



STRATEGIC FRAMEWORK TO ADDRESS CHRONIC HOMELESSNESS

MARCH 5, 2018

Table of Contents

Introduction	1
Growing Unmet Need	1
Continued Racial Disparities in Chronic Homelessness	2
Federal Priorities and Local Alignment	2
Developing a Local Framework - Our Process	3
Summary of Stakeholder Perspectives	3
People Experiencing Chronic Homelessness.....	3
AHFE Coordinating Board and Subcommittees	4
Public Safety and Other Public Employees.....	4
Guiding Values	4
Set and work toward specific measurable outcome goals.....	4
Scale what works, while continuing to innovate.....	5
Apply a racial equity lens to defining and responding to the need.....	5
Center solutions in direct voices from communities of color.....	5
Provide immediate access to quality, affordable, accessible permanent housing.....	5
Every person should have healthcare, income acquisition, housing stability and community engagement supports (“wrap around services”) that will allow them to avoid homelessness and thrive.....	6
Strategic Priorities	6
Expand access to deeply affordable, accessible housing units.....	6
Expand supportive housing	7
Increase the number of chronically homeless people who access shelter	7
Increase access to basic hygiene and survival services for those who are unsheltered.....	8
Increase outreach, engagement and information technology in order to better connect people with essential services.....	9
Next Steps	9
Appendices	10
Appendix A - Complete Recommendations	10
Permanent Housing and Supportive Services Recommendations.....	10
Serving the Unsheltered Recommendations	12
Safety Off the Streets Recommendations	14
Appendix B – A Home for Everyone Racial Equity Lens.....	16

Introduction

At the direction of the A Home for Everyone (AHFE) Executive Committee, the Joint Office of Homeless Services has worked with a broad range of community partners to develop a strategic framework to address chronic homelessness. People with long and repeated experiences of homelessness, who are also struggling with one or more significant disabilities, are the fastest growing subpopulation of people experiencing homelessness in Multnomah County. As is the case with homelessness in general, certain communities of color experience chronic homelessness at disproportionately high rates.

For more than a decade, ending chronic homelessness has been a federal priority, recognizing that those who are chronically homeless are some of the most vulnerable people in our communities and also that leaving them to struggle through their disabilities while living on the streets is more costly than providing them with permanent housing and support services. Several decades of research establish that it is substantially less expensive to provide permanent housing with support services to those who are chronically homeless than to have them remain homeless and cycling through hospitals, the criminal justice system, and unsuccessful treatment and social service interventions.¹

Despite this prioritization and knowledge, there has not been a commitment to fund affordable housing and support services at the federal level that would allow local communities to successfully end chronic homelessness. As a result, especially in communities like ours, where rents have increased by more than 30% over the past six years, and the incomes of our most disabled residents have remained flat, the number of chronically homeless people on our streets and the streets of similar cities around the country has continued to grow.

Our community faces a growing chronic homelessness crisis at a time when even the inadequate current level of federal leadership and funding are extremely uncertain, and the state has not yet adopted a comprehensive statewide housing and homeless services strategy. It is therefore imperative that we work locally to expand public and private resources to serve those who are chronically homeless and to deploy those resources as effectively as possible.

This strategic framework, and the associated housing and services strategies, was developed collaboratively through interviews with people experiencing chronic homelessness, a wide range of social service professionals, and members of the AHFE Coordinating Board and its standing work groups. Once adopted, this framework will serve as a guide for how to marshal and deploy public and private resources to prevent and end chronic homelessness for as many people as possible in our community.

Growing Unmet Need

According to our most recent point in time count of people experiencing homelessness in Multnomah County, on any given night there are more than 1,290 people who are experiencing chronic homelessness. By definition, this population has been homeless for more than a year or repeatedly over several years, and is disabled, very often by a combination of mental health challenges, addiction disorders, and/or chronic physical ailments.

