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

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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.
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 care\(^4\) to report that a projected 744,313 individuals experienced homelessness in January 2005 across the country.\(^5\)

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\(^3\) 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.

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 16,221 people homeless individuals went without shelter.

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**Figure 1**

Sheltered and unsheltered U.S. and Oregon 2005


**Figure 2**

Homeless persons as a percent of total population U.S. and Oregon 2005


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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.

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.

2006 poverty thresholds

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Poverty threshold</th>
<th>50 percent of threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person (under 65 years)</td>
<td>$10,488</td>
<td>$5,244</td>
</tr>
<tr>
<td>One person (65 years and older)</td>
<td>$9,669</td>
<td>$4,834</td>
</tr>
<tr>
<td>One adult and one child</td>
<td>$13,896</td>
<td>$6,948</td>
</tr>
<tr>
<td>One adult and two children</td>
<td>$16,242</td>
<td>$8,121</td>
</tr>
</tbody>
</table>

Table 1

---

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.

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. 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**

![Pie chart showing age distribution of homeless children](image)

*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**

![Bar chart showing age distribution of homeless population](image)

*Figure 7
Source: One-night-shelter count, January 2007, Oregon Housing and Community Services.*

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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.\textsuperscript{10}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{Percent_of_chronically_homeless_Oregon_2007.png}
\caption{Percent of chronically homeless Oregon 2007}
\label{fig:chronic_homelessness}
\end{figure}

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

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

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
Census race and ethnicity categories\textsuperscript{11} & Percent of Oregon population & Percent of homeless Oregonians \\
\hline
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\% \\
\hline
\end{tabular}
\caption{Table 2}
\textit{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.}
\end{table}

\textsuperscript{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).

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

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

Table 3

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/CRPPhmlessRpt.pdf
## Oregon One-Night-Shelter Count – January 2007

<table>
<thead>
<tr>
<th>County</th>
<th>Sheltered</th>
<th>Turned Away</th>
<th>Total Homeless</th>
<th>Chronically Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Singles</td>
<td>Persons in families with children</td>
<td>Less than 11 years old</td>
<td>12-17 years old</td>
</tr>
<tr>
<td>Baker</td>
<td>7</td>
<td>41</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Benton</td>
<td>32</td>
<td>54</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Clackamas</td>
<td>37</td>
<td>125</td>
<td>59</td>
<td>15</td>
</tr>
<tr>
<td>Clatsop</td>
<td>54</td>
<td>48</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Columbia</td>
<td>17</td>
<td>121</td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>Coos</td>
<td>49</td>
<td>113</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>Crook</td>
<td>0</td>
<td>26</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Curry</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Deschutes</td>
<td>111</td>
<td>113</td>
<td>52</td>
<td>20</td>
</tr>
<tr>
<td>Douglas</td>
<td>107</td>
<td>240</td>
<td>101</td>
<td>38</td>
</tr>
<tr>
<td>Gilliam</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grant</td>
<td>4</td>
<td>16</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Harney</td>
<td>2</td>
<td>15</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Hood River</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Jackson</td>
<td>164</td>
<td>187</td>
<td>73</td>
<td>31</td>
</tr>
<tr>
<td>Jefferson</td>
<td>7</td>
<td>32</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Josephine</td>
<td>88</td>
<td>113</td>
<td>46</td>
<td>25</td>
</tr>
<tr>
<td>Klamath</td>
<td>6</td>
<td>11</td>
<td>7</td>
<td>1</td>
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<tr>
<td>Lake</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lane</td>
<td>780</td>
<td>744</td>
<td>309</td>
<td>92</td>
</tr>
<tr>
<td>Lincoln</td>
<td>7</td>
<td>38</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Linn</td>
<td>99</td>
<td>31</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Malheur</td>
<td>4</td>
<td>26</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Marion</td>
<td>332</td>
<td>355</td>
<td>157</td>
<td>38</td>
</tr>
<tr>
<td>Morrow</td>
<td>17</td>
<td>186</td>
<td>93</td>
<td>17</td>
</tr>
<tr>
<td>Multnomah</td>
<td>1,533</td>
<td>1,491</td>
<td>661</td>
<td>216</td>
</tr>
<tr>
<td>Polk</td>
<td>6</td>
<td>58</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Sherman</td>
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<td>1</td>
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<td>Tillamook</td>
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<tr>
<td>Umatilla</td>
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<td>Union</td>
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<td>Wasco</td>
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<td>4</td>
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<tr>
<td>Washington</td>
<td>87</td>
<td>189</td>
<td>91</td>
<td>24</td>
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<tr>
<td>Wheeler</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Yamhill</td>
<td>66</td>
<td>162</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,706</td>
<td>4,659</td>
<td>1,990</td>
<td>659</td>
</tr>
</tbody>
</table>

Table 5
Geography

Painting a picture of homelessness presents particular challenges. In Oregon, the rural continuum of care\textsuperscript{15} 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.

