Multnomah County Oregon

Board of Commissioners & Agenda

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FEBRUARY 8 & 10, 2005 BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 11:00 PM, Channel 30
Saturday, 10:00 AM, Channel 30
Sunday, 11:00 AM, Channel 30

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Tuesday, February 8, 2005 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

B-1 Board Briefing on a Range of Housing and Homeless Issues, Including a Briefing on *Home Again: The Ten Year Plan to End Homelessness.* Presented Commissioner Erik Sten, Dan Steffey, Richard Harris, Janet Byrd, Steve Rudman, Diane Luther, Staff from Multnomah County, City of Portland and Housing Authority of Portland. 2 HOURS REQUESTED.

Thursday, February 10, 2005 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM
DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES

C-1 RESOLUTION Authorizing the Private Sale of a Tax Foreclosed Property to MARK and LESLIE MAHLER

C-2 RESOLUTION Authorizing the Private Sale of Tax Foreclosed Property to THE REED INSTITUTE TR (THE ALICE CORBETT TRUST)

REGULAR AGENDA - 9:30 AM
PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

OFFICE OF SCHOOL AND COMMUNITY PARTNERSHIPS - 9:30 AM

R-1 **9:30 TIME CERTAIN**: School Aged Policy Framework Briefing. Presented by Dianne Iverson and Invited Guests. 1 HOUR REQUESTED.

SHERIFF'S OFFICE - 10:30 AM

R-2 First Reading of a Proposed ORDINANCE Amending Multnomah County Code Section 15.813 and Adding Section 15.821 (Relating to Aggressive Driving)

NON-DEPARTMENTAL - 10:40 AM

R-3 Recognizing "A Helping Hand for Caregivers" Video Awards. Presented by Mary Shortall. 10 MINUTES REQUESTED.

R-4 RESOLUTION Authorizing Alternative Disposition of the Morrison Building

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES - 11:00 AM

R-5 RESOLUTION Establishing Fees and Charges for MCC 11.05 Land Use General Provisions, 11.15 Zoning, 11.45 Land Divisions, 37 Administration and Procedures, 38 Columbia River Gorge National Scenic Area, and Repealing Resolution No. 04-128

R-6 RESOLUTION Authorizing the County to Make an Internal Loan from the Capital Acquisition Fund to the Facilities Management Fund in the Amount of $75,260 to Purchase a Modular Trailer to be used for County Health Operations

R-7 Update on Animal Services Cattery Remodel Project. Presented by Mike Oswald. 10 MINUTES REQUESTED.

NON-DEPARTMENTAL - 11:30 AM

R-8 Grant Agreement with Central City Concern for Rose Quarter Housing

R-9 Authorizing Settlement of Multnomah County Circuit Court Case No. 0406-06268, Dorena Moore v. Multnomah County

Thursday, February 10, 2005 - 11:45 AM
(OR IMMEDIATELY FOLLOWING REGULAR BOARD MEETING)
Multnomah Building, First Floor Commissioners Conference Room 112
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(2)(h). Only Representatives of the News Media and Designated Staff are allowed to Attend. Representatives of the News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Executive Session. No Final Decision will be made in the Executive Session. Presented by Agnes Sowle. 15 MINUTES REQUESTED.

Lonnie Roberts
Multnomah County Commissioner
District 4

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MEMORANDUM

DATE: January 31, 2004

TO: Chair Diane Linn
Commissioner Maria Rojo de Steffey, District 1
Commissioner Serena Cruz, District 2
Commissioner Lisa Naito, District 3
Board Clerk Deb Bogstad

FROM: Kristen West
Staff Assistant to Commissioner Lonnie Roberts

RE: Notice of Meeting Excuse

Commissioner Roberts will not be attending the February 1, 2005 Executive Session or the February 8, 2005 Board Briefing. He will be on vacation in Hawaii until February 9, 2005. Thank you.

MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST

Board Clerk Use Only	
Meeting Date:	02/08/05
Agenda Item #:	B-1
Est. Start Time:	9:30 AM
Date Submitted:	02/02/05

BUDGET MODIFICATION: -

Agenda Title: **Board Briefing on a Range of Housing and Homeless Issues, Including a Briefing on *Home Again: The Ten Year Plan to End Homelessness***

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Date Requested:	02/08/05	**Time Requested:**	2 hours
Department:	Non-Departmental	**Division:**	Commissioner Serena Cruz
Contact(s):	Mary Carroll		
Phone:	503 988-5219 **Ext.** 85275	**I/O Address:**	503/600
Presenter(s):	Commissioner Erik Sten, Dan Steffey, Richard Harris, Janet Byrd, Steve Rudman, Diane Luther, Staff from Multnomah County, City of Portland and Housing Authority of Portland		

General Information

1. **What action are you requesting from the Board?**

   This is a briefing. No action required at this time.

2. **Please provide sufficient background information for the Board and the public to understand this issue.**

   The purpose of this briefing is to inform the Board about the inter-jurisdictional strategies and collaborative efforts of the County, Cities, community agencies and institutions in order to end the institutionalization of homelessness, link services to housing; develop and preserve affordable and supportive housing; improve assistance to people at risk of homelessness. This briefing will also include challenges to current funding and strategies to increase and leverage funding.

3. **Explain the fiscal impact (current year and ongoing).**

   Approximately $30 million is spent on services for homeless people in Multnomah County every year. The Plan to End Homelessness recommends changing the focus of the homeless system to deal with chronic homelessness and to move people into permanent housing. The Board and the

Portland City Council will have to agree to changes in the allocation and administration of the rent assistance funds at some point in the future. Rent assistance funds include funds from HAP, City of Portland and Multnomah County.

4. **Explain any legal and/or policy issues involved.**

   Multnomah County has been working across departments and with community and other government partners to link supportive services to housing. The County has been working with hospitals, prison and jails and other institutions on a discharge planning process for indigent, homeless or disabled people. An inter-jurisdictional working group has been developing recommendations on the allocation of rent assistance funds to homeless people and families. The Board and Portland City Council will make final determination of the allocation and administration of the rent assistance funds.

5. **Explain any citizen and/or other government participation that has or will take place.**

   The Citizen's Committee on Homelessness met for over a year to develop the Ten Year Plan to End Homelessness. Two public forums on changes to the rent assistance allocation and administration were held in Gresham and Portland. The Housing and Community Development Commission is a citizen's advisory committee on housing policy. Members are appointed by Multnomah County and the Cities of Portland and Gresham.

Required Signatures

Department/ Agency Director: _____ **Date:** 02/02/05

Budget Analyst: _____ **Date:** _____

Department HR: _____ **Date:** _____

Countywide HR: _____ **Date:** _____

Serena Cruz, Multnomah County
Commission District Two

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Board of County Commissioner
Briefing on Homelessness, Housing and Services
Tuesday, Feb 08, 2005 9:30am-11:30am

AGENDA

1. ***Home* Again*: The 10-year Plan to End Homelessness in Portland and Multnomah County.***
   Presenters: Members from the Citizen Committee On Homelessness:
   Commissioner Erik Sten and Dan Steffey (10 min)
   Home Again (Power Point presentation) Heather Lyons, BHCD
   Christina Garcia, Associate Director, Corporation for Supportive Housing

   Presentation from County staff: *How are County departments coordinating their services with the Homeless Plan in order to get people into permanent housing?* (20 min)
   Presenters: Diane Luther, Housing Director, Multnomah County,
   Steve Bullock, COO, Department of County Human Services,
   Liv Jenssen, Transition Services, Department of Community Justice,
   Kim Harris Tierney, MPH, Program Manager, Westside Health Center/MCHD Health Care for the Homeless Program
   Mary Li, Manager of the Community Services Division, Office of Schools and Community Partners

2. **Central City Concern**
   Federal grants, County funded programs and Rose Quarter Housing
   Presenter: Richard Harris (10 min)

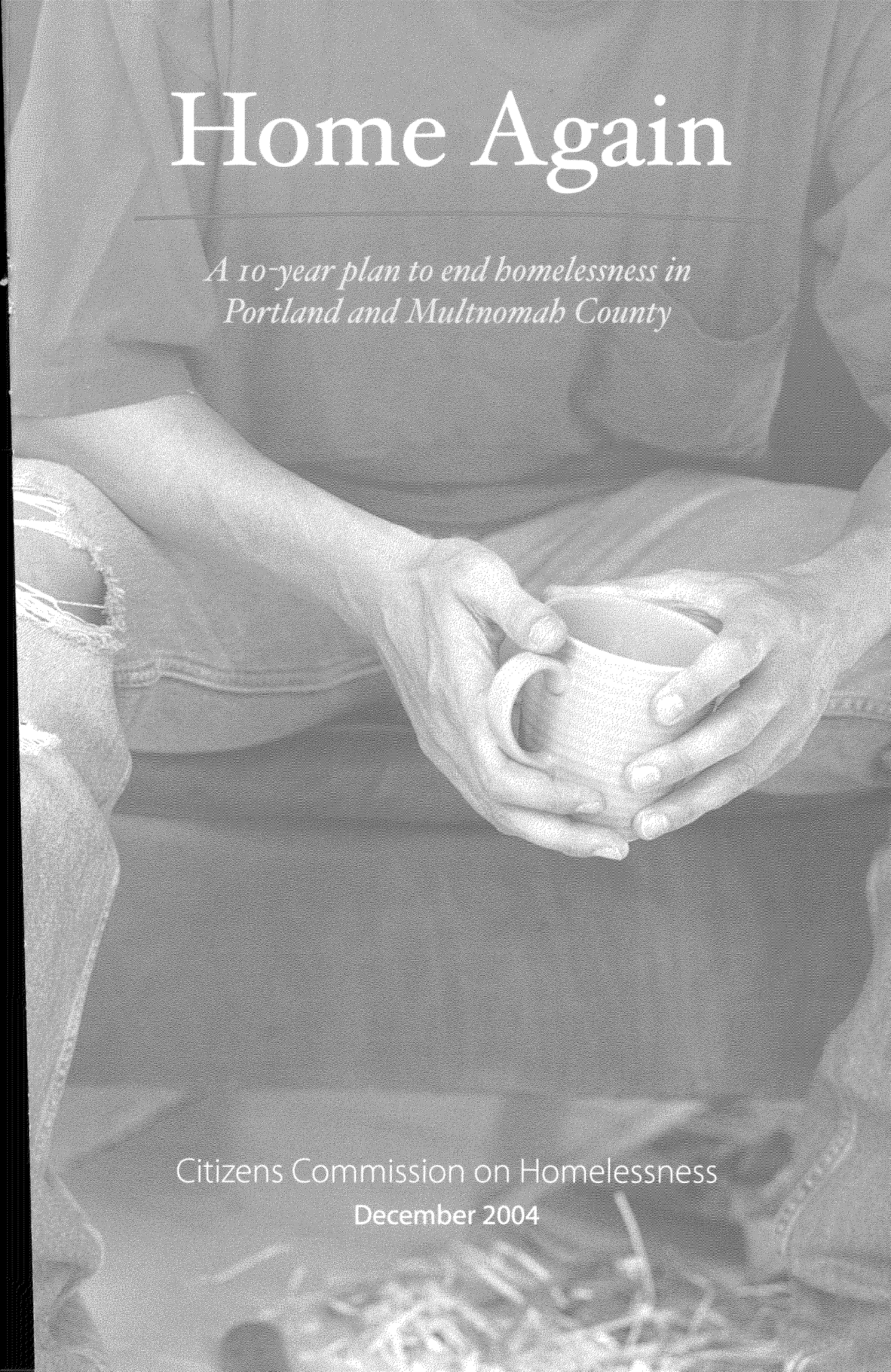
3. **Housing Authority of Portland**
   Section 8, Public Housing and Housing Services funding gap; housing policy changes; Moving to Work and New Columbia update
   Presenters: Steve Rudman, Executive Director, Rose Bak Section 8 Director (15 min)

4. **Housing and Community Development Commission**
   Update on: Consolidated Plan; Homeless Family Report; Special Needs Housing update and Federal and state agenda on housing funding
   Presenters: Janet Byrd, Chair HCDC, Beth Kaye, BHCD (10 min)

5. **Rent Assistance**
   Inter-jurisdictional Working Group on Rent Assistance update
   Presenter: Mary Li Office of Schools and Community Partnership (10 min)

6. **Bridges to Housing**
   Regional public/private effort to house homeless families in Multnomah, Clark, Washington and Clackamas Counties
   Presenter: Diane Luther, Housing Director, Multnomah Co. (10 min)

7. **Board discussion/Q&A**



Home Again

A 10-year plan to end homelessness in Portland and Multnomah County

Citizens Commission on Homelessness

December 2004

A Message of Hope

Despite the dedicated efforts of many, more people are homeless in Portland than ever before. If we as a community don't come up with a permanent solution to our city's homelessness problem, we risk having a permanent homeless population on our streets.

Last year, we convened the Citizens Commission on Homelessness to generate solutions to this challenge. Our charge to Commission members was simple: give us a plan to end homelessness in 10 years. This plan is the result of their hard work.

The Citizens Commission recommends changes to the way we combat homelessness that will produce effective and permanent results. These changes will require that local governments, social service agencies, nonprofit organizations, and institutions like hospitals and jails—all the partners in the homeless system—work together in innovative and more accountable ways.

This plan emphasizes immediate housing for chronically homeless people and a commitment to accountability for all homeless system partners. We want a system that tackles the problem of homelessness with housing and services that work, and we want those services delivered in the most coordinated, efficient manner possible.

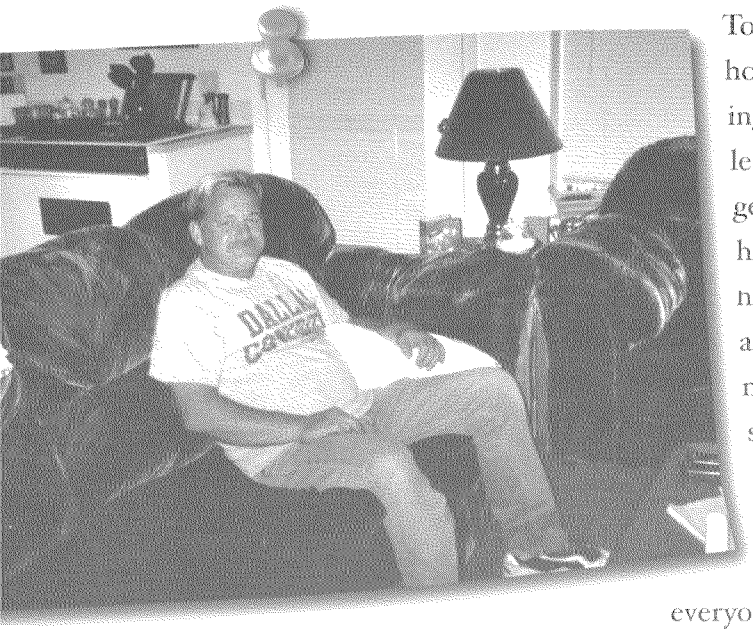
This plan is the first step towards ending chronic cycles of homelessness forever. We hope you will join us in this very important effort.

Mayor Vera Katz
Mayor Elect Tom Potter
County Chair Diane Linn
Commissioner Erik Sten
Commissioner Serena Cruz

December, 2004

What needs to change?

It's widely accepted that the current homeless system, while it works well for some, is not doing enough to permanently end homelessness. Some people respond well to the system's design—which moves people from emergency shelters, to short-term shelters, to transitional housing, and then to permanent housing. For others, however, the system merely ferries people from service to service, and then back out onto the street. We need to get more people into housing and help them stay there.



Too much current spending on homelessness goes towards providing emergency services to homeless people, yet without ever getting them into permanent housing. Only about 30 percent of homeless individuals and families are currently placed into permanent housing after receiving services from our homeless system. Today's homeless system simply does not have the capacity to permanently house everyone who needs it. The result is a cycle that leads many people into chronic or permanent homelessness.

A large population of homeless people is a symptom that our community is not healthy. It is not healthy for those who are homeless, and not healthy for the rest of us. The perception also exists among individual citizens, neighborhoods, and many in Portland's business community that homelessness is hurting the local economy. Many report that seeing chronically homeless people on the streets is disturbing or frightening to customers and tourists. The end to chronic homelessness needs to be one of our top priorities as a community.

✳ *Housing First Works*

Last year JOIN—an organization dedicated to helping homeless people move into permanent housing—moved 436 homeless people off the street and into permanent housing. After a year, nearly 90 percent remained in this permanent housing

Making the homeless system work better

To move from the institutionalization of homelessness, the institutions that serve homelessness must change.

Rather than shuffling homeless people from service to service and back to the street, the aim of all government agencies, nonprofits, and institutions in the homeless system must be to first get homeless people into permanent housing.

This 10-year plan is built on three principles:

1. Focus on the most chronically homeless populations.
2. Streamline access to existing services in order to prevent and reduce other homelessness.
3. Concentrate resources on programs that offer measurable results.

These principles emphasize a "housing first" methodology for ending chronic homelessness and focus on shortening the length of homelessness experienced by anyone in our community.

Focusing on housing first, however, does not mean that housing is the only service offered. For many this housing will come in the form of permanent supportive housing, which offers social and clinical services to residents depending upon their level of need. These needs include medical care, mental health services, rent assistance, or other kinds of support. Research has shown that addressing other life issues in the context of permanent housing is the best way to affect permanent change in the lives of homeless people, be they chronically homeless adults or homeless families.

✳ ***Moving people into housing first saves money***

A study by Portland State University showed that homeless people spend 65 percent less time in hospitals and visited the emergency room 51 percent less once they moved into permanent supportive housing

Why focus on chronic homelessness?

On any given night, about 4,000 people sleep on the streets or in shelters across Portland. Homeless people can be adults, young people, couples, or families with children. They are living on the streets, either temporarily or for the long term, for a variety of reasons. They may be homeless because of an untreated mental illness, a physical disability, domestic violence, the loss of a job, or a drug addiction. They may be experiencing a financial crisis and have been evicted from their home for the first time; they may cycle from homelessness to housing and back to homelessness again; or they may be chronically homeless, having lived on the streets for many months or years.

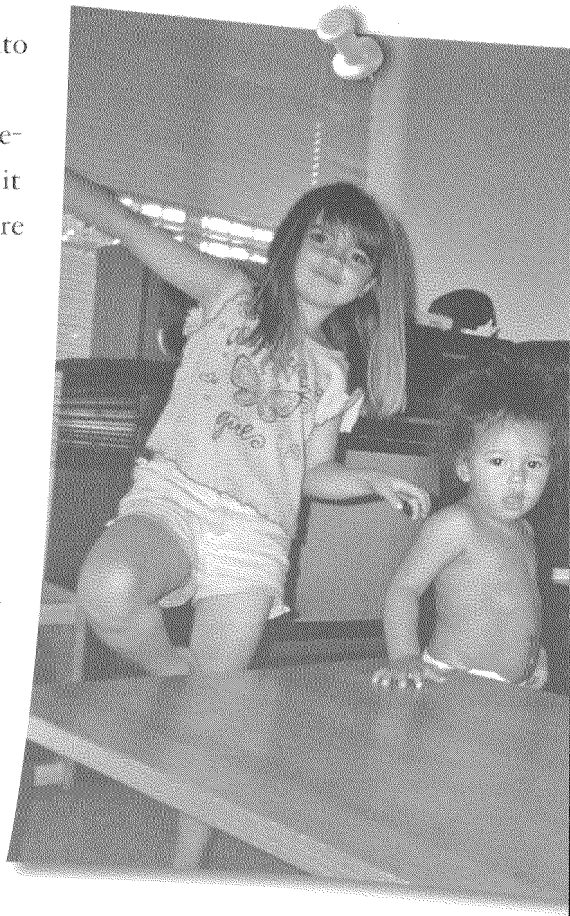
This plan has a focus on chronically homeless people—mostly single adults who have been homeless for a year or more, though families can also experience chronic homelessness. Chronically homeless people are typically the most visible and troubling part of the homeless population, suffering from problems like drug addiction, mental illness, or other disabilities. They often recycle through our system unsuccessfully and place heavy economic burdens on taxpayer-funded programs. This drain on resources limits our ability to effectively serve others who are homeless or may become homeless.

Homelessness affects many families as well. Every year, approximately 2,200 people in families are homeless in Multnomah County. Unfortunately, this is often a cycle—research suggests that homelessness in families puts kids at risk of school failure, mental health problems, and substance abuse. Because of the difficulties they face while young, these children often grow up and fall back into homelessness by themselves or with their own families, creating a multigenerational homelessness problem.

While this plan emphasizes ending adult chronic homelessness, we remain committed to efforts to end homelessness for all people, including families. We also believe that families can experience chronic homelessness and are committed to understanding and serving this population effectively. By implementing this plan, we will build a system that serves all homeless people more effectively.

Using our resources more effectively

Chronically homeless people currently consume about half the resources spent on all homeless programs. These are the people for whom the current system is not enough. They are the homeless population most likely to be cycled back out onto the street rather than supported in permanent housing. When homeless people enter the homeless system and move back out into the streets, it creates strain on homeless programs and pressure on institutions like jails and hospitals.



By concentrating resources first on housing chronically homeless people, we will eliminate this pressure on the system, allowing us to use the homeless system more effectively for other homeless people, including families and those who are temporarily homeless. It will also help us respond more quickly and prevent homelessness when it threatens a person or family.

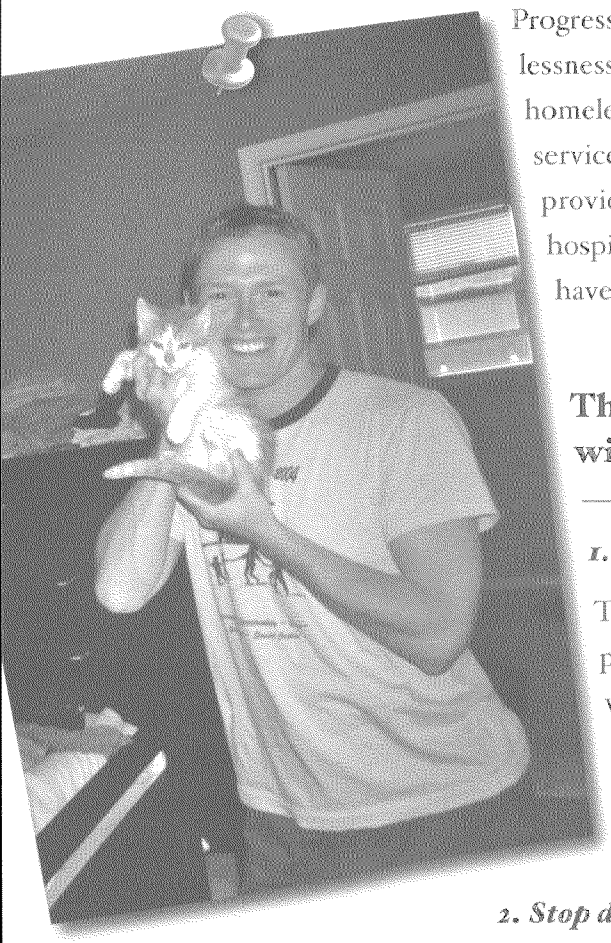
Who has a stake in ending homelessness?

The City of Portland and Multnomah County invest public funds and operate programs that provide direct services to homeless people and families. The City and County also fund services provided by nonprofit organizations and private service agencies. Corrections facilities, hospitals, schools, churches, and charities also provide assistance to

homeless people. All are partners in the "homeless system" and have a direct stake in providing effective and efficient services with a goal to end homelessness.

The wider community also has a stake in ending homelessness. As members of a community, we want to take care of our citizens, including those with illnesses or disabilities who cannot care for themselves. In addition, all of us want safe, clean, and livable streets and neighborhoods.

Nine actions that will end homelessness



Progress towards permanently eliminating homelessness requires action by all partners in the homeless system: by local governments; by social service providers and nonprofits who regularly provide services to homeless people; and by the hospitals, corrections facilities, and others who have homeless people in their systems.

These are the steps by which we will end homelessness by 2015:

1. Move people into housing first.

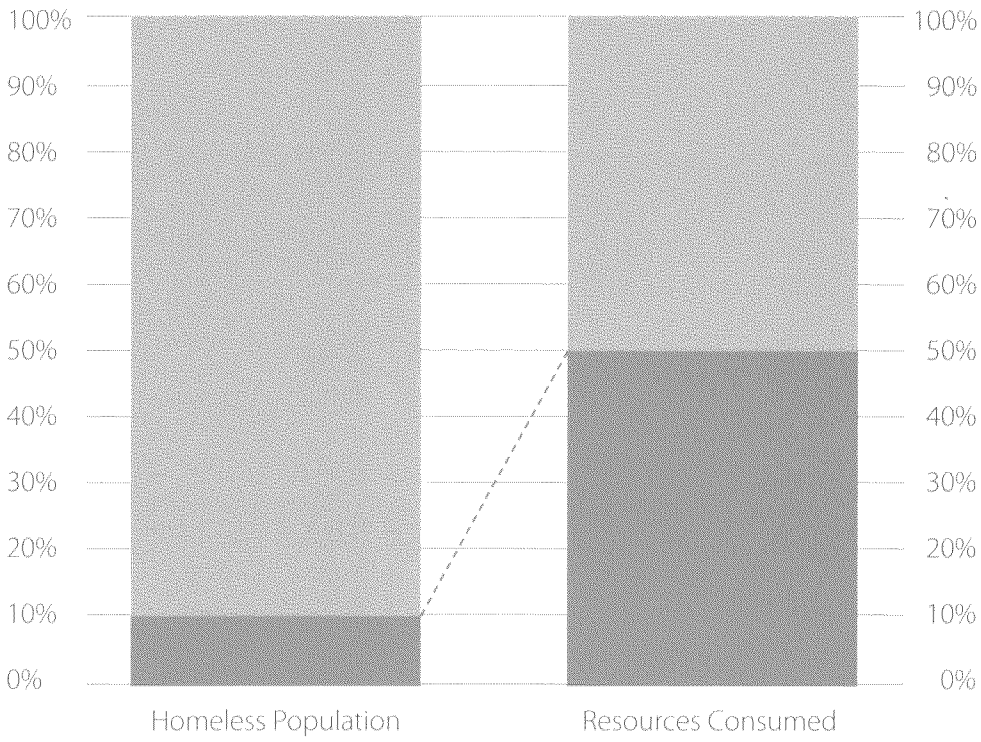
The most critical issue facing all homeless people—the lack of permanent housing—will be addressed first. Other services and programs directed at homeless people and families will support and maintain homeless people in this permanent housing.

2. Stop discharging people into homelessness.

When institutions like jails and hospitals discharge homeless people, they often struggle to link them to appropriate services because there is a lack of permanent supportive housing available. This also applies to the foster care system, which discharges young people at the age of 18, who are also at risk of becoming homeless.

Chronically homeless people consume more resources

Chronically homeless people—those who have been homeless a year or more—consume about half of the total resources spent on all homeless programs in Portland and Multnomah County, even though they represent only 10 percent of the total homeless population.



Transitional and episodic homeless people

Chronically homeless people

Resources consumed include:

- Emergency medical services
- Psychiatric services
- Detox facilities
- Shelters
- Law enforcement and corrections

Culhane Metraux, Hadley, *The New York/New York Agreement Cost Study* (CSH 2001)

✳ ***We are beginning to create housing for chronically homeless people***

41 units of permanent housing with mental health and other service support will be available with the creation of Prescott Terrace, a partnership of the City of Portland, Multnomah County, the Housing Authority of Portland, and Cascadia Behavioral Healthcare

Implementation of this plan will help these institutions avoid discharging people to the streets by providing links to the right services and more permanent supportive housing.

3. Improve outreach to homeless people.

Linking homeless people to services and permanent housing will occur more quickly and effectively through coordinated outreach and engagement.

Outreach workers will be able to offer homeless people immediate access to permanent housing, rather than requiring many intermediate steps before access to housing is offered.

The creation of a new resource space will be considered as one tool to improve access to homeless assistance as well as provide a place for engagement. This facility will be equipped with basic necessities such as lockers and showers. Most importantly, this resource space will provide homeless people with quick and direct access to programs that move them directly into permanent housing. Services will be tailored to the varying needs of homeless people, including services for women who are victims of domestic violence, immigrants who do not speak English or for whom English is a second language, and people with mental and physical disabilities.

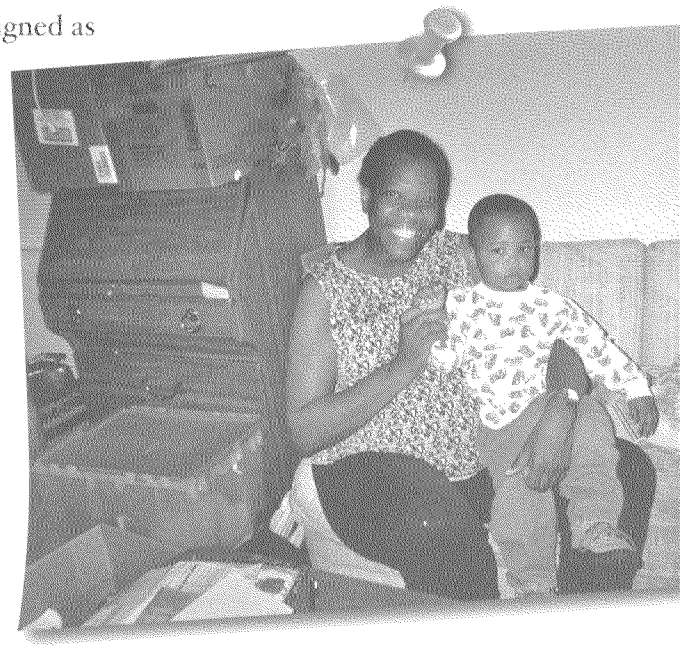
In addition to the new center, we will improve homeless families' access to assistance through Multnomah County's six regional service centers and culturally specific sites in order to ensure that the basic needs and safety of children are met.

4. Emphasize permanent solutions.

Too few homeless people are currently placed and supported in permanent housing. Too many are using the shelter system as temporary housing.

Only 27 percent of people now in the homeless system are placed in permanent housing. We will increase this number to 40 percent within three years. By 2012, we will place and maintain 60 percent of homeless people in permanent housing—this will more than double the number of people currently placed in permanent housing.

Homeless shelters were originally designed as temporary safe places for homeless people. With the growth of chronic homelessness, shelters are forced to house people for longer and longer periods of time. Under this plan shelters will return to their original purpose by providing easier access into shelters and quicker transition out of them. The length of time that homeless people stay in emergency shelters will be reduced from the current average stay of 150 days to no more than 45 days.



5. Increase supply of permanent supportive housing.

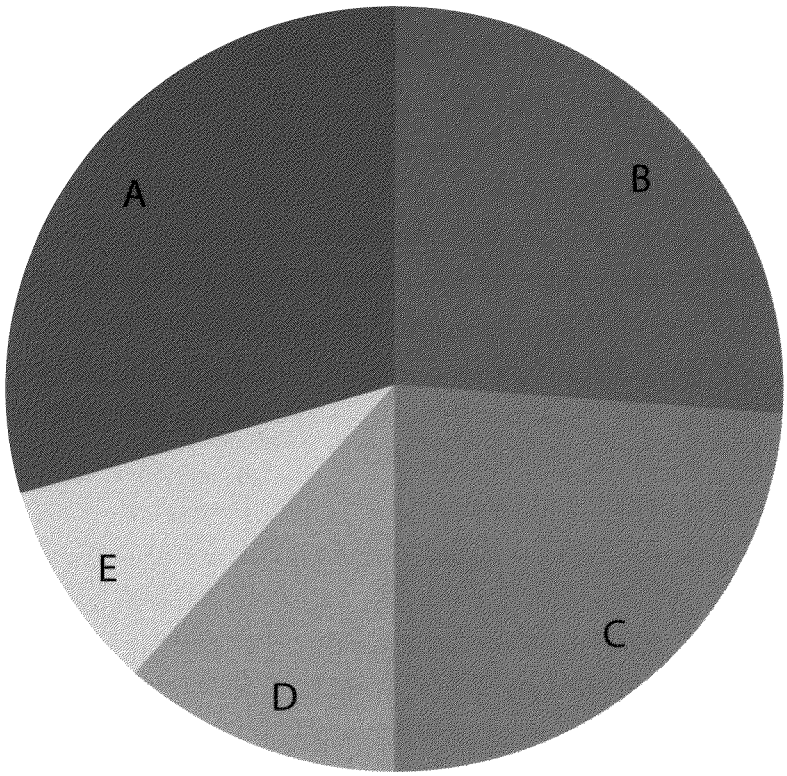
By 2015, the City and County will create 1,600 new housing units designated for the chronically homeless and 600 new units designated for homeless families. These will be permanent supportive housing units, offering social services to residents depending upon their level of need.

These additional housing units will be added to the homeless system's permanent units through new construction, renovation and conversion of other types of housing, and leasing units from the private sector. We will undertake to build the most cost-effective permanent supportive housing available.

Homeless funding by activity

About $30 million is spent on services for homeless people in Portland every year, yet only about 12 percent of that money is currently spent on permanent housing.

Total FY 02–03 funding: $32 million from federal, state, local, and private resources*



A) Transitional housing: 30%
B) Client assistance: 26%
C) Shelter operations: 24%
D) Permanent housing: 12%
E) Case management: 8%

**An additional $16 million was allocated in FY 02–03 funding for the construction of transitional and permanent housing for homeless persons.*

✳ *We are already providing rent assistance that works*

Since 2001, "Transitions to Housing" has provided 524 households with short-term rent assistance. After six months, 83 percent of these households retain permanent housing without additional rent assistance

6. Create innovative new partnerships to end homelessness.

Ending homelessness in 10 years will require tremendous effort and resources.

We will strengthen relationships and partnerships among government agencies, nonprofits, and institutions in order to leverage funding that is available for permanent supportive housing.

Coordination among partners in the homeless system must also be improved. For example, an institutional divide between housing and service funding still stymies the development of more permanent supportive housing.

By demonstrating our success in moving homeless people and families into permanent housing, we also hope to recruit new partners, including the business community and ordinary citizens.

These new partnerships will bring us the additional resources necessary to completely end chronic homelessness. With the addition of new partners and new resources, we will be able to respond more quickly to homelessness when it happens—and even prevent it in the first place.

7. Make the rent assistance system more effective.

We will effectively coordinate existing rent assistance programs to sustain homeless people in permanent housing once they are placed there.

Rather than having multiple service providers and jurisdictions provide rent assistance through different programs, we will offer a streamlined program of rent assistance. Such assistance is particularly critical for families, who fare best when placed in permanent housing as quickly as possible upon facing homelessness or its threat.

To those who are already homeless, outreach workers will be able to offer rent assistance immediately upon moving them to a permanent housing situation, rather than waiting while application is made to a rent-assistance program.

8. Increase economic opportunity for homeless people.

The City and County will work together to streamline the system that offers workforce assistance to homeless people.

Examples of this kind of change include:

- Greater access of homeless people to centers that provide job placement, job training, and employment counseling.
- Coordinated efforts to increase employment and wages for homeless people.
- The development of common standards that measure the employment outcomes of homeless people.
- Addressing gaps in the system. Child care, for example, is critical if homeless families are to gain employment and sustain themselves in housing.

The City and County will also work with the State of Oregon and federal agencies on streamlining the receipt of disability benefits by homeless people who are eligible and in need, but who are not currently receiving benefits.

9. Implement new data-collection technology throughout the homeless system.

By 2005 all partners in the homeless system will adopt the Homeless Management Information System (HMIS), a web-based system that helps in data collection and research about the homeless population. This will allow us to examine more accurately the numbers of homeless people, the frequency of homelessness, and the depth and breadth of homelessness.

Homeless Management Information System (HMIS)

In March of 2004 the City of Portland received a $460,000 grant from the federal Department of Housing and Urban Development to implement the Homeless Management Information System (HMIS), a web-based database that aids in data collection and research about homelessness

In addition, HMIS will tell us what works and what does not work. This tool will help us:

- Determine if effective discharge planning from institutions is being done.
- Track the outcomes for homeless people who access the system.
- Plan more effectively to serve greater numbers of homeless people.

How will we know if the plan is successful?

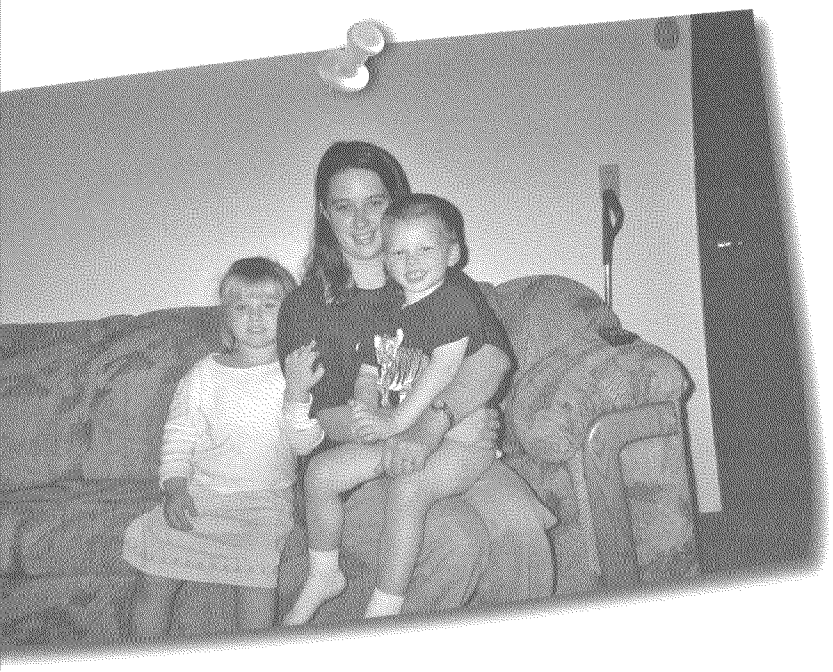
In order to make sure that this plan works, we have built in a system of accountability and measurable outcomes. No public funds will be used for programs or services that do not demonstrate measurable success at ending homelessness.

To gauge our success over time, the action steps above will be tied to specific and measurable outcomes for each program or service; these will be reviewed biannually by funders and reported to citizen stakeholders. If program outcomes are not met, those programs will see a reduction in public funding.

Conclusion

This plan lays out the changes that we need to institute over time in order to effect change. This plan is not about a one-time-only change; to the contrary, it is the framework for an evolution in policy and services targeted at homeless people.

The key to this plan's success will be in our commitment to innovation and accountability. We will be open to innovative ideas to end homelessness, but they must be ideas that can demonstrate success. Our goal must always be to implement what works.



The public involvement process that created this plan

During the last year, the 15 members of the Citizens Commission on Homelessness have been working with the broader community to develop the components of this 10-year plan.

Through regular meetings, the Commission has been developing and reviewing recommendations designed to increase coordination across the homeless system and maximize the system's effectiveness, efficiency and accountability. Participating in the Commission's work was a broad cross-section of community experts and activists, state, city and county program staff, community-based service agency representatives, private citizens and most importantly, homeless and formerly homeless people. In fact, this plan is one of the first homeless plans developed in Portland to incorporate the direct experience of homeless people.

A second planning body was established to continue the necessary coordination and planning with non-profit agencies and other groups and people with interests in homelessness. The Plan to End Homelessness Coordinating Committee represents a constituency of non-profit agencies, "mainstream" agencies serving homeless people (such as County Community Justice, health and mental health departments and the Housing Authority of Portland), representatives from other planning bodies, and homeless and formerly homeless people.

The wider community was also involved in the development of this 10-year plan. The Homeless Work Group sponsored by Southeast Uplift hosted a series of community forums to discuss combating homelessness from a neighborhood perspective. Input from these neighborhood forums has been instrumental in shaping the development of this plan.

EXPECT CHANGE

Goals that will be met by December 31, 2005

- 175 chronically homeless people will have homes
- 160 new units of permanent supportive housing will be opened and 300 additional units will be under development
- 20 "hard to reach" homeless youth will be permanently housed
- Waiting lists for shelters and numbers of those turned away from shelters reduced by a minimum of five percent
- Rent assistance program reforms will be completed to produce a streamlined administration and better outcomes for families and individuals
- 250 homeless families with children will be permanently housed, 50 of whom will be high resource users
- Resources for permanent supportive housing will increase from 12 percent to 20 percent of the overall amount spent by the homeless system
- An enhanced partnership to end homelessness will be formalized by public and private community partners
- The new Homeless Management Information System (HMIS) database will be fully operational in 26 homeless service agencies

✳ Members of the Citizens Commission on Homelessness

J. Daniel Steffey, Chair
Don Washburn
Commissioner Erik Sten
Commissioner Serena Cruz
Sheriff Bernie Giusto
Commander Rosie Sizer
Commander Dave Benson
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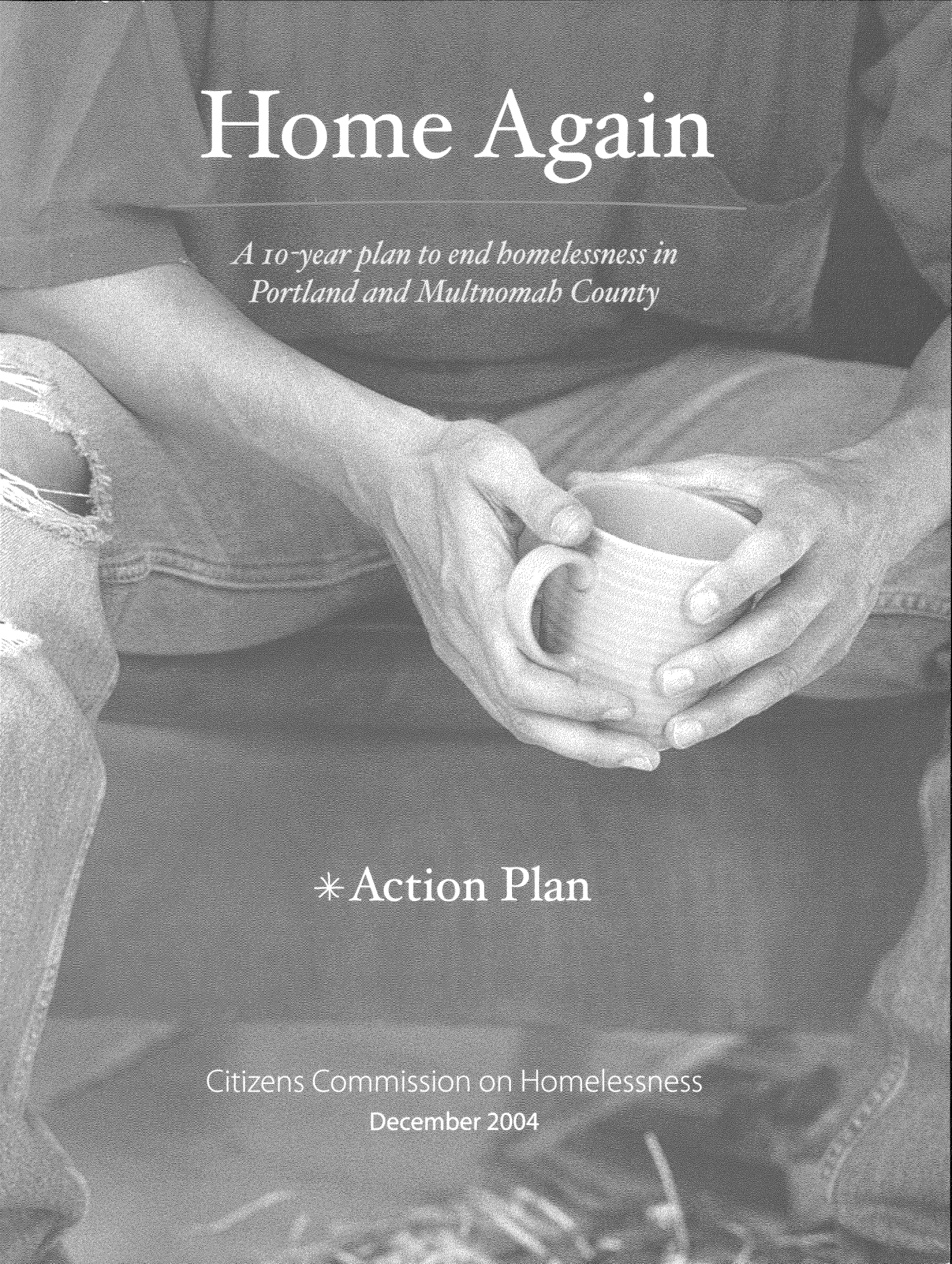

Home Again

A 10-year plan to end homelessness in Portland and Multnomah County

✳ Action Plan

Citizens Commission on Homelessness

December 2004

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INTRODUCTION

On any given night, about 4,000 people sleep on the streets, in cars, or in shelters across Portland. Homeless people include adults, youth, couples, and families with children. They are living on the streets, either temporarily or for the long-term, for a variety of reasons. They may have become homeless because of an untreated mental illness, a physical disability, domestic violence, loss of a job, or chemical dependency.