People experiencing chronic homelessness make up roughly one-third (30.9%) of all people experiencing homelessness in Multnomah County, and while the overall numbers of people experiencing homelessness

¹ National Alliance to End Homelessness, accessed 02/27/2018, endhomelessness.org/resource/permanent-supportive-housing-cost-study-map/

enumerated in our point in time count grew by 9.9% between 2015 and 2017, those who were identified as chronically homeless grew by 24.9% over the two year period. The increase in chronic homelessness is a national trend, with the number of chronically homeless people increasing by over 12% between 2016 and 2017, while homelessness overall increased by less than 1% over the same period of time.

In our community, as in others around the country, the chronically homeless population is much more likely to be unsheltered (sleeping outdoors, in vehicles, or other places not meant for human habitation) than other groups experiencing homelessness. Locally, 71.1% of those experiencing chronic homelessness are unsheltered on a given night. While everyone experiencing homelessness shares some things in common – most specifically the lack of permanent housing – a higher percentage of chronically homeless people have zero or extremely low incomes, and their opportunities to earn income through employment are at least currently extremely limited. People with extended periods of homelessness and significant disabilities are also more likely have histories of criminal justice involvement, challenging rental and credit histories and other barriers to accessing permanent housing.

Continued Racial Disparities in Chronic Homelessness

Although communities of color make up only 28.7% of the total population of Multnomah County, they represent 36.6% of our homeless population, a one-percentage-point increase from 2015. These racial disparities vary by race and ethnicity, with people of color 55% more likely to experience homelessness than people identifying as White Alone, Not Hispanic. American Indian/Alaska Native, Native Hawaiian or other Pacific Islanders and African Americans are respectively 402, 198, and 180 percent more likely than Whites to experience homelessness on a given night. These disparities persist among those experiencing chronic homelessness, and are even greater for American Indian/Alaska Natives among whom more than two-fifths (43.6%) of those experiencing homelessness are chronically homeless.

Beyond those described in the point in time count, culturally-specific provider partners report that they work with a significant number of community members who do not fit the federal definition of chronic homelessness but who are living with disabilities and experience long periods without access to stable affordable housing. This suggests that racial disparities are even greater than what the point in time count reveals, particularly among those identifying as Latino/Hispanic and those who are immigrants and refugees, and requires that our local efforts to address chronic homelessness are designed and scaled to respond to this larger population.

Federal Priorities and Local Alignment

Nationally, the U.S. Department of Housing and Urban Development (HUD) and the Interagency Council on Homelessness have established goals and frameworks for ending chronic homelessness through [Opening Doors: A Federal Strategic Plan to End Homelessness](#). This federal framework is similar to that established to end veteran homelessness, though the related efforts have lacked similar federal funding and policy coordination required to realize the goals. These national frameworks focus on: scaling long-term strategies to address chronic homelessness, especially permanent supportive housing with a Housing First approach; identifying people experiencing chronic homelessness through proactive outreach; preventing chronic homelessness whenever possible; and providing access to shelter or other temporary accommodations as needed to prevent experiences of unsheltered chronic homelessness

This local framework to address chronic homelessness aligns with these federal strategies, while further identifying specific local needs. Significant local work is already underway to implement a set of strategies to

address the homelessness crisis as a whole through improved outreach and engagement with the chronically homeless population, expanded coordination of access to permanent housing resources, 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 Supporting Partnerships for Anti-Racist Communities (SPARC) initiative.

Developing a Local Framework - Our Process

In developing this framework and the associated strategies, the Joint Office of Homeless Services (JOHS) sought participation from various stakeholders at different touch points. The initial iteration of recommendations was formed through twenty-five in-person interviews with people experiencing chronic homelessness and through several rounds of feedback from A Home for Everyone's standing work groups. Subsequent engagement of AHFE work groups and multiple small group discussions at AHFE Coordinating Board meetings further shaped the recommendations. Additionally, Coordinating Board members were surveyed to provide additional assessment around the ease of implementation and anticipated impact of each recommendation. At each step of the planning process, assessment and revision of the recommendations were guided by the AHFE Racial Equity Lens (attached as [Appendix B](#)) in order to strengthen the focus on addressing racial disparities in chronic homelessness.

