



To: Portland City Council

Thank you for allowing me to share my testimony on Agenda items 899-903 today. My Name is Drew Grabham and I am the Director of Outreach for Central City Concern. For the past 12+ years, I have been providing street-based outreach services in Portland. I helped to create intensive street outreach teams from OHSU, helped to start Portland Street Medicine, and currently now help to support street outreach teams at Central City Concern. Measure 903 is directly talking about a LEAD model of care, that is truly proactive and street based. I currently support a Clackamas LEAD team that will be expanding from 3 to 10 outreach workers from Clackamas County Funding. CCC previously has a Multnomah LEAD team, but unfortunately our funding for this team was ceased by Multnomah County last May. With this change in funding, CCC was no longer able to offer this teams specific street-based intervention. I welcome any dialogue about how to focus our work on proactive and participants centered outreach services.

I wanted to share some reflections on some of the challenges that continue to complicate efforts to help people navigate into housing and other social services. The complexity of care needs for those that are houseless in Portland continue to escalate at rocketing speed. The acuity of someone's behavioral health symptoms and care needs far outpaces our systems ability to stabilize, let alone support with transitional care. I can share that it is even harder now more than ever to help someone access and engage in our systems of care. Without addressing some of the funding and programmatic needs of our fragmented and under resourced behavioral health and homeless care services, efforts to help people gain traction in their lives will be at best challenging, and at times damaging.

The essential factor for street-based outreach is to be able to provide relationships to people and to help them see and believe there are pathways for themselves into care. For so many of our houseless neighbors, it is the system that has failed them, and failed them repeatedly and profoundly. We want to help provide more stability in their lives and help to regain a sense of predictability and safety. For so many of the people I have supported, they continue to feel repeatedly traumatized by our systems of care and offered supports. We need to ensure that we are creating systems of care that are able to meet the need and are committed to focus on engagement and relationship-based care, in order to address the past failures of our systems. People are interested in making changes in their lives, but they have faced so many obstacles and barriers to seeking the services that they are interested in, that they feel abandoned, disregarded or even unworthy of recovery. Any forms or forced and punitive actions will only work against outreach teams efforts to make connections that lead towards engagement in services. I would encourage our systems of care to focus on how can we all better engage and empower those on the streets.

CCC is committed to being a part of a community-based solution to respond to our homeless crisis. To be direct, I have concerns that our existing providers of care (health care, social service and shelter-based care) are already beyond capacity and are not able to meet our current demand. Without comprehensive funding and changes in how care is delivered, we will not be able to ever get out the crisis response cycle we are in. I have witnessed first-hand that our existing behavioral health, SUD and health care services providers are not able to meet the current need of those seeking care. I have repeatedly heard from community

providers that the participants I am trying to connect to care have “too high of needs”, “aren’t ready” or “first need to take care of” some other task that they don’t offer. There are far too many wrong doors that we send people to get help and then we blame them for “not engaging” in care or housing that they never felt connected to. I have also heard that the system is over capacity and there are waitlists, not enough staffing, lack of beds or space, or other signs of under resources services. I want to stress the need to invest in robust and sustainable systems of care, once that go beyond traditional ways of delivering care and understand the need for providing specialized care for those that are or have experience houselessness in their lives. We need to fund more transitional care teams than can provided continuity of care and hand offs to more traditional models of care. I can continue to support teams to provide outreach, but outreach to where? If there is no place that has capacity to accept referrals, or engage participants in a new and meaningful way, then we in fact do not have any coordination of care or plans to help with our crisis. We all feel the urgency to find meaningful and lasting solutions to our housing crisis. Part of this solution is to focus on affordable housing and part is to focus on enhancing the capacity for our social service providers to be able to meet and support the complexity of care needs.

Thank you for letting me share this with you today.

Drew Grabham, LCSW (he/him/his)  
Director of Outreach Services  
Central City Concern  
[drew.grabham@ccconcern.org](mailto:drew.grabham@ccconcern.org)  
Cell 971-387-6086