Strategic Framework to Address Chronic Homelessness

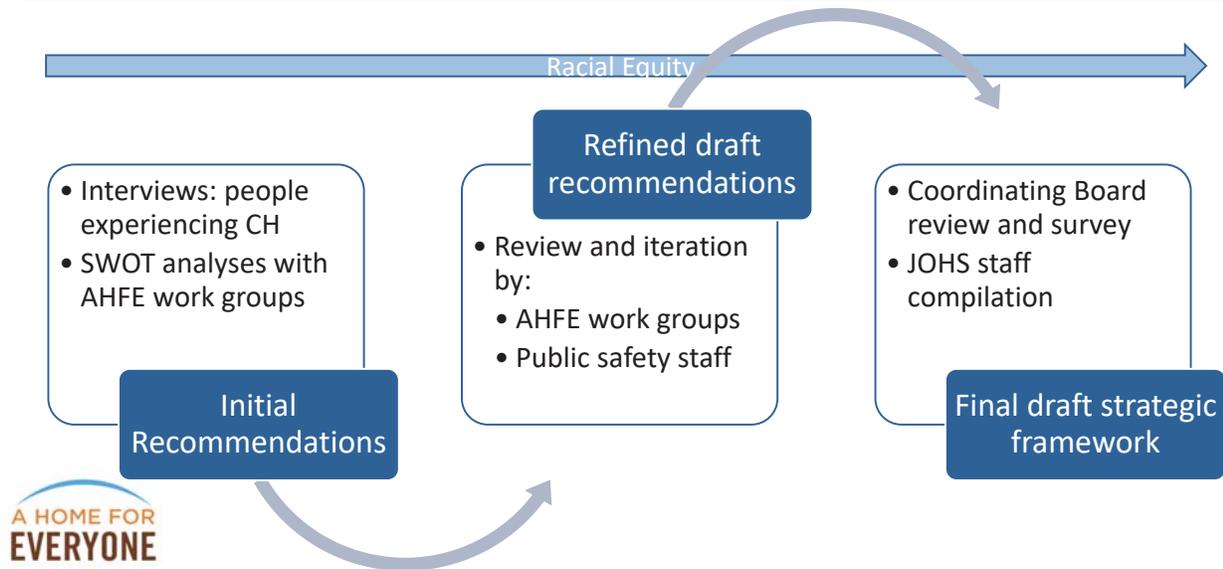AHFE EXECUTIVE COMMITTEE

MARCH 5, 2018

Chronic homelessness planning

- Primary planning questions forwarded by Executive Committee:
  - Describe scope and scale of chronic homelessness
  - Identify existing gaps and promising strategies
- Engagement through:
  - Interviews with people with current experience of chronic homelessness
  - Coordinating Board and Subcommittees
  - Business and Public Safety
- Alignment with Federal policy frameworks and initiatives
- Review of research and best and promising practices

Chronic homelessness planning

Racial Equity

Refined draft recommendations

- Interviews: people experiencing CH
- SWOT analyses with AHFE work groups

Initial Recommendations

- Review and iteration by:
  - AHFE work groups
  - Public safety staff

- Coordinating Board review and survey
- JOHS staff compilation

Final draft strategic framework

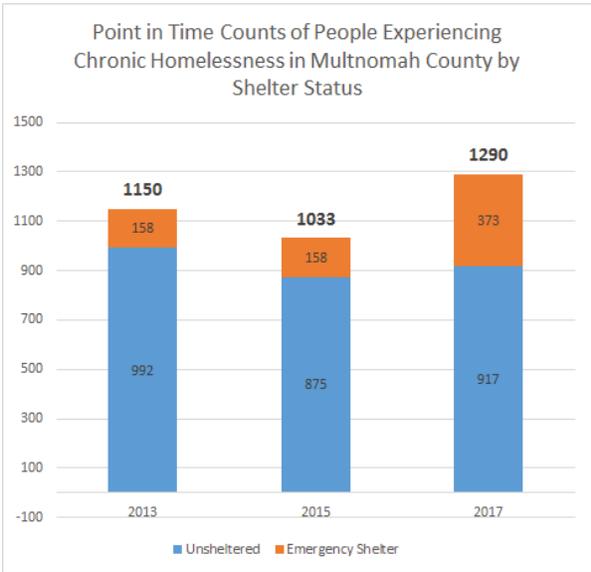A HOME FOR
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Focus on racial equity and use of lens

