



CHRONIC HOMELESSNESS PLAN FINAL RECOMMENDATIONS

FEBRUARY 7, 2018

Summary

According to our most recent census of people experiencing homelessness in Multnomah County, on any given night there are more than 1,290 people who are experiencing chronic homeless, meaning they have been homeless for more than a year, or repeatedly over several years and are struggling with one or more significant and enduring physical and/or mental health conditions. More than 71% of unsheltered and nearly half of all individuals in shelter are living with disabling conditions. In our community, as in others around the country, the chronically homeless population is much more likely to be entirely unsheltered (sleeping outdoors, in vehicles, or other places not meant for human habitation) than other groups experiencing homelessness.

Although communities of color make-up only 28% of the total population of Multnomah County, they represent 37% of our homeless population. Our most recent Point in Time data indicates more than two-fifths (43.6%) of all American Indians/Native Alaskans, one-third (29.6%) of Native Hawaiian or other Pacific Islander, one-quarter (23.4%) of Hispanic/Latino, and one-fifth (19.6%) of African Americans experiencing homelessness are chronically homeless.

Work is underway to implement a set of strategies to address the homelessness crisis as a whole through improved Coordinated Access, local and regional permanent supportive housing planning, and innovative collaborative projects to combat racial disparities such as partnering with the Center for Social Innovation's initiative, Supporting Partnerships for Anti-Racist Communities (SPARC). At the same time, it is important we develop a strategic plan, given the current resources, that specifically addresses chronic homelessness and the gaps in supporting this population. The recommendations set out in this report have been developed with the goal of ending chronic homelessness for as many people as possible.

Methodology

Throughout this planning process, the Joint Office of Homeless Services (JOHS) sought intentional participation from various stakeholders at different touch points. The initial iteration of recommendations were formed through twenty-five in-person interviews with people experiencing chronic homelessness and through several rounds of feedback from various A Home for Everyone (AHFE) workgroups.

Subsequent engagement of AHFE workgroups and small group discussion and feedback at the AHFE Coordinating Board further shaped the recommendations. Additionally, Coordinating Board members were surveyed using a Likert-type scale rating to provide additional assessment around the ease of implementation and anticipated impact of each recommendation. Ratings ranged from No/Low Impact to High Impact on chronic homelessness, and Very Easy/Simple to Very Difficult/Complex to implement. At each step of the planning process, assessment and revision of the recommendations were guided by the AHFE Racial Equity Lens in order to strengthen the focus on addressing racial disparities in chronic homelessness. The survey data and narrative feedback from these processes were then interpreted, synthesized, and integrated into the recommendations in this report.

Small Group and Survey Narratives: Focusing on Equity and Trauma-Informed Strategies

Narrative feedback from the AHFE Coordinating Board small group work and surveys provide clear feedback in two underlying areas: 1) the need for expanded definitions of homelessness and investment in improved

data quality and collection in regards to communities of color, and 2) the need for better training in trauma-informed care for service providers, public employees, and community members.

We know significant specific and differential disparities remain in chronic homelessness for multiple communities of color, and that HUD definitions leave out many in need of deeply affordable housing and essential support services. Specifically, Coordinating Board feedback suggests that the long-term housing and service needs of many in the Latino and Asian communities are not well represented in Point in Time count data. Similarly, while Point in Time data reflect disparities in street homelessness and emergency shelter use for African Americans, Native Americans, and Native Hawaiians and other Pacific Islanders, the unique experiences of each community are not fully reflected in existing count methods.

As we use data to assess existing and future service provision planning, it is important to recognize how homelessness and housing instability are experienced differently within and across multiple communities of color, the detriment to these communities when we silo them into broad categories, and the marginalization that occurs when we do not prioritize strategies that mitigate existing disparities. Strategies reflected in this document will only help to recognize and meaningfully address racial disparities in homelessness and housing instability if subsequent planning includes additional specific focus on and input from affected communities of color. Additionally, as we recognize opportunities to engage community members experiencing chronic homelessness both in the community and through service provision, it will be valuable to have a shared understanding of trauma-informed care and services as we implement new and shape existing strategies to become more culturally-responsive and trauma-informed.

