



A Home for Hope

A 10-year plan to end homelessness in Oregon

Action Plan



A recommendation to Governor Kulongoski from the
Ending Homelessness Advisory Council
June 2008

Ending Homelessness Advisory Council

CHAIR

Rick Crager, Deputy Director
Oregon Housing and Community Services

Thomas McClellan, Administrator
DMV, Oregon Department of Transportation

VICE CHAIR

Commissioner Bill Hall
Lincoln County Commissioner

Mitch Morrow, Deputy Director
Oregon Department of Corrections

Edward Angeletti, Planning Manager
ACCESS – Aging Community Coordinated Enterprises
and Supportive Services

Tom Olsen, Child Care Administrator
Oregon Employment Department

Susan Ban, Executive Director
ShelterCare, Lane County

Evelyn Roth, Education and Workforce Youth Liaison
Department of Community Colleges Workforce Development

Dona Bolt, State Coordinator
Homeless Education Program,
Oregon Department of Education

Steven D. Rudman, Executive Director
Portland Housing Authority

Rachel Bristol, Executive Director
Oregon Food Bank

Clyde Saiki, Deputy Director
Department of Human Services

Janet Byrd, Executive Director
Neighborhood Partnership Fund.

Mary Schoen-Clark, Chief Executive Officer
Oregon Coast Community Action

Val Conley, Administrator
Veteran's Services Division, Oregon Department of
Veterans' Affairs

Vicki Skryha, Manager
Community Housing, Employment and Supports, Addictions and
Mental Health Division, Department of Human Services

Jean Lasater, Homeless and Runaway Youth Coordinator
Oregon Commission on Children and Families

Legislative members
Senator Margaret Carter
Representative Wayne Scott

Phil Lemman, Deputy Director
Oregon Youth Authority

Oregon Housing and Community Services support to council
Roberto Franco, Director's Office Liaison
Lisa Joyce, Research and Analysis Manager
Vikki Pointer, Executive Support Specialist

David Leslie, Executive Director
Ecumenical Ministries of Oregon

Heather Lyons, Homeless Program Manager
City of Portland

Ending Homeless Advisory Council
c/o Oregon Housing and Community Services
725 Summer St NE, Suite B
Salem OR 97301-1266
503.986.2000
www.ehac.oregon.gov

If you have a disability and need this document in an alternate format, please contact OHCS.

Table of Contents

Ending Homelessness Advisory Council vision	6
Our guiding principles	6
Oregon’s plan to end homelessness	6
PART I: Understanding homelessness in Oregon	7
Defining homelessness	8
Homeless demographics	9
Elusive data.....	9
The numbers	9
Oregon’s one-night-shelter count: another source of information	13
Age distribution	14
Chronic homelessness.....	15
Disparate impact.....	15
Family status.....	16
Street counts	17
Geography.....	18
Causes of Homelessness	20
Insufficient income and low-paying jobs	20
Housing burden.....	20
Lack of affordable housing.....	21
Discontinuity or lack of services	21
Budget reductions.....	21
Other factors contributing to homelessness.....	23
Among families	23
Among people with mental illness or addiction disorders	23
Among youth	24
Among single adults	25
Trends in homelessness.....	25
Other sources of information	26
Education.....	26
Homeless and runaway youth.....	26
Addiction treatment and mental health programs.....	26
Veterans	27
Hunger and homelessness.....	27
PART II: Services, expenditures, barriers and costs of homelessness	29
Mainstream services.....	30
Targeted programs.....	30
Local services	30
Spending on anti-homelessness programs	31
Local government funding.....	32
Private, non-profit funding	32

Barriers to accessing services	32
The nature of homelessness	32
System barriers	33
Lack of focus on homeless prevention	33
Stigma, prejudice and disenfranchisement	33
Costs of homelessness.....	34
Societal and personal costs of homelessness	35
PART III: Promising Practices	37
Prevention and intervention strategies	38
Affordable housing	38
Poverty prevention.....	38
A range of responses.....	38
Homelessness prevention practices	39
Discharge planning	40
Housing First	40
Rapid Re-housing	41
Supportive housing	42
System improvements.....	42
PART IV: A Home for Hope, Oregon’s 10-year plan	43
An Overview	44
Goals and Strategies	45
Early actions	46
Appendices	47
Appendix A Federal government definitions	48
Appendix B One-night-shelter count instructions and data collection form	50
Appendix C One-night-shelter count summary 2002-2007	54
Appendix D Mainstream services	55
Appendix E Targeted programs	56
Appendix F Federal programs	57
Appendix G State programs	59
Appendix H Local Continuum of Care capacity	60
Appendix I Oregon’s 10-year Plan to End Homelessness	62

Figures

Figure 1	Sheltered and unsheltered U.S. and Oregon	10
Figure 2	Homeless person as a percent of total population U.S. and Oregon	10
Figure 3	U.S. percentage of chronically homeless people	11
Figure 4	Nationwide family status of homeless	12
Figure 5	Who experiences homelessness? Oregon 2007	13
Figure 6	Age of children in homeless families	14
Figure 7	Age distribution	14
Figure 8	Percent of chronically homeless Oregon 2007	15
Figure 9	Racial and ethnic composition Oregonians and homeless Oregonians	16
Figure 10	One- and two-parent families experiencing homelessness	16
Figure 11	Income change for Oregon families income quintile	20
Figure 12	Oregon Health Plan Standard enrollment	22
Figure 13	One-night-shelter count service eligibility	24
Figure 14	Five-year one-night count trend	25
Figure 15	Payment source for Salem Hospital emergency department patients with address similar to homeless	35

Tables

Table 1	2006 poverty thresholds	11
Table 2	Race and ethnicity	15
Table 3	2007 street count results	17
Table 4	Rural and urban Oregon poverty, unemployment, rent burden	18
Table 5	Oregon one-night-shelter count – January 2007	19
Table 6	OHCS homeless assistance biennial program funding	31
Table 7	FY 2005 Major federal homeless program spending in Oregon	31
Table 8	Costs of homelessness	34

Ending Homelessness Advisory Council vision

We believe all people in Oregon should have the opportunity to be at home in their communities and be physically, emotionally, and economically healthy.

Our guiding principles

These principles will guide the Ending Homelessness Plan in the next 10 years.

- Support local community efforts that respectfully empower individuals and families.
- Prevent and reduce homelessness across all homeless groups.
- Provide choice, quality, minimum standards and affordable temporary and permanent housing.
- Heighten awareness and understanding of the relevance of homelessness issues.
- Keep people in their homes by using support packages and find the right home the first time.
- Deliver evidence and outcome-based services and through partnership working.
- Consult with service providers and users.
- Listen, learn and improve.

Oregon's plan to end homelessness

Oregon's 10-year plan to end homelessness requires new ways of thinking and working. The state's success will depend on new partnerships and integration between all levels of government and ultimately a less clear divide between public and private. The ultimate goal: to address the problem of homelessness holistically, from its root causes to its troubling effects.

The strategies the Oregon Ending Homelessness Advisory Council (EHAC) recommends fall into three interrelated areas critical to meet the goal of ending homelessness.

Prevention and intervention. These strategies limit the number of adults, youth and families that fall into homelessness. They include programs that help people stay housed, approaches that divert people from institutional facilities, policies that assure people with affordable housing and necessary support in place when released from institutional systems of care, and approaches that identify people at risk of homelessness while assessing their needs and reducing barriers for accessing needed support.

Permanent housing with supportive services. EHAC's philosophy and recommendation for state and local policy, supported by research, is that stable, permanent housing is the foundation other services need to succeed. Moving people into housing first is both a value and the impetus to continue expanding affordable housing in Oregon. This will require not only the expansion but also the preservation of existing affordable housing.

System improvements. The institutions and systems that have addressed homelessness for so long must change. Instead of disjointed and isolated service systems for homeless persons, the Oregon Plan to End Homelessness calls for a better alignment of services, funding, policies at the state level, and between the state and local communities.

Part I

Understanding homelessness in Oregon



Defining homelessness

Oregon's Ending Homelessness Advisory Council adopted the definition of "homelessness" as being without a decent, safe, stable, and permanent place to live that is fit for human habitation.¹

People experiencing homelessness, under the broad EHAC definition, include more than people living on the street. They include those who:

- share the housing of other persons due to loss of housing, economic hardship, personal safety, or a similar reason
- live in motels, hotels, trailer parks, or camping grounds because they lack adequate alternative housing
- live in emergency or transitional shelters
- have been abandoned in hospitals
- await foster care placement
- sleep in a public or private place not designed for or ordinarily used as a regular sleeping place for human beings
- live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- face impending eviction from a private dwelling unit and have not found a subsequent residence and the person lacks the resources and support networks needed to obtain housing
- face discharge within a week from an institution in which the person has been a resident for 30 or more consecutive days and for whom no subsequent residence has been identified and s/he lacks the resources and support networks needed to obtain housing

Migrant children between the ages of 3 and 21 qualify as homeless when they live in the circumstances described above.²

¹ Appendix A provides the federal definitions of homeless used in federally financed homeless programs. Not explicitly identified in the EHAC definition: individuals fleeing a domestic violence situation. Elements of the EHAC definition not included in the HUD definition: persons sharing housing, those abandoned in hospitals, and those who await foster care placement.

² As defined under No Child Left Behind Title IC – Migrant Education.

Homeless demographics

Elusive data

Many organizations report information about people experiencing homelessness. The resulting numbers vary dramatically and complicate the job of discerning trends and appropriately targeting resources.

The very nature of homelessness hampers accurate counting. Just finding homeless people can be problematic. Some homeless people live on the margins of society, avoiding contact with social service organizations. Many homeless episodes are of short duration and therefore occur prior to or after the one-night-shelter count.³

System barriers also impede accurate counting. For example, the diverse network that serves homeless people has disparate financial support for data collection. Some providers target particular subsets of the homeless population—such as women with children—resulting in under-representation of other subgroups.

Another complicating factor is the lack of consensus on how to define homelessness. For example, as presented in Appendix A, the U.S. Department of Housing and Urban Development operates with one definition of homelessness, while the federal No Child Left Behind Act offers yet another definition.

Some areas complete a street count of the homeless in conjunction with the annual one-night-shelter count. Some include the street count numbers in the one-night-shelter count report while others do not. In addition to these reporting differences, the counting methodology varies from area to area.

EHAC members acknowledge the limitations of these various sources and recognize the need to improve the quality of data available to policymakers. In the interest of creating a sketch of the homeless population, EHAC uses data from a variety of credible sources with the hope of creating a yardstick against which to measure future progress toward ending homelessness.

New homeless management information systems (HMIS) should soon provide data upon which to estimate more accurately the number of homeless people. The new system will generate real-time information about those served in emergency shelters, transitional housing and shelters, and unsheltered persons served by outreach programs.

The numbers

The National Alliance to End Homelessness used data collected by 463 continua of care⁴ to report that a projected 744,313 individuals experienced homelessness in January 2005 across the country.⁵

³ The one-night-shelter count is described in greater detail beginning on page 13. The instructions for the data collection and trend data for the 2002 to 2007 counts appear in the appendices.

⁴ A continuum of care is a local or regional body that coordinates services and funding for homeless people and families, with a focus on permanent housing.

⁵ *Homelessness Counts*, National Alliance to End Homelessness, January 2007.

On two important measures, Oregon fared poorly in the alliance’s report: the percentage of homeless without shelter (52 percent versus 44 percent nationwide) (Figure 1) and the percentage of the total population experiencing homelessness (0.45 percent versus 0.3 percent nationally) (Figure 2).

According to the Alliance, more than half (8,446 people) of Oregon’s estimated 16,221⁶ homeless individuals went without shelter.

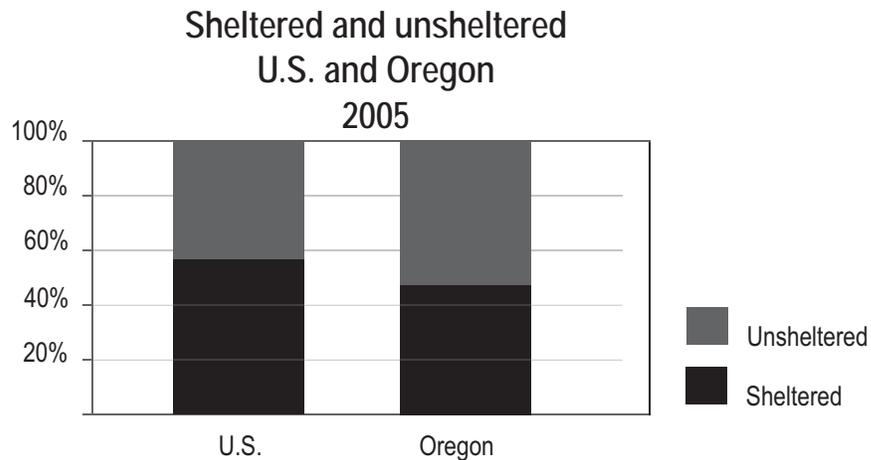


Figure 1

Source: Homelessness Counts, National Alliance to End Homelessness, January 2007 (2005 data).

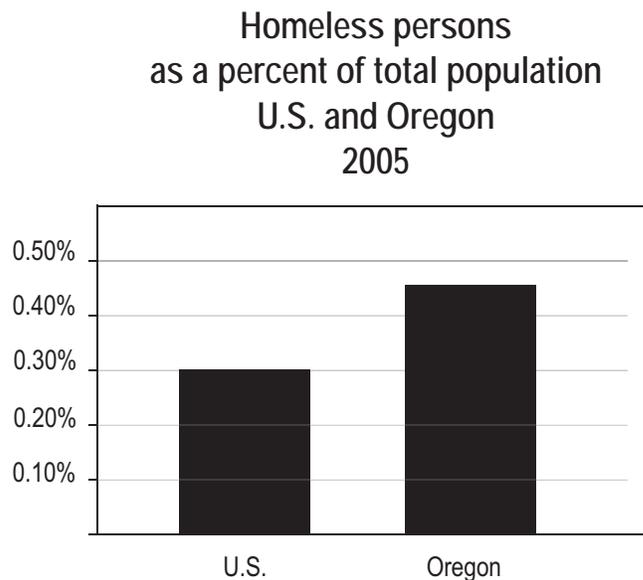


Figure 2

Source: Homelessness Counts, National Alliance to End Homelessness, January 2007 (2005 data).

⁶ This number is higher than that reported in the one-night-shelter count because it also includes some street counts. That is, the local continuum of care count includes homeless people who did not seek shelter on that particular night.

Chronic homelessness

The National Alliance to End Homelessness reported that nationwide chronically homeless people represented approximately one-quarter of homeless identified in the January 2005 count.