Homelessness was a relatively rare phenomenon until the 1980s, when many economic and social changes converged to cause its dramatic rise. These changes included the lack of growth in real earnings for those with low incomes, a growing scarcity of affordable housing, and the closing of institutions that had long served the mentally ill.

Last year, about 17,000 people slept on streets, in cars or in shelters within Multnomah County.[1] On one night in 2003, more than 450 people were unable to find space in emergency shelters.[2] Among them were at least 175 children and their families.

The costs of homelessness are many. It almost always worsens an already unstable family situation. Homeless children often do poorly in school. Youth and adults with mental illness or drug and alcohol problems get worse when they do not get the behavioral or medical attention they need. Citizens and visitors to Portland are often disturbed by seeing so many homeless people on our streets. The result: a less livable community for all of us.

This 10-year plan is part of a national movement to end 20 years of homelessness as a large social problem. Adopting the national model to local needs will result in a decrease in the number of people on the streets in Portland, and will support a regional, state, and national effort to end homelessness in ten years. The steps outlined in this plan will cost money, but it will not cost as much as it would to manage homelessness through expensive public emergency systems in the years to come.

The plan lays out broad strategies, specific action steps, and a detailed work plan to guide government, non-profit agencies and other partners to attain these desired outcomes:

- Fewer people become homeless;
- The frequency and duration of homelessness is reduced;
- More homeless people move into and stay stable in permanent housing;

A large population of homeless people is a symptom that our community is not healthy. It is not healthy for those who are homeless, and not healthy for the rest of the community. The perception that homelessness is hurting the local economy exists among individual citizens, neighborhoods and many in Portland's business community. The end to chronic homelessness needs to be one of our top priorities as a community.

This 10-year plan is built on three principles:

1. Focus on the most chronically homeless populations;
2. Streamline access to existing services to prevent and reduce other homelessness;
3. Concentrate resources on programs that offer measurable results.

The three principles are inherent in each of the Nine Action Steps.

[1] Unduplicated Homeless System Reports, City of Portland, Multnomah County, Fiscal Year 02-03.
[2] March 26, 2003 One Night Shelter Count, Mult. Co. Office of Schools and Community Partnerships.

Nine Actions to End Homelessness:

1. Move people into housing first

The most critical issue facing all homeless people—the lack of permanent housing—will be addressed first. Other services and programs directed at homeless people and families will support and maintain homeless people in this permanent housing.

2. Stop discharging people into homelessness

When institutions like jails and hospitals discharge their homeless clients, they often struggle to link these clients to appropriate services because there is a lack of permanent supportive housing available. This also applies to the foster care system, which discharges young people at the age of 18, who are at high risk of becoming homeless. Implementation of this plan will help prevent discharge of homeless people to the streets by providing linkages to the right services and permanent supportive housing.

3. Improve outreach to homeless people

Outreach workers will be able to offer homeless people immediate access to permanent housing, rather than requiring many intermediate steps before housing is offered. A new day resource space will be considered, equipped with basic supports and direct access to housing and desired services. In addition, we will improve access to assistance for homeless families through Multnomah County's six regional service centers and culturally specific sites to ensure that the basic needs and safety of children are met.

4. Emphasize permanent solutions

Too many are using the shelter system as temporary housing. Currently, only 27% of people in the homeless system are placed in permanent housing. We will increase this number to 40% within three years. By 2012, we will place and maintain 60% of homeless people in permanent housing—more than doubling the number of people placed in permanent housing in seven years. Under this plan, shelters will once again be able to provide quick access into shelter and quicker transition into permanent housing.

5. Increase supply of permanent supportive housing

By all accounts, permanent supportive housing is one of the most effective tools for ending long term homelessness. By 2015, the City and County will create 2,200 new permanent supportive housing units for chronically homeless individuals and homeless families with special needs.

6. Create innovative new partnerships to end homelessness

Ending homelessness in ten years will require tremendous effort and tremendous resources. We will improve relationships and partnerships among government agencies, non-profits and institutions to leverage funding available for permanent supportive housing. By demonstrating our success, we can recruit new partners for our effort, including the business community and ordinary citizens.

7. Make the rent assistance system more effective

Rent assistance subsidies are one of our best tools to end homelessness. To maximize effectiveness we must streamline funding and service access. Rent help is particularly important for families, who fare best when placed in permanent housing as quickly as possible. Outreach workers will have the ability to offer rent assistance immediately upon placement in housing.

8. Increase economic opportunity for homeless people

The City and County will coordinate efforts to improve access to workforce assistance for people who are homeless. For homeless families, this also includes increasing childcare supports. Additionally, the City and County will also work with the State of Oregon and federal agencies on streamlining the receipt of disability benefits by homeless people who are eligible and in need, but are currently not receiving benefits.

9. Implement new data collection technology throughout the homeless system

All partners in the homeless system will adopt a shared web-based database. This will allow us to better count the number of unduplicated homeless persons, and the frequency, depth, and breadth of homelessness. This tool will help us: track the outcomes and service improvements for homeless people who access the system; and plan more effectively to serve greater numbers of homeless people.

In order to make sure that this plan succeeds, we have built in a system of accountability and measurable outcomes. No public funds will be used for programs or services that do not demonstrate measurable success toward ending homelessness.

Outcomes in the First Year

We can expect significant change over the next year. We will report to the Citizens Commission and the community on attainment of these goals.

- 175 chronically homeless people will have homes
- 160 new units of permanent supportive housing will be opened and 300 additional units will be under development
- 20 "hard to reach" homeless youth will be housed permanently
- Waiting lists for shelters and turn away counts will be reduced by a minimum of five percent
- Rent assistance program reforms will be completed to produce a streamlined administration and increased outcomes for families and individuals
- 250 homeless families with children will be permanently housed
- Resources for permanent supportive housing will increase from 12% to 20% of the overall homeless service system
- An enhanced partnership to end homelessness will be formalized by public and private community partners
- The new Homeless Management Information System will be fully operational in 26 homeless service agencies

We all have a stake in ending homelessness. As members of a community, we want to take care of our citizens, including families with children, seniors, and those with illnesses or disabilities who cannot care for themselves. In addition, all of us want safe, clean and livable neighborhoods. It starts here, with a plan that ends homelessness as we know it.

BRIEF HISTORY OF HOMELESS PLANNING

The public response to increasing homelessness in the 1980s led local decision-makers, business leaders, and homeless advocates to come together to forge a solution. Numerous committees and reports addressed the simultaneous increase in poverty and loss of affordable housing in the downtown core.

To better utilize resources and avoid overlapping efforts, the City of Portland and Multnomah County made an agreement in 1983, known as Resolution A, which divided responsibility of the area's public resources. In relation to homeless and human services, the City of Portland agreed to manage the development of facilities, housing and public safety projects and the County agreed to manage human services. Within this division, services for victims of domestic violence were designated to the City. Services for homeless families, adults, and youth were designated to the County. Almost 10 years later, the agreement was amended to switch the responsibility of homeless adult services to the City of Portland and domestic violence services to Multnomah County.

In 1986, Mayor Bud Clark's 12 Point Plan, "Breaking the Cycle of Homelessness," provided a multidimensional framework to organize and streamline the community's resources in an initial effort to address the diverse needs of homeless people. With the adoption of this plan, the City general fund contribution to homeless services grew from $300,000 to $700,000 per year in and, along with Multnomah County, attracted more than $6 million in federal funding under the federal McKinney Act.

Guidance from the 12 Point Plan led to the creation of two large shelters with more than 150 beds each as the community's primary response to homelessness. It also led to the development of programs to effectively work with people who were on the streets and inebriated or suffering from severe mental illness. The investment in these services signified a shift in the City's response to homelessness from one of arresting people on the street due to inappropriate public behavior to one that began to address the problems homeless people face.

In 1994, the U.S. Department of Housing and Urban Development (HUD) began urging communities to develop comprehensive and strategic plans, termed **Continuum of Care Plans** (see Glossary), to address housing needs and homelessness. By 1997, Multnomah County, the City of Portland, and the Housing Authority of Portland (HAP) formed the McKinney Advisory Committee (MAC) to oversee the community's Continuum of Care application.

In 1999, the Housing and Community Development Commission (HCDC) transformed the MAC into a 15-member committee, called the Advisory Committee on Homeless Issues (ACHI), to move discussions beyond the Continuum of Care application and focus on larger homeless systems issues. ACHI members evaluated and prioritized local projects, and conducted a community analysis of needs and gaps. In 2003-2004, the Continuum of Care application functions was coordinated with the Plan to End Homelessness planning process.

Recent Planning Efforts in the Homeless Systems

The **Homeless Family System** has undergone changes since the January 2000 adoption of a Community and Family Service Center System. The Community and Family Service Centers provide community-based services for children, families and adults in Multnomah County.

In July 2000, the Multnomah County Board of County Commissioners adopted the "Homeless Families Plan for Multnomah County: Five-Year Roadmap for Service Development." This plan was a comprehensive, strategic plan for the

revision and expansion of services to help homeless families in Multnomah County become self-sufficient members of this community. Last year, the Coalition for Homeless Families updated this plan to include twenty strategies that address family homelessness. [See Appendix B]

The **Homeless Youth System** has undergone significant changes since 1998. In response to community and media criticisms of a lack of accountability in the existing service system, the Board of County Commissioners initiated a redesign effort to coordinate a comprehensive new homeless youth system. A broad-based ad-hoc committee recommended a model that provided a continuum of services ranging from immediate relief off the streets, to assistance and support in permanently transitioning youth out of homelessness and becoming productive members of the community.

In 2003, the Homeless Youth Oversight subcommittee changed the focus of the system to engage youth quickly into the continuum, and limit services to those youth not willing to participate in further services. Youth are assigned to one of two service coordination agencies in the continuum based on an assessment of their educational or vocational needs, which becomes the primary focus of the youth's service package. The changes were made to improve youth engagement rates and to increase the focus on achieving positive youth outcomes.

Over the last five years, the **Homeless Domestic Violence System** has increased its capacity to provide new services. An increase in funding has resulted in expanded culturally specific services and the development of a supervised visitation program. Funding from the City of Portland enabled the system to begin implementation of mental health services to mothers, as well as children aged 0-5, exposed to domestic violence. In 2003, the closure of one shelter allowed for the creation of a drop-in center for domestic violence survivors. The drop-in center facilitates access to resources, temporary housing in motels, and rental assistance.

In 2002, a new Domestic Violence Plan was approved by the Multnomah County Board, to be implemented gradually from July 2003 to June 2008. The plan includes the development of on-site collaborative services placed at offices of other social services, multi-disciplinary walk-in centers and, increased advocacy for a coordinated community response to domestic violence.

The Homeless Adults System conducted a comprehensive community planning process in 1993 to closely examine and restructure housing and services. The outcome of this process, the Shelter Reconfiguration Plan, determined that a range of shelter and housing options would best address the diverse needs of homeless adults, who do not have children with them. This plan called for $12.7 million in capital investments and $4.5 million annually in public and private service dollars.

With the implementation of the Shelter Reconfiguration Plan complete, the City of Portland's Bureau of Housing and Community Development (BHCD) recognized that a responsive public policy needed to address changing community circumstances. Further, directors of organizations in the Homeless Adults System wanted to increase collaboration and enhance working relationships among their diverse programs. To accomplish this, they formed a "Revisioning Committee" in late 2000 that resulted in the "Enhancement Plan", focusing on moving homeless people into permanent housing and retaining that housing.

> "The system will collaboratively eradicate the institution of homelessness through the support of people in their efforts to have homes, income, and relationships."
> - Revisioning Committee, June, 2001

COMMUNITY PLANNING PROCESS

As a community, we are embarking on something new in the 10-year plan. This is not a homeless plan; it's a plan to end homelessness. It involves all homeless systems as well as mainstream housing, physical and behavioral healthcare, and corrections agencies. It also involves community-based planning with neighborhoods, business associations and homeless and formerly homeless people. This plan engages systems, agencies and people who have contact with homelessness. It is one of many steps needed to implement the systems change that is necessary to truly end homelessness as we know it.

To demonstrate political will and bring together all stakeholders needed to effectively end homelessness, the Housing Commissioner on Portland City Council established, with the endorsement from the Chair of Multnomah County, the **Citizens Commission on Homelessness (CCOH).** This body was comprised of elected officials, business and community leaders, neighborhood association chairs, and persons experiencing homelessness. The CCOH was intentionally set up without representation of government or non-profit agency staff to allow for an external process that would help develop broad community support for a plan.

Citizens Commission Principles

Why We Are Doing This

- Involuntary homelessness is not tolerable in our community
- Resources and support must be directed to programs that help people exit homelessness

What We Are Doing

- Seeking to focus our community on the goal of ending involuntary homelessness
- Identifying ways to better coordinate components of an effective homeless system
- Engaging previously untapped resources to reach our goals
- Establishing complementary efforts with other communities in the region to address homelessness

How We Are Doing It

- Building strategies that cross all systems to:
  - Produce successful models that result in the best outcomes
  - Build cost benefit models to assure effectiveness and efficiency
  - Ensure accountability in all funding streams
  - Encourage innovation and experimentation
- Planning today's efforts to be effective in 10 years and beyond

How Will We Know It Works

- There are fewer people who are homeless in our community
- Reliable evaluations demonstrate that increased numbers of people are exiting homelessness, not returning, and are living:
  - in permanent housing
  - independently
  - self-sufficiently

A second planning body was established to continue the necessary coordination and planning with non-profit agencies and multiple parties with interests in homelessness. **The Plan to End Homelessness Coordinating Committee (PTEHCC)** represents a different constituency of non-profit agencies, "mainstream" agencies (such as County Community Justice, health and mental health departments, and the Housing Authority of Portland) serving homeless people, representatives from other planning bodies, and homeless and formerly homeless people.

Between November 2003 and November 2004, each planning body held monthly meetings that had broad participation by people interested in the future of homelessness in Portland and Multnomah County. Staffing for these bodies came primarily from the City of Portland's Bureau of Housing and Community Development. Liaison staff provided support to these bodies from Multnomah County's Housing Office, Office of School and Community Partnerships, Department of County Human Services and Department of Community Justice, as well as the Housing Authority of Portland. Non-profit agency staff and community partners also

committed numerous hours to planning.

In an effort to increase coordination and support systems change across the silos of the four homeless systems (adult, youth, domestic violence and family systems), **eight new** workgroups were established across functions of the continuum of homeless services. Some will continue to oversee ongoing planning and implementation work while others completed their charge.

These workgroups were:

Discharge Planning - This workgroup recommended broad-based policy changes to a) provide adequate and accessible resources to conduct appropriate discharge planning; and b) hold institutions accountable for discharging people to housing and other related supports rather than the shelter or the streets.

Short-term Rent Assistance - This group recommended strategies to streamline distribution of $2.2 million from 7 different funding streams that provided short-term rent assistance through three different entities (City, County, and Housing Authority).

Chronic Homelessness - The Chronic Homeless Stakeholders group reviewed systems change issues arising from the implementation of two federal grants that provide $9.2 million dollars for housing and services for chronically homeless adults, and recommended strategies to overcome systemic barriers that are included in this plan.

Outreach and Engagement - This workgroup recommended deep coordination across homeless and other systems (including police and parks) and implementing best practice standards for outreach and engagement to homeless people who were "difficult to engage" in long term service and housing to help end their homelessness.

Facility Based Transitional Housing - This workgroup recommended maximizing use of transitional housing facilities, including determining who was most appropriate for transitional housing and who might be better served by permanent supportive housing.

Consumer Feedback - This workgroup of consumers and former consumers of homeless services, formulated recommendations to address barriers to accessing housing, incorporating information from the Crossroads project database of interviews with 600 homeless persons.

Shelter and Access - This workgroup explored the cross cutting issues of shelters in all homeless systems, recommending best practices to reduce length of stay and recidivism, and easier access to housing and services for homeless people. The group also explored the new role of shelters as our community-focused efforts and resources on permanent housing.

Bridges to Housing – This workgroup continues to explore a regional approach to permanent housing and services for homeless families across 4 counties with resources from public and private organizations, particularly foundations. The group-examined the best practices of the "Sound Families" initiative that occurred in King, Pierce and Snohomish Counties in Washington State.

Other community based efforts contributed to this plan. The **Southeast Uplift Homelessness Working Group** conducted more than one hundred community dialogues and sponsored several community forums to share stories between housed and homeless people. Their efforts are recorded in their Summary Report (see appendix).

Crossroads also conducted an intensive research project interviewing over 600 homeless and formerly homeless people. Their preliminary

report describes what they found in these interviews (see appendix).

In addition to these workgroups and community based processes, many others contributed to the 10-year plan to end homelessness, including:

- **The Housing and Community Development Commission (HCDC).** This inter-jurisdictional citizens' body reviews and makes housing policy recommendations to three jurisdictions (Portland, Gresham, and Multnomah County) regarding housing and community development issues. It is responsible for the development of the countywide Consolidated Plan, which includes strategies for the Continuum of Care, and has oversight for the activities funded from these programs: HOME, CDBG, HOPWA, ESG and HUD McKinney programs. HCDC is also the lead entity for the Continuum of Care.

- **Population-Specific Planning Groups.** Recognizing that the needs of various homeless populations require specific planning and coordination, the jurisdictions continue to use different advisory groups for the four homeless systems (**adults, families, domestic violence, and unaccompanied youth**). Members are drawn from interest groups, such as providers of services; housing developers; advocates; homeless people; other funders, such as relevant State agencies; the Housing Authority of Portland; representatives from Commissions/Councils; business representatives; the police bureau; neighborhood associations; and others.

- **Policy Advice on Services.** ***The Commission on Children, Families, and Community (CCFC)*** advises the county on services for persons/families regardless of income. CCFC's ***Poverty Advisory Committee (PAC)*** advises the CCFC on policy issues related to programs for extremely low-income populations and has members who include low-income persons, youth, elected officials/their staff, advocates, and other community members.

- **The Regional Blue Ribbon Committee on Housing Resource Development.** Mayor Vera Katz and Portland City Commissioner Erik Sten convened the Regional Blue Ribbon Committee on Housing Resource Development in 2003 to develop a strategy to increase the supply of affordable housing in the Tri-County (Washington, Multnomah and Clackamas) Metropolitan Region. The Committee will adopt final recommendations in December 2004. These recommendations will include a legislative and public relations strategy to secure permanent resources to meet identified housing needs, perhaps by reversing a current legislative provision that prohibits local fees on the transfer of real estate. The Committee is empanelling an ongoing steering committee that will oversee strategy and monitor the upcoming legislative session.

- **The Special Needs Committee.** This is a subcommittee of HCDC that began in January 2002. Membership includes community leaders who are instrumental in housing development, housing management and service provision for people with special needs below 30% of median income who are either homeless or at-risk of homelessness. The goal of this group is to find ways to develop additional supportive housing including identifying untapped mainstream resources, addressing regulatory barriers, and looking for additional financial resources. It should be noted that the work of this committee initiated the current systems changes efforts to end homelessness as we know it. This group has subcommittees that also tie into homelessness issues:

  - The Housing and Services Partnership group – Oversees the "Fresh Start" program, which reduces housing barriers

for "hard-to-house" populations, and organizes training for housing and services agencies.

- o The Special Needs Families Group – Explores issues of families who have special needs adults and children. Particularly their housing and service needs.

- **Poverty Reduction Framework.** This framework will be the policy guidance for local anti-poverty and community service programs. The Poverty Advisory Committee of the Commission on Children and Families completed its efforts in December 2003. As poverty is a key contributor to homelessness, this framework is integral to other policies and programs that work with homeless people.

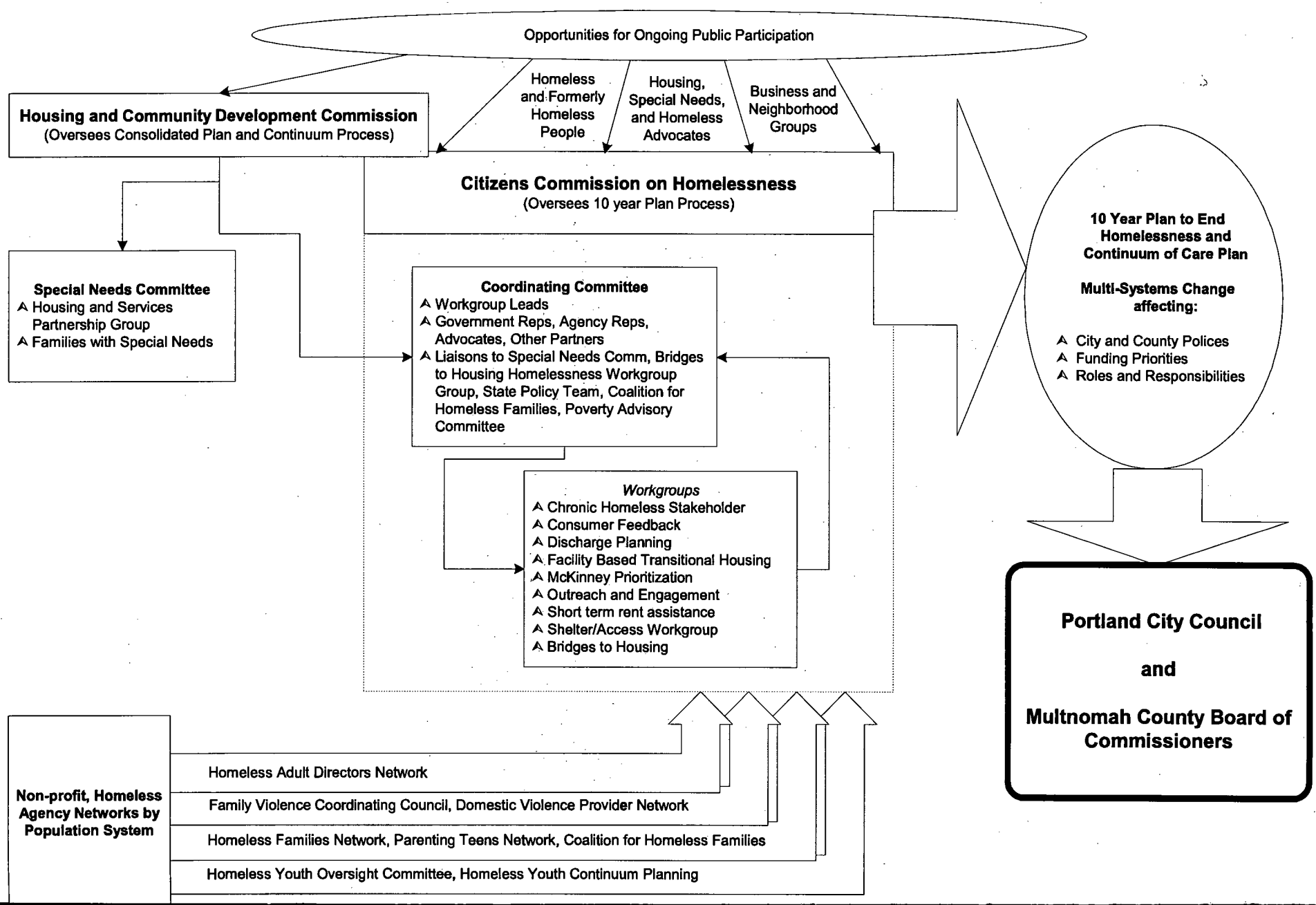
Current Day-to-Day Responsibilities: Multnomah County Offices, City of Portland's BHCD

Multnomah County is responsible for planning and contracting for services to all homeless populations countywide, except single adults. The Office of School and Community Partnerships (OSCP) funds a decentralized and geographically based system of community service centers, special needs providers, access agencies and system-wide resources. OSCP contracts with six non-profit agencies in these six districts to provide services that primarily serve low-income and homeless families. Services to homeless youth (funded through OSCP) and domestic violence populations (responsibility of the Domestic Violence Coordinator's Office) are delivered through networks of non-profit agencies and are available countywide.

The City of Portland Bureau of Housing and Community Development (BHCD) has responsibilities for planning, coordinating, funding, and evaluating services for homeless adults countywide. Having homeless program management in BHCD, which also manages city housing and economic opportunity programs, enhances the connection between housing, employment and micro-enterprise programs and homelessness and increases linkages among housing providers, workforce programs, and homeless and shelter providers. The City also provides funding for rent assistance and homeless youth services via a formal agreement with Multnomah County.

Formal Organizational Chart. The diagram on the following page shows the key structures and participants in the planning and implementation of housing and services for people who are homeless or at risk of homelessness. These infrastructures in Portland/Gresham/ Multnomah County also are important in the coordination/linkage of housing and services for vulnerable populations.

Process that Developed Portland and Multnomah County 10 Year Plan to End Homelessness



CURRENT DATA

How Many People are Homeless?

Accurately determining the number of homeless people in a given area is problematic. Simply counting the number of people who request assistance is insufficient. The "hidden homeless" — those doubled or tripled up with family or friends, those who prefer to remain out of sight, and those sleeping in places the enumerators did not look — are often missed, resulting in an underestimation of the homeless population.

Further, there are many who may be housed but live in imminent threat of harm due to family violence. Portland and Multnomah County employ a variety of methods to better determine the number of homeless people in the community.

- A one-night shelter count is conducted on a designated day during the months of March and November each year. This is a point-in-time count of all homeless people using shelters, motel vouchers, transitional housing, and rent assistance as well as the people who were turned away from these resources on the same day. The one-night shelter count primarily reflects system capacity rather than absolute numbers of homeless people.

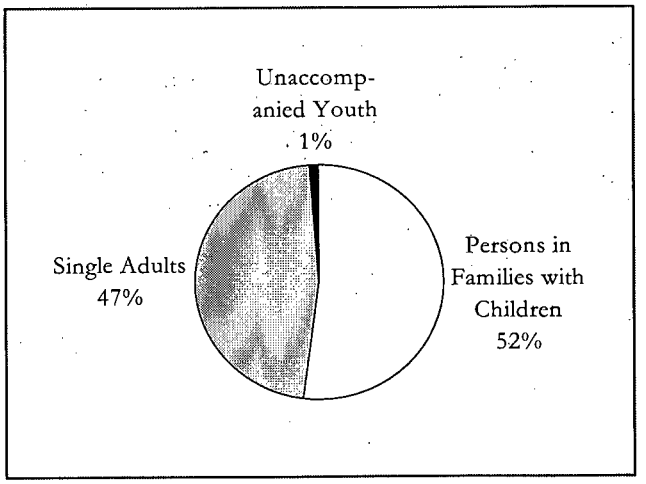
- Annual street counts are conducted in an attempt to enumerate the hidden homeless living outside or in a vehicle. In a count conducted by JOIN on May 28, 2003, 1,571 people were counted sleeping outside or in vehicles.

According to these methodologies, we estimate that in Multnomah County:

- 16,000-18,000 persons experience homelessness annually.[3]
- 4,000 persons experience homelessness on any given night.[4]

The one-night shelter count on March 15, 2004 revealed that of the 2,524 persons requested shelter. Of these, 2,059 were sheltered and 465 were turned away. Of those served, the majority were persons in families (52 percent), 47 percent were single adults, which includes a small proportion of couples, and 1 percent were unaccompanied youth. (Figure 1).

Figure 1: Percent of individuals served in homeless systems by household type
March 15, 2004 One Night Shelter Count



[3] This is an annualized estimated based on the Multnomah County and the City of Portland database systems that track unduplicated numbers of homeless persons served through four homeless systems.

[4] This is a point-in-time estimate based on One-Night Shelter Counts in November and March in 2002-2003 and the annual street count conducted by JOIN.

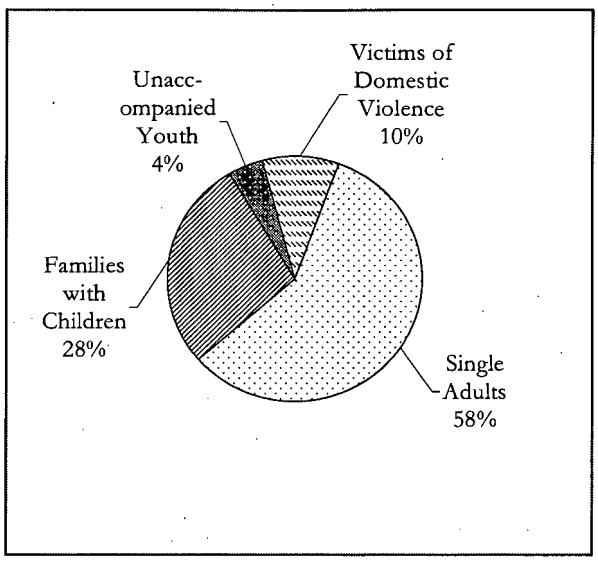
How Many Persons Experiencing Homelessness Are Served Annually?

According to records tracked through the City of Portland and Multnomah County, the following numbers of unduplicated homeless persons were served through the four homeless systems in fiscal year 02-03:

- 9,699 single adults
- 4,682 persons in families, of which 2,332 were children under 18
- 1,637 persons in households dealing with domestic violence
- 713 unaccompanied youth

TOTAL: 16,731 persons

Figure 2: Percent of homeless categories served by homeless systems in fiscal year 02-03



Jerry and his family had been homeless before he turned 10 as his parents migrated from state to state chasing work. By the time Jerry was fourteen, he told his parents he wanted to get a job and drop out of school. Of course, his parents hated the idea, yet Jerry was determined. He took a job in a bowling alley and soon found the bowling alley was his home. By 15, Jerry was in reform school, then ran away. His life since then has been the street, juvenile hall, temporary hotel rooms, and bouts in jail. Somewhere in there, he was married and earned his GED. Jerry uses the words, "roamed," "sporadic," "nomadic" and "self-sufficient" to describe his life. *There was a lack of direction when I was young. The only direction was the direction I was heading.*

What are the primary reasons for homelessness?

The principal underlying cause of homelessness is the gap between the cost of housing and what people can afford to pay for it. This gap has significantly widened over the past ten years (see Figure 3). Unemployment has remained high in Oregon, and has been especially hard on entry level or low wage workers. For growing numbers of persons, work or government entitlement programs provide little, if any, protection against homelessness.

Approximately 30 percent of Portland's homeless persons have chemical addictions, and 18 percent have a mental illness[5]. According to the March 15, 2004 one-night shelter count, 14 percent were victims of domestic violence and 10 percent were homeless due to a physical disability.

[5] Gaps Analysis Survey of providers of shelter, transitional housing, day-services & outreach of (1) all served and (2) those who requested services, but were not served.

Major cuts in Oregon's expanded Medicaid coverage through the Oregon Health Plan (OHP) have exacerbated the vulnerability to homelessness.

When people who are homeless are asked about reasons for leaving their most recent living situation, the most common responses are low incomes and unemployment, followed by drug or alcohol problems. Clearly, poverty and homelessness go hand in hand. Although unemployment was one of the leading responses for homelessness, this study also found that 12 percent of homeless persons were employed. Their average length of stay in shelter was five months, which is slightly less than the national average (six months).[6]

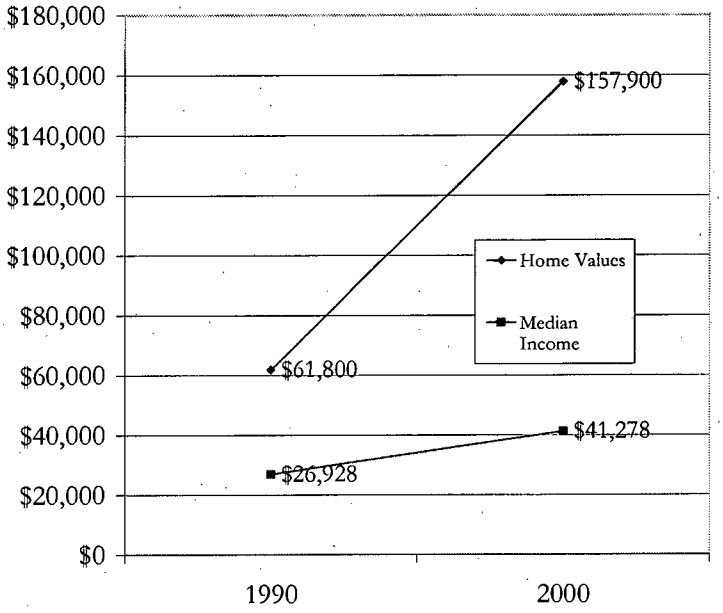
Impact of Federal and State Policy Changes on the Local Level

An important consideration when discussing our community's planning history is the impact of federal policy shifts, as well as the health of the national economy and unemployment rates.

Federal funding for rental-housing construction and for rent-subsidy assistance has been halved in the past 20 years, dropping from $32 billion (1980) to $16 billion (2000). Between 1960s to 1980s state-funded mental hospitals across the United States closed. The closure of these facilities were intended to be replaced by community mental health centers to provide services to those with mental illnesses in the least restrictive setting. This plan never came to fruition, and as a result people with major mental illnesses were left without the needed support.

States sought to shift the burden to federally funded Medicare and Medicaid, however the SSI application and approval process often can takes up to several years. Research by Dr.

Figure 3: Percent Change in median income and home values in Portland from 1990 to 2000
US Census Bureau



Dennis Culhane from the University of Pennsylvania has shown that when unemployment rates rise, TANF (Temporary Assistance for Needy Families – often referred to as welfare) applications and caseloads rise. He has termed TANF a "de facto unemployment program," for many families.

Since the summer of 2001, communities across the country have seen significant increases in homelessness, despite coordinated efforts to create housing and services for people who needed them. This paralleled a dwindling economy.

Clearly, an essential part of any plan to end homelessness is advocacy at the State and federal level. We must keep our elected officials and policy makers informed of changes in homelessness and poverty numbers, and educate the general public – the voters – so they understand the impact of their votes.

[6] US Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities, 2002.

DEMOGRAPHICS

Race

The homeless population in Portland and Multnomah County is diverse. People of color are disproportionately represented in Portland's homeless population, although they represent a smaller percentage of Portland's total population. For example, 50 percent of Portland homeless persons describe themselves as white and 19 percent as black or African-American.[7] However, nearly 79 percent of Portland's total population is white, while only 6.6 percent are black or African-American.[8] Race is linked to levels or education and income.

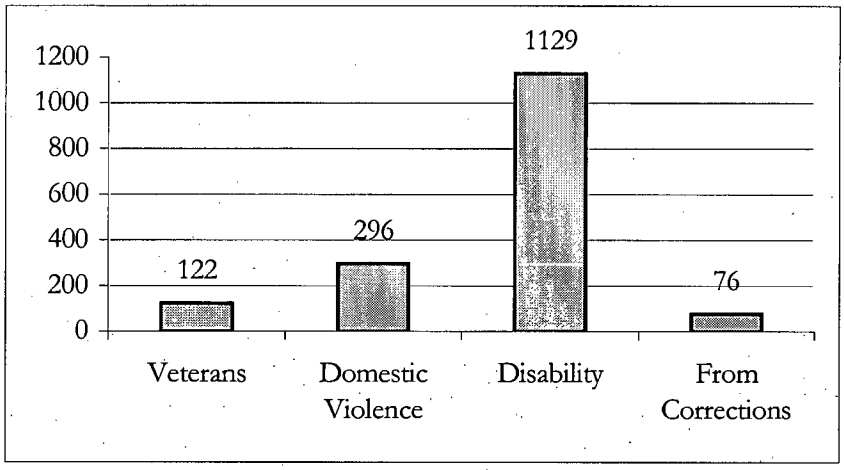
Education

A survey conducted by several Portland agencies indicated that Portland's homeless persons have varying degrees of education. Of the 539 persons surveyed, 32 percent had not completed high school, 42 percent had completed high school or received a GED, 15 percent had some college, 5 percent had an Associate or Bachelor's degree, and nearly 2 percent had at least some graduate school.[9] Education is linked to levels of income.

Homeless Veterans

Veterans tend to represent a large number of homeless persons. According to the March 15, 2004 one-night shelter count, 6 percent of those who were sheltered were veterans. However, annualized records put this percentage at 13 percent of all homeless men and women.

Figure 4: Number of Persons Seeking Emergency Shelter with Certain Characteristics
March 15, 2004 One Night Shelter Count



Domestic Violence

Another primary cause of homelessness, especially for women and families, is domestic violence. In Multnomah County, domestic violence providers assisted 1,952 persons in families during fiscal year 03-04. This is almost half of all homeless persons in families that are assisted by County-contracted providers (1,950 of 4,129). In addition, research shows that 4 out of 5 homeless women are victims of family violence as adults (Institute for children and poverty, research and training division, Homes for the Homeless Report).

[7] March 26, 2003 One Night Shelter Count, Mult. Co. Office of Schools and Community Partnerships. Percentages based on total number of individuals requesting services.
[8] U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File.
[9] Portland Bureau of Housing and Community Development, Transitions to Housing Pilot Project Report of Findings, 2003.

Homeless with Special Needs

> ***Drugs and alcohol***... *they covered up the pain and agony I experienced being homeless. You've got to have a place to go, you know, to live, to find a job, to have an address, a phone number, to be clean, to have nice clothes, to present yourself and your skills. It's a catch-22 situation. Not able to get a job because you're dirty, dusty, maybe wet. Even if you could go get a shower, you'd have to put your dirty clothes back on again.* —Thomas

People with special needs are those with a severe and persistent mental illness, a substance abuse problem, a developmental disability, a serious physical disability, or a combination of these resulting in impairment to normal functioning. People with special needs are more likely to have repeated episodes of homelessness and to remain homeless for longer periods of time. In 2002, 7,890 people with special needs in Multnomah County did not have permanent housing for all or part of the year.[10]

According to the Special Needs Committee Final Report, on any given night in 2002, twenty-nine percent reported that they were eligible for services directed to the psychiatrically disabled, developmentally disabled, substance abusing and dual-diagnosed populations. Fifty-five percent of households of every size, and sixty percent of single adults, indicated a disability as the primary reason for their homelessness (e.g., substance abuse, mental illness, or a medical problem).[11]

Chronic Homelessness

Many of the people who live on the streets are homeless for years, as opposed to days or months. Many require medical and mental health services in addition to help finding a home. Most people who lose their homes temporarily stay in shelters, motels and cars.

There are an estimated 1,600 chronically homeless persons in our community. This estimate is based on an annual street count and national research, which determined that the chronically homeless represent a small proportion of the total homeless population and disproportionately have multiple diagnoses, such as severe mental illness and substance abuse.[12] The chronic homeless estimate was substantiated by a street count conducted by JOIN, an organization that works with people on the streets. The street count found 1,571 persons sleeping on the streets or in cars on May 23, 2003.

> The U.S. Department of Housing & Urban Development (HUD) defines a **chronically homeless person** as an unaccompanied individual with a disabling condition who has been living in a place not meant for human habitation (i.e. the streets) or in emergency shelter for at least a year or has had at least 4 episodes of homelessness in the last 3 years.
>
> **A disabling condition** is defined as a one or more of the following: a diagnosable substance dependency, mental illness, developmental disability, or chronic physical illness or disability.

[10] Housing and Community Development Commission Special Needs Committee Report, 2003.
[11] March 27, 2002 One Night Shelter Count, Multnomah County Office of Schools and Community Partnerships.
[12] Culhane, DP, Metraux, S, Hadley, T., (2001) *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals.* New York: Corporation for Supportive Housing.

Our community is considering enhancing the HUD definition of chronic homelessness to one that recognizes the true nature and scope of local chronic homelessness among individuals and families. Many participants in recently awarded federal grants to help end chronic homelessness have more than one or two disabilities and have experienced homelessness for up to 10 years. In partnership with local practitioners, the local homeless planning body will explore using a "severity index" to capture the true nature and level of services and housing needed for homeless people, particularly chronically homeless people.

While research places an emphasis on adult chronic homelessness, we know that families experience chronic homelessness. More research needs to be done on these families and their impact on services costs, but in the meantime, our community has developed a work-in-progress definition for chronic homeless families.

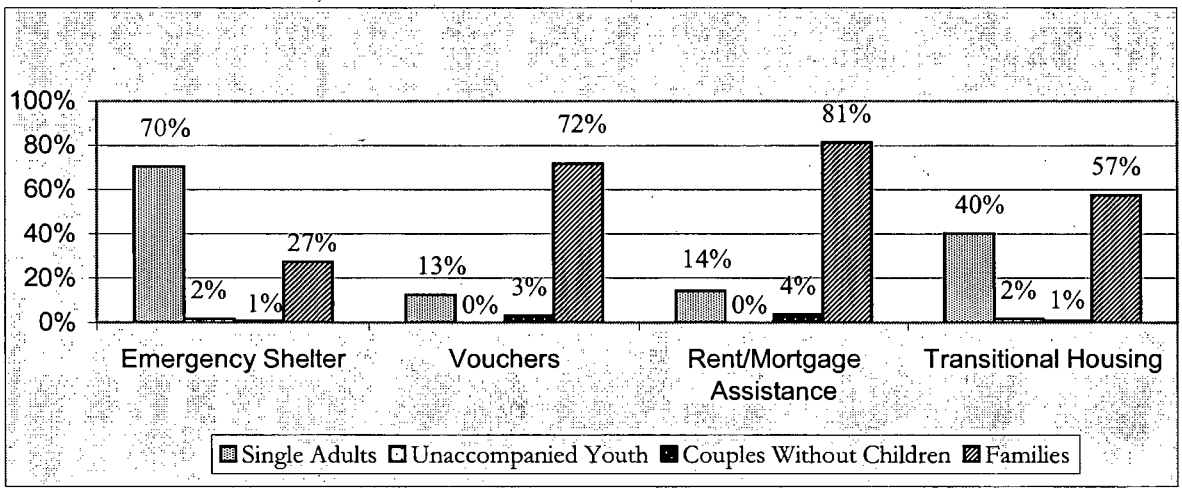
Working Definition of Chronically Homeless Families: Households with one or more children and the hardest to house adult/s with a disabling condition, and/or multiple and severe barriers, who have experienced homelessness two or more times in a three year period, or living outside, doubled-up or in shelters for six months or more.

Barriers include: criminal history, eviction history, immigrant status, financial issues, language/culture, domestic violence, disabilities in household, credit history, child welfare involvement, A&D issues, and lack of skills and employability.

Types of Services Received

Of the 1,340 total households served on March 26, 2003, most received emergency shelter (36 percent) or transitional housing assistance (47 percent). The majority of individuals receiving emergency shelter were single adults, while the majority of individuals receiving vouchers, rent/mortgage assistance, and transitional housing were individuals in families (Figure 5).

Figure 5: Type of Assistance Received by Household
March 26, 2003 One Night Shelter Count



Homeless System Capacity

The current system does not have the capacity to meet the total demand for homeless services. The average length of homelessness is 21 weeks (more than 5 months) and the average wait to gain access to a publicly funded shelter is between 4-6 weeks (up to 10 weeks in the winter months).[13]

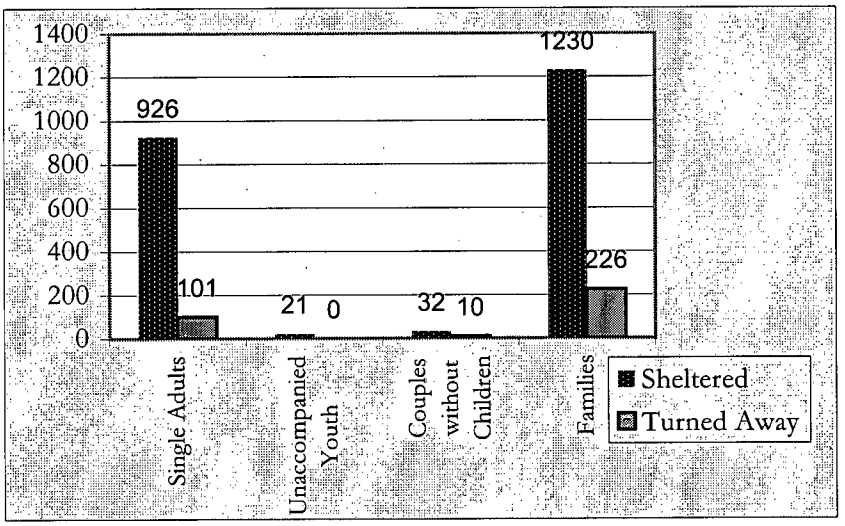
According to the one-night shelter count, 20-25 percent of requests for emergency shelter goes unmet in Portland and Multnomah County.

On March 26, 2003, 180 households (337 individuals) sought immediate help with housing but providers were forced to turn them away due to lack of capacity. Of those, 101 were single adults, 226 were individuals in families with children (74 families) and 10 were individuals in couples without children (5 couples). No unaccompanied youth was turned away that night (see Figure 6).

Turn-away data also indicated that some groups are better served by the current system than others are. Out of the total single adults seeking assistance the day of the one-night shelter count, 10 percent were turned away. Of those in families, 17 percent were denied assistance. In addition, there are few resources available for couples or family groupings without children.

