

RESOLUTION

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MULTNOMAH COUNTY, OREGON

In the matter of adopting the "Strategy) for Serving Homeless Single Adults in) Portland/Multnomah County, Oregon")	RESOLUTION 93-408
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WHEREAS, the Oregon Benchmarks identify the need for reducing the number of Oregonians who were homeless at some time in the last year; and

WHEREAS, according to the Comprehensive Housing Affordability Strategy (CHAS), there are an estimated 14,000 people annually who are homeless in Multnomah County, with approximately 7,000 of these homeless people being single adults; and

WHEREAS, Multnomah County, through its designation as the local Community Action Agency, and the City of Portland, through its designation as an entitlement city under the Community Development Block Grant Program, are responsible for addressing the needs of homeless people; and

WHEREAS, the County and the City of Portland are jointly and cooperatively involved in the planning, development, and funding of housing and service systems for homeless people; and

WHEREAS, the County's goal of outcome-based service provision has been emphasized in the recent community planning process to restructure the housing and services system for homeless single adults, by moving from an emergency shelter and "warehousing" approach to an outcome-based strategy for housing homeless people through promoting housing stabilization and long-term self-sufficiency; and

WHEREAS, this collaborative planning effort has involved extensive citizen, client, and provider participation, and has resulted in a community consensus over a revised strategy for serving homeless single adults; and

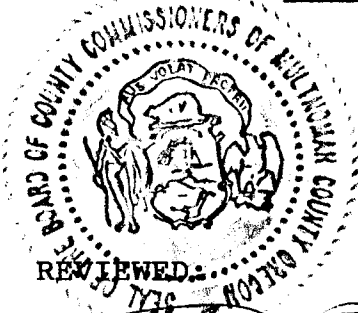
WHEREAS, this strategy has been adopted by the Community Action Commission and the Housing and Community Development Commission; and

WHEREAS, this strategy commits the County and City of Portland to design and fund programs that will address the Oregon Benchmarks by reducing the incidence of homelessness;

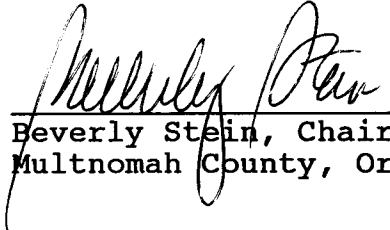
THEREFORE, BE IT RESOLVED, that the Board of County Commissioners does hereby adopt the "Strategy for Serving Homeless Single Adults in Portland/Multnomah County, Oregon" as the policy direction and strategic plan for developing, funding, and implementing housing and service programs for homeless single adults in downtown Portland.

BE IT FURTHER RESOLVED, that the Board of County Commissioners does hereby instruct the Childrens and Family Services Division, Community Action Program, to develop a FY 1994-95 budget request for consideration by the Board to support the implementation of this homeless singles Strategy.

ADOPTED this 30th day of December, 1993.



By


Beverly Stein, Chair
Multnomah County, Oregon


for
Laurence Kressel, County Counsel
of Multnomah County, Oregon

**STRATEGY FOR SERVING
HOMELESS SINGLE ADULTS
IN
PORTLAND/MULTNOMAH COUNTY, OREGON**

**Description of the Restructured
Housing and Services System
for
Homeless Single Adults in Downtown Portland**

November 29, 1993

ACKNOWLEDGEMENTS

The housing and services strategy for homeless single adults in downtown Portland, Oregon is the result of a comprehensive, community planning process to identify how this community wants to serve its homeless single adults. The planning process went through several phases, starting almost a decade ago with the *Mayor's Twelve-Point Plan*, and going through the *Clark-Shiels Agreement*, the creation of the Funders Advisory Committee, the publication of the Housing Authority's *Framework for Resolving Homelessness*, the planning for a reconfigured shelter system, and finally, the community planning for a model *Restructured System of Housing and Services For Homeless Single Adults in Downtown Portland* and its related *Implementation Plan*.

A special thanks is directed to all the people who gave their ideas and time to these efforts. The input of shelter residents is especially appreciated and was most helpful.

This document is a compilation of the *Proposal for a Restructured System of Housing and Services for Homeless Single Adults in Downtown Portland* (April, 1993, called the "model"), and its *Proposed Implementation Plan: Phase One* (September 1993, called the "plan"). A special acknowledgement is made to those people who prepared the documents and to those who reviewed them:

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STRATEGY FOR SERVING HOMELESS SINGLE ADULTS IN DOWNTOWN PORTLAND

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STRATEGY FOR SERVING HOMELESS SINGLE ADULTS IN DOWNTOWN PORTLAND

I. INTRODUCTION

In May, 1993, a planning model for a restructured system of housing and services for homeless single adults in downtown Portland was approved by the Community Action Commission and the Housing and Community Development Commission. Subsequently, an implementation plan was developed and approved by these two bodies. The two documents have been combined into this housing and services strategy, which describes the process for changing the existing emergency basic needs system serving homeless single adults.

The housing and services strategy for homeless single adults calls for a reduction in emergency shelter bed capacity from 300 to 110, and proposes to serve another 160 (includes 10 couples) in emergency, transitional, and permanent housing, for a total capacity of 270 each night. The strategy calls for the replacement of two large emergency shelters with multiple housing options and services specifically targeted to four populations: men, women, couples without children, and persons who are chronically mentally ill.

The strategy is based on a clear focus of helping homeless single adults access stable housing as quickly as possible and providing them with supports they need to stay there rather than recycle repeatedly through the system. This strategy emphasizes the creation of multiple housing options with "core" services for those who would end their homelessness, as a primary responsibility of public resources; private resources would enhance the housing and services system and provide services for the homeless single adult population as a whole.

The price tag for the strategy is not inconsequential - up to \$12.7 million in capital costs and a minimum of \$4.5 million in annual service dollars, both public and private. However, with the commitment already in place to pool existing community resources, and the possibility of additional federal and private dollars, funding is not an insurmountable obstacle.

This housing and services strategy is a major milestone in Portland's pioneering efforts to understand and resolve the chronic homelessness of single men and women in its downtown core. It demonstrates the clear thinking and strong commitment of this community to make real and lasting changes which will significantly reduce the incidence of homelessness.

This strategy is a long-awaited blueprint for action. It is built on a foundation of consensus among providers, housing advocates, business leaders, system funders, and public administrators. That consensus is clearly articulated in a strong set of principles and policies designed to govern the community's response to the housing and service needs of homeless single adults.

Despite the significance of the strategy, it is important to keep in mind that it will not resolve the homelessness of every single adult in the community. There will still be unsheltered men and women who choose not to access the system. And there will still be a need for additional resources to prevent homelessness and ultimately reduce the over-all need for the housing and services the restructured system provides.

But when fully implemented, this housing and services strategy will have a positive impact on the lives of the individuals the system serves and the general well-being of the community that provides its ongoing support.

II. VISION AND PRINCIPLES: WHERE DO WE WANT TO BE

A. VISION

The general consensus in the Portland/Multnomah County community is that service systems should address the emergency, basic needs of homeless people while assisting them to move from homelessness to stability in housing. The past and current emergency basic needs system serving homeless single adults, which has resulted primarily from ad hoc community responses to the problems of homelessness, has primarily been one of providing shelter and food, with some efforts to stabilize people through transitional housing. This housing and services initiative represents a strategic plan for addressing the homelessness of single adults, based on the goal of providing access to housing and support services, in order to help individuals stabilize and move on to become healthy, productive citizens.

The planned housing/services system is based on a three-pronged approach to resolving the homelessness of single adults:

1. **Permanent/Transitional Housing Development:** The strategy targets the increased development of affordable housing that could serve as open market permanent housing and/or programmed (serviced) permanent and transitional housing, as needed. This strategy calls on the City of Portland, Housing Authority of Portland, and the private sector to develop approximately 500 low rent housing units per year. These 500 units will be open market housing, and program-specific and transitional housing as needed. It is anticipated that 500 additional low-rent units will make available 50-100 units annually to house homeless single adults. The new housing will open the current bottleneck and allow people residing in shelters and transitional housing to move through the service system and into an affordable permanent housing option.
2. **Available Housing/Services Utilization:** A second aspect to the strategy is to actively identify vacant housing units and to ensure that transitional and permanent housing units are fully occupied. A work group, consisting of housing providers and service agencies, will look at and address issues of utilization and coordination. Case managers specializing in housing placement will cooperate with the work group, the case management programs from other service systems, e.g., Alcohol/Drug Program and Mental Health, and homeless individuals to assess needs, link to resources, and locate and place people in the housing. As implementation proceeds, there will be an assessment of the need for transitional (programmed) housing units.
3. **Housing Support Resources:** A third aspect to the strategy is to provide the housing/services system with the tools to support homeless people in their housing stabilization. These tools include the availability of ongoing case management and funds for rent subsidies (long term rent assistance) and direct client assistance; the use of the funds is flexible to meet the needs of individuals. For instance, rent subsidies could be used to support a person in alcohol/drug free transitional housing and on into permanent housing.

B. PRINCIPLES AND POLICIES FOR THE HOMELESS SERVICES SYSTEM

This three-part strategic vision was based on a series of principles and policies developed during the community planning process to guide decisions on what type of approach this community would support in addressing homelessness. The principles and policies identified:

1. **Access to Housing:** Homelessness is an unacceptable life condition for anyone. All persons who so choose should have access to an affordable, decent home in a suitable environment.

2. **Dignity, Responsibility, Diversity:** Respect for the dignity of the individual and an understanding that the community is enriched by individual diversity should underlie the entire system. Recognition of and sensitivity in responding to individual characteristics, preferences, and strengths are prerequisites for serving this population.
 - a. A mutuality of responsibility exists among those receiving help, those providing it, and those who fund the services.
 - b. Homeless individuals should be involved in decision making about shelter policies, rules, programs, and services they receive.
 - c. Those receiving shelter and services should be encouraged to be accountable and responsible.
 - d. The public should be informed and educated concerning needs, programs, and issues of homelessness.
 - e. Each individual is entitled to all considerations prescribed by law when seeking a home and/or services.
3. **Range of Housing Options:** Because individual situations and needs vary, a range of housing options should be available, including emergency, transitional, and permanent housing.
 - a. Sufficient affordable housing should be developed, and ongoing advocacy for housing should be pursued.
 - b. Each neighborhood should have a mix of housing to ensure diversity of populations, including low income people.
 - c. A shelter/housing system should be based on specialized needs:
 - Women should be sheltered separately from men, emphasizing safety and security;
 - Persons in recovery from alcohol and/or other drugs should be sheltered separately from those who are actively using; and
 - Persons with severe mental illness should have the option of being sheltered separately.
 - d. Basic shelter in a safe and secure environment should be available for those who refuse treatment or services.
 - e. Emergency housing should be short-term and linked to support and services to enable persons to access and maintain housing most appropriate to their needs.
 - f. Transitional housing should be designed to address the needs of assessed individuals who would benefit from housing with services as access to permanent housing.
 - g. Emergency and transitional facilities should be safe and sanitary, adhering to community standards.
 - h. Because emergency housing or shelter is a necessary first step in resolving homelessness, public resources will assist in funding a minimum number of units. The priority for the limited public resources, after meeting the minimum, should be toward prevention of homelessness and increasing the availability of low-cost permanent housing.
 - i. Because funds are limited, the public and private sectors should work in partnership to provide adequate units of housing/shelter. Without that cooperation, the community may or may not be able to provide shelter for everyone desiring it.