The federal government defines “chronically homeless” as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

U.S. percentage of chronically homeless people

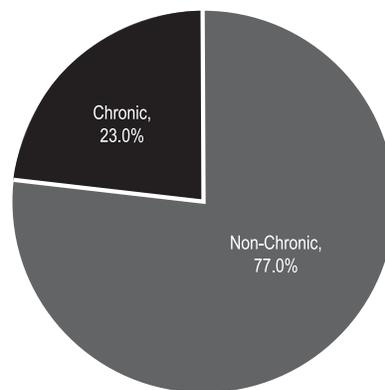


Figure 3

Source: *Homelessness Counts, National Alliance to End Homelessness, January 2007 (2005 data).*

Despite their diversity, homeless people share one characteristic: extreme poverty. Researchers find that people experiencing homelessness have incomes that are generally 50 percent or less of the federal poverty level.⁷

2006 poverty thresholds⁸

Household Size	Poverty threshold	50 percent of threshold
One person (under 65 years)	\$10,488	\$5,244
One person (65 years and older)	\$9,669	\$4,834
One adult and one child	\$13,896	\$6,948
One adult and two children	\$16,242	\$8,121

Table 1

⁷ Burt, Martha R. et al, *Homelessness Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients*, Urban Institute, 1999.

⁸ www.census.gov/hhes/www/poverty/threshld/thresh06.html. As of January 2008, 2007 poverty thresholds had not been published.

Nationwide
family status of homeless

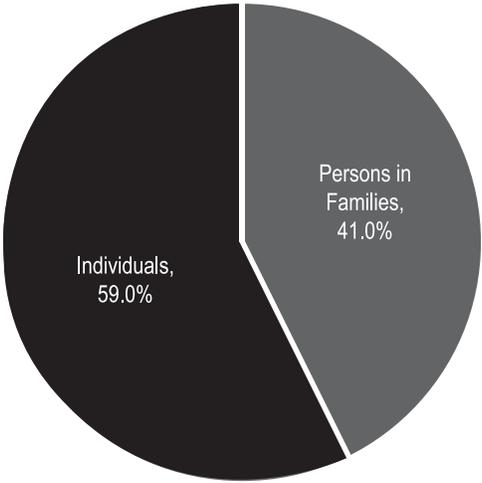


Figure 4

Source: Homelessness Counts, National Alliance to End Homelessness, January 2007 (2005 data).

People experiencing homelessness are diverse – representing every age, racial and ethnic group, and familial status.

Oregon's one-night-shelter count: another source of information

In addition to the continuum-of-care counts upon which the National Alliance to End Homelessness report depends, Oregon also collects information about the state's homeless population via the one-night-shelter count.

The one-night-shelter count instructions and data collection form appear in Appendix B.

Limitations of available data, discussed in further depth on page 9, include inconsistent counting methodologies, inconsistent definitions of homelessness, fragmented and complex systems serving people experiencing homelessness, limited shelter capacity, and the very nature of homelessness.

Despite its limitations, the one-night-shelter count provides another valuable perspective on the problem of homelessness, including more detail about the demographics of this group.

Who experiences homelessness? Oregon 2007

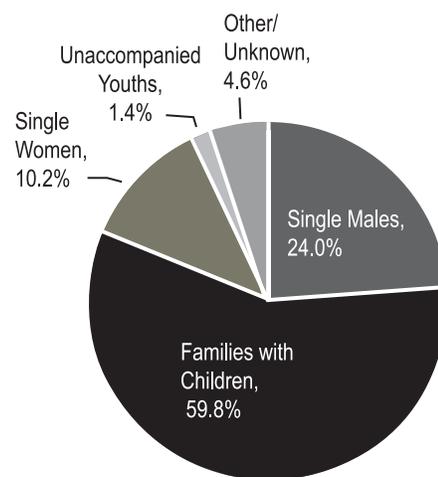


Figure 5

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

Analysis of data collected through Oregon's one-night-shelter count conducted in January 2007 (see Figure 5), reveals that:

- singles represented 39 percent of counted people experiencing homelessness
- adult males represented 62 percent of the single homeless population
- families with children made up 60 percent of the counted homeless population
- single women composed 10 percent of the homeless population
- unaccompanied youths made up nearly 1.5 percent of counted people without homes
- children and unaccompanied youths represented 32 percent of the homeless counted on that night

Among children in families and unaccompanied youth, 63 percent of those counted were sheltered. The remaining 37 percent did not receive shelter.⁹ A homeless child in a family is typically younger than age 11 based on the one-night-shelter count.

Age of children in homeless families

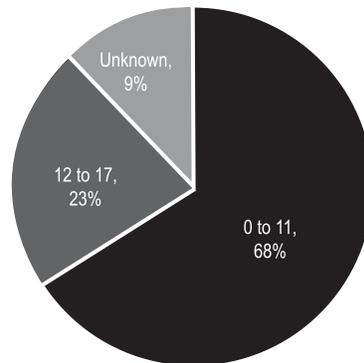


Figure 6

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

Age distribution

The number of very young children experiencing homelessness remains a troubling problem. Children age 5 and younger represented nearly 14 percent of people counted as homeless in the January 2007 one-night-shelter count.

Children age 11 and younger represented nearly 26 percent of the people counted. (Figure 7)

Age distribution

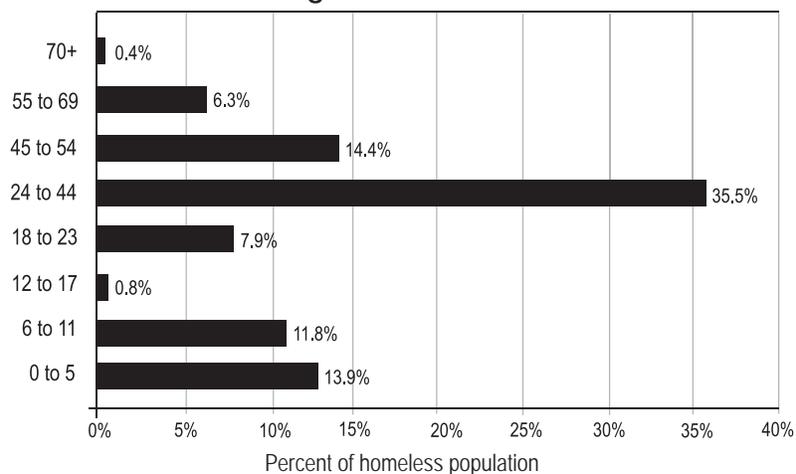


Figure 7

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

⁹ Shelter may include a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) or a public or private place that provides a temporary residence for individuals pending institutionalization. In some areas, the number of sheltered persons included individuals receiving rental assistance.

Chronic homelessness

During the January 2007 one-night-shelter count, more than 40 percent of the people counted experienced homelessness as a chronic condition (Figure 8). This contrasts with the 23 percent chronically homeless in Figure 3; the two different definitions of “chronic” may partly explain the difference.¹⁰

Percent of chronically homeless
Oregon 2007

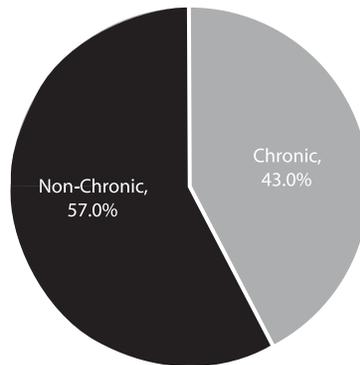


Figure 8

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

Disparate impact

Like poverty, homelessness affects racial and ethnic minority populations disproportionately.

Census race and ethnicity categories ¹¹	Percent of Oregon population	Percent of homeless Oregonians
Black	1.8%	7.4%
American Indian and Alaska Native	1.4%	5.0% American Indian Only
Asian	3.4%	0.8%
Native Hawaiian and Other Pacific Islander	0.3%	1.0% Pacific Islander Only
Other	2.3% Two or more races	8.4% Unknown
Hispanic or Latino (can be any race)	9.9%	14.3%
White not Hispanic	81.6%	63.1%

Table 2

Source: US Census Bureau for Oregon population 2005 (<http://quickfacts.census.gov/qfd/states/41000.html>) and One-Night-Shelter Count, Oregon Housing and Community Services, 2007.

¹⁰ The one-night shelter count asks, “Have you been continuously homeless for a year or more, or had at least four episodes of homelessness in the past three years?” Persons who answer this question “Yes,” and who also indicate they have a disability will appear as chronically homeless, regardless of family status. In contrast, the federal definition that a chronically homeless person is “an *unaccompanied* homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years” (emphasis added).

¹¹ Note: The US Census racial and ethnic categories and the one-night shelter count categories do not align (as noted in Table 2).

Racial and ethnic composition Oregonians and homeless Oregonians

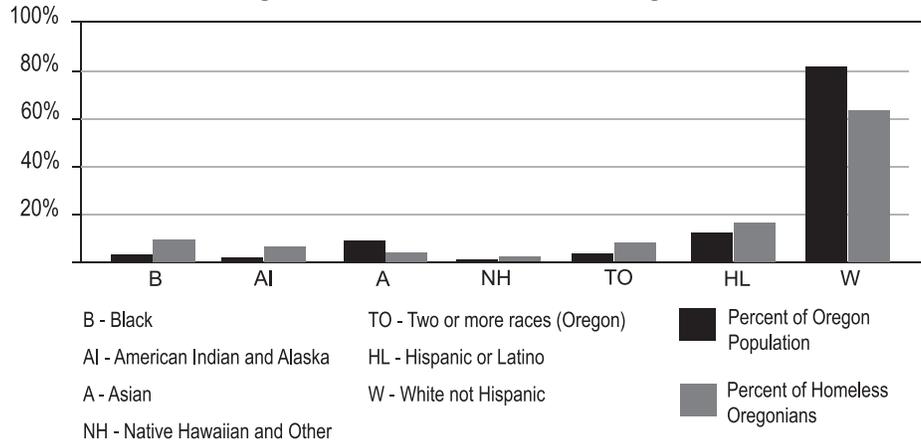


Figure 9

Source: US Census Bureau for Oregon population (<http://quickfacts.census.gov/qfd/states/41000.html>), and One-Night Shelter Count, Oregon Housing and Community Services, 2005.

Family status

Oregon's one-night-shelter count found that single people represented 39 percent of those experiencing homelessness, while persons in families represented 61 percent.

A single parent heads nearly two-thirds of homeless families (see Figure 10). A typical homeless family includes a mother with two children younger than 5 years of age.

One- and two-parent families experiencing homelessness

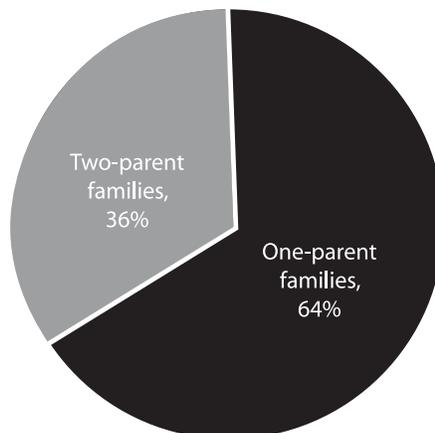


Figure 10

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

Street counts

In addition to the one-night-shelter counts, some areas also conduct street counts of people experiencing homelessness. Like the one-night-shelter count, the street count is a point-in-time count. Therefore, people with episodes of homelessness that occurred before or after the street count do not appear in the count.

In some cases, the numbers collected during the street count also appear in the one-night-shelter count in the “turned away” category. Inconsistent definitions of homelessness and differences in data collection methods drive the differences in the following table. These definitions vary from continuum to continuum and sometimes within a continuum, making comparisons unreliable.

2007 street count results

Continuum of Care	Street Count	Included in one-night-shelter count	Notes
Clackamas County ¹²	3,543	No	9 percent sheltered
Crook, Deschutes and Jefferson counties	---	Yes	
Jackson	---	Yes	
Marion & Polk counties ¹³	1,921	No	Includes 799 identified as sheltered (One-night-shelter count identified 814). Count affected by police sweep of areas where homeless people congregate.
Portland, Gresham and Multnomah County ¹⁴	1,438	No	Includes 61 individuals identified as “turned away” in one-night-shelter count.
Remainder of state	No count conducted	No	
Washington County	---	Yes	

Table 3

Source: local continua of care, 2007.

¹² Clackamas County Homeless Count 2007, www.clackamas.us/cd/homeless.htm

¹³ Pacific Policy and Research Institute, Inc., Mid-Willamette Valley Community Action, *10-YEAR PLAN TO END HOMELESSNESS* (Marion and Polk Counties, Oregon), www.mwvcaa.org/crp/CRPhmlessRpt.pdf

¹⁴ *Home Again: A 10-year plan to end homelessness in Portland and Multnomah County*, www.portlandonline.com/shared/cfm/image.cfm?id=152049.

Oregon one-night-shelter count – January 2007

County	Sheltered				Turned Away				Total Homeless	Chronically Homeless		
	Singles	Persons in families with children	Less than 11 years old	12-17 years old	TOTAL Sheltered	Persons in families with children	Less than 11 years old	12-17 years old		TOTAL turned away	Sheltered	Turned away
Baker	7	41	18	5	48				48	16	0	16
Benton	32	54	24	18	86	12	34	11	46	24	20	44
Clackamas	37	125	59	15	162	95	48	17	143	57	62	119
Clatsop	54	48	24	3	102	27	28	10	55	35	17	52
Columbia	17	121	46	24	138	37	60	22	97	53	53	106
Coos	49	113	35	19	162	29	39	12	68	87	12	99
Crook	0	26	8	7	26	109	264	62	373	13	200	213
Curry	5	3	0	2	8	6	0	0	6	3	2	5
Deschutes	111	113	52	20	224	224	955	293	1,179	114	603	717
Douglas	107	240	101	38	347	14	134	30	148	150	109	259
Gilliam	1	0	0	0	1	2	5	0	7	0	5	5
Grant	4	16	5	3	20	0	0	0	0	0	0	0
Harney	2	15	4	1	17	0	0	0	0	2	0	2
Hood River	2	10	2	2	12	0	0	0	0	0	0	0
Jackson	164	187	73	31	351	57	5	2	62	92	52	144
Jefferson	7	32	9	6	39	24	71	26	95	33	44	77
Josephine	88	113	46	25	201	73	52	13	125	95	93	188
Klamath	6	11	7	1	17	85	272	90	357	3	240	243
Lake	0	0	0	0	0	0	0	0	0	0	0	0
Lane	780	744	309	92	1,524	21	157	72	178	679	51	730
Linn	7	38	17	6	45	1	10	5	11	19	4	23
Linn	99	31	8	4	130	1	13	6	14	73	0	73
Malheur	4	26	13	1	30	40	33	11	73	13	35	48
Marion	332	355	157	38	687	36	22	5	58	96	34	130
Morrow	17	186	93	17	203	0	0	0	0	37	0	37
Multnomah	1,533	1,491	661	216	3,024	172	406	165	578	1,384	160	1,544
Polk	6	58	18	13	64	1	4	3	5	18	0	18
Sherman	1	7	3	1	8	0	0	0	0	1	0	1
Tillamook	0	0	0	0	0	0	0	0	0	0	0	0
Umatilla	66	35	19	4	101	13	63	18	76	37	14	51
Union	5	46	25	4	51	1	0	0	1	18	0	18
Wallowa	0	10	7	0	10	0	0	0	0	4	0	4
Wasco	10	13	7	4	23	0	0	0	0	4	0	4
Washington	87	189	91	24	276	442	443	163	885	58	508	566
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0
Yamhill	66	162	49	15	228	2	12	5	15	45	0	45
Total	3,706	4,659	1,990	659	8,365	1,525	3,130	1,041	4,655	3,263	2,318	5,581

Table 5

Geography

Painting a picture of homelessness presents particular challenges. In Oregon, the rural continuum of care¹⁵ does not conduct a street count, and capacity of shelters remains very small. (Table 5 shows the results of the one-night-shelter count for each of the state’s 36 counties.)

