OREGON STATEWIDE SHELTER STUDY

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Technical Assistance Collaborative
31 St James Ave, Suite 950
Boston, MA 02116

Oregon Housing and Community Services

Oregon Statewide Shelter Study

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EXECUTIVE SUMMARY

In the fall of 2018, Oregon Housing and Community Services (OHCS) contracted with the Technical Assistance Collaborative (TAC) to conduct a statewide shelter study. Among the goals of the study, OHCS hoped to better understand how to strengthen shelter policies and services in order to improve outcomes for people experiencing homelessness. As part of the study, TAC conducted focus groups in five different parts of the state, an online stakeholder survey, a webinar focused on rural/frontier areas, individual interviews with key stakeholders, a survey of winter/warming shelters, as well as analyzing over seven different sets of data.

Nationally, Hawaii, California, and Oregon had the highest rates of individuals experiencing homelessness, with 50 or more individuals experiencing homelessness per 10,000 individuals. According to HUD's 2018 Annual Homelessness Assessment Report, Oregon is one of four states in which more than half (61 percent) of all people experiencing homelessness were found in unsheltered locations.

The study found a gap in shelters for both families with children and individuals experiencing homelessness; this gap is best illustrated by the number of families with children and individuals experiencing unsheltered homelessness. To ensure no one remains unsheltered, TAC estimated an additional 5,814 beds would be needed. TAC also found particular need among certain subpopulations including people of color, persons who do not have documentation of citizenship, youth, families where one parent is male, and people who are LGBTQ.

In alignment with the OHCS Statewide Housing Plan, this report emphasizes that shelters should be part of an efficient and effective crisis response system that includes other components critical to preventing and ending homelessness including street outreach, diversion, rapid re-housing, coordinated entry, and permanent supportive housing, in addition to general expansion of affordable rental housing. When each of these components is available and working effectively as part of a local or regional Continuum of Care, a greater number of households are prevented from becoming homeless, will have shorter stays in shelters, and are less likely to return to homelessness. Some sheltering will likely always be needed, but the number of shelter beds necessary will decrease as the crisis response system becomes more effective.

In order to address the needs of families with children and individuals experiencing homelessness, the report makes recommendations including:

- Strategies for shelter expansion including navigation centers in Eugene and Salem, permanent shelters in counties with more than 100 people experiencing homelessness in the unsheltered PIT count, hotel/motel vouchers in rural counties with fewer households experiencing homelessness, and strategies to enhance winter/warming shelters.
- Strategies to support local expansion of shelters in exploring the Governor's declaration of emergency to OHCS and other state agencies, and providing technical assistance and training for local public and private entities seeking to expand their shelter capacity, as well as improve existing shelters.
- Strategies to enhance intergovernmental collaboration to end homelessness, including securing services for the significant subpopulations of those with serious mental illnesses and substance use disorders who are experiencing chronic and unsheltered homelessness.
- Strategies to support Community Action Agencies and Continuums of Care (CoC) to achieve best practices in homeless services delivery and optimal outcomes for people experiencing homelessness.
- Strategies to ensure OHCS' internal systems support best practices to end homelessness including recommendations regarding the EHA and SHAP programs.

These strategies are consistent with the OHCS's Statewide Housing Plan (SWHP), and will move the state forward on the specific SWHP priorities of addressing equity and racial justice, homelessness, and permanent supportive housing.

BACKGROUND

In June 2018, the Oregon Housing and Community Services (OHCS) department issued a request for proposals (RFP) for a statewide shelter study that would accomplish three purposes:

- Assess the inventory of shelters, needs, and gaps in the system across Oregon.
- Study the associated costs, services, lengths of stay, subpopulations served, and shelter types, including year-round and seasonal shelter.
- Highlight best practices in Oregon and in other state, regional, and local systems, underscoring areas for future statewide training opportunities.

The department's goals in conducting the study included:

- Gaining a better understanding of how to strengthen shelter policies and services across local and regional crisis response systems to improve housing outcomes for people experiencing homelessness.
- Identifying barriers and opportunities in implementing a system-wide approach that includes both emergency shelters and alternative resources used as emergency shelters in communities with limited shelter capacity — aligning state goals for emergency shelters with community goals to end homelessness by encouraging low-barrier, safe, and housing-focused shelter.
- Gaining information and tools to form a more robust network of shelter providers that work collaboratively, share promising practices, and are synced with the broader affordable housing community.
- Incorporating recommendations on how OHCS, as a State Housing Finance Agency and provider of homeless services, can nurture a statewide shelter system that helps vulnerable individuals and families transition into permanent and sustainable affordable housing.

The Technical Assistance Collaborative (TAC) responded to the RFP and was selected to conduct this study.

METHODOLOGY

TAC conducted a comprehensive assessment and analysis of Oregon's emergency shelter system using all available data from a range of stakeholders representing diverse emergency shelter systems and regions.

DATA SOURCES

TAC used data from the following sources to inform this study:

- OHCS Shelters In Oregon (SIO): An inventory of shelters in Oregon with some descriptive information, compiled by OHCS Homeless Services staff.
- Point-in-time (PIT) 2018: A count of sheltered and unsheltered homeless persons on a single night in January. The U.S. Department of Housing and Urban Development requires that Continuums of Care (CoCs) conduct this count of sheltered and unsheltered homeless individuals and families biennially.
- Housing Inventory Count (HIC) 2018: A point-in-time inventory of beds and units that are dedicated by programs in a given CoC to serve persons experiencing homelessness. Specific program types include: emergency shelter, transitional housing, rapid re-housing (RRH), safe havens, permanent supportive housing, and other permanent housing.
- Systems performance data (2015–2018): HUD has developed seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness.
- Emergency Housing Assistance (EHA)/State Housing Assistance Program (SHAP) spending and related information for the 2017–2019 biennium.
- Homeless Management Information System (HMIS) data for Community Action Agencies (CAAs) and CAA recipient programs funded with EHA/SHAP monies.

FOCUS GROUPS

TAC and its subcontractor, the Human Services Research Institute (HSRI), conducted five focus groups across the state in December 2018. OHCS invited to these focus groups all known emergency, warming, and winter operators; CAAs; and CoC administrators. Table 1 shows the location, date, and attendance of each focus group.

Table 1: Oregon Statewide Shelter Study Focus Groups – December 2018

Location	Date	Participants
Pendleton	12/5/2018	Nine participants total, including individuals associated with the Rural Oregon CoC, a housing manager, a housing advocate, a representative from a winter shelter, and a representative from an all-volunteer warming shelter.
Portland	12/6/2018	Fifteen participants total. This session divided into two groups: one serving Multnomah County and the other serving Clackamas and Washington counties. Participants were associated with the warming, severe weather, domestic violence shelters and family shelters, a faith-based family shelter, a youth shelter, and emergency shelters. Staff members from OHCS and Multnomah County's Joint Office on Homeless Services also participated.
Newport	12/7/2018	Ten participants total, associated with area CAAs; emergency shelters for families, singles, women, and men; a warming center; a domestic violence shelter; transitional housing operators; and a men's seasonal shelter.

METHODOLOGY

Location	Date	Participants
Roseburg	12/11/2018	Four participants total, associated with an area CAA and CoC; winter shelters; a warming center; youth shelters; youth host homes; transitional housing; a tiny home village; and recovery housing.
Bend	12/12/2018	Eight participants total, associated with emergency shelters for families, men, women, and those fleeing domestic violence or sex abuse and trafficking; warming shelters; transitional and supportive housing operators; a homeless Veterans service provider; and an area CAA.

ONLINE SURVEYS OF CAA AND COC STAKEHOLDERS

In order to gather information from those who were unable to attend a focus group, TAC developed an online survey instrument that OHCS disseminated to all CAAs and CoCs. During the two-week period in which the survey was open, 27 individuals participated.

RURAL WEBINAR

TAC hosted an additional webinar in an effort to ensure input from rural CAAs, CoCs, and homeless providers. TAC asked the 12 webinar participants the same questions used in the focus groups and in the online survey. TAC combined this information with other input gathered to inform the findings in this report.

ONLINE SURVEY OF PEOPLE WITH LIVED EXPERIENCE

OHCS conducted an online survey of people with lived experience. OHCS received 232 completed surveys from people with lived experience of homelessness. In addition to the 232 responses to the survey from people with lived experience, OHCS received 61 responses from allies or advocates. The information gathered in the survey is summarized later in this report, with additional information included in Appendix C.

STAKEHOLDER INTERVIEWS

TAC conducted structured interviews with 15 key stakeholders with a state level perspective as identified by OHCS. TAC conducted these interviews via telephone and in-person between January 23 and February 15, 2019.

Table 2: Stakeholder Interviews

Name	Organization
Doug Carlson	Community Planning & Development, Oregon HUD
Annette Evans	Washington County
Sybil Hebb	Oregon Law Center
Molly Heiss	Neighbor Impact (CAA)
Barb Higginbotham	Community in Action (CAA)
Marc Jolin	Multnomah County Joint Office of Homeless Services
Jimmy Jones	Mid-Willamette Valley Community Action (CAA)
Steve Manela	Lane County Human Services
Representative Pam Marsh	Oregon Legislature

METHODOLOGY

Name	Organization
Janet Merrell	Community Action Partnership of Oregon
Matthew Rasmussen	Oregon Department of Human Services
Margaret Salazar	Oregon Housing and Community Services
Claire Seguin	Oregon Housing and Community Services
Vanessa Timmons	Oregon Coalition Against Domestic & Sexual Violence
Jim Walker	Oregon State Fire Marshall

Survey of Winter and Warming Shelters: TAC completed a telephone survey with known winter and warming shelters in mid-November and early December 2018, with a 78 percent response rate (46 of 59). The survey instrument was developed in collaboration with OHCS staff and included 34 questions to gather information to classify the shelters by type and to catalogue the dates each facility opens and closes, hours of operation, number of beds, populations served, amenities, types of services and referrals made, staffing patterns, sources of funding, and client data tracked.

STUDY FINDINGS

HOW MANY SHELTER BEDS ARE THERE IN OREGON CURRENTLY?

Table 3: Oregon Shelter Beds — 2018 Point In Time

Continuum of Care	Emergency Shelter	Transitional Housing	Safe Haven
OR-500 Eugene, Springfield/Lane County CoC	410	96	0
OR-501 Portland, Gresham/Multnomah County CoC	1742	587	0
OR-502 Medford, Ashland/Jackson County CoC	171	177	0
OR-503 Central Oregon CoC	253	51	0
OR-505 Oregon Balance of State CoC	1495	1165	0
OR-506 Hillsboro, Beaverton/Washington County CoC	97	120	10
OR-507 Clackamas County CoC	6	39	0
Total 2018	**4174**	**2235**	**10**

As indicated in Table 3, the 2018 Oregon statewide Housing Inventory Count (HIC) reports 4,174 permanent emergency shelter beds. These include 1,234 beds for homeless households with at least one child, 2,837 beds for households without children, and 103 beds for children only.[1]

It is important to note that there is a significant range among the CoCs, with the Multnomah County (42 percent) and Balance of State (36 percent) CoCs accounting for over 75 percent of shelter beds. In the focus groups, there were complaints that the Clackamas and Washington Counties' lack of shelter beds "funneled" people experiencing homelessness into Multnomah County, with nearly 17 times the number of shelter beds.

1 2018 HIC

STUDY FINDINGS

SHELTER TYPES AND DEFINITIONS

Emergency Shelter (ES): A facility with the primary purpose of providing temporary shelter for people experiencing homelessness.

Overflow Beds: This is a term used by HUD in the Housing Inventory Count (HIC). Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity.

Safe Haven[2]: A safe haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.

Seasonal Beds: This is a term used by HUD in the Housing Inventory Count (HIC). Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.

Winter Shelter: Shelter beds that are open during the fall, winter, and spring, and are open night after night, no matter the forecast.

Warming Shelter: Additional shelter beds that open when severe weather hits to keep unsheltered people safe. Each community has differing weather forecast thresholds that determine when these open.

Data Sources

The **Housing Inventory Count** (HIC) is an inventory of housing conducted annually by each CoC in the country during the last ten days in January. The HIC provides the number of beds and units available on the night designated for the count by program type, and includes beds dedicated to serve persons who are experiencing homelessness as well as persons in permanent supportive housing. Beginning in 2018, the HIC also identifies beds dedicated to serve specific sub-populations of persons. The HIC data for each CoC is available in Appendix D.

The **Shelters In Oregon** (SIO) report is a more informal report compiled by OHCS Homeless Programs staff which involves conducting a survey of known shelters. Staff do not require shelters to participate, and shelters do not provide all of the requested information. So, for example, the SIO provides the number of beds in some but not all shelters. The SIO provides information by county (which is important for state funding considerations), while the HIC provides information by CoC (which is important for HUD Homeless Assistance Program funding). The most updated SIO is available in Appendix E.

Each of these reports has been useful to understanding more about shelter in Oregon.

2 Note that HUD no longer supports this model.

STUDY FINDINGS

The HIC identified 608 "seasonal" shelter beds in addition to those listed in Table 3. However, TAC's winter/warming shelter survey suggests that this number significantly undercounts winter/warming beds. The 46 programs surveyed[3] can accommodate at least 2,694 people (70 percent in warming shelters, 30 percent in winter shelters), or more than four times the number identified in the HIC. *Winter and warming shelters represent more than 40 percent of the shelter beds in Oregon.*

The OHCS Shelters In Oregon (SIO survey, see box and Appendix E) indicates that 14 counties do not have emergency shelter programs, and that 10 of these counties also lack warming or winter shelters. However, nine of the ten reported fewer than 20 homeless households in the 2018 PIT. It is important to note that the SIO is likely not comprehensive, and that winter/warming shelters may have opened after the SIO survey results were compiled.

OHCS reports that zoning issues and community battles plague these warming shelters in multiple localities, and that local government is not always willing to support community-driven sheltering efforts. Legal Aid is taking note of communities with discriminatory or illegal practices related to siting shelters.

HOW MANY PERSONS WERE EXPERIENCING HOMELESSNESS IN OREGON IN 2018?

As illustrated in Table 4, the 2018 PIT identified 3,757 households in emergency shelters including 2,752 individuals without children, 935 persons in households with children, and 70 unaccompanied children. Note that the PIT data for each CoC is available in the CoC Profile provided in Appendix D.

Table 4: Persons Experiencing Homelessness – 2018 Point in Time Count

Population	Emergency Shelter		Transitional Housing		Unsheltered		Total	
Persons in Households without children	2752	73%	1177	66%	6891	77%	10820	75%
Persons in Households with children	935	25%	589	33%	1813	20%	3337	23%
Persons in Households with only Children	70	2%	28	2%	221	3%	319	3%
Total	**3757**	**26%**	**1794**	**12%**	**8925**	**62%**	**14476**	**100%**

The PIT found more than twice as many unsheltered households (7,092) as households in emergency shelters. Of the 7,092 unsheltered households, 6,266 (88 percent) were households without children, 606 (9 percent) were households with children, and 220 (3 percent) were unaccompanied children. Given the challenge of identifying all unsheltered persons in Oregon's vast parks, it is likely the PIT undercounts people experiencing homelessness. Some national organizations estimate that the number of homeless individuals is 2.5 to 10.2 times greater than can be obtained using a PIT count.[4]

Nationally, Hawaii, California, and Oregon had the highest rates of individuals experiencing homelessness, with 50 or more individuals experiencing homelessness per 10,000 individuals.[5] According to HUD's 2018 Annual Homelessness Assessment Report, Oregon is one of four states in which more than half (61 percent) of all people

3 59 total warming/winter shelter programs were identified, but only 46 responded to the survey.
4 https://nlchp.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf
5 2018 AHAR

experiencing homelessness were found in unsheltered locations. Higher rates of unsheltered homelessness on the West Coast can be attributed to lack of shelter capacity, rising costs of rental housing, stagnant incomes for low-wage workers, and a decline in federal support for affordable housing. Whereas on the East Coast, climate and past litigation have influenced substantial investments into shelter bed capacity, and as such, these variables have not influenced the community's efforts to keep up with the need.[6]

IS HOMELESSNESS CONCENTRATED IN PARTICULAR COUNTIES? DO ALL COUNTIES HAVE PEOPLE EXPERIENCING HOMELESSNESS?

Table 5 illustrates the number of sheltered and unsheltered households experiencing homelessness by county. While concentrated in certain counties, almost no county has escaped this issue. However, it is important to note that three counties have both the highest number and percentage of households experiencing homelessness: Multnomah (4,177 or 30 percent of homelessness statewide), Lane (1,529 or 11 percent) and Marion (1,049 or 8 percent. Other counties each range from zero to 5 percent.

It is important to note that a "zero" means that the CoC or the CAA did not count homeless individuals or families on the particular night the Point In Time was conducted. This does not mean that there are no homeless families or individuals in that county, but may reflect a lack of capacity to conduct a complete count over a large area on that day. It may also mean that there are families or individuals who are lacking permanent housing but who are staying with friends or family – for example – and do not meet HUD's homeless definition for purposes of the PIT count.

Table 5: Sheltered and Unsheltered by CAA and County[7]

County	CoC	CAA	Sheltered		Unsheltered		Total	%
Multnomah	501	MULTCO	2509	60%	1668	40%	4177	30%
Lane	500	LANE	526	34%	1003	66%	1529	11%
Marion	505	MWVCAA	754	72%	295	28%	1049	8%
Jackson	502	ACCESS	369	58%	264	42%	633	5%
Josephine	505	UCAH	60	9%	590	91%	650	5%
Clatsop	505	CAT	18	3%	662	97%	680	5%
Deschutes	503	NIMPACT	207	30%	494	70%	701	5%
Yamhill	505	YCAP	223	45%	270	55%	493	4%
Clackamas	507	CCSS	151	30%	346	70%	497	4%
Washington	506	CAO	175	32%	369	68%	544	4%
Coos	505	ORCAA	0	0%	397	100%	397	3%
Douglas	505	UCAH	233	50%	230	50%	463	3%
Tillamook	505	CAT	86	37%	145	63%	231	2%
Benton	505	CSC	139	48%	148	52%	287	2%
Hood River	505	MCCAC	31	44%	39	56%	70	1%

6 West Coast Homeless Rates (https://www.oregoncf.org/Templates/media/files/reports/OregonHomelessness.pdf) & Homelessness in Oregon in 2019 (https://dailycaller.com/2018/06/21/unsheltered-homeless-west-coast/)
7 The data available by county is for 2017: https://public.tableau.com/profile/oregon.housing.and.community.services#!/vizhome/InformationDashboardPITCount_1/Point-in-TimeCount: The data in Table 4 is from the 2018 Point in Time and is available for CoCs but not by county. This explains the variation in the data.

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County	CoC	CAA	Sheltered		Unsheltered		Total	%
Polk	505	MWVCAA	45	44%	57	56%	102	1%
Malheur	505	CinA	43	28%	108	72%	151	1%
Columbia	505	CAT	69	44%	89	56%	158	1%
Curry	505	ORCAA	0	0%	161	100%	161	1%
Linn	505	CSC	113	63%	67	37%	180	1%
Lincoln	505	CSC	26	14%	160	86%	186	1%
Klamath	505	KLCAS	114	59%	78	41%	192	1%
Wasco	505	MCCAC	39	20%	156	80%	195	1%
Gilliam	505	CAPECO	0	0 %	0	0%	0	0%
Morrow	505	CAPECO	0	0%	0	0%	0	0%
Wheeler	505	CAPECO	0	0%	1	100%	1	0%
Sherman	505	MCCAC	0	0%	1	100%	1	0%
Grant	505	CCNO	0	0%	4	100%	4	0%
Baker	505	CCNO	3	43%	4	57%	7	0%
Wallowa	505	CCNO	4	50%	4	50%	8	0%
Lake	505	KLCAS	0	0%	12	100%	12	0%
Harney	505	CinA	1	5%	18	95%	19	0%
Jefferson	503	NIMPACT	15	44%	19	56%	34	0%
Union	505	CCNO	1	2%	42	98%	43	0%
Crook	503	NIMPACT	8	19%	35	81%	43	0%
Umatilla	505	CAPECO	24	44%	31	56%	55	0%
TOTALS			5986		7967		13953	100%

WHO IS SERVED BY SHELTERS? WHO IS NOT SERVED?

Equity and Racial Justice

It is well established that people of color are more likely to experience homelessness than white people in the United States. While African American people account for only 13 percent of the general population, they account for 26 percent of those living in poverty and more than 40 percent of those experiencing homelessness. American Indian and Alaska Natives are similarly overrepresented among those experiencing homelessness. In 2016, those identifying as AI/AN made up 4.2 percent of unsheltered homeless while they represented 1 percent of the total U.S. population. While 22 percent of Hispanic/Latinx were counted in a 2016 one-night shelter and unsheltered count, researchers suspect this number to be underestimated given threats that exist for those with undocumented or mixed documented family statuses.[8] Oregon's CAAs and OHCS have raised concerns about the existence of racial and ethnic disparities in the state's crisis response system and have identified addressing these as a priority in the Statewide Housing Plan as well as in the OHCS report responding to the House Bill 5201 (2018) Budget Note. The Budget Note report addressing the adoption of outcome-oriented strategies for homeless services programs

8 https://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf

that was submitted to the Oregon legislature in February 2019, indicates that OHCS plans to work with the CAAs to begin to address issues of racial equity and disparities in the next two biennia.

Participants in the shelter study's focus groups and stakeholder interviews, as well as respondents to the various online surveys and webinars, reinforced concerns about equal access to emergency shelters. The particular groups identified as underserved varied across geographic regions but included people of color, persons who do not have documentation of citizenship, families (especially when one parent is male), youth, and people who are LGBTQ. Shelters, including the winter and warming shelters, reported that they do not discriminate against people who are transgender or gender nonconforming. Focus group discussion indicated that some people who are transgender or gender nonconforming avoid shelter due to expressed concerns for safety and the potential for exposure to further discrimination by staff and/or other guests.

TAC used HUD's CoC Analysis Tool (see box below) to examine (1) the race/ethnicity of homeless Oregonians as compared to all Oregonians in that CoC who had incomes at or below the Federal poverty line (FPL), and (2) whether the state's crisis response system makes emergency shelter resources available equitably. HUD's tool draws on a CoC's PIT Count as well as poverty data from the American Community Survey (ACS) to facilitate analysis of racial disparities among people experiencing homelessness. HUD explains that by comparing racial distributions between persons experiencing homelessness and persons experiencing poverty, this data identifies racial disparities in homelessness that poverty alone cannot account for.

STUDY FINDINGS

RACIAL EQUITY ANALYSIS TOOLS

HUD's CoC Analysis Tool

HUD developed the CoC Analysis Tool to help CoCs assess the racial disparities among people experiencing homelessness. The CoC Analysis Tool draws on Point-In-Time (PIT) Count and American Community Survey data to facilitate analysis of racial disparities among people experiencing homelessness. The number of people experiencing homelessness represented in this tool is drawn from the 2017 PIT Count data reported in the Annual Homeless Assessment Report (AHAR) to the U.S. Congress. PIT Counts are unduplicated one-night estimates of sheltered and unsheltered homeless populations conducted by CoCs nationwide during the last week of January each year. The data for each CoC can be found here https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/.

NAEH's Racial Equity Network Toolkit

The National Alliance to End Homelessness has developed a toolkit to help CoCs measure whether the outcomes of their programs or system vary depending on the race or ethnicity of a homeless person or family. This is a simple dashboard measuring key portions of a homeless program or system. The difficulty is that this tool requires data for a full year (ideally).

TAC chose to use the HUD CoC Analysis Tool for this study as only the one-night Point In Time data for the CoCs was available, making the NAEH tool impractical for this study.

There are three caveats that are critical to consider prior to reviewing this data. ***First,*** ACS uses U.S. Census data. In reviewing the data below, it is important to note that Census data typically under-represents communities of color for the following reasons:

- Heads of households of color may experience distrust of government due to historical institutional racism.
- The address on file with the U.S. Census Bureau may no longer be the current address of families who are living in or on the edge of poverty, who may therefore not receive the Census survey questionnaire. African Americans live in poverty at a rate that is 250 percent greater than white Americans, and Latinx Americans live in poverty at a rate that is 200 percent greater than white Americans, while Native Americans live in poverty at a rate that is 275 percent greater than white Americans. Living in poverty is correlated with greater housing instability.[9]
- People living in poverty are more likely to be under stress and preoccupied, and therefore may not fill out the census survey by the deadline.
- People of color living in poverty may not believe the census data findings truly influence their communities.

Second, it is important to also recognize the ways in which the PIT undercounts communities of color who are experiencing homelessness. In Oregon, the Coalition of Communities of Color (CCC) documented this phenomenon in its 2017 Memo to the Joint Office of Homeless Services in Multnomah County. CCC notes "Prevailing myths in white dominant narratives that people of color are not in imminently unsafe housing conditions since they are not on the streets or in shelters are false, and detrimental to communities of color accessing resources and services." (Memo, 2017.) CCC proposes that PIT counts include volunteers who are trusted members of communities of color and include race/ethnicity options in the survey forms that reflect the different communities of color who live in the surveyed areas. CCC also identifies that all those conducting PIT count interviews must go through equity training that focuses on race, institutionalized racism, and implicit bias. CCC further requests that the PIT count be

9 https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

supplemented by partnering with service organizations that work with communities of color and culturally specific organizations to collect quarterly data that measures housing instability and prevalence of members who are doubled up or couch surfing. Additionally, CCC advises that government agencies track the impact of gentrification on housing stability and displacement of low income residents. The full CCC memo can be viewed in Appendix F.

Third, where the number of households in a data point is small for any reason, the data picture can be distorted.

Multnomah County CoC

Race/Ethnicity and Homelessness: Comparing Multnomah County residents with incomes at or below the Federal poverty level (FPL) with those who are homeless, the data indicates that 3 percent more Whites, 2 percent more African Americans, and 4 percent more Native American/Alaskans are homeless, while fewer Asian/Pacific Islanders, Other/Multi-Racial, and Hispanics are homeless than comparable groups who have incomes at or below the FPL. For homeless families, however, the disparities are greater. While African American Oregonians with children are 12 percent of those Oregonians who have incomes at or below the poverty line, 24 percent of this same group experience homelessness.[10] Two percent of Oregon families with incomes below the poverty line are American Indian/Alaska Native (AI/AN) while AI/AN families make up 6 percent of all homeless families.

Race/Ethnicity and Shelter Access: While there are small differentials of 1-2 percent, the data indicates that shelter access is essentially equitable, with each demographic accessing shelter equal to the percentage they are of the homeless population. The demographic with the largest gap are white Oregonians who are 69 percent of the overall homeless population but only 66 percent of those sheltered.

Lane County CoC

Race/Ethnicity and Homelessness: Overall, in the Lane County CoC, there were only slight differences in the percentage of those below the FPL and those who were homeless, with slightly higher homeless percentages for those who were white or Native American/Alaskan, slightly lower percentages for those who are Asian/Pacific Islander or Hispanic, and equal percentages for those who are African American or Other/Multi Racial. The number of homeless families who self-identify as Native American/Alaskan, Other/Multi-racial, and those who are Hispanic were higher than comparable non-homeless groups. It is important to note, however, that the total number of families in shelter was only 153; a small number of data points can distort the data, and may do so here.

Race/Ethnicity and Shelter Access: The data suggest that all demographics have equitable access to shelter except white homeless Oregonians and homeless Asian/Pacific Islander families; these were very small differences.

Medford/Jackson County CoC

Race/Ethnicity and Homelessness: Overall in this county, the data indicates that most groups are the same percentage of the homeless population as they are of those with incomes below the FPL. The striking exception is the percentage of Hispanic families with children who are homeless, 27 percent as compared to 17 percent with incomes below the FPL. Native American/Alaskan families were 5 percent of the homeless demographic as compared to 1 percent of the comparable group with incomes at or below the FPL.

Race/Ethnicity and Shelter Access: For people who are homeless overall, shelter access is equitable, except for those who are white who have more access to shelter (4 percent) and people who are Other/Multi-Racial who are less likely to have access to shelter (4 percent). Among families with children who are homeless, those who are white are also more likely to access shelter (7 percent), while those who are Native American/Alaskan, Other/Multi-Racial, or Hispanic are less likely to have accessed shelter. It is particularly striking that these first two groups

10 The tool provides the data in two ways: (1) families with children experiencing homelessness, and (2) all persons experiencing homelessness. TAC is therefore reporting the data in this same manner.

had no families in shelter, although some Native American/Alaskans and Other/Multi-Racial were in the unsheltered count. It is important to note that shelter access is based on HMIS data and Table 10 below indicates that few CoC programs are reporting data to HMIS.

Central Oregon CoC

Race/Ethnicity and Homelessness: As in Jackson County, the percentage of homeless Hispanic families with children (21 percent) in the Central Oregon CoC is much higher than those whose incomes are at or below the poverty line (15 percent). In contrast, for all people who are homeless and Hispanic, homelessness is less (12 percent) than people who are Hispanic with incomes at or below the poverty line (15 percent). The percentage of homeless families who are white (92 percent) is higher than the percentage of families who are white and have incomes at or below the FPL (84 percent). There is less differential in the data that looks at the data for families combined with other household types.

Race/Ethnicity and Shelter Access: The data does suggest some disparities in access to shelter. However, as 70 percent of all those who are experiencing homelessness (and 85 percent of all families with children experiencing homelessness) are unsheltered, and the numbers overall are small, the data has limited relevance and reliability.

Balance of State CoCs

Race/Ethnicity and Homelessness: The Balance of State CoCs shows slightly higher percentages of white, African American, and AI/AN residents who are homeless, as compared to groups of these persons who live at or below the poverty line, while Asian/Pacific Islander and Other/Multi-Racial show lower percentages of those who are homeless. Among persons who are Hispanic, the rate of homelessness is less than those who have incomes below the poverty line.

Race/Ethnicity and Shelter Access: The data indicates that access to shelter is generally equitable. The largest gap is in homeless white families with children accessing shelter (4 percent). It is important to note that shelter access is based on HMIS data and Table 10 below indicates that few CoC programs are reporting data to HMIS.

Washington County CoC

Race/Ethnicity and Homelessness: In Washington County, the data indicates a higher percentage of white and African American Oregonians experiencing homelessness than the percentage of those who have incomes at or below the poverty line. The opposite is true for Asian/Pacific Islanders and those who identify as Other/Multi-racial. It is important to note that some of these data points are small. As in several other counties, among persons who are Hispanic, the rate of homelessness is less than those who have incomes below the poverty line.

Race/Ethnicity and Shelter Access: Overall, the data indicates that access to shelter for those experiencing homeless is equitable (within 1-2 percent). For families with children who are homeless, there is less equitable access, with white families having more access (7 percent) and African American (7 percent) and Asian/Pacific Islander (6 percent) families having less access than comparable groups. It is important to remember that there are only a small number of data points in this county.

Clackamas County CoC

Race/Ethnicity and Homelessness: While the data points in Clackamas County are very small, there are higher percentages of African American and AI/AN Oregonians experiencing homelessness than those who have incomes at or below the poverty line. In contrast, Oregonians who are white, Asian/Pacific Islander, Other/Multi-Racial, and Hispanic have lower rates of homelessness. Again, the reader is cautioned that the data points are very small.

STUDY FINDINGS

Race/Ethnicity and Shelter Access: Generally, access to shelter appears equitable, although people who are homeless and white, whether they are in families or not, appear to have slightly less access to shelter (4 percent). The other data points are too small to be considered reliable.

Select Subpopulations

The following information further illustrates considerations specific to subpopulations of people experiencing homelessness.

Families: HUD's AHAR found that Oregon is one of five states where more than one-quarter of people experiencing homelessness in families with children (606) were unsheltered; this is considerably higher than the national rate of just under 10 percent. The reason for this large number of unsheltered families with children is confusing, as the 2018 PIT found that of the 440 family shelter beds, only 298 were occupied by homeless families. This disparity is discussed in the Shelter Gap section below. The Governor has prioritized preventing and ending homelessness among children; this study found much local support for this effort.