Meanwhile, women accounted for 48% of the individuals served, but 57% of the individuals turned away. When asked about their current living situation, those turned away were staying with friends or family, followed by living on the street.

Figure 6: Individuals Sheltered and Turned Away by Household Type
March 26, 2003 One Night Shelter Count



[13] Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities, 2002.

NEW RESEARCH

Landmark research projects conducted by Dr. Dennis Culhane and others have changed the way advocates and planners strategize solutions to homelessness. They describe homeless persons as falling into three groups: chronic, episodic, and situational or transitional.

Chronic - experience homelessness for a year or longer.
Usually individuals with multiple disabilities.

Episodic - multiple episodes of homelessness that are short or long-term.
Individuals and families with multiple needs.

Situational or transitional - one time and short-term homeless experience.
Individuals and families with job loss or primarily economic crises.

This national research also documented use of emergency resources. By far, the largest population of homeless people are those who experience transitional or short-term homelessness. However, as Figure 7 illustrates, chronically homeless people consume the most resources.

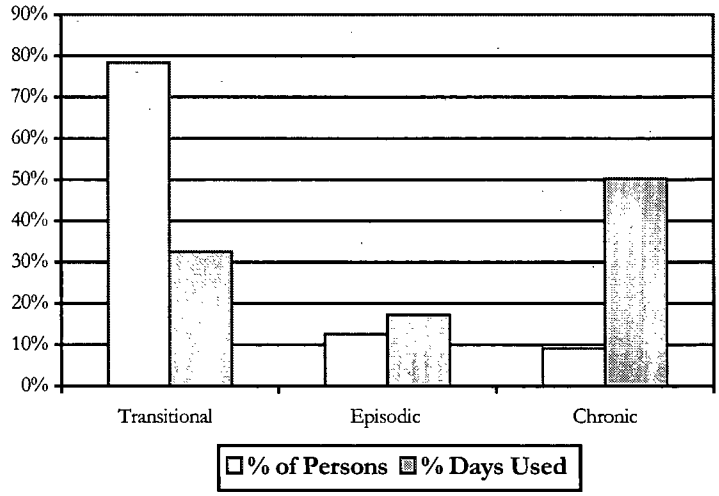
Chronically homeless people are in and out of emergency systems, live on the streets or in shelters, and generally suffer from untreated mental illness, addiction and have physical disabilities. These health conditions worsened, or are often a result of, being homeless for long periods of time.

New research is also emerging on homeless families who are frequent users of emergency systems. Generally, the characteristics of most homeless families are similar to housed low-income families. However, research from Dr. Culhane indicates that two years following placement in permanent housing, 7-15% of families return to homelessness.

Additionally, studies found that children who are separated from their parent(s) in homeless households tend to experience homelessness later in life more frequently. About 20% of homeless families placed in housing had a child placed in the foster care system. These initial findings by Dr. Culhane and other emerging research will be critical to gaining improved understanding of assistance that helps end family homelessness. It will be important to gauge the different housing and service needs for families who are transitional, episodic, or those families that have the severe characteristic of experiencing chronic homelessness.

Figure 7: Emergency shelter use during a 2-year period in Philadelphia.

Chronically homeless persons stayed an average of 252 days per year; Episodic persons 3-4 times for 73 days and Transitional persons 1-2 times for 20 days.



Cost of Homelessness

The cost of implementing the 10-year plan will be substantial, but it will not be as expensive as maintaining homelessness. A study by Dr. Culhane found that the average chronically homeless person costs at least $40,440 in public resources each year. If that person were in permanent supportive housing, the annual savings would be $16,282.

National studies in multiple communities have shown that when formerly homeless people or people who are at risk of homelessness move into supportive housing, they experience:

- 58% reduction in Emergency Room visits[14]
- 85% reduction in emergency detox services[15]
- 50% decrease in incarceration rate[16]
- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided

In short, more than 80% stay housed for at least one year.[17]

During implementation of the 10-year plan to end homelessness, staff will conduct regular studies of cost savings and reduced reliance on emergency services due to increased assistance for chronically homeless people. This will be accomplished by the Homeless Management Information System (HMIS) that is set for full implementation this spring.

[14] Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, Corporation for Supportive Housing, 2000.
[15] Analysis of the Anishinabe Wakaigun, Sept. 1996-March 1998.
[16] Making a Difference: Interim Status Report of the McKinney Research Demonstration Program for Homeless Mentally Ill Adults, 1994.
[17] Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, Corporation for Supportive Housing, 2000.

Using our resources more effectively

Chronically homeless people currently consume about half of all the resources spent on homeless and emergency programs. These are the people for whom the current system is not enough. They are the homeless population most likely to be cycled back out onto the street rather than supported in permanent housing. When homeless people enter the homeless system and quickly move back out into the streets, it creates strain on homeless programs already at capacity and economic pressure on institutions like jails and hospitals.

Concentrating resources on housing persons who are chronically homeless will eliminate this pressure on the system and allow us to use the homeless system more effectively for other homeless people, including families and those who are temporarily homeless. It will also help us respond more quickly and prevent homelessness that threatens a person or family.

To end homelessness, we need to think about resources differently. We need to direct resources toward long term solutions, and make sure safety net programs are geared towards ending people's homelessness, rather than managing it. We know that, annually, 54% of all homeless resources are directed to shelter and transitional housing while only 12% support permanent housing. If we are moving people toward long term solutions, we must invest in long term actions such as permanent housing.

Cost savings and efficiencies will be a primary component of implementation. Expending resources in the most effective manner toward permanent solutions is an advantageous approach to ending long term homelessness.

THREE STRATEGIES

This 10-year plan is built on three primary strategies:

1. **Focus on the most chronically homeless populations;**
2. **Streamline access to existing services in order to prevent and reduce other homelessness;**
3. **Concentrate resources on programs that offer measurable results.**

The overarching goal of this 10-year plan is to make the homeless system better and increase access to permanent supports beyond the homeless system. Our goal is to end homelessness rather than just manage it.

Making the homeless system work better

To move from the institutionalization of homelessness, the institutions that serve homelessness must change.

Rather than shuffling homeless people from service to service and back to the street, the aim of all government agencies, non-profits and institutions in the homeless system must first get homeless people into permanent housing.

The aforementioned strategies emphasize a "housing first" methodology for ending homelessness as well as a focus on reducing the amount of time anyone — family or individual — remains homeless.

"Housing first" does not mean that housing is the only assistance offered. For many, housing will be permanent supportive housing, which offers social services and physical and behavioral healthcare. As stated earlier, research shows that addressing other life issues in the context of permanent housing is the best way to affect permanent change in the lives of homeless people.

Why focus on chronic homelessness?

This plan has a focus on chronically homeless people—mostly single adults who have been homeless for a year or more. They are typically the most visible and troubling part of the homeless population, as they often suffer from problems like drug addiction, untreated mental illness, or disabilities. They often recycle through our system unsuccessfully and place heavy economic burdens on taxpayer-funded programs. This drain on resources limits our ability to effectively serve others who are homeless or may become homeless.

Homelessness affects many families as well. Every day, approximately 1,300 persons in families are homeless in Multnomah County, including 750 children[18]. Unfortunately, this is often a cycle—research suggests that a portion of homeless families suffer from repeated episodes of homelessness, putting kids at greater risk of school failure, mental health problems and substance abuse. Because of the difficulties they face while young, these children often grow up and fall back into homelessness by themselves or with their own families, creating a multi-generational homelessness problem.

While this plan places an emphasis on ending adult chronic homelessness, we remain committed to efforts to end homelessness for all people, especially for families. We also know that families experience chronic homelessness and are committed to understanding and serving this population effectively. By implementing this plan, we will build a system that serves all homeless clients more effectively.

[18] Based on the March 15, 2004 One Night Shelter Count of sheltered and turned away families.

To end homelessness, we need to approach the problem differently. The 10-year plan will use the following strategies to make the homeless system more effective:

Focus on the most chronically homeless people.

Research indicates that people who experience chronic homelessness often have multiple barriers to permanent and stable housing. Generally, no one agency or system has the services package to effectively provide the range of necessary support for people who have experienced long term homelessness. This is one reason that chronically homeless individuals use a disproportionate amount of emerging resources.

Solutions require a shift from haphazard efforts from multiple agencies that fund or serve chronically homeless people to a coordinated, focused strategy that effectively transitions them in permanent supportive housing. The solution is focused on the chronically homeless person's success.

By focusing on new strategies, implementing systems change and creating enough permanent supportive housing for the long-term homeless population, we will end chronic homelessness by 2015.

Prevent and reduce other homelessness (episodic & transitional).

The vast majority of people who experience homelessness fall into this definition – episodic or transitional (often also referred to as situational) homelessness. However, the system must provide effective and timely interventions in order to ensure that more people do not fall into chronic homelessness. This will allow us to prevent multi-generational homelessness.

The system will also work to provide assistance so people do not have to become homeless in order to receive help. Effective interventions of rent assistance and support service can help people maintain stable housing during a financial or personal crisis.

The jurisdictions will adopt a coordinated discharge policy that will guide operationalization of protocols to help institutions discharge people to stable housing situations.

Concentrate resources on programs that offer measurable results.

By effectively coordinating the many public agencies, institutions and service providers who make up the homeless system, and through the collection of accurate and timely data on the homeless population, we will provide the homeless system with a new level of accountability.

Agency-based outcomes will focus on housing placement and retention for all. These strategies can be successfully accomplished through a number of reforms to the homeless system.

Using these principles, the plan emphasizes a "housing first" methodology to end chronic homelessness and shorten the length of homelessness experienced by anyone in our community.

The plan also supports the full implementation of a data system that will ensure the ability to conduct meaningful and accurate evaluations of programs funded with public resources to end homelessness.

NINE ACTION STEPS

Progress towards permanently eliminating homelessness requires action by all partners in the homeless system: the local governments, social service providers and non-profits who regularly provide services to homeless people and by the hospitals, corrections facilities and others who have clients who are homeless.

These are the steps by which we will end homelessness by 2015:

1. Move people into housing first

The most critical issue facing all homeless people—the lack of permanent housing—will be addressed first. Other services and programs directed at homeless people and families will support and maintain homeless people in this permanent housing.

The continuum of shelter, services and transitional housing does not work for everyone. Many people enjoy supports in shelter and transitional housing that go away once they move to permanent housing.

Practical research shows that moving people into housing first is the most effective way to solve homelessness. For example, nearly 1,200 households were served and exited Portland and Multnomah County's transitional housing programs last year. Once these households left the program, an average of only 40% found and remained in permanent housing after 12 months[19]. In contrast, of those households served through the housing first approach both locally and nationally, 80 to 90 percent remained in housing a year later[20].

Moving people into housing first saves money. A study by Portland State University showed that once homeless people moved into permanent supportive housing they spent 65% less time in hospitals and visited the emergency room 51% less.

Not only do households stay housed longer, but moving directly into housing with supports is also more cost-effective. Housing first programs cost anywhere between $1,200 to $7,800 per family depending on the level of direct financial assistance and case management services.[21]

However, even the most expensive programs cost about the same as housing a family in emergency shelter for four months. These resources could be better used to support families in permanent housing, most of whom remain in that housing for years.

The City and the County will jointly work with non-profit agencies to shift from the existing continuum of housing services to a model that supports "housing first" for all homeless people.

Housing Connections is a significant resource to help homeless persons find permanent housing: (www.housingconnections.org) is an innovative housing locator service connecting people with affordable, accessible and special needs housing in the Portland Metropolitan Area. Developed by the City of Portland with federal grant funds, it is a highly effective tool in finding housing that meets the needs of persons experiencing homelessness.

[19] Based on 02-03 Annual Progress Reports required by HUD for facility-based and scattered site transitional housing programs that receive federal funding in Portland and Multnomah County.

[20] Housing retention rates at 12-months from JOIN, Pathways to Housing, a housing first program in New York City for individuals who have psychiatric disabilities and substance use disorders, and the National Alliance to End Homelessness, Inc. Training Curriculum on Housing First for Families, March 2004.

[21] National Alliance to End Homelessness, "Summary of Housing First Research", LaFrance Associates, LLC: March 2004.

2. Stop discharging people into homelessness

When institutions like jails and hospitals discharge their homeless clients, they often struggle to link these clients to appropriate services because there is a lack of permanent supportive housing available. This also applies to the foster care system, which discharges young people at the age of 18, who are also at risk of becoming homeless.

Implementation of this 10-year plan will help these institutions and prevent discharging their homeless clients to the streets by providing linkages to the right services and more permanent supportive housing.

Effective discharge planning is happening: A Discharge Planning Workgroup developed, and is in the process of implementing, a "Universal Discharge Assessment" to systematize effective discharge planning across hospitals, jails and emergency shelters.

Health care, foster care, youth and corrections facilities will agree to avoid discharging people into homelessness through the adoption of a universal discharge process. This process will link homeless people, upon discharge, with housing and other services.

The homeless youth system and the foster care system have already made progress in this area. They have established a single point of contact between the foster care system and the homeless youth system that has the authority to make disposition decisions. They are also meeting weekly to ensure smooth communication. The Citizens Crime Commission report on the foster care system will also likely lead to several systemic reforms that improve discharge and placement of youth aging out of foster care.

In the next two years, the Discharge Planning Workgroup will continue to coordinate planning and link homeless people currently in institutions with other solutions. Institutions and agencies that connect institutionalized people to permanent housing will be required to report on progress. They will be evaluated on their adherence to the universal discharge process.

The 10-year plan will help this Workgroup lay out a process to determine best practices, help identify resources, and ensure long-term partnership for all facilities that treat and discharge homeless people.

3. Improve outreach to homeless people

"Outreach and engagement" refers to outreach and social service workers whose focus is to link homeless individuals or families with services and/or permanent housing. The 10-year plan will promote best practices in order to make future outreach and engagement activities more effective.

Linking homeless people to services and permanent housing will be done more quickly and effectively through coordinated outreach and engagement.

Outreach workers will be able to offer homeless people immediate access to permanent housing, rather than requiring many intermediate steps before access to housing is offered.

A new day/resource space will be considered as one tool to improve access to homeless assistance as well as provide a place for engagement. This facility will be equipped with basic necessities such as lockers and showers. Most importantly, this resource space will provide homeless people with quick

and direct access to programs that move them into permanent housing. Services will be tailored towards the varying needs of homeless people, such as services for women who are victims of domestic violence, immigrants who do not speak English or for whom English is a second language, and people with mental, physical, and cognitive or developmental disabilities.

In addition to the new center, we will improve access to assistance for homeless families through Multnomah County's six regional service centers and culturally specific sites in order to ensure that the basic needs and safety of children are met.

Some of the practices in community-based outreach and engagement that will be encouraged include:

- Offer immediate options for people on the street to meet their needs, such as immediate rent assistance so homeless people can move directly to housing ("housing first")
- Provide culturally appropriate services that engage people with diverse needs
- Problem-solve issues with Police, Parks, and others that interact with individuals and families on the street
- Use private market housing that is accessible and affordable to homeless households
- Establish consistent outcomes for outreach efforts and follow outcomes through the adoption of the Homeless Management Information System (HMIS), which allows tracking and coordination of homeless households and services that are available to them

Systemic changes to implement coordinated outreach for all homeless people who are outside will:

- Initiate regular meetings between all outreach efforts to problem-solve and support each other's engagement with households sleeping outside
- Use peer review meetings to evaluate area outreach programs
- Work with households living on the streets to foster a low impact on the broader community
- Develop strategies to create an outreach team to work with low-income families living in sub-standard motels to assist them in transitioning to permanent housing

4. Emphasize permanent solutions

Too few homeless people are currently placed and supported in permanent housing. Too many are using the shelter system as longer-term housing.

Currently, only 27 percent of people currently in the homeless system are placed in permanent housing. We will increase this number to 40 percent within three years. By 2012, we will place and maintain 60 percent of homeless people in permanent housing—more than doubling the number of people placed in permanent housing in seven years.

Changes in shelter are happening:
As a result of the Domestic Violence Plan implemented in 2003, 150 more women and children retained or obtained stable housing through vouchers, rent assistance and intensive advocacy. This was achieved without increasing funds, by closing a shelter and redirecting resources to a central access center open 12 hours/day, 6 days week.

Homeless shelters were originally designed as safe places for people who needed temporary emergency housing. With the growth of chronic homelessness, shelters have ended up

housing people for longer and longer periods of time. Under this plan, shelters will return to their original purpose by providing easier access into shelter and quicker transition out of shelter. The length of time that homeless people stay in emergency shelters will be reduced from the current average stay of 150 days to 45 days.

To move from the institutionalization of homelessness, the funding entities, programs, and organizations that provide homeless services must make changes.

Rather than relying on the shelter and transitional housing systems as the "end" of helping homeless people, the focus of the homeless system will be to ensure strong connections to permanent housing and other support systems.

Examples of change include:

- Helping households circumvent shelter or unneeded short-term housing whenever possible by moving them directly into permanent housing
- Regaining immediate access into shelters by implementing shorter stays and ensuring quick placement into housing
- Altering transitional housing facilities to focus specifically on households needing short-term and intensive structured interventions and reconfiguring some transitional facilities into permanent supportive housing

5. Increase supply of permanent supportive housing

By 2015, the City and County will create 1,600 new housing units designated for chronically homeless persons and 600 new units designated for homeless families. These will be "permanent supportive housing" units, offering social services to residents depending upon their level of need.

These additional housing units will be added to the homeless system's permanent units. We estimate that 1,200 will be developed through new construction, and 1,000 through renovation and conversion of other types of housing, as well as leasing units from the private sector.

A Paradigm Shift

In the past 15 years, affordable housing has been developed primarily to be affordable to households with incomes from 30% to 60% Area Median Income (AMI). The 10-year plan calls for developing permanent supportive housing to serve households with incomes between 0% and 30% AMI, with an emphasis on those with the lowest incomes (0%-15% AMI).

> The Portland Metropolitan Region has a gap of 13,241 units that are affordable to incomes between 0% and 30% AMI.
>
> -HUD Comprehensive Housing Affordability Strategy, 2000.

Financing of the units affordable at 30% - 60% AMI (just housing production with moderate service coordination) relied heavily upon private equity financing including first mortgages from banks and equity from tax credit investors. Because the units generate income from rents, the public subsidy that filled financial gaps was typically less than a quarter of the total development expense. While rents were set to serve households between 30% and 60% AMI, a survey of members of the Community Development Network indicates that 68% of tenants in previously subsidized housing have incomes of only 15% to 30 % MFI, meaning that 68% of the residents of the existing affordable housing stock are experiencing a significant amount of rent burden.

While the cost of developing affordable housing units is a relatively fixed cost, the new units serving 0%-30% households will not produce enough income from rents to support private debt at the levels that previously funded projects leveraged. The City's subsidy per unit will need to increase as a result, and the City's subsidy will have to be programmed as debt-free.

Another shift is from "transitional" housing, defined as limited duration housing supported by various services to move an individual or family out of this housing, typically within a 24-month period. The "housing first" model moves households from the street or shelter, into a permanent housing situation (with no time limit on their access to that unit), supported by various services to stabilize an individual or family (some services for temporary needs, some services for on-going needs). This can include "transition in place" housing, where the services gradually diminish over two years, but the household does not need to move. Placement into market rate housing, or existing permanent supportive housing, will be determined by an individual's or family's needs, income, and access point into the system.

Portland is a model for Permanent Supportive Housing:

Central City Concern operates over 500 units of permanent supportive housing for people with alcoholism and additions as well as co-occurring disorders. CCC also provides intensive clinical, social and employment services for people in these units.

Once placement occurs, the services provided are focused on stabilizing the individual or family, versus transiting them from one place to another.

This shift calls for the housing system to operate differently. The housing projects developed previously were not specifically designed or financially structured to serve those with housing barriers. These barriers can include poor credit or eviction history; criminal history; disabilities for anyone in the household including chemical addiction, mental illness, and physical/developmental; child welfare issues; domestic violence; and immigration status or language barriers.

For homeless people to be successful under the "housing first" model, they should not spend more than 30% of their income on housing expenses. The housing industry both needs to avoid over burdening very-low income people with rent payments, and it needs to have adequate cash income to cover operating costs and "enhanced property management"[22] for those who need it.

The following table summarizes the shifts:

From: Targeting rents to households with incomes between 30% and 60% MFI
To: Targeting rents to households with incomes between 0% and 30% MFI

From: A "step ladder" approach (street to shelter to transitional housing to permanent housing)
To: A Housing First approach (homelessness to permanent housing)

From: A drive to spread City subsidy across as many units as possible, with an eye toward production
To: A drive to provide deep City subsidy to fewer units, with an eye toward stabilization

From: Ad hoc coordination of services and housing coordination
To: Well planned and committed coordination of services and housing

From: Support services that transition people from one housing situation to another
To: Support services that stabilize people in a permanent housing situation

New Tools are Needed

An Operating Subsidy Fund and a Risk Mitigation Pool are necessary to fund the differences outlined above and to undertake effective asset and property management using the Housing First model under the 10-year plan.

Operating Subsidy Fund: This fund is necessary to support units/projects that have no/shallow long-term, predictable cash flow from rents or rent subsidies. It is estimated that 1,100 units would need to be supported from this Fund. The fund will distribute some $33,000,000 over a 10-year period, averaging just over $3.3 million per year (assuming $3,000 per unit per year[23]).

Example: The City of Seattle, Office of Housing, provides $1,100,000 per year over seven years for units housing people with income up to 30% MFI, ensuring that units are available to extremely low income families and people with disabilities.

Risk Mitigation Pool: This pool is necessary to support damage repair when those expenses exceed annual budgets. It is estimated that 1,200 units would need to have access to this fund pool. It is estimated that this pool will distribute some $3,800,000 over a 10-year period, averaging just over $382,000 per year (approximately $10,000 per unit per turn over[24]).

Example: The State of Oregon, provides a risk mitigation pool for qualified housing providers serving persons with developmental disabilities, who are former residents of institutions.

[23] $4,000 per unit per year includes base annual operations plus enhanced property management.

6. Create innovative new partnerships to end homelessness

Ending homelessness in ten years will require tremendous effort and tremendous resources.

We will improve relationships and partnerships among government agencies, non-profits and institutions in order to leverage funding available for permanent supportive housing.

By demonstrating our success in moving homeless people and families into permanent housing, we also hope to recruit new partners for our effort, including the business community and ordinary citizens.

These new partnerships will bring us the additional resources necessary to completely end chronic homelessness. With the addition of new partners and new resources, we will be able to respond more quickly to homelessness when it happens, and even prevent it from happening in the first place.

Interagency coordination leading to long-term systemic change is the missing link in developing more permanent, supportive housing. Over the past three years, homeless system partners have made efforts to serve those most in need and more coordination is evident. Yet, an

We have partnerships to create permanent supportive housing. 41 units of permanent housing with mental health and other service support will be available with the creation of Prescott Terrace, a partnership of Cascadia Behavioral Healthcare, the Housing Authority of Portland, Multnomah County and the City of Portland.

institutional divide still exists between housing and service funding that stymies the development of permanent supportive housing.

Agreements will be developed among the City, County and service providers to fund and implement permanent supportive housing through a "funders committee."

Ongoing work will include the City and County regularly examining how services are being provided and how they could be delivered more effectively and efficiently in an ongoing basis.

Future steps in this area will be increased coordination with workforce funding agencies and other state agencies that support mainstream resources to homeless people.

8. Make the rent assistance system more effective

We will effectively coordinate existing rent assistance programs to sustain homeless people in permanent housing, once they are placed there. Rather than having multiple service providers and jurisdictions provide rent assistance through different programs, we will offer a streamlined program of rent assistance. This kind of assistance is particularly important for families, who fare best when placed in permanent housing as quickly as possible upon facing homelessness or the threat of homelessness.

Outreach workers will have the ability to offer rent assistance to those who are already homeless immediately upon moving them to a permanent housing situation, rather than waiting while application is made to a rent assistance program.

Rent assistance is a critical resource for ending and preventing homelessness. It can be used to help homeless households obtain permanent housing and at-risk households remain permanently housed. In Multnomah County, one-third of all households are paying more than 35 percent of their income for rent, creating a rent burden and the need for supplemental assistance in times of an emergency or crisis. In addition, thousands of homeless households rely on rent assistance and supportive services to help them move into permanent housing and stay housed.

The number of programs and agencies involved in providing rent assistance, each with their own eligibility requirements and regulations, makes these resources confusing to access and inflexible in meeting household needs. In addition, rent assistance resources have been used as a "stop-gap" measure of last resort. This way of distributing funds has contributed to duplication and unfortunately forces people in crisis to "shop around" for rent assistance.

Instead of multiple short-term rental assistance programs managed by the various funders, the four jurisdictions (Multnomah County, City of Portland, the Housing Authority of Portland, and City of Gresham) are considering channeling funds into one administrative entity to create a unified system for rent assistance. This new system of rent assistance will have consistent program guidelines, shared outcomes to track housing stability, and an allocation formula based on Multnomah County need and policy priorities, including those related to ending and preventing homelessness.

Effective rent assistance is happening: Of the 1,547 households that received both rent assistance and emergency vouchers from the Multnomah County Clearinghouse, 89% were permanently housed after six months.

We will have clear points of access to minimize the number of agencies people must contact and flexible resources so that agencies can assist households based on their individualized needs.

This new system will be based on three overall goals: safety off the streets, obtain permanent housing, and maintain permanent housing. The four jurisdictions have been meeting to determine how they will collaborate on a consistent funding allocation strategy, communication flow between jurisdictions and agencies, and data management and reporting in a unified system.

8. Increase economic opportunity for homeless people

The City and County will plan together to streamline the system that offers workforce assistance and economic opportunities to homeless people.

Examples of this kind of change include greater access by homeless people to centers that provide job placement; coordinated efforts on increasing employment and wages for homeless people; wealth creation; and developing common standards that measure the employment outcomes of homeless people. For homeless families, childcare is critical for success in gaining employment and sustaining housing.

Access to SSI benefits are being streamlined: Through the efforts of Multnomah County's Department of Community Justice and the local Social Security Administration, a new project called JAB (Joint Access to Benefits) ensures that eligible recipients of SSI/SSDI coming out of jail obtain those benefits immediately upon discharge.

The City and County will also work with the State of Oregon and federal agencies on streamlining the receipt of disability benefits by homeless people who are eligible and in need, but are currently not receiving benefits.

9. Implement new data collection technology throughout the homeless system

By 2005, all partners in the homeless system will adopt the Homeless Management Information System (HMIS), a web-based system that helps in data collection and research. This will allow us to examine more accurate numbers of homeless persons, the frequency of homelessness and the depth and breadth of homelessness.

The Citizens Commission contracted an outside consultant to conduct an in-depth analysis of homelessness data (see appendix for full report). This report concluded that current sources of data are imperfect and that new data collection methods employed via HMIS will improve the quality of future data.

In addition, HMIS will tell us what is and is not effective. This tool will help us: determine if effective discharge planning from institutions is being done; evaluate and improve existing programs, provide information needed to assist clients, plan for additional services and ensure effective allocation of resources.

HMIS will allow our community to **use technology to assist in planning for zero homelessness.**

The HMIS will advance coordination of homeless service providers by linking outreach, emergency shelters, transitional housing, as well as human service and housing providers. By linking existing mainstream and homeless resources, the community can move closer to the goal of ending, not just managing, homelessness.

During one year (2002-03), approximately 17,000 persons were served by providers of homeless services. However, this is a total of unduplicated persons from separate data systems operated by the City of Portland and Multnomah County. Compiling an unduplicated count will be possible with HMIS.

National research shows that most people who are homeless avoid emergency shelters. Although not seeking shelter, these individuals and families obtain services from food banks, free clinics, and other places. A high percentage of the individuals who sought shelter were disabled with one or multiple problems, including mental illness, substance abuse, HIV/AIDS, physical disabilities, or multiple diagnoses.

Information will be gathered to assist in answering the following questions:

- With what mainstream public systems have people interacted prior to becoming homeless? (Example: an 18-year-old who "aged out" of foster care, poor discharge planning, inadequate after-care, etc.)
- What mainstream services do families need after they are housed so that they do not become homeless again? [25]
- How many units of supportive housing are needed to eliminate chronic homelessness?
- What assistance is most effective in facilitating re-housing for people who enter and exit the system quickly?

In order to be strategic and outcome-driven, communities must use comprehensive data. The HMIS, using *ServicePoint* software will help to gather this data.

A web based system is starting:

In March of 2004, the City of Portland received a grant from the federal Department of Housing and Urban Development to implement a Homeless Management Information System (HMIS), a web-based database that aids in data collection and research about homelessness. This grant, matched with local resources, will allow for the training, equipment upgrades and data conversion necessary to successfully enable all partners to benefit from HMIS.

[25] *A Plan Not a Dream: How to End Homelessness in 10 Years.* National Alliance to End Homelessness, 2000.

CURRENT PROGRESS

Success doesn't wait for a plan; the implementation of systems changes and improvements began during the process of planning.

In addition to the achievements described with the "Nine Action Steps," homeless system partner in Portland and Multnomah County have demonstrated significant strides toward the goal of ending homelessness.

Resource development is happening:
Perhaps the biggest accomplishment for this community was securing two large federal grants to help end long-term homelessness and a Robert Wood Johnson Foundation grant through the Corporation for Supportive Housing to plan and implement systems change to help end chronic homelessness through permanent supportive housing. Combined, these resources brought just under $10 million dollars in housing, services, and planning funding to give this community strong tools to help bring an end to chronic homelessness. These resources also garnered a commitment of $11 million in the City's budget to fund permanent supportive housing through capital resources.

"Housing First" works:
In the last fiscal year, JOIN moved 436 homeless people (235 households) off the street and into permanent housing. This included 72 families with 127 children, 42 adult only families, and 121 single adult households. 35% had a disability. Success rates are high with an 89% stable at 6 months and 79% stable at 12 months.

Chronically homeless people are in stable housing with services:
As of the end of September 2004, through Central City Concern's Community Engagement Program, 64 chronically homeless people were permanently housed and 28 were engaged in services. An additional 42 people were contacted by outreach workers. At least 200 chronically homeless people are expected to be housed over the five-year grant period.

There is a pipeline for permanent supportive housing:
As of September 30, 2004, we will have 350 units of permanent supportive housing either committed or under construction. Our goal is 400 in two years, and 1,600 over 10 years.

Rent assistance works:
Since its beginning in 2001, Transitions to Housing has provided 1,322 households (including 648 kids) with short-term rent assistance to prevent homelessness or help those who were homeless transition into permanent housing. Of these households, 43% included a person with a disability. At 6 months, 77% of participants had retained permanent housing free of rent assistance. At 12 months, the success rate was 71%.

Housing helps people increase incomes:
The most recent data from Transitions to Housing shows that, on average, households increased their monthly income by almost 35% from entrance to exit of the program.

We are implementing a better tool for data collection and analysis:
Through the successful attainment of a $482,000 grant from HUD, the City, the County and the Housing Authority will implement a Homeless Management Information System with more than 20 non-profit agencies that serve homeless people.

TASKS TO IMPLEMENTATION

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 1. Move People into Housing First.		
Shift resources and services to use a "housing first" approach for homeless households.	BHCD, OSCP*	Persons experiencing homelessness are quickly assisted and moved into permanent housing (avoiding shelter or transitional housing).
Using rent assistance and rent subsidies, implement a "Key not a Card" program that give outreach workers direct access to permanent housing for people on the street.	BHCD lead with partners	
Provide training on housing first concepts and linkages to mainstream resources for staff at agencies that serve homeless households.	BHCD – Housing and Services Partnerships	
Secure adequate or reconfigure funding for housing specialists dedicated to helping households find and retain housing.	BHCD, Mult. Co.	
Implement or increase use of programs designed to improve access into housing for those with screening barriers such as Fresh Start, Housing Connections, MOUs between services and housing providers, etc.	BHCD, Housing and Services Partnerships	
Action Step 2. Stop discharging people into homelessness.		
Identify the most frequent users of emergency systems and direct permanent housing and mainstream services resources to that population.	BHCD (Shelters), Mult. Co. (Shelters, Jails), and Hospitals	Discharging institutions and systems connect at-risk persons to services that could move them directly into permanent housing.
Formalize Discharge Planning Committee as an ongoing subcommittee of the Coordinating Committee for ongoing systems improvements.	Multnomah County, City of Portland	
Implement Forensics Support Program for Prison and Jail releases (Intensive Case Management at arraignment through discharge and follow through for mentally ill people).	Multnomah County	
Implement discharge planning standards & ongoing training for providers.	Discharge Planning Committee	
Set workgroup to operationalize discharge planning with all hospitals.	Discharge Planning Comm., Mult. Co. Health Dept. and discharge managers from hospitals.	
Set workgroup to operationalize discharge policy in jails.	Mult. Co DCJ* and MCSO*	

*BHCD= Bureau of Housing and Community Development, OSCP= Office of School and Community Partnerships, DCJ= Department of Community Justice, MSCO= Multnomah County Sheriff's Office

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 2. Stop discharging people into homelessness. (Continued)		
Create and implement use of a Universal Discharge Form and link to HMIS.	Discharge Planning Committee and BHCD	Discharging institutions and systems connect at-risk persons to services that could move them directly into permanent housing.
Using HMIS, compile data on discharges from mainstream programs (i.e., mental health, corrections, substance abuse, TANF, and foster care).	BHCD with Discharge Planning Committee	
Track and evaluate improvements in the discharge system through citizen oversight body.	Discharge Planning Committee	
Explore options to develop additional respite care for people leaving hospitals.	BHCD, Mult. Co.	
Homeless youth system and foster care will provide co-case management for identified at-risk adolescents.	Mult. Co., State Dept. of Human Services, Child Welfare	
Action Step 3. Improve outreach to homeless people.		
Establish regular meetings of outreach and engagement providers to discuss best practices, peer evaluation, and inclusion of stakeholders.	BHCD	Significantly reduce the number of persons on the street
Seek funding to create outreach services to work with families, including those living in sub-standard motels, to help them transition quickly to permanent housing.	Homeless Families Coalition	
Identify outreach workers to transition families off the streets and into the shelter/housing system. Link them to emergency pool of rent assistance/ voucher funds, that is accessible 24 hours a day, 7 days a week.	County, City of Portland, HAP	
Create day/resource space that will provide immediate access to social services, housing placement assistance, lockers, showers, and other basic service needs. Include access to rent assistance, shelter reservations, and transportation.	BHCD (lead) and community partners	
Explore strategies to include domestic violence advocates in street outreach to unaccompanied homeless women and women with children to address safety concerns as well as advocate and help them to exit homelessness.	Mult. Co. DCHS* (DV) and OCSP	

*DCHS= Department of County Human Services

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 4. Emphasize permanent solutions.		
Focus facility-based transitional housing on specific populations (ex.: DV, substance abuse, youth, medical, special needs families) who need short-term, intensive support in a structured environment.	PTEHCC* Evaluation Sub-committee recommends with providers implementing	Minimize the length of time it takes to move people from shelters or transitional housing into permanent housing.
Ensure that facility-based transitional housing programs include four key elements: case management, housing/assessment services, on-site psychological and alcohol/drug services, and life change support.	BHCD*, OSCP*	
Support transition in place strategies that gradually decrease assistance (subsidy and services) over time and allow household to remain in housing unit.	County, City of Portland, HAP, and City of Gresham	
Determine which transitional housing facilities should be reconfigured to Permanent Supportive Housing.	PTEHCC Evaluation Subcommittee recommends; providers implement	
Connect appropriate support services to residents in transitional housing (i.e., if it is alcohol and drug free, ensure that participants have direct access to A & D treatment).	PTEHCC Evaluation Subcommittee recommends; providers implement	
Make emergency hotel/motel vouchers accessible for persons who need safety off the streets and require assessment for longer-term assistance within two working days of referral.	OSCP	
Adopt shelter term limits, but make room to effectively allow for assessment and engagement, provide base of stability, and provide efficient transition out of shelter into stable housing.	BHCD, OSCP	

*PTEHCC= Plan to End Homelessness Coordinating Committee,

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 5. Increase supply of permanent supportive housing.		
Coordinate sustained funding mechanisms and procedures between housing and service systems to create permanent supportive housing.	BHCD, Mult. Co., Housing Authority of Portland (HAP)	Develop 850 new construction or acquisition/rehab and 225 operating subsidies of PSH designated for persons who are chronically homeless. Also, develop 350 new units of permanent supportive housing for homeless families.
Increase State and local commitments to resources that will create additional units of permanent supportive housing	BHCD, Mult. Co., State	
Provide capacity building resources to non-profit housing developers that build and manage permanent supportive housing at 0-30% MFI.	BHCD	
Provide capacity building resources to service agencies interested in working with developers/managers of PSH.	BHCD	
Establish "risk mitigation" pool of funds to reduce loss of project revenue that may arise due to change of tenant populations.	BHCD	
Establish "operational fund" of resources for CDCs to fill gaps in projects housing homeless people.	BHCD/City	
Conduct two trainings for non-profit housing developers and private sector landlords interested in building affordable housing for homeless persons.	BHCD Housing and Services Partnerships	Assist 525 persons, who are chronically homeless, move into permanent housing with short-term rent assistance and move-in costs.
Negotiate with non-profit housing developers to set-aside units in existing projects for homeless persons.	BHCD	
Continue advocacy for additional resources and reduction of regulatory barriers	HCDC* Special Needs Committee	
Action Step 6. Create innovative new partnerships to end homelessness.		
Work across jurisdictions to pool resources for homelessness prevention, services, and housing assistance.	BHCD, Mult. Co, City of Gresham, HAP	Increase in leveraged resources to end homelessness.
Tie program evaluation to funding of services and housing delivery	BHCD, OSCP, PTEHCC	
Convene annual panel of mainstream programs (Corrections, Human Services, etc.) to strategize on better coordination with homeless assistance	HCDC Special Needs Committee	

*HCDC= Housing and Community Development Commission

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 6. Create innovative new partnerships to end homelessness. (Continued)		
Coordinate access across entry points to provide housing placement and direct access into key services/programs, including housing and rent assistance (6 regional service centers, adult access center & phone access systems	BHCD, OSCP	Increase in leveraged resources to end homelessness.
Research tools to maximize and leverage mainstream resources.	HCDC Special Needs Committee	
Streamline ongoing Continuum of Care planning meetings for all populations to partner with mainstream providers that also serve homeless persons	PTEHCC	
Work with services financing through Targeted Case Management and continue to explore viability of FQHC status for services in housing.	Mult. County	
Develop pilot project to enhance consumer feedback to help homeless services work more effectively.	Crossroads	
Action Step 7. Make the rent assistance system more effective.		
Work across jurisdictions to pool existing resources to create a unified short-term rental assistance system.	County, City of Portland, HAP, and City of Gresham	Increase number of households with housing stability.
Increase flexibility and consistency across jurisdictions, adjusting programs to focus on household need and not on funding requirements.	County, City of Portland, HAP, and City of Gresham	
Investigate strategies to assist families who are living in substandard hotels to be able to find safe apartments at no additional rent.	Homeless Families Coalition	
Implement shared outcomes across jurisdictions for housing placement and retention for up to twelve months after move-in.	County, City of Portland, HAP, and City of Gresham	
Conduct coordinated RFP across four jurisdictions for rent assistance to maximize outcomes.	County, City of Portland, HAP, and City of Gresham	

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 8. Increase economic opportunity for homeless people.		
Address stigma of criminal background and spotty employment history with employers. Engage employers to open doors for chronically homeless people in exchange for service support.	wsi*, partners	People who are homeless are able to secure jobs within a reasonable amount of time. Livable wages and benefits are provided.
Explore strategies to increase presumptive eligibility for people needing SSI or SSDI. Create new task force to work with SSA and Eligibility specialists.	Mult. County	
Provide technical assistance and cross-training between employment service providers and homeless providers.	wsi, partners	
Increase access and utilization of workforce services at One-Stop Centers, Vocational Rehab., and other local employment programs for homeless people.	wsi, partners	Increase (success rate, number served) employment services for homeless adults, youth and parents.
Connect housing resources, such as housing specialists, with One-Stops and local employment programs.	BHCD, OSCP, wsi	
Streamline the receipt of disability benefits by homeless people who are eligible and in need, and not currently not receiving benefits.	Mult. County	
Action Step 9. Implement new data collection technology throughout the homeless system.		
Implement HMIS.	BHCD, OSCP, HAP and agencies	Hard data to plan and evaluate efforts to end homelessness.
Use data to promote shared outcomes that are tied to permanent housing stability.	BHCD, OSCP	
Use HMIS to provide an updated list of financial assistance for use among service providers.	BHCD, OSCP	
Use HMIS to track the costs and usage rates of public resources that chronically homeless persons consume before and after moving into PSH.	BHCD, Mult. Co. (multiple Depts.)	
Use HMIS to document extent and costs of chronic homelessness for families with children.	BHCD, OSCP	
Use HMIS to determine if a household is repeatedly at-risk of eviction, and identify resources to provide more intensive case management.	BHCD, OSCP	
Implement tool that documents qualitative success of ending chronic homelessness, through agency performance and neighborhood livability standards.	BHCD, City ONI*	

*wsi= worksystems, inc., ONI= Office of Neighborhood Involvement

OVERSIGHT AND EVALUATION

Keeping jurisdictions accountable for ending homelessness

Using the workplan and desired outcomes format in the Action Plan, as well as the larger outcomes, staff from the participating jurisdictions will report quarterly on progress to the community.

These reports will be available on the City's website. Staff will also post notices of ongoing coordination meetings and other communications to the public on the implementation process.

Staff will present reports on the progress of implementing the 10-year plan to end homelessness on a regular basis to the Housing and Community Development Commission (HCDC).

The Citizens Commission on Homelessness will meet every six months to review progress and make recommendations on plan implementation.

Finally, staff and members of the Citizens Commission will present an annual report on implementation to the City Council and Board of County Commissioners for the duration of the plan.

Keeping providers accountable for ending homelessness

With the implementation of HMIS, staff will also compile regular outcome data from agencies that show success in housing placement and retention goals. The HMIS will also allow for accurate information on utilization of services and facilities and be able to show where gaps are in the system.

A subcommittee of the Plan to End Homelessness Coordinating Committee will evaluate provider progress toward established goals of ending people's homelessness and make recommendations for improvement and shifting of resources as appropriate.

The City and the County will implement shifts in funding that are based in outcome evaluation and progress of providers' efforts to end people's homelessness.

Keeping the homeless system accountable through consumer feedback

Consumers of services can help hold the homeless system accountable by providing systematic feedback on how they access services and how they are treated while receiving those services. Social service organizations, funders, and policy makers' willingness to listen stems from the understanding that consumer feedback enhances the system.

Through the Consumer Feedback Workgroup, coordinated by Crossroads, the Sisters of the Road organizing project, consumers can gradually change processes and procedures by connecting consumers, social service providers, funding agencies, and policy makers in mutual analysis of root causes of barriers.

To create a feedback loop, the Consumer Feedback Workgroup has proposed to form a panel of funding policy makers, social services policy makers, and at least two homeless advocates. The panel will review first hand experiences of consumers and related data to create documentation of barriers to accessing and moving through the system. This information can then be used to adjust and enhance rules, policies, and processes to better address problems associated with homelessness.

In addition, this workgroup will identify an ombudsman to assist consumers to communicate effectively with an agency where he or she may have concerns. The ombudsman, along with the panel and representatives from crossroads, will advocate for changes in the processes and policies of homeless programs.

Ongoing planning

The Citizens Commission and members of the Plan to End Homelessness Coordinating Committee recommended that the 10-year plan to end homelessness be a "living" plan. This plan allows for adjustments and changes to best address the community's effort to end homelessness.

Beginning in December 2004, the Coordinating Committee will become the lead entity for ongoing community planning for the 10-year plan to end homelessness. This committee will provide broad-based feedback to implementation as well as keep the document a viable tool, and a living document that can adjust to changing environments.

This committee will also support the planning processes for the Continuum of Care application and function as a body to review other options for future resources to homeless programs.

This committee will be a subcommittee of the Housing and Community Development Commission to ensure coordination with housing, services, and economic opportunities policy for Portland, Gresham and Multnomah County.

CONCLUSION

The 10-year plan to end homelessness builds on previous community based efforts to address the issue of homelessness while setting the stage for addressing homelessness differently. For the plan to be effective, ongoing community involvement is essential. Our work must remain flexible, innovative and squarely focused on Ending Homelessness.

This plan lays the framework for ending the institution of homelessness and describing how all stakeholders can come together to address this issue.

We know we will make a difference with this plan as we aspire to end homelessness as we know it.

Twelve months following implementation of plan we will see the following:

- 175 chronically homeless people will move directly from the streets and institutions to permanent housing
- 20 "hard to reach" homeless youth and young adults will be move into stable housing
- A design will be in place for a day/resource center to engage homeless people
- The waitlist and number of people turned away from emergency shelters will be reduced by 5%
- A redesigned rent assistance model will be fully implemented through a single RFP that is outcome driven
- 250 number of families with children will be permanently housed
- A pipeline of 300 units of permanent supportive housing will be in place
- Funding for permanent housing with homeless resources will increase from 12% to 20%
- An enhanced partnerships to end homelessness will be formalized by public and private community partners
- 26 agencies will be using an integrated data system representing approximately 90% of homeless programs

As we continue to work together and talk about ending homelessness as a community, we will continue to find solutions.

