

Portland — Multnomah County

Shelter Reconfiguration Plan

Adopted By

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**A PROPOSAL FOR A RESTRUCTURED SYSTEM
OF HOUSING AND SERVICES
FOR HOMELESS SINGLE ADULTS IN DOWNTOWN PORTLAND**

April 1, 1993

Prepared for:

The Housing and Community Development Commission

and

Community Action Commission

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Despite the significance of the proposal, it is important to keep in mind that it will not resolve the homelessness of every single adult in the community. There will still be unsheltered men and women who choose not to access the system. And there will still be a need for additional resources to prevent homelessness and ultimately reduce the over-all need for the housing and services the restructured system provides.

But when implemented, this proposal will have a positive impact on the lives of the individuals the system serves and the general well-being of the community that provides its ongoing support.

I. INTRODUCTION

BACKGROUND

Several factors provide impetus for examining the system of housing and services for homeless single adults in the downtown area.

An Alternative for Recovery Inn

In the summer of 1992 two events combined to threaten the existence of Recovery Inn, a homeless shelter operated by the Salvation Army. The Central Eastside Community Policing Demonstration Project called for its closure pursuant to the city's Specified Crime Ordinance. This action received the support of the Central Eastside Industrial Council. Also at this time the Salvation Army announced a significant operating deficit for some of its programs including Recovery Inn, and indicated that it would be forced to close the shelter.

The City of Portland responded to both situations. First, it sponsored a series of discussions to address the public safety issues raised by the Demonstration Project. Then it allocated \$68,000 to assure that the shelter remain open during the winter months. Although the City Council acted to keep the shelter open, it was clear that this was a one-time only allocation. Commissioner Kafoury assured the council that a planning effort would address the need to find an appropriate alternative to the Recovery Inn facility.

Need for Programmatic Changes in Services

A Request for Proposal (RFP) process in the spring of 1992 yielded only one successful proposal for serving homeless single adults in downtown Portland. This, along with anecdotal information and impressions, prompted Multnomah County Housing and Community Services Division (HCSD) to assess the current system. A review and evaluation of the homeless single adult system in downtown was completed in October, 1992.¹ Although the assessment provided useful information, it did not produce definitive conclusions for the design of new RFP specifications. The report made initial recommendations and raised further policy and programmatic questions regarding housing and services for homeless single adults.

¹ "Homeless Single Adult System in Portland: Review and Evaluation," Multnomah County Department of Social Services, Housing and Community Services Division, October 20, 1992.

Concurrently, local officials identified approximately \$1 million in proposed state and federal FY 1993-1994 funding cuts for Portland/Multnomah County's emergency services system. The magnitude of these anticipated cuts reinforced the need to re-evaluate the general homeless system, including housing and services for single homeless adults.

THE PLANNING PROCESS

Purpose

For many years non-profit agencies and missions in downtown Portland have provided shelter and services to a growing number of homeless single adults. Within the limits of available resources, these groups have developed programs to address issues underlying a person's homeless situation. Unfortunately, existing resources, including public funding, have been inadequate to meet the need.

The current system is not so much the result of a coordinated planning effort but the by-product of numerous *ad hoc* community responses to the problem of homelessness. Our community does not have a clear set of principles and policies to: 1) define community priorities; 2) establish program development guidelines or evaluation criteria; or 3) establish funding allocation policies.

The purpose of this planning process, therefore, has been two fold:

1. To identify a set of principles and policies to define the community's response to the housing and service needs of homeless single adults.
2. To identify how the existing shelter capacity of the community's two publicly-funded mass shelters might be "reconfigured" to implement the policies and principles of the community.

Process

Staff from the county's Housing and Community Services Division and county-wide Housing and Community Development Commission (HCDC) worked as partners in this planning effort.

After a thorough review of the county's analysis of the shelter system, staff formed three work groups of service providers to help with the work. Each work group focused on issues of a specific population: women, those with a mental illness, and those with alcohol and/or drug problems. (Participants in these groups are listed in Attachment A.)

The discussions of the work group participants provided the basis for the initial draft of principles and policies. The principle and policy statements emphasized by participants include:

1. People have a right to shelter/housing.
2. Housing and services should be designed to meet the needs of different subgroups of homeless people.
3. Every homeless person should have access to a range of services in order to end their homelessness.
4. Emergency housing and services should enable persons to obtain the housing most appropriate to their need.
5. Transitional housing programs should be designed to address the needs of assessed individuals who are seeking to resolve their homelessness but who are unable to access and/or maintain their own housing.
6. Homeless people should be sheltered in safe and sanitary facilities.
7. Homeless people should be effectively involved in decision making about policies, programs, and their own case plan.
8. A mutuality of responsibilities exists between those receiving help, those providing it, and those who fund the services.
9. An adequate supply of housing affordable to very low-income individuals and a range of housing services (e.g. rent assistance, housing counseling) must be available to prevent initial and recurrent homelessness.
10. Adequate services must be available to prevent initial and recurring homelessness.

Homeless advocates, providers, funders, representatives of the business community, and public agency staff reviewed draft principles and policy statements and recommended various modifications. A revised draft of the Principles and Policies Statements is included as Attachment B.

From the principles, policies, and additional contributions from the work groups, staff developed a housing and services system model. The model was reviewed by many groups and modified based on their input.

The proposed principles, policy statements, and housing and services model form the basis for the recommendations in this report.

II. HOUSING AND SERVICE SYSTEM MODEL

Although the proposed model incorporates concepts from existing programs, it represents a change in the delivery of housing and services to homeless individuals. The model is a blueprint for a new system.

AN OVERVIEW

The primary goals of the proposed housing and service system model are: 1) to assist homeless persons to access stable housing quickly; and 2) to provide the support needed to maintain stable housing. To achieve these goals, the proposed model includes four housing options: basic shelter, emergency housing, transitional I housing and transitional II housing. These housing options and related supportive services are described below and summarized in the matrix on page 10.

This model is not a continuum that requires a homeless person to pass through every housing option on the way to permanent housing. It represents a spectrum of supportive housing options that the community needs if it is to provide its homeless citizens with realistic alternatives to homelessness. While some individuals may need the full spectrum of supportive housing options, other individuals may be able to secure permanent housing after only a short stay in emergency housing. Figure 1 on page 6 illustrates the possible "flow" of homeless people through the system model into permanent housing.

The remainder of this section describes the model in general terms. Section III will describe the model more specifically for three population categories: men, women and persons who are mentally ill.

HOUSING AND SERVICES COMPONENTS

Currently large shelters are the only available "housing" for a newly homeless single adult, regardless of the presenting problem or need (e.g. chemical addiction, employment, mental illness). A restructured system would include multiple housing options with supports. Consequently, the need for intake and assessment services becomes more critical in order to make the most effective use of limited housing and service resources. The system needs the capacity to direct people to the most appropriate housing option as quickly as possible--otherwise, an individual may take up a space in a housing option that is inappropriate for his or her needs.

The proposed model requires an initial assessment at intake for individuals seeking emergency housing or basic shelter. A case manager (or intake worker) will make a determination about the

most appropriate housing (or shelter) based on the person's needs and housing objectives. This screening process will ensure access to the most appropriate shelter/housing option without unnecessary delays.

Basic Shelter²

In the model, basic shelter is dormitory-style housing with minimal amenities. Individuals assigned to basic shelter are those who: 1) choose not to develop and follow a case plan; 2) fail the program requirements in an emergency or transitional housing program; or 3) are transients "passing through". A person would not be excluded from basic shelter solely because of the use of alcohol off-site.

The primary purpose of basic shelter is to provide safe and sanitary shelter during night hours only.³ There is no limit on the duration of residency in the shelter, but individuals must obtain a "shelter resident's card" weekly. The only expectation of residents is that they follow minimal shelter rules and that their responsibilities within the shelter will increase over time (e.g. assistance with tasks such as cleaning).

Although individuals in shelter have chosen not to accept services or treatment, shelter staff and/or outreach workers will attempt to build relationships with shelter users. At the weekly renewal for a "shelter card", case management staff will also encourage individuals to take the steps necessary to address the issues that have led to their homelessness. At all times, individuals will have the opportunity to work their way out of the shelter, receive services, and advance to a more suitable housing option.

Emergency Housing

Emergency housing addresses the immediate needs of persons who are ready to begin resolving the causes of their homeless situation. It is particularly appropriate for newly homeless persons who may be able to secure permanent housing with minimal

² The model uses specific terms to describe housing options, distinguishing "basic shelter" from "emergency housing." Basic shelter is akin to the traditional concept of a mass dormitory-style shelter. Emergency housing provides some privacy for the individual in the form of partitioned space, shared or individual rooms.

³ Section V describes a day center for users of basic shelter and Section IV offers preliminary cost estimates for its operation.

assistance. Persons are expected to leave emergency housing as quickly as possible with a maximum length of stay of thirty days. The expected average stay is between two and three weeks.

Emergency housing will provide some degree of privacy with partitioned spaces or rooms with secured storage lockers for personal belongings.⁴ Residents will have 24-hour access to their rooms, and must: 1) remain "clean and sober"; 2) participate in a case plan to end their homelessness; and 3) follow other house rules. Any violations of these requirements may result in the eviction of the resident and referral to basic shelter.

A person will remain in emergency housing pending completion of a comprehensive assessment process. Specialists should be available to assess mental health, substance abuse, health, employment, domestic violence/abuse, housing, and other needs. The individual will work with a case manager to develop a case plan that will include both services and housing goals.

Case management is a key component in identifying appropriate services and next-step housing, and in assisting individuals to access them. When the assessment and case plan are completed, the person moves either to permanent or transitional housing.

