



Home Again

*A 10-year plan to end homelessness in
Portland and Multnomah County*

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Submitted 10/3/13

* Action Plan

Citizens Commission on Homelessness
December 2004

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INTRODUCTION

On any given night, about 4,000 people sleep on the streets, in cars, or in shelters across Portland. Homeless people include adults, youth, couples, and families with children. They are living on the streets, either temporarily or for the long-term, for a variety of reasons. They may have become homeless because of an untreated mental illness, a physical disability, domestic violence, loss of a job, or chemical dependency.

Homelessness was a relatively rare phenomenon until the 1980s, when many economic and social changes converged to cause its dramatic rise. These changes included the lack of growth in real earnings for those with low incomes, a growing scarcity of affordable housing, and the closing of institutions that had long served the mentally ill.

Last year, about 17,000 people slept on streets, in cars or in shelters within Multnomah County.¹ On one night in 2003, more than 450 people were unable to find space in emergency shelters.² Among them were at least 175 children and their families.

The costs of homelessness are many. It almost always worsens an already unstable family situation. Homeless children often do poorly in school. Youth and adults with mental illness or drug and alcohol problems get worse when they do not get the behavioral or medical attention they need. Citizens and visitors to Portland are often disturbed by seeing so many homeless people on our streets. The result: a less livable community for all of us.

This 10-year plan is part of a national movement to end 20 years of homelessness as a large social problem. Adopting the national model to local

needs will result in a decrease in the number of people on the streets in Portland, and will support a regional, state, and national effort to end homelessness in ten years. The steps outlined in this plan will cost money, but it will not cost as much as it would to manage homelessness through expensive public emergency systems in the years to come.

The plan lays out broad strategies, specific action steps, and a detailed work plan to guide government, non-profit agencies and other partners to attain these desired outcomes:

- Fewer people become homeless;
- The frequency and duration of homelessness is reduced;
- More homeless people move into and stay stable in permanent housing;

A large population of homeless people is a symptom that our community is not healthy. It is not healthy for those who are homeless, and not healthy for the rest of the community. The perception that homelessness is hurting the local economy exists among individual citizens, neighborhoods and many in Portland's business community. The end to chronic homelessness needs to be one of our top priorities as a community.

This 10-year plan is built on three principles:

1. Focus on the most chronically homeless populations;
2. Streamline access to existing services to prevent and reduce other homelessness;
3. Concentrate resources on programs that offer measurable results.

The three principles are inherent in each of the Nine Action Steps.

¹ Unduplicated Homeless System Reports, City of Portland, Multnomah County, Fiscal Year 02-03.

² March 26, 2003 One Night Shelter Count, Mult. Co. Office of Schools and Community Partnerships.

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Nine Actions to End Homelessness:

1. Move people into housing first

The most critical issue facing all homeless people—the lack of permanent housing—will be addressed first. Other services and programs directed at homeless people and families will support and maintain homeless people in this permanent housing.

2. Stop discharging people into homelessness

When institutions like jails and hospitals discharge their homeless clients, they often struggle to link these clients to appropriate services because there is a lack of permanent supportive housing available. This also applies to the foster care system, which discharges young people at the age of 18, who are at high risk of becoming homeless. Implementation of this plan will help prevent discharge of homeless people to the streets by providing linkages to the right services and permanent supportive housing.

3. Improve outreach to homeless people

Outreach workers will be able to offer homeless people immediate access to permanent housing, rather than requiring many intermediate steps before housing is offered. A new day resource space will be considered, equipped with basic supports and direct access to housing and desired services. In addition, we will improve access to assistance for homeless families through Multnomah County's six regional service centers and culturally specific sites to ensure that the basic needs and safety of children are met.

4. Emphasize permanent solutions

Too many are using the shelter system as temporary housing. Currently, only 27% of people in the homeless system are placed in permanent housing. We will increase this number to 40% within three years. By 2012, we will place

and maintain 60% of homeless people in permanent housing—more than doubling the number of people placed in permanent housing in seven years. Under this plan, shelters will once again be able to provide quick access into shelter and quicker transition into permanent housing.

5. Increase supply of permanent supportive housing

By all accounts, permanent supportive housing is one of the most effective tools for ending long term homelessness. By 2015, the City and County will create 2,200 new permanent supportive housing units for chronically homeless individuals and homeless families with special needs.

6. Create innovative new partnerships to end homelessness

Ending homelessness in ten years will require tremendous effort and tremendous resources. We will improve relationships and partnerships among government agencies, non-profits and institutions to leverage funding available for permanent supportive housing. By demonstrating our success, we can recruit new partners for our effort, including the business community and ordinary citizens.

7. Make the rent assistance system more effective

Rent assistance subsidies are one of our best tools to end homelessness. To maximize effectiveness we must streamline funding and service access. Rent help is particularly important for families, who fare best when placed in permanent housing as quickly as possible. Outreach workers will have the ability to offer rent assistance immediately upon placement in housing.

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8. Increase economic opportunity for homeless people

The City and County will coordinate efforts to improve access to workforce assistance for people who are homeless. For homeless families, this also includes increasing childcare supports. Additionally, the City and County will also work with the State of Oregon and federal agencies on streamlining the receipt of disability benefits by homeless people who are eligible and in need, but are currently not receiving benefits.

9. Implement new data collection technology throughout the homeless system

All partners in the homeless system will adopt a shared web-based database. This will allow us to better count the number of unduplicated homeless persons, and the frequency, depth, and breadth of homelessness. This tool will help us: track the outcomes and service improvements for homeless people who access the system; and plan more effectively to serve greater numbers of homeless people.

In order to make sure that this plan succeeds, we have built in a system of accountability and measurable outcomes. No public funds will be used for programs or services that do not demonstrate measurable success toward ending homelessness.

Outcomes in the First Year

We can expect significant change over the next year. We will report to the Citizens Commission and the community on attainment of these goals.

- 175 chronically homeless people will have homes
- 160 new units of permanent supportive housing will be opened and 300 additional units will be under development

- 20 “hard to reach” homeless youth will be housed permanently
- Waiting lists for shelters and turn away counts will be reduced by a minimum of five percent
- Rent assistance program reforms will be completed to produce a streamlined administration and increased outcomes for families and individuals
- 250 homeless families with children will be permanently housed
- Resources for permanent supportive housing will increase from 12% to 20% of the overall homeless service system
- An enhanced partnership to end homelessness will be formalized by public and private community partners
- The new Homeless Management Information System will be fully operational in 26 homeless service agencies

We all have a stake in ending homelessness. As members of a community, we want to take care of our citizens, including families with children, seniors, and those with illnesses or disabilities who cannot care for themselves. In addition, all of us want safe, clean and livable neighborhoods. It starts here, with a plan that ends homelessness as we know it.

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BRIEF HISTORY OF HOMELESS PLANNING

The public response to increasing homelessness in the 1980s led local decision-makers, business leaders, and homeless advocates to come together to forge a solution. Numerous committees and reports addressed the simultaneous increase in poverty and loss of affordable housing in the downtown core.

To better utilize resources and avoid overlapping efforts, the City of Portland and Multnomah County made an agreement in 1983, known as Resolution A, which divided responsibility of the area's public resources. In relation to homeless and human services, the City of Portland agreed to manage the development of facilities, housing and public safety projects and the County agreed to manage human services. Within this division, services for victims of domestic violence were designated to the City. Services for homeless families, adults, and youth were designated to the County. Almost 10 years later, the agreement was amended to switch the responsibility of homeless adult services to the City of Portland and domestic violence services to Multnomah County.

In 1986, Mayor Bud Clark's 12 Point Plan, "Breaking the Cycle of Homelessness," provided a multidimensional framework to organize and streamline the community's resources in an initial effort to address the diverse needs of homeless people. With the adoption of this plan, the City general fund contribution to homeless services grew from \$300,000 to \$700,000 per year in and, along with Multnomah County, attracted more than \$6 million in federal funding under the federal McKinney Act.

Guidance from the 12 Point Plan led to the creation of two large shelters with more than 150 beds each as the community's primary response to homelessness. It also led to the development of programs to effectively work with people who were on the streets and inebriated or suffering

from severe mental illness. The investment in these services signified a shift in the City's response to homelessness from one of arresting people on the street due to inappropriate public behavior to one that began to address the problems homeless people face.

In 1994, the U.S. Department of Housing and Urban Development (HUD) began urging communities to develop comprehensive and strategic plans, termed **Continuum of Care Plans** (see Glossary), to address housing needs and homelessness. By 1997, Multnomah County, the City of Portland, and the Housing Authority of Portland (HAP) formed the McKinney Advisory Committee (MAC) to oversee the community's Continuum of Care application.

In 1999, the Housing and Community Development Commission (HCDC) transformed the MAC into a 15-member committee, called the Advisory Committee on Homeless Issues (ACHI), to move discussions beyond the Continuum of Care application and focus on larger homeless systems issues. ACHI members evaluated and prioritized local projects, and conducted a community analysis of needs and gaps. In 2003-2004, the Continuum of Care application functions was coordinated with the Plan to End Homelessness planning process.

Recent Planning Efforts in the Homeless Systems

The **Homeless Family System** has undergone changes since the January 2000 adoption of a Community and Family Service Center System. The Community and Family Service Centers provide community-based services for children, families and adults in Multnomah County.

In July 2000, the Multnomah County Board of County Commissioners adopted the "Homeless Families Plan for Multnomah County: Five-Year Roadmap for Service Development." This plan was a comprehensive, strategic plan for the revision and expansion of services to help homeless families in Multnomah County become

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self-sufficient members of this community. Last year, the Coalition for Homeless Families updated this plan to include twenty strategies that address family homelessness. [See Appendix B]

The **Homeless Youth System** has undergone significant changes since 1998. In response to community and media criticisms of a lack of accountability in the existing service system, the Board of County Commissioners initiated a redesign effort to coordinate a comprehensive new homeless youth system. A broad-based ad-hoc committee recommended a model that provided a continuum of services ranging from immediate relief off the streets, to assistance and support in permanently transitioning youth out of homelessness and becoming productive members of the community.

In 2003, the Homeless Youth Oversight subcommittee changed the focus of the system to engage youth quickly into the continuum, and limit services to those youth not willing to participate in further services. Youth are assigned to one of two service coordination agencies in the continuum based on an assessment of their educational or vocational needs, which becomes the primary focus of the youth's service package. The changes were made to improve youth engagement rates and to increase the focus on achieving positive youth outcomes.

Over the last five years, the **Homeless Domestic Violence System** has increased its capacity to provide new services. An increase in funding has resulted in expanded culturally specific services and the development of a supervised visitation program. Funding from the City of Portland enabled the system to begin implementation of mental health services to mothers, as well as children aged 0-5, exposed to domestic violence. In 2003, the closure of one shelter allowed for the creation of a drop-in center for domestic violence survivors. The drop-in center facilitates access to resources, temporary housing in motels, and rental assistance.

In 2002, a new Domestic Violence Plan was approved by the Multnomah County Board, to be implemented gradually from July 2003 to June 2008. The plan includes the development of on-site collaborative services placed at offices of other social services, multi-disciplinary walk-in centers and, increased advocacy for a coordinated community response to domestic violence.

The **Homeless Adults System** conducted a comprehensive community planning process in 1993 to closely examine and restructure housing and services. The outcome of this process, the Shelter Reconfiguration Plan, determined that a range of shelter and housing options would best address the diverse needs of homeless adults, who do not have children with them. This plan called for \$12.7 million in capital investments and \$4.5 million annually in public and private service dollars.

