

Home Again

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

SECOND YEAR REPORT Results of the 10-year plan

Home Again: a 10-year plan to end homelessness in Portland and Multnomah County was released in December 2004. Since then, 1,039 chronically homeless individuals and 770 homeless families with children were housed, numbers far above the goals initially laid out in the plan. These outcomes, along with renewed political will from the City and Multnomah County, have resulted in the creation of new funding, new partnerships, and a renewed sense of purpose in the fight to end homelessness. For example, in 2006, the City dedicated \$2.1 million in additional general fund resources to immediately increase and stabilize city efforts to end homelessness. Funding included \$500,000 in new resources for the “Key Not a Card” initiative to move chronically homeless people off the street, \$735,000 for new projects to serve homeless women, \$100,000 to help a youth shelter with relocation/remodeling upgrades, as well as \$765,000 to stabilize projects and operate day shelters. In addition, City Council passed a \$9 million bond for permanent supportive housing. The County awarded \$1 million to support “Bridges to Housing,” a regional initiative to create housing and services for homeless families. As a result, four pilot projects for families are underway.

PERCENT OF GOALS REACHED – YEAR TO DATE

Outcome	2 Year Goal	Cumulative	% achieved
Chronically homeless who have homes	565	1,039	184%
Families housed	500	770	154%
(high resource using families)	150	369	246%
Permanent supportive housing opened*	260	480	185%
(added to pipeline)*	420	379	90%

As of 2/27/07

**Numbers do not total 2005 results plus 2006 results due to fluctuation of scattered site units, added units in 2005 that were not previously counted, and loss of others that were in pipeline without full funding secured.*

2006 RESULTS

- 379 chronically homeless people moved into permanent housing – more than 40% directly from the streets
- 310 homeless families moved into permanent housing, including 134 high-resource families
- 164 units of permanent supportive housing opened and 272 units were added to the development pipeline

2005 RESULTS

- 660 chronically homeless people moved into housing, 295 directly from the streets
- 407 homeless families with children were permanently housed, including 208 high resource users
- 254 units of permanent supportive housing opened, with another 223 units in the pipeline*

RESULTS FOR JANUARY – DECEMBER, 2006

The Nine Actions to End Homelessness

1. MOVE PEOPLE INTO HOUSING FIRST.

In 2006, the 10-year plan called for 390 chronically homeless people to be moved into housing. As of the end of the year, 379 chronically homeless individuals were placed into permanent housing, 180 (47%) directly from the street. Of these, 36 were youth and young adults ages 24 & under.

In addition, 277 homeless families moved into permanent housing, including 125 that were considered “high-resource users” (see Definitions, p. 15). In a representative sample of families served by Human Solutions, 84% families were confirmed as housed after 6 months and 67% were confirmed as housed at 12 months.

These impressive numbers are the result of continued support for short-term rent assistance, the effective and coordinated work of dedicated services providers, as well as the resilience and persistence of homeless individuals and families. On average, the chronically homeless individuals assisted this year had experienced homelessness for 2.7 years, with a median of two years. The maximum time homeless reported was 25 years. “High-resource” families were homeless for an average of 8 months and a maximum of 15 years.

Steve, a single dad, and his son Devon were homeless for a year, but are now in housing thanks to a City-funded *Key Not a Card* grant. Previously, they might have had problems getting housing due to past evictions and Steve's misdemeanor criminal record. Human Solutions, a homeless service provider, linked Steve with treatment for his mental health and alcohol issues and staff provided problem-solving help. Today, Steve recently began a part time job and Devon is now excelling in school.

There is retention data on 22% of chronically homeless people placed in housing in 2005, and 24% of those placed in 2006. This data shows that the majority of homeless people given permanent housing in those years remain in housing. Of the chronically homeless people placed in housing in 2005 and 2006, 77% were in housing after 6 months. For those placed in housing during the first year of the plan, 83% were still in housing after one year. The data is clear: homeless people in Portland and Multnomah County are getting off the streets into housing and are on their way to self-sufficiency and integration into the community.

Although we've seen great success in ending people's homelessness, we must remain attentive to helping people maintain their housing over the long-term. Housing retention is central to ending homelessness, and we rely on our homeless system as well as our mainstream agency partners, to help us succeed in this effort. If mainstream supports for low-income people are reduced -- such as primary health care, State temporary family resources, childcare, mental health and substance abuse treatment -- we will see even less housing stability for newly housed homeless people.

2. STOP DISCHARGING PEOPLE INTO HOMELESSNESS.

The Multnomah County Sheriff's Office operates the **jail discharge homeless prevention program**. Approximately 300 homeless people, who are frequently arrested and jailed, are eligible for this program. Some of these inmates are assigned to a staff person who works with them to place them directly into housing upon their discharge. In 2006, the plan called for

70% of these homeless people to be placed directly into stable housing upon discharge. The result: 96 homeless persons received counseling in 2006 and 57% were placed in housing. Even better, in the last quarter of 2006, placement was 73%. Results from this program continue to improve.