Because poverty drives homelessness, the poverty rate can serve as an indicator of what the problem of homelessness may be in a part of the state where homeless counts reach few.

Poverty in rural Oregon—at 13.8 percent—stands well above the rest of the state’s rate of 11 percent (Table 4). Similarly, people in rural counties are more likely to be unemployed. In 2006, unemployment stood at 6.6 percent in rural counties, but was just under 5.1 percent in the rest of the state.

Rural and urban Oregon poverty, unemployment and rent burden

	Percent in poverty	Unemployment Rate	Fair market rent ¹⁶ as a percent of average earnings	Percent of households rent-burdened ¹⁷
Rural counties ¹⁸	13.8%	6.6	26.16%	44.5%
Urban counties ¹⁹	11.0%	5.1	22.76%	44.7%

Table 4

One statistic worthy of future monitoring—renters’ housing burden—currently shows no significant difference between rural and urban Oregon. However, changes in the owner-occupied housing market may affect the housing burden for renters.

According to experts in rural homelessness, 9 percent of the homeless population lives in rural areas.²⁰

Oregon’s large size and undeveloped forestlands provide ample space for people to establish campsites and other living quarters while remaining undetected.

The long distances between communities in rural Oregon can impede access to treatment, therapy, other services, social services and supports necessary to maintain stable housing. These great distances also increase the cost of delivering services.

¹⁵ Baker, Benton, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler and Yamhill counties comprise Oregon’s rural continuum of care

¹⁶ As defined by the Department of Housing and Urban Development.

¹⁷ “Housing burdened” households pay more than 30 percent of income for housing.

¹⁸ Included in this list of rural Oregon counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Jefferson, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, and Yamhill.

¹⁹ Included in this list of urban Oregon counties: Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, Polk, and Washington.

²⁰ Burt, Martha R. et al., Urban Institute, *Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients*, 1999.

Causes of Homelessness

Insufficient income and low-paying jobs

In Oregon, the gap between the rich and the poor has grown steadily since the 1970s. This gap between rich and poor Oregonians saw the second largest increase among the states between the late 1980s and the late 1990s. When adjusted for inflation, income for the poorest fifth of the population actually fell more than 6 percent while income grew nearly 34 percent in the same period for the richest fifth.

**Income change for Oregon families
Late 1980s to late 1990s by
income quintile**

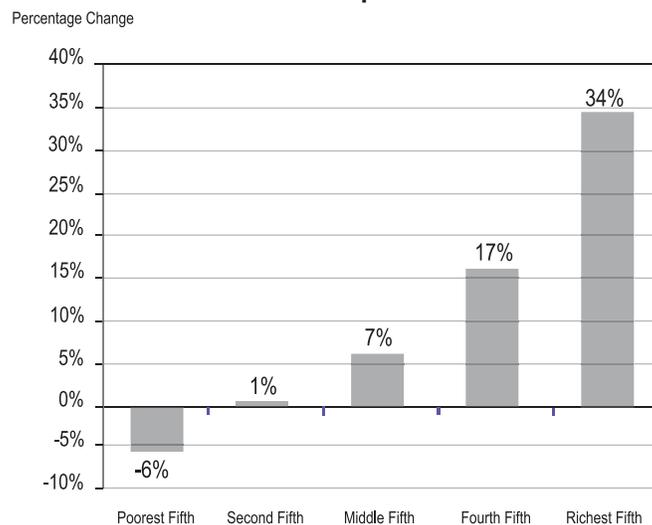


Figure 11

Source: Economic Policy Institute/Center on Budget and Policy Priorities, *Pulling Apart: A State-by-State Analysis of Income Trends*, April 2002.

Inflation adjusted wage gains of the 1990s lost ground during the 2001-03 recession. Wages increased for 98 percent of workers between 1990 and 2003. For the 2 percent who earned the lowest wages, wages stagnated or dropped.²¹

Housing burden

The percentage of renters in Oregon paying more than 30 percent of their income for housing increased from 45.5 percent in 2000 to 54.9 percent in 2005.

The National Low Income Housing Coalition calculated a weighted ranking using the following parameters: median gross rent, the ability of a renter at median renter income to afford a median-priced rental apartment, and the proportion of renters paying more than 50 percent of their income on rent. The coalition ranked Oregon the third most unaffordable rental market among the states in 2003.²²

²¹ Moore, Eric and Peniston, Barbara E., Oregon Employment Department, *Wage Inequality in Oregon – Still Growing?* September 2004.

²² National Low Income Housing Coalition, "Ranking the Most and the Least Unaffordable States for Renter Families," *Up Against a Wall: Housing Affordability for Renters, An Analysis of the 2003 American Community Survey*, November 2004.

In 2006, a person working 40 hours a week in Oregon had to earn \$13.46 an hour to afford a two-bedroom unit at fair market rent. In contrast, the estimated mean (average) wage for a renter is \$11.44 an hour. Consequently, the average renter pays more than 30 percent of income on rent, making that renter housing-burdened.

Lack of affordable housing

During the 1990s, low-income Oregonians faced a growing shortage of affordable housing units. While the need for affordable housing grew, the number of affordable units per 100 extremely low-income renters dropped by four units—from 68 to 64 units per 100 extremely low-income households.²³

For traditional housing programs, such as Section 8, and for manufactured dwelling parks, Oregon's rising property values provide the financial incentive to convert properties to market-based structures. This trend places existing affordable housing stock at risk.

Federal support for affordable housing has dropped during the last 30 years. The federal housing assistance budget authority has decreased 48 percent since 1976. The U.S. Department of Housing and Urban Development budget represented 7 percent of the 1976 federal budget, but just 2 percent of the 2004 federal budget.

Federal assistance for low-income renters continues to lag behind the need. In 2004, approximately five million households received rental assistance while nearly eight million households paid more than 50 percent of their income on housing.

Discontinuity or lack of services

As described in the following section of this report, many federal, state, and local programs target homeless individuals or those at risk of becoming homeless. In addition, many private, not-for-profit, volunteer, and faith-based organizations operate social programs designed to respond to a particular need or problem. More often than not, each of these programs has its own objectives and client base, and lack connections to other programs serving similar populations.

Understanding clients is different than understanding systems. Despite the best efforts of many at the local level, the “system” lacks a client focus. As a result, it perpetuates poverty and homelessness by being difficult to navigate, fragmented, and/or restrictive.

Providers serving the homeless population expend much effort and energy to create structures for networking, referral, coordination, and collaboration to address the lack of integration among the systems.

Budget reductions

During the state's economic recessions, the Legislature trimmed human services budgets to bring spending within available revenues.

During the special sessions of the 2001 and 2002, many programs saw cuts that devastated systems serving people with mental health problems, developmental disabilities, and addictions.

²³ Oregon Housing and Community Services, *Report on Poverty 2004*.

The Oregon Health Plan standard program, which served people at or below 100 percent of the poverty threshold, provided a dramatic illustration of the impact of the revenue shortfalls.

After a series of benefit reductions—the elimination of dental, vision, prescription drug, mental health, and chemical dependency coverage—the Legislature eventually capped enrollment in the Oregon Health Plan standard program. The following chart illustrates the remarkable drop in the number of Oregonians covered under the “standard” program.²⁴

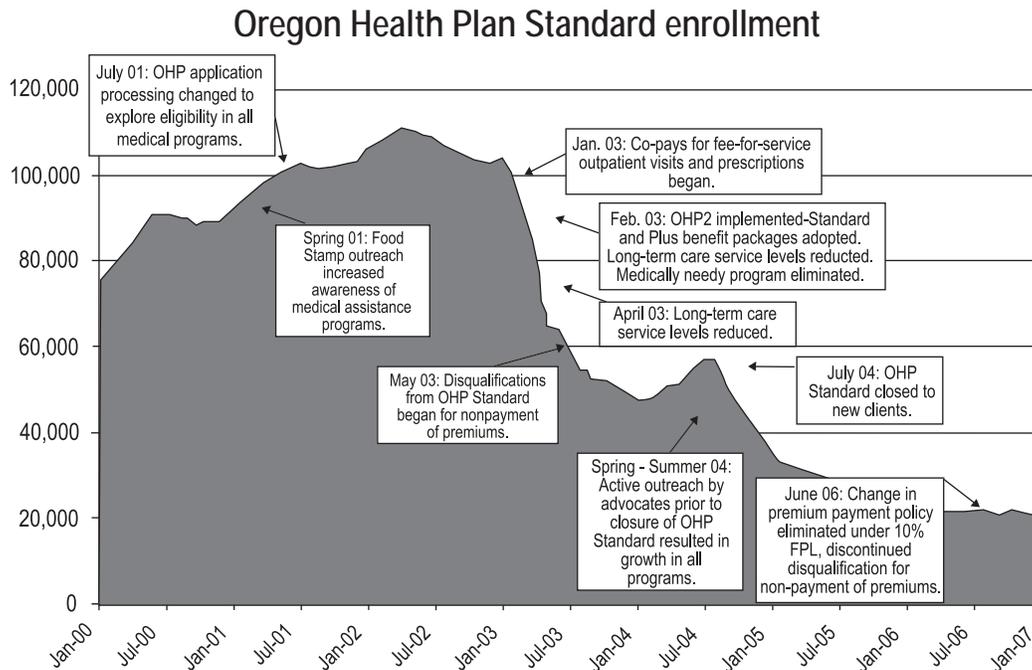


Figure 12

Source: Department of Human Services, Division of Medical Assistance Program.

Another casualty of the state’s budget woes: the state’s medically needy program, which provided critical support to approximately 8,000 people with disabilities and extraordinary medical expenses was eliminated.

Budget cuts totaling nearly \$842 million affected programs and providers across human services, including:

- child welfare foster program payments
- community mental health and addictions treatment programs
- Temporary Assistance to Needy Families grants (welfare)
- emergency assistance for very low-income families
- Safety Net Clinics, the health care provider of last resort for many low-income Oregonians
- long-term care for seniors and people with disabilities

²⁴ Many people previously covered by Oregon Health Plan Standard successfully applied for coverage through other Medicaid programs, such as Aid to the Blind/Aid to the Disabled, Temporary Assistance to Needy Families medical, the Children’s Health Insurance Program, substitute care and adoption services, and assistance with Medicare premiums and co-payments.

Other factors contributing to homelessness

Among the social and economic factors contributing to homelessness:

- inadequate resources for people leaving institutions and services such as corrections, mental health hospitals, short-term housing, and the foster care system
- eligibility restrictions (past criminal activity or alcohol and drug use) in government or privately sponsored services
- poor rental and credit histories
- unexpected emergencies, such as a major health issue, or loss of a job, housing, or public assistance
- domestic violence, including unfriendly separations and divorces
- unstable family and home environments
- overcrowded or inadequate housing
- natural disasters
- displacement as the result of eviction or closure of housing, problems with property owners, or conflicts with other tenants

Among certain populations, other factors play into the risk of an individual or family becoming homeless.

Among families

In addition to the causes of homelessness noted above, younger parents with young children face a greater incidence of homelessness. Of families headed by single mothers with children younger than age 5, a shocking 56.5 percent live in poverty.²⁵ Often, the mother is a victim of domestic violence.²⁶

Among people with mental illness or addiction disorders

People with mental health problems and those who abuse alcohol and other drugs—or who simultaneously confront substance abuse and mental illness—represent a disproportionate share of homeless Oregonians. More than half of people counted reported needing such services.

²⁵ 2005 American Community Survey, US Census Bureau.

²⁶ National Alliance to End Homelessness, *Fact Checker: Accurate Statistics on Homelessness, "Family Homelessness,"* February 2007.

One-night-shelter count service eligibility

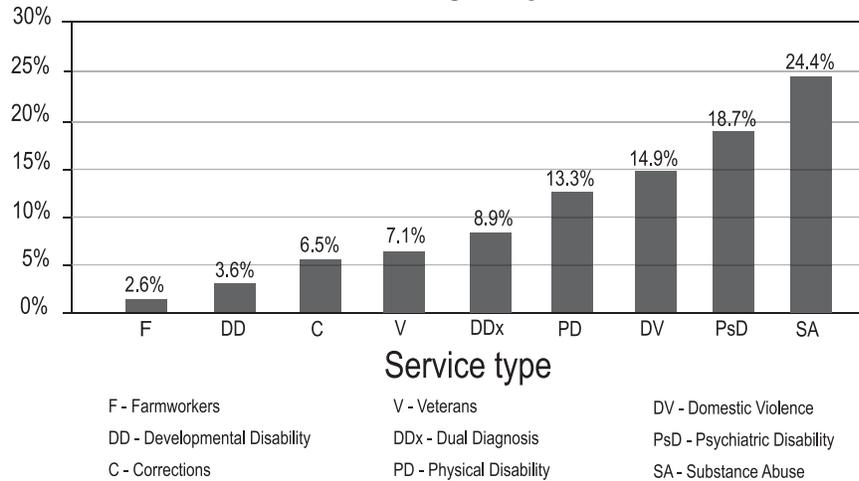


Figure 13

Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.