4. **Range of Services:** A range of services should be available to individuals who are homeless to meet emergency basic needs and to address barriers to being permanently housed.
 - a. Case management services should be provided to assist each individual to move, as quickly as possible, into stable, permanent housing.
 - b. Individuals should have access to a comprehensive array of services to address their emergency basic needs and problems that jeopardize their ability to obtain and maintain housing (e.g., health, mental health, substance abuse.)
 - c. Employment and/or income assistance should be adequate to obtain and maintain housing stability. Linkages to employment systems should be developed on behalf of homeless persons, and advocacy for adequate employment and income benefits should be pursued.
 - d. Case management and services should be available to assist persons at-risk of homelessness to remain in housing.
 - e. Services to individuals should be integrated and coordinated between agencies. Mechanisms should be in place for planning, developing, and coordinating services.
 - f. Programs managed and funded by Multnomah County (e.g., alcohol and drug, health, mental health, youth, homeless) should address the needs of persons who are homeless or at risk of homelessness.
 - g. Client-level service coordination will be provided through information and referral/short term intervention, assessment, case management, and follow-up.
 - h. The Cities of Portland and Gresham and Multnomah County should coordinate funding and other activities, and build a wide range of partnerships (e.g., with United Way and the State) to link housing and services to assist in resolving homelessness.
5. **Quality Assurance:** All services to assist individuals, whether connected with emergency, transitional, or permanent housing, should operate at the highest professional and community standards.
 - a. Quality assurance procedures should be adopted to conform with this principle.
 - b. Ongoing evaluation of programs and the system of services should be conducted. A client tracking system to collect data on demographics, service utilization, and follow-up should be developed. Data should be utilized to identify populations, needs, effectiveness of interventions, and to plan services.
 - c. Providers, consumers, and other citizens should be involved in policy making, program planning, and funding decisions.

III. STATUS: WHERE ARE WE NOW

A. POPULATION CHARACTERISTICS

Portland, Oregon is a moderate size city of about 437,319 people (1990 Census). The population of Multnomah County, which includes the City of Portland, surrounding small cities, and unincorporated areas is about 583,887 people. Multnomah County is the most populous county in the state; Portland is the largest city.

Exact numbers of homeless people cannot be determined, but approximately 14,000 homeless people, including children, were sheltered in Multnomah County in 1992-93. On March 17, 1993, around 228 people were turned away from shelters (one-night shelter count). Not counted are people who are doubling up with someone, and people living in cars or camping out and not seeking help. (1993 CHAS Public Discussion Draft)

Of the total number of homeless people in the County, around 7,000 of them are single adults, with the following characteristics (estimates):

- Male (around 88-90%),
- Suffering from chronic mental illness (25-30%), particularly the women,
- Suffering an addiction problem (90%),
- Illiterate (15%) or with a learning disability (40%).

The homeless population has grown considerably over the last decade, and there is a general expectation that there will continue to be significant numbers of homeless people even if the numbers do not increase. The number of homeless single adults using the mass shelters has declined over the past few years, even as increasing numbers are seen in the areas adjacent to Old Town (where most of the current shelters are located), and as increased requests for help come from homeless families with children.

In general, homelessness in Oregon results from multiple factors, among them:

1. **Economy:** Oregon has had a depressed economy for some time, even when other parts of the nation have seen economic growth. Rural parts of the state, in particular, have been hard hit, with the latest hit coming from the struggles of the timber industry and the closure of the lumber mills. The unemployment rate is running around 7% to 7.5%.¹
2. **Poverty:** Related to the downward economy is the increase in poverty. Between 1980 and 1990, there was a 20% increase in people living in poverty in Multnomah County and in the state. Poverty is tied to the lack of jobs that pay a living wage, and to entitlement incomes and minimum wage level that have not kept pace with inflation and do not provide enough income to maintain stability. People with poverty level incomes are easily pushed into homelessness by some crisis, such as poor health, job lay-off, increased rent, etc.
3. **Domestic Violence:** Domestic violence is a leading cause of homelessness among women and children. In 1991, Portland Police received over 11,000 emergency domestic violence calls, and 151 people were fleeing domestic and or sexual violence through homeless shelters on the March 17, 1993 one-night shelter count.
4. **Immigration:** Recent studies show that the rate of immigration into Oregon is higher than anticipated. Most of the immigrants (50 percent) reside in the Portland metropolitan area. The immigrants are coming

¹Source: "Oregonians: 3 Million and Counting", *The Oregonian*, November 5, 1993.

primarily from two socioeconomic streams: more highly educated than longtime Oregonians, and more in poverty. The high rate and speed of immigration has stressed the state's economy, which cannot absorb all the new migrants.¹

5. **Housing Loss:** This area has seen a significant loss of low rent housing. This is due partly to the national low rent housing crisis, in which the federal government's withdrawal from its commitment to affordable housing in the 1980's was a strong factor. The crisis is also due to local trends: development of affordable housing has not kept pace with population growth; many low rent housing options have been lost due to gentrification and/or urban renewal (for instance, 1,337 low rent housing units were lost in downtown Portland between 1978 - 1988); and housing vacancies are very low, around 2-3 percent, which results in increased rents.²
6. **Mental Health Institution Downsizing:** The state mental health hospitals have been significantly downsized over the past few years. While the transfer of patients from the hospitals to the community is supposed to be accompanied by a relocation plan for each patient, it is common knowledge that the level of community resources is inadequate to meet the needs. Further, since intakes at the hospitals have been restricted, some mentally ill persons who would have been hospitalized in the past may now be out on the streets without resources.
7. **Alcohol/Drug Addiction:** There appears to be a prevalence of drug/alcohol addiction among homeless people. Whether alcohol/drug abuse is more frequent now than in the past is not so much the issue as the marginal stability people with alcohol/drug problems are now facing. Previously, when economic times were sounder and there were more options for low rent housing, there was more "room for error". Now, however, people with alcohol/drug problems face high unemployment and very limited housing. A mistake is more likely to lead to loss of employment, eviction, and homelessness.

B. PARTNERSHIPS

In Portland/Multnomah County, the response to problems of homelessness relies on a variety of partners, who share responsibility for planning, funding, and administering services and activities directed at homelessness:

1. **Multnomah County:** As the administering body for the local Community Action Agency, Multnomah County Housing and Community Services Division is responsible for planning, developing, and managing service systems for homeless and low income people. Through agreement with the City of Portland, the County has been the lead facilitator of the community planning process that resulted in this housing and services strategy. The County is also the primary contracting body for homeless services; the City of Portland agreed in Fiscal Year (July to June) 1993-94 to transfer its homeless service dollars to the County for subcontracting with providers. Discussions with United Way are leading to commitments to coordinate funding for specific providers selected through a competitive request for proposal process, if not actually to transfer United Way dollars to the County for contracting.

The County is the primary governmental unit in this county assigned responsibility for health and human services. In addition to the Community Action program, it administers community health, mental health, alcohol/drug, and community corrections programs. While these programs are not specifically mandated or funded to serve the homeless, they play an important part in the lives of many homeless people.

2. **City of Portland:** The City is a major planning and financial resource for housing and support services. It participates in the planning for and funding of housing and services for homeless people, using its entitlement Community Development Block Grant, and related funds; it also staffs the Housing and

²Source: *Comprehensive Housing Affordability Strategy: Community Profile and Needs Assessment, Public Discussion Draft*. Prepared by City of Portland, City of Gresham, Multnomah County, July 15, 1993.

Community Development Commission, which advises on housing issues and oversees work of the City, City of Gresham, Multnomah County, and the Housing Authority of Portland. The City also develops and rehabilitates housing through the Portland Development Commission.

In addition, the City of Portland is responsible for public safety within City limits. The City's police bureau is actively promoting community policing, which helps to strengthen neighborhoods and communities in addressing problems of public safety. This effort is important in servicing homeless people, who may be the perpetrators and/or victims of unsafe conditions. (Old Town, where many of the homeless single adults congregate for services and shelter, is also the scene of active drug selling and use. While there is some question whether homeless people are contributors to the drug scene, there is no question that they are perceived to be part of the street problem.)

3. **Housing Authority of Portland:** The Housing Authority provides low rent housing, Section 8 housing certificates, and rent subsidies. As such, it is a major partner in the effort to create new affordable housing options. Further, because it is equipped to act as landlord, the Housing Authority offers the partnership an ability to keep low rent housing and emergency shelters under public control, which is viewed as an advantage while the housing/services system is undergoing major changes under public auspices and initiative.
4. **Private Providers:** The private, usually non-profit, service and housing agencies provide services, such as shelter operations, case management, and housing location and placement, directly to homeless persons. These agencies, under contract with Multnomah County also are able to generate private funds and resources (e.g., volunteers), which extend and enhance the public funding.
5. **United Way:** United Way is a major private funder of social service programs. These funds help support publicly funded services as well as offer agencies an opportunity to experiment with new or different services and service approaches. In prior years, United Way funded programs through a process completely separate from the public sector system. For next fiscal year, 1994-95, United Way has expressed an interest in funding programs consistent with the Housing/Services Strategy of Homeless Single Adults.
6. **Private Sector/Businesses:** The private sector is affected by homelessness and as such, has a part to play in the response. Some private housing developers/owners want to provide low-rent housing, particularly if they are assured a steady source of rent income, such as through the emergency housing voucher program. Businesses in Old Town, Portland have come together to address problems of street activity, including drugs and panhandling. This sector is seen as an important planning and resource partner in the response to homelessness.
7. **Churches and Missions:** The charitable contributions of religious organizations are also an important part of the whole system. Two major emergency shelters in downtown Portland are operated by missions (Portland Rescue Mission and Union Gospel Mission); other religious organizations and groups operate services in the downtown area that benefit people who are homeless.

C. CURRENT EMERGENCY BASIC NEEDS SYSTEM

The current emergency services system for homeless single adults has developed primarily to provide a safe place for homeless people to sleep and access services, including information, clean-up, and meals. Major components of the singles system include:

1. **Publicly-funded Night Shelters:** There are two publicly-funded "mass" shelters for around 300 (prior to renovation of the Glisan Street facility) single adults: the Glisan Street Shelter operated by Transition Projects, Inc., and Recovery Inn, operated by Salvation Army. Both shelters are in the downtown area;

Glisan Street is in Old Town while Recovery Inn is just across the Willamette River on Burnside Street.

Both shelters serve men, women, and chronically mentally ill populations. Men and women are separated into different rooms; otherwise there is little distinction in service support. Shelter occupants cannot be actively using drugs or alcohol to receive shelter.

2. **Mission Shelters:** Two missions operate shelters which offer around 113 beds. One uses private funds only (Portland Rescue Mission); Union Gospel Mission operates a shelter which is generally perceived as a private shelter but is actually publicly funded. Both of these shelters are located in Old Town. Most of the people served are men, although Union Gospel has served women in the past and has plans to create a women's program. Shelter occupants may be drunk and still receive shelter.
3. **Day Shelter/Clean-Up Center:** Public funds currently pay for a day shelter and clean-up center operated out of the Glisan Street shelter. Prior to the development of this housing/services strategy, those services were open to all homeless. With the local approval of the strategy and the remodeling of the Glisan Street facility, the day shelter and clean-up center have been limited to people staying in the night shelter.

