homeless households they served estimated that about 70% included at least one person with special needs, typically a parent with a mental health and/or substance abuse issue. While this estimate is informative, there are data sources that provide some more concrete information on the number of people living in special needs families.

In the original SN Report, we were able to obtain data from mainstream service systems. We discovered that few mainstream service systems track both family status and disability. One of the key findings of the SN Report was that there was a significant overlap between PWSN and people experiencing homelessness. Therefore, we reviewed homelessness data to see if it provided a source of data on special needs families. The County tracks homeless levels through one-night shelter counts, supplemented with annual “street” counts, and a database system called Crosswalk that tracks the number of unduplicated households served through homeless agencies.

*Please see
section on
Data Gaps,
P. 19.*

Because the one-night shelter count and street counts are “point-in-time” calculations, they have significant limitations. They do not provide information about how long the households counted have been homeless, or how many times they have been homeless during a year.² In addition, point-in-time counts do not tell us the number of families that experienced homelessness over the course of one year.

The Crosswalk data is annualized data. Annualized data is a better indicator than point-in-time data of the number of persons served over the course of the year, but it, too, can be misleading. Annualized data is an excellent measurement of our community’s current capacity to serve homeless persons, but it does not necessarily reflect the full need.

• *THE ONE NIGHT SHELTER COUNT (POINT-IN-TIME DATA)*

This data on people seeking shelter through the County’s shelter system has been collected twice per year---one in March and again in November. The count includes both people who received shelter and those who were turned away.

ONE NIGHT SHELTER COUNT DATA 2002-2005

Date of Shelter Count	Total # of people seeking shelter	# (and %) of people seeking shelter as part of a family	Total # of people turned away	# of people in families turned away	Total # of people who received shelter or transitional housing	# (and %) of people who received shelter or transitional housing as part of a family	Total # of children receiving shelter or	# of children aged 0-5 receiving shelter or
JAN 2005	2,752 + 1,020*	452 + 152	1,020	253	2,752	452	871	416
MAR 2004	2,524	1,303 (52%)	465	316	2,059	987 (48%)	565	268
NOV 2003	2,665		375	269 (incl. 143 children)	2,285	1,148 (50%)	678	313
MAR 2003	2,557	1,456 (56%)	337	226	2,220	1,230 (55%)	756	347
NOV 2002	2,526	1,282 (50%)	394	274	2,132	1,008 (47%)	608	278
MAR 2002	2,502	1,135	445	285	2,057	850 (41%)	498	232

* Unduplicated data for 2005 is not yet available. The first number is the number that received shelter or transitional housing at some point on January 26, 2005. The second number is the number turned away. Some of the people turned away at one location may have sought shelter at other locations, until either receiving shelter or abandoning the search for the night, and would therefore have been counted more than once. Based on self-report, approximately 30.5% of families in shelter indicated one or more disabilities as a cause of their homelessness.

The One Night Shelter Count records only the number of people who sought shelter. National studies suggest that many homeless people do not request shelter, as they know that none will be available for them. In Multnomah County, there is some dispute about whether shelter counts are an accurate measure of demand, particularly for families. Some homeless family advocates have argued that shelter counts reflect the inadequate

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supply of family shelter beds. They contend that families become convinced that their search for shelter will be fruitless, and do not even try to obtain shelter. The following information is included to provide context for the shelter count.

EMERGENCY SHELTER AND TRANSITIONAL HOUSING RESOURCES 2003-04

	Individual Adults	Family Members
2003 Emergency Shelter Beds, including DV beds	967	259
2003 Transitional Housing Beds	1,480	810
2003 Total Beds available	2,447	1,069
2004 Emergency Shelter Beds, including DV beds	1,005	286
2004 Transitional Housing Beds	1,670	988
2004 Total Beds available	2,675	1,274

It is important to note that these emergency shelter and transitional housing beds were augmented with hotel & motel vouchers, and short term rent and mortgage assistance. On January 26, 2005, single adults and couples without children received 24 vouchers and families received 6 vouchers. 66 single adults and couples without children received short-term rent/mortgage assistance, and 186 families received short-term rent/mortgage assistance.

Shelter counts may also not be the best measure for the extent of homelessness among special needs families. National studies suggest that adults with substance abuse and mental health disabilities are less likely to seek shelter than are others. ³No data is available about whether this holds true for families where one of the parents has a substance abuse or mental health disability. However, it is reasonable to assume so, since these families may be reluctant to seek shelter for fear of losing their children to the state either temporarily or permanently.

All of the family shelters now operating in Multnomah County except for the YWCA are faith-based. While some of the shelters do not proselytize families, some may feel uncomfortable seeking shelter from a church based enterprise.

- *STREET COUNT OF THE HOMELESS (POINT-IN-TIME DATA)*

This count has been conducted annually by JOIN. Until this year, the street count was done independently of the shelter count, so it is difficult to assess duplication.⁴ The Street Count done on January 26, 2005 found 2,355 people sleeping outside, in cars or in abandoned buildings, including 351 in families. Families were defined as one or more adult with one or more dependent children.⁵ Of those in families, 69 were children, 17 of those between 0-5 years of age. The Street Count did not ask about disability.

This is higher than the approximately 1,200 people counted in 2004. The two numbers are not directly comparable for two reasons. The 2005 number represents the combined efforts of census-takers from 8 organizations, and included a larger census territory. In addition, the 2004 number is believed to be artificially low since the count followed an unanticipated “sweep” of downtown Portland homeless encampments by the police. Previous street counts ranged between 1,571-1,671 homeless individuals.