Survey Data

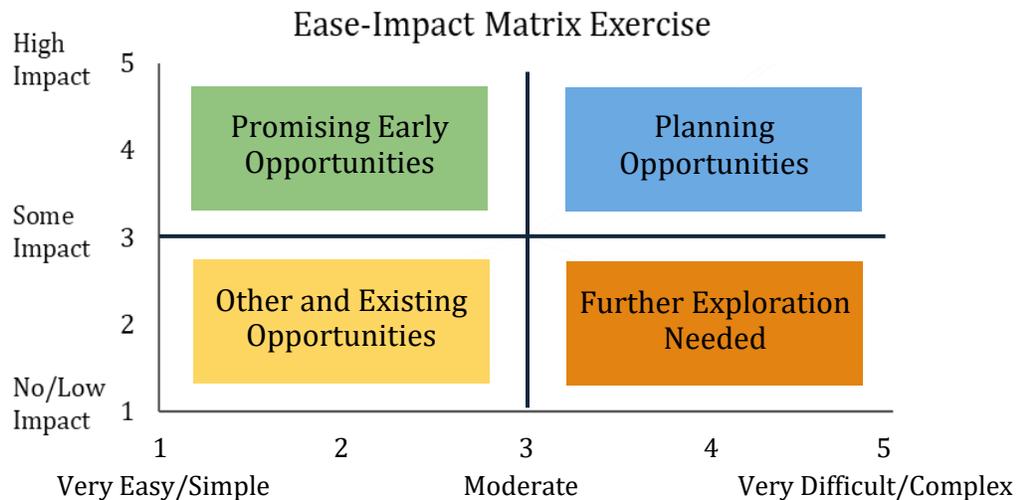
The recommendations were grouped into three categories:

- Serving the Unsheltered
- Safety Off the Streets
- Permanent Housing and Supportive Services

Based on the feedback that came out of the planning process, our analysis utilized an Ease-Impact Matrix to identify four areas of movement based on impact and ease of implementation, and color-coded for clarity:

- Quadrant 1 – (Green) promising early opportunities, high impact with relatively simple implementation
- Quadrant 2 – (Blue) planning opportunities, high impact with complex implementation
- Quadrant 3 – (Yellow) other and existing opportunities, low impact with simple implementation
- Quadrant 4 – (Orange) further exploration needed; low impact with relatively complex implementation

**Please note: no recommendations were identified in this quadrant.



Recommendations

Serving the Unsheltered

Synopsis

For people who are living unsheltered in our community, obtaining timely and accurate information about how to obtain critical services can be challenging. One of the most significant challenges is lack of ready access to services needed to meet their most basic needs, such as hygiene services, day-storage, and transportation, among others. These services not only contribute to individuals' ability to maintain basic health, but also offer the opportunity to engage in the essential activities necessary to escape homelessness. This section recommends strategies for serving chronically homeless people while they are still unsheltered that will both help ensure their basic health and safety, and increase the likelihood and rate at which they will move into permanent housing, either directly or through emergency shelter.

Early Opportunities in this Area

Offer trainings to public safety and public space management employees on homelessness, the system of services, and trauma-informed care. Provide services information access training to public employees and members of the general public who regularly come into contact with people experiencing homelessness. Support existing partnerships between public safety officers who specialize in working with the unsheltered population and social service outreach teams.

Areas of High Impact

Increased services information training to public employees, increase cultural responsiveness of services information, continued investments in pre-placement assistance, and streamlined access to health services.

Serving the Unsheltered Recommendations

Please note: Recommendations with asterisks () were introduced after Ease-Impact ratings*

Promising Early Opportunities

- Provide 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, safety engagement, and de-escalation.
- Offer public safety and public space management employees training on homelessness, the system of services, and trauma-informed care.
- * Support existing partnerships between public safety officers who specialize in working with the unsheltered population and social service outreach teams.



Planning Opportunities

Services Information

- 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.
- Offer information and referral services in a culturally responsive manner, including in multiple languages, formats, and locations that increase access for marginalized communities.