This plan lays the framework for mutual responsibility and accountability. As a community, we must change the landscape and invest in systems that end homelessness.

This plan presents enough detail to determine barriers to ending homelessness. As we implement these strategies and tasks, we must also commit to put enough resources on the table to make a difference.

Finally, the process that brought the core elements of this plan together initiated significant change across homeless programs and other systems that touch homelessness. The work of individuals and organizations pointing out barriers to ending homelessness in itself begins to break down the silos that prevent coordinated and systemic change.

This plan provides guidance to continue this work. It also broadens the scope of homeless planning to allow for new ideas and innovations from all sectors; private and public, non-profit and for profit, providers and consumers, and many others.

APPENDICES

PARTICIPANTS IN PLANNING PROCESS

GLOSSARY OF KEY TERMS

ANALYSIS OF THE DATA ON HOMELESSNESS REPORT

HOMELESSNESS WORKING GROUP SUMMARY REPORT

COALITION FOR HOMELESS FAMILIES PLAN

CROSSROADS PRELIMINARY REPORT

PARTICIPANTS IN THE PLAN TO END HOMELESSNESS PROCESS

More than 250 people devoted countless hours to complete the plan to end homelessness. They represent a diverse community of individuals who care about homelessness and are committed to making changes in order to end homelessness as we know it.

These individuals spent many hours in planning meetings grappling with difficult issues and learning about each other's specialized service needs in their programs. Beyond producing concrete recommendations that are included in this plan, these groups demonstrated systems change by coordinating the tangible components of a plan to end homelessness.

Volunteers' and staff commitments on commissions, committees, and workgroups created a true community based effort. This Action Plan reflects innovative and broad public strategies that are also focused and actionable. This is not an easy task, and would have been impossible without their time, experience, intelligence and commitment to ending homelessness.

The following lists include the members of new bodies developed to create strategies for the Plan to End Homelessness. It also includes members of other related committees who reviewed drafts of work and made important recommendations that staff incorporated into the Action Plan.

Citizens Commission on Homelessness	
J. Daniel Steffey, Chair	Guardian Management, LLC
Commander Dave Benson & Commander Rosie Sizer	Police Bureau, City of Portland
Commissioner Serena Cruz	Multnomah County Board
Russell Danielson	Providence Health System
Peter Finley Fry	Independent Planning Consultant
Joyce Furman	Board Member, New Avenues for Youth
Sheriff Bernie Giusto	Multnomah County Sheriff
Gretchen Kafoury	Portland State University
Victor Merced	Meyer Memorial Trust
Commissioner Erik Sten	Portland City Council
Antoinette Teixeira	Board Member, Housing Authority of Portland
Keith Vann	Homelessness Working Group/Crossroads/Street Roots
Don Washburn	Downtown Resident, Member of Citizens Crime Commission
Howard Weiner	Old Town Neighborhood Chair/Business owner

Plan to End Homelessness Coordinating Committee	
Doreen Binder	Transition Projects, Incorporated
Royce Bowlin	Cascadia Behavioral Healthcare
Mary Carroll	County Commissioner Cruz
Rebecca Childs	Northwest Pilot Project
Diane Cohen-Alpert	Insights, Teen Parent Program, Poverty Advisory Committee
Jean DeMaster	Human Solutions, Inc.
Bob Durston	City Commissioner Sten
Peter Friedman	Friendly House
Kamron Graham	Transition Projects, Inc.
Lowell Greathouse	United Way
Liv Jenssen	Multnomah County Department of Community Justice
Marc Jolin	Oregon Law Center
Rob Justus	JOIN
Linda Kaeser	Housing and Community Development Commission
Kristin Kane	Cascade AIDS Project
Claudia Krueger	Central City Concern
Diane Luther	Multnomah County Housing Director
Seth Lyon	Multnomah County Health Department
Don MacGillivary	Southeast Uplift, Homelessness Working Group
Patricia MacRae	Morrison Center
Patricia McLean	Southeast Uplift, Homelessness Working Group, Human Solutions
Dan Newth	Crossroads, Street Roots, Consumer Feedback
LeRoy Patton	Poverty Advisory Committee
Zarod Rominski	Outside In
Brad Taylor	Project Respond
Kim Tierney	Multnomah County Health Department
Suzanne Washington	Coalition for Homeless Families, Portland Impact
Gloria Willis	Salvation Army, West Women's Shelter
Sherry Willmschen	Multnomah County, Development Disabilities
See "Staff" list for direct and liaison staff to Committee	

Outreach and Engagement Workgroup	
Rob Justus, Chair	JOIN
Brad Taylor, Chair	Cascadia Behavioral Healthcare, Project Respond
Bruce Anderson	Crossroads / Right to Sleep Campaign
Jarvis Allen	Janus Youth
Israel Bayer	Street Roots/ Right to Sleep Campaign
Mike Castlio	Portland Police Bureau
Kevin Donegan	Janus
John Eckhart	Portland Police Bureau
Jay Elbrecht	Cascade AIDS Project
Vincent Elmore	Portland Police Bureau
Sonja Ervin	Central City Concern – Community Engagement Program
Alison Frye	Cascade Aids Project
Marc Jolin	Oregon Law Center
Kristin Kane	Cascade Aids Project
Samantha Kennedy	Portland Business Alliance
Julie Larson	Cascadia Behavioral Health Care
Seth Lyon	Multnomah County Health Department
Don MacGillivary	Southeast Uplift – Neighborhood Association
Jan Messina	Multnomah County, Alcohol & Drug Engagement Services
Lynn McClusky	Volunteers of America
Dan Newth	Crossroads
Jennifer Obermeyer	Portland State University – MSW student
Daniel Pitasky	New Avenues for Youth
Angela Schultz	Volunteer of America, Domestic Violence program
Jay Thiemeyer	Formally homeless individual and advocate
Keith Vann	Crossroads
Mark Warrington	Portland Parks Bureau
Suzanne Washington	Portland Impact
Howard Wiener	Citizen Commission on Homelessness
Darcy Wilde	Portland Impact
Ron Willams	First United Methodist Church, Goose Hollow Family shelter
Kristen Wollen	Friendly house

Discharge Planning Workgroup

Liv Jenssen, Chair	Multnomah County, Department. of Community Justice
Kamron Graham, Chair	Transition Projects, Inc
Susan Bade	YWCA/Yolanda House
Liora Berry	City of Portland, Bureau of Housing & Community Development
Rowan Chinnock	Cascadia Behavioral Healthcare
Joan DeFreece	Corrections Health
Teri Erickson	Multnomah County Health Department
Alison Frye	Cascade AIDS Project/Care Link Program
Stephanie Gaidosh	State, Department of Corrections
Richard Gorringe	State, Department of Corrections
Ken Hiller	State, Department of Corrections
Karifa Koroma	Mental Health Services, Multnomah County
Debbie Lamberger	Oregon Health Sciences University
Megan Lammers	New Avenues for Youth
Kim Matic	Central City Concern/FAN Program
Marne Pringle	YWCA/Top Program
Glea Pruitt	Multnomah County Health, Community Engagement Program
Barb Sander	Central City Concern
Linda Shannon	Oregon State Hospital

Chronic Homelessness Grants Implementation Oversight

Claudia Krueger, Chair	Central City Concern
Rachael Duke, Chair	Housing Authority of Portland
Lowen Berman	Ecumenical Ministries of Oregon
Neal Beroz	Cascadia Behavioral Healthcare
Doreen Binder	Transition Projects
Ed Blackburn	Central City Concern
Larry Brennan	Veteran's Administration
Sarah Goforth	Central City Concern
Jim Hlava	Cascadia Behavioral Healthcare
Dorothy Jenssen	Burnside Outreach Ministry
Liv Jenssen	Multnomah County Community Justice

Kristen Kane	Cascade AIDS Project
Terry Leckron	West Side One Stop
Heather Lyons	City of Portland, Bureau of Housing and Community Development
Phyllis Maynard	Lifeworks Northwest
Tanya McGee	Multnomah County, Aging & Disability Services
Jackie Mercer	Native American Rehabilitation Association
Pat Mohr	West Women's Shelter
Tom Moore	Herbert & Louis
Clover Mow	Worksystems, Inc.
Zarod Ramonoski	Outside In
Jeff Reeves	Recovery Association Project
Vicki Skryha	State, Department of Human Services, Office of Mental Health and Addiction Services
Tony Swanks	Portland Rescue Mission
Stephanie Taylor	Vocational Rehab.
Kim Tierney	Multnomah County. Health Department.

Short Term Rent Assistance Workgroup (STRAW)

Rebecca Childs, Chair	Northwest Pilot Project
Angela Schultz, Chair	Volunteers of America - Home Free
Sokpak Bhell	Immigrant and Refugee Community Organization/ Asian Family Center
Stacey Darden	Insights Teen Parent Program
Jean DeMaster	Human Solutions
Kathy Gordon	Multnomah County Serena Cruz's Office
Michael Hardt	Multnomah County Aging and Disabled Services
Diane Luther	Multnomah County Housing
Jeff MacDonald	Immigrant and Refugee Community Organization
Lynn McCluskey	Volunteers of America
Jim McNamara	Cascadia Behavioral Healthcare
Amber Norris	Transition Projects, Inc.
Rodolfo Serna	Oregon Human Development Center, Hispanic Access Center
Sherry Willmschen	Multnomah County Developmental Disabilities
Renata Wilson	Portland Impact
Kristin Wollen	Friendly House

Facility Based Transitional Housing Workgroup

Gloria Willis, Chair	The Salvation Army West Women's & Children's Shelter
Royce Bowlin, Chair	Cascadia Behavioral Healthcare
Caren Baumgart	Multnomah County, Domestic Violence System
Liora Berry	City of Portland, Bureau of Housing & Community Development
Delcie Dillard	Raphael House
Donna Shackelford	Multnomah County, Office of Schools and Community Partnerships
Lynn Gobetz-Swift	Raphael House
Sean Suib	New Avenues for Youth
Tammy Elliott	Raphael House
Renata Wilson	Portland Impact
Megan O'Keefe	Transition Projects, Inc.
M. deMezas	Human Solutions
Bill Boyd	Central City Concern

Shelter and Access Workgroup

Doreen Binder, Chair	Transition Projects
Jean DeMaster, Chair	Human Solutions
Mary Catherine Albanese	Raphael House
Liora Berry	City of Portland, Bureau of Housing & Community Development
Greg Borders	Cascadia – Project Respond
Jeanine Carr	Multnomah County Health Department
Stacey Darden	Insights Teen Parent Program
Favor Ellis	Janus Youth
Kamron Graham	Transition Projects
Cardella Hopson	Albina Ministerial Alliance
Mitchell Jacover	Raphael House
Liv Jenssen	Department. of Community Justice
Ken Kerr	Janus Youth
Ron Owens	Salvation Army – Harbor Light
Debora Riley	YWCA
Eric Sevros	Cascadia Behavioral Healthcare
Sharon Vinhasa	Cascade AIDS Project

Gloria Willis	Salvation Army – West Women's & Children's Shelter
Sherry Willmschen	Multnomah County, Developmental Disabilities
Kristin Wollen	Friendly House

Consumer Feedback Workgroup

Special thanks to Dan Newth who wrote these descriptions for each member of the workgroup

Bruce Anderson:	Bruce has many years as a business consultant. He was crucial in connecting big picture with details and suggesting a path in between.
Janet Hawkins:	Janet is staff to Multnomah County's Poverty Advisory Committee. She provided insight into how the social service systems currently rely on the legal system when the grievance process fails. Her years of experience advocating for those in poverty and sensitive feel was deeply appreciated.
Leroy Patton :	Leroy has been advocating for people experiencing poverty at the county city and state levels for years. His urgent patients for positive change and sense of humor are a breath of fresh air. Leroy has earned his dues.
Peter Friedman:	Peter's support of the concept at the second coordinating committee meeting was crucial for the idea to initially be included as a work group. As Director of Friendly House he provided important insight of the concerns of social service providers. His eagerness to see the concept progress help energize the whole group.
Terry Prather:	Terry has years experience dealing with social services from the client end and about two and a half years volunteering at crossroads. His down to earth viewpoint often pointed out critical holes in the plan.
Genny Nelson:	Genny's life work is the bedrock, foundation and pillar this work is based upon. The gentle compassionism that is a policy at Sisters of the Road is personified in Genny Nelson. Her guidance has nurtured a growing voice of those experiencing poverty and homelessness.
Jamie Manuel:	Jamie's struggles with the scope of the database of interviews with homeless people were necessary. His down to earth quirky sense of humor and dogmatic persistence where balanced by an extensive knowledge of history surrounding laws effecting the homeless. He was a huge resource not only for crossroads but many other grass roots organizations advocating for the homeless.
Amy Dudley:	Amy was one of the liaisons with the Homelessness Working Group. As a SEUL community organizer she deflected credit from herself to encourage others learning to have public voice.
Jay Thiemeyer:	Jay has experienced both homelessness and being a client of social services. He has been writing and advocating for the homeless for several years. His contributions are well thought out and colorful.
Patricia Cook: Dignity Village	Patricia spent most of her life working hard. When a head injury left her disabled she found herself homeless and unable to successfully the navigate the social security system to receive benefits. She shared her story and experiences trying to get help from social services.
Carl Welch:	Carl volunteered many hours to the Consumer Feedback Workgroup. His intelligent logic thought process tested how effective the written

	presentation to the CCOH was at communicating the process. He also contributed his personal experiences to the written presentation.
Dan Newth:	Dan ended up being one of the leads of the group mostly because every one else had a life (written by Dan). Dan also has a tremendous amount of passion on the issue of consumer rights and worked diligently to create a fair process to provide feedback to providers of housing and services (Added by someone who knows and appreciates Dan's contributions.)
Molly Rogers:	Molly is staff at Bureau of Housing and Community Development and as an insider conspired with members of the Consumer Feedback Workgroup. She gave an inside perspective on how funders of social services might be influenced to participate in this process. Due to her support we soon expect to be ruling the world! Ha Ha Ha Haaa (mad scientist laugh)
Don McGilivaray:	Southeast Uplift Neighborhood Association
Smooth:	Smooth is a poet and homeless advocate. She does the Hole-in-the-bucket radio talk show which focuses on homeless issues. We appreciate her contributions to the group.
Bill Boyd:	Bill is currently working for JOIN, when he started with the group he was working with Central City Concern, the largest social service provider in the city. He helped with both his native intelligence and inside knowledge on how a large social service agency might react.
Devon Debernardo:	Devon is a staff person with crossroads. She provided organizational support and helped keep the group organized.

Bridges to Housing Core Group

Trell Anderson	City of Portland Bureau of Housing & Community Development
Kim Conner	Clark County Council for the Homeless
Rachael Duke	Housing Authority of Portland
Sally Erickson	City of Portland Bureau of Housing & Community Development
Cassandra Garrison	Oregon Food Bank
LaVon Holden	Vancouver Housing Authority
Susan Johnson	Clackamas County Community Development
Beth Kaye	City of Portland Bureau of Housing & Community Development
Diane Luther	Multnomah County
Peggy Sheehan	Clark County Department. of Community Services
Ben Sturtz	Washington County Department. of Housing Services
Jean DeMaster (Liaison)	Community Development Network; Human Solutions
Suzanne Washington (Liaison)	Homeless Families Coalition; Portland Impact

Staff to Plan Workgroups and Components &
Direct and Liaison Staff to Coordinating Committee

Trell Anderson	City of Portland, Bureau of Housing and Community Development
Caren Baumgart	Multnomah County, Human Services, Domestic Violence
Ruth Benson	City of Portland, Bureau of Housing and Community Development
Liora Berry	City of Portland, Bureau of Housing and Community Development
Caitlin Campbell	Multnomah County, Office of School and Community Partnerships
Rachael Duke	Housing Authority of Portland
Sally Erickson	City of Portland, Bureau of Housing and Community Development
Tiffany Fleischer	Multnomah County, Office of School and Community Partnerships
Beth Kaye	City of Portland, Bureau of Housing and Community Development, Housing and Community Development Commission
Mary Li	Multnomah County, Office of School and Community Partnerships
Diane Luther	Multnomah County Housing Director
Maralea Lutino	City of Portland, Bureau of Housing and Community Development
Seth Lyon	Multnomah County, Human Services, Mental Health
Heather Lyons	City of Portland, Bureau of Housing and Community Development
Andy Miller	City of Portland, Bureau of Housing and Community Development
Molly Rogers	City of Portland, Bureau of Housing and Community Development
Marshall Runkel	City of Portland, Commissioner Sten's Office
Donna Shackelford	Multnomah County, Office of School and Community Partnerships
Kyenne Williams	Housing Authority of Portland

Related Committees

Special Needs Committee	
Linda Kaeser (Co-chair)	Housing and Community Development Commission
Jim McConnell (Co-Chair)	Housing and Community Development Commission
Neal Beroz	Cascadia
Mary Carroll	County Commissioner Cruz's Office
Serena Cruz	County Commissioner
Peter Davidson, MD	Multnomah County Human Services
Tracy Davies	Eli Lilly & Company
Jean DeMaster	Human Solutions
Susan Dietsche	citizen
Betty Dominguez	State Office of Housing and Community Services
Joyce Dougherty	State Department of Education/Food & Nutrition
Marshall Runkel	City Commissioner Sten's Office
Leslie Ford	Cascadia Behavioral Healthcare
Joanne Fuller	Multnomah County Department of Community Justice
Bernie Giusto	Multnomah County Sheriff
Leah Halstead	Portland Development Commission
Richard Harris	Central City Concern
Jim Hlava	Cascadia Behavioral Healthcare
Liv Jenssen	Multnomah County Community Justice
Seth Lyon	Multnomah County Human Services, Mental Health
Heather Lyons	Portland Bureau of Housing and Community Development
Diane Luther	Multnomah County Housing Director
Martha McLennan	Northwest Housing Alternatives
Roger Meyer	HCDC Gresham
Andy Miller	Portland Bureau of Housing and Community Development
Susan Montgomery	County Human Services
Tim Moore	Multnomah County Sheriff
Terri Naito	City Commissioner Naito's Office
Rachael Duke	Housing Authority of Portland
Virginia Seitz	Multnomah County Human Services
Vicki Skryha	State, Office of Addiction and Mental Health Services

Cathy Spofford	Multnomah County Health Department.
Kim Tierney	Multnomah County Health Department
H.C. Tupper	Multnomah County Office of Schools and Community Partnerships
Bill Van Vliet	Network for Oregon Affordable Housing (Lender) & HCDC
Steve Weiss	Advocacy
Sherry Willmschen	County Human Services
Nancy Wilton	Multnomah County Department of Human Services
Jim Wrigley	Oregon Advocacy Center

Housing and Services Partnership Committee

Rachael Duke, Chair	Housing Authority of Portland
Martin Soloway	Community Partners for Affordable Partners
Tiffany Fleischer	Multnomah County Office of Schools and Community Partnerships
Cerissa Farrington	Guardian Property Management
Liv Jenssen	Multnomah County Community Justice
Seth Lyon	Multnomah County Human Services, Mental Health
Jennifer Neilson	REACH Community Development Corporation
Pegge McGuire	Fair Housing Council of Oregon
Paul Lyon	Portland Habilitation Center
Diane Luther	Multnomah County Housing Director
Molly Rogers	Bureau of Housing and Community Development
Sue Wiswell	ROSE Community Development Corporation

Special Needs Families Subcommittee

Jean DeMaster, Chair	Human Solutions
Amy Baker	Health Department., Multnomah County
Bruce Barnes	State Department of Human Svcs
Neal Beroz	Cascadia Behavioral Healthcare
Phil Deas	Aging and Disable Services West
Linda Kaeser	Housing and Community Development Commission
Beth Kaye	Housing and Community Development Commission, Bureau of Housing and Community Development
Laurie Lockert	Cascadia Behavioral Healthcare
Diane Luther	Multnomah County, Housing Programs

Roger Meyer	Housing and Community Development Commission
Donna Shackelford	Multnomah County, Office of School and Community Partnerships
Phyllis Spaulding	Self Enhancement Inc.
Susan Stoltenberg	Portland Impact
Kim Tierney	Health Department., Multnomah County
Kerry Tintera	Project Return
Suzanne Washington	Portland Impact
Sherry Willmschen	Multnomah County, Development Disabilities
Renata Wilson	Portland Impact

Coalition for Homeless Families

Cardella Hopson	Albina Ministerial Alliance
Joyce Olivo	
Ollie Banks	
Kristen Kane	Cascade AIDS Project
Janet Hawkins (Community Action Coordinator)	Commission on Children, Families and Community
Barbara Kutasz	Common Cup Shelter
Cheryl Bickle (Principal)	Community Transitional School
Kristin Wollen	Friendly House
Ron Williams	Goose Hollow Shelter /First United Methodist Church
Jean DeMaster	Human Solutions, Inc.
Helen Estrada	
Lee Po Cha	International Refugee Center for Oregon (IRCO)
Pamela Strong	
Kim Tierney	Multnomah County Health Department
Cathe Wiese	My Father's House
Karen St.Clair	Native American Rehabilitation Association
Shannon Picinisco	
Angela Deparini	Neighborhood House
Peggy Norman	
Donna Shackelford	Office of School and Community Partnerships
Julie Massa	Oregon Food Bank
Susan Stoltenberg	Portland Impact
Suzanne Washington	

Renata Wilson	
Rachael Harvey	Reedwood Friends Church/Shelter
Fran Owens	Salvation Army, Door of Hope
Deborah Riley (Housing Enrichment Resources)	YWCA of Greater Portland
Kathy Cooney	
Jay Thiemeyer	No Organizational Affiliation

Homeless Adult System, Directors Network

Richard Harris	Central City Concern
Doreen Binder	Transition Projects, Inc.
Leslie Ford/Neal Beroz	Cascadia BHC
Susan Emmons	Northwest Pilot Project
Rob Justus	JOIN
Brother Ron Owens	Salvation Army, Harbor Light
Genny Nelson	Sisters of the Road Café, Crossroads

Homeless Youth Oversight Committee

Aaron Babbie	Westin Hotel
Carolyn Graf	Oregon State DHS
Cheryl Bickle	Community Transitional School
Commander Rosie Sizer	Central Precinct
Dave Williams	Portland Business Alliance
Dennis Morrow	Janus Youth Programs
Emily Ryan	Commission on Children and Families and Community
Heather Lyons	City of Portland
Janet Miller	Juvenile Rights Project
Kathy Oliver	Outside In
Ken Cowdery	New Avenues for Youth
Kim Tierney	Westside Clinic
Louise Grant	Citizens Crime Commission
Mary Huff	Portland Parks and Recreation
Mary Li	Office of School and Community Partnerships - HYOC Chair
Michael Harrison	Commissioner Francesconi's Office

Rick Jensen	Juvenile Justice
Rob Justus	JOIN
Alisa Fowler	Recovery Transition Advocate – Outside In
Daniel Pitasky	New Avenues for Youth
J.D. Devros	Oregon Department of Human Services
John Hren	Downtown Clean and Safe
Joshua Todd	County Commission on Children, Families and Community
Kevin Donegan	Janus Youth Programs
Maggie Miller	Citizens Crime Commission
Zarod Rominski	Outside In

KEY TERMS

Chronic Homelessness: The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as an unaccompanied individual with a disabling condition who has been living in a place not meant for human habitation (i.e. the streets) or in emergency shelter for at least a year, or has had at least 4 episodes of homelessness in the last 3 years. This definition is tied to HUD funding specifically set aside to promote deeper levels of services and prompt placement into permanent housing for individuals for whom traditional homeless services have not been effective.

However, our community recognizes that there are couples, families and youth who experience chronic homelessness. We are in the process of refining a local definition of chronic homelessness for families.

Continuum of Care

Since 1994, the U.S. Department of Housing and Urban Development (HUD) has used the phrase "Continuum of Care" when referring to a stream of funding specifically intended to serve homeless persons. HUD has stated that the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. To this end, HUD has encouraged communities to shape a coordinated housing and service delivery system called a Continuum of Care.

Continuum of Care Homeless Assistance programs fund permanent and transitional housing for homeless persons. In addition, Continuum grants fund services like outreach, job training, health care, mental health counseling, substance abuse treatment and childcare. Eligible applicants include nonprofit organizations, units of governments, public nonprofit community mental health associations, and private nonprofits.

Continuum of Care Plan, as described by the HUD, is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and self-sufficiency. The plan includes components to end homelessness and to prevent a return to homelessness.

Disabilities/Special Needs: HUD defines a disabling condition as one or more of the following: a diagnosable substance use disorder, serious mental illness, developmental disability, HIV/AIDS or chronic physical illness or disability.

The Federal McKinney-Vento Act was passed in 1987 as part of the Homeless Person's Survival Act. The McKinney Act was intended to provide federal funding for emergency provisions of shelter, food, health care, and transitional housing for homeless persons.

Homeless: A person is considered homeless by HUD only when he/she resides in one of the places described below:

a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
b. in an emergency shelter;
c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;

In addition, a person may be considered homeless if, without assistance from a service-provider, they would be living on the streets. This includes persons:

- being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

In addition, persons who ordinarily sleep on the street or in emergency or transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution are considered homeless. People staying in "homeless camps" or otherwise living outdoors are also considered homeless.

A **Housing First** approach rests on two premises: 1) The central goal is direct placement into permanent housing for those who are currently homeless, and 2) provision of appropriate individualized services (may include mental health and/or substance abuse treatment) are offered via follow-along services after housing placement to ensure long-term housing stability. Typically, programs modeled on a Housing First approach provide; housing placement assistance, short or long-term rent subsidies, individualized needs assessments, case management to link to needed services, and crisis intervention.

Enhanced Property Management includes base operating expenses (typical property management related activities such as repairs, maintenance, rent payment collection, lease issues), plus the costs of "enhanced" or "enriched" management that may include for example 24-hour front desk coverage, security, and/or resident services coordination.

Mainstream Services are government-funded programs that provide services, housing and income supports to poor persons whether they are homeless or not. They include programs providing welfare, health care, mental health care, substance abuse treatment, veterans' assistance, and employment services. Mainstream resources needed to end homelessness are: Federal, State and Local Government Programs such as Medicaid, Social Security, Temporary Assistance for Needy Families, Workforce Initiative Act (WIA) employment programs, mental health and substance abuse services, and local Housing Authorities and other housing subsidy programs.

Permanent Supportive Housing is rental housing with support services for low-income or homeless people with a permanent disabling condition such as, physical or cognitive disability, serious health condition, severe mental illness, substance abuse disorder, or HIV/AIDS. Permanent supportive housing provides a permanent home with a rent subsidy along with direct linkage to essential social services/treatment programs to ensure long-term stability. Services may include: needs assessments, medication management, nursing or daily living support, on-site meals mental health or substance abuse counseling/treatment services, crisis intervention, and case management. Supportive Housing can range from full service on-site programs to program models with a mix of home-based and community services.

Resident Services Coordination refers to apartment complexes or property owners who arrange for provision of basic social services to help connect residents to needed assistance to support stable tenancy. Staff can be an employee of the landlord/property owner or the employee of a non-profit social service agency through a partnership agreement.

The **Shelter Plus Care** Program (S+C) is a federal rental subsidy intended for homeless persons with chronic disabilities. S+C rental assistance is modeled on the federal Section 8 program, with tenants paying 30% of their adjusted income for rent and the rental subsidy paying the difference between the tenant's share and the base rent. The S+C program differs from Section 8, as the subsidy is provided with a requirement that social or medical services are provided (at a dollar per dollar matched value) via a partnering local health or social service agency.

An Analysis of the Data on Homelessness

May 6, 2004

By Kristina Smock, Consultant

AN ANALYSIS OF THE DATA ON HOMELESSNESS

This report summarizes the results of a critical review of the available data on homelessness in Portland/ Multnomah County. It analyzes key data from over 30 documents, providing information about the sources and methodology used to create the data, and the validity and usefulness of the data for policy planning purposes.

The report focuses on the data that are most frequently cited in policy discussions about homelessness in Portland/ Multnomah County. Most of the data is specific to Portland and Multnomah County, but some of it is national in scope. A complete list of the documents that we analyzed is included in the appendix.

The bulk of the analysis is summarized in a matrix that examines the available data on (a) the number of people experiencing homelessness in Portland/ Multnomah County and nationally; (b) the characteristics of the homeless population in Portland/ Multnomah County and nationally; (c) service capacity, service usage, and unmet need; and (d) the potential solutions to homelessness. The appendix includes a more detailed evaluation of the most frequently cited data sources.

Over the course of developing this report, several important insights and themes emerged:

Most of the data on homelessness in Portland/ Multnomah County comes from three sources:
The majority of the documents we examined rely on data from three surveys that are conducted on an annual or bi-annual basis by the City and County: the One Night Shelter Count, the Week-Long Needs and Gaps Survey, and the Street Count. These data are analyzed and applied in a variety of ways in different documents. Our analysis of the validity of the data focuses both on the raw numbers provided by these surveys as well as the specific methodologies used to manipulate these numbers.

These sources are imperfect, but more accurate data collection methods are impractical:
The data collected through the One Night Shelter Count, Week-Long Needs and Gaps Survey, and Street Count have a number of important limitations. Nonetheless, given the difficulty of collecting accurate data on people experiencing homeless, these surveys are probably the most realistic and sensible approach available. Most municipalities rely on methodologies that are comparable or less sophisticated than those used by Portland and Multnomah County. And while the drawbacks of these methodologies are widely recognized, the nation's leading expert on homeless enumeration cautions that trying to implement more accurate data collection methods at the local level is generally a waste of resources: "Even expensive, methodologically sophisticated studies cannot produce consistent findings. . . Local decision makers should make every effort to collect their own data using less perfect but a good-enough method, and collect it with sufficient regularity and thoroughness that it becomes a useful tool for decision-making" (Martha Burt, "Demographics and Geography: Estimating Need").

New data collection methods will improve the quality of future data:
By 2005, the Homeless Management Information System will create a consistent data collection system across all service providers within the Homeless System. This will enable the City and County to track unduplicated, annualized data on homeless service users, overcoming some of the limitations of the Week-Long Needs and Gaps Survey and One Night Shelter Count. However, while the HMIS will certainly increase the accuracy and sophistication of the available data, it won't address all of the limitations of the existing methods. Most notably, it won't enable us to track information on the portion of the homeless population that doesn't utilize services within the Homeless System[1].

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[1] Once the HMIS is in place, it may be possible to eventually coordinate data collection with other service systems that also interface with people experiencing homelessness. However, the task of creating a single data collection system within the Homeless System is by itself a huge undertaking, requiring coordination among numerous government agencies and non-profits. Extending this level of coordination to other service systems with completely different data collection methods will be very challenging. And it still won't capture the portion of the homeless population that doesn't use any services at all.

When relying on the available data for policy planning, we need to keep in mind its limitations:
The goal of this report is not to question or criticize the research methods or data analysis skills of the authors of the documents we reviewed. Except for controlled experimental studies, almost all data is inevitably flawed in one way or another. Nonetheless, it is crucial that we understand and publicize the data's limitations, especially if the data will be used for planning purposes. The goal of this report is to provide a tool to be used in conjunction with the available data to strengthen its usefulness for policy development.

The matrix that forms the body of this report includes a detailed assessment of the limitations of the available data. The most common limitations that we encountered are as follows:

- Much of the data focuses on service users: Much of the available data only captures the portion of the homeless population that accesses shelter services. This can create a skewed picture, since those who rely on shelters tend to differ in potentially significant ways from those who do not. It also means that the data is shaped significantly by the nature of the services that are available. For example, if a quarter of the shelter beds in Portland are for homeless families, a survey based only on shelter users would conclude that 25% of those experiencing homelessness in Portland are families.

- Most of the data only includes the literally homeless: The available data focuses almost exclusively on people who are visibly homeless – using shelters or sleeping on the streets or in their cars. This misses the "hidden homeless" – people doubled up with family and friends, staying in motels, or cycling in and out of jails and hospitals. A study of people most frequently booked in the Multnomah County jail shows that about a fifth of these were homeless. And data from the National Coalition for the Homeless indicate that the majority of homeless children and youth are doubled up or living in motels. These data suggest that just focusing on the visibly homeless provides only a limited picture of those experiencing homelessness.

- Most of the data relies on self-reporting by agencies and homeless individuals: The validity of much of the available data depends on the accuracy of information provided by service providers and survey respondents. Some service providers may not be able to consistently meet scientific standards for data collection due to under-staffing or competing priorities. Similarly, people experiencing homelessness may not always provide accurate information about their personal histories, especially when the questions relate to issues like mental illness or addiction that carry some level of social stigma.

- Problems with point-in-time data: Most of the available data uses a "point-in-time" methodology which can create misleading information since in most cases homelessness is a temporary circumstance rather than a permanent condition. In particular, point-in-time studies over-estimate the proportion of people who are chronically homeless, especially those who suffer from severe mental illness and/or addictions that make it more difficult for them to escape homelessness and find permanent housing.

We need better data on what works:
Having good data on the number and characteristics of people experiencing homeless is important, but we also need good data on what works to solve homelessness. Unfortunately, there is very little evaluative data on homeless programs at a local or a national level. In recent years, several evaluation studies have been conducted in Portland and other cities that document the success of specific programs (Transitions to Housing Pilot Project, the New York/ New York Agreement, etc.) Since we only have evaluations for a small number of programs, policymakers' attention naturally tends to focus on these programs. But these programs aren't necessarily the only programs that work, and they alone cannot solve homelessness. Until we have evaluative data on a wider range of potential solutions, we need to be cautious about how we use the available evaluative data.

APPENDIX A: ANALYSIS OF FREQUENTLY CITED SOURCES

This appendix provides a more detailed analysis of the most frequently cited sources of data on homelessness in Portland/ Multnomah County: (1) One Night Shelter Count; (2) Week-Long Needs and Gaps Survey, (3) Street Count, and (4) Special Needs Committee Report. It also includes an analysis of the most frequently cited national data source, the National Survey of Homeless Assistance Providers and Clients.

ONE NIGHT SHELTER COUNT:

Methodology: The One Night Shelter Count (ONSC) is a point-in-time survey of all individuals seeking emergency shelter on a single night in November or March[1]. All agencies known to provide emergency shelter, transitional housing, rent assistance, vouchers, or permanent housing for the homeless are asked to complete a one-page written survey for each individual receiving services or turned away on the given night. The survey data is aggregated by the Multnomah County Department of School and Community Partnerships.

Limitations of the data:

- **Only includes those who seek shelter:** Because the survey only includes those who try to access shelter services on a given night, it inevitably misses a significant portion of the homeless population. Shelter populations typically have higher proportions of women and children and fewer single adults than the non-sheltered population. People using shelters also tend to have shorter spells of homelessness, less institutionalization for mental health or chemical dependency, and more access to resources than the non-sheltered population (Urban Institute, *Practical Methods for Counting the Homeless.)*
- **Point-in-time counts offer a skewed picture of the homeless population:** Point-in-time data will always be biased toward showing higher proportions of people with longer spells of homelessness. As a result, point-in-time studies over-estimate the proportion of people who are chronically homeless. They also tend to show higher proportions of people who are the most difficult to house, especially those with substance abuse problems and severe mental illness.
- **Relies on the voluntary cooperation of numerous agencies:** By necessity, the survey relies on service providers to collect the data. While participation by agencies is generally high, there are some agencies that do not participate in both of the bi-annual counts because it is too time consuming. It is also likely that some under-staffed, over-burdened providers aren't able to collect the data with enough consistency and accuracy to meet scientific standards.
- **Self-reported data can be inaccurate or incomplete:** Relying on people to provide information about their personal histories and circumstances can be problematic: some respondents may not be willing to share personal information, others may not remember the answers to certain questions (such as the duration of their homelessness), and others may not be able to read the questionnaire. As an indication of this potential problem, the more complicated sections of the surveys are often left blank. Sometimes the agencies will fill out the forms with their clients, or will complete the forms based on their case files on clients, which may increase the accuracy of the responses, but for understaffed organizations this additional effort may not be realistic.
- **Turn-away data is unreliable:** The data collected on those who seek but do not receive services is unreliable for several reasons. First, because the same people are likely to request services from multiple agencies on a given night, simply tracking the number of people who request services but don't receive them creates duplicative numbers. Second, people who don't request services because they already know no beds are available or because they are already on waiting lists will not be counted. Third, a significant portion of Portland's homeless population doesn't try to access shelter services at all and thus is not reflected in the count (many of these are captured in the Street Count, but that data also has its limitations, as described below.)
- **Reflects the services that are available:** The number and characteristics of homeless people counted in the survey is more a reflection of service capacity than need. For example, if 25% of the shelter beds in Portland are for women, the survey data will show that 25% of respondents are female. Similarly, if the number of shelter beds increases from one year to the next, the homeless count will also increase.

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[1] The ONSC is conducted twice a year in November and March to reduce biases resulting from seasonal variations. The documents cited in this report use data from different counts, most frequently the November 2002 and November 2003 counts.

- **No data on chronically homeless:** Until the most recent count (March 2004 – data not available until July 2004), the survey did not include any questions on the duration of homelessness. Estimates of Portland's chronically homeless population based on the One Night Shelter Count data are thus rough approximations rather than actual counts.

Overall validity: As noted above, point-in-time, shelter-based surveys of the homeless have many limitations. Nevertheless, most municipalities choose this approach for gathering data because even though the method has its drawbacks, it is the most cost effective and logistically feasible way of doing a homeless count. The data provide useful information about service capacity and the characteristics of the shelter-using portion of the homeless population, but the data should not be viewed as an accurate description of Portland's homeless population as a whole.

WEEK-LONG NEEDS AND GAPS SURVEY:

Methodology: During a week-long period from February 25 to March 3, 2002[2], agencies participating in the One Night Shelter Count were asked to fill out a survey for all individuals and households that received or requested shelter services. The data from the surveys was aggregated both within each Homeless System (single adults, youth, families, and domestic violence) and across systems.

Limitations of the data:

- **Same limitations as the One Night Shelter Count:** The Week-Long survey has many of the same basic limitations of the One Night Shelter Count, as described above.
- **Potential for duplication:** Surveying the homeless population at a single point in time is the best way to reduce the potential for duplication of information. Extending the survey to a week increases the likelihood of duplication since respondents are likely to use more than one homeless service over the course of the week. (The first question on the survey attempts to minimize duplication by asking respondents if they have already been asked to complete a survey that week, but this method is unlikely to eliminate duplication entirely.)
- **Less biased than the one night count, but still skewed:** The data on the composition of the homeless population is probably more accurate than the one-night count because the week-long count captures some of the turnover in shelter users. For example, if there is one homeless family that uses the shelter for a week and twenty singles that rotate through five beds over the course of the week, the week-long count will more accurately reflect the household composition of Portland's homeless population. The week chosen for the survey also maximizes variation in the homeless population surveyed since some people cycle in and out of homelessness from month to month depending on when they receive their checks (typically at the beginning of the month). Week-long counts will still show a disproportionately high number of chronically homeless, a dynamic that can only be solved by collecting data over a longer timeframe.

Overall validity: The data on the composition of Portland's homeless population from the Week-Long survey is probably more accurate than the One Night Shelter Count because it reflects some of the turnover in shelter users. Otherwise, it has many of the same biases and limitations as the One Night Shelter Count.

STREET COUNT:

Methodology: In May 2003, JOIN, an agency that works with homeless people sleeping outside, conducted a Street Count to supplement the information provided by the One Night Shelter Count and Week-Long Survey. Based on their ongoing relationships and case files, JOIN's outreach workers identified those individuals they believed to be currently sleeping on the streets or in their cars. Then during a week-long period they attempted to verify that information by canvassing known campsites and sleeping spots. Those individuals whom they couldn't verify weren't included in the count.

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[2] The survey hasn't been conducted since 2002 because it is a time consuming project and it was determined that updating the data every single year was not necessary. Once the Homeless Management Information System is operational, it will take the place of the Week-Long Needs and Gaps Survey.

Limitations of the data:

- **Count is incomplete:** First, the count focuses on those people sleeping outside who have had previous contact with JOIN's outreach workers. This leaves out populations such as youth and migrant workers who don't tend to access JOIN's services[3]. Second, during the course of the count, JOIN's outreach workers are not physically able to reach all locations where homeless people are known to sleep. Third, the count doesn't include people sleeping in abandoned buildings, in jails or hospitals, doubled up with friends or families, or in motels.
- **Geographic scope is different than the other surveys:** The One Night Shelter Count and Week-Long Needs and Gaps Survey are both countywide, but the Street Count only covers the city. It's not clear how many homeless people are sleeping on the streets in the areas of Multnomah County not covered by the Street Count, but this geographic discrepancy is likely to create an undercount.
- **It's conducted after the One Night Shelter Count:** Because the Street Count is conducted in May, there is a possibility of duplication with the One Night Shelter Count. The winter shelters close at the end of March, sending many of their clients onto the streets. And there may be people who choose to sleep on the streets instead of the shelters once the weather gets warmer. JOIN's staff acknowledge the potential for duplication, but assert that few of the people they work with access the shelters even in the winter. (In an effort to correct for possible duplication, BHCD subtracted the number of winter shelter beds from the Street Count total in estimating the number of unsheltered homeless for the Needs and Gaps Analysis.)
- **Estimate of chronically homeless is very rough:** The Street Count includes an estimate of the percentage of chronically homeless living on Portland's streets. This estimate was developed by JOIN's staff based on their general knowledge of this population, but it is just a rough estimate.

Overall validity: Despite its limitations, the Street Count is far more accurate than similar counts done by other jurisdictions. This is because the relationships that JOIN's outreach workers have with Portland's street population enable them to overcome many of the inherent challenges of trying to count the unsheltered homeless. Nonetheless, the Street Count does not provide a complete assessment of the number of unsheltered homeless, and the magnitude of its undercount is impossible to gauge.

SPECIAL NEEDS COMMITTEE REPORT:

Methodology: The Special Needs Committee of the Housing and Community Development Commission analyzed client data from a variety of public and private agencies in order to assess the housing needs of Multnomah County's special needs population. According to their definition, "a person with special needs is an individual with a persistent mental illness, substance abuse disability, developmental disability, serious physical disability, or multiple disabilities." The analysis includes data from Multnomah County Aging and Disability Services, Multnomah County Developmental Disability Services, State Office of Mental Health and Addiction Services, Association of Retarded Citizens of Multnomah County, Multnomah County Mental Health Services, and more. Using this data, the committee tried to assess how many people with special needs are in need of permanent housing.

Limitations of the data:

- **Different definition of homelessness than other sources:** The report focuses on the number of people with special needs who need but do not have permanent housing. This goes beyond the literally homeless to include those at risk of homelessness, and thus is a much broader definition of homelessness than the one used by most of the other data sources. This discrepancy makes it difficult to effectively use the data from this study in conjunction with the data from the One Night Shelter Count, Week-Long Needs and Gaps Survey, or Street Count.
- **Combines data from incompatible data systems:** The report attempts to overcome the limitations of other studies which rely only on data from the Homeless System by incorporating data from other service systems with which homeless people are likely to come into contact. This creates a number of problems, since each service system uses different definitions, different time frames, and collects data differently. The most significant problem is the potential for duplication, since some clients use services from more than one system. The committee tried to minimize potential duplication by using conservative estimates, but the validity of the final numbers is still hard to assess.

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[3] In an effort to address this problem, JOIN will be working with homeless youth service agencies in 2004 to make sure street youth are included in the count.

- **Focuses on service users:** Even though the statistics in this report go beyond just the clients of agencies within the Homeless System, they still focus on those who use the service system. This creates a potential undercount, since many people with special needs do not access available services and some may not even be correctly diagnosed as having special needs.

Overall validity: The Special Needs Committee Report represents a comprehensive effort to compile data across different government agencies and private organizations to create a more complete assessment than is possible from just the Homeless System data. Much of this data is annual, so it avoids the limitations of point-in-time surveys. However, because of the many challenges of combining these different data sources, the final numbers can only be seen as estimates.

NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS (NSHAPC):

Methodology: The NSHAPC is the last major national survey on homelessness, conducted in 1996. Twelve federal agencies under the auspices of the Interagency Council on the Homeless designed and funded the survey, the US Bureau of the Census collected the data, and the Urban Institute analyzed it. The study included telephone interviews and a mail survey of 11,909 randomly selected homeless assistance programs and 4,207 clients in 76 geographic areas[4].