- *HOTEL COUNT (POINT-IN-TIME DATA)*

There are about 60 hotels and motels where many homeless families temporarily reside. With the support of the SNFWG, the Coalition for Homeless Families, the Oregon Food Bank, and Portland Impact, a group of PSU students participating in the Capstone program under the tutelage of Professor Gretchen Kafoury undertook to survey families living in these hotels. The survey was conducted on Friday, May 14, 2004. The survey included questions about the incidence of disabilities among family members. The surveyors called on 49 hotels. In all but ten instances the property managers denied the surveyors access to the motel residents. The surveyors collected information from 39 families. The analysis will be posted on the BHCD web site when it is available. The Homeless Families Coalition has learned from the 2004 experience, and hopes to conduct another, more comprehensive hotel count in 2006.

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- *MULTNOMAH COUNTY CROSSWALK DATA (ANNUALIZED DATA)*

The Multnomah County Crosswalk database records and reports data on all extremely low-income people served through the County Department of School and Community Partnerships' homeless family service systems, whether or not the particular program was funded by HUD or from another revenue source. For FY 2003-2004, Crosswalk shows that the County served 1,998 homeless families. Of these, 219 households (11%) had at least one adult with special needs. These 219 households included 221 unduplicated adults with special needs, as follows: 22 had a Developmental Disability, 28 had an alcohol-related disability, 49 had a drug abuse disability, 61 had severe mental illness, and 102 had a physical disability (including HIV/AIDS).

The reported incidence of special needs in homeless families (11%) documented in Crosswalk or reported in the One Night Shelter Count (30.5%) is far lower than the incidence (70%) reported by agency staff interviewed by the FWSN Work Group during our fact-finding process.⁶ We called this discrepancy to the attention of a panel of providers who reviewed the penultimate draft of this report. Those providers included Deborah Riley, the Director of Homeless Services at the YWCA of Greater Portland; Nora Lenhoff, the Family Program Director at Central City Concern, and Cordella Hopson of the Albina Ministerial Alliance. These providers gave as their professional opinion, based on their experience working in agencies that serve homeless families, that the incidence of special needs among families experiencing homelessness is 70%. As described in the Data Gap section, p. 19, above, there are many reasons why the agency client data reported to Crosswalk may differ from the descriptions of their clients that the agencies provided to us. For example, agencies rely upon self-identification and there are cultural and other reasons that families may not want to identify as either homeless or disabled. In addition, Crosswalk agencies have not historically been funded to collect disability information where it is not a threshold requirement for program participation.

The discrepancy is significant and would affect both the "best estimate" of need and further planning for the FWSN population. The incidence figure should be examined closely when ServicePoint data is available.

- *U.S. CONFERENCE OF MAYORS REPORT ON HUNGER AND HOMELESSNESS (ANNUALIZED DATA)*

The U.S. Conference of Mayors Report on Hunger and Homelessness provides an estimate of the number of homeless families based on the County's Crosswalk database, supplemented by data from the four family agencies that do not enter data into Crosswalk. The Report states that 7,094 unduplicated homeless persons in families were served over a one-year period (FY 2003), representing approximately 2,150 families. 4,469 of those served were children (63%). Crosswalk indicates that between 0-30% of all populations served, including families, included a person with special needs.

- *SCHOOL COUNT (ANNUALIZED DATA)*

The federal McKinney-Vento Program requires local school districts to report on the number of homeless children in the public school system. Homeless children and youth are defined for purposes of this School Count as minors who lack a fixed, regular, and adequate nighttime residence. A homeless family could live in an emergency shelter or transitional housing unit, share housing with others due to loss of housing or economic hardship, stay at motels or live in tents or trailers for lack of alternative, adequate accommodations. Unaccompanied minors who have been abandoned by their parents or who have run away from home are also counted as homeless students.

During the 2003-2004 school year, Multnomah County public school districts reported 2,684 homeless children and youth in the public school system. For this data set, homeless children and youth are defined as minors who lack a fixed, regular, and adequate nighttime residence. Unaccompanied minors who have been abandoned by their parents or who have run away from home are also included in the school count. A homeless family could live in an emergency shelter or transitional housing unit, share housing with others due to loss of housing or economic hardship, stay at motels or live in tents or trailers for lack of alternative, adequate accommodations.