Transitional I Housing

Transitional I housing provides a supportive environment for the person who is waiting for: permanent housing, a specialized transitional II housing program, or another program such as residential treatment. For example, if permanent housing is the next step, a person may stay in transitional I housing while he or she saves the money to rent an apartment.

A person's stay in transitional I housing may range from a week to 60 days. Each resident will have a written case plan with a discharge objective that describes how and when the resident will move to permanent housing, more specialized transitional II housing, or residential treatment.

The physical attributes of transitional I housing are comparable to those of emergency housing. In fact, transitional I housing and emergency housing can be located on different floors or wings of a single building. The distinction between these two housing options is more programmatic than physical. The purpose of emergency housing is primarily assessment and referral, while the purpose of transitional I housing is to support individuals

⁴ A well-managed Single Room Occupancy (SRO) building is an appropriate housing type.

pending placement in more appropriate housing as identified in their case plan.

Transitional I residents must follow house rules including a requirement to remain "clean and sober." Residents must accept greater responsibility for their case plan and must meet regularly with a case manager who can provide services as well as ensure accountability. Failure to comply with the case plan or house rules will result in eviction and referral to basic shelter.

Transitional II Housing

Transitional II housing offers targeted supportive services and housing for persons with a specific need such as mental health services, employment training, or an alcohol- and drug-free environment. Our community already has several excellent examples of transitional II housing programs: the Bridgeview (chronically mentally ill); the Shoreline Employment Program; the Everett Alcohol and Drug Free Program; the West Women's and Children's Shelter; and others.

This phase of housing and service is for the individual who needs supportive services in order to develop the capacity to access and maintain stable, permanent housing.⁵ If a person only needs housing and does not need services attached to the housing, he or she should not be in a transitional II housing program. That person should be in either transitional I housing or his or her own home.

Average stays in transitional II housing will vary from three to six months although some individuals may stay up to a year.⁶ As with transitional I housing, residents must comply with a written case plan and house rules. Failure to comply will result in an eviction and referral to basic shelter.

⁵ Special transitional or supportive housing is only for those who are "too disadvantaged to live independently." (Eric Lindblom, "Toward a Comprehensive Homelessness-Prevention Strategy," 1991.)

⁶ A two-year maximum stay is permitted for certain federally funded programs.

Permanent Housing

The primary goal of the restructured system is to assist homeless individuals access their own housing as quickly as possible. If we are to achieve this goal, our community must expand its housing stock to provide a range of housing options that are affordable to very poor individuals.⁷

Pending the expansion of our low-income housing stock, many individuals need assistance finding permanent housing in the current market. There is a need for housing specialists with a good relationship with housing managers and landlords, and an understanding of issues of homeless people. A housing specialist can play a significant role in assisting an individual achieve his/her goal of permanent housing.

In addition to assistance in finding an affordable housing arrangement, some individuals may require support to maintain housing. There may be a need for: 1) financial assistance with deposits and/or rent, 2) supportive service, or 3) both. These needs should be identified in the individual's case plan as the best means to prevent recurrent homelessness.

⁷ A person with a disability currently receives \$434 monthly in SSI (Supplemental Security Income), and an additional \$18 through the food stamp program. Some homeless individuals have \$0 income.

**PROPOSED
LEVELS OF HOUSING FOR HOMELESS SINGLE ADULTS**

	BASIC SHELTER	EMERGENCY HOUSING	TRANSITIONAL HOUSING: PHASE I	TRANSITIONAL HOUSING: PHASE II
FOR WHOM	Persons who choose not to meet (or fail) other housing requirements.	Newly homeless; persons referred from shelters, detox, etc.	Assessed persons who are willing to follow a case plan.	Eligible persons in need of longer term supportive housing program.
REQUIREMENTS	Follow minimal shelter rules.	Participate in case plan, i.e. work to end homelessness; stay clean and sober.	Participate in case plan, i.e. work to end homelessness; stay clean and sober.	Meet specific program requirements.
PURPOSE	Provide safe and sanitary shelter at night.	Provide short-term housing, emergency services, assessment/screening for appropriate housing and/or services.	Provide short-term housing in a supportive environment for persons who are waiting for permanent housing or transitional housing program.	Provide housing and specific program for persons unable to access or maintain their own housing.
SERVICES	Intervention and outreach.	Comprehensive assessment; emergency services; case planning; information/referral.	Case management and on-going services as needed.	Designed to meet specific need, e.g. employment, chemical dependency.
LENGTH OF STAY	No specified time limit.	While being assessed and developing case plan; 1-30 days.	As long as following case plan.	Until program completion (or failure).
ACCESS	Night hours only.	24-hour access.	24-hour access.	24-hour access.
DESIGN	Dormitory, minimal accommodations.	Partitioned space, shared or own room. Locker/storage space.	Partitioned space, shared or own room.	Shared or own room.

III. SHELTER RECONFIGURATION PROPOSAL

This section describes how the community can use the housing and services system model presented in Section II to reconfigure the bed capacity of the two publicly-funded mass shelters (Transition Projects' Glisan Street Shelter and Salvation Army's Recovery Inn).

TARGET CAPACITY FOR PROPOSED RECONFIGURATION PLAN

Current Shelter Demographics

The average number of persons served by the two shelters operated by the Salvation Army and Transition Projects has declined over the last three years, from 229 per night (1989-1990) to 193 (1991-92).⁸ The highest number of persons served on any night during the Winter of 1993 by these two shelters was 234 persons.

SHELTER UTILIZATION: 1989-93

PROVIDER	AV FY89-90	AV FY90-91	AV FY91-92	9/23/92	2/25/93	HIGH # W '93
TRANS. PROJECTS	125	126	114	132	136	144
RECOVERY INN	104	102	79	73	88	90
TOTALS	229	228	193	205	224	234

Statistics from Transition Projects and Salvation Army for the four month period from September 23, 1992 through February 25, 1993, reveal that the number of women has remained constant between 39 to 41 while the number of men has ranged from 166 to 194.

SHELTER UTILIZATION BY SUBGROUP

	SHELTERED 9/23/92	HIGH # W '93	SHELTERED 2/25/93
WOMEN	39	40	41
MEN	166	194	183
TOTALS	205	234	224

⁸ Demographic information comes from the Multnomah County Housing and Community Services Division and shelter operators.

Target Capacity of Reconfiguration Model

Based on current-use demographics and input from service providers, the proposed target capacity for the reconfiguration plan is 260: 30 units for women, 180 units for men, and 50 units for both men and women with severe mental illnesses.

PROPOSED "RECONFIGURATION" BY SUBGROUP

SUBGROUP OF HOMELESS	NUMBER
Women	30
Persons with a chronic mental illness (CMI)	50
Men	180
TOTAL	260

The proposed capacity of the reconfiguration plan is slightly higher than the maximum occupancy of 234 this past winter, and slightly lower than the current potential capacity of 300. This target of 260 represents the minimum capacity that the shelter reconfiguration plan must include if it is to serve as an adequate replacement for the capacity currently provided by the two mass shelters.

The proposed capacity levels for men (180) and women (30) is slightly lower than the highest occupancy levels of winter 1992-93 (194 men and 41 women). The assumption is that up to fifty men and women will be served in the specialized shelter and housing for homeless people with a mental illness.

TARGET CAPACITY BY HOUSING TYPE AND POPULATION

The following chart identifies the proposed capacity for each level of housing for three populations: men, women, and persons who are mentally ill.

PROPOSED LEVELS OF HOUSING BY POPULATION

LEVEL OF HOUSING	POPULATION			TOTALS
	MEN	WOMEN	MENTALLY ILL	
EMERG HOUSING	30	30	30	150
TRANSITIONAL I	60			
BASIC SHELTER	90	0	20	110
TOTALS	180	30	50	260

Target Capacity for Men

The plan calls for 30 units of emergency housing and 60 units of transitional I housing for men. Some adjustment may occur over time if experience indicates that some other ratio is more appropriate (e.g., 20 emergency units and 70 transitional units). Since the physical characteristics of these two housing options are similar, the model can easily accommodate any necessary minor adjustments.

In addition to these emergency and transitional I housing units, the plan includes 90 basic shelter spaces. This capacity will be used to serve those individuals who: 1) choose not to develop and follow a case plan; 2) fail the program requirements in an emergency or transitional housing program; or 3) are transients "passing through".

Basic shelter staff will offer outreach, intervention, and the possibility of a chance to all individuals who are ready to work their way out of homelessness. To this end, the shelter should provide separate space to individuals who want to stay "clean and sober" and want to get out of the shelter.

Target Capacity for Women and Persons Who Are Mentally Ill

The proposed housing and services model is a generic model for the general homeless population of single adults. Some variations, however, are necessary to meet the special needs of women and persons who are mentally ill.

Women

Our proposed principles and policies recommend that women be "housed separately from men with an emphasis on safety and security." Consequently, the implementation models described below will include separate housing facilities whenever necessary to ensure the safety and security of women residents.

Women who currently use the two existing shelters fall in one or more of the following categories:

1. women with a severe mental illness;
2. women with mental health problems who are not eligible for state funded services;
3. women who have multiple problems (e.g. alcohol/drug, health, domestic violence); and
4. a small number of women who need only short-term housing and emergency assistance.

The plan includes 30 units of emergency and transitional housing units for women. Since most programs for homeless women do not serve those in categories two and three above, there is a need for a specialized program to meet their needs. This program should provide emergency housing and services, and for those who need it, a longer term transitional program. The 30 units should be located in a single facility. The exact ratio of emergency units to transitional units (whether transitional I or II) should be flexible to meet the needs of residents over time.

Unlike the proposed plan for men, the plan for women does not include a basic shelter for women who refuse services or fail other programmatic requirements. The Union Gospel Mission currently shelters this population and plans to expand its capacity to serve them.