- Conduct a comprehensive countywide 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.
- Continue pre-placement assistance to assist with accessing housing and other services (i.e. ID assistance, insurance enrollment, coordinated access assessment).
- Use technology to improve information sharing and street-level coordination between public safety, public space management, and outreach workers.
- * Implement culturally relevant strategies to provide information access, along with telephone and internet-based systems. Increase street-level outreach to non-traditional spaces where people from these communities congregate.
- * Expand partnerships between public safety officers who specialize in working with the unsheltered population and social service outreach teams.

Basic Services and Safety

- Pursue innovative partnerships with faith institutions, community centers, businesses and others to increase access to existing hygiene services for people who are unsheltered.
- Pilot the use of mobile hygiene stations that include bathrooms, showers, and laundry facilities.
- Expand the number of day centers offering basic services to unsheltered populations and use those as opportunities to engage guests in a wider range of services.
- Work with TriMet to expand access to free or reduced transportation assistance and assist individuals to exercise their rights as transit dependent riders under TriMet's exclusion policies.
- Continue to evaluate community-based storage solutions, including storage facility vouchers, day-use lockers, and day use cargo container storage systems.
- Improve streamlined and immediate access to primary care and community mental health clinics for non-emergency conditions.

Public Space Management

- Maintain clear and consistent messaging across public safety, public space management, and outreach teams about how those experiencing homelessness can avoid becoming subject to enforcement actions. Expand joint public safety-social services outreach teams to improve coordination, reduce the need for enforcement, and navigate those subject to enforcement towards services.
- Provide access to garbage receptacles, needle disposal, sanitary facilities, storage, and other services in order to minimize impacts on public spaces that lead to enforcement.
- Whenever possible, provide more than legally required advance notice and opportunity to individuals to be relocated and avoid citation and property loss during camp clean-ups. Improve consistency of posting requirements across property owning jurisdictions and coordination among them to minimize disruption associated with movement of camps.
- Improve access to storage facilities for personal property collected during enforcement activities to improve property retrieval and avoid property loss.

- 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.
- Analyze demographic data associated with repeated citations associated with camping (including TriMet citations/exclusions) to assess racial disparities.

Other and Existing Opportunities



- 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.
- 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. Expand language options.
- Continue to support, improve, and expand access to computer-based searchable services database maintained through 211Info. Expand language options.

Safety Off the Streets

Synopsis

While permanent housing with necessary support services is the priority for chronically homeless people, the reality of our housing market and the limited current income potential of people experiencing chronic homelessness is such that the path to permanent housing can be a long one. Appropriate shelter and transitional housing is thus an essential part of the strategy to address chronic homelessness in order to meet basic needs for safety and support while waiting to access affordable, supportive housing. This section looks at critical strategies to improve and expand upon our current shelter services to more closely match the needs of the chronically homeless.

Early Opportunities in this Area

Assess people's experience in shelter to improve shelter operation practices, while being cognizant of the experiences of unique communities of color. Include insight of people who are not utilizing shelter. Create a plan to address disparate impacts on communities of color in shelter.

Areas of High Impact

Increasing access to permanent housing placement, addiction, mental health, and employment services in all low-barrier shelters; creation of shelter for homeless individuals with severe and persistent mental illness, more focused training for staff in assertive engagement, trauma-informed care, de-escalation, and cultural responsiveness; developing frequent utilizer initiative; and expanding shelter diversion strategies.

Safety Off the Streets Recommendations

Please note: Recommendations with asterisks () were introduced after Ease-Impact ratings*

Promising Early Opportunities



- Assess people's experience in shelter to improve shelter operation practices. Include insight of people who are not utilizing shelter. Create a plan to address disparate impacts on communities of color in shelter.

Planning Opportunities



Shelter Capacity

- 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.
- Prioritize turning current temporary low-barrier overnight shelters into 24/7 shelters to better accommodate the day services needs of chronically homeless residents.
- 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.
- Create a 35 to 45-bed "safe harbor" shelter for people who are experiencing homelessness and living with 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).
- Support creative, low-cost, community based shelter concepts consistent with the AHFE adopted "Pop-Up Shelter Guidelines," including replication of the Eugene scattered site camp hosting program.