Domestic Violence: Although there are an insufficient number of beds, all but six counties have at least one domestic violence (DV) shelter. It is important to note that it is likely that many of those in the "generic" family shelters have also experienced domestic violence. The U.S. Department of Health and Human Services found that "between 22 percent and 57 percent of all homeless women report that domestic violence was the immediate cause of their homelessness."[11]

The DV system requires greater staffing capacity to be able to respond to the 24/7 nature of a domestic violence crisis. Additionally, stakeholders referenced the imperative for shelters to offer services that are trauma informed; responsive to racism, oppression, and homophobia; and that recognize the impact of epigenetics (the modification of gene expression resulting from exposure to intergenerational trauma). Additionally, providers noted the difficulty in transitioning those fleeing DV from shelter to safe affordable housing and the need for greater partnership with Coordinated Care Organizations and hospital systems.

HUD updated the 2018 Housing Inventory Count (HIC) and PIT count to include, for the first time, "those who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking" — as opposed to reporting on survivors who have ever experienced those circumstances. As a result, in the future, the state will have more comprehensive data regarding the need for DV shelters.

Youth: The 2018 HIC includes 436 beds dedicated to youth ES, TH, and SH (see Table 6). The 2018 PIT found 317 youth under age 18 experiencing homelessness, of which 70 percent are unsheltered. The PIT also found 992 youth between the ages of 18 and 24 experiencing homelessness, of which 60 percent were unsheltered. HUD's 2018 AHAR found that Oregon was one of the top five states in the rate of unsheltered, unaccompanied youth homelessness. Among the populations at greatest risk for becoming homeless are the youth who age out of foster care each year when they turn 18,[12] as well as youth ages 18 to 25 with less than a high school diploma or GED, who are Hispanic or African American, who are parenting and unmarried, or who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ).[13]

11 https://www.acf.hhs.gov/fysb/resource/dv-homelessness-stats-2016
12 Or 21 in some states.
13 Runaway and Homeless Youth: Demographics and Programs. Congressional Research Service. Adrienne L. Fernandes-Alcantara. April 26, 2018

STUDY FINDINGS

Table 6: Dedicated Veterans and Youth Beds – 2018

Continuum of Care	Dedicated Veteran Beds (ES, TH, SH)	Dedicated Youth Beds (ES, TH, SH)
OR-500 Eugene, Springfield/Lane County CoC	26	22
OR-501 Portland, Gresham/Multnomah County CoC	139	139
OR-502 Medford, Ashland/Jackson County CoC	59	40
OR-503 Central Oregon CoC	11	52
OR-505 Oregon Balance of State CoC	0	140
OR-506 Hillsboro, Beaverton/Washington County CoC	86	16
OR-507 Clackamas County CoC	0	27
Total	321	436

Veterans: In 2018, the PIT identified 299 Veterans in emergency shelters and 763 (71 percent) unsheltered Veterans; nationally, 61 percent of homeless Veterans were unsheltered. The 2018 HIC includes 321 ES, TH, and SH beds dedicated to Veterans (see Table 6). OHCS is implementing Operation Welcome Home, a campaign to end homelessness for Oregon Veterans that will run through summer of 2019. OHCS and the Oregon Department of Veterans' Affairs are collaborating with the ten selected communities, working to house more than 500 Veterans across Oregon.

Behavioral Health: Not surprisingly, people who have behavioral health conditions make up a significant portion of those experiencing homelessness. The 2018 PIT found 29 percent of those experiencing homelessness self-identified as having a serious mental illness (SMI) and 27 percent self-identified as have a substance use disorder (SUD). Of those with behavioral health conditions, 70 percent (SMI) and 67 perccent (SUD) were unsheltered, accounting for an estimated third of those who are unsheltered. It is important to note that these are only the persons who self-identified and that there is likely co-occurring SMI/SUD but the data does not allow us to identify the specific percentage.

Health and Physical Conditions: Participants in all of the focus groups mentioned they had difficulty or concerns about serving people who are sick or frail. A number of participants indicated a trend of hospitals discharging patients to local shelters, without notice, including sending these individuals via taxicab after hours when the shelter was already full. Shelters feel they do not have the supports or physical accessibility to safely and adequately serve these individuals. This anecdotal information is consistent with recent national research that projects significant growth in aged homelessness, especially among people aged 65+.[14] The U.S. Census reports that at 17.1 percent of the population, Oregon has a larger population of residents 65 years of age and older than the U.S. average of 15.6 percent.[15] In addition, Oregon has more people under age 65 who have disabilities: 10.2 percent as compared to 8.7 percent nationally.

WHAT ARE THE EXPERIENCES OF PROVIDERS AND PARTNERS IN RURAL AREAS?

The focus groups and webinar conducted for rural areas revealed a number of unique challenges these communities face in ending homelessness. Representatives interviewed noted there are fewer year-round and winter/warming shelters and more limited transportation options than in urban areas. For some sites, individuals

14 https://www.aisp.upenn.edu/aginghomelessness/
15 US Census file:///C:/Users/LS/Documents/OR%20Lane%20County/U.S.%20Census%20Bureau%20QuickFacts%20%20Lane%20County,%20 Oregon%20cparing%20to%20other.htm

must walk to a shelter that may be located outside of town, while others have been able to arrange for a van to transport individuals to and from the shelter. Very few communities operated any space for daytime shelter, and respondents shared that individuals will use a range of locations to reside during daytime hours including libraries, area parks, parking lots, the CAA lobby, street corners, along riverbanks, in restaurants, and in big box chain stores.

Because operators have limited and unreliable or inconsistent funding for shelter operations, amenities vary from site to site. Some providers are simply offering tents and supplies to those who do not have access to shelters. There seemed to be consensus among rural providers and partners that there are too few funds to pay for the staffing that would be required to provide best practice shelter operations and services, leading shelters in rural areas to rely heavily on volunteers. One provider noted that their program is unable to open when a volunteer misses a shift. Shelters in these areas rely on varied sources of funding for their programs, which can change from one year to the next. Sources of funding include grants from CAAs and contributions from local residents, private foundations, churches, and in one example, the public utility company that covers the cost of a site's electric bill.

Rural shelter operators reported varied eligibility criteria, ranging from low-barrier sites to those that were "clean and sober." One shelter operator reported that guests were required to participate in church services and employment or volunteer duties to be eligible for a shelter bed.

Rural area providers identified the following populations as underserved by shelters: families with children (including those with older male children), those with behavioral health conditions, undocumented individuals, women, those fleeing domestic violence, African Americans, Native Americans, LGBTQ individuals, and Veterans. OHCS reports that the Fair Housing Council continues to receive complaints about rural shelters accepting families with male children over a certain age. This practice is more regulated in federally funded shelters, but there is less oversight on this issue in a less regulated environment.

Opportunities to exit homelessness in rural areas is more limited due to the lack of available affordable housing and case management services. This may also be the reason why, according to OHCS, rural areas are utilizing a higher proportion of funds for motel vouchers than in urban areas. Some of those interviewed shared that often the only way for a person to exit homelessness is to move away from their home community to an area with affordable housing and services.

Many shelter operators also reported that they often must turn people away due to capacity issues, while others representing counties with no shelter noted that there is no way to track the number of people needing shelter. Every rural community described challenges in expanding shelter capacity and sites due to neighbor and/or local government opposition. However, several communities were able to eventually overcome the phenomenon of "Not in My Back Yard" (NIMBY) through multiple attempts and lengthy community processes.

Several partners voiced a desire for OHCS to improve the timeliness of communications with them when they are working to overcome local obstacles to siting shelters. Additionally, partners expressed interest in OHCS providing more funding and targeted technical assistance to support the siting, operations, and staffing of best practice shelters. Shelter operators also expressed a desire to build the infrastructure needed to be able to document the necessary data to illustrate outcomes and needed improvements.

When asked what systems were needed to collaborate with shelter operators, participants most frequently mentioned Coordinated Care Organizations, Housing Authorities, and the state's Department of Human Services. Additionally, sites noted the importance of partnering with area hospitals to ensure coordinated discharges and admissions. City and local governments were mentioned as important partners given their potential to support both funding and siting of area shelters as well as their role partnering with affordable housing developers and addressing community infrastructure issues.

STUDY FINDINGS

DO OREGON SHELTERS ADHERE TO BEST PRACTICES?

Information about emergency shelter best practices was derived from the focus groups and from the online survey and rural shelter webinar. These sources indicate that Oregon shelters — like shelters across the country — vary widely in implementation of best practices. The Pendleton and Portland focus groups indicated there were low barrier shelters in their areas. The Roseburg group indicated limited low barrier shelters, and the Newport group indicated there were no low barrier shelters.

The vast majority of emergency shelters indicated that they participate in their CoC. The shelters taking part in the two Portland focus groups indicated that they participate in coordinated entry as well as HMIS. Shelters that are part of the Balance of State CoC and rural shelters in other CoCs indicated they are working towards HMIS participation and struggling with how to create a meaningful regional coordinated entry system.

Shelter policies and practices such as limitations on length of stay and requirements on sobriety varied broadly among shelters, differing based on population and geography.

In contrast, the survey found that the vast majority of winter and warming shelters are low barrier shelters. Sobriety is not a requirement for 90 percent of the beds in responding shelters, and 95 percent of the programs have no limit on the length of stay. Half of these shelters will accept pets. When they participated in the focus groups, winter/warming shelters indicated that many have strategies to allow individuals to bring their possessions, although storage — especially of weapons and drugs — is required; guests may retrieve these upon exiting the shelter.

WHERE DO PEOPLE EXPERIENCING HOMELESSNESS GO DURING THE DAY?

The SIO indicates that only six counties have day shelters. Focus groups indicated lack of day shelter was an issue, especially in rural areas. In urban areas, there are more formal day shelters but there is a need for alternatives for those who are ill and are unable to leave during the day.

None of the winter/warming shelters surveyed are open during the day; many of these shelters operate in spaces — such as churches — used for other purposes during the day, and therefore must vacate. Focus group discussions suggested only a minority of emergency shelters are open during the day. As most shelters have control of their space 24/7, this appeared to be due to costs and staffing limitations.

As a result of the lack of day shelter, informal day “shelters” have arisen, primarily in public libraries and big box retail stores, which are generally reported to be welcoming. The lack of day shelter may increase the frequency of individuals experiencing homelessness being cited by law enforcement for trespassing and other behavioral violations.

HOW DO PEOPLE EXPERIENCING HOMELESSNESS GET TO AND FROM SHELTER?

The focus groups indicated that outside of urban areas, public transportation options to and from shelters are very limited. Lack of public or other low-cost transportation is a barrier to shelter access, especially in rural areas. Note that lack of transportation may lead to underestimating the need for shelter in these areas. Of the winter/warming shelters, 67 percent report that they do not provide transportation. The winter/warming shelter survey provides some insight into the creative strategies shelters use to address transportation limitations, including program-owned vans, free bus passes, tickets for buses and/or taxis, and volunteers providing rides.

STUDY FINDINGS

HOW ARE SHELTERS FUNDED?

In Oregon, state Emergency Housing Assistance (EHA) and State Homeless Assistance Program (SHAP) grants are administered by Oregon Housing and Community Services to the Community Action Agencies to pay for homeless services including real estate acquisition, shelter rehab, operations and services, street outreach, homelessness prevention, rapid re-housing, transitional housing, and case management services. In 2017, the legislature increased EHA and SHAP funding to $40 million for the biennium and more recently, in March of 2018, the legislature approved HB 5201, which brings another $5.2 million in general funds targeted to emergency winter housing and shelter (EHA/SHAP Manual).

Additional sources of revenue for addressing the affordable housing needs of very low income individuals come through the State Housing Trust Fund which increased in 2018 via the document recording fee (HB 4007). A document recording fee is paid on real estate documents recorded with an Oregon county clerk. The fee increase in HB 4007 is expected to raise an additional $60 million every biennium, increasing the availability of affordable rental and ownership housing.

Feedback from the focus groups as well as the online survey indicates that historically emergency shelters, especially those in urban areas, have been funded with state and local funding, as well as grants and donations. Winter and warming shelters, in contrast, have not historically received public funding and have relied on private donations. In the focus groups, several winter/warming shelters indicated they were receiving support from a CAA this year, for the first time. In at least one instance, this funding was very limited; $5,000 may be enough for three months' rent or supplies, but is not sufficient to support paid staff.

In both the focus groups and the winter warming survey, shelters were asked whether staff was volunteer or paid. Generally, emergency shelters have paid staff, though several communities and stakeholders interviewed discussed the impact of insufficient compensation and staffing by those working in shelters and its impact on high rates of staff turnover. While some also use volunteers, several indicated they felt it was difficult to mix paid and volunteer staff. Of winter and warming shelters, although 72 percent reported having some paid staff, at least half of shelters were all or primarily volunteer-operated.

Many of the winter/warming shelters indicated that they especially rely on volunteers in the early evening and morning wakeup hours. Paid staff (including those receiving stipends) were most often used to cover overnight hours (which can be difficult to fill using volunteers), manage the shelter, coordinate shelter operations, and for Homeless Management Information System (HMIS) tasks.

Table 7: EHA and SHAP (17-19) Spending By Activity[16]

Activity	EHA Spent	% Spent of total EHA Allocated	SHAP Spent	% Spent of total SHAP Allocated	Total EHA + SHAP Spent	% Spent of Total EHA + SHAP
Admin	$1,850,947	8%	$585,724	5%	$2,436,671	7%
Capacity	$248,939	1%	-	0%	$248,939	1%
Conversion/Rehab	$425,800	2%	$394,799	4%	$820,599	2%
DRF	$1,658,643	7%	-	0%	$1,658,643	5%
Data	$456,863	2%	$326,603	3%	$783,466	2%
Facility/Housing	$297,317	1%	$172,507	2%	$469,824	1%

16 The information is for spending on eligible activities. Nearly all EHA funds have been expended and reimbursed but only 87% of SHAP funds have been expended and reimbursed; the data will shift with the final reporting.

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Activity	EHA Spent	% Spent of total EHA Allocated	SHAP Spent	% Spent of total SHAP Allocated	Total EHA + SHAP Spent	% Spent of Total EHA + SHAP
Prevention	$9,601,88	40%	-	0%	$9,601,886	28%
Program	$89,241	0%	-	0%	$89,241	0%
Rapid Re-housing	$5,032,007	21%	-	0%	$5,032,007	14%
Shelter (Services & Operations)	$2,495,281	11%	$7,843,891	71%	$10,339,172	30%
Street Outreach	$382,318	2%	$268,938	2%	$651,256	2%
Supportive In-Home Services	$250,563	1%	-	0%	$250,563	1%
Transitional	$381,767	2%	-	0%	$381,767	1%
TOTALS	**$23,171,572**	**98%**	**$9,592,462**	**87%**	**$32,764,034**	**94%**

Table 7 illustrates EHA/SHAP individual and combined funding for shelter and other eligible activities for the 17-19 Biennium. Of the total EHA/SHAP funding, CAAs have selected to spend 30 percent directly for emergency shelter services and operations. CAAs spent 42 percent or over $4 million more for Prevention and Rapid Re-Housing (combined) than emergency shelters.

EXPERIENCE OF AGENCIES WORKING TO EXPAND SHELTER

Focus group discussion made it clear that some communities were hoping to address the need for additional shelter in their community by expanding an existing shelter or developing a new shelter. Communities were challenged to achieve this goal, however. In both the rural and urban focus groups, participants identified NIMBY attitudes as a barrier to shelter expansion. Information provided by OHCS indicated that of seven shelter acquisition or rehabilitation projects approved for 2017–2019 biennium funding, three were having difficulty siting their shelters.

Despite the need for shelter, 10 of the 17 CAAs did not appear to be using 2015–2017 biennium, 2017–2019 biennium, or House Bill 5201 funding for emergency or day shelter expansion. It is possible that some of these CAAs or other entities in their community are seeking shelter expansion using other resources.

Eight of the twenty-seven agencies completing the survey cited NIMBYism and difficulties siting shelters among their top three challenges.

Some agencies have been able to expand or create new shelter beds. Even where an agency is successful, it has taken a lot of time and commitment. To be successful, it appears the following three factors must align: identification of an affordable, appropriate location; sufficient funds to purchase/rent/rehabilitate and staff the site; and a sufficiently supportive (or at least not oppositional) community and local political system. Aligning these variables is likely challenging for smaller nonprofit agencies and agencies that do not generally engage in real estate development projects.

DOES THE OREGON SHELTER SYSTEM RESULT IN POSITIVE OUTCOMES FOR THOSE EXPERIENCING HOMELESSNESS?

Currently, OHCS uses several HMIS-based outcomes to measure program outcomes. CAAs and the subrecipients of EHA, SHAP, and LIRHF funds are required to enter client and service data into the Homeless Management Information System (HMIS), except for victims of domestic violence. The specific data that is collected depends

upon the type of sheltering program, including whether the shelter has a high degree of client turnover. It is advantageous that all the CoCs use the same HMIS system – ServicePoint.

The Oregon legislature has established two key performance measures (KPM) for CAAs:

- KPM 1: Increased housing stability as measured by the percentage of total program participants served who reside in permanent housing at time of exit from program; and
- KPM 2: Increased housing stability as measured by the percentage of program participants who, at program exit, reside in permanent housing and maintain permanent housing for six months from time of exit.

Preliminary performance benchmarks have been set at 30 percent for all program participants who exit to permanent housing (all state-funded programs) and 80 percent for those exiting to permanent housing that remain in permanent housing at six-month follow-up (EHA and LIRHF funded). These outcome measurements are in addition to reporting of required HMIS data elements that track client characteristic and service data.

Table 8 below provides the KPM 1 data for fiscal year 2017. These programs met or exceeded the preliminary performance benchmarks for this data point.

Table 8: Key Performance Measure 1 (FY17)

Emergency Shelter Funding Source	Total Households Where Exit is Reported	Total Exits to All Permanent Destinations	Percent Exiting to a Permanent Destination
EHA	292	159	**54%**
SHAP	4504	1423	**32%**
EHA, EHA Vet, DRF, ESG, LIRHF, Lottery Vet*	1578	544	**34%**

* Duplication Possible

Data for KPM 2 is not reported here due to inherent difficulties with the data. These issues include:

- KPM 2 does not apply to SHAP, although often SHAP and EHA funding is blended to provide service delivery; this partly explains why the rate of retention for people exiting from shelter to permanent housing destinations cannot be ascertained;
- Exits and the six-month post-shelter measure may not occur in the same reporting year;
- There are discrepancies in the numbers identified in the KPM report and the HMIS numbers for the same programs; and
- Several CoCs do not report sufficient data in the HMIS system, the basis for the KPM assessment (see Table 10).

Review of other HUD Systems Performance Measures (SPM) indicates that support for improvement is needed in several other areas. Table 9 indicates that in a number of areas, the CoCs are performing lower than the national average. Of the 42 outcome measures in the Table, 71 percent are within the national average,[17] 24 percent are

17 Where the data point was within the national average, the data was considered to be within the national average. Where the data point was greater than the national average, and a higher percentage is a positive outcome, data is considered to be above the national average. The opposite is true for data that is 10% below the national average where a smaller number is considered a worse outcome. For example, the national average for successful Street Outreach exits is 42.10%. Data points 10% above this or 50% or more are considered better than the national average and data points 10% below or 34% or lower are considered below the national average. Data between 34% and 50% is considered within the national average.

below the national average, and 2 percent performed better than the national average. Successful exits from emergency shelter options and rapid re-housing (RRH) is a particularly important measure, as the majority of EHA and SHAP funds are supporting these activities. It is important to note that while the Medford/Ashland/Jackson CoC and the Oregon Balance of State CoC are the only two CoCs that are not "worse than the national average" in any category, these two CoCs also have very poor – and very little – data reporting (see Table 10 below).

HUD is in the process of working with CoCs to transition from SPM to Longitudinal System Analysis (LSA). Both the LSA and the SPM provide CoCs with a look at their overall system functioning. The SPM report is a summary and year-to-year comparison of system-wide counts, averages, and medians related to seven areas of performance. The LSA upload also includes data related to several of the same areas of performance, but the business logic defined by HUD for the two reports differs substantially. The core difference between the two is that LSA performance data looks at how households are moving through a CoC's system (using the head of household's data), while the SPM report is based on all persons served. This difference is because SPMs are intended to be overall CoC benchmarks, while the LSA is intended to give CoCs detail about system functioning to inform interventions to improve that functioning. The LSA focuses on household-level performance, since programmatic decisions are implemented for different households and populations separately. Obtaining access to the Oregon CoC's LSA data will be useful to OHCS as it continues to evaluate CoC needs and the ways in which the state can support the local agencies in ending homelessness.

Table 9: Systems Performance Measures by CoC – 2018

	Of those Exiting (SO, ES, TH, SH, PH), % Returning to Homelessness within 6 Months	% Returning to Homelessness within 12 Months	% Returning to Homelessness within 24 Months	% with Successful Street Outreach Outcomes	% with Successful ES, TH, SH, PH-RRH Exits	% with Successful PH Retention or Exit
OR-500 Eugene, Springfield/Lane County CoC	13%	18%	21%	10%	15%	95%
OR-501 Portland, Gresham/ Multnomah County CoC	8%	16%	27%	45%	39%	95%
OR-502 Medford, Ashland/ Jackson County CoC	5%	8%	11%	48%	37%	88%
OR-503 Central Oregon CoC	10%	16%	21%	57%	34%	100%
OR-505 Oregon Balance of State CoC	3%	6%	9%	45%	39%	91%
OR-506 Hillsboro, Beaverton/ Washington County CoC	4%	6%	11%	15%	55%	92%
OR-507 Clackamas County CoC	0%	0%	3%	NA	22%	95%
National 2017	9.10%	13.80%	19.50%	42.10%	41.30%	95%

Worse than National Average (10%)

Much Better than National Average

STUDY FINDINGS

WHAT DID WE LEARN ABOUT THE QUALITY OF SHELTER DATA AVAILABLE?

The quality of the data that is collected and reported is key to the validity and usefulness of the outcome measures. Focus group participants highlighted that in rural areas, there was a lack of consistency in data collection due to limitations in staffing, whereas in urban areas shelters more consistently have staff enter data into HMIS.

Table 10: Bed Coverage by CoC

Continuum of Care	2017 Bed coverage Percent on HMIS for ES-TH Combined
OR-500 Eugene, Springfield/Lane County CoC	92.68%
OR-501 Portland, Gresham/Multnomah County CoC	74.86%
OR-502 Medford, Ashland/Jackson County CoC	15.20%
OR-503 Central Oregon CoC	69.57%
OR-505 Oregon Balance of State CoC	17.99%
OR-506 Hillsboro, Beaverton/Washington County CoC	75.26%
OR-507 Clackamas County CoC	100.00%
National Average Rural CoCs FY18	**74.3%**

HUD's systems performance data affirms the focus group information. As illustrated in Table 10 above, bed coverage for two of the seven CoCs is poor, with Jackson County at 15 percent and the more rural Balance of State at 18 percent. Bed coverage refers to the percentage of beds for which data is reported to a CoC's HMIS. In fiscal year 2018, HUD found an average bed coverage for rural CoCs nationally of 74.3 percent.[18]

TAC was unable to compare costs per beneficiary for various types of EHA/SHAP-funded services, as the data was inconsistent. It is difficult to know whether this is due to poor data entry or is an artifact of data standards that require refinement; for instance, different CAAs report the same activity under different categories of eligible activities. It is important to note that even if the data was consistent, geographic cost differentials and other factors might make comparison difficult.

DO WINTER/WARMING SHELTERS FACE UNIQUE CHALLENGES?

As described above, at the request of OHCS, TAC conducted a telephone survey of winter/warming shelters to collect specific information on these shelters' practices.

Volunteer-based shelters

The winter/warming shelters are primarily volunteer-operated. The survey indicated that as a result, these shelters face a number of challenges. First, recruiting and training volunteers is time-intensive. Some communities have a more reliable source of volunteers and some shelters have a reliable cadre of volunteers. Second, certain tasks are too difficult or not appropriate for volunteers. For example, training volunteers to collect and enter information into HMIS may pose privacy risks.

Warming shelters

The survey found warming shelter availability was unpredictable. The temperature at which the 25 warming shelters open in dry weather ranges from 10 to 39 degrees Fahrenheit. Nine shelters use a slightly higher temperature trigger

18 https://www.hud.gov/sites/dfiles/SPM/documents/HUDFY2020APP-FY2018APR-3.22.2019.pdf

in case of rain or snow (30 to 35 degrees in eight cases, 40 degrees in one). One opened whenever .33 inches of rain or more was forecast.

There is also variation in the trigger details: some use the predicted thermometer reading, others use the predicted wind chill temperature. Some use the nighttime temperature forecast (i.e., will the predicted temperature or predicted average overnight fall to the trigger level overnight); one only activated when the trigger temperature was forecast for at least three nights.

Participants in the survey and the focus groups indicated that the lack of predictability as to when shelters would be open affected their ability to recruit and retain volunteers. TAC notes that the lack of predictability as well as the way in which the shelter status is communicated via social media to those experiencing homelessness may also hinder potential guests from knowing about the shelter availability in a timely manner. This has a special impact due to the lack of public transportation in rural areas and the difficulty getting to shelters.

Fire and Building Codes

One of the reasons shelters choose to operate as warming instead of winter shelters is that as temporary shelters, they are allowed to be open only for 90 days each year. Operators want to be open on the days that are the coldest or wettest, when people experiencing homelessness are at greatest risk. The number of days a temporary shelter is allowed to be open is articulated in the Oregon State Fire Marshal Technical Advisory No. 11-14. The focus groups indicated that local fire department staff were rigid in their interpretation of the Technical Advisory; often they blamed the state Fire Marshal for creating these barriers to shelters. In TAC's interview, however, the State Fire Marshal indicated that while most of the Technical Advisory requirements were not negotiable, the 90-day time period was somewhat flexible.

Generally, focus groups indicated that at the community level, local officials were able to use the Technical Advisory as well as the building code to make siting shelters very difficult.

Data

The winter/warming shelters appear to operate mostly outside of the formal CoC. They have historically not received state funds and therefore have not participated in HMIS. Given the volunteer basis of their staffing, HMIS participation is likely to be a challenge. As CAAs begin to provide funds to support these shelters, the CAAs may need to develop creative strategies to collect comprehensive and reliable HMIS data from these organizations.

WHAT DO PEOPLE WITH LIVED EXPERIENCE SAY ABOUT OREGON'S CRISIS RESPONSE SYSTEM?

OHCS collected information from people with lived experience through an open online survey. The survey was completed by 232 individuals who identified themselves as a person with lived experience, as well as 61 allies/advocates. As the sample was not collected in a systematic or unbiased way, the conclusions cannot be extrapolated to the larger population. However, the survey provides important insights into the experience of homelessness in Oregon.

Although 180 survey respondents had experienced homelessness in the last five years, only 70 (39 percent) report staying in a shelter during that time. Respondents cited the following as the top five barriers to accessing shelter:

- Personal safety concerns (102 respondents)
- Personal privacy concerns (93 respondents)

- Restrictive check in and check out times (80 respondents)
- Overcrowding in shelters (80 respondents)
- Unsanitary conditions in shelters (66 respondents)

It is important to note that for transgender and LGBTQ+ respondents, discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status was a top barrier. Being unable to shelter with a loved one was a top barrier for respondents (including youth, multiple adults, and adults with one or more child) who typically seek shelter with others.

A full summary of the report is provided in Appendix C.

SHELTER GAP

IS THERE A NEED FOR ADDITIONAL SHELTER FOR FAMILIES EXPERIENCING HOMELESSNESS?

The focus group participants voiced concerns that there are insufficient shelters for families; the PIT count of 606 unsheltered households with children supports the anecdotal information. As Table 11 illustrates, however, a comparison of the PIT and HIC data finds family shelter units are not fully occupied. The data indicates that five of the seven CoCs had 136 underutilized family shelter units. The Balance of State (BoS) CoC is particularly striking, with 59 percent of beds underutilized while 461 households with children remained unsheltered in that region.

Table 11: Utilization of Emergency Shelter Beds for Households with Children by CoC (2018)

Continuum of Care	Number of Emergency Shelter "Units " for Households with Children	Number of Households with Children in Emergency Shelter "Units"	Percent Family "Units" Occupied	Number of Unsheltered Households with Children	Number of Unsheltered Persons in Households with Children
OR-500 Eugene, Springfield/ Lane County CoC	20	22	110%	32	113
OR-501 Portland, Gresham/ Multnomah County CoC	146	150	103%	28	77
OR-502 Medford, Ashland/ Jackson County CoC	26	14	54%	4	12
OR-503 Central Oregon CoC	17	11	65%	49	165
OR-505 Oregon Balance of State CoC	200	82	41%	461	1358
OR-506 Hillsboro, Beaverton/Washington County CoC	23	18	78%	13	43
OR-507 Clackamas County CoC	2	1	50%	19	45
Total	434	298	69%	606	1813

There are a number of possible explanations for this conflicting data. First, many of the CoCs cover large geographic areas with little or no public transportation; families who need the beds may simply not be able to get to them. In addition, focus groups reported that many shelters are unable to take families that include adults of opposite sexes; these households may need shelter but are not eligible for what is available. In addition, the family shelters may have more intake requirements or procedures that make it difficult for families to use the shelters. For example, some shelters may not be "low barrier" and have sobriety or work requirements that families are unable to meet. Additional family shelter interviews may help to understand how to maximize use of existing resources and ensure any expanded shelters meet the needs of homeless households with children.

SHELTER GAP

IS THERE A NEED FOR ADDITIONAL SHELTER FOR INDIVIDUALS EXPERIENCING HOMELESSNESS?

The PIT found 6,266 unsheltered households without children; there were 6,891 individuals in these households.

As illustrated in Table 12, individual shelter beds overall are almost fully utilized. Two CoCs have over-utilized shelter beds and three are almost 100 percent utilized. Two CoCs had nearly 20 percent underutilization. While not nearly as significant underutilization as the family shelter beds, further investigation to maximize these two CoC's shelter resources would be worthwhile.

Table 12: Utilization of Emergency Shelter Beds for Households without Children by CoC (2018)

Continuum of Care	Number of Emergency Shelter Beds for Households without Children	Number of Households without Children in Emergency Shelter	Percent Beds Occupied	Number of Unsheltered Households	Number of Unsheltered Persons
OR-500 Eugene, Springfield/Lane County CoC	335	321	96%	986	1009
OR-501 Portland, Gresham/ Multnomah County CoC	1296	1288	99%	1460	1583
OR-502 Medford, Ashland/ Jackson County CoC	100	177	177%	283	317
OR-503 Central Oregon CoC	162	133	82%	328	383
OR-505 Oregon Balance of State CoC	938	761	81%	2634	2983
OR-506 Hillsboro, Beaverton/ Washington County CoC	6	9	150%	287	315
OR-507 Clackamas County CoC	0	0	0%	288	301
Total	**2837**	**2689**	**95%**	**6266**	**6891**

DO WINTER/WARMING SHELTERS REACH THEIR CAPACITY?

TAC surveyed winter/warming shelters as to whether the shelters ever turned anyone away because they reached their capacity. Of the 42 shelters responding to this question, 37 reported that they never or almost never had to turn anyone away due to capacity limitations. In some cases, this is because they did not reach capacity; in others, it is because they had the ability to expand their capacity as needed. One shelter said they turned people away 20 percent of the nights. Four shelters estimated that they turned people away on at least 50 percent of nights open, including two winter shelters that estimated "almost always." These four shelters included a warming shelter in Portland, two winter shelters in Washington County, and one winter shelter in Jackson County.

SHELTER GAP

WHAT DO OTHER DATA SOURCES INDICATE REGARDING NEED?

In the focus groups, the urban shelters indicated that they are at 100 percent capacity all of the time. In the online survey targeted to rural stakeholders, of those responding to the question "Were there nights over the course of the last year that you had to turn people away?" 73 percent responded affirmatively but 27 percent said there were no nights they had to turn people away from the shelter.

This winter 2018-2019, OHCS asked the CAAs for their top five priorities from the state's strategic plan. Of the eighteen CAAs, seven said increasing shelter and ten said an increase in affordable housing.

HOW MANY MORE SHELTER BEDS ARE NEEDED?

Existing emergency shelter beds: Oregon currently has an estimated total 6,868 emergency shelter beds including the 4,174 beds for homeless households with and without children and the 2,694 winter/warming beds[19] surveyed; there are some number of additional winter/warming beds that are not included, as shelters did not provide the number of beds.