Limitations of the data:

- **The data is dated:** The survey was conducted in 1996; much has changed since then both economically and politically.
- **Only includes service users:** The survey goes beyond just shelter users, but it still focuses only on those who access available services. A service-based approach to data collection is the most realistic way that a national study of homelessness could be undertaken and still be statistically meaningful. But it misses an important portion of the overall homeless population.
- **Self-reported data can be inaccurate or incomplete:** The survey relies on the self-reporting of service providers and clients, which is likely to create some degree of inaccuracy or misinformation. This is especially important to keep in mind when looking at information about clients' health conditions, use of alcohol and drugs, mental health problems, incarceration, etc.
- **Point-in-time surveys offer a skewed picture of the homeless population:** Because the survey only captures the homeless population at a single point in time, it overemphasizes the chronically homeless. Any characteristics associated with length of a homeless episode will likewise be skewed. Among other things, these typically include mental illness and drug and alcohol abuse.

Overall validity: Given the complexities of trying to do a statistically significant national survey of the homeless population, it is no wonder that this survey hasn't been replicated since 1996. The data from the NSHAPC is the most valid data available at a national level. Nonetheless, the data has its limitations and should not be seen as a complete or necessarily accurate depiction of today's homeless population in the United States.

[4] The 76 geographic areas include one rural area in Oregon.

Southeast Uplift Neighborhood Program, Inc.

The Homelessness Working Group

The HWG is a coalition working to build the necessary political will to address issues of homelessness by engaging homeless community members, neighborhood associations, business associations, and other interested community residents in dialogue about the impact of homelessness on our social fabric.

SUMMARY REPORT

From 105 community conversations about homelessness

August 2004

"Homelessness is the loss of a permanent residence; also, homelessness is a process involving a loss far greater than a house... Homeless persons face the potential loss of almost everything they have - most importantly, a sense of belonging, a psychological sense of home."

— Bauman and Grigsby,
"Understanding Homelessness: From Research to Action." 1988

Acknowledgements

We acknowledge the commitment and dedication of the neighborhood associations and community organizations that took the time to look beyond the immediate challenges of the day in order to solve the dilemma of homelessness. We also thank the Board of Directors of Southeast Uplift for committing the time, resources and organizational structure to allow this project to happen.

The Homelessness Working Group

Southeast Uplift Neighborhood Program
Buckman Community Association
Hosford-Abernethy Neighborhood Development
Kerns Neighborhood Association
Crossroads; the advocacy arm of Sisters of the Road
street roots
Dignity Village
Portland Impact
St. Francis Parish
The Office of City Commissioner Erik Sten

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Valerie Chapman	Britta Ingebretson	Linda Nettekoven	and many more

The resources for this project are provided by:
The Portland Bureau of Housing and Community Development
Catholic Campaign for Human Development
Southeast Uplift Neighborhood Program
American Association of Retired People
Steps to Success

Executive Summary

Introduction

In Portland, approximately 17,500 people experience homelessness annually. Many factors contribute to this phenomenon. A 2002 City Club of Portland report "Affordable Housing in Portland," states, "Since 1970, Portland has gone from being one of the most affordable housing markets in the nation to one of the least affordable. Average household income has risen 42% while housing costs have risen 100%. About 17% percent of households and 38% of renter households cannot afford adequate housing."

For many of the unemployed, the under-employed, the mentally ill, those with drug and alcohol problems, and for young families, such socio-economic conditions have left them without homes. On any given night, up to 4,000 people are homeless and up to 8,000 people with special needs have no permanent housing in Multnomah County.

Scope of the Project

The Homelessness Working Group (HWG) was created in response to issues regarding homeless people in the inner southeast neighborhoods of Portland. Neighborhood association members, homeless advocates, and city representatives met for several months to determine how to address the impact of homelessness. The City of Portland is committed to creating a plan to address homelessness. The missing piece of these efforts to end homelessness is finding the required political and public support. In order to educate and cultivate public support the HWG conducted 105 conversations with diverse individuals and groups about the impacts of homelessness in our community. The volunteers participating in these conversations were from neighborhoods, the homeless community, and social service providers.

Community Conversations

The goals of the community conversations were: 1) to provide information about the realities of homelessness, 2) to have a positive discussion with people unfamiliar with these issues, 3) to use the wealth of ideas in our communities to identify community solutions, and 4) to begin building a base of educated people willing to help end homelessness. The real value of this project was allowing people to think about the subject of homelessness for brief period of time. Homeless community members played a significant role in the conversations. They spoke from their own experiences and put a human face on the issues.

Methodology

The conversations were carried out between July of 2003 and June of 2004. Half occurred in Portland neighborhood association meetings and the remaining conversations were among non-profit organizations, business organizations, a variety of government agencies, social service organizations, school groups, and other community organizations.

Usually four volunteers participated in each conversation. One volunteer was a representative of the homeless community and was able to explain their experiences and answer questions. Another volunteer served as facilitator while a third took notes on a flip chart. The fourth took written notes of what was said. These notes, after transcription, became the database for this report.

Of the conversations completed, 75 are included in this report. The responses are divided into twenty-six categories such as: housing, crime, health care, public perception, government, and systemic concerns along with many others.

Results and Conclusions

The three solutions to homelessness most often suggested were:

- Create more affordable housing.
- Provide public education about homelessness.
- Create the political support needed to address the issues of homelessness.

From the conversations the following was concluded:

- Community members are aware that the problem exists, but they do not understand it.
- There are many myths and stereotypes regarding homelessness. Likewise, there is relatively little local information available to the general public unless they search it out.
- Community members stated that they are concerned about their personal safety when they encounter homeless people.
- Many people were indignant that the problem exists at all.
- They showed a willingness to help if they knew how.
- Organizations felt they did not have the ability to undertake the suggested solutions.

To build the political will to end homelessness, more public education is necessary. These community conversations are just the beginning of the work necessary to educate the public. A greater investment is needed to increase public awareness and education about the complex subject of homelessness.

Strategies to continue this work should include:

- Assist the media to frame homeless issues to increase public awareness and empathy.
- Encourage collaborative efforts among the entire community.
- Conduct public forums to engage and educate the community in ways that encourage positive change.

The results of the conversations are contained in the body of this report. While there is still much work to be done to engage the community, credit goes to the many of volunteers who gave so much to organizing and implementing this project. The Homelessness Working Group believes, based on the commitment demonstrated through this project, that it is possible to eliminate homelessness if the entire community works together unselfishly to address these complex issues.

"Human progress never rolls in on the wheels of inevitability; it comes through the tireless efforts of [people] willing to be co-workers with God."

— Martin Luther King Jr.

Table of Contents

Appendices (available on request)

- Issue / Neighborhood Matrix
- Database Explanation
- Conversation Script
- HWG Informational Handouts

Local Statistics

- 17,500 experience homelessness annually in Portland.
  — A Summary Report on Homelessness; BHCD, Nov. 2003.
- 4,016 experience homelessness on a given night.
  — Housing Gaps Analysis Chart; BHCD, 2003.
- 8,000 people with special needs in Multnomah County do not have permanent housing.
  — Special Needs Committee Report; HCDC, July 2003.

National Statistics

- The 2003 U.S. Census states that 35.9 million individuals (12.5%) lived in poverty.
- The 2003 poverty threshold in the United States is $9,393 for a single person.
- In 2003, 45 million individuals (15.6%) did not have health insurance.

The Homelessness Working Group

The Homelessness Working Group (HWG) is a coalition working to build the necessary political will to address the issues of homelessness by engaging homeless community members, neighborhood associations, business associations, and other interested community residents in dialogue about the impact of homelessness on our social fabric.

The project is supported by the Southeast Uplift Neighborhood Program (SEUL) with support from the Bureau of Housing and Community Development (BHCD) and the Catholic Campaign for Human Development.

The HWG arose out of concern from the inner southeast neighborhood associations over the impact of homeless people on neighborhood livability. In the fall of 2002, the park and dining hall operated by St. Francis Parish was inundated by homeless patrons, resulting in negative impacts to the surrounding business and residential community. In October of 2002, concerns came to a head resulting in many large, contentious meetings and the closure of the park for six months.

In January of 2003, the Southeast Uplift Neighborhood Program, a district coalition of twenty southeast neighborhood associations, wrote letters to Multnomah County and the City of Portland asking for help in resolving these issues.

In February 2003, Southeast Uplift initiated meetings with representatives from neighborhood associations, local social services, advocacy organizations, and representatives of the city. In March, the Homelessness Working Group was formed. In July 2003, the HWG began the process of having dialogues with community groups in order to identify community solutions to homelessness. The information gathered through these conversations was compiled into a database and a significant portion of it comprises the body of this report.

Definition of a homeless individual

A person who "lacks a fixed, regular, and adequate night-time residence and has a primary nighttime residency that is: (A) In a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or (B) In an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) In a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."

— Defined by the Stewart B. McKinney Act, 1987 the first Federal legislation to address homelessness in America.

The Process for Conducting Community Conversations

The conversations are from thirty to sixty minutes in length. A conversation is composed of a brief introduction followed by the participants reading cards with "myths" and "facts" regarding homelessness. The cards are used to break the ice and they allow people to feel comfortable expressing their individual views whatever they may be. The audience is then given the opportunity to share their concerns regarding homelessness. They are then asked to identify solutions to homelessness in Portland. Notes of the oral statements made by participants are documented through written notes.

By engaging participants in identifying solutions the HWG is able to:

1) encourage people to see the role they might play in addressing these social issues,

2) create a database from the recorded information so that the ideas might be communicated to those that can implement them with the help of the community.

One hundred and five conversations were completed and seventy-five are included in this report. The concerns and solutions from the conversations are divided into twenty-six different categories in a database.

Volunteers conducted the conversations. Attention was given to training people from various backgrounds, including homeless people. A grant from the Catholic Campaign for Human Development allowed the HWG to provide stipends for homeless participants. The stipends increased the ability of homeless members to participate by allowing them to obtain funds for alternative food or shelter that they would lose by participating in these events. The volunteers attended a three-hour training session to learn and practice their presentation skills in a supportive environment. The conversations were a unique, educational experience for all.

Summary of Selected Database Categories

The categories selected have a significant number of comments in each. The title of the category is followed by the number of concerns and the number of solutions stated by the participants and detailed in the database. A summary of the contents of the category is followed by selected concerns that typify the responses of the participants. Questions were modified into statements of concern. This attempts to be a representative sample of the suggested solutions. It is followed by a summary of all the solutions in the category. There are approximately 1,700 statements listed in the database. Additional ideas remain to be gleaned from the information gathered. Not all of the statements are correct, true, or of equal value. They represent the opinions of the participants. It is the intention of this report to share meaningful ideas along with the diversity of the responses.

The following ten categories are not included in this summary report: transporation (9 responses), food (22), safety (20), chronic homelessness (15), fear (29), sanitation and cleanliness (49), personal responsibility (16), outreach (23), homeless prevention (10), and services, information and referral (12). The category of Business is combined with Jobs. Charity is combined with Cooperation and Community. Therefore the sixteen of the twenty-six categories are included in the report.

Nationally, children make up approximately 39 percent of the homeless population

— National Coalition for the Homeless, 2003

Fewer than 30 percent of those eligible for low-income housing receive it.

— National Law Center on Homelessness and Poverty, 2002

Public Perception

Concerns: 145; Solutions 16

Many participants do not understand the conditions surrounding homelessness and its many causes. Their perceptions were often inaccurate. They frequently expressed myths and stereotypes regarding homelessness. They did not like seeing homeless people and were unsure of the causes of homelessness. Generally, participants want to help the homeless, but do not feel they understand the situation or can impact the issue. Participants understand that there are many more unseen homeless people and they believe that the problem is getting worse.

Concerns

- "I have not heard these issues from the view of the homeless, and I think most people have not heard their side."
- "People judge the homeless by those we see on the street. Many others are elsewhere . . . bettering themselves."
- "Homelessness is too easy to fall into and too hard to climb out of."
- "The population has moved to SE. They are being pushed, herded, and pocketed. There is displacement from NE Portland to Gresham."
- "The rampant stereotypes are hard to combat."
- "There is a stereotype that the homeless are harmful."
- "When the siting of Dignity Village was proposed in our neighborhood we held a large meeting and I was amazed at the venomous outpourings as the idea was squelched."
- "People tend to focus on blaming the poor and the homeless."
- "The homeless do not come from our community."
- "Many criminals who are homeless stigmatize the rest."
- "Some people may not really be homeless."
- "People do not see it as their problem."
- "There is a huge gap in understanding about the causes of homelessness."

Solutions

- "Use a screening process with references so that folks are drug free, non-violent, etc. People have resources, but they are afraid to offer them."
- "Give homelessness a name and a face to instill compassion in the public."
- "We need to change the myths about homelessness."
- "What do homeless people look like? We need to stop putting a false face on it so that we can stop and help people."

Relatively few solutions were mentioned in this category. The need to change the public perception of the homeless (7 responses) was mentioned most frequently. Participants suggested the need to dispel the myths and falsehoods about homelessness. The desire to help only the "worthy" homeless and the desire to improve their appearance were each mentioned twice.

There are systemic and underlying causes of homelessness whose roots run deep and whose origins must be found if we are to break the cycle of homelessness that haunts our community today and our children tomorrow.

— Resolving Homelessness in Portland and Multnomah County
Housing Authority of Portland, 1989

Systemic / Symptoms

Concerns: 109; Solutions 16

Many participants believed that the homeless problem is a symptom of much larger systemic problems in America. Many participants voiced the concern that as a country, our less fortunate are in serious difficulty.

Participants frequently mentioned the need for leadership from our elected and civic leaders. Participants also mentioned the need to change our priorities within our institutions and corporations. The weakening of unions is mentioned as an indicator of a weakened labor force. Additionally, participants cited a lack of real job opportunities. There is no safety net.

Concerns

- "I do not know the benefits of ending homelessness."
- "Society turns its back on the homeless; they care more for cars than people."
- "There is no place for them to be and no place for them to go."
- "There seems to be no improvement in the homelessness problem since the 1950s. People are still lined up along Burnside Street. The numbers of people who die on the street astounds me."
- "End the institution of homelessness and the self-perpetuating social service funding system."
- "The U.S. is the wealthiest country in the world, but there are so many homeless, especially kids."
- "Homelessness seems to be such a large problem that it is like a black hole that we can throw money into."
- "Stop arguing about whether people are deserving, just work to end poverty."
- "The public does not see homelessness as a societal problem, but as a problem of individual responsibility."
- "Homelessness is symptomatic of the problems of our society."
- "I deal with mainly landlord/tenant issues in court, and I see a lot of evictions. I see substance abuse, dual diagnoses, mental behaviors of our social infrastructure. The problems are overwhelming socially and the ability of the state and government to grapple with them is declining. The justice system is the hotel of last resort. We need a major change of consciousness."
- "How we do community is the place where we get into trouble. We do community strangely in this country.
- "The more basic problem is how we disenfranchise each other. If we are not looking at this while we look at the concrete stuff, we are going to get into trouble."

Solutions

- "We need civic leaders who value people. We need to care about people of all types and about ending homelessness."
- "We do not need tax cuts, just a change in priorities about where our money is spent."
- "We must offer more opportunities as a society."
- "Create a hierarchy of who we help first."
- "It is a national problem, not just in Portland. I would love to see Portland spearhead a conversation nationally about this issue."
- "Our economic system does not work for them. There needs to be structural changes. The minimum wage is not livable."
- "We need a revolution."

This category had few solutions. Many suggestions related to government, therefore they were counted in that category. Some of those remaining include: the boycott of corporations (2 responses), more unionization (1), more national organizations to address poverty and homelessness (1), and more opportunities for the homeless to help themselves (1).

Housing

Concerns: 93; Solutions 83

Participants referred to affordable housing seventy times in the one hundred and seventy six statements. This indicates that people believe it is the preferable overall solution to the problem of homelessness.

While participants indicated general support for Dignity Village, there were concerns and questions regarding its existence.

Participants also understand the relationship between homelessness and income.

Concerns

- "Just getting into a rental is a huge investment. We need all kinds of levels of affordable housing."
- "Portland does not behave like other cities when it comes to affordable housing."

Solutions

- "Build very small housing units that are truly affordable. They have done this in the Netherlands."
- "We need a real estate transfer tax.
- "I would like to see funding by big businesses when they locate here."
- "Lobby for inclusionary zoning in housing developments."
- "We need to get folks housing and services."
- "I am really impressed by Dignity Village. I do not know why the City tries to move it. Dignity Village is a solution."
- "'Housing First' before clean and sober is more effective in getting people housed and sober."
- "Support and work with groups offering alternative low cost houses such as Habitat for Humanity. Use alternative cost effective and earth friendly materials straw bale architecture and recycled plastic wood beams.
- alternatives to luxury developments."
- "Big companies with vacant land and buildings should be given incentives to open them up to the homeless."
- "House share and encourage others to do so. It's a win-win situation with students getting affordable housing and empty nesters getting more income."
- "More incentives for people in public housing to move out so others can move in."
- "Cooperative households like the Catholic Worker Program for people that need housing in a supportive, self-reliant environment."
- "Refer people with extra space in their house to Ecumenical Ministries Shared Housing Program where they screen applicants needing affordable housing and match them with those such as the elderly who need the kind of minimal support that a housemate could provide."

Affordable housing (34 responses) was mentioned overall more than any other single issue. It is a generic term that has different meanings to people. A large percentage of the public is paying over 30% of their income for housing. Supportive housing (6) and house sharing or the better utilization of existing housing (6) occurred next in frequency. Other solutions included: assisting renters (4),"Housing First"(4), inclusive zoning (4), helping Habitat for Humanity (3), subsidized housing (2), housing incentives (2) using Community Development Corporations (2), and creating a real estate transfer tax (2). The single items mentioned were: building small units, more family housing, more disabled housing, and the use of storage units for shelters. Dignity Village was also mentioned and is covered in the transitional housing category.

Note: "Housing First" puts homeless people into housing immediately.

Metro identified a need for more than 90,000 additional units of affordable housing in the Metro region between now and 2017 for households earning less than 50 percent of median household income.

— The City Club of Portland "Affordable Housing Report," 2002

Government / Political

Concerns: 86; Solutions 87

Participants indicated their belief that the government and the political interests play a big role in perpetuating homelessness. Participants expressed a wide variety of concerns. They talked about participation in the electoral process as a tool to address the issue. They suggested the need for everyone to vote, especially the homeless. They realized the need for political action, lobbying, and more public participation. Participants believe that there is not enough money to solve homelessness and the resources are declining making the problems worse. Government accountability was mentioned periodically.

Concerns

- "I am concerned about social services that are lacking for the homeless. I am concerned about budget cuts and how these will affect them and everyone else. Budget cuts and the ramifications are a big concern."
- "I am concerned about bureaucratic inaction, It seems easier to penalize rather than prevent."
- "I am sure the government is instilling fear as a means of control."
- "Cutbacks at the State and County levels creates homelessness."
- "The politicians are gutless. They will not make the right decisions."
- "Politics keeps more services from being provided. They want to keep outsiders out."
- "Compassion seems to be absent in our present administration. Martin Luther King said it is cruel to tell a man with no boots to pull himself up by his bootstraps."

Solutions

- "Stop the roadblocks in the bureaucracy."
- "Stand with others you see being oppressed. Help to support their cause by writing letters, e-mails, phone calls, picketing, and speaking on their behalf."
- "Attend mayoral race coffees and make sure they know your opinions about ending homelessness."
- "Push the City to take a closer look at existing regulations and laws whose inflexibility hampers addressing the current needs creatively and effectively."
- "Expand programs that have proven successful."
- "Address homelessness at the national level.
- "Establish a "maximum wage" to distribute the wealth."
- "Tax reform might restore social services."
- "Public officials should spend a night on the streets."
- "Address the income side in terms of a living wage. Address the people on fixed incomes. We should get to the place where – like Nixon proposed – every one has a living wage."
- "Solving homelessness could be similar to other resettlements programs. Find the root causes, provide temporary housing, get them jobs, and then they should be able to afford their own housing."

Political action, advocacy, and lobbying for the homeless (29 responses) and changes in government policies and regulations (21) outnumbered the other suggested solutions within this category. Overall, advocacy was the third most suggested solution. Reforming taxes (10), voting (9), funding (7), new or changing political leadership (7), creating a Work Projects Administration or a Civilian Conservation Corps (3), and garnering more federal support (3) were the remainder of the suggestions.

"One's on the hill, one's in the holler. One's on the road, one's in the ditch."

-- Lyndon B. Johnson

Families / Youth

Concerns: 39; Solutions 5

There is great concern over children and families. It is hard to generalize about many of the statements. Clearly the people understand that homelessness can have a very negative impact on the next generation as represented by our children. Every effort must be made to ensure that children get proper care along with their families.

Concerns

- "It is overpowering to see the homeless kids downtown."
- "There is no help for women with children that are victims of domestic violence."
- "Nothing touches the heart strings like children."
- "Gangs and kids are very scary."
- "Children in poverty moving from school to school are losing skills. There is not good help with school at home."
- "Kids are more important than homeless adults."
- "Homeless parents have the fear losing their kids."

Solutions

- "We need to do a better job raising our children."
- "Treat kids as both special and normal."
- "Look at the vulnerable populations. Our youth need powerhouse mentors, especially boys."
- "Some school districts have schools that take homeless kids in for one year with a special teacher who meets with them before and after school to help them with school work."

Families with children are by far the fastest growing sector of the homeless population.
— The National Coalition for the Homeless, 2003

Fifty-five percent of the homeless population is families with children
— Multnomah County, 2001-2003

Supportive Services

Concerns: 66; Solutions 54

The concept of supportive services is not well understood by most participants. Many participants indicated an understanding that there is a need for more services and this it is largely due to a lack of resources.

Many participants were concerned with the apparent lack of coordination among social service organizations. Participants understood that the housed community takes for granted many essentials, like: bathrooms, kitchens, phones, storage, and an address.

Concerns

- "The homeless need housing, food, clothes, and a sense of self, in order to get a job."
- "I have experienced self-willed, rude, judgmental, cruel people with no help for single women trying hard to gain the help to re-connect with their kids."
- "There are thousands of people with disabilities on waiting lists for services including supported housing and employment; many are homeless."
- "It is difficult for the homeless to find work without a phone or address."

Solutions

- "There should be a one-stop center because the homeless have to go from place to place to get services."
- "Approach churches to adopt families and let them shower, clean up, etc."
- "The City needs to put more money up front for services."
- "Give vouchers with locations of where they can redeem them for goods and services."
- "More intervention for people with special needs."
- "The homeless need to be screened before they can be helped."
- "Place health and social service centers in southeast, north, and downtown to do whatever is needed."
- "The school system I worked at in Texas had a central office person who helped homeless families. The kids did not have to change schools.
- "Blending of resources (different funding streams) so that the local provider can meet the needs of those needing services."
- "Better coordination among agencies."
- "Employ people who care and know how to help with individual needs."
- "Help "Sisters of the Road" be a great resource to homeless people."
- "A total service approach to helping people. Not by providing just housing, but also to help with daily living skills so the housing can be sustained."

More information about supportive services (8 responses), coordination of services (7), and more funding for services (6) were mentioned equally as solutions in this category. Other suggested solutions were the expansion of welfare and benefits (5), a one stop homeless service and support center (3), case management(3), library use (3), child care for families (2), school services for homeless children (2), screen for services (2). "Sisters of the Road" was also mentioned several times as a good resource for employment and support for the homeless.

"And homeless near a thousand homes I stood, And near a thousand tables pined and wanted food. "

-- William Wordsworth, Guilt and Sorrow, Stanza 41

Health Care

Concerns: 58; Solutions 19

Participants mentioned mental health and mental illness far more frequently than any other health related issue. It surfaced thirty-two times out of seventy-seven comments. Issues with the health care or medical system in general reoccurred nineteen times.

Concerns

- "A child in a homeless family was hurt and the hospital made it clear to parent that it would cost a lot to treat her, so the parent left with the girl whose arm was broken in three places. They need more options."
- "There is the problem of cuts to the decentralized clinics and other services."
- "If the people who need to take medications miss one dose it leads to throwing everything off."
- "I have friends and relatives who are mentally ill, and I wonder if I will see them on the streets."

Solutions

- "Studies have shown that for people with mental illness case management can be cut back, as well as their medications, if you house them."
- "Find ways to replace funding for the Oregon Health Plan so that the many people at the level above homelessness (those with housing insecurity) are not pushed into homelessness by a medical emergency befalling a member of their family."
- "Preventative healthcare."
- "Better treatment and prevention programs for users of drugs and alcohol."
- "Nationalize health care including mental health."
- "Have enough capacity in the criminal justice and health care systems to take those people with serious problems out of the homeless communities. Only punish those that require it. Place them in the most appropriate location that will help them."

There is a realization that more health care is needed and it must be affordable and accessible. The ideas include; more treatment (7 responses), affordable health care (4), the Oregon Health Plan (3), and publicly funded universal health care (3). Prevention (2) and medications (1) were also mentioned as solutions. Several people talked about the need for mental health services (4) as a solution. Health care issues are scatted throughout the categories in association with other suggestions.

Homeless people with severe mental illness tend to remain homeless for longer periods of time, have less contact with family and friends, encounter more barriers to employment, tend to be in poorer health, and have more contact with the legal system than other homeless people.

— National Coalition for the Homeless

Criminalization

Concerns: 59; Solutions: 5

This issue evolved as one of the more difficult categories for participants. The possibility of criminal activity by homeless people is a universal concern. This is an area that suggests a need for more education and better understanding.

Concerns

- "It is frustrating that taking a position against crime and violence is equated with being against the homeless."
- "If the police tell people where to go to sleep outside, and the person gets hurt, the police and city could be sued."
- "It is not a homeless thing, it is a criminal thing."
- "The excessive amount of time police officers spend ineffectively trying to address peoples complaints about the homeless."
- "The police have done the same thing over and over and over and over."
- "Harassment of the homeless by police and other enforcement people."

Solutions

- "Build better relationships with the police."
- "Promote crime prevention and community policing strategies."
- "Stop criminalizing the homeless."
- "Make a boot camp so they will know where they will go if they get kicked out."
- "Educate people how to positively interact with the police and outreach workers.

As long as ordinances targeting people experiencing homelessness remain in place, it serves as a stamp of intolerance and an obstacle to the more complex issue that thousands of people live in our city without the benefit of a roof over their head or a place to sleep. Criminal records lead to barriers accessing housing. A person can no more separate themselves from sleep than they can the color of their skin, their gender, or their sexual orientation.

--Right to Sleep Campaign, 2004

Community Cooperation / Charity

Concerns: 50; Solutions 55

Participants suggested the lack of a "sense of community" as a cause of homelessness. Participants indicated a general desire to help, but they also expressed the fear of failure and personal danger.

Participants showed concern about the advisability of giving money to the homeless. Participants did not understand effective ways to help the homeless. Churches and charitable organizations may be able to do more. Various ways of donating food, clothing, household, items were also mentioned.

Concerns

- "People do not know how to help."
- "Some people who try to help, like a family member, do not get any help from the state when they need it."
- Make them feel safe first of all."
- "We need to value multi-generational living."
- "Present solutions that the public can support."

Solutions

- "We need a better sense of community."
- "We need broader community concern."
- "Treat everyone with dignity and respect."
- A good community network helps keep you housed."
- "There should be a Tri-County agency so we don't push people from one place to another."
- "You won't feel threatened if you know the homeless person or family."
- "Mentor or sponsor homeless people."
- "Build communities that help each other."
- "Develop community theater around the subject of homelessness to get the message out to the public."
- "Support homeless programs instead of giving money directly to panhandlers."
- "We should look to government, social services, and churches to work together."
- "Get more churches involved."

Donating to the homeless directly or the organizations that help the homeless (12 responses) is the most popular suggestion. The value of churches (9) was well recognized. It was thought they could to do more. Building relationships (6) and a greater sense of community (7) is the answer to public involvement. Community networking (4), interpersonal communications (4), community services, like restrooms and heath care (4), neighborhoods (3), greater community concern (3), and community events (2) were the other suggestions mentioned less frequently. Other single ideas included: mentoring, respecting everyone, community support, a regional approach, reducing NIMBYism, and providing role models.

"There is no single characteristic of homeless people that clearly distinguishes them from other people; but one that is found in many is that of disaffiliation - a relative lack of those personal supports that enable most people to sustain themselves in society."

— Wm. Breakey, "Treating the Homeless." 1987

Business / Jobs

Concerns: 47; Solutions 40

Concerns varied widely. Some participants were critical of our economic system, employers, and developers. Others commented about the problems facing businesses in dealing with homeless people near their establishments.

Living wage jobs and issues relating to employment are concerns mentioned in this category more than anything else. They said the economy and national policies affect the employment situation locally and elsewhere. Participants mentioned a number of factors that make it difficult for the homeless to get jobs. Some participants believed the government could provide work like they did during the depression through the Work Projects Administration (WPA) and the Civilian Conservation Corp (CCC). Others believed that more concern and creativity are needed in order for business to prevent homelessness since business is the economic engine of this nation.

Concerns

- "I do not understand why there are many homeless people that work."
- "Our society does not value people unless they have a job."
- "Many are one pay check away from being homeless."

Solutions

- "Employers need to be more socially responsible."
- "Cottage industries would create jobs."
- "Businesses need to be more flexible in hiring the homeless."
- "See 'socially responsible businesses' at Google for more ideas and inspiration."
- "Businesses like the "Street Roots" newspaper where 70% of the sales price goes to the homeless vendors."
- "Living wage jobs."
- "As an employer, imagine where would you put a homeless person in your organization."
- "Work with large main stream companies i.e.: Standard Insurance, Nike, McDonald's, etc."
- "Make it easier to come back to work.
- "We need to address the problem. It is the capitalist system."
- "Create work programs like the WPA and CCC of the thirties."
- "We need more small jobs."
- "The homeless need access to a phone and good clothes for job interviews."
- "Set-up temporary employment services utilizing homeless workers."

More jobs (12 responses) and jobs that have a living wage (12) are the solutions talked about most often. Job training (7), hiring the homeless (7), and helping the homeless obtain jobs (5) were also mentioned frequently. The remainder of the suggestions included: help by corporations (2), help for businesses to create jobs (2), donations from business (1), good benefits (1), more cottage industries (1), and changes to the capitalist system (1). The *street roots* newspaper was mentioned five times as both a source of employment and an informational resource to both homeless people and the community at large.

Forty-two percent of the people experiencing homelessness are employed.

— National Coalition for the Homeless, 2001

Temporary / Transitional Shelters

Concerns: 49; Solutions 34

Many participants voiced ideas surrounding the issue of temporary or transitional housing. Dignity Village received mention seventeen times, shelters were mentioned eighteen times, transitional housing, living in automobiles, friend's couches, and camping were also noted as forms of temporary shelter. Most participants realized that there are not enough shelters or beds to fill the need. Furthermore, participants understand that additional funding is required to create more shelters.

Concerns

- "On NPR I heard about a homeless shelter that allowed people to drink. People were not coming into shelters because they did not want to give up the use of alcohol."
- "Dignity Village seems to have both good and bad aspects about it."

Solutions

- "Hostels could be a solution. In Portland there are roughly 16 available beds on average for about $15 a night. But you often need a passport to stay."
- "Keep homeless camps safe and clean."
- "In the communal environment of Dignity Village they can realize independence, the support of each other, and eventually move back into society."
- "Use vacant buildings as shelters or transitional housing."
- "Bring back a modern version of the 'Poor Farm'. Include more education and rules excluding drugs and alcohol."
- "Use large container storage units as temporary housing."

Dignity Village (17 responses) was frequently mentioned in both the shelter and housing categories. It is viewed as a positive solution, but there was recognition that its minimal funding makes for a problematic situation. People wanted more information about Dignity Village, although they generally believed it needed more public and private support. The reuse of buildings (10), the need for more shelters (8), the need for day shelters (4) and for more transitional housing (2) were frequently mentioned solutions. A poor farm, wet shelters, and keeping homeless camps clean were the unique suggestions.

Dignity Village

Dignity Village is a homeless encampment located in upper northeast Portland. It is a group seeking an alternative to the traditional shelter/housing system. They are building a community of their own composed of about sixty homeless people. The Dignity Village story is of great interest to many of the conversation participants probably, in part, due to the significant amount of media attention it has received over the last five years. However, it remains controversial as a long-term solution.

Public Nuisance

Concerns: 45; Solutions 1

Concerns dominated this category. Panhandling received mention fifteen times. Trash and the various messes left by the homeless were, mentioned several times. Other concerns reflected a variety of issues related to camping, homeless visibility, and inappropriate behavior by homeless individuals.

Concerns

- "A woman said she had a problem with people hanging out on corners asking for money. She had heard that some of them made more money than most people."
- "They do not want to live by the rules."
- "The homeless can also choose to be belligerent."
- "Shut down other resources and agencies. It only encourages panhandling."
- "Panhandlers asking for money, food, etc. They may use it for other things."
- "I do not know how to get rid of the homeless."

Education

Concerns: 21; Solutions 61

Participants cited education in several different ways. The first is a need for more public education around the issues of homelessness and this was talked about in over half (44) of the statements. The second is the education of the homeless (14). The third area of concern was the public school system and homeless children. Participants showed concern about the general lack of information about the homeless and the misinformation that occurs as a result. There were many expressions about the needs of homeless children, their families, and the benefit of keeping them in a stable situation in order to learn effectively.

Concern

- "We need more information, clear concise information, more statistics, where money is going, distribution of funds, how big are the problems, and how many homeless people are there in the community."

Solutions

- "Read the book: 'Nickled and Dimed,' by Barbara Ehrenreich."
- "We need to know how to solve the problem so we stop attacking them. We need to, 'teach them to fish'."
- "Dedicate a month to homeless awareness. Maybe October, before the winter holidays."
- "Learning to not be afraid of the homeless."
- "Getting to know the homeless through mentoring."
- "Publicize successful sitings of social services, so that the public will be more accepting of them in the future."
- "A 'home education packet' of what people can personally do to help homeless people."
- "Having the homeless publicly tell their story would be part of the solution. Solving homelessness is in everybody's best interest."
- "There needs to be a mass media campaign on poverty."
- "Legislation to have colleges provide free education to some of the qualified homeless people."
- "Teach people how to be homeless."
- "Compile solutions to homelessness into a book for the community."

The education of the public about homelessness (33 responses) was second only to affordable housing (34) overall as the most suggested solution. The participants in the conversations realized their lack of knowledge about the subject of homelessness and many wanted to know more. The education of the homeless (11), more coverage of the homeless by the media (7), more public awareness (6), allowing the homeless to tell their story (4), improving our public schools (3), reading street roots newspaper (2), and the education of public officials (2) were the other suggestions.

Community Solutions

Concerns: 4; Solutions 79

This is a category about solutions rather than concerns.

Concerns

- "The homeless are not used as a resource."
- "People being greedy."
- "We have an adult son working full time...who would be homeless if he did not live with us."

Solutions

- "We need to know what the four easiest, most direct things that people can do to help."
- "Adopt a homeless family for one year."
- "St. Paul, MN, uses a point system to distribute "undesirable sites" equitably among all areas of the city."
- "Leave out bottles and cans. Separate your recycling so that people collect them to support themselves."
- "Do away with the senior year of high school, requiring in its place a year of community service. This would help the community and give students direction in their lives."
- "Give out vouchers instead of money."
- "Volunteer with organizations like JOIN, street roots, Sisters of the Road, and St. Francis Dining Hall. This would help people obtain jobs, food, housing, health care and help with their various other needs."
- "People could support homeless concerns and the homeless could work on neighborhood projects. Make it a two-way thing."
- "Neighborhood foot patrols."
- "The homeless need a champion."
- "Grow public fruit & nut trees to provide food."
- "Provide volunteer opportunities for homeless to gain work experience."
- "We need small-scale grassroots solutions. People volunteering to help other folks."
- "Organize and advocate to the city, state, and the nation in support of homeless issues."
- "Let people shower in your place."
- "Let people in housing have the experience of being homeless and living in shelters temporarily."
- "Use the homeless to help build housing."

Many of these issues are related to the other categories and were counted elsewhere rather than here. Volunteering (14 responses), the use of vouchers (4), contact with the homeless (3) and leaving recyclables out for the homeless (3) were mentioned most frequently. The remaining ones tended to be unique. They include: involving the community more, using the parks more for homeless people, implementing crime prevention strategies, adopting homeless families, equitable facility siting policies, organizing prevention programs, telling the public how they can help the homeless, supporting youth programs, and implementing a wide variety of solutions.

"Contemporary American homelessness is an outrage, a national scandal. Its character requires a careful, sophisticated and dispassionate analysis, but its tragedy demands something more direct and human, less qualified and detached."

— Supplemental statement in response to the Institute of Medicine's report: "Homelessness, Health, and Human Needs", 1988. From the Housing Authority of Portland, 1989.

List of Conversations

ORGANIZATION	DATE
Seven Corners at Peoples	7/22/03
Hosford-Abernethy Neighborhood Dev.	8/21/03
Buckman Community Association	9/4/03
Affordable Housing Now	9/24/03
Kerns Neighborhood Association	10/15/03
Multnomah Co. Poverty Adv. Comm.	10/22/03
Homelessness Working Group Orient.*	11/4/03
Sellwood Moreland Neighborhood Assoc.	11/5/03
Kiwanis Club, Tony Roma's	12/30/03
Foster-Powell Neighborhood Association	1/12/04
Homelessness Working Group Orient.*	1/14/04
Center Neighborhood Association	1/20/04
Brentwood-Darlington Weed & Seed. (Intro.)*	1/20/04
Mt. Tabor Neighborhood Association	1/31/04
Brentwood-Darlington Neigh. Assoc.	2/5/04
Ashcreek Neighborhood Association	2/9/04
Creston-Kenilworth Neigh. Assoc.	2/10/04
Homelessness Working Group Orientation	2/11/04
Rockwood Grange (introduction)*	2/13/04
Portland State University*	2/16/04
Parkrose Neighborhood Association	2/17/04
Central Eastside Industrial Council (Intro.)*	2/19/04
Gretchen Kafoury class at PSU	2/19/04
South Tabor Neighborhood Association	2/19/04
Alameda Neighborhood Association	2/23/04
Southeast Uplift Board of Directors	3/1/04
Homelessness Working Group Orient.*	3/6/04
Centennial Community Association*	3/8/04
East County Caring Community	3/8/04
Woodstock Community Business Assoc.	3/9/04
Arnold Creek Neighborhood Assoc. (intro)*	3/9/04
Northwest District Association	3/15/04
Sumner Neighborhood Association	3/16/04
Brooklyn Action Corps	3/17/04
South Tabor Neighborhood Association	3/18/04
Department of Human Services	4/1/04
Department of Human Services	4/6/04
Community Association of Portsmouth	4/6/04
Concordia Neighborhood Association	4/6/04
Overlook Neighborhood Association (intro.)*	4/6/04
Collins View Neighborhood Association	4/7/04
Department of Human Services	4/8/04
Hayden Island Neighborhood Association	4/8/04
Sunnyside Neighborhood Assoc. (intro.)*	4/8/04
Steps to Success	4/9/04
Belmont Area Business Association	4/13/04
Hillside Neighborhood Assoc.	4/13/04
Hayhurst Neighborhood Association*	4/13/04
Multnomah Neighborhood Association	4/13/04
Crestwood Neighborhood Association	4/14/04

ORGANIZATION	DATE
Bridlemile Neighborhood Association*	4/14/04
Peace Lutheran Church, N. Ptld. *	4/15/04
Goosehollow Foothills League	4/15/04
Eastmoreland Neighborhood Association	4/15/04
Dept. of Human Services; PCC	4/16/04
St. Francis Parish	4/25/04
Sabin Neighborhood Association	4/26/04
Mt. Hood Town & Gown	4/26/04
American Association of Retired People	4/27/04
Hollywood Neighborhood Association	4/27/04
Department of Human Services (Metro)	4/28/04
Kiwanis #60 (5 clubs)	5/3/04
Hillsdale, Turning Point	5/3/04
Department of Human Serv. (Cmmnwlth)	5/4/04
Corbett/Terwilliger/Lair Hill Neigh. Assoc.	5/5/04
Mt. Scott Community Centers*	5/5/04
East County Caring Community	5/6/04
Woodstock Neighborhood Association	5/5/04
Richmond Neighborhood Association	5/10/04
St. Johns Community Association	5/10/04
Boise Neighborhood Association	5/10/04
Burlingame Neighborhood Association	5/10/04
Cathedral Park Neighborhood Association	5/10/04
Eliot Neighborhood Association*	5/10/04
Far Southwest Neighborhood Association	5/11/04
Sylvan Highlands Neighborhood Assoc.	5/11/04
Wilkes Neighborhood Association	5/11/04
Markham Neighborhood Association	5/11/04
Kenton Neighborhood Association	5/12/04
Multnomah Library Association	5/12/04
Multnomah Central Library	5/13/04
Woodlawn Neighborhood Association	5/19/04
League of Women Voters	5/19/04
Oregon Food Bank #1	5/20/04
Oregon Food Bank #2	5/20/04
Police C C	5/21/04
Portland Youth Builders (3 classes)*	5/24/04
PSU Homeless Conference	5/27/04
Sisters of the Road Café HWG Orient.	5/29/04
United Way	6/2/04
Cully Neighborhood Association*	6/8/04
Roseway Neighborhood Association*	6/8/04
East Columbia Neighborhood Association	6/8/04
Maplewood Neighborhood Association	6/9/04
Union Local 2154 *	6/14/04
West Portland Park Neighborhood Assoc.*	7/8/04
Mult. Co. Citizen Involvement Comm.*	7/14/04

* not included in the database

Conclusions

The participants in these conversations exhibited reactions ranging from concern to revulsion, from interest to apathy. Many participants wanted more information than could be provided through the limited scope of these conversations. The personal stories shared by the homeless volunteers were powerful.

The results of the conversations indicate the following:

- Community members are very aware that problems exists,
- Participants have a good idea about the general causes of homelessness, namely the economy, the lack of affordable housing and the lack of health care. However, they do not understand the extent and variety of the homeless conditions in Portland,
- Community members are concerned about their personal safety when they encounter homeless people.
- Many people were indignant that the problem exists at all,
- Participants know that the government, by itself, is not able to end homelessness,
- People believe that the homelessness situation is slowly worsening,
- Participants want an end to homelessness,
- Organizations felt they did not have adequate resources to undertake the suggested solutions,
- Participants would help if they had a realistic, understandable role and could see progress being made as a result of their efforts.

The three solutions to homelessness suggested most often were:

- Create more affordable housing,
- Provide more public education about homelessness,
- Create and identify the political support needed to address the issues of homelessness.

Strategies to continue this work should include:

- Assist the media to frame homeless issues to increase public awareness and empathy,
- Encourage collaborative efforts among the entire community,
- Conduct public forums to engage and educate the community in ways that encourage positive change.

The Bureau of Housing and Community Development in the "Ten Year Plan to Address Homelessness" should include goals supporting:

- Continued citizen awareness and education through government, the media, and educational institutions as well as advocacy groups,
- The active participation of the business community and the public as they continue to be impacted by homeless people,
- The involvement of the homeless community in implementing the plan. They will need assistance in advocating for their interests due to their diminished position politically and financially.

This indicates that the Homelessness Working Group might begin the process towards greater public awareness and education regarding homelessness. Institutions, both public and private, need to support and take an active role in this public education process along with the homeless community. It is in this way that the root causes can be understood and addressed, thereby ending homelessness.

While there is still much work to be done to engage the community, credit goes to the many of volunteers and staff that gave so much to organizing and implementing this project. The Homelessness Working Group believes, based on the commitment demonstrated through this project, that it is possible to eliminate homelessness if the entire community works together unselfishly to address the complexities of this issue.

■ ■ ■ ■

Facts about Homelessness

The National Coalition for the Homeless publishes fact sheets on various aspects of homelessness. Each sheet summarizes facts and issues and contains a list of recommended reading for further research. These may be found at **www.nationalhomeless.org/facts.html.**

"The Noah Principle: You get no credit for predicting rain, only credit for building arks."

— Karen Minnis, Oregon Speaker of the House, 2003

Recommendations from the Coalition for Homeless Families

regarding REVISIONS to the

HOMELESS FAMILIES PLAN FOR MULTNOMAH COUNTY: FIVE YEAR ROADMAP FOR SERVICE DEVELOPMENT

April 2004

The "*Homeless Families Plan for Multnomah County: Five Year Roadmap for Service Development*" was adopted in July 2000 by the Multnomah County Commissioners. Much has changed since that time and these revisions are proposed in response to those changes. The changes include:

1) The Multnomah County Office of School and Community Partnerships has replaced the Community and Family Service Center Framework with the School Aged Policy Framework.

2) The City of Portland, in conjunction with Multnomah County and the Housing Authority of Portland, is developing "The Ten Year Plan to End Homelessness." Regionally, the "Bridges to Housing" Group has been formed.

3) The City of Portland and Multnomah County have developed a new partnership to end homelessness utilizing the force of their joint resources.

4) The 10-year Plan to End Homelessness emphasizes three categories of homelessness:

**Chronically homeless*: People who experience homelessness for a year or longer;

**Episodic Homelessness*: People who have multiple episodes of homelessness that are short or long-term;

**Situational or transitional Homelessness*: People who experience homelessness one time and the homelessness is short-term.

