



## Home for Everyone Action Plan VETERANS WORKGROUP (Operation 424)

**Goal:** The Home for Everyone (HFE) Veterans Workgroup (Operation 424) is tasked with developing an action plan to end homelessness among Veterans in Multnomah County by the end of 2015 that can be achieved without redirecting current investments serving other priority populations identified in *A Home for Everyone*. The action plan is due on January 16, 2015.

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**HFE Board Liaison(s):** Carolyn Bateson, Department of Veterans Affairs; Stacy Borke, Transition Projects

**Groups & Individuals in Workgroup:**

- |   |   |
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**Summary Recommendation**

City, county and federal priorities are strategically aligned to end homelessness among Veterans like never before. With a few local policy shifts and limited new commitments, we are poised to harness the resources needed to house all Veterans experiencing homelessness in our community by December 31, 2015. As outlined in the attached plan, we will achieve this through:

- Full and effective utilization of increased federal resources -- Supportive Services for Veteran Families (SSVF) & VA Supportive Housing (VASH)
- Continued funding of current local initiatives
- Increased focus on integrating services for Veterans experiencing homelessness into a system of care
- Limited, new rent Rapid-Rehousing rent assistance
- Limited, new targeting of existing housing resources, not currently prioritized for Veterans

The attached plan articulates what the Operation 424 workgroup believes is necessary to achieve the goal of housing all homeless Veterans. We recommend the Coordinating Board support continued funding for current and effective strategies and prioritize necessary policy shifts and funding requests to achieve the goal by the end of 2015.

Achieving this goal will provide a necessary “win” for *A Home for Everyone* and serve as a springboard for broader community engagement with on-going efforts. It will demonstrate to the public in a very visible way that ending homelessness is possible and attainable.

We anticipate that continued strong collaboration across the other HFE Workgroups, including roll-out of common assessment and placement strategies, will mitigate negative impact of the limited prioritization of Veterans in this proposal and contribute to progress towards the goal of ending chronic homelessness by the end of 2016.

### **Why We Can (and Should) House All Our Homeless Veterans**

Veterans and their families have made significant contributions and sacrifices for our nation and our communities. We must do all that is within our reach to ensure Veterans have access to safe and permanent places to call home. Ending homelessness for all Veterans in our community is within our grasp. Veterans are the one population for which the federal government’s plan to end homelessness has been matched with substantially increased resources with which to do the work. These increased federal resources are necessary, but not sufficient to complete the job of ending Veteran homelessness. We must act locally to take hold of this opportunity.

To be successful at ending Veterans homelessness we must leverage increased federal investments with: cross-jurisdictional planning and alignment of resources; non-profit, government and market collaboration; the intention and commitment to be creative, take risks and navigate inevitable bureaucratic hurdles; and a meaningful increase in funding for affordable housing. We have the opportunity to do better by those who have served, and to demonstrate, tangibly, what is possible.

### **Background of Operation 424**

Over the last several years, local government, nonprofits and advocates have actively collaborated to house our community’s homeless Veterans. One successful local planning effort is a monthly community meeting, Operation 424, which set a goal to house all chronically homeless disabled Veterans by the end of 2015. Some of the new resources to attain that goal include:

- 86 new Veterans Affairs Supportive Housing (VASH) vouchers issued October 2014, bringing the total to 446; as of Dec. 1st, more than 350 disabled Veterans were housed
- Transition Projects received several Supportive Services for Veteran Families (SSVF) grants, bringing in \$7.3M for rent assistance and services through October 2018
- New state funds of \$52,000 annually for rent assistance for homeless Veterans available through Multnomah County began November 2014
- Home Forward continues to provide \$50,000 annually to fund security deposits for VASH Veterans
- Multnomah County increased flexible funds for Veteran housing to \$80,000 annually in FY 14-15 and increased the number of Veterans Services Officers

- Home Forward made 5 units at the Bud Clark Commons Apartments available for Veterans in need of service-enriched permanent supportive housing (PSH)
- Safety off the street options expanded, as some existing shelter beds were reprioritized to serve Veterans

Despite these new and ongoing resources, Operation 424 faces several major obstacles to meeting its goal of ending chronic homelessness among veterans. These include:

- Market conditions that make it difficult for low income Veterans without assistance to find rental housing they can afford;
- A shortage of units available to even those Veterans with rental assistance, particularly those with rental housing barriers, as well as PSH with on-site or accessible services for those with significant behavioral health issues; and
- An inadequate safety net for those Veterans who are not eligible for VA health care, as well as limited low barrier “safety off the street” options

Both the new resources and the ongoing challenges facing Operation 424 provided background for the group’s planning to end all homelessness among Veterans by 2015.

### **The Action Plan’s Guiding Principles and Assumptions**

The workgroup’s planning was guided by the principles in *A Home for Everyone* and apply to all the work of the HFE Coordinating Board. In addition, the group based its planning on a number of other key assumptions and commitments.

#### ***Home for Everyone Principles***

- Prioritize vulnerable populations
- Promote racial and ethnic justice
- Use data-driven assessment and accountability
- Engage and involve the community
- Strengthen system capacity and increase leveraging opportunities

#### ***Additional assumptions and commitments***

- Homelessness is a manifestation of poverty and social injustice
- All homeless Veterans are “ready to house”
- Three types of services are provided: safety off the streets, rapid re-housing, permanency
- Veterans of color must access services and achieve outcomes at an equitable rate with white Veterans
- Services in the community for Veterans are fully integrated and coordinated with a shared definition of success.
- Services are provided using principles/practices of Housing First and Assertive Engagement

### **Methodology**

In order to determine what is needed to end homelessness among Veterans, the group divided the population of homeless Veterans into those who are chronically homeless and those who are not, given that different resources are available to these groups. We then further called out those Veterans who, because of their discharge status, are not eligible for most Dept. of Veterans Affairs (VA) housing programs. Using the best available data, we determined how many homeless Veterans there are currently in each of

these sub-groups, how many Veterans will become homeless in each of these sub-groups each year (inflow), and what our annual system capacity is to move veterans in each group into permanent housing. Using this model, we created the chart attached as Exhibit X. The chart provides a detailed analysis of where system capacity is adequate to reach “functional zero,” meaning that the system has adequate capacity to offer permanent housing options to all Veterans who become homeless, and where we have gaps that will either require reprogramming of existing resources or new resources. Based on this gap analysis, and the recognition that even with resources it will be essential to align and better coordinate service delivery in order for Veterans to fully benefit, we generated the specific work plan recommendations set out in the Recommendations section below.

### **Data Sources and Assumptions**

Based on the best available data derived from HMIS, Coalition of Communities of Color reports, One-Night Homeless Count, and VA data:

- a. 413 Veterans each night sleep on the street, in shelter or transitional housing (2013 one-night count)
- b. Using the VA’s annualizer of 1.9, an estimated 785 Veterans experience homelessness in a year in Multnomah County (11% of County homeless)
- c. Nearly 40% (314 Veterans annually) are chronically homeless
- d. An estimated 15% of homeless Veterans aren’t eligible for VA health care and thus cannot use VASH and certain other VA programs. Approximately 47 are chronically homeless and 70 are not chronically homeless.
- e. Veterans are over-represented in the homeless population. They comprise 11% of the homeless population, but only 8% of the County’s overall population
- f. The VA reports that 14.4% of Veterans are people of color
- g. Additional factors affecting many homeless Veterans:
  - i. Unmet healthcare, mental health needs or substance abuse needs
  - ii. Unemployment or underemployment
  - iii. Criminal justice involvement

### **Summary of Capacity and Gaps Analysis**

Through current federal and local investments we have nearly all the rent assistance resources needed to meet the affordability challenge faced by most Veterans based on our current understanding of need. However, even with an increased investment of rent assistance, the low vacancy rate in our rental market makes the challenge of identifying rental homes significant. To achieve our goal we will need to place an average of 70-80 homeless Veteran households into homes each month in 2015, including approximately 25/month who are chronically homeless.

Not all Veterans are eligible for VA health care. One would be ineligible for VA health benefits if they received a dishonorable discharge from military service. Additionally, those Veterans who enlisted after September 7, 1980 are required to serve for 24 continuous months to be eligible for VA health benefits. To serve Veterans ineligible for VA health care (and therefore some Veteran specific rent assistance programs), the HFE Coordinating Board will need to choose to give priority to this group of Veterans in allocating other HUD Continuum of Care funded permanent supportive housing in our community. Our community will also need to invest other local resources in rent assistance for these Veterans, as well as increase efforts to connect ineligible Veterans with Veteran Service Officers. This will ensure that they are assessed for a change in status and are receiving any benefits to which they remain entitled.

Service members continue to return to Oregon after their tours/enlistment and because we have no active military base in the state, access to reintegration services is a challenge. Systemic changes within the VA and the military branches could have an unintended consequence on homeless and at-risk Veterans and their families.

Based on best current data regarding need and projections for services that can be provided with existing resources, there is sufficient funding for housing placement and retention support for all Veterans experiencing homelessness in our community with the exception of those Veterans currently ineligible for VA healthcare. We estimate the need for resources and strategies to support 1) permanent supportive housing placement for 78 chronically homeless Veterans currently ineligible for VA healthcare, and 2) rapid rehousing support for 30 non-chronically homeless Veterans ineligible for VA health care. For a detailed gaps analysis, see Appendix.

We will review 2015 Point-in-Time numbers and recalibrate assumptions based on the more current data at that point.

### **Recommendations**

Based on the gaps analysis, review of current resources, and input from multiple stakeholders working to house homeless veterans in our community, we put forward the following recommended funding and policy changes which, if implemented, would allow us to achieve the goal of ending Veterans' homelessness by 2015. Note: The plan identifies several obstacles and challenges, that don't have an immediate or obvious solution. In those cases, the challenges will be considered on ongoing basis by Operation 424 and we will return as needed to HFE Coordinating Board and Executive Committee.

**HFECB Veterans Workgroup (Operation 424) - Plan to house all Veterans experiencing homelessness by 2016**

| Action  | Proposed Outcomes   | Cost Estimates/<br>Funding Strategies  | Responsible Parties  | Timeline to Implement | Re-prioritize resources | New resources | Strategic alignment |
|---|---|--|--|-----------------------|-------------------------|---------------|---------------------|
| <b>Strategic Alignment</b>  |   |  |  |                       |                         |               |                     |
| 1. Implement a transition-in-place strategy for vets from SSVF to VASH  | Streamlined protocol to transition 32 vets/yr from SSVF → VASH                        | Existing SSVF grant                    | <ul style="list-style-type: none"> <li>Transition Projects SSVF</li> <li>VA VASH lead</li> <li>Home Forward</li> </ul>     | March 2015            |                         |               | X                   |
| 2. Advocate for VA status change for homeless Veterans who need Rapid Re-housing or Permanent Supportive Housing (PSH), but aren't eligible for VA health care (approx. 15% of Vets)                                  | Status change obtained for 25% of Veterans referred                                   | \$0 – use existing resources           | <ul style="list-style-type: none"> <li>Mult Co. VSOs</li> </ul>  | ongoing               |                         |               | X                   |
| 3. Identify strategies to facilitate increased access to private rental housing, as well as publicly-assisted affordable housing stock for Veterans exiting homelessness with or without tenant-based rent assistance | Strategies to facilitate access to 30 units identified and identified and implemented | \$0 – use existing resources           | <ul style="list-style-type: none"> <li>VA</li> <li>PHB</li> <li>Home Forward</li> <li>Citizens Crime Commission</li> </ul> | By Oct. 2015          |                         |               | X                   |
| 4. Implement Shelter Plus Care (SPC) “Step-up” preference for Housing Choice Voucher (HCV) for Veterans served by SPC that no longer require PSH (Adopted by Home Forward BOC 11/2014)                                | 10 Veteran Families transition for SPC to HCV   | Value: \$72,000/year (\$7,200 per HCV) | <ul style="list-style-type: none"> <li>VA</li> <li>Home Forward</li> </ul>   | March 2015            |                         |               | X                   |
| 5. Legislative asks: Extend time limit for SSVF rent assistance to 24 months  | More efficient use of federal resources   | \$0                                    | <ul style="list-style-type: none"> <li>City of Portland</li> <li>Gresham</li> <li>County</li> <li>Home Forward</li> </ul>  | September 2015        |                         |               | X                   |
| 6. Integrate systems data between HMIS and the VA and review 2015 Point-in-Time numbers and re-calibrate assumptions  | More accurate/timely count of homeless Veterans & data-driven outcomes                | \$0 – use available resources          | <ul style="list-style-type: none"> <li>VA</li> <li>PHB</li> <li>HFE Data &amp; Evaluation Committee</li> </ul>             | July 2015             |                         |               | X                   |

| Action  | Proposed Outcomes   | Cost Estimates/<br>Funding Strategies                                 | Responsible Parties   | Timeline to Implement | Re-prioritize resources | New resources | Strategic alignment |
|---|---|---|---|-----------------------|-------------------------|---------------|---------------------|
| <b>Reprioritize existing resources</b>  |   |   |   |                       |                         |               |                     |
| 7. Create a local preference for limited number of Housing Choice Vouchers for Veterans ineligible for VA health care, coupled with locally funded services           | 50 Vets, who need long-term rent assistance & services, placed in permanent assisted housing via preference | \$360,000/year (Home Forward HCV) \$100,000/yr (City/County services) | <ul style="list-style-type: none"> <li>Home Forward</li> <li>PHB</li> <li>Multnomah County</li> </ul> | July 2015             | X                       | X             |                     |
| 8. For Vets who are ineligible for VASH, focus outreach for HUD-funded Continuum of Care PSH projects, in coordination with local Coordinated Access planning efforts | House 28 Veterans who need PSH, but aren't eligible for VA health care                                      | \$0 – reprioritize existing resources                                 | <ul style="list-style-type: none"> <li>HFECB</li> <li>Home Forward</li> <li>PHB</li> </ul>            | October 2015          | X                       |               |                     |
| 9. Identify buildings to project-base VASH vouchers   | 30 units identified and approved  | \$0 – use existing resources  | <ul style="list-style-type: none"> <li>VA</li> <li>PHB</li> <li>Home Forward</li> </ul>               | By Oct. 2015          | X                       |               |                     |
| 10. Dedicate an Aging & Disability Services (ADS) worker for Vets who need in-home care or adult foster care  | 35-50 vets/year connected with appropriate housing resources  | \$0 – reprioritize existing resources                                 | <ul style="list-style-type: none"> <li>Multnomah County</li> </ul>                                    | By July 2015          | X                       |               |                     |
| 11. Ongoing commitment of flexible funds to support lease-up and housing retention [County - (\$80k) and State document recording fee (\$52k)]                        | Housing placement and retention for 176 vets housed with SSVF or VASH;                                      | \$132,000/year (approx.\$750 per household)                           | <ul style="list-style-type: none"> <li>Multnomah County</li> </ul>                                    | July 2015             | X                       |               |                     |
| <b>New funding</b>  |   |   |   |                       |                         |               |                     |
| 12. Identify new resources for rent assistance and housing placement for 30 non-chronically homeless veteran households ineligible for VA services                    | 30 veteran households stably housed by end of 2015  | \$225,000 (approx. \$7,500/veteran)                                   | <ul style="list-style-type: none"> <li>HFECB</li> <li>HFE Exec. Comm.</li> </ul>                      | March 2015            |                         | X             |                     |
| 13. Training for providers to better screen and identify Veterans   | Eligible Veterans are connected to resources  | \$10,000  | <ul style="list-style-type: none"> <li>TBD</li> </ul>   | July 2015             |                         | X             |                     |

## **APPENDIX – Data & Methodology**

Step 1 – Homeless Veterans Sub-Populations: We started by dividing the homeless Veterans population into four sub-populations based on anticipated resource needs and program eligibility: (1) VA Service Eligible Non-Chronically Homeless Veterans; (2) VA Service Eligible Chronically Homeless Veterans; (3) Non-VA Service Eligible Homeless Veterans; and (4) Non-VA Service Eligible Chronically Homeless Veterans.

Step 2 – Current Number of Homeless Veterans: Using the best available data, we determined the number of Veterans who experience homelessness on any given night and in a given year, and estimated a breakdown by sub-population.

Step 3 – Current Inflow: In order to assess the sufficiency of our system capacity to end Veterans homelessness by the end of 2015, we had to not only know how many Veterans are currently homeless, but how many new Veterans would join each subpopulation going forward (inflow). For that we used the VA's estimate that annual inflow will equal  $.9 \times$  (current annualized number).

Step 4 – Current Outflow: In order to assess the sufficiency of our system capacity to end Veterans homelessness by the end of 2015, we then needed to know the rate at which our system is placing homeless Veterans in each sub-population into housing and any increase in that placement capacity given new federal resources (outflow). For this we drew upon numbers from HMIS and from the VA data system.

Step 5 – Unmet Need: With a good faith estimate of the numbers of Veterans in each subpopulation who are currently homeless, the number of Veterans who will become homeless in the coming months/years, and the number our system has the capacity to house, we were able to identify the gap in resources needed for each of the sub-populations if we are to get to “functional zero” (i.e. enough resources to permanently house all homeless Veterans) by the end of 2015. The attached chart summarizes this analysis for each sub-population.

Step 6 – Identify Investments and Strategies: Recognizing that fully utilizing federal resources and closing the remaining resources gaps would require both system alignment strategies and targeted realignment of/increases in local resources, the workgroup generated an action plan, set out below.