With the implementation of the Shelter Reconfiguration Plan complete, the City of Portland's Bureau of Housing and Community Development (BHCD) recognized that a responsive public policy needed to address changing community circumstances. Further, directors of organizations in the Homeless Adults System wanted to increase collaboration and enhance working relationships among their diverse programs.

To accomplish this, they formed a "Revisioning Committee" in late 2000

that resulted in the "Enhancement Plan", focusing on moving homeless people into permanent housing and retaining that housing.

"The system will collaboratively eradicate the institution of homelessness through the support of people in their efforts to have homes, income, and relationships."

- Revisioning Committee, June, 2001

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COMMUNITY PLANNING PROCESS

As a community, we are embarking on something new in the 10-year plan. This is not a homeless plan; it's a plan to end homelessness. It involves all homeless systems as well as mainstream housing, physical and behavioral healthcare, and corrections agencies. It also involves community-based planning with neighborhoods, business associations and homeless and formerly homeless people. This plan engages systems, agencies and people who have contact with homelessness. It is one of many steps needed to implement the systems change that is necessary to truly end homelessness as we know it.

To demonstrate political will and bring together all stakeholders needed to effectively end homelessness, the Housing Commissioner on Portland City Council established, with the endorsement from the Chair of Multnomah County, the **Citizens Commission on Homelessness (CCOH)**. This body was comprised of elected officials, business and community leaders, neighborhood association chairs, and persons experiencing homelessness. The CCOH was intentionally set up without representation of government or non-profit agency staff to allow for an external process that would help develop broad community support for a plan.

A second planning body was established to continue the necessary coordination and planning with non-profit agencies and multiple parties with interests in homelessness. **The Plan to End Homelessness Coordinating**

Committee (PTEHCC) represents a different constituency of non-profit agencies, "mainstream" agencies (such as County Community Justice, health and mental health departments, and the Housing Authority of Portland) serving homeless people, representatives from other planning bodies, and homeless and formerly homeless people.

Between November 2003 and November 2004, each planning body held monthly meetings that had broad participation by people interested in the future of homelessness in Portland and Multnomah County. Staffing for these bodies came primarily from the City of Portland's Bureau of Housing and Community Development. Liaison staff provided support to these bodies from Multnomah County's Housing Office, Office of School and Community Partnerships, Department of County Human Services and Department of Community Justice, as well as the

Housing Authority of Portland. Non-profit agency staff and community partners also committed numerous hours to planning.

Citizens Commission Principles

Why We Are Doing This

- Involuntary homelessness is not tolerable in our community
- Resources and support must be directed to programs that help people exit homelessness

What We Are Doing

- Seeking to focus our community on the goal of ending involuntary homelessness
- Identifying ways to better coordinate components of an effective homeless system
- Engaging previously untapped resources to reach our goals
- Establishing complementary efforts with other communities in the region to address homelessness

How We Are Doing It

- Building strategies that cross all systems to:
 - Produce successful models that result in the best outcomes
 - Build cost benefit models to assure effectiveness and efficiency
 - Ensure accountability in all funding streams
 - Encourage innovation and experimentation
- Planning today's efforts to be effective in 10 years and beyond

How Will We Know It Works

- There are fewer people who are homeless in our community
- Reliable evaluations demonstrate that increased numbers of people are exiting homelessness, not returning, and are living:
 - in permanent housing
 - independently
 - self-sufficiently

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In an effort to increase coordination and support systems change across the silos of the four homeless systems (adult, youth, domestic violence and family systems), **eight new** workgroups were established across functions of the continuum of homeless services. Some will continue to oversee ongoing planning and implementation work while others completed their charge.

These workgroups were:

Discharge Planning - This workgroup recommended broad-based policy changes to a) provide adequate and accessible resources to conduct appropriate discharge planning; and b) hold institutions accountable for discharging people to housing and other related supports rather than the shelter or the streets.

Short-term Rent Assistance - This group recommended strategies to streamline distribution of \$2.2 million from 7 different funding streams that provided short-term rent assistance through three different entities (City, County, and Housing Authority).

Chronic Homelessness - The Chronic Homeless Stakeholders group reviewed systems change issues arising from the implementation of two federal grants that provide \$9.2 million dollars for housing and services for chronically homeless adults, and recommended strategies to overcome systemic barriers that are included in this plan.

Outreach and Engagement - This workgroup recommended deep coordination across homeless and other systems (including police and parks) and implementing best practice standards for outreach and engagement to homeless people who were “difficult to engage” in long term service and housing to help end their homelessness.

Facility Based Transitional Housing - This workgroup recommended maximizing use of

transitional housing facilities, including determining who was most appropriate for transitional housing and who might be better served by permanent supportive housing.

Consumer Feedback - This workgroup of consumers and former consumers of homeless services, formulated recommendations to address barriers to accessing housing, incorporating information from the Crossroads project database of interviews with 600 homeless persons.

Shelter and Access - This workgroup explored the cross cutting issues of shelters in all homeless systems, recommending best practices to reduce length of stay and recidivism, and easier access to housing and services for homeless people. The group also explored the new role of shelters as our community-focused efforts and resources on permanent housing.

Bridges to Housing - This workgroup continues to explore a regional approach to permanent housing and services for homeless families across 4 counties with resources from public and private organizations, particularly foundations. The group-examined the best practices of the “Sound Families” initiative that occurred in King, Pierce and Snohomish Counties in Washington State.

Other community based efforts contributed to this plan. The **Southeast Uplift Homelessness Working Group** conducted more than one hundred community dialogues and sponsored several community forums to share stories between housed and homeless people. Their efforts are recorded in their Summary Report (see appendix).

Crossroads also conducted an intensive research project interviewing over 600 homeless and formerly homeless people. Their preliminary report describes what they found in these interviews (see appendix).

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In addition to these workgroups and community based processes, many others contributed to the 10-year plan to end homelessness, including:

- **The Housing and Community Development Commission (HCDC).** This inter-jurisdictional citizens' body reviews and makes housing policy recommendations to three jurisdictions (Portland, Gresham, and Multnomah County) regarding housing and community development issues. It is responsible for the development of the countywide Consolidated Plan, which includes strategies for the Continuum of Care, and has oversight for the activities funded from these programs: HOME, CDBG, HOPWA, ESG and HUD McKinney programs. HCDC is also the lead entity for the Continuum of Care.
- **Population-Specific Planning Groups.** Recognizing that the needs of various homeless populations require specific planning and coordination, the jurisdictions continue to use different advisory groups for the four homeless systems (**adults, families, domestic violence, and unaccompanied youth**). Members are drawn from interest groups, such as providers of services; housing developers; advocates; homeless people; other funders, such as relevant State agencies; the Housing Authority of Portland; representatives from Commissions/Councils; business representatives; the police bureau; neighborhood associations; and others.
- **Policy Advice on Services.** *The Commission on Children, Families, and Community (CCFC)* advises the county on services for persons/families regardless of income. CCFC's *Poverty Advisory Committee (PAC)* advises the CCFC on policy issues related to programs for extremely low-income populations and has members who include low-income persons, youth, elected officials/their staff, advocates, and other community members.
- **The Regional Blue Ribbon Committee on Housing Resource Development.** Mayor Vera Katz and Portland City Commissioner Erik Sten convened the Regional Blue Ribbon Committee on Housing Resource Development in 2003 to develop a strategy to increase the supply of affordable housing in the Tri-County (Washington, Multnomah and Clackamas) Metropolitan Region. The Committee will adopt final recommendations in December 2004. These recommendations will include a legislative and public relations strategy to secure permanent resources to meet identified housing needs, perhaps by reversing a current legislative provision that prohibits local fees on the transfer of real estate. The Committee is empanelling an ongoing steering committee that will oversee strategy and monitor the upcoming legislative session.
- **The Special Needs Committee.** This is a subcommittee of HCDC that began in January 2002. Membership includes community leaders who are instrumental in housing development, housing management and service provision for people with special needs below 30% of median income who are either homeless or at-risk of homelessness. The goal of this group is to find ways to develop additional supportive housing including identifying untapped mainstream resources, addressing regulatory barriers, and looking for additional financial resources. It should be noted that the work of this committee initiated the current systems changes efforts to end homelessness as we know it. This group has subcommittees that also tie into homelessness issues:
 - The Housing and Services Partnership group – Oversees the “Fresh Start” program, which reduces housing barriers for “hard-to-house” populations, and organizes training for housing and services agencies.

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- The Special Needs Families Group –
Explores issues of families who have special needs adults and children. Particularly their housing and service needs.
- **Poverty Reduction Framework.** This framework will be the policy guidance for local anti-poverty and community service programs. The Poverty Advisory Committee of the Commission on Children and Families completed its efforts in December 2003. As poverty is a key contributor to homelessness, this framework is integral to other policies and programs that work with homeless people.

Current Day-to-Day Responsibilities: Multnomah County Offices, City of Portland's BHCD

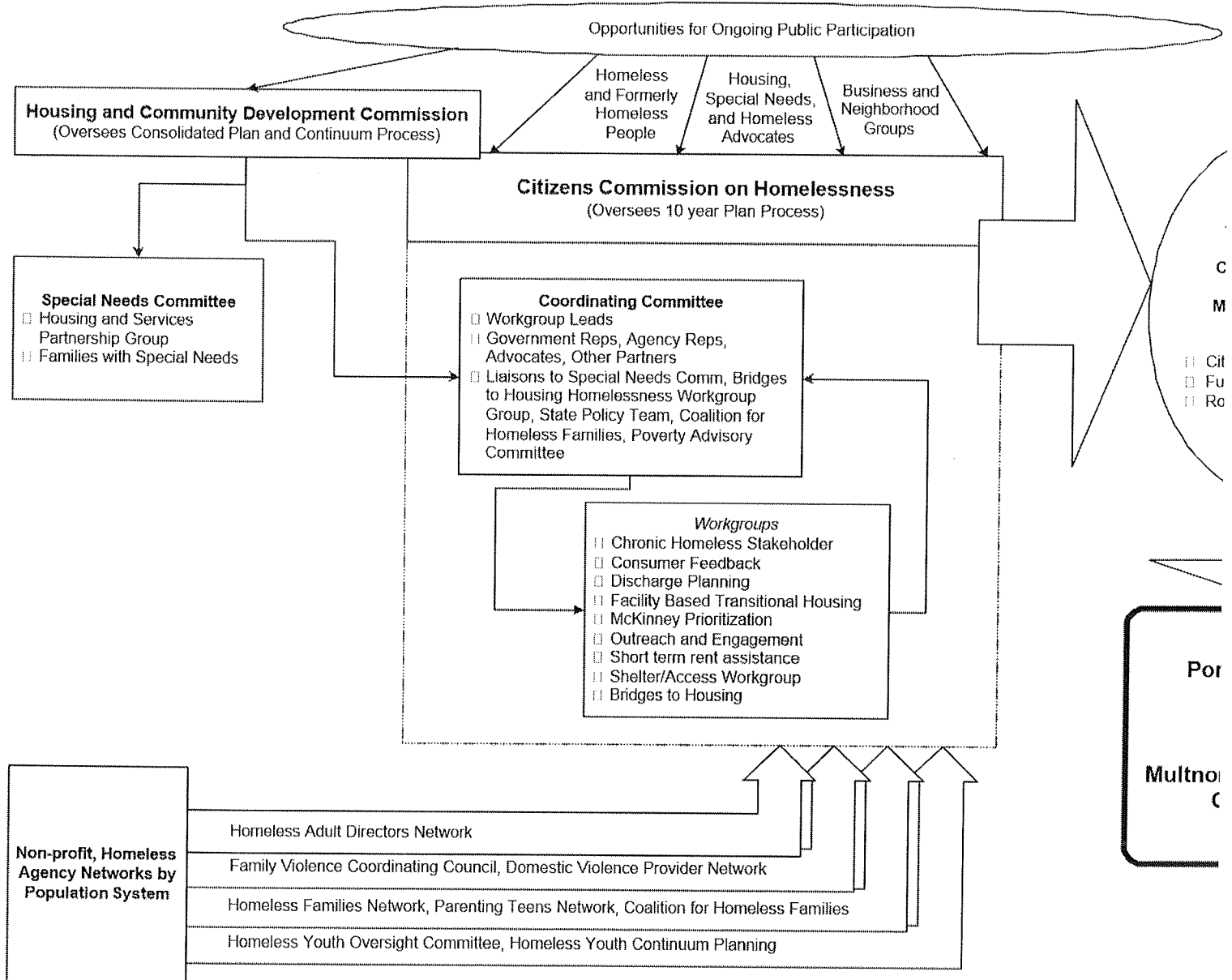
Multnomah County is responsible for planning and contracting for services to all homeless populations countywide, except single adults. The Office of School and Community Partnerships (OSCP) funds a decentralized and geographically based system of community service centers, special needs providers, access agencies and system-wide resources. OSCP contracts with six non-profit agencies in these six districts to provide services that primarily serve low-income and homeless families. Services to homeless youth (funded through OSCP) and domestic violence populations (responsibility of the Domestic Violence Coordinator's Office) are delivered through networks of non-profit agencies and are available countywide.

