



# CHRONIC HOMELESSNESS PLAN DRAFT RECOMMENDATIONS

DECEMBER 28, 2017

## Permanent Housing and Supportive Services

- A. Align current deeply affordable housing inventory with existing support services in the homeless services system to maximize the creation of supported housing from existing resources. Expand and improve capacity of affordable housing property management and resident services staffing to successfully implement supportive housing, including more balanced tenant-focused property management practices that use restorative principles.
- B. Align current and future deeply affordable housing inventory with existing supportive services available through the county -- for example, corrections, aging and disability services, adult protective services, veterans services, the health department - to expand available supportive housing. For those with complex mental and physical health conditions, align and/or collocate integrated primary and behavioral health care.
- C. Implement tenant screening reforms for deeply affordable housing units that will facilitate access for chronically homeless people, many of whom have challenging rental, credit, and legal histories that present a barrier to housing.
- D. Expand successful programs that provide in-home retention services and flexible financial assistance to people with disabilities already in affordable housing who, if they lose their housing, are very likely to become chronically homeless.
- E. Continue to implement and refine coordinated access systems for families, youth, survivors of domestic violence, and adults that allow equitable access and appropriate prioritization of chronically homeless people into the inventory of supported housing. Assessments for that system must be conducted in ways that:
  - I. ensure that people of color who are experiencing chronic homelessness are equitably served,
  - II. people who are “falling through the cracks” can be identified and assisted (e.g. external review by credentialed assessors when client self-report lacks sufficient insight to accurately describe vulnerability or when significant disabilities are not recognized by current assessment tools), and
  - III. prioritize transfer of clients from one supportive housing program or facility to others, as need arises (e.g. eviction, client choice).
- F. In order to maximize leverage of supportive services, integrate high utilizer data from other systems into the coordinated access prioritization process, while recognizing that some highly vulnerable populations (including people of color) may actively avoid accessing these services due to past traumatic experiences with the services.
- G. Based on available demographic data on the chronically homeless population, expand investments in culturally specific community-based housing and support services provision, including physical and mental health, addiction recovery, housing placement and retention, and employment services. Address language barriers throughout.
- H. Conduct a thorough assessment of how many supported housing units are needed to meet the needs of the chronically homeless population.

- I. Using the best available demographic data on the chronically homeless population, and outcome data from different supportive housing types, develop a plan for how many types of different supportive housing units are needed. Where possible, differentiate among levels of support services (e.g. standard resident services vs. “light” support services vs. intensive support services), and provide sufficient options to support client choice and fluid family structures (e.g. adult children with disabilities, elderly parents).
- J. Develop a plan that brings together federal, state, regional, healthcare, philanthropic, and development partners to identify the strategies, and existing and new resources that will be needed to meet the need for supported housing. Balance assessment of costs with project performance and system benefit.
- K. Assess feasibility of and potentially pursue dedicated local revenue streams to support creation and operation of additional supportive housing, including new affordable housing development, expanded rental assistance and supportive service provision.
- L. Increase access to mobile physical and mental health and addiction services that can follow a chronically homeless person from the streets, to shelter, to permanent housing. Include peer support and volunteer-based models.
- M. Identify chronically homeless populations for whom even intensive supported housing models may be insufficient. Recommend appropriate interventions (long-term assisted living, adult foster care, and inpatient care settings), and identify gaps in referral and prioritization to such options.
- N. Further assess needs for services to improve client income and “graduation housing” options to assist formerly chronically homeless people transition to independent housing (including home ownership) or other affordable housing with less-intensive supportive services.
- O. Evaluate where contract conditions and regulations may restrict program performance and client choice. Assure not just best fit between client and intervention, but between program and fund source.
- P. Establish baselines for scale of effort and markers for success, both in terms of expansion to scale and in terms of program success (e.g. how many PSH units before and after, permanent housing retention rates).
- Q. Support and incent private market landlords and property managers to expand scattered-site supportive housing opportunities (e.g. reducing screening barriers, accessing mitigation funds). Include focus on property owners of color and small-scale property owners.
- R. In all assessment, evaluation, planning and program development, consider that HUD definitions of homelessness (and chronic homelessness specifically) disproportionately exclude many marginalized communities, including people of color, despite their experience of long-term housing instability and need for supportive services. Better understand and incorporate these experiences throughout.
- S. Improve linkages to services for survivors of domestic and sexual violence throughout all programming.