The missions also have some day shelter/clean-up center capacity, which is open to anyone.

4. **Meals:** The shelters generally offer dinner as part of the shelter operations. Some public funds have been allocated to pay for meals for shelter occupants at a neighborhood restaurant. Several low cost cafes are located in Old Town, and there are several private (religious) soup kitchens nearby.
5. **Case Management:** The public funds do not pay specifically for case management assistance for shelter occupants, as a designated "singles" program, with the exception of case management for homeless single women moving to permanent housing. However, the Community Action system funds case management through one of a system of geographically-based community service centers, which help low income and homeless people address their problems of poverty and homelessness. Transition Projects, the operator of the Glisan Street shelter, also serves as the downtown community service center, and is responsible for providing case management assistance to shelter occupants trying to move to more stable housing.

Case management services may also be provided by the mental health, alcohol/drug, and community corrections programs but on an individual client basis and not as in a systems approach to services.

6. **Mental Health Support Services:** Public funding supports a 58 unit transitional housing program for chronically mentally ill homeless people (Bridgeview Community) in one of the downtown residential hotels. In the housing pipeline is a renovation project to provide permanent housing for people in recovery, with one floor designated for people with a dual diagnoses. A new outreach program for mentally ill street people (Project Respond) has been partially funded with Economic Improvement District and County funds. In addition, Mental Health Services West (non-profit mental health center under contract with Multnomah County to serve as the mental health services provider on the Westside of Portland) has just received a McKinney grant to develop a low-demand shelter and housing options for chronically mentally ill homeless people. The grant application was developed in coordination with this housing/services strategy.

With the State of Oregon downsizing the mental health hospitals, and with the State budget being reduced in response to Measure 5 (limitation of property taxes), community mental health services are in greater demand but becoming less available. Additional mental health treatment services are needed.

7. **Alcohol/Drug Treatment:** Uncertain funding maintains 81 alcohol/drug free transitional housing units for homeless single individuals in recovery. Stable funding for recovery and additional treatment services are needed.

8. **Employment Services:** Public funds help support a transitional housing program for homeless people enrolled in an employment program (Shoreline Employment Program). Additional employment opportunities are needed.
9. **Hispanic Services:** An increasing number of homeless single adults are Hispanic. An Hispanic Access program operates just outside of the Old Town area, which recently received increases in City and County funds. The City funds are currently tied to community safety and police activities, in part to deal with the perception that much of the drug occurrences in Old Town are related to people of Hispanic origin.
10. **Housing Resources:** According to a May 5, 1993 inventory of low cost housing in downtown Portland, there are some 4,054 housing units, of which 199 are programmed transitional housing (58 Bridgeview, 81 Alcohol/Drug Free at the Estate/Everett, 60 Shoreline Employment). There are additional low cost housing units in the Central City district on the east side of the river, and 181 subsidized permanent housing units exist for previously homeless people (57 at the Rose Apartments, 32 at the Barbara Maher, and 92 at the Sally McCracken). According to information collected in July 1993, there were some 30 vacancies in existing low cost housing, programmed and open market, which could be used to serve homeless people.

Around 330 low cost housing studio and single-room-occupancy units are under development downtown, 218 of which have Section 8 rent subsidies:

- **The Broadway Hotel**, with 105 SRO units, is being substantially rehabilitated. It will be ready for occupancy by March 1994.
- **Elderhope** will have 118 subsidized studio units for elderly persons and those over the age of 50 with a disability. The target population is those who are homeless or at-risk of homelessness. It is scheduled to open in September 1994.
- **The Rothschild Building**, the former United Way building, will provide 100 subsidized SRO units for formerly homeless persons who are in recovery. Similar to the Sally McCracken, many of its tenants will come from short-term alcohol/drug free housing. One floor will house those with a dual diagnosis.

Additional units dispersed throughout the city also offer housing options for single adults.

While there are multiple services and programs to address the emergency basic needs of homeless single adults, they are not focussed as a system on moving people out of homelessness and into housing stability. The intent of the housing/services strategy is to change the status quo and refocus the system on reducing the incidence of homelessness of single adults.

IV. THE MODEL: WHAT WILL THE SYSTEM LOOK LIKE

A. OVERVIEW

This model for a restructured system of housing and services for homeless single adults was developed through a community planning process. After a program review to determine what the current system looked like, various work groups met to identify needs and goals for specific subpopulations of single adults. Through this process a service model was developed which presented an ideal system of housing options and range of services. The model was reviewed and approved in May 1993 by numerous advisory groups, including the Community Action Service Providers, Homeless Advisory Committee, Community Action Commission, and Housing and Community Development Commission.

The primary goals of the housing/services model are:

- To assist homeless persons to access stable housing quickly, and
- To provide the support needed to maintain stable housing.

To achieve these goals, the model includes four housing options: basic shelter, emergency housing, transitional housing, and permanent housing. The model also includes supportive services, such as case management and employment. Table A (Appendix A) defines the components of the model, the estimated cost, and proposed funding responsibility. The model makes assumptions about the appropriate partner to pay for certain types of services; for instance, responsibility for an open-access day shelter is assigned to the private sector.

The model is not a continuum that requires a homeless person to pass through every housing option on the way to permanent housing. It represents a spectrum of supportive housing options that the community needs if it is to provide its homeless citizens with realistic alternatives to homelessness. While some individuals may need the full spectrum of supportive housing options, other individuals may be able to secure permanent housing after only a short stay in emergency housing.

B. SYSTEM ASSUMPTIONS

The housing and services model for homeless single adults is based on the following assumptions:

1. Current Resources Will Continue:

- a. All existing transitional housing programs and permanent housing options for single individuals remain constant.
- b. The two existing religious missions (Portland Rescue Mission and Union Gospel Mission) continue to fund and provide shelter at current or expanded capacity levels, and at least one of them provides basic shelter to homeless women. These private programs function as the system's "safety net", with the fewest requirements for service access.
- c. The rehabilitation of the United Way building will be completed by January 1995. This will provide single-room-occupancy housing with Section 8 rent assistance for an additional 100 homeless men and women who are in recovery from substance abuse, including those with a mental illness.

2. Public Funds May Need to Be Redirected:

- a. Public funding at current levels should support a basic package of core services needed by the homeless single adult population. Other important services identified in the plan will need private or expanded public support.
 - b. The publicly-supported system assumes cooperation and responsibility of clients to work toward independent living.
 - c. The City of Portland Bureau of Housing and Community Development, Multnomah County Housing and Community Services Division/Community Action Program, and United Way will fund FY 1993-94 homeless single adult services at FY 1992-93 levels, plus cost of living.
 - d. The County Community Action Program will reallocate a portion of voucher and rent assistance funds used for single individuals to provide basic support for this revised system.
 - e. Resources are devoted to the development of permanent, affordable housing in sufficient quantity to provide a transition of single individuals to permanent housing from the homeless housing and services system. Affordable housing is essential to prevent others from becoming homeless.
3. **There Will be a Change in System Focus:** The implementation of this system of housing and services will reduce the amount of time people spend homeless. While not every homeless single adult will receive shelter/housing in the restructured system, those who do obtain assistance are more likely to achieve some form of stable housing.

C. TARGET CAPACITY

The two large publicly-funded shelters (Glisan Street and Recovery Inn) have a capacity of around 300 but are serving around 234 people per night.³ This population has declined over the past few years.

The model calls for an increase in total numbers served, but a decrease in numbers served at the emergency shelter, as listed in Table I.

TABLE I: CAPACITY OF RESTRUCTURED PUBLICLY-FUNDED SYSTEM

LEVEL OF HOUSING	POPULATION				TOTALS
	MEN	WOMEN	MENTALLY ILL	COUPLES	
EMERG HOUSING	30	30	30	10	160
TRANSITIONAL	60				
BASIC SHELTER	90		20	0	110
TOTALS	180	30	50	10	270

³As of November, 1993, the Glisan Street shelter facility is under renovation and is serving fewer people than previously. Once the renovation is complete, the shelter is expected to have a 120 bed capacity, compared to the prior 150 bed capacity.

The model serves as both a generic structure for sheltering and housing homeless adults, but it also specifies types of facilities for certain subpopulations: men, women, couples, and chronically mentally ill people.

Mens Services

The majority of homeless single adults are men. The model sets capacity for men's services at 180, with 90 being served in a basic emergency shelter, 30 served in emergency housing, and 60 in transitional housing. The shelter would be alcohol/drug free and a place for homeless men who were willing to work on issues of homelessness; for those not willing to work toward self-sufficiency, the mission shelters would be the primary resource.⁴

Womens Services

The planned capacity for single women is 30. Based on the system's principles, women would be served separately from men, in order to promote safety and security. The women's program would have shelter beds combined with emergency, and, potentially, transitional, housing units, located in one facility. Women who use the current shelters frequently have a severe mental illness; have mental health problems but are not eligible for state funded services; have multiple problems such as alcohol/drug addiction, health problems, or patterns of domestic violence; or need only short-term housing and emergency assistance (small percentage). The housing and services program for women would most likely serve women with multiple problems, including mental health problems, as well as those with short-term needs. Women with severe mental illness are expected to be served by the program targeted to chronically mentally ill people.

Chronically Mentally Ill Services

The approach to housing and serving people with chronic mental illness is somewhat different from that serving other homeless men and women. For chronically mentally ill people, there is a need for shelter, housing, and support services similar to the general homeless population, but also a need for a range of treatment, such as diagnosis and treatment planning, medication management, counseling, supportive therapy, 24-hour crisis response services, vocational rehabilitation and training, and employment assistance.

In addition to service needs, many homeless people who are mentally ill have difficulty accessing general population shelters and housing programs. Some homeless mentally ill display extreme behavioral disorders. Many may avoid meaningful contact with service providers for a variety of reasons.

The model identifies a low-demand shelter with capacity for 20 people, targeted to persons who are more resistant to treatment, including people who have failed other supportive programs, have become "institutionalized homeless, or have never tried to access services. In addition, the model includes 30 emergency and transitional housing units for this population.

The chronically mentally ill program would serve both men and women⁵.

⁴The model as approved originally described the 90-bed basic shelter as free from requirements to work toward self-sufficiency. This concept changed during the implementation planning, when public funds were more directed at reducing homelessness and increasing self-sufficiency, while the missions and private resources were earmarked for the "safety-net" services. Details of how the 90-bed shelter would work were left to actual operations, but the intent was clear that people occupying the public shelter would, in fact, need to work toward ending their own homelessness.

⁵Although advocates and providers of services to homeless women felt that women should be served separately from men, this separation was not expressed as a need for homeless with chronic mental illness. The Bridgeview program houses homeless mentally ill men and women in the same facility; women comprise about 40% of those currently served in that program.

Couples Without Children

During the review and approval of the model, the lack of resources for couples without children was identified. Other systems and agencies serve women suffering from domestic violence and families with children, but very few resources exist for childless couples who are homeless and want to stay together as a couple. The proposed model was amended to add capacity for 10 couples to be served in an emergency/transitional housing option.