In 2006, Northwest Pilot Project (NWPP) started a new program called “**Hospital to Home**,” funded by Providence Community Benefits Fund. Twenty seniors who were hospitalized and homeless were placed directly into independent apartments with home-based services provided by NWPP staff.

Additionally, Central City Concern, in partnership with Providence Health System, Oregon Health & Sciences University, Legacy Health System, the City of Portland, and United Way has created the “**Recuperative Care Program**.” Since July of 2005, 110 homeless people who were frequent emergency room users of the hospital systems were served. Of these, 80% were discharged to supportive housing.

3. IMPROVE OUTREACH TO HOMELESS PEOPLE.

In 2006, the plan called for ensuring that the outreach provider system—the network of service providers to homeless people who work with them directly on the streets—connect homeless people to housing and services to support them remaining housed. As part of the 10-year plan, street outreach workers were empowered to immediately offer homeless people a key to a home, not just a business card. To that end, the City of Portland funded four programs under an initiative called “**Key Not a Card**” (KNAC). Partner agencies were Central City Concern, the Human Solutions Family Collaborative, JOIN, and Transition Projects. The City provided nearly \$1 million dollars in new funding that connected 224 people from the street to permanent housing. Women, men, couples, and families affected by serious disabilities and long experiences with homelessness have moved into their own apartments. They are no longer on the street and caught up in a daily struggle to survive.

Key Not a Card began at the end of 2005, but really picked up steam this year. The program’s purpose is to assist chronically homeless women, men, and families with children to quickly obtain permanent housing through limited-term funding. Its funding was specifically made available to advance the goals of the 10-year Plan and to demonstrate the success of the “housing first” strategy to end chronic homelessness by creating a visible, measurable impact throughout the community.

Rob spent 15 years on the streets battling addiction and mental illness. He had scores of citations and many contacts with police. Service provider JOIN was able to move Rob into permanent housing and once he was stabilized, was able to engage Rob with a benefits specialist who assisted him in applying for SSI. Six months later, Rob’s benefits were approved. He now has a home, income to pay his rent, and medical insurance.

In the first year (14 months) of operation, outcomes include:

- 224 people in 167 homeless households (individuals, couples, families) were housed
 - Of these, 168 people in 111 households were placed into permanent housing
 - 90% remained stable in housing at 6 and 12 months after placement
 - People moved into homes throughout Portland (42% SE Portland; 22% SW Portland; 13% NE Portland; 12% NW Portland; 9% N Portland; 1% Gresham)
- Diverse population served



- 37% Black/African America
- 5.5% American Indian/Alaskan Native
- 9% Hispanic
- 5% ages 55 and older
- 8% Veterans
- 14% Employed

In addition, an ongoing monthly meeting of the **Outreach & Engagement workgroup** brought together outreach workers with police, PDOT, parks staff and others to improve outreach coordination.

In 2006, the Multnomah County **Mobile Medical Van** took to the streets to provide holistic medical and behavioral health services to homeless families and singles throughout the county. Collaborating with eight host agencies, the mobile van provides medical visits, lab and pharmacy, dental, mental health and social work services at the site. In the first six months of operation, the mobile health van provided 1,541 medical visits and 432 dental visits to 824 unduplicated clients. Eighty percent of these clients were uninsured. The top 5 issues that the Mobile Medical Van clients or staff identified illustrate the necessity of providing supportive services to homeless people: lack of housing/income, mental health, hypertension, tooth decay, and problems with alcohol and drugs.

During 2005, advocates and City staff developed a program design for an **Access Center**. This center will connect homeless people services and housing placement as well as receive basic supports they often lack, such as locker space, laundry facilities, and showers. In 2006, the 10-year plan called for finding a location and resources for the center. The City’s Bureau of Housing and Community Development established a partnership with the Portland Development Commission (PDC) to identify resources and locations. The City also secured a nonprofit agency, Transition Projects, Inc. to implement and oversee the center’s day-to-day operations. However, the City and PDC were unable to meet the 2006 goal due to shifts in property availability. At this time, the City is working with the PDC to actively seek property that will meet the needs of the program.

4. EMPHASIZE PERMANENT SOLUTIONS.

Ending homelessness means offering solutions to people’s homelessness rather than just managing the problem. Several agencies worked diligently in 2006 to divert homeless households from shelter or transitional housing and to move these households into permanent housing. Other programs ensured that these households had the support they needed to keep that housing.