The City of Portland Bureau of Housing and Community Development (BHCD) has responsibilities for planning, coordinating, funding, and evaluating services for homeless adults countywide. Having homeless program management in BHCD, which also manages city housing and economic opportunity programs, enhances the connection between housing, employment and micro-enterprise programs and

homelessness and increases linkages among housing providers, workforce programs, and homeless and shelter providers. The City also provides funding for rent assistance and homeless youth services via a formal agreement with Multnomah County.

Formal Organizational Chart. The diagram on the following page shows the key structures and participants in the planning and implementation of housing and services for people who are homeless or at risk of homelessness. These infrastructures in Portland/Gresham/Multnomah County also are important in the coordination/linkage of housing and services for vulnerable populations.

Process that Developed Portland and Multnomah County 10 Year Plan to End Homelessness



CURRENT DATA

How Many People are Homeless?

Accurately determining the number of homeless people in a given area is problematic. Simply counting the number of people who request assistance is insufficient. The “hidden homeless” — those doubled or tripled up with family or friends, those who prefer to remain out of sight, and those sleeping in places the enumerators did not look — are often missed, resulting in an underestimation of the homeless population.

Further, there are many who may be housed but live in imminent threat of harm due to family violence. Portland and Multnomah County employ a variety of methods to better determine the number of homeless people in the community.

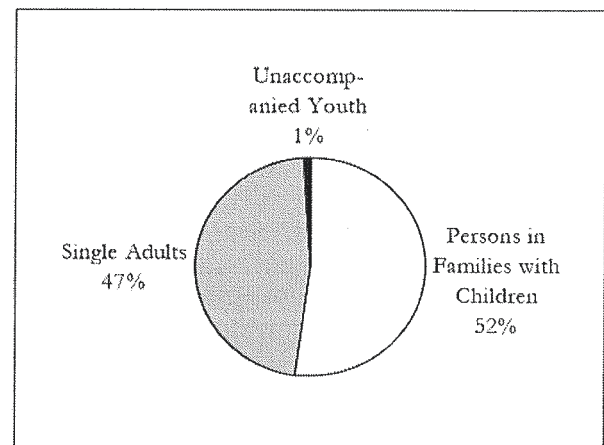
- A one-night shelter count is conducted on a designated day during the months of March and November each year. This is a point-in-time count of all homeless people using shelters, motel vouchers, transitional housing, and rent assistance as well as the people who were turned away from these resources on the same day. The one-night shelter count primarily reflects system capacity rather than absolute numbers of homeless people.
- Annual street counts are conducted in an attempt to enumerate the hidden homeless living outside or in a vehicle. In a count conducted by JOIN on May 28, 2003, 1,571 people were counted sleeping outside or in vehicles.

According to these methodologies, we estimate that in Multnomah County:

- 16,000-18,000 persons experience homelessness annually.³
- 4,000 persons experience homelessness on any given night.⁴

The one-night shelter count on March 15, 2004 revealed that of the 2,524 persons requested shelter. Of these, 2,059 were sheltered and 465 were turned away. Of those served, the majority were persons in families (52 percent), 47 percent were single adults, which includes a small proportion of couples, and 1 percent were unaccompanied youth. (Figure 1).

Figure 1: Percent of individuals served in homeless systems by household type
March 15, 2004 One Night Shelter Count



³ This is an annualized estimate based on the Multnomah County and the City of Portland database systems that track unduplicated numbers of homeless persons served through four homeless systems.

⁴ This is a point-in-time estimate based on One-Night Shelter Counts in November and March in 2002-2003 and the annual street count conducted by JOIN.

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How Many Persons Experiencing Homelessness Are Served Annually?

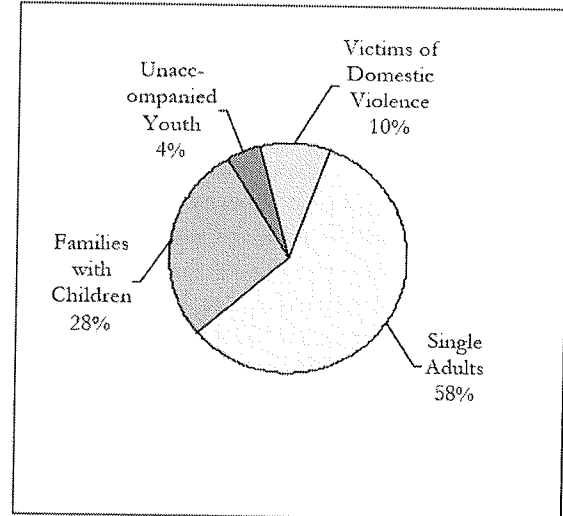
According to records tracked through the City of Portland and Multnomah County, the following numbers of unduplicated homeless persons were served through the four homeless systems in fiscal year 02-03:

- 9,699 single adults
- 4,682 persons in families, of which 2,332 were children under 18
- 1,637 persons in households dealing with domestic violence
- 713 unaccompanied youth

TOTAL: 16,731 persons

Jerry and his family had been homeless before he turned 10 as his parents migrated from state to state chasing work. By the time Jerry was fourteen, he told his parents he wanted to get a job and drop out of school. Of course, his parents hated the idea, yet Jerry was determined. He took a job in a bowling alley and soon found the bowling alley was his home. By 15, Jerry was in reform school, then ran away. His life since then has been the street, juvenile hall, temporary hotel rooms, and bouts in jail. Somewhere in there, he was married and earned his GED. Jerry uses the words, "roamed," "sporadic," "nomadic" and "self-sufficient" to describe his life. *There was a lack of direction when I was young. The only direction was the direction I was heading.*

Figure 2: Percent of homeless categories served by homeless systems in fiscal year 02-03



What are the primary reasons for homelessness?

The principal underlying cause of homelessness is the gap between the cost of housing and what people can afford to pay for it. This gap has significantly widened over the past ten years (see Figure 3). Unemployment has remained high in Oregon, and has been especially hard on entry level or low wage workers. For growing numbers of persons, work or government entitlement programs provide little, if any, protection against homelessness.

Approximately 30 percent of Portland's homeless persons have chemical addictions, and 18 percent have a mental illness⁵. According to the March 15, 2004 one-night shelter count, 14 percent were victims of domestic violence and 10 percent were homeless due to a physical disability.

⁵ Gaps Analysis Survey of providers of shelter, transitional housing, day-services & outreach of (1) all served and (2) those who requested services, but were not served.

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Major cuts in Oregon's expanded Medicaid coverage through the Oregon Health Plan (OHP) have exacerbated the vulnerability to homelessness.

When people who are homeless are asked about reasons for leaving their most recent living situation, the most common responses are low incomes and unemployment, followed by drug or alcohol problems. Clearly, poverty and homelessness go hand in hand. Although unemployment was one of the leading responses for homelessness, this study also found that 12 percent of homeless persons were employed. Their average length of stay in shelter was five months, which is slightly less than the national average (six months).⁶

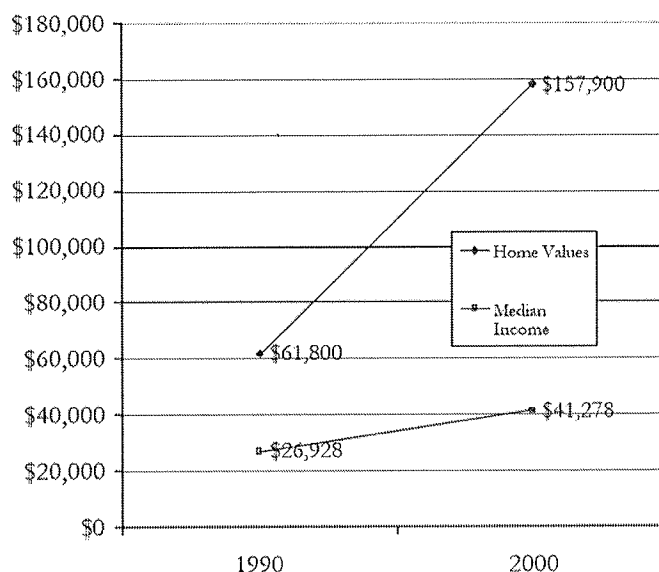
Impact of Federal and State Policy Changes on the Local Level

An important consideration when discussing our community's planning history is the impact of federal policy shifts, as well as the health of the national economy and unemployment rates.

Federal funding for rental-housing construction and for rent-subsidy assistance has been halved in the past 20 years, dropping from \$32 billion (1980) to \$16 billion (2000). Between 1960s to 1980s state-funded mental hospitals across the United States closed. The closure of these facilities were intended to be replaced by community mental health centers to provide services to those with mental illnesses in the least restrictive setting. This plan never came to fruition, and as a result people with major mental illnesses were left without the needed support.

States sought to shift the burden to federally funded Medicare and Medicaid, however the SSI application and approval process often can take up to several years. Research by Dr.

Figure 3: Percent Change in median income and home values in Portland from 1990 to 2000
US Census Bureau



Dennis Culhane from the University of Pennsylvania has shown that when unemployment rates rise, TANF (Temporary Assistance for Needy Families – often referred to as welfare) applications and caseloads rise. He has termed TANF a “de facto unemployment program,” for many families.

Since the summer of 2001, communities across the country have seen significant increases in homelessness, despite coordinated efforts to create housing and services for people who needed them. This paralleled a dwindling economy.

Clearly, an essential part of any plan to end homelessness is advocacy at the State and federal level. We must keep our elected officials and policy makers informed of changes in homelessness and poverty numbers, and educate the general public – the voters – so they understand the impact of their votes.

⁶ US Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities, 2002.