In addition to the common thread of poverty, causes of homelessness in this population include:

- limited ability to work and live independently
- lack of treatment for such disorders, either because individuals fail to seek treatment or because public and private insurance fail to cover treatment services adequately
- lack of affordable housing coupled with limited or non-existent services

Mental illness and addiction represent the greatest causes of chronic homelessness. Such individuals also use a disproportionate share of emergency room and hospital care and experience incarceration at a greater rate than the rest of the population.

Among youth

The most common factors contributing to homelessness among youth:

- running away
- family breakdown
- parental neglect and abandonment
- economic stress
- limited alternatives after leaving foster care or other state custody
- physical and sexual abuse
- mental illness
- addiction disorders in the individual or family

Among single adults

Again, poverty drives growth in the homeless population. The government provides minimal support to single, childless adults in poverty.

A person with physical disabilities, permanent or temporary, also faces greater risk of homelessness.

Between 1955 and 1991, Oregon's general assistance program provided a safety net for adults with short- and long-term disabilities who were unable to work. The program provided medical and financial benefits. In 1991, the Legislature limited access to the program to individuals with severe physical or mental impairments expected to last at least 12 months.

In 2003, the Legislature eliminated the program as the result of the state's general fund budget shortfall. A modified and restricted version operated in the state between fall of 2003 and fall 2005. However, in October 2005, budget problems led to the total elimination of the general assistance program, leaving unemployable adults with few options.

Many homeless people have jobs. Community Action of Washington County reported that, "among homeless families seeking shelter at Community Action, 30 percent were working."²⁷

Many families and individuals lose housing because wages have not kept pace with housing cost inflation. In some cases, having outside income can make an individual ineligible for other benefits.

Trends in homelessness

Oregon's one-night-shelter count continues to identify more and more homeless people, with 7,433 counted in 2002, growing to 13,020 in 2007, an increase of 75 percent over 5 years.

Since 2002, the number of unsheltered individuals identified during the count has increased 271 percent (see Figure 14).

Five-year one-night count trend

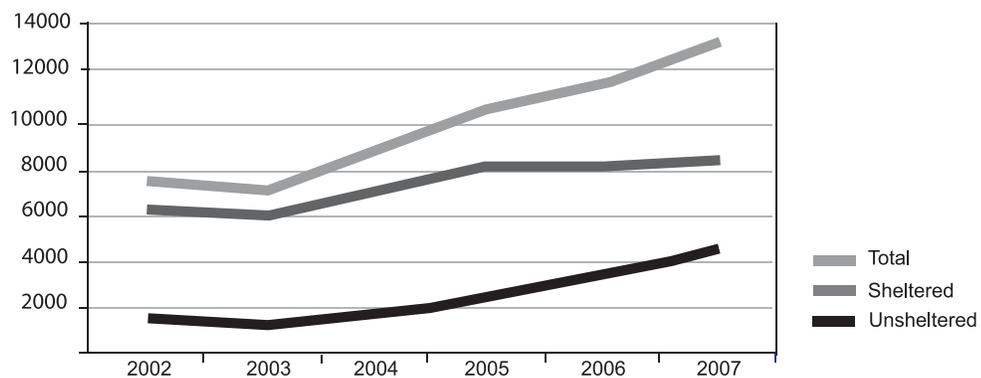


Figure 14

Source: One-Night-Shelter Count, January 2007, Oregon Housing and Community Services.

²⁷ www.caowash.org/povertyinfo.php

Other groups counted at much higher rates between 2002 and 2007 include:

- people with physical disabilities increased 166 percent
- people with substance abuse problems increased 171 percent
- people with co-occurring mental illness and substance-abuse disorder increased 122 percent
- people who identified themselves as American Indian increased 170 percent

Other sources of information

More long-term data comes from programs with clientele that includes homeless persons. Eligibility requirements and data gathering techniques vary by program.

The following data are collected by several systems in the state of Oregon.

Education

During the 2005-2006 school year some 13,159 children and youth enrolled in K-12 from our public schools identified themselves as homeless. These children lived in shelters, had shared living arrangements, lived in motels or simply had no shelter.²⁸ This represents an increase of nearly 2,000 homeless students from the previous year.²⁹ Oregon's homeless student population for the 2006-07 school year was 15,517, a 10 percent increase over the 2005-06 school year.³⁰

Unaccompanied minor youth comprise approximately 14 percent of the total number of homeless students. This group of students typically lacks parents or legal guardians. In those instances, district homeless liaisons and counselors often act as an emergency contact for the student on issues of absenteeism, school performance, and behavior.

Homeless and runaway youth

The Oregon Homeless and Runaway Youth Workgroup reported that 823 youths received services between July 1, 2005, and June 30, 2006.

Addiction treatment and mental health programs

During the 2006-2007 fiscal year, 4,713 adults were homeless when they enrolled in addiction treatment services funded through the Addictions and Mental Health Division of the Oregon Department of Human Services. Similarly, 4,944 adults were homeless when they enrolled in mental health services during this period.³¹

²⁸ For the purpose of the Education for Homeless Children and Youth Program, homeless children and youth are minors who lack a fixed, regular, and adequate nighttime residence.

²⁹ Oregon Department of Education. Press Release, November 16, 2006.

³⁰ Oregon Department of Education, Press Release *State's Homeless Student Report: Homeless student population grows 18% as federal funding decreases 10%*, September 12, 2007.

³¹ Office of Mental Health and Addiction Services, Oregon Department of Human Services, 2008.

Veterans

In Oregon, the US Department of Veteran's Affairs counted 6,940 homeless veterans in 2005 while at the same time only 159 beds were available through its Homeless Providers Grant.³²

Hunger and homelessness

Finally, we also know that many homeless people face food and hunger difficulties. In the Oregon Food Bank Network, 9 percent of clients receiving emergency food boxes report themselves as homeless.

³² VA's Homeless Providers Grant and Per Diem Program is offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

Part II

Services, expenditures, barriers and costs of homelessness



Many agencies and organizations serve people at risk of or experiencing homelessness. These include federal and state government agencies local public and private not-for-profit organizations. The budgets of these agencies receive funds from equally diverse sources.

Mainstream services

In *Holes in the Safety Net: Mainstream Systems and Homelessness*, the Charles and Helen Schwab Foundation defined mainstream resources as, “publicly funded programs which provide services, housing and income supports to poor persons whether they are homeless or not. They include programs providing welfare, health care, mental health care, substance abuse treatment and veterans’ assistance.”³³

Mainstream programs direct billions of dollars to a wide range of antipoverty and low-income housing programs throughout the country that promote self-sufficiency and unquestionably help to prevent homelessness.

See Appendix D for a description of mainstream services available in Oregon.

Targeted programs

Direct homelessness assistance from federal, state, and local governments amount to billions each year. Many not-for-profits serve people experiencing homelessness and at risk. And, as addressed above, many mainstream programs serve homeless people.

In 1995, the U.S. Department of Housing and Urban Development implemented a continuum of care approach to streamline and encourage local coordination and planning of services and housing for homeless people.

As described by HUD, “A continuum of care is a local or regional system for helping people who are homeless or at imminent risk of homelessness by providing housing and services appropriate to the whole range of homeless needs in the community ...”³⁴

Programs included in continuums of care generally fall into the following categories:

- Emergency shelters
- Transitional housing
- Permanent supportive housing
- Supportive services
- Permanent affordable housing
- Prevention programs

Some programs target specific subpopulations of people experiencing homelessness.

³³ *Holes in the Safety Net: Mainstream Systems and Homelessness*, February 2003. Charles and Helen Schwab Foundation and Katharine Gale Consulting. www.schwabfoundation.org

³⁴ *Evaluation of Continuums of Care for Homeless People, Final Report*, US Department of Housing and Urban Development, Office of Policy Development and Research. Prepared by Martha Burt et al, The Urban Institute and ICF Consulting, May 2002.

Local services

A wide range of public, private, and faith-based organizations respond to the problem of homelessness. These responses include emergency shelters, emergency rental assistance, and energy and utility assistance.

See Appendices E, F, and G for more information about targeted programs, including federal and state programs.

Spending on anti-homelessness programs

In Oregon, nearly \$40 million in state and federal dollars fund targeted services and programs for people experiencing homelessness. This figure does not include investment from the philanthropic sector, private donations, and in-kind contribution from individuals or organizations.

OHCS homeless assistance biennial program funding (state budget)

Program title	Biennial Budget
Emergency Housing Assistance	\$7,288,674
State Homeless Assistance Program	2,901,819
Emergency Shelter Grant Program	1,765,661
Housing Stabilization Program	1,000,000
Continuum of Care	3,167,435
Total	\$16,123,589

Table 6

Source: Oregon Housing and Community Services analysis of 2007-09 legislatively approved budget.

FY2005: Major federal homeless program spending in Oregon, including McKinney Homeless Act programs

Program title	FY 2005 Spending (\$)
Emergency shelter grants program	1,653,814
Supportive housing program	11,163,084
Shelter plus care	2,059,998
Section 8 moderate rehabilitation SRO housing	1,536,275
Education of homeless children and youth	596,551
Projects for assistance in transition from homelessness (PATH)	495,000
Transitional living for homeless youth	1,235,436
Education and prevention to reduce sexual abuse of runaway homeless and street youth	500,000
Runaway and homeless youth	853,921
Emergency food and shelter national board program	2,655,917
Total federal programs	\$22,749,996

Table 7

Source: HUD Portland Office analysis of FY 2005 Federal Assistance Award Data System (FAADS) data and HUD Portland Office data on Section 8 Moderate Rehabilitation Single Room Occupancy funding.

Local government funding

It is difficult to quantify Oregon local government spending on services for people experiencing homelessness, or to prevent homelessness. The 2006 US Conference of Mayors Survey estimated that the 23 cities surveyed expended close to \$133.6 million to serve people experiencing homelessness.³⁵ These surveys also indicate that cities largely depend on the federal and/or state government funds to serve people experiencing homelessness.

Private, non-profit funding

In the Northwest, during 2004, private philanthropic organizations made grants in the area of homelessness totaling more than \$80,000.

Recently, three local foundations—The Bill and Melinda Gates Foundation, the Meyer Memorial Trust and the Oregon Community Foundation—made grants to the Portland-area Bridges to Housing program of nearly \$1.6 million. Such philanthropy demonstrates increasing private-sector commitment to addressing the problem of housing unaffordability and homelessness.

Many non-government programs rely on private contributions and private foundation giving. Oregon's largest foundations have traditionally supported the housing and service activities of many non-profit organizations whose mission includes affordable housing as a strategy to keep low-income people stable, and in some cases to house those already homeless.

Barriers to accessing services

The Schwab Foundation has identified many barriers to accessing mainstream services faced by homeless people. These barriers fall into four basic categories:

- the nature of homelessness
- system barriers
- lack of focus on homeless prevention
- stigma, prejudice, and disenfranchisement

The nature of homelessness

The condition of homelessness hinders use of mainstream services in many ways. People experiencing homelessness live in extreme poverty and often suffer from greater incidence of poor health, mental illness, substance use disorders, and social isolation. The lack of stable housing hinders utilization of services.

Application processes for some programs can take months to complete and often require documentation that is difficult for individuals to obtain and keep while homeless. Therefore, they cannot prove their eligibility for the lack of documents and records. Lack of affordable transportation to program offices also inhibits participation.

From the lack of a secure place to store possessions and documents, to the absence of a refrigerator or kitchen to store and prepare food, to the dearth of childcare options, the realities of homelessness put services out of reach.

³⁵ *Hunger and Homelessness Survey*. A status report on Hunger and Homelessness in America's Cities. 2006 US Conference of Mayors.

System barriers

Each mainstream³⁶ program represents a separate philosophy, policy, and funding stream. The differences can stymie an individual seeking to enroll in programs and services. Each program carries its own eligibility standards, timelines, and standards for ongoing participation. Homeless clients (already stressed to meet their basic needs for food and shelter), cannot hope to meet these conflicting demands.

A shelter's preference for serving a specific population may hasten the break up of families by denying access to men or older boys to ensure the privacy and comfort of women and children in the shelter. Male heads of households seek other shelter or forego housing altogether to ensure housing for a wife and children.

The population experiencing homelessness also faces greater incidence of trauma and multiple risks. When professionals within programs have highly specialized training to deal with a particular type of client, they may be unable to understand and serve an individual who has multiple and complex co-occurring conditions.

In addition to these barriers, publicly financed programs focus on those activities for which they are held accountable. If stable housing status of program clients is not linked to continued funding, mainstream programs will not make housing stability a priority.

Some program policies actually discourage individuals from becoming self-sufficient by reducing benefits when a client begins to earn some income, even if those earnings are inadequate for self-sufficiency.

Finally, human services and other programs face chronic funding shortages that discourage special efforts to meet the intensive and complex needs of people experiencing homelessness. Shelters and other providers face ongoing shortage of resources, inadequate funding to meet increasing demand, and increasing restrictions on funding streams.

Lack of focus on homeless prevention

Related to the problem of accountability, mainstream programs tend to focus on what happens to clients while they are actively receiving services, not what happens when these individuals transition out of services.

Discharge planning in foster care, hospital-based health care, mental health, addiction treatment, and prison systems can play a significant role in preventing homelessness by ensuring that the people they service have a place to live upon discharge.

Planning for interruptions in program eligibility (Medicaid, SSI, etc.) while individuals are hospitalized or incarcerated, can also do much to prevent homelessness.

In the homeless system, a focus on the short-term emergent needs of clients for food and shelter precludes a consideration of homelessness prevention.

³⁶ See definition of mainstream services on page 30.

Stigma, prejudice and disenfranchisement

Homelessness disproportionately affects racial and ethnic minorities and people with disabilities. People with disabilities, mental health problems, or belonging to minority groups may experience differential treatment or encounter staff lacking skills to help particular populations.

The shame of seeking help can present a significant barrier to some who would rather endure the hardships of homelessness than the indignity of revealing circumstances and health status to qualify for assistance.

Some individuals may have tried repeatedly to get help without success, and now have given up hope that the system could meet their needs.

Finally, like other people experiencing poverty and disconnection, people experiencing homelessness may not understand the systems or their rights, such as those provided by the Americans with Disabilities Act.

Costs of homelessness

The consequences of homelessness and the many factors that contribute to it create other costs for communities and society as a whole. Shelters, emergency room visits, court proceedings and jail time all add to costs associated with homelessness.

Setting	Average length of stay (days)	Average cost per stay
Foster care (basic) ³⁷	465	\$6,944
Residential treatment for addiction disorders (adult)	94	\$ 9,500
Acute psychiatric treatment	10	\$10,000
Foster care (special needs) ³⁸	465	\$16,000
Residential treatment for addiction disorder (child)	105	\$17,000
Adult mental health treatment facility	471	\$34,727
Prison and after-care		\$80,503
State Hospital	239	\$131,338

Table 8

Source: Department of Human Services.