**HEALTH & HOMELESSNESS WORKGROUP  
ACTION PLAN RECOMMENDATIONS  
March 4, 2015**

**Goal:** By March 2015, deliver an action plan for engaging physical and behavioral health care providers and funders in Multnomah County to:

- Assess, at an individual client level, cross over between people experiencing homelessness and high-cost utilizers of health services
- Prioritize housing options for those identified individuals with specific exploration of funding sources that leverage existing homeless service system investments with recaptured cost savings to the health system
- Further identify the health needs of people experiencing homelessness in Multnomah County and strategies to increase engagement in and delivery of appropriate health care

**Staff Support:** Ryan Deibert, Portland Housing Bureau (PHB), Rachael Duke, Home Forward, Liv Jessen, Dept. of Community Justice, Multnomah County

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**Summary of Action Plan Recommendations:**

## ACCESS TO CARE - RECOMMENDATIONS

The Home for Everyone Coordinating Board should work with hospital systems, Coordinated Care Organizations and insurers to identify shared goals and planning opportunities to increase access to care for all low income people.

### Shorter Term

1. Work with hospitals to develop transition plans to ensure that no one is discharged into homelessness. This could be accomplished by:
  - identifying housing needs when people enter the hospital;
  - creating a pool of short-term rental assistance using Community Benefits funding, Flexible Services funding through Medicaid, or something similar to STRA; (long-term). We estimate that \$150,000 a year will serve 50 people needing 3 months of rental assistance each (\$700/month) and housing placement services\*. The HFE Board could provide resources for a portion of the rental assistance and housing placement services and request the hospital systems to pay 50% of the rental assistance and continue to provide follow up medical and support services while people are transitioning.
  - a housing specialist or “discharge” social worker (similar to former hospital model) within the hospital system that assists people with transition and care planning. In order for this to be successful hospitals could participate in the coordinated access system so that they can best use homeless services/resources. We recommending funding at least \$60,000 a year for 1 FTE Housing Placement Services staff and potentially rental assistance funding. (long-term)
2. Support clinics and/or other health care service providers to develop partnerships that bring health and support services to community based settings. For example, expansion of Care Oregon’s model of resiliency using peer and mental health supports to provide services where people live. A current program serves 30 – 60 people/year with 2 FTE mental health and addictions Community Health Workers for approximately \$250,000/year. This will help ensure that people have access to:
  - appropriate health resources
  - are able to stay enrolled in health care
  - have the ability to successfully apply for and stay on public benefits such as, Social Security Income.
3. Develop (with one-time grant funding) an annual training program for housing services staff and case management/system navigator staff that provides pertinent updates related to available programs, retention of benefits, services, and access. It can be offered as a webinar and/or at various locations throughout the region. The training should include both health and housing providers so they are hearing the same information about how clients can access healthcare and appropriate housing. This can be shared with 211 Info, Oregon Opportunity Network and other organizations.

## Longer Term

1. Work with hospital systems to develop partnerships to increase recuperative care options for people exiting hospitals and/or mental health and addictions stays. Housing that is used should be supplemental to the system, not supplant the units that are currently being used for other low income housing.
2. Individuals with Medicare only are having difficulty accessing basic mental health services such as case management or medication management due to service limitations of Medicare funding and low provider reimbursement rates. Multnomah County's Mental Health Safety Net programs are heavily relied upon each year to assure that more than 800 individuals who are at jeopardy for hospitalization, incarceration or loss of housing receive access to basic case management and prescriber services. Funders should find ways to increase access to specialized mental health services such as Assertive Community Treatment (ACT) or Dialectical Behavior Therapy (DBT) for those that require intensive community outreach services to avoid hospitalization, incarceration and/or loss of housing.

\*Estimate: 50 people needing 3 months each of RA at \$700/month plus move-in expenses and 1 FTE housing placement staff at \$60k/year. In the last STRA year, ending June 2014, both the average and median amounts for monthly rent assistance were approximately \$600/month. The average studio rent reasonable across Mult. County is: \$817.

## IMPROVE INFORMATION - RECOMMENDATIONS

Little is currently known about the intersection between people experiencing homelessness and their involvement (or lack thereof) with local health care providers, primarily because housing and homeless service providers do not collect much information about client engagement in health care and few health care providers collect information about clients' housing status. We include two preliminary recommendations to remedy this:

1. Health Share and Family Care should include assessment of member housing status in their required periodic community health needs assessments. Specifically, housing status questions should align with local and federal housing status definitions related to housing and homeless service eligibility (e.g. HUD definitions of "homeless," "chronically homeless," and "at-risk" of becoming homeless). Members' housing status should be regarded as a primary social determinant of health when planning subsequent community health interventions. Begin assessment with Health Share's 2015 community health needs assessments.
2. By June 30, 2017, assure that all major local health systems include routine assessment of housing status in clinical intake and follow-up appointments, recorded in electronic medical records. Specifically, housing status questions should align with local and federal housing status definitions related to housing and homeless service eligibility (e.g. HUD definitions of "homeless," "chronically homeless," and "at-risk" of becoming homeless). Implementation can begin with replication of Multnomah County primary care clinic procedures in other health systems, and should coincide with direct health provider training and access to homeless services coordinated access systems.
3. Provide training to the healthcare system on the definitions of "homelessness" and other housing status definitions.

## **PERMANENT SUPPORTIVE HOUSING - RECOMMENDATIONS**

### **Assumptions**

Multnomah County's point in time count of homelessness counted 1,150 people experiencing chronic homelessness. Most were in households without children and most were unsheltered. On an annualized basis, we estimate that 1,100 of those chronically homeless people will remain with unmet housing needs. If we assume that 75% of those individuals need permanent supportive housing we can address this need with approximately 830 additional units of permanent supportive housing.

Central City Concern was recently awarded federal Continuum of Care funding for permanent supportive housing that will support approximately 175 chronically homeless individuals. These services will include peer support, housing retention, health care navigation, and leveraged Medicaid funded primary care and mental health services. Many of the participants will already be in agency supported health care services. Increased local and federal investments in ending veteran homelessness will allow our community to place approximately 100 additional chronically homeless veterans into housing beyond our current level of effort.

This leaves a current gap of permanent supportive housing for approximately 555 individuals.

Permanent supportive housing is defined as permanent, affordable housing with comprehensive supportive services for people who are chronically homeless and with disabilities or other substantial barriers to housing stability. Permanent supportive housing is an intensive model of housing and services designed to serve chronically homeless individuals and families who cannot retain stable housing without tightly linked support services, and who cannot successfully utilize the clinical services they need to stabilize their lives without having housing. Permanent supportive housing can be scattered-site or site-based.

### **Proposal**

In order to reduce this gap, the HFE healthcare and homelessness workgroup recommends:

- That 25% of all the very low income housing produced or created over the next five years be set aside as permanent supportive housing.
- That this commitment starts with 80 - 100 units designated as permanent supportive housing over the next two years.
- That a portion of the savings generated by this investment further create new resources for permanent supportive housing.

This will require not just deep affordability but additional on-going resources focused on supportive services. We further recommend that resources from the health care system and Medicaid, including mental health, be dedicated to supportive services. In some cases this will require redirection of public funds, in some cases funds from non-local governmental sources.

## **Organization of Services**

### **Scattered Site – cost of services for 50 individuals: \$470,000 annually**

50 households supported by mobile wrap-around and mental health services that address a continuum of need.

### **Site Based – cost of services for one 30 to 50 apartments in a single site: \$270,000 annually**

## **Resources**

Resources could come from a combination of local services funds, local mental health funds, and funds from the health care system for mental health and health care connection/navigation services. In addition, funding strategies could also include increased access to personal care through Aging and Disability Services and systems-level collaboration with the Community Benefits program through local hospitals. Finally, a portion of the savings identified in other systems, including the criminal justice system, should be redirected to support permanent supportive housing.

Housing agencies could remain open to housing individuals identified by the health care system as needing supportive housing as part of any larger community-wide effort.

## **SYSTEMS ALIGNMENT - RECOMMENDATIONS**

**In order to better align systems that fund and support people who need both health care and homeless/housing services to be successful, we recommend:**

1. Work with not-for-profit health plans and health care systems to prioritize housing and co-located wrap around services for Community Benefits funding. Collaborate to create a more aligned and systematic approach between health care entities to maximize impact for vulnerable populations. This does not have a dollar amount other than staff time at first, although joint projects with cost associated could surface out of a conversation about shared outcomes.
2. Work with hospital systems, CCOs and Care Oregon to determine the barriers to using Flexible Services funding for health related services and/or PSH services (this may or may not be related the Medicaid Supportive Housing Benefits waiver). This does not have a dollar amount other than staff time at first, although joint projects with cost associated could surface out of a conversation about shared outcomes.
3. Explore what is possible and what is not possible to do under Oregon's current Medicaid waivers. Consider partnering with others to provide an analysis of this. CSH has submitted a proposal to do what they call a "crosswalk" analysis of our state waivers. We recommend that HFE Coordinating Board support funding a portion of the \$20,000 proposed project while working closely with state agencies who could also contribute some funds.

# A Home for Everyone Health + Homelessness Workgroup Recommendations

(March 3, 2015)

| Action  | Proposed Outcomes   | Cost Impact/<br>Funding Strategies  | Recommended Parties  | Timeline to Implement | Alignment opportunities sources | New resources | Request of other agencies | Resource reallocation | Policy |
|---|---|---|--|-----------------------|---------------------------------|---------------|---------------------------|-----------------------|--------|
| <b>Access to Care</b>   |   |   |  |                       |                                 |               |                           |                       |        |
| 1. Work with hospitals to <b>develop transition/discharge plans</b> to ensure that no one is discharged into homelessness.  | <ul style="list-style-type: none"> <li>Reduce homelessness</li> <li>Reduce housing instability</li> <li>Improve health outcomes</li> <li>Reduce hospital and Emergency Department (ED) utilization</li> </ul>   | <ul style="list-style-type: none"> <li><b>Short term rental assistance for 50 people (~\$150k/year)</b></li> <li><b>1 FTE housing specialist/discharge worker (~\$60k/year)</b></li> <li>Funding from Community Benefits, Flexible Services (Medicaid), or County STRA</li> </ul> | <ul style="list-style-type: none"> <li>Hospitals</li> <li>Insurers</li> <li>County</li> </ul>  | Mid range             | Yes                             | Yes           | Yes                       | Yes                   | Yes    |
| 2. Support clinics and/or other health care service providers to develop partnerships that bring health and support services to community based settings. <b>(Mobile clinics.)</b>                                    | <ul style="list-style-type: none"> <li>Bring appropriate health resources to where people are.</li> <li>Ensure that people stay enrolled in healthcare</li> <li>Increase number of people that successfully apply for and stay on public benefits (benefits recovery)</li> <li>Reduce hospitalization and ED utilization</li> </ul> | <ul style="list-style-type: none"> <li>A current program serves 30 – 60 people/year with 2 FTE mental health and addictions community health workers, <b>~\$250,000/year.</b></li> </ul>  | <ul style="list-style-type: none"> <li>Clinics</li> <li>Hospitals</li> <li>Insurers</li> </ul>                                       | Mid range             | Yes                             | Yes           | Yes                       | Yes                   | Yes    |
| 3. Develop (with one-time grant funding) an <b>annual training</b> program for housing services staff and hospital/clinic case management/system navigator staff that provides pertinent updates related to available | <ul style="list-style-type: none"> <li>Improve &amp; update knowledge of available resources across systems</li> <li>Consistent information delivered across systems</li> </ul>   | <ul style="list-style-type: none"> <li><b>One time funding of ~\$20,000</b> to develop a training program</li> </ul>  | <ul style="list-style-type: none"> <li>Oregon Opportunity Network</li> <li>Hospitals</li> <li>Clinics that serve homeless</li> </ul> | Immediate             | Yes                             |               | Yes                       |                       |        |



| Action   | Proposed Outcomes   | Cost Impact/<br>Funding Strategies  | Recommended Parties  | Timeline to Implement | Alignment opportunities sources | New resources | Request of other agencies | Resource reallocation | Policy |
|--|---|---|--|-----------------------|---------------------------------|---------------|---------------------------|-----------------------|--------|
| programs, retention of benefits, services, and access.   |   |   |  |                       |                                 |               |                           |                       |        |
| 4. Work with hospital systems to develop partnerships to <b>increase recuperative care</b> options for people exiting hospitals and/or mental health and addictions stays. Housing that is used should be supplemental to the system, not supplant the units that are currently being used for other low income housing. | <ul style="list-style-type: none"> <li>• Reduce homelessness</li> <li>• Reduce housing instability</li> <li>• Improve health outcomes</li> </ul>  | Needs more research to develop cost and funding strategies.               | <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Recuperative care &amp; service providers</li> </ul>         | Long term             | Yes                             | Yes           | Yes                       |                       | ?      |
| 5. <b>Increase access for Medicare enrollees to specialized mental health services</b> such as Assertive Community Treatment (ACT) or Dialectical Behavior Therapy (DBT) for those that require intensive community outreach services to avoid hospitalization, incarceration and/or loss of housing.                    | <ul style="list-style-type: none"> <li>• Increase services for mental health case management and medication management</li> <li>• Increase Medicare provider reimbursement rates</li> <li>• Reduce homelessness, incarceration</li> <li>• Avoid hospitalization</li> <li>• Improve health outcomes</li> </ul> | Increase funding for Multnomah County's Mental Health Safety Net programs | <ul style="list-style-type: none"> <li>• County</li> <li>• Mental health service providers</li> <li>• Hospitals</li> </ul> | Mid range             | Yes                             | Yes           | Yes                       | Yes                   | ?      |

| Action   | Proposed Outcomes   | Cost Impact/<br>Funding Strategies   | Recommended Parties   | Timeline to Implement | Alignment opportunities sources | New resources | Request of other agencies | Resource reallocation | Policy |
|--|---|--|---|-----------------------|---------------------------------|---------------|---------------------------|-----------------------|--------|
| <b>Improve Information</b>   |   |  |   |                       |                                 |               |                           |                       |        |
| 6. Health Share, Family Care and their members should <b>include assessment of member's housing status</b> in their required periodic community health needs assessments. Housing status questions should align with local and federal housing status definitions related to housing and homeless service eligibility (e.g. HUD definitions of "homeless," "chronically homeless," and "at-risk" of becoming homeless).  | <ul style="list-style-type: none"> <li>Improved understanding of housing status</li> <li>Using housing data to inform health interventions</li> <li>Housing status as a primary social determinant of health</li> </ul> | Needs more research to develop cost, if any, IT impacts, and funding strategies.   | <ul style="list-style-type: none"> <li>CCOs</li> <li>Hospitals</li> <li>Clinic</li> </ul>                                 | Immediate             | Yes                             |               | Yes                       |                       | Yes    |
| 7. By June 30, 2017, assure that all major local health systems include routine <b>assessment of housing status in clinical intake and follow-up appointments, recorded in electronic medical records.</b> Specifically, housing status questions should align with local and federal housing status definitions related to housing and homeless service eligibility (e.g. HUD definitions of "homeless," "chronically homeless," and "at-risk" of becoming homeless). | <ul style="list-style-type: none"> <li>Improved understanding of housing status</li> <li>Using housing data to inform health interventions</li> <li>Housing status as a primary social determinant of health</li> </ul> | <ul style="list-style-type: none"> <li>Replication of Multnomah County's primary care clinic procedures in other health systems</li> <li>Training for direct health provider and access to homeless services coordinated access systems.</li> <li>Needs more research to determine costs and IT impacts</li> </ul> | <ul style="list-style-type: none"> <li>CCOs</li> <li>Hospitals</li> <li>Clinics</li> </ul>                                | Mid range             | Yes                             |               | Yes                       |                       | Yes    |
| 8. Provide <b>training to the healthcare system on the definitions of "homelessness"</b> and other housing status definitions.   | <ul style="list-style-type: none"> <li>Improved understanding of housing status</li> <li>Using housing data to inform health interventions</li> <li>Housing status as a primary social determinant of health</li> </ul> | <b>One time funding of ~\$20,000</b> to develop a training program   | <ul style="list-style-type: none"> <li>PHB</li> <li>Hospitals</li> <li>CCOs</li> <li>Insurers</li> <li>Clinics</li> </ul> | Immediate             | Yes                             |               | Yes                       |                       |        |

| Action  | Proposed Outcomes  | Cost Impact/<br>Funding Strategies  | Recommended Parties   | Timeline to Implement | Alignment opportunities sources | New resources | Request of other agencies | Resource reallocation | Policy |
|---|--|---|---|-----------------------|---------------------------------|---------------|---------------------------|-----------------------|--------|
| <b><i>Increase Permanent Supportive Housing</i></b>   |  |   |   |                       |                                 |               |                           |                       |        |
| 9. <b>Set aside 25% of all affordable housing produced or created as Permanent Supportive Housing (PSH) over the next five years, starting with 80 - 100 units in the next two years.</b> | <ul style="list-style-type: none"> <li>• More PSH units</li> <li>• Reduce homelessness</li> <li>• Reduce housing instability</li> <li>• Improve health outcomes</li> <li>• Reduce hospital and ED utilization</li> <li>• Reduce costs to other systems such as Medicaid and jails</li> </ul> | <ul style="list-style-type: none"> <li>• <b>On-going rental assistance for all PSH units</b></li> <li>• <b>Site-based annual services for 30-50 apts = ~\$270k/yr</b></li> <li>• Scattered site annual services for 50 people = ~\$470k/yr</li> </ul> | <ul style="list-style-type: none"> <li>• PHB</li> <li>• HUD</li> <li>• OHCS</li> <li>• County</li> <li>• Hospitals</li> <li>• CCOs</li> <li>• Insurers</li> </ul> | Immediate & long term | Yes                             | Yes           | Yes                       |                       | Yes    |
| 10. A portion of the <b>savings generated by PSH investments are tracked and used to create new resources</b> for permanent supportive housing.   | <ul style="list-style-type: none"> <li>• New resource development</li> <li>• More PSH units</li> </ul>   | Needs more research to develop costs.   | <ul style="list-style-type: none"> <li>• OHA</li> <li>• County</li> <li>• Hospitals</li> </ul>  | Long term             | Yes                             | Yes           | Yes                       | Yes                   | Yes    |