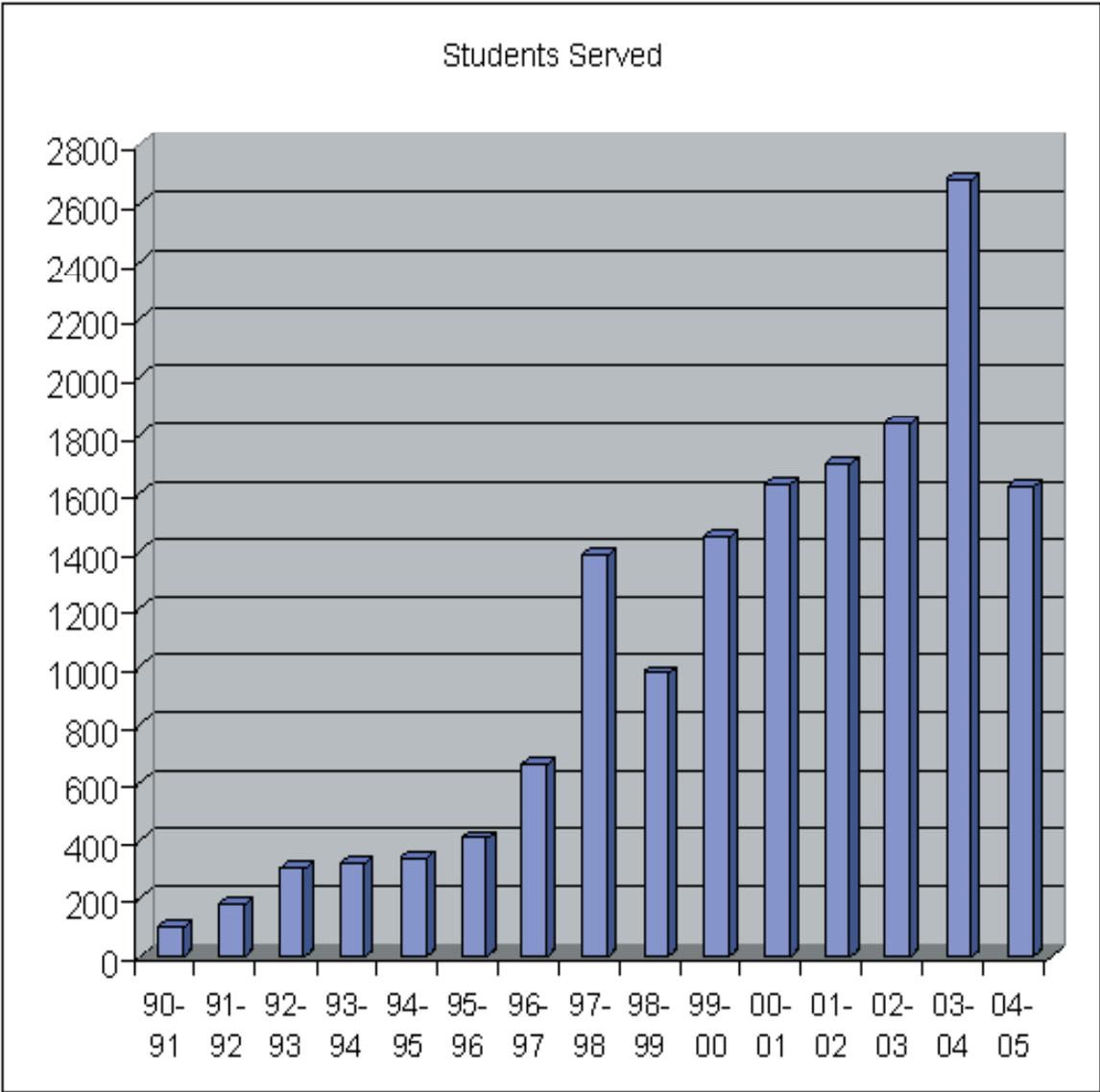
The number and percentage of homeless children and youth in the public school system has increased over time. This chart shows the increasing number of homeless children served in the Portland Public Schools between 1990-1991 and 2003-2004, a period when the overall number of students enrolled decreased. The data is annualized and

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unduplicated. It appears that there are more than 20 times as many homeless children in Portland Public Schools now as there were in the 1990-1991 school year.

NUMBER OF HOMELESS STUDENTS REPORTED SERVED IN PORTLAND PUBLIC SCHOOLS 1990-2004.



During the 2003-2004 school year, the Multnomah County ESD collected the following data:

ESTIMATED NUMBER⁷ OF HOMELESS CHILDREN AND YOUTH ENROLLED IN PUBLIC SCHOOL BY GRADE LEVEL DURING 2003-2004

School District	K- 5	Grade 6 – 8	Grade 9-12	Total
Centennial	8	2	6	16
Corbett	0	0	0	0
David Douglas	54	15	17	86
Gresham-Barlow	6	10	8	24
Parkrose	60	9	44	113
Portland	787	434	824	2045
Reynolds	200	100	100	400
Total	1,115	570	999	2,684

Data was not available about the specific living situations of all of these school-aged homeless children attending public school in Multnomah County, but the report provided this information:

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WHERE HOMELESS PUBLIC SCHOOL CHILDREN LIVE

Number	Place they call home
722 children	homeless shelters
831 children	share housing with another household
22 children	unsheltered
129 children	motel
13 children	live from house to house, day to day
816 children	live in overcrowded conditions without heat or electricity (e.g. cars, garages, campgrounds)
391 children	unaccompanied minors – no address given
16 children	sub-standard RV parks with no permanent utility hook ups and no garbage service

The Multnomah County ESD data set does not include homeless preschool-aged children or homeless children or youth who are not enrolled in public school, since that data is unavailable to most districts. One hundred homeless children in pre-school through eighth grade are currently enrolled at the privately-funded Community Transitional School.

An advantage of the Multnomah ESD data set is that it includes more of the families who are living “doubled up” than the street count or shelter count.

The numbers from the Multnomah County ESD and the Community Transitional School, while shockingly high, tend to confirm the estimates derived from the one-night shelter counts and Crosswalk data. Because every child needs a home in order to succeed in school and in life, these numbers signal catastrophe for almost 3,000 children.

BEST ESTIMATE OF THE NUMBER OF FWSN IN MULTNOMAH COUNTY WHO NEED
PERMANENT HOUSING

Because there is no reliable record of the number of families with special needs who lack permanent housing at present, we have developed a working estimate to use in planning until better data is available.

- 1) We chose to base our estimate on the Multnomah County School Count (annualized data). We prefer the School Count to the Street and One Night Shelter count data because homeless families (as distinct from homeless unaccompanied adults) tend not to live in shelters or on the street. Homeless families tend to live doubled-up with relatives, in sub-standard motels, or in automobiles, garages and other locales that are not as well represented in the One Night Shelter and Street Counts.⁸ Most children from all of these families are enrolled in school.
- 2) In 2003-04, Multnomah County public school districts estimated that they served 2,684 students.⁹
- 3) According to the public policy report issued by the National Center on Family Homelessness in 2003, Homeless Children: America's New Outcasts, (www.familyhomelessness.org) 20% of school aged homeless children are not enrolled in school. If we adjust the 2003-04 Multnomah County School Count number to reflect the 20% of homeless, school-aged youth not enrolled in school, the total number of such youth is 3,355.
- 4) According to the One Night Shelter count, 40% of all children in shelters are less than 5 years old. If we assume that families in shelter have the same age spread as homeless families not in shelter, 40% of homeless children are not school-aged. If the number of homeless school aged youth (3,555) is 60% of the total number of homeless children under age 18, then there were 5,925 homeless children in Multnomah County in 2003-04, including 2,370 children 0-4 years of age.