DEMOGRAPHICS

Race

The homeless population in Portland and Multnomah County is diverse. People of color are disproportionately represented in Portland's homeless population, although they represent a smaller percentage of Portland's total population. For example, 50 percent of Portland homeless persons describe themselves as white and 19 percent as black or African-American.⁷ However, nearly 79 percent of Portland's total population is white, while only 6.6 percent are black or African-American.⁸ Race is linked to levels of education and income.

Education

A survey conducted by several Portland agencies indicated that Portland's homeless persons have varying degrees of education. Of the 539 persons surveyed, 32 percent had not completed high school, 42 percent had completed high school or received a GED, 15 percent had some college, 5 percent had an Associate or Bachelor's degree, and nearly 2 percent had at least some graduate school.⁹ Education is linked to levels of income.

⁷ March 26, 2003 One Night Shelter Count, Mult. Co. Office of Schools and Community Partnerships. Percentages based on total number of individuals requesting services.

⁸ U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File.

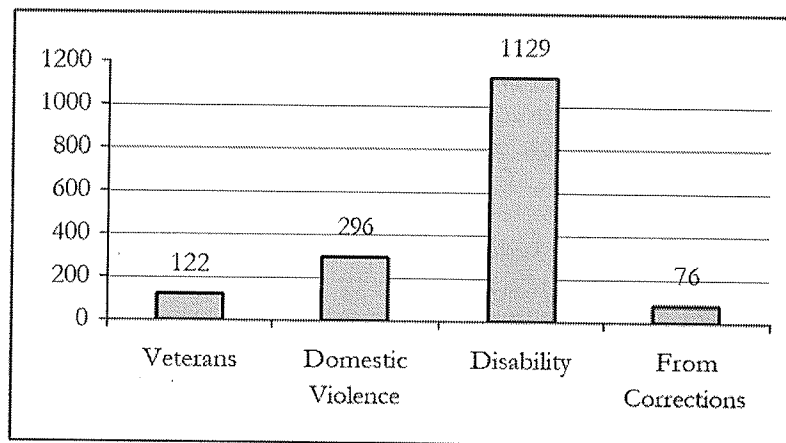
⁹ Portland Bureau of Housing and Community Development, Transitions to Housing Pilot Project Report of Findings, 2003.

Homeless Veterans

Veterans tend to represent a large number of homeless persons. According to the March 15, 2004 one-night shelter count, 6 percent of those who were sheltered were veterans. However, annualized records put this percentage at 13 percent of all homeless men and women.

Figure 4: Number of Persons Seeking Emergency Shelter with Certain Characteristics

March 15, 2004 One Night Shelter Count



Domestic Violence

Another primary cause of homelessness, especially for women and families, is domestic violence. In Multnomah County, domestic violence providers assisted 1,952 persons in families during fiscal year 03-04. This is almost half of all homeless persons in families that are assisted by County-contracted providers (1,950 of 4,129). In addition, research shows that 4 out of 5 homeless women are victims of family violence as adults (Institute for children and poverty, research and training division, Homes for the Homeless Report).

Homeless with Special Needs

People with special needs are those with a severe and persistent mental illness, a substance abuse problem, a developmental disability, a serious physical disability, or a combination of these resulting in impairment to normal

functioning. People with special needs are more likely to have repeated episodes of homelessness and to remain homeless for longer periods of time. In 2002, 7,890 people with special needs in Multnomah County did not have permanent housing for all or part of the year.¹⁰

According to the Special Needs Committee Final Report, on any given night in 2002, twenty-nine percent reported that they were eligible for services directed to the psychiatrically disabled, developmentally disabled, substance abusing and dual-diagnosed populations. Fifty-five percent of households of every size, and sixty percent of single adults, indicated a disability as the primary reason for their homelessness (e.g., substance abuse, mental illness, or a medical problem).¹¹

Drugs and alcohol... they covered up the pain and agony I experienced being homeless. You've got to have a place to go, you know, to live, to find a job, to have an address, a phone number, to be clean, to have nice clothes, to present yourself and your skills. It's a catch-22 situation. Not able to get a job because you're dirty, dusty, maybe wet. Even if you could go get a shower, you'd have to put your dirty clothes back on again. —Thomas

Chronic Homelessness

Many of the people who live on the streets are homeless for years, as opposed to days or months. Many require medical and mental health services in addition to help finding a home. Most people who lose their homes temporarily stay in shelters, motels and cars.

There are an estimated 1,600 chronically homeless persons in our community. This estimate is based on an annual street count and national research, which determined that the chronically homeless represent a small proportion of the total homeless population and disproportionately have multiple diagnoses, such as severe mental illness and substance abuse.¹² The chronic homeless estimate was substantiated by a street count conducted by JOIN, an organization that works with people on the streets. The street count found 1,571 persons sleeping on the streets or in cars on May 23, 2003.

The U.S. Department of Housing & Urban Development (HUD) defines a **chronically homeless person** as an unaccompanied individual with a disabling condition who has been living in a place not meant for human habitation (i.e. the streets) or in emergency shelter for at least a year or has had at least 4 episodes of homelessness in the last 3 years.

A **disabling condition** is defined as a one or more of the following: a diagnosable substance dependency, mental illness, developmental disability, or chronic physical illness or disability.

¹⁰ Housing and Community Development Commission Special Needs Committee Report, 2003.

¹¹ March 27, 2002 One Night Shelter Count, Multnomah County Office of Schools and Community Partnerships.

¹² Culhane, DP, Metraux, S, Hadley, T., (2001) *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*. New York: Corporation for Supportive Housing.

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Our community is considering enhancing the HUD definition of chronic homelessness to one that recognizes the true nature and scope of local chronic homelessness among individuals and families. Many participants in recently awarded federal grants to help end chronic homelessness have more than one or two disabilities and have experienced homelessness for up to 10 years. In partnership with local practitioners, the local homeless planning body will explore using a “severity index” to capture the true nature and level of services and housing needed for homeless people, particularly chronically homeless people.

While research places an emphasis on adult chronic homelessness, we know that families experience chronic homelessness. More research needs to be done on these families and their impact on services costs, but in the meantime, our community has developed a work-in-progress definition for chronic homeless families.

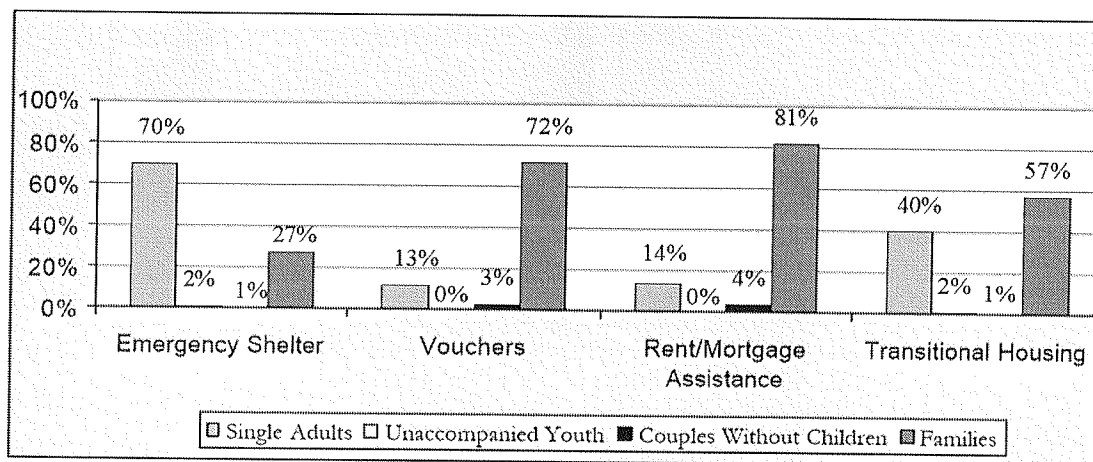
Working Definition of Chronically Homeless Families: Households with one or more children and the hardest to house adult/s with a disabling condition, and/or multiple and severe barriers, who have experienced homelessness two or more times in a three year period, or living outside, doubled-up or in shelters for six months or more.

Barriers include: criminal history, eviction history, immigrant status, financial issues, language/culture, domestic violence, disabilities in household, credit history, child welfare involvement, A&D issues, and lack of skills and employability.

Types of Services Received

Of the 1,340 total households served on March 26, 2003, most received emergency shelter (36 percent) or transitional housing assistance (47 percent). The majority of individuals receiving emergency shelter were single adults, while the majority of individuals receiving vouchers, rent/mortgage assistance, and transitional housing were individuals in families (Figure 5).

Figure 5: Type of Assistance Received by Household
March 26, 2003 One Night Shelter Count



Homeless System Capacity

The current system does not have the capacity to meet the total demand for homeless services. The average length of homelessness is 21 weeks (more than 5 months) and the average wait to gain access to a publicly funded shelter is between 4-6 weeks (up to 10 weeks in the winter months).¹⁵

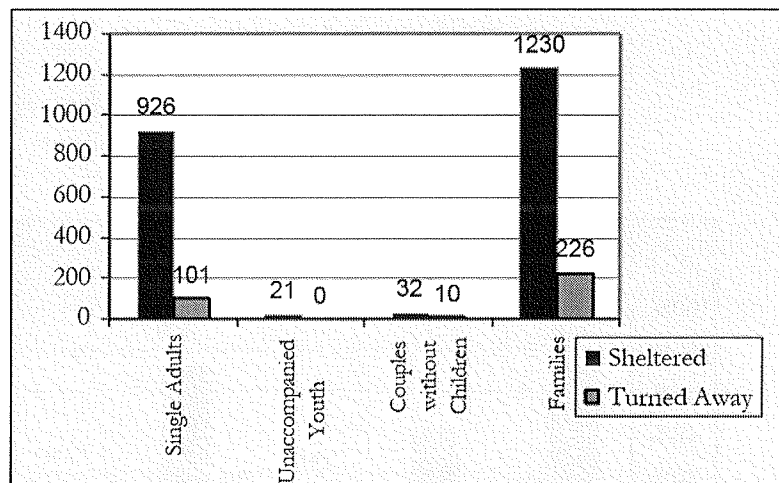
According to the one-night shelter count, 20-25 percent of requests for emergency shelter goes unmet in Portland and Multnomah County.

On March 26, 2003, 180 households (337 individuals) sought immediate help with housing but providers were forced to turn them away due to lack of capacity. Of those, 101 were single adults, 226 were individuals in families with children (74 families) and 10 were individuals in couples without children (5 couples). No unaccompanied youth was turned away that night (see Figure 6).

Turn-away data also indicated that some groups are better served by the current system than others are. Out of the total single adults seeking assistance the day of the one-night shelter count, 10 percent were turned away. Of those in families, 17 percent were denied assistance. In addition, there are few resources available for couples or family groupings without children.

Meanwhile, women accounted for 48% of the individuals served, but 57% of the individuals turned away. When asked about their current living situation, those turned away were staying with friends or family, followed by living on the street.

Figure 6: Individuals Sheltered and Turned Away by Household Type
March 26, 2003 One Night Shelter Count



¹⁵ Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities, 2002.

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NEW RESEARCH

Landmark research projects conducted by Dr. Dennis Culhane and others have changed the way advocates and planners strategize solutions to homelessness. They describe homeless persons as falling into three groups: chronic, episodic, and situational or transitional.

Chronic - experience homelessness for a year or longer.

Usually individuals with multiple disabilities.

Episodic - multiple episodes of homelessness that are short or long-term.

Individuals and families with multiple needs.

Situational or transitional - one time and short-term homeless experience.

Individuals and families with job loss or primarily economic crises.

