CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS
Sitting/Acting as (if applicable)
Policy Session Worksheet

Presentation Date: 5/14/19　　　**Approx. Start Time: 2:00 PM**　　　**Approx. Length:** 60 minutes

Presentation Title: Tri-County Equitable Housing Strategy to Expand Supportive Housing

Department: Health, Housing and Human Services

Presenters: Richard Swift, Jill Smith, Erika Silver, Vahid Brown

Other Invitees: Ryan Deibert and Nui Bezaire (Multnomah County – Portland Joint Office of Homeless Services), Annette Evans (Washington County Housing Services), Heather Lyons (Corporation for Supportive Housing)

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Direct staff to analyze return on investment data around permanent supportive housing (PSH) related to cost savings in interconnected systems (e.g., public safety and healthcare), include PSH goals in new and existing development opportunities, and explore expanded funding options, including Medicaid coverage for certain services and regional partnerships with the business community, healthcare, and other governmental agencies.

EXECUTIVE SUMMARY:

Permanent supportive housing (PSH) is a highly effective housing strategy for homeless individuals and families with the highest level of vulnerability and most complicated needs. It pairs an ongoing rent subsidy with ongoing supportive services and can either use scattered site private market units or specific designated units. Clackamas County currently has 334 PSH slots.

In 2017, Metro funded a Regional Planning Grant to study regional PSH capacity and needs, with an equity focus. Portland Housing Bureau applied in partnership with Clackamas, Washington & Multnomah Counties. Three year data from the plan indicates that 18.4% of people served in Clackamas County (530 people) were also served in one or both other counties, demonstrating the regional nature of the need and the importance of a regional problem solving approach. The grant was funded in 2018 and a steering committee convened by Corporation for Supportive Housing, with help from Context for Action.

The plan aims to dramatically increase capacity to address chronic homelessness by developing 3,121 new PSH units in the Tri-County over the next 10 years. Clackamas County's need is 440 more units. Corporation for Supportive Housing analyzed Point in Time Homeless Count data from all counties and wait list data from Clackamas and Multnomah Counties to arrive at these goals.

The 440 new PSH units would serve chronically homeless individuals and families, vulnerable homeless persons with disabling conditions and very low incomes. The Plan suggests that expanding PSH units should be integrated with Metro Bond implementation, and that eligibility be firmly grounded in racial equity along with other vulnerability factors include long term homelessness and disabling conditions. Research finds that when people have access to PSH, there is a decline of 57% in emergency room visits and 52% in incarceration. When implemented, the new PSH would improve physical health of residents, support mental health and addictions recovery, and reduce costs overall. Also, vulnerable persons would no longer need to search for services across jurisdictions.

FINANCIAL IMPLICATIONS (current year and ongoing):

Regional average cost of chronic homelessness is almost $40,000 a year per household while regional PSH average cost is $22,500. The report outlines two different models with a ten year period to bring all units on line. Both models include a mix of developed and leased units, at either a 70:30 or 50:50 ratio.

Is this item in your current budget?

☒ NO (any of the 440 new units needed)

What is the cost? Estimated at $131-141.5 million over 10 years, with a goal to add at least 10% of units (44) for Clackamas County by 2022.

What is the funding source? To be determined. Multiple funding sources will be needed.

☒ YES (Between Clackamas County Social Services and HACC there are 250 existing PSH units. Another 84 units are held by other provider.)

What is the cost? The 250 existing units (Social Services and HACC) estimated cost is $3,760,000 however this leaves out some administrative and overhead costs.

What is the funding source? Our existing PHS units are funded by HUD Continuum of Care, OR Health Authority, HUD VASH, Portland VA, OR Housing and Community Services Emergency Housing Account, Community Services Block Grant, County General Funds.

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?
This funding aligns with H3S's strategic priority to increase self-sufficiency for our clients.

- How does this item align with the County's Performance Clackamas goals?
This funding aligns with the County's strategic priority to ensure safe, healthy and secure communities.

LEGAL/POLICY REQUIREMENTS: Likely no new legal or policy as multiple successful PSH projects already exist.

PUBLIC/GOVERNMENTAL PARTICIPATION: Focus groups and other outreach activities were conducted to include the voices of people experiencing homelessness in the process.
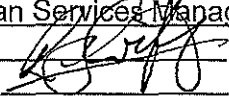
OPTIONS: 1. Direct staff to continue moving forward in alignment with recommendations below on regional and local PSH planning. 2. Take no action at this time.

RECOMMENDATION: Direct staff to:
- Develop localized Return on Investment data on the cost savings impact of PSH on law enforcement, corrections and health care to inform ongoing planning and value any future investments in PSH.
- Include PSH goals in existing and new development opportunities. Pairing support services with units that are already below market rent will allow PSH programs to serve more people. This strategy may require deeper up front subsidies for development or redevelopment projects.
  - o Metro Bond implementation plan
  - o Existing efforts to increase affordable housing, both within and outside of Metro bond
  - o Housing Authority redevelopment planning
  - o Next Consolidated Plan for Community Development Block Grant
- Explore Medicaid billing options, if any, for PSH support services currently funded through other sources, thus freeing up dollars to increase number of units.
- Continue to engage business, healthcare, and national, state and regional jurisdictional partners in a regional approach to expand funding options.

ATTACHMENTS:
1) Metro PSH Report Executive Summary
2) Metro PSH Report with Appendices
3) BCC Metro PSH PPT

SUBMITTED BY: Erika Silver, Human Services Manager
Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____

For information on this issue or copies of attachments, please contact Erika Silver   @ 503-650-5725