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- 5) Data from the One Night Shelter Count suggests that the average homeless family seeking shelter has three members: one adult and two children. Assuming that this estimate holds true for all homeless families, we can estimate that there were 2,786 homeless families in Multnomah County in 2004.¹⁰
- 6) Our interviews with providers and the comments we received from experienced providers who reviewed the draft report, suggest that about 70% of the homeless families they serve have an adult with special needs, and therefore are FWSN. Based on this assumption, we calculate that there may be as many as 1,950 FWSN who lack permanent housing in Multnomah County annually. This percentage (70%) is probably on the high side, because families with special needs are more likely to seek assistance from agencies.
- 7) The One Night Shelter Count data suggest that about 30% of homeless families include an adult with special needs. Based on this assumption, we calculate that there are no fewer than 836 FWSN who lack permanent housing in Multnomah County annually. This percentage (30%) is probably on the low side, since, as discussed on p. ___ of this Report, studies show that people with mental illness and/or substance abuse issues are less likely to seek shelter than others.
- 8) Our best estimate is that between 836 and 1,950¹¹ FWSN need housing and services.
- 9) Although we expect that most FWSN will will require permanent supportive housing, we anticipate that some would do well in housing with rents set at a level that they could afford and minimal linkage to services. This is an issue that we have flagged for further analysis. Multnomah County now has 105 units of permanent supportive housing for FWSN. If all FWSN required supportive housing, the gap between need and availability would be between 731 and 1,845 units. Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County, Oregon, has committed to develop 600 units of family permanent supportive housing over ten years. BHCD has declared that it will

directing the bulk of its development resources to housing affordable at 0-30% MFI, and shortly will be setting specific goals and creating a resource allocation strategy to achieve them.

SERVICE POINT

A housing and human services management information system will be phased in throughout Multnomah County over the next 2-3 years, using a product called ServicePoint. All agencies and faith communities serving people who are homeless will be given training and access to ServicePoint to collect data on individuals experiencing homelessness. The system will give us more comprehensive and unduplicated data on people served and people turned away.

Although ServicePoint is being implemented as a result of a federal mandate that all communities receiving federal homeless assistance funds implement a Homeless Management Information System (HMIS), the Portland/Multnomah County application will exceed federal requirements in several ways. While HMIS is primarily a data-entry system, ServicePoint functions as both a data entry system and a working case management system.

*For
discussion on this
topic, see p. 38.*

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COMPARISON OF HMIS AND SERVICEPOINT

<p style="text-align: center;">HMIS (the Federally Mandated Homeless Management Implementation System)</p>	<p style="text-align: center;">ServicePoint (the local Housing and Human Services Information System)</p>
<p style="text-align: center;">Primary function: to collect data from providers that serve people experiencing homelessness</p>	<p style="text-align: center;">Primary function: to collect data from housing providers and agencies/entities that serve low-income people</p>
<p style="text-align: center;">Complementary function: none</p>	<p style="text-align: center;">Complementary function: optional client management tool that can track: service information case management information information and referral</p>
<p>Participation by domestic violence agencies: DV agencies are not required to participate in initial HMIS implementation due to concerns about maintaining client privacy and safety.</p>	<p>Participation by domestic violence agencies: ServicePoint employs the latest encryption technology to allow DV agencies to provide non-identifying information about all DV clients. As a result, Portland and Multnomah County Domestic Violence (DV) agencies are participating in initial HMIS implementation.</p>
<p style="text-align: center;">Geographic scope: Regional HMIS not required. HMIS is not required to facilitate the provision of services to families or individuals experiencing homelessness who are highly mobile.</p>	<p style="text-align: center;">Geographic scope: ServicePoint is being implemented regionally, including adjoining Washington and Clackamas counties. Regional implementation will permit agencies in participating counties to share information provided the individual or family signs a release. This will assist homeless people by reducing the number of lengthy intakes and helping providers to better serve mobile homeless families and individuals.</p>

3) Housing Placement

Currently, Families with Special Needs that lack permanent housing seek support through a variety of agencies. Some of these agencies do not have the ability to make any housing referrals. Other agencies make referrals to shelters or give the family a voucher for a motel. Some operate transitional housing facilities, limited duration housing coupled with fairly intensive levels of service. A few help some of the families they serve to move into permanent rental housing as quickly as possible, and provide them with home-based case management.

*For discussion
on this topic, see p.
38.*

a) Permanent Supportive Housing (PSH)

Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County, Oregon endorses the Housing First approach, citing studies that demonstrate a high rate of success at stabilizing chronically homeless adults and families by immediate placement in permanent housing linked with services.

We agree that the concept of Housing First is also applicable to Families with Special Needs. Stability is essential for families. Children need stable homes in order to succeed in school and in life. Each transfer from one school to another can set a child back as much as 6 months in educational attainment. We recommend placing families that are ready to live independently in housing linked to home-based case management directly into Permanent Supportive Housing. Securely housed clients are better able to exercise self-determination in the selection of services.

i. Overcoming barriers to PSH

There are two primary barriers to implementing the Housing First approach for FWSN. The Consolidated Plan11 documents a severe shortage of family-size housing affordable to households with incomes below 30% MFI. Any plan to address the needs of Families with Special Needs must ensure there is an adequate supply of family-size housing for FWSN.

*For discussion
on this topic, see p.
38.*

The second barrier is systemic. There are not enough institutional connections between mainstream family housing providers and mainstream service providers. Such partnerships will be necessary to take full advantage of opportunities like New Columbia. The Housing and Services Partnership group coordinated through BHCD and the County Housing Director has been developing new ways to promote partnerships, such as their well-attended “matchmaking” events.

For discussion on this topic, see p. 38.

- ii. Bridges to Housing: PSH for high need families: Bridges to Housing is a four-county, bi-state program to prevent and end family homelessness in the Portland-Vancouver metropolitan area.¹² The focus of Bridges to Housing is on families with complex problems that have resulted in repeated episodes of homelessness, a population not well served by current public or private efforts. Bridges to Housing will use both public and private resources to fund community-based programs that offer permanent housing and a comprehensive range of individualized services for all family members, with a particular emphasis on identifying and addressing the needs of the children.