Number of homeless persons: The PIT count found 12,682 homeless persons, including 3,757 sheltered persons and 8,925 unsheltered persons[20]; this includes persons in households with and without children as well as a small number of households comprised only of children.

Shelter beds needed: To ensure no one remains unsheltered (regardless of demographic profile), an additional 5,814 beds would be needed. Based on the percentage of unsheltered persons in households with and without children, we estimate 21 percent or 1,221 beds are needed for families. Using the current ratio of persons in households with children to emergency shelters, the 1,221 beds would translate into 407 family units or nearly double the current number of units. The remaining 79 percent or 4,593 beds are needed for homeless households without children.

IS SHELTER THE ONLY ANSWER? DO WE REALLY NEED ALL THESE BEDS?

As described earlier in this report, shelters are part of a crisis response system that includes other components critical to preventing and ending homelessness including street outreach, diversion, rapid re-housing, coordinated entry, and permanent supportive housing. When each of these components is available and working effectively as part of the CoC, a greater number of households are prevented from becoming homeless, will have shorter stays in shelters, and are less likely to return to homelessness. Some sheltering will likely always be needed, but the number of shelter beds necessary will decrease as the crisis response system becomes more effective.

For example, Oregon has over 2,200 transitional housing beds and 7,426 permanent supportive housing beds targeted to households that are experiencing homelessness. When formerly homeless people in transitional and permanent supportive housing programs are able to move onto other permanent housing options (with community-based supports as needed), these beds are freed up for people experiencing homelessness who are living in shelters, on the streets, or in cars. A comprehensive plan to address all aspects of the crisis response system, to create "flow" through the system, will minimize the number of additional shelter beds actually needed in Oregon.

19 Over 90% of these winter/warming beds serve across all populations. The 608 seasonal beds included in the HIC are not included here, as they may also be included in the winter/warming shelter count.
20 Persons in Transitional Housing as seen in Table 4 are not included in this calculation.

BEST PRACTICES

BEST PRACTICES IN EMERGENCY SHELTER OPERATIONS, SITING, AND DESIGN

Several national organizations have identified best practices that have demonstrated increased permanent exits to safe housing and services. Emergency homeless shelter systems can prioritize the practices outlined below to achieve positive outcomes.

OPERATIONS

There is national recognition that evidence-based shelters use a Housing First, housing-focused, and low-barrier approach (see Figure 1). For the principles of Housing First to be present in the operation of a shelter, everyone experiencing homelessness who is in need of shelter can access it without prerequisites (e.g., treatment completion or compliance) and services must be offered rather than mandated while in the shelter. Housing-focused shelters work to assist all of those accessing shelter to secure permanent housing as expediently as possible. Low-barrier shelters ensure immediate access by lowering or eliminating barriers such as sobriety standards, pet restrictions, restrictions based on identification, income, background checks, and/or requirements for participation in programming. Low barrier shelters can also accommodate couples, those with pets, and are able to secure guests' belongings. Because low barrier shelters "screen in" those who may have higher needs, on-site services need to be offered to engage shelter users into the mainstream housing and service system effectively and efficiently. Both the United States Interagency Council on Homelessness[21] and the National Alliance to End Homelessness[22] have written extensively about the necessity for shelters to adopt these practices in order to achieve gains in ending homelessness across the country. The USICH Housing First Checklist can be used to assess whether a shelter is implementing Housing First practices.

21 https://www.usich.gov/tools-for-action/key-considerations-for-implementing-emergency-shelter-within-an-effective-crisis-response-system/

22 https://endhomelessness.org/resource/emergency-shelter/

BEST PRACTICES

Figure 1: The Five Keys to Effective Emergency Shelter

Paid Staff

It is important to properly screen shelter staff using criminal background checks, drug screens, and interviews. Appropriate staffing and staff training in best practices are both essential to achieving successful outcomes such as diversion, rapid exits to housing, and securing ongoing services to help achieve stabilization (e.g., primary and behavioral health care, increased income through employment and/or benefits and entitlement, legal aid). Staffing must also be sufficient to document data and service elements that help inform outcomes and enable continuous

quality improvement. Given the high prevalence of trauma among those experiencing homelessness, staffing ratios must be sufficient to meet the needs of shelter guests with complex behavioral health conditions and to ensure low-barrier operations are maintained.[23] While there are no nationally agreed upon staffing levels, TAC recommends that shelters operate with no fewer than two staff during overnight shifts to promote safety and be responsive to crises. During daytime business hours, TAC recommends a supportive services case ratio that ranges from 1:15 and 1:40 depending on the subpopulation served. Staffing ratios will need to be available at the lower case ratio where there is a larger number of guests with untreated and active behavioral health conditions, whereas a higher case ratio may be offered where there are lower levels of need. Qualified, trained, and supervised staff are better able to assist guests in reducing their lengths of stay and resolving their homelessness.

To the greatest extent possible, staff should be representative of the racial, ethnic, and gender identities of shelter users, and should be competently trained and supervised in both culturally responsive and trauma-informed practices. Attending to these considerations will better prepare shelter staff to address racial and other disparities among those seeking shelter. These practices will also promote staff members' ability to build the trust, rapport, and continuous engagement that are often needed over long periods of time with shelter users and those who historically have not sought out shelter because of safety concerns.

Due to the experiences of the population served, staff often face high risks for vicarious trauma. It is important to staff shelters with both paid professionals (with or without lived experience) and paid non-professional peer providers who can work with guests to produce the most optimal outcomes, while also supporting these staff members with opportunities to debrief critical incidents and be relieved when managing vicarious trauma. Poor compensation of shelter workers combined with vicarious trauma often results in high staff turnover. It also often contributes to the poor living conditions of staff, including homelessness in high-rent/low-vacancy markets.[24] Shelters need to retain talented and qualified staff to achieve optimal outcomes for shelter users, and therefore should work with funders to improve shelter worker pay scales and staffing ratios.

Volunteers

Shelters in Oregon recruit volunteers from their local communities without standardized practices or directives from the state. While little is written by national organizations about the use of volunteers to staff emergency shelters, TAC recommends that the state work with organizations such as the United Way or the American Red Cross to develop standards of practice around the recruitment, screening, training, and supervision of volunteers. These national organizations have decades of experience in utilizing volunteers in a variety of human service, health care, and emergency response settings.

It is important that shelter operators ensure that volunteers are properly screened using criminal background checks, drug screens, and interviews. TAC recommends that a job description outlining duties and schedule be reviewed and signed so that volunteers understand their permitted scope of work. Chains of command and communication should also be clear when volunteers are faced with requests to perform duties outside of those listed. All volunteers, regardless of the duties they are performing, should receive an orientation training that includes a crisis response protocol and culturally responsive, trauma-informed practices that are expected to be used at all times. Other policies and procedures should be reviewed as well during the orientation. Volunteers need to be supervised regularly to promote the most efficacious delivery of services and to ensure that their duties are modified as needed if problems arise.

23 https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/traumas-impact-homelessness
24 https://crosscut.com/2018/05/case-workers-paycheck-away-being-homeless-themselves

BEST PRACTICES

Siting and Design[25]

The siting and design of a shelter must reflect the needs of the client group, and must incorporate the safety features necessary to that population and to the community in which the shelter is located. It is important to use available PIT and gaps analysis data to come to a consensus on the population(s) each shelter will serve.

Siting a shelter will typically require consultation with local government zoning and land use authorities, fire marshals, emergency management agencies, police departments, and health authorities. Additionally, it is important to reach out to the neighborhood association where the shelter will be located. By holding community meetings well in advance of opening a shelter, community concerns can often be allayed. Community members in the neighborhood will want to understand the operational procedures and design features that will address their concerns, such as a clear and accessible communication protocol when issues arise, shelter operator availability for regular meetings with the neighborhood association, and a documented plan for continuous monitoring and maintenance of public areas adjacent to the shelter. The plan for transporting guests to and from the shelter should also be communicated.

The external design of the shelter should ideally include:

- Adequate outside space to prevent guests from congregating on the sidewalk
- Sufficient parking spaces
- Windows and surveillance cameras to provide staff with clear lines of sight
- Off-street areas for both smoking and pets
- Adequate but non-intrusive exterior lighting
- An exterior design that does not have an institutional appearance
- Play area for children, as appropriate

The interior design should meet the needs of the population being served, taking into consideration:

- Accessibility issues for those with disabilities
- Safe, clean, and secure places for sleeping, including some that can accommodate pets
- Storage spaces for guests' belongings
- Facilities for hygiene including bathrooms with sinks and showers
- Office and meeting spaces that offer privacy for guests to meet with service staff
- Spaces where nutritious food can be stored, prepared, and served in accordance to state and local laws

Shelter planners should also consider whether they are able to offer an on-site laundry area, or identify alternatives nearby.

Design features that can support guests who are experiencing mental health symptoms and/or active substance use include safe and welcoming spaces separate from the general population. Ideally, such spaces should be consistently available, low-stimulus (lighting/sound), welcoming, and appropriately staffed.

25 BC Housing (2017). Shelter design guidelines. BC Housing, Burnaby, British Columbia, Canada. This resource may be downloaded at www.bchousing.org.

BEST PRACTICES

BEST PRACTICE IN CRISIS RESPONSE SYSTEMS

Shelter is only one part of the state's crisis response system. Other critical components include street outreach, coordinated entry, diversion, rapid re-housing, permanent supportive housing, and targeted affordable housing resources. All of these components must be based on best practices in order to ensure the efficient use of targeted resources, maximize "flow" through the system, and minimize the need for emergency shelter.

BEST PRACTICE ROLE OF GOVERNMENT PARTNERSHIPS AND OVERSIGHT

The United States Interagency Council on Homelessness (USICH) promotes the adoption of state interagency councils on homelessness (SICHs) in order to assess overall needs, coordinate resources, and promote the national best practices required to end homelessness that are specific to the characteristics of each state's homeless populations. Ending homelessness requires a variety of resources and expertise that are generally found in more than one state agency.

Currently, 29 states operate SICHs including Washington State, California, and Nevada. SICHs can facilitate the alignment of statewide and local plans and can recommend policy, regulatory, and resource changes to accomplish state plan objectives. A SICH can develop accountability and implementation strategies; create a statewide partnership with local stakeholders and local elected officials; promote a research-driven, performance-based, results-oriented plan; and sustain a non-partisan approach to address homelessness. SICHs are typically launched through a governor's executive order, legislative action, or a combination of the two.[26]

Ideally, SICHs have dedicated staff who coordinate interagency meetings, strategic planning, and monitoring, but many function well without this asset. SICHs typically include executive leaders from the following state divisions, departments, and agencies:

- Housing
- Medicaid
- Behavioral health (mental health and substance use)
- Veterans
- Social services (youth and families)
- Corrections
- Education
- Workforce
- Budget

Some SICHs include only representatives from state agencies, while others include external stakeholders such as members representing CoCs, people with lived experience of homelessness, federal officials, locally elected leaders, philanthropy, private sector businesses, service providers, faith-based communities, and statewide advocacy organizations.

26 https://www.usich.gov/resources/uploads/asset_library/pptsich.pdf

RECOMMENDATIONS

OVERVIEW OF RECOMMENDATIONS

With the large number of people living on the streets, in cars, in tents, and other places not meant for human habitation, it is crucial that the state implement well-planned and effective strategies to move people out of homelessness and into safe and secure housing. Over the last two years, OHCS has taken aggressive steps to develop both permanent supportive housing (PSH) and affordable rental housing for low-income households. The state has introduced incentives for the development of PSH in conjunction with the Oregon Health Authority (OHA), significantly increased the funding available for the development of affordable housing, and created a Statewide Housing Plan that includes the development of PSH and addressing homelessness as two of its six priorities.

Scaling up affordable and permanent supportive housing takes time, however. Increased shelter beds are likely a necessary part of the short-term – and possibly long-term – solution to ending homelessness in Oregon. While increasing emergency shelter beds will help respond to the immediate crisis in the community, without attention to ensuring the crisis system as a whole is effective and implementing best practices, the state will be unable to make a significant, long-lasting impact on homelessness.

OHCS cannot end homelessness in Oregon on its own. The crisis is too great, and is dominated by persons who will need access to services and supports, either as part of permanent supportive housing or in the form of long-term tenancy supports combined with tenant- or project-based rental assistance. Partnerships with state and local agencies such as OHA, DHS, and the Coordinated Care Organizations (CCOs) are key to collaboratively addressing the needs of people with serious mental illness, substance use disorders, victims of domestic violence, and youth.

SHELTER EXPANSION

TAC recommends the state consider different types of shelter expansion, depending on the number of unsheltered homeless households and the geography of the region.

Navigation Centers: Emerging emergency shelter models, predominantly known as navigation centers, are replacing older shelter models that traditionally required gender segregation, high barriers and rules to entry, and had no place for personal possessions or partners. While navigation centers can 'look' different from traditional shelters, their overarching principles are the same and include, at minimum, the opportunity for people to enter with partners, pets, and their possessions. Navigation centers are designed to serve people who are living in unsheltered places, on the streets, in encampments, or in other places not meant for human habitation. These individuals can be very vulnerable and are often fearful or reject accessing traditional shelter and services, typically due to psychological or physical barriers. Navigation centers are low-barrier, operate 24/7, and provide intensive case management to connect people to public benefits, health services, and permanent housing, through a Housing First philosophy. TAC recommends that the state consider supporting the development of navigation centers in Eugene and Salem. Navigation Centers can help these cities end encampments and assist other unsheltered homeless individuals.

Permanent emergency shelters: TAC recommends that counties with an unsheltered PIT count of 100 or more consider developing a permanent emergency shelter in a relatively populated, central area of the region. The shelter should be "right-sized" for local need, and targeted to the population(s) most in need (based on the PIT), but also be flexible to potential changes in the target population over time. A winter shelter that is operated from November to April in a single location with a set schedule and administered by at least some paid staff, would be a reasonable alternative. Additionally, accommodations for day shelters with programming in every community can improve service engagement and the safety of vulnerable individuals while also improving the receptivity of local businesses and neighborhood associations.

RECOMMENDATIONS

Winter/warming shelters: The state is heavily dependent on winter/warming shelters to provide safe spaces for those experiencing homelessness; winter/warming shelters account for 38 percent of all shelter beds. TAC recommends that funds be made available to ensure these shelters are managed by paid and qualified staff and are provided with standards of practice and technical assistance that ensure safety for all guests.

Shelter expansion and enhancement such as those described above will only be possible with sufficient support at the state level for local efforts. OHCS reports that some local agencies have indicated a willingness to develop emergency or winter shelter but that they don't know where to begin. As described above, other communities have found funding but have had difficulty siting a shelter due to local resistance.

The following are some examples of support the state could provide to local governmental and nonprofit entities to encourage shelter expansion:

- Explore the potential benefits that could stem from a gubernatorial declaration of emergency to suspend land use and zoning ordinances that delay or impede the prompt siting of emergency shelters. California and Hawaii are using emergency declarations to override local siting barriers in order to open shelters more quickly.
- Work with the Office of State Fire Marshal (OSFM) and the Building Codes Division (DBCD) on an FAQ that advises locales on how to work with these local jurisdictions on siting shelters. Examine opportunities to extend the winter/warming temporary advisory from 90 to 120 or 160 days.
- Coordinate training of local officials (city council, county commissioners) and professionals (fire, building) to support shelter expansion.
- Seek additional guidance from the OFSM and DBCD (possibly including written guidelines and training) for local communities to support expansion and operation of safe temporary and permanent shelters.
- Develop a brief guide to assist local partners in shelter acquisition/new construction/rehabilitation, including understanding the requirements, working with local officials on siting, and understanding the costs of development and operations and how to fund the project.
- Develop centralized technical assistance at OHCS (or by contracting for such capacity) to support local shelter development efforts.

Executive Orders and Emergency Declarations

Some states and locales use executive orders and/or states of emergency to expedite securing safe shelters and housing for those experiencing homelessness. For example, in 2015, California's Governor Brown issued CA Executive Order 2015 to expedite emergency housing for fire victims, suspending land use and zoning ordinances that would delay or impede prompt development of properties for displaced victims. Hawaii's Governor Ige similarly used an executive order to call a Homeless State of Emergency in December 2018, suspending state statutes that delay the development of long-term housing, temporary shelter, and services.

Many city and county governments, too, have declared states of emergency to suspend land use and zoning laws and expedite new shelters. For example, the City of Portland's State of Emergency on Housing and Homelessness allows the city to expedite permitting and siting for shelters and for building more affordable housing units. The declaration also allows for waiving certain procurement processes and, on a case-by-case basis, portions of the zoning and building codes. Portland's City Council has extended the State of Emergency through April 2021.

RECOMMENDATIONS

BEST PRACTICES ACROSS THE CRISIS RESPONSE SYSTEM

As part of their work related to the Budget Note[27] in 2018, OHCS, Housing Stability Council, and the CAAs have agreed to adopt the following five best practices as Service Delivery Standards for the 2019-2021 biennium:

1. The use of a Housing First approach
2. Full CAA participation in local coordinated entry systems
3. CAA-supported access to low-barrier shelters
4. The incorporation of lived homelessness experience in service delivery
5. CAA commitment to intentionally act to reduce racial disparities in the homeless services programs they administer

Adoption of these best practices will improve "flow" in local crisis response systems and hopefully reduce homelessness as a result. As indicated in the Budget Note report, these changes represent a major shift to Oregon's homeless services delivery system. As a result, the state has proposed a phased-in approach that will begin in the 2019–2021 biennium to transition the system through:

- Improved data systems to establish reliable baselines
- Increased system capacity through needs assessments, customized training, and technical assistance

Rapid Re-housing

RRH services can fill an important gap in the system's efforts to house households as quickly as possible. RRH provides, in a progressive and individualized manner, short- to medium-term rental assistance, along with housing-focused services in an effort to rapidly move households out of homelessness. RRH operates as a progressive assistance model whereby the least amount of assistance needed to end a client's homelessness is offered first, and increased or continued only if and when the household needs it to sustain their tenancy.

RRH projects are challenging to operate and require a very specific set of housing-focused skills. TAC recommends OHCS review the state's RRH projects to ensure that each has the capacity to deliver RRH services well, including provider capacity to make timely payments to landlords; the ability to co-locate in shelters and other emergency settings so services can reach those who need it most regardless of their physical location and in accordance with the coordinated entry prioritization protocol; targeting criteria; and other performance factors. Technical assistance may be needed for some programs.

Homelessness prevention is also important but very difficult to allocate appropriately. In order to ensure that people who are experiencing literal homelessness are served first, the Department of Veterans Affairs' Supportive Services for Veteran Families (SSVF) programs now target 60 percent or more of their grant for rapid re-housing, and a maximum of 40 percent for homelessness prevention. OHCS may want to consider a similar focus on serving those who are already experiencing homelessness.

Diversion

Diversion is an "upstream" intervention considered a best practice. Diversion is designed to assist people in finding immediate alternatives to emergency shelter or prolonged homelessness. Diversion practices rely on:

- Staff skilled in mediation and problem-solving
- Limited, targeted financial assistance to reconnect people with family, friends, or other social networks

27 https://www.oregon.gov/ohcs/docs/02-28-2019-Budget-Note-Report.PDF

- A change in approach from "How can we get you into shelter?" to "How can we find someplace safe for you to stay while you work on your long-term housing plans?"
- Strong coordination among outreach, shelter, housing, and other crisis service partners.

Diversion is considered an emerging best practice. Multnomah and Clackamas are believed to be the only counties that currently have diversion programs, although all the CAAs have recently expressed an interest in investigating and possibly implementing diversion programs. TAC recommends piloting a diversion program with one or more CoCs. OHCS could expand based on the outcome of the pilot program.

Transitional Housing

HUD's Family Options study[28] found that transitional housing as an intervention had few advantages over other types of assistance; rapid re-housing and rental assistance were two of the comparison interventions. Based on this and other research, HUD encourages CoCs to reserve transitional housing for those populations that most need that type of intervention rather than being used either as a holding pattern for those that really need permanent supportive housing or those that need less intensive interventions. HUD suggests programs that serve domestic violence survivors and youth and those that provide substance use treatment may be appropriate for transitional housing. As illustrated in the HIC data, a substantial number of "beds" in Oregon are still classified as transitional housing. OHCS might want to explore how CoCs are using these programs and whether program modifications would improve the "flow" as well as individual outcomes.

INTERGOVERNMENTAL COLLABORATION ON HOMELESSNESS

Based on the varied and specialized needs of the sub-populations identified in the Findings section of this report, resolving homelessness will require intergovernmental collaboration that brings together OHCS, the Department of Human Services (DHS), the Oregon Health Authority (OHA), the Oregon Department of Veteran Affairs (ODVA), the Oregon Department of Education (DOE), and the Department of Corrections (DOC). TAC recommends the Governor explore the benefits of creating a mechanism to better ensure intergovernmental collaboration on ending homelessness. For example, OHCS could be charged with exploring the feasibility of establishing a cross state agency working group such as a State Interagency Council on Homelessness (SICH) that includes representation from OHA, DHS, OSFM, and DBCD to provide a platform for agencies to work collaboratively to meet the Governor's objective to end homelessness. TAC understands that initial discussions on this topic revealed that some stakeholders do not feel the traditional SICH model would be effective in Oregon; however, some type of cross agency partnership is critical to making headway in ending homelessness in the state.

Whatever process is identified should be efficient and cost-effective. Responsibilities of the SICH or other body might include:

- Developing a long-term and sustainable statewide shelter plan in partnership with other state agencies (including OHA, DHS, DOC, Employment Department, Education Department, OSFM, and DBCD) and local partners to expand shelter as needed by subpopulations such as youth, veterans, victims of domestic violence, and region, and to support other crisis system components in order to improve successful exits to housing
- Exploring the Washington State youth homeless services model to identify practices transferable to Oregon
- With CAA and CoCs, developing (and maintaining) a winter/warming shelter plan that identifies standards of practice for provision of safe, on-demand shelter for specific subpopulations and regions

28 https://www.huduser.gov/portal/family_options_study.html

- Aligning programs that may be supported by funding streams coming from two or more agencies, e.g., domestic violence and youth shelters
- Securing funding to incentivize local governments, business communities, and philanthropy to partner with OHCS in funding new programs that address the needs of unsheltered and unhoused populations
- Implementing PSH recommendations in the Oregon Statewide Housing Plan, including piloting cross-system collaboration to serve high utilizers of DHS and OHA-funded programs to develop a braided funding mechanism and data sharing agreement that models what local partnership could look like
- Creating a public education campaign to humanize experiences of those needing shelter
- Ensuring the 211 website has updated shelter information, including links to local online information

While the initial intergovernmental activities might be focused on sheltering, it must also work collaboratively on other activities necessary to end homelessness, such as ensuring that new PSH units are occupied by the most vulnerable, ensuring tenancy supports are available for people with disabilities to prevent homelessness, and providing incentives for public housing agencies to continue to apply for Mainstream vouchers targeted to homeless individuals and families with disabilities, as well as other actions outlined in the Statewide Housing Plan.

SUPPORT COMMUNITY ACTION AGENCIES AND CONTINUUMS OF CARE TO ACHIEVE BEST PRACTICES, OPTIMAL OUTCOMES

OHCS can play an important role in helping CAAs and local homeless providers to implement programs with successful outcomes.

- Ensure effective communication through continuation of regular shelter-related calls. Reinstate annual or semi-annual in-person meetings to support collaboration between OHCS, CAAs, and CoCs
- Provide continuous feedback on shelter-related outcomes including improvements related to equitable access to shelter and crisis response system programs
- Provide support to ensure CoCs have the capacity to continue to move towards best practices, support existing projects, and secure new funds from HUD; this may include HMIS, NOFA application supports
- Secure access to Longitudinal System Analysis (LSA) data from CoCs such that OHCS can provide or facilitate access to supports to advance CoC program performance, improve outcomes, and protect access to HUD funding
- Use SICH or other methods of intergovernmental collaboration to support the development of local partnerships including mental health, substance use treatment, community health clinics, hospitals, and other programs
- Work with CoCs and shelters to ensure shelters, including winter shelters, are integrated into local crisis response systems and are using CoC coordinated entry
- Assess the need for day shelter including the cost to support day shelters by expanding overnight shelter operations and ways to support/recognize libraries, stores, and other companies that provide de facto day shelter
- Explore potential models for developing and funding respite shelter beds — in addition to those in Portland — as alternatives to hospital or standard shelter beds.

RECOMMENDATIONS

SHELTERS AND SHELTER OPERATIONS

TAC recommends OHCS support shelters in implementing best practices by taking the following steps:

- Provide ongoing training and support to local partners to implement standards of practice for winter/warming shelters
- Provide ongoing best practice training and support to shelter partners and shelter funders including but not limited to Housing First and housing-focused training
- Provide fair housing training using the Guide to Fair Housing for Homeless and Domestic Violence Shelter Providers (Oregon, 2018) as the base for the curriculum; encourage shelters to use Guide to assess their shelter compliance (See Appendix G)
- In order to provide culturally competent services and contribute to the elimination of racial and ethnic disparities in access and outcomes, provide staff training on cultural competence and cross-cultural issues as well as model policies that reduce administrative and linguistic barriers
- Create opportunities for input from persons with lived experience to improve shelter operations and accessibility for all
- Explore conducting a salary staff survey for various shelter staff positions
- Develop a shelter volunteer recognition event such as an event with the Governor, honor a "shelter volunteer of the year," and identify a large business to provide gift cards for volunteers
- Develop a brief guidebook and training module on recruiting and managing shelter volunteers
- Identify opportunities to fund expanded day shelters (including navigation centers) and to support entities such as libraries and big box retailers that provide shelter during the day for many experiencing homelessness.

ENSURE OHCS INTERNAL SYSTEMS SUPPORT LOCAL BEST PRACTICES TO END HOMELESSNESS

- Create a shelter training and technical assistance unit within OHCS Homeless Services Division to work with locales on region-specific planning, implementation of best practice sheltering models and operations, and capability to review provider progress towards the achievement of standards of practice.
- Institute specific staff to monitor EHA/SHAP programs including state-funded shelter performance and data quality, paired with support of shelter training and a technical assistance unit to support advancement towards best practices.
- Data is critical to assessing outcomes and sustaining HUD homeless assistance funds, but at least some of the local partners are challenged to meet best practices in data collection and data quality. Explore expanding OHCS' role in data collection:
    - Pilot winter/warming shelter paper or electronic data collection submitted to a central entity for entry
    - Provide ongoing statewide training and support for data collection
    - Provide incentives for CoCs to allow OHCS access to CoC data for evaluation purposes
    - Consider collecting "unsheltered" data for all OHCS newly adopted EPIC outcome tool
- Examine workforce issues such as staffing capacity and compensation to reduce staff turnover and improve training competencies around low-barrier, trauma-informed, safe shelter practices; develop policies and programs to address these needs.

RECOMMENDATIONS

- Ensure other OHCS divisions also prioritize ending homelessness as appropriate, e.g., 500 new PSH units should be used to impact homelessness (especially unsheltered homelessness), and incentives for public housing agencies to use Mainstream vouchers to target homeless populations, Section 811 set-aside units, etc. Many of these recommendations are included in the Statewide Housing Plan. OHCS has made a significant commitment to expanding permanent supportive housing – a model that could have high impact on this issue – if, and only if, the most vulnerable homeless individuals become PSH tenants. This will require careful choreography internally at OHCS as well as externally with OHA, CCOs, and CoCs.

EHA/SHAP RECOMMENDATIONS

- The state should explore merging EHA and SHAP funding. This will create management efficiencies for both the CAAs and OHCS. However, in order to ensure that the funds are primarily targeted to serving those who are experiencing literal homelessness, TAC recommends OHCS ensure the vast majority of these funds go towards street outreach, emergency shelter, and rapid re-housing, rather than homeless prevention. This can be achieved, for example, by capping spending for certain activities.
- Whether EHA and SHAP are merged or not, EHA funds should be targeted primarily to persons who are experiencing literal homelessness. Options include prioritizing EHA to serve only households experiencing literal homelessness until the unsheltered count decreases to the national average for each subpopulation, or designating a minimum percentage that must serve literally homeless.
- Continue to examine and update funding formulas by geographic areas. Consider more heavily weighting PIT sheltered and unsheltered count in allocation of EHA/SHAP. Washington and Clackamas County CoCs receive significantly more EHA/SHAP support relative to the percentage of persons experiencing homelessness as demonstrated in the PIT.
- Attend to the recommendations made by the Coalition for Communities of Color in their 2017 Memo (see Appendix F) to ensure that people of color are included in PIT counts.
- Review data standards for EHA and SHAP and develop a brief guide and training to improve reliability of data and reporting.
- Develop creative strategies to support volunteer-based shelters that receive EHA and/or SHAP funds in collecting and entering client data.
- Continue to implement newly adopted fiscal policies to ensure funds are spent appropriately and in a timely manner.
- Continue to refine and formalize policies and procedures governing the use of funds for real estate acquisition, new construction, or rehabilitation to assist CAAs and their subrecipients to move projects forward more quickly.
- Ensure that new CAA Master Grant Agreement (MGA) requirements around Housing First, coordinated entry, and low-barrier shelter are clearly defined and that appropriate training and technical assistance are provided so these requirements are adopted across the state.
- Target specific funding for shelter providers to use for data collection (technology and staff).
- Explore performance-based contracting to build in contractually obligated performance related to HMIS data entry, accuracy, participation in best practice trainings, and collaborations with CoC CE to ensure shelter operators are working in concert with the available homeless affordable housing systems.
- Align Key Performance Measures (KPM) with HUD outcome measures. For example, where OHCS KPM assesses housing retention at 6 months, HUD requires CoCs to assess housing retention at 6, 12, and

24 months post-placement. HUD also requires data reporting for 100 percent of clients, whereas OHCS currently accepts lower rates of client contact.

- Address the KPM 2 data issues to ensure this data can be used to assess performance.
- Consider requiring CAAs to report similar data as part of EPIC such that data analysis statewide is available for all data points.

CONCLUSIONS

Homelessness, especially unsheltered homelessness, is of catastrophic proportions in Oregon. Nationally, Oregon, along with Hawaii and California, had the highest rate of individuals experiencing homelessness, with 50 or more individuals experiencing homelessness per 10,000 individuals. Oregon is one of four states in which more than half (61 percent) of all people experiencing homelessness were found in unsheltered locations.

OHCS is the agency charged with administering homeless funding to local communities. As such, it is important that OHCS play a leadership role in ending homelessness. This report has described some of the leadership roles the agency can take and is already taking such as moving towards outcome-oriented contracts with the Community Action Agencies.

However, OHCS alone cannot end homelessness. As described in the report, close to a third of people who are homeless self-identified as having a serious mental illness or substance use disorder; these populations make up a significant portion of the unsheltered homeless population. OHCS needs partners such as OHA and the CCOs to help these individuals end their homelessness. In those communities where additional emergency or winter shelter is needed, support by the Office of State Fire Marshal and the Building Codes Division is necessary to quell local fears. Mechanisms to support this intergovernmental collaboration will be needed in order to end homelessness.

The Legislature has recognized the challenges communities face in ending homelessness and has significantly increased recent funding allocations to support communities in facing these challenges. These funds will be critical to expanding emergency shelter beds in those communities most impacted and to support other components of the crisis response system such as outreach and coordinated entry. As described in the report, however, increasing emergency shelter beds is not sufficient. Shelters must become low barrier and housing-focused. Other aspects of the system must also work towards implementation of best practices.

Oregon cannot end homeless overnight but by actively moving each local system towards best practices, providing funding, support, and training, the state will be able to reverse the trend and move towards making homelessness a rare, brief, and one-time experience, and to sustain success once achieved.

APPENDICES

APPENDIX A: KEY TERMS AND ACRONYMS

Chronically Homeless Individual: refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months

Community Action Agencies: Community Action Agencies are private or public nonprofit organizations that were created by the federal government in 1964 to combat poverty in geographically designated areas. Status as a Community Action Agency is the result of an explicit designation by local or state government.