- Used PIT and Coordinated Access data to assess disparities in chronic homelessness

- Intentional outreach through culturally-specific providers and to people of color with lived experience of chronic homelessness

- Equity-focused SWOT

- Use of equity lens during each review of draft recommendations

- Primary focus within values and strategies

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Chronically homeless increase, most of increase in shelter

- Total increase 25% (257)
- Sheltered ↑ 136% (215)
- 71% are unsheltered

Point in Time Counts of People Experiencing Chronic Homelessness in Multnomah County by Shelter Status

Year	Unsheltered	Emergency Shelter	Total
2013	992	158	1150
2015	875	158	1033
2017	917	373	1290

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On street, more people are homeless longer

Duration	2015	2017
< 1 mo	7.21%	2.40%
1-6 mo	20.03%	19.66%
7-12 mo	14.04%	13.73%
1-2 yrs	17.59%	13.97%
2-5 yrs	14.10%	16.97%
5-10 yrs	6.04%	9.65%
>10 yrs	2.86%	5.22%
Unknown	18.12%	18.41%

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More people with disabling conditions, especially in shelter

Table 31. Housing Situation of People with a Disability—2015 and 2017 Compared

Housing Situation	Respondents with a Disability 2015 No. and (%)	Respondents with a Disability 2017 No. and (%)	Change No. and (%)
Unsheltered	1,107 (50.8%)	1,195 (47.3%)	88 (7.9%)
Emergency shelter	418 (19.2%)	824 (32.6%)	406 (97.1%)
Transitional housing	652 (29.9%)	508 (20.1%)	-144 (-22.1%)
Total	2,177 (100.0%)	2,527 (100.0%)	350 (16.1%)

Note: Percentages for 2015 are based on yes disabling conditions = 2,177 and for 2017 yes disabling conditions = 2,527.

- Total increase 16% (350)
- Sheltered ↑ 97% (406)
- Nearly half of unsheltered have disabling condition

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Source: Source data from *2017 Point in Time Count of Homelessness in Portland and Multnomah County* (http://ahomeforeveryone.net/point-in-time-counts)

Nearly all CH are adults without children

- Adults are:
  - 98% of unsheltered CH
  - 91% of sheltered CH
  - 96% of all CH
- CH families decreased

Table 28. Chronically Homeless Unsheltered and in Emergency Shelter—2015 and 2017 Compared

Chronically Homeless	Unsheltered			Emergency Shelter			Total Chronically Homeless		
	2015	2017	Percent Change	2015	2017	Percent Change	2015	2017	Percent Change
Adult-only Households	837 (44.4%)	901 (54.0%) (64)	7.6%	132 (15.1%)	339 (19.3%) (207)	156.8%	969 (51.4%)	1,240 (74.3%) (271)	28.0%
People in Families	38 (2.0%)	16 (<1%) (22)	-57.9%	26 (8.7%)	34 (1.9%) (↑8)	30.8%	64 (3.4%)	50 (3.0%) (14)	-21.9%
Total	875 (46.4%)	917 (54.9%) (42)	4.8%	158 (18.1%)	373 (21.3%) (215)	136.1%	1,033 (54.7%)	1,290 (77.3%) (257)	24.9%

Note: Percentages for 2017 are based on unsheltered count = 1,668 and emergency shelter = 1,752. Percentage for 2015 are based on unsheltered count = 1,887 and emergency shelter = 872.

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Source: Source data from *2017 Point in Time Count of Homelessness in Portland and Multnomah County* (http://ahomeforeveryone.net/point-in-time-counts)