To provide accountability and to ensure that the public funding is directed to the most effective programs, all Bridges to Housing providers will report on a set of unified outcomes including:

- 1) housing stability;
- 2) family unity;
- 3) family economic stability;
- 4) all family members’ mental and physical health; and
- 5) children’s social, emotional, and educational growth.

Continued funding will be contingent on timely and accurate reporting on these unified outcomes. Program evaluation will take into account that the clients have multiple needs and face significant barriers to achieving stability. Although the

economic, social, and individual factors that contribute to family homelessness are complex, evidence shows that projects combining permanent housing and supportive services can nurture family stability and end family homelessness.

Bridges to Housing will encourage providers to propose projects that they believe will meet the needs of homeless families with the greatest service needs. There will be room for providers to explore housing models that may differ from standard market housing. Low-barrier family housing for families not immediately engaged in services but who have made a commitment to engage has not been tried in this region, but could be considered within the Bridges to Housing program.

- b) Transitional housing: Transitional housing will continue to play an important role in assisting FWSN. Families that, at the time they enter the system, require short-term, intensive interventions and support in a structured environment will require facility-based transitional housing. Facility-based transitional housing may also be appropriate for assessment of a family where there is an issue about the parenting skills or the safety of family members. Transition to permanent supportive housing should be accomplished as soon as possible, and the family should be provided with case management and other support from service providers, so that family members can transition in place to a greater level of independence.

For discussion on this topic, see p. 38.

c) Alcohol and Drug Free Community (ADFC): For families in recovery from addictive disorders, supportive Alcohol and Drug Free Community (ADFC) housing is an important resource. Both transitional and permanent ADFC housing create a service-enriched clean and sober peer community for families as they stabilize in their recovery. Housing choice is vital for FWSN, with the ideal being a range of safe, affordable ADFC and non-ADFC housing with different levels of service intensity and length of stay.

- d) Shelters:

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There are no shelter set-asides for FWSN. In 2005, there are nine shelters that offer safe places for homeless families to stay, not including shelters specifically for survivors of domestic violence. These nine shelters currently have capacity for about 77 families in a total of 236 family shelter beds.¹³ Only six of the shelters operate on a year round basis. They are open 24/7 and have capacity for 63 families in 196 family shelter beds.

These shelters are open to FWSN, but are not necessarily accessible and do not offer family privacy. Two of the winter shelters do not allow the families to stay for 24 hours. While these conditions may pose hardships for all families, they are particularly difficult for FWSN.

For discussion on this topic, see p. 38.

SHELTERS FOR HOMELESS FAMILIES AS OF MARCH 2005

Emergency Shelter	Estimated Capacity: Families	Absolute Capacity: Individual Beds	Access Number
Goose Hollow Shelter	8	24	503 721-1500
Common Cup Shelter	3	8	503 721-1500
Salvation Army Door of Hope	15	60	503 721-1500
YWCA Safe Haven	10	56	503 721-6765
Human Solutions Daybreak	5	15	503 491-0578
Reedwood Shelter	3	8	503 988-6000
My Father's House	5	15	503 492-3046
My Sister's House	5	15	503 6665-1026
Portland Rescue Mission: Shepherd's Door	23	35	503 256-2353
Total Capacity as of 3/18/05	77 Families	236 Individuals	

- e) Restrict motels to very short-term emergency situations: Motels are expensive and a poor use of resources. Because the environment poses significant risks to children, we do not believe that motels are appropriate housing for any families with children. Motel use should be used as a last

resort in emergency situations, and then only for a night or two until a more appropriate placement is available.

4. *SHORT-TERM RENT ASSISTANCE & LONG-TERM RENT SUBSIDY*

We recommend enhanced short-term rent assistance and long-term rent subsidy resources for FWSN.

a. Long-term rent subsidy

Long term rent subsidies, like Section 8, are ideal for households that, because of the disability of a family member, have limited opportunity to increase income over time.

Due to federal budget decisions, HUD has begun to implement a series of cuts to the Section 8 program, reducing the availability of this critical resource.

To promote self-sufficiency for households with greater earning potential, some providers have been requiring those households receiving long-term rent assistance to make an increasing contribution to rent over time. Locally, Central City Concern has been successfully using this graduated rental assistance model for five years with funding from the State through Multnomah County. As part of the integrated service and housing continuum of the Family Alcohol and Drug Free Community Network (FAN), rent assistance has proven to be an effective tool to support families in housing while helping them move towards self-sufficiency.

We also recommend programs that gradually increase a FWSN's rent, placing part of the increase into an account that the family can use toward first and last month's rent when it exits the housing.

*For discussion
on this topic, see p.
38.*

b. Short-term rent assistance

Short-term rent assistance also has a role in preventing homelessness and promoting stability in housing among FWSN. Rent assistance is the cheapest and best way to prevent family homelessness. Rent assistance is also the fastest way to get a family that is homeless back into housing.

The Transitions to Housing short term rent assistance program demonstrates that even a small amount of rent assistance makes a long-term difference. Short-term rent assistance can help a family to remain housed when a financial crisis creates a risk of eviction.

5. *ACCESSIBILITY.*

Accessibility is a barrier for some FWSN. Housing should meet Fair Housing Act guidelines for accessibility.

6. *LOCATION ISSUES.*

Where a family lives can have an impact on the goal of family housing stability, and can give the family an opportunity to exercise self-determination. Some FWSN will do best in a housing situation that puts them in close proximity with other families facing similar challenges who are potential sources of peer support. Services may be located on-site or nearby. For others, scattered site units in safe neighborhoods will be a better fit. For example, some families where a member is disabled by alcoholism/drug abuse will want to live in alcohol/drug free communities. Other families will prefer to live where no one is in recovery.