<table>
<thead>
<tr>
<th>Rural and urban Oregon poverty, unemployment and rent burden</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Rural counties\textsuperscript{18}</td>
</tr>
<tr>
<td>Urban counties\textsuperscript{19}</td>
</tr>
</tbody>
</table>

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.\textsuperscript{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.


\textsuperscript{16} As defined by the Department of Housing and Urban Development.

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


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

\textsuperscript{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

![Income change for Oregon families graph]


Inflation adjusted wage gains of the 1990s lost ground during the 2001-03 recession. Wages increased for 98 percent of workers between 1900 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

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.

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

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. Often, the mother is a victim of domestic violence.

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.

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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.”

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

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. This represents an increase of nearly 2,000 homeless students from the previous year. Oregon’s homeless student population for the 2006-07 school year was 15,517, a 10 percent increase over the 2005-06 school year.

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.

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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.


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.

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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.”

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 …”

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.

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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)

<table>
<thead>
<tr>
<th>Program title</th>
<th>Biennial Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Housing Assistance</td>
<td>$7,288,674</td>
</tr>
<tr>
<td>State Homeless Assistance Program</td>
<td>2,901,819</td>
</tr>
<tr>
<td>Emergency Shelter Grant Program</td>
<td>1,765,661</td>
</tr>
<tr>
<td>Housing Stabilization Program</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Continuum of Care</td>
<td>3,167,435</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$16,123,589</td>
</tr>
</tbody>
</table>

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

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

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.

System barriers
Each mainstream\textsuperscript{36} 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 homelessness 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.

\textsuperscript{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.

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

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.
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 performance

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

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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.

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 practices

#### Mostly commonly offered activities

| Counseling | 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-kind emergency assistance</td>
<td>Food, clothing, transportation, furniture, medical care</td>
</tr>
</tbody>
</table>
| Cash assistance to maintain or obtain housing | 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 | 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 | 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 | 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 | 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 | Strategies  
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 |
| 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 |

#### Sometimes mentioned as deep or long-term prevention strategies

| Antipoverty activities | 1. Job training, continuing education, skill development  
2. Literacy, adult basic education, English as a second language  
3. Affordable housing development |

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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

Mainstream 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.

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.

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.

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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](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.

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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/
• 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
Mainstream 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.
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 youth

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.

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.).
- **Substance Abuse**: 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:
- Unaccompanied Pregnant Youth (17 or under)
- Single Adult (18 or older)
- One Parent Family with Children
- Unaccompanied Youth (17 or under)
- Couple without children
- Two Parent Family with Children

<table>
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<tr>
<th>Household Composition:</th>
<th>Complete a column for each household member</th>
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<td></td>
<td>Individual</td>
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<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Gender: (Circle One - M-male F-female) 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
- K-5
- 6-8
- 9-12

Is your child attending School? Circle Yes or No for each child

If child is school-aged

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

- Child Abuse
- Couldn’t afford rent
- Criminal History
- Domestic Violence
- Drug/Alcohol at home
- Drug/Alcohol (self)
- Evicted by landlord
- Gambling
- Medical problem
- Mental or Emotional Disorder
- Poor Rental History
- Property Sold
- Runaway
- Unemployed
- By Choice
- Manufactured Park Closure
- Other- Please Specify:

For Provider Use Only

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

- Service was not available
- Rent/Mortgage Assistance
- Emergency Shelter
- Transitional Housing
- Hotel / Motel / Camp Vouchers

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

- Car
- Street
- Hospital
- Motel / Hotel
- Squatting (Abandoned buildings)
- Staying with Friends / Family
- Camping
- Other