Racial disparities in homelessness
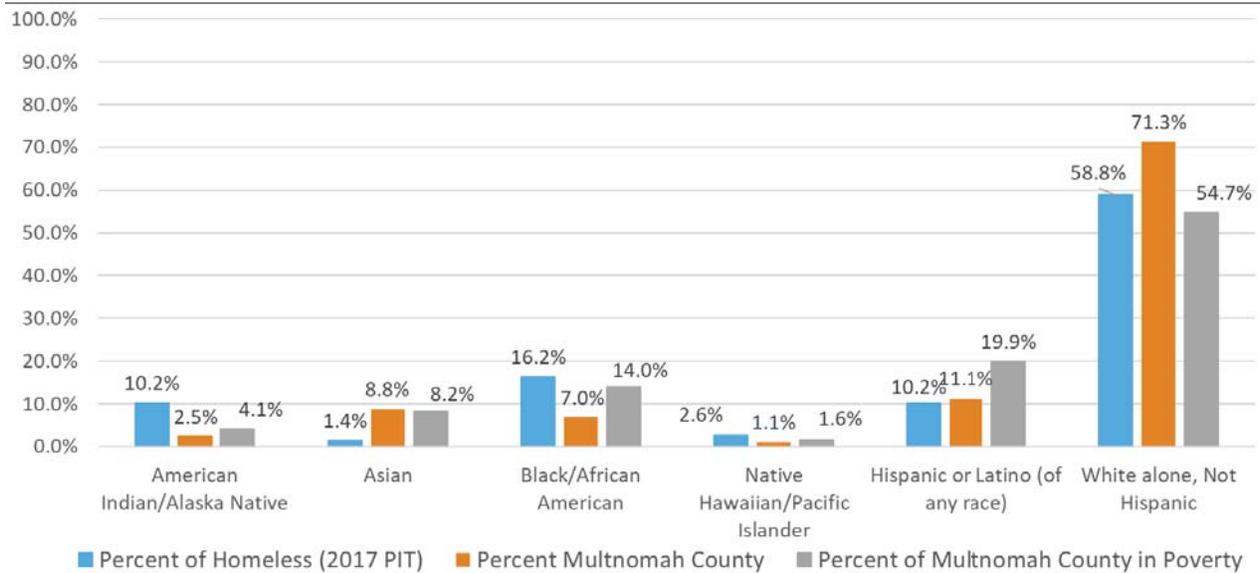
Note: Unless otherwise noted, all percentages are race or ethnicity alone or in combination with any other race. Sources are *the 2017 Point in Time (PIT) Count of Homelessness in Portland and Multnomah County*, and American Community Survey 2011-2015 Population Estimates. For 2017 PIT, total homeless N = 4177, American Indian/Alaska Native n = 424, Asian n = 57, Black/African American n = 675, Native Hawaiian/Other Pacific Islander n = 108, White alone, Not Hispanic n = 2,456, Hispanic/Latino n = 428, unknown/refused n = 193 (4.6%).

CH are slightly more white, male; disparities persist

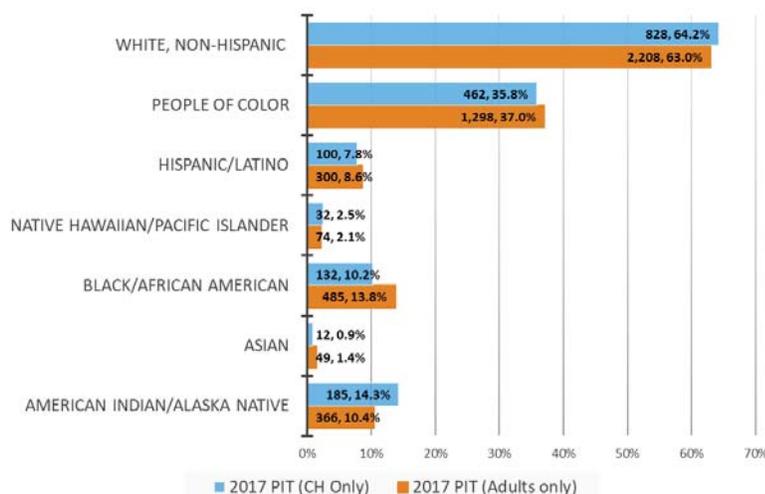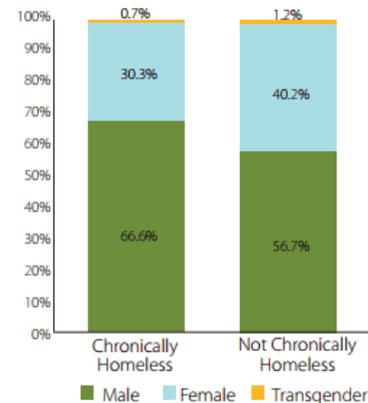## Race and ethnicity of homeless adults and chronically homeless

Figure 24. Differences in Gender Identity for Chronically-Homeless and Not-Chronically-Homeless Populations

Note: Percentages are based on chronically homeless = 1,290 and not chronically homeless = 2,887. The percentages do not add up to 100% because responses from unknown gender identities have been excluded.