| Action   | Proposed Outcomes   | Cost Impact/<br>Funding Strategies   | Recommended Parties  | Timeline to Implement | Alignment opportunities sources | New resources | Request of other agencies | Resource reallocation | Policy |
|--|---|--|--|-----------------------|---------------------------------|---------------|---------------------------|-----------------------|--------|
| <b>Systems Alignment</b>   |   |  |  |                       |                                 |               |                           |                       |        |
| 11. Work with not-for-profit health plans and health care systems to <b>prioritize housing and co-located wrap around services for Community Benefits funding.</b>   | <ul style="list-style-type: none"> <li>• Increase funding</li> <li>• A more aligned and systematic approach to shared outcomes</li> <li>• Reduce homelessness</li> <li>• Improve health outcomes</li> <li>• Reduce ED and hospitalization use</li> </ul>          | <ul style="list-style-type: none"> <li>• Immediate costs associated with staff time to work with hospitals</li> <li>• On-going costs needs more research</li> </ul>  | <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Housing owners</li> <li>• Enterprise Community Partners</li> <li>• Oregon Opportunity Network</li> </ul>                                     | Immediate             | Yes                             | Yes           | Yes                       |                       | Yes    |
| 12. Work with hospital systems, CCOs and Care Oregon to <b>determine the barriers to using Flexible Services funding for health related services and/or PSH services</b> (this may or may not be related the Medicaid Supportive Housing Benefits waiver). | <ul style="list-style-type: none"> <li>• Increase funding</li> <li>• A more aligned and systematic approach to shared outcomes</li> <li>• Reduce homelessness</li> <li>• Improve health outcomes</li> <li>• Reduce ED and hospitalization use</li> </ul>          | <ul style="list-style-type: none"> <li>• Immediate costs associated with staff time to work with hospitals</li> <li>• On-going costs needs more research</li> </ul>  | <ul style="list-style-type: none"> <li>• CCOs</li> <li>• OHA</li> <li>• Hospitals</li> <li>• Insurers</li> <li>• Enterprise Community Partners</li> </ul>  | Immediate             | Yes                             | Yes           | Yes                       | Yes                   | Yes    |
| 13. Explore <b>what is allowed and what is not allowed under Oregon’s current Medicaid waivers.</b>  | <ul style="list-style-type: none"> <li>• Better understanding of how wrap around support services, mental health and behavioral services can be paid for</li> <li>• Better understanding of who decides what and how Flexible Services funding is used</li> </ul> | <ul style="list-style-type: none"> <li>• CSH has submitted a proposal to do a “crosswalk” analysis of our state waivers.</li> <li>• <b>HFE board to pay a portion of the \$20,000 study</b></li> <li>• Enterprise will contribute funding too</li> </ul> | <ul style="list-style-type: none"> <li>• CSH</li> <li>• CCOs</li> <li>• OHA</li> <li>• OHCS</li> <li>• County</li> <li>• Insurers</li> <li>• Hospitals</li> <li>• Enterprise Community Partners</li> </ul> | Immediate             | Yes                             | Yes           | Yes                       | Yes                   | Yes    |



## Housing Workgroup ACTION PLAN

**Goal:** The Home for Everyone (HFE) Housing Workgroup is tasked with developing an action plan that assesses housing needs among people experiencing homelessness in Multnomah County, gaps in meeting those needs given current system resources, and opportunities for innovation in financing, constructing, or otherwise producing affordable housing options that could reduce the gap by a minimum of 10% by June 30, 2015, and by a minimum of 50% by June 30, 2017.

**Staff Support:** Rose Bak (Multnomah County Department of County Human Services (DCHS)); Mary Carroll (Office of Multnomah County Chair Kafoury); Ryan Deibert (Portland Housing Bureau); Marc Jolin (Home for Everyone); Christine Lewis (Office of Multnomah County Commissioner Bailey); Mary Li (DCHS); Christine Rouches (DCHS)

**Workgroup Chair:** Stacy Borke\*, Transition Projects

### Workgroup Participants:

Anna Plum, Multnomah County  
April Woods, Central City Concern  
Art Rios, Sr\*, Advocate  
Beth Burns\*, p:ear  
Bimal RajBhandary, Portland Housing Bureau  
Bobby Weinstock, Northwest Pilot Project  
Cathey Briggs, Community Member  
Cheryl Thompson\*, Community Member  
Ian Slingerland, Home Forward  
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Jean DeMaster\*, Human Solutions  
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Kevin Donegan, Janus Youth  
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Traci Manning, Portland Housing Bureau  
Victor Merced\*, Hacienda CDC  
Wendy Smith, Portland Housing Bureau

\*Home for Everyone Coordinating Board member/liaison

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### Summary Recommendation

Rapidly reducing the unmet housing need of people experiencing homelessness in Multnomah County will be challenging, but it is very possible. Though thousands of people move from homelessness into housing in Multnomah County each year, thousands more become newly homeless or remain with unmet need, on the streets, in shelters or in transitional housing. Our community’s current diverse network of housing and supportive service providers is effective and strong, but in order to reduce unmet need as envisioned in this workgroup’s charge, our community will need to do more in the next three years. Specifically, we must:

- Fully utilize existing federal, state and local resources that help to produce housing affordability (either by building or acquiring additional housing affordable to households with low incomes or by using effective tools like rent assistance to “buy-down” the affordability of existing market-rate housing)
- Establish new locally-funded options to spur innovative housing development models that can rapidly produce more housing that is directly accessible for people exiting homelessness
- Increase local funding for rent assistance and supportive services that are flexible and responsive to individual household needs
- Prioritize access for people experiencing homelessness into new publicly-funded housing and for existing housing choice vouchers
- Pursue a range of short- and medium-term policies that: improve housing affordability; increase access to housing for people experiencing homelessness; align ending homelessness efforts with health care, workforce and other mainstream systems; expand culturally-specific services and achieve broader racial equity; and improve cross-agency collaboration.

In the midst of one of the tightest rental housing markets in our region’s history, we simply cannot make meaningful strides to end homelessness without rapidly producing more housing. This plan recommends \$20 million dollars in one-time local investments to spur innovative housing development models to produce approximately 500 newly-available housing units prioritized for people exiting homelessness. It also recommends \$8.3 million in expanded investment in flexible rent assistance and housing placement and retention services over three fiscal years beginning immediately.

In total, this plan recommends expansion of our community’s effort from current levels that help to permanently house nearly 3,000 people experiencing homelessness each year to ongoing levels that could house nearly 4,000 per year by 2017.

In just over two years, the proposed actions could help approximately 1,300 more people in 880 households move from homelessness into housing than our current efforts would otherwise allow. Combined with other coordinated federal investments and local efforts, including our community’s plan to end veterans homelessness by the end of 2015, these actions could reduce unmet housing need among people experiencing homelessness in Multnomah County by half by 2017.

While past community-level planning to end homelessness has focused on doing the most we could with the limited resources available, the attached plan begins to outline more clearly what it would take to actually end homelessness in Multnomah County. While no plan may be able to assure that no one in Multnomah County will experience a housing crisis in the future, this plan does point us toward a future in which homelessness, when it does occur, will be rare, brief and one-time. This plan assesses annual levels of unmet need and proposes a range of actions, investments, and policies that will help us reduce that unmet need by half in just over two years. We recommend the Coordinating Board support continued funding for current and effective strategies and prioritize necessary policy shifts and funding requests to achieve this goal by June 30, 2017.

## **Background and Process**

The Home for Everyone Coordinating Board chartered an ad hoc Housing Workgroup in October 2014 to begin several months of detailed planning in a condensed time frame. Workgroup membership was drawn from volunteers within the Coordinating Board and a diverse core of approximately 20 leaders in affordable

housing development and housing and homeless services, including several individuals with lived experience of homelessness or housing instability.

The workgroup met five times between November 2014 and February 2015 to develop a shared understanding of current data and context and then identify, prioritize and scale a range of effective strategies to:

- Increase placement of people experiencing homelessness into existing housing
- Help people placed in housing retain it
- Rapidly develop more housing units prioritized for people exiting homelessness

The workgroup's planning was guided by the principles in *A Home for Everyone*:

- Prioritize vulnerable populations
- Promote racial and ethnic justice
- Use data-driven assessment and accountability
- Engage and involve the community
- Strengthen system capacity and increase leveraging opportunities

Through that work, the group developed and prioritized a set of strategic focus areas that it then scaled to estimated unmet need to generate the proposed action plan. The strategic focus areas included:

#### **Focus Area 1: Rent Assistance and Emergency Flex Funds Pool**

- Large pool of flexible funds
- Flexible length of assistance: long or short-term
- Flexible subsidy level: deep, shallow, step-down
- Flexible application: tenant-based, project-based/unit buy-down, master lease
- Flexible rules and reporting
- Eviction prevention for retention of formerly homeless
- Assistance prior to housing placement (e.g. IDs, background checks)
- Placement-focused assistance (e.g. deposits, housing debt)
- Retention-focused assistance (e.g. child care, transportation, job supplies)

#### **Focus Area 2: Housing Placement and Retention Staff**

- Expanded staffing in community-based nonprofit housing and homeless service agencies, including expanded staffing in culturally-specific agencies, organized in multi-agency staff team(s)
- Trained in and practicing Assertive Engagement
- Mobile, relational, engaging
- Culturally competent and culturally specific (including communities of color, immigrants, LGBTQ, seniors, disabled, youth, veterans, domestic violence)
- Focus on:
  - Rapid rehousing of people currently experiencing homelessness
  - Retention of permanent housing for people who have exited homelessness
  - Direct collaboration with other service providers who are assisting mutual clients
  - Linking households to income (employment and benefits)
  - Access to flex funds and rent assistance
  - Access to rent assistance
  - Landlord engagement and support

#### **Focus Area 3: Housing Development**

- Continue current affordable housing development models that leverage federal and tax credit funding, but increase access to developed units for people experiencing homelessness (e.g. reduce screening barriers, prioritize access for people experiencing homelessness)
- Establish locally-funded options for innovative housing development models to rapidly produce more housing directly accessible and affordable to people experiencing homelessness

#### **Focus Area 4: Policy**

- Reaffirm current local policies, including 30% set-aside of urban renewal funding to produce housing affordable to people with very low incomes, broader housing affordability goals in urban renewal areas, incentive zoning, etc.
- Support state-level policy & funding, including inclusionary zoning, eviction protections, decreased screening criteria (e.g. “ban the box”), fair housing, TANF redesign, increased funding for shelter services and development
- Create new local system-level policies and practices, including greater funding flexibility (services, rent assistance, development), prioritizing newly available affordable housing units for people exiting homelessness, legal services, fair housing, new revenue sources for housing affordability and homeless services
- System policies, including tenant and landlord outreach/education, assertive engagement, alignment with mainstream resources/systems, improved data/cross-system outcomes, expansion of culturally specific services

#### **Methodology for Assessing Unmet Need**

Staff to the workgroup conducted the following steps to estimate the unmet housing needs among people experiencing homelessness in the Portland, Gresham and Multnomah County:

##### **a) Projecting to an annual estimate**

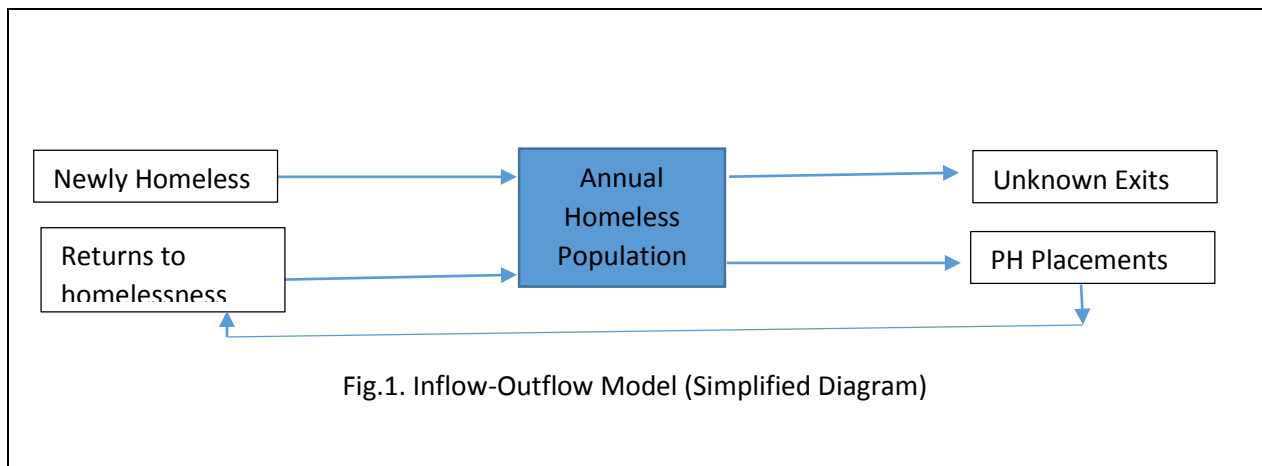
The most comprehensive data on homelessness in Multnomah County comes from the biannual Point-In-Time (PIT) Count of unsheltered and sheltered people experiencing homelessness, the most recent of which was conducted in January 2013. People experiencing homelessness over time in Multnomah County are a diverse and ever-changing group. The PIT data are, on the other hand, just a snapshot of people experiencing homelessness on a given night. However, this data can be compared to a full year of homeless service utilization data from our Homeless Management Information System (HMIS) to estimate the number and characteristics of people experiencing homelessness on an annual basis, including those who may not have accessed services. Our 2013 PIT count documented 4,441 people experiencing homelessness (in shelters, transitional housing, or on the streets or other places not meant for human habitation) on a given night, and we estimate that 9,650 people experience homelessness annually in Multnomah County.

##### **b) Inflow and Outflow Model**

This annualized estimate serves as a base number from which we developed a simple but dynamic inflow and outflow model of homelessness. The model (Fig.1) shows the annual homeless population increasing when people become newly homeless or return to homelessness after previously accessing permanent housing. The population decreases as people receive assistance moving into permanent housing or otherwise exit homelessness to unknown destinations (e.g. leave the area or return to permanent housing without documented assistance). The model has three components:



- i) The estimated annual population of people experiencing homelessness
- ii) Inflow: This represents the number of people becoming newly homeless within the year as well as those who returned to homelessness after previously accessing permanent housing. Rates of people newly experiencing homelessness were obtained from the 2013 PIT count and returns to homelessness were reported from FY13-14 data from the HMIS.
- iii) Outflow: Outflow is represented by people receiving documented assistance moving into permanent housing or otherwise exiting homelessness to unknown destinations (e.g. leave the area or return to permanent housing without documented assistance). Permanent housing placement and unknown exit data were obtained from the FY13-14 HMIS Shared Housing Assessment Report (SHAR). Because the SHAR report documents numbers of households, rather than total people within each household, household numbers were converted into individuals by using an average household size (1.45) calculated from the FY13-14 HMIS Annual Progress Report.



**c) Estimate of unmet needs and additional required effort**

This simple but dynamic model was used to estimate the unmet housing needs of people experiencing homelessness in Multnomah County over each of the three fiscal years ending June 30, 2017. The model allowed the workgroup to test various assumptions about how different scales of interventions could sufficiently affect inflow and outflow to decrease the current unmet needs by 50% by the end of June 30, 2017.

**d) Limitations:**

Models are only as good as the assumptions on which they are based. The following limitations have been acknowledged:

- People experience homelessness during various parts of the year and under different circumstances. Reliance on one time Point-In-Time Count of Homeless data to project annual estimates can only give a narrow picture of the complex problem.
- Use of annual multipliers and proportional distributions of sub-populations do not truly capture the changes in the subpopulations.

- The true number of people who are on the verge of homelessness is difficult to predict and is affected by multiple external economic and social factors like recessions and rental housing markets.
- HMIS provides a wealth of data for analysis however it has its own limitations; HMIS does not include information on people who do not access housing and homeless services through HMIS-participating service providers. Similarly, HMIS data are dependent upon the quality provided by various providers.