Community healthcare costs. The majority of people who are homeless lack health insurance and access to healthcare. As a result, the emergency rooms see a disproportionate share of homeless people.

At Salem Hospital, the people with an address similar to homeless incurred more than \$3 million in emergency department charges between October 2005 and September 2006. Homeless people made up 7.5 percent of uninsured emergency department encounters and 17.25 percent of uninsured charges.

³⁷ When a child enters foster care, the state incurs significant costs. The amounts in this table include only board payments for children in state custody. Health care, mental health care and services for the entire family can mean significantly greater costs.

³⁸ The amounts in this table include only board payments for children in state custody. Health care, mental health care and services for the entire family can mean significantly greater costs.

Payment source for Salem Hospital emergency department patients with address similar to homeless

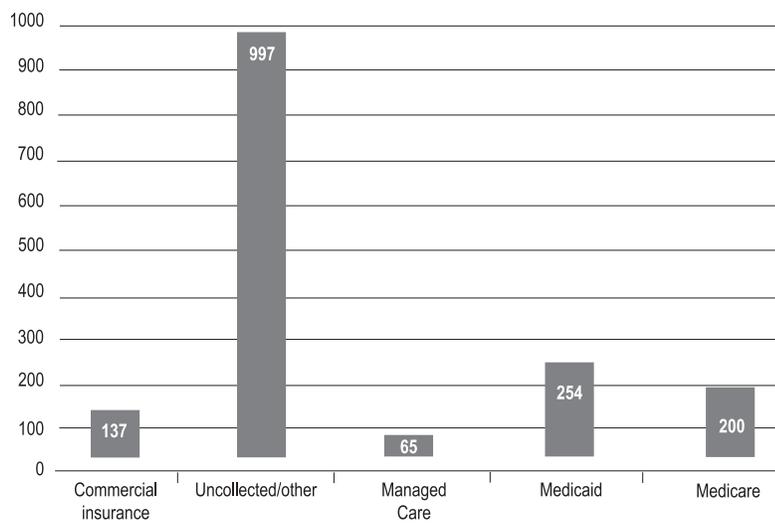


Figure 15

Source: Salem Hospital Foundation.

In 2006, the Riverstone Health Clinic, a health care safety net clinic in Springfield, served nearly 1,300 people experiencing homelessness.

In San Francisco, researchers followed 15 homeless people over an 18-month period to document the costs of emergency room visits, medications, hospitalizations, police and court interventions, and temporary incarcerations. They found that the city and county had spent about \$200,000 on each homeless person they tracked for more than a year.

Societal and personal costs of homelessness

Compared to housed children of the same economic status, homeless children experience a greater range of physical, academic, and emotional problems. Such children are more likely to have:

- poor and inadequate nutrition
- health problems, such as infections, asthma, and gastro-intestinal disorders
- developmental delays
- anxiety, depression, and behavior problems
- increased risk of substance abuse
- poor school attendance
- poor academic performance³⁹

The Oregon Department of Education compared the performance of homeless students to the average performance of all students. Only 74 percent of homeless students met the benchmark on the third-grade

³⁹ Bassuk, Ellen L. and Friedman, Steven M. et al, National Child Traumatic Stress Network, Homelessness and Extreme Poverty Working Group, *Facts on Trauma and Homeless Children*, 2005.

reading test, compared to the statewide average of 85.5 percent. The gap widens among older students, with just 16 percent of homeless students meeting the tenth-grade math benchmark versus 43 percent statewide. This significant achievement gap may lead to higher dropout rates for homeless students. Homelessness presents serious risks for youth, especially older youths who often lack family support. Youths who live on the streets or in shelters face high risk of physical and sexual assault or abuse, and physical illness including HIV/AIDS.

Homelessness and extreme poverty contributes to the dissolution of family units as children end up placed with relatives who have homes or are placed in the foster care system, when there are no alternatives for housing the homeless family together.

When one adds up the ongoing individual and societal costs associated with the attendant decline in children's school performance (including repeated grades and early dropouts) and other dysfunctional behavior (mental illness or criminality), the total price tag associated with family homelessness is staggering.⁴⁰

Perhaps the greatest cost to society—and the most difficult to measure—is the loss of productivity and other contributions to community during the lifetime of a person who has lived in poverty and experienced homelessness.

⁴⁰ From *Promising Strategies to End Homelessness*. National Alliance to End Homelessness/Freddie Mac. June 2006.

Part III Promising Practices



The Ending Homelessness Advisory Council recognizes that communities in Oregon and across the nation have found approaches that can help reduce the number of people experiencing homelessness. These approaches fall into three categories: prevention, intervention and system change.

The following pages describe some of these promising practices in hopes that local communities and policymakers can adapt these strategies for Oregon.

Prevention and intervention strategies

Many communities offer emergency homelessness prevention programs such as rent, mortgage, and utility assistance, case management, property owner or lender intervention, and other strategies to prevent eviction and homelessness.

Prevention programs can improve their effectiveness by increasing coordination at the local level between private and non-profit service providers and mainstream⁴¹ resource providers. In addition, this coordination should focus around a shared vision of community based homeless interventions.

Effective prevention programs include:

- Enhancing coordination and information sharing among emergency assistance (including rent or mortgage and utility assistance) providers to maximize existing prevention dollars.
- Moving beyond one-time eviction prevention payments to providing time limited housing subsidies until families become financially stable.
- Combining emergency assistance with either time limited or ongoing case management to reduce future risk of homelessness.

Affordable housing

Housing instability for extremely low-income households will continue until the supply of affordable housing increases substantially. While increased housing stock is needed for affordability, states and localities can also develop locally funded housing subsidy programs, including short-term and shallow subsidies that provide affordability for a period, while assisting households to stabilize, access services, and increase income.

Poverty prevention

People experiencing poverty face a greater risk of homelessness. Efforts to help very low-wage workers improve job skills and marketability to advance beyond minimum wage job positions can decrease the risk of homeless. Among those unable to work access to entitlement benefits can help them avoid the perils of extreme poverty and prevent homelessness.

Other poverty prevention strategies employed in Oregon include Earned Income Tax Credits and asset-building approaches such as Individual Development Accounts.

⁴¹ See definition of mainstream services on page 30.

Homelessness prevention practices⁴²

Mostly commonly offered activities	
Counseling	<ol style="list-style-type: none"> 1. Information and referral about available resources 2. Budgeting and debt reduction, handling credit and improving credit rating/history 3. Links to entitlements and community services 4. Housing search assistance
In-kind emergency assistance	Food, clothing, transportation, furniture, medical care
Cash assistance to maintain or obtain housing	<ol style="list-style-type: none"> 1. Deposits (first month's rent, last month's rent, security) 2. Arrearages (rent, mortgage, utilities) to prevent eviction or foreclosure 3. Moving costs
Links to more sustained help	<ol style="list-style-type: none"> 1. Mental health treatment 2. Substance abuse treatment 3. Training and employment assistance and support, job search 4. Links to benefits: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), food stamps, housing subsidies, local programs
Less commonly offered activities	
Other cash assistance	<ol style="list-style-type: none"> 1. Automobile loan or repair 2. Short-term rental payments for people with disabilities while waiting for SSI 3. Special funds associated with memoranda of Understanding arrangements, described below
Legal and other assistance to retain housing	<ol style="list-style-type: none"> 1. Mediation with property owners around rents, heat or utilities, repairs, hazardous conditions 2. Arrangements through Housing Courts, including mediation, provision of counselor, fee return to property owners, special funds 3. Supportive services to assure housing retention once families or singles move to housing (e.g., Assertive Community Treatment for people with serious mental illness)
Mainstream agencies assuming prevention responsibilities for own clients, inmates, or consumers	<ol style="list-style-type: none"> 1. Develop specialized housing (various forms for people with serious mental illness, halfway house for corrections) 2. Supportive services to assure housing retention 3. Employment links and supports 4. Discharge planning, especially linked to housing, services, and employment 5. Specialized units, trained staff
Memoranda of Understanding or other formal interagency arrangements to prevent homelessness for vulnerable populations	<p>Strategies</p> <ol style="list-style-type: none"> 1. Special funds for cash assistance 2. Hotlines and other mechanisms to alert agencies to risk situations 3. Special training and staffing 4. Centralized resources to resolve housing emergencies 5. Mental Health Courts (prevent people with serious mental illness cycling through jails, shelters) 6. Planning and coordination so code enforcement (condemning or otherwise closing housing, temporarily or permanently) does not produce homelessness <p>Agencies involved (with each other, public agency responsible for homeless programs, CoC, or in 10-year plan process as partner): Corrections, Mental Health, Child Welfare, TANF</p>
Sometimes mentioned as deep or long-term prevention strategies	
Antipoverty activities	<ol style="list-style-type: none"> 1. Job training, continuing education, skill development 2. Literacy, adult basic education, English as a second language 3. Affordable housing development

⁴² *Strategies for Preventing Homelessness*, US Department of Housing and Urban Development, Office of Policy Development and Research, Prepared by Martha R Burt, The Urban Institute, Carol L. Pearson and Ann Elizabeth Montgomery, Walter R. McDonald & Associates, Inc., May 2005, page 4. www.huduser.org

A range of responses

The US Department of Housing and Urban Development's Office of Policy Development and Research developed the following list of Homelessness Prevention Activities.

Discharge planning

Mainstream⁴³ programs that provide care and services to low-income people frequently assess and respond to the housing needs of their clients, while public institutions (hospitals, prisons, jails, mental health facilities, child welfare) may, by necessity, discharge people into homelessness.

One aspect of prevention is to stop these discharges into homelessness, through a community driven transition plan. The transition plans must include the appropriate services, institutions and mainstream providers, so that people leaving these institutions have stable housing and some means for maintaining it.

For youth: Illinois Youth Housing Assistance Program serves youth from age 17 to 21 who face a high risk of becoming homeless upon leaving the child welfare system. The program refers young people to caseworkers who connect the youth with local housing and rental assistance.⁴⁴

For families: The Connecticut Supportive Housing for Families Program provides permanent affordable housing coupled with supportive services to families involved with the Connecticut child welfare system. The program seeks prevent family separation, reunify families, strengthen parent-child relationships and prevent family homelessness. The program provides or stabilizes a family's housing and delivers home-based intensive case management to avoid a loss of housing and the potentially devastating effects of separation through foster placement. The Supportive Housing for Families Program is a partnership between the State of Connecticut Department of Children and Families, the State of Connecticut Department of Social Services and The Connection, Inc, a non-profit human service and community development agency.⁴⁵

Corrections: Governor Kulongoski established a Re-entry Council in May 2007. The Council is a statewide collaborative effort to improve the success of inmates' transitions back into their communities after they have completed sentences. The Council, which includes state agencies, local criminal justice system representatives, and social service providers, is responsible for planning, developing, implementing, and overseeing an improved and multi-agency transition approach for Oregon. http://www.oregon.gov/DOC/ADMIN/strategic_plan.shtml

Housing First

The Ending Homelessness Advisory Council enthusiastically endorses Housing First as an intervention strategy that can greatly diminish homelessness. Locally, this strategy has demonstrated rapid and dramatic results.

Housing First programs reflect the fact that homeless persons are more responsive to interventions and support when in permanent housing, rather than while experiencing a homelessness crisis.

⁴³ See definition of mainstream services on page 30.

⁴⁴ www.endhomelessness.org/content/article/detail/1117

⁴⁵ www.theconnectioninc.org/supp_house_families.html

The typical housing first approach has four primary stages:⁴⁶

- **Crisis intervention and short-term stabilization**, including access to emergency shelter services and/or short term transitional housing.
- **Screening, assessment and planning for particular needs**. Enrolled persons agree to work with a case manager after they move into permanent housing.
- **Provision of housing resources** to obtain and maintain permanent housing, preferably in a residential neighborhood setting.
- **Provision of home-based case management** before and after the move to help adjust to stable living patterns and to establish links to community-based resources.

The model links emergency shelter/transitional housing systems with often disconnected or difficult-to-access community-based and governmental services and resources.

Portland, Oregon's Housing First program directly places people experiencing homelessness into permanent housing. A key promise of the housing first model rests on evidence that families experiencing homelessness often face many problems. Services for such a household will be more effective when the family has stable and permanent housing.

Services of the Housing First model include housing placement assistance, short- or long-term rent subsidies, individualized needs assessments, case management to link to needed services, and crisis intervention.⁴⁷

The City of Portland, since implementing the housing first approach, reports a dramatic decline in both overall homelessness and chronic homelessness.⁴⁸

Resources: Many jurisdictions across the country have adopted the Housing First approach. The National Alliance to End Homelessness coordinates a network for communities interested in exploring and adopting a Housing First model. For more information, visit <http://www.naeh.org/section/tools/housingfirst>

Rapid Re-housing

Many communities offer housing search and housing placement services to re-house people losing housing—or who are homeless—and want permanent housing.

The National Alliance to End Homelessness identifies the following components of a successful rapid re-housing strategy:⁴⁹

- Skilled housing search staff with knowledge of local housing markets and relationships with property owners.
- Marketing and outreach to property owners.
- Incentives for property owners to rent to homeless households.
- Assurances to property owners that the housing services agency will assist with property owner/tenant problems.

⁴⁶ *Housing First: Ending & Preventing Family Homelessness*. Beyond Shelter. National conference handout. National Alliance to End Homelessness. Seattle, WA. February 2008.

⁴⁷ Bureau of Housing and Community Development, City of Portland, www.portlandonline.com/bhcd/

⁴⁸ Bureau of Housing and Community Development, City of Portland, www.portlandonline.com/bhcd/

⁴⁹ *How to End Homelessness: The Ten Essentials*, National Alliance to End Homelessness, <http://www.endhomelessness.org/section/tools/essentials/rehousing>

- Access to subsidies, such as vouchers, for households with extremely low incomes.
- Coordination with service providers to ensure that a homeless person's service needs are met once he or she is in permanent housing.
- Periodic follow-up work to prevent a housing crisis.
- Services to address credit problems.

The skills necessary to effectively place homeless people in private market housing combine those of a realtor and a caseworker. A challenging but essential element of rapid re-housing is locating and developing qualified staff in order to have an effective housing search and placement system.