Source: Source data from *2017 Point in Time Count of Homelessness in Portland and Multnomah County* (http://ahomeforeveryone.net/point-in-time-counts), analyzed by Joint Office of Homeless Services, 12/2017

People currently experiencing chronic homelessness: What we heard

Overarching theme	Sub-theme	Example
1. Shelter and Basic Hygiene	Increased shelter space	"Shelters are crowded and I can't get in."
		"I wouldn't survive without shelter."
		"More 24-hr shelters in the winter."
	Increased hygiene	"The ability to sell myself to an employer with no home or clean clothes is challenging to ending my homelessness."
	Shelter culture	"I don't stay in shelters because I don't feel safe."
		"It takes courage to access shelter. It is hitting rock bottom."
2. Affordable Housing	Subsidized housing	"Section 8 just isn't accessible."
	Lack of affordable units	"I can't get work that pays enough to get housed."
		"The high cost of living makes it hard to get into housing."
		"I just need help with move-in costs."
3. Mental/Physical Health	Treatment	"Getting help with my addiction would help stop my homelessness."
		"I can't get housed until my health is better."
4. Employment	Employment navigation	"I need help applying for work."
5. Knowledge of Resource	Outreach work	"I wouldn't be here without the help of outreach workers."
	Communication across providers	"You get sent from one agency to another to get told to go back to the first agency."
		"Shelter workers could be better at knowing local resources."
		"I need help navigating the system. I don't know what's out there."
6. Provider & Community Response	Stigmatization by public employees	"I'm assumed a criminal when I just need a place to go to the bathroom."
		"There is a general lack of knowledge about what its like to be homeless. We're people, too."

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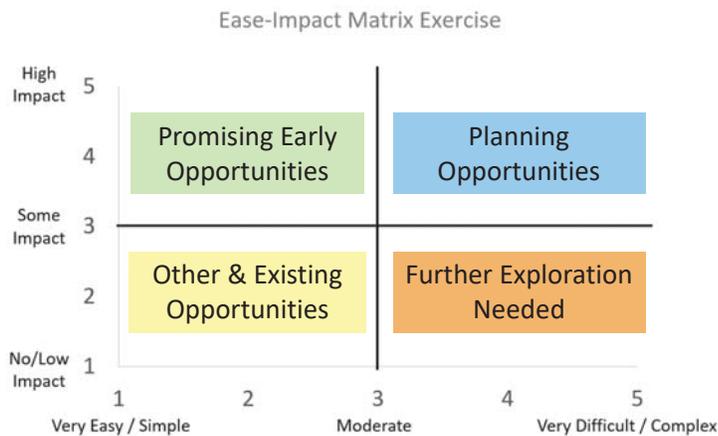
Federal Policy & Research: Supportive Housing

"We can end homelessness for people in our communities with disabilities and other complex needs, including people who have the most extensive experiences of homelessness....**We know the solution—supportive housing—and we have seen its effectiveness, and cost-effectiveness, across the country.**

Supportive housing has been shown to help people with disabilities permanently stay out of homelessness, improve their health conditions, and lower public costs by reducing their use of crisis services. In fact, numerous studies have shown that it is cheaper to provide people experiencing chronic homelessness with supportive housing than have them remain homeless."

United States Interagency Council on Homelessness

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Coordinating Board review

Ease-Impact Matrix Exercise

High Impact 5		
4	Promising Early Opportunities	Planning Opportunities
Some Impact 3		
2	Other & Existing Opportunities	Further Exploration Needed
No/Low Impact 1		
	1 2	3 4 5
	Very Easy / Simple	Moderate Very Difficult / Complex

- Elicited core values
  - Focus on housing
  - Ground in racial equity

- Assessed ease of implementation and level of impact for recommendations

- Staff-compiled strategic priorities focus on high-impact

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Today:

- Review final draft strategic framework:
  - Guiding values
  - Priority strategies

- Discuss any additional framing values or strategies

- Adopt strategic framework

- Set course for future implementation planning

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Equity Lens

1. Policy or decision under review: Final draft strategic framework for chronic homelessness plan

2. Groups experiencing disparities in chronic homelessness:
   ◦ **PIT:** African American, Native Hawaiian/Pacific Islander, and Native American
   ◦ **Other primary sources:** Additional long-term housing and service needs within and across those groups and among Hispanic/Latino and Asian communities

3. Questions 3 – 6 embed in your review today

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Guiding Values

• Set and work toward specific measurable outcome goals

• Scale what works, while continuing to innovate

• Apply a racial equity lens to defining and responding to the need

• Center solutions in direct voices from communities of color

• Provide immediate access to quality, affordable, accessible permanent housing with appropriate wrap around services

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Guiding Values: your reflections

- Questions to clarify?