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

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

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<tr>
<td>Sheltered</td>
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<td>8242</td>
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<td><strong>Total</strong></td>
<td>13020</td>
<td>11,509</td>
<td>10,528</td>
<td>8,667</td>
<td>7,042</td>
<td>7,433</td>
<td>75%</td>
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<tr>
<td><strong>Total Individuals</strong></td>
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<td><strong>Total</strong></td>
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<td>11,509</td>
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<td>7,042</td>
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<td>75%</td>
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<tr>
<td>Asian</td>
<td>105</td>
<td>115</td>
<td>74</td>
<td>62</td>
<td>106</td>
<td>50</td>
<td>110%</td>
</tr>
<tr>
<td>Black</td>
<td>964</td>
<td>1008</td>
<td>965</td>
<td>662</td>
<td>605</td>
<td>539</td>
<td>79%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1855</td>
<td>1574</td>
<td>1526</td>
<td>1194</td>
<td>1108</td>
<td>1107</td>
<td>68%</td>
</tr>
<tr>
<td>American Indian</td>
<td>655</td>
<td>484</td>
<td>344</td>
<td>367</td>
<td>212</td>
<td>243</td>
<td>170%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>131</td>
<td>116</td>
<td>128</td>
<td>89</td>
<td>69</td>
<td>88</td>
<td>49%</td>
</tr>
<tr>
<td>White</td>
<td>8216</td>
<td>7502</td>
<td>6630</td>
<td>5955</td>
<td>4549</td>
<td>4842</td>
<td>70%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1094</td>
<td>710</td>
<td>863</td>
<td>338</td>
<td>0</td>
<td>562</td>
<td>95%</td>
</tr>
<tr>
<td><strong>In School (&lt;18)</strong></td>
<td>13,020</td>
<td>2717</td>
<td>2479</td>
<td>2440</td>
<td>1785</td>
<td>1516</td>
<td>1219</td>
</tr>
<tr>
<td>Chronic</td>
<td>2827</td>
<td>2254</td>
<td>1575</td>
<td>1356</td>
<td>N/A</td>
<td>N/A</td>
<td>108%</td>
</tr>
</tbody>
</table>

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)

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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.


**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.”

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

CoC Housing Inventory
Beds Per 1,000 People in Poverty

- Permanent Supportive Beds
- Transitional Beds
- Emergency Beds
### Total Year Round Beds Available Continuum of Care Housing Inventory*

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

* 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

<table>
<thead>
<tr>
<th>TASK</th>
<th>START -END</th>
<th>PRODUCT</th>
<th>RESOURCE NAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1:</strong> Prevent and divert people from becoming homeless by working with them to obtain and keep their housing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify, create and expand successful programs that prevent homelessness. (Strategy 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>Year 1</td>
<td>Definition adopted. Oregon Homelessness Policy framework</td>
<td>EHAC</td>
</tr>
<tr>
<td>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.</td>
<td>Year 1</td>
<td>A document of best practices for homelessness prevention.</td>
<td>OHCS, EHAC</td>
</tr>
<tr>
<td>Identify local prevention program successes within Oregon.</td>
<td>Year 1</td>
<td></td>
<td>EHAC, OHCS, local</td>
</tr>
<tr>
<td>Promote replication of successful models through information sharing and mentoring relationships.</td>
<td>Years 2-3</td>
<td>List serv, group, web page, ClearingHouse</td>
<td>OHAC, OHCS, DMV, DHS-AMH, DOC, ED, ODVA, Emp, CCWD DHS- CAF, local, OCCF</td>
</tr>
<tr>
<td>Strengthen current homeless prevention programs to reach more and most vulnerable homeless persons.</td>
<td>Year 2</td>
<td></td>
<td>ODVA, DHS-SPD, OHCS, DHS- AMH, DHS- CAF, OCCF</td>
</tr>
<tr>
<td>Expand access to treatment for addictions and mental health, and access to public health for those most at-risk of homelessness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote policies that reduce family and individual income volatility, and provide needed income support during periods of unemployment, illness or family crisis.</td>
<td></td>
<td>Recommend a Safety Net Policy</td>
<td>EHAC, ICHH</td>
</tr>
<tr>
<td><strong>Coordinate policies and programs, and consolidate funding for housing and services. (Strategy 2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen the partnership between the two main state agencies that serve people experiencing or at risk of homelessness: OHCS and DHS</td>
<td>Year 2</td>
<td></td>
<td>OHCS, DHS- AMH, local , DHS-SPD, DOC, ODVA</td>
</tr>
<tr>
<td>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</td>
<td>Years 2-3</td>
<td>Technical assistance resulting in 10-year plans in every county.</td>
<td>OHCS, EHAC, OCCF</td>
</tr>
<tr>
<td>Provide state training for state and local case management staff to upgrade skills and knowledge of state mainstream and housing programs.</td>
<td>Year 2</td>
<td>Bi-annual training session</td>
<td>OHCS, DHS- AMH, DHS-SPD, EHAC, local, DHS- CAF</td>
</tr>
</tbody>
</table>