The benefit of proximity to other family, job opportunities, good schools, and treatment should all be considered. Transportation to appointments, school, and work can be costly if the housing unit is not close to mass transit that runs frequently enough to be useful.

A move that requires a child to transfer to a new school will disrupt the child's educational progress. If the move is, overall, in the family's best interest, the child



should receive school support services. FWSN may benefit from involvement with a SUN school that provides services and enrichment activities to all family members at a centralized and family-friendly location.

Similarly, some families may prefer to live within a cultural enclave where community elders and/or religious groups may offer community that can help a FWSN stabilize and thrive, while others may prefer to live elsewhere. The Native American Recovery Association (NARA) described the role that mentors play within the Native American community.

7. *SERVICE COORDINATION.*

Families with Special Needs have the same need for service coordination as individual PWSN, but there are even more services to coordinate. Currently, a typical Family with Special Needs will have had contact with multiple agencies, regarding medical treatment, income supports, employment training, and other services. There may have been contact with the criminal justice system, and/or with Child Protective Services. The FWSN is required to navigate multiple systems, and to coordinate and manage communication among them. The current system overwhelms and fails most FWSN.

Providers of homeless services reported to us that as many as 70% of the families they serve have special needs. Many are not able to obtain treatment. In addition, the key informants told us that there are FWSN who are not accessing either the homeless families service system or the mainstream treatment system. These families live doubled-up, and contact agencies for food boxes, clothing, and utility assistance. These families would benefit from access to services, and service coordination.

*For
discussion on this
topic, see p. 38.*

Discussions

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To properly coordinate services to Families with Special Needs, the service system must change. Many of these changes cost money, but will be more effective in ending family homelessness.

8. *FLEXIBLE RESOURCES FOR A RANGE OF SERVICES:*

Currently, most service dollars are dedicated to a specific service or set of services, depriving the case manager of the flexibility to use those dollars to meet the particular needs of a given client. Programs that have allowed the caseworkers flexibility in the use of funds have noted good success rates.¹⁴

In the interviews we conducted, these categories of services were mentioned repeatedly: Supports to remain in housing – e.g. housekeeping, money management; classes such as Ready to Rent.

1. Direct services to person with special need: e.g. medication management, alcohol/drug counseling and/or treatment, mental health counseling and/or treatment, and accommodation for developmental and physical disabilities
2. Services to children of PSN, e.g. transportation to school or medical appointments, tutoring, Alanon or other support groups, educational enhancement programs, recreational programs
3. Services to family members of PSN, e.g. transportation to medical appointments, Alanon or other support groups, education, employment services, respite care
4. Life skills training.
5. Parenting skills, anger management,
6. Assistance in obtaining long-term income supports; job training and mentoring for those who are able to work,
7. Housing case management services to assist FWSN to overcome the issues that put them at risk of homelessness. In general, these services are needed in addition to the direct services or treatments for the disability. For example, a FWSN where one or both parents has a disability related to

alcohol/drug addiction, and a poor credit history, a corrections history, or poor references from past landlords, a housing case manager may be able to work with a housing provider to waive the standard tenant eligibility criteria through programs like Fresh Start.

For discussion on this topic, see p. 38.

8. Translation services
9. Literacy
10. Interventions in domestic violence situations; counseling to address related trauma
11. Close coordination with agencies such as DHS Child Welfare, FIT, etc that intervene or work directly with children and parents.
12. More resources for Case Managers to provide basic household furnishings to families who have no furniture, dishes, bedding, etc.
13. Legal representation related to criminal, immigration, divorce, custody, or other outstanding issues

9. MEET NEEDS IN A CULTURALLY APPROPRIATE WAY.

We recommend the adoption of the principle that services must be provided to all persons in a culturally competent way. There is the same cultural diversity among FWSN as with any cross-section of the population. There are FWSN that include refugees, members of minority racial and/or ethnic groups, and people who do not speak or read in English. There are FWSN that include undocumented persons. These FWSN face some additional barriers, over and above the barriers to disability, poverty, and system failure that affect other FWSN. We interviewed several agencies that serve people of color and other discrete cultural groups. We asked specific questions to identify specific barriers faced by FWSN that include persons of color and other discrete cultural groups. We identified the following barriers:

1. They may face discrimination in housing, in the receipt of services, in access to education, and in the workplace.¹⁵

Discussions

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2. There may be cultural or language barriers that make it more difficult to make a comprehensive assessment of the medical, housing, and service needs of a person of color, and more difficult to allow a person of color to exercise self-determination.
3. Denial of disability is stronger in some cultural communities. For example, mental illness is not recognized in some cultures, and is heavily stigmatized in others.
4. Persons of color may need culturally specific services that are unavailable locally or are not available at subsidized rates through government or non-profit agencies.
5. Persons of color may belong to a cultural group that does not acknowledge or believe in the type of services that are available and affordable.
6. There may be language barriers to receipt of the services.
7. Undocumented persons often are reluctant to seek services.
8. The mobility of some communities may affect the ability of community members to maintain relationships with local service providers. For example, Hispanic agricultural workers who migrate seasonally in search of work face barriers in developing relationships with service providers. The insularity of the Romany people, which discourages members from seeking medical care outside the community, is reinforced by their mobile culture.

*For discussion
on this topic, see p.
38.*

Although all FWSN have many service needs in common, our interviews with providers emphasized the importance of responding to those needs in a culturally appropriate way in order to bring about the desired change. Well-intended but culturally inappropriate behavior, for example touching a Native American woman or seeking to establish eye contact with an Asian man, will impede or even block the creation of trust and rapport necessary to effectively serve the client.

Discussions

IV: WHAT HOUSING AND SERVICE RESOURCES ARE CURRENTLY AVAILABLE FOR FAMILIES WITH SPECIAL NEEDS?