Most women with a serious mental illness will be served through the proposed mental health programs described below.

Men and Women Who Are Chronically Mentally Ill⁹

The housing and service needs of persons who are mentally ill are unique. In addition to needing the services available to other homeless persons, those with a severe mental illness have a range of treatment needs: diagnosis and treatment planning, medication management, counseling, supportive therapy, and 24-hour crisis-response services. As they stabilize, many individuals will need vocational rehabilitation and training, and employment assistance.

In addition to their service needs, many homeless persons who are mentally ill have difficulty accessing general population shelters and housing programs. Some homeless mentally ill display extreme

⁹ Although advocates and providers of services to homeless women proposed that women be served separately from men, this separation was not a need expressed by those who were addressing issues of those with a chronic mental illness. The Bridgeview program houses homeless mentally ill men and women in the same facility. Women comprise about 40% of those currently served in the Bridgeview program.

behavioral disorders and many may avoid meaningful contact with service providers for a variety of reasons.

A recent report from a national task force on the needs of homeless mentally ill persons identifies the need for a "low-demand shelter" (or "Safe Haven") for some:

For many mentally ill people who have been living on the streets [or in shelters], the transition to stable housing is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease and out of danger and is subject to relatively few demands.... A respite from street life is necessary to achieve relative stability and to permit professional staff to adequately assess clients' long-term needs and prospects.¹⁰

For this reason, the plan includes a low-demand shelter with the capacity to serve 20 individuals. This component of the system will target persons who are more resistant to treatment. These include persons who have failed other programs and now live "on the streets and under the bridges," or have become "institutionalized" by making the missions and other shelters their home. Some may never have tried to access services.

The shelter will be open 24-hours a day with an assigned space for individuals to store their belongings. At the shelter, individuals will receive basic services, such as food, showers, and clothing. The facility will serve as an entry to a service system for persons with a mental illness. Staff/client ratios will be relatively low to: 1) ensure safety and security; 2) assess needs; 3) develop treatment plans; and 4) link individuals to entitlement programs and services.

Persons who are mentally ill will have the option to use this shelter or the general population basic shelter. When they do appear at the general population shelter, staff will encourage them to move to the low-demand shelter or other housing program for the mentally ill.

In addition to the low-demand shelter, the proposed model includes emergency and transitional housing for 30 persons who are chronically mentally ill. Further planning will determine the specific nature of this housing (emergency, transitional I, and transitional II), and how it might be integrated with the existing Bridgeview program which provides emergency and transitional housing for homeless people who are mentally ill.

¹⁰ *Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness*. Washington, D.C.: Interagency Council on the Homeless, 1992, pp. 38-39.

With these facilities, proper treatment, assistance obtaining income and medical benefits, and other services, some mentally ill, homeless persons can be stabilized in some form of permanent, subsidized housing in a relatively short period of time.

PHYSICAL COMPONENTS OF RECONFIGURATION MODEL

The reconfiguration model includes at least five components that could stand as individual facilities: 30 emergency and transitional housing units for women; 30 emergency and transitional housing units for persons who are mentally ill; 20-unit low-demand shelter for persons who are mentally ill; 90 emergency/transitional I housing units for men; and 90 units of basic shelter space for men. The basic physical-site combinations of these five components are represented below on pages 20-21.¹¹

Optimal Facility Size

Since many of the proposed housing components can be co-located in a single facility, the question of optimal size becomes relevant. Many individuals believe that facilities for homeless people should be small, perhaps accommodating no more than 30 persons, to minimize the impact of the facility and its residents on the neighborhood.

Conversely, examples exist throughout the nation of large facilities that are well-designed and well-managed. These facilities meet the needs of homeless people with a minimum negative impact on the neighborhood. Excellent examples include the St. Vincent dePaul-Joan Kroc Center in San Diego (404 beds for single adults and families with children) and the Mitch Snyder Shelter in Washington, D.C. (1,400 beds).

As we identify site specific locations for the housing components of the shelter reconfiguration plan, the issue of optimal size no doubt will entail further discussion.

¹¹ The actual permutations of the proposed reconfiguration model are numerous. Much of the capacity described by the model can be distributed to multiple physical sites. For example, the 90 shelter beds for men could be in one facility or distributed among two or more. The only real limitations on distribution options are zoning issues and costs. In general, operating costs rise considerably as the number of facilities increase.

Incompatible Populations

Although the optimal size of a facility may be an issue for some, the proposed system's principles and policies will help the community identify some parameters for implementation. Policy 1b requires the physical separation of the following populations:

- * Women should be separated from men with an emphasis on safety and security.
- * Persons in recovery from alcohol and/or other drugs should be separated from those who are actively abusing alcohol or drugs.
- * Persons with a serious mental illness should have the option of being housed separately from others.
- * Persons who refuse treatment or services should be sheltered in basic shelter separated from those who are actively working to resolve their homelessness.

This policy requires the separation of housing programs for at least five subgroups:

1. Men in emergency or transitional I housing;
2. Men in shelter;
3. Women in emergency and transitional housing;
4. Mentally ill persons in emergency and transitional housing; and
5. Mentally ill persons in low-demand shelter.

Separation does not necessarily mean separate physical sites; rather that the facility does not require interaction between subgroups. If two or more of the above programs are co-located in a single facility, the populations should be physically separated (e.g., different floors of an SRO facility) and to the extent possible have separate entrances to their space.

This shelter reconfiguration plan provides great flexibility in implementation. Housing for the five groups cited above could be provided in a variety of configurations. The specific implementation will be determined by the availability of facilities that could serve these populations, opportunities for new (or rehabbed) facilities, available financial resources, and other factors.

Figure 2 illustrates some possible combinations of these subgroups in one to five facilities.

FIGURE 2.

GENERAL HOUSING CONFIGURATIONS FOR HOMELESS SINGLE ADULTS

30 Women: EMERG/TRANS
30 CMI: EMERG/TRANS
20 CMI: LOW DEMAND SHELTER
90 Men: EMERG (30) TRANS I (60)
90 Men: BASIC SHELTER
1 facility: 260 persons

30 CMI: EMERG & TRANS
20 CMI: LOW DEMAND SHELTER
90 Men: EMERG (30) TRANS I (60)
90 Men: BASIC SHELTER
230 persons

30 Women: EMERG/TRANS
30 persons

2 facilities

90 Men: EMERG (30) TRANS I (60)		
90 Men: BASIC SHELTER	20 CMI: SHELTER	
	30 CMI: EMERG/TRANS	30 Women: EMERG/TRANS
180 persons	50 persons	30 persons
3 facilities		

90 Men: BASIC SHELTER	90 Men: EMERG/TRANS I	20 CMI: SHELTER	
		30 CMI: EMERG/TRANS	30 Women: EMERG/TRANS
4 facilities			

90 Men: BASIC SHELTER	90 Men EMERG/TRANS I			
		30 CMI: EMERG/TRANS	20 CMI: SHELTER	30 Women: EMERG/TRANS
5 facilities				

SYSTEM OF SERVICES

Service Delivery Model

The Multnomah County Housing and Community Services Division has developed a service delivery model for the shelter reconfiguration plan. A description of the services with goals and activities is included as Attachment C. The service delivery components were based on the proposed policies and principles. This provides continuity and compatibility between the service model and the housing model. Preliminary cost estimates and proposed funding of services are presented in Section IV.

Other Services

The emergency basic needs services described in this report are funded through the county Housing and Community Services Division -- one of many systems that provide services for homeless single adults. Others include health, mental health, alcohol/drug, and aging services. The continued availability, and even expansion, of these services is essential to support homeless and formerly homeless individuals.

Services to Specific Populations

Individuals who are undocumented will continue to receive shelter and services for which they eligible in the proposed system. Access services for homeless persons with physical disabilities and for those in need of Spanish-language services, and services for the elderly will be provided. (Linkages will be strengthened through specialist liaisons described in Attachment C.)

ASSUMPTIONS

The proposed restructured system of housing and services for homeless single adults, that is the shelter reconfiguration plan with its target capacity, housing, services, and recommended funding, reflects the following assumptions:

1. All existing transitional programs and permanent housing options for single individuals remain constant.
2. The two existing religious missions (Portland Rescue Mission and Union Gospel Mission) continue to fund and provide shelter at current or expanded capacity levels, and at least one of them provides basic shelter to homeless women. These private programs function as the system's "safety net", with the fewest requirements for service access.

3. Public funding at current levels should support a basic package of core services needed by the homeless single adult population. Other important services identified in the plan will need private or expanded public support.
4. The proposed publicly supported system assumes cooperation and responsibility of clients to work toward independent living.
5. The City of Portland Bureau of Community Development, Multnomah County Housing and Community Services Division/Community Action Program, and United Way will fund FY 1993-1994 homeless single adult services at FY 1992-1993 levels.
6. The County Community Action Program will reallocate a portion of voucher and rent assistance funds used for single individuals to provide basic support for this revised system.
7. The implementation of this system of housing and services will reduce the amount of time people spend homeless. Every homeless single adult may not receive shelter/housing in the restructured system, but those who do obtain assistance are more likely to achieve some form of stable housing.
8. The rehabilitation of the United Way building will be completed by January, 1995. This will provide SRO housing with Section 8 rent assistance for an additional 100 homeless men and women who are in recovery from substance abuse, including those with a mental illness.
9. Resources are devoted to the development of permanent, affordable housing in sufficient numbers to provide a transition of single individuals to permanent housing from the homeless housing and services system. Affordable housing is essential to prevent others from becoming homeless.