---

CCWD  Community Colleges and Workforce Development  
DHS-AMH  Department of Human Services – Addictions and Mental Health  
DHS-CAF  Department of Human Services – Children and Families  
DHS-SPD  Department of Human Services – Seniors and Peoples with Disabilities  
DMV  Oregon Division of Motor Vehicles  
DOC  Department of Corrections  
EHAC  Ending Homelessness Advisory Council  
EMO  Ecumenical Ministries of Oregon  
HA  Housing Authorities  
HMIS  Homeless Management Information System  
ICHH  Interagency Council on Hunger and Homelessness  
OCCF  Oregon Commission on Children and Families  
ODE  Oregon Department of Education  
ODVA  Oregon Department of Veterans’ Affairs  
OED  Oregon Employment Department  
OFBN  Oregon Food Bank Network  
OHCS  Oregon Housing and Community Services  
OHRTF  Oregon Hunger Relief Task Force  
OYA  Oregon Youth Authority
<table>
<thead>
<tr>
<th><strong>Identify and remove practice and policy barriers to decrease the incidence of homelessness. (Strategy 3)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expand efforts at the local level to exchange information and coordinate the provision of publicly financed housing and services.</strong></td>
</tr>
<tr>
<td><strong>Expand the number of local communities that have coordinated health, mental health, substance abuse outreach and service provision linked to housing.</strong></td>
</tr>
<tr>
<td><strong>Coordinate assistance programs for ease of access and maximization of resources through a statewide funders committee.</strong></td>
</tr>
</tbody>
</table>

**Review local 10-year plans to learn what county leaders see as barriers to ending homelessness.**  
**Identify steps needed to remove state barriers.**  
**Recommend needed policy changes to eliminate barriers.**  
**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.**

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

<table>
<thead>
<tr>
<th>Task</th>
<th>Years</th>
<th>Outcome/Action</th>
<th>Responsible Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track the gain and loss of affordable and supportive housing, including public housing.</td>
<td>Years 1-10</td>
<td>Comprehensive housing inventory online</td>
<td>OHCS</td>
</tr>
<tr>
<td>Identify resources to preserve current affordable and supportive housing.</td>
<td>Years 1-10</td>
<td>Plan for long-term support of supportive housing</td>
<td>OHCS</td>
</tr>
<tr>
<td>Expand permanent supportive housing throughout Oregon.</td>
<td>Years 1-10</td>
<td>Create units of permanent supportive housing statewide</td>
<td>OHCS</td>
</tr>
<tr>
<td>Establish state set-aside funding for permanent supportive housing.</td>
<td></td>
<td></td>
<td>OHCS, DHS, OVA</td>
</tr>
<tr>
<td>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.</td>
<td>Years 6-7</td>
<td>Pilot/blue print</td>
<td>OHCS</td>
</tr>
</tbody>
</table>

**Re-house and move people into permanent housing as quickly as possible. (Strategy 5)**

<table>
<thead>
<tr>
<th>Task</th>
<th>Years</th>
<th>Outcome/Action</th>
<th>Responsible Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and maintain good property owner relationships to open existing private housing market to people at-risk or experiencing homelessness.</td>
<td>Year 2</td>
<td>Model</td>
<td>OHCS, Fair Housing Council</td>
</tr>
<tr>
<td>Develop a housing risk pool to protect property owners potential loss or income or property damage.</td>
<td>Years 1-2</td>
<td>Risk pool</td>
<td>OHCS, EHAC</td>
</tr>
<tr>
<td>Create a resource for property owners interested in serving people experiencing or at-risk of homelessness.</td>
<td>Years 1-2</td>
<td></td>
<td>ICHH, Local</td>
</tr>
<tr>
<td>Build on existing tenant education providers – such as ready-to-rent – to improve housing stability.</td>
<td>Year 2</td>
<td>Risk management plans</td>
<td>OHCS</td>
</tr>
<tr>
<td>Identify or leverage funding to create or expand rapid re-housing for individuals, underserved families, and youths.</td>
<td>Years 1-2</td>
<td>New funding and best practices model</td>
<td>DHS-CAF, OHCS, DHS-AMH, local, DHS-SPD, OHRTF</td>
</tr>
<tr>
<td>Encourage the use of Housing First and Rapid Re-housing models and strategies.</td>
<td>Year 1</td>
<td>Adopt and establish Housing First as evidence-based practice</td>
<td>OHCS, DHS, OVA</td>
</tr>
<tr>
<td>Create a coordinated inventory of affordable housing units to facilitate the housing placement.</td>
<td></td>
<td></td>
<td>OHCS, HUD, USDA-RD, HMIS, Oregon Helps</td>
</tr>
</tbody>
</table>