## Safety Off of the Streets

- A. Maximize current shelter bed capacity by increasing access to permanent housing placement, addiction, mental health, and employment services for chronically homeless residents in all low-barrier shelters.
- B. Prioritize turning current temporary low-barrier overnight shelters into 24-7 shelters to better accommodate the day services needs of chronically homeless residents.
- C. Create a 75-person triage shelter that prioritizes people who have been displaced by a camp clean-up. This shelter would offer a limited duration stay during which a resident can be enrolled in critical services and connected to longer-term shelter and/or permanent housing options.
- D. Create a 35-45 bed “safe harbor” shelter for people who are homeless and living with a severe and persistent mental illness. This model of shelter would require higher rates of staffing and may benefit from alternative facility design (e.g. Single Room Occupancy instead of dorm-style).
- E. Support creative, low-cost, community based shelter concepts consistent with the AHFE adopted “Pop-up Shelter Guidelines,” including a replication of the Eugene scattered site camp hosting program.
- F. Evaluate current adult shelter capacity to determine whether it offers the appropriate mix of shelter types (traditional v low-barrier), population priorities, sizes, and locations given the demographics of the unsheltered homeless population.
- G. Provide necessary training to all staff of publicly funded shelters, including in assertive engagement, trauma informed care, de-escalation and culturally responsive services.
- H. Develop a long-term stayer and/or frequent utilizer initiative(s) to prioritize those who frequently cycle through shelters and/or who have been in shelter the longest for permanent housing placement.
- I. Improve data quality to better understand inflow and outflow from shelters, broken out by race and ethnicity, gender, LGBTQ status, age, disability, and use that data to better utilize existing shelter capacity and recommend culturally relevant alternatives to existing shelter. Include qualitative data, not just quantitative.
- J. Expand shelter diversion and respite strategies through partnerships with the health care system to keep people who are disabled and not yet chronically homeless from entering the shelter system or becoming street homeless.
- K. Assess people’s experience in shelter to improve shelter operation practices. Include insight of people who are not utilizing shelter.
- L. As more specialized shelter options come on line, consider implementing a coordinated access system for all publicly funded adult shelter that makes access to shelter more equitable and better matches people seeking shelter to the right shelter facility. Ensure preservation of timely shelter access, client choice, and minimization of barriers to access.

# Serving Unsheltered Chronically Homeless

## 1. Improve Quality and Access to Comprehensive Services Information:

- A. Continue to support and improve access to the Rose City Resource Guide, the quarterly printed pocket guide listing homeless resources. Ensure guides are available to public safety officers, public space/green space managers, security firms, and others who regularly encounter people experiencing homelessness.
- B. Continue to support, improve, and expand access to a smartphone application maintained through 211Info that allows user-friendly searches of homeless and housing services by people experiencing homelessness and those who encounter them.
- C. Continue to support, improve, and expand access to computer based searchable services database maintained through 211Info.
- D. Offer services information access training to public employees and members of the general public who regularly come into contact with people experiencing homelessness. Include training to support respect, dignity, safe engagement and de-escalation.
- E. Ensure that public spaces frequented by people experiencing homelessness, such as libraries, community centers, and transit centers provide access to services information and have staff capable of assisting homeless people with services navigation.
- F. Offer information and referral services in a culturally responsive manner, including in multiple languages, formats and locations that increase access for communities of color, immigrants and refugees, and people with a range of disabilities.

## 2. Expand Availability of Basic Needs Services:

- A. Conduct a comprehensive county-wide basic needs services inventory and gaps analysis to identify the geographic distribution and population focus of existing services as compared to the distribution of the unsheltered population.
- B. Pursue innovative partnerships with faith institutions, community centers, businesses, and others to increase access to their existing hygiene services for people who are unsheltered.
- C. Pilot the use of mobile hygiene stations that include bathrooms and showers, and perhaps laundry facilities.
- D. Expand the number of day centers offering basic services to people who are unsheltered and use those as opportunities to engage guests in a wider range of services.
- E. Work with TriMet to expand access to free or reduced transportation assistance, and assist individuals to exercise their rights as transit dependent riders under Tri-Met's exclusion policies.
- F. Continue to evaluate community-based storage solutions, including storage facility vouchers, day-use lockers, and day use cargo container storage systems.
- G. Provide pre-placement assistance to assist with accessing housing and other services (e.g. obtaining identification, insurance enrollment, coordinated access assessment).

- H. Improve streamlined/immediate access to primary care and community mental health clinics for non-emergency conditions.
3. Improve Outcomes for People Experiencing Unsheltered Chronic Homelessness Related to Public Space Management and Enforcement Strategies:
- A. Maintain clear and consistent messaging across public safety, public space management, and outreach teams about how people experiencing homelessness can avoid becoming subject to enforcement actions.
  - B. Provide access to garbage receptacles, needle disposal, sanitary facilities, storage and other services in order to help unsheltered people avoid creating impacts on public spaces that lead to enforcement
  - C. Train public safety and public space management employees on homelessness, the system of services, and the principles of trauma informed care.
  - D. Use technology to improve information sharing and street-level coordination between public safety, public space management, and social service outreach workers.
  - E. Expand joint public safety-social services outreach teams to improve coordination, reduce the need for enforcement and to navigate those who are subject to enforcement to services.
  - F. If enforcement actions are necessary, whenever possible provide more than the legally required advance notice and opportunity to remove persons and belongings and avoid citation and property loss. Further improve consistency of posting requirements across property owning jurisdictions and coordination among them to minimize disruption associated with movement of camps from property to property.
  - G. Improve access to storage facilities for personal property collected during enforcement activities to improve property retrieval and avoid property loss.
  - H. Create a short-term triage-shelter that prioritizes access for people who are displaced by camp-clean ups and assists them to connect to services. Geographically locate the triage-shelter near services and social support networks.
  - I. Develop a pre-judicial and/or judicial diversion program for unsheltered people who are facing citation for quality of life offenses that offers the opportunity to avoid citation and engage in services.
  - J. Analyze demographic data associated with repeated citations associated with camping (including TriMet citations/exclusions) to assess racial disparities.