A study of Central City Concern’s **Community Engagement Program (CEP)**, showed substantial cost savings as a result of providing community-based therapeutic care and case management to adults experiencing chronic homelessness and multiple disabling conditions. **The estimated savings in the first year, per person, was \$15,000.** A report by Herbert & Louis states:

“The estimated pre-enrollment annual cost for health care and incarcerations per client was \$42,075. For the first year following enrollment in services these costs were reduced to an estimated \$17,199. The investment in services and housing during the first year of enrollment was averaged to approximately \$9,870. Combining the investment in services with other health care utilization, the total per client expenditure for the first year of



enrollment was \$27,069. This represents a 35.7% (\$15,006 per person) annual cost saving for the first year following enrollment in CEP. Extrapolating this savings to the approximate number of clients served each year (n=293) the estimated cost savings would amount to \$4,396,758 per year.”¹

Experience suggests that the first year of treatment is the most expensive. Based on this, it is highly recommended that further studies, over a greater period of time, be undertaken to demonstrate the on-going cost savings of the CEP approach as clients remain stabilized in the community over many years.

In July 2004, the largest shelter provider in Portland, Transition Projects Inc. (TPI) hired a **Shelter Waitlist Case Manager** to work directly with clients on the wait list for one of their three shelters. In 2005, that case manager, along with another hired in July 2005, worked with 309 homeless men and women, successfully placing 65 of them directly into permanent housing, preventing homelessness for another 17, and placing 8 in transitional housing. In 2006, the waitlist case managers worked with 525 people, housing a total of 102 people.

A goal in 2006 was to **reduce waiting lists** for shelters and turn away counts by 5 percent from 2005 levels. The State of Oregon leads an annual count of persons served or turned away from shelter, transitional housing or short-term rent assistance. Locally, Multnomah County’s Department of School & Community Partnerships coordinates this count. In 2006, **shelter turnaway counts decreased 35%** from 451 households and 1,020 individuals turned away in 2005 to 353 households and 664 individuals in 2006.

TPI maintains a shelter waiting list and in June 2006, the wait time for TPI shelters was one week less than the previous year (June 2005), although 8% more men and 19% more women were on the lists.² Overall, however, the waiting list did not decrease. This is likely the result of TPI’s prominent role at Project Homeless Connect events (54 people joined the wait list after that event). TPI also is an active partner in several short-term rent assistance programs and homeless people seek out TPI to access permanent housing. Therefore, shelter waiting list numbers are not a valid measurement for assessing the impact of the work of Transition Projects or the 10-year plan. In fact, it may be a success that more people see TPI as a solution to ending their homelessness and are seeking out services there. Shelter wait list information will not included as a future measurement of the success of the 10-year plan.

At the end of 2005, the City of Portland began funding the **Women’s Emergency Services Collaborative** (WESC). This partnership with Cascadia Behavioral Healthcare, Transition Projects, JOIN, and Northwest Pilot Project helps homeless women successfully transition quickly into permanent housing. In the first 15 months of operation (October 1, 2005 - December 31, 2006) the following outcomes were achieved:

- 358 households (415 women and children) were assisted by the partner providers
 - 35% met the HUD definition of chronically homeless
- 160 households (including 42 children) moved into permanent housing
 - 89% remained housed 6 months after placement
- 60 households received emergency short-term housing via Cascadia/WESC
 - 82% exited to permanent housing

WESC providers work primarily with single women, but they also work with women with partners, some women with children, and assist women in reunification efforts after initial



placement into housing. Most permanent housing placements are direct transitions from the street. WESC provides a housing first program integrating best practices, including harm-reduction, home-based supports and relationship-focused services. WESC components include:

- 15 studio units as emergency low-barrier housing with comprehensive wrap-around services provided by Cascadia including: 2 meals per day, furnished apartments, psychiatric supports (consults, prescribing, and medication assistance); crisis intervention; social activities, and group workshops
- Permanent housing placement and home-based retention services for 12 months after placement
- Flexible client/housing assistance to secure and maintain housing

Sixteen transitional housing projects in the community receive federal funding through the U.S. Department of Housing and Urban Development. These projects serve families with children, as well as individuals and adult households. For these projects, a 2006 goal was to **increase permanent housing placement from transitional housing** from 65.5% to 70%. An additional goal stated that, after 12 months, permanent housing retention would increase from 59% to 65%. The result is that of the 1,779 persons who exited transitional housing programs, 1,224 (68.8%) exited to permanent housing. After 12 months, of those who were contacted, 65% (532) remained in permanent housing.