This national research also documented use of emergency resources. By far, the largest population of homeless people are those who experience transitional or short-term homelessness. However, as Figure 7 illustrates, chronically homeless people consume the most resources.

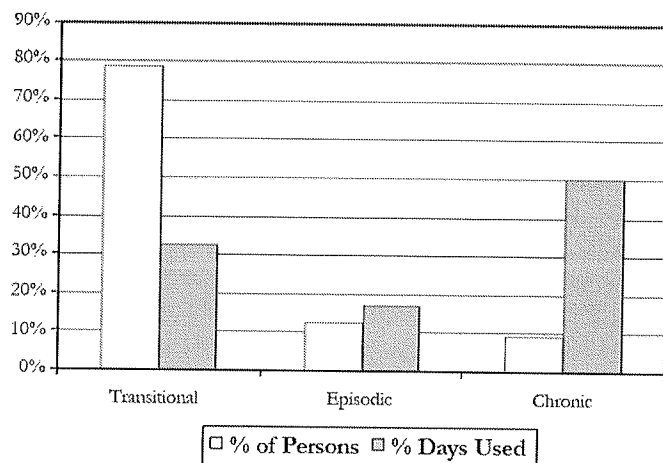
Chronically homeless people are in and out of emergency systems, live on the streets or in shelters, and generally suffer from untreated mental illness, addiction and have physical disabilities. These health conditions worsened, or are often a result of, being homeless for long periods of time.

New research is also emerging on homeless families who are frequent users of emergency systems. Generally, the characteristics of most homeless families are similar to housed low-income families. However, research from Dr. Culhane indicates that two years following placement in permanent housing, 7-15% of families return to homelessness.

Additionally, studies found that children who are separated from their parent(s) in homeless households tend to experience homelessness later in life more frequently. About 20% of homeless families placed in housing had a child placed in the foster care system. These initial findings by Dr. Culhane and other emerging research will be critical to gaining improved understanding of assistance that helps end family homelessness. It will be important to gauge the different housing and service needs for families who are transitional, episodic, or those families that have the severe characteristic of experiencing chronic homelessness.

Figure 7: Emergency shelter use during a 2-year period in Philadelphia.

Chronically homeless persons stayed an average of 252 days per year; Episodic persons 3-4 times for 73 days and Transitional persons 1-2 times for 20 days.



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Cost of Homelessness

The cost of implementing the 10-year plan will be substantial, but it will not be as expensive as maintaining homelessness. A study by Dr. Culhane found that the average chronically homeless person costs at least \$40,440 in public resources each year. If that person were in permanent supportive housing, the annual savings would be \$16,282.

National studies in multiple communities have shown that when formerly homeless people or people who are at risk of homelessness move into supportive housing, they experience:

- 58% reduction in Emergency Room visits¹⁴
- 85% reduction in emergency detox services¹⁵
- 50% decrease in incarceration rate¹⁶
- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided

In short, more than 80% stay housed for at least one year.¹⁷

During implementation of the 10-year plan to end homelessness, staff will conduct regular studies of cost savings and reduced reliance on emergency services due to increased assistance for chronically homeless people. This will be accomplished by the Homeless Management Information System (HMIS) that is set for full implementation this spring.

¹⁴ Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, Corporation for Supportive Housing, 2000.

¹⁵ Analysis of the Anishinabe Wakaigun, Sept. 1996-March 1998.

¹⁶ Making a Difference: Interim Status Report of the McKinney Research Demonstration Program for Homeless Mentally Ill Adults, 1994.

¹⁷ Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, Corporation for Supportive Housing, 2000.

Using our resources more effectively

Chronically homeless people currently consume about half of all the resources spent on homeless and emergency programs. These are the people for whom the current system is not enough. They are the homeless population most likely to be cycled back out onto the street rather than supported in permanent housing. When homeless people enter the homeless system and quickly move back out into the streets, it creates strain on homeless programs already at capacity and economic pressure on institutions like jails and hospitals.

Concentrating resources on housing persons who are chronically homeless will eliminate this pressure on the system and allow us to use the homeless system more effectively for other homeless people, including families and those who are temporarily homeless. It will also help us respond more quickly and prevent homelessness that threatens a person or family.

To end homelessness, we need to think about resources differently. We need to direct resources toward long term solutions, and make sure safety net programs are geared towards ending people's homelessness, rather than managing it. We know that, annually, 54% of all homeless resources are directed to shelter and transitional housing while only 12% support permanent housing. If we are moving people toward long term solutions, we must invest in long term actions such as permanent housing.

Cost savings and efficiencies will be a primary component of implementation. Expending resources in the most effective manner toward permanent solutions is an advantageous approach to ending long term homelessness.

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THREE STRATEGIES

This 10-year plan is built on three primary strategies:

1. **Focus on the most chronically homeless populations;**
2. **Streamline access to existing services in order to prevent and reduce other homelessness;**
3. **Concentrate resources on programs that offer measurable results.**

The overarching goal of this 10-year plan is to make the homeless system better and increase access to permanent supports beyond the homeless system. Our goal is to end homelessness rather than just manage it.

Making the homeless system work better

To move from the institutionalization of homelessness, the institutions that serve homelessness must change.

Rather than shuffling homeless people from service to service and back to the street, the aim of all government agencies, non-profits and institutions in the homeless system must first get homeless people into permanent housing.

The aforementioned strategies emphasize a “housing first” methodology for ending homelessness as well as a focus on reducing the amount of time anyone — family or individual — remains homeless.

“Housing first” does not mean that housing is the only assistance offered. For many, housing will be permanent supportive housing, which offers social services and physical and behavioral healthcare. As stated earlier, research shows that addressing other life

issues in the context of permanent housing is the best way to affect permanent change in the lives of homeless people.

Why focus on chronic homelessness?

This plan has a focus on chronically homeless people—mostly single adults who have been homeless for a year or more. They are typically the most visible and troubling part of the homeless population, as they often suffer from problems like drug addiction, untreated mental illness, or disabilities. They often recycle through our system unsuccessfully and place heavy economic burdens on taxpayer-funded programs. This drain on resources limits our ability to effectively serve others who are homeless or may become homeless.

Homelessness affects many families as well. Every day, approximately 1,300 persons in families are homeless in Multnomah County, including 750 children¹⁸. Unfortunately, this is often a cycle—research suggests that a portion of homeless families suffer from repeated episodes of homelessness, putting kids at greater risk of school failure, mental health problems and substance abuse. Because of the difficulties they face while young, these children often grow up and fall back into homelessness by themselves or with their own families, creating a multi-generational homelessness problem.

While this plan places an emphasis on ending adult chronic homelessness, we remain committed to efforts to end homelessness for all people, especially for families. We also know that families experience chronic homelessness and are committed to understanding and serving this population effectively. By implementing this plan, we will build a system that serves all homeless clients more effectively.

¹⁸ Based on the March 15, 2004 One Night Shelter Count of sheltered and turned away families.

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To end homelessness, we need to approach the problem differently. The 10-year plan will use the following strategies to make the homeless system more effective:

Focus on the most chronically homeless people.

Research indicates that people who experience chronic homelessness often have multiple barriers to permanent and stable housing. Generally, no one agency or system has the services package to effectively provide the range of necessary support for people who have experienced long term homelessness. This is one reason that chronically homeless individuals use a disproportionate amount of emerging resources.

Solutions require a shift from haphazard efforts from multiple agencies that fund or serve chronically homeless people to a coordinated, focused strategy that effectively transitions them in permanent supportive housing. The solution is focused on the chronically homeless person's success.

By focusing on new strategies, implementing systems change and creating enough permanent supportive housing for the long-term homeless population, we will end chronic homelessness by 2015.

Prevent and reduce other homelessness (episodic & transitional).

The vast majority of people who experience homelessness fall into this definition – episodic or transitional (often also referred to as situational) homelessness. However, the system must provide effective and timely interventions in order to ensure that more people do not fall into chronic homelessness. This will allow us to prevent multi-generational homelessness.

The system will also work to provide assistance so people do not have to become homeless in order to receive help. Effective interventions of rent assistance and support service can help people maintain stable housing during a financial or personal crisis.

The jurisdictions will adopt a coordinated discharge policy that will guide operationalization of protocols to help institutions discharge people to stable housing situations.

Concentrate resources on programs that offer measurable results.

By effectively coordinating the many public agencies, institutions and service providers who make up the homeless system, and through the collection of accurate and timely data on the homeless population, we will provide the homeless system with a new level of accountability.

Agency-based outcomes will focus on housing placement and retention for all. These strategies can be successfully accomplished through a number of reforms to the homeless system.

Using these principles, the plan emphasizes a “housing first” methodology to end chronic homelessness and shorten the length of homelessness experienced by anyone in our community.

The plan also supports the full implementation of a data system that will ensure the ability to conduct meaningful and accurate evaluations of programs funded with public resources to end homelessness.

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NINE ACTION STEPS

Progress towards permanently eliminating homelessness requires action by all partners in the homeless system: the local governments, social service providers and non-profits who regularly provide services to homeless people and by the hospitals, corrections facilities and others who have clients who are homeless.

These are the steps by which we will end homelessness by 2015:

1. Move people into housing first

The most critical issue facing all homeless people—the lack of permanent housing—will be addressed first. Other services and programs directed at homeless people and families will support and maintain homeless people in this permanent housing.

The continuum of shelter, services and transitional housing does not work for everyone. Many people enjoy supports in shelter and transitional housing that go away once they move to permanent housing.

Practical research shows that moving people into housing first is the most effective way to solve homelessness. For example, nearly 1,200 households were served and exited Portland and Multnomah County's transitional housing programs last year. Once these households left the program, an average of only 40% found and remained in permanent housing after 12 months¹⁹. In contrast, of those households served through the housing first

approach both locally and nationally, 80 to 90 percent remained in housing a year later²⁰.

Not only do households stay housed longer, but moving directly into housing with supports is also more cost-effective. Housing first programs cost anywhere between \$1,200 to \$7,800 per family depending on the level of direct financial assistance and case management services.²¹

However, even the most expensive programs cost about the same as housing a family in emergency shelter for four months. These resources could be better used to support families in permanent housing, most of whom remain in that housing for years.

The City and the County will jointly work with non-profit agencies to shift from the existing continuum of housing services to a model that supports “housing first” for all homeless people.

Housing Connections is a significant resource to help homeless persons find permanent housing: (www.housingconnections.org) is an innovative housing locator service connecting people with affordable, accessible and special needs housing in the Portland Metropolitan Area. Developed by the City of Portland with federal grant funds, it is a highly effective tool in finding housing that meets the needs of persons experiencing homelessness.

¹⁹ Based on 02-03 Annual Progress Reports required by HUD for facility-based and scattered site transitional housing programs that receive federal funding in Portland and Multnomah County.

²⁰ Housing retention rates at 12-months from JOIN, Pathways to Housing, a housing first program in New York City for individuals who have psychiatric disabilities and substance use disorders, and the National Alliance to End Homelessness, Inc. Training Curriculum on Housing First for Families, March 2004.

²¹ National Alliance to End Homelessness, “Summary of Housing First Research”, LaFrance Associates, LLC: March 2004.

2. Stop discharging people into homelessness

When institutions like jails and hospitals discharge their homeless clients, they often struggle to link these clients to appropriate services because there is a lack of permanent supportive housing available. This also applies to the foster care system, which discharges young people at the age of 18, who are also at risk of becoming homeless.

Implementation of this 10-year plan will help these institutions and prevent discharging their homeless clients to the streets by providing linkages to the right services and

more permanent supportive housing.