In addition to generating recommendations through these mechanisms, JOHS staff reviewed current and historical point in time data, local program outcome data, research on successful strategies and practices locally and in other communities that have been used to address chronic homelessness, and conducted listening sessions with people experiencing chronic homelessness, public safety agencies, as well as other stakeholder groups. Staff within JOHS also brought to the planning process their more than 50 years of combined experience engaged in both direct service work and policy development.

Summary of Stakeholder Perspectives

People Experiencing Chronic Homelessness

In partnership with JOIN, NARA, Urban League and Transition Projects outreach workers, staff conducted approximately 25 in-person qualitative interviews with adults, most of whom were people of color, experiencing chronic homelessness in a variety of sheltered and unsheltered settings. A small survey tool was designed to collect demographics, identify barriers to housing and shelter, and highlight current and needed services for this population. Qualitative data were analyzed using thematic analysis. These interviews of individuals experiencing chronic homelessness identified increased access to the following services as key to ending their homelessness: (a) affordable housing; (b) shelter and basic hygiene; (c) mental health, addictions, and medical services; and (d) employment services.

Additionally, the respondents specified the need for increased access to one-time and ongoing rental assistance, case management, and outreach- and shelter-based housing and service navigation. Other concerns arose regarding communication within and across service providers, access to services information, and increased training for public employees who engage people experiencing homelessness about the causes and consequences of homelessness and the resources available in the community. **Ultimately, the lack of housing opportunities at a scale sufficient to meet the need of this population was consistently identified as the major barrier to ending individuals' chronic homelessness.**

AHFE Coordinating Board and Subcommittees

Feedback from AHFE Coordinating Board and its subcommittees, community providers, and community members overwhelmingly identified increased access to permanent housing and supportive services as key to meeting the needs of this population. Additionally, concerns were identified around: (a) the lack of outreach-based housing placement and resource navigation assistance, (b) insufficient levels of culturally-specific outreach to people of color in the chronically homeless population, (c) insufficient access to basic hygiene services, and (d) insufficient mental and physical health-related outreach to those who are unsheltered.

In addition to capacity concerns, AHFE participants recommended improving access to information about services, improving coordination of survival services with the shelter and housing placement and support services, and enhancing the level of coordination between publicly-funded service providers and volunteer, neighborhood, and faith-based service efforts. Threaded throughout all feedback was the underlying concern of how chronic homelessness is defined by HUD and the need for locally expanded definitions that more sufficiently represent the need in the community, especially among communities of color whose experiences are incompletely represented in current definitions and counts.

Public Safety and Other Public Employees

JOHS staff also facilitated a listening session with public safety staff and a range of other public employees who engage unsheltered individuals experiencing chronic homelessness as part of their public space management responsibilities. Their feedback included: (1) continue to support officers specifically dedicated to engaging the unsheltered homeless population (e.g. Portland Police Bureau's Outreach Car and the Multnomah County Sheriff's HOPE Team); (2) support effective diversion programs like Service Coordination Team and Law Enforcement Assisted Diversion, which often reach chronically homeless individuals and connect them with housing, recovery, and employment services; (3) continue recent efforts to improve information sharing and coordination between those assigned to manage public spaces, outreach workers, and people experiencing homelessness; and (4) offer expanded training options to public space management employees on the causes and consequences of homelessness, and how to access homeless services.

Guiding Values

A Home for Everyone has adopted guiding values for all our work. This stakeholder engagement process yielded a number of additional values that will shape the development and implementation of our specific strategies to address chronic homelessness.

Set and work toward specific measurable outcome goals

Our subsequent plans must set specific measurable outcome goals at the system and programmatic levels and ensure ongoing reporting of progress toward those goals. Our vision is a community where no one experiences chronic homelessness, but fully achieving that vision will depend upon federal and state policy and resource allocation decisions that are outside of local control. However, through increased local investment and improved alignment of existing funding we can achieve goals to increase the number of people with disabilities who are prevented from becoming homeless, the number of chronically homeless people obtaining and retaining permanent housing, and the number of chronically homeless people receiving shelter and support services while still homeless. In order to remain accountable to our goals and ensure that we are maximizing our investments, we must also implement effective data collection and reporting practices, and provide ongoing oversight of the work.