- Additional values?

- Feedback to add emphasis or further shape?

- Suggestions to strengthen racial equity focus?

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Strategic Priorities

- Expand access to deeply affordable, accessible housing units

- Expand supportive housing

- Increase number of chronically homeless people who access shelter

- Increase access to basic hygiene and survival services for those who are unsheltered

- Increase outreach, engagement and information technology in order to better connect people with essential services

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Strategic Priority:
Expand access to accessible 0-30% housing

- Complete 600 units of 0-30% housing using Portland's Affordable Housing Bond

- Prioritize advocacy for expanded state, regional, and local investments into the construction and operation of 0-30% housing

- Develop models that maximize units, while still meeting client needs and other policy priorities for permanent housing

- Implement tenant-screening reforms for regulated housing units that will facilitate access for chronically homeless people

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Strategic Priority:
Expand access to 0-30% housing (cont.)

- Expand street-to-home and shelter-to-home placement

- Expand supports for property owners/managers (e.g. mitigation funds, 24-hour response, emergency rental assistance)

- Support and implement HUD's Affirmatively Furthering Fair Housing Rule, and support education and enforcement under ADA and FHA

- Increase outreach, engagement and information technology to better connect people with essential services

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Strategic Priority:
Expand supportive housing

- Complete and implement local plan to add at least 2000 units of SH

- Align with regional/state SH expansion efforts and federal funding

- Connect existing and pipeline units with services investments in the homeless, health care, workforce, and criminal justice systems

- Pursue a dedicated local revenue stream for SH services to complement local, regional, state, and federal housing funding

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Strategic Priority:
Expand supportive housing (cont.)

- Expand investments in culturally-specific housing support services

- Increase access to primary care and behavioral health services for people already in or returning to permanent housing

- Expand housing retention and diversion programs for people with disabilities who are otherwise likely to become CH

- Develop "graduation" strategies from SH to other permanent housing

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Strategic Priority:
Increase number of CH who access shelter

- Retain commitment to low-barrier shelter and alternative shelters

- Increase access to housing placement, addiction, mental health, and employment services in all low-barrier and alternative shelters

- Develop a "navigation center" style shelter for chronically homeless people displaced from un-sanctioned encampments

- Develop a "safe haven" shelter and expand recuperative housing options for individuals with severe and persistent mental illness

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Strategic Priority:
Increase number of CH who access shelter (cont.)

- Expand transitional recovery housing for chronically homeless people whose primary disability is a substance use disorder

- Assess differential experience in shelter for people of color; implement culturally-specific, anti-racist strategies to meet needs

- Advocate for expanded statewide and regional shelter investments

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Strategic Priority:
Access to hygiene and survival services

- Pursue partnerships with faith institutions, community centers, businesses, etc. to increase access to existing hygiene services

- Pilot mobile laundry, shower and bathroom services

- Expand the number and geographic distribution of day centers and "urban rest stops"

- Expand access to street-based primary care and behavioral health services through mobile outreach teams

- Expand trash and biohazard pick up and disposal services

Strategic Priority:
Better connect people with essential services

- Provide training to public employees who regularly come into contact with people experiencing homelessness: trauma-informed, support respect, dignity, safety engagement and de-escalation

- Ensure public spaces (e.g. libraries, community centers and transit centers) provide access to services information and navigation

- Implement culturally relevant strategies for information access, including increased street-level outreach

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Strategic Priority:
Better connect people with essential services

- Create a services navigation outreach team to connect individuals in un-sanctioned encampments with shelter and other services

- Support public safety officers who specialize in working with unsheltered homeless population and active coordination with social service agencies

- Continue to support, improve, and expand access to smartphone application(s) and other technology; expand language options

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Strategic Priorities: your reflections

- Questions to clarify?

- Feedback to add emphasis or further shape?

- Highlight additional strategies?

- Suggestions to strengthen racial equity focus?

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Discussion for next steps

- Priorities for implementation planning:
  - Continue local (2000 unit) and regional supportive housing plans
  - Scale for broader implementation, more quickly
  - Identify revenue to support expanded services

- Pursue other strategic priorities through existing AHFE work groups
  - Identify partners for funding and implementation

- Additional coordination and oversight needed?

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