Effective discharge planning is happening:

A Discharge Planning Workgroup developed, and is in the process of implementing, a "Universal Discharge Assessment" to systematize effective discharge planning across hospitals, jails and emergency shelters.

Health care, foster care, youth and corrections facilities will agree to avoid discharging people into homelessness through the

adoption of a universal discharge process. This process will link homeless people, upon discharge, with housing and other services.

The homeless youth system and the foster care system have already made progress in this area. They have established a single point of contact between the foster care system and the homeless youth system that has the authority to make disposition decisions. They are also meeting weekly to ensure smooth communication. The Citizens Crime Commission report on the foster care system will also likely lead to several systemic reforms that improve discharge and placement of youth aging out of foster care.

In the next two years, the Discharge Planning Workgroup will continue to coordinate planning and link homeless people currently in institutions with other solutions.

Institutions and agencies that connect institutionalized people to permanent housing will be required to report on progress. They will be evaluated on their adherence to the universal discharge process.

The 10-year plan will help this Workgroup lay out a process to determine best practices, help identify resources, and ensure long-term partnership for all facilities that treat and discharge homeless people.

3. Improve outreach to homeless people

"Outreach and engagement" refers to outreach and social service workers whose focus is to link homeless individuals or families with services and/or permanent housing. The 10-year plan will promote best practices in order to make future outreach and engagement activities more effective.

Linking homeless people to services and permanent housing will be done more quickly and effectively through coordinated outreach and engagement.

Outreach workers will be able to offer homeless people immediate access to permanent housing, rather than requiring many intermediate steps before access to housing is offered.

A new day/resource space will be considered as one tool to improve access to homeless assistance as well as provide a place for engagement. This facility will be equipped with basic necessities such as lockers and showers. Most importantly, this resource space will provide homeless people with quick

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and direct access to programs that move them into permanent housing. Services will be tailored towards the varying needs of homeless people, such as services for women who are victims of domestic violence, immigrants who do not speak English or for whom English is a second language, and people with mental, physical, and cognitive or developmental disabilities.

In addition to the new center, we will improve access to assistance for homeless families through Multnomah County's six regional service centers and culturally specific sites in order to ensure that the basic needs and safety of children are met.

Some of the practices in community-based outreach and engagement that will be encouraged include:

- Offer immediate options for people on the street to meet their needs, such as immediate rent assistance so homeless people can move directly to housing ("housing first")
- Provide culturally appropriate services that engage people with diverse needs
- Problem-solve issues with Police, Parks, and others that interact with individuals and families on the street
- Use private market housing that is accessible and affordable to homeless households
- Establish consistent outcomes for outreach efforts and follow outcomes through the adoption of the Homeless Management Information System (HMIS), which allows tracking and coordination of homeless households and services that are available to them

Systemic changes to implement coordinated outreach for all homeless people who are outside will:

- Initiate regular meetings between all outreach efforts to problem-solve and

support each other's engagement with households sleeping outside

- Use peer review meetings to evaluate area outreach programs
- Work with households living on the streets to foster a low impact on the broader community
- Develop strategies to create an outreach team to work with low-income families living in sub-standard motels to assist them in transitioning to permanent housing

4. Emphasize permanent solutions

Too few homeless people are currently placed and supported in permanent housing. Too many are using the shelter system as longer-term housing.

Currently, only 27 percent of people currently in the homeless system are placed in permanent housing. We will increase this number to 40 percent within three years. By 2012, we will place and maintain 60 percent of homeless people in permanent housing—more than doubling the number of people placed in permanent housing in seven years.

Homeless shelters were originally designed as safe places for people who needed temporary emergency housing. With the growth of chronic homelessness, shelters have ended up

Changes in shelter are happening:

As a result of the Domestic Violence Plan implemented in 2003, 150 more women and children retained or obtained stable housing through vouchers, rent assistance and intensive advocacy. This was achieved without increasing funds, by closing a shelter and redirecting resources to a central access center open 12 hours/day, 6 days week.

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housing people for longer and longer periods of time. Under this plan, shelters will return to their original purpose by providing easier access into shelter and quicker transition out of shelter. The length of time that homeless people stay in emergency shelters will be reduced from the current average stay of 150 days to 45 days.

To move from the institutionalization of homelessness, the funding entities, programs, and organizations that provide homeless services must make changes.

Rather than relying on the shelter and transitional housing systems as the “end” of helping homeless people, the focus of the homeless system will be to ensure strong connections to permanent housing and other support systems.

Examples of change include:

- Helping households circumvent shelter or unneeded short-term housing whenever possible by moving them directly into permanent housing
- Regaining immediate access into shelters by implementing shorter stays and ensuring quick placement into housing
- Altering transitional housing facilities to focus specifically on households needing short-term and intensive structured interventions and reconfiguring some transitional facilities into permanent supportive housing

5. Increase supply of permanent supportive housing

By 2015, the City and County will create 1,600 new housing units designated for chronically homeless persons and 600 new units designated for homeless families. These will be “permanent supportive housing” units,

offering social services to residents depending upon their level of need.

These additional housing units will be added to the homeless system’s permanent units. We estimate that 1,200 will be developed through new construction, and 1,000 through renovation and conversion of other types of housing, as well as leasing units from the private sector.

A Paradigm Shift

In the past 15 years, affordable housing has been developed primarily to be affordable to households with incomes from 30% to 60% Area Median Income (AMI). The 10-year plan calls for developing permanent supportive housing to serve households with incomes between 0% and 30% AMI, with an emphasis on those with the lowest incomes (0%-15% AMI).

The Portland Metropolitan Region has a gap of 13,241 units that are affordable to incomes between 0% and 30% AMI.

-HUD Comprehensive Housing
Affordability Strategy, 2000.

Financing of the units affordable at 30% - 60% AMI (just housing production with moderate service coordination) relied heavily upon private equity financing including first mortgages from banks and equity from tax credit investors. Because the units generate income from rents, the public subsidy that filled financial gaps was typically less than a quarter of the total development expense. While rents were set to serve households between 30% and 60% AMI, a survey of members of the Community Development Network indicates that 68% of tenants in previously subsidized housing have incomes of only 15% to 30 % MFI, meaning that 68% of the residents of the existing affordable housing stock are experiencing a significant amount of rent burden.

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While the cost of developing affordable housing units is a relatively fixed cost, the new units serving 0%-30% households will not produce enough income from rents to support private debt at the levels that previously funded projects leveraged. The City's subsidy per unit will need to increase as a result, and the City's subsidy will have to be programmed as debt-free.

Another shift is from "transitional" housing, defined as limited duration housing supported by various services to move an individual or family out of this housing, typically within a 24-month period. The "housing first" model moves households from the street or shelter, into a permanent housing situation (with no time limit on their access to that unit), supported by various services to stabilize an individual or family (some services for temporary needs, some services for on-going needs). This can include "transition in place" housing, where the services gradually diminish over two years, but the household does not need to move. Placement into market rate housing, or existing permanent supportive housing, will be determined by an individual's or family's needs, income, and access point into the system.

Portland is a model for Permanent Supportive Housing:

Central City Concern operates over 500 units of permanent supportive housing for people with alcoholism and additions as well as co-occurring disorders. CCC also provides intensive clinical, social and employment services for people in these units.

Once placement occurs, the services provided are focused on stabilizing the individual or family, versus transiting them from one place to another.

This shift calls for the housing system to operate differently. The housing projects developed previously were not specifically designed or financially structured to serve

those with housing barriers. These barriers can include poor credit or eviction history; criminal history; disabilities for anyone in the household including chemical addiction, mental illness, and physical/developmental; child welfare issues; domestic violence; and immigration status or language barriers.

For homeless people to be successful under the "housing first" model, they should not spend more than 30% of their income on housing expenses. The housing industry both needs to avoid over burdening very-low income people with rent payments, and it needs to have adequate cash income to cover operating costs and "enhanced property management"²² for those who need it.

The following table summarizes the shifts:

From: Targeting rents to households with incomes between 30% and 60% MFI	To: Targeting rents to households with incomes between 0% and 30% MFI
From: A "step ladder" approach (street to shelter to transitional housing to permanent housing)	To: A Housing First approach (homelessness to permanent housing)
From: A drive to spread City subsidy across as many units as possible, with an eye toward production	To: A drive to provide deep City subsidy to fewer units, with an eye toward stabilization
From: Ad hoc coordination of services and housing coordination	To: Well planned and committed coordination of services and housing
From: Support services that transition people from one housing situation to another	To: Support services that stabilize people in a permanent housing situation

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New Tools are Needed

An Operating Subsidy Fund and a Risk Mitigation Pool are necessary to fund the differences outlined above and to undertake effective asset and property management using the Housing First model under the 10-year plan.

Operating Subsidy Fund: This fund is necessary to support units/projects that have no/shallow long-term, predictable cash flow from rents or rent subsidies. It is estimated that 1,100 units would need to be supported from this Fund. The fund will distribute some \$33,000,000 over a 10-year period, averaging just over \$3.3 million per year (assuming \$3,000 per unit per year²³).

Example: The City of Seattle, Office of Housing, provides \$1,100,000 per year over seven years for units housing people with income up to 30% MFI, ensuring that units are available to extremely low income families and people with disabilities.

Risk Mitigation Pool: This pool is necessary to support damage repair when those expenses exceed annual budgets. It is estimated that 1,200 units would need to have access to this fund pool. It is estimated that this pool will distribute some \$3,800,000 over a 10-year period, averaging just over \$382,000 per year (approximately \$10,000 per unit per turn over²⁴).

Example: The State of Oregon, provides a risk mitigation pool for qualified housing providers serving persons with developmental disabilities, who are former residents of institutions.

²³ \$4,000 per unit per year includes base annual operations plus enhanced property management.

6. Create innovative new partnerships to end homelessness

Ending homelessness in ten years will require tremendous effort and tremendous resources.

We will improve relationships and partnerships among government agencies, non-profits and institutions in order to leverage funding available for permanent supportive housing.

By demonstrating our success in moving homeless people and families into permanent housing, we also hope to recruit new partners for our effort, including the business community and ordinary citizens.

These new partnerships will bring us the additional resources necessary to completely end chronic homelessness. With the addition of new partners and new resources, we will be able to respond more quickly to homelessness when it happens, and even prevent it from happening in the first place.

Interagency coordination leading to long-term systemic change is the missing link in developing more

permanent, supportive housing. Over the past three years, homeless system partners have made efforts to serve those most in need and more coordination is evident. Yet, an

We have partnerships to create permanent supportive housing. 41 units of permanent housing with mental health and other service support will be available with the creation of Prescott Terrace, a partnership of Cascadia Behavioral Healthcare, the Housing Authority of Portland, Multnomah County and the City of Portland.

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institutional divide still exists between housing and service funding that stymies the development of permanent supportive housing.

Agreements will be developed among the City, County and service providers to fund and implement permanent supportive housing through a “funders committee.”

Ongoing work will include the City and County regularly examining how services are being provided and how they could be delivered more effectively and efficiently in an ongoing basis.

Future steps in this area will be increased coordination with workforce funding agencies and other state agencies that support mainstream resources to homeless people.

8. Make the rent assistance system more effective

We will effectively coordinate existing rent assistance programs to sustain homeless people in permanent housing, once they are placed there. Rather than having multiple service providers and jurisdictions provide rent assistance through different programs, we will offer a streamlined program of rent assistance. This kind of assistance is particularly important for families, who fare best when placed in permanent housing as quickly as possible upon facing homelessness or the threat of homelessness.