Services Assessment and Evaluation

- Evaluate current adult shelter capacity to determine whether it offers the appropriate mix of shelter types (traditional vs low-barrier), population priorities, sizes, and locations given the demographics of the unsheltered homeless population.
- Provide necessary training to all staff of publicly funded homeless service providers, including assertive engagement, trauma-informed care, de-escalation, and culturally responsive services.
- * Assess cost model and compensation for shelter staff to increase staff retention, return on training investments, and quality of services.
- Expand shelter diversion and respite strategies through partnerships with the healthcare system to keep people who are disabled and not yet chronically homeless from entering the shelter system or becoming street homeless.
- 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 – both quantitative and qualitative data.

Support Services

- 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.
- 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.

Permanent Housing and Supportive Services

Synopsis

The solution to chronic homelessness must include access to a housing that is deeply affordable, and in many cases, that housing must come with a range of support services. The lack of such housing opportunities at a scale sufficient to meet the overall need is consistently identified as the major barrier to ending individuals' chronic homelessness.

Early Opportunities in this Area

Implement tenant-screening reforms for deeply affordable housing units that increase accessibility, assess needs for supportive services post-housing, and evaluate where contract conditions and regulations may restrict program performance and client choice.

Areas of High Impact

Expanded investments in culturally-specific community-based housing and support services, access to health services, dedicated local revenue streams for supportive housing, and evaluation of the impact of HUD definitions of homelessness on service accessibility.

Permanent Housing and Supportive Services Recommendations

Please note: Recommendations with asterisks () were introduced after Ease-Impact ratings*

Promising Early Opportunities

- 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.
- Further assess needs for services to improve client income and “graduation housing” options to assist formerly chronically homeless people transition to independent housing (including homeownership) or other affordable housing with less-intensive supportive services.
- 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.



Planning Opportunities

System Equity

- 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 future planning work.
 - * Invest in improved data quality and collection for underrepresented homeless populations. Provide supportive services to people who may not qualify as chronically homeless according to the HUD definition.
 - * Evaluate the impact of HUD definitions of homelessness in access to housing and services to expand investments in culturally-specific community-based housing.
- 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: ensure that people of color who are experiencing chronic homelessness are equitably served, 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 prioritize transfer of clients from one supportive housing program or facility to others, as need arises (e.g. eviction, client choice).

- 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.
- 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).
- 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.

Supportive Services

- Expand programs that provide in-home retention services and flexible financial assistance to those with disabilities already in affordable housing who, if they lose their housing, are very likely to become chronically homeless.
- Align currently 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. Improve trauma-informed staffing capacity to implement this work.
- Align currently deeply affordable housing inventory with existing support services within 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.
- Increase access to mobile physical, mental health, and addiction services that follow chronically homeless individuals from homelessness through housing. Include broader range of treatment services, including harm reduction strategies. Include peer support and volunteer-based models.
- * Increase rent assistance resources and access to affordable housing for placement from unsheltered into permanent housing.
- Improve linkages to services for survivors of domestic violence and sexual violence throughout all programming.

Permanent Housing

- Conduct thorough assessment of the number of supported housing units needed to meet the needs of local chronically homeless population.
- Identify potential dedicated local revenue streams to support additional supportive housing units. 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.
- 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.
- Support and incentivize 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.

Other and Existing Opportunities

- Establish baselines for both scale of effort and markers for success to inform permanent supportive housing increase.



Coordinating Board Members

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Alexandra Appleton, Community Member
Carolyn Bateson, Portland VA Medical Center
Ed Blackburn, Central City Concern
Beth Burns, p:ear
Lee Po Cha, IRCO, Asian Family Center
Tou Cha, Oregon Department of Human Services
Sam Chase, Metro and Coalition of Community Health Clinics
Julia Delgado, Urban League of Portland
Maurice Evans, Community Member
Kevin Fitts, Community Member
Katrina Holland, Community Alliance of Tenants
Susan Madar, Radical in Other Words
Brad Malsin, Beam Development
Alexa Mason, Portland Rescue Mission
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Patricia Rojas, El Programa Hispano Católico
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