“Aggressive” Housing Strategies: Some of California’s AB 2034 funded programs utilize an “aggressive” approach that goes beyond normal ways of helping individual consumers to find an apartment. These include actively recruiting property owners to house consumers, establishing dedicated units through master leasing or other arrangements, working with dedicated Shelter Plus Care (S+C) or other housing vouchers, and having reliable agreements with Housing Authorities to obtain subsidies.⁵⁰

Supportive housing

Independent housing linked to comprehensive support services can deliver major reductions in costs incurred by homeless mentally ill people across different service systems. When all the costs of supportive housing and public services are considered, it costs the public only \$995 more a year to provide supportive housing to a mentally ill individual than it does to allow him or her to remain homeless.⁵¹

System improvements

Mainstream⁵² program focus on housing. Analysis of the 2007 one-night-shelter count identified a large percentage of people who reported being eligible for the state’s mainstream programs. Communities in which mainstream programs (TANF, child welfare, mental health programs and others) focus on the housing needs of clients can more successfully prevent homelessness. Meeting the housing needs of clients will produce better outcomes for mainstream programs, as noted in the discussion of Housing First (above).

Service integration. Better coordination between mainstream program providers working with the same family can reduce housing instability. Better coordination between homeless program providers and mainstream programs can reap similar benefits.

Accountability and reporting. Better systems for tracking funds, activities, and outcomes will lead to more effective programs and better use of resources. Such information can help policymakers as they allocate resources and develop programs by identifying predictors of homelessness. A focus on outcomes can support the propagation of evidence-based practices and build support for homelessness prevention and intervention efforts.

⁵⁰ AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness. Corporation for Supportive Housing, 2005.

⁵¹ Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor. *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals. A Summary of: The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York/New York Initiative*, by, Center for Mental Health Policy and Services Research, University of Pennsylvania. www.csh.org/html/NYNYSummary.pdf

⁵² See definition of mainstream services on page 30.

Part IV

A Home for Hope, Oregon's 10 – year plan



An Overview

Solving the problem of homelessness will require new thinking and new ways of working. The state's success will depend on new partnerships and integration between all levels of government and ultimately a less clear divide between public and private. The ultimate goal: to address the problem of homelessness holistically, from its root causes to its troubling effects.

Marginalized groups – minorities, people with physical and mental illnesses, people with disabilities – represent a disproportionate share of people experiencing homelessness and living in poverty. Each group, and each individual, requires culturally appropriate, responsive services in order to achieve the highest possible level of self-sufficiency.

The Oregon 10-year Plan to End Homelessness calls for a shift in focus, philosophy, and value at the various levels of state service systems in order to provide prevention/intervention and long-term housing instead of emergency responses. The proposed strategies and specific actions will include families, single adults, and youth.

The plan's strategies fall into three interrelated areas integral to meeting the state's goal to end homelessness.

Prevention and intervention. These strategies will limit the number of adults, youth and families that fall into homelessness experiences. The prevention and intervention strategies are purposeful and intentional. They include programs that help people stay housed, approaches that divert people from institutional facilities, policies that assure people will be able to access affordable housing and necessary support in place when released from institutional systems of care, and approaches that identify people at risk of homelessness while assessing their needs and reducing barriers for accessing needed support. There are current successful models and preventive programs worth expanding and replicating.

Permanent housing with supportive services. EHAC's philosophy and recommendation for state and local policy, supported by research, is that stable, permanent housing is the foundation other services need to succeed.

These strategies not only expand but also preserve the existing supply of affordable housing. Furthermore, they promote the use of the housing first concept as an optimal means to offer housing choices with services that help homeless families, single adults, and youth create stability. The plan reflects the value of moving people into housing first.

System improvements. The institutions and systems that have addressed homelessness for so long must change. Instead of disjointed and isolated service systems for homeless persons, the Oregon Plan to End Homelessness calls for a better alignment of services, funding, policies at the state level, and between the state and local communities.

These strategies shift the way the various state systems of service and housing work with homeless persons. They include approaches for better coordination and collaboration among the multiple players in housing and services, initiatives to destigmatize and decriminalize homelessness, and policies that promote accountability, better data and information that help make policies, funding decisions, and good service delivery.

State agencies involved in housing and services, in collaboration with local agencies and communities, must commit to specific short-term and long-term actions in each of the three strategic areas.

Goals and Strategies

Goal 1. Prevent and divert people from becoming homeless by working with them to obtain and keep their housing.

1. Identify, create, and expand successful programs that prevent homelessness.
2. Coordinate policies and programs and consolidate funding for housing and services.
3. Identify and remove practice and policy barriers to decrease the incidence of homelessness.

Goal 2. Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness, and shorten stays in shelter.

4. Expand and preserve the supply of housing choices and opportunities across the continuum, including appropriate service models.
5. Re-house and move people into permanent housing as quickly as possible.

Goal 3. Build the capacity of homeless persons for self-support through strategies that identify their risk of homelessness, their needs, and access appropriate housing with appropriate supportive services.

6. Identify and assist individuals with the greatest risk of homelessness and those groups that are over-represented in the homeless population to target and focus resources and programs.
7. Provide access to services essential to stability, and remove barriers to make services more navigable, comprehensive, and seamless.

Goal 4. Identify and implement system improvements for coordination at the program funding and delivery levels leading to measurable results.

8. Meet the needs of homeless persons by aligning or re-orienting housing and service programs, including supportive employment and vocational stability.
9. Develop and recommend ways to improve the effectiveness of emergency response programs to serve all people and to move them into permanent housing.
10. Encourage and support local efforts to end homelessness, including local planning efforts.

Goal 5. Implement education and public awareness campaigns to remove societal stigma about homelessness and to build community support and coordinated responses.

11. Develop an education and advocacy campaign to end homelessness.

Goal 6. Improve data collection technology and methodology to better account for homeless program outcomes.

12. Apply a consistent standard for collecting data statewide to help build a reliable picture of the scope of homelessness over time.

Early actions

The Oregon 10-year Plan to End Homelessness will remain a working plan, adapting to the economic, programmatic and policy environment. The complete plan – as of June 2008 – appears as Appendix I.

The first job facing those implementing the plan will be to establish clear measures to gauge the state's progress.

In addition, EHAC recommends a few early actions to begin implementing the plan. These early activities include:

- Track the gain and loss of affordable and supportive housing, including public housing.
- Identify resources to preserve current affordable and supportive housing.
- Strengthen the partnership between Oregon Housing and Community Service and the Department of Human Services in their efforts to serve people experiencing or at risk of homelessness.
- Create a statewide funders committee to coordinate assistance programs and maximize resources.
- Encourage the use of Housing First and Rapid Re-housing models and strategies.
- Increase collaboration between the Oregon Department of Veteran's Affairs and community-based agencies to ensure full utilization of federal VA resources.
- Establish closer links between housing programs and food and nutrition programs.
- Provide financial and technical assistance to help develop and implement ten year plans to end homelessness in all Oregon Counties.
- Initiate a media campaign to destigmatize homelessness and gain public support for ending homelessness.
- Create venues for homeless and formerly homeless people to participate in planning and decision-making processes.

Appendices



Appendix A – Federal government definitions

Housing and Urban Development definition of homelessness

HUD defines homelessness using the following definition: A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD's homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

- in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;
- in an emergency shelter;
- in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

McKinney Vento/No Child Left Behind definition of homeless children and youth⁵³

Section 725 of the McKinney-Vento Act defines the following terms:

- a. Homeless children and youth means individuals who lack a fixed, regular, and adequate nighttime residence. The term includes--
 1. Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 2. Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 3. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 4. Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described in this definition.

⁵³ www.ed.gov/legislation/FedRegister/other/2002-1/030802a.html

Appendix B – One-night-shelter count instructions and data collection form

2007 ONE NIGHT SHELTER COUNT SURVEY INSTRUCTIONS

Please return ALL completed Surveys to your Lead Agency. If you have any questions, please contact your CAA or Lead Agency, Homeless Survey Coordinator, or Rainy Gauvain at 503-986-6702.

Thank you for participating in the statewide ONSC Survey. The information collected from this survey will be compiled in a report and made available for grant writing and planning purposes.

A form must be completed for each household receiving or trying to access services on the date of the survey. You may give it to the household/individual to complete and then you review the form for completeness, or you can complete the form for them during intake. It is preferred that you complete the survey for quality purposes. Please inform the homeless household/individual that the information provided in the survey is confidential and will be used strictly for providing statistical data only.

Have you either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years? Please mark either yes or no.

Please select your household type: ... Please check one box for each household.

Unaccompanied Pregnant Youth – A pregnant person age 17 or under not accompanied by an adult or parent or guardian who is age 18 or older.

Unaccompanied Youth – A person age 17 or under not accompanied by an adult or parent/guardian who is age 18 or older.

Single Adult – A person age 18 and over that is not accompanied by another adult or parent/guardian.

Couple without Children – 2 adults related by marriage or domestic partnership without children.

One Parent Family with Children – 1 adult parent/guardian with at least one child age 17 or under with them.

Two Parent Family with Children – 2 adults related by marriage or domestic partnership with children age 17 or under with them.

HOUSEHOLD COMPOSITION: One column should be completed for each individual in the household. If there are more than 6 individuals, attach a second survey.

Gender – Check M for male or F for female.

Age - Enter the age of each individual or member of the household

Race/Ethnicity - Each person should only mark one category.

- **Asian:** A person having origin in any of the original people of the Far East, South East Asia, or the India subcontinent; i.e., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American:** A person having origin in any of the original people of the black racial groups of Africa.
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- **American Indian or Alaskan Native:** A person having origin in any of the original people of North or South America (including Central America), and who maintains tribal affiliation or community attachment
- **Native Hawaiian or Other Pacific Islander:** A person having origin in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands. In addition to Native Hawaiian, Guamanians and Samoan, this category would include the other natives from any Pacific Island.
- **White:** A person having origin in any of the original people of Europe, the Middle East or North America.
- **Unknown:** Use this if a person can not or chooses not to identify his or her race/ethnicity.

Characteristics continued: Check all that apply for each individual or member of the household.

- **Veterans:** Any adult males/females that have served in the U.S. Armed Services.
- **Farmworker:** Farmworker or farm laborer is defined as a person working in connection with cultivating the soil, raising or harvesting any agriculture or aquaculture commodity; or in catching, netting, handling, planting, drying, packing, grading, storing, or preserving in its natural state.
Record adult males/females who **are farm workers** (age 18 and over).
Record children who **are farm workers** (age 0-17).
- **Domestic Violence:** All household members who are receiving shelter as a result of domestic violence.
- **Corrections Release in Last 90 Days:** Anyone in the household who has been released from any Corrections facility within the last 90 days.
- **Physical Disability:** Anyone in the household who has physical disability (i.e., mobility impaired, blind, deaf, etc.).
- **Developmental Disability:** Anyone in the household who has developmental disability (i.e., mental retardation, down syndrome, autism, etc.).
- **Mental or Emotional Disorder:** Anyone in the household who has a mental or emotional disorder (i.e., bipolar disorder, depression, schizophrenia, etc.).
- **B** Anyone in the household who has a substance abuse problem (i.e., alcohol and/or drug/substance addiction).
- **Dual Diagnosis (MH and Sub. Abuse):** Anyone in the household who has any mental or emotional disorder, AND a substance abuse problem.

Children's Grade Level in School - Check the appropriate grade range (K-5, 6-8, or 9-12), of each child in the household even if the child is not presently attending school. Do NOT include Pre-School.

Children's attendance in school: Check Y for Yes if the child is attending school and N for No if the child is not attending school.

FOR PROVIDER USE ONLY

- **What service is being provided?.** Please check one box for each household.
- **Is the Service McKinney-Vento Funded?** Circle Yes or No
- **Service was not available:** Check this box if services are not available for the client, and they were Turned Away (If services were not available please check where the individual or family will stay in the next question)
- **Emergency Shelter:** A facility providing short-term (30-days stay), emergency accommodation for homeless persons.
- **Hotel/Motel/Campground Vouchers:** Vouchers used to provide temporary shelter in a hotel, motel or campground.
- **Rent or Mortgage Assistance:** Homeless prevention program that provides short-term financial assistance to prevent eviction or foreclosure for people at risk of being homeless to prevent eviction or foreclosure.
- **Transitional Housing:** A housing program that provides temporary stabilized housing with supportive services up to two years for persons who are transitioning to community living after being homeless.
- (Section 8 and HUD subsidized housing are not included.)

If services are not provided where will you stay tonight? (CHECK ONLY ONE)

For individuals or families who were turned away from shelter accommodation or services please check where they will stay tonight.

What caused you and/or your family to leave your last living arrangement? Household may mark **as many categories as applicable**. Some providers ask the household what issues contributed to their becoming

homeless. Other providers list each category and let the household identify those that pertain to their situation. (Please notice some categories are directed more towards teens, such as: kicked out, pregnant, and runaways.)

FOR CAA OFFICE USE ONLY:

CAA or LEAD AGENCY: Name of the Community Action Agency/Lead Agency who will collect all forms.

SHELTER/PROVIDER NAME & I.D. NUMBER: This is a drop down box which gives the shelter name and I.D. number assigned to each shelter or service provider by OHCS. **DO NOT HAND WRITE IN, UNLESS THIS IS A NEW SHELTER**

If you have a new participant, please type in their name. An ID Number will be provided at a later date.

TYPE OF SHELTER: This is a drop down box, which gives the choice of Emergency, Vouchers, Rent/Mortgage, or Transitional Shelter.

STREET ADDRESS OF SHELTER/PROVIDER: Street address, city and zip code of the shelter or service provider. (P.O. Box only for Domestic Violence Shelter address) **THIS SECTION MUST BE HAND WRITTEN OR TYPED IN, please be sure to include the address, this helps us in reducing the number of duplicate shelters in the system.**

Check box if provider is a Domestic Violence Shelter.