Outreach workers will have the ability to offer rent assistance to those who are already homeless immediately upon moving them to a permanent housing situation, rather than waiting while application is made to a rent assistance program.

Rent assistance is a critical resource for ending and preventing homelessness. It can be used to help homeless households obtain permanent housing and at-risk households remain permanently housed. In Multnomah County, one-third of all households are paying more than 35 percent of their income for rent, creating a rent burden and the need for supplemental assistance in times of an emergency or crisis. In addition, thousands of homeless households rely on rent assistance and supportive services to help them move into permanent housing and stay housed.

The number of programs and agencies involved in providing rent assistance, each with their own eligibility requirements and regulations, makes these resources confusing to access and inflexible in meeting household needs. In addition, rent assistance resources have been used as a “stop-gap” measure of last resort. This way of distributing funds has contributed to duplication and unfortunately forces people in crisis to “shop around” for rent assistance.

Instead of multiple short-term rental assistance programs managed by the various funders, the four jurisdictions (Multnomah County, City of Portland, the Housing Authority of Portland, and City of Gresham) are considering channeling funds into one administrative entity to create a unified system for rent assistance. This new system of rent

assistance will have consistent program guidelines, shared outcomes to track housing stability, and an allocation

formula based on Multnomah County need and policy priorities, including those related to ending and preventing homelessness.

Effective rent assistance is happening: Of the 1,547 households that received both rent assistance and emergency vouchers from the Multnomah County Clearinghouse, 89% were permanently housed after six months.

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We will have clear points of access to minimize the number of agencies people must contact and flexible resources so that agencies can assist households based on their individualized needs.

This new system will be based on three overall goals: safety off the streets, obtain permanent housing, and maintain permanent housing. The four jurisdictions have been meeting to determine how they will collaborate on a consistent funding allocation strategy, communication flow between jurisdictions and agencies, and data management and reporting in a unified system.

8. Increase economic opportunity for homeless people

The City and County will plan together to streamline the system that offers workforce assistance and economic opportunities to homeless people.

Examples of this kind of change include greater access by homeless people to centers that provide job placement; coordinated efforts on increasing employment and wages for homeless people; wealth creation; and

Access to SSI benefits are being streamlined:

Through the efforts of Multnomah County's Department of Community Justice and the local Social Security Administration, a new project called JAB (Joint Access to Benefits) ensures that eligible recipients of SSI/SSDI coming out of jail obtain those benefits immediately upon discharge.

developing common standards that measure the employment outcomes of homeless people. For homeless families, childcare is critical for success in gaining employment and sustaining housing.

The City and County will also work with the State of Oregon and federal agencies on streamlining the receipt of disability benefits by homeless people who are eligible and in need, but are currently not receiving benefits.

9. Implement new data collection technology throughout the homeless system

By 2005, all partners in the homeless system will adopt the Homeless Management Information System (HMIS), a web-based system that helps in data collection and research. This will allow us to examine more accurate numbers of homeless persons, the frequency of homelessness and the depth and breadth of homelessness.

The Citizens Commission contracted an outside consultant to conduct an in-depth analysis of homelessness data (see appendix for full report). This report concluded that current sources of data are imperfect and that new data collection methods employed via HMIS will improve the quality of future data.

In addition, HMIS will tell us what is and is not effective. This tool will help us: determine if effective discharge planning from institutions is being done; evaluate and improve existing programs, provide information needed to assist clients, plan for additional services and ensure effective allocation of resources.

HMIS will allow our community to use technology to assist in planning for zero homelessness.

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The HMIS will advance coordination of homeless service providers by linking outreach, emergency shelters, transitional housing, as well as human service and housing providers. By linking existing mainstream and homeless resources, the community can move closer to the goal of ending, not just managing, homelessness.

During one year (2002-03), approximately 17,000 persons were served by providers of homeless services. However, this is a total of unduplicated persons from separate data systems operated by the City of Portland and Multnomah County. Compiling an unduplicated count will be possible with HMIS.

National research shows that most people who are homeless avoid emergency shelters. Although not seeking shelter, these individuals and families obtain services from food banks, free clinics, and other places. A high percentage of the individuals who sought shelter were disabled with one or multiple problems, including mental illness, substance abuse, HIV/AIDS, physical disabilities, or multiple diagnoses.

Information will be gathered to assist in answering the following questions:

- With what mainstream public systems have people interacted prior to becoming homeless? (Example: an 18-year-old who “aged out” of foster care, poor discharge planning, inadequate after-care, etc.)
- What mainstream services do families need after they are housed so that they do not become homeless again?²⁵

- How many units of supportive housing are needed to eliminate chronic homelessness?
- What assistance is most effective in facilitating re-housing for people who enter and exit the system quickly?

In order to be strategic and outcome-driven, communities must use comprehensive data. The HMIS, using *ServicePoint* software will help to gather this data.

A web based system is starting:

In March of 2004, the City of Portland received a grant from the federal Department of Housing and Urban Development to implement a Homeless Management Information System (HMIS), a web-based database that aids in data collection and research about homelessness. This grant, matched with local resources, will allow for the training, equipment upgrades and data conversion necessary to successfully enable all partners to benefit from HMIS.

²⁵ *A Plan Not a Dream: How to End Homelessness in 10 Years*. National Alliance to End Homelessness, 2000.

CURRENT PROGRESS

Success doesn't wait for a plan; the implementation of systems changes and improvements began during the process of planning.

In addition to the achievements described with the "Nine Action Steps," homeless system partner in Portland and Multnomah County have demonstrated significant strides toward the goal of ending homelessness.

Resource development is happening:

Perhaps the biggest accomplishment for this community was securing two large federal grants to help end long-term homelessness and a Robert Wood Johnson Foundation grant through the Corporation for Supportive Housing to plan and implement systems change to help end chronic homelessness through permanent supportive housing. Combined, these resources brought just under \$10 million dollars in housing, services, and planning funding to give this community strong tools to help bring an end to chronic homelessness. These resources also garnered a commitment of \$11 million in the City's budget to fund permanent supportive housing through capital resources.

"Housing First" works:

In the last fiscal year, JOIN moved 436 homeless people (235 households) off the street and into permanent housing. This included 72 families with 127 children, 42 adult only families, and 121 single adult households. 35% had a disability. Success rates are high with an 89% stable at 6 months and 79% stable at 12 months.

Chronically homeless people are in stable housing with services:

As of the end of September 2004, through Central City Concern's Community Engagement Program, 64 chronically homeless people were permanently housed

and 28 were engaged in services. An additional 42 people were contacted by outreach workers. At least 200 chronically homeless people are expected to be housed over the five-year grant period.

There is a pipeline for permanent supportive housing:

As of September 30, 2004, we will have 350 units of permanent supportive housing either committed or under construction. Our goal is 400 in two years, and 1,600 over 10 years.

Rent assistance works:

Since its beginning in 2001, Transitions to Housing has provided 1,322 households (including 648 kids) with short-term rent assistance to prevent homelessness or help those who were homeless transition into permanent housing. Of these households, 43% included a person with a disability. At 6 months, 77% of participants had retained permanent housing free of rent assistance. At 12 months, the success rate was 71%.

Housing helps people increase incomes:

The most recent data from Transitions to Housing shows that, on average, households increased their monthly income by almost 35% from entrance to exit of the program.

We are implementing a better tool for data collection and analysis:

Through the successful attainment of a \$482,000 grant from HUD, the City, the County and the Housing Authority will implement a Homeless Management Information System with more than 20 non-profit agencies that serve homeless people.

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TASKS TO IMPLEMENTATION

TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 1. Move People into Housing First.		
Shift resources and services to use a “housing first” approach for homeless households.	BHCD, OSCP*	Persons experiencing homelessness are quickly assisted and moved into permanent housing (avoiding shelter or transitional housing).
Using rent assistance and rent subsidies, implement a “Key not a Card” program that give outreach workers direct access to permanent housing for people on the street.	BHCD lead with partners	
Provide training on housing first concepts and linkages to mainstream resources for staff at agencies that serve homeless households.	BHCD – Housing and Services Partnerships	
Secure adequate or reconfigure funding for housing specialists dedicated to helping households find and retain housing.	BHCD, Mult. Co.	
Implement or increase use of programs designed to improve access into housing for those with screening barriers such as Fresh Start, Housing Connections, MOUs between services and housing providers, etc.	BHCD, Housing and Services Partnerships	
Action Step 2. Stop discharging people into homelessness.		
Identify the most frequent users of emergency systems and direct permanent housing and mainstream services resources to that population.	BHCD (Shelters), Mult. Co. (Shelters, Jails), and Hospitals	Discharging institutions and systems connect at-risk persons to services that could move them directly into permanent housing.
Formalize Discharge Planning Committee as an ongoing subcommittee of the Coordinating Committee for ongoing systems improvements.	Multnomah County, City of Portland	
Implement Forensics Support Program for Prison and Jail releases (Intensive Case Management at arraignment through discharge and follow through for mentally ill people).	Multnomah County	
Implement discharge planning standards & ongoing training for providers.	Discharge Planning Committee	
Set workgroup to operationalize discharge planning with all hospitals.	Discharge Planning Comm., Mult. Co. Health Dept. and discharge managers from hospitals.	
Set workgroup to operationalize discharge policy in jails.	Mult. Co DCJ* and MCSO*	

*BHCD= Bureau of Housing and Community Development, OSCP= Office of School and Community Partnerships, DCJ= Department of Community Justice, MCSO= Multnomah County Sheriff's Office

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TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 2. Stop discharging people into homelessness. (Continued)		
Create and implement use of a Universal Discharge Form and link to HMIS.	Discharge Planning Committee and BHCD	Discharging institutions and systems connect at-risk persons to services that could move them directly into permanent housing.
Using HMIS, compile data on discharges from mainstream programs (i.e., mental health, corrections, substance abuse, TANF, and foster care).	BHCD with Discharge Planning Committee	
Track and evaluate improvements in the discharge system through citizen oversight body.	Discharge Planning Committee	
Explore options to develop additional respite care for people leaving hospitals.	BHCD, Mult. Co.	
Homeless youth system and foster care will provide co-case management for identified at-risk adolescents.	Mult. Co., State Dept. of Human Services, Child Welfare	

Action Step 3. Improve outreach to homeless people.		
Establish regular meetings of outreach and engagement providers to discuss best practices, peer evaluation, and inclusion of stakeholders.	BHCD	Significantly reduce the number of persons on the street
Seek funding to create outreach services to work with families, including those living in sub-standard motels, to help them transition quickly to permanent housing.	Homeless Families Coalition	
Identify outreach workers to transition families off the streets and into the shelter/housing system. Link them to emergency pool of rent assistance/ voucher funds, that is accessible 24 hours a day, 7 days a week.	County, City of Portland, HAP	
Create day/resource space that will provide immediate access to social services, housing placement assistance, lockers, showers, and other basic service needs. Include access to rent assistance, shelter reservations, and transportation.	BHCD (lead) and community partners	
Explore strategies to include domestic violence advocates in street outreach to unaccompanied homeless women and women with children to address safety concerns as well as advocate and help them to exit homelessness.	Mult. Co. DCHS* (DV) and OCSP	