Coordinated Entry System (CES): a system that works by establishing a common process to understand the situation of all individuals and families who request assistance through the homeless system. The core elements include: established access point(s), the use of a standardized assessment process to gather information on program participants' preferences, and the barriers that households face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC's standards are used to prioritize households for referral to appropriate and available housing resources

Continuums of Care (CoC): the collaboration of local stakeholders representative of relevant organizations that coordinate homeless services across a specific geography. The CoC must establish a Board to act on its behalf, and may appoint additional committees to fulfill its responsibilities, all of which must be documented in a governance charter.

Continuum of Care Program (CoC Program): a HUD funded program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Department of Corrections (DOC): is the agency of the U.S. state of Oregon charged with managing a system of 14 state prisons

Department of Human Services (DHS): is the principal human services agency of the government of Oregon.

Diversion/Rapid Exit: a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion services can reduce the number of households becoming homeless, the demand for shelter beds, and the size of program wait lists. Diversion services can also help communities achieve better outcomes and be more competitive when applying for federal funding. Diversion services are offered immediately prior to, or immediately after, a household becomes literally homeless.

Domestic Violence (DV): is violence or other abuse by one person against another in a domestic setting, such as in marriage or cohabitation.

Emergency Housing Assistance (EHA): is the Oregon Housing and Community Services program that assists low- or very low-income persons who are homeless or are unstably housed and at risk of becoming homeless.

Emergency Shelter (ES): is a facility with the primary purpose of providing temporary shelter for homeless people

APPENDIX A: KEY TERMS AND ACRONYMS

Emergency Solutions Grant (ESG): a HUD-funded program to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG provides grants by formula to states, metropolitan cities, urban counties and U.S. territories to support homelessness prevention, emergency shelter and related services.

Ending Homelessness, Preventing Homelessness, Inclusion & Diversity, Capacity of Community (EPIC): is an outcome oriented tool for improving Oregon's homeless service system

Fair Market Rent (FMR): are published in the Federal Register annually by HUD at the beginning of each federal fiscal year (10/1). HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide housing assistance.

Frequently Asked Questions (FAQ): is a list of frequently asked questions and answers on a particular topic area.

Harm Reduction: an approach or strategy aimed at reducing the risks and harmful effects associated with substance use and addictive behaviors for the individual, the community, and society as a whole. In the context of Housing First programs, harm reduction provides relief from sobriety requirements while also attending to personal goals and strength-based service design.

Homeless Individual/household: describes a person or group of people who identify as a family, who lacks a fixed, regular, and adequate nighttime residence; or a person fleeing domestic violence and has no other resources or housing options available and without these homeless crisis resources would be homeless as defined above.

Homeless Inventory Count (HIC): is an inventory of housing conducted annually during the last ten days in January, and are available at the national and state level, as well as for each CoC.

Homeless Management Information System (HMIS): a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a state or regional area, and include several CoCs.

Housing First (HF): a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold).

Housing Inventory Count (HIC): is produced by each CoC and provides an annual inventory of beds that assist people in the CoC who are experiencing homelessness or leaving homelessness, usually conducted the last week of January.

Housing and Urban Development Annual Homeless Assessment Report (AHAR): is a HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period, point-in-time counts of people experiencing homelessness on one day in January, and data about the inventory of shelter and housing available in a community.

Housing and Urban Development (HUD): is a Cabinet department in the Executive branch of the United States federal government.

APPENDIX A: KEY TERMS AND ACRONYMS

Master Grant Agreement (MGA): is the contract between Oregon Housing and Community Services and the Community Action Agencies.

Notice of Funding Availability (NOFA): establishes the funding criteria from a government agency to its contracted grantees.

Oregon Health Authority (OHA): is the State agency responsible for overseeing most of Oregon's health-related programs including behavioral health (addictions and mental health), public health, Oregon State Hospital for individuals requiring secure residential psychiatric care, and the state's Medicaid program called the Oregon Health Plan.

Oregon Housing Community Services (OHCS): is Oregon's housing finance agency, providing financial and program support to create and preserve opportunities for quality, affordable housing for Oregonians of lower and moderate income.

Outreach: involves moving outside the walls of the agency to engage people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well. This is incredibly important work designed to help establish supportive relationships, give people advice and support, and provide access to the services and supports that will help them move off the streets to permanent housing. Outreach is important in order to access hard-to-reach individuals, and should be connected to an overt and concerted effort to end homelessness.

Permanent Housing (PH): community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing. To qualify as CoC Program permanent housing, the program participant must be the tenant on a lease for an initial term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. Other permanent housing programs, such as SSVF and state/local funding sources, only require the minimum lease requirements based on the state or local regulations.

Permanent Supportive Housing (PSH): is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD's Continuum of Care program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility.

Permitted Village/Encampment: offer outdoor, temporary accommodations for people who are living unsheltered in conditions that threaten their health and safety. Villages offer tiny house-like living structures, community kitchens, hygiene services and case management to clients that have lived outside for extended periods of time or for whom traditional shelter may not be a good fit. A person successfully exits a village when they leave the village to move to permanent housing.

Point-in-Time Counts (PIT): are unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by CoCs nationwide and occur during the last week in January of each year.

Rapid re-housing (RRH): rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Request for Proposal (RFP): is a document that describes the availability of funds and qualifying criteria, conditions and purpose that a locale must respond to in order to receive certain grant funding.

APPENDIX A: KEY TERMS AND ACRONYMS

Serious Mental Illness (SMI): is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Sheltered Homelessness: refers to people who are staying in emergency shelters, transitional housing programs, or safe havens.

Shelters In Oregon (SIO): An inventory of shelters in Oregon with some descriptive information, compiled by OHCS Homeless Services staff.

Supportive Services for Veteran Families (SSVF): Veterans Affairs (VA) funded program that provides both rapid re-housing and homelessness prevention (HP), depending on a household's current housing situation and need. SSVF's program regulations prioritize RRH interventions. It is expected that SSVF grantees (501C (3) non-profits) and community partners prioritize resources to meet the needs of all eligible, literally homeless Veteran households, while only offering HP services to the most vulnerable Veteran households. As part of the community plan for ending Veteran homelessness, this may require that HP services be offered only when an SSVF grantee or community is able to meet the needs of all eligible literally homeless Veterans.

State Homeless Assistance Program (SHAP): offers state funds to help meet the emergency needs of homeless Oregonians by providing operational support for emergency shelters and supportive services to shelter residents.

Street Outreach (SO): is an approach to meet those living on the streets and in encampments where they are to develop an understanding of the circumstances and needs of each individual, as well as cultural barriers that may prevent people from accessing either mainstream services or those that target people who experience homelessness. Through the development of positive relationships, the attainment of the larger goal of helping people access the services and supports they want and need in order to help them exit homelessness.

Supportive Housing (SH): is a housing model designed to provide housing assistance and supportive services to formerly homeless people for an unspecified duration of time.

Transitional Housing: housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months.

Unsheltered Homelessness: refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks)

Victim Service Provider Agency: a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This includes rape crisis centers, battered women's shelters, domestic violence transitional and permanent housing programs, and other programs of this nature.

Winter Shelter: shelter beds that are open during the fall, winter and spring and are open night after night, no matter the forecast.

Warming Shelter: Additional shelter beds that open when severe weather hits to keep unsheltered people safe, generally 10 to 20 times each year. Each community has differing weather forecast thresholds that determine when these open.

APPENDIX B: SHELTERED AND UNSHELTERED BY COC AND COUNTY

Appendix B: Sheltered and Unsheltered by CoC and County

Continuum of Care	CAA	County	Sheltered		Unsheltered		County Total	%	CoC Total	%
OR-500 Eugene, Springfield/Lane County CoC	LANE	Lane	526	34%	1003	66%	1529	11%	1529	11%
OR-501 Portland, Gresham/ Multnomah County CoC	MULTCO	Multnomah	2509	60%	1668	40%	4177	30%	4177	30%
OR-502 Medford, Ashland/Jackson County CoC	ACCESS	Jackson	369	58%	264	42%	633	5%	633	5%
OR-503 Central Oregon CoC	NIMPACT	Crook	8	19%	35	81%	43	0%	778	6%
	NIMPACT	Deschutes	207	30%	494	70%	701	5%		
	NIMPACT	Jefferson	15	44%	19	56%	34	0%		
OR-505 Oregon Balance of State CoC	CAPECO	Gilliam	0	0%	0	0%	0	0	5795	42%
	CAPECO	Morrow	0	0%	0	0%	0	0%		
	CAPECO	Umatilla	24	44%	31	56%	55	0%		
	CAPECO	Wheeler	0	0%	1	100%	1	0%		
	CAT	Clatsop	18	3%	662	97%	680	5%		
	CAT	Columbia	69	44%	89	56%	158	1%		
	CAT	Tillamook	86	37%	145	63%	231	2%		
	CCNO	Baker	3	43%	4	57%	7	0%		
	CCNO	Grant	0	0%	4	100%	4	0%		
	CCNO	Union	1	2%	42	98%	43	0%		
	CCNO	Wallowa	4	50%	4	50%	8	0%		
	CinA	Harney	1	5%	18	95%	19	0%		
	CinA	Malheur	43	28%	108	72%	151	1%		
	CSC	Benton	139	48%	148	52%	287	2%		
	CSC	Lincoln	26	14%	160	86%	186	1%		
	CSC	Linn	113	63%	67	37%	180	1%		
	KLCAS	Klamath	114	59%	78	41%	192	1%		
	KLCAS	Lake	0	0%	12	100%	12	0%		

Continuum of Care	CAA	County	Sheltered		Unsheltered		County Total	%	CoC Total	%
	MCCAC	Hood River	31	44%	39	56%	70	1%		
	MCCAC	Sherman	0	0%	1	100%	1	0%		
	MCCAC	Wasco	39	20%	156	80%	195	1%		
	MWVCAA	Marion	754	72%	295	28%	1049	8%		
	MWVCAA	Polk	45	44%	57	56%	102	1%		
	ORCAA	Coos	0	0%	397	100%	397	3%		
	ORCAA	Curry	0	0%	161	100%	161	1%		
	YCAP	Yamhill	223	45%	270	55%	493	4%		
	UCAN	Douglas	233	50%	230	50%	463	3%		
	UCAN	Josephine	60	9%	590	91%	650	5%		
OR-506 Hillsboro, Beaverton/ Washington County CoC	CAO	Washington	175	32%	369	68%	544	4%	544	4%
OR-507 Clackamas County CoC	CCSS	Clackamas	151	30%	346	70%	497	4%	497	4%
TOTALS			**5986**		**7967**		**13953**	**100%**	**13953**	**100%**

APPENDIX C: ONLINE SURVEY OF PEOPLE WITH LIVED EXPERIENCE

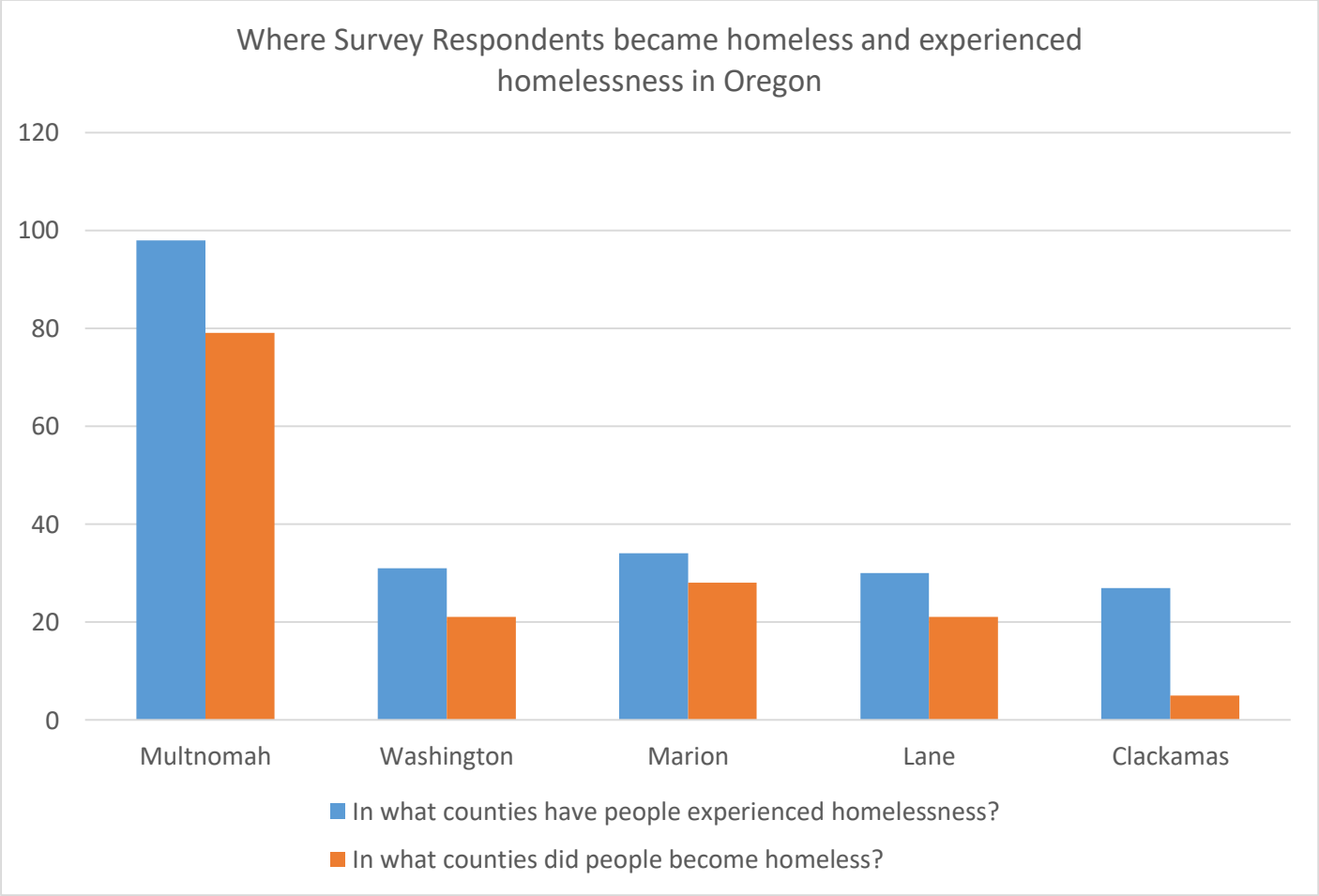
Lived Experience

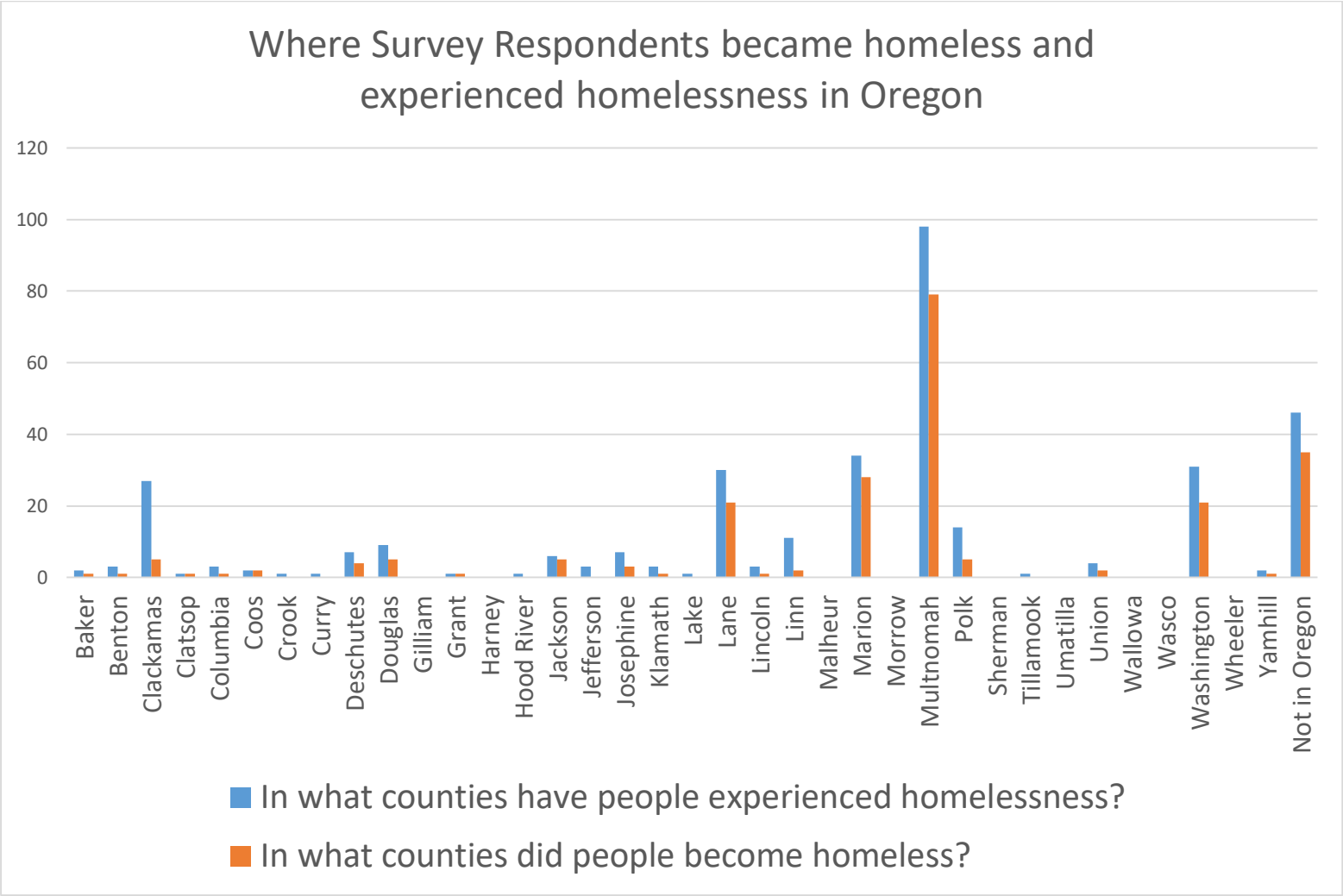
OHCS received 232 completed surveys from people with lived experience. In addition to the 232 responses to the lived experience survey from people with lived experience, OHCS received 61 responses from allies or advocates. The responses from advocates and allies supported and aligned with the responses from people with lived experiences.

70 people with lived experience of homelessness who are currently experiencing homelessness answered the survey. 70 people with lived experience have accessed emergency shelters in Oregon the last 5 years. 157 people who answered the survey have not accessed emergency shelters in Oregon in the last 5 years.

Location of Respondents

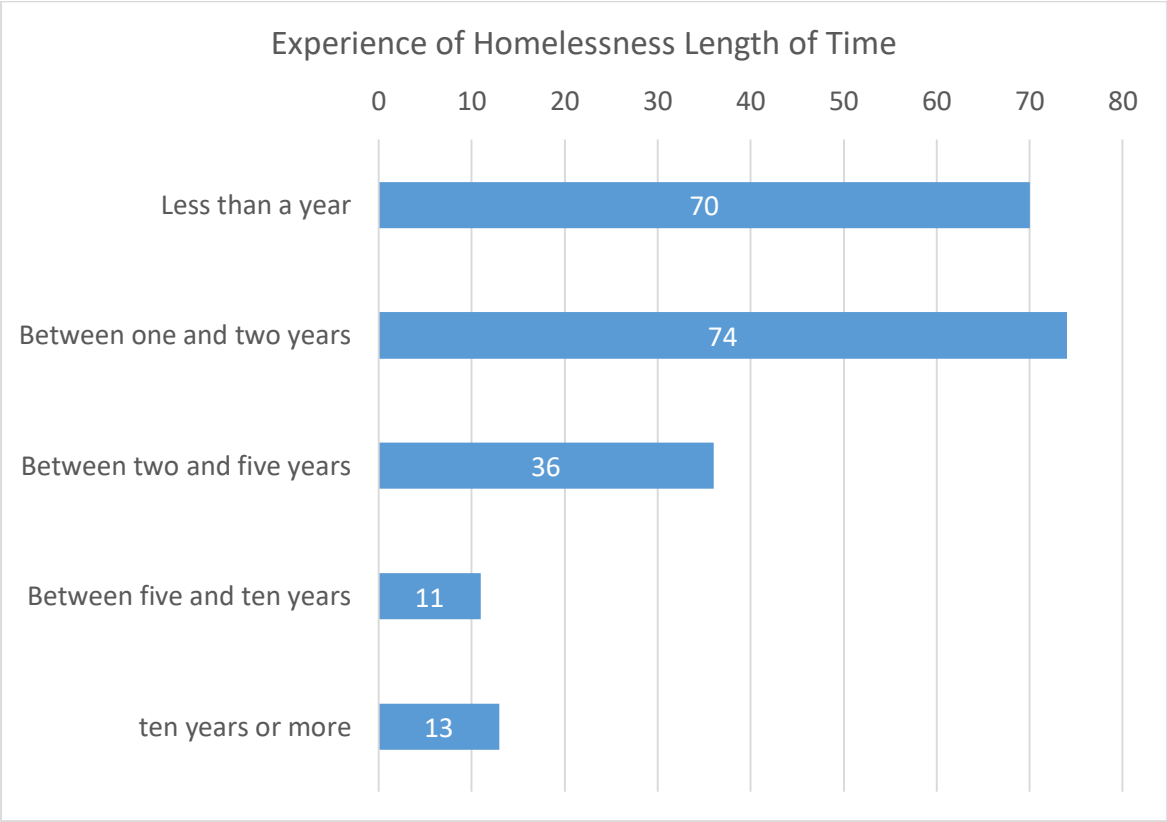
The top five locations in Oregon that respondents experienced homelessness in were Multnomah, Washington, Marion, Lane, and Clackamas counties.

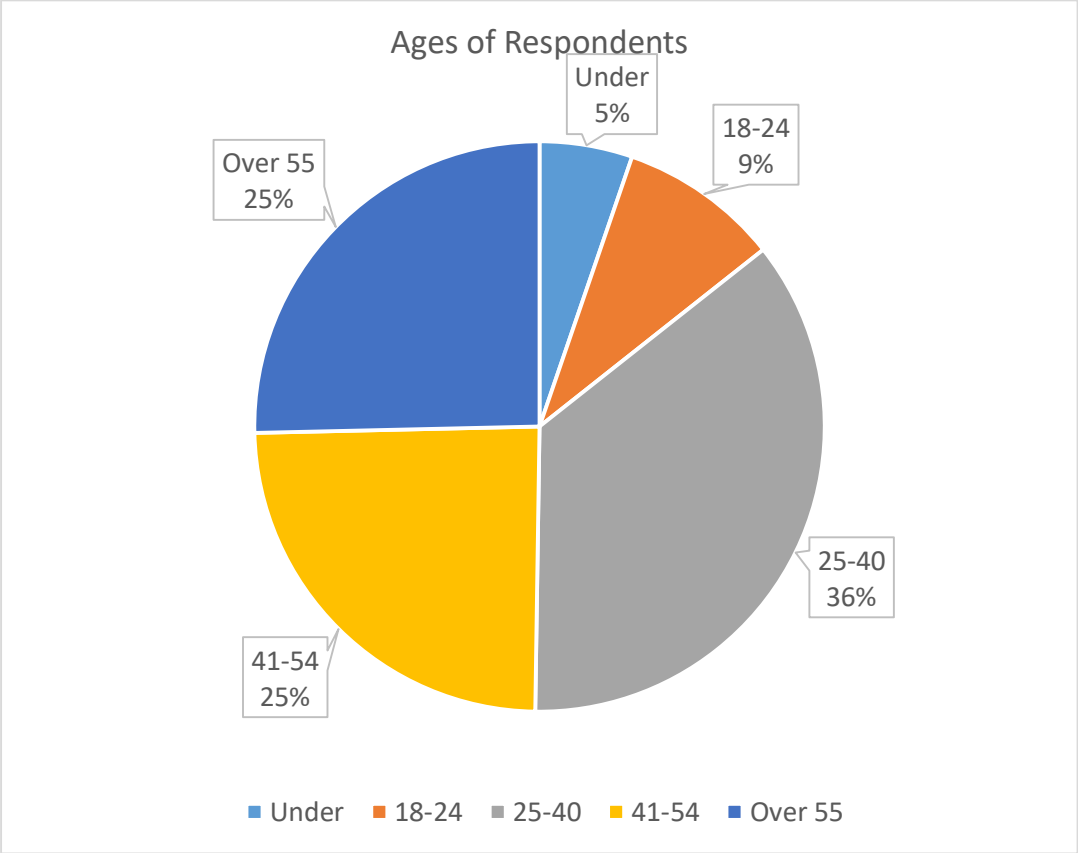




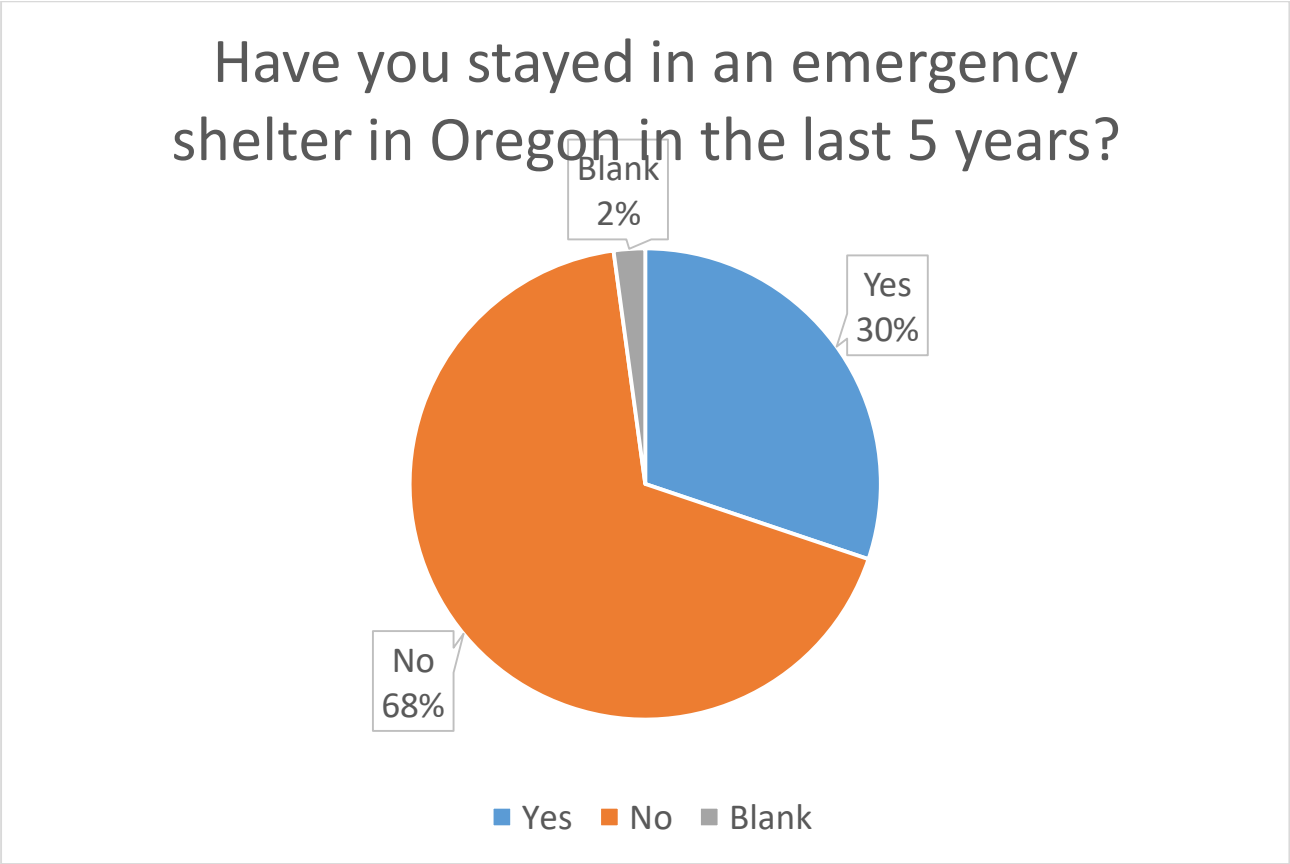
Length of Time Experienced Homelessness

The majority of respondents had experiences of homelessness of between one and two years or less than one year. Of the 204 people that answered the question, 70 respondents (34%) had experiences of homelessness less than one year, 74 (36%) between one and two years, 36 (18%) between two and five years, 11 (5%) between five and ten years, and 13 (6%) for ten years or more.

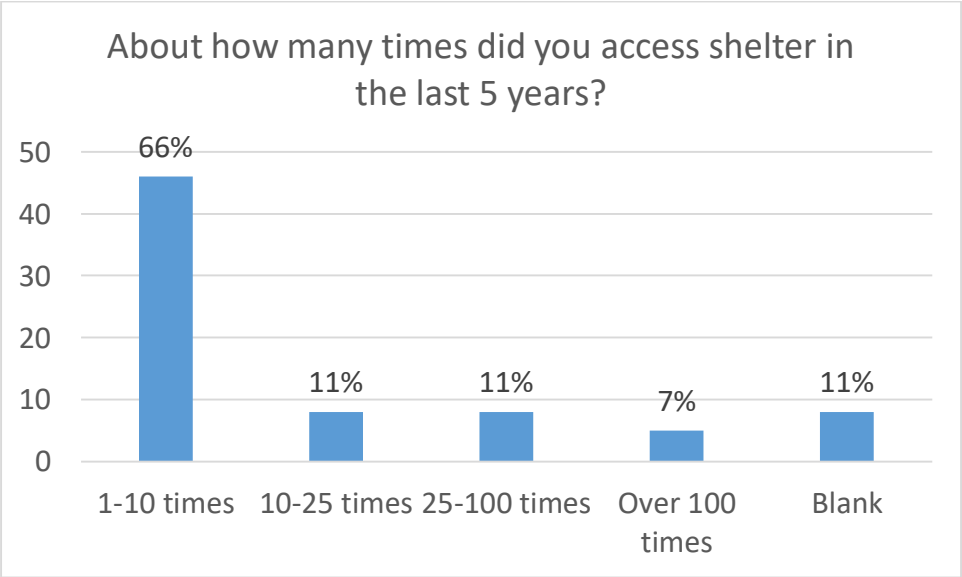

Experience of Homelessness Length of Time
0
10
20
30
40
50
60
70
80
Less than a year
70
Between one and two years
74
Between two and five years
36
Between five and ten years
11
ten years or more
13



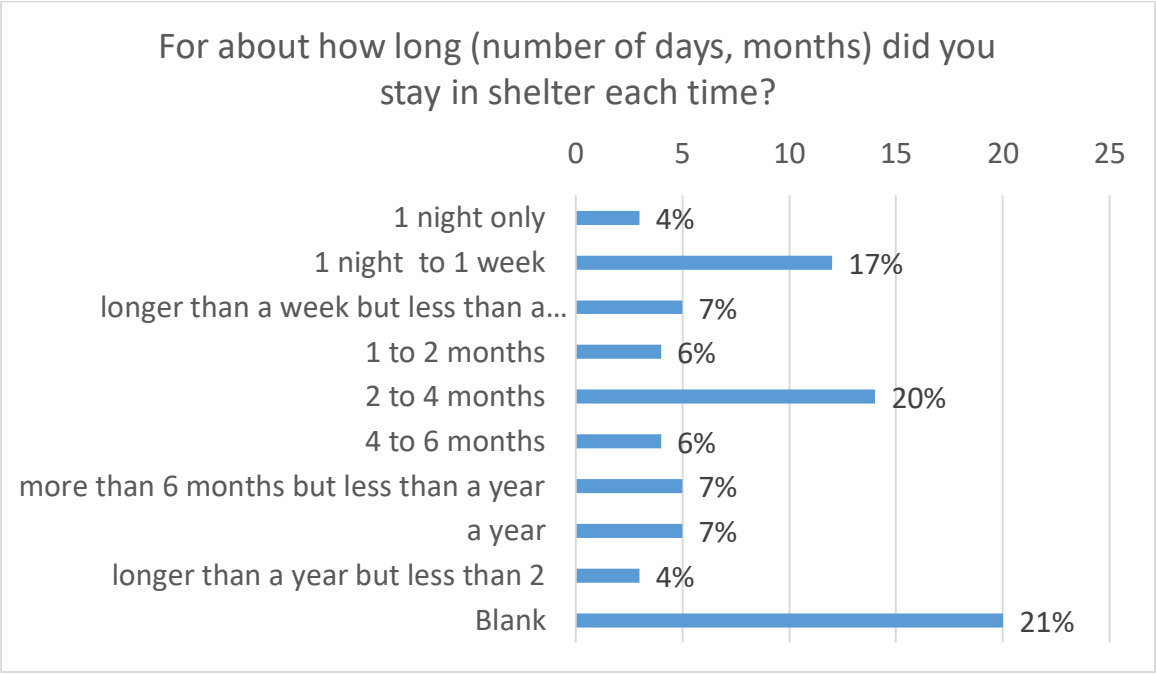
The majority of respondents who answered the question were between ages 25 and 40 (36%) followed by 41-54 (25%) and over 55 (25%). 5% of respondents were under 18 and 9% were between 18 and 24.