Scale what works, while continuing to innovate

As with homelessness more broadly, our ability to end chronic homelessness is less a matter of discovering what to do, and more about doing enough of what we know works for long enough to adequately address the scale of need. Success in achieving visible, measurable results toward ending chronic homelessness will be dependent largely on how much we are able to expand and sustain our existing housing and support service strategies. At the same time, we must continue to learn from best practices research, pilot projects, and innovative grassroots efforts about new program models and ways of achieving the best possible outcomes for people experiencing chronic homelessness.

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

We know from point in time count and service utilization data that significant specific and differential disparities exist in chronic homelessness for multiple communities of color, and that HUD definitions of chronic homelessness leave out many in need of deeply affordable housing and essential support services. Specifically, the long-term housing and service needs of many in the Latino and Asian immigrant and refugee communities are not well represented in point in time count data, as current definitions leave out individuals and families who are living doubled-up or in unstable living situations with other people. Similarly, while point in time count 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 structural racism drives differential experiences of homelessness and housing instability within and across multiple communities of color, the detriment to communities when all communities of color are siloed into one broad category, and the marginalization that occurs when we don't prioritize strategies that mitigate existing disparities while working toward structural anti-racist solutions.

Center solutions in direct voices from communities of color

Strategies reflected in this report will only help to meaningfully address racial disparities in chronic homelessness if subsequent planning and implementation includes additional specific focus on and input from affected communities of color. In March 2018, our community will begin participation in the national cohort of communities participating in the Supporting Partnerships for Anti-Racist Communities (SPARC) initiative. This initiative centers the voice of people of color experiencing homelessness to better understand and address structural racism as a driver of racial disparities in homelessness. That work, as well as additional planned engagement within Latino, Asian and African immigrant, and Native American communities is intended to help better identify and quantify long-term housing and service needs across multiple communities of color and to guide strategies that specifically address racial disparities in homelessness. Emerging strategies from this work will require additional prioritization.

Provide immediate access to quality, affordable, accessible permanent housing

Throughout this process, stakeholders at all levels emphasized that our first priority should be to maintain people with disabilities in their housing so that they do not become homeless, and then to prioritize strategies, like housing first, that help chronically homeless people to return to permanent housing as rapidly as possible. In our housing market, with rents escalating much faster than the incomes of people with disabilities, permanent housing is a challenge, but nothing else will actually end someone's homelessness. Our plans must prioritize doing everything we can locally, and advocating at the state and federal levels, to create permanent, quality, affordable, and accessible housing opportunities for extremely low-income people living with significant disabilities.

Every person should have healthcare, income acquisition, housing stability and community engagement supports (“wrap around services”) that will allow them to avoid homelessness and thrive

For many people experiencing chronic homelessness, having quality, affordable, accessible housing is not by itself enough to allow them to retain housing and to thrive. Throughout the stakeholder engagement process, participants expressed the importance of offering the range of support services and community building opportunities that allow a person not only to escape homelessness but also to restore their health, fulfill their potential as individuals and regain their sense of belonging in the community.

Strategic Priorities

Effectively addressing chronic homelessness will require pursuing prioritized strategies that broadly fall into one of five categories: (1) Expanding access to deeply affordable, accessible housing units; (2) expanding wrap around services connected to deeply affordable housing units; (3) increasing the number of chronically homeless people who have access to shelter (and alternatives to shelter); (4) expanding survival services for those who are unsheltered; and (5) improving outreach, engagement, and information technology to connect chronically homeless people to housing and services. These strategic priorities encompass a wide range of specific resource, policy, and programmatic recommendations provided in [Appendix A](#). What follows is intended to highlight several recommendations with greatest priority for more immediate-term, scaled and prolonged implementation.