### Estimated Unmet Need and Required Additional Effort

Assuming no additional community-level effort to end homelessness beyond that we saw in FY13-14 and no significant changes in inflow rates due to external factors, we estimate the following “base scenario” regarding unmet housing need among people experiencing homelessness in Multnomah County over three years:

#### “Base Scenario”: No effort beyond current

| (People, Annual)               | Fiscal year ending June 30 of: |              |              |
|--------------------------------|--------------------------------|--------------|--------------|
|                                | 2015                           | 2016         | 2017         |
| <b>Experience Homelessness</b> | <b>9,650</b>                   | <b>9,556</b> | <b>9,440</b> |
| Newly Homeless (48%)           | --                             | 4,632        | 4,587        |
| Return to Homelessness (22%)   | --                             | 653          | 653          |
| <b>Total “Inflow”</b>          | <b>--</b>                      | <b>5,285</b> | <b>5,240</b> |
| Exit to Unknown (25%)          | 2,413                          | 2,389        | 2,360        |
| Permanently housed             | 2,967                          | 2,967        | 2,967        |
| <b>Total “Outflow”</b>         | <b>5,380</b>                   | <b>5,356</b> | <b>5,327</b> |
| <b>TOTAL UNMET NEED</b>        | <b>4,271</b>                   | <b>4,200</b> | <b>4,113</b> |

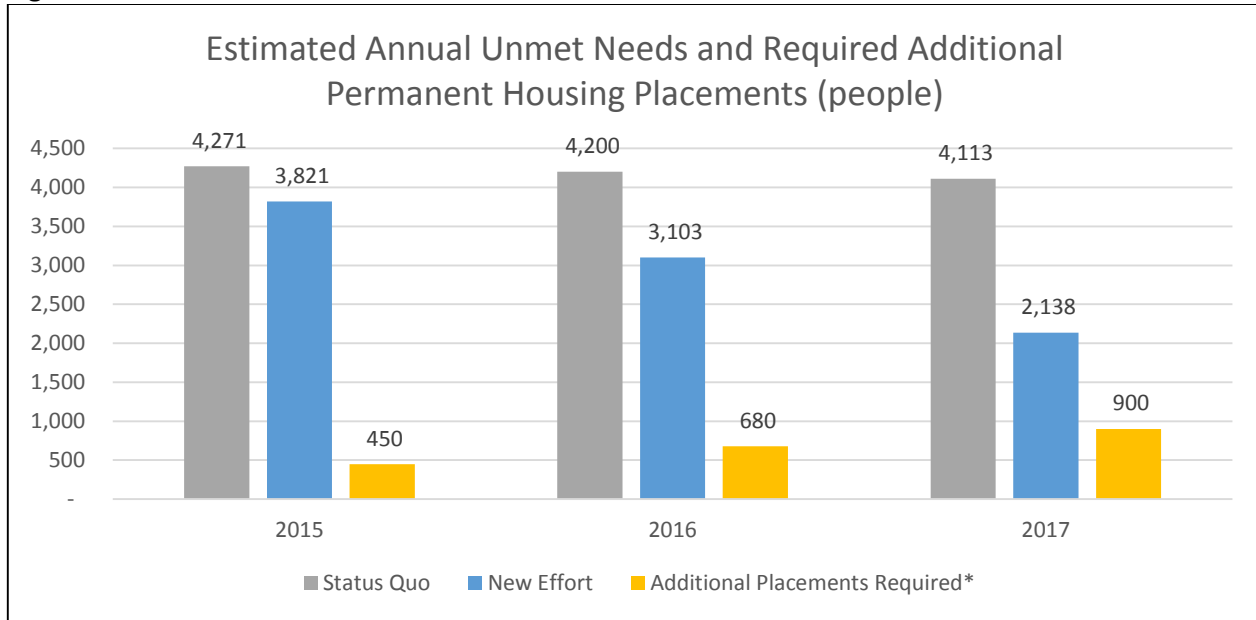
If, however, we assume a moderate reduction in returns to homelessness and increased community-level effort to assist more people in obtaining permanent housing, we can model what it could take to reduce unmet housing need among people experiencing homelessness by 50% over the same time period:

#### “What it would take”: Additional effort to reduce unmet need 50%

| (People, Annual)                     | Fiscal year ending June 30 of: |              |              |
|--------------------------------------|--------------------------------|--------------|--------------|
|                                      | 2015                           | 2016         | 2017         |
| <b>Experience Homelessness</b>       | <b>9,650</b>                   | <b>9,000</b> | <b>8,006</b> |
| Newly Homeless (48%)                 | --                             | 4,632        | 4,320        |
| Return to Homelessness (16%)         | --                             | 547          | 584          |
| <b>Total “Inflow”</b>                | <b>--</b>                      | <b>5,179</b> | <b>4,903</b> |
| Exit to Unknown (25%)                | 2,413                          | 2,250        | 2,002        |
| Permanently Housed (baseline)        | 2,967                          | 2,967        | 2,967        |
| <b>Additional Permanently Housed</b> | <b>450</b>                     | <b>680</b>   | <b>900</b>   |
| <b>Total “Outflow”</b>               | <b>5,380</b>                   | <b>5,897</b> | <b>5,869</b> |
| <b>TOTAL UNMET NEED</b>              | <b>3,821</b>                   | <b>3,103</b> | <b>2,138</b> |

The increased permanent housing placement effort and resulting change in estimated unmet need is represented graphically in Figure 2:

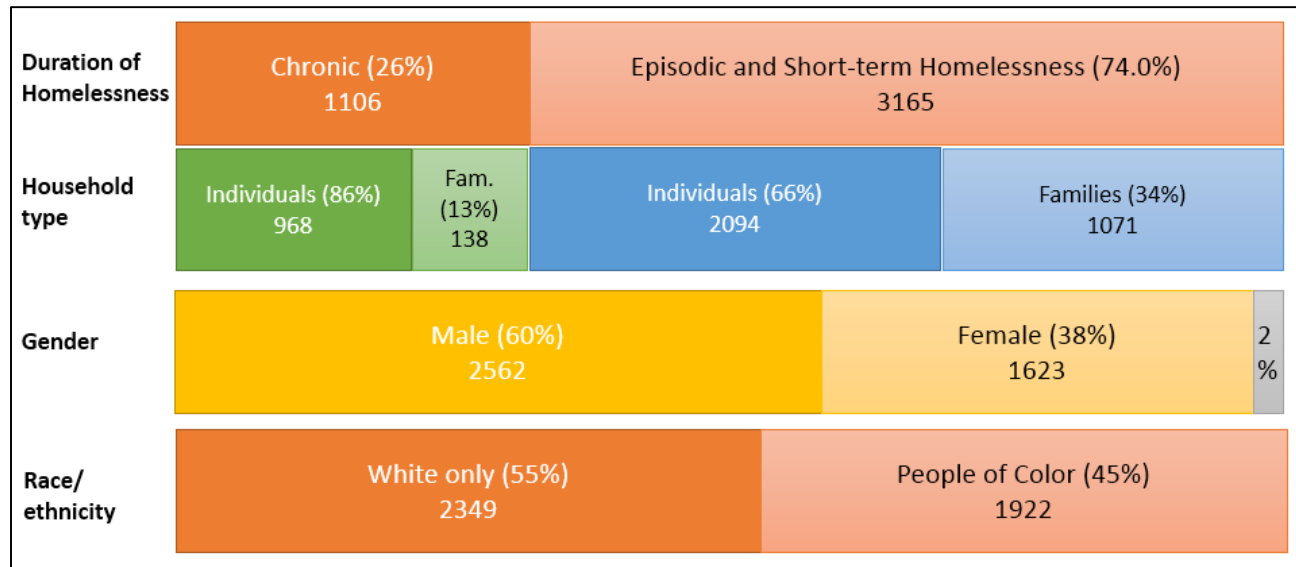
**Figure 2.**



\*assumes reduction in returns to homelessness from 22% to 16%

While the workgroup identified most of its strategies independent of this scenario, the scenario assisted the workgroup in setting recommended timelines and scale. Type and scale of recommended actions were also informed by using demographic information from the local Point in Time count to estimate annualized demographics of people experiencing homelessness whose housing need was unmet. Figure 3 briefly illustrates the estimated demographics:

**Figure 3. Estimated demographics of people experiencing homelessness with unmet housing needs in FY14-15**

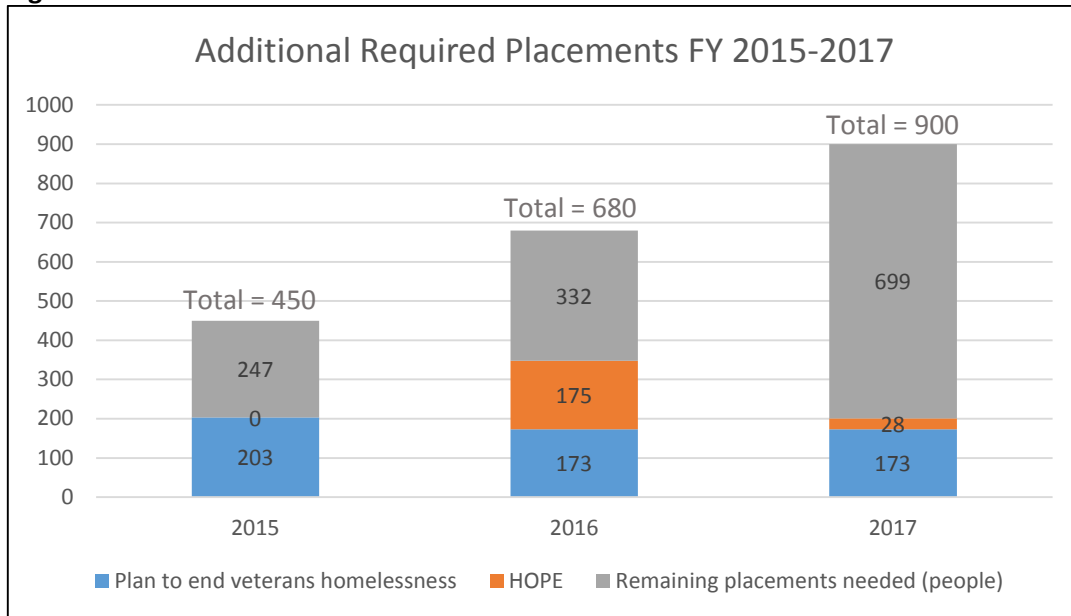


**Relationship to other plans and effort**

Further, when considering additional effort that would be required to help more people experiencing homelessness obtain permanent housing, the workgroup reviewed known new housing placement capacity that would be generated through increased federal and local resources supporting our local plan to end

veteran’s homelessness by 2015 and a recently-awarded federally-funded permanent supportive housing program, known as HOPE. Figure 4 summarizes by year the contribution of each of these resources toward meeting required increases in permanent housing placement and remaining placements needed beyond them.

**Figure 4.**



The workgroup’s final recommendations are scaled to meet the remaining placements needed after considering the increased housing placement contributions associated with the local plan to end homelessness and the new HOPE project.

The scope and scale of the recommended actions are predicated on continued functioning of existing housing and homeless services system capacity with the expectation that local policies and practices support better integration of existing services and service providers, increased flexibility in service provision to better respond to the needs of people experiencing homelessness, and expansion of and improved coordination with services delivered through culturally-specific programs and providers.

Similarly, the recommended actions directly align with those of other Home for Everyone workgroups. For instance, decreasing returns to homelessness will be difficult without the expanded access to income and employment recommended by the Workforce and Economic Opportunity Workgroup. Housing placement and retention actions proposed in this plan for high-barrier chronically homeless households will require closer alignment with behavioral and primary health care providers as recommended by the Health and Homelessness Workgroup. And, finally, the relative success of this plan’s proposed actions will directly affect the required scope and scale of actions proposed by the Safety Off of the Streets Workgroup.

**Recommendations and Areas for Further Consideration**

Based on the estimated unmet housing needs of people experiencing homelessness in Multnomah County, review of current system resources and practices, and input from multiple workgroup participants and staff the workgroup recommends the a range of actions, detailed by fiscal year in Tables 1-3 and summarized across all three years in Table 4. If implemented, these actions could reduce the unmet housing needs of people experiencing homelessness by 10% by June 30, 2015, and 50% by June 30, 2017. Developing

detailed implementation plans for any of these actions was beyond the scope of this workgroup, but each action includes one or more responsible parties that could lead a more detailed implementation phase.

The workgroup chose not to closely examine several areas that could significantly affect inflow to homelessness and outflow to permanent housing. This included the linkage between housing and employment, benefits, and health care, given that other workgroups were exploring those areas in greater detail.

Most significant among the unexplored areas, though, was the choice to limit the group's eviction prevention recommendations to those that helped to improve retention of people who moved from homelessness to housing, rather than examining the full universe of people *at-risk* of becoming homeless, but not previously or currently homeless. The potential effect of eviction prevention for people at risk of becoming homeless on inflow to homelessness is difficult to estimate, given that national research indicates that many people who receive eviction prevention assistance may not have become homeless without the assistance. Regardless, eviction prevention is generally considered a more cost-effective solution that provides greater, more immediate housing stability than waiting to intervene after a household has become homeless. Even conservative estimates suggest that investing to increase our community's eviction prevention capacity by 500 people per year (approximately \$150,000 per year) could reduce unmet need at the end of three years by 325 - 650 people, which could further reduce street homelessness by 25-50 percent.

The workgroup strongly recommends that the Coordinating Board and Executive Committee charge future ad hoc or existing workgroups to study eviction prevention in greater detail.

**Table 1. FY2014-15 Home for Everyone Housing Workgroup Priority Actions for: 250 additional people in 170 households housed**

| ALIGNMENT OPPORTUNITIES (FY2014-15)  |  |   |   |   |  |   |
|--|--|---|---|---|--|---|
| Action   | Populations Served                               | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies                                  | Potential Negative Impacts   | Responsible Parties   |
| 1. Use existing housing placement staffing and infrastructure to deliver increased rent assistance | Episodically homeless families and adults        | See new funding requests  | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by using existing systems that include culturally-specific providers | No direct cost beyond prioritization of existing staffing resources | Requires intensive effort among existing providers over three-month period; could divert staffing resources from or constrain housing supply otherwise available for other priority populations, including veterans and chronically homeless | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Multnomah County DCHS</li> <li>Home Forward STRA</li> <li>Existing community-based rent assistance providers</li> </ul> |
| NEW FUNDING REQUESTS (FY2014-15)   |  |   |   |   |  |   |
| Action   | Populations Served                               | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies                                  | Potential Negative Impacts   | Responsible Parties   |
| 1. Increase locally-funded flexible rent assistance  | Episodically homeless families, youth and adults | 170 households rapidly rehoused   | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by using existing systems that include culturally-specific providers | \$725,000 in local general or other matching flexible funds         | Requires intensive effort among existing providers over three-month period; could divert staffing resources from or constrain housing supply otherwise available for other priority populations, including veterans and chronically homeless | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Multnomah County DCHS</li> <li>Home Forward STRA</li> <li>Existing community-based rent assistance providers</li> </ul> |
| 2. Increase locally-funded flex funds  |  | Pre-placement assistance for 170 households                                 |   | \$100,000 in local general or other matching flexible funds         |  |   |
| POLICY CHANGES (FY2014-15)   |  |   |   |   |  |   |
| Action   | Populations Served                               | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies                                  | Potential Negative Impacts   | Responsible Parties   |
| 1. Set frame and plan for new locally-funded housing development initiative                        | None in current year                             | Secure funding commitments, develop competitive public solicitation process | None in current year; increase impact by including culturally-specific providers in program design phase  | No direct cost beyond prioritization of existing staffing resources | Requires intensive effort that could divert staffing resources from other planning and system administration activities  | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Other funding partners</li> </ul>   |

**Table 1. FY2014-15 Home for Everyone Housing Workgroup Priority Actions for: 250 additional people in 170 households housed**

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 2. Articulate emerging system philosophy expand training of housing placement and retention staff  | None directly – system intervention                            | Greater system-level focus on flexibility, responsiveness, assertive engagement, racial justice and equity   | System realignment toward racial justice and equity improves service access and outcomes for communities of color and expands role of culturally-specific providers. |  |  | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• Multnomah County DCHS</li> <li>• Other funding partners</li> </ul>   |
| 3. Establish homeless preference or priorities for existing voucher programs and affordable housing units                                | All experiencing homelessness                                  | Increased access to affordable housing units for people experiencing homelessness in future years  | Increase impact by including culturally-specific providers in program design phase   |  |  | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• Multnomah County DCHS</li> <li>• Home Forward</li> <li>• Other affordable housing funding partners</li> <li>• CDCs and other affordable housing providers</li> </ul> |
| 4. Work with existing affordable housing providers to reduce screening barriers that prevent access for people experiencing homelessness | All experiencing homelessness, especially chronically homeless | Increased access to affordable housing units for people experiencing homelessness in future years  | Increase impact by incorporating Fair Housing lens and including culturally-specific providers in design and implementation  |  |  | <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Coordinating Board</li> </ul>  |
| 5. Support state legislation   | None directly – resource development or system alignment       | Expand State Homeless Assistance Program (SHAP) Emergency Housing Account (EHA); create \$100M affordable housing development fund; allow inclusionary zoning; TANF reform | None specifically  |  |  | <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Coordinating Board</li> </ul>  |
| 6. Develop an HFE Initiative evaluation framework and implementation plan  | None directly – system intervention                            |  | Increase impact by incorporating equity lens and including culturally-specific providers in evaluation design and implementation                                     | Unknown – cost to be estimated during design |  | <ul style="list-style-type: none"> <li>• HFE Data Outcomes and Evaluation Committee</li> </ul>   |

**Table 2. FY2015-16 Home for Everyone Housing Workgroup Priority Actions for: 330 additional people in 230 households housed**

| ALIGNMENT OPPORTUNITIES (FY2015-16)   |   |  |  |  |   |   |
|---|---|--|--|--|---|---|
| Action  | Populations Served  | Proposed Outcomes  | Impact on Communities of Color   | Cost Estimates/ Funding Strategies   | Potential Negative Impacts  | Responsible Parties   |
| 1. Align health-care, workforce, institutional discharge policies with housing objectives   | All experiencing homelessness, but focus on chronically homeless        | See Workforce and Economic Opportunity action plan and Health and Homelessness action plan       | None specifically  | See Workforce and Economic Opportunity action plan and Health and Homelessness action plan | None specifically   | See Workforce and Economic Opportunity action plan and Health and Homelessness action plan  |
| 2. Assess the level of unmet need specifically among people of color experiencing homelessness and target investments to culturally specific service provision in housing placement and retention services. | People of color experiencing homelessness                               | None specified – develop following need assessment   | Will identify and help to address disproportionate rates of homelessness among people of color               | No direct cost beyond prioritization of existing staffing resources                        | Requires effort that could divert staffing resources from other planning and system administration activities | <ul style="list-style-type: none"> <li>• HFE Data Outcomes and Evaluation Committee</li> <li>• Culturally specific service providers</li> </ul>   |
| 3. Organize new and existing housing retention staffing into population-focused (e.g. MI, DV) mobile crisis response teams  | Focus on chronically homeless, veterans and domestic violence survivors | Reduced returns to homelessness  | Increased impact by expanding role of culturally-specific providers  | No direct cost beyond prioritization of new and existing staffing resources                | None specifically   | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• Multnomah County DCHS</li> <li>• Primary and behavioral health care providers</li> <li>• Domestic violence service providers</li> </ul> |
| NEW FUNDING REQUESTS (FY2015-16)  |   |  |  |  |   |   |
| Action  | Populations Served  | Proposed Outcomes  | Impact on Communities of Color   | Cost Estimates/ Funding Strategies   | Potential Negative Impacts  | Responsible Parties   |
| 1. Increase locally-funded flexible rent assistance   | Episodically and chronically homeless families, youth and adults        | 170 episodically homeless households rapidly rehoused; 60 chronically homeless households housed | Helps to address disproportionate rates of homelessness among people of color, especially among episodically | \$1 million in local general or other matching flexible funds                              | Requires intensive ongoing effort; could constrain housing supply otherwise available for                     | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• DCHS</li> <li>• Home Forward STRA</li> </ul>  |