It should be noted that we have made no attempt to deal with the increase in homelessness that may result from the impact of Measure 5 (e.g. reduced services to those with a mental illness). The adverse effects of this measure are beyond the scope of this planning effort.

IV. HOUSING OPTIONS AND PRELIMINARY COST ESTIMATES

Given resources and opportunities, there are a variety of options that may be available to implement the proposed housing plan. In this section we will examine two housing scenarios, provide preliminary estimates of housing and services costs, and identify possible funding sources.

HOUSING OPTIONS

The following section describes two possible reconfiguration scenarios.

Scenario I: Housing Homeless Individuals in Existing Facilities

The first scenario relies primarily on existing facilities: the current shelter operated by Transition Projects, the Estate Hotel, and other existing SRO rental housing. It also calls for new rental housing to replacement the units which would be converted to housing programs for homeless people.

SCENARIO I

POPULATION	PROPOSED HOUSING
(1) 90 men . Emerg (30) . Trans I (60)	Estate Hotel
(2) 90 men . Shelter	Glisan Street
(3) 20 mentally ill . Low demand shelter	Rehab space in existing non-SRO
(4) 30 mentally ill . Emerg & trans	Lease units in existing SRO
(5) 30 women . Emerg & trans	Lease units in existing SRO
(6) Replacement for rental units used for homeless programs	New 150 unit SRO: open market (low rents)

- (1) Emergency and Transitional I Housing for Men: While the 154 SRO units in the Estate Hotel are adequate for short-term housing programs, the rooms are too small to serve as quality long-term rental housing. Currently, only the second floor has open market rental units; the third and fourth floors offer alcohol- and drug-free housing for people in recovery programs, some of whom are in the state and county corrections systems.

Scenario I uses the Estate to provide 90 units of emergency (30) and transitional I (60) housing for homeless men. This proposal would displace the individuals in open-market units on the second floor and the individuals in the county's corrections system. (Item 6, below, describes a replacement housing plan for units lost as rental housing.) The proposed emergency and transitional I housing programs will be compatible with the existing alcohol- and drug-free community on the fourth floor of the hotel.

- (2) Basic Shelter: Scenario I uses the exiting Glisan Street shelter in the Beaver Hotel as the basic shelter for 90 men. The advantage of this option is that it represents a downsizing of an existing shelter facility (current capacity is 150). With relatively minor rehabilitation, the facility can be designed to eliminate outside queuing and improve health conditions within the facility.
- (3) Low-Demand Shelter for Mentally Ill Persons: Scenario I calls for a new low-demand shelter of approximately 4,000 sq. ft. for 20 mentally ill persons. This facility should be in a non-residential building with street-level access (e.g., storefront).
- (4) Emergency and Transitional Housing for Mentally Ill Persons: The Bridgeview Program in the Golden West Hotel is an example of a program which leases 58 units in an existing SRO to house mentally ill persons who are homeless. A similar housing arrangement could be used to provide emergency and transitional I housing for another 30 individuals.¹² Because of low vacancy rates in downtown SROs, this option would likely displace open-market renters.

¹² A new SRO building or the rehabilitated Broadway Hotel are examples of possible buildings in which units could be used for emergency and transitional housing either for persons with a mental illness or for women. These populations could share a building with market-rate renters. This mixed use of existing buildings will 1) maximize the effective use of a building's 24-hour staff, and 2) integrate program participants in "normal" housing.

- (5) Emergency and Transitional Housing for Women: Scenario I recommends that housing for 30 women be obtained in existing SRO facilities. Again, this will cause displacement of open-market renters.
- (6) Replacement SRO Building: If we implement this scenario, we will displace 120-150 open-market renters from downtown SRO facilities. Since current SRO vacancy rates are less than 1%, we will need to construct a new building or rehabilitate a vacant facility as replacement housing. Decent and affordable replacement housing is necessary to ensure that displaced renters do not themselves become homeless.

Scenario II: Housing Homeless Individuals in A New SRO

Rather than using existing housing for the homeless, Scenario II proposes to construct a new SRO building (or rehab a vacant one) for 150 persons in three subgroups:

- . 90 men in emergency and transitional I housing;
- . 30 mentally ill persons in emergency and transitional housing; and
- . 30 women in emergency and transitional housing.

A new facility could be designed to meet program needs of each group and to minimize interaction between them. If a new facility is constructed, it should be designed so that it could be easily converted to rental housing.

A variation of this option, would locate women in another facility. The new SRO would then serve 120 persons in emergency and transitional housing.

Scenario II retains the two shelter components described in Scenario I.

SCENARIO II

POPULATION	PROPOSED HOUSING
(1) 90 men . emerg (30) . trans I (60) 30 CMI . emerg & trans 30 women . emerg & trans	New 150 unit SRO
(2) 90 men: shelter	Glisan Street
(3) CMI: 20 Low Demand Shelter	Rehab space in existing non-SRO

Basic Shelter: Additional Considerations

Minimizing Negative Impacts

A legitimate concern about shelters is the impact that they have on the surrounding area. There are several ways to minimize negative impacts.

- * Locate intake services at a site away from the shelter facility. In order to be admitted to the shelter, a person would need to go through an intake process and have "a card" admitting him to shelter and guaranteeing him a space. A separate intake site will ensure that potential shelter residents do not congregate at the shelter location.
- * Minimize the number of activities and services that occur in the shelter facility (or that part of the facility that serves as shelter space). Each additional ancillary activity that occurs at a facility increases the number of persons at that location. This is likely to: 1) produce an atmosphere of confusion; 2) increase the mix of people with different needs and intentions; and 3) undermine the shelter program's potential effectiveness.

- * Provide a day center and restrict its use to shelter residents. This would provide a place off the street for 90 persons 18 to 24 hours daily. It should also eliminate the need for outside queuing by shelter residents. The resident-only restriction will help shelter workers maintain order and discourage the congregation of non-residents.
- * Design the facility as a shelter. Neither the existing publicly-funded shelters nor the missions were initially designed as shelter facilities. A properly designed shelter facility would include indoor queuing and congregating areas (e.g., inside courtyard or designated indoor area for smokers).

An Alternative Location

The Glisan Street shelter serves as the 90-man basic shelter in both the scenarios presented above. The advantages this offers are: 1) it will require minimal investment in rehabilitation, and 2) since it currently is a shelter, it will not become entangled in a zoning dispute.

An alternative site¹³ is certainly an option if the community agrees that a different location is preferable and worth the capital costs. Zoning is another issue that will need resolution if an alternative site is preferred.

PRELIMINARY COST ESTIMATES¹⁴

Preliminary estimates of the capital development costs of the two scenarios are presented below. Estimated costs of the services model follow with some preliminary funding recommendations.

Estimated Capital Costs

Capital costs for the first scenario range from \$6,300,000 to \$6,400,000; and for the second scenario from \$5,300,000 to \$6,500,000.

If an alternative to the Glisan Street shelter is preferred, this would add to the capital costs. No costs have been estimated for an alternative shelter site and facility.

¹³ Homeless individuals need to be located close to services, and a location close to the downtown core is preferable.

¹⁴ The basis for the estimates of capital costs is presented in Attachment D.

**SCENARIO I: ESTIMATED CAPITAL COSTS FOR
HOUSING HOMELESS ADULTS IN EXISTING HOUSING AND ITS REPLACEMENT**

POPULATION/ HOUSING	PROPOSED HOUSING	CAPITAL COSTS
(1) 90 men emerg (30) trans I (60)	Estate Hotel (minor rehab)	\$250,000
(2) 90 men shelter	Glisan Street (rehab)	\$350,000
(3) 30 CMI emerg/trans	Lease units in existing SRO	N/A
(4) 20 CMI Low Demand Shelter	Rehab space in existing non- SRO	\$300,000 - \$375,000
(5) 30 women emerg/trans	Lease units in existing SRO	N/A
260 homeless persons		
(6) Replacement for units used for homeless persons	New 160 unit SRO: open market (low rents)	\$5,467,500
TOTALS		\$6.3 to \$6.4 million

**SCENARIO II: ESTIMATED CAPITAL COSTS FOR
HOUSING HOMELESS ADULTS IN NEW HOUSING AND THE EXISTING SHELTER**

POPULATION/ HOUSING	PROPOSED HOUSING	CAPITAL COSTS
(1) 90 men emerg (30) & trans I (60) (2) 30 CMI emerg & trans (3) 30 women emerg & trans	New 150 unit SRO	\$4.6 million to \$6.2 million
(4) 90 men: shelter	Glisan Street	\$350,000
(5) 20 CMI: Low Demand Shelter	Rehab space in existing non-SRO	\$300,000 to \$375,000
TOTALS (260 HOMELESS PEOPLE)		\$5.3 to \$6.5 Million

Estimated Cost of Services and Proposed Funding

In developing a plan to restructure the housing and services for homeless single adults, a central policy question has been: What services should public monies support? The proposed service system model includes a range of services representing a basic package of support for homeless single adults. This package of "core services" includes outreach, information/referral, crisis intervention, case management, night and day shelters, emergency/transitional housing, direct client assistance, employment assistance, and services focused on Hispanic and chronically mentally ill populations.

The Preliminary Cost Estimates and Funding Table on the following pages (pages 30-35) describes core services, provides cost estimates for these services, and recommends funding allocations. The cost projections for these services are based on the estimated number of people to be served by the service model. The assumptions underlying this service delivery model are described in Section III (pages 20-21).

Under this allocation proposal, current city, county and United Way dollars are dedicated to the basic core services of the restructured system: a) intake/case management; b) basic 24-hour shelter for 90 persons; c) rent and other forms of direct client assistance; and d) a portion of the emergency/transitional housing.

The following table details the proposed amounts budgeted by the City of Portland, Multnomah County HCSD and United Way for the singles system in the next fiscal year.