There are some housing and service resources now available to families with special needs.

A. PERMANENT SUPPORTIVE HOUSING RESOURCES

There are 105 units of family-sized permanent supportive housing, where the residency is not time-limited and the families receive services to assist them to remain housed and, where possible, to increase their incomes.

INVENTORY OF PERMANENT SUPPORTIVE HOUSING FOR FAMILIES WITH SPECIAL NEEDS (2005):

Facility Name/Operator	Number of Family Sized Units	Population Served
Green Tree Court (HSI)	11	A/D &/or Mental Health
Hazelwood Station (P3 and Specialized Housing)	16	Physical Disabilities
Alpha Apartments* (CCC)	22	A/D
Interstate Crossing* (CCC)	12	A/D
Cambridge Court* (CCC)	20	A/D
Taggart Manor* (CCC)	24	A/D
Total	105	

*Part of the Family Alcohol and Drug Free Community Network.

A majority of these units are part of the Family Alcohol and Drug Free Community Network (FAN). FAN provides an integrated continuum of housing and services, and has demonstrated success at achieving positive outcomes for families that have been destabilized by the substance abuse of a parent. These families cannot recover without

alcohol and drug treatment. For many families in recovery from addictive disorders, FAN housing is critical to their success in treatment and their stability and continued sobriety upon treatment completion.

Supportive services to residents of alcohol and drug free community housing may be provided as part of a coordinated qualified provider network like the Family Alcohol and Drug Free Community Network. In this model, Family Mentors work intensively with FWSN and the various case managers and service providers they're involved with to link them to services and maximize their success. Intensive Family Mentor involvement, the supportive peer housing community, and access to treatment, health care, and employment programs, helps meet the needs of the FWSN as they navigate various service systems.

While case management is typically offered for a limited term of six months to a year, it could be extended depending on the severity of the disability and the family's need. For example, Central City Concern's 97 units of Alcohol and Drug Free Community housing provide a range of supportive transitional and permanent housing in seven buildings. 160 families lived in this housing in 2004.

B. TRANSITIONAL HOUSING RESOURCES

Multnomah County is fortunate to have 83 units of time-limited transitional housing for homeless families. These units provide time-limited housing (typically up to two years) and intensive services to the residents to assist them to address the issues that contributed to their homelessness.

While these units are not designated for FWSN, the agency staff we interviewed estimated that approximately 70% of the families in residence at any given time included at least one adult with a special need.

Discussions

Families with Special Needs Report

INVENTORY OF TIME-LIMITED TRANSITIONAL HOUSING¹⁶ FOR HOMELESS FAMILIES (NOT NECESSARILY WITH SPECIAL NEEDS):

Facility Name/Operator	Number of Family Sized (2+ BR) Units	Population Served
Julie's Place* (CCC)	4	A/D & mental health
Longbourn House ^{17*} (CCC)	5	A/D & mental health
Richmond Place (Portland Impact)	20	A/D and other disabilities
Sunrise Place* (CCC)	20	A/D
Willow Tree (HSI)	10	Families (typically with special needs)
Turning Point (Neighborhood House)	24	
Total	83	

*Part of the Family Alcohol and Drug Free Community Network.

Most families with special needs live in subsidized housing (public housing, Section 8, or non-profit housing) or market rate housing. The limited availability of housing FWSN can afford means that many of these families are paying more than 30% or even 50% of their income for rent and are at increased risk for homelessness. These families do not typically have case management or any other consistent link to the service system.

OTHER RESOURCES

- National Alliance to End Homelessness: <http://www.endhomelessness.org/>
- Minnesota Family Homelessness Prevention and Assistance Program: <http://www.endhomelessness.org/best/fhpap.htm>
- Beyond Shelter, Inc.: <http://www.beyondshelter.org/>
- The "Housing First" Approach For Families Affected by Substance Abuse (PDF), an article by Tanya Tull, Beyond Shelter President/CEO. Reprinted from the Spring 2004 edition of The Source, a publication of The National Abandoned Infants Assistance Resource Center.
- Oregon's Office of Mental Health and Addiction Services: <http://www.endhomelessness.org/best/OMHAS.htm>
- Atlantic County, N.J. Department of Family and Community Development: (strategies to shorten the time families spend homeless) <http://www.endhomelessness.org/best/Atlantic.html>

Discussions

FUNDERS OF HOUSING AND SERVICES

Agency	Comment
<p>Multnomah County Department of Human Services</p> <ul style="list-style-type: none"> - Aging and Disability Services - Alcohol and Drug Treatment <ul style="list-style-type: none"> - Mental Health -Development Disabilities 	
<p>Multnomah County Health Department</p> <ul style="list-style-type: none"> - HIV/AIDS 	<p>State treatment funding through Multnomah County for residential treatment for pregnant and parenting women</p>
<p>Multnomah County Office of School and Community Partnerships</p> <p>Sun Schools, Clearinghouse, Short-term Rent Assistance</p>	
<p>Multnomah County Department of Community Justice, Transition Services Unit</p>	<p>Funds programs for adults leaving the corrections system</p>
<p>State of Oregon Department of Human Services, Office of Mental Health and Addiction Services</p>	<p>OMHAS funds, through Multnomah County, rental assistance and staff coordination for family alcohol and drug-free housing.</p>
<p>State of Oregon, Department of Human Services</p> <ul style="list-style-type: none"> - TANF -JOBS Support Services 	<p>The service funding stream for FWSN through the federal Department of Human Services and its state counterpart has the potential of offering significant resources to these families, ensuring that they have enough income to pay for housing. However, the agencies we interviewed suggested that more work in needed to engage DHS in ending family homelessness.</p>