**Table 2. FY2015-16 Home for Everyone Housing Workgroup Priority Actions for: 330 additional people in 230 households housed**

|   |  |   |   |  |                            |  |
|---|--|---|---|--|----------------------------|--|
|   |  | with long-term subsidy  | homeless families; increased impact by expanding role of culturally-specific providers  |  | other priority populations | <ul style="list-style-type: none"> <li>Existing community-based rent assistance providers</li> <li>Additional culturally-specific service providers</li> </ul> |
| 2. Increase locally-funded flex funds   |  | Pre-placement and retention assistance for 400 households   |   | \$600,000 in local general or other matching flexible funds    |                            |  |
| 3. Add 8 FTE in community-based agencies to support housing placement and retention   | All experiencing homelessness                            | 4.5 FTE for 230 households placement; 1 additional FTE for 15 high-barrier CH; 2.5 FTE to support housing retention for households placed in 2015 |   | \$600,000 in local general or other matching flexible funds    |                            |  |
| 4. Add 3 FTE in community-based agencies to create and implement system-level landlord recruitment & 18/7 retention response program, including financial incentives (e.g. landlord guarantee fund) | All experiencing homelessness, initial focus on veterans | Increased access for people experiencing homelessness to rental units, especially private market units.   |   | \$200,000 in local general or other matching flexible funds    | None, specifically         | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Community-based service provider</li> </ul>  |
| 5. Secure local funding to create innovative development strategies to rapidly yield new units (new construction or acquisition/rehab) dedicated to housing people currently                        | All experiencing homelessness                            | 250 new units dedicated to housing people currently experiencing homelessness available within 1-2 years  | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by expanding role of culturally-specific providers | \$10 million in local general or other matching flexible funds | None, specifically         | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Other affordable housing funding partners</li> </ul>                                   |

**Table 2. FY2015-16 Home for Everyone Housing Workgroup Priority Actions for: 330 additional people in 230 households housed**

| experiencing homelessness; issue funding, begin pre-construction  |  |  |   |   |  |   |
|---|--|--|---|---|--|---|
| RESOURCE REALLOCATION (FY2015-16)   |  |  |   |   |  |   |
| Action  | Populations Served   | Proposed Outcomes                                    | Impact on Communities of Color  | Cost Estimates/<br>Funding Strategies   | Potential Negative Impacts   | Responsible Parties   |
| 1. Secure priority access for people experiencing homelessness to Section 8 vouchers/units  | All experiencing homelessness, but focus on chronically homeless | 60 homeless households housed with long-term subsidy | Unknown. May help to address disproportionate rates of homelessness among communities of color, but may restrict access to affordable housing resources for other people of color at risk of homelessness | Value: Approx. \$432,000/year (\$7,200 per voucher)   | Restricts access to long-term affordable housing resources for other low-income households at risk of homelessness | <ul style="list-style-type: none"> <li>• Home Forward</li> </ul>  |
| 2. Prioritize people experiencing homelessness for access to 30-50% of newly-available conventionally publicly financed affordable housing units (with additional rent buy-down through rent assistance pool as needed) | All experiencing homelessness                                    | Prioritized access to 125-210 units over 3 years     |   | None: New housing units already funded, rent assistance or other buy-down included in new rent assistance resources |  | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• Home Forward</li> <li>• Other affordable housing funding partners</li> <li>• CDCs and other affordable housing providers</li> </ul> |
| POLICY CHANGES (FY2015-16)  |  |  |   |   |  |   |
| Action  | Populations Served   | Proposed Outcomes                                    | Impact on Communities of Color  | Cost Estimates/<br>Funding Strategies   | Potential Negative Impacts   | Responsible Parties   |
| 1. Continue/ expand FY2014/15 Policy Change items #2, 3, 4 and 6.   | See FY2014/15  |  |   |   |  |   |
| 2. Develop and implement local inclusionary and/or incentive zoning policies  | All low-income   | Unknown  | Helps to address disproportionate rates of homelessness among people of color and   | Unknown   | Unknown  | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• City of Gresham</li> </ul>  |

**Table 2. FY2015-16 Home for Everyone Housing Workgroup Priority Actions for: 330 additional people in 230 households housed**

|  |                                     |  |   |   |                    |   |
|--|-------------------------------------|--|---|---|--------------------|---|
|  |                                     |  | mitigate gentrification/<br>displacement  |   |                    |   |
| 3. Support state legislation   | All renters                         | Eliminate or restrict “no cause” eviction, allow occupancy during eviction appeals   | None specifically   | No direct cost beyond prioritization of existing staffing resources | Unknown            | <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Coordinating Board</li> </ul> |
| 4. Advocate for fewer restrictions in state and federal rent assistance programs | None directly – system intervention | Greater flexibility and responsiveness for non-local resources to better align with local practices and meet household needs | Increase impact by incorporating culturally-specific providers in policy advocacy | No direct cost beyond prioritization of existing staffing resources | None, specifically | <ul style="list-style-type: none"> <li>• HFE Data Outcomes and Evaluation Committee</li> </ul>        |

**Table 3. FY2016-17 Home for Everyone Housing Workgroup Priority Actions for: 700 additional people in 480 households housed**

| ALIGNMENT OPPORTUNITIES (FY2016-17)   |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Action  | Populations Served   | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies   | Potential Negative Impacts   | Responsible Parties   |
| 1. Continue all alignment opportunities from FY2015-16  | See FY2015-16  |   |   |  |  |   |
| 2. Secure access for people experiencing homelessness to 250 units developed through FY2015-16 locally-funded housing development | All experiencing homelessness                                    | 250 units newly available and dedicated to housing people currently experiencing homelessness   | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by expanding role of culturally-specific providers | Leveraged rent assistance or other buy-down included in new rent assistance resources                              | None, specifically   | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Other affordable housing funding partners</li> </ul>  |
| NEW FUNDING REQUESTS (FY2016-17)  |  |   |   |  |  |   |
| Action  | Populations Served   | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies   | Potential Negative Impacts   | Responsible Parties   |
| 1. Increase locally-funded flexible rent assistance   | Episodically and chronically homeless families, youth and adults | 255 episodically homeless households rapidly rehoused; 125 newly-placed and 60 retained chronically homeless households housed with long-term subsidy | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by expanding role of culturally-specific providers | \$2.8 million in local general or other matching flexible funds  | Requires intensive ongoing effort; could constrain housing supply otherwise available for other priority populations | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Multnomah County DCHS</li> <li>Home Forward STRA</li> <li>Existing community-based rent assistance providers</li> <li>Additional culturally-specific service providers</li> </ul> |
| 2. Increase locally-funded flex funds   |  | Pre-placement and retention assistance for approx. 700 households   |   | \$900,000 in local general or other matching flexible funds  |  |   |
| 3. Add 7 and maintain 8 FTE (15 FTE total) in community-based agencies to support housing placement and retention                 |  | All experiencing homelessness   |   | 11 FTE for 480 households newly placed and retention of previously placed; 4 additional FTE for 15 high-barrier CH |  |   |

**Table 3. FY2016-17 Home for Everyone Housing Workgroup Priority Actions for: 700 additional people in 480 households housed**

| 4. Maintain 3 FTE in community-based agencies to implement system-level landlord recruitment & retention response program, including financial incentives (e.g. landlord guarantee fund)  | All experiencing homelessness, initial focus on veterans         | Increased access for people experiencing homelessness to rental units, especially private market units.             |   | \$200,000 in local general or other matching flexible funds    | None, specifically   | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Community-based service provider</li> </ul>          |
|---|--|---|---|--|--|--|
| 5. Secure additional local funding to create innovative development strategies to rapidly yield additional new units (new construction or acquisition/rehab) dedicated to housing people currently experiencing homelessness; issue funding, begin pre-construction | All experiencing homelessness                                    | 250 additional new units dedicated to housing people currently experiencing homelessness available within 1-2 years | Helps to address disproportionate rates of homelessness among people of color, especially among episodically homeless families; increased impact by expanding role of culturally-specific providers | \$10 million in local general or other matching flexible funds | None, specifically   | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Other affordable housing funding partners</li> </ul> |
| <b>RESOURCE REALLOCATION (FY2016-17)</b>  |  |   |   |  |  |  |
| Action  | Populations Served   | Proposed Outcomes   | Impact on Communities of Color  | Cost Estimates/ Funding Strategies                             | Potential Negative Impacts   | Responsible Parties  |
| 1. Secure priority access for people experiencing homelessness to Section 8 vouchers/units  | All experiencing homelessness, but focus on chronically homeless | 100 additional homeless households housed with long-term subsidy  | Unknown. May help to address disproportionate rates of homelessness among communities of color, but may restrict access   | Value: Approx. \$720,000/year (\$7,200 per voucher)            | Restricts access to long-term affordable housing resources for other low-income households at risk of homelessness | <ul style="list-style-type: none"> <li>Home Forward</li> </ul>   |
| 2. Continue to prioritize people experiencing homelessness for access to 30-50% of  | All experiencing homelessness                                    | Prioritized access to 125-210 units over 3 years  | to affordable housing resources for other people of color at risk of homelessness   | None: New housing units already funded, rent assistance or     |  | <ul style="list-style-type: none"> <li>Portland Housing Bureau</li> <li>Home Forward</li> </ul>                              |

**Table 3. FY2016-17 Home for Everyone Housing Workgroup Priority Actions for: 700 additional people in 480 households housed**

| newly-available conventionally publicly financed affordable housing units (with additional rent buy-down through rent assistance pool as needed) |                    |                   |   | other buy-down included in new rent assistance resources |                            | <ul style="list-style-type: none"> <li>• Other affordable housing funding partners</li> <li>• CDCs and other affordable housing providers</li> </ul> |
|--|--------------------|-------------------|---|--|----------------------------|--|
| <b>POLICY CHANGES (FY2016-17)</b>  |                    |                   |   |  |                            |  |
| Action   | Populations Served | Proposed Outcomes | Impact on Communities of Color  | Cost Estimates/<br>Funding Strategies                    | Potential Negative Impacts | Responsible Parties  |
| 1. Continue/ expand 2014/15 Policy Change items #2, 3, 4 and 6.  | See 2014/15        |                   |   |  |                            |  |
| 2. Continue implementation of local inclusionary and/or incentive zoning policies  | All low-income     | Unknown           | Helps to address disproportionate rates of homelessness among people of color and mitigate gentrification/ displacement | Unknown  | Unknown                    | <ul style="list-style-type: none"> <li>• Portland Housing Bureau</li> <li>• City of Gresham</li> </ul>   |

**Table 4. Three-year Summary: Home for Everyone Housing Workgroup Priority Actions**

| Rent Assistance Package  | Services Package  | Development Package  | Policy Package   |
|--|---|--|--|
| <ul style="list-style-type: none"> <li>▪ Funds are flexible and meant to address each household’s needs</li> <li>▪ No end date for services</li> <li>▪ Assistance can be shallow or deep</li> <li>▪ Assistance can be tenant-based or be used to buy down units</li> <li>▪ Flex funds are an eligible use including pre-placement and retention-focused assistance</li> <li>▪ Secure 60 dedicated Section 8 vouchers in Y2 and 100 in Y3</li> <li>▪ Create flexible landlord incentive program (e.g. landlord guarantee fund)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Services are mobile</li> <li>▪ Services are flexible and adaptable</li> <li>▪ Services are relational and engaging via Assertive Engagement</li> <li>▪ Focus on increasing income (workforce or benefits)</li> <li>▪ Services are coordinated</li> <li>▪ Services focus on housing retention or prevention</li> <li>▪ Staff in community-based nonprofits, including expanded capacity within culturally-specific service providers; work in cross-agency teams</li> <li>▪ Services culturally specific including communities of color, seniors, LGBTQ, youth, veterans, immigrants, disabled</li> <li>▪ Include system-level landlord recruitment retention/response</li> </ul> | <ul style="list-style-type: none"> <li>▪ Continues current affordable housing development models that leverage federal and tax credit funding; prioritize access to 30-50% of newly-created units for people experiencing homelessness, yielding priority access to approx. 125-210 units over 3 years</li> <li>▪ Establishes locally-funded options for innovative housing development models, e.g.:               <ul style="list-style-type: none"> <li>▪ Units are energy efficient, but don’t require LEED</li> <li>▪ High level minority contractors, living wages; not necessarily MWESB</li> <li>▪ Industry standard materials</li> <li>▪ Variety locations throughout area</li> <li>▪ Services/amenities as needed by population to be housed</li> <li>▪ Affordable to 30% MFI or lower, often with rent assistance pool buy-down, sometimes with higher rent burden</li> <li>▪ Flexible admission criteria, screen in more homeless, disabled, DV</li> <li>▪ Create new supply, not just repurpose</li> <li>▪ On-line 1-2 years</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Eliminate or tighten rules around no cause evictions</li> <li>▪ Decrease screening barriers, standardize criteria and appeal processes</li> <li>▪ Allow preferences or priorities for populations involved in special programs</li> <li>▪ Allow preferences or priorities for populations who were previously excluded/gentrified/displaced</li> <li>▪ Increased flexibility in currently funded program (SC8, PH, HUD-funded, state-funded, etc.)</li> <li>▪ Allow local inclusionary zoning</li> <li>▪ Align health-care, workforce, institutional discharge policies with housing objectives</li> <li>▪ Expand role of culturally specific service provision; include equity lens in funding allocation</li> <li>▪ Establish ongoing system-level monitoring and evaluation</li> </ul> |
| <p>Costs:</p> <p>Y1: \$825,000 for 250 people/ 170 HH<br/>           Y2: \$1.6M for 330 people/ 230 HH<br/>           Y3: \$3.7M for 700 people/ 480 HH</p> <p>Total 3-year cost: \$6.125M</p>   | <p>Costs:</p> <p>Y1: \$0 (uses existing staffing)<br/>           Y2: \$800,000 for 11 FTE<br/>           Y3: \$1. 25M for 18 FTE</p> <p>Total 3-year cost: \$2.05M</p>  | <p>Costs:</p> <p>Y1: \$0<br/>           Y2: \$10M for 250 additional units<br/>           Y3: \$10M for 250 additional units</p> <p>Total 3-year cost: \$20M</p>   | <p>Costs:</p> <p>Total 3-year cost: No currently-identified direct costs beyond prioritization of existing effort</p>  |



## Workforce & Economic Opportunity Workgroup ACTION PLAN

**Goal:** Develop an action plan to increase the alignment of employment and housing support for people who are experiencing homelessness, precariously housed or formerly homeless. Within one year, meet 1/3 of the need by providing employment and housing support for 440 households, of whom at least 50% will be families or individuals of color.

**Staff Support:** Jennifer Chang, Portland Housing Bureau (PHB); Patrick Gihring, Worksystems, Inc. (WSI)

**Workgroup Co-Chairs:** Andrew McGough, WSI and Rachel Post, Central City Concern

**Workgroup Participants:**

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 Holly Whittleton, SE Works

**Summary of Action Plan Recommendations**

The Action Plan proposes three recommendations, intended to better align workforce and housing resources. This will assist households who are experiencing homelessness or housing instability by providing access to flexible, responsive workforce and housing support that leads to greater housing stability and increased economic self-sufficiency through employment and career-track training. The total request for new funding is \$1,725,000. All recommendations can begin implementation immediately and will demonstrate outcomes within 12 months. They include strategies to:

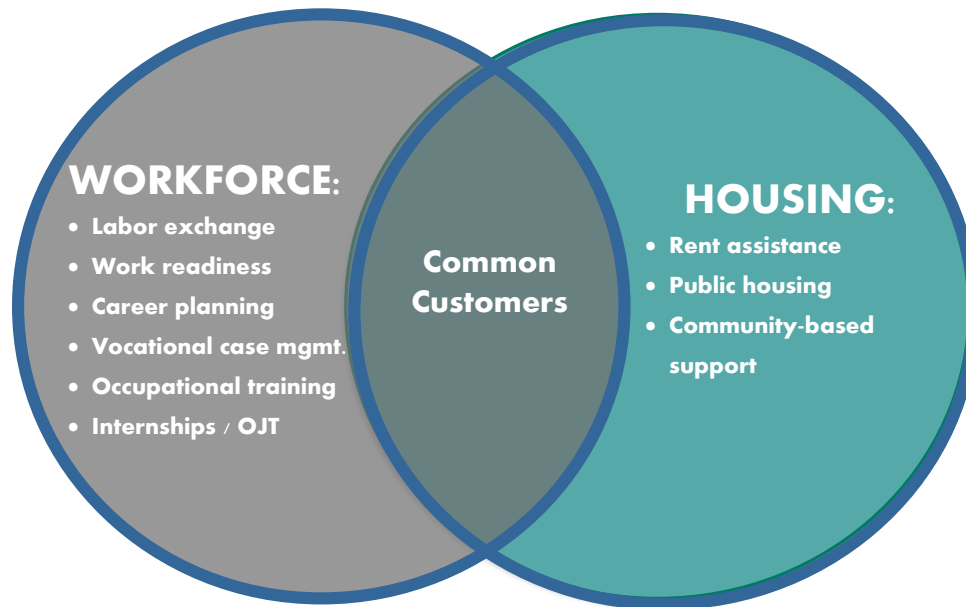
- Align DHS Community Works, career track employment services, housing resources and community-based support
- Align housing resources with career-track training & employment placement
- Broaden access to public workforce resources for people currently served by housing and homeless service agencies



## The Frame of Alignment: “Bring Workforce to Housing, Bring Housing to Workforce”

Our group identified the alignment of workforce and housing resources as the most strategic and impactful place to start. Given the short three-month timeline to deliver the action plan, we focused on resources the HFE Executive Committee and Coordinating Board has direct control of and/or has significant ability to influence through partnerships and policies.