**FY93-94 SINGLES RECONFIGURATION
SERVICE BUDGET
BASED ON CURRENT BUDGET PROPOSALS TO
CITY OF PORTLAND, MULTNOMAH COUNTY AND UNITED WAY**

SOURCES:

City	\$ 330,395
County	397,998
United Way	<u>121,790</u>

TOTAL	<u>\$ 850,183</u>
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AVAILABLE AND EARMARKED FUNDS:

Available for programming	850,183
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Adjustments:

Earmarked Funds

• A & D Free Housing	96,075
• Bridgeview	70,736
• Rent Assistance	20,000
Earmarked Subtotal	<186,811>

Downtown Center	79,988
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ADJUSTMENTS SUB-TOTAL	<266,799>
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Adjusted total available for programming

City/County	461,594
United Way	121,790

The table above details the sources of funds and total amounts available, whether or not the funds are earmarked for other uses (e.g., A&D free housing), and the total amounts available for programming in the new system. In FY93-94, City/County programming and contracting shall be implemented by County Community Action Program Office. United Way shall contract directly to service providers.

The following table takes the preliminary cost estimates and proposes a set of core services through the distribution of funds available. Those funds already earmarked for specific housing or services are included in the cost estimates table in order to show the most complete picture of available resources.

HOUSING AND SERVICES SYSTEM FOR HOMELESS SINGLE ADULTS

PRELIMINARY COST ESTIMATES AND FUNDING

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES ^a	OTHER PRIVATE SOURCES
<p>1. Education & Publicity</p> <p><u>Goal:</u> Educate the community about homelessness and services in order to garner support.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Produce needed written materials, public service announcements, etc. • Coordinate and initiate speakers to community groups. 		\$5,000 - \$8,000				\$5,000
<p>2. Outreach & Information Dissemination</p> <p><u>Goal:</u> Inform and educate homeless persons about services to provide linkage to needed resources to resolve homelessness.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Go onto streets to provide information and referral services. • Advocate for services/housing access on behalf of individuals. 	<p>1-2 FTE</p> <p>\$6.50/hour</p> <p>1,560-3,120 hours</p>	<p>\$30,618 - \$61,235</p>				\$30,618
<p>3. Information/Referral/Crisis Intervention</p> <p><u>Goal:</u> Provide information and assistance to persons who are not staying in publicly funded shelter.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Provide information on resources • Link people to resources, e.g., health care • Listen and help people address immediate problems 	<p>2 FTE</p> <p>\$25/hour</p> <p>3,120 hours</p>	\$78,000			\$78,000	

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES ^a	OTHER PRIVATE SOURCES
<p>4. Case Management Program/Agency <u>Goal:</u> Assist individuals, through case management & housing specialization, to access resources and services needed to help them move out of homelessness and become stabilized in permanent housing. <u>Activities:</u></p> <ul style="list-style-type: none"> • Provide intake & assessment for basic shelter, emergency and permanent housing (includes housing, employment/income & health) • Develop case plan. • Coordinate resources & services to meet client needs. • Provide money management services, as needed. • Coordinate with on-site specialist liaisons. • Follow-up in housing. • Eviction prevention services. 	<p>10 FTE ~\$25/hour (operating 12 hours, 5 days per week)</p> <p>Functions include: Housing Specialist Intake Case Management Liaison Function</p> <p>Caseload Standard: 1/20</p>	\$390,000	\$156,000 (4 FTE)		\$234,000	
<p>5. Day Shelter/Clean-Up Center <u>Goal:</u> Out of weather & safe location for unsheltered men and women. Location for access to clean-up, restrooms.</p>	<p>3 FTE @ \$6.50/hr (\$45,630) 1.5 FTE @ \$25/hr (\$87,750) Space + utilities (4,000 sq x \$7.50=\$30,000) 60 hrs/week</p>	\$163,380				\$163,380
<p>6. Client Assistance for General Needs <u>Goal:</u> Provide funds to assist individuals obtain needed services or access to resources. <u>Activity:</u></p> <ul style="list-style-type: none"> • Funds for clients to obtain needed identification, transportation, etc. 	150 people x \$50 (\$7,500)	\$7,500	\$7,500			

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES*	OTHER PRIVATE SOURCES
7. Program for Hispanic Men <u>Goal:</u> Assist individuals to end homelessness and provide linkages with needed resources. <u>Activities:</u> <ul style="list-style-type: none"> • Case management services, including assessment, case plan development, linkages to needed education, resources & housing. • Assist with immigration issues. • Participate as Multi-Disciplinary Liaison. • Outreach and community education in coordination with other homeless service providers. • Advocacy for meeting needs of population. • Transitional housing for 15 men. 	1 FTE (Housing/Hispanic Specialist) \$25/hour x 1560 hours	\$39,000			\$39,000	
	15 Transitional housing units x \$375/mo	\$67,500			\$67,500	
8. Employment Support Program <u>Goal:</u> Assist individuals to obtain and keep stable employment and housing. <u>Activities:</u> <ul style="list-style-type: none"> • Employment placement services. • Employment and housing follow-up services as needed. • Rent and deposit assistance for people in employment program 	1 FTE \$25/hour (employment specialist)	\$39,000 (staff - employment specialist)			\$39,000	
	50 subsidized jobs at \$6.50/hour at 20 hours/week Employment service from TPIC or other	\$338,000			\$338,000	
	Client Assistance 50 people x \$600 (\$30,000)	\$30,000			\$30,000	

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES ^a	OTHER PRIVATE SOURCES
9. Basic Shelter <u>Goal:</u> Provide safe, sanitary night for up to 90 homeless men. <u>Activities:</u> <ul style="list-style-type: none"> • Provide safe, decent night shelter. • Provide clean-up facilities. • Provide dinner (?). Day Shelter <u>Goal:</u> Provide out of weather and safe location for basic shelter users. <u>Activities:</u> <ul style="list-style-type: none"> • Outreach and intervention. • Encourage user participation and management. 	5.6 FTE at \$30,618/year 16 hour staffing - x 2 90 people x 75 Sq.Ft. x \$7.50/sq.ft (space) 90 meals x 365 nights x \$3.50/meal 2.8 FTE at \$30,618/year 8 hour staffing x 2	\$171,460 -- \$50,625 <u>\$114,975</u> \$337,060 \$85,730	\$178,896	\$43,189	\$85,730	\$114,975
10. Emergency/Trans I Housing for Men <u>Goal:</u> Provide single-room-occupancy housing for 90 men who have been assessed and have agreed to work on resolving homelessness. <u>Activities:</u> <ul style="list-style-type: none"> • Provide clean SRO units • Provide facility management services • Coordinate with case managers 	90 units x \$275/mo	\$297,000	\$69,899	\$78,601	\$148,500	
11. Emerg/Transitional Housing for Women <u>Goal:</u> Provide single room occupancy housing for 30 women who have been assessed and have agreed to work on resolving homelessness. <u>Activities:</u> <ul style="list-style-type: none"> • Provide clean SRO units • Provide facility management services • Coordinate with case managers 	30 units x \$275/mo	\$99,000	\$49,299		\$49,701	
12. Low Demand Shelter for Persons With Severe Mental Illness <u>Goal:</u> Provide 24-hour safe location for 20 homeless mental ill people who do not use services. <u>Activities:</u> <ul style="list-style-type: none"> • Provide night and day shelter with meals • Outreach and intervention services 	8.4 FTE at \$30,618/year 24 hour staffing x 2 4,000 sq.ft x \$7.50	\$257,190 <u>\$30,000</u> \$287,190			\$287,190	

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES ^a	OTHER PRIVATE SOURCES
13. Emergency/Trans. Housing Program for Persons with Severe Mental Illness (Additional housing) <u>Goal:</u> Assist individuals to obtain housing and services most appropriate to their needs to enable housing stability. <u>Activities:</u> <ul style="list-style-type: none"> • Provide a safe environment 24-hours a day • Support services as needed • Assist in developing an array of permanent housing options, linked with services, as needed 	\$1,092/month/12 units, including meals (Current EHA funding level for Bridgview) 30 additional units estimate	\$393,120			\$393,120	
SUBTOTAL, EMERGENCY AND TRANSITIONAL HOUSING I SERVICE MODEL		\$2,687,098	\$461,594	\$121,790	\$1,789,741	\$313,973
14. Emergency/Trans. Housing Program for Persons with Severe Mental Illnesses: Bridgeview <u>Goal:</u> Assist individuals to obtain housing and services most appropriate to their needs to enable housing stability. <u>Activities:</u> <ul style="list-style-type: none"> • Provide a safe environment 24-hours a day. • Support services as needed. • Assist in developing an array of permanent housing options, linked with services, as needed. 	58 Units, Including services and meals	\$786,815	\$70,736		\$716,079	
15. Transitional Housing Program for Persons In Recovery From Substance Abuse <u>Goal:</u> Assist individuals to obtain housing and services to support their recovery from substance abuse and obtaining permanent housing. <u>Activities:</u> <ul style="list-style-type: none"> • Provide a safe environment 24-hours a day. • Support services and linkages to permanent housing as needed. 	81 units x \$238	\$231,336	\$96,075		\$110,639	\$24,622

CATEGORY	BASIS	ESTIMATED COST	CITY/ CAPO COST	UNITED WAY COST	OTHER PUBLIC SOURCES ^a	OTHER PRIVATE SOURCES
16. Rent and Deposit Assistance for Permanent Housing <u>Goal:</u> Subsidize permanent housing to enable housing stability. <u>Activities:</u> <ul style="list-style-type: none"> • Assistance with deposits and rents. • Case management services will provide access to this and other needed resources. 	\$20,000 (assumes reallocation of singles share of rent assistance fund)	\$20,000	\$20,000			
SUBTOTAL, TRANSITIONAL HOUSING II & PERMANENT HOUSING		\$1,038,151	\$186,811		\$826,718	\$24,622
TOTALS		\$3,725,249	\$648,405	\$121,790	\$2,616,459	\$338,595

^a Refers to new and reallocated public funds, which reflects the need for targeted resource development. New funds may include stimulus package, increased CD allocations, etc.