****If you have a unique situation, please explain on the back of the form.****

Please Complete ONE Sheet Per Household

Have you been continuously homeless for a year or more, or had at least four episodes of homelessness in the past three years?
 Yes No

Please select your Household Type:

<input type="checkbox"/> Unaccompanied Pregnant Youth (17 or under)	<input type="checkbox"/> Single Adult (18 or older)	<input type="checkbox"/> One Parent Family with Children
<input type="checkbox"/> Unaccompanied Youth (17 or under)	<input type="checkbox"/> Couple without children	<input type="checkbox"/> Two Parent Family with Children

Household Composition:	Complete a column for each household member						
	Individual 1	Individual 2	Individual 3	Individual 4	Individual 5	Individual 6	
Gender: (Circle One - M-male F-female)	M / F	M / F	M / F	M / F	M / F	M / F	
Age: (Age of each household member)							
Race/Ethnicity:							
Asian							
Black or African American							
Hispanic or Latino							
American Indian or Alaskan Native							
Native Hawaiian or Pacific Islander							
White							
Unknown							
Veteran							
Farm worker							
Domestic Violence							
Corrections Release (in last 90 days)							
Physical Disability							
Developmental Disability							
Mental or Emotional Disorder							
Substance Abuse							
Dual Diagnosis (MH and Sub. Abuse)							
CHILDREN's Grade Level in School (Check the box next to the grade range that applies to each child)	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	If child is school-aged					
Is your child attending School? Circle Yes or No for each child	Yes / No						

For Provider Use Only

What service is being provided? (CHECK ONE SERVICE) Service McKinney-Vento Funded? Yes/No

<input type="checkbox"/> Service was not available	<input type="checkbox"/> Rent/Mortgage Assistance (for prevention of homelessness)
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Hotel / Motel / Camp Vouchers	

If services are not provided where will you stay tonight? (CHECK ONLY ONE)

<input type="checkbox"/> Car	<input type="checkbox"/> Street	<input type="checkbox"/> Motel / Hotel	<input type="checkbox"/> Camping
<input type="checkbox"/> Hospital	<input type="checkbox"/> Squatting (Abandoned buildings)	<input type="checkbox"/> Staying with Friends / Family	<input type="checkbox"/> Other

What caused you and/or your family to leave your last living arrangement? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Evicted by landlord	<input type="checkbox"/> Property Sold
<input type="checkbox"/> Couldn't afford rent	<input type="checkbox"/> Gambling	<input type="checkbox"/> Runaway
<input type="checkbox"/> Credit	<input type="checkbox"/> Kicked Out by family / friends	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Medical problem	<input type="checkbox"/> By Choice
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental or Emotional Disorder	<input type="checkbox"/> Manufactured Park Closure
<input type="checkbox"/> Drug/Alcohol at home	<input type="checkbox"/> Poor Rental History	<input type="checkbox"/> Other- Please Specify: _____
<input type="checkbox"/> Drug/Alcohol (self)	<input type="checkbox"/> Pregnancy	_____

FOR CAA OFFICE USE ONLY!!!

CAA or Lead Agency: Example _____

Shelter/Provider Name - I.D. #: Use drop down, only write in new shelters

Type of Shelter: _____

Street Address of Shelter: _____

Domestic Violence Provider

OREGON HOMELESS SURVEY – JAN. 2007

Appendix C – One-night-shelter count summary 2002-2007

May-07							
	2007	2006	2005	2004	2003	2002	5 year-trend
Totals							
Sheltered	8365	8242	8169	7014	6039	6178	35%
Turned Away	4655	3267	2359	1653	1003	1255	271%
Total	13020	11,509	10528	8667	7042	7433	75%
Total Individuals							
Adult Male	4169	3252	2948	2368	1813	2455	70%
Adult Female	3548	3280	2888	2391	1978	2309	54%
Children	4261	3978	3881	3064	2694	2612	63%
Unknown	1042	999	811	844	557	57	1728%
Total	13020	11509	10528	8667	7042	7433	75%
Service Eligibility							
Veterans	649	563	448	384	298	326	79%
Farmworkers	234	155	149	139	142	206	14%
DV	1358	1117	918	1067	824	723	88%
Corrections	592	442	360	319	184	295	101%
Physical Disability	1212	874	753	623	462	455	166%
Mental Health	1709	1437	1104	208	657	117	1361%
Substance Abuse	2221	1806	1336	1199	844	821	171%
Mental Health & Substance Abuse	810	638	572	465	263	365	122%
	8785						
Ethnicity							
Asian	105	115	74	62	106	50	110%
Black	964	1008	965	662	605	539	79%
Hispanic	1855	1574	1526	1194	1108	1107	68%
American Indian	655	484	344	367	212	243	170%
Pacific Islander	131	116	128	89	69	88	49%
White	8216	7502	6630	5955	4549	4842	70%
Unknown	1094	710	863	338	0	562	95%
	13,020						
In School (<18)	2717	2479	2440	1785	1516	1219	123%
Chronic	2827	2254	1575	1356	N/A	N/A	108%
Data for 2002-2003 reflect counts done in March; 2004-2007 data reflect January counts.							
Separate counts for the chronically homeless are not available for 2002-2003.							

Appendix D – Mainstream⁵⁴ services

Mainstream services in Oregon include:

Affordable housing (Oregon Housing and Community Services, local Housing Authorities, Housing and Urban Development programs, targeted addiction and mental health housing, and US Department of Agriculture, Rural Development)

Child welfare and foster care (Oregon Department of Human Services, Children, Adults and Families Division)

Corrections (Oregon Department of Corrections, community corrections systems, Oregon Youth Authority and other juvenile justice programs)

Emergency and supplementary food system (Oregon Housing and Community Services commodity food, Food Bank Network, Food Stamp program)

Health care (Medicare, Medicaid/Oregon Health Plan and other programs such as state Children’s Health Insurance Program, and Ryan White and other AIDS programs)

Income supports such as Temporary Assistance to Needy Families and Supplemental Security Income

Long-term care (Oregon Department of Human Services Seniors and People with Disabilities and US Department of Veterans Affairs)

Mental health and addiction treatment (Oregon Department of Human Services, Addiction and Mental Health Division, local mental health and addiction systems)

Public health programs such as maternal and child health and family planning services (Oregon Department of Human Services, Public Health Division and local public health authorities)

Public schools (Oregon Department of Education and local school districts)

Self-sufficiency programs beyond TANF, such as employment related day care, refugee and prevention services delivered by the Oregon DHS, Children, Adults and Families Division)

Veterans’ affairs (Oregon Department of Veterans’ Affairs, United States Department of Veterans’ Affairs)

Workforce programs designed to provide training and secure employment for low-income workers receiving benefits (Oregon Employment Department, Oregon Department of Human Services Children, Adults and Families Division and Office of Vocational Rehabilitation Services, Department of Community Colleges and Workforce Development)

⁵⁴ See definition of mainstream services on page 30.

Appendix E – Targeted programs

Homeless and Runaway Youth

Federal Runaway and Homeless Youth Act funding supports three kinds of programs in Oregon:

- street outreach
- basic center (24-hour crisis response, emergency shelter, case management)
- and transitional living program for older youth

The federal funding cannot adequately support a true continuum of services statewide for homeless and runaway youth.

Domestic Violence

Nationally, more than 50 percent of the women who receive welfare have experienced intimate partner violence.⁵⁵ Temporary Assistance for Domestic Violence Survivors Program provides a \$1200 cash grant to help a family escape or remain free of domestic violence.

In addition, under state law, the department can waive Temporary Assistance for Needy Families rules when strict interpretation of those rules will put the victims and children at greater or further risk of violence.

⁵⁵ *Department of Human Services Domestic Violence Intervention 2007 Annual Report*. Oregon Department of Human Services, April 2007.

Appendix F – Federal programs

Housing and Urban Development

Federal assistance for low-income renters continues to lag behind the need. In 2004, approximately 5 million households received rental assistance. Nearly another 8 million faced severe cost burdens and paid more than 50 percent of household income on housing.

Supportive Housing Program (SHP)

The Supportive Housing Program promotes the development of supportive housing and supportive services, including innovative approaches to help persons transition from homelessness and enabling them to live as independently as possible. SHP funds may be used to provide transitional housing, permanent housing for persons with disabilities, and supportive services.

Shelter Plus Care Program (S+C)

The Shelter Plus Care program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from other sources. The program targets people who have

- severe mental illness
- chronic problems with alcohol, drugs, or both
- AIDS or related diseases

Shelter Plus Care program provides rental assistance in four forms: tenant-based rental assistance, sponsor-based rental assistance, project-based rental assistance, and rental assistance in connection with the moderate rehabilitation of single-room-occupancy units.

Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program

The SRO Program provides rental assistance to homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources to fund the cost of rehabilitating the dwellings must come from other sources. However, program does cover operating expenses of the SRO housing, including debt service for rehabilitation financing, subject to some limits.

Housing Opportunities for Persons With AIDS (HOPWA)

The HOPWA program provides housing assistance and supportive services for low-income persons with HIV/AIDS and their families. Grantees are encouraged to form community partnerships with area nonprofit organizations to provide housing assistance and supportive services for eligible persons. (Known as OHOP in Oregon).

HOPWA funds may support a range of housing assistance and services, including facilities and community residences, rental assistance, short-term payments to prevent homelessness, technical assistance, supportive services, and other activities. HOPWA-assisted housing must provide appropriate supportive services and may be provided independently of housing support.

Other Housing and Urban Development programs

Emergency Shelter Grants are formula-based allocations to states and localities for homeless shelters and other related social service and homeless prevention programs. ESG recipients may use ESG funds for supportive services, including job training, health and child care, and drug and alcohol treatment.

HOME Tenant Based Assistance provides short-term rental assistance for very low-income households for the payment of housing costs. Local programs may provide resources for security deposits. Housing Stabilization Program helps meet the emergency needs of families with children experiencing or at risk of homelessness.

HUD’s various housing subsidies (e.g. Section 8 Vouchers) play a critical role in homelessness prevention, as do several federal block grants and allocation programs that fund activities to increase affordable housing opportunities for low-income, at risk populations, special needs populations or otherwise promote self-sufficiency.

US Dept. of Education

The McKinney Act Amendments added homelessness prevention as an eligible activity for the major McKinney programs, particularly the “Education of Homeless Children and Youth Program.”⁵⁶

Federal Emergency Management Agency

Oregon received approximately \$2.2 million through the Emergency Food and Shelter Program. FEMA makes awards to non-profits and local jurisdictions based on the current population, unemployment and poverty levels. The funds supplement and expand efforts to provide shelter, food and supportive services for people experiencing hunger, homelessness and economic crisis. Possible uses of the fund include rent and mortgage payments or utility bills.

US Department of Health and Human Services

Emergency Community Services Homeless Grant Program allows up to 25 percent of grants to support homelessness-prevention.

US Veterans Administration

The VA offers several programs for veterans experiencing homelessness: financial benefit assistance, health and mental health care, post-traumatic stress disorder counseling, outpatient health care, claims assistance, employment and job skills, and general resource assistance.

⁵⁶ McKinney-Vento Act, Subtitle VII-B, under the U.S. Dept. of Education.

Appendix G – State programs

By some accounts, states spend approximately \$1 billion to serve people experiencing homelessness. A small percentage of this total funds homelessness prevention efforts such as primarily rent and utilities assistance.

In addition to managing some federal funding, Oregon Housing and Community Services operates two state-funded homelessness programs:

Emergency Housing Program

Since 1991, the Emergency Housing Account Program has funded assistance for persons who are homeless or at risk of becoming homeless. The program targets people age 65 and older, people with disabilities, farm workers, and Native Americans. Designated lead agencies coordinate the use of these funds through an inclusive community planning process.

The following services may be provided with Emergency Housing funds:

- emergency shelter and attendant services
- transitional housing services designed to assist persons make the transition from homelessness to permanent housing and economic independence
- supportive services that enable persons to continue living in their own homes or provide
- in-home services for areas where no suitable programs exist
- emergency payment of mortgage payments, rents, or utilities
- case management

Funds granted under this program may not be used to replace existing funds, but may be used to supplement existing funds or create new programs.

State Homeless Assistance Program

The State Homeless Assistance Program was established by the Oregon Legislature in 1987. The program funds emergency shelter and auxiliary services directly related to emergency shelters. Eligible activities may include nutritional assistance, personal hygiene, and referral. Community agencies administer the program locally. They are encouraged to assist participants to access other services to meet longer term needs whenever possible.

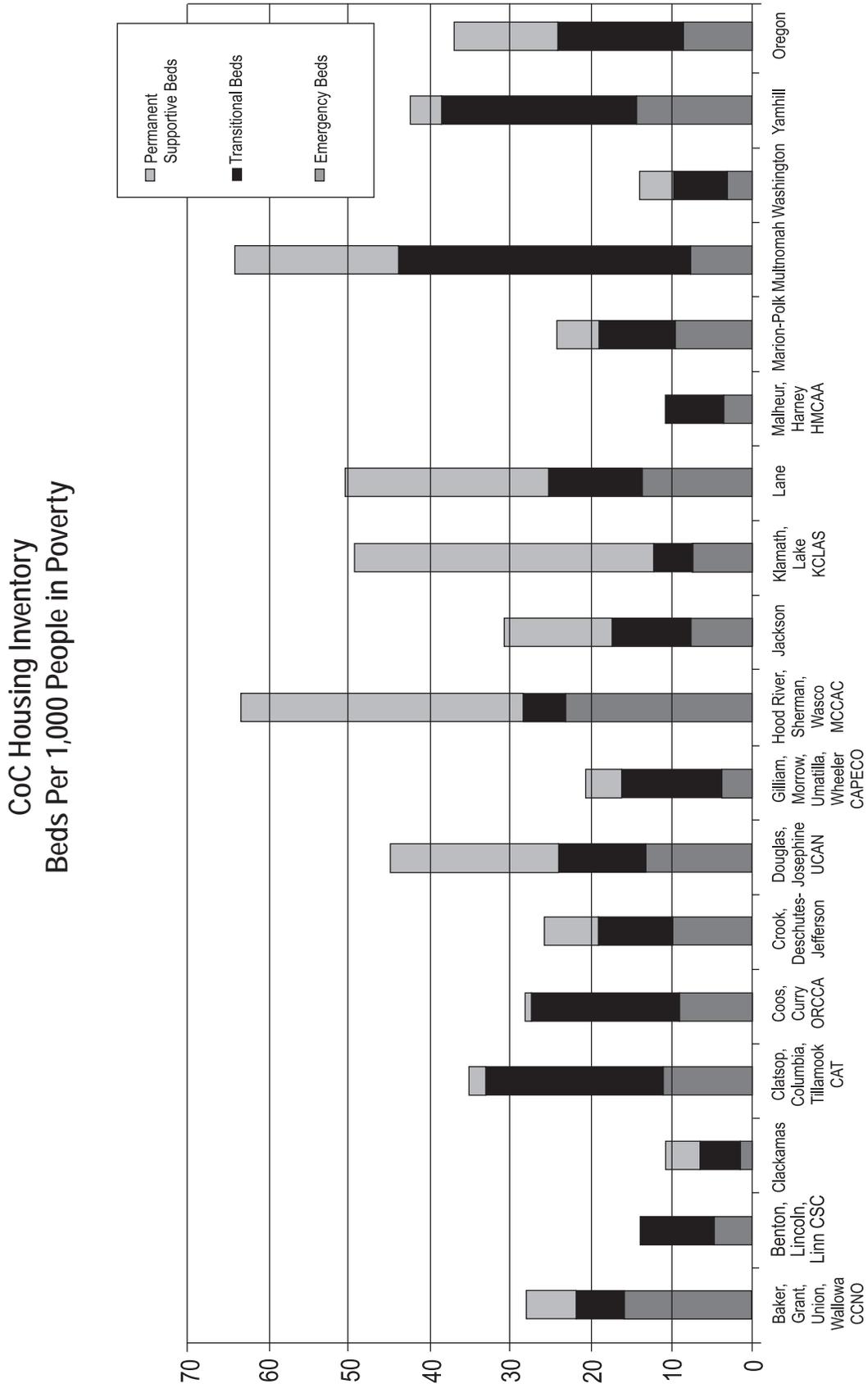
The State Homeless Assistance Program funds a variety of shelter activities including:

- shelter conversion or rehabilitation (repair)
- operational costs of shelters (rent, utilities, insurance, furnishings and supplies)
- counseling (drug/alcohol abuse, job search, housing search, victims of domestic violence)
- support groups and other necessary support needs as part of shelter operations)
- education and salaries for those individuals who perform these critical activities in shelters

Low-Income Rental Housing Fund

Designed to assist very-low income households by providing short-term rental assistance. Often these programs provide state matching funds for federal program dollars.