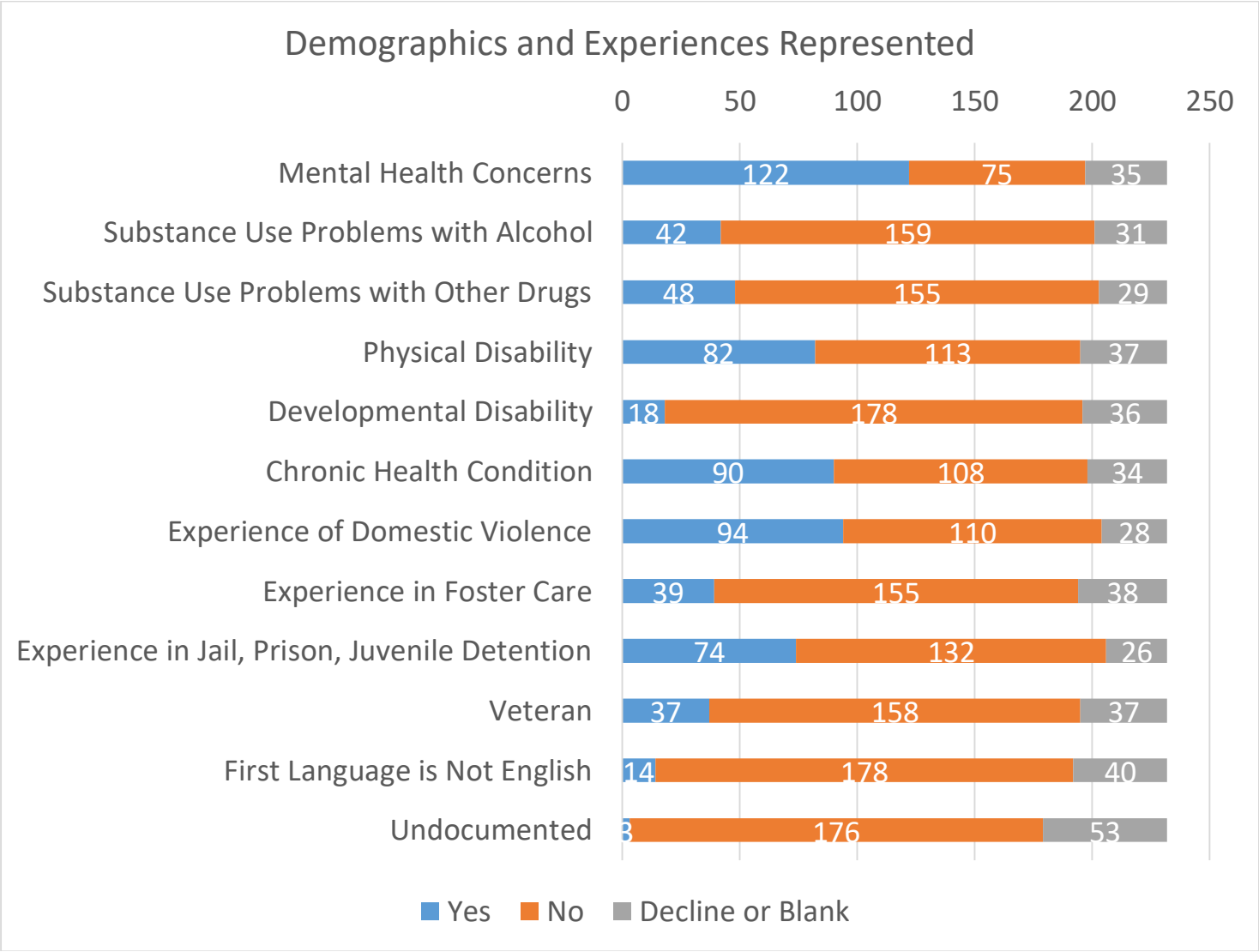


Only 30 percent of respondents (70 people) reported that they had stayed in an emergency shelter in Oregon in the last 5 years. Of those, the majority (66%) accessed a shelter between one and ten times.



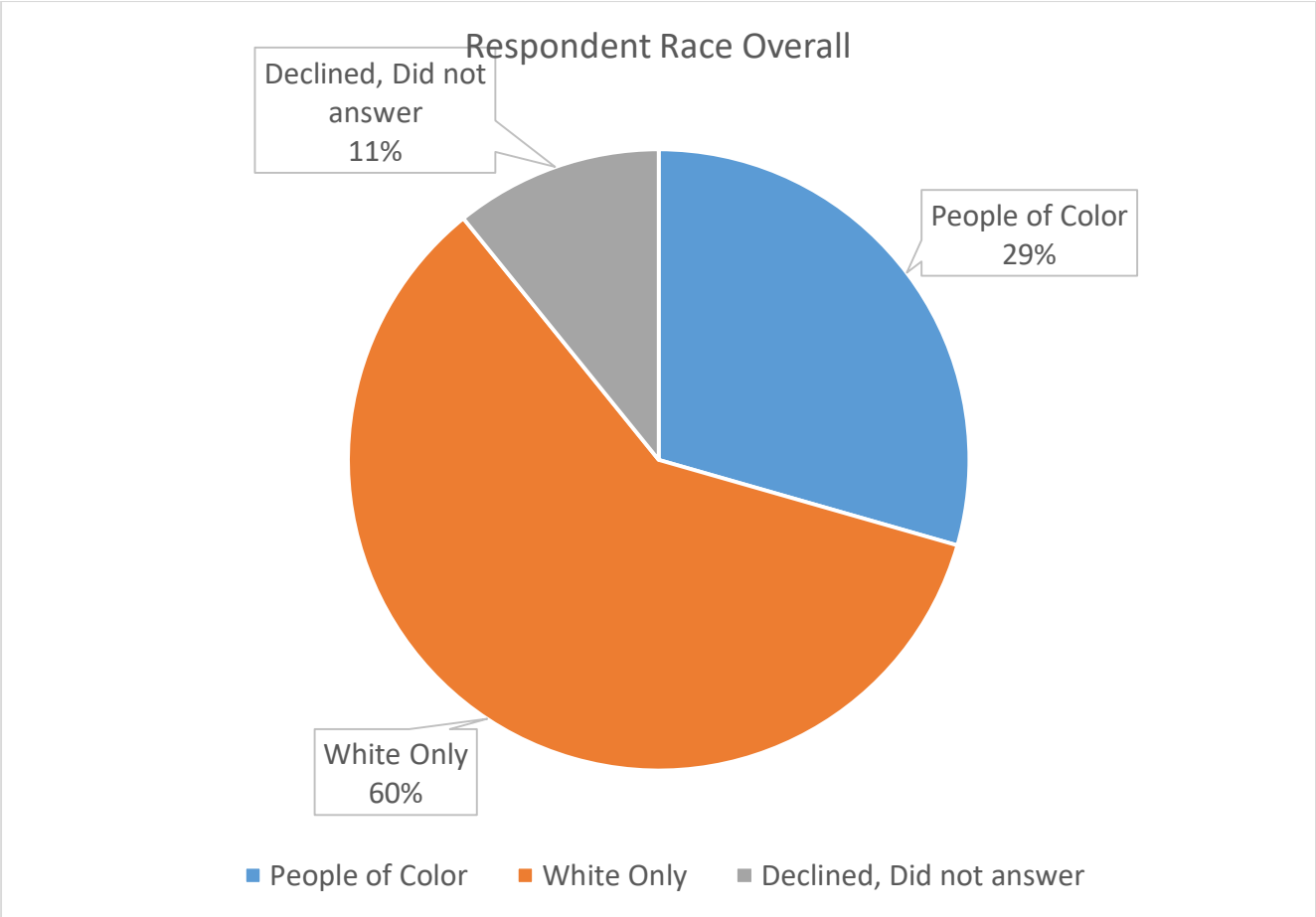
Of the respondents that reported staying in emergency shelter (70 people), the majority (20%) reported staying two to four months. 17% reported staying one night to one week.

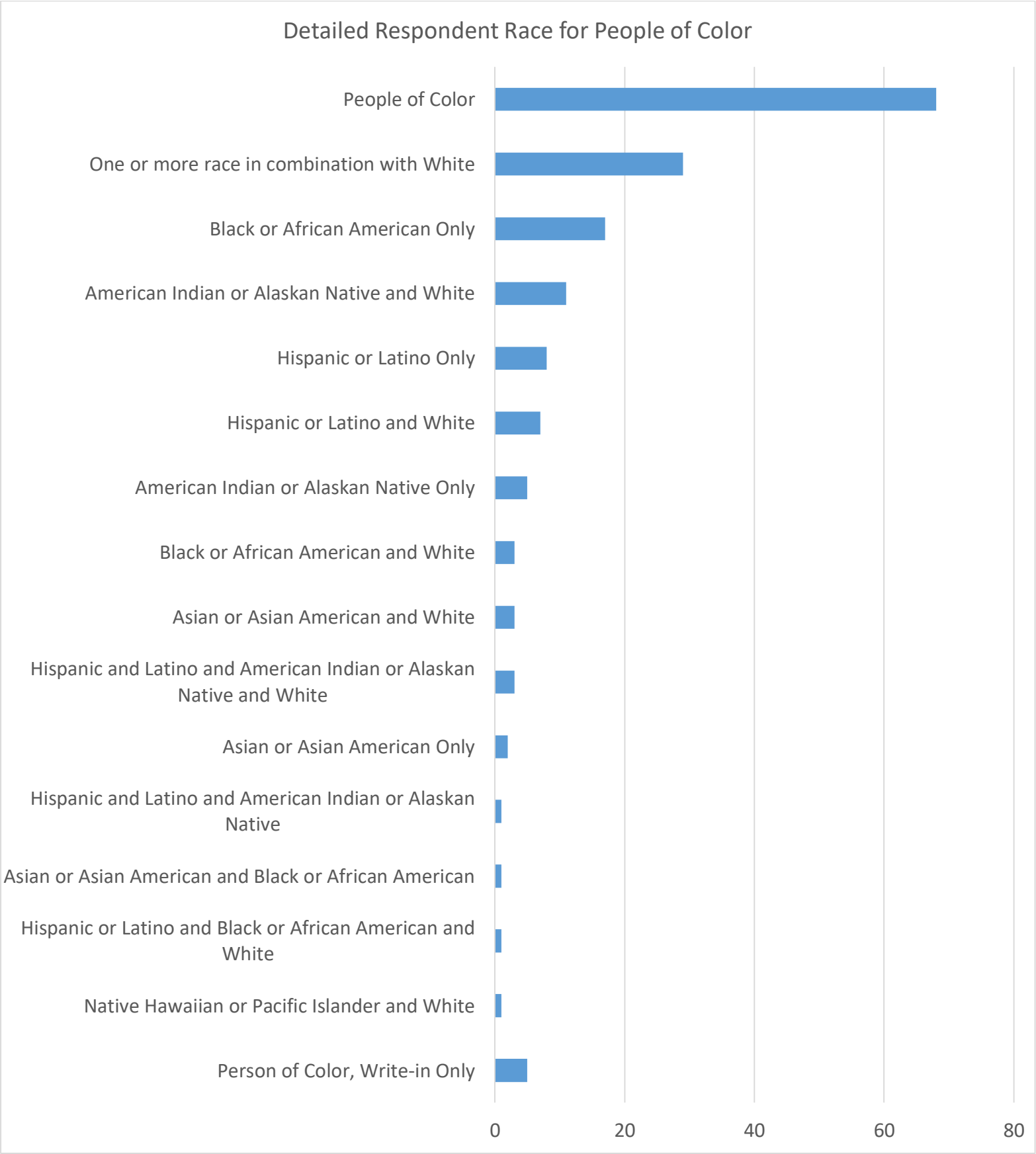

For about how long (number of days, months) did you stay in shelter each time?
0
5
10
15
20
25
1 night only
4%
1 night to 1 week
17%
longer than a week but less than a...
7%
1 to 2 months
6%
2 to 4 months
20%
4 to 6 months
6%
more than 6 months but less than a year
7%
a year
7%
longer than a year but less than 2
4%
Blank
21%

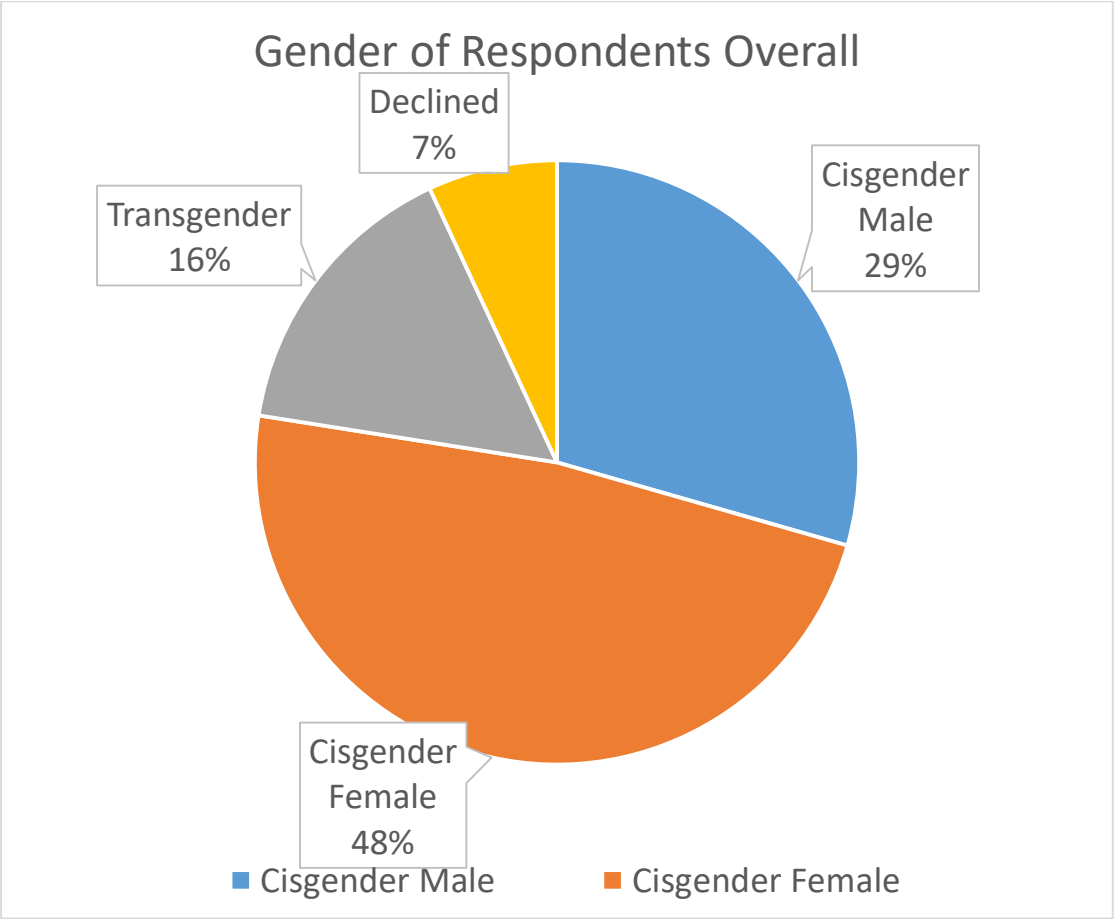

Demographics and Experiences Represented
0
50
100
150
200
250
Mental Health Concerns
122
75
35
Substance Use Problems with Alcohol
42
159
31
Substance Use Problems with Other Drugs
48
155
29
Physical Disability
82
113
37
Developmental Disability
18
178
36
Chronic Health Condition
90
108
34
Experience of Domestic Violence
94
110
28
Experience in Foster Care
39
155
38
Experience in Jail, Prison, Juvenile Detention
74
132
26
Veteran
37
158
37
First Language is Not English
14
178
40
Undocumented
3
176
53
Yes
No
Decline or Blank

122 people (53%) indicated having mental health concerns, 94 people (40%) have experienced domestic violence, 90 people (39%) have chronic health conditions, 82 people (35%) have a physical disability, 74 people (32%) have experienced jail, prison, or juvenile detention. 42 people (18%) reported a substance use problem with alcohol. 48 people (21%) reported having a substance use problem with other drugs. 39 people (17%) reported experiences in foster care, 37 people (16%) were veterans, 18 (8%) reported having a developmental disability, 14 people (6%) had a first language that is not English, and 3 (1%) were undocumented.

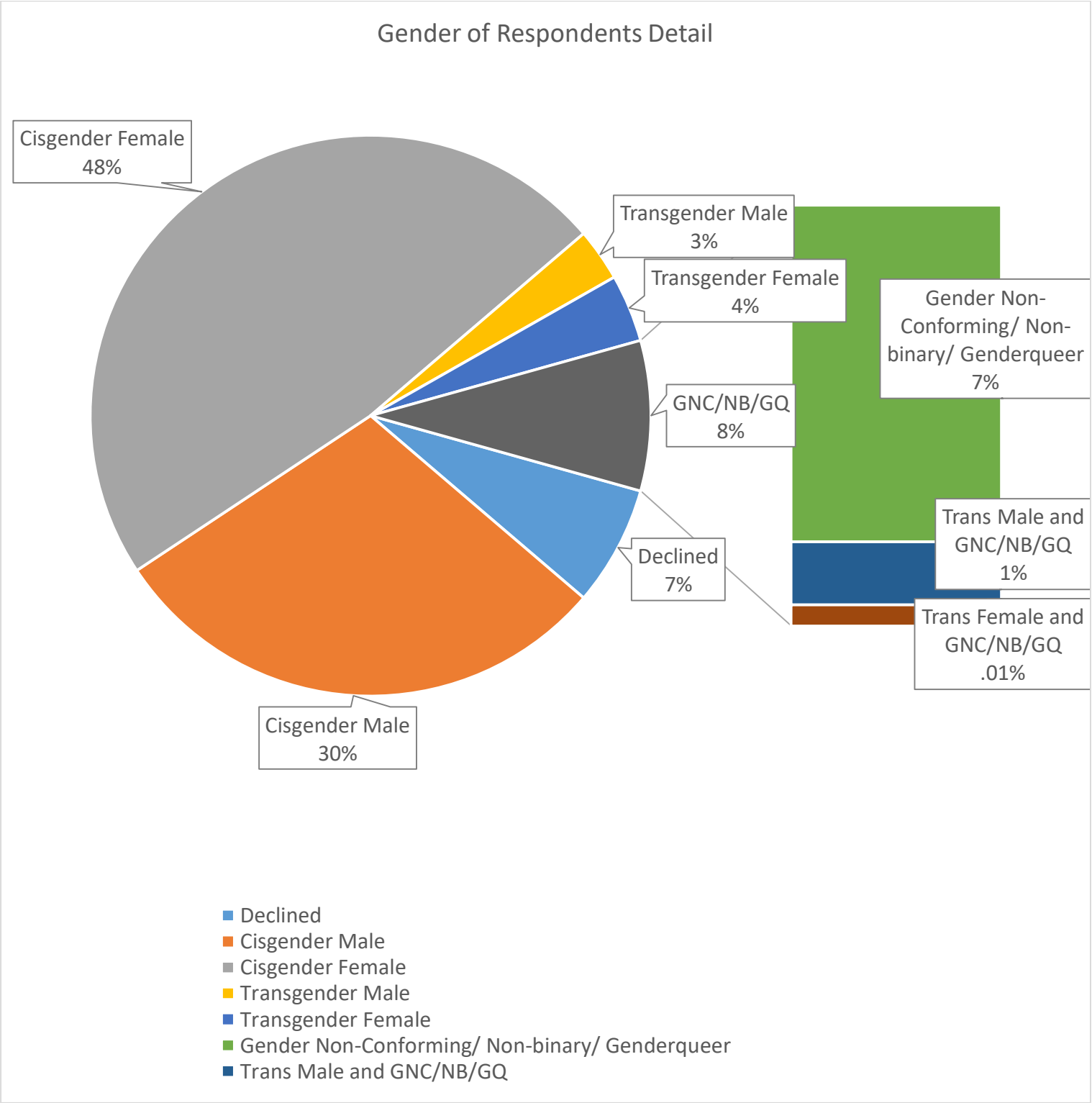
60% of respondents reported their race as White only, 29% were people of color, and 11% did not respond. Of the 68 people (29%) who were people of color, 29 people (43%) were one or more race in combination with White, 17 (25%) people were Black or African American only, 11 people (16%) were American Indian or Alaskan Native and White, 8 people (12%) were Hispanic or Latino Only, 7 people (10%) were Hispanic and Latino and White, and 5 people (7%) were American Indian or Alaskan Native Only. 3 people (4%) were Black or African American and White. 3 people (4%) were Asian or Asian American and White. 3 people (4%) were Hispanic and Latino and American Indian or Alaskan Native and White. Two people (3%) were Asian or Asian American only. One person each was Hispanic and Latino and American Indian or Alaskan Native; Asian or Asian American and Black or African American; Hispanic or Latino and Black or African American and White; and native Hawaiian or Pacific Islander and White. 5 people (7%) did write-in only responses indicating they were people of color.

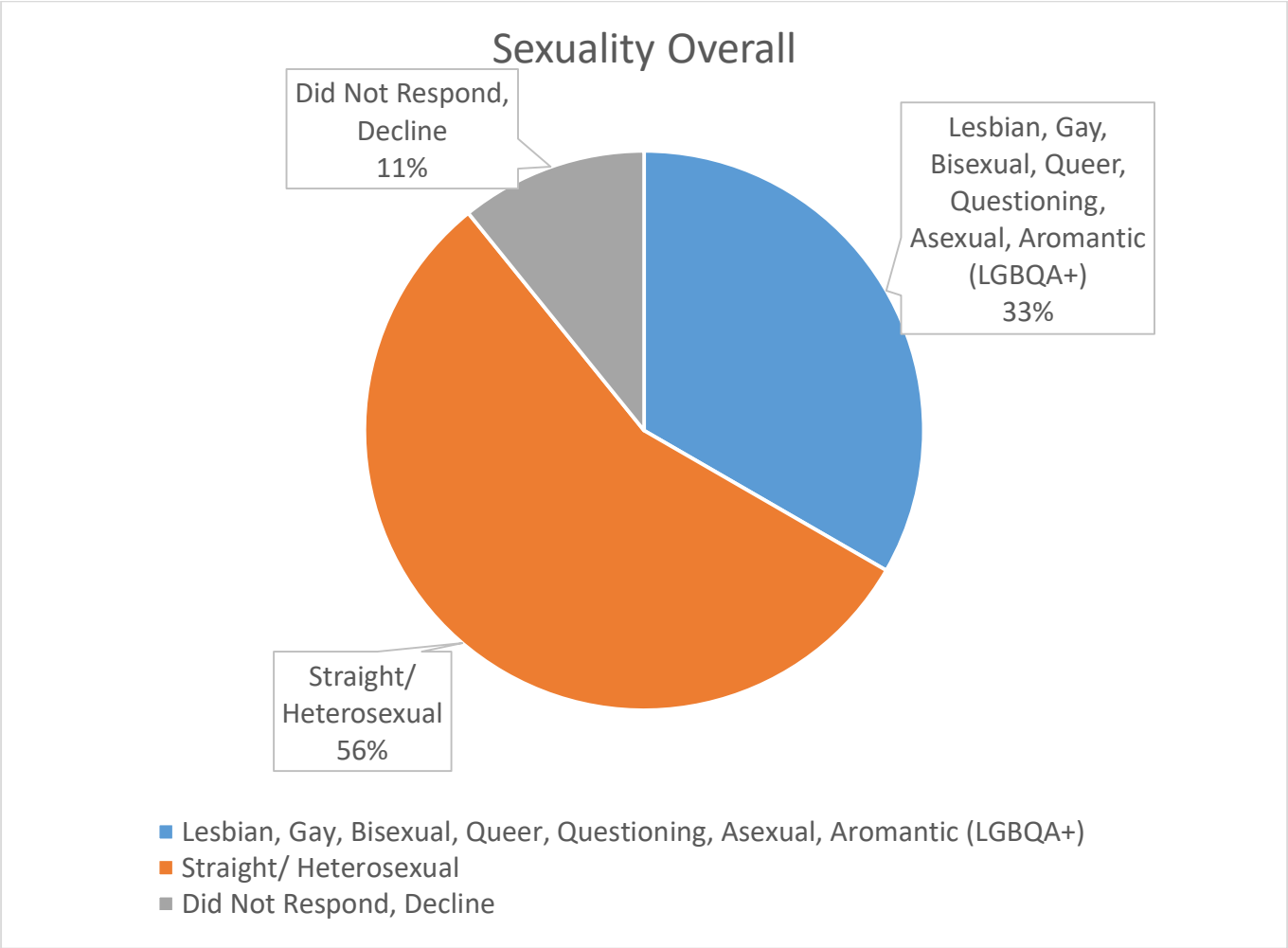



Detailed Respondent Race for People of Color
People of Color
One or more race in combination with White
Black or African American Only
American Indian or Alaskan Native and White
Hispanic or Latino Only
Hispanic or Latino and White
American Indian or Alaskan Native Only
Black or African American and White
Asian or Asian American and White
Hispanic and Latino and American Indian or Alaskan Native and White
Asian or Asian American Only
Hispanic and Latino and American Indian or Alaskan Native
Asian or Asian American and Black or African American
Hispanic or Latino and Black or African American and White
Native Hawaiian or Pacific Islander and White
Person of Color, Write-in Only
0
20
40
60
80

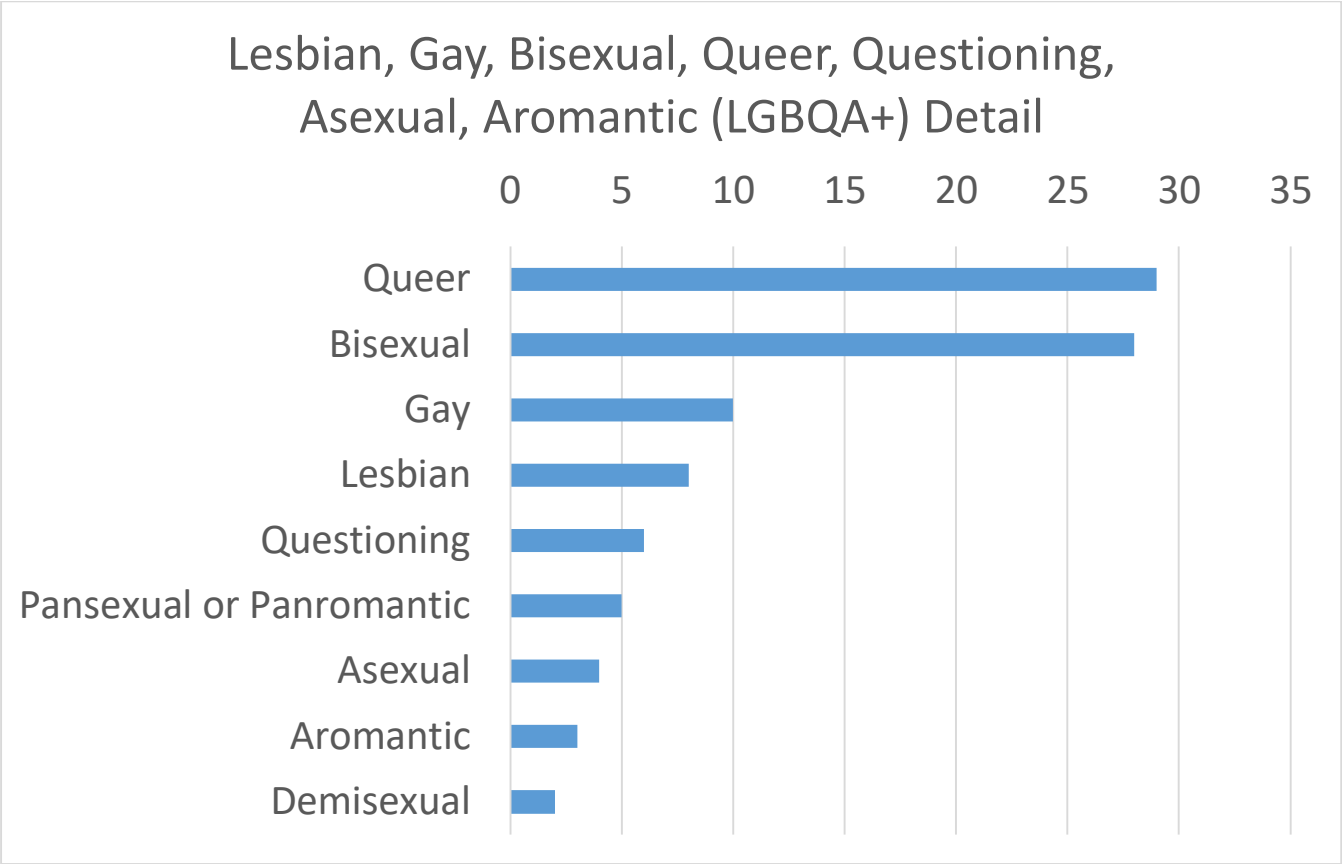


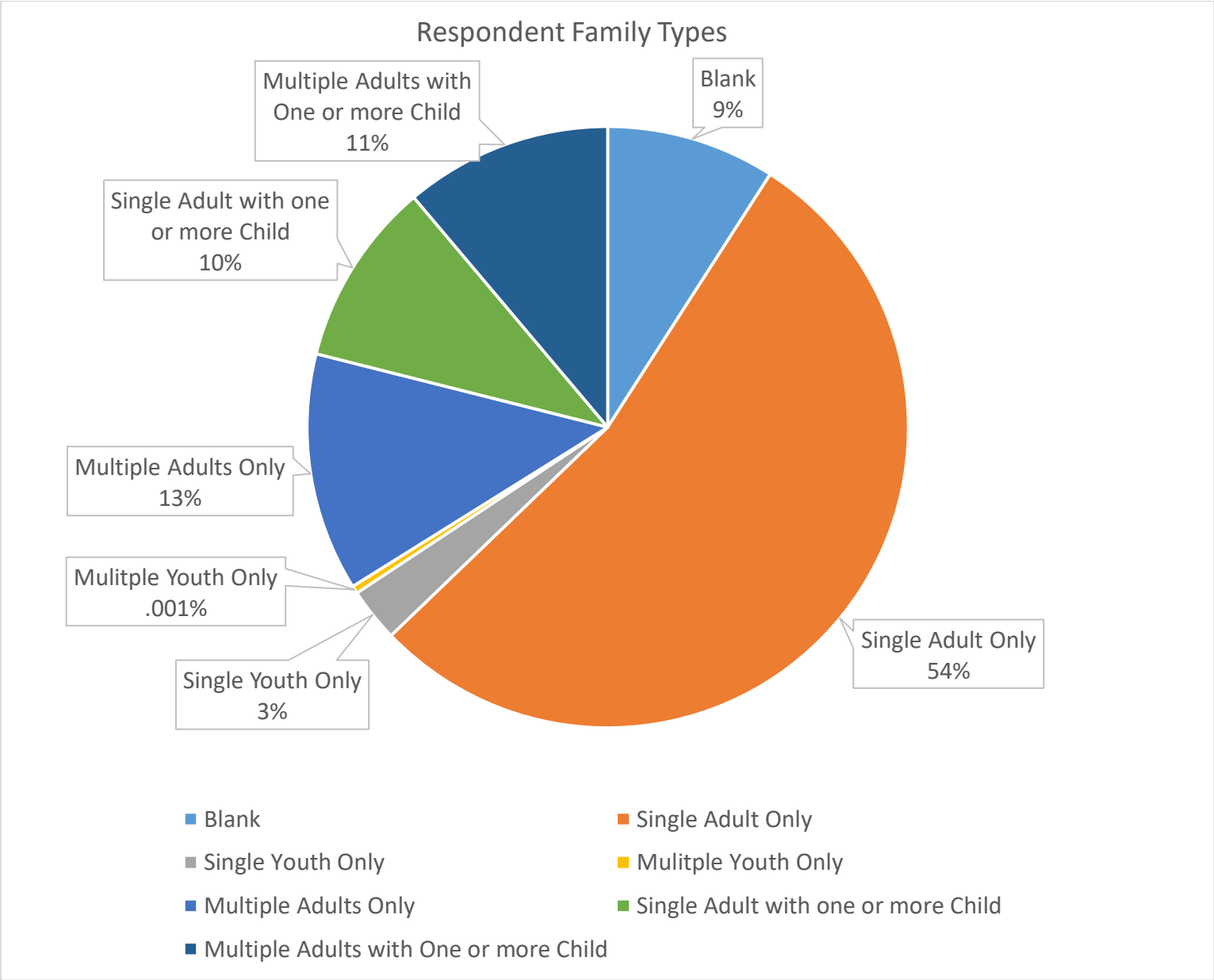
Respondents reported their gender as Cisgender Female (48%), Cisgender Male (29%), and 16% Transgender. 7% did not answer the question. Of the 16% who indicated Transgender, 4% were Transgender Females, 3% were Transgender Males, and 8% were Gender Non-conforming, Non-binary, or Genderqueer alone or in combination with another transgender identity.