The Multnomah County Department of School & Community Partnerships made **significant changes to the way winter family shelter is provided**. County-funded Inner City Winter Shelter serves homeless families in the inner-city area from November through March. A Winter Shelter Hotline is operated by 211 Info and provides screening and placement of homeless families into three night shelter programs. Participating shelter providers include Goose Hollow Family Shelter (night shelter), Common Cup Shelter (night shelter) and YWCA Safehaven (day shelter/housing placement services and night shelter). Both Goose Hollow Family Shelter and Common Cup Shelter are operated by volunteer staff and sponsored by faith-based congregations. In 2005-06, the Inner-City Program changed to an innovative shelter model focused on housing placement and retention. It also aimed for a reduction in shelter beds and an increase in funds for housing placement and follow-up services. In years past, some of the non-government funded shelters like Goose Hollow Family Shelter and Common Cup struggled with low capacity. By decreasing available shelter beds funded by Multnomah County, there was an increase in shelter utilization in the faith-based shelters at no cost to the County. The funds previously funding shelter beds were diverted into leasing and housing placement service funds. Providers committed to housing all families regardless of active drug and alcohol issues and rental/criminal histories. The 2005-2006 results:

- 64 families received night shelter at Goose Hollow or Common Cup Shelter family shelters with an average length of stay of 20 nights
- 36 families were placed in permanent housing and 2 in transitional housing
- 50% of the housed families were contacted after three months and all were still in housing

Chronically homeless persons with untreated mental illnesses often cycle through the correction system, hospitals and shelters. Many are uninsured and do not have access to mental health treatment and medications. They may become stabilized in the jail only to lose access to support once they are discharged to the streets. To break this cycle, the Multnomah County Health Department began the **Unfunded 20 Program**, providing direct access to



mental health and primary care for 20 uninsured mentally ill inmates each month. Once these inmates are enrolled in the health department, they continue to have access to medications, mental health, social work and medical care, regardless of their insurance status.

5. INCREASE SUPPLY OF PERMANENT SUPPORTIVE HOUSING.

Permanent supportive housing is housing designed for homeless people with disabilities, who benefit from services tied to housing that is not time-limited. Increasing the supply of permanent supportive housing (PSH) remains a key ingredient in ending homelessness for chronically homeless individuals with disabilities. Permanent supportive housing has been shown, across the country and in our region, to permanently end people's homelessness, as long as the housing is affordable and services are easily accessible and provided appropriately. Overall, the 10-year plan calls for 1,600 units of PSH for chronically homeless individuals, as well as 600 units for families with special needs.

The goal in 2006 was to add 120 new units of permanent supportive housing to the development pipeline – 85 for chronically homeless people and 35 for homeless families. With the continued efforts of dozens of nonprofit housing developers, service providers, and public funders, that goal was exceeded for the second year. In fact, 164 units of permanent supportive housing opened and 267 units were added to the development pipeline.

As we move forward with this agenda, we believe the most critical component of maintaining these units is to ensure adequate funding for ongoing subsidies and services. While the federal agenda on these mainstream programs is disheartening, we hope the success of ending people's homelessness will contribute to a greater vision of a safety net of housing and services for those who need them.

6. CREATE INNOVATIVE NEW PARTNERSHIPS TO END HOMELESSNESS.

Project Homeless Connect is a nationwide movement to increase access to services for homeless people and engage the community in finding a solution for homelessness. Portland's first Project Homeless Connect, in January 2006, brought together 400 volunteers to reach out to 900 homeless people. Portland's Project Homeless Families Connect, in July 2006, was the first event of its kind in the nation aimed specifically at helping homeless families. More than 800 volunteers provided critical services for 300 homeless families in a single day. Dozens of sponsors provided financial support, goods and services, or gave staff the day off in order to volunteer. The sponsors of the two Portland Homeless Connect events included:

- Multnomah County
- City of Portland
- American Medical Response
- Chiles Foundation
- Conkling Fiskum & McCormick
- Fred Meyer
- Goodwill
- Kaiser Permanente
- Legacy Health Systems
- Lenscrafters
- Metro West Ambulance Service
- Nike
- NW Medical Teams
- NW Natural
- OHSU
- Oregon Department of Housing & Community Services
- Oregon Community Foundation
- Pacific University School of Optometry
- Providence Health Systems
- Tri Met
- United Way
- Washington Mutual
- Wells Fargo



Another innovative partnership that has arisen in the last several years has resulted in **Bridges to Housing**, a coordinated regional response to the crisis of family homelessness. County and city governments, housing developers, service providers, and housing authorities in the four-county Portland-Vancouver metropolitan area have joined forces to develop a response to the needs of high resource-using homeless families.

Bridges to Housing supports local and regional efforts to end homelessness by meeting the needs of high resource using homeless families, and by working to break the cycle of inter-generational homelessness. Since 2005, a significant public investment has been made in building family housing, as well as services and rent subsidies. The public investment totals well over \$25 million to date.