This categorization de-emphasizes the traditional four categories of homelessness: families, singles, youth and survivors of domestic violence.

5) The Poverty Elimination Framework has been developed and adopted to work toward a reduction in poverty for homeless and very low-income households.

Note #1: In the 2004 McKinney Funding Application, the term chronically homeless will not ever be applied to homeless families. Homeless families will only be considered in the category: Other Homeless.

6) The Early Childhood Framework has been developed and adopted to address the needs of young children, including homeless children.

7) The funding for services for Homeless Families has not declined significantly since July 2000, but neither has it increased significantly. In contrast, substantial new funding has been secured for Homeless Singles, and to a lesser extent, for Homeless Youth.

8) There is a growing awareness of the overlap between the various homeless populations. Homeless singles may be parents separated from their children. Homeless teen parents clearly overlap two groups. Survivors of domestic violence are often homeless and many homeless women report being victims of domestic violence in their pasts.

9) Homeless families have become the fastest growing segment of the homeless population.

Background

The July 2000 *Homeless Families Plan* called for:

> *".....increased and stabilized funding to address the needs of an increasing number of families with children who cannot find, afford, and maintain housing. It is projected that a homeless families system will need $4,222,810 annually to be able to help an estimated 270 families at any point in time leave the state of homelessness, 79 families to prevent homelessness per year, and 80 families receive only limited emergency services...The Homeless Families Plan is not designed to serve all of the homeless families in the community. There are an estimated 622 families homeless in Multnomah County at any one time.....the Homeless Families Plan calls for serving approximately 43% of the needy families."*

While the *Homeless Families Plan* of July 2000 has not yet resulted in increased and stabilized funding, the majority of the homeless on any night are still people in families. The One Night Shelter County on March 26, 2003 shows that 2,220 people were homeless on that night. Of those 2,220 people, there were 1,230 people living in families (55% living in families). The 1,230 people in families were in 373 households on that night (average household size: 3.29 persons).

Note #2: The One Night Shelter Count taken on 11/19/03 showed 2,285 people homeless on that night. Of those individuals, 1,148 were people living in families. (50%). The people in families were in 354 households.

In contrast to the "One Night Shelter Count," the data from the Crosswalk System used by Multnomah County provides statistics over a two-year period of time. The data from the Crosswalk System show that the Homeless Families System served **2,876 homeless families over the last two years—which is over 7,800 parents and children over the two-year period.**

Overview of the Proposed REVISIONS:

***The revisions to the July 2000 *Homeless Families Plan* proposed here are designed to reflect the need to develop a system that will serve all of the families who are homeless on any night.** (The July 2000 Plan called for services to 43% of the families homeless on any night.)

***The Revision recommends that the current capacity of the homeless families system be expanded to be able to serve all of the families homeless on any night---but does not recommend a substantial increase in costs over those proposed in the July 2000 *Homeless Families Plan.*

***The July 2000 *Homeless Families Plan* called for 79 families per year to be helped with rent assistance to prevent homelessness. In the Revision, the efforts to prevent homelessness are markedly expanded. The Revision calls for 400 families per year to receive rent assistance to prevent homelessness. The Revision also calls for the development of more housing affordable for families with incomes under 30% of median family income and programs to assist very low-income families to stabilize and increase their incomes.

***The July 2000 *Homeless Families Plan* states that at least 622 families are homeless on any night. Hopefully, additional data will be collected in the near future to provide more accurate information on the number of homeless families on any night. Using 622 homeless families as the base and estimating a 4% increase in homelessness in Portland each year (2000 to 2004), the estimate is that 728 families will be homeless on any night in 2004. This would mean that approximately 2,395 people in families will be homeless on any night in 2004.

***Of the 1,230 people in homeless families counted in the One Night Shelter Count on 3/26/03, there were 113 people included from the system for survivors of domestic violence. This means that at least 34 families are homeless each night because of domestic violence. This would mean that of the 728 families who will be homeless on any night in 2004, at least 40 of these families will be homeless because of domestic violence. Technically, the Homeless Families System does not include shelters or transitional housing for victims of domestic violence. Therefore, the number of 728 homeless families per night in 2004 should be reduced to 688 families each night in 2004. The capacity of the Homeless Families System should be at least 688 families per night in 2004. It is estimated that these 688 families are comprised of 2,264 parents and children.

SUMMARY of THE NUMBERS:

HOMELESS FAMILIES:	# of homeless families	# of individuals in those families
Numbers served:		
In two years	2,876	7,800 parents and children
Per Year	1,438	3,900 parents and children
Counted on 3/26/03	373	1,230 parents and children
Turned away on 3/26/03	74	
Estimated un-served and Uncounted on 3/26/03	203	
Per night estimated Homeless in 2000	622	
Per night estimated Homeless in 2004	728	2,395 parents and children
Per Night estimated Homeless in 2004 without those sheltered as Survivors of Dom. Viol	688	2,264 parents and children

These appear to be the best figures available as to the number of homeless people living in families in Multnomah County. However, there is now an emphasis being placed on determining the number of homeless families served and un-served in Multnomah County. Additional data can be expected by late 2004 or 2005.

According to the One Night Shelter Count on 3/26/03, the type of shelter/housing where homeless people are on any night is:

Type of Shelter/Housing:	Total Number of Homeless	Estimate: # in Families	Estimate: # Singles
Emergency shelter	597	149	448
Vouchers	64	35	29
Rent Assistance	497	273	224
Transitional Housing	1,062	773	289
Total on 3/26/03	2,220 People	1,230 People	990 People

Using this data, the following chart shows where people in homeless families were on 3/26/03, and what the revised capacity of the system needs to be. The revised capacity is based on 728 families being homeless on any night in 2004---which would be an estimate of 2,395 people in families who are homeless on any night.

	People Served in Homeless Families/Night	
Expanded Capacity	on 3/26/03	Estimated need by 2004
Emergency shelter	149	200
Vouchers	35	64
Rent Assistance	273*	646*
Transitional Housing	773	1,485*
Total on 3/26/03	1,230	2,395

*These figures include all forms of housing for homeless families including RASP, Transitions to Housing, etc.

The total estimated need is a figure which represents being able to serve all of the people in families who are homeless on any night---without having to turn away any people in families. These figures include families who are homeless because they are survivors of domestic violence. When the families who are homeless because of domestic violence are excluded, the figures are:

Projected Number of Individuals in Homeless Families/Night Needing Service in 2004:

Type of Shelter/Housing	**All Families**	Without families Homeless because of Domestic Violence
Emergency shelter	200	140
Vouchers	64	35
Rent Assistance	646*	546*
Transitional Housing	1,485	1,345*
Total estimated in need	2,395 people	2,264 people

Proposed revisions to the Components of the July 2000 *Homeless Families Plan*

The following recommended revisions are designed to further improve the ability of the Homeless Families System to serve homeless parents and children. The July 2000 *Homeless Families Plan* consisted of 19 essential components---listed from (A) to (N). The recommended revisions are based on updating these essential components. One additional component has been added.

A. Single 24-hour Telephone Access/Intake and Client Database

The 211 system, which is currently being developed, will become the "single 24-hour Telephone Access System." Because homeless families will call into this line in search of shelter, it will be important that the 211 system has up-to-date information on shelters and other programs for homeless families. While the cost of the 211 system would not be a responsibility of the Homeless Families System, it will be important to ensure that 211 staff are readily available, well trained, and sensitive to the needs of homeless families.

Through the 211-telephone system, Homeless families will be referred to the Regional Centers and/or shelters, nearest to their location. As a revision to the July 2000 *Homeless Families Plan*, each of the six Regional Centers will need the capacity to complete intakes with the families determining what is needed for the family: "Housing First," shelter, eviction prevention, etc. Each of the Regional Centers should have 2 Full time Intake Staff people for this activity. The Homeless Families System recognizes that homeless families have a wide variety of needs. As a result, there needs to be a holistic, individualized approach to helping them overcome their homelessness. After providing Intake Services, homeless families will be placed into the shelter or housing option best able to meet their needs: Housing First Model, family shelters, motel vouchers, transitional housing, etc. Where possible, homeless families with needs for A/D Treatment, Mental Health Counseling, Services as a survivor of domestic violence, etc. will be referred to those systems.

The estimated cost for the two Intake Staff in each of the 6 Regions are as follows: The cost per FTE would be: $12.50 per hour for 2080 hours per year = $26,000 salary--plus 24% for taxes and benefits ($6240)--plus $6,000 per year for occupancy costs and materials and supplies. This would be $38,240 per FTE; there would be 2 FTE at each of the 6 Regional Centers. Total cost of = $458,880.

Estimated Cost for 24-hour access: 2 FTE at $38,240 each for 6 Regional Centers = $458,880

B. Homeless Families Program---Assessment and Case Management Support

In the revised Plan, assessment will be completed in the Regional Center by an Intake Worker, in the Shelter, or in the Housing Placement. The homeless family, or families at high risk of homelessness, might have been referred to the Regional Center by the 211 line or by another source---or the family might have walk into the Regional Center.

As described above, each Regional Center will have 2 Intake Workers available to assist homeless families. The Intake Worker will ensure that each homeless family has a place to stay which is most appropriate for that family---in permanent housing (Housing First), in a family shelter, in transitional housing, or with a motel voucher. The Intake Worker will also ensure that homeless families, and families at high risk of homelessness who are receiving eviction prevention services, are able to receive case management services. Case Managers will help

ensure housing stabilization and will help the family overcome the problems causing the homelessness. The level and extent of case management is determined by family need and may be very limited or intensive. Case Management is offered in collaboration with any other service systems, which the family is utilizing. Case Managers will assist families to enter transitional or permanent housing as quickly as possible; shelter and motel voucher stays will be as short as possible. Transitional housing will be utilized for families who can not access permanent housing.

Two additional Case Managers are needed at each Regional Center. The estimated cost is: $14 per hour for 2080 hours per year = 1 FTE at $29,120 per year. Plus: taxes and benefits at 24% ($6989) Plus $6000 for occupancy costs and material and supplies. This would be $42,109 per FTE. There would be 2 FTE at each of the 6 Regional Centers. Total cost of = $505,308.

Estimated Cost for additional case management: 2 FTE at $42,109 each for 6 Regional Centers = $505,308

C. Ethnic/Cultural Specific Services

This section of the July 2000 *Homeless Families Plan* **was completed with input from ethnic and cultural providers.**

This section now needs to be revised based on the School Aged Policy Framework which set aside specific funding for culturally specific services.

The costs are included in funding for the School Age Policy Framework. These are estimated to be: $240,480---which is 50% of the total Anti Poverty Services to Culturally Specific Providers without energy assistance funding.

D. Emergency Year Round Shelter Options

E. Overflow Shelters

There is no need to create three new shelters for homeless families as called for in the July 2000 *Homeless Families Plan*. Instead, the existing homeless family shelters should be funded to provide services 365 days/nights per year. There would then be no need to have overflow family shelters that only operate intermittently--usually in the winter.

The existing shelters for homeless families receive very little governmental funding compared to their actual costs of operation. Some of the family shelters do not accept any governmental funding. As a result, the family shelters are very cost effective from the standpoint of amount of governmental funding compared to number of families served.

There are currently four family shelters which receive some government funding which could be utilized as year round shelters: SafeHaven, Harbor Light/Door of Hope, Goose Hollow, and Daybreak Shelter Network. There are also two other shelters that could become year round: Reedwood and Common Cup. Finally, there are also two shelters for homeless families that do not accept government funding: My Father's Place and Shepherd's Door.

The cost per night of these shelters needs to be determined--with and without case management. These costs should then be compared to the cost of utilizing motel vouchers---with and without case management.

It is very important that homeless families not be required to live/sleep outdoors, in abandoned buildings, doubled up with other families, or in other unsafe conditions. Shelters would be used to unsure that all families had a "roof over their heads." At full capacity, the eight shelters could serve approximately 140 to 170 people in homeless families each night.

Estimated Costs for shelters for Homeless Families: Shelters should be funded at 80% of their total cost. At least, $400,000 would need to be available to ensure that shelters are funded for year- round operations.

Note #3: A study needs to be conducted to compare the effectiveness and costs of shelters for homeless families (including the cost of case management) with that of motel vouchers (with case management). The results of this study would determine if additional funding should go to shelters for homeless families or to motel vouchers for homeless families.
Note #4: Enhanced rent assistance needs to be available so that fewer families become homeless and need shelters for homeless families.

F. Motel Vouchers

The July 2000 Plan called for $381,000 in Motel Vouchers for families staying in motels for up to four weeks. There should be a study comparing the use of motel vouchers to the use of shelters for homeless families: cost of each program, success rate in placing families in permanent housing, success rate in increasing income, etc.

While the study is being conducted, Motel Vouchers should only be used when the shelters for homeless families are full or can not be accessed or in special circumstances: medical needs, language or cultural barriers, etc. In addition, Motel Vouchers should be used for 2-3 nights (not up to four weeks); then the family should be seen at the Regional Center as soon as possible.

Estimated Cost for Motel Vouchers: $381,000 per year--until the study recommendations can be implemented.

Note #5: Housing First is used to describe a method in which the family is placed in permanent housing as soon as possible. Lengthy stays in shelters or transitional housing are avoided. The family may pay none, some, or all of rent themselves. If the family can not pay the rent, there is rent assistance available for a few months. This is also called the Beyond Shelter Model.

Note #6: Scattered Site Transitional Housing and Facility Based Transitional Housing are used to mean that the family is not able to afford market rent and their rent must be subsidized for a period up to 24 months. The family pays up to one third of its income for rent and the balance of the rent is subsidized. Over time, the family may pay an increasing proportion of the rent and the subsidy is decreased.

Note #7: Lack of money for rent is not the only issue facing the homeless family. It is focused on here because lack of rent directly results in homelessness. Other needs of these homeless families also include: food, clothing, medical care, transportation, childcare, legal services, etc.

G. Short Term Housing---This should be re-titled: Facility Based Transitional Housing:

As described in the July 2000 *Homeless Families Plan*, the existing three facilities will continue to be supported: **Turning Point, Richmond Place and Willow Tree.** Each night, up to 53 homeless families are served in these three transitional housing facilities. These are families who can not access permanent housing (in the next six months)---but would not be appropriate for shelter. Homeless families in these three congregate facilities can utilize this type of housing for up to 18 months. The family pays up to one third of its income in rent and the balance is subsidized. Over time, the subsidy can decrease and the family would pay a greater percentage.

Estimated Cost for Facility Based Transitional Housing: $359,016 for up to 53 families each night for 365 nights per year.

H. Community-based (Scattered Site) Short Term Housing

As described in the July 2000 *Homeless Families Plan*, scattered site housing would be distributed throughout the six Regions. **This feature is continued and strengthened in the School Aged Policy Framework and is a very important component of the *Homeless Families Plan*. Because funding for this type of housing comes from the McKinney Act, the regulations for that funding apply here.** Scattered-site transitional housing is utilized for homeless families who can not yet pay 100% of the market rate rent. These formerly homeless families pay up to one third of their income in rent for up to 24 months. This type of housing would be spread throughout the community in facilities operated by private landlords.

In this revision to the *Homeless Families Plan*, there would be funding for scattered-site transitional housing for **double** the number of families that are now served. In July 2000, there was funding of $409,792 for transitional housing. That number would be doubled to be able to serve 120 to 140 families per night--for a cost of : $819,584 per year. At an average cost of $795 per family per month for transitional housing, 129 families could be served each night.

Estimated Cost for scattered site transitional housing: $819,584 for 129 families per night for 365 nights.

I. Transitional Services with Permanent Housing

As described in the July 2000 *Homeless Families Plan*, families described in this component of *The Plan*....."pay 100% of the rent themselves. They lease their own permanent housing--but receive transitional services, including assistance from a housing relocation specialist to locate appropriate and affordable accommodations. They also need to receive intensive home-based case management. These services would be available in each of the six Regional Centers." The July 2000 Plan calls for 6 Transitional Services Staff People at a cost of $327,600.

The Revised Plan recommends that additional case managers be funded in Section B---but not here. If additional funding were available, it could be attached to the Energy Assistance Program to insure that at families at high risk of homelessness receive all of the services they need for which they are eligible.

Estimated Cost: no costs are estimated in this section.

J. Housing Relocation

As described in the July 2000 Plan, each Regional Center would receive funding for a Housing Relocation Specialist. Each Housing Relocation Specialist would be expected to develop 15-20 additional affordable housing units annually. This is needed to ensure that the Housing First/Beyond Shelter Models can work. As described in the July 2000 Plan, the estimated cost would be : $326,600 in staff costs (6 FTE) to cultivate 90-120 additional housing units each year.

Estimated cost in the Revised Plan: $14 per hour for 2080 hours per year = 1 FTE at $29,120 per year. Plus: taxes and benefits at 24% ($6989) Plus $6000 for occupancy costs and material and supplies. This would be $42,109 per FTE. For 6 FTEs, this would be: $252,654.

K. Support Services--Client Assistance

Support services include: alcohol and drug treatment, mental health, detox, employment assistance, adult education and training, childcare, food, clothing, emergency basic needs, etc. The funds should be available to assist approximately 450 families at an average cost of $750 each for a total of $337,500. In comparison to the July 2000 Plan, this represents providing support services to more families (450 vs. 200), but at a lesser cost per family ($750 vs. $2000). The cost in the July 2000 Plan was $400,898 to assist approximately 200 homeless families.

Estimated Cost in the Revised Plan: 200 families at $750 each = $337,500.

L. Drug and Alcohol Interventionist

Instead of a Drug and Alcohol Interventionist as called for in the July 2000 Plan, in the Revised Plan, these funds should be utilized as described in K above to provide alcohol and drug services. However, there would be no difference in the cost.

Estimated cost: Same as shown in the July 2000 Plan: $48,000.

M. Children's Services

There would be a fund established which Case Managers throughout the 6 Regions could access to pay for services for children. As described in the July 2000 Plan, this would include childcare, children's activities, health screenings, and 24-hour child care/respite services as well as alcohol/drug and mental health treatment for homeless children.

Estimated cost: $115,000 to assist 300 children per year

N. Rent Assistance

As described in the July 2000 Plan, this service is needed to prevent homelessness. It is utilized for families who have housing but are at high risk of eviction and subsequent homelessness. Based on funding source requirements, there is a limit of $2000 in a 12-month time frame. Families in this category must be able to show that they can pay 100% of their own rent after this assistance. It is provided through the Multnomah County Clearinghouse. Because of its cost effectiveness and its ability to prevent homelessness, this service should be expanded. The Estimated Cost for Rent Assistance in the July 2000 Plan was $159,000 for 79 families. (This did not include RASP.)

The Revised Plan calls for Rent Assistance to be available to 400 to 410 families per year--including RASP, LIRHF, and other funds. At a cost of up to $2000 per family for 400 families, this is a total cost of $800,000.

O. Housing Affordable to Families with incomes under 30% MFI

This section is an addition to the July 2000 Plan. It calls for additional permanent housing for families with incomes below 30% of median family income. Fewer families would become homeless and homeless families would require shorter stays in the Homeless Family System if there were more housing affordable to families with incomes under 30% of the Median Family Income (MFI). The Homeless Families System should advocate for increased housing of this type---or increased rent subsidies to make vacant housing units affordable to homeless families. Families leaving homelessness need to pay no more than one-third of their incomes in rent; this generally translates to housing for families at 15% to 25% MFI.

It is recommended that an additional 5,500 units of housing be developed and for families with incomes below 30% MFI. (This would include rent subsidies to make vacant units available to families with incomes under 30% MFI.)

Estimated Costs: July 2000 Plan vs. The Revised Plan

	July 2000 Plan--Basic	Revised Plan
A. Single Entry Access:	$ 273,760	$ 458,880
B. Assessment and Case Management:		
B-1: Case Mgt	$ 503,803	$ 505,308
B-2: Facility Case Mgt	$ 169,809	$ 169,809
C. Culturally Based Services	$ 190,000	$ 240,480*
D. Emergency Shelter	$ 422,080	$ 400,000
E. Overflow Shelter	$ 72,727	0
F. Motel Vouchers	$ 381,500	$ 381,000
G. Facility Based Housing:	$ 359,016	$ 359,016
H. Scattered Site Housing:	$ 512,242	$ 819,584
I. Case Mgt with Housing:	$ 326,600	$ 0
J. Housing Relocation:	$ 288,375	$ 252,654
K. Support Services:	$ 400,898	$ 337,500
L. Drug and Alcohol:	$ 48,000	$ 48,000
M. Children's Services:	$ 115,000	$ 115,000
N. Rent Assistance:	$ 159,000	$ 800,000
O. Additional Affordable Housing	---	---
Total Cost:	**$4,222,810**	**$4,887,231**
This is a 15.7% cost increase.		
Number of families to be served	**270**	**688**
This is a 154.8% increase in the number of families to be served.		

Utilizing these estimates, the total cost of implementing the *Homeless Families Plan* is over four million dollars per year. In July 2000, there was $2,762,354 available to provide these services. There is probably less available now--April 2004.

***Note #8:** In the School Age Policy Framework, $480,961 is allocated for Anti Poverty Services, excluding energy assistance. It is estimated that half of this amount will be utilized for services to homeless families. This estimate needs to be verified.

Recommendations on the first steps to Implementing the Homeless Families Plan:

To enhance services to homeless families and to help prevent homelessness, the Coalitions for Homeless Families recommends that an additional $650,000 in new funding be sought immediately from the City of Portland and Multnomah County. This would be a first step to obtaining all the funding necessary to serve all of the families who are homeless on any night. The highest priorities for additional funding and services are:

Highest priority for "new" funding:

Request to Multnomah County: Additional case managers (average of $40,000 per case manager--- one for each of the 6 Regional Centers)..... $240,000

Request to the City of Portland: Short Term Rent Assistance (up to 24 months) for Families who are homeless or at high risk of Homelessness (Transitions to Housing Model).....$300,000

Second Priority for "new" funding:

Multnomah County: funding for client assistance..... $60,000

Third Priority for "new" funding:

City of Portland or Multnomah County—additional funding to support shelters for homeless families or vouchers.....$50,000

Total Requests to City and County..... $650,000

Sisters Of The Road
Community Organizing Project
Research Component

Preliminary Report and Recommendations
April 13, 2004

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Introduction and Methodology

Sisters Of The Road's Community Organizing Project has two components: 1. Research, and 2. **crossroads,** a People's Organization. **Crossroads** is committed to identifying and implementing immediate and long-term solutions to problems faced by homeless people both in Portland and nation-wide. Launched in October 2001, the Research Component was based on conducting one-to-one interviews with 600 currently and previously homeless individuals and asking them to describe the breadth of their experiences. The purpose of these interviews is to understand their perceptions of the causes of and solutions to homelessness, successes and barriers in accessing services, recommendations for changes in the service systems, and the personal and societal consequences of homelessness. The Community Organizing Project's staff and volunteers completed 600 interviews at the end of March 2004. At the time of this report 196 interviews have been transcribed and coded. The Research Component will continue until the goal of 600 interviews recorded, transcribed, coded, analyzed, and information published is realized.

To draw out preliminary findings of the Research Component, Joe Hertzberg facilitated a focus group with volunteers and staff on July 21, 2003. Joe Hertzberg was at that time the interim Director of the Bureau of Housing and Community Development (BHCD). Participants were asked to reflect on and summarize what they have learned through the numerous interviews of currently and previously homeless individuals. The contributors to that process included: Orion Gray, Marla Koch, Jamie Manuel, John Marks, and Genny Nelson. The original draft of the report from that focus group was written by Molly Rogers of BHCD, and contributed to by Jamie Manuel and Genny Nelson.

The current document is a revisiting of that focus group report. Most of the text from that document remains unchanged. In some areas text had been added, modified, or removed to reflect data from the 196 coded interviews. What is entirely new to this report is the addition of statistical data supporting the observations and recommendation made herein.

The statistical data given in the report typically takes the form of the percentage of research participants who related a given piece of information. For example, the report lists the percentage of research participants who would like to see low-income housing that is linked with support services, as well as the percentage of participants who would like to see low-income housing that is not linked with substance abuse programs. In almost all cases these percentages seem low. This reflects both the nature of the interview process that was conducted and the diversity of opinions and experience amongst people experiencing homelessness. The reader will also note that in many cases two percentages are listed: a smaller percentage, followed by a larger percentage in parenthesis. In these instances, the smaller percentage represents the number of participants, out of 196, who related that particular point of information. The larger percentage represents the number of participants, within a specific category, who related a particular point. For example, only about half of the research participants talked about their family background. 5.1% of participants, out of 196, told us that they had a parent that died during childhood. 9.4% of participants, who talked about their family background, had a parent die during childhood. The research assumption is that some number of participants, who did not talk about their families, also had parents die during childhood, but did not say during the interview. So the percentage listed is listed as 5.1% (9.3%). In general, the reader is encouraged to look at percentages as relative guides to the importance of issues to the research participants and not as hard numbers.

This report captures just a glimpse of the breadth of findings through these interviews and cannot replace the pending in-depth analysis.

Why are people experiencing homelessness?

- **Trauma**. Traumatic experiences in childhood are common. Homeless persons often carry a wound that is always open and impacts their view of the world. Issues such as abandonment, childhood instability, and physical and/or sexual abuse, come up often in interviews.

    - 20% of participants first experienced homelessness as a minor.
    - At least 12.4% to 22.9% of participants moved frequently as children.

- At least 9.0% to 16.7% of participants had parents engaged in substance abuse.
- At least 5.1% to 9.4% of participants had a parent die during childhood.
- At least 12% of participants engaged in substance abuse as a child.
- At least 9% of participants were physically abused as children.
- At least 13% of women participating were sexually abused as children.
- At least 15% of women participating have been physically abused by a partner.
- At least 5% of women participating have been raped.

- **Disintegration of family**. Alienation from family erodes the support network. People do not look to family for assistance for different reasons: abuse, tension, or shame in having family know that they need help. Many people in society are poor, but the ones lack a support network of family and/or friends are more vulnerable during hard times.

    - At least 9.0% to 16.7% of participants were raised in some part by a relative other than their parent(s).
    - At least 7.3% to 13.5% of participants were raised in some part in foster homes or group homes.
    - At least 11.3% to 20.8% of participants left their home or were kicked out as minors.
    - At least 11.0% to 16.0% of participants have no contact with their families.
    - 14.3% to 32.0% of participants experienced a family conflict, divorce, or death as the event that immediately led to their homelessness.
    - 7.9% of participants describe their surviving family as dysfunctional or conflicted.

- **Lack of social awareness**. Some homeless people have poorly developed social skills. This can erode a person's support network, by wearing out welcoming family and friends during times of need.

- **Criminal records**. Any form of record makes it difficult to find housing or employment. This is true not only for convictions, but also outstanding warrants, tickets issued during times of homelessness, custody issues, inheritance issues, child support, etc. Homeless persons are frequently ticketed or arrested for trespassing, camping, drug violations, prostitution, or offensive littering. Many believe that these laws are enforced without cause. For example, interviewees said that they had received littering tickets for trash that was not necessarily theirs, but was left near them. They felt that the police just wanted to give them a ticket. Other examples are that homeless people said they have been excluded from parks, prostitution-free zones, and drug-free zones without any proof that they have violated park rules, engaged in prostitution, or violated drug laws.

    - At least 31.1% of participants have been to jail or prison.
    - At least 15.3% to 39.7% of participants believe they have experienced police abuse or harassment.
    - At least 7.3% to19.1% of participants have had police run them off of camp sire or sleeping areas.
    - At least 3.4% to 22.2% of participants have received drug-free zone, prostitution-free zone, Tri-Met, or park exclusions.
    - At least 1.6% to 4.3% of participants have warrants.
    - At least 2.8% to 16.7% of participants have experienced their criminal record as a barrier to accessing transitional housing.
    - At least 10.2% to 18.4% of participants have experienced their criminal record as a barrier to gaining employment.
    - At least 15.8% of participants owe back debt.
    - At least 4.0% of participants owe back child support.

- **No affordable housing**. Current establishment thinking says that there is a lack of affordable housing available to people earning 0-30% of median income. This includes people working full time at minimum wage, earning $1080 a month, and people collecting Social Security checks, averaging $540 per month. Lack of deposit or move-in costs makes it impossible to get into housing, and spending money on hotels and other short term shelter options often keeps the working homeless from saving money for move-in costs. Responses from our interview participants support this position.

    - 23.1% of participants identified a need for low-income housing.

- 2.10% of participants specifically identified the need for low-income housing with supportive services.
- 6.3% of participants identified the need for housing and services that are not linked to substance abuse rehabilitation.

- **Employment** Many of the research participants identified unemployment and low wages as the root cause of homelessness. The unemployment issues address include both general and structural unemployment. Many participants have job skills that are no longer in high demand and currently lack the education and skills necessary to move into new job fields.
  - 6.2% to 26.2% of participants identified unemployment and low wages as a root cause of homelessness.
  - 9.1% to 20.3% of participants experience employment and financial difficulties that led directly to their homelessness.

- **Physical Impairment** Many people who are homeless suffer from physical impairments. Physical impairments can be a major employment roadblock for people who have previously worked in jobs requiring manual labor.
  - 13.0% to 18.8% of participants suffer from impairments that limit their work options or had a physical impairment which led directly to their loss of housing.

- **Substance Abuse** Drug and alcohol problems are pervasive in the homeless community. It is important to note that many of the research participants who have lost housing due to substance abuse issues are either in recovery or have attempted recovery one or more times. Also noteworthy is the reciprocal of our research data on this topic. If as many as 32% of research participants have experienced severe substance abuse issues, 68% have not.
  - 5.0% to 20.9% of participants identified substance abuse as a primary social cause of homelessness.
  - 17.2% to 24.1% of participants experienced substance abuse as the issues that led directly to their loosing employment and/or housing or as a primary barrier to gaining employment and or housing.
  - 21.1% of participants reporting substance abuse issues also reported mental health issues.

- **Mental illness**. Some homeless people struggle with mental illness, and if left untreated, this becomes a roadblock for getting out of homelessness. Many homeless persons with mental illness remain homeless for a long time. Changes made to the Oregon Health Plan last February require recipients to pay premiums to maintain their coverage and to make co-pays to fill basic mental health prescriptions. For people suffering from depression, bi-polar disorder, and schizophrenia, the medicines can mean the difference being able to function in society or not. In some cases people with no income have collected recyclable cans just to make their monthly premium payments. In other cases, they have simply lost their coverage.
  - 26.6% of participants identify as having a mental health issue or report being diagnosed with one.
  - 16.7% of participants self-identify as having a mental illness.
  - 18.7% of participants have been diagnosed as having a mental illness.
  - 4.0% of participants have been hospitalized for a mental illness.
  - 4.0% of participants have attempted suicide.
  - 13.7% of participants identifying with or reporting mental health issues also identify as having substance abuse issues.

Barriers to getting people off the street

- **Services are provided in a way that degrades and disrespects the dignity of the person**. Service providers often treat people seeking services as though they are not important. Many service agencies use a charity model, but this approach can make homeless people feel like victims or start believing that they are owed. Religious requirements made by faith-based service providers, such as listening to a sermon before receiving a meal, sometimes creates resentment. Sometimes people who are homeless experience damage to their self-esteem from interacting with service providers. They start asking themselves, "Why do they treat me like a

criminal or make me humiliate myself to get basic services?" or "Why does everyone make my life miserable while I wait for housing?"

- **Surviving the day on the streets of Portland is a full-time job**. One can find food, clothing, and showers, but every service requires standing in line. The time between standing in line is spent walking to the next service. This does not leave time to do the things necessary to ultimately end one's homelessness. Many of the people interviewed are much more concerned with where they will sleep tonight or where they will get their next meal than with what they will be doing in five years.

  > "But most homeless people, they walk a lot and they stay not generally in one place because that is not cool. You wind up getting into some trouble with the law. So, you keep moving.... that is any city I have ever been in.... but homelessness as a whole, I would say is a job, I mean, you do a lot of walking, you go and you do a lot of searching. You are trying to find an agency that is going to help you, okay, so it is footwork, a lot of footwork."

- **The cumulative effects of homelessness make it more difficult to exit homelessness.** The cumulative effects of homelessness include sleep deprivation and lack of personal hygiene. These things, as well as lack of a telephone or address, make it difficult to find work. Without an income from work or another source, people cannot find housing.

- **Services are inaccessible**. Interviewees feel that services are not accessible to them. The supply of services often does not meet the demand. While some people report not receiving services, because they were unable or unwilling to jump through the hoops required for the service, others jump through all of the hoops only to find out the service is not available or that they will have to wait a number of weeks or months to receive it. One interviewee described it this way, "Well, I have jumped through all their hoops for 5 months and I am still homeless. I got to get out of TPI on the 25th of this month. I do not have a home. I got the promise that maybe I might get one, but right now I do not have one. I do not have a place to go; I'm going back to the streets."

  Homeless people cannot access services without identification, but sometimes they lose their essential documents because their packs are stolen or taken by the police. Homeless people with warrants or mental health issues often fear showing identification to any authority figure.

  > "There's a lot of homeless people that just maybe they have warrants, maybe they don't. Maybe they just don't feel that they should have to tell you their name to be able to have a bed for the night. Maybe they don't want to give you that Social Security number, especially with so much identity theft going on nowadays. You write down your Social Security number and your birth date and your name on a piece of paper, and you get a mat over here in this building. Well, I don't know what happens to that piece of paper later on down the line. Where does it go? What's done with it? Where is this information out there floating around? Who has access to it? The way I understand it is that even though they're a non-profit organization, they get a Social Security number, and it has to do with funding, to show that they helped this many people on this night. I don't know, maybe it's federal funding. Maybe it's from other individuals. I'm not really sure. I've never looked into it. But, that was one of the things about Baloney Joe's. You weren't asked to sign a piece of paper. They didn't care what your Social Security number was. If you wanted to be anonymous, you could."

  There is a widespread perception that everyone is denied for social security disability the first time he or she applies. First hand experience and anecdotes frequently support this perception.

  > "I filed for social security one time, got turned down and so I did not file anymore... so much red tape and I was real bad sick of it, damn chemo and I was baldheaded and I just could not get any help and I was like kind of pissed, you know, I do not know, it is like I had always been the breadwinner, you know, and I cannot believe that we actually treated people this way, this is what floored me. .. I waited 9 months for social security, just knew I would get it, I paid my taxes, never cheated on them...."

- **Shelters are not meeting basic needs**. The regulations and structure of the shelters make it challenging for homeless persons to meet a basic need – sleep. It is challenging to sleep with so many people in the room snoring, coughing, and farting. It is impossible to get enough sleep because people are awakened so early. There is no place to catch up on lost sleep during the day.

- **Important services are not coordinated**. Emergency assistance, such as food and hygienic care, are not coordinated, making it difficult for homeless persons to get both a meal and a shower in one day. "Showers that are available conflict with the times meals are available. One has to choose."

- **Bathrooms are inaccessible**. As one interviewer said, "It's difficult to find a bathroom in this town, and fines are imposed for those who are caught relieving themselves in parking lots."

- **People face psychological barriers to confronting their homelessness and seeking ways out of homelessness**. It is difficult for some people to think of themselves as homeless. Some people would rather use up their savings than to seek emergency shelter. Drug addicts frequently do not identify themselves as homeless; they are simply in search of their fix. People who are homeless frequently do not see opportunities for themselves. When they hear about a job training program or other program, they believe it is not for them.

- **People who are homeless have a hard time competing in the job market**. Particularly in this economic downturn, jobs are scarce and persons experiencing homelessness have difficulty finding work for a variety of reasons: mental illness, low IQ, damage from emotional wounds, and damage from health problems or disabilities. Even the people who are very employable generally need more than six to eight weeks to navigate their way out of homelessness. It is difficult to find work or regain your health while living outdoors.

RECOMMENDATIONS BY INTERVIEWEES

A. General recommendations:

- **Include homeless persons at the political table**. Ending homelessness requires homeless persons as experts to make recommendations regarding systemic change.

- **Commit more resources to end homelessness**. It is not just a matter of attracting more jobs and building low-income housing. Some people need us as a society to take care of them for the rest of their lives because they are no longer capable of taking care of themselves. More money is required.

- **Shift the dialogue**. Instead of talking about homelessness, we should shift the issue to increasing resources and improving access to services. Think about all the ways homeless persons can access childcare, treatment for substance abuse, legal advice and representation, etc.

B. Short-term recommendations:

- **Provide basic facilities**. During the day, people need access to lockers, bathrooms, showers, and laundry. These simple things make people's lives easier.

- **Find places for homeless persons to sleep**. Numerous ideas were suggested, such as change the delineation between sleeping and camping and find places close to services where people can sleep without being harassed. Develop a system for a homeless person to sign an agreement with a property owner to sleep on the property as long as the person abides by the contract. Allow people to sleep in vacant properties.

- **Provide voice mail**. The ability to leave and receive messages is essential for job seekers or people who would like to stay connected with family and friends.

- **Offer information and resources at more places**. When poor people arrive in Portland, there should be resources available at points of entry, like the bus station or train station.

- **Change screening criteria in subsidized housing.** Subsidized housing criteria screen out people with criminal records or histories of eviction. Eliminate these barriers to getting subsidized housing.

C. **Long-term recommendations:**

- **Housing, Housing, Housing.** Make more permanent housing available at rents affordable to people earning 0-30% of median income.

- **Create a community center.** Establish a place that is open 24/7 with lockers, showers, telephones, and computers.

> "Give us the things we need to do, instead of opening up ten different spots to take a shower. Open up one main building! Handle it all! Have it all there....You don't have to be roaming the streets. Society is so tainted with the fact of, 'Well, you come get these people off my corner! Well, you get 'em off my bench!' Then, give 'em someplace to go to. Give them some place where they can take a nap during the day, where they can get their brain back in order to function, just for that day, just one day! Then, we wouldn't have to do these things. You don't want people in the parks, you don't want to see them sitting around in the parks, sitting on the sidewalk. "

- **Provide more transitional housing.** Provide emergency and transitional shelter for people working their way out of homelessness for longer periods. People often have to wait 8 months or longer for subsidized housing. cannot save up a deposit for an apartment in one month.

- **Make free legal assistance available to address a range of issues.** Some persons need to clear up legal problems or require a lawyer's help to get benefits or qualify for services. Providing legal services to help people get social security benefits is a way to bring in federal money.

- **Offer income support to people who have applied for federal benefits.** People need income assistance as a bridge as they wait for social security benefits. This might include a provision to repay some housing costs when they get their benefits.

- **Offer enhanced property management.** Make resources available to property managers who rent to people at risk of homelessness or people who have been homeless. Living alone can be isolating for formerly homeless persons; new residential manager positions can assist residents with personal issues.

- **Design workforce programs focused on people who are homeless or at risk of homelessness.** Develop informal partnerships that increase the incomes of those who are capable of self-sufficiency. Job creation can be a bridge out of homelessness and can help prevent homelessness. A homeless woman suggested one example, "Many low-income women need childcare, and many homeless would love to take care of children". She earned money by caring for the children of strippers.

- **Provide health, mental health, vision, and dental care.** These are basic necessities. Moreover, untreated medical conditions, mental health issues, bad teeth, and uncorrected vision are barriers to employment.

- **Prevent homelessness by intervening to assist children at risk.** Fund preventive measures like Early Head Start to help at-risk children early in their lives, when help is most likely to be effective. Provide mentorship opportunities for children in rough homes to be with adults who could give them appropriate role modeling.

✳ Members of the Citizens Commission on Homelessness

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Don Washburn
Commissioner Erik Sten
Commissioner Serena Cruz
Sheriff Bernie Giusto
Commander Rosie Sizer
Commander Dave Benson
Russell Danielson
Joyce Furman
Peter Finley Fry
Gretchen Kafoury
Victor Merced
Antoinette Teixeira
Keith Vann
Howard Weiner

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Home Again

A 10-year plan to end homelessness in Portland and Multnomah County

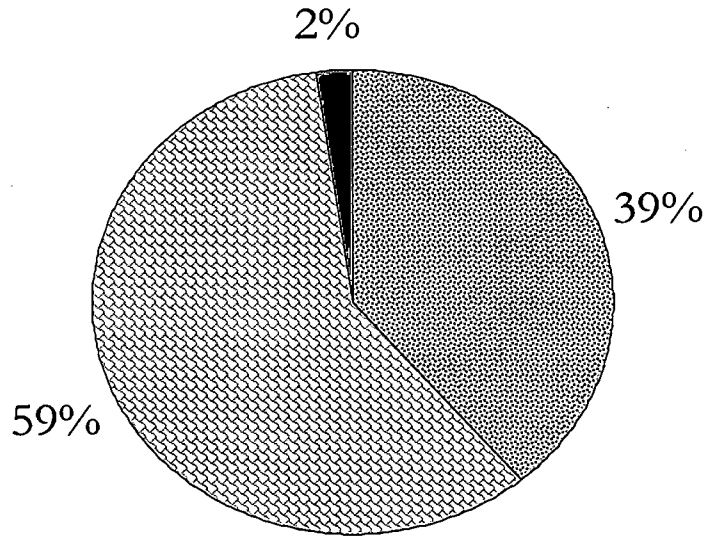
Background

- Renewed interest in addressing homelessness on a national level
- Effort to develop plans to end homelessness began in 2000
- Efforts to end chronic homelessness spurred by new research released in 2002
- Locally supported by CSH systems change grant

Homelessness in Portland

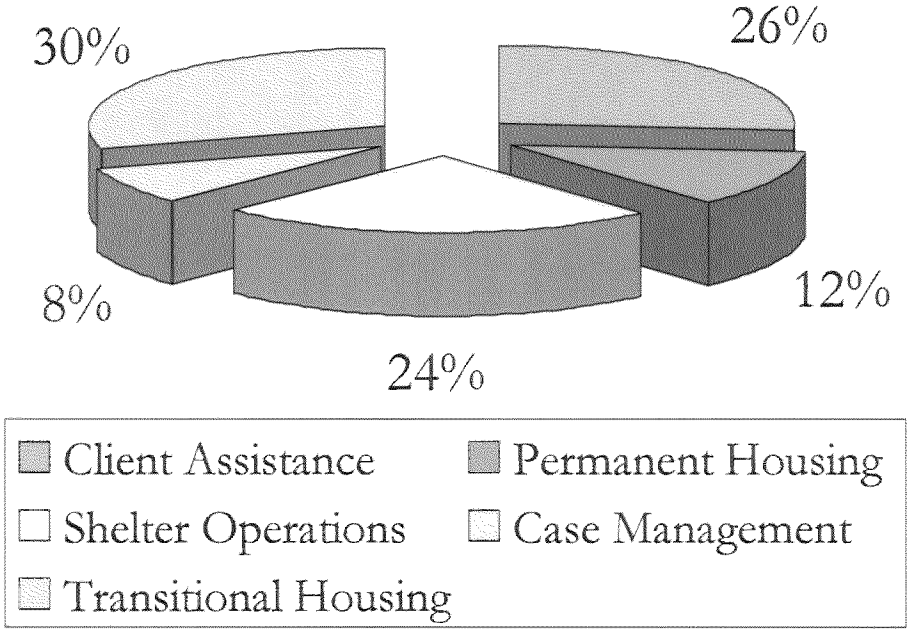
17,000-18,500 served in FY 03-04:

- 10,801 adults without children
- 7,094 persons in families:
  - 4,109 children under 18
  - 2,353 persons served in domestic violence system
- 411 unaccompanied youth (under 18)
- 4% increase from FY 02-03



Homeless Funding

Total FY 02-03 funding: $32 million from federal, state, local and private resources*

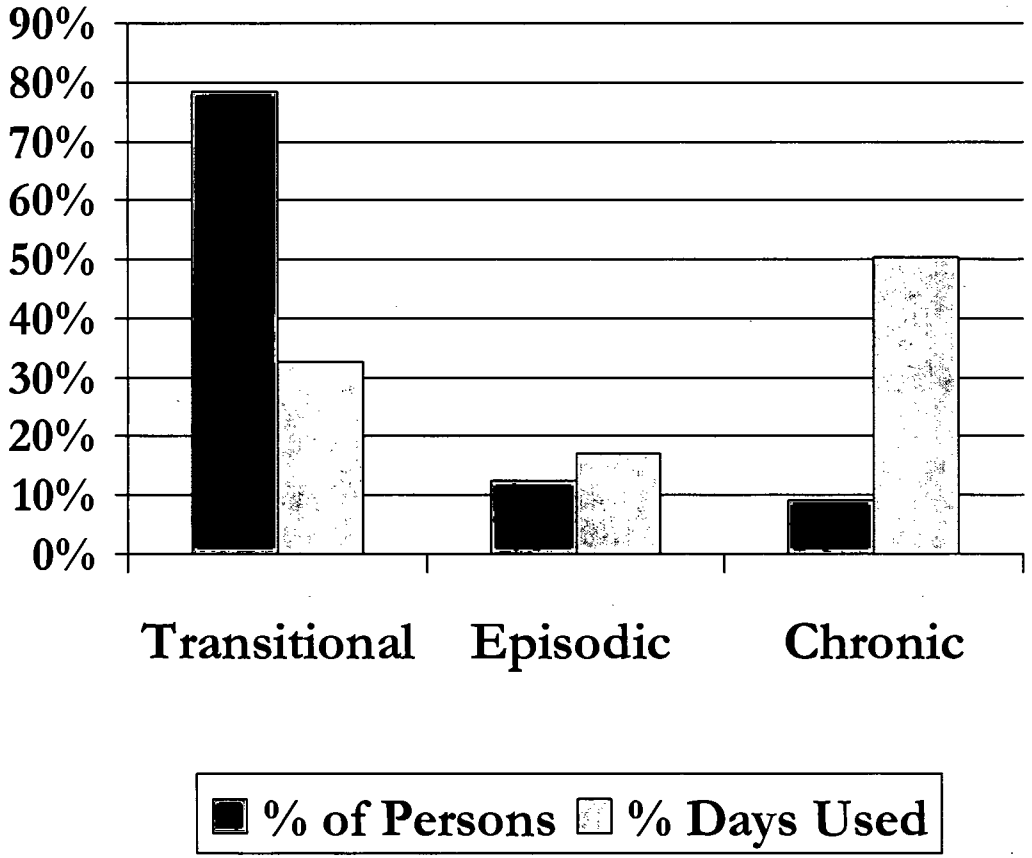


*An additional $16 million was allocated in FY 02-03 for the construction of transitional and permanent housing for homeless persons.