An Analysis of Costs

One of the objectives of this planning process has been to identify new ways to use existing resources to improve housing opportunities for persons who are homeless. The two proposed reconfiguration scenarios and the underlying service system model accomplish this important objective.

Full implementation of the model which includes existing transitional programs will cost approximately \$3.7 million. Existing resources are focused on the basic core services and represent approximately 30% of the system's total cost: city and county (17%); private sources (9%) and United Way (3%). If we are to achieve full implementation, the remaining 70% of costs must come from new or reallocated resources.

The costs of both reconfiguration scenarios are within the realm of fiscal reality. The City of Portland has set aside some resources from its Community Development Block Grant to make much of the proposed capital development possible. Funding for services, however, is less certain. The city and Multnomah County have reserved FY '93-94 resources to implement some of the proposed service system model. As noted above, those public resources plus anticipated United Way allocations will meet only 30% of total service package.

One of the first steps in the implementation of this plan will be to identify what additional resources can be brought to bear to this important endeavor. We must examine the nature of the case management agency/program and downtown community service center. For the most effective and efficient use of limited public resources, we must make a policy decision whether to distinguish or consolidate them. At this time, downtown community service center funding is not included in the City/CAPO column of cost and funding chart on pages 30-35.

After the public has had an opportunity to comment on the proposed model, the community must determine its level of support for the plan. For public funders (city and county), this commitment will include resources to fund a capital development plan and a set of "core services."

As previously noted, local government cannot fund the full implementation of this plan. If the community wants additional services or facilities, we must work together to identify the necessary resources.

V. OTHER CONSIDERATIONS

ROLE OF THE MISSIONS¹⁵

The Portland Rescue Mission and the Union Gospel Mission have the capacity to shelter at least 113 men each night. The Union Gospel Mission also shelters women and intends to expand capacity. Both missions have minimal shelter requirements: a person does not have to be in a program, nor does he or she have to be sober for admission. In addition to providing "basic shelter," both permit longer stays in better housing for program participants.

This past winter (1992-93) the Rescue Mission's chapel served as "overflow" for as many as 90 individuals. During cold nights in past winters the Salvation Army has made its facilities available as overflow shelter to ensure shelter for all individuals.

A basic assumption of the proposed reconfiguration plan is that the missions will continue to offer basic shelter to at least 113¹⁶ men and some women, longer-term housing to another 40 to 50, and open their facilities as "overflow" during cold weather.

"STREET PEOPLE"

Some blame the missions and other shelters for people "hanging out" on the street, especially in front of their buildings. Some of this "problem" could be alleviated if the facilities could offer indoor accommodations for people who are waiting for services (e.g. shelter or meals). The Union Gospel Mission expects that perhaps as many as two-thirds of those who congregate near their building will come inside when they complete their renovation and program changes.

Day Centers/Drop-In Centers¹⁷

Homeless people who only have access to shelter at night have limited choices as to where they spend their daytime hours. If a

¹⁵ A description of the services which the missions provide is found in the report cited in footnote 1.

¹⁶ The City of Portland assists in funding shelter space for 65 homeless individuals at the Union Gospel Mission. A person receiving shelter must comply with minimal rules.

¹⁷ Transition Projects, Union Gospel Mission, and the Salvation Army's Harbor Light currently provide day shelter for homeless people. The report cited in footnote 1 describes these shelters.

shelter does not open until 7 p.m. or 9 p.m., 12 hours or more must be spent elsewhere. Day centers or drop-in centers can provide alternatives to the streets.

Day Center for Users of Basic Shelter

In the reconfiguration proposal basic shelter will provide minimal accommodations at night for 90 men. It is recommended that a day center be located in the shelter facility, and that its use be reserved for those who are using the night shelter. In addition to providing a place to go during day hours, a day shelter can provide an opportunity to involve users in the operation of both the day and night shelter. A goal should be to encourage people to accept increasing responsibility for their shelter and their own lives.¹⁸

Outreach and Day Center for Homeless Mentally Ill Persons

Mental Health Services West (MHSW) currently has two staff who engage in outreach and work with homeless mentally ill people in the shelters. They have assisted in moving many persons from the shelters into the Bridgeview emergency and transitional housing program. MHSW hopes to expand the outreach effort to those on the streets of the central city and northwest area.

The process of engaging homeless people is time-consuming, protracted, and staff intensive. But by offering patient, persistent, and continuing contacts over relatively long periods of time, outreach workers can establish the trusting relationships that are essential to engage and help mentally ill people living on the streets....¹⁹

However, outreach teams are most effective when they can offer services to those they contact. Alternative living sites, such as those proposed in this plan, need to be among the options available to homeless persons who are mentally ill. A drop-in or day center specifically for persons who are mentally ill is another important alternative to offer to people who live on the streets.

¹⁸ A principle for this system states that "homeless people should be effectively involved in decision making about policies, programs, and their own case plans."

¹⁹ *Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness*. Washington, D.C.: Interagency Council on the Homeless, 1992, pp. 34-37.

Drop-in centers, which are generally small, accessible, store-front locations, are often effective in engaging portions of the homeless mentally ill population that are typically not reached by other service interventions. Distinguished from more formal programs by the casual accessibility, these centers can offer a place to sit during the day, a place to sleep at night, or both. They are particularly inviting to many homeless mentally ill individuals because they ask few questions and make no demands. Like other outreach efforts, they often become a bridge to the more formal service delivery and/or shelter network.²⁰

Continued and expanded outreach to homeless mentally ill persons is needed, but should be planned in conjunction with a drop-in center and low-demand shelter.

An Outdoor Campsite

Individuals sleep outside for a variety of reasons: they have a partner from whom they do not want to be separated; they have a dog; they dislike the conditions in the shelters and missions; they find rules and regulations burdensome, etc.

In 1990 a group which included "campers" explored alternatives to the transient camps which were going to be "swept." The city rejected a proposal which called for a publicly funded camp for homeless people. Recently the city of Eugene opened a supervised campground for homeless people.

Addressing the service and housing needs of individuals who sleep outdoors is beyond the scope of this plan. However, a supervised campground may be an option we wish to examine again.

DOCUMENTED AND UNDOCUMENTED PERSONS

In the past several years there has been a large increase in the numbers of Hispanics in Multnomah County. Some individuals are migrant agricultural workers who are seeking seasonal employment opportunities. It appears that many, including undocumented persons, are drawn into the area for general economic or political reasons and are staying year-round. Many of these individuals end up in downtown Portland and in shelters.

While the use of shelter facilities by large numbers of undocumented persons is a fairly recent phenomenon, it appears to be fast growing. Immigration and documentation are issues that cannot be addressed satisfactorily by the system of housing and

²⁰ Ibid., p. 37.

services proposed in this report. However, services to address needs of homeless, Hispanic adults, including documentation and residency issues are in the proposed services model. (Refer to Attachment C.)

Housing and services outside the downtown core should be developed to address problems currently encountered by both documented and undocumented persons. This also is necessary to lessen the impact on the system of services and housing for homeless individuals downtown.

VI. IMPLEMENTATION PLAN

NEXT STEPS

Plan: Review, Modification, Adoption

This proposal will be reviewed by many committees, groups, and individuals during the next several weeks. A public hearing on the proposed plan will be held April 20. Based on input received, modifications will be made to the proposal. In May the Housing and Community Development Commission and the Community Action Commission will review the proposed plan and approve the final plan.

Implementation Planning

During April implementation planning will begin which will include the identification of action steps and responsible entities, and the development of timelines. A transition plan will be extremely important to ensure that there is no disruption in services to homeless individuals.

Evaluation

The county Housing and Community Services Division will develop an evaluation component to measure the effectiveness of the restructured system. We need to know more than the number of people served and average lengths of stays. We must focus on results. Specific measurable objectives will be developed to assess the effectiveness of services which are publicly funded.

TARGET DATE

January, 1995, is the target date for full implementation of the proposed restructured system for homeless single adults. Because the plan requires additional housing, time is needed to develop the required resources, develop facilities, and phase in changes with minimal disruption in the availability of housing and services.

Contemporaneously, the community has several housing projects underway that will add 218 units to the downtown supply of rental housing for very low-income individuals. (See chart on next page.) The completion of these projects will occur over the next two years.

PLANNED DOWNTOWN RENTAL HOUSING FOR LOW-INCOME INDIVIDUALS

PROJECT	# UNITS	RENTS	FOR WHOM	TARGET DATE
ElderHope (new construction)	118	Section 8 subsidies	Homeless or at-risk: elderly; persons with disabilities age 50+	12/94
Broadway (rehab existing)	102	\$230/month	Open market	9/94
United Way Bldg. (conversion to residential)	100	Section 8 subsidies	Homeless: those in recovery, including persons with mental illness	1/95
Replacement for Hamilton/Lownsdale	194	Section 8 subsidies	Very low-income	?

Every effort will be made to coordinate these projects with the implementation of this plan. Particular attention will be given to the impact these housing facilities may have on the assumptions underlying this reconfiguration plan and its final implementation.

VII. CONCLUSION

Some people believe that homelessness is primarily the fault of the individual, and that homelessness can be resolved if only the person tries hard enough. Others believe that local or state efforts can resolve the problems of homelessness. Although we as a community can improve how we provide assistance to homeless people, our best efforts will not solve the entire problem.²¹

HOUSING: A RIGHT?