D. COMPONENTS OF THE HOUSING/SERVICES MODEL

The model addresses a range of services and housing options, described below and summarized in Table A in Appendix A. For more detailed descriptions, please refer to the model, in *A Proposal for a Restructured System of Housing and Services For Homeless Single Adults in Downtown Portland*.

1. **Education/Publicity:** In order to educate the community about homelessness and services and garner support, the model calls for the development of written materials, public service announcements, speakers forums, etc. This is seen as a \$5,000 to \$8,000 project relying on private resources.
2. **Outreach/Information:** In order to inform and educate homeless people about services as a means to linking them to needed resources to resolve their homelessness, two services are included in the model: outreach and information/referral. For the outreach service, people would go out onto the streets to find homeless people, provide them with information about resources, and advocate for services and housing on behalf of individuals. This project, estimated at one to two staff people, would cost around \$30,576 to \$61,152 using private funding (e.g. church volunteers). For the information/referral service, two staff would provide information and assistance to persons who were not staying at the publicly funded shelter to help link them to resources and to help them address immediate problems. This is considered a public responsibility but not one of the core services to be funded immediately; the cost is estimated at \$78,000.
3. **Case Management/Intake/Assessment:** Intake, assessment, and other case management functions link housing to services. A key component of the model, this intake/assessment program would assess the situations of homeless persons and direct them to the most appropriate resource, including the basic shelter and emergency housing. In order to access these resources, it will be required to go through the centralized intake process. Beyond the intake function, however, this program would provide trained staff assistance to help homeless people identify their problems, access resources, and work toward an agreed-upon goal. The program staff would have access to specialists from other case managed systems, e.g., mental health and alcohol/drug. The program would also include specialists in housing placement, who would be a link to public and private landlords and would help locate housing units for homeless individuals. The model calls for 9.5 staff, at a cost of \$370,500, to be borne primarily by the public and private nonprofit sectors.
4. **Shelters:** The model calls for essentially three shelters: one (could be in more than one facility) with 90 beds for men, one for 30 beds to be combined with emergency/transitional housing for women, and one 20-bed low demand shelter for chronically mentally ill homeless. The shelters would be the first step for many homeless persons to get off the streets and begin working towards their goals. The shelters are not intended to be comfortable residences; they are expected to encourage progress toward self-sufficiency. As such, they would be 24-hour lodgings for those occupying beds. Responsibility for funding the operations costs would lie with all sectors but primarily with the public sector. The community is committed to providing winter emergency overflow shelter when weather conditions are particularly hazardous. Privately and publicly funded shelters will work together with funders to provide this.

5. **Housing Options:** The model includes a variety of housing options:
- **Emergency housing** is designed for people who are ready to begin resolving the causes of their homelessness; it is particularly appropriate for newly homeless people who may be able to secure permanent housing with minimal assistance. Emergency housing may look similar to a shelter or to a single-room-occupancy unit, but in general, it provides more privacy than a dormitory-type shelter.
 - **Transitional I housing** provides a supportive environment for a person who is waiting for permanent housing, a more supported type of housing (Transitional II), or a residential treatment program. The housing is usually a single-room-occupancy unit or an apartment; the programming in the housing option emphasizes an increased level of self-sufficiency. The model calls for 160 of the emergency/transitional type housing options to become available.
 - **Transitional II housing** has specific programming objectives, such as recovery in an alcohol/drug free environment, employment training, or mental health supports. The housing is offered as long as the client is participating in the service program. The model includes the Transitional II housing for mentally ill (Bridgeview) and for alcohol/drug free recovery (Estate and Everett), since they are currently publicly funded.
 - **Permanent housing**, the ultimate goal for the system, can be open-market or subsidized housing. The model includes rent and deposit assistance to help the homeless get into permanent housing and the development of at least 100 units per year.
6. **Chronically Mentally Ill Program:** The model includes a continuum of shelter and housing options for chronically mentally ill homeless. (The individual elements are referenced in the shelter and housing options above.) The program calls for a low demand shelter and emergency/transitional housing, serving up to 108 chronically mentally ill persons. Part of the continuum exists: 58 supportive housing units in a downtown residential hotel (Bridgeview Community, located in the Golden West Hotel). The other elements - the shelter and additional housing - have recently been funded under a Safe Havens/McKinney grant.
7. **Hispanic Services:** The need for case management and housing targeted to homeless Hispanic men has been addressed in the model, for a program with an estimated cost of \$106,500. The intent is to have case management services with a specialty in housing placement, to help the men find and move into housing.
8. **Employment Services:** The model calls for several employment-related services, among them voice mail so that homeless people looking for employment can receive calls back; an employment support program which offers subsidized jobs, rent/deposit assistance, and assistance from an employment specialist; and a pool of direct client assistance funds to help homeless people pay for general needs. Employment related services are estimated to cost \$419,686.
9. **Day Shelter:** The model, as it has been implemented, calls for 24 hour shelters for men and chronically mentally ill people. An additional open-access day shelter with clean-up center capacity, estimated to cost around \$152,304, is designated for private funding. Public funds would support the day capacity at the shelters for people staying in the shelters.
10. **Evaluation:** The community expressed great concern that the changes to and goals of the restructured housing and services system be evaluated, to determine their success in reducing homelessness. The services of around one staff person (spread among several staff) would be needed to implement the strategy and evaluate its effectiveness.

V. IMPLEMENTATION: HOW DO WE GET THERE

A. INTRODUCTION

The implementation plan⁶ for this strategy emphasizes the targeting of current public funds and aggressive resource development to establish the shelter and housing foundation for the restructured service system. This is considered "phase one implementation" because these core shelter/housing/case management services are essential to any system restructuring. Implementation is expected to occur over three to four fiscal years as capital development and increased resources come on-line. Implementation can begin without all resources, however; current public and private funds amount to a significant portion of the estimated \$2,649,030 annual operating costs for the core services (51% in public funds only and 70% in combined funds).

The other portions of the service model - shelter and additional housing for chronically mentally ill people, subsidized employment, outreach, and Hispanic services - expand and enhance the core services; their development will be part of a second phase implementation. Phase two does not imply that all phase one services must be on-line before funding is sought for phase two services; fundraising can go on concurrently as opportunities arise.

B. IMPLEMENTATION GOALS AND OBJECTIVES

The implementation objectives have been organized to meet five goals, listed in Table II below. Table B in Appendix A summarizes the objectives by lead agency; for details of the implementation process, refer to the *Implementation Plan*.

TABLE II: IMPLEMENTATION GOALS

1. To target current City/County allocations for homeless single adults services to the core services identified in the housing and services model, in order to improve housing stabilization rates among homeless single adults. (As changes are made to conform to the system model, disruption of services to homeless persons will be kept to a minimum whenever possible. Also, targeting public funds changes responsibility for funding some existing services included in the model system from the public to the private sector. These are addressed in goal 4.)
2. To maximize utilization of current and pending housing projects and to develop emergency shelter and permanent/transitional housing resources in accordance with the model and housing goals of the Downtown Housing Preservation Program, the Comprehensive Housing Affordability Strategy, and other comprehensive plans.
3. To aggressively seek additional funding beyond committed City/County and private resources to fully implement the restructured housing and services system.
4. To assist business associations and neighborhoods in addressing perceived problems of undesirable street activity.
5. To evaluate the restructured housing/services model as it is being implemented in order to maintain consistency with program principles and responsiveness to current needs of homeless persons.

⁶Refer to *Restructured System of Housing and Services for Homeless Single Adults in Downtown Portland, Proposed Implementation Plan: Phase One (9/17/93)* for a detailed three-year work plan to implement the core services and housing.

Implementation activities, related to components of the model include:

1. **Redirection of the Current City/County Funded Emergency Basic Needs Service System:** The model calls for public and private dollars to be refocused and reprioritized away from basic "warehousing" of homeless persons in mass shelters and towards housing stabilization. Specifically, the model calls for:
 - A reduction in mass shelter capacity from over 300 beds to 90 beds for men and 20 beds in a low demand shelter for chronically mentally ill adults,
 - Development of 90 emergency/transitional housing units for men, 30 for women, 10 for couples, and 30 for chronically mentally ill adults,
 - Private funding for Union Gospel Mission shelter,
 - Private funding for an open-access day/clean-up center, and
 - Development of a case management program with centralized assessment and intake and specialties in housing placement, relocation, and eviction prevention, targeted to help homeless single adults address and resolve problems causing their homelessness and gain access to community resources. This program will have liaisons with other community service systems for linkage to those system resources.

Implementation targets current City of Portland, Bureau of Housing and Community Development and County Community Action Program funds in accordance with the model. Contingent upon completion of the new or rehabilitated housing and shelters, public resources are shifted over time from funding an open-access day/clean up center and three mass shelters to funding 90-130 shelter beds for men (24 hour), 50-60 emergency shelter units each month for women and couples and additional housing placement/case management positions. (Upon creation of shelter/transitional units for chronically mentally ill homeless persons, the shelter numbers above will drop to the lower range and single women will be separated from couples.) These have been identified as the priority, or core, services for housing stabilization.

2. **Maintenance of Existing Specialized Housing Programs:** The restructured system model calls for maintenance of currently-funded transitional housing for recovering alcohol/drug addicts (81 units) and for homeless chronically mentally ill people (46 units; an additional 12 units were funded in FY 1992-93 on a one-time-only basis.) The implementation plan retains FY 1993-94 funding for these programs. Some of the newly funded transitional housing may need to be designated alcohol/drug free to retain the 81 unit level for this type of housing, should a stable financial base not be found through other sources.
3. **Development of New Affordable Housing Options:** The model requires the creation of emergency/transitional housing for men, women, couples, and chronically mentally ill adults. Phase one of the implementation plan focuses on options for men, women and couples; phase two will focus on housing and services for specialized populations. The implementation plan sets as an annual objective the development of 50 - 100 affordable permanent housing units, which would be available for both open-market and programmed housing; another objective would allocate \$276,000 in rent subsidies for 100 people per year from new dollars. These objectives require additional resources allocated to housing; the development goal for affordable housing is also tied to the Comprehensive Housing Affordability Strategy.
4. **Development of Support Services for Homeless Adults:** The restructured system model includes services with housing for Hispanic men and an employment program. Other support services, such as mental health and alcohol/drug treatment were not proposed in the model and will require partnerships with those service systems and additional funding. Hispanic services have been addressed as a community policing objective and as a target for some of the new Hispanic access funds appropriated by the City of Portland and Multnomah County for FY 1993-94. Development of these programs is primarily a phase two implementation.
5. **Development of Public/Private Partnerships:** The model was developed with the assumption that the public sector alone cannot fund the restructured system; private investment is absolutely essential. Certain services are targeted for private funding, such as an open access day center, publicity, and outreach. The

implementation plan objectives reflect this approach, with current public funding for the open-access day/clean up center transferred to core services targeted in the model for public funding; indications from the private sector, including religious missions, suggest the need for this service can be met by the private sector. The plan also recommends a policy change to encourage a provider share, as a recognition of the existing partnership between nonprofit service providers and public funders.

6. **Evaluation of the Model and Implementation Plan:** Both the model and implementation plan emphasize monitoring and evaluation to determine effectiveness and responsiveness to changing needs and circumstances.