Expand access to deeply affordable, accessible housing units

Building and accessing permanently affordable housing for people with disabilities and long experiences of homelessness is a challenge, but nothing else will actually end someone’s homelessness. The vast majority of people experiencing chronic homelessness have very little, if any, current income. Supplemental Security Income (SSI) provides a cash benefit of less than \$800 a month to a person who is been determined to be permanently disabled. For someone whose primary disability is an addiction disorder, they are not eligible for SSI. In time, with access to treatment, they may return workforce, but in the interim they will have no income to pay the rent. For chronically homeless people there are also often barriers beyond the rent that exclude them from housing. For those with physical disabilities, units need to be accessible in compliance with the Americans with Disabilities Act (ADA). People with disabilities continue to face unlawful discrimination in housing, and that risk is compounded for people of color who are disabled. For those with poor rental, credit, and/or criminal histories, screening criteria, while legal, often present in insurmountable barrier to accessing even those units that are affordable. Maintenance of these screening barriers in turn drives racial disparities in access to housing, as, for instance, use of criminal history as a screening factor for housing is compounded by structural racism within the criminal justice system. Potentially high impact recommendations to address the need for deeply affordable accessible units to serve the chronically homeless population include:

- Complete the planned 600 units of 0-30% housing using Portland’s Affordable Housing Bond. Identify additional local funding to construct and operate additional deeply affordable housing.
- Prioritize advocacy for expanded state, regional, and local investments into the construction and operation of 0-30% housing, in particular for severely disabled and chronically homeless people.
- Develop housing models that maximize available units from available funds, while still meeting client needs and other policy priorities for permanent housing (e.g. modernized Single Room Occupancy buildings).

- Implement tenant-screening reforms for deeply affordable regulated housing units that will facilitate access for chronically homeless people.
- Expand street outreach and shelter based housing placement and rental assistance resources to allow direct placement of chronically homeless people into permanent housing.
- Expand supports for non-profit and for profit property owners and managers (e.g. mitigation funds, 24-hour response, emergency rental assistance) to encourage housing retention and access by those with significant disabilities.
- Support and implement HUD’s Affirmatively Furthering Fair Housing Rule, and support education and enforcement activities under the ADA and Fair Housing Act to ensure prospective tenants fully utilize reasonable accommodation rules and are protected from disability-based discrimination in housing.

Expand supportive housing

Connecting deeply affordable housing with ongoing support services (“supportive housing”) is the most important strategy to end chronic homelessness. In addition to investing in the creation of more deeply affordable accessible housing units for people with disabilities, we must increase the range of support services attached to those units in order to help people retain their housing long-term. As we move to expand supportive housing, there are a number of specific high impact strategies, including:

- Complete and implement the local plan to add at least 2000 units of supportive housing over the next ten years, and align with regional and state supportive housing expansion efforts.
- Participate in completing and implementing a regional and statewide supportive housing strategy that aligns local investments with state and federal funding streams.
- Connect existing and pipeline units that are deeply affordable with current services investments in the homeless, health care, workforce, and criminal justice systems in order to expand supportive housing inventory.
- Pursue a dedicated local revenue stream for supportive housing services to complement local, regional, state, and federal affordable housing development funds.
- Expand investments in culturally-specific housing support services.
- Increase access to health services, including primary care and behavioral health services, for extremely low-income individuals already in or returning to permanent housing.
- Expand housing retention and diversion programs for people with disabilities who are otherwise likely to become chronically homeless.
- Develop “graduation” strategies that allow individuals to move on from supportive housing to other permanent housing as their need for services diminishes in order to free those scarce resources for others.

Increase the number of chronically homeless people who access shelter

Although scaled expansion of supportive housing is the primary strategic priority to end chronic homelessness in our community, there remains the reality that at least 1,290 adults experience chronic homelessness each night, with 71.1% sleeping unsheltered. For people living with a range of disabilities, living entirely unsheltered can be especially dangerous. In some circumstances, the disabilities individuals are living with also make it challenging for them to limit the impact of their camping activity on public spaces they are living in. These impacts lead to significant community concern and costs associated with cleaning up and relocating encampments. Stakeholders in the planning process repeatedly emphasized that increasing the number of

people who access emergency shelter and its alternative models does not necessarily mean increasing the number of shelter beds, but instead can mean increasing the number of people who successfully transition through shelter by improving services and housing placement capacity connected to the shelters. In order to increase the number of chronically homeless people who access shelter, including alternatives to traditional emergency shelter models, high impact recommendations include:

- Retain commitment to offering low-barrier shelter and alternative models that emphasize inviting people in and connecting them with services once they are inside.
- Increase access to permanent housing placement, addiction, mental health, and employment services in all low-barrier shelters.
- Develop a “navigation center” style shelter that offers a limited duration stay and opportunity for connection to services for chronically homeless people who are being displaced from un-sanctioned encampments.
- Develop a “safe haven” shelter and expand recuperative housing options for individuals with severe and persistent mental illness.
- Expand transitional recovery housing for chronically homeless people whose primary disability is a substance use disorder.
- Assess the differential experience in shelter for people of color and implement culturally-specific and anti-racist strategies to better meet people of color’ short-term shelter needs.
- Advocate for expanded statewide and regional shelter investments to increase the capacity of communities around the state to provide shelter to people with disabilities.

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

For those who do not have ready access to permanent housing and also are unable or unwilling to access emergency shelter options, critical needs remain for basic hygiene and survival services. We heard frequently from those who are unsheltered, as well as from providers and public safety and public space management employees, about the need to provide a range of services, including access to restrooms, trash services, syringe disposal, property storage, cold weather gear, laundry, showers, mobile medical and other services. These are not needs unique to the chronically homeless population, but given their disabilities, the lack of access to these basic services presents a particularly significant barrier to surviving and escaping the streets. High-impact recommendations in this area include:

- Pursue innovative partnerships with faith institutions, community centers, businesses and others to increase access to existing hygiene services.
- Pilot mobile laundry, shower, and bathroom services that are temporarily stationed near concentrations of unsheltered chronically homeless individuals.
- Expand the number and geographic distribution of day centers and “urban rest stops” offering basic services to unsheltered populations, and use those as opportunities to engage guests in a wider range of services.
- Expand access to street-based primary care and behavioral health services through mobile outreach teams.
- Expand trash and biohazard pick up and disposal services for individuals who are living unsheltered in public spaces.

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

While no program in our community is scaled to the actual level of need, it is nonetheless important that chronically homeless people are engaged effectively in order to gain access to the services that they are eligible for. The best method of engagement for chronically homeless people is often through street outreach, because of the high unsheltered rate. Having culturally-specific outreach services is also essential for effective engagement. Engagement, however, can also happen in other venues - in libraries, in hospitals, at day centers, on public transportation and at meal programs. There is also an increasingly important role for law enforcement and other public space management agencies in engaging with the unsheltered population and helping them navigate to services. Finally, with the increasing pervasiveness of smartphone technology within the homeless community, and also among both volunteer and professional outreach providers, there are exciting opportunities to use technology to engage and assist chronically homeless people to remain connected to services and housing opportunities. Stakeholders in the planning process identified the following recommendations as some that would be highly impactful:

- Provide services information training to public employees and members of the general public who regularly come into contact with people experiencing homelessness. Include trauma-informed training to support respect, dignity, safety engagement, and de-escalation.
- 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.
- 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 of color congregate.
- Create a services navigation outreach team that focuses on connecting individuals who face displacement from un-sanctioned encampments with shelter and other services.
- Support the introduction of public safety officers who specialize in working with the unsheltered homeless population and their active coordination with social service provider agencies.
- Continue to support, improve, and expand access to smartphone application(s), including that maintained through 211Info, that allow user-friendly searches of homeless and housing services by people experiencing homelessness and those who encounter them. Expand language options.