The primary goal of alignment is to more effectively assist households who are experiencing homelessness or housing instability (“common customers”) by providing access to a range of workforce and housing support that is flexible and responsive to people’s needs. As a result, households achieve improved outcomes of greater housing stability and increased economic self-sufficiency through employment and career-track training.



### Guiding Principles

The planning process and action plan are anchored in the principles of *A Home for Everyone*. All recommendations directly serve and benefit one or more of the five priority populations.

We adopted four additional guiding principles to direct our work:

1. Increased income improves housing outcomes.
  - Placement into housing
  - Housing stability/retention
  - Homelessness prevention
2. Families and individuals who are working on employment need housing stability.
3. Intensive relationship-based support, culturally-responsive approaches and other effective practices are required to effectively serve diverse groups who experience a wide range of barriers to employment:
  - Communities of color
  - Adults with disabilities (including chronically homeless individuals and people with criminal records)
  - Families
  - Veterans
  - Women
  - Youth

4. Systems-level alignment produces the greatest and long-lasting impact - better outcomes for people and more cost-effective use of community-wide funding resources.
  - Effectively leverage funding resources (“braided funding”)
  - Spark innovation through connecting public, private sector and community-based investments and practices
  - Acquire improved data on community-level needs and gaps
  - Improve capacity for scalability

### **An Intentional Focus on Advancing Racial Equity**

The importance of advancing racial equity was central to our process, planning and final product. We took the following actions:

- Reached out to organizations with expertise serving communities of color. The workgroup brought together the collective experience of six culturally-specific agencies and many agencies delivering culturally-responsive programming.
- Almost 50% of workgroup participants were people of color
- Set the expectation to advance racial equity through our action plan at our first meeting and re-enforced it in subsequent meetings
- Used race-specific data (quantitative and qualitative) to provide context for our discussions and decisions. One primary example was defining households in need of assistance more broadly to include those who are in the midst of a housing crisis and/or imminently at risk of losing housing, which is responsive to the needs seen in many communities of color.
- Focused on programs and strategies that have a proven track record of success serving communities of color
- Incorporated into each recommendation one or more of the following:
  - Expanded support to culturally-specific agencies and/or programming
  - Improved connection to capitalize on the strengths of agencies serving communities of color and mainstream services/systems
  - Commitment to forming measurable goals for improving access and outcomes for people of color

The three alignment recommendations will cumulatively provide employment and housing support for 440 households, 50% to 75% of whom are projected to be families or individuals of color. The recommendations will also directly increase capacity and linkages for a network of more than a dozen culturally-specific organizations or programs. In addition, one recommendation will promote increased private, public, and community agency alignment focusing solely on creating increased employment and career track opportunities for homeless job-seekers from communities of color.

### **Methodology**

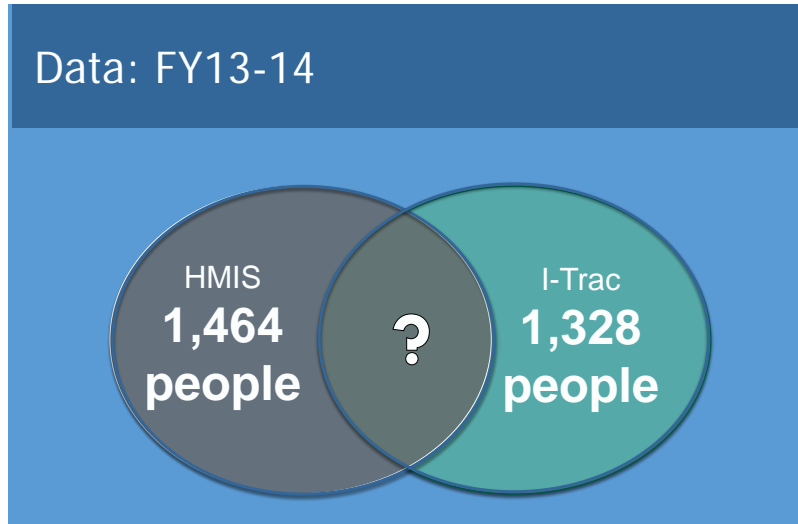
#### **1. Data Sources and Assumptions**

We used data to provide context for the scope of the need, as well as point us to where some of the opportunities exist. On a bigger-picture level, we looked at:

- Unemployment rates:
  - Despite improvements in the economy over the years, the unemployment rate in Multnomah County is 6%, which is slightly lower than the rest of the state at 6.7%
  - In comparison to whites, unemployment rates are even higher (and in some cases more than double) among African American, American Indian and Alaskan Native, Native Hawaiian and other Pacific Islander and Latino populations
- Living wage:
  - Single adult = \$15.96/hour
  - Single adult with two kids = \$30.75/hour

- Disproportionate over-representation of communities of color, particularly African American and Native American communities, in unemployment, homelessness and rates of poverty.

To determine how many people are in need of housing and employment support, we reviewed data from two systems: HMIS (Homeless Management Information System), which tracks participants seeking a wide range of homeless and housing services in our community, and I-Trac, which tracks participants engaged in public workforce services.



**Estimated gap: At least 1,400 heads of households were homeless, had no reported source of income and were unemployed. These included parents or unaccompanied adults, so the total number of people in the households would be even higher.**

There is likely a percentage of overlap of people engaged in both systems, which is currently unknown. Also, these numbers only show people who are engaged in one or both of these data systems. An important unknown number are families and individuals who are in need of housing and employment, but who are not connected to services in either data system. Our recommendations emphasize the need to better align data to collect information on shared participants and also obtain more data on the unmet need.

## 2. *Explore Opportunities in Existing Aligned Efforts*

The group began by exploring efforts in our community that currently align employment and housing. Multnomah County has several successful examples, some of which are highlighted in "Portland Community Profile" (Attachment A). Two programs we discussed in more depth were:

- **Economic Opportunity Program (EOP):** Funded by the City of Portland and Worksystems, EOP focuses on increasing the incomes of very low-income households through employment services provided by a network of eight community-based, culturally responsive agencies. EOP originally functioned independently of Worksystems, Inc. (WSI), the local publicly funded workforce system. In 2012, EOP aligned with WSI. The co-investment expanded the program's reach by leveraging relationship-based case management, housing and community-based support with workforce training and employment resources and linkages. EOP agencies collectively have expertise in serving youth and adults experiencing homelessness, culturally-specific communities, individuals with Limited English Proficiency and people with criminal backgrounds. Participants may receive services for up to three years.
- **Community Works Project (CWP):** CWP is a consortium of six community-based, culturally responsive organizations with a collective 100 years of experience providing employment and social services to help individuals and families from diverse

backgrounds achieve economic self-sufficiency. Since 2012, CWP holds a contract with Multnomah County DHS to provide Job Opportunity and Basic Skills (JOBS) program for TANF recipients. This program helps low-income families avoid the need for welfare.

**3. *Formed Recommendations In Response to Alignment Opportunities & Effective Practices***

We explored several effective approaches and examined opportunities for greater alignment in these and other programs, which guided our formation of recommendations. Cost estimates were based on formula calculations of existing “like” programs and services, and confirmed through review by agency staff experts who operate existing employment and/or housing programs.

**4. *Recommendations Reviewed and Refined by Workgroup Participants***

Draft recommendations were presented and reviewed with workgroup participants over two meetings. Participants provided written feedback (via email) and verbal feedback (via phone conversations and at workgroup meetings). Requests for clarification, suggestions and edits were incorporated into the final recommendations.

**Making the Case for Alignment: Why It Needs to Happen Now**

Systems alignment work on the surface sounds very clean and stream-lined. In reality, alignment is messy and hard. It requires creativity and tenacity to “think outside of the box” of rules and policies which are often siloed on the federal level and replicated within our local community.

Often, alignment takes way too long or doesn’t happen at all because we get mired in the limitations and challenges. Several workgroup participants emphasized the importance of remembering that as we take time to figure out the work, real peoples’ lives are at stake every day. We must be driven with urgency to figure out how to make our systems work better - now - for the people who need it the most. The urgency we feel on the local level has gained momentum in State and Federal policies that call for greater alignment of employment and housing. The State has provided guidance to localities to engage more inclusive partnerships with stakeholders in the implementation of the federal Workforce Innovation and Opportunity Act (WIOA). In addition, DOL Secretary Perez has emphasized shared and renewed commitment to end homelessness through better connections of community workforce, employment and housing resources to support homeless job-seekers.

**How Workforce and Housing Alignment Accomplishes the Goals of *Home for Everyone***

Employment and economic opportunity is an effective and necessary part of ending and preventing homelessness. The alignment of workforce and housing offers more comprehensive approaches that support people on multiple levels:

- **Homelessness prevention**, for those who are imminently at risk of becoming homeless
- **Housing placement**, for those who are homeless, which includes those who may not meet the federal definition of “homeless” (e.g. those exiting from inpatient treatment programs)
- **Retention**, increased housing and economic stability for those who are formerly homeless and recently housed

Another way to describe this is in terms of an “In-flow/Out-flow” model:

- “In-flow”: A major problem is that there is a constant churn of zero to very-low income households who are always in danger of losing their housing or experiencing a housing crisis. Increasing employment and access to career-track opportunities **reduces the “in-flow” of people becoming homeless.**
- “Out-flow” side: Another problem is there is not enough public or subsidized housing to meet the current demand. Offering people opportunities for higher income and earning potential

**increases the “out-flow” of people into non-subsidized housing, which opens up more public housing (or other subsidized housing) capacity.**

The recommendations will demonstrate how strategic alignment of multiple funding and services will produce more comprehensive, sustainable housing and economic stability outcomes for families and individuals.

### **Recommendations and Cross-Over with Other HFE Workgroups**

The Action Plan proposes four recommendations, all under the main category of “Alignment.” The total request for new funding is \$1,725,000. All recommendations can begin implementation immediately and will demonstrate outcomes within 12 months. The attached table on p. 7 outlines the recommendations in more detail, including the specific ways each recommendation aligns to the goals of the other HFE workgroups.

### **Continuing the Work: Additional Priorities**

The workgroup identified the following high priority opportunities that require analysis and planning efforts in the months ahead. The workgroup requests the HFE Coordinating Board charge this work to the workforce workgroup, or another existing or re-constituted committee, to continue the work:

- 1. Evaluate and replicate “out of the box” employment approaches, such as social purpose enterprises, and better connect these efforts to public workforce resources.** Our community holds a wealth of innovative practices that connect people experiencing homelessness to income, job skills, housing stability and culturally-relevant services. Many of these efforts focus on supporting people who may not be interested in, or in the place to commit to, longer-term career track training. Resources are needed to assess, evaluate, innovate & scale-up effective practices and support greater linkages of these programs to mainstream employment resources.
- 2. Form a strategic plan to address policies that: a) offer opportunities for increased connection of employment and housing resources, or b) pose barriers to employment and housing alignment.** Some examples include looking into TANF rules/policies (exclusion of 2-parent wage earners, losing eligibility if enrolled in school, maintaining quality child care), and feasibility of local rent control policies.
- 3. Bridge the gap between private-sector employers and local workforce to increase access to quality employment opportunities for vulnerable populations. Explore ways to incentivize the private-sector to hire formerly homeless or recently housed individuals through the creation of an employer tax credit.** People assisted by housing service agencies may have limited knowledge of private-sector internship and apprenticeship programs, career training and pathway programs and quality employment opportunities. Similarly, private-sector employers may not know how to access local labor pool and or may be hesitant to employ vulnerable populations. This strategy could leverage public-private partnerships between social service agencies and employers to increase access to quality employment opportunities among vulnerable populations while meeting the workforce needs of employers. Outcomes will be developed to meet the workforce needs of employers while providing quality employment opportunities for vulnerable populations. If employer tax credit is explored, potential cost is the employment "half" of payroll taxes, which will vary by wage and hours. Planning can begin within three months. Responsible parties include PBA, County, City, WSI, housing providers.

## HFE Workforce & Economic Opportunity Workgroup – Action Plan

|                                |  |   |  |
|--------------------------------|--|---|--|
| <b>Problem</b>                 | <i>Families qualifying for TANF (Temporary Assistance for Needy Families) are stuck in a cycle of poverty and housing instability that can lead to homelessness. TANF is short-term with a focus on entry level employment, and has limited opportunities for long term “career track” employment to support families in achieving housing and economic stability.</i> | <i>People are currently engaged in career-track employment (through EOP) are homeless sleeping in their cars or on the streets with no access to housing support.</i>   | <i>People assisted by housing service agencies do not have direct access to public employment and career-track resources due to a myriad of barriers.</i>  |
| <b>Action/ Solution</b>        | <b>1. Test an alignment strategy that connects DHS (the Community Works arm of the TANF-JOBS program), career track employment services, housing resources and community-based support. Families will gain a strong web of support, including enhanced case management for housing stability, job retention and career advancement.</b>                                | <b>2. “Bring Housing to Workforce”:</b> Directly align housing resources with the Economic Opportunity Program (EOP). Households will achieve housing stability and positive outcomes for career-track training & employment placement.   | <b>3. “Bring Workforce to Housing”:</b> Broaden access to public workforce resources through EOP for people currently served by housing and homeless service agencies. Effective practices will be used and households will achieve greater employment success and housing stability.                |
| <b>Population(s) Served</b>    | Families with children who are receiving TANF and are currently homeless or in the midst of a housing crisis.  | Youth, families and single adults experiencing homelessness or in the midst of a housing crisis. Of the homeless adults served, 68% are ex-offenders and 25% have disabilities.   | People who are formerly homeless or recently housed, with multiple barriers to employment. Potential priority for adults with disabilities (in supportive or subsidized housing), Veterans; African American families and individuals, Native American families and individuals, re-entry population |
| <b>Impact on Racial Equity</b> | Positive impact in advancing equitable access and outcomes for communities of color, through funding of Community Works, a consortium of six culturally-specific agencies. The existing program serves more than 50% families of color.  | Advances equitable access and outcomes for communities of color, through funding and partnership with culturally-specific providers and programs. The EOP network of 8 providers all operate culturally and/or population-specific employment programs and annually serve more than 55% adults of color and 75% youth of color. | Positive impact in advancing equitable access and outcomes for communities of color. Proposed prioritization for goals and supporting agencies demonstrating effectiveness in serving communities of color, in particular African American and Native American communities.                          |
| <b>Proposed Outcomes</b>       | <b>60 families will secure housing and engage in employment and training services.</b> After proof of concept, project has potential to leverage ongoing funding via new resources from SNAP E&T program. The model can be used to guide systemic alignment of workforce programs with DHS.  | <b>150 households (50 youth, 50 single adults, 50 families) secure housing and receive career track training and employment services.</b> Longer-term employment and income outcomes measured over 3-years.   | <b>230 households secure housing and receive career track training and employment services.</b> Longer-term employment and income outcomes measured over 3-years.  |
| <b>Cost</b>                    | <b>\$500,000 Total</b><br>(\$300,000 rent assistance; \$130,000 career coaching; \$70,000 workforce services & program management)   | <b>\$375,000 Total</b><br>(all rent assistance)   | <b>\$850,000 Total</b><br>(\$575,000 career coaching and employment services; \$175,000 workforce services; \$100,000 program management)  |

|   |   |  |   |
|---|---|--|---|
| <b>Timeline/<br/>Parties<br/>Responsible</b>      | Implementation can begin within three months. Responsible parties include DHS, WSI, Community Works providers   | Implementation can begin within three months. Responsible parties include WSI, housing (PHB, Home Forward), EOP providers  | Implementation can begin within three months. Responsible parties include WSI, PHB, EOP, housing/homeless providers   |
| <b>Leveraged<br/>Resources</b>                    | <b>Total leverage: \$445,000</b><br>DHS: \$50,000 case management; \$270,000 in support services for 60 families (childcare, transportation, etc). WSI: \$45,000 Worksource services (preparatory services, occupational training, internships, liaison support); \$80,000 existing in targeted Worksource services | <b>Total leverage: \$795,000</b><br>City: \$225,000 for workforce development services. HUD: \$300,000 for workforce development services. WSI: \$270,000 for Worksource services and “hub” coordination costs | <b>Total leverage: \$750,000</b><br>WSI: \$175,000 in Worksystems services. Rent assistance: \$575,000 (approx. \$2,500 x 230 households). Leverage cross-training opportunities between employment and housing providers, to promote effective practices in serving employment and housing needs of people with multiple barriers.   |
| <b>Connection<br/>to other HFE<br/>Workgroups</b> | Households served will contribute to increasing the housing placement goal and the goal to reduce recidivism (return to homelessness) of the Housing Workgroup.   | Households served will contribute to the housing placement goals of the Housing Workgroup.   | Households served will gain increased access to employment/workforce services: <ul style="list-style-type: none"> <li>• Potential prioritization of veterans to support Operation 424, or other groups prioritized by the other HFE workgroups (Safety Off the Streets, Housing).</li> <li>• Outcomes will contribute to the Housing Workgroup’s goal to reduce recidivism (return to homelessness).</li> </ul> |

Revised 2/27/15



## Safety off the Streets Workgroup ACTION PLAN

**Charge:** Prioritize strategies for increasing options for safety and a good night’s sleep, such that no women, children, or adults with disabilities have to sleep on the streets of Multnomah County by January 2017 (as measured in the 2017 Point in Time Count of Homelessness).