C. TRANSITION FROM SHELTER TO HOUSING

The implementation goal of shifting focus from shelter to housing for homeless single adults is contingent upon development of the restructured shelters and alternative housing. Full downsizing of the mass shelters to the levels included in the model service system would follow the development of the new shelter and housing options. Currently the shelters serve around 230 people per night (capacity is 300).

The development of permanent housing is expected to reduce or even eliminate the bottleneck now experienced in transitional housing. More capacity will be created in existing transitional housing by the availability of additional permanent housing; individuals who are ready will be able to move from emergency/transitional to permanent housing. The need for transitional or programmed housing will be assessed each year by the work group, and transitional housing will be assigned. The City has been targeted to assure access to 90 transitional housing units for men in FY 1994-95; upon evaluation of the plan in FY 1995-96, it will be decided whether it is necessary to continue these 90 beds of "permanent" emergency/transitional housing for men, as called for in the model. If so, this housing will be developed as part of phase two of implementation of the model.

Following is the targeted timetable for shifting resources to serve around 230 people in the restructured system.⁷

- **FY 1993-94:** Relocate 30 persons from shelter to vacancies in existing housing. Relocate an additional 20-45 persons from shelter to new permanent housing units (eg. Broadway Hotel, Elderhope) or to other permanent/transitional units vacated because of new housing availability (eg. Estate). Remodel the Glisan Street shelter and lower capacity level there to 120-130 (about the current usage); continue funding Recovery Inn (150 bed capacity). **Target capacity: 320-355. Shelter capacity: 280. Additional housing units FY 93-94: 50-75.**
- **FY 1994-95:** Develop 100 additional units of affordable permanent housing for single adults. The work group assesses the need for transitional housing and assigns units on an interim basis. Relocate 40-80 persons from shelter to permanent/transitional housing (using rent subsidies as needed and as resources are available). Develop a women's and couples shelter/emergency housing, serving 50-60 people per night. Serve 120-130 men in a shelter. **Target number capacity: 210-270. Shelter capacity: 170-190. Additional housing units FY94-95: 40-80. Additional housing units FY93-94 and FY94-95: 90-155.**
- **FY 1995-96:** Develop 100 additional units of affordable permanent housing. The work group assesses need for transitional housing, including those for men, and assigns units on an interim basis. Relocate 90-

⁷This timetable was developed before the award of a Safe Havens/McKinney grant for the innovative housing program for chronically mentally ill homeless people, which funds the low demand shelter and additional housing elements of the model. With the development of these services, shelter downsizing should be able to proceed at a faster rate.

100 persons from shelter to permanent/transitional housing. Assess feasibility of funding shelter for chronically mentally ill, and change shelter capacity to 90 beds for men, 20 for CMI, 30 for women, and 10 for couples, if possible. Evaluate model implementation. Revise model if needed based on evaluation. Plan for continued implementation of model. **Target capacity: 240-250. Shelter capacity: 150. Additional housing units FY95-96: 90-100. Additional housing units FY93-94 through FY95-96: 180-255.**

- **FY 1996-97 and Thereafter:** Bring on-line 50 units for chronically mentally ill persons (20 in low-demand shelter and 30 in emergency/transitional housing). Reduce other shelter/emergency housing capacity from 180 to 130 units (90 for men, 30 for women and 10 for couples) if not done so earlier. Continue development of affordable housing.

D. FUNDING

The total cost for the restructured housing and services system is around \$4,464,046 per year in operating costs and between \$9.7 and \$12.7 million for capital development. Funding estimates indicate around \$2,857,431 to \$2,980,358 of the operating costs are covered by current allocations, the range depending on the degree to which the resources can be reallocated from existing services to services identified in the model. This leaves an operating service gap of around \$1,606,615, assuming all the private dollars can be reallocated to this program.

Funding/Resource Development Approach

In order to fund the system, a three-point approach is used:

1. **Targeting or Reprogramming Existing Funds:** The County's Community Action Program and the City's Bureau of Housing and Community Development have, through this housing/services strategy, committed to reallocating existing funds from lower priority to higher priority services. Table C in Appendix A shows how the current City/County funds allocated for homeless single adults programs could be reprogrammed. The changes over several fiscal years reflect the same base allocation increased only by cost of living.
2. **Resource Development:** The strategy calls for an aggressive resource development strategy focussing on both reallocation of public dollars and solicitation of private dollars. In so doing, this community has agreed to treat other homeless populations, e.g., families, youth, victims of domestic violence, fairly; money will not be pulled from those systems to implement the singles system. While resource development may focus solely on funding for homeless single adults, some of the strategies used, such as a resource developer to develop new funding streams, will work to increase funds for all homeless people, not just single adults.
3. **Private Sector Involvement:** The strategy puts a strong emphasis on public/private partnerships. Where this relates to funding, the approach is to use public support to promote and consolidate private initiatives to fund specific projects. For instance, the implementation plan goal number four uses a traditional community action process to involve the neighborhoods and private sector in community projects, such as funding and operating a day shelter for street people.

Funding Goals and Targets

Table E in Appendix A presents fundraising goals for designated partners in this housing/services system. The targets are based on the following goals:

1. **Phase One:** Currently, between 51% and 70% of the estimated \$2,649,030 operating costs of the core services (case management, housing, and shelter) is covered through public and service provider funds.

This leaves around \$1,386,855 to \$870,360⁸ to be raised for operating costs from the public and private sectors, the range depending on the degree to which service provider funding is considered part of the system. An additional \$8.7 to \$11.6 million is needed for capital development of shelters and housing; \$3.7 to \$5 million of this amount is an annual development cost for new housing.

2. **Phase Two:** Approximately \$1,529,421 in operating costs are needed from the public and private sectors to implement the phase two programs. Of that amount, \$1,027,249 is currently funded, \$964,235 from public sources and \$63,014 from private sources. The fundraising goal for phase two programs is \$502,192.⁸.
3. **Solely Privately-Funded Programs:** Cost estimates of solely privately-funded programs range from \$285,595 to \$319,171⁸. Two programs - day center and basic shelter - currently have public funding support; the service model and implementation plan shift public funds from those services. The other two services - outreach and publicity - are not currently available.

E. SITING CONSIDERATIONS

The community planning to develop this housing and services strategy identified a number of considerations for siting shelter and housing facilities for homeless single adults. A separate and subsequent process is currently underway to develop a siting strategy. The contents of that strategy are beyond the scope of this document, but when complete, the *Program Statement* should be a valuable addition to this strategy document.

Location of Facilities

Downtown Portland is divided by Burnside Street and the Willamette River. The Old Town district sits on the northwest portion, with the retail/commercial/city/countygovernment business district occupying the southwest portion. The Central Eastside Business District, which spans Burnside Street across the river, is light industrial and commercial with some housing. These areas make up the downtown core.

The housing/services system for homeless single adults has been concentrated in the downtown Portland core, specifically in the Old Town area. Old Town was the original "Skid Road" area and housed lumberjacks and sailors in a variety of low rent boarding homes, single room occupancy hotels, etc. Old Town also housed the area's "Japan Town" and is the site of "China Town". It is currently the site of the Greyhound Bus Depot and the railway station.

As times have changed, the downtown core, has seen much revitalization. In consequence, much of the old style housing has been converted to office buildings, expensive hotels, or other uses. In the past year, two low rent residential hotels with 194 units have been demolished to make room for a new federal courthouse.

While efforts are being made to preserve the remaining low rent housing stock and renovate deteriorating stock in the downtown core, there are competing pressures to revitalize the area with higher cost housing and changing uses. There is pressure to relocate services and facilities for homeless people out of the downtown core and to diversify other city neighborhoods. This pressure is coming not only from the downtown community but also from the Fair Housing Task Force, which has been involved in revising the City of Portland's zoning code. The code revisions attempt to make it easier to site homeless shelters and housing throughout the city while making it harder to site them in designated "impact areas" where there are concentrations of low income people or specialized facilities.

⁸ The fundraising goal does not equal the balance of estimated costs less current funds. The fundraising target is \$1,606,615 (see Appendix A, Table D). Because some programs receive private funding over and above the estimated cost, a straight calculation underestimates the amount of funds needed to be raised.

The siting planning process is reviewing and addressing these pressures, and it is looking at ways to spread the homeless shelter sites to both sides of the river.

Incompatible Uses

The principles and policies developed for this housing/services strategy require the separation of housing programs for at least five subgroups:

- Men in emergency/transitional I housing;
- Men in shelter;
- Women in shelter/emergency/transitional housing;
- Mentally ill persons in emergency and transitional housing; and
- Mentally ill persons in low-demand shelter.

Separation does not necessarily mean separate physical sites; rather, the facility should not require interaction between or among subgroups. If two or more programs are co-located in a single facility, the populations should be physically separated and should have separate entrances, if possible.

VI. CONCLUSION

This housing/services strategy for homeless single adults is a further step in this community's effort to resolve the problems of homelessness. It is neither the beginning nor the end of the community planning process. Even as this document is being written, implementation of the strategy is occurring. This strategy marks a major milestone in the community's willingness to work together to resolve social problems; new levels of coordination of planning and funding among the governments of the City of Portland and Multnomah County, and United Way have been reached with this housing/services strategy.

And while implementation of the strategy can and is occurring without all the resources, it must be acknowledged that without increased funds for homeless single adults, the full complement of services identified in the model will not be achievable. Housing options, rent subsidies, and supportive services to help resolve homelessness (e.g., alcohol/drug treatment, mental health services, and employment) remain critical needs for this population. These resources will require an aggressive resource development strategy, which must include coordination with existing programs and funders, such as County Mental Health, Alcohol/Drug, and Corrections programs, and United Way.

It is also acknowledged that there will be some homeless people who will not receive services under this system. Some people will not be able to access services, and some will not want to. The general consensus, however, is that those people who are served, will be better served and will be able to move out of homelessness and into a life of self-sufficiency and housing stabilization.

APPENDIX A

TABLES

TABLE A: HOUSING AND SERVICES MODEL FOR HOMELESS SINGLE ADULTS, WITH DESIGNATED FUNDING RESPONSIBILITY

This table presents the components of the restructured housing/services model for homeless single adults. It also assigns funding responsibility based on community discussions over the proposed model, current funding patterns, and implementation guidelines. Percentages are not intended to be exact requirements but rather serve as targets.