In the National Affordable Housing Act of 1990 (NAHA), Congress reaffirmed the national goal that: "every American family should be able to afford a decent home in a suitable environment," and stated that this would require "a nationwide partnership of public and private institutions."

Participants in the work groups and others who have reviewed the draft principles of this plan agreed that every family and individual has a right to housing/shelter. However, the principles and policies do not assume that the City of Portland or Multnomah County has sole responsibility for providing shelter for every homeless person who seeks it. As stated above, this requires partnerships between levels of government and between numerous institutions. The causes of homelessness are too complex for local jurisdictions or communities to resolve alone.

The 1990 housing legislation also identified two objectives that are relevant to this community's formulation of principles and policies on homelessness:

(1) to ensure that every resident of the United States has access to decent shelter or assistance in avoiding homelessness; and

(2) to increase the Nation's supply of decent housing that is affordable to low-income and moderate-income families and accessible to job opportunities...

(1990 National Affordable Housing Act)

²¹ The causes of homelessness are complex. Some are structural, such as a changed labor market, declining real income, and housing costs. Some are considered individual, such as alcohol/drug addiction or mental illness. Others are rooted in changes in the family: domestic/sexual violence, single-headed households. In no case have social institutions responded by providing adequate services (e.g. mental health, alcohol/drug treatment) or income support to address the need.

PERMANENT HOUSING AND PREVENTION

While our proposed principles and policies acknowledge that shelters and emergency housing are important steps in resolving homelessness, they recognize that affordable housing and prevention programs are essential components in addressing homelessness. Unless we expand the supply of affordable housing for very low-income individuals (and families), newly homeless people will seek emergency services and formerly homeless persons will face recurrent homelessness.

The most cost-effective approach to the problem of homelessness is a targeted prevention program. Our community must allocate more resources for services for people who may be at risk of homelessness. Rent and utility assistance are short-term strategies that can prevent initial and recurrent homelessness. Longer-term prevention strategies include job development and training and adequate income support. A commitment to ending homelessness requires that prevention strategies become a reality for our citizens.

THE PROPOSED SYSTEM: EXPECTED OUTCOMES

This plan for restructuring the system of housing and services for homeless single adults will not solve "the problem" of homeless people downtown. Its implementation will not clear the streets of drug dealing, intoxicated persons, or others who hang out on the streets. We will not bring every homeless person inside, or perhaps even shelter every single individual who seeks shelter.

However, with the adoption of community principles, policies, and the proposed housing and services model we know whom we are serving and what we hope to accomplish. The plan proposes to publicly fund a more intensive set of services than at present. We will focus services so that those who do find their way into "this system" will obtain their own housing, and if necessary, the supports to maintain it. We also project that homeless people will spend less time homeless. These are outcomes which the proposed restructured system offers.

ATTACHMENTS

LIST OF WORK GROUP PARTICIPANTS

Homeless Single Women

Susan Hunter, Executive Director, Council For Prostitution Alternatives
Chiquita Rollins, Executive Director, Bradley-Angle House
Susan Tisdale, Shelter Manager, YWCA
Aloha Palmer, West Women's and Children's Shelter
Jill Walters, Assistant Director, Transition Projects, Inc.
Jennifer Nelson, Program Coordinator, REACH
Lisa Clay, Wings of Love

Homeless Alcoholics and Drug Abusers

Alyce Dinger, Multnomah County Alcohol and Drug Program Office
Richard Harris, Central City Concern
John Simmons, Transition Projects
Susan Drier, Transition Projects, Inc.
Cathy Spofford, Northwest Pilot Project
Bobby Weinstock, Northwest Pilot Project
Cathleen Marriott-Brave, Director of Adult Services, dePaul
Major Hogan, Salvation Army

Chronically Mentally Ill Homeless

Ken Beebe, Transitional Projects, Inc.
Dale Krieger, Oregon Mental Health Division
Paula Marfia, Multnomah County Mental and Emotional Disabilities
Steve Walker, Mind Empowered
Jack Costello, Mental Health Services West
Erin Fisher, Mental Health Services West
Kim Tierney, Multnomah County Health Department
Julie Larson, Mental Health Services West
Garrett Smith, Executive Director, Mind Empowered
Barbara Hinkle, Central City Concern

Other Participants

Barbara Hershey, Multnomah County Housing and Community Services Division
Barbara Willer, Housing and Community Services
Wendy Lebow, Housing and Community Services

Conveners: Paula Corey, Housing and Community Services and Marge Ille, Housing and Community Development Commission

PROPOSED PRINCIPLES AND POLICIES:
HOMELESS SINGLE ADULTS SERVICE SYSTEM

Principle

1. Homelessness is an unacceptable life condition for anyone. All persons, who so choose, should have access to an affordable, decent home in a suitable environment.
2. Respect for the dignity of the individual and an understanding that the community gains strength from individual diversity underlies the entire system. Recognition of and sensitivity in responding to individual characteristics, preferences and strengths are prerequisites for serving this population.

Policy 2a A mutuality of responsibility exists between those receiving help, those providing it, and those who fund the services.

Policy 2b Ensure that housing and service providers involve homeless persons in decision making about shelter policies, rules programs, and their own case plans.

Policy 2c Encourage accountability and responsibility from those receiving shelter and services.

Policy 2d Encourage communication with and education of the public on needs, programs, and issues of homelessness.

Policy 2e Each individual is entitled to all considerations prescribed by law when seeking a home and/or services.

3. As individual situations and needs vary, a range of housing options should be available; including emergency, transitional and permanent.

Policy 3a Sufficient affordable housing should be developed, and ongoing advocacy for housing should be pursued.

Policy 3b Each neighborhood should have a mix of housing to ensure diversity of populations, including low-income.

Policy 3c A shelter/housing system should be based on specialized needs:

- Women should be sheltered separately from men, emphasizing safety and security;
- Persons in recovery from alcohol and/or other drugs should be sheltered separately

- from those who are actively using; and
- Persons with severe mental illness should have the option of being sheltered separately.

Policy 3d Basic shelter in a safe and secure environment should be available for those who refuse treatment or services.

Policy 3e Emergency and transitional housing should be short-term, decent and linked to support and services to enable persons to access and maintain housing most appropriate to their needs.

Policy 3f Emergency and transitional facilities should be safe and sanitary, adhering to community standards.

Policy 3g Transitional housing should be designed to address the needs of assessed individuals who would benefit from housing with services as access to permanent housing.

Policy 3h As emergency housing or shelter is a necessary first step in resolving homelessness, public resources will assist in funding a minimum number of units. Priority use for the limited public resources will be toward prevention of homelessness and increasing the availability of low-cost permanent housing.

Policy 3i Because funds are limited, the public and private sectors must work in partnership to provide adequate units of housing/shelter. Without that cooperation, the community may or may not be able to provide shelter for everyone desiring it.

4. A range of services should be available to individuals who are homeless to meet emergency basic needs and to address barriers to being permanently housed.

Policy 4a Case management services should be provided to assist each individual to move, as quickly as possible, into stable, permanent housing.

Policy 4b Individuals should have access to a comprehensive array of services to address their emergency basic needs and for problems that jeopardize their ability to obtain and maintain housing (e.g. health and mental health, substance abuse).

Policy 4c

Employment and/or income assistance will be adequate to obtain and maintain housing stability. Linkages to employment systems should be developed on behalf of homeless persons, and advocacy for adequate employment and income benefits should be pursued.

Policy 4d

Case management and services should be available to assist persons at-risk of homelessness remain in housing.

Policy 4e

Persons who are homeless should receive services that are integrated, with linkages between agencies with mechanisms for planning, developing and coordinating services.

Policy 4f

Ensure that the programs managed and funded by Multnomah County (e.g. alcohol and drug programs, health and mental health services, youth services, homeless programs) fund programs that address the needs of persons who are homeless or at risk of homelessness.

Policy 4g

Client level service coordination will be provided through information and referral/short term intervention, assessment and case management and follow-up.

Policy 4h

Ensure that the cities of Portland and Gresham and Multnomah County coordinate funding and other activities, and build a wide-range of partnerships (e.g. with United Way, the State) to link housing and services to assist in resolving homelessness.

5. Services to assist individuals through emergency to permanent housing are expected to operate at the highest professional and community standards.

Policy 5a

Quality assurance procedures should be adopted to conform with this principle.

Policy 5b

Conduct ongoing evaluation of programs and the system of services. Develop client tracking system to collect data on demographics, service utilization and follow-up. Utilize data to identify populations, needs and effectiveness of interventions and use information when planning services.

Policy 5c

Involve providers, consumers, and other citizens in policy making, program planning, and funding decisions.

DESCRIPTION OF SERVICES FOR
MODEL TO SERVE HOMELESS SINGLE ADULTS

The descriptions below are expansions on those in the services and costs table in the body of this report. Components related to services, but not housing, are described here.

1. EDUCATION & PUBLICITY

The community as a whole has notions about who are the homeless single adults. These notions do not reflect the wide range of differences that exist in the population, and tend to focus on individual dysfunction. In addition, support for services and housing for this population is needed.

Goal: Educate the community about homelessness and services in order to garner support.

Activities:

- Produce needed written materials, public service announcements, etc.
- Coordinate and initiate speakers to community groups

2. OUTREACH & INFORMATION DISSEMINATION

Not all persons who are homeless know about services and resources available to them to alleviate their situation. This function tends to be off-site and community or neighborhood-oriented in scope.

Goal: Inform and educate homeless persons about services in order to link to needed resources to resolve homelessness.

