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Testimony to **Portland City Council** on the **Shelter to Housing Continuum Project, Recommended Draft**

Local and regional governmental bodies have declared that their highest priority is to build permanent supportive housing. Each affordable housing development takes three to five years to build, open, and fill with residents. What are we doing in the interim? The homeless camps that are the subject of the loudest and longest neighborhood complaints experience repeated sweeps. Neighbors in the vicinity of homeless camps are rightfully horrified and angry when they experience threats upon their lives and the lives of their young children; nighttime gunshots; feces, needles, broken glass and general litter strewn around their homes, sidewalks, schools and parks. Prior to sweeps, campers are offered transportation and support to move into public congregate shelter sites. Few agree to go. While congregate shelters have increased their flexibility by permitting daytime occupancy, couples and pets, few provide the privacy that even a tent provides. Motels are a more acceptable alternative for many; however, this option is limited to those with underlying conditions or an acute infection or other medical condition. Neither shelters nor tents provide a way to keep personal belongings, medications or personal identification cards safe from theft. And, like a low-income housing community, congregate shelters have rules that many behaviorally-challenged individuals are simply not equipped to follow. Despite a high level of chronic and acute health needs, neither campers nor the newly-housed (but formerly houseless) population have sufficient resources to support addiction and mental health recovery, personal or long term care needs or or management of chronic conditions. In fact, as evidenced in the 2019 Analysis of Oregon's Publicly Funded Substance Abuse Treatment System, Oregon offers little access to treatment for its citizens, including some of its most vulnerable living house-less in the community. "..., Oregon ranks among the most challenged states in the nation for substance abuse and mental health problems, while at the same time ranking among the worst states for access and engagement with care. In 2017, Oregon ranked first in marijuana use and pain reliever misuse, second in methamphetamine use, and fourth in cocaine use nationally. The same year Oregon ranked fourth in both alcohol use disorders and substance use disorders (SUD). Also in 2017, Oregon had the second highest rate of mental illness and ranked third for needing but not receiving treatment for alcohol and illicit drugs, and fifteenth for receiving mental health services. (Emphasis added) By Oregon Criminal Justice Commission What must we do while we await the development of sufficient affordable and permanent supportive housing? The following steps will reduce the frustration and divisiveness both houseless and housed Portland metro area residents are experiencing and will provide dignity to all. Enforce, Eliminate, and Publicize Consistently enforce current ordinances that prohibit homeless camps in or near

schools, playgrounds and parks. Eliminate the current reporting systems that schedule ineffective camping sweeps based on the volume and type of complaints received. Direct the Joint Office of Homeless Services to implement an ongoing media and education campaign to publicize every completed housing project, document every new shelter resource, educate the public about how the service delivery system works, and humanize our houseless neighbors. Unmanaged Homeless Camps: Provide Joint Office of Homelessness Services funded mediation services to develop Good Neighbor Agreements between groups of homeless campers and near-by housed neighbors and businesses. In return for campers' commitment to such an Agreement, local government can put a moratorium on sweeps for that camp and provide garbage/recycling service, access to water, weekly access to laundry and shower, and porta-potties. In addition, the Joint Office of Homeless services should contract with non-profit agencies so that all campers have access to peer support (behavioral health services delivered by individuals with lived experience and special training) and crisis intervention services delivered in situ. Medically-Supportive Shelters: The Joint Office of Homeless Services should invest in developing medically-supportive shelters.. Medically-supportive shelters are ADA accessible, provide outlets for medical equipment, a private space for personal and medical care to be delivered, and other supportive services. Provide post-hospitalization care to homeless people recovering from wounds or living with serious complex ongoing illnesses ("recuperative or palliative care ") in specialized facilities . Often, these are individuals who are ambulatory and able to meet their own personal care needs but who need medical treatments and monitoring for an extended period . Provide medical and comfort care in specialized facilities for homeless individuals who are dying and need hospice care. Shelter Alternatives: The Joint Office of Homeless Services should Immediately invest in sufficient shelter alternatives such as managed tent, tiny house or parked vehicle villages to serve at least 1,500 people. These shelter alternatives must include basic hygiene and waste management support, basic electrical and water service, access to laundry and showers, and regular on-premises support services, including behavioral health, by persons with lived experience. A strong tracking and data collection system must be in place to monitor and enhance the effectiveness of all the forms of shelter provided. Existing and New Permanent Supportive Housing Communities: Permanent supportive housing communities must receive strong investment in on-site tenancy and housing retention support services (including behavioral health, housekeeping, personal care and long term care that is available to all residents, regardless of the type of disability they have, their source of income, or their age) in order to reduce turnover and property damage, as well as to enhance the quality of life and sense of community for these populations of residents with complex and chronic needs . A strong tracking and data collection system must be in place to monitor and enhance the effectiveness of current permanent supportive and affordable housing settings as well as the on-site services that are provided. .

Testimony is presented without formatting.