Gender of Respondents Detail
Cisgender Female 48%
Transgender Male 3%
Transgender Female 4%
GNC/NB/GQ 8%
Declined 7%
Cisgender Male 30%
Gender Non-Conforming/ Non-binary/ Genderqueer 7%
Trans Male and GNC/NB/GQ 1%
Trans Female and GNC/NB/GQ .01%
Declined
Cisgender Male
Cisgender Female
Transgender Male
Transgender Female
Gender Non-Conforming/ Non-binary/ Genderqueer
Trans Male and GNC/NB/GQ

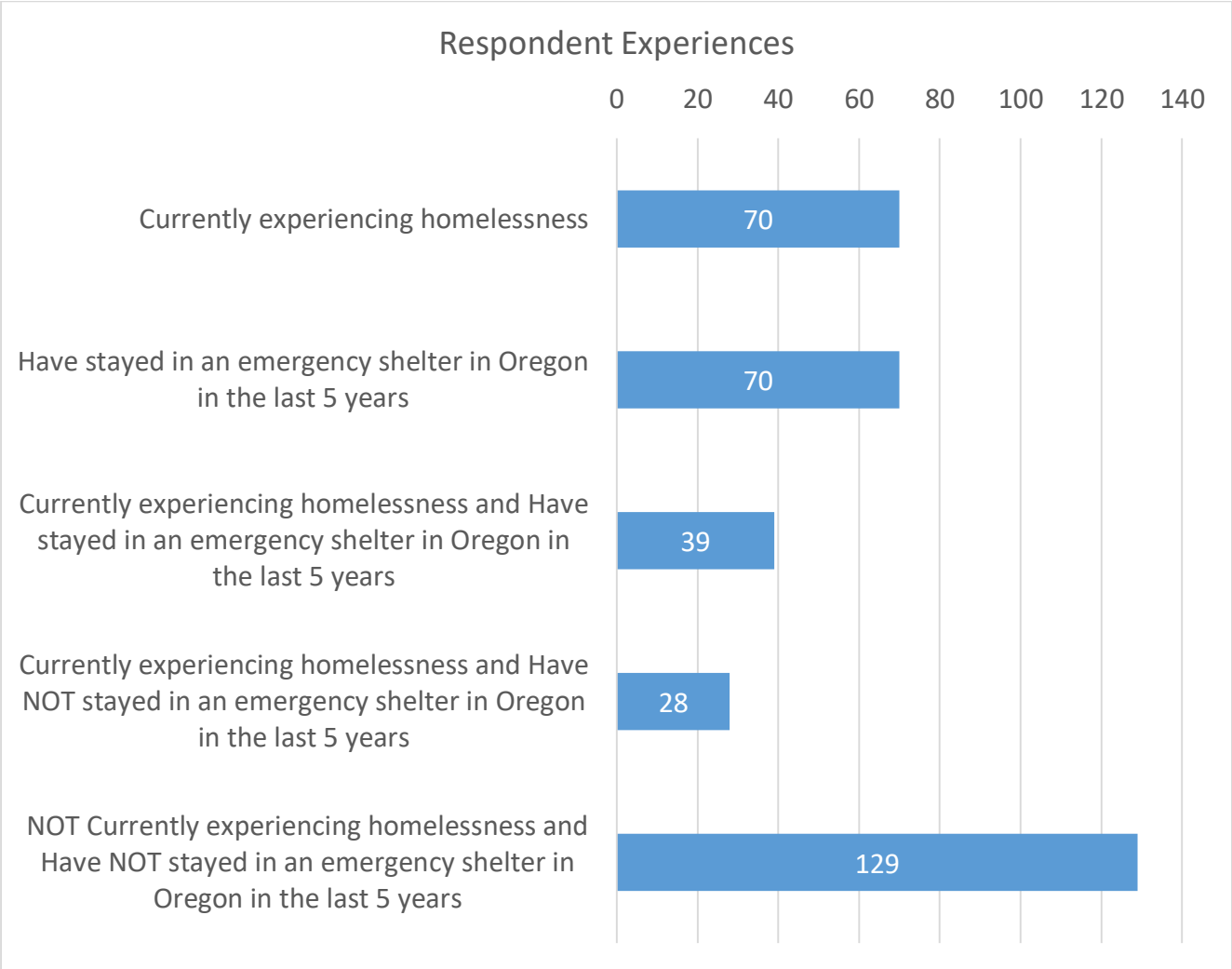


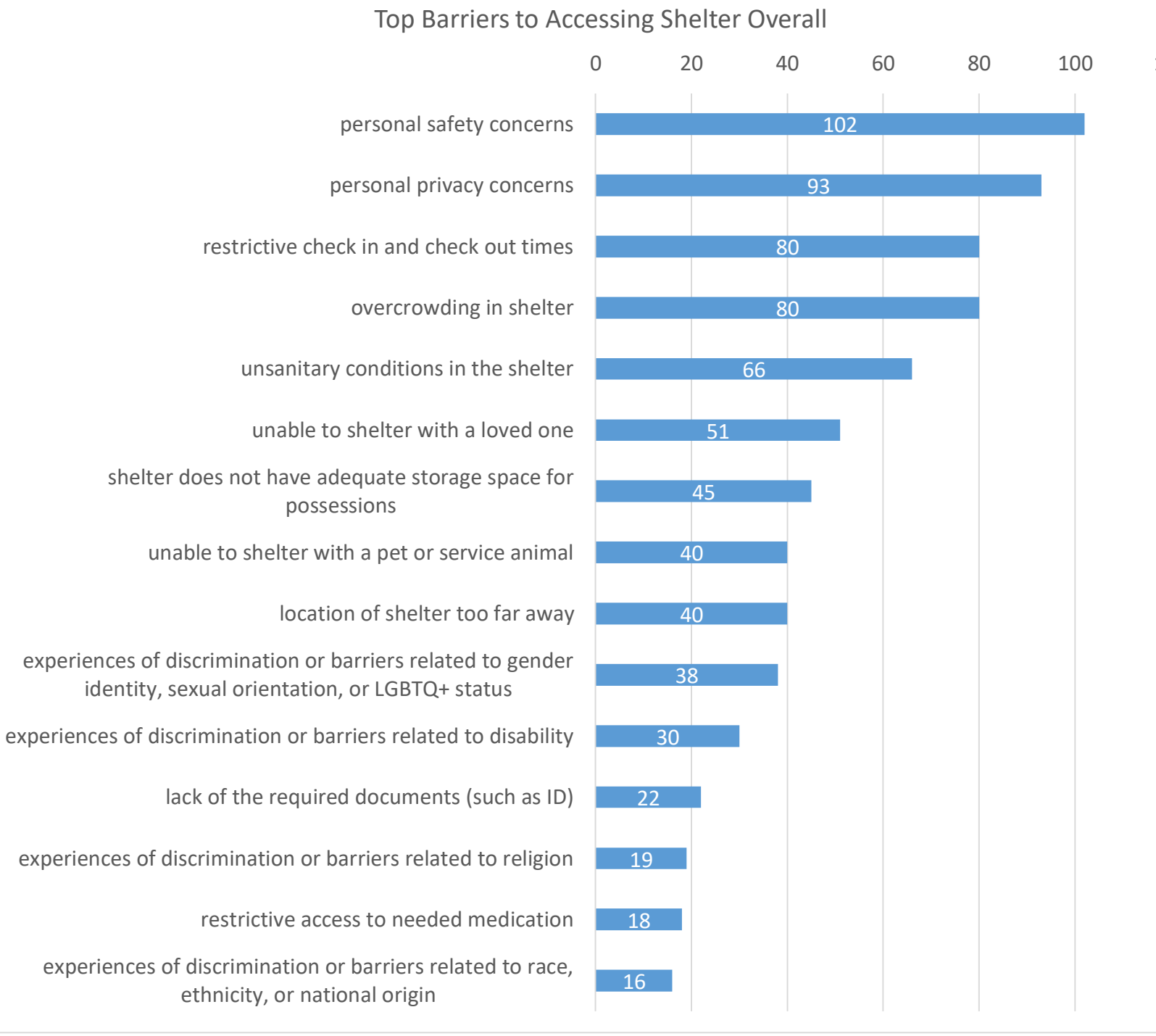
56% of respondent indicated they were Straight/Heterosexual, 33% indicated they were Lesbian, Gay, Bisexual, Queer, Questioning, Asexual, or Aromantic (LGBQA+), and 11% did not answer the question.


Lesbian, Gay, Bisexual, Queer, Questioning, Asexual, Aromantic (LGBQA+) Detail
0
5
10
15
20
25
30
35
Queer
Bisexual
Gay
Lesbian
Questioning
Pansexual or Panromantic
Asexual
Aromantic
Demisexual



The majority of respondents were Single Adult Only (54%). Followed by Multiple Adults Only (13%), Multiple Adults with One or more Child (11%), Single Adults with one or more Child, and Youth Only (3%). 9% did not answer the question.


Respondent Experiences
0
20
40
60
80
100
120
140
Currently experiencing homelessness
70
Have stayed in an emergency shelter in Oregon in the last 5 years
70
Currently experiencing homelessness and Have stayed in an emergency shelter in Oregon in the last 5 years
39
Currently experiencing homelessness and Have NOT stayed in an emergency shelter in Oregon in the last 5 years
28
NOT Currently experiencing homelessness and Have NOT stayed in an emergency shelter in Oregon in the last 5 years
129


Top Barriers to Accessing Shelter Overall
0
20
40
60
80
100
personal safety concerns
102
personal privacy concerns
93
restrictive check in and check out times
80
overcrowding in shelter
80
unsanitary conditions in the shelter
66
unable to shelter with a loved one
51
shelter does not have adequate storage space for possessions
45
unable to shelter with a pet or service animal
40
location of shelter too far away
40
experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status
38
experiences of discrimination or barriers related to disability
30
lack of the required documents (such as ID)
22
experiences of discrimination or barriers related to religion
19
restrictive access to needed medication
18
experiences of discrimination or barriers related to race, ethnicity, or national origin
16

Barriers

All sub populations shared the same top 10 barriers to shelter and the majority of respondents had the same top 5 barriers.

The top ten barriers were: personal safety concerns (1), personal privacy concerns (2), restrictive check in and check out times (3), overcrowding in shelter (4), unsanitary conditions in the shelter (5), unable to shelter with a loved one (6), shelter does not have adequate storage space for possessions (7), unable to shelter with a pet or service animal (8), location of shelter too far away (9), and experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status (10).

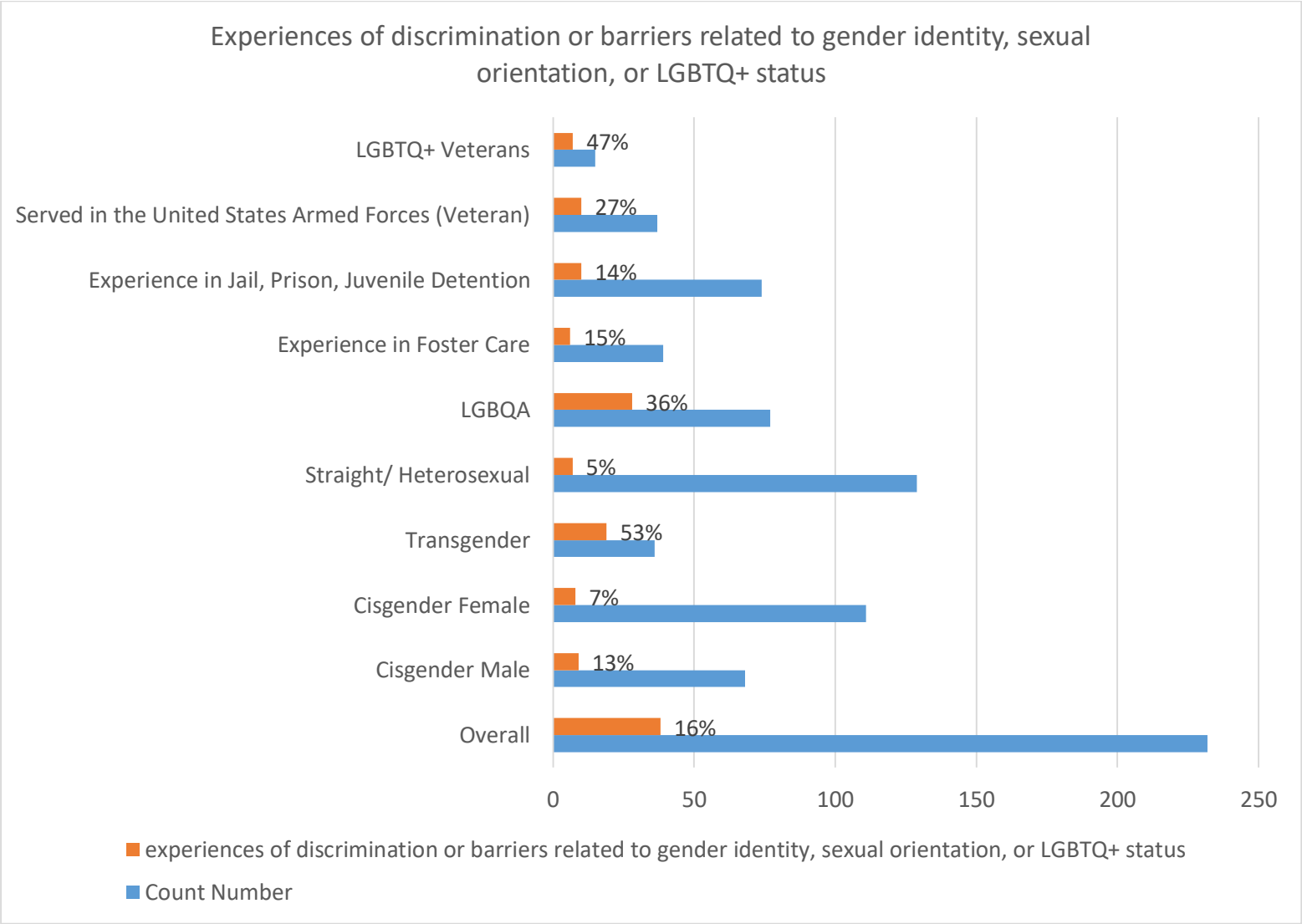
The top 5 barriers were consistent across most groups, though there was slight variation in the rankings within the top 5. The majority ranked personal safety concerns (1), personal privacy concerns (2), restrictive check in and check out times (3), overcrowding in shelter (4), unsanitary conditions in the shelter (5).

There were subsets of respondents that had different barriers in their top five barriers. The two barriers that rose into the top five for different groups were discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status and being unable to shelter with a loved one.

LGBTQ+ Barriers

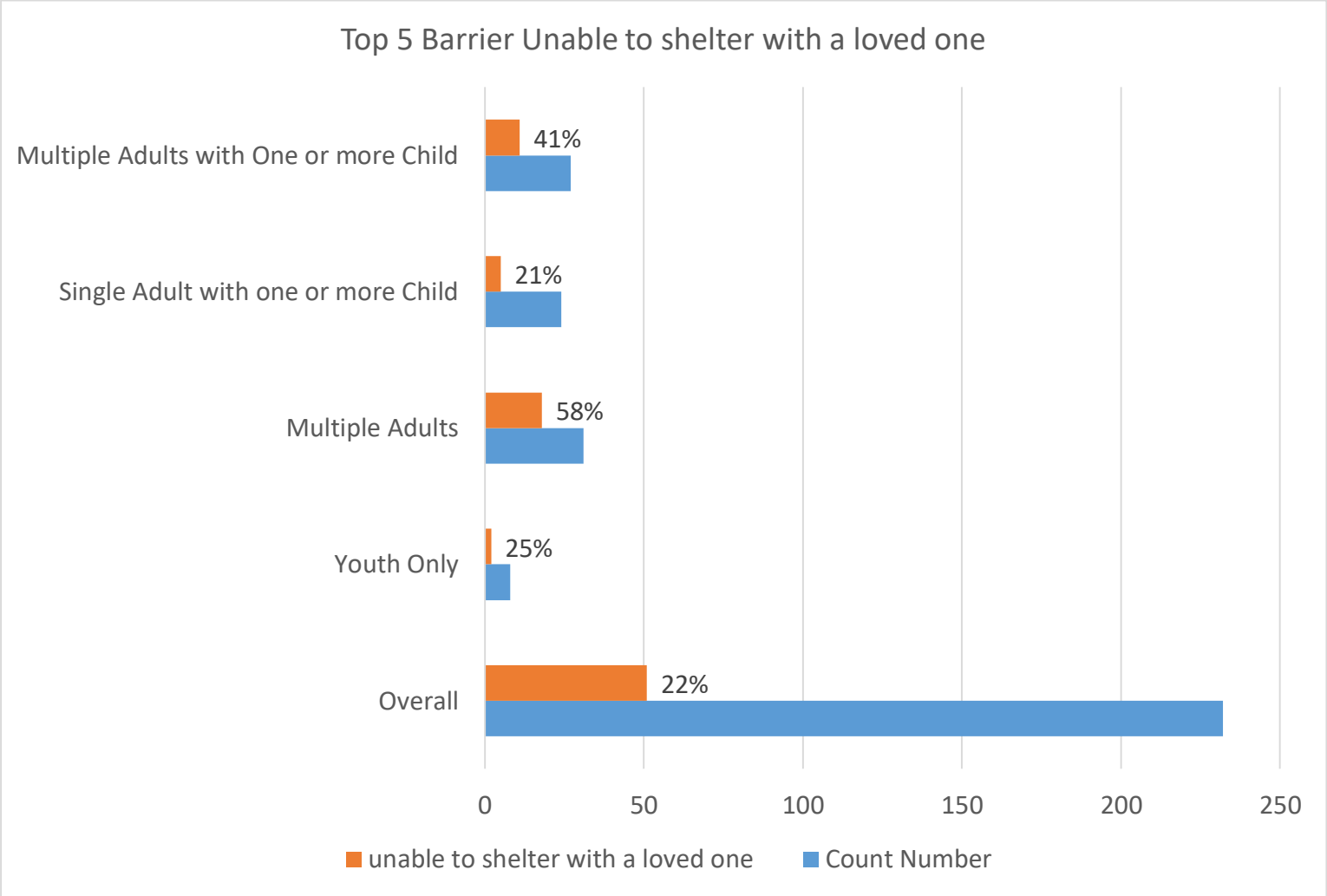
For transgender respondents, the second top barrier to shelter was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. Similarly, for LGBQA+ respondents, the fourth top barrier to shelter was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. For respondents with experiences in foster care, the fifth top barrier to shelter was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. For respondents with experience in Jail, Prison, and Juvenile Detention, the third top barrier was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. For Veterans, the third top barrier was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. For LGBTQ+ Veterans, the fifth top barrier was experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status.

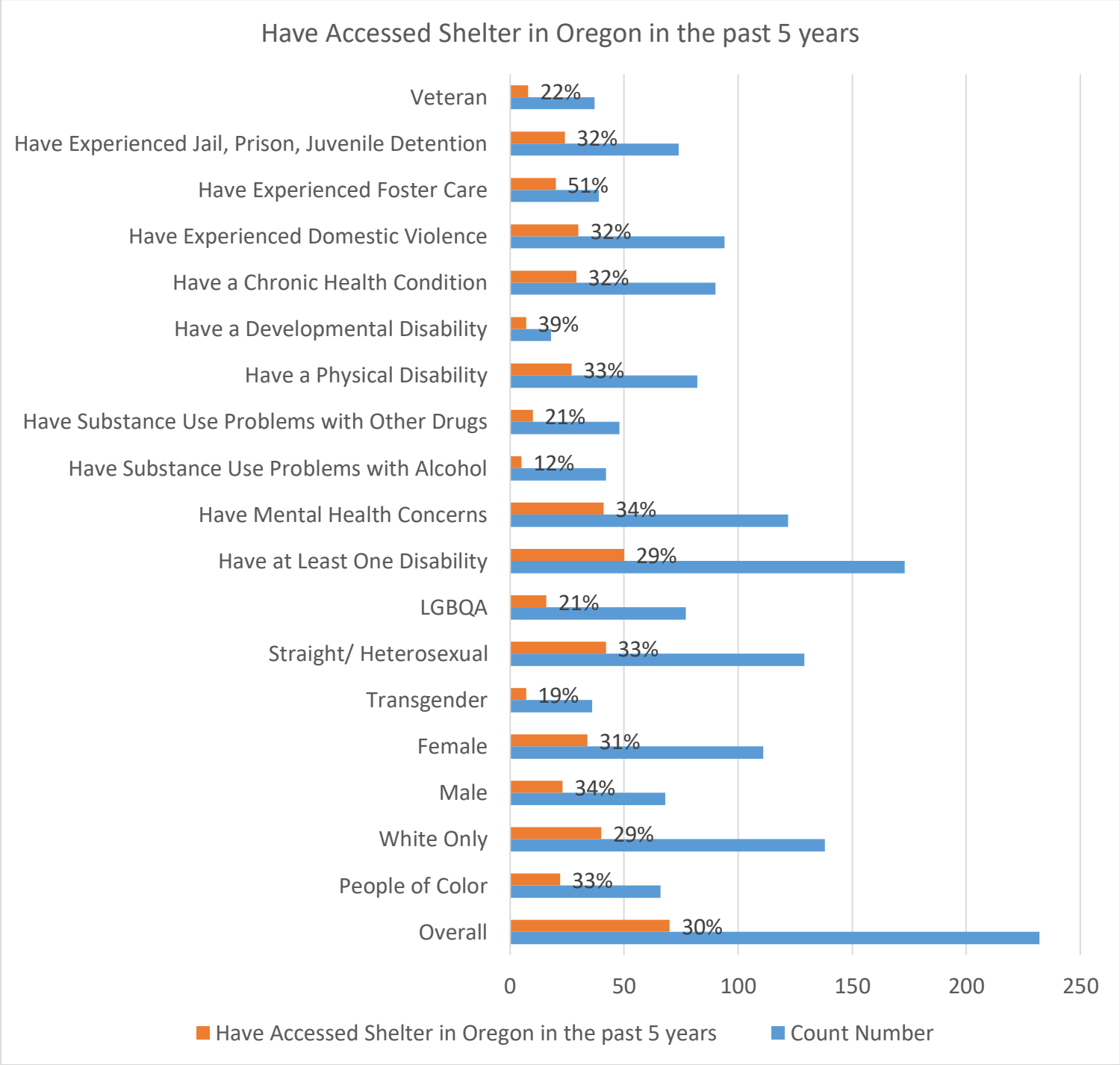
The prevalence of the barrier of experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status among many sub groups is likely due to the overlaps in populations with LGBTQ+ people overrepresented in the military (Veterans) and in foster care, jail, prison, and juvenile detention. The overlap in people experiencing homelessness with experience in the military, foster care, jail, prison, and juvenile detention is well-documented, as is the LGBTQ+ population's overrepresentation in all of those settings. There were some respondents who are cisgender and straight who report being discriminated against because of their gender identity, sexual orientation, or LGBTQ+ status. In the write-in comments some respondents expressed they perceive they are being discriminated against because they do not fit into services targeted for women and children or for LGBTQ+ people.

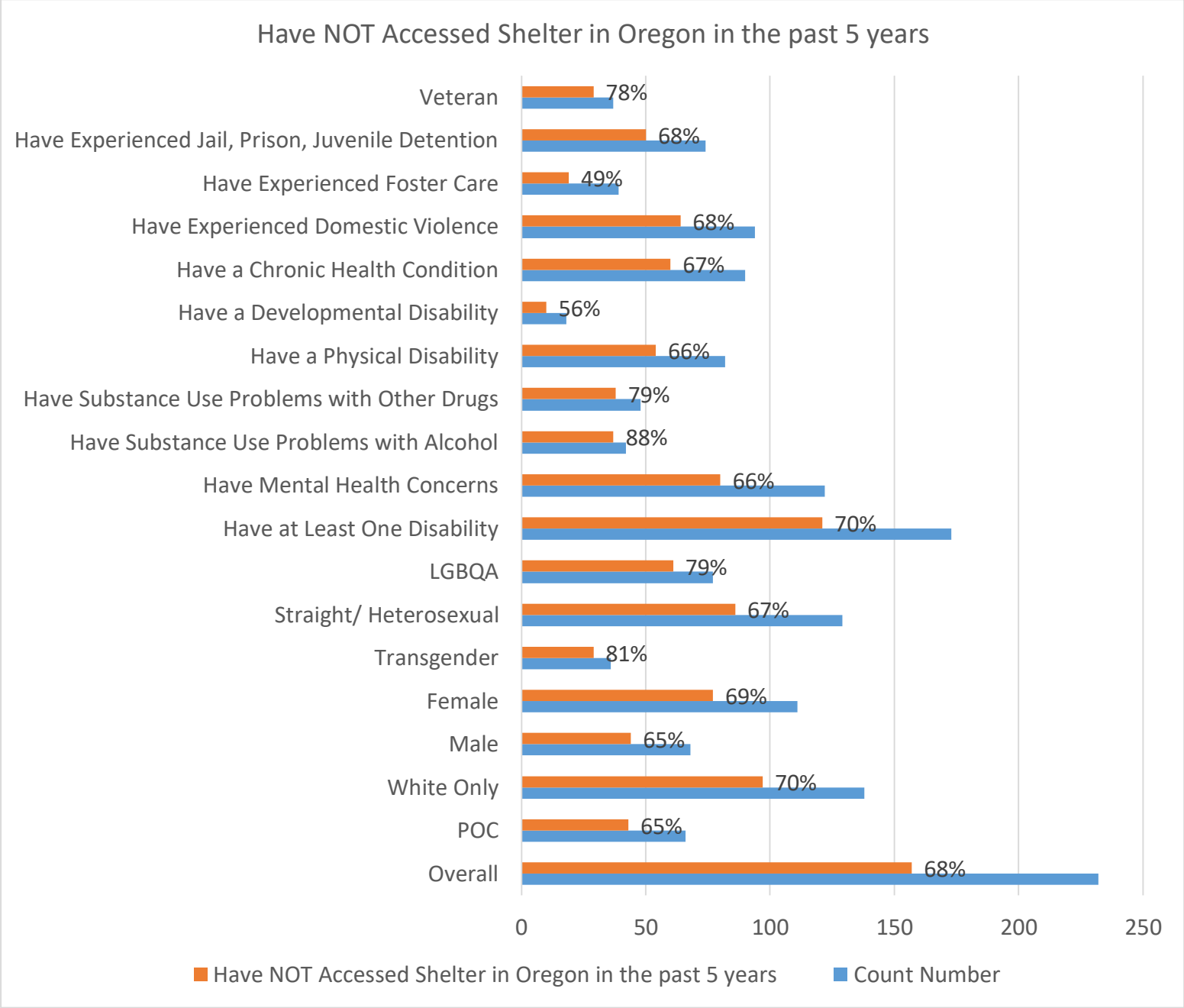

Experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status
LGBTQ+ Veterans
Served in the United States Armed Forces (Veteran)
Experience in Jail, Prison, Juvenile Detention
Experience in Foster Care
LGBQA
Straight/ Heterosexual
Transgender
Cisgender Female
Cisgender Male
Overall
47%
27%
14%
15%
36%
5%
53%
7%
13%
16%
0
50
100
150
200
250
experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status
Count Number

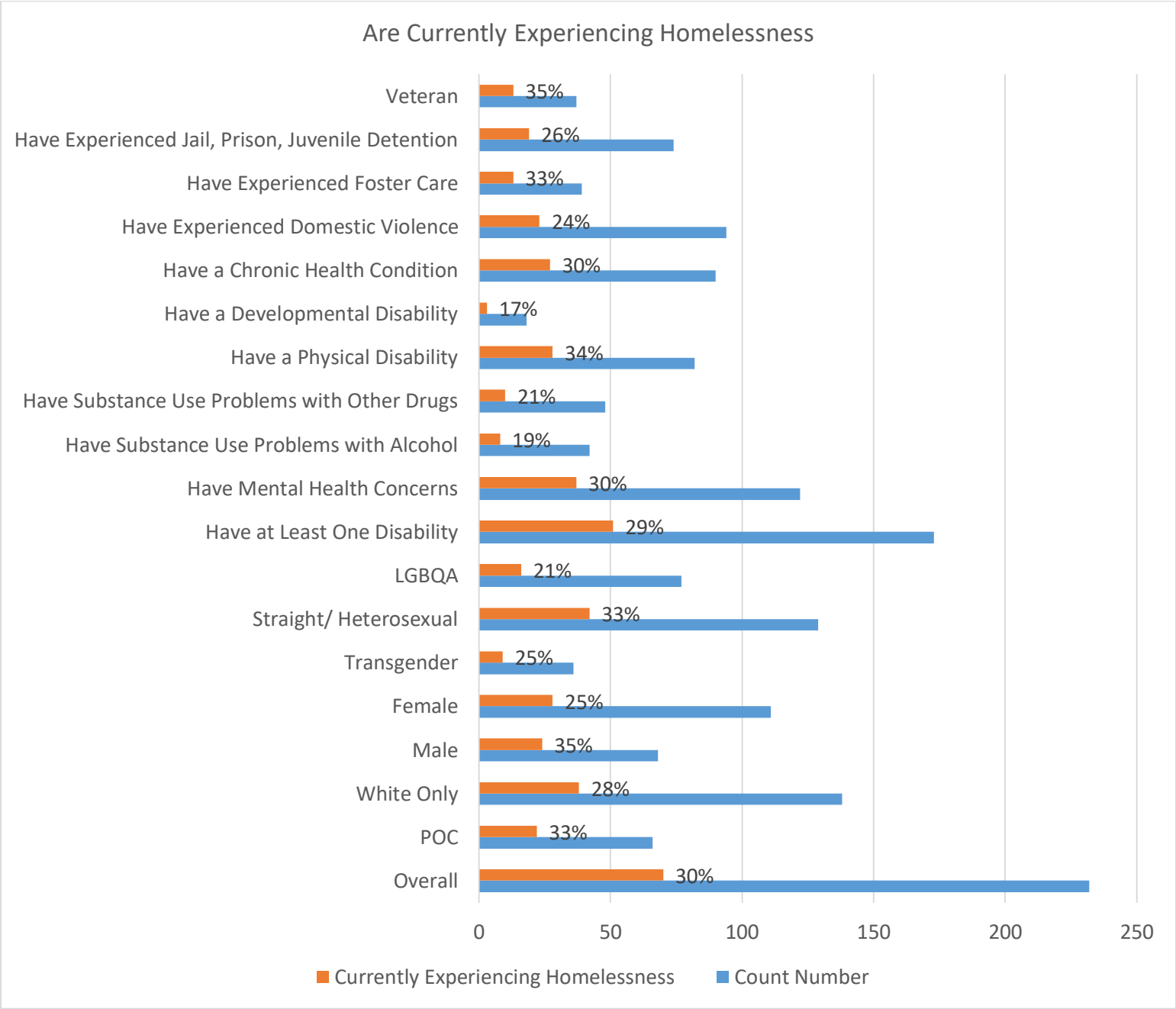
Unable to Shelter With A Loved One

Being unable to shelter with a loved one was a top barrier for respondents who typically seek shelter along with other people. This was a top five barrier for youth only (4th highest), multiple adults (3rd highest), single adults with one or more child (4th highest), and multiple adults with one or more child (2nd highest).