**Abbreviations**

- CCWD: Community Colleges and Workforce Development
- DHS-AMH: Department of Human Services – Addictions and Mental Health
- DHS-CAF: Department of Human Services – Children and Families
- DHS-SPD: Department of Human Services – Seniors and Peoples with Disabilities
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- EMO: Ecumenical Ministries of Oregon
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- ODE: Oregon Department of Education
- ODVA: Oregon Department of Veterans’ Affairs
- OED: Oregon Employment Department
- OFBN: Oregon Food Bank Network
- OHCS: Oregon Housing and Community Services
- OHRTF: Oregon Hunger Relief Task Force
- OYA: Oregon Youth Authority
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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)</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Increase state’s ability to better serve youth who are homeless or at risk of homelessness.</td>
</tr>
<tr>
<td>Pilot local faith community-led family support projects for people experiencing homelessness or at risk of homelessness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provide access to services essential to stability, and remove barriers to make services more navigable, comprehensive, and seamless. (Strategy 7)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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’.</td>
</tr>
<tr>
<td>Develop an inventory/road map of all services available to families with children, unaccompanied youth and single adults.</td>
</tr>
<tr>
<td>Increase collaboration between the Oregon Department of Veteran’s Affairs and community-based agencies to ensure full utilization of federal VA resources.</td>
</tr>
<tr>
<td>Support employment retention and wage advancement as part of a complete employment strategy.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Year</th>
<th>Method</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate mainstream and community-based employment services including regular information sharing, training, access to child care, and means to obtain acceptable forms of identification.</td>
<td>Year 4</td>
<td>Best practice</td>
<td>Emp, CCWD, DHS, workforce partners</td>
</tr>
<tr>
<td>When choosing affordable housing sites, coordinate planning with social service and workforce partners.</td>
<td>Years 2-3</td>
<td>Best practice</td>
<td>OHCS, workforce partners, ED, EMPLOYMENT, CCWFD</td>
</tr>
<tr>
<td>Reexamine policies which categorically deny access to housing, services, or employment, to those struggling with issues related to substance use and criminal history.</td>
<td>Year 2</td>
<td>Policy change</td>
<td>OHCS, DHS-AMH, DHS-CAF, DHS-SPD, HA</td>
</tr>
<tr>
<td>Strengthen links between housing programs and food and nutrition programs.</td>
<td>Years 1-3</td>
<td></td>
<td>DHS, DHS-WIC, Dept. Education, OHCS, OFB, ICHH</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Year</th>
<th>Method</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the linkage of shelters with mainstream services and housing services for clients</td>
<td>Year 2</td>
<td>Analysis</td>
<td>OHCS, local , DHS</td>
</tr>
<tr>
<td>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.</td>
<td>Year 4</td>
<td>Standard</td>
<td>OHCS</td>
</tr>
</tbody>
</table>

Encourage and support local efforts to end homelessness including local planning efforts. (Strategy 10)

<table>
<thead>
<tr>
<th>Description</th>
<th>Years</th>
<th>Method</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide financial and technical assistance to help develop and implement ten year plans to end homelessness in all Oregon Counties.</td>
<td>Years 1-2</td>
<td>Local and regional ten-year plans covering all Oregon Counties</td>
<td>EHAC, OHCS</td>
</tr>
<tr>
<td>Establish venues to share best practices and information with local communities.</td>
<td>Years 1-10</td>
<td>Conference, websites, etc.</td>
<td>EHAC</td>
</tr>
<tr>
<td>Create a consistent methodology to effectively report and measure results of local plans.</td>
<td>Years 1-3</td>
<td></td>
<td>EHAC, OHCS, DHS ICHH</td>
</tr>
</tbody>
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### 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 |

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Please send comments to:

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725 Summer St NE, Suite B
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503-986-2000

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