Next Steps

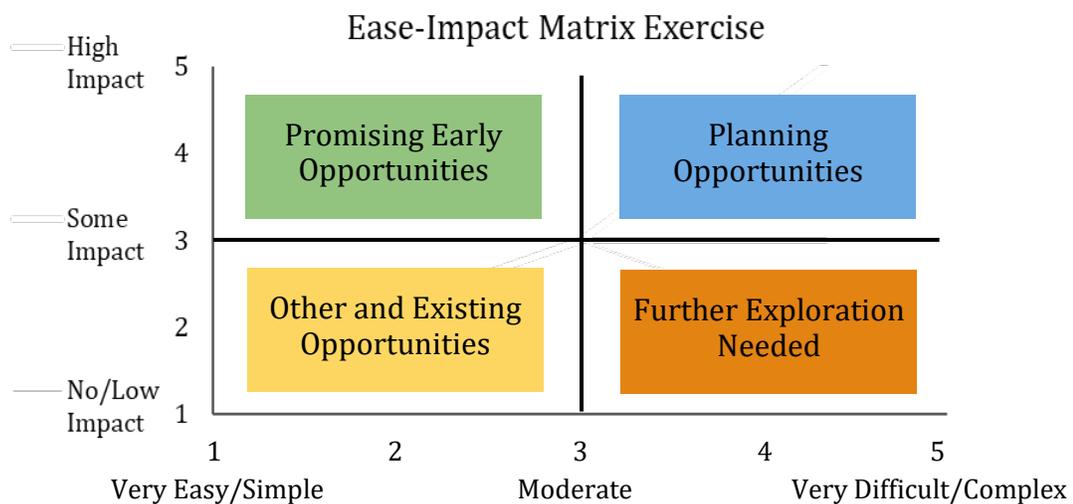
Upon adoption, this strategic framework will become the basis for initiating specific implementation plans that set quantifiable outcomes and timelines in the key strategic priority areas. With respect to the expansion of supportive housing, that work is already underway. The implementation plans will focus on the high impact and planning recommendations outlined above and in [Appendix A](#), identifying scale, cost, and responsible entities. In each case, the implementation planning will start with the values set out above, in particular with the priority placed on implementing recommendations that promise the greatest reduction in racial disparities within the chronic homeless population. In addition, the JOHS will work through AHFE to recommend to the Executive Committee a mechanism for ongoing monitoring of progress toward the stated goals of the implementation plans.

Appendices

Appendix A - Complete Recommendations

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.*



Permanent Housing and Supportive Services Recommendations

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.

Recommendations (Permanent Housing and Supportive Services)

<p>Promising Early Opportunities</p>	
<p>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.</p>	
<p>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.</p>	
<p>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>	
<p>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.</p>	
<p>Planning Opportunities</p>	
<p>System Equity</p>	
<p>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.</p> <ul style="list-style-type: none"> • 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 	
<p>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.</p>	
<p>Evaluate the impact of HUD definitions of homelessness in access to housing and services to expand investments in culturally-specific community-based housing.</p>	
<p>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).</p>	
<p>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.</p>	
<p>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).</p>	

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.	

Serving the Unsheltered Recommendations

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.

Recommendations (Serving the Unsheltered)

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 of color 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 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 Recommendations

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.

Recommendations (Safety off the Streets)

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.	

Appendix B – A Home for Everyone Racial Equity Lens



Commitment to Racial Equity (From “A Home for Everyone”)

Portland prides itself in being a wonderful place to call home. Yet despite our city’s strengths, every resident does not experience the same access and resources to secure safe, stable housing. Nearly half (45%) of those experiencing homelessness are people of color, although they comprise only 29% percent of Multnomah County’s total population². The Home for Everyone Coordinating Board is committed to promoting and ensuring racially equitable access and outcomes in housing and services. This includes using an equity lens to inform and guide our planning, policies, programs and decisions.

What is a Racial Equity Lens?

A racial equity lens is a set of questions we ask ourselves when we are planning, developing or evaluating a policy, program or decision. It helps us assess if we are taking in the perspectives of the racially diverse people and communities we intend to serve, and whether our policies and programs are resulting in equitable or inequitable outcomes. An equity lens helps us see where challenges and opportunities exist, so that we can make intentional steps to ensure more equitable outcomes for all individuals and communities.

Racial Equity Lens Tool³

1. What is the policy, program or decision under review?
2. What group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in a systemic change that addresses institutional racism⁴?
5. Does the policy, program or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are possible revisions to the policy, program or decision under review?
7. What next step is recommended and how will it be advanced?

² “2013 Point-in-Time Count of Homelessness in Portland/Multnomah County”, Kris Smock Consulting.

³ Adapted from “Sample Equity Lens Tool”, Nonprofit Association of Oregon.

⁴ Institutional Racism refers “to organizational policies, practices and programs that work to the benefit of white people and the detriment of people of color.” (City of Portland Office of Equity and Human Rights).