Have Accessed Shelter in Oregon in the past 5 years
Veteran
Have Experienced Jail, Prison, Juvenile Detention
Have Experienced Foster Care
Have Experienced Domestic Violence
Have a Chronic Health Condition
Have a Developmental Disability
Have a Physical Disability
Have Substance Use Problems with Other Drugs
Have Substance Use Problems with Alcohol
Have Mental Health Concerns
Have at Least One Disability
LGBQA
Straight/ Heterosexual
Transgender
Female
Male
White Only
People of Color
Overall
22%
32%
51%
32%
32%
39%
33%
21%
12%
34%
29%
21%
33%
19%
31%
34%
29%
33%
30%
0
50
100
150
200
250
Have Accessed Shelter in Oregon in the past 5 years
Count Number

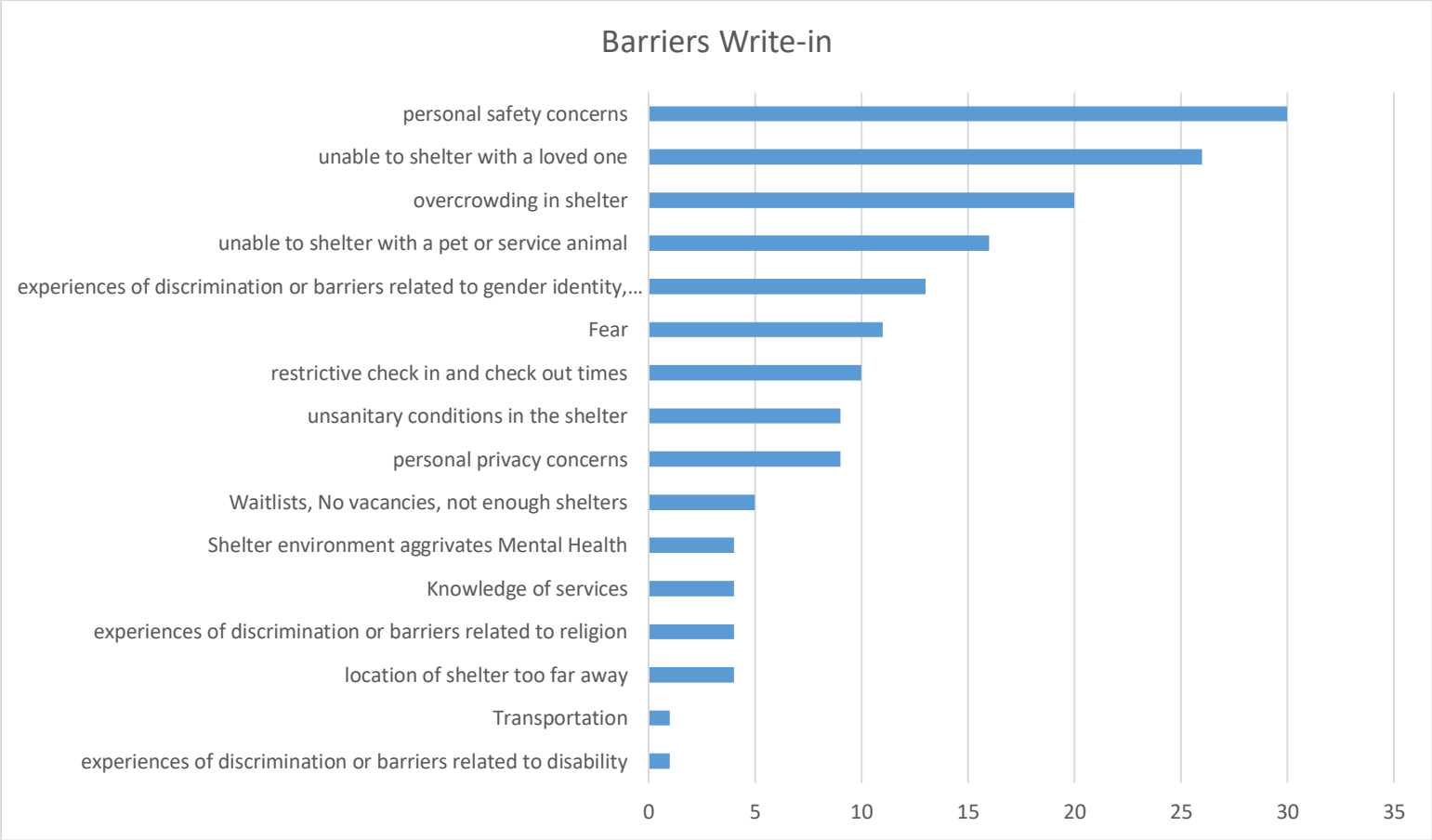

Have NOT Accessed Shelter in Oregon in the past 5 years
Veteran
Have Experienced Jail, Prison, Juvenile Detention
Have Experienced Foster Care
Have Experienced Domestic Violence
Have a Chronic Health Condition
Have a Developmental Disability
Have a Physical Disability
Have Substance Use Problems with Other Drugs
Have Substance Use Problems with Alcohol
Have Mental Health Concerns
Have at Least One Disability
LGBQA
Straight/ Heterosexual
Transgender
Female
Male
White Only
POC
Overall
78%
68%
49%
68%
67%
56%
66%
79%
88%
66%
70%
79%
67%
81%
69%
65%
70%
65%
68%
0
50
100
150
200
250
Have NOT Accessed Shelter in Oregon in the past 5 years
Count Number


Are Currently Experiencing Homelessness
Veteran
35%
Have Experienced Jail, Prison, Juvenile Detention
26%
Have Experienced Foster Care
33%
Have Experienced Domestic Violence
24%
Have a Chronic Health Condition
30%
Have a Developmental Disability
17%
Have a Physical Disability
34%
Have Substance Use Problems with Other Drugs
21%
Have Substance Use Problems with Alcohol
19%
Have Mental Health Concerns
30%
Have at Least One Disability
29%
LGBQA
21%
Straight/ Heterosexual
33%
Transgender
25%
Female
25%
Male
35%
White Only
28%
POC
33%
Overall
30%
0
50
100
150
200
250
Currently Experiencing Homelessness
Count Number

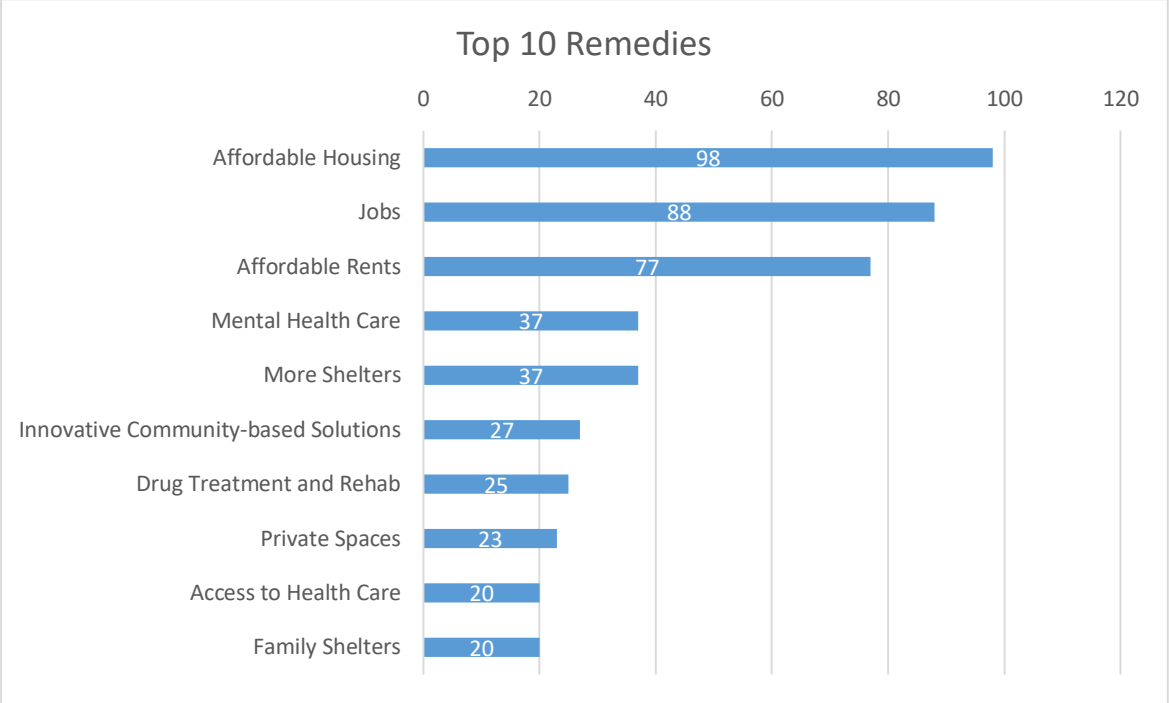
Barriers to Shelter

There were four write-in response questions in the survey.
1. If you have been unable to access shelters or have avoided staying in shelters, what are the top three main reasons why?
2. What could be done to make shelters accessible to you or make you comfortable or willing to stay in a shelter?
3. What would help decrease the number of people living outside or in unsheltered situations in Oregon?
4.What top three things are the most helpful in assisting someone to exit homelessness?
5. Do you have any final comments about how OHCS could improve shelters across Oregon?

The open-ended responses aligned with the other information collected in the survey. The reasons people were unable or avoided staying in shelters were.



The top 5 write-in responses for barriers were (1) personal safety concerns, (2) being unable to shelter with a loved one, (3) overcrowding in the shelter, (4) being unable to shelter with a pet or service animal, and (5) experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status. Other common barriers named were fear, restrictive check in and check out times, unsanitary conditions in the shelter, personal privacy concerns, and waitlists and not enough shelters.



The top three remedies to experiencing homelessness were affordable housing (1), jobs (2), and affordable rents (3). The fact that many affordable housing developments are financially out of reach for most people experiencing homelessness was emphasized. The recommendation for affordable housing was to make it affordable, attainable, and accessible to people with extremely low incomes, fixed incomes, or no income. Within the recommendations about jobs it was emphasized that there is a need for more living wage jobs as well as more supports to help people find jobs. The recommendation to assist people in obtaining affordable rents included low barrier housing options for people with extremely low incomes, fixed incomes, or no income. The types of supports also included rent assistance, rapid re-housing, and help with security deposits. Policies such as rent control and the requirement to not exceed Fair Market Rents in market rate housing were also raised as suggestions.

The need for mental health care, more shelters, innovative community-based solutions, drug treatment and rehab, private spaces, access to health care, and family shelters were the next seven of the top 10 remedies.

The recommendations for improving access to shelters dovetailed nicely with the barriers that were identified in the survey. The barrier of personal privacy concerns could be remedied with more individual spaces and privacy options within the shelter. Some ideas for this were having single rooms, cubicles, privacy screens, and separate showers and toilets. It was recommended that the issue of restrictive check in and check out times be remedied with shelters that operate 24 hours and are open year-round. It was also suggested to supplement the available shelters that are only open at night with day centers so that people have a safe place to be during the day. It was suggested to offer less crowded shelters and to have more shelters. To combat unsanitary conditions in the shelter it was suggested to have more cleanliness and greater access to showers and laundry facilities within the shelters. For those experiencing a barrier of being unable to shelter with a loved one (or a pet or service animal) it was recommended to have more family shelters, shelters for couples, and shelters that allow pets and service animals. Providing storage for personal belongings and a safe place to store things during the day would resolve the barrier of inadequate storage space for possessions. Better locations of shelters and more shelters were suggested to address the issue of shelters being too far away. It was also recommended to provide transportation options to shelters. To address barriers of experiences of discrimination or barriers related to gender identity, sexual orientation, or LGBTQ+ status it was suggested to have inclusive policies and practices as well as LGBTQ+ specific services and LGBTQ+ competency trainings. For people experiencing barriers related to disability, it was suggested to provide accessible shelters and targeted services for

people with disabilities. Similarly, training and cultural competency for working with communities of color was suggested to address experiences of discrimination or barriers related to race, ethnicity, or national origin. It was also suggested that to address experiences of discrimination related to religion that more secular, non-religious shelter options be made available.

Transitional housing, Permanent Supportive Housing, and low or no barrier shelters were all suggested as different types of housing solutions that might work for different people at different times, depending on what their needs are. Best practices such as low or no barrier shelters, housing first, and harm reduction were recommended, as was more outreach to houseless community and solicitation of input into policy and program design. More staff training and better pay for staff was recommended. Ideas for trainings included trauma informed care, conflict resolution, and trainings on best practices in serving communities of color, LGBTQ+ communities, people with disabilities, and people with substance use disorders. Knowledge and awareness of services and navigation of services was identified as a key need for people experiencing homelessness. It was recommended that supportive services be provided to help people navigate the various systems and requirements of housing programs. Social workers, public health workers, medical social workers, housing case workers, case management, mental health workers, community health workers, peer support specialists, and peer mentors were all mentioned as important supports for people experiencing homelessness.

There were a variety of innovative community-based solutions proposed, such as self-governed tiny house villages, peer run service delivery, reclaiming vacant buildings and land for housing for houseless people, and utilizing small-scale scatter site villages and alternative dwelling types. The need for a variety of types of solutions that are individual and specific to each person and their needs was highlighted. Some respondents expressed that the shelter environment aggravates their mental health and anxiety issues and that a congregate environment will likely never be a good fit for them. There was a big emphasis on the importance of treating everyone with dignity and respect and honoring individual's choices and agency to decide what is best for themselves. There was also a focus on the hiring of houseless people and the inclusion of houseless people in the design of shelters and policies. Another major theme was the importance of connection to community and a sense of belonging. The importance of respect, compassion, understanding, empathy, hope, empowerment, and kindness was also noted as a key element for helping people navigate the experience of homelessness. There were recommendations to proactively address the criminalization of poverty and homelessness and to address housing as a human right.

The need for more money was prevalent in responses. Other suggestions to help were education on debt management, financial education, rent well classes, and assistance with removing credit and criminal history barriers. It was suggested to consider ways to help people find roommates and to design programs so that people who are receiving assistance can have roommates. The importance of fostering relationships and connections with sympathetic landlords was noted. Assistance with furthering one's education, providing childcare, and help with accessing housing after incarceration were other areas identified.

APPENDIX D: HOUSING INVENTORY CHART AND POINT IN TIME FOR OREGON COCS

HUD 2018 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

Important Notes About This Data:This report is based on information provided to HUD by Continuums of Care in the 2018 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last week of January 2018. For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (https://www.hudexchange.info/grantees/). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

State: Oregon

Summary of all beds reported, aggregated to the state level:

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**720**	**2,024**	**4,262**	**133**	**6,419**	**504**	**104**	**n/a**	**321**	**436**
Emergency Shelter	434	1,234	2,837	103	4,174	504	104	n/a	48	230
Safe Haven	n/a	n/a	10	n/a	10	n/a	n/a	n/a	0	0
Transitional Housing	286	790	1,415	30	2,235	n/a	n/a	n/a	273	206
Permanent Housing	**1,924**	**5,852**	**5,383**	**2**	**11,237**	**n/a**	**n/a**	**n/a**	**2,628**	**109**
Permanent Supportive Housing*	1,065	3,007	4,419	0	7,426	n/a	n/a	2,562	2,097	55
Rapid Re-Housing	834	2,767	852	2	3,621	n/a	n/a	n/a	531	54
Other Permanent Housing**	25	78	112	0	190	n/a	n/a	n/a	0	0
Grand Total	**2,644**	**7,876**	**9,645**	**135**	**17,656**	**504**	**104**	**2,562**	**2,949**	**545**

Summary of all beds reported by Continuum of Care:

CoC Number: OR-500

CoC Name: Eugene, Springfield/Lane County CoC

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**41**	**126**	**368**	**12**	**506**	**64**	**0**	**n/a**	**26**	**22**
Emergency Shelter	20	63	335	12	410	64	0	n/a	4	12
Transitional Housing	21	63	33	0	96	n/a	n/a	n/a	22	10
Permanent Housing	**100**	**328**	**482**	**0**	**810**	**n/a**	**n/a**	**188**	**330**	**8**
Permanent Supportive Housing*	54	175	419	0	594	n/a	n/a	188	299	0
Rapid Re-Housing	46	153	63	0	216	n/a	n/a	n/a	31	8
Grand Total	**141**	**454**	**850**	**12**	**1,316**	**64**	**0**	**188**	**356**	**30**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2017 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

HUD 2018 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

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CoC Number: OR-501

CoC Name: Portland, Gresham/Multnomah County CoC

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**162**	**486**	**1,837**	**6**	**2,329**	**147**	**34**	**n/a**	**139**	**139**
Emergency Shelter	146	444	1,296	2	1,742	147	34	n/a	29	70
Transitional Housing	16	42	541	4	587	n/a	n/a	n/a	110	69
Permanent Housing	**1,042**	**3,391**	**3,299**	**0**	**6,690**	**n/a**	**n/a**	**1,769**	**878**	**95**
Permanent Supportive Housing*	567	1,867	2,940	0	4,807	n/a	n/a	1,769	822	51
Rapid Re-Housing	475	1,524	359	0	1,883	n/a	n/a	n/a	56	44
Grand Total	**1,204**	**3,877**	**5,136**	**6**	**9,019**	**147**	**34**	**1,769**	**1,017**	**234**

CoC Number: OR-502

CoC Name: Medford, Ashland/Jackson County CoC

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**45**	**114**	**230**	**4**	**348**	**93**	**0**	**n/a**	**59**	**40**
Emergency Shelter	26	67	100	4	171	93	0	n/a	10	16
Transitional Housing	19	47	130	0	177	n/a	n/a	n/a	49	24
Permanent Housing	**202**	**287**	**246**	**0**	**533**	**n/a**	**n/a**	**104**	**385**	**0**
Permanent Supportive Housing*	192	254	192	0	446	n/a	n/a	104	313	0
Rapid Re-Housing	10	33	54	0	87	n/a	n/a	n/a	72	0
Grand Total	**247**	**401**	**476**	**4**	**881**	**93**	**0**	**104**	**444**	**40**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2017 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

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Housing Inventory Count Report

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CoC Number: OR-503

CoC Name: Central Oregon CoC

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**19**	**68**	**203**	**33**	**304**	**82**	**5**	**n/a**	**11**	**52**
Emergency Shelter	17	64	162	27	253	82	5	n/a	5	37
Transitional Housing	2	4	41	6	51	n/a	n/a	n/a	6	15
Permanent Housing	**48**	**150**	**109**	**0**	**259**	**n/a**	**n/a**	**142**	**123**	**0**
Permanent Supportive Housing*	13	33	109	0	142	n/a	n/a	142	123	0
Rapid Re-Housing	35	117	0	0	117	n/a	n/a	n/a	0	0
Grand Total	**67**	**218**	**312**	**33**	**563**	**82**	**5**	**142**	**134**	**52**

CoC Number: OR-505

CoC Name: Oregon Balance of State CoC

								Subset of Total Bed Inventory		
	Family Units[1]	**Family Beds[1]**	**Adult-Only Beds**	**Child-Only Beds**	**Total Yr-Round Beds**	**Seasonal**	**Overflow / Voucher**	**Chronic Beds[2]**	**Veteran Beds[3]**	**Youth Beds[3]**
Emergency, Safe Haven and Transitional Housing	**400**	**1,067**	**1,517**	**76**	**2,660**	**114**	**0**	**n/a**	**0**	**140**
Emergency Shelter	200	501	938	56	1,495	114	0	n/a	0	90
Transitional Housing	200	566	579	20	1,165	n/a	n/a	n/a	0	50
Permanent Housing	**366**	**1,138**	**726**	**2**	**1,866**	**n/a**	**n/a**	**n/a**	**544**	**2**
Permanent Supportive Housing*	154	401	260	0	661	n/a	n/a	96	233	0
Rapid Re-Housing	187	659	354	2	1,015	n/a	n/a	n/a	311	2
Other Permanent Housing**	25	78	112	0	190	n/a	n/a	n/a	0	0
Grand Total	**766**	**2,205**	**2,243**	**78**	**4,526**	**114**	**0**	**96**	**544**	**142**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2017 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

HUD 2018 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report

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CoC Number: OR-506

CoC Name: Hillsboro, Beaverton/Washington County CoC

								Subset of Total Bed Inventory		
	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Chronic Beds[2]	Veteran Beds[3]	Youth Beds[3]
Emergency, Safe Haven and Transitional Housing	**40**	**132**	**93**	**2**	**227**	**4**	**0**	**n/a**	**86**	**16**
Emergency Shelter	23	89	6	2	97	4	0	n/a	0	5
Safe Haven	n/a	n/a	10	n/a	10	n/a	n/a	n/a	0	0
Transitional Housing	17	43	77	0	120	n/a	n/a	n/a	86	11
Permanent Housing	**80**	**291**	**325**	**0**	**616**	**n/a**	**n/a**	**168**	**233**	**0**
Permanent Supportive Housing*	39	141	316	0	457	n/a	n/a	168	199	0
Rapid Re-Housing	41	150	9	0	159	n/a	n/a	n/a	34	0
Grand Total	**120**	**423**	**418**	**2**	**843**	**4**	**0**	**168**	**319**	**16**

CoC Number: OR-507

CoC Name: Clackamas County CoC

								Subset of Total Bed Inventory		
	Family Units[1]	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Chronic Beds[2]	Veteran Beds[3]	Youth Beds[3]
Emergency, Safe Haven and Transitional Housing	**13**	**31**	**14**	**0**	**45**	**0**	**65**	**n/a**	**0**	**27**
Emergency Shelter	2	6	0	0	6	0	65	n/a	0	0
Transitional Housing	11	25	14	0	39	n/a	n/a	n/a	0	27
Permanent Housing	**86**	**267**	**196**	**0**	**463**	**n/a**	**n/a**	**95**	**135**	**4**
Permanent Supportive Housing*	46	136	183	0	319	n/a	n/a	95	108	4
Rapid Re-Housing	40	131	13	0	144	n/a	n/a	n/a	27	0
Grand Total	**99**	**298**	**210**	**0**	**508**	**0**	**65**	**95**	**135**	**31**

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2017 HMIS Data Standards.
[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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OR-500 Eugene, Springfield/Lane County CoC

Point-in Time Date: 1/31/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	321	29	986	1,336
Households with at least one adult and one child[2]	22	22	32	76
Households with only children[3]	13	0	12	25
Total Homeless Households	**356**	**51**	**1,030**	**1,437**

Summary of persons in each household type:

Persons in households without children[1]	**325**	**31**	**1,009**	**1,365**
Persons Age 18 to 24	15	9	87	111
Persons Over Age 24	310	22	922	1,254
Persons in households with at least one adult and one child[2]	**74**	**64**	**113**	**251**
Children Under Age 18	42	36	66	144
Persons Age 18 to 24	1	1	3	5
Persons Over Age 24	31	27	44	102
Persons in households with only children[3]	**13**	**0**	**12**	**25**
Total Homeless Persons	**412**	**95**	**1,134**	**1,641**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	41	12	95	148
Non-Hispanic / Non- Latino	371	83	1,039	1,493
Total	**412**	**95**	**1,134**	**1,641**

Demographic summary by gender:

Female	118	46	380	544
Male	293	49	741	1,083
Transgender	1	0	5	6
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	8	8
Total	**412**	**95**	**1,134**	**1,641**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	20	2	26	48
White	331	81	920	1,332
Asian	7	0	5	12
American Indian or Alaska Native	17	5	36	58
Native Hawaiian or Other Pacific Islander	5	0	5	10
Multiple Races	32	7	142	181
Total	**412**	**95**	**1,134**	**1,641**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	3	0	9	12

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	104	0	571	675
Chronically Homeless persons in households with at least one adult and one child[2]	7	0	28	35
Chronically Homeless persons in households with only children[3]	1	0	1	2
Total Chronically Homeless Persons	**112**	**0**	**600**	**712**

Summary of all other populations reported:

Severely Mentally Ill	100	21	426	547
Chronic Substance Abuse	62	11	339	412
Veterans	35	18	120	173
HIV/AIDS	0	0	14	14
Victims of Domestic Violence	8	7	25	40
Unaccompanied Youth	25	9	98	132
Unaccompanied Youth Under 18	13	0	12	25
Unaccompanied Youth 18-24	12	9	86	107
Parenting Youth	0	1	1	2
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	0	1	1	2
Children of Parenting Youth	0	1	1	2

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

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OR-501 Portland, Gresham/Multnomah County CoC

Point-in Time Date: 1/31/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	1,288	504	1,460	3,252
Households with at least one adult and one child[2]	150	15	28	193
Households with only children[3]	4	1	7	12
Total Homeless Households	**1,442**	**520**	**1,495**	**3,457**

Summary of persons in each household type:

Persons in households without children[1]	**1,294**	**504**	**1,583**	**3,381**
Persons Age 18 to 24	112	65	124	301
Persons Over Age 24	1,182	439	1,459	3,080
Persons in households with at least one adult and one child[2]	**506**	**42**	**77**	**625**
Children Under Age 18	292	25	43	360
Persons Age 18 to 24	21	7	5	33
Persons Over Age 24	193	10	29	232
Persons in households with only children[3]	**4**	**1**	**8**	**13**
Total Homeless Persons	**1,804**	**547**	**1,668**	**4,019**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	230	43	182	455
Non-Hispanic / Non- Latino	1,574	504	1,486	3,564
Total	**1,804**	**547**	**1,668**	**4,019**

Demographic summary by gender:

Female	837	154	512	1,503
Male	936	383	1,133	2,452
Transgender	25	6	12	43
Gender Non-Conforming (i.e. not exclusively male or female)	6	4	11	21
Total	**1,804**	**547**	**1,668**	**4,019**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	276	98	153	527
White	1,189	384	1,225	2,798
Asian	31	4	9	44
American Indian or Alaska Native	73	29	121	223
Native Hawaiian or Other Pacific Islander	46	1	19	66
Multiple Races	189	31	141	361
Total	**1,804**	**547**	**1,668**	**4,019**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	14	0	7	21

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	411	0	901	1,312
Chronically Homeless persons in households with at least one adult and one child[2]	56	0	16	72
Chronically Homeless persons in households with only children[3]	0	0	0	0
Total Chronically Homeless Persons	**467**	**0**	**917**	**1,384**

Summary of all other populations reported:

Severely Mentally Ill	217	160	747	1,124
Chronic Substance Abuse	131	233	626	990
Veterans	141	124	183	448
HIV/AIDS	21	6	24	51
Victims of Domestic Violence	150	17	590	757
Unaccompanied Youth	116	66	132	314
Unaccompanied Youth Under 18	4	1	8	13
Unaccompanied Youth 18-24	112	65	124	301
Parenting Youth	9	6	4	19
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	9	6	4	19
Children of Parenting Youth	12	5	4	21

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

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OR-502 Medford, Ashland/Jackson County CoC

Point-in Time Date: 1/22/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	177	109	283	569
Households with at least one adult and one child[2]	14	21	4	39
Households with only children[3]	9	5	0	14
Total Homeless Households	**200**	**135**	**287**	**622**

Summary of persons in each household type:

Persons in households without children[1]	**183**	**109**	**317**	**609**
Persons Age 18 to 24	10	12	27	49
Persons Over Age 24	173	97	290	560
Persons in households with at least one adult and one child[2]	**48**	**48**	**12**	**108**
Children Under Age 18	27	27	4	58
Persons Age 18 to 24	2	10	0	12
Persons Over Age 24	19	11	8	38
Persons in households with only children[3]	**9**	**6**	**0**	**15**
Total Homeless Persons	**240**	**163**	**329**	**732**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	33	15	24	72
Non-Hispanic / Non- Latino	207	148	305	660
Total	**240**	**163**	**329**	**732**

Demographic summary by gender:

Female	79	55	103	237
Male	155	107	224	486
Transgender	1	0	0	1
Gender Non-Conforming (i.e. not exclusively male or female)	5	1	2	8
Total	**240**	**163**	**329**	**732**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	11	8	6	25
White	200	144	294	638
Asian	0	1	1	2
American Indian or Alaska Native	17	0	10	27
Native Hawaiian or Other Pacific Islander	2	7	2	11
Multiple Races	10	3	16	29
Total	**240**	**163**	**329**	**732**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	1	0	3	4

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	63	0	182	245
Chronically Homeless persons in households with at least one adult and one child[2]	4	0	10	14
Chronically Homeless persons in households with only children[3]	0	0	0	0
Total Chronically Homeless Persons	**67**	**0**	**192**	**259**

Summary of all other populations reported:

Severely Mentally Ill	38	6	105	149
Chronic Substance Abuse	30	14	77	121
Veterans	33	49	34	116
HIV/AIDS	5	1	2	8
Victims of Domestic Violence	12	1	0	13
Unaccompanied Youth	19	18	27	64
Unaccompanied Youth Under 18	9	6	0	15
Unaccompanied Youth 18-24	10	12	27	49
Parenting Youth	1	10	0	11
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	1	10	0	11
Children of Parenting Youth	1	12	0	13

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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OR-503 Central Oregon CoC

Point-in Time Date: 1/24/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	133	34	328	495
Households with at least one adult and one child[2]	11	2	49	62
Households with only children[3]	5	3	7	15
Total Homeless Households	**149**	**39**	**384**	**572**

Summary of persons in each household type:

Persons in households without children[1]	**156**	**34**	**383**	**573**
Persons Age 18 to 24	20	14	49	83
Persons Over Age 24	136	20	334	490
Persons in households with at least one adult and one child[2]	**30**	**4**	**165**	**199**
Children Under Age 18	17	2	90	109
Persons Age 18 to 24	2	2	7	11
Persons Over Age 24	11	0	68	79
Persons in households with only children[3]	**5**	**3**	**7**	**15**
Total Homeless Persons	**191**	**41**	**555**	**787**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	18	5	20	43
Non-Hispanic / Non- Latino	173	36	535	744
Total	**191**	**41**	**555**	**787**

Demographic summary by gender:

Female	53	13	212	278
Male	138	24	339	501
Transgender	0	4	4	8
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Total	**191**	**41**	**555**	**787**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	4	1	9	14
White	169	35	484	688
Asian	0	0	0	0
American Indian or Alaska Native	9	3	55	67
Native Hawaiian or Other Pacific Islander	2	0	3	5
Multiple Races	7	2	4	13
Total	**191**	**41**	**555**	**787**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	1	0	7	8

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	19	0	120	139
Chronically Homeless persons in households with at least one adult and one child[2]	4	0	29	33
Chronically Homeless persons in households with only children[3]	0	0	0	0
Total Chronically Homeless Persons	**23**	**0**	**149**	**172**

Summary of all other populations reported:

Severely Mentally Ill	26	8	181	215
Chronic Substance Abuse	21	16	163	200
Veterans	17	7	36	60
HIV/AIDS	0	0	1	1
Victims of Domestic Violence	10	1	7	18
Unaccompanied Youth	25	17	56	98
Unaccompanied Youth Under 18	5	3	7	15
Unaccompanied Youth 18-24	20	14	49	83
Parenting Youth	2	2	1	5
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	2	2	1	5
Children of Parenting Youth	2	2	1	5

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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OR-505 Oregon Balance of State CoC

Point-in Time Date: 1/31/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	761	396	2,634	3,791
Households with at least one adult and one child[2]	82	129	461	672
Households with only children[3]	35	15	193	243
Total Homeless Households	**878**	**540**	**3,288**	**4,706**