Significant private investment has been made as well, and more is under consideration. The Meyer Memorial Trust committed \$500,000 for the first three years of Bridges to Housing. This major matching grant recently resulted in another major grant for \$1 million from the Bill and Melinda Gates Foundation in early 2007.

Portland/Multnomah County's 10-year plan to end homelessness includes a goal to create 600 units of permanent supportive housing for families. A significant portion of these units will be designated as "Bridges to Housing" (B2H) units. B2H pilot projects have launched in Multnomah County and Clark County, Washington. Multnomah County will serve 52 families and Clark will serve 20 in this first pilot phase. A rigorous evaluation is being incorporated into the pilot, using data generated through the Homeless Management Information System.

"Suzanne," a single parent with three children came to Portland Impact in early 2006 from emergency shelter. Her three children had been taken away from her while she was struggling with sobriety from drug abuse and alcohol addiction. Portland Impact connected her to drug & alcohol treatment, as well as anger management classes. As a result of having stable housing plus supportive services, her children were returned to her custody. Today, all her children are attending school and doing well. According to Suzanne, her relationship with the children is stronger than ever and her family has accomplished a lot with the help of rent assistance. She has maintained her housing, stayed clean and sober, and recently transferred from a part-time to full-time position as a nurse's assistant.

The Multnomah County pilot will serve families at five locations with five housing providers. Two of the housing providers also offer services and case management, and a third social service provider will serve the three other housing sites. Multnomah County providers will place families into permanent housing with rent subsidies through Project-Based Section 8 provided by the Housing Authority of Portland. Intensive case management, client support services, and child care will be provided. The case manager to client ratio will be 1:15.

Housing Rapid Response (HRR) is another successful partnership. This innovative collaboration includes representatives from the Portland Police Bureau, the Office of Neighborhood Involvement, and Central City Concern, and is funded by the City of Portland, Portland Police Bureau and Portland Business Alliance. HRR houses chronically homeless persons who have repeated contacts with the police or corrections system. Participants are referred to Central City Concern for housing and treatment via the City of Portland's Office of Neighborhood Involvement. Almost all participants have active chemical addictions or untreated mental illnesses. In 2006, 84 clients were served in transitional housing, while 28 were placed in permanent housing. Of those placed, 87% were in housing at 6 months. All were engaged in either outpatient or inpatient chemical dependency treatment. (31 entered inpatient treatment) and there was an **overall 47% decrease in arrests for the year.**

Housing Rapid Response: the numbers

- 84 clients served: all placed in transitional housing
 - 74 Male (88%)
 - 10 Female (12%)
- No clients were employed at entry into program
- 0-2% had income at entry into program (receiving SSI Benefits)
- 28 clients placed in permanent housing
 - 87% stable 6 months after permanent housing placement
- 53 clients engaged in outpatient chemical dependency treatment
- 31 entered inpatient chemical dependency treatment
- **47% reduction in arrests after entering the HRR program**

7. MAKE THE RENT ASSISTANCE SYSTEM MORE EFFECTIVE.

A 10-year plan goal for 2006 called for 250 households to be prevented from becoming homeless through provision of rent assistance. Of these, 75% were to remain housed after 6 months, and 65% after one year. The results for 2006 are much better than originally envisioned: **1,015 households were prevented from becoming homeless through the provision of short-term rent assistance.** Of those households where follow-up data was collected, 86% were still in housing 3 months after their rent assistance ended, and 74% were still in housing 6 months after their rent assistance ended. For those served during 2006, follow-up data on status as of 12 months after rent assistance ended has not yet been completed.

The Multnomah County Department of School and Community Partnerships (DSCP), the City of Portland Bureau of Housing and Community Development (BHCD), the City of Gresham, and the Housing Authority of Portland (HAP) have provided short-term rental assistance resources to social services agencies through various programs for more than 10 years. These resources are today provided through three main programs called The Clearinghouse, Transitions to Housing, and the Rental Assistance Supplemental Program (RASP), encompassing six different funding sources from the federal, state, and local levels, and administered by three administrative entities. During 2003-2004, two workgroups met regularly to develop and propose a model for a simplified and comprehensive system of administering, accessing, and delivering rent assistance supported by multiple jurisdictions. The resulting recommendations included: implementing a single, unified model for the STRA system based on providing safety off the streets, helping people obtain permanent housing, and helping people maintain permanent housing. This has resulted in a coordinated application process that launched in early 2007.

Finding affordable, quality childcare is an obstacle for most parents, but it can seem like an impossibility for formerly homeless parents trying to re-enter the workforce. "Sierra" continues to work diligently to find a balance between school, work, and parenting her young son. This single mom left a vocational training program due to childcare challenges and is working with staff at Outside In to re-enroll in a training program in early 2007. Additional training will enable her to qualify for higher-paying jobs. Meanwhile, she has found childcare to maintain her employment for 7 months and counting, and her job is going well. Sierra continues to work with staff at Outside In as she works toward her long-term goals for housing stabilization.