CATEGORY	ESTIMATED COST	PUBLIC SECTOR RESPONSIBILITY	UNITED WAY & NONPROFIT RESPONSIBILITY	PRIVATE SECTOR RESPONSIBILITY
To Provide Information on Availability of Assistance: Outreach/Client Finding/Information and Referral Services				
1. Education & Publicity To produce, coordinate, & disseminate publicity materials, speakers, etc.	\$5,000 - \$8,000			100%
2. Outreach & Information Dissemination To search out and inform homeless persons about services & resources to resolve homelessness. Basis: 1-2 FTE @ \$19.60/hour, 1,560 - 3,120 hours (based on \$6.50/hr wage)	\$30,576-\$61,152			100%
3. Information/Referral/Crisis Intervention To provide information and assistance to persons who are not staying in publicly funded shelter. Basis: 2 FTE @ \$25/hour, 3,120 hours	\$78,000	70-80%	20-30%	
To Provide Access to Housing and Services: Intake/Assessment/Case Management Services				
4. Case Management Program/Agency Through case management & housing specialization, to help people access resources and services needed to move out of homelessness and become stabilized in permanent housing. Basis: 9.5 FTE @ \$25/hour, 14,820 hours. Program operates 12 hours/week, 5 days/week, with staff staggered hours to cover the 12 hours.	\$370,500	80%	20%	

CATEGORY	ESTIMATED COST	PUBLIC SECTOR RESPONSIBILITY	UNITED WAY & NONPROFIT RESPONSIBILITY	PRIVATE SECTOR RESPONSIBILITY
5. Program for Hispanic Men To help Hispanic men end homelessness by providing access & linkage to resources, including transitional housing, immigration issues, advocacy, & liaison to other programs. Basis: 1 FTE @ \$25/hour, 1,560 hours (Housing/Hispanic Specialist) 15 Transitional Housing units @ \$375/month	\$39,000 (staff) \$67,500 (hsg)	80%	20%	
6. Case Management for Women in Permanent Housing To assist homeless women transition to and stay in permanent housing. Basis: 1 FTE @ \$25/hour, 1,560 hours	\$39,000	70%	30%	
To Provide Emergency Shelter and Housing				
7. Basic Shelter (Alcohol and Drug Free) To provide safe, sanitary night shelter for up to 90 homeless men (24 hour access) Day Programming To provide out-of-weather and safe location for basic shelter users, including self-sufficiency programming. Basis: 5.6 FTE @ \$19.60/hr, 8,736 hours, 16 hour staffing (night shelter staffing). 90 people x 75 Sq.Ft. x \$7.50/sq.ft (space). 90 meals x 365 nights x \$3.50/meal (dinner). 2.8 FTE @ \$19.60/hr, 4,368 hours (day shelter staff).	\$171,226 (staff) \$50,625 (space) <u>\$114,975 (meals)</u> \$336,826 (night shelter) \$85,613 (day shelter) \$350,000 (rehab)	40-60%	20-30%	20-30%
8. Basic Shelter (Not Alcohol/Drug Free) To provide safe, sanitary night shelter for up to 65 people who may be intoxicated or under the influence but are not actively using alcohol and/or drugs. Basis: 2 FTE x \$19.60/hr, 3,120 hours (staffing). 65 people x 75 Sq.Ft. x \$7.50/sq.ft. (space).	\$61,152 (staff) <u>\$36,563 (space)</u> \$97,715			100%

CATEGORY	ESTIMATED COST	PUBLIC SECTOR RESPONSIBILITY	UNITED WAY & NONPROFIT RESPONSIBILITY	PRIVATE SECTOR RESPONSIBILITY
9. Emergency/Trans I Housing for Men To provide single-room-occupancy housing for 90 men who have been assessed and have agreed to work on resolving homelessness. Basis: 90 units @ \$275/month	\$297,000 (operating) \$3.7 - \$5 m. (new construction)	100% (rent) 100% (capital)		
10. Emerg/Transitional Housing for Women To provide single room occupancy housing for 30 women who have been assessed and have agreed to work on resolving homelessness. Facility to be separate from men's and preferably not in downtown or Old Town area. Basis: 30 units @ \$275/month	\$99,000 \$920,000 - \$1.2 million (new construction)	100% (rent) 100% (capital)		
11. Emergency/Transitional Housing for Couples To provide studio or one-bedroom units outside of Old Town/downtown for couples without children. Basis: 10 units @ \$386 (FMR)/month	\$46,320	100%		
12 Innovative Housing for Persons With Severe Mental & Illness: Low Demand Shelter for 20 and 30 14 Emergency/Transitional Housing Units To provide 24-hour safe night & day shelter with meals for 20 homeless mental ill people who do not use services. To help mentally ill homeless obtain housing and services. Basis: Safe Havens, McKinney Grant Application	\$925,235 (operating) \$1,050,000 (rehab)	80-100% (service) 100% (capital)	0-20% (service)	
13. Emergency/Trans. Housing Program for Persons with Severe Mental Illnesses: Bridgeview To help mentally ill homeless obtain housing & services. Basis: 58 units @ \$1,130.48/month (includes staffing and meals)	\$786,815	70-80%	20-30%	

CATEGORY	ESTIMATED COST	PUBLIC SECTOR RESPONSIBILITY	UNITED WAY & NONPROFIT RESPONSIBILITY	PRIVATE SECTOR RESPONSIBILITY
15. Transitional Housing Program for Persons In Recovery From Substance Abuse To help people recovering from substance abuse to obtain housing and services. Basis: 81 units @ \$238/month	\$231,336	70-80%	20-30%	
16. Winter Overflow Shelter To provide safe, decent emergency shelter bed space for 100 homeless for 10 nights as winter overflow. Basis: 2 FTE x \$14.72/hr x 8 hrs x 10 nights (staff). 100 beds x \$7.50/sq.ft x 75 sq.ft./ 365 nights x 10 nights (space)	\$2,355 (staff) \$1,541 (space) \$3,896	80-100%		0-20%
17. Rent and Deposit Assistance for Permanent Housing To subsidize permanent housing by providing assistance with deposits and rent. Basis: \$25,000 (assumes reallocation of rent assistance funds)	\$276,000	100%		
Affordable Housing Development To develop 100 housing units per year.	\$3.7 - \$5 million (new const/rehab)	100%		
To Provide Supportive Services for Homeless People: Employment, Employability, and Income-Support (Client Assistance)				
18. Employment Support Program To provide employment placement services, follow-up and rent/deposit assistance for people in employment program. Basis: 1 FTE @ \$25/hour, 1,560 hours (employment specialist) 50 subsidized jobs @ \$6.50/hr, 20 hrs/week (jobs) 50 people x \$600 (rent/deposit assistance)	\$39,000 (staff) \$338,000 (jobs) \$30,000 (hsg) \$407,000	80-100%	0-20%	
19. Client Assistance for General Needs To provide funds for clients to obtain needed identification, transportation, etc. Basis: 150 people x \$50	\$7,500	80-100%		0-20%

CATEGORY	ESTIMATED COST	PUBLIC SECTOR RESPONSIBILITY	UNITED WAY & NONPROFIT RESPONSIBILITY	PRIVATE SECTOR RESPONSIBILITY
20. Day Shelter/Clean-Up Center To provide out-of-weather & safe location for unsheltered men and women, with access to clean-up, restrooms, 60 hrs/week. Basis: 4 FTE @ \$19.60/hr, 6,240 hours (staffing) 4,000 sq.ft. x \$7.50/sq.ft (space)	\$122,304 (staff) <u>\$30,000 (space)</u> \$152,304			100%
21. Voice Mail/Telephone Service To provide local telephone service with voice mail to assist 24 people in employment search. Basis: \$109 x 2 lines (installation) \$207 x 2 lines (operating)	\$218 (install) <u>\$4,968(monthly)</u> \$5,186			100%
22. Planning, Implementation, and Evaluation of System To plan and evaluate implementation of model to monitor the best mix of shelter and services. (Contractor administration, capped at 15%, is included in the service costs above.) Basis: 1.0 PDS level (several staff) and clerical, plus benefits, plus telephone & supplies at HCSD Division FTE allocation.	\$76,724	100%		
SUBTOTAL, CAPITAL COSTS	\$9,720,000			
SUBTOTAL, OPERATING COSTS	\$4,464,046			
TOTAL	\$14,184,046			

TABLE B: PHASE ONE IMPLEMENTATION OBJECTIVES, BY LEAD AGENCY

GOAL	COUNTY (Community Action Program)	CITY (Bureau of Housing and Community Development, Portland Development Commission)	OTHER
Goal One: To target current City/County allocations for homeless singles services to the core services identified in the housing and services model, in order to improve housing stabilization rates among homeless single adults.	<p>1.1. Target existing funds to buy housing and housing placement and/or case management services; reduce shelter capacity over time as housing is developed. (Refer to Table C: Proposed Reprogramming for Public Funding) (FY 93-96)</p> <p>1.2. Identify contractors for 7/1/94 shelters and case management services through release of a request for proposal. (Includes BHCD as partner) (FY 93-94)</p> <p>1.3. If funds are available, target Hispanic access funds toward Hispanic services identified in model. (FY 94-95)</p> <p>1.4. Release RFP to identify operators for restructured shelters/housing. (FY 94-95)</p> <p>1.5. If funds are available, increase case management, employment services, and Hispanic services. (FY 95-96)</p>	<p>1.3. If funds are available, target Hispanic access funds toward Hispanic services identified in model. (FY 94-95)</p>	

GOAL	COUNTY (Community Action Program)	CITY (Bureau of Housing and Community Development, Portland Development Commission)	OTHER
<p>Goal Two: To maximize utilization of current and pending housing projects and to develop emergency shelter and permanent/transitional housing resources in accordance with the model and housing goals of the Downtown Housing Preservation Program, the Comprehensive Housing Affordability Strategy, and other comprehensive plans.</p>	<p>2.2. Identify method to formalize shelter development partnership in order to retain site control and shelter titles within the public sector. (FY 93-94) (Involves BHCD and Housing and Community Development Commission)</p> <p>2.5. Develop and facilitate a Housing/Services Utilization Work Group to develop strategy to identify vacancies and keep filled the current housing options, including Rose Apartments, St. Francis, Shoreline, Estate. (Community Action to initiate process) (FY 93-94 and ongoing)</p>	<p>2.1. Hold a siting and facility development planning process to identify and develop 90 bed (130 bed interim) men's basic shelter capacity, 30 bed women's shelter/emergency housing capacity, 10 unit couple's shelter/emergency housing (interim 50-60 bed shelter for women and couples), and 50 bed capacity for chronically mentally ill (20 shelter and 30 emergency/transitional housing). (FY 93-94)</p> <p>2.2. Identify method to formalize shelter development partnership in order to retain site control and shelter titles within the public sector. (FY 93-94) (Involves Community Action and Housing and Community Development Commission)</p> <p>2.3. Select and develop shelter and housing sites. (FY 94-95)</p> <p>2.4. Develop 400-500 affordable housing units annually with 10-20% of units available through market patterns and/or secured for program-specific uses for single adults. (Involves Housing Authority of Portland) (Annual Process)</p> <p>2.5. Develop and facilitate a Housing/Services Utilization Work Group to develop strategy to identify vacancies and keep filled the current housing options, including Rose Apartments, St. Francis, Shoreline, Estate. (Downtown Housing Partnership Program under PDC to continue staffing function. (FY 93-94 and ongoing)</p>	