New Research Categories

- Chronic - experience homelessness for a year or longer
  - Usually individuals with multiple disabilities
- Episodic - multiple episodes of homelessness that are short or long-term
  - Individuals and families with multiple needs
- Situational or transitional - one time and short term homeless experience
  - Individuals and families with economic crises

Resource Use Varies by Type



Transitional:
- ➜ 1.2 stays
- ➜ 20.4 days

Episodic:
- ➜ 3.8 stays
- ➜ 72.8 days

Chronic:
- ➜ 1.5 stays
- ➜ 252.4 days

Research Drives System Change

- Homelessness has become an institution in communities
- We have invested millions of dollars, but we have not ended homelessness
- Our current system is managing the homeless problem, but not ending it
- To end homelessness, we need to do business differently

Process

- Citizens Commission established by Mayor with County Chair endorsement
- Community Based Planning in Coordinating Committee
- Involved over **250** people from more than **90** agencies & organizations

Three Principles

- Focus on the most chronically homeless populations;
- Streamline access to existing services to prevent and reduce other homelessness;
- Concentrate resources on programs that offer measurable results.

Nine Action Steps

- Move people into housing first
- Stop discharging people into homelessness
- Improve outreach to homeless people
- Emphasize permanent solutions
- Increase supply of permanent supportive housing

Nine Action Steps

- Create innovative new partnerships to end homelessness
- Make rent assistance system more effective
- Increase economic opportunity for homeless people
- Implement new data collection technology

1st Year Outcomes

- 175 chronically homeless people will have homes
- 160 new units of permanent supportive housing will be opened and an additional 300 units will be in pipeline
- 20 hard to reach homeless youth will be permanently housed

1st Year Outcomes

- Waiting list for shelter reduced by 5%
- Rent assistance reforms complete, with standard evaluation and streamlined access
- 250 homeless families with children will be permanently housed - 50 will be high resource users

1st Year Outcomes

- Resources for PSH increased from 12%-20% in homeless system
- Formalized partnerships with all jurisdictions, including State of Oregon, in place
- HMIS will be fully operational in 26 homeless service agencies

THANK YOU

Copies of the final report are available online at:
www.portlandonline.com/bhcd

City of Portland, Bureau of Housing and Community Development

MULTNOMAH COUNTY OREGON

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Portland, Oregon 97204
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BOARD OF COUNTY COMMISSIONERS

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Maria Rojo de Steffey	District 1 Commissioner
Serena Cruz	District 2 Commissioner
Lisa Naito	District 3 Commissioner
Lonnie Roberts	District 4 Commissioner

Board of County Commissioners
Briefing on Homelessness, Housing and Services
Tuesday, February 08, 2005
Department of County Human Services
Steven Bullock, Operations Officer

Introduction

Chronically homeless people are frequently struggling with mental illness, chemical addictions, or, very often, both.

Research has led to an effective solution, combining two key elements.

The first is supportive housing -- affordable homes and apartments that offer social and mental health services. This helps residents remain stable and allows them to deal with the problems that led them to homelessness.

The second is a more recent expansion of the supportive housing model. Specialized providers and agencies work as a team to coordinate resident services so that each resident has access to the particular support he or she needs to stay housed. This model provides the greatest possible level of independence. In this combination, supportive housing provides a stable alternative to life on the streets. In addition, integrated services provide a cost- effective alternative to the emergency or fragmented care that most long-term homeless people receive.

All of the four divisions in DCHS have a major investment in housing.

Aging & Disability Services

ADS serves the unique housing needs of seniors and persons with disabilities by offering a range of supportive services and care options. The primary focus of these efforts is to ***prevent homelessness*** since most of our clients would be at substantial risk if they were on the streets. To specifically meet the needs of homeless clients, ADS is making the following changes:

- A new emphasis on providing services to homeless seniors at the 9 contracted District Senior Centers administering Older American's Act programs.
- Using the ADS 24hr Helpline to directly provide rent assistance and emergency shelter placements when appropriate.

- Use of ITAX Safety net programs to target homeless seniors and persons with disabilities to address their care needs and move them into permanent housing.
- Refocusing ethnic outreach efforts to address the housing needs of ethnic seniors.

ADS Bonus Information:

ADS will provide these services through the following network of Community providers:

- Northwest Pilot Project
- Hollywood Senior Center
- YWCA Senior Services Offices
- Urban League
- Portland Impact
- Friendly House
- Neighborhood House
- Loaves and Fishes
- El Programa Hispano
- Native American Rehabilitation Association (NARA)
- Immigrant and Refugee Community Organization (IRCO)
- Asian Pacific American Senior Coalition

MENTAL HEALTH & ADDICTION SERVICES

Mental Health and Addictions Services Division serves vulnerable, low income, residents with mental health and addictions issues

In partnership with the State, we are developing multiple new Residential Treatment and Adult Foster Care beds for individuals transitioning from State Hospitals

In the past, MENTAL HEALTH & ADDICTION SERVICES' efforts have been mostly limited to some transitional housing and by linking them to alcohol and drug treatment and related services.

MENTAL HEALTH & ADDICTION SERVICES has begun a very significant effort with the City of Portland Bureau of Housing and Community Development to bring together outreach and engagement teams throughout the county. These teams coordinate efforts to move people into housing and treatment.

This goal is to maximize outreach, housing, and treatment so that persons have the support and resources needed to resolve their problems. This provides the support necessary to keep people in housing that our partners provide.

- **Outreach and engagement** services are provided for chronically homeless individuals who utilize a large amount of high cost public services such as jails and emergency rooms.
- **Emergency short-term housing** is provided to individuals who are or would be homeless due to their mental illness. The Mental Health Division's Call Center coordinates access to these funds twenty-four hours a day, seven days a week, 365 days a year.

- **Transitional Housing** with intensive support services for homeless mentally ill individuals
- **Outpatient Mental Health services** including case management and medications for persons without insurance coverage

People at risk for homelessness or risk of homelessness are a priority for these services alongside risk of incarceration, hospitalization, or removal of children from custody by child welfare are targeted for housing service.

MHASD is involved in planning for funding of services and housing together in partnership with City and other County Divisions/Departments.

One example is Prescott Terrace, 48 new beds of permanent supportive housing co-funded by City, MHASD, and DCJ to serve persons from prison, state hospitals, and chronically homeless

Domestic Violence

Domestic Violence contractors serve singles and families who are homeless or in danger due to domestic violence. One primary goal is safe permanent housing.

Contractors currently include emergency shelters, facility-based and scattered-site transitional housing, mobile advocates, legal advocacy and culturally specific providers.

In October of 2003 Volunteers of American closed their emergency shelter after 45 years of operation, moving to a mobile advocate model that meets clients where they are. Law Enforcement, Self-Sufficiency, and Children's Protection Services address safe housing through an adaptation of the Housing First Model. This transition has proven so successful that the Domestic Violence Coordinator's Office in partnership with OHSU and Kaiser Permanente has a pending application to the Center for Disease Control to evaluate the programs methods.

This is a great example of supportive housing working at it's best!

The HUD McKinney Domestic Violence project has for the past 7 years used the Housing First approach to helping women with cultural barriers to escape domestic violence through transitional housing connected to intensive services

Developmental Disabilities

Developmental Disabilities serve adults and children with a qualifying Developmental Disability based on IQ. In the past two years we have served the following single clients and families who are homeless or at risk of homelessness:

- Rent Assistance.
- Emergency motel vouchers usually for clients unable to utilize shelters due to disabilities or size of family
- Housing skills trainer through a contract with city of Portland
- Rent Assistance Supplement Program through HAP--maximum of 2 year transitional housing

Some of our clients are assisted in multiple categories to obtain housing and continue stabilized housing.

Future and ongoing collaborations and development in the Developmental Disabilities Division will include the following:

1. Continue work with other Divisions and contractors in DCHS since clients may have multiple needs and disabilities as well as Corrections and the Department of School and Community Partnerships.
2. Continue work to access housing with Housing Authority of Portland and other CDC housing providers utilizing Fresh Start, etc.

Closing & Summary

DCHS is combining division efforts and resources to develop and implement a coordinated approach to providing housing for the various county clients that qualify. The aim is to improve the effectiveness of the programs by finding housing for the most needy clients. This team will also ensure that providers are cultural competent, ensuring that staff and services reflect the diversity of the county. They will work with each DCHS division to:

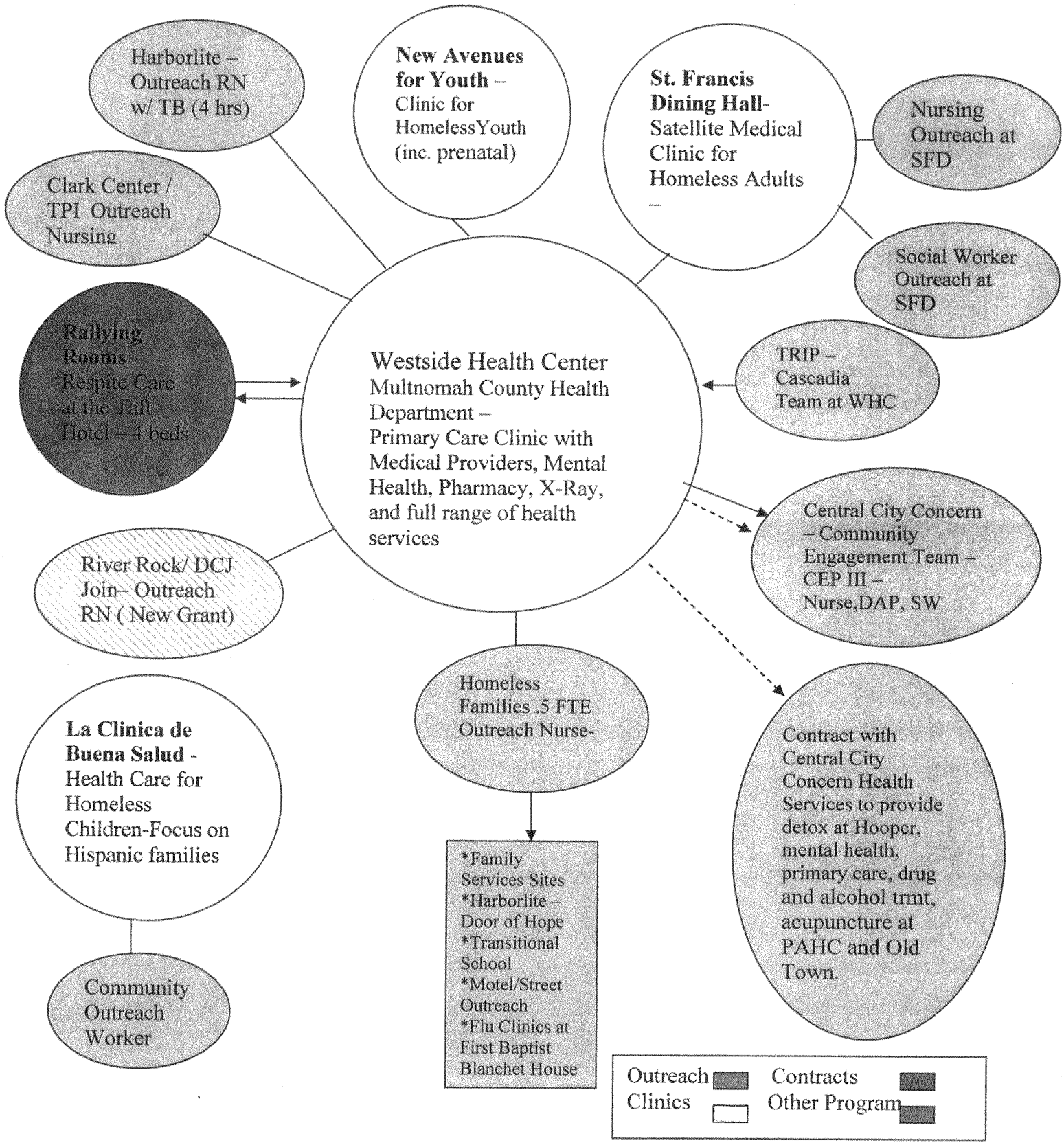
- Identify the types of housing needed for the "hardest to house" clients and to develop strategic visions to create the projects and initiatives needed to fill housing gaps.
- Identify new opportunities through Medicaid and/or grants for housing outcomes and
- Analyze current spending patterns to identify opportunities to enhance housing outcomes/program effectiveness for clients
- Creating accountability throughout the Human Services system for client housing success (through contracting, monitoring, etc.).
- Producing cost savings for County/State/Federally/City-funded services (hospitals, jails, health care, prisons, human services, law enforcement) by stabilizing clients in housing.

Multnomah County Health Care for the Homeless Program

Kim Tierney, Program Manager
Westside Health Center

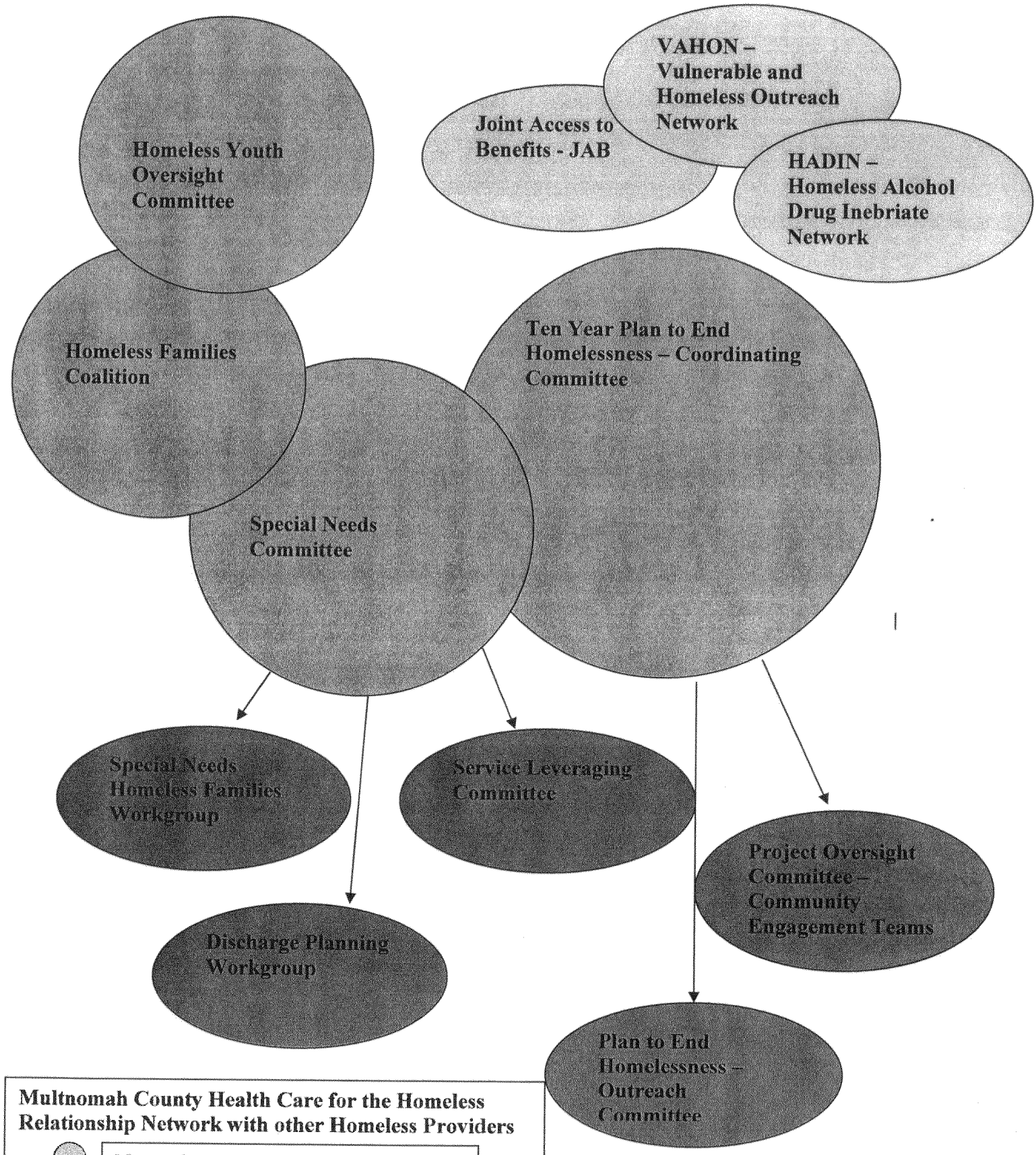
Multnomah County Health Care for the Homeless Program

Kim Tierney, Program Manager, 503-988-5140

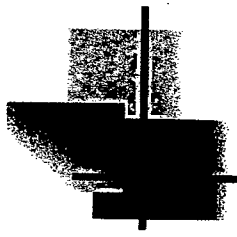


Participation in the Plan to End Homelessness – Committee Involvement

- Discharge Planning
- Service Leveraging Committee
- Outreach and Engagement
- Homeless Families
- Chronic Homelessness


Homeless Youth Oversight Committee
VAHON – Vulnerable and Homeless Outreach Network
Joint Access to Benefits - JAB
HADIN – Homeless Alcohol Drug Inebriate Network
Homeless Families Coalition
Ten Year Plan to End Homelessness – Coordinating Committee
Special Needs Committee
Special Needs Homeless Families Workgroup
Service Leveraging Committee
Project Oversight Committee – Community Engagement Teams
Discharge Planning Workgroup
Plan to End Homelessness – Outreach Committee
Multnomah County Health Care for the Homeless Relationship Network with other Homeless Providers
Networks to enhance client care.
Coalitions with long term plans
Workgroups for specific tasks

#2 Discharge Planning – Prevent Discharge into Homelessness

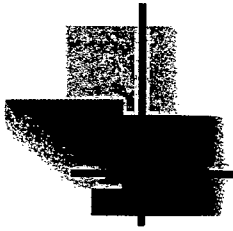


- Provide Respite Care to Homeless Clients leaving hospitals
- Work with Jails to access homeless clients into Westside Health Center
- Wrote Expanded Medical Capacity Grant to extend services to persons leaving Corrections (focus on MH & Homeless) and clients w/o medical home
- Facilitate access for River Rock clients
- Contract with Central City to provide services to new uninsured clients.
- Outreach nursing to link up with Corrections
- Participate in Discharge Planning group to facilitate appropriate discharging for clients with medical needs.
- Explore opportunities to work with other County agencies and community to expand respite care services.

#3 Implement Changes to Outreach and Engagement

- Currently the Health Department provides primary care outreach to Homeless Adults, Youth and Families
- There is also outreach for specific diseases including TB, HIV and Hepatitis C
- An HCH field nurse also provides outreach to families in motels and cars and attempts to link them to services and housing.
- Outreach Clinics are available at St. Francis Dining Hall and NAFY

#5 Increase the supply of supportive housing



- Multnomah County Health Department is exploring opportunities for providing supportive health services. Services can be leveraged to increase shelter plus care $ and the opportunity for housing grants.
- Recently submitted a grant application to increase Health Services to Homeless Families would leverage housing dollars.

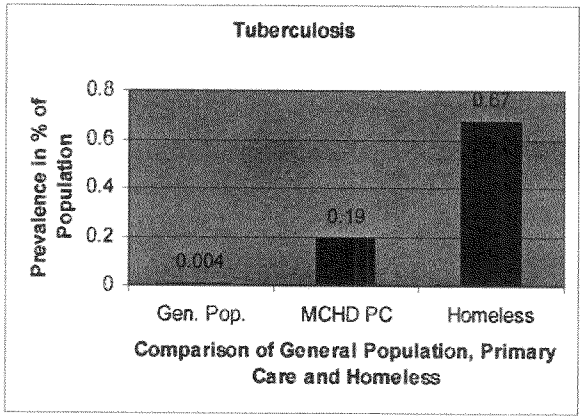
#6 Create Innovative New Partnerships to fund homeless programs

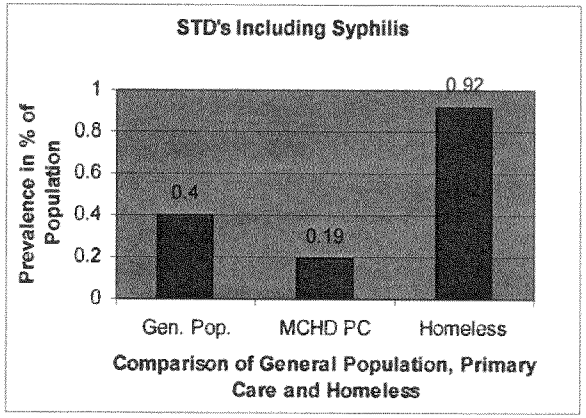
- Health Department has been receptive to working with County Mental Health/Cascadia/DCJ to provide health services at Prescott Terrace.
- The Health Department and Central City Concern, HAP, the VA and other partners are working together to provide services to and house 100 chronically homeless in a housing first model.
- Cascadia, County Mental Health and the Health Department are piloting the Treatment Readiness or TRIP program to engage Health Department clients with high needs and assist them in accessing services.

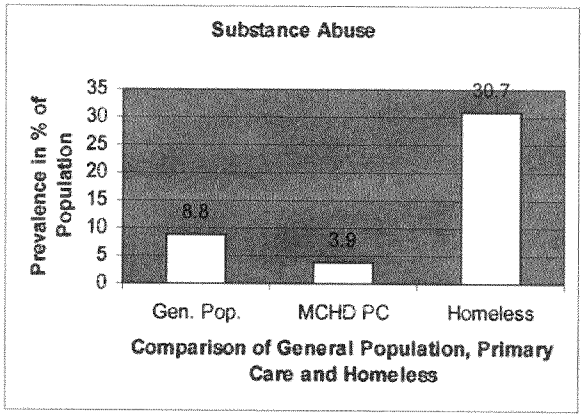
#8 Increase Economic Opportunities for Homeless People

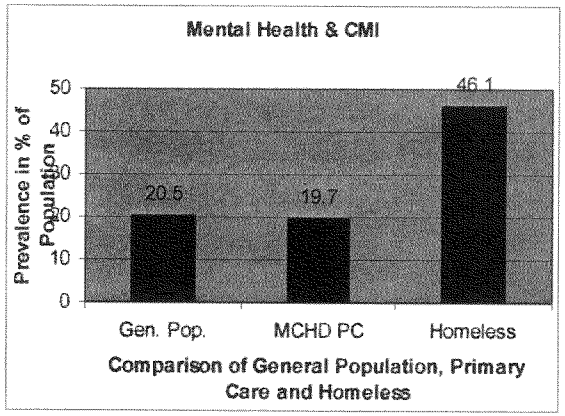
- Health Department has been training Social Workers to assist client with SSI/SSD Eligibility
- Health Department is working DCJ Joint Access to Benefits groups to increase success of SSI/SSDI applications.

Disparities in Health Status- General Population, Primary Care and Homeless.

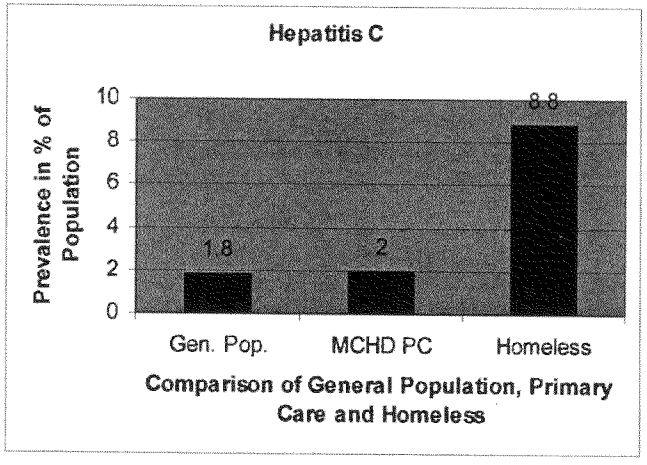


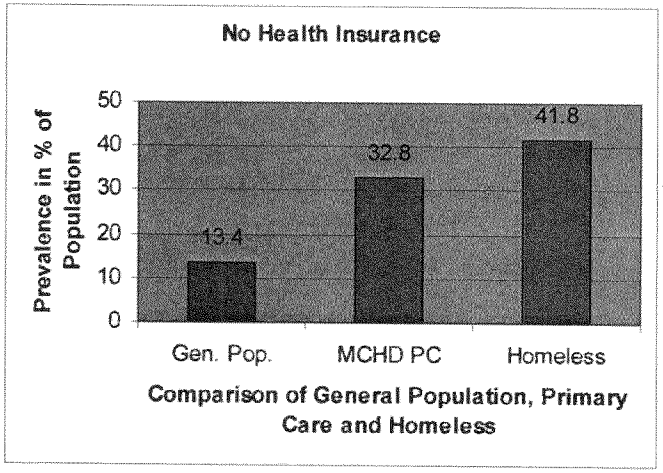


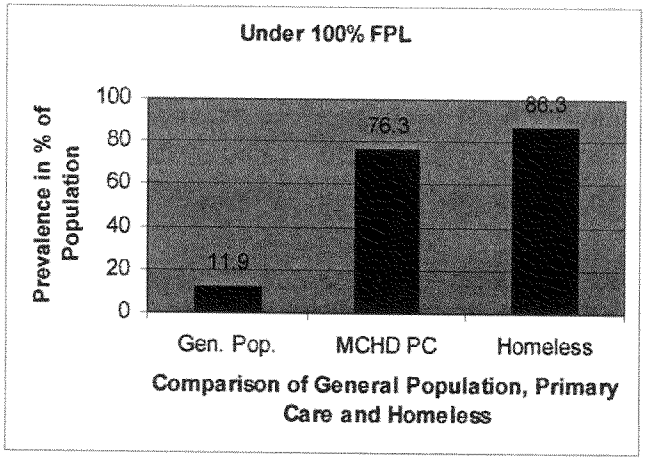


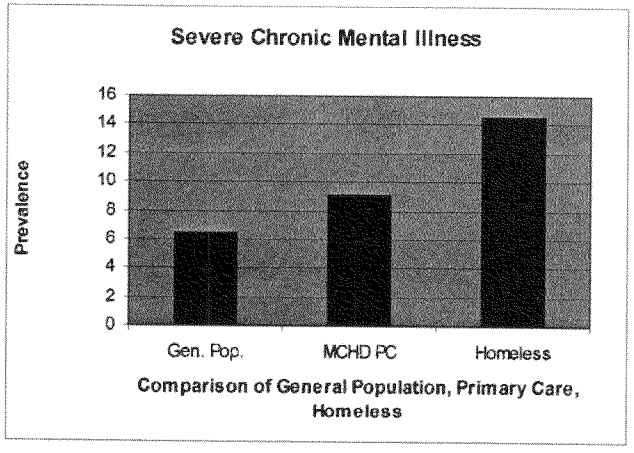


Disparities in Health Status-
General Population, Primary Care and Homeless, continued









BCC Briefing on Homelessness, Housing, and Services – February 8, 2005

DSCP Anti-Poverty Services Matrix aligned with 10-year plan to end homelessness strategies

	1. Move people into housing first	2. Stop discharging people into homelessness	3. Improve outreach to homeless people	4. Emphasize permanent solutions	5. Increase supply of permanent supportive housing	6. Create innovative new partnerships to end homelessness	7. Make the rent assistance system more effective	8. Increase economic opportunity for homeless people	9. Implement new data collection technology throughout the homeless system
Support Services ▪ Safety, Obtain, & Maintain ▪ Prevention & Intervention	Homeless Families' Plan	SIP Post Release Housing Demo	▪ I&R/211 ▪ HY Hard-to-Serve Initiative	▪ HY System ▪ Homesafe ▪ Housing Stabilization Program (HSP) ▪ Homeless Families System – CM/Skill Bldg, transitional housing, energy assistance ▪ DV System	N/A	▪ Housing Rights – Fair Housing Council & Legal Aid ▪ HOME Rent Assistance Pilot	▪ Interjurisdictional Work Group ▪ Clearinghouse – rent assistance & shelter	Poverty Elimination Framework	HMIS Implementation Process
Bricks & Mortar ▪ Improve quality of existing units ▪ Maintain affordability of existing units ▪ Increase # of units	N/A	N/A	N/A	▪ Single and Multi Family Home Weatherization ▪ Mend/Adapt a Home	Affordable Housing Development Program (AHDP)	PDX Office of Sustainability Pilot	N/A	N/A	N/A

Results include:

- Single Family Homes Weatherization – 150 homes this year
- Multi Family Homes Weatherization – 355 units since inception for 10 years affordability
- AHDP – over 400 units since inception for 30-60 years affordability
- Mend/Adapt a Home – 54 homes this year
- Clearinghouse – for rent assistance, for those who report, at exit, 89% reported in stable housing; at 6 months, 73% reported in stable housing; at 12 months, 58% reported in stable housing
- Homeless Youth System – for transitional housing, for those who report, at exit, 72% reported in safe, stable housing; at 6 months, 72% reported in safe, stable housing

CENTRAL CITY CONCERN

THE COMMUNITY ENGAGEMENT PROGRAM

A multi-disciplinary recovery program for people who are dealing with mental health issues, addictive disorders, physical healthcare concerns, and homelessness.

Best Practices:

- Assertive Community treatment (ACT)
- Integrated mental health/substance abuse treatment
- Supported/customized employment

Structure:
The multi-disciplinary teams include mental health and addictions treatment specialists, recovering case managers, housing specialists, employment specialists, veteran counselors, a community health nurse, a psychiatric nurse practitioner, youth specialists and HIV specialists.

CEP II: Funded with Multnomah County I-Tax funds, August 2003.

- $510,000 for intensive case management services.
- $288,000 for rental assistance.

Focusing on people with co-occurring disorders who have been unable to access or be successful in traditional treatment models and frequently end up in hospitals and/or jails.

CEP III: Funded by Federal grant from Health and Human Services, Veterans Administration and Housing and Urban Development, October 2003-September 2006.

- $630,000/yr for intensive services.
- $1,996,400 for Shelter Plus Care rental assistance for 5 yrs.

Focusing on chronically homeless adults with the target of developing coordinated systems of care.

CEP IV: Funded by the Department of Labor and Housing and Urban Development, October 2003-September 2008

- $600,000/yr for services and systems change activities
- $2,991,900 for Shelter Plus Care rental assistance for 5 yrs.

Focusing on bringing together the local workforce development system and supportive housing to achieve employment, permanent housing and self-sufficiency.

COMMUNITY ENGAGEMENT PROGRAM
Chronic Homeless Initiatives
February 1, 2005

	Enrollments		
	CEP III	CEP IV	Total
Enrolled:	4	2	6
Discharged:	1	0	1
Total on team	**81**	**43**	**124**
	Annual Target		
	100	100	200
	81%	43%	62%

	Current Housing Status		
	CEP III	CEP IV	Total
Shelter+Care(Permanent):	57	33	90
Temporary Housing (CCC):	7	9	16
Emergency Shelters:	1		1
Homeless:	11	1	12
Care Facility	2		2
Jail	3		3
Total:	81	43	124

	CEP III	%	CEP IV	%
	Sex			
Male:	59	73%	36	84%
Female:	22	27%	7	16%
Total:	**81**	**100%**	**43**	**100%**

	Housing Retention		
Total placements	63	37	100
Exits from S+C	6	4	10
% retained	90%	89%	90%

	Race			
Caucasian:	48	59%	32	74%
Af. American:	12	15%	5	12%
Native American:	6	7%		0%
Hispanic, Mexican:	8	10%		0%
Hispanic, Other:	4	5%		0%
Other:	3	4%	6	14%
Total:	**81**	**100%**	**43**	**100%**

	Employment Status		
Full-Time:	4	3	7
Part-Time:	2	5	7
On Call:	1	3	4
Temporary:	0	0	0
School	1	6	7
Volunteer:	5	2	7
Total:	13	19	32

HUD/HHS/VA Collaborative Initiative to Help End Chronic Homelessness (CICH)
National Performance Outcomes
Selected Indicators for data processed through 1/11/05

	11-site Average		Portland-CEP	
Mean no. years homeless (lifetime)	7.9		8.8	
Substance Abuse (past 30 days)	baseline	9-month	baseline	9-month
Mean no. days drunk	2	2.4	2.1	0
% used illicit drugs	37%	31%	56%	45%
mean ASI* score-alcohol	.14	.13	.16	.07
mean ASI* score-drug	.07	.07	.13	.14

*Addiction Severity Index alcohol and drug sub-scales with scores ranging from 0 (no problems) to 1 (many problems)

Mental Health				
Mean Brief Symptom Inventory Score*	1.6	1.32	2	1.99

*assessing psychiatric symptomatology, with scores ranging from 0 (never) to 4 (very often)

Use of Outpatient Services				
Mean no. of mental health visits	3.7	2.5	2.4	3.7
Mean no. of Substance abuse visits	5.9	6.9	14.3	23.8
Mean no. of medical visits	2.7	2.2	3.5	4.3
Housing				
% living in own place	26%	88%	3%	82%
Subjective Quality of Life				
Mean QOLI* overall score	4.3	4.8	3.9	4.8

Lehman Quality of Life interview subscales ranging from 1 (terrible) to 7 (delightful)

CEP II CLIENT DATA - OCTOBER 1, 2003 TO NOVEMBER 30, 2004

Housing Status		
Own Home	17	17%
CCC Housing:	75	74%
Institution/Group Home	10	10%
Total:	102	100%

Demographics	
	%
Sex	
74	73%
28	27%
102	**100%**

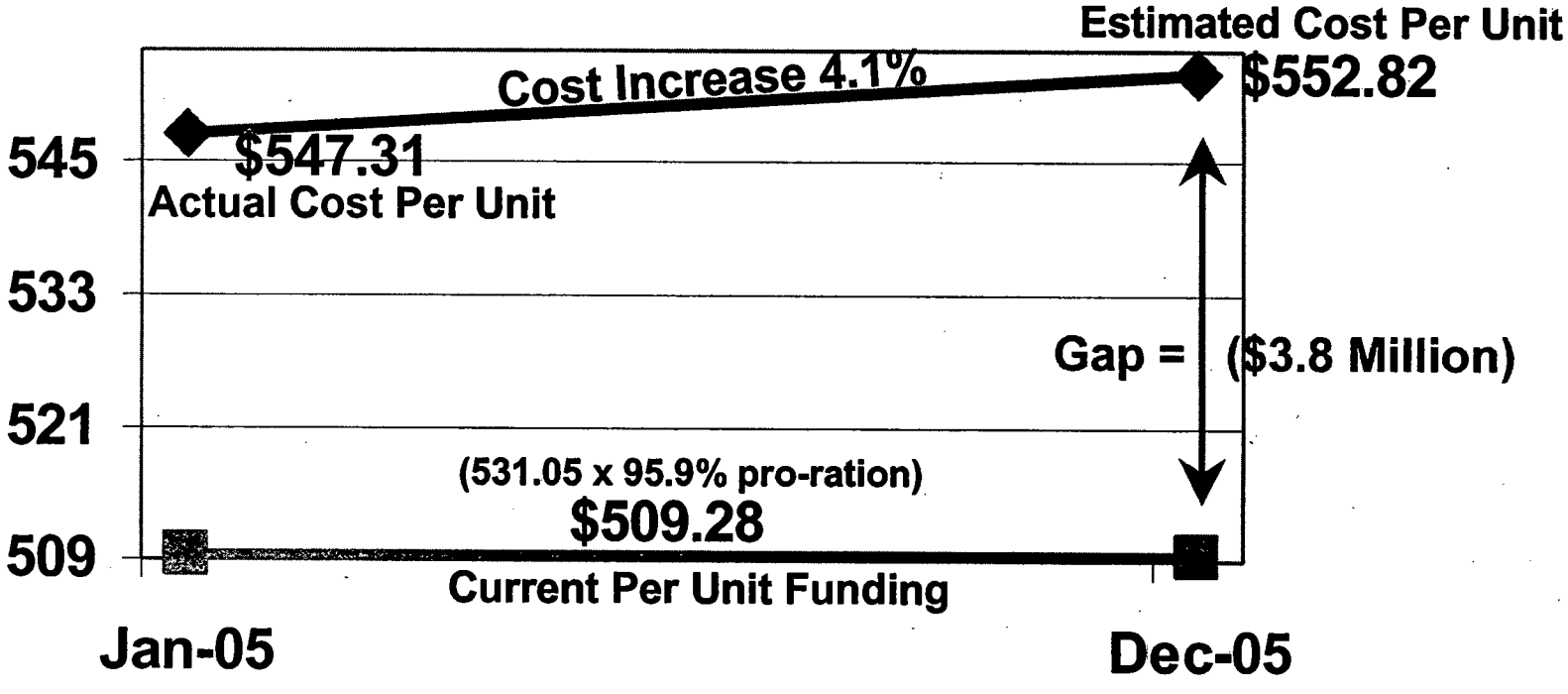
Legal/Medical	
Total previous Arrests and/or incarcerations	308
Total Arrests and/or incarcerations post enrollment	17
Total Previous hospitalizations	218
Total hospitalizations post enrollment	42

Race		
Caucasian:	73	72%
Af. American:	18	18%
Native American:	7	7%
Alaskan:	0	0%
Asian:	0	0%
Hispanic, Mexican:	1	1%
Hispanic, Other:	0	0%
Other:	3	3%
Unknown:	0	0%
Total:	**102**	**100%**

HAP
HOUSING AUTHORITY OF PORTLAND

HOUSING AUTHORITY OF PORTLAND

Section 8 Funding Gap
Jan – Dec 2005



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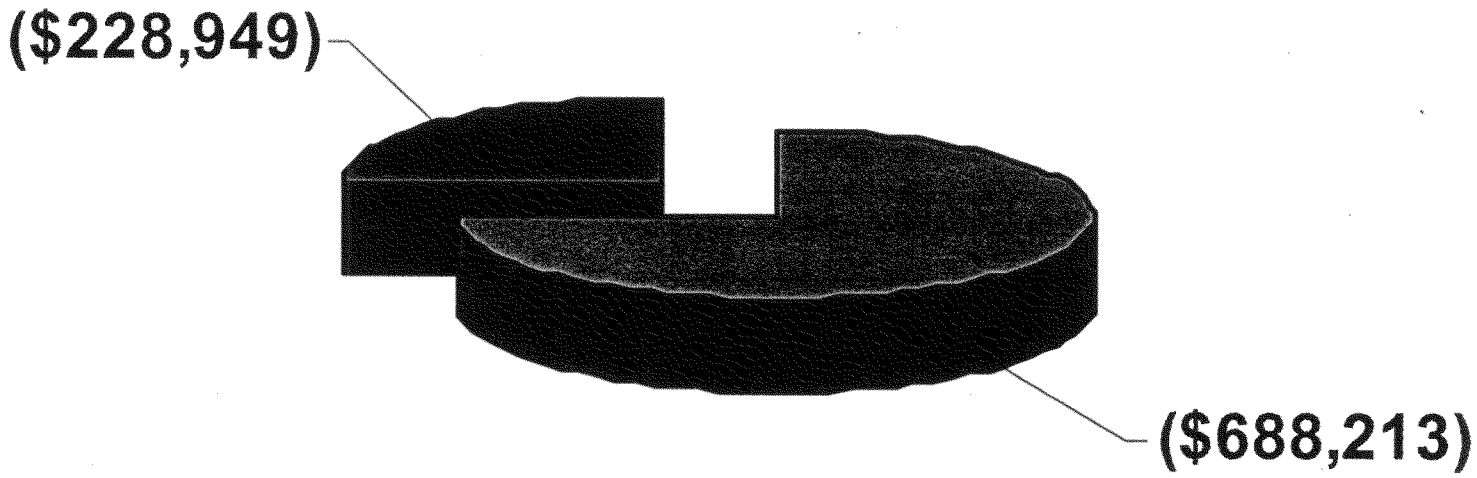
Section 8 2004 Funding Gap
Total: ($917,161.93)



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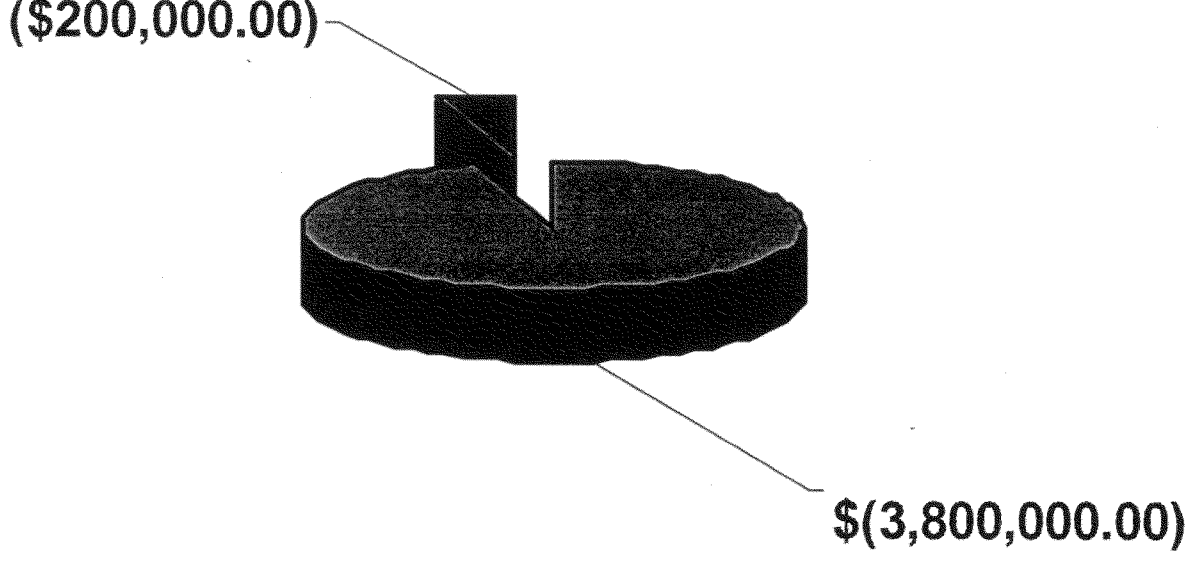
Section 8 2005 Funding Gap
Total: ($4,000,000.00)



HAP
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HOUSING AUTHORITY OF PORTLAND

Impact of Section 8 Rent Increase on Different Family Types

Family Type/Income Source	Gross Monthly Income	Gross Income as a % of AMI	Adjusted Monthly Income	30% of Adj. Monthly Income	35% of Adj. Monthly Income	Monthly Rent Increase
Single parent w/one child on welfare	427	9.44%	387	116	135	19
Single person on SSI	579	14.63%	546	164	191	27
Single parent w/one child making minimum wage, no child care	1257	27.77%	1217	365	426	61
Single person making minimum wage	1257	31.75%	1257	377	440	63
Elderly couple on Social Security	1574	34.78%	1541	462	539	77
Single parent w/one child making $15/hr, no childcare	2600	57.46%	2560	768	896	128

SECTION 8
DEPARTMENT

February 1, 2005

This letter contains very important information about your housing. Please read it carefully. If you need help, call us.

Важная информация о вашем жилье! Если вам необходима помощь, немедленно свяжитесь с нами.

Información importante acerca de su vivienda! Si usted necesita asistencia, por favor comuníquese con nosotros inmediatamente

Tin tức quan trọng về housing (chương trình cư trú) của quí vị.
Nếu quí vị cần giúp đỡ, xin liên lạc với chúng tôi ngay.

Dear Section 8 Participant:

Last October we wrote you to ask for your feedback on some changes in Section 8 that the Housing Authority of Portland (HAP) was looking at because of federal budget cuts. We asked whether we should make changes so that everyone would pay more but keep their Section 8, or if we should take people off the program. Almost everyone we heard from asked us to help the same number of people we are helping now, even if it meant that everyone would have to pay a little more.