8. INCREASE ECONOMIC OPPORTUNITY FOR HOMELESS PEOPLE.

Creating a source of sustaining income for homeless people remains a challenge. Strategies in 2007 will focus on increasing access to Social Security disability income for those who are eligible, as well as increasing access to job training, placement and retention.

In 2006, of the 1,776 adults who exited one of the 23 HUD McKinney-funded programs, 562 **(32%) had employment income**. This far exceeds HUD's national goal of 11%.

The Portland's Bureau of Housing & Community Development promotes an Economic Opportunity Initiative. Seven programs received funding in 2006 through this initiative. In 2006, these programs served 320 homeless people, **136 of which were placed in jobs**. The balance are in training programs. This included recently homeless persons as well as those at serious risk of homelessness.

Central City Concern's Worksource Old Town program served 1,180 homeless people. Of these 19%, or **221 homeless people got jobs**.³

With support from the United Way, JOIN initiated an **employment partnership program** with private employers called "Working Again" and a "fast track" benefits acquisition program with the Benefits Advocacy Coalition. While both projects are in the early implementation stages, they are showing promising results. Several Key Not a Card voucher holders have begun employment while others have acquired long-term disability benefits and have been able to stop using vouchers.

Challenge: You need a job, but to get a job that paying a living wage you need training... but while you're getting the training you're not working... and if you're not working, how do you pay the rent? An example of the challenge of balancing the need for a job, training, and finding affordable housing occurred for "Chad," a client in a Vocational Rehabilitation training program. Chad had no income and was going to lose the space where his trailer was located. He was referred to Southeast Works for short-term rent assistance that enabled him to keep his housing. He was able to complete the training and is now ready to work.

9. IMPLEMENT NEW DATA COLLECTION TECHNOLOGY THROUGHOUT THE HOMELESS SYSTEM.

Our community's Homeless Management Information System (HMIS) collects data and provides essential information for policy and funding decisions. The system uses an internet-based product called ServicePoint. A goal for 2006 was for HMIS to provide timely reports on the numbers of people exiting homelessness. In addition, HMIS is to include data on 75% (2,785) of all shelter, transitional housing, and McKinney-funded permanent supportive housing beds. New, full-time HMIS staff were hired in early 2006 and, by the end of the year, HMIS was reporting preliminary 10-year plan results. While not all service providers are yet using ServicePoint, our community is still ahead of the national curve on participation. HMIS has been used to report for HUD's National Homeless Assessment Report (AHAR) and currently 50% of the total community beds for homeless persons are included (shelter, transitional housing and McKinney-funded permanent supportive housing). This includes both publicly and privately funded beds for homeless persons. Seventy percent of adult and family shelter beds are included, as well as 93% of the adult transitional housing beds. Complications include the family housing program implementation and the data migration required to import provider information prior to HMIS participation.



CHALLENGES FOR 2007 AND BEYOND

We are proud to report that in the first two years of the 10-year plan, our community has helped end the homelessness of thousands of individuals and persons in families.

Unfortunately, providers report that many of those who remain homeless have even more serious barriers to self-sufficiency. These include major health problems, no health insurance, serious mental illnesses, drug and alcohol addictions, criminal histories, lack of employment skills, zero income and minimal family support.

Our community can only benefit when federal housing and “safety net” programs substantially increase their funding. Unfortunately, this is unlikely with a federal administration that continues to propose cuts to Medicaid and Section 8. The good news, however, is that the desire to end homelessness remains strong. So, until basic safety net programs are funded at a level that supports homeless people and those at risk of homelessness, we will need to continue to seek innovative solutions, to use existing resources as effectively as possible, and to forge new private-public partnerships.

Continuing external challenges include:

- Reduction in the Oregon Healthcare Plan (OHP) for adults and minimal primary health care available. Also, a lack of dental and vision care for those with zero income and no health insurance.
- Lack of sustaining federal funding for “pilot programs,” such as large grants for chronically homeless adults.
- The time-consuming process to acquire Social Security benefits, even for people who are eligible.
- Not enough intensive supportive employment programs, including job training, development, placement and retention services.
- Securing flexible funding for capital, operations and service elements of permanent supportive housing in the years ahead. Without this funding, our permanent supportive units in the pipeline will not materialize.

New Report: America's Growing Housing Crisis

The Joint Center for Housing Studies at Harvard University recently released *The State of the Nation's Housing 2006*. Documenting the nation's growing affordable housing crisis, the report cites several causes such as a large number of low-wage jobs, rising interest rates, and stricter developmental regulations with increased permitting costs and impact fees.