Appendix H – Local Continuum of Care capacity



*Total Year Round Beds Available Continuum of Care Housing Inventory**

	Emergency Housing	Emergency Beds Per 1,000 in Poverty	Transitional Housing	Transitional Bed Per 1,000 in Poverty	Permanent Supportive Housing	Permanent Supportive Beds Per 1,000 Poverty	2000 Poverty
Baker, Grant, Union, Wallowa CCNO	124	16	47	6	47	6	7,759
Benton, Lincoln, Linn CSC	139	5	261	9	0	0	28,367
Clackamas	38	2	108	5	93	4	21,969
Clatsop, Columbia, Tillamook CAT	127	11	246	22	20	2	11,253
Coos, Curry ORCCA	110	9	215	18	9	1	11,811
Crook-Deschutes-Jefferson	156	10	142	9	104	7	15,488
Douglas, Josephine UCAN	322	13	263	11	500	21	24,192
Gilliam, Morrow, Umatilla, Wheeler CAPECO	42	4	130	12	47	4	10,553
Hood River, Sherman, Wasco MCCAC	143	23	33	5	215	35	6,148
Jackson	173	8	218	10	296	13	22,269
Klamath, Lake KCLAS	88	8	56	5	433	37	11,699
Lane	628	14	523	12	1147	25	45,423
Malheur, Harney HMCAA	23	4	44	7		0	6,140
Marion-Polk	427	10	419	10	230	5	44,047
Multnomah	630	8	2954	36	1676	21	81,711
Washington	100	3	222	7	140	4	32,575
Yamhill	107	15	177	24	29	4	7,336
Oregon (remainder of state)	3377	9	6058	16	4986	13	388,740

* Total number of year around beds
Oregon Housing and Community Services

Appendix I – A Home for Hope

Oregon’s 10 – year Plan to End Homelessness

TASK	START -END	PRODUCT	RESOURCE NAMES
Goal 1: Prevent and divert people from becoming homeless by working with them to obtain and keep their housing.			
Identify, create and expand successful programs that prevent homelessness. (Strategy 1)			
Define the scope of prevention as primary (preventing the first instance of homelessness) and secondary (preventing recurrence for individuals who once experienced homelessness and are now housed).	Year 1	Definition adopted. Oregon Homelessness Policy framework	EHAC
Expand literature review begun in the 10-year plan to identify homelessness prevention best practices such as eviction prevention, crisis response, and mainstream program linkages.	Year 1	A document of best practices for homelessness prevention.	OHCS, EHAC
Identify local prevention program successes within Oregon.	Year 1		EHAC, OHCS, local
Promote replication of successful models through information sharing and mentoring relationships.	Years 2-3	List serv, group, web page, ClearingHouse	EHAC, OHCS, DMV, DHS- AMH, DOC, ED, ODVA, Emp, CCWD DHS- CAF, local, OCCF
Strengthen current homeless prevention programs to reach more and most vulnerable homeless persons.	Year 2		ODVA, DHS-SPD, OHCS, DHS- AMH, DHS- CAF, OCCF
Expand access to treatment for addictions and mental health, and access to public health for those most at-risk of homelessness.			
Promote policies that reduce family and individual income volatility, and provide needed income support during periods of unemployment, illness or family crisis.		Recommend a Safety Net Policy	EHAC, ICHH
Coordinate policies and programs, and consolidate funding for housing and services. (Strategy 2)			
Strengthen the partnership between the two main state agencies that serve people experiencing or at risk of homelessness: OHCS and DHS	Year 2		OHCS, DHS- AMH, local , DHS-SPD, DOC, ODVA
Target technical assistance to local 10-year planning and implementation efforts as they relate to prevention. Ensure that local plans connect to other local planning efforts i.e. local commission comp. plans	Years 2-3	Technical assistance resulting in 10-year plans in every county.	OHCS, EHAC, OCCF
Provide state training for state and local case management staff to upgrade skills and knowledge of state mainstream and housing programs.	Year 2	Bi-annual training session	OHCS, DHS- AMH, DHS-SPD, EHAC, local, DHS- CAF

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans’ Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Expand efforts at the local level to exchange information and coordinate the provision of publicly financed housing and services.	Years 1-10	Technical assistance	OHCS, HA, Housing Resource Centers, local, DHS-CAF, DHS-AMH, DHS-SPD
Expand the number of local communities that have coordinated health, mental health, substance abuse outreach and service provision linked to housing.	Year 4	Local networks	private sector, OCCF hospitals, OHCS, DHS- AMH, DHS- CAF, ODVA
Coordinate assistance programs for ease of access and maximization of resources through a statewide funders committee.	Year 1		OHCS, DHS- AMH, DHS- CAF, ED, DHS-SPD, DOC, Emp, CCCWD, ODVA, OYA, OCCF
Identify and remove practice and policy barriers to decrease the incidence of homelessness. (Strategy 3)			
Review local 10-year plans to learn what county leaders see as barriers to ending homelessness.	Year 1		EHAC, OHCS
Identify steps needed to remove state barriers.	Year 1	Plan	EHAC, ICHH
Recommend needed policy changes to eliminate barriers.	Years 4-10		EHAC
Establish a mechanism for agencies and the Legislature to consider impact of new policy/legislation/program requirements on people at-risk of or experiencing homelessness.	Years 1-3	Impact analysis	EHAC

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans' Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Goal 2. Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness, and shorten stays in shelter.			
Expand and preserve the supply of housing choices and opportunities across the continuum, including appropriate service models. (Strategy 4)			
Track the gain and loss of affordable and supportive housing, including public housing.	Years 1-10	Comprehensive housing inventory online	OHCS
Identify resources to preserve current affordable and supportive housing.	Years 1-10	Plan for long-term support of supportive housing	OHCS
Expand permanent supportive housing throughout Oregon.	Years 1-10	Create units of permanent supportive housing statewide	OHCS
Establish state set-aside funding for permanent supportive housing.			OHCS, DHS, OVA
Reduce regulatory barriers to developing a variety of housing options. Support local commitments to examine zoning codes and ordinances concerning small units, supportive housing restrictions, SRO housing, and other solutions.	Years 6-7	Pilot/blue print	OHCS
Re-house and move people into permanent housing as quickly as possible. (Strategy 5)			
Develop and maintain good property owner relationships to open existing private housing market to people at-risk or experiencing homelessness.	Year 2	Model	OHCS, Fair Housing Council
Develop a housing risk pool to protect property owners potential loss or income or property damage.	Years 1-2	Risk pool	OHCS, EHAC
Create a resource for property owners interested in serving people experiencing or at-risk of homelessness.	Years 1-2		ICHH, Local
Build on existing tenant education providers – such as ready-to-rent – to improve housing stability.	Year 2	Risk management plans	OHCS
Identify or leverage funding to create or expand rapid re-housing for individuals, underserved families, and youths.	Years 1-2	New funding and best practices model	DHS- CAF, OHCS, DHS-AMH, local , DHS-SPD, OHRTF
Encourage the use of Housing First and Rapid Re-housing models and strategies.	Year 1	Adopt and establish Housing First as evidence-based practice	OHCS, DHS, OVA
Create a coordinated inventory of affordable housing units to facilitate the housing placement.			OHCS, HUD, USDA-RD, HMIS, Oregon Helps

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans' Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMIS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Goal 3. Build the capacity of homeless persons for self-support through strategies that identify their risk of homelessness, their needs, and access appropriate housing with appropriate supportive services.			
Identify and assist individuals with the greatest risk of homelessness and those groups that are over-represented in the homeless population to target and focus resources and programs. (Strategy 6)			
Establish the use of a shared framework for supportive services which emphasizes collaboration with the client/family and includes assessment, plan development, connections to services and supports, coordination across systems, monitoring and personal advocacy.	Years 1-2	Case management/policy framework. Definition of case management.	EHAC, DHS, OHCS, local
Increase state's ability to better serve youth who are homeless or at risk of homelessness.	Year 1	Increase # of youth in case management, decrease # of youth experiencing chronic homelessness	OYA, OCCF, DHS- AMH, DHS- CAF, ED
Pilot local faith community-led family support projects for people experiencing homelessness or at risk of homelessness.	Years 3-4	Best practice	EMO
Provide access to services essential to stability, and remove barriers to make services more navigable, comprehensive, and seamless. (Strategy 7)			
Identify funding for Resource Centers, or expand existing models, with 'system navigators' where homeless people connect with multiple service providers in one location. Create a 'No Wrong Door Policy'.	Year 5	Stably funded one-stops	local , ODVA, DHS-SPD, DHS- CAF, DOC, EMPLOYMENT, CCWD
Develop an inventory/road map of all services available to families with children, unaccompanied youth and single adults.	Years 1-10	On-line local directory linked to housing directory 211?	local , OHRTF, OFB Network
Increase collaboration between the Oregon Department of Veteran's Affairs and community-based agencies to ensure full utilization of federal VA resources.	Year 1		ODVA, local
Support employment retention and wage advancement as part of a complete employment strategy.	Year 3	Best practice	DHS, EMPLOYMENT, CCWD

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans' Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Goal 4. Identify and implement system improvements for coordination at the program funding and delivery levels leading to measurable results.			
Meet the needs of homeless persons by aligning or re-orienting housing and service programs, including supportive employment and vocational stability. (Strategy 8)			
Integrate mainstream and community-based employment services including regular information sharing, training, access to child care, and means to obtain acceptable forms of identification	Year 4	Best practice	Emp, CCWD, DHS, workforce partners
When choosing affordable housing sites, coordinate planning with social service and workforce partners.	Years 2-3	Best practice	OHCS, workforce partners, ED, EMPLOYMENT, CCWFD
Reexamine policies which categorically deny access to housing, services, or employment, to those struggling with issues related to substance use and criminal history.	Year 2	Policy change	OHCS, DHS- AMH, DHS-CAF, DHS-SPD, HA
Strengthen links between housing programs and food and nutrition programs.	Years 1-3		DHS, DHS-WIC, Dept. Education, OHCS, OFB, ICHH
Develop and recommend ways to improve the effectiveness of emergency response programs to serve all people and to move them into permanent housing. (Strategy 9)			
Promote the linkage of shelters with mainstream services and housing services for clients	Year 2	Analysis	OHCS, local , DHS
Establish standards for publicly funded shelters to move clients into more stable housing, provide more services for all who need them, and keep families intact when appropriate.	Year 4	Standard	OHCS
Encourage and support local efforts to end homelessness including local planning efforts. (Strategy 10)			
Provide financial and technical assistance to help develop and implement ten year plans to end homelessness in all Oregon Counties.	Years 1-2	Local and regional ten-year plans covering all Oregon Counties	EHAC, OHCS
Establish venues to share best practices and information with local communities.	Years 1-10	Conference, websites, etc.	EHAC
Create a consistent methodology to effectively report and measure results of local plans.	Years 1-3		EHAC, OHCS, DHS ICHH

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans' Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMIS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Goal 5. Implement education and public awareness campaigns to remove societal stigma about homelessness and to build community support and coordinated responses.			
Develop an education and advocacy campaign to end homelessness. (Strategy 11)			
Develop a media campaign to destigmatize homelessness and gain support for ending homelessness.	Years 1-10	Media Plan	EHAC, ICHH
Create venues for homeless and formerly homeless people to participate in planning and decision-making processes.	Years 1-10	Report	EHAC
Goal 6. Improve data collection technology and methodology to better account for homeless program outcomes.			
Apply a consistent standard for collecting data statewide to help build a reliable picture of the scope of homelessness over time. (Strategy 12)			
Coordinate a consistent count of homeless persons in major homeless programs.	Year 1	Best practice	OHCS, DHS, Dept. Education, OVA
Develop statewide common objectives and outcomes for homeless programs.	Years 1-2	Shared outcomes, ROMA scale assessment	HMIS reports and ROMA scales, OHCS, ODVA, DHS, AMH
Create a coordinated inventory system of affordable housing units to support policy goals and plan implementations.	Year 1	Inventory housing locator, HMIS	OHCS, Rural development, HUD, HMIS II, Oregon Helps
Develop a set of state-wide outcomes for homelessness prevention.	Year 1	Shared outcomes	OHCS, EHAC, local, DHS, ROMA scales
Fully implement HMIS in Oregon's Plan to End Homelessness.	Year 1	Longitudinal data about people experiencing homelessness and the services provided to them. One-night counts for street counts.	OHCS, local, HUD, City of Portland

CCWD	Community Colleges and Workforce Development	OCCF	Oregon Commission on Children and Families
DHS-AMH	Department of Human Services – Addictions and Mental Health	ODE	Oregon Department of Education
DHS-CAF	Department of Human Services – Children and Families	ODVA	Oregon Department of Veterans' Affairs
DHS-SPD	Department of Human Services – Seniors and Peoples with Disabilities	OED	Oregon Employment Department
DMV	Oregon Division of Motor Vehicles	OFBN	Oregon Food Bank Network
DOC	Department of Corrections	OHCS	Oregon Housing and Community Services
EHAC	Ending Homelessness Advisory Council	OHRTF	Oregon Hunger Relief Task Force
EMO	Ecumenical Ministries of Oregon	OYA	Oregon Youth Authority
HA	Housing Authorities		
HMIS	Homeless Management Information System		
ICHH	Interagency Council on Hunger and Homelessness		

Please send comments to:

Ending Homelessness Advisory Council
c/o Oregon Housing and Community Services
725 Summer St NE, Suite B
Salem OR 97301-1266
503-986-2000

www.ehac.oregon.gov