Since that time, HAP has found out that the situation is worse than we thought it would be. The amount of money we will get from the federal government (HUD) this year is $3.8 million less than we need to pay everyone's rent at the same level as we do now. **Because of this, we must make several changes to the Section 8 program starting April 1, 2005.** These changes are listed below.

1. **Your rent will be going up.** Right now, you pay at least 30% of your income for rent, plus extra if you have moved to a place that is larger or costs more than Section 8 can pay. Starting April 1, you will pay a minimum of 35% of your income for rent. The exact amount of your increase will depend on your family's income. We will send you another letter this month telling you exactly how much your new rent amount will be.

2. **We will deny all landlord rent increases**. The total rent to your landlord will be frozen at its current amount. The landlord cannot charge you more because HAP denies a rent increase. Only pay the amount of rent that is listed on letters you receive from HAP. If your landlord sends you a letter to raise your rent or asks you to give extra money, don't pay it. Instead, call HAP to let us know.

3. **The next time you move, we may change how many bedrooms your voucher will pay for**. We will pay for one bedroom for every two people. So 1 to 2 people will receive a one-bedroom voucher, 3 to 4 people will get a two-bedroom voucher, 5 to 6 people will get a three-bedroom voucher, etc. Remember that if you have the kind of voucher that allows you to move, and you have enough income to do so, you can always pay extra to have more bedrooms. **If you do not move, you will keep your same voucher size.**

4. **The next time you move, your voucher will be worth less money**. We are reducing the payment standards for most voucher sizes. This means that there may be more units that you cannot afford on your voucher, or you may be able to pay more to get the unit that you want to live in, if you have enough income to do so. Your rent may also go up again next year because of this change.

HOUSING AUTHORITY
OF PORTLAND

135 S.W. Ash Street
Portland, OR 97204

Tel 503.802.8333
Fax 503.802.8589
TTY 503.802.8554

www.hapdx.org

5. **If you are elderly or disabled and on a fixed income (social security, SSI, pension, or disability) we will be doing an income review for you every two years instead of every year.** If your last name begins with A through L, you will have reviews in odd-numbered years, like 2005 and 2007. If your last name begins with M through Z, you will have reviews in even-number years, like 2006 and 2008. If you are not elderly or disabled, or if you have other income besides the kind listed above, you will still have an income review every year.

6. If your landlord has a good maintenance record, and you also keep your unit in good condition, **we may inspect your unit every two years instead of every year.**

7. **If you report zero income, we will be requiring you to have a meeting with us** to discuss how you are paying for your expenses, and talk about programs that could help you.

8. If you become over income and are making enough money that you no longer need Section 8, **we will only hold your voucher for 60 days after you become over income, not 180 days.**

9. **We will be closing our Gresham Section 8 Office.** All Section 8 staff will be in our main office downtown.

HAP has had to make some very hard decisions to deal with this funding crisis, and we are very sorry that we have to do this. We have no choice but to make cuts to the program in order to live within the budget HUD has given us. We know that these changes will be very hard for you and that you may feel upset. But if we kept everything the same as it is, we would have had to terminate more than 630 vouchers. By making these changes, everyone will pay more, but **no one will lose their Section 8**.

The end of this letter lists some places that you can call to get help with budgeting, food, utilities and legal advice. Also, if you have questions after reading this letter, please contact the Communications Team at 503-802-8567, Tuesday through Friday from 9 a.m. until noon or 1-4 p.m. We will be glad to explain more about the changes and answer any questions you may have. You may also come in to see us during walk-in hours, Tuesdays through Thursdays 9-11 a.m. or 1-2 p.m.

Sincerely,

Rose Bak
Section 8 Director

Other Agencies That May Help You

211: By dialing 211 on your telephone, you will be connected to someone who can refer you to agencies that may be able to assist with food, utilities, moving and other services.

Legal Aid Services of Oregon 503-224-4086: For legal issues such as eviction notices, landlord-tenant issues, etc.

Community Alliance of Tenants 503-288-0130: For landlord-tenant issues, information on Section 8 tenant advocacy efforts, etc.

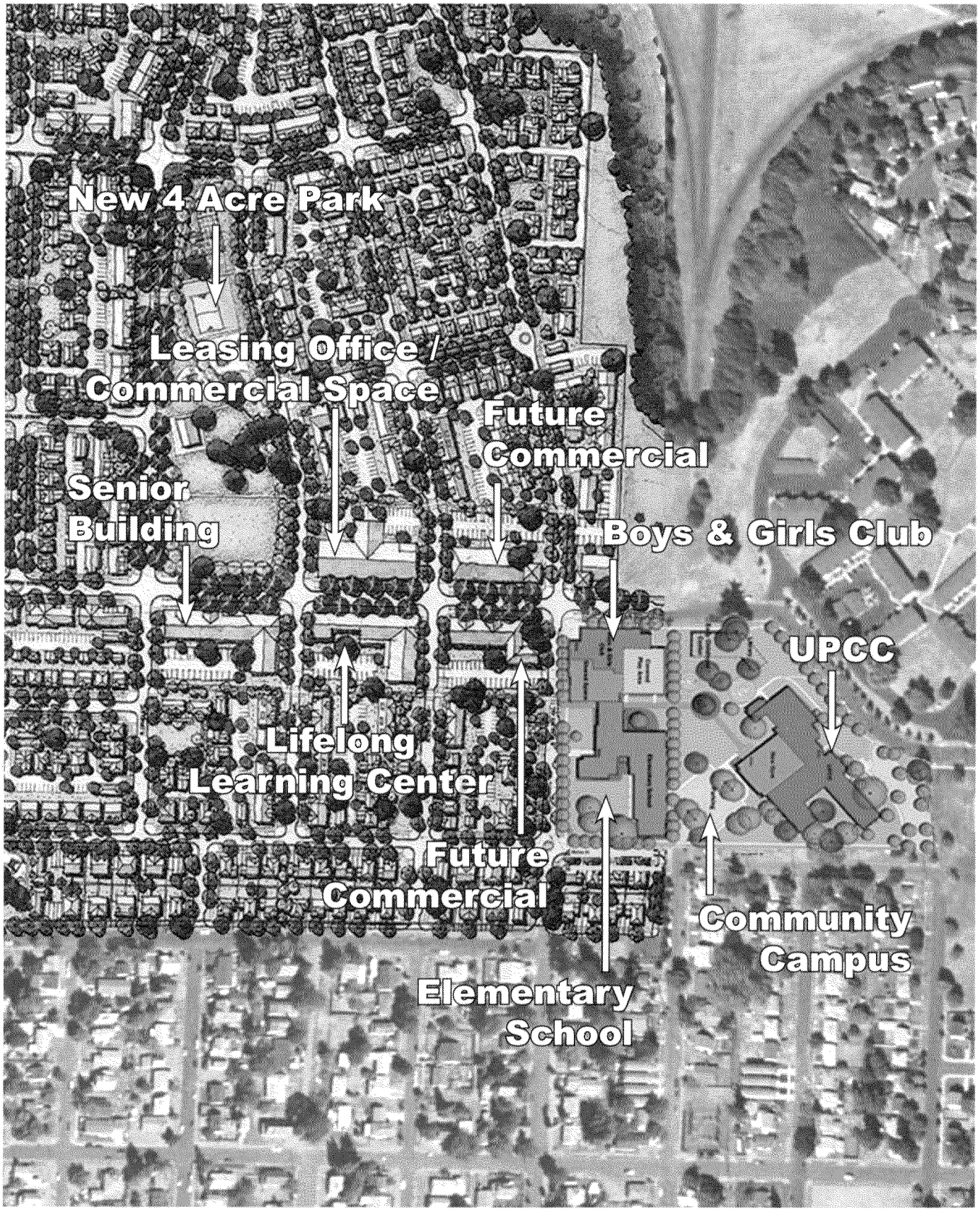
HOUSING AUTHORITY OF PORTLAND
HAP
ESTABLISHED 1941
SERVING MULTNOMAH COUNTY

New Columbia

IN NORTH PORTLAND'S PORTSMOUTH NEIGHBORHOOD

DULL OLSON WEEKES
architects inc
310 SW WASHINGTON ST #200 PORTLAND, OR 97204
T 503 228 9650 F 503 273 9182 www.dowa.com

New Columbia in North Portland's Portsmouth Neighborhood

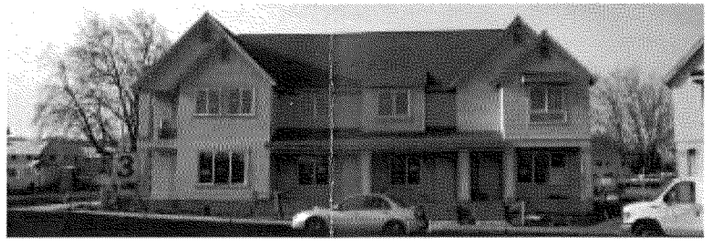


DULL OLSON WEEKES
architects inc.

516 SW WASHINGTON ST #200 PORTLAND, OR 97204
P. 503 226 3080 F. 503 273 9180 www.dowa.com

New Community Campus at New Columbia in North Portland's Portsmouth Neighborhood

Block 3 rental housing - enter front doors on North Fiske Avenue



Building on the corner of Fiske and Fessenden
(5 units)

Left side: (2) 1-bedroom flats
Middle: (2) 2-bedroom townhouses
Right side: (1) 3-bedroom townhouse

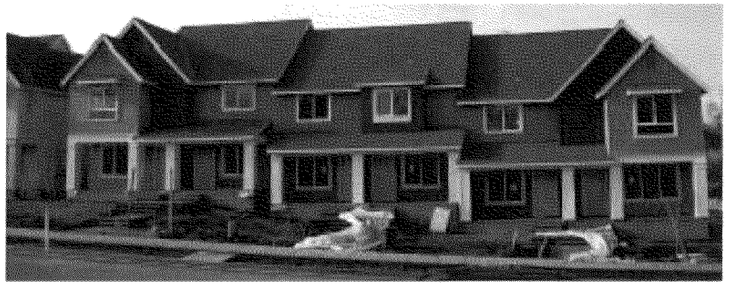
Building mid-block, south side of pedestrian path (6 units)

Left side and middle:
(1) 3-bedroom townhouse plus (2) 2-bedroom townhouses in middle

Right side:
(1) 4-bedroom flat with (2) flats above...a 1-bedroom and a 2-bedroom

Building mid-block, north side of pedestrian path (6 units)

(2) 3-bedroom townhouses (one on each end)
plus
(4) 2-bedroom townhouses inbetween



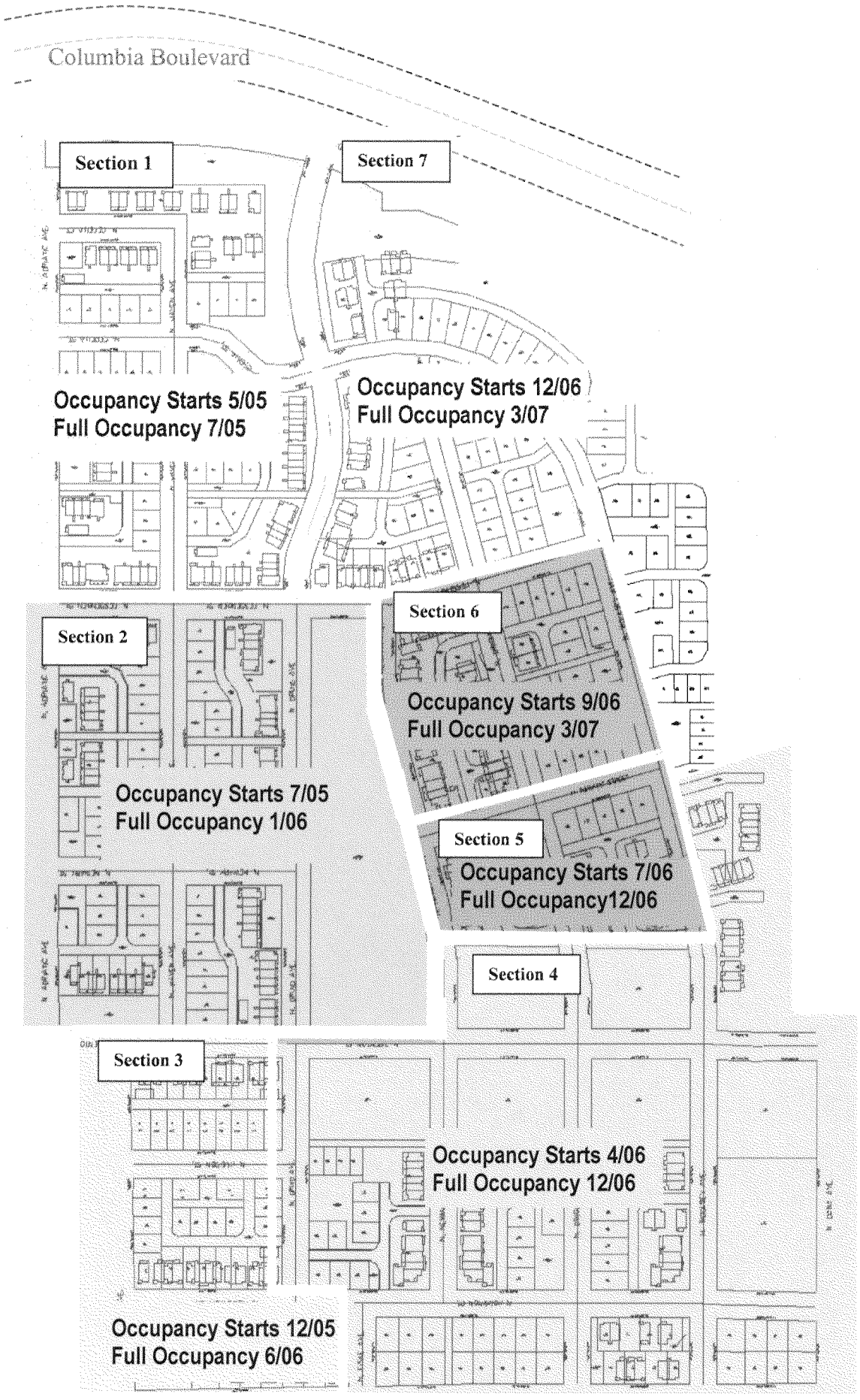
Building on corner of Fiske and Cecilia (6 units)

(2) 3-bedroom townhouses (one on each end)
plus
(4) 2-bedroom townhouses inbetween

HOUSING AUTHORITY OF PORTLAND
HAP
1941
SERVING MULTNOMAH COUNTY

New Columbia
IN NORTH PORTLAND'S PORTSMOUTH NEIGHBORHOOD

January 2005


Columbia Boulevard
Section 1
Section 7
Occupancy Starts 5/05
Full Occupancy 7/05
Occupancy Starts 12/06
Full Occupancy 3/07
Section 6
Occupancy Starts 9/06
Full Occupancy 3/07
Section 2
Occupancy Starts 7/05
Full Occupancy 1/06
Section 5
Occupancy Starts 7/06
Full Occupancy12/06
Section 4
Section 3
Occupancy Starts 4/06
Full Occupancy 12/06
Occupancy Starts 12/05
Full Occupancy 6/06

Housing Alliance

Opening Doors to Opportunity

MEMBER ORGANIZATIONS

Association of Oregon Community Development Organizations
Association of Oregon Housing Authorities
City Club of Portland
City of Ashland
City of Beaverton
City of Eugene
City of Portland
Clackamas Housing Action Network
Community Action Directors of Oregon
Community Alliance of Tenants
Community Development Network
Community Partners for Affordable Housing
Enterprise Foundation
Homeless Families Coalition
Homestead Capital
Housing Advocates Group of Washington County
Housing Development Center
Jackson County Housing Coalition
Lane County Law and Advocacy Center
League of Oregon Cities
League of Women Voters of Oregon
METRO
Multnomah County
Neighborhood Partnership Fund
Network for Oregon Affordable Housing
Northwest Housing Alternatives
1000 Friends of Oregon
Oregon Action
Oregon Coalition on Housing and Homelessness
Oregon Food Bank

CONTACT US:

Public Affairs Counsel
Mark Nelson
Bill Linden
Danelle Romain
PO Box 12945
Salem, OR 97309
503-363-7084

or on the web at:
www.housingalliance.org

Housing Alliance
c/o Neighborhood Partnership Fund
1020 SW Taylor
Suite 680
Portland, OR 97205
503-226-3001 ext. 103

Members of the Housing Alliance believe that **hard-working people should be able to afford housing and still have money left for food and basic necessities.**

This isn't the case today.

We know that **one out of every four people** in Oregon can't really afford the cost of their housing. People are going hungry and doing without medicine for themselves and their kids in order to keep a roof over their heads.

Let's give all Oregonians the opportunity to build better lives. To succeed, we all need a place to call home.

Community partners all over Oregon know how to address these problems, but we need help.

Our Goal:

We must take significant steps towards meeting housing needs in the State of Oregon. To begin addressing these needs, the Legislature can act in two ways.

1. **Substantially Increase Funding for Housing Development and Support Programs, with a long-term goal of increasing to $50 million per biennium in funding over several bienniums.**

   Current direct expenditures are approximately $6.5 million per biennium. The Oregon Affordable Housing Tax Credit program limit is now $6 million.

2. **Use policy tools to increase housing availability or stability.**

Our Action Agenda:

Proposal 1: Make more funds available to develop housing for those who need it.

Increase grants from the Housing Trust Fund by $5 million – Target housing development serving very low income households. Currently, the housing trust fund receives between $5 and $6 million a year from the public from a dedicated source. We should add an additional $5 million for immediate granting for development. At least twenty percent of the grants for immediate housing development should target very low income populations.

Proposal 2. Reduce rents for low income renters in affordable housing through a partnership with Oregon banks and financial institutions

Renew the Oregon Affordable Housing Tax Credit, and increase the cap to a level which would make it a revolving fund. The Oregon Affordable Housing Tax Credit is a program which provides tax credits to lenders in return for rent reductions in new affordable housing units. There is a need to increase the yearly cap on the amount of tax credits from $6 million to about $11 million. This funding level would be self-sustaining for the foreseeable future and create a revolving fund.

Proposal 3. Create a low-income renters' income tax credit

Help low-income workers make ends meet by creating a renters' income tax credit program. This program will be modeled on the existing Elderly Rental Assistance Program which provides assistance based on income level and percentage of income spent on rent.

Proposal 4. Repeal pre-emption legislation that prohibits local jurisdictions requiring affordable housing as a condition of development approval

Repeal ORS 197.309. This statute removes a "tool" from the affordable housing toolbox that has been successful in other states and cities, but has never been used in Oregon.

Please tell us about what your community needs.

Four Ways You Can Comment

1. **Be heard** at one of the community meetings listed on the right.
2. **Send an e-mail** to rbenson@ci.portland.or.us
3. **Leave a voicemail** at (503) 823-2392
4. **Write a letter** to Janet Byrd & Roserria Roberts, HCDC Co-Chairs 421 SW 6th Ave., Rm 1100 Portland, OR 97204

Meetings are accessible to people with mobility impairments. Childcare & refreshments will be provided. Translation and sign language services are available upon request. Call 503-292-3718 three days in advance of the meeting to request these services.

Multnomah County

For more information, please visit our website, www.portlandonline.com/bhcd

Your comments will help us set priorities for the Consolidated Plan 2005-2010. The Plan will guide how federal resources will be spent in Multnomah County for the next five years on low- and moderate-income affordable housing, community development, economic opportunity, programs serving the homeless, and programs serving people with special needs.

Community Meetings

- ~~**January 25, 2005: Inner N/NE Portland**~~

  ~~7 to 9 pm at St. Andrew School, 4940 NE 8th, Portland~~

- ~~**February 3, 2005: Rockwood/Gresham**~~

  ~~1:30 to 3:30 pm, The Rockwood Grange,~~

  ~~18303 SE Stark, Gresham~~

- **February 15, 2005: Fairview**

  6:30 to 8:30 pm, Fairview Community Center, 300 Harrison, Fairview

- **February 22, 2005: Hillsdale**

  7 to 9 pm, Multnomah Center, 7688 SW Capitol Hwy.

We are especially interested in your answers to these questions:

- What is the extent of the need?
- Are there gaps in service delivery?
- What should our priorities be?
- What is currently working well?
- If new resources were available, what would you do?

PUBLIC PARTICIPATION TIME LINE FOR CONSOLIDATED PLAN 2005-2010 AND ACTION PLAN 2005-2006

WHEN	OPPORTUNITIES FOR PUBLIC PARTICIPATION	WHO
December 1, 2004	Public hearing on economic opportunity and homeownership needs - COMPLETED	HCDC meeting
January 5, 2005	Public hearing on housing and services needs - COMPLETED	HCDC Meeting
January 25, 2005	N/NE Portland community meeting & public hearing on needs	HCDC and Community Partners
February 2, 2005	First public hearing on proposed **Principles and Priorities** for allocation of federal resources.	HCDC Meeting – Multnomah Building 5:30- 7:00 p.m.
February 3, 2005	Rockwood/Gresham community meeting & public hearing on needs	HCDC and Community Partners
February 15,2005	Fairview community meeting & public hearing on needs	HCDC and Community Partners
February 22, 2005	Hillsdale community meeting & public hearing on needs	HCDC and Community Partners
March 2, 2005	Second hearing on proposed **Principles and Priorities** for allocation of federal resources.	HCDC Meeting – Multnomah Building 5:30- 7:00 p.m.
Late March- early April	**Draft of Consolidated Plan 2005-2010 and Action Plan 2005-2006 posted on BHCD web site and available at public library**	www.portlandonline/bhcd
April 6, 2005	First presentation of draft of **Consolidated Plan 2005-2010 and Action Plan 2005-2006.**	HCDC Meeting – Multnomah Building 5:30- 7:00 p.m.
May 4, 2005	HCDC hearing to approve the Consolidated Plan 2005-2010 & Action Plan 2005-2006	HCDC Meeting – Multnomah Building 5:30- 7:00 p.m.
May 4-15, 2005	Jurisdictions adopt Consolidated Plan 2005-2010 and Action Plan 2005-2006	Council and Commission meetings to be announced
May 15, 2005	Submit Consolidated Plan/Action Plans to HUD	

Housing and Community Development Commission (HCDC) Meetings are held at the Multnomah Building at 501 SE Hawthorne, County Commission Boardroom, unless otherwise noted.

Meetings are accessible, and translation is available on request at (503) 823-2392.

Check our web site to track progress on the Consolidated Plan:
WWW.PORTLANDONLINE.COM/BHCD

REVISED 1/25/05

Por favor háblenos acerca de las necesidades de su comunidad.

Sus comentarios nos ayudara a fijar las prioridades para el Plan Consolidado 2005-2010. El Plan servirá de guía en como se gastaran los recursos federales en el Condado de Multnomah en los próximos cinco años, en viviendas asequibles de ingresos bajos y moderados, desarrollo de la comunidad, oportunidades económicas, programas que sirvan a las personas sin vivienda y personas con necesidades especiales.

Cuatro Maneras En Las Que Usted Puede Hacer Comentarios

1. **Ser escuchado** en una de las reuniones de la comunidad nombradas a la derecha.

2. **Enviarnos un correo electrónico** a rbenson@ci.portland.or.us

3. **Dejar un mensaje** en el (503) 823-2392

4. **Escribir una carta** a Janet Byrd & Roseria Roberts, HCDC Co-Chairs 421 SW 6th Ave., Rm 110
Portland, OR 97204

Las reuniones son accesibles para personas con impedimentos de movilidad. Se ofrecerán guardería y refrigerios.
Habrán servicios de traducción y de lenguaje de señas bajo solicitud. Llamar al 503-292-3718 tres días antes de la reunión para pedir los servicios.

Reuniones Comunitarias

- ~~**25 de enero de 2005: Zona N/NE de Portland**~~

  ~~7 a 9 pm en la Escuela St. Andrew, 4940 NE 8th,~~

- ~~**3 de febrero de 2005, Rockwood/Gresham**~~

  ~~1:30 a 3:30 pm, The Rockwood Grange, 18303 SE Stark, Gresham~~

- **15 de febrero de 2005: Fairview**

  6:30 a 8:30 pm, Centro Comunitario de Fairview, 300 Harrison, Fairview

- **22 de febrero de 2005: Hillsdale**

  7 a 9pm, Centro de Mulnomah, 7688 SW Capitol Hwy.

Nosotros estamos especialmente interesados en sus respuestas a estas preguntas:

- ¿Cual es el alcance de las necesidades?
- ¿Cuales son las brechas en la prestación de los servicios?
- ¿Cuales deben ser nuestras prioridades?
- ¿Que está funcionando bien en la actualidad?
- Si hay nuevos recursos disponibles, ¿que haría usted?

Multnomah County

Para más información, por favor visite nuestra página en Internet, www.portlandonline.com/bhcd

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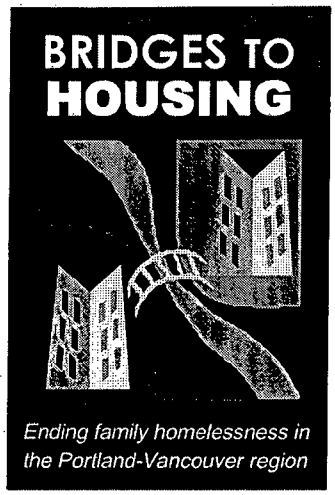

Bridges to Housing
Initial Concept Paper
October, 2004

PROGRAM SUMMARY

Every day, approximately 1,500 families are homeless in the Portland-Vancouver region, including 2,500 children. Research suggests that a significant portion of homeless families experience repeated episodes of homelessness. The children in these families are the most at risk of school failure, mental health problems and substance abuse that lead to multi-generational homelessness. It is critical that the region act now to break the cycle of repeated homelessness by effective intervention with high-risk families.

Bridges to Housing is a regional collaborative public/private effort to prevent and end homelessness for extremely low-income families with children. Participating jurisdictions are Clark, Multnomah, Washington, and Clackamas counties, and the cities of Vancouver and Portland. Partners include social service and housing providers, including local housing authorities.

The program model combines affordable housing with supporting services. It embraces the principle of "Housing First," providing housing immediately while applying individualized services to both address current homelessness and build self-sufficiency to prevent recurring episodes of homelessness. *Bridges to Housing* builds on the experience of the Sound Families, a Gates Foundation-funded initiative in the Puget Sound region, and on substantial national data that demonstrate the success of supportive housing and the Housing First model as solutions to homelessness.

Bridges to Housing is a ten-year program that will create 600 units of housing affordable to extremely low-income families with children, and will provide housing and services to 2,400 families over the ten-year period. Equally important, the *Bridges* public/private partnership will become a powerful force to drive system changes aimed at ending long-term homelessness for families with children.

The program will invest up to $50 million in private resources for homeless families with children — an average of $5 million annually.

The plan for *Bridges to Housing* is being developed by a regional group with members representing Multnomah, Washington and Clackamas Counties in Oregon, Clark County Washington, the City of Portland, the Vancouver Housing Authority and Housing Authority of Portland, and the Council for the Homeless. They are supported by a

consultant team led by Common Ground. Planning funds are being provided by the Regional Affordable Housing Workgroup, a collaboration among the Portland-Vancouver region's affordable housing and community development agency directors and managers, and the Portland HUD Office. Funds are from an Economic Development Initiative HUD grant to support regional efforts. Funding is matched by staff time contributions from the regional partners.

THE NEED

Eligible Families

Bridges To Housing will focus on extremely low-income families, with incomes of 0-30% of the area median income ($19,740), with at least one child. More than 24,000 families in the 4-county region fall in this category. Housing and services would be directed to those families with the most significant service needs who are homeless or at immediate risk of losing housing. These families often experience repeated episodes of homelessness and may have their housing stability challenged by domestic violence, physical health problems, drug or alcohol dependence, and/or mental illness. Homeless children face problems ranging from severe anxiety and depression to poor health and nutrition, and are four times as likely to have delayed development.

Extent of Family Homelessness in the Portland Area

- Last year, approximately 3,500 homeless families were either served or turned away by providers in the four-county region.
- On a daily basis, an estimated 1,540 homeless families with children live in the four-county region, including more than 2,500 children.
- Currently available resources in the four-county region have the capacity to serve only 757 families at a time. Most of these housing resources are time-limited, and few offer the option of permanently affordable housing.

National trends suggest that families with children are the fastest growing homeless population and have recently become the largest group of the homeless in the nation.

As is the case nationally, families in our region are often "stuck" in shelters, camps and transitional facilities because of the lack of affordable permanent housing. Bridges to Housing addresses this problem by developing new permanent housing with services to get families out of the homeless system quickly.

Lack of Affordable Housing

The lack of affordable housing has been identified as the primary cause of homelessness both nationally and locally. The waiting list of the Housing Authority of Portland's Section 8 Voucher Program doubled in a recent two-year period. Persons applying for rental assistance throughout the four counties face waits of 3-8 years to obtain a Voucher, a wait of two to four times the national average.

PROGRAM DESCRIPTION

Bridges to Housing is based on "Housing First," the concept that homeless families first need affordable housing and then, in concert with the housing, need supporting services to help them attain self-sufficiency and housing stability. This model has been proven particularly effective for long-term homeless households. To meet the program goals and achieve the expected outcomes, the program must both increase the number of affordable housing units in the region and also offer the necessary supportive services to address the underlying reasons for chronic homelessness.

Goals

- To create a sustainable regional program, supported by public/private funding partnerships, to prevent and end long term repeated homelessness for families with children.
- To eliminate long-term repeated homelessness in families with children in the four-county region by 2020.

Outcomes

- 2,400 homeless families with children will permanently resolve their homelessness over the 10-year life of the program.
- 600 additional units of housing will be created for, or made affordable to, extremely low income/homeless families.
- Longitudinal data on the impact of the program on homeless families for use in benchmarking change to improve the *Bridges to Housing* program and allow replication in other communities.

Creating Housing

Bridges to Housing will create permanent housing for homeless families with children using two primary methods:

1) **Rent Buy-Down** – subsidies will be provided to existing units that have already been developed with public financing. These units, whose current rents are too high for extremely low income families, will be dedicated for at least ten years to serving families who earn an average of 17% of Area Median Income. The operating subsidy would be available to cover the gap between current rents and rents affordable at the 17% AMI level. Initial program models estimate that up to 250 units would be developed in this manner.

2) **New Development** – about 350 new units will be created for extremely low-income families in new affordable housing developments. *Bridges* development capital will support new construction or rehabilitation of rental projects. *Bridges* funding will be available for up to 20% of the costs of development - leveraging public and other private resources by four to one. Capital development funds are available from federal, state and local governments. Operating subsidies for these 350 units will be provided by:

—Up to 100 new Public Housing units to be developed by the Housing Authority of Portland. This important federal resource

can operate housing that will serve households with incomes down to zero.

— Up to 150 new units of project-based operating subsidies are projected to be available regionally from housing authorities and federal homeless resources (McKinney). These resources can be part of new developments or can provide new operating subsidy to existing projects.

— Operating subsidies will be provided by Bridges to Housing funds for 100 units. The units will be dedicated for at least ten years to serving families who earn an average of 17% of Area Median Income (AMI). The housing element will rely, for the most part, on experienced housing providers in the region. To be considered, an organization must demonstrate the capacity to develop and manage affordable housing with services.

Providing Services

Based on the profile of homeless families with children, there is a broad range of service needs. For many families, those needs are relatively short term and, once met, the family can maintain their housing and work toward self-sufficiency. Most of the *Bridges* families will need longer-term services to address multiple issues and challenges. An important aspect of the Housing First model will be linkage of families to mainstream (health, mental health, and addictions) service systems.

Depending on family needs and available resources, *Bridges* funding would support coordination of service plans, life skills training, employment counseling, legal counseling, child care, transportation, short term mental health, health prevention/intervention services, mentoring and addictions services. An average annual service cost of $7,000 per year is anticipated for each participating family.

In the *Bridges* model, one provider may offer both housing and supportive services, or multiple agencies may create formal partnerships that link housing and services. Service providers are expected to be drawn from the existing delivery system in the four counties.

Program Administration

A regional board will oversee *Bridges to Housing*. The board will include the major public and private funders of the program, as well as representatives from the housing and services delivery systems and homeless families. The program will be administered by a single entity under contract with the regional board. That entity may be nonprofit, for profit, or a public organization. A separate entity, under contract with the regional board, will evaluate the program.

For additional information, please contact Kim Conner, Executive Director, Council for the Homeless at (360) 993-9570 or via email at director@icfth.com or Sally Erickson, City of Portland at (503) 823-0883, via email at serickson@ci.portland.or.us.

10/1/04dl

MEMORANDUM

TO: Board of County Commissioners

FROM: Mary Li, Department of School and Community Partnerships (DSCP) on behalf of Interjurisdictional Working Group

SUBJECT: Proposed Rent Assistance System Program Model and Procurement Design

DATE: February 8, 2005

While there will be a full briefing solely on the proposed rent assistance system, The Working Group was asked to take the opportunity to review the recommendations as they have been proposed, the significant public input process used to review them, the issues that have emerged as a result, and our next steps in the process.

Background
The County, the City of Portland, the City of Gresham, and HAP have been providing short-term rental assistance resources to agencies through various programs for over ten years.

In May 1993, the four jurisdictions approved an Intergovernmental Agreement (IGA) for the distribution of Payment in Lieu of Taxes (PILOT) revenue, a voluntary payment that Housing Authorities make to local taxing jurisdictions.

A new IGA was signed in 2003 and included the agreement that the four jurisdictions would participate in a planning process that would consider best practices and develop recommendations for the creation of an outcome-based system of rent assistance services throughout Multnomah County.

In 2003, DSCP had planned to put Clearinghouse rent assistance and emergency voucher funds out for competitive bid. At the same time, the City of Portland and Multnomah County were embarking on a planning process to develop a plan to end homelessness in ten years. The jurisdictions agreed to conduct a collaborative planning process for development of a rent assistance system as a part of the 10-year plan to end homelessness.

Working Group Charge
The charge to the Inter-Jurisdictional Working Group was to create the program model for a system of rent assistance services in Multnomah County based on best practices, utilizing the 10-year plan, and in alignment with other jurisdictional policies and priorities.

Representatives from the four jurisdictions met from July to December 2004. The Group identified the five issue areas that would need to be addressed in order to fulfill its charge. These issue areas (in no priority order) were:

1. Program Model
2. Outcomes, Evaluation, and Data Collection
3. System Support
4. Allocation Formula
5. Unified System

Public Input Process

Approximately 500 community members had the opportunity to participate in the review of our work – through document release and two public input sessions. This produced stimulating feedback and thoughtful questions. A summary of that input and responses to it has been produced and sent to the community. The Group has already begun to address a number of the issues raised and will continue to work towards an anticipated competitive proposal process.

The Group presented to the Housing and Community Development Commission (HCDC) last week. Following discussion and testimony, HCDC accepted recommendations 1, 2, and 3 as presented. HCDC did not accept recommendations 4 and 5 because of concerns about the allocation formula and the potential implications as result of implementing it. They are expected to come back to the Group with further feedback. The Group will bring that forward to you as it emerges.

Issues

Three issue areas will require Board attention in the next several weeks in order for the process to move forward.

Allocation Formula

- What are the total amount of homeless service dollars available across population? Is it a goal to create funding equity across populations? How is equity defined and how will it be reached if this is a goal?
- Lack of available resources is a barrier to allocation.
- What programs/resources are subject to the new system design and allocation formula? What are not?
- What is appropriate mix of goals for short-term rent assistance, as opposed to long-term need for housing subsidy?
- Is there a prioritization among populations for short-term rent assistance?

The Group seeks policy guidance to address these questions. They must be answered in order to implement an allocation formula for the system. This is critical, not so much for specific dollar amounts available to providers, but for strategic use, driven by policy, of available resources, regardless of amount.

Administrative Entity

- Group made no recommendations about the administrative entity
- Elected officials have the authority to determine how the decision will be made and what process will be used to select entity

10-Year Plan Implementation and Alignment

- System design and recommendations are in alignment with 10-year Plan

These recommendations are the first of many to flow from the 10-year Plan. Because this is the first, a number of issues are emerging that have broad implications for the entire system of homeless services, not just rent assistance. There is the tendency to seek answers to every question or issue raised before moving ahead with change. There will never be enough data, evaluation, or information to address every issue. The collective commitment to the Plan goals and the will to prioritize among many important services with limited resources will be tested.

The Group believes that we must face the question, "What is good enough to move ahead?" Not as a way to sidestep hard questions, or as a reflection of where we should end up as a community, but in pursuit of forward progress towards our larger goals.

Next Steps

The Group continues to move forward with its work under the assumption that we will ultimately conduct a competitive procurement process to implement a new rent assistance system.

Pending further policy direction from the elected officials of the jurisdictions, the report and recommendations will be finalized and brought back to the Board for final review and adoption.

Proposed Rent Assistance Program Model and Procurement Design Recommendations

1. Program Model
The Work Group recommends that a single unified model for creating a system of rental assistance be adopted based on the following three goals:

- Provide safety off the street
- Obtain permanent housing
- Maintain permanent housing

Please see attached system logic model.

2. Outcomes, Evaluation, and Data Collection
The Work Group recommends that a single database, in alignment with the current *Homeless Management Information System* (HMIS) development, be utilized. The rent assistance system will work towards the achievement of shared outcomes.

3. System Support
The Work Group recommends coupling supportive services with rent assistance where needed and appropriate. Actual rent assistance services and supportive services will be utilized both together, and as distinct, stand-alone services.

4. Allocation Formula
The Inter-Jurisdictional Group recommends that the following allocation formula for funding be adopted based on need and achieving the stated system goals.

Please see attached chart.

5. Unified System
The Work Group recommends that a single unified system be implemented encompassing all current rent assistance funds. Including, but not limited to, *Transitions to Housing*, the *Clearinghouse*, and *RASP*. The system will be administered through a single procurement process and entity. Ongoing accountability for the system will be provided through an oversight committee appointed by the four jurisdictions.

Overall Goals	System Level Outcomes	Inputs	Outputs	System Guidelines	Measures of Success	Target %	Linked Services/ Resources
	What is the impact of the intervention for each program?	Elements or resources that constitute the program	How many, how often, over what duration?	Expectations on a system-wide basis.	For this outcome, describe the observable, measurable characteristics of change.	What % of the pop. is anticipated to meet the outcome?	What other funding sources or programs are linked to housing inputs
Safety Off the Streets	Homeless households will sleep in a safe place immediately upon request.	No more than $300,000 of FEMA for Emergency Hotel/Motel Voucher up to 28 days of subsidy (15% of total funding is $280,742)	# vouchers used in non-winter months	All homeless households receiving emergency vouchers will be linked to services that will assist them with accessing permanent housing.	Proportion of households turned away in relation to requested services	100%	☐ School Aged Policy Framework ☐ Shelter funding from City and County General Funds ☐ ESG ☐ Outreach teams, supported by County and City ☐ After-hours crisis line
			# vouchers used in winter months	Households in need of rental assistance/eviction prevention and emergency vouchers will have clear points of access for receiving financial assistance and support services.	Proportion of households that exit into permanent housing after 30 days in comparison to other stable housing, such as shelter or transitional housing	50% to permanent housing	
	Homeless households will move into permanent housing within 30 days after intervention.		# of households linked to supportive services to help them access permanent housing	Homeless households are moved from shelter, vehicles, the streets and doubled up situations directly into permanent housing within 30 days. 211 provides placement into homeless agencies when issuing emergency vouchers.			
				Allocations are spent to allow for voucher availability 12 months out of the year with additional beds during the winter months (November to March).	Percent of households denied permanent housing will access stable housing elsewhere, such as temporary shelter or transitional housing within 30 days	If not permanent housing, 100% move to stable residence after 30 days	
			Average cost per household	There is a single system for tracking outcomes and gathering data.			

Overall Goals	System Level Outcomes	Inputs	Outputs	System Guidelines	Measures of Success	Target %	Linked Services/ Resources
Obtain Permanent Housing	Homeless households will obtain permanent housing within 30 days after initial safety off the streets.	$842,225 in Rent Assistance (45% of total funding)	# of homeless households will receive rent assistance to obtain permanent housing.	Homeless households develop a relationship with a service provider when accessing client assistance.	Permanent housing stability is tracked at 6 and 12- months after rent assistance ends. Case management and other supportive services are tracked separately.	100% of households are tracked after rent assistance ends.	□ McKinney funded transitional housing and services □ City of Portland General Funds for homeless providers □ Mental Health and Addictions □ Adult and Disability Services □ Community Justice □ Ryan White
				There will be no dollar caps on rent assistance per month. Households are eligible for rent assistance for 24 months.			
				Households in need of rental assistance/eviction prevention and emergency vouchers will have clear points of access for receiving financial assistance and support services.			
	Household will maintain housing stability for 12 months or longer after housing placement.		# of households will receive case management or other supportive services.	Allocations are spent to allow for rent assistance availability 12 months out of the year.	Percent of households that increase income/income supports to assume full rental payment within 24 months.	80% of households remain permanently housed 6 months after rent assistance ends.	
				Homeless households are moved from shelter, vehicles, the streets and doubled up living situation directly into permanent housing within 30 days.			
			Average cost per household	Homeless households will receive ongoing rent assistance until household can assume full rent payment. (Assistance ranges from 1 to 24 months depending on funding source).		70% of households remain permanently housed 12 months after rent assistance ends.	
				There is a single system for tracking outcomes and gathering data.			

Overall Goals	System Level Outcomes	Inputs	Outputs	System Guidelines	Measures of Success	Target %	Linked Services/ Resources
Maintain Permanent Housing	Households will maintain housing stability after eviction prevention and supportive services for 12 months or longer.	$748,644 in Rent Assistance (40% in total funding)	# of at-risk homeless receive rent assistance to maintain housing or prevent eviction	Households will develop a relationship with a service provider when accessing eviction prevention funds.	Permanent housing stability is tracked at 6 and 12- months after rent assistance ends. Case management and other supportive services are tracked separately.	100% of households are tracked after rent assistance ends.	□ McKinney funded transitional housing and services □ City of Portland General Funds for homeless providers □ Mental Health and Addictions □ Adult and Disability Services □ Community Justice □ Ryan White
				There will be no dollar caps on rent assistance per month. Households are eligible for rent assistance for 24 months.			
			# of at-risk homeless receive case management or other supportive services to maintain housing or prevent eviction	Households in need of rental assistance/eviction prevention will have clear points of access for receiving financial assistance and support services.	Percent of households that increase income/income supports to assume full rental payment within 24 months.	80% of households remain permanently housed 6 months after rent assistance ends.	
				Households will be able to access rental assistance subsidies for 1 to 24 months as appropriate.			
				Allocations are spent to allow for rent assistance availability 12 months out of the year.		70% of households remain permanently housed 12 months after rent assistance ends.	
			Average cost per household	There is a single system for tracking outcomes and gathering data.			

Proposed Rent Assistance Program Model and Procurement Design Allocation Spreadsheet

System Goals	Percent of Total Funding	Funding Amount	Data Source (# of households)	% of Total Population	Funding Amount by population	Cost Differential Adjustment[1]	Proposed Amount for FY 05-06
Safety off the Streets	**15%**	**$280,741**	**One Night Shelter Count[2]**				
Individual households w/o children			1,183	74.1%	$207,963	65%	$183,390
Family Households			414	25.9%	$72,778	35%	$97,352
Obtain Permanent Housing[3]	**45%**	**$842,225**	**Homeless Needs and Gaps Analysis[4] and Census Bureau[5]**				
Individual households w/o children			843 - Needs and Gaps 17,432 - Census	60.5%	$509,546	50.3%	$423,691
Family Households			452 - Needs and Gaps 13,578 - Census	39.5%	$332,679	49.7%	$418,533
Maintain Permanent Housing	**40%**	**$748,644**	**Census Bureau[6]**				
Individual households w/o children			17,432	56.2%	$420,844	45.8%	$343,176
Family Households			13,578	43.8%	$327,800	54.2%	$405,468

Historical Spending Comparison

POPULATION	FY 03-04 Actual % of Spending	FY 03-04 Actual Dollars	Proposed FY 05-06 Percent of Allocation	Proposed FY 05-06 Dollars
Individual households w/o children	49.91%	$987,408	50.77%	$950,257
Families	50.09%	$990,950	49.23%	$921,353

[1] Adjusted costs by multiplying the percentage of total population by the fair market rent for a single household (studio and one-bedrooms FMR) and the fair market rent for family households (three and four bedrooms FMR).
[2] One Night Shelter Count of sheltered and unsheltered, March 15, 2004, Office of Schools and Community Partnerships.
[3] Averaged data from Census Bureau and Needs and Gaps Analysis for obtain permanent housing goal.
[4] Continuum of Care Needs and Gaps Analysis of shelter, transitional housing, and permanent supportive housing, 2003.
[5] Census Bureau, 2000, number of households at or below 20 percent median family income.
[6] Ibid.