GOAL	COUNTY (Community Action Program)	CITY (Bureau of Housing and Community Development, Portland Development Commission)	OTHER
<p>Goal Three: To aggressively seek additional funding beyond committed City/County and private resources to fully implement the restructured housing and services system.</p>	<p>3.1. Create and fund a resource development position to work with the private sector to secure funding for specific projects, priority given to open access day center. (Involves City Commissioner's Office/Association for Portland Progress/Chamber of Commerce/Central Eastside Industrial Council) (FY 93-94, ongoing as needed.)</p> <p>3.2. As the public sector receives increases in federal, state and local allocations, receives new allocations appropriate for housing and services, or reprioritizes funding allocations, provide for an increase above maintenance of effort towards homeless single adult services, housing and assistance as described in the model. Allocation policies should also provide fair increases to services for other homeless populations. (FY 93-94 and ongoing)</p> <p>3.3. Obtain agreement from United Way to support the restructured homeless singles housing/services system in its allocation process. (FY 93-94)</p> <p>3.4. Obtain agreement from County Alcohol/Drug, Mental Health, and Community Corrections programs to support the restructured homeless singles housing/services system in their allocation processes. (FY 93-94)</p> <p>3.5. Seek "secure" funding for rent subsidies. (FY 93-94 and ongoing)</p>	<p>3.2. As the public sector receives increases in federal, state and local allocations, receives new allocations appropriate for housing and services, or reprioritizes funding allocations, provide for an increase above maintenance of effort towards homeless single adult services, housing and assistance as described in the model. Allocation policies should also provide fair increases to services for other homeless populations. (FY 93-94 and ongoing)</p> <p>3.5. Seek "secure" funding for rent subsidies. (FY 93-94 and ongoing)</p>	<p>3.1. Private Sector: Create and fund a resource development position to work with the private sector to secure funding for specific projects, priority given to open access day center. (Community Action initiative; private sector follow-up)(FY 93-94, ongoing as needed.)</p> <p>3.3. Funders Advisory Committee: Obtain agreement from United Way to support the restructured homeless singles housing/services system in its allocation process. (FY 93-94)</p> <p>3.5. Housing Authority of Portland: Seek "secure" funding for rent subsidies. (FY 93-94 and ongoing)</p>

GOAL	COUNTY (Community Action Program)	CITY (Bureau of Housing and Community Development, Portland Development Commission)	OTHER
Goal Three: To aggressively seek additional funding beyond committed City/County and private resources to fully implement the restructured housing and services system.	<p>3.6. Seek additional funding for housing placement/case management specialists in order to create the centralized case management program described in the model. (FY 93-94)</p> <p>3.7. Incorporate preference points for provider contribution to the cost of housing/services, in requests for proposals for services described in the model. (FY 93-94)</p> <p>3.8. Develop prototype grant application for specified service package, to be modified for specific grant applications. (FY 93-94)</p> <p>3.9. Apply for grant funds, in accordance with grant prototypes. (FY 93-94 and ongoing)</p>		3.9. Housing Authority of Portland: Apply for grant funds, in accordance with grant prototypes. (FY 93-94 and ongoing)
Goal Four: To assist business associations and neighborhoods in addressing perceived problems of undesirable street activity.	<p>4.2. Develop a privately-funded day center program for people in downtown/Old Town area who are not residing at the publicly funded shelter(s). (Community Action Program, to convene group. Leadership is expected from private sector.) (FY 93-94; ongoing as needed).</p> <p>4.3. Designate a portion of any new Hispanic access funds to address Hispanic issues in the downtown/Old Town area, including funding Hispanic services and direct client assistance identified in the model. (FY 93-94.)</p>	4.3. Designate a portion of any new Hispanic access funds to address Hispanic issues in the downtown/Old Town area, including funding Hispanic services and direct client assistance identified in the model. (FY 93-94.)	<p>4.1. Downtown Community Service Center: Coordinate with community policing and neighborhood association efforts to clarify street problems; develop solutions for neighborhood implementation. (Annually.)</p> <p>4.2. Private Sector: Develop a privately-funded day center program for people in downtown/Old Town area who are not residing at the publicly funded shelter(s). (Community Action Program, to convene group). (FY 93-94; ongoing as needed).</p>

GOAL	COUNTY (Community Action Program)	CITY (Bureau of Housing and Community Development, Portland Development Commission)	OTHER
<p>Goal Five: To evaluate the restructured housing/services model as it is being implemented in order to maintain consistency with program principles and responsiveness to current needs of homeless persons.</p>	<p>5.1. Monitor and evaluate existing shelter providers to provide a base of information on program and service quality. (FY 93-94)</p> <p>5.2. Evaluate impact of shifting public funding from open-access day center. (Winter 1993-94 (baseline) and winter 1994-95 (comparison))</p> <p>5.3. Monitor use of shelters, turnover rates, movement of residents through system. Provide recommendations on adjustments needed to model, next phase priorities and allocations. (FY 94-95.)</p> <p>5.4. Evaluate housing needs, effectiveness of housing strategy; develop further housing goals. (FY 95-96)</p> <p>5.5. Develop a Phase Two Implementation Plan to address services identified in the services model which have not been fully developed and any changes to the system model recommended during the course of program evaluations. (FY 95-96.)</p>	<p>5.1. Monitor and evaluate existing shelter providers to provide a base of information on program and service quality. (FY 93-94)</p> <p>5.4. Evaluate housing needs, effectiveness of housing strategy; develop further housing goals. (FY 95-96)</p> <p>5.5. Develop a Phase Two Implementation Plan to address services identified in the services model which have not been fully developed and any changes to the system model recommended during the course of program evaluations. (FY 95-96.)</p>	

TABLE C: PROPOSED REPROGRAMMING FOR COMMUNITY ACTION AND BUREAU OF HOUSING AND COMMUNITY DEVELOPMENT FUNDING

Model No.	Service	Estimated Cost	FY 1993-94 Current Allocation	FY 1993-94 Reprogrammed Allocation	FY 1994-95 Proposed Allocation	FY 1995-96 Proposed Allocation
4.	Case Management: 9.5 FTE	\$370,500	\$0	.5 \$19,500	2.0 \$81,120	2.0 \$84,364
6.	Case Management for Women in Permanent Housing: 1 FTE	\$39,000	\$27,662	\$27,662	\$28,768	\$29,918
7.	Basic Shelter (Non A/D): 90 beds. Current: Glisan St. & Recovery Inn (300 beds)	Night: \$336,826 Day: \$85,613	\$310,704	Night \$310,704 Day \$16,413	\$207,000	\$215,280
16.	Winter Overflow Shelter: 1,000 bed nights	\$3,896				
9.	Emerg/Trans. Housing for Men: 90 units	\$297,000			\$90,000	\$93,600
10.	Shelter/Emergency/Trans. Housing for Women: 30 units	\$99,000		\$12,931	\$69,109	\$71,873
11.	Emerg/Trans. Housing for Couples: 10 units	\$46,320				
13.	Emerg/Trans. Housing for Chronically Mentally Ill: 58 units existing	\$786,815	\$70,095	\$70,095	\$72,899	\$75,815
17.	Rent & Deposits for Permanent Housing	\$276,000	\$20,000	\$20,000	\$25,800	\$26,832
15.	A/D Free Transitional Housing: 81 units	\$231,336	\$96,075	\$96,075	\$99,918	\$103,915
22.	System Planning, Implementation, Evaluation	\$76,724	\$76,724	\$76,724	\$79,793	\$82,985
TOTAL, PHASE ONE SERVICES		\$2,649,030	\$601,260	\$650,104	\$754,407	\$784,582
12 & 14	Innovation Housing Chronically Mentally Ill: 20 beds low demand shelter and 30 units of Emergency/Transitional Housing	\$925,235				
3.	Information/Referral/Crisis Interv.: 2 FTE	\$78,000				
18.	Employment Services: 1 FTE, 50 jobs, 50 housing units	\$407,000				
21.	Voice Mail Telephone Service	\$5,186				
19.	Client Assistance: 150 people	\$7,500				
5.	Hispanic Mens Program: 1 FTE plus housing	\$106,500				
TOTAL, PHASE TWO SERVICES		\$1,529,421	\$0	\$0	\$0	\$0
1.	Education & Publicity	\$5,000-\$8,000				
2.	Outreach: 1-2 FTE	\$30,576-\$61,152				
20.	Day Shelter/Clean Up Center	\$152,304	\$65,244	\$31,122		
8.	Basic Shelter (A/D): Current: Union Gospel Mission (65 beds)	Night: \$97,715	\$58,887	\$44,165		
TOTAL, PRIVATE SECTOR FUNDING		\$285,595	\$124,131	\$75,287	\$0	\$0

TABLE D: HOUSING AND SERVICES SYSTEM FOR HOMELESS SINGLE ADULTS: CURRENT FUNDING

This funding table is based on the estimated costs of services as described in the service system model. Funding amounts are proposed FY 1994-95 allocations from the City and Community Action Program, which assume a reprogramming of current dollars, and FY 1993-94 allocations for the other funders.

SERVICE CATEGORY	ESTIMATED COST	CITY/CAPO FUNDS	PRIVATE/UNITED WAY FUNDS	OTHER PUBLIC FUNDS	PROGRAM RESOURCES (FEES)	POTENTIAL REVENUE SOURCES
STAFF SUPPORT SERVICES: INFORMATION AND SERVICE ACCESS						
Education & Publicity: Publicity Project	\$5,000-\$8,000	\$0	\$0	\$0	\$0	\$5,000 from: •Business donation •Church donation
Outreach & Information Dissemination: 1-2 FTE at \$19.60/hour to search for homeless.	\$30,576-\$61,152	\$0	\$0	\$0	\$0	\$30,576 from: •Business/Church donation •Community Policing budget (e.g., Hispanic Access Program)
Information/Referral/Crisis Intervention: 2 FTE at \$25/hour to provide support services to shelter residents.	\$78,000	\$0 (1 FTE currently funded through CAPO shelter funds)	\$63,014 (TPI's funds)	@ \$39,000 (1 FTE currently funded through A/D, Corrections, Employment programs)	\$0	45% of current cost picked up by provider. Cover future costs by: •Provider share of at least 25% •City/CAPO funded shelter budget •CDBG public service cap increase •Church/business based volunteers
Case Management Program: 9.5 FTE at \$25/hr. with 12 hour coverage; includes housing placement, counseling, resource & employment coordination.	\$370,500	\$81,120 (2 FTE) (2.5 FTE currently funded through CAPO community service center program.)	\$0	\$0 (18 FTE currently funded through A/D, Corrections, Employment)		\$289,380 from: •Possible Medicaid reimbursement •Designations from County programs •CDBG public service cap increase •Increased public allocations •EID contribution •United Way •McKinney grants •Targeted position for business contribution with CAPO community service center funding
Case Management for Women in Permanent Housing: 1 FTE at \$25/hr	\$39,000	\$28,768 (funds part of 1.5 FTE now)	\$8,850 (TPI's funds)	\$0	\$0	23% of current cost picked up by provider: maintain that percent as match.
SUBTOTAL, STAFF SERVICES	\$523,076	\$109,888	\$71,864	\$39,000	\$0	\$324,956