Summary of persons in each household type:

Persons in households without children[1]	**785**	**408**	**2,983**	**4,176**
Persons Age 18 to 24	56	62	280	398
Persons Over Age 24	729	346	2,703	3,778
Persons in households with at least one adult and one child[2]	**222**	**393**	**1,358**	**1,973**
Children Under Age 18	130	234	738	1,102
Persons Age 18 to 24	14	19	56	89
Persons Over Age 24	78	140	564	782
Persons in households with only children[3]	**35**	**15**	**193**	**243**
Total Homeless Persons	**1,042**	**816**	**4,534**	**6,392**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	106	116	428	650
Non-Hispanic / Non- Latino	936	700	4,106	5,742
Total	**1,042**	**816**	**4,534**	**6,392**

Demographic summary by gender:

Female	472	348	1,962	2,782
Male	564	463	2,557	3,584
Transgender	1	4	11	16
Gender Non-Conforming (i.e. not exclusively male or female)	5	1	4	10
Total	**1,042**	**816**	**4,534**	**6,392**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	27	42	67	136
White	893	696	4,002	5,591
Asian	5	4	9	18
American Indian or Alaska Native	37	36	213	286
Native Hawaiian or Other Pacific Islander	16	12	46	74
Multiple Races	64	26	197	287
Total	**1,042**	**816**	**4,534**	**6,392**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	8	0	33	41

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	256	0	1,110	1,366
Chronically Homeless persons in households with at least one adult and one child[2]	21	0	113	134
Chronically Homeless persons in households with only children[3]	1	0	2	3
Total Chronically Homeless Persons	**278**	**0**	**1,225**	**1,503**

Summary of all other populations reported:

Severely Mentally Ill	244	174	754	1,172
Chronic Substance Abuse	282	204	753	1,239
Veterans	73	55	346	474
HIV/AIDS	8	2	36	46
Victims of Domestic Violence	169	65	308	542
Unaccompanied Youth	91	77	473	641
Unaccompanied Youth Under 18	35	15	193	243
Unaccompanied Youth 18-24	56	62	280	398
Parenting Youth	12	16	25	53
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	12	16	25	53
Children of Parenting Youth	12	21	25	58

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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OR-506 Hillsboro, Beaverton/Washington County CoC

Point-in Time Date: 1/24/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	9	72	287	368
Households with at least one adult and one child[2]	18	8	13	39
Households with only children[3]	4	1	1	6
Total Homeless Households	**31**	**81**	**301**	**413**

Summary of persons in each household type:

Persons in households without children[1]	**9**	**77**	**315**	**401**
Persons Age 18 to 24	6	9	24	39
Persons Over Age 24	3	68	291	362
Persons in households with at least one adult and one child[2]	**52**	**20**	**43**	**115**
Children Under Age 18	29	8	19	56
Persons Age 18 to 24	0	5	5	10
Persons Over Age 24	23	7	19	49
Persons in households with only children[3]	**4**	**1**	**1**	**6**
Total Homeless Persons	**65**	**98**	**359**	**522**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	22	9	30	61
Non-Hispanic / Non- Latino	43	89	329	461
Total	**65**	**98**	**359**	**522**

Demographic summary by gender:

Female	37	33	111	181
Male	27	64	245	336
Transgender	1	1	3	5
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Total	**65**	**98**	**359**	**522**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
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HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	2	11	12	25
White	53	75	310	438
Asian	0	0	1	1
American Indian or Alaska Native	4	2	8	14
Native Hawaiian or Other Pacific Islander	5	5	10	20
Multiple Races	1	5	18	24
Total	**65**	**98**	**359**	**522**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	2	0	3	5

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	1	6	142	149
Chronically Homeless persons in households with at least one adult and one child[2]	6	0	11	17
Chronically Homeless persons in households with only children[3]	0	0	0	0
Total Chronically Homeless Persons	**7**	**6**	**153**	**166**

Summary of all other populations reported:

Severely Mentally Ill	0	21	49	70
Chronic Substance Abuse	1	4	26	31
Veterans	0	47	24	71
HIV/AIDS	0	0	1	1
Victims of Domestic Violence	5	5	10	20
Unaccompanied Youth	10	10	25	45
Unaccompanied Youth Under 18	4	1	1	6
Unaccompanied Youth 18-24	6	9	24	39
Parenting Youth	0	3	3	6
Parenting Youth Under 18	0	0	0	0
Parenting Youth 18-24	0	3	3	6
Children of Parenting Youth	0	3	2	5

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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OR-507 Clackamas County CoC

Point-in Time Date: 1/30/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	0	14	288	302
Households with at least one adult and one child[2]	1	7	19	27
Households with only children[3]	0	1	0	1
Total Homeless Households	**1**	**22**	**307**	**330**

Summary of persons in each household type:

Persons in households without children[1]	**0**	**14**	**301**	**315**
Persons Age 18 to 24	0	7	8	15
Persons Over Age 24	0	7	293	300
Persons in households with at least one adult and one child[2]	**3**	**18**	**45**	**66**
Children Under Age 18	2	9	26	37
Persons Age 18 to 24	0	9	0	9
Persons Over Age 24	1	0	19	20
Persons in households with only children[3]	**0**	**2**	**0**	**2**
Total Homeless Persons	**3**	**34**	**346**	**383**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	0	14	25	39
Non-Hispanic / Non- Latino	3	20	321	344
Total	**3**	**34**	**346**	**383**

Demographic summary by gender:

Female	1	20	113	134
Male	2	14	232	248
Transgender	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	1	1
Total	**3**	**34**	**346**	**383**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
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HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	0	4	14	18
White	3	26	285	314
Asian	0	0	1	1
American Indian or Alaska Native	0	0	13	13
Native Hawaiian or Other Pacific Islander	0	0	2	2
Multiple Races	0	4	31	35
Total	**3**	**34**	**346**	**383**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	0	0	1	1

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	0	0	122	122
Chronically Homeless persons in households with at least one adult and one child[2]	0	0	3	3
Chronically Homeless persons in households with only children[3]	0	0	0	0
Total Chronically Homeless Persons	**0**	**0**	**125**	**125**

Summary of all other populations reported:

Severely Mentally Ill	1	1	80	82
Chronic Substance Abuse	1	0	96	97
Veterans	0	1	20	21
HIV/AIDS	0	0	4	4
Victims of Domestic Violence	1	2	63	66
Unaccompanied Youth	0	7	8	15
Unaccompanied Youth Under 18	0	0	0	0
Unaccompanied Youth 18-24	0	7	8	15
Parenting Youth	0	9	0	9
Parenting Youth Under 18	0	1	0	1
Parenting Youth 18-24	0	8	0	8
Children of Parenting Youth	0	10	0	10

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

Important Notes About This Data: This report is based on point-in-time information provided to HUD by Continuums of Care (CoCs) as part of their CoC Program application process, per the Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Program Competition. CoCs are required to provide an unduplicated count of homeless persons according to HUD standards (explained in HUD's annual HIC and PIT count notice and HUD's Point-in-Time Count Methodology Guide https://www.hudexchange.info/hdx/guides/pit-hic/). HUD has conducted a limited data quality review but has not independently verified all of the information submitted by each CoC. The reader is therefore cautioned that since compliance with these standards may vary, the reliability and consistency of the homeless counts may also vary among CoCs. Additionally, a shift in the methodology a CoC uses to count the homeless may cause a change in homeless counts between reporting periods.

State Name: Oregon

Point-in Time Date: 1/24/2018

Summary by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Households without children[1]	2,689	1,158	6,266	10,113
Households with at least one adult and one child[2]	298	204	606	1,108
Households with only children[3]	70	26	220	316
Total Homeless Households	**3,057**	**1,388**	**7,092**	**11,537**

Summary of persons in each household type:

Persons in households without children[1]	**2,752**	**1,177**	**6,891**	**10,820**
Persons Age 18 to 24	219	178	599	996
Persons Over Age 24	2,533	999	6,292	9,824
Persons in households with at least one adult and one child[2]	**935**	**589**	**1,813**	**3,337**
Children Under Age 18	539	341	986	1,866
Persons Age 18 to 24	40	53	76	169
Persons Over Age 24	356	195	751	1,302
Persons in households with only children[3]	**70**	**28**	**221**	**319**
Total Homeless Persons	**3,757**	**1,794**	**8,925**	**14,476**

Demographic summary by ethnicity:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Hispanic / Latino	450	214	804	1,468
Non-Hispanic / Non- Latino	3,307	1,580	8,121	13,008
Total	**3,757**	**1,794**	**8,925**	**14,476**

Demographic summary by gender:

Female	1,597	669	3,393	5,659
Male	2,115	1,104	5,471	8,690
Transgender	29	15	35	79
Gender Non-Conforming (i.e. not exclusively male or female)	16	6	26	48
Total	**3,757**	**1,794**	**8,925**	**14,476**

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

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Demographic summary by race:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Black or African-American	340	166	287	793
White	2,838	1,441	7,520	11,799
Asian	43	9	26	78
American Indian or Alaska Native	157	75	456	688
Native Hawaiian or Other Pacific Islander	76	25	87	188
Multiple Races	303	78	549	930
Total	**3,757**	**1,794**	**8,925**	**14,476**

Summary of chronically homeless households by household type reported:

	Sheltered			
	Emergency Shelter	**Transitional Housing***	**Unsheltered**	**Total**
Chronically Homeless households with at least one adult and one child[2]	29	0	63	92

Summary of chronically homeless persons in each household type:

Chronically Homeless persons in households without children[1]	854	6	3,148	4,008
Chronically Homeless persons in households with at least one adult and one child[2]	98	0	210	308
Chronically Homeless persons in households with only children[3]	2	0	3	5
Total Chronically Homeless Persons	**954**	**6**	**3,361**	**4,321**

Summary of all other populations reported:

Severely Mentally Ill	626	391	2,342	3,359
Chronic Substance Abuse	528	482	2,080	3,090
Veterans	299	301	763	1,363
HIV/AIDS	34	9	82	125
Victims of Domestic Violence	355	98	1,003	1,456
Unaccompanied Youth	286	204	819	1,309
Unaccompanied Youth Under 18	70	26	221	317
Unaccompanied Youth 18-24	216	178	598	992
Parenting Youth	24	47	34	105
Parenting Youth Under 18	0	1	0	1
Parenting Youth 18-24	24	46	34	104
Children of Parenting Youth	27	54	33	114

* Safe Haven programs are included in the Transitional Housing category.

Tuesday, November 13, 2018

[1]This category includes single adults, adult couples with no children, and groups of adults.
[2]This category includes households with one adult and at least one child under age 18.
[3]This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

APPENDIX E: SHELTERS IN OREGON (SIO) REPORT

County	Type of Shelter											
	Disaster DIS	Day DS	Domestic Violence DV	Emergency E	Migrant M	Transitional T	Veteran's V	Warming W	Total Bed Count Beds*	Low Barrier LB	High Barrier HB	No Barrier NB
Baker County			1						2		1	
Benton County		1	1	3		2	1	2	156	5	4	1
Clackamas County			1	5		1		14	90	5		
Clatsop County			1	2		1		1	73	3	2	
Columbia County			1					1	46	2		
Coos County				4					99	4	1	1
Crook County			1	2						2		1
Curry County			1					1	15	1		1
Deschutes County		1	2	6		1	1	7	54	16	1	1
Douglas County			1	2		1		2	128	2		4
Gilliam County												
Grant County			1								1	
Harney County			1						8		1	
Hood River County			1	1				1	28	2	1	
Jackson County	1	2	1	3		1		5	198	4	4	5
Jefferson County			1	1				1		2		1
Josephine County	1	1	2	1				1	42	1	1	4
Klamath County			1	3	1			1	134	3	1	2
Lake County			1							1		
Lane County			2	9			2	2	811	2	13	
Lincoln County			1	1		1		2	11	4	1	
Linn County				3				1	252	4		
Malheur County			1						15		1	
Marion County	1		1	5		1		1	460	2	4	3
Morrow County												
Multnomah County	1	12	2	18		1	1	9	2103	21	10	13
Polk County			1	2					27	1	2	
Sherman County												
Tillamook County			1	1				1	37	2	1	
Umatilla County			2	1				2	40	4	1	
Union County			1					1	10	1	1	
Wallowa County			1								1	
Wasco County			1			3		1	36	4		1
Washington County		2	1	7		1	1	7	149	13	4	2
Wheeler County												
Yamhill County			1	4		6		2	181	1	8	4
TOTAL # of Shelters	**4**	**19**	**35**	**84**	**1**	**20**	**6**	**66**	**5205**	**112**	**65**	**44**

APPENDIX F: COALITION OF COMMUNITIES OF COLOR 2017 MEMO TO THE JOINT OFFICE OF HOMELESS SERVICES IN MULTNOMAH COUNTY

Coalition of Communities of Color

Memo to Joint Office of Homeless Services regarding Phase II of Points in Time Count 2017[1]

> "To promote connected, healthy and financially thriving communities, a racial justice housing agenda should be directed and owned by the community, align funding streams, prioritize community cohesion, and coordinate action." (Rebuilding Community, Urban League of Portland report)

The Coalition of Communities of Color (CCC) are excited about the JOHS moving beyond the HUD definition of homelessness to recognize the less visible ways in which communities of color are impacted by housing instability and homelessness. We support redressal of undercounting of communities of color in homelessness. We urge JOHS to be mindful about research and data gathering about communities of color being led by communities of color. We see the JOHS' recognition of expanding the definition of homelessness to include doubled-up, couch surfing and overcrowding experiences as an opportunity to decolonize the manner in which data about communities of color has been collected and analyzed. We also recommend that the manner in which JOHS engages with experiences of homelessness particularly by communities of color be cognizant of the fact that people experience homelessness due to a variety of factors that feed into housing instability. We have to see beyond traditional and mainstream housing/shelter providers to partner with community based and culturally specific organizations that seek to address root causes of housing instability.

What we know

Through our research and connections with our culturally specific member organizations, we know that communities of color experience homelessness in ways that are both similar to and different from mainstream conceptualizations of homelessness.[2]

Prevailing myths in white dominant narratives that people of color are not in imminently unsafe housing conditions since they are not on the streets or in shelters are false, and detrimental to communities of color accessing resources and services. Unsheltered and sheltered people of color are more likely to be undercounted for several reasons. The PITC may not be targeting trusted touch points where people of color are most likely to look for support; PITC volunteers maybe given inadequate training about how to ask race/ethnicity information from the

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[1] By Shweta Moorthy, PhD, Coalition of Communities of Color and Professor Lisa K Bates, Portland State University.

[2] Rebuilding Community: A Disparate Impacts Analysis and Cross-Cultural Agenda to Prevent Displacement and Gentrification ttp://www.coalitioncommunitiescolor.org/cedresourcepage/rebuildingcommunities.
State of Black Oregon, 2015 https://ulpdx.org/programs/advocacy-and-civic-engagement/advocacy-and-public-policy/publication_archive/state-of-black-oregon-2015/
Communities Of Color In Multnomah County: An Unsettling Profile
http://www.coalitioncommunitiescolor.org/ccc-dataresearch/

respondents; race/ethnicity identifiers themselves may need to revised to be more community appropriate.

▪ Communities of color and low income communities experience homelessness in different ways – they maybe going in and out of homelessness, doubling up or couch surfing with community members (which in turn may make the hosting household vulnerable to eviction as renters). There are two myths about communities of color that are repeated throughout conversations on houselessness in Portland: One is that 'immigrant' communities of color prefer to live in large households, multi-generational households, or have a 'cultural preference' for living together. The second is that African-American residents have family available to supplement the shelter system and "shouldn't" be in shelter spaces. These myths conflate a cultural coping strategy with a cultural preference. It may be laudable that staff hear from a community that "we don't let our people go to shelters," but that should not be understood as a culturally specific response to housing crisis. It is a coping mechanism that may be available to some groups, but it is not a preferable outcome to being stably housed. Likewise, expecting that people of color will first exhaust their familial and social networks' resources before accessing public shelter and programs, because of a presumption that they have more local connections, puts those people of color at a great disadvantage. Knowing the disparities in income and economic stability for people of color, imagining that they have access to family/community support in terms of financial and housing resources is to leave people of color under-served. white dominant narratives assume that communities of color do not experience imminently unsafe or unstable housing situations due to overcrowding because they live in multigenerational households anyway. These communities therefore either can't access resources available to 'houseless' individuals or are expected to not need any support.

Proposed methods

Issues with count in general- things to consider

- Points in time count maybe a good measure to identify chronically homeless and sheltered people, but it's not going to accurately identify people who go in and out of homelessness, which is disproportionately experienced by communities of color and low income populations.
- There's a need to identify neighborhoods with high risk of gentrification or identifying populations with high risk of displacement.
- Ensure that race/ethnicity options in the survey forms are disaggregated and reflect the different communities of color that live in Multnomah county.

PITC preparation and larger process

- The JOHS needs to engage with communities of color and culturally specific organizations meaningfully and invest in organizations that are working to dismantle the different root causes of housing instability, of which homelessness is a manifestation.

- Communities of color need to be engaged throughout the process from being thought partners to engaging communities in data verification and analysis. Ad hoc community engagement tokenizes communities of color rather than considers us to be experts of our experiences.
    - Consider rather than an annual PITC in January that focuses on shelter/street count, smaller ongoing data collections during other quarters, in partnership with service organizations that work with populations of concern as well as culturally specific organizations that are first line of support for communities of color irrespective of whether they are housing services or not. For example, health providers, SUN schools, Community Alliance of Tenants, IRCO, Unite Oregon, Latino Network, other service touch points where an 'intake interview' or case management touchpoint could include questions about housing instability or 'doubled up' conditions.

Who is doing the actual count/survey methods

- The JOHS should consider building relationships with and partnering with culturally specific organizations that are responsive to communities and are trustworthy touch points for communities to seek help during housing instability, to do the count.
- To the extent that PITC relies on volunteers, a concerted effort should be made to recruit volunteers of color since research suggests that respondents are more likely to be more forthcoming and accurate in self-identifying as a person of color.
- All volunteers need an equity training that focuses on race, institutionalized racism, and implicit bias. It would be useful for this training to include specific information about homelessness and the purpose of understanding racial/ethnic disparities in this count. Specifically, there ought to be a training on how to approach and ask questions about race/ethnicity. Data collectors should be fully trained in equity issues in enumeration and in thinking about identification of race/ethnicity. Foremost, data collection training must address discomfort with asking questions about racial/ethnic identity. Some volunteers are likely to feel uncomfortable about racial identity issues and will need coaching and practice on it being "okay" to ask about identity.
    - Discussion of implicit bias in choosing to approach/not approach individuals based on perceptions of 'danger'—given that some people who are on the streets will be assigned a race by an enumerator who does not actually ask the questions, it is important to reduce any bias in who does not get approached to complete the survey.
    - Training on how to ask questions about race/ethnicity and language/translation.
        - How to ask in a respectful and open manner about someone's identification. The question wording must be carefully constructed and enumerators coached in follow-up language.
        - How to respond to pushback or questions about why it is important. Enumerators need language to respond if someone asks why they want

to know about race/ethnicity, that will help them to explain what the data are used for and why it is useful to include this information.[3]

Doubled up issues

- Build capacity among organizations that serve as trustworthy touchpoints to conduct surveys of doubled up/couch surfing.

Accountability

The start of accountability is for JOHS to consistently report and present data on racial/ethnic disparity in a way that is transparent and takes seriously the issue. In the 2015 count, staff repeatedly downplayed large increases in African-American homelessness, despite those numbers steadily climbing over the previous three counts. Only community outcry changed the focus of the data presentation. The presentation of family/child homelessness as a more important problem belied the numbers of sharp increases in houselessness for people of color. More troubling, as staff preferred to focus on the family/children homelessness issue, they failed to present cross-tabulations of those data to understand whether the increase in family/child homelessness was predominantly experienced by people of color.

The preliminary results from the 2017 PITC were again presented in a way that downplayed racial disparity and issues for communities of color.[4] The "one-pager" presented highlighted a decrease in the *unsheltered* African-American population without mentioning whether there was actually a decrease in overall houselessness (in shelter or unsheltered) or movement of African-Americans into housing. Indeed, other data presented shows that there continues to be a substantial disproportionality in the houseless population for Native Americans and African-Americans. The data graphics chosen for the one-page summary do not include race/ethnicity until the back side of the page; these are presented alongside data from other cities that has no bearing on progress in Portland and does not mention racial disparity. The graphics chosen fail to account for size of *n* for data points and generally end up being misleading as to the extent of the issue for different groups. Some graphs are missing important information (such as the *n*). The racial/ethnic disparities data are mixed together with dissimilar categories and the use of the triangle graphic without any vertical axis makes comparison difficult. These issues of data presentation are not mere nit-picking about graphic design. The presentation of data in tables and graphics demonstrates attention and priority; it communicates highlighted issues and ought to give information in a straight-forward way. As presented, it appears as though JOHS is side-stepping the issues of racial equity again in this year's count.

[3] *See these reports on Race, Ethnicity, and Language Data*

[4] https://multco.us/multnomah-county/news/2017-point-time-count-more-neighbors-counted-homeless-2015-more-sleeping

The JOHS should work with community organizations of color to develop accountability mechanisms for how recommendations outlined above will be considered and implemented. Communities of color should be equitable thought partners in developing methodologies for estimating homelessness counts. We urge the JOHS to outline a transparent accountability process in partnership with communities of color that details the manner in which resulting data on doubled up populations is going to be actionable and lead to better equitable housing strategies that address the causes of homelessness among communities of color.

Improving estimates of doubled up/couch surfing or people in imminently unsafe or unstable housing situations by itself is insufficient if it isn't considered in the context of housing justice and redressing barriers faced by people of color to have housing stability and (re)build communities.

Resources: -

- State of Black Oregon 2015
- Rebuilding Community: A Disparate Impacts Analysis and Cross-Cultural Agenda to Prevent Displacement and Gentrification http://www.coalitioncommunitiescolor.org/cedresourcepage/rebuildingcommunities
- Oregon Department of Education data on students experiencing houselessness
- Community Alliance of Tenants helpline data
- Unite Oregon affordable housing survey
- Unsettling Profiles series, Coalition of Communities of Color

APPENDIX G: FAIR HOUSING COUNCIL OF OREGON SHELTER GUIDE - SUMMARY

Fair Housing and Shelters

In working on the shelter study, staff at OHCS reached out to the Fair Housing Council of Oregon to connect on work that FHCO did in 2018 when they updated their "Guide to Fair Housing for Homeless and Domestic Violence Shelter Providers". OHCS staff met with FHCO staff, reviewed the contents of the shelter guide, and source notes from the outreach FHCO conducted to inform the updates to the guide. OHCS then compiled a summary of information and reviewed it with FHCO staff. OHCS decided to summarize and highlight the work of FHCO to bring to light the legal obligations and protections that fair housing law provides as it relates to shelters. Fair housing connects to issues related to access to shelter, non-discrimination and examines issues at the intersection of protected classes, which aligns with OHCS's Statewide Housing Plan goal for Equity and Racial Justice. The summary of FHCO's work and inclusion of this information in the shelter study is intended to increase awareness of fair housing law among shelter providers and highlight the work of FHCO and their unique expertise in this area.

Between March and June of 2018 FHCO held 10 listening sessions and mini fair housing trainings with a total of over 150 shelter and social service providers and non-profit and community advocates across the state. Listening sessions were held with all seven Continuums of Care and at the Oregon Coalition on Housing and Homelessness annual conference.

In conjunction with the release of the updated shelter guide, FHCO Education and Outreach staff conducted trainings across the state for a total of over 250 people. Trainings locations included Deschutes County, Jackson County, Clackamas County, Marion County, Washington County, Multnomah County and individual shelters in Gresham, LaGrande, Dallas and the Portland Metro area. Staff also conducted a training for the Rural Oregon Continuum of Care annual meeting.

Fair Housing Council of Oregon (FHCO)

The Fair Housing Council of Oregon (FHCO) is a nonprofit civil rights organization driven to eliminate illegal housing discrimination through enforcement and education across Oregon. FHCO promotes equal access to housing by providing education, outreach, technical assistance, and enforcement opportunities specifically related to federal, state, and local fair housing laws.

What are Fair Housing Laws?

These laws protect against illegal housing discrimination based on "protected class status" in any housing transaction and, in fact, any housing situation. Oregon's fair housing laws include the following protected classes: marital status, legal sources of income, sexual orientation, and gender identity. In addition, Oregon effectively created another protected class for domestic violence survivors by adding language to the state's Landlord Tenant Act found in ORS 90.449. It is illegal to discriminate based on race, color, religion, national origin, familial status, disability, gender as well as sexual orientation, source of income and marital status. Oregon's fair housing laws can be found in the Oregon Revised Statutes (ORS), Chapter 659A.

What is a Protected Class?

Historically and statistically, identifiable groups of people have received unfavorable treatment in housing transactions. In attempting to rent, buy, get a mortgage, or secure home insurance they have been denied, harassed, given less favorable terms and conditions, or experienced a lower level of service than other groups. As a result, fair housing laws were enacted to protect against illegal housing discrimination based on "protected class status." It is well documented that members of protected classes are overrepresented in the homeless population and face barriers to shelter and housing due to their protected class status.

Who Has to Follow Fair Housing?

Fair housing laws apply to any person or entity whose actions could "make housing unavailable." This means a wide range of entities are covered, including organizations operating rental assistance or shelter voucher programs, and possibly motels providing emergency shelter, etc. All of these programs are prohibited from discriminating on the basis of protected class and are required to follow all aspects of fair housing laws.

At What Point Does Fair Housing Kick In?

Fair housing laws cover the entire relationship between a housing or shelter provider and an applicant or resident from the time of the initial inquiry, through application and residency, to termination, move-out, and beyond. During that time, any transaction or interaction can give rise to a claim of discrimination.

This includes:

- Discrimination during the application process: outright denial, providing false information, steering a potential resident to other housing/shelter based on their protected class, and advertising or marketing of the housing. Applicant screening decisions must be based on consistent fact-based criteria.
- Not treating all residents similarly in terms of procedures, rules, repairs, access to common facilities or other aspects of daily life. Consequences for not following agreements, rules, etc. must be applied consistently among all residents.
- Imposing additional program requirements on participants based on protected class such as parenting classes or support groups for persons with disabilities.
- Harassment, intimidation, threats and coercion based on protected class. Providers have a legal responsibility not only to refrain from these activities themselves, but to protect their residents from harassment from staff, volunteers and other residents. The Fair Housing Act and a HUD ruling clearly require housing and shelter providers to have protocols for addressing resident on resident harassment based on protected class.

- Termination for discriminatory reasons: Terminations that are not based on factual violations of the residency agreement could be construed as discriminatory, whether or not that was the provider's intent. Termination should always be based on objective fact-based behavior.
- Retaliation against a resident for filing a fair housing complaint, whether the claim is valid or not. Retaliation includes coercing, threatening, intimidating and interfering with a resident on account of exercising their rights. This could mean making verbal threats, terminating their stay or blacklisting them from future housing unless they drop the complaint.

How Do Fair Housing Laws Relate to Nonprofit Organizations Providing Homeless and Domestic Violence Shelters?

Nonprofit organizations that provide shelter housing are ordinarily defined as offering "dwellings" under fair housing laws and, for the most part, are required to follow the laws in the same way as providers of permanent housing.

What is considered a "dwelling?"

The Fair Housing Act defines "dwelling" as "any building, structure, or portion thereof which is occupied as or designed or intended for occupancy as a residence." The legal determination of whether a shelter is a dwelling is made on a case-by-case basis, reviewing multiple factors, such as:

- Whether there is some form of agreement between the provider and resident.
- Whether the resident provides something in exchange for shelter.
- Whether the individual has another current residence that they intend to return to.
- Whether the primary purpose of the entity is housing.
- How long the typical length of stay is at the shelter.

In order to protect a shelter against fair housing liability, FHCO recommends all shelter providers assume that their programs represent "dwellings" and should comply with fair housing laws.

What About Day Shelters, Severe Weather Shelters, or Warming Centers?

Day shelters and/or warming shelters are not dwellings and do not fall under fair housing law. However, civil rights laws for public accommodations cover day shelters. The protected classes for public accommodations in Oregon include race, national origin, religion, sex (including pregnancy), sexual orientation, gender identity, marital status, disability, and age over 18.

What Are Some Fair Housing Issues That Occur in Shelters?

Between March and June of 2018 FHCO held 10 listening sessions and mini fair housing trainings with a total of over 150 shelter and social service providers and non-profit and community advocates across the state. Listening sessions were held with all seven Continuums of Care and at the Oregon Coalition on Housing and Homelessness annual conference.

FHCO found that many nonprofit organizations were not fully aware of fair housing laws and many shelter and transitional housing providers were not clear that they are considered a "dwelling" under the Fair Housing Act and may not have been aware of their legal responsibilities. Some of the issues uncovered in the outreach process were:

- X Denying access to shelter based on religion
- X Denying access to shelter based on sexual orientation or gender identity
- X Permitting residents to harass other residents based on their religion, national origin, sexual orientation, etc.
- X Refusing to shelter women with male children over the age of 11
- X Not permitting assistance animals/emotional support animals
- X Preventing male DV survivors from accessing equal services
- X DV and other shelters/transitional housing programs not taking boys over 12
- X Making shelter access contingent on attending religious services
- X Denying access to shelter to those who don't speak English
- X Denying a reasonable accommodation or modification that would have enabled a person with a disability to access shelter
- X Requiring marriage certificates for couples to stay at a shelter
- X Refusing to house a person who is in recovery from addiction
- X Refusing to house someone with a disability which prohibits them from using a top bunkbed or from completing certain chores

FHCO used written and verbal feedback from the listening sessions to complete the update to the guide in May 2018. The guide was developed with the support of a HUD Fair Housing Initiatives Program (FHIP) Education and Outreach Grant. The information in the guide is based on federal fair housing law, state and local fair housing laws in Oregon and evolving fair housing case law throughout the country. FHCO states the guide is intended as a first step in risk mitigation and gives general guidance to address common areas of confusion. The guide includes sample policies on Transgender Inclusion, Resident-on-Resident Harassment, Reasonable Accommodations and Modifications, and Assistance Animal Agreements. The guide is available at http://fhco.org/index.php/learning-

resources/fhco-downloads/category/3-guides?download=306:shelter-guide4web In conjunction with the release of the updated shelter guide, FHCO Education and Outreach staff conducted trainings across the state for a total of over 250 people. Trainings locations included Deschutes County, Jackson County, Clackamas County, Marion County, Washington County, Multnomah County and individual shelters in Gresham, LaGrande, Dallas and the Portland Metro area. Staff also conducted a training for the Rural Oregon Continuum of Care annual meeting.

What Should Providers Do to Make Sure They Are Following Fair Housing Laws?

In its recommendations in the guide, FHCO suggests that nonprofit housing and shelter providers:

- Review all policies, procedures, rules and application criteria for unintended discrimination;
- Make sure there are policies to address when any exceptions might be made to application criteria or rules;
- Develop new policies and procedures as needed. FHCO recommends having a grievance procedure for residents who believe their rights may have been violated; i.e. denial of a reasonable accommodation request.
- Develop a clear process on how to handle resident-on-resident harassment and identify staff involved;
- Develop a clear process for how to handle reasonable accommodation requests and identify staff involved.
- Have a protocol for how to assist individuals with limited English. This is a requirement for federally-funded providers, but a best practice for all providers. It is important that confidentiality is maintained for any translation services used.
- Make sure staff know how to document any fair housing issues that come up and document the time spent addressing them. Documentation should be clear and legible. Individuals can file fair housing complaints up to two years after an alleged act of discrimination, so thorough documentation is extremely important;
- Identify a staff person to be the fair housing "specialist." This person will keep abreast of fair housing issues, address any concerns and be the point person for handling a fair housing complaint;
- Develop a strategy to train all new staff and volunteers in fair housing requirements and to have regular refresher trainings as well. We recommend annual training for board members as well.

If you have general questions about fair housing laws, contact the Fair Housing Council of Oregon at (503) 223-8197 ext. 5 in the Portland metro area or (800) 424-3247 ext. 5 throughout Oregon.