*DCHS= Department of County Human Services

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TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 4. Emphasize permanent solutions.		
Focus facility-based transitional housing on specific populations (ex: DV, substance abuse, youth, medical, special needs families) who need short-term, intensive support in a structured environment.	PTEHCC* Evaluation Subcommittee recommends with providers implementing	Minimize the length of time it takes to move people from shelters or transitional housing into permanent housing.
Ensure that facility-based transitional housing programs include four key elements: case management, housing/assessment services, on-site psychological and alcohol/drug services, and life change support.	BHCD*, OSCP*	
Support transition in place strategies that gradually decrease assistance (subsidy and services) over time and allow household to remain in housing unit.	County, City of Portland, HAP, and City of Gresham	
Determine which transitional housing facilities should be reconfigured to Permanent Supportive Housing.	PTEHCC Evaluation Subcommittee recommends; providers implement	
Connect appropriate support services to residents in transitional housing (i.e., if it is alcohol and drug free, ensure that participants have direct access to A & D treatment).	PTEHCC Evaluation Subcommittee recommends; providers implement	
Make emergency hotel/motel vouchers accessible for persons who need safety off the streets and require assessment for longer-term assistance within two working days of referral.	OSCP	
Adopt shelter term limits, but make room to effectively allow for assessment and engagement, provide base of stability, and provide efficient transition out of shelter into stable housing.	BHCD, OSCP	

*PTEHCC= Plan to End Homelessness Coordinating Committee,

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TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 5. Increase supply of permanent supportive housing.		
Coordinate sustained funding mechanisms and procedures between housing and service systems to create permanent supportive housing.	BHCD, Mult. Co., Housing Authority of Portland (HAP)	Develop 850 new construction or acquisition/rehab and 225 operating subsidies of PSH designated for persons who are chronically homeless. Also, develop 350 new units of permanent supportive housing for homeless families.
Increase State and local commitments to resources that will create additional units of permanent supportive housing	BHCD, Mult. Co., State	
Provide capacity building resources to non-profit housing developers that build and manage permanent supportive housing at 0-30% MFI.	BHCD	
Provide capacity building resources to service agencies interested in working with developers/managers of PSH.	BHCD	
Establish “risk mitigation” pool of funds to reduce loss of project revenue that may arise due to change of tenant populations.	BHCD	
Establish "operational fund" of resources for CDCs to fill gaps in projects housing homeless people.	BHCD/City	Assist 525 persons, who are chronically homeless, move into permanent housing with short-term rent assistance and move-in costs.
Conduct two trainings for non-profit housing developers and private sector landlords interested in building affordable housing for homeless persons.	BHCD Housing and Services Partnerships	
Negotiate with non-profit housing developers to set-aside units in existing projects for homeless persons.	BHCD	
Continue advocacy for additional resources and reduction of regulatory barriers	HCDC* Special Needs Committee	
Action Step 6. Create innovative new partnerships to end homelessness.		
Work across jurisdictions to pool resources for homelessness prevention, services, and housing assistance.	BHCD, Mult. Co., City of Gresham, HAP	Increase in leveraged resources to end homelessness.
Tie program evaluation to funding of services and housing delivery	BHCD, OSCP, PTEHCC	
Convene annual panel of mainstream programs (Corrections, Human Services, etc.) to strategize on better coordination with homeless assistance	HCDC Special Needs Committee	

*HCDC= Housing and Community Development Commission

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TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
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Action Step 6. Create innovative new partnerships to end homelessness. (Continued)		
Coordinate access across entry points to provide housing placement and direct access into key services/programs, including housing and rent assistance (6 regional service centers, adult access center & phone access systems)	BHCD, OSCP	Increase in leveraged resources to end homelessness.
Research tools to maximize and leverage mainstream resources.	HCDC Special Needs Committee	
Streamline ongoing Continuum of Care planning meetings for all populations to partner with mainstream providers that also serve homeless persons	PTEHCC	
Work with services financing through Targeted Case Management and continue to explore viability of FQHC status for services in housing.	Mult. County	
Develop pilot project to enhance consumer feedback to help homeless services work more effectively.	Crossroads	

Action Step 7. Make the rent assistance system more effective.		
Work across jurisdictions to pool existing resources to create a unified short-term rental assistance system.	County, City of Portland, HAP, and City of Gresham	Increase number of households with housing stability.
Increase flexibility and consistency across jurisdictions, adjusting programs to focus on household need and not on funding requirements.	County, City of Portland, HAP, and City of Gresham	
Investigate strategies to assist families who are living in substandard hotels to be able to find safe apartments at no additional rent.	Homeless Families Coalition	
Implement shared outcomes across jurisdictions for housing placement and retention for up to twelve months after move-in.	County, City of Portland, HAP, and City of Gresham	
Conduct coordinated RFP across four jurisdictions for rent assistance to maximize outcomes.	County, City of Portland, HAP, and City of Gresham	

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TASKS	RESPONSIBLE PERSON/ORG	DESIRED OUTCOME
Action Step 8. Increase economic opportunity for homeless people.		
Address stigma of criminal background and spotty employment history with employers. Engage employers to open doors for chronically homeless people in exchange for service support.	wsi*, partners	People who are homeless are able to secure jobs within a reasonable amount of time. Livable wages and benefits are provided.
Explore strategies to increase presumptive eligibility for people needing SSI or SSDI. Create new task force to work with SSA and Eligibility specialists.	Mult. County	
Provide technical assistance and cross-training between employment service providers and homeless providers.	wsi, partners	
Increase access and utilization of workforce services at One-Stop Centers, Vocational Rehab, and other local employment programs for homeless people.	wsi, partners	Increase (success rate, number served) employment services for homeless adults, youth and parents.
Connect housing resources, such as housing specialists, with One-Stops and local employment programs.	BHCD, OSCP, wsi	
Streamline the receipt of disability benefits by homeless people who are eligible and in need, and not currently not receiving benefits.	Mult. County	
Action Step 9. Implement new data collection technology throughout the homeless system.		
Implement HMIS.	BHCD, OSCP, HAP and agencies	Hard data to plan and evaluate efforts to end homelessness.
Use data to promote shared outcomes that are tied to permanent housing stability.	BHCD, OSCP	
Use HMIS to provide an updated list of financial assistance for use among service providers.	BHCD, OSCP	
Use HMIS to track the costs and usage rates of public resources that chronically homeless persons consume before and after moving into PSH.	BHCD, Mult. Co. (multiple Depts.)	
Use HMIS to document extent and costs of chronic homelessness for families with children.	BHCD, OSCP	
Use HMIS to determine if a household is repeatedly at-risk of eviction, and identify resources to provide more intensive case management.	BHCD, OSCP	
Implement tool that documents qualitative success of ending chronic homelessness, through agency performance and neighborhood livability standards.	BHCD, City ONI*	

*wsi= worksystems, inc., ONI= Office of Neighborhood Involvement

OVERSIGHT AND EVALUATION

Keeping jurisdictions accountable for ending homelessness

Using the workplan and desired outcomes format in the Action Plan, as well as the larger outcomes, staff from the participating jurisdictions will report quarterly on progress to the community.

These reports will be available on the City's website. Staff will also post notices of ongoing coordination meetings and other communications to the public on the implementation process.

Staff will present reports on the progress of implementing the 10-year plan to end homelessness on a regular basis to the Housing and Community Development Commission (HCDC).

The Citizens Commission on Homelessness will meet every six months to review progress and make recommendations on plan implementation.

Finally, staff and members of the Citizens Commission will present an annual report on implementation to the City Council and Board of County Commissioners for the duration of the plan.

Keeping providers accountable for ending homelessness

With the implementation of HMIS, staff will also compile regular outcome data from agencies that show success in housing placement and retention goals. The HMIS will also allow for accurate information on utilization of services and facilities and be able to show where gaps are in the system.

A subcommittee of the Plan to End Homelessness Coordinating Committee will evaluate provider progress toward established goals of ending people's homelessness and make recommendations for improvement and shifting of resources as appropriate.

The City and the County will implement shifts in funding that are based in outcome evaluation and progress of providers' efforts to end people's homelessness.

Keeping the homeless system accountable through consumer feedback

Consumers of services can help hold the homeless system accountable by providing systematic feedback on how they access services and how they are treated while receiving those services. Social service organizations, funders, and policy makers' willingness to listen stems from the understanding that consumer feedback enhances the system.

Through the Consumer Feedback Workgroup, coordinated by Crossroads, the Sisters of the Road organizing project, consumers can gradually change processes and procedures by connecting consumers, social service providers, funding agencies, and policy makers in mutual analysis of root causes of barriers.

To create a feedback loop, the Consumer Feedback Workgroup has proposed to form a panel of funding policy makers, social services policy makers, and at least two homeless advocates. The panel will review first hand experiences of consumers and related data to create documentation of barriers to accessing and moving through the system. This information can then be used to adjust and enhance rules, policies, and processes to better address problems associated with homelessness.

In addition, this workgroup will identify an ombudsman to assist consumers to communicate effectively with an agency where he or she may have concerns. The ombudsman, along with the panel and representatives from crossroads, will advocate for changes in the processes and policies of homeless programs.

Ongoing planning

The Citizens Commission and members of the Plan to End Homelessness Coordinating Committee recommended that the 10-year plan to end homelessness be a “living” plan. This plan allows for adjustments and changes to best address the community’s effort to end homelessness.

Beginning in December 2004, the Coordinating Committee will become the lead entity for ongoing community planning for the 10-year plan to end homelessness. This committee will provide broad-based feedback to implementation as well as keep the document a viable tool, and a living document that can adjust to changing environments.

This committee will also support the planning processes for the Continuum of Care application and function as a body to review other options for future resources to homeless programs.

This committee will be a subcommittee of the Housing and Community Development Commission to ensure coordination with housing, services, and economic opportunities policy for Portland, Gresham and Multnomah County.

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CONCLUSION

The 10-year plan to end homelessness builds on previous community based efforts to address the issue of homelessness while setting the stage for addressing homelessness differently. For the plan to be effective, ongoing community involvement is essential. Our work must remain flexible, innovative and squarely focused on Ending Homelessness.

This plan lays the framework for ending the institution of homelessness and describing how all stakeholders can come together to address this issue.

We know we will make a difference with this plan as we aspire to end homelessness as we know it.

Twelve months following implementation of plan we will see the following:

- 175 chronically homeless people will move directly from the streets and institutions to permanent housing
- 20 “hard to reach” homeless youth and young adults will be move into stable housing
- A design will be in place for a day/resource center to engage homeless people
- The waitlist and number of people turned away from emergency shelters will be reduced by 5%
- A redesigned rent assistance model will be fully implemented through a single RFP that is outcome driven
- 250 number of families with children will be permanently housed

- A pipeline of 300 units of permanent supportive housing will be in place
- Funding for permanent housing with homeless resources will increase from 12% to 20%
- An enhanced partnerships to end homelessness will be formalized by public and private community partners
- 26 agencies will be using an integrated data system representing approximately 90% of homeless programs

As we continue to work together and talk about ending homelessness as a community, we will continue to find solutions.

This plan lays the framework for mutual responsibility and accountability. As a community, we must change the landscape and invest in systems that end homelessness.

This plan presents enough detail to determine barriers to ending homelessness. As we implement these strategies and tasks, we must also commit to put enough resources on the table to make a difference.

Finally, the process that brought the core elements of this plan together initiated significant change across homeless programs and other systems that touch homelessness. The work of individuals and organizations pointing out barriers to ending homelessness in itself begins to break down the silos that prevent coordinated and systemic change.

This plan provides guidance to continue this work. It also broadens the scope of homeless planning to allow for new ideas and innovations from all sectors; private and public, non-profit and for profit, providers and consumers, and many others.