While overall household growth is expected to accelerate over the next ten years, **affordable rental housing has diminished 13%**, increasing the shortfall in units available to low-income households to 5.4 million. Especially concerning is the report's warning that, if the economy falters, both job growth and housing prices will come under renewed pressure, turning from an economic support into a drag.

With about one-tenth of the nation's poor still living in neighborhoods with poverty rates more than 40%, the Joint Center for Housing Studies at Harvard suggests that all levels of government will need “to expand housing subsidies, create incentives for the private sector to build affordable housing, institute land use policies that reduce barriers to development, and educate the public about the importance of affordable housing.”



Internal challenges for the coming year include:

- Working to increase collaboration and coordination across all systems that touch homelessness, including efforts to engage mainstream employment supports.
- The need to evaluate and implement changes to our current transitional housing stock. We need to determine that this component of the homeless system is being used most appropriately by individuals and families who benefit from a short-term placement with intensive services.
- Building upon existing civic and corporate support to help end homelessness. With a new position dedicated to bringing leveraging private resources for the 10 Year Plan, we hope to create additional opportunities for giving, and new resources to help us move forward with the plan.

The ongoing support and oversight of the Coordinating Committee to End Homelessness and the Citizen's Commission on Homelessness will be essential to meeting these challenges. Ending homelessness in our community will require the continued commitment of private individuals and companies, as well as public funders, elected officials and policy makers.



2006 Goals & Results – the Report Card

In order to achieve the Action Steps outlined in the 10-year plan, the community identifies measurable goals to meet by the end of each year. More specific *internal* goals are included in the comprehensive “Continuum of Care plan” that is submitted annually to HUD and acts as a more complete annual update to the 10-year plan. Goals below were to be met by the end of 2006. The Coordinating Committee to End Homelessness reviewed the results and assigned the following grades:

Goal	Result	Grade
390 chronically homeless people will have homes. Of these, 40 will be ages 24 & younger. <u>Retention</u> : 75% will remain housed after 6 months, and 65% will remain housed after one year.	A total of 379 chronically homeless people moved into permanent housing, including 36 people ages 24 & under. <u>Retention</u> : For those people contacted, 77% were housed after 6 months, and 83% were housed after one year. ⁴	<i>Placement</i> A- <i>Retention</i> B
250 homeless families with children will be permanently housed, of whom 100 will be high resource users. <u>Retention</u> : Of these, 75% will remain housed at 6 months, and 65% will remain housed after one year.	310 homeless families moved into permanent housing, including 134 high-resource families. <u>Retention</u> : Data from a sample confirmed that 84% were housed at 6 months, and 67% remained housed after one year. ⁵	<i>Placement</i> A+ <i>Retention</i> B
Find a location and resources for Access/Resource Center.	Made progress with key stakeholders and partners in developing the concept and process for creating the access center.	C
Ensure outreach provider system connects people from the streets to housing and services to support housing retention.	Four Key Not a Card programs connected 224 people from the street to transitional or permanent housing. Of the 168 (75%) who moved to permanent housing, 90% were in housing after 6 and 12 months.	A
Waiting lists for shelters and turn away counts will reduce by 5% from 2005 levels.	The number of people on waiting lists at TPI's shelters increased slightly over 2005 numbers. Shelter turnaway counts decreased 35% from 2005 levels.	B
70% of homeless persons, who are assigned to Jail's homeless discharge planner's caseload, will be placed directly into stable housing upon discharge.	57% of homeless persons assigned to the Jail's homeless discharge planner's caseload were placed into stable housing upon discharge. ⁶	B+
Permanent housing placement from transitional housing will increase from 65.5% to 70%. After 12 months, permanent housing retention will increase from 59% to 65% retention.	Of 1,779 persons who exited transitional housing programs, 1,224 (68.8%) exited to permanent housing. Of those who were contacted after 12 months, 65% (532) remained in permanent housing.	A-
120 new units of permanent supportive housing will be added to the development pipeline. (85 for chronically homeless people and 35 for homeless families).	272 new units were added to the development pipeline. 174 units were for chronically homeless individuals and 98 for families.	A+
250 households will be prevented from becoming homeless through provision of rent assistance. <u>Retention</u> : Of these, 75% will remain housed after 6 months, and 65% will remain housed after one year.	1,015 households were prevented from becoming homeless through the provision of rent assistance. <u>Retention</u> : Of those households where follow-up data was collected, 74% were still in housing 6 months after rent assistance ended. 12 month follow-up data has not yet been completed. ⁷	<i>Placement</i> A+ <i>Retention</i> B
HMIS will provide timely reports on the numbers of people exiting chronic and other homelessness. In addition, HMIS will capture 75% (2,785) of all shelter, transitional housing, and McKinney-funded permanent supportive housing beds.	HMIS was used to report preliminary 10-year plan results. 50% of community beds are included (shelter, transitional housing and McKinney-funded permanent supportive housing).	B+

Definitions:

Chronic Homelessness: The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as an unaccompanied individual with a disabling condition who has been living in a place not meant for human habitation (i.e. the streets) or in emergency shelter for at least a year, or has had at least 4 episodes of homelessness in the last 3 years. This definition is tied to HUD funding specifically set aside to promote deeper levels of services and prompt placement into permanent housing for individuals for whom traditional homeless services have not been effective.