Activities:

- Go onto streets to provide information and referral services
- Advocate for services/housing on behalf of individuals

3. INFORMATION/REFERRAL/CRISIS INTERVENTION

Some homeless adults will be seeking information, emergency services or resources, but not necessarily shelter. This service is for individuals who are staying outside of the publicly funded shelter/housing system.

Goal: Provide information and assistance to persons who

are not staying in publicly funded shelter.

Activities:

- Provide information on resources
- Link people to resources, e.g., health care
- Listen and help people address immediate problems

4. CASE MANAGEMENT PROGRAM/AGENCY

Intake, assessment and other case management functions will provide the link between housing or shelter and services. In addition to traditional case management, a housing specialist will be a linkage to public and private landlords to speed and facilitate the move to permanent housing. Provide eviction prevention services should be provided.

Goal: Assist individuals, through case management, to access resources and services needed to help them move out of homelessness and become stabilized in permanent housing. Assist individuals at-risk of homelessness to remain housed.

Activities:

**Case Management Linked to Emergency Housing,
Transitional Housing**

- Screen, intake and assessment (ie, housing, employment/income & health, mental health and substance abuse)
- Develop case plan
- Coordinate resources to meet client needs
- Provide money management as needed
- Coordinate on-site specialist liaisons (see below)
- Provide housing search assistance
- Follow-up when housed

Case Management Linked to Basic Shelter

Case management for residents of basic shelter will be a less intensive package of the services than those described above. A weekly check-in with a case manager will be required to continue the stay in shelter.

Eviction Prevention Case Management Services

- Landlord/tenant mediation
- Tenant education about lease
- Direct client assistance with deposits or rent
- Linkage to services, as needed

Specialist Liaisons

For the most part, the liaisons would be specialists from other agencies who assist in on-site assessment, case management and advocacy, as needed. This multi-disciplinary linkage would allow for more coordinated, integrated and comprehensive service provision for individuals served. The coordination would also allow for a more rapid and smoother transition of clients to a specialized service system to better meet their needs.

The liaisons would serve to assist in assessment and services coordination. Both services would be on an as-needed, individual basis. Potentially, liaisons would be represented by specialists in the following areas:

- A&D
- Corrections
- Domestic violence/abuse
- Employment and training
- Health
- HIV/AIDS
- Specialized services for Hispanics
- Housing
- Mental Health
- Veteran's services
- Physically disabled

5. DIRECT CLIENT ASSISTANCE FOR GENERAL NEEDS

Because many homeless individuals have very limited or no income, funds should be available for emergency and basic needs, such as obtaining identification required for employment, transportation, etc. Case management or information/referral/crisis intervention staff will have access to this resource.

Goal: Provide funds to assist people obtain needed services or access to resources.

Activity:

- Funds will be used for needed services or items.

6. PROGRAM FOR HISPANIC MEN

An array of specialized issues challenge homeless, monolingual Spanish or immigrant Hispanic men. For many persons, documentation and residency issues need to be addressed before employment and stable housing can be pursued. In addition to language barriers, understanding the systems and overcoming related barriers are primary issues.

Goal: Assist individuals to end homelessness and to link with needed resources.

Activities:

- Case management services, including assessment, case

plan development, linkages to needed education and resources (this will also linked to transitional housing component)

- Assist with immigration issues
- Participate as specialist liaison
- Outreach and community education in coordination with other homeless service providers
- Advocacy for meeting needs of population

7. EMPLOYMENT SUPPORT PROGRAM

Employment opportunities are needed for persons in emergency, transitional and permanent housing who are employable in a relatively short time. This function would link individuals to either program-generated employment or existing resources. The case management housing specialist would assist in housing search and rent and deposit assistance, if needed, and will assist in creating stability in permanent housing.

Goal: Assist individuals to obtain and keep stable employment and housing.

Activities:

- Employment services and case management
- Housing search assistance
- Rent assistance fund available
- Employment and housing follow-up services as needed

8. RENT AND DEPOSIT ASSISTANCE FOR PERMANENT HOUSING

In order to obtain or become stabilized in permanent housing, financial resources may, for a time, be required.

Goal: Subsidize permanent housing to enable housing stability.

Activities:

- Assistance with deposits and rents
- Case management services will provide access to this and other needed resources

CLIENT TRACKING AND EVALUATION

Evaluation will be conducted on the effectiveness of services in creating long-term housing stability. A client tracking system will be developed that collects data on demographics of clients, service utilization and follow-up data. The data will be used to identify populations, needs and evaluate the effectiveness of the interventions on identified outcomes.

COST ESTIMATES

SCENARIO I: Convert 90 units in Estate Hotel for emergency and transitional housing for men; lease 30 units each for transitional housing for women and CMI in one or more separate buildings.

Shelter:

Assumed to be the same as in Scenario II

Minor remodeling of Estate and leased floors for emergency housing,
(Furnishings, minor repairs, etc.) \$250,000

SRO Housing: Construct a 160-unit SRO to replace units in Estate and other buildings that are converted to emergency housing. The replacement housing would be used as open-market permanent housing.

Mid-rise with 27 units per floor (6:1 FAR).

Lot size 8,748 sq. ft.

176 sq. ft. per unit (with partial bath & kitchenette), plus corridors, common area and elevator
= 324 sq. ft. x 162 units = 52,488 total building sq. ft.

Assume \$78 per sq. ft. hard construction costs \$4,094,064

Soft costs of 19% 777,872

Development overhead of 6% 245,644

Total Construction Costs (excluding land) \$5,117,580

Land costs (8,748 sq. ft. x \$40 per sq. ft.) 349,920

TOTAL ESTIMATED COSTS \$5,467,500

Per Unit Cost \$33,750

TOTAL SCENARIO I: \$5,718,000 - \$5,918,000

SCENARIO II: Construct 150-unit SRO for emergency transitional housing.

Shelter for 90 men and 20 CMI (partitioned into separate quarters):

Renovation of Glisan Street w/shower and laundry facilities \$350,000

Renovation of Glisan Street w/out shower and laundry \$150,000

(Above figures extrapolated from current PDC cost estimates for renovation of Glisan Street Center)

SRO Housing for 90 men, 30 women and 30 CMI (with separate entrances, common areas and living quarters for each group):

Mid-rise alternative with 30 units per floor (5:1 FAR).

Lot size 10,800 sq. ft.

160 sq. ft. net per unit, plus room for corridors, community kitchens and two elevators =

360 sq. ft. x 150 units = 54,000 total building sq. ft.

Assume \$85 per sq. ft. hard construction costs \$4,590,000

Soft costs of 19% 872,000

Development overhead of 6% 275,400

Total Construction Costs (excluding land) \$5,737,500

Land Costs (10,800 sq. ft. x \$40 per sq. ft.) 432,000

TOTAL ESTIMATED COSTS \$6,169,500

Per Unit Cost: \$41,130

Low-rise alternative with 50 units per floor (3:1 FAR).

Lot size 15,000 sq. ft.

160 sq. ft. net per unit, plus room for corridors, community kitchens/space and one elevator =

300 sq. ft. x 150 units = 45,000 total building sq. ft.

Assume \$72 per sq. ft. hard construction costs \$3,240,000

Soft costs of 19% 615,600

Development overhead of 6% 194,400

Total Construction Costs (excluding land) \$4,050,000

Land Costs (15,000 sq. ft. x \$40 per sq. ft.) 600,000

TOTAL ESTIMATED COSTS \$4,650,000

Per Unit Cost: \$31,000

TOTAL SCENARIO II: \$4,800,000 - \$6,520,000

SLN/scn

CAWINDIHHPNESTIMATESLN

Shelter for 20 CMI

Space	Square Footage	Total Square Foot Required
Common Room for 10 People	18' x 18'	324 s.f.
Eating Area / Common Space	22' x 22'	484 s.f.
Kitchen	16' x 16'	256 s.f.
2 Counseling Rooms	12' x 12' x 2	288 s.f.
Laundry Room with 2 washers and 2 dryers and counter space	12' x 12'	144 s.f.
Office with 2 desks	12' x 12' x 2	288 s.f.
Partitioned Sleeping Area	6' x 8' x 20	960 s.f.
Locker Area for 24 lockers	12' x 12'	144 s.f.
Showers and Bathroom with 3 showers, two toilets, two lavs and changing area each	10' x 18' x 2	360 s.f.
Mechanical Room	8' x 8'	64 s.f.
Storage	10' x 10'	100 s.f.
Janitor's Closet	5' x 5'	25 s.f.
Total		3,437 s.f.
Circulation 5% of Total		172 s.f.
Total		3,609 s.f.

Cost per Square Foot for Building: \$45.00 per s.f. up to \$65.00 per s.f. This is dependent on:

- * The type of materials selected.
- * The time of year for construction.
- * Whether it is a rehab or new construction. If it is a rehab, it depends on how extensive the rehab is and if there are any environmental issues.
- * The bidding climate.
- * If the site has any specific site constraints that would increase the cost of construction.

Total Building Cost Range:

* \$45.00 per s.f.
 $3,609 \text{ s.f.} \times \$45.00 \text{ per s.f.} = \$162,405$

* \$65.00 per s.f.
 $3,609 \text{ s.f.} \times \$65.00 \text{ per s.f.} = \$234,585$

Additional Costs

Land Aquisition Fees - double lot 100' x 100' at \$40,000 per lot	\$80,000
Permit and Plan Check Fees	\$3,600
Architectural Fee	\$14,000 to \$18,000
Site and Landscape Cost	\$25,000
Reimbursables, Advertising and Printing	\$3,500
Site Survey and Geological Tests	\$5,000
Bonds	\$4,000
Legal Fees	\$2,500
Total	\$137,600 to \$141,600