SERVICE CATEGORY	ESTIMATED COST	CITY/CAPO FUNDS	PRIVATE/UNITED WAY FUNDS	OTHER PUBLIC FUNDS	PROGRAM RESOURCES (FEES)	POTENTIAL REVENUE SOURCES
SHELTER AND HOUSING OPERATING COSTS						
Basic Shelter (Alcohol and Drug Free): 24 hour beds for 90 men 8.4 FTE @ \$19.60/hr + space at \$7.50/sq.ft. (no meals) Meals at \$3.50/meal	\$307,464 (basic) \$114,975 (meals) <u>\$422,439</u>	\$207,000	\$103,744 (TPI) \$221,800 (Sal.Army)	\$0	\$3,086 (Sal.Army)	46.6% (\$328,630) of FY 93-94 costs for 2 shelters, clean up and day center (\$704,578) is contributed by providers. Cover future costs by: •Provider share of at least 25% •Volunteers •Inkind donations •Resident contribution
Basic Shelter (Not Alcohol/Drug Free): night shelter for 65 people. 2 FTE x \$19.60/hr + space at \$7.50/sq.ft.	\$97,715	\$0	\$97,715 (Union Gospel)	\$0	\$0	Missions have indicated intent to provide shelter without public funding.
Emergency/Trans I Housing for Men: 90 units @ \$275/month	\$297,000	\$90,000	\$0	\$0	\$0	\$207,000 from: •PILOT fund allocation •Increased CDBG & CSBG/ESG •Dedicated business contribution •EID contribution •Client fee •Medicaid •McKinney grants
Shelter/Emerg/Transitional Housing for Women: 30 units @ \$275/month; may be congregate facility with partitions	\$99,000	\$59,109	\$0 (Some of TPI's funds may actually be used for womens shelter)	\$0	\$0	\$20,891 from: •EID contribution •Volunteers •Client fees •Increased CDBG/CSBG/ESG •PILOT allocation •For shelter portion, provider share (20-25%) •Dedicated business contribution
Emergency/Transitional Housing for Couples: 10 units @ \$386 (FMR)/month	\$46,320	(Include space in interim womens shelter)	\$0	\$0	\$0	\$46,320 from: •EID contribution •PILOT allocations •Increased CDBG/CSBG/ESG •Client fees
Winter Overflow Shelter: 100 beds for 10 nights. 2 FTE x \$14.72/hr x 8 hrs x 10 nights; 100 beds x \$7.50/sq.ft/365 x 75 sq.ft. x 10 nights	\$3,896	Included in shelter capacity	\$0	\$0	\$0	not applicable
Rent and Deposit Assistance for Permanent Housing: 100 units x \$230/month. Assumes reallocation of rent assistance funds. Amount will be less if housing fully capitalized.	\$276,000	\$20,000	\$0	\$0	\$0	\$256,000 from: •Reallocation of PILOT funds •HOME funds •CDBG public service cap •McKinney Shelter Plus Care
SUBTOTAL, SHELTER & HOUSING. Operating Costs	\$1,242,370	\$386,109	\$423,259	\$0	\$3,086	\$530,211

SERVICE CATEGORY	ESTIMATED COST	CITY/CAPO FUNDS	PRIVATE/UNITED WAY FUNDS	OTHER PUBLIC FUNDS	PROGRAM RESOURCES (FEES)	POTENTIAL REVENUE SOURCES
SHELTER AND HOUSING CAPITAL COSTS						
Basic Shelter: 90 bed capacity	\$350,000 Rehab	\$0	\$0	\$0	\$0	\$350,000 from: •CDBG allocation •PDC funds •Capital drive
Emergency/transitional Housing for Men: 90 units	\$3.7 - \$5 million (new const)	\$0	\$0	\$0	\$0	\$3.7-\$5 million from: •CDBG allocation •PDC funds •Capital drive •Public/Private Joint Venture •Tax-Exempt Bonds
Emergency/transitional Housing for Women: 30 units (does not refer to existing shelter or congregate type housing)	\$920,000-\$1.2 million (new const)	\$0	\$0	\$0	\$0	\$920,000-\$1.2 million from: •CDBG allocation •PDC funds •Capital drive •Public/Private joint venture •Tax-Exempt bonds
Affordable Housing Development: 100 units per annum	\$3.7-\$5 million (new const)	\$0	\$0	\$0	\$0	\$3.7-\$5 million from: •CDBG & HOME allocations •PDC funds •Capital drive •Public/Private joint venture •Tax-Exempt bonds •McKinney SRO Mod 8 program
SUBTOTAL, SHELTER & HOUSING CAPITAL COSTS	\$8.7-\$11.6 million	\$0	\$0	\$0	\$0	\$8.7 - \$11.6 million
ALCOHOL/DRUG SERVICES						
Transitional Housing Program for Persons In Recovery From Substance Abuse: 81 units at \$238/month. Note: case management and A/D treatment services are not included in this plan, since they are the responsibility of the County Alcohol/Drug Program.	\$231,336	\$96,075	\$41,760 (United Way TPI funds)	\$86,242	\$0	\$7,259 from: •Client fees •County A/D program
SUBTOTAL, ALCOHOL/DRUG SERVICES	\$231,336	\$96,075	\$41,760	\$86,242	\$0	\$7,259
SHELTER AND HOUSING FOR CHRONICALLY MENTALLY ILL HOMELESS						
Innovative Housing Program for Persons With Severe Mental Illness: 24-hour shelter for 20 CMI + 30 beds of emergency/transitional housing, with support staffing	\$925,235	\$0	\$0	\$925,235 (federal, local, medicaid)	\$0	
Innovative Housing Program: Capital Development	\$1,050,000 (rehab)	\$0	\$0	\$1,050,000 (federal, CDBG, HOME)	\$0	

SERVICE CATEGORY	ESTIMATED COST	CITY/CAPO FUNDS	PRIVATE/UNITED WAY FUNDS	OTHER PUBLIC FUNDS	PROGRAM RESOURCES (FEES)	POTENTIAL REVENUE SOURCES
Emergency/Trans. Housing Program for Persons with Severe Mental Illnesses: Bridgeview: 58 units @ \$1,130.48/month (includes staff & meals)	\$786,815	\$70,095	\$82,255 (MHSW)	\$513,766 (State MED, County)	\$55,000 (client fees)	\$65,699 from: •Contractor reserve fund •Medicaid reimbursement/client fees •EID contribution •County Mental Health program •CAPO increased allocations
SUBTOTAL, SHELTER & HOUSING FOR CHRONICALLY MENTALLY ILL	\$1,712,050 (operating) \$1,050,000 (rehab)	\$70,095	\$82,255	\$1,439,001 (operating) \$1,050,000 (rehab)	\$55,000	\$65,699 operating costs
SUPPORTIVE SERVICES FOR HOMELESS PEOPLE TO INCREASE EMPLOYMENT, EMPLOYABILITY, AND INCOME-SUPPORT (CLIENT ASSISTANCE)						
Employment Support Program: Employment Specialist, Subsidized Jobs, Rent Assistance 1 FTE @ \$25/hour, 1,560 hours (employment specialist); 50 subsidized jobs @ \$6.50/hr, 20 hrs/week (jobs); 50 people x \$600 (rent/deposit assistance)	\$407,000	\$0	\$0	\$0	\$0	\$407,000 from: •McKinney grant •Private Industry Council programs •Business contributions •Employment tax
Client Assistance for General Needs: 150 people x \$50	\$7,500	\$0	\$0	\$0	\$0	\$7,500 from: •Dedicated business fund •CDBG public service cap increase •Reallocation of PILOT funds
Voice Mail/Telephone Service: \$109 x 2 lines (installation) \$207 x 2 lines (operating)	\$5,186	\$0	\$0	\$0	\$0	\$5,186 from: •Foundation grant •User fees •Business contribution
SUBTOTAL, EMPLOYMENT & EMPLOYABILITY SERVICES	\$419,686	\$0	\$0	\$0	\$0	\$419,686
OPEN-ACCESS DAY CENTER						
Day Shelter/Clean-Up Center: 4 FTE @ \$19.60/hr. (staffing) 4,000 sq.ft. x \$7.50/sq.ft (space)	\$152,304	\$0 community service center, open to homeless & low income, serves in part as day center	\$0	\$0	\$0	\$152,304 from: •Business contributions •EID contribution/Project Respond programming •Church contributions •Volunteers •Community Policing budget •Community Service Center funding •User fees
SUBTOTAL, DAY CENTER	\$152,304	\$0	\$0	\$0	\$0	\$152,304

SERVICE CATEGORY	ESTIMATED COST	CITY/CAPO FUNDS	PRIVATE/UNITED WAY FUNDS	OTHER PUBLIC FUNDS	PROGRAM RESOURCES (FEES)	POTENTIAL REVENUE SOURCES
HISPANIC MENS PROGRAM						
Program for Hispanic Men: Case Management & Transitional Housing	\$106,500	\$0	\$0	\$0	\$0	\$106,500 from: •Reallocation of Hispanic Access funds from City Community Policing •CDBG public service cap increase •Designated funds from businesses or Hispanic organizations
1 FTE @ \$25/hour, (Housing/Hispanic Specialist)						
15 Transitional Housing units @ \$375/month						
SUBTOTAL: HISPANIC PROGRAM	\$106,500	\$0	\$0	\$0	\$0	\$106,500
ADMINISTRATION AND EVALUATION OF SERVICE SYSTEM						
Evaluation of System: .5 PDS and .5 clerical, at HCSD	\$38,362	\$38,362	\$0	\$0	\$0	not applicable
Contractor Administration: 15% cap on contracted costs	\$621,307	\$99,325	\$59,601	\$95,851	\$8,713	not applicable
System Administration: Planning, implementing, contracting, monitoring: .5 FTE (portions of several staff) at HCSD	\$38,362	\$38,362	\$0	\$0	\$0	not applicable
SUBTOTAL: ADMINISTRATION & EVALUATION	\$698,031	\$176,049	\$59,601	\$95,851	\$8,713	not applicable
TOTAL, CAPITAL COSTS	\$9.7-\$12.7 million	\$0	\$0	\$1,050,000	\$0	\$8.7- \$11.7 million
TOTAL, OPERATING COSTS*	\$4,464,046	\$738,891	\$619,138	\$1,564,243	\$58,086	\$1,606,615

*Operating costs totals do not include contractor administrative costs, since these are incorporated into the cost of the service.

Totals do not add across; funds identified for resource development are based on projected need and not necessarily the balance of the estimated cost not currently funded. For instance, in item 3, Crisis Intervention, contractor and other public resources are more than estimated need, which would reduce the total amount of fundraising needed if fundraising amounts were identified solely through calculation.

TABLE E: RESOURCE DEVELOPMENT PLAN

This resource development plan identifies targeted goals for new funds for housing and services for homeless single adults. **This plan assumes a maintenance of effort funding level, using FY 1993-94 figures; the targets are additional funds to be allocated.** With the exception of some of the capital development costs, these targets are annual allocations, plus cost of living.

Services	County	City	Housing Authority	United Way	Private
PHASE ONE: Case Management Shelters Housing	Community Action: \$136,764 Alcohol/Drug: \$7,259 - \$93,501 Mental Health: \$65,699	Housing & Community Development: \$136,764 (services) \$297,000 (rent subsidies)	\$297,000 (rent subsidies)	\$136,764	Non Profit Service Providers: \$101,918
PHASE ONE: Capital Development for Housing, Shelters		Housing & Community Development/Portland Develop. Commission: \$3.7-\$5 million (annual development) Housing & Community Development/Portland Develop. Commission: Costs to be Determined (Shelter development)	\$3.7-\$5 million (annual development)		
PHASE TWO: Hispanic Services Employment Services Access Services		Police Bureau: \$39,000			Non Profit Service Providers: \$101,918
PRIVATE SECTOR SERVICES Day Center Outreach Publicity					Business Sector: \$285,595-\$319,171