Agency	Comment
State of Oregon Department of Human Services, Child Welfare	Funding for children's safety
U.S. Department of Education	Special Education Money
U.S. Department of Housing and Urban Development	Funds operations and services through McKinney Vento HOME, CDBG, ESG, HOPWA, Section 202 and Section 811 and other capital funding for development of new special needs family housing
U.S. Department of Health and Human Services	Medicaid
U.S. Department of Agriculture	Meals programs
City of Portland	Short-term Rent Assistance, primarily through Transitions to Housing program Children's Investment Fund (joint City-County effort, administered by City)
HAP	Public housing Section 8 vouchers Project-based Section 8 Short term rent assistance Developer of transitional family housing
Private Donations	Volunteers, cash and in-kind donations, through individuals and churches
Oregon Health Plan	Major resource for health care, mental health and addiction treatment for low income families
Federal Center for Substance Abuse Treatment	5 year, \$2 million grant for Family-based Latino Outreach and Addictions Treatment (CCC and Catholic Charities)
Neighborhood Partnership Fund	New resident services funding

Discussions

Families with Special Needs Report

Agency	Comment
Oregon Department of Housing and Community Services	Tax credits; capital funding for development of new family housing
Portland Development Commission	Capital funding for development of new family housing

V. WHAT RESOURCES ARE NEEDED TO MEET THE HOUSING AND SERVICE NEEDS OF FWSN?

To meet the housing and service needs of the estimated 1,950 FWSN in Multnomah County would require a significant sum. Apart from housing costs, service costs in other cities have run up to \$7,800 per family. Bridges to Housing estimates two-year service costs at \$4,000 per family, with an additional \$4,500 for child care/early childhood education.

The workgroup acknowledges that the resource picture at the present time is bleak. The federal government has announced the first ever cuts to the McKinney Homeless Assistance Program, and is continuing to whittle away at other housing resources for the most vulnerable, including public housing (11% cut) CDBG and HOME (5.1% cuts) and Section 8 (freezing reimbursement rates at levels not sufficient to cover rising costs of the program). The federal government is also seeking to change the eligibility requirements for Section 8 and public housing, so that there will be fewer resources reserved for the most needy. The state government has its own financial woes, and is dismantling safety net programs like the Oregon Health Plan and General Assistance.

We therefore recommend pursuing a number of strategies in addition to those in the Special Needs Report .

*These
recommendations
can be found on
p. 38.*

Discussions

Families with Special Needs Report

(Footnotes)

- 1 Under the Fair Housing Act, persons with disabilities are entitled to reasonable accommodations for their disability, including an adjustment in the property management's usual policies or practices. However, in practice, many families do not pursue this right.
- 2 The federal definition for a chronically homeless person is a disabled person who has been homeless for a year or more, or four or more times in a three-year period. Anecdotal evidence suggests that there are some families that have been homeless for the duration required to qualify as "chronically homeless." Again, anecdotal evidence suggests that these families include at least one member with a special need. The Coalition for Homeless Families has developed this working definition of a chronically homeless family: "A household with one or more children and adult/s with a disabling condition, and/or multiple and severe barriers, that has experienced homelessness two or more times in a three-year period, or has been living outside, doubled-up, or in shelters for six months or more."
- 3 On January 26, 2005, for the first time, the street count was done on the same date as the shelter count.
- 4 The Report on the January 26, 2005 Street Count notes that the surveyors were not sure how to apply the family indicator, and used it inconsistently. At data entry time, some obvious anomalies were corrected, e.g. the family designation was removed from adult couples unaccompanied by children. Additional information and training will be provided for the next Street Count.
- 5 For comparison, we also reviewed the Crosswalk data for FY 2003-2004 for the County domestic violence system. That data suggested that 30% of all adults served in that program had a special need.
- 6 These numbers are estimates based on interviews with children and observations of school staff.
- 7 The One Night Shelter Count and Street Count does try to account for homeless families living in cars, and in hotels subsidized by a voucher. However, the methodologies do not account for families living doubled up, in substandard motels, garages, parks, and in cars outside the survey area.
- 8 Advocates assert that many districts had difficulty implementing the surveys and that this number undercounts the number of homeless students.
- 9 Using this ratio of one adult to every two children, if there are 5,592 homeless children, we can estimate that there are 2,796 adults living with them. Thus, we estimate that the total number of individuals in homeless families (an adult and one or more children less than 18 years of age) in Multnomah County during 2003-2004 was 8,388.
- 10 HUD requires each participating jurisdiction to prepare a Consolidated Plan establishing its priorities for allocating federal housing and community development funds. The Consolidated Plan is required by federal regulations to contain a housing needs assessment and a housing market analysis based on the best available data in order to justify these priorities. The Multnomah County Consortium's Consolidated Plan 2000-2005, and its draft Consolidated Plan 2005-2010, document the shortfall in family sized housing affordable to households with incomes at or below 30% MFI.
- 11 Bridges to Housing was loosely modeled on the Washington Sound Families Initiative.
- 12 One shelter, the Shepherd's Door, has capacity for an additional 20 families (approximately 25 additional people), but, due to funding constraints, is currently using only 23 of its 43 rooms.
- 13 The Transitions to Housing program offers flexible funds that can be used for short term rent assistance, moving expenses, security deposits, etc. In addition to providing the shallow rental assistance, partnering agencies were also required to provide housing case management along with their mix of core services. A program evaluation conducted by independent consultants for the two-year period (January 1, 2001 - December 31, 2002) found that, at six-month post-enrollment follow-up, 74.2% of program participants had attained permanent housing and another 13.3% were reported as having promising prospects for permanent housing. At twelve-month follow-up, 62.0 % of program participants were in permanent housing and 9.3% had promising prospects.
- 14 It appears that continuing racial discrimination contributes to the fact that persons of color are over-represented in the homeless population and in the population of people living in poverty. In Multnomah County, In Multnomah County, 20% of the population are people of color. One in four people of color are living in poverty (26%). People of color are disproportionately represented in the homeless population, although they represent a smaller percentage of Multnomah County's total population. Only fifty percent of Portland's homeless persons describe themselves as white.