Homeless Family High Resource Users: Family is defined as a parent(s) or guardian with one or more children. High resource usage is based on any family member's involvement with multiple categories within a 12-month period. Categories include: substance abuse, mental health, foster care involvement, corrections, physical health needs, domestic violence, and shelter or transitional housing use.

Permanent Supportive Housing is rental housing with support services for low-income or homeless people with a permanent disabling condition such as, physical or cognitive disability, serious health condition, severe mental illness, substance abuse disorder, or HIV/AIDS. Permanent supportive housing provides a permanent home with a rent subsidy along with direct linkage to essential social services/treatment programs to ensure long-term stability. Services may include: medication management, nursing or daily living support, on-site meals, mental health or substance abuse counseling/treatment services, crisis intervention, and case management. Supportive Housing can range from full service on-site programs to program models with a mix of home-based and community services.



Agencies and departments that contributed data

THANK YOU!

Albina Ministerial Alliance
Bradley-Angle House
Cascade AIDS Project
Cascadia Behavioral Health
Central City Concern
City of Portland
 Office of Neighborhood Involvement
 Portland Police Bureau
Friendly House
Housing Authority of Portland
Human Solutions
Insights Teen Parent Program
Janus Youth Programs
JOIN
Lifeworks NW
Multnomah County
 Department of County Human Services
 Department of Community Justice
 Department of School & Community Partnerships
 Domestic Violence Coordinator's Office
 Sheriff's Office
Neighborhood House
New Avenues for Youth
NW Pilot Project
Outside In
Portland Impact
Raphael House
Self Enhancement, Inc.
Transition Projects, Inc.
Volunteers of America Home Free

Many thanks also to Sally Erickson, Heather Lyons, Liora Berry, Wendy Smith, and Andrea Sanchez from BHCD for compiling data and information for this report.

¹ Herbert & Louis, LLC, Thomas L. Moore, PhD., June 2006 (revised). Estimated Cost Savings Following Enrollment in the Community Engagement Program: Findings from a pilot study of homeless dually diagnosed adults.

² TPI staff reported a dramatic increase in the wait list following Project Homeless Connect on 1/17/06. In June 2005, 128 men and 63 women were on the waiting list. In June 2006, 138 men and 75 women were on the waiting list. In June 2005 the shelter wait time for men was 8 weeks for men and 7 weeks for women. In June 2006, it was 7 weeks for men and 6 weeks for women.

³ Outcomes are from July 2005-June 2006.

⁴ For chronically homeless individuals placed into housing in 2005, 22% were contacted after 6 months and, of these, 77% were still in housing. Ten percent were contacted at 12 months and, of these, 83% were still in permanent housing. For those placed in housing in 2006, 24% were contacted after 6

months and 65% were still in housing. If a person is not contacted, this does not necessarily mean that they are not still in housing. This occurs due to lack of staff. In addition, some people move to other housing or move out of the area. Some people, once placed, no longer want contact with the agency that provided short-term rent assistance because they no longer identify as being homeless. Many who are fleeing domestic violence situations no longer wish to be contacted due to concern for their safety. Retention received a grade of “B” because there was high retention from sample, but small number of households recorded in HMIS.

⁵ This is a representative sample based on data from Human Solutions. Unfortunately, the migration of data from the County’s Crosswalk system to the community-wide HMIS, ServicePoint, is still in process. Therefore, City & County data managers suggested that, for this report, Human Solutions data be used as a representative sample. 26 families were housed in early 2006. Of these, 22 were confirmed as still in housing at 6 months and 4 were unknown. Six families were housed before 1/1/06. Of these 4 were confirmed as housed, 1 was homeless, 1 unknown. Retention received a grade of “B” because there was high retention from sample, but small number of households recorded in HMIS.

⁶ Since overcoming some initial hurdles since start-up this year, the program has made improvements and results are increasingly positive. The program began operating at capacity in mid-year. In the last quarter of 2006, placement was up to 73%.

⁷ Retention received a grade of “B” because there was high retention from sample, but small number of households recorded in HMIS.