**Jurisdictional Staff:** Shannon Singleton (PHB); Marc Jolin (HFE Initiative)

**HFE Board Liaison(s):** Joe Walsh, City of Gresham; Stacy Borke, Transition Projects; Art Rios, Advocate; Jillian Detweiler, Mayor’s Office; Israel Bayer, Street Roots; Martha Strawn Morris, Gateway Center for Domestic Violence

**Workgroup Members:**

Lynnae Berg, Downtown Clean & Safe & Portland Business Alliance  
 Tony Bernal, Transition Projects  
 Andrew Brown, Human Solutions  
 Anna Cale, Salvation Army Female Emergency Shelter  
 Kevin Donegan, Janus Youth  
 Peter Fournier, Community Member  
 Jason Kersten, Advocate  
 Shasta Leming, Human Solutions

Susan Madar, Elders in Action  
 Alexa Mason, Portland Rescue Mission  
 Ibrahim Mubarak, Right to Survive, Right to Dream Too & Homeless Bill of Rights Coalition  
 Rebecca Nickels, Portland Women’s Crisis Line (PWCL)  
 Rachel Payton, Volunteers of America  
 Bimal RajBhandary, Portland Housing Bureau  
 Bob Robison, PWCL Volunteer  
 Wendy Smith, Portland Housing Bureau

**The Action Plan’s Guiding Principles and Assumptions**

The workgroup’s planning was guided by the principles in *A Home for Everyone* and apply to all the work of the HFE Coordinating Board. In addition, the group based its planning on a number of other key assumptions and commitments.

***Home for Everyone Principles***

- Prioritize vulnerable populations
- Promote racial and ethnic justice
- Use data-driven assessment and accountability
- Engage and involve the community
- Strengthen system capacity and increase leveraging opportunities

***Additional assumptions and commitments***

- People are sleeping doubled up in unsafe situations and/or stay in unsafe, abusive homes due to lack of safe options to leave
- The severe weather events this year highlighted our lack of safe places to sleep for people whose only option is to sleep outside
- We can’t do what we have always been doing; we need to have a menu of options; funds in silos by population is problematic
- Create strategies for people who will continue to be on the streets to engage in services and housing placement.



- Balance the needs between homeless, housed, and business
- We need to approach this plan as a both/and solution—we need both shelter and permanent housing
- Accessibility, location, expense are important considerations in implementation planning, in order to provide strategies that “meet people where they are”

### **Summary Recommendation**

The committee evaluated options to provide safety off the streets to the sub-populations called out in the charge, but recognized that the number and mix of beds that would need to be created depends upon the success of the strategies developed by the Housing subcommittee of the HFECB. Based upon the modeling done by that group, if they are successful in reducing unmet need for permanent housing by 50% by 2017, we will still need approximately an additional 800 safety off the streets options for the target populations each night beyond what is currently available in our system.

We propose six new funding strategy options to expand capacity for a safe night’s sleep. These expanded options have been evaluated based on our minimum criteria for safety off the streets and will require community support to overcome potential siting barriers. New funding is also recommended to provide service connection for the sites that are self-governed or privately funded, like Dignity Village, Right To Dream Too, and faith based shelters. These recommendations primarily take the form of mobile services and will be further explored in the attached table, either as new funding requests, reprioritization, or both.

We also propose policy changes that will increase flexibility and rely on people’s own expertise to help end their homelessness as well as that of our community providers. These policy changes are recommended at the local, state, and federal level. We ask that the Home for Everyone Coordinating Board and Executive Committee take primary responsibility for advocating for these policy changes in consultation with experts like those participating in this workgroup.

Finally, the Safety off the Streets Workgroup recommends a number of alignment strategies that will help address the inflow and outflow of homelessness. We request that the Home for Everyone Coordinating Board convene a workgroup to coordinate discharge planning between the criminal justice system and homeless service providers to decrease the number of people exiting jails back to homelessness. We recommend that topics include: increased coordination among homeless service providers, courts, police, probation/parole, and jails, and increased access to civil legal services, legal aid, expungement, and tenant advocacy to better support the ability of those exiting the criminal justice system to move forward in their lives and secure both safe affordable housing and employment.

The second alignment recommendation is to direct a workgroup or committee to suggest a number of policies that shape safety off the streets options in our community. This would include shelter rules, exclusions, length of stay policies, and pet policies. It would also include access for couples, as well as families that fall outside of the definition of family for federal funds, the use of guest beds, and increase low barrier options for safety off the streets. This should be done in conjunction with the Coordinated Entry committees. The committee considered but was not prepared to recommend a discussion of the reprioritization of who is served by our current shelter and safety off the streets capacity.

### **Background**

For purposes of this plan, “safety off the streets” means that we provide an array of options in our community that are safe for our neighbors sleeping outside. We have seven minimal elements for this definition. To qualify as “safety off the streets” an option must meet the following criteria:

1. People are legally able to sleep there
2. Access to bathrooms
3. Clean facilities
4. Heat/Warmth
5. Oversight/support by people trained to assist in creating physical safety
6. Dry/overhead shelter
7. Lighting designed to ensure adequate visibility for safety purposes

In assessing and prioritizing amongst available options that meet these criteria, we also recognize that different people will experience ‘safety’ differently, that different options present different political, legal, and operational challenges, as well as different cost structures, and that other elements – including barriers to access, privacy, proximity to services, geographic location, and transportation -- will affect whether and by whom different options are used.

### **Current System**

In the January 2013 Point in Time Count, 1,895 people were sleeping in unsafe situations on the streets in our community. Our community values include that no one be forced to sleep outside due to lack of options for safety off the street; therefore, we recommend that the HFE Executive Committee seek solutions for the entire population of unsheltered people (1,895 in 2013 Street Count). As directed by the HFE Executive Committee, this action plan provides options to provide safety off the streets for women, children, and adults with disabilities (1,518 in 2013 Street Count), leaving the problem of homelessness unsolved for 377 “able bodied men”.

Currently, our system offers 491 facility based safety of the streets options per day, year round, including faith-based shelter providers. In winter months, we add 197 facility based options in our system (the family shelter is no turn away and expands past the listed capacity of 80 throughout much of the winter months). This system is not well designed to serve couples and they are primarily being served at sites like Dignity Village and Right to Dream Too, serving an estimated 120 individuals per night. Our current system is at capacity and the ability of people to exit existing options is hindered by a number of factors. Without significant resources (units, rent assistance, and services), we will not be able to meet this charge. Based upon the modeling done by the Housing Workgroup, we estimate that we will need approximately 800 additional safety off the streets options by 2017.

In the attached Exhibit 1, our cost analysis is based on the current costs of facility based low barrier shelter. We encourage further exploration of the ability of our faith community partners to provide additional low barrier shelter at their lower costs, provided it is connected to mobile services as we are proposing for other sites that are not currently service connected. There is also opportunity to expand the ability of the faith community to provide options for safety off the streets for rest areas. Exhibit 2 is an example of an ordinance from Seattle to enable the faith community to host rest areas and provides guidance that we can use in our community to expand the system capacity to provide safety off the streets.

### **Challenges and Potential Adverse Impacts**

There is an urgent need to ensure that everyone experiencing homelessness in our community has a safe place to sleep at night. Whenever possible, that should be a permanent housing option. Where that is not possible, we have an obligation to offer a temporary solution to meet emergent needs. To date, one of the risks of expanding safety off the street options has been that the financial, staff, and political resources for this were pulled from the same pool used to help people end their homelessness, thus putting the two needs in competition with each other. As the relationship between the work of this committee and the Housing Workgroup make clear, to meet the charge we must be prepared to expand investment in both so that expanding safety off the street options does not adversely impact the resources focused on permanent housing placement.

Historic challenges siting shelter and other safety off the streets options suggest that creating new site-based options will take a substantial amount of time, political will, financial resources, making the objectives of the charge difficult. That said, our current system is at capacity and there will continue to be inflow into street homelessness. The ability of people to exit existing safe options remains hindered by a number of factors, chief among them the lack of suitable permanent housing options. Other than expanding site-based options, our system is left only with the option of hotel-vouchers, which the committee did not prioritize because in many cases that is a more costly and less effective safety off the streets intervention. We must make the effort to expand site-based safety off the streets options for families with children, women, and people with disabilities. Among the critical policy recommendations included in Exhibit 1 are changes to code and processes that will facilitate the more rapid creation of site-based options.

### **Data Sources and Assumptions**

The use of Street Count data presents a challenge in developing an array of options for safety off the streets, as people residing at sites like Dignity Village and Right To Dream Too are counted as unsheltered for the purposes of the Street Count. As we are recommending service connection to and potential expansion of sites like these, analysis should be done at the 2017 Point in Time Count in order to allow Home for Everyone Coordinating Board to evaluate success of this plan based on our definition of safety off the streets listed above. We acknowledge that Street Counts are, by their nature, undercounts, and that the need for safety off the streets exceeds that which we can document.

The expanded options, listed in Exhibit 1, are scalable to meet the entire gap in emergency, safety options in our community. As this action plan is inherently linked to that of the Housing Workgroup, the HFE Executive Committee should scale up the proposed expanded options based on the unmet need after evaluating both action plans.

### **Summary of Capacity and Gaps Analysis**

Unaccompanied youth: Based on the 2013 point in time count, 14 unaccompanied youth were sleeping on the street. The Homeless Youth Oversight Committee members report an average of two people being turned away from shelter each night. Analysis has revealed that a bottleneck exists in the youth system due to the lack of stable housing options for youth to transition out of shelter. By investing new dollars in the housing end of the continuum, the HYOC believes they can free up capacity in the 42 bed shelter system to serve all youth who seek that service.

Families with Children: Based on the point in time count, 122 people in families with children are actually sleeping outside on a given night. This is the subpopulation with the smallest gap and the committee believes that by expanding family winter shelter to a year around no-turn away shelter, we can achieve the objectives of the charge, provided that investments in permanent housing placement for homeless families continue.

Women: Based on the 2013 street count, 541 women were unsheltered, 482 unaccompanied women and 59 women in heterosexual couples. For single women, the current system capacity is 100 facility based shelter beds. We have no facility-based couples shelter. Approximately half of the 60 person capacity at Dignity Village is utilized by women, including many in couples, and R2D2 offers safety off the streets to approximately 30 women each night, again many in couples. Without the work of the veterans plan and the permanent housing group, we will need 481 additional safety off the streets beds for women without children each night by January 2017. Based on the veterans and housing groups achieving their charges, we estimate the gap for women without children to be reduced to approximately 225 beds by 2017. It is difficult to know the relative need for couples vs. single women options due to our current data collection processes. We recommend options for increasing outflow for couples as well as data collection methods that will give us a better sense of the full need. We know that some couples split up to sleep in facility based single gender shelters and that other couples sleep at locations like Right to Dream Too.

Adults with disabilities: The most recent street count suggests that 1,245 adults with disabilities are sleeping outdoors on a given night. Of these, 337 are women, and our recommendations for women address this gap. Among the 881 men there are 130 veterans whose needs should be met through implementation of the Veterans Plan. If we assume that half the men served by Dignity Village and R2D2 each night are disabled (about 30 total), absent the successful implementation of the Housing Group's strategies, the gap will be 680 safe options for men with disabilities. If the Housing Group charge is met, we estimate there will still be approximately 400 disabled men in need of safety off the streets options in 2017.

We will review 2015 Point-in-Time numbers and recalibrate assumptions based on the more current data at that point.

**Recommendations** We support two recommendations from existing workgroups for the youth and family systems. Specifically, we support the Homeless Youth Oversight Committee recommendation that the system be funded at the permanent housing end of their continuum, provided it achieves no turn away at the youth shelters. They have completed extensive analysis of needs, gaps, and costs. It was a unanimous decision to not increase youth shelter beds at this time. Funding request for these permanent housing units will come through the HFE Housing Workgroup. We also support the Homeless Family System of Care recommendation to expand the family winter shelter to year round. This expanded capacity is designed to meet the full need of unsheltered families throughout the year.

Based on the above analysis, review of current resources and practices, exploration of alternative models and emerging practices, and input from multiple stakeholders working to provide options for a safe night's sleep in our community, we put forward the recommended funding and policy changes and the attached table [See Exhibit 1].

## Next Steps

The Safety off the Streets workgroup discussed some items to be considered for implementation of this action plan:

1. Data:
  - a. Develop data sharing policies and procedures that provide service coordination while ensuring peoples' civil rights are protected.
  - b. Develop methods that allow system-level data analysis to provide de-duplicated information.
  - c. Develop policies and practices to evaluate interventions from both a quantitative and qualitative perspective.
  - d. Publish data in an easily accessible location(s) in order to increase accountability and transparency.
2. Work with jurisdictional partners and stakeholders to develop coordinated entry system that allows ease of connection with other systems as needed, including, domestic violence, homeless youth continuum, homeless family system of care, as well as mainstream systems like SNAP and TANF.
3. Develop community standards for:
  - a. support services and ensure opportunities for them to be accessed across the system and support roll-out of common assessment and placement strategies
  - b. Training to support physical safety at sites. We encourage further development in implementation planning with ongoing evaluation and adjustments based on best and emerging practices. Suggested training includes: Non-violent Crisis Intervention; Mental Health First Aid; trauma informed care; assertive engagement; first aid and how to access health care.
4. Development and implementation of peer services: street ambassadors; peer recovery model; mentors (they should also be vetting services)
5. Safety on the streets options should be explored for people who are not accessing existing options. Camp sweeps and the impact these have on people and their ability to work a housing plan should be assessed and solutions found that support people in ending their homelessness.

Safety off the Streets Exhibit 1: Action Plan Table

| NEW FUNDING REQUESTS                              |   |  |   |  |  |                     |   |
|---|---|--|---|--|--|---------------------|---|
| Action  | Populations Served  | Proposed Outcomes  | Impact on Communities of Color  | Operating Cost Estimates/Funding Strategies  | Potential Adverse Impacts  | Responsible Parties | Timeline to Implement   |
| (1) Expansion of existing winter shelter programs | <ul style="list-style-type: none"> <li>Women</li> <li>People with disabilities</li> </ul>               | 115 beds:<br>Expand women's winter shelter to year round adding 115 beds | <p>For families, the impact will be positive due to the disproportionate number of people of color represented amongst families experiencing homelessness.</p> <p>Currently, facility based shelters serve approximately 38% (women's) and 35% (men's) people from communities of color. Being overrepresented by 16% in the 2013 PIT, we encourage programs to continue to ensure that programs are welcoming to POC</p> | <p>\$755,550 - \$1,259,250 per year; currently investing \$272,000; therefore new funds = \$483,550 - \$987,250. PLUS one-time costs of building siting, supplies (beds, etc.), and any renovations needed. These capital costs are unknown and not included.</p> <p>\$16,323 in waived land use fees (cost schedule for 7/1/14 – 6/30/15) for each site</p> | <p>For all site-based options:</p> <p>Location is important to mitigate impacts of transportation needs, etc. It may require new service alignment.</p> <p>Neighborhood resistance based on assumed impacts.</p> <p>Siting is an issue for all of the models proposed.</p> | HFECB Providers     | Approximately 103 days for land use review; potential building identified                               |
|   | Families with minor children  | 100 beds:<br>Expand Family Winter Shelter to year round adding 100 beds  | <p>overrepresented by 16% in the 2013 PIT, we encourage programs to continue to ensure that programs are welcoming to POC</p> <p>Consider siting in East County/Gresham to create more geographic diversity</p>   | <p>\$250,000 new funding;<br/>\$600,000 total for on-going year round operations</p> <p>Local funding would be needed as HUD no longer funds Safe Haven. Programs; VA model = \$730,000 (\$100 per diem cost &amp; 85% occupancy)</p>  |  |                     | Siting schedule unknown   |
| (2) Open new facility- based emergency shelters   | <ul style="list-style-type: none"> <li>Men with disabilities</li> <li>Women</li> <li>Couples</li> </ul> | Per 100 beds   | <p>overrepresented by 16% in the 2013 PIT, we encourage programs to continue to ensure that programs are welcoming to POC</p> <p>Consider siting in East County/Gresham to create more geographic diversity</p>   | <p>\$657,000 - \$1,095,000 per year PLUS one-time costs of building acquisition, siting, supplies (beds, etc.), and any renovations needed. These capital costs are unknown and not included.</p> <p>Local funding would be needed as HUD no longer funds Safe Haven. Programs; VA model = \$730,000 (\$100 per diem cost &amp; 85% occupancy)</p>           | <p>Neighborhood resistance based on assumed impacts.</p> <p>Siting is an issue for all of the models proposed.</p>   | HFECB Providers     | Identifying, securing, siting, land use approvals, and renovating new facility will determine timeline. |
|   | Adults with diagnoses of severe and persistent mental illnesses and co-occurring addictions             | Per 25 beds  | <p>overrepresented by 16% in the 2013 PIT, we encourage programs to continue to ensure that programs are welcoming to POC</p> <p>Consider siting in East County/Gresham to create more geographic diversity</p>   | <p>Local funding would be needed as HUD no longer funds Safe Haven. Programs; VA model = \$730,000 (\$100 per diem cost &amp; 85% occupancy)</p>   |  |                     |   |

Safety off the Streets Exhibit 1: Action Plan Table

| NEW FUNDING REQUESTS         |  |  |  |  |                           |                     |  |
|------------------------------|--|--|--|--|---------------------------|---------------------|--|
| Action                       | Populations Served   | Proposed Outcomes  | Impact on Communities of Color   | Operating Cost Estimates/Funding Strategies  | Potential Adverse Impacts | Responsible Parties | Timeline to Implement  |
| (3) Rest areas / Tent Cities | <ul style="list-style-type: none"> <li>Couples</li> <li>Adults with disabilities</li> <li>Women</li> </ul>   | Per 100 people served per night  | We encourage mindfulness in siting as location is important so as to not take people of color out of their communities in order to access safety options. Currently serving 36% people of color.   | Est. \$66,000 per year (Share/Wheel model) to operate.<br><br>\$20,000 in operating costs and \$25,000 (.5FTE) for Dignity Village model<br><br>One time site acquisition, improvement, land use, etc. costs not included. | See above                 |                     | Highly dependent on political will and acquiring a variance to site. Example of Seattle Ordinance attached as Exhibit 2. |
| Transitional Campgrounds     |  | Per 60 people served per night   |  |  |                           |                     |  |
| (4) Expand mobile services   | <ul style="list-style-type: none"> <li>Veterans</li> <li>Adults with disabilities</li> <li>Women</li> </ul> Including: <ul style="list-style-type: none"> <li>people sleeping on streets</li> <li>in camps</li> <li>rest areas/tent cities</li> <li>transitional tiny homes</li> <li>faith based shelter</li> <li>day space providers</li> </ul> | <ul style="list-style-type: none"> <li>VA outreach worker</li> <li>mobile mental health and addictions counselor serve 100 people</li> <li>Benefits acquisition specialist will screen 200 people, complete applications with 72 people, and have 56 successful claims.</li> </ul> | With 38% of the unsheltered population identifying as people of color in the 2013 PIT, the group recommends adding culturally specific capacity to outreach teams to increase the positive impact for POC<br><br>Look at non-traditional sites like schools, ER's, healthcare providers, DMV, etc.<br><br>Explore co-location of providers | <ul style="list-style-type: none"> <li>\$0; reallocated staff time to conduct this activity (SSVF, VA outreach, and/or HUD-VASH case managers)</li> <li>\$150,000 (2.0FTE)</li> <li>\$200,000 per year (2.0FTE)</li> </ul> | None                      | HFECB Providers     |  |
|                              |  | Social Workers in libraries (1.0FTE)   | Be sure to include geographic diversity and connect with   | \$65,000 in Library dollars to support staff   |                           |                     |  |
|                              |  | Collaborative Interdisciplinary  |  | \$750,000 in long-term rent, support services  |                           |                     | None   |

Safety off the Streets Exhibit 1: Action Plan Table

| NEW FUNDING REQUESTS                 |   |  |  |   |                           |                     |                       |
|--------------------------------------|---|--|--|---|---------------------------|---------------------|-----------------------|
| Action                               | Populations Served  | Proposed Outcomes  | Impact on Communities of Color   | Operating Cost Estimates/Funding Strategies       | Potential Adverse Impacts | Responsible Parties | Timeline to Implement |
|                                      |   | Team for people with high barriers to housing. This should include data sharing and “staffing” of people across agencies (like Service Coordination Team model). 50 HH placed & retained with access to specialty FTE requested above as needed.   | efforts in Gresham/East County   | \$195,000 for (3.0FTE)                            |                           |                     |                       |
| (5) Safety off the Streets Diversion | <ul style="list-style-type: none"> <li>• Women</li> <li>• People with disabilities</li> <li>• Families</li> </ul> | Shelters will develop and implement diversion strategies to support people in safe situations from entering the homeless service system and sitting on shelter waitlists. Flexible client assistance dollars will be attached to diversion programs. 100 people per year will be diverted from shelter waitlists | Unknown as no formal diversion program is currently operating in our system. | \$500,000 per year for flexible client assistance | None                      | HFECB               |                       |



Safety off the Streets Exhibit 1: Action Plan Table

| Summary of Total New Funding Options                           | Number Served  | Range of Ongoing Investments   |
|--|--|--|
| Expand Existing Site-Based Options                             | 115 year-around beds for single women<br><br>100 year-around beds for families | \$483,000 - \$987,250<br>Ongoing operating<br><br>\$250,000<br>Ongoing operating |
| New Site-Based Option: Shelter                                 | 225 women +<br>400 disabled men  | \$4 – \$6.5 million ongoing operating + undetermined capital and siting costs    |
| New Site-Based Option: Tent Cities/Rest Areas                  | 225 women +<br>400 disabled men  | \$500,000 ongoing operating + undetermined capital and siting costs              |
| New Site-Based Option: Safe Haven                              | 25 severely disabled men & women   | \$730,000 ongoing operating + undetermined capital and siting costs.             |
| New Inflow/Outflow Resource: Rent Assistance                   | 150 (incl. 50 severely disabled)   | \$1.25 million   |
| New Inflow/Outflow Staffing: Mobile Housing & Support Services | 8 FTE  | \$610,000  |

RESOURCE REALLOCATION

See above regarding VA outreach in mobile services section

POLICY CHANGES

| Action  | Proposed Outcomes  | Impact on Communities of Color                            | Operating Cost Estimates/Funding Strategies | Potential Adverse Impacts | Responsible Parties | Timeline to Implement |
|---|--|---|---|---------------------------|---------------------|-----------------------|
| (6) Secure local waiver for transition in place/progressive engagement allowances with HUD field office | A transition in place clause with proof of eminent homelessness for HUD funded RRH and PSH dollars / progressive engagement. | Positive; less inflow to homelessness for all populations | N/A   |                           | HFE CB and EC       |                       |
| (7) Broaden the definition of family in the use of local dollars to include households of               | This would allow providers to house people with their existing support system. It will not only impact                       | positive  | N/A   |                           |                     |                       |

Safety off the Streets Exhibit 1: Action Plan Table

| POLICY CHANGES  |  |                                |   |                           |                     |                       |
|---|--|--------------------------------|---|---------------------------|---------------------|-----------------------|
| Action  | Proposed Outcomes  | Impact on Communities of Color | Operating Cost Estimates/Funding Strategies | Potential Adverse Impacts | Responsible Parties | Timeline to Implement |
| siblings, adult children (particularly those with disabilities in being supported by parents or siblings) | placement, but also retention.   |                                |   |                           |                     |                       |
| (8) Relocation housing placement  | All locally funded programs will utilize their flexible client assistance to support people moving out of state to permanent housing and supports, when this is their housing plan.  |                                | N/A   |                           |                     |                       |
| (9) Examine and propose changes to HUD Section 8 policy that keep families from reunifying.               | Felonies preventing partners/children from residing with their partner/parent; Restrictions on moving family members into the unit (children, parents with adult children, partners).  |                                | N/A   |                           |                     |                       |
| (10) Streamline siting and decrease land use code barriers  | In order to meet the charge and site expanded options, barriers to land use code must be overcome.   |                                | N/A   |                           |                     |                       |
| (11) Allow flexible rental situations to support opportunistic housing placements                         | Non-profits will re-examine requirements for lease holding in providing rent assistance. When appropriate, they will support people in safe doubled up situations by working with the household to pay rent for the individual who we be otherwise homeless. |                                | N/A   | Monitoring challenge      |                     |                       |

## Safety off the Streets Exhibit 2: Example of Ordinance for Transitional Campgrounds

1/13/2015

Seattle Combined Legislation Search



### City of Seattle Combined Legislative Records Search

Information retrieved on January 13, 2015 5:44 PM

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**Council Bill Number: 117288**

**Ordinance Number: 123729**

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AN ORDINANCE relating to land use and zoning; amending Sections 23.43.040, 23.50.012, and 23.84A.038 of the Seattle Municipal Code; and adding new Sections 23.42.054, 23.44.053, 23.45.595, and 23.47A.036; to permit transitional encampments for homeless individuals as a use accessory to religious facilities in all zones.

**Status:** Passed as amended

**Date passed by Full Council:** October 3, 2011

**Vote:** 9-0

**Date of Mayor's signature:** October 13, 2011

(about the signature date)

**Date introduced/referred to committee:** September 12, 2011

**Committee:** Housing, Human Services, Health, and Culture

**Sponsor:** LICATA

**Committee Recommendation:** Pass

**Date of Committee Recommendation:** September 28, 2011

**Committee Vote:** 3 (Licata, Clark, Rasmussen) - 0

**Index Terms:** RELIGIOUS-INSTITUTIONS, HOMELESS, LAND-USE-REGULATIONS, ZONING, PUBLIC-REGULATIONS, CAMPS

**Fiscal Note:** [Fiscal Note to Resolution 117288](#)

**Electronic Copy:** [PDF scan of Ordinance No. 123729](#)

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#### Text

AN ORDINANCE relating to land use and zoning; amending Sections 23.43.040, 23.50.012, and 23.84A.038 of the Seattle Municipal Code; and adding new Sections 23.42.054, 23.44.053, 23.45.595, and 23.47A.036; to permit transitional encampments for homeless individuals as a use accessory to religious facilities in all zones.

WHEREAS, there is a well-documented history of homelessness in Seattle and a demonstrated need for additional facilities to address the issue; and

WHEREAS, faith-based communities have proven effective in providing shelter and support for homeless persons, including providing space on their property for transitional encampments that do not include permanent structures; and

WHEREAS, faith-based communities have made support of homeless persons an integral part of their religious mission, and their transitional encampment activity is incidental to their religious facilities; and

WHEREAS, transitional encampments may currently be allowed as a temporary use, in any zone, without specific health and safety standards in the Seattle Land Use Code; and

WHEREAS, this ordinance does not change the current code provision that allows entities, including secular entities, to continue to host transitional encampments after obtaining a temporary use permit according to existing procedures in the Seattle Land Use Code; and

WHEREAS, RCW 35.21.915, permits cities regulating homeless encampments on property owned or controlled by a religious organization to impose conditions necessary to protect the health and safety of the public; and

WHEREAS, adding specific transitional encampment health and safety standards to the Code, including limits to numbers of occupants and provisions for cooking and utilities, provides clear guidance to religious facilities and protects the health and safety of the public; and

WHEREAS, agreements between religious facilities and transitional encampment operators may address encampment rules that extend beyond zoning standards, including prohibiting alcohol, drugs, weapons and sex offenders; or establishing rules for children in encampments; NOW THEREFORE,

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. A new Section 23.42.054 of the Seattle Municipal Code is adopted to read as follows:

23.42.054 Transitional Encampments Accessory to Religious Facilities or to Other Principal Uses Located on Property Owned or Controlled by a Religious Organization

A. Transitional encampment accessory use. A transitional encampment is allowed as an accessory use on a site in any zone, if the established principal use of the site is as a religious facility or the principal use is on property owned or controlled by a religious organization, subject to the provisions of subsection 23.42.054.B. A religious facility site includes property developed with legally- established parking that is accessory to the religious facility. Parking accessory to a religious facility or located on property owned or controlled by a religious organization that is displaced by the encampment does not need to be replaced.

B. The encampment operator or applicant shall comply with the following provisions:

1. Allow no more than 100 persons to occupy the encampment site as residents of the encampment.
2. Comply with the following fire safety and health standards:
  - a. Properly space, hang, and maintain fire extinguishers within the encampment as required by the Fire Department;
  - b. Provide and maintain a 100-person first-aid kit;
  - c. Establish and maintain free of all obstructions access aisles as required by the Fire Department.
  - d. Install appropriate power protection devices at any location where power is provided;
  - e. Designate a smoking area;
  - f. Keep the site free of litter and garbage;
  - g. Observe all health-related requirements made by the Public Health Department of Seattle & King County; and
  - h. Post and distribute to encampment residents, copies of health or safety information provided by the City of Seattle, King County or any other public agency.
  - i. Prohibit any open flames except an outdoor heat source approved by the Fire Department.
3. Provide toilets, running water, and garbage collection according to the following standards:
  - a. Provide and maintain chemical toilets as recommended by the portable toilet service provider or provide access to toilets in an indoor location;
  - b. Provide running water in an indoor location or alternatively, continuously maintain outdoor running water and discharge the water to a location approved by the City; and
  - c. Remove garbage frequently enough to prevent overflow.
4. Cooking facilities, if they are provided, may be located in either an indoor location or outdoors according to the following standards:
  - a. Provide a sink with running water in an indoor location or alternatively, continuously maintain outdoor running water and discharge the water to a location approved by the City;
  - b. Provide a nonabsorbent and easily-cleanable food preparation counter;
  - c. Provide a means to keep perishable food cold; and
  - d. Provide all products necessary to maintain the cooking facilities in a clean condition.
5. Allow officials of the Public Health Department of Seattle & King County, the Seattle Fire Department, and Seattle Department of Planning and Development to inspect areas of the encampment that are located outdoors and plainly visible without prior notice to determine compliance with these standards.

C. A site inspection of the encampment by a Department inspector is required prior to commencing encampment operations.

D. Parking is not required for a transitional encampment allowed under this Section 23.42.054.

Section 2. Section 23.43.040 of the Seattle Municipal Code, which section was last amended by Ordinance 123378, is amended as follows:

23.43.040 Accessory uses and structures(~~(; exceptions to development standards for solar collectors and solariums.~~)

\* \* \*

F. Transitional encampments accessory use. Transitional encampments accessory to religious facilities or to principal uses located on property owned or controlled by a religious organization are regulated by Section 23.42.054.

Section 3. A new Section 23.44.053 of the Seattle Municipal Code is adopted to read as follows:

23.44.053 Transitional encampments accessory use

Transitional encampments accessory to religious facilities or to principal uses located on property owned or controlled by a religious organization are regulated by Section 23.42.054, Transitional Encampments Accessory to Religious Facilities.

Section 4. A new Section 23.45.595 of the Seattle Municipal Code is adopted to read as follows:

23.45.595 Transitional encampments accessory use

Transitional encampments accessory to religious facilities or to principal uses located on property owned or controlled by a religious organization are regulated by Section 23.42.054, Transitional Encampments Accessory to Religious Facilities.

Section 5. A new Section 23.47A.036 of the Seattle Municipal Code is adopted to read as follows:

23.47A.036 Transitional encampments accessory use

Transitional encampments accessory to religious facilities or to principal uses located on property owned or controlled by a religious organization are regulated by Section 23.42.054, Transitional Encampments Accessory to Religious Facilities.

Section 6. Section 23.50.012 of the Seattle Municipal Code, which section was last amended by Ordinance 123378, is amended as follows:

23.50.012 Permitted and Prohibited Uses

\* \* \*

| Table A for 23.50.012                             |    |    |                       |                                |                                |
|---|----|----|-----------------------|--------------------------------|--------------------------------|
| Uses in Industrial Zones                          |    |    |                       |                                |                                |
| PERMITTED AND PROHIBITED USES BY ZONE             |    |    |                       |                                |                                |
| USES  | IB | IC | IG1 and IG2 (general) | IG1 in the Duwamish M/I Center | IG2 in the Duwamish M/I Center |
| * * *   |    |    |                       |                                |                                |
| <b>E. INSTITUTIONS</b>                            |    |    |                       |                                |                                |
| E.1. Adult care centers                           | X  | X  | X                     | X                              | X                              |
| E.2. Child care centers                           | P  | P  | P                     | P                              | P                              |
| E.3. Colleges                                     | EB | EB | EB                    | X(6)                           | X(6)                           |
| E.4. Community centers and Family support centers | EB | EB | EB                    | P                              | P                              |
| E.5. Community clubs                              | EB | EB | EB                    | X                              | P                              |

|  |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|
| E.6. Hospitals   | EB    | EB    | CU(7) | P     | P     |
| E.7. Institutes for advanced study                                 | P     | P     | P     | X     | X     |
| E.8. Libraries   | X     | X     | X     | X     | X     |
| E.9. Major institutions subject to the provisions of Chapter 23.69 | EB    | EB    | EB    | EB    | EB    |
| E.10. Museums  | EB    | EB(9) | EB    | X(8)  | X(8)  |
| E.11. Private clubs  | EB    | EB    | EB    | X     | X     |
| E.12. Religious facilities   | P(15) | P(15) | P(15) | P(15) | P(15) |
| E.13. Schools, elementary or secondary                             | EB    | EB    | EB    | X     | X     |
| E.14. Vocational or fine arts schools                              | P     | P     | P     | P     | P     |

\* \* \*

(15) Transitional encampments accessory to religious facilities or to principal uses located on property owned or controlled by a religious organization are regulated by Section 23.42.054.

Section 7. Section 23.84A.038 of the Seattle Municipal Code, which section was last amended by Ordinance 123495, is amended as follows:

23.84A.038 "T"

\* \* \*

"Transitional Encampment" means a use having tents or a similar shelter that provides temporary quarters for sleeping and shelter. The use may have common food preparation, shower, or other commonly-used facilities that are separate from the sleeping shelters.

\* \* \*

Section 8. The provisions of this ordinance are declared to be separate and severable. The invalidity of any particular provision shall not affect the validity of any other provision.

Section 9. This ordinance shall take effect and be in force 30 days from and after its approval by the Mayor, but if not approved and returned by the Mayor within ten days after presentation, it shall take effect as provided by Seattle Municipal Code Section 1.04.020.

Passed by the City Council the \_\_\_\_ day of \_\_\_\_\_, 2011, and signed by me in open session in authentication of its passage this

\_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
 President \_\_\_\_\_ of the City Council

Approved by me this \_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
 Michael McGinn, Mayor

Filed by me this \_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
 Monica Martinez Simmons, City Clerk

(Seal)

Bill Mills DPD Transitional Encampment ORD October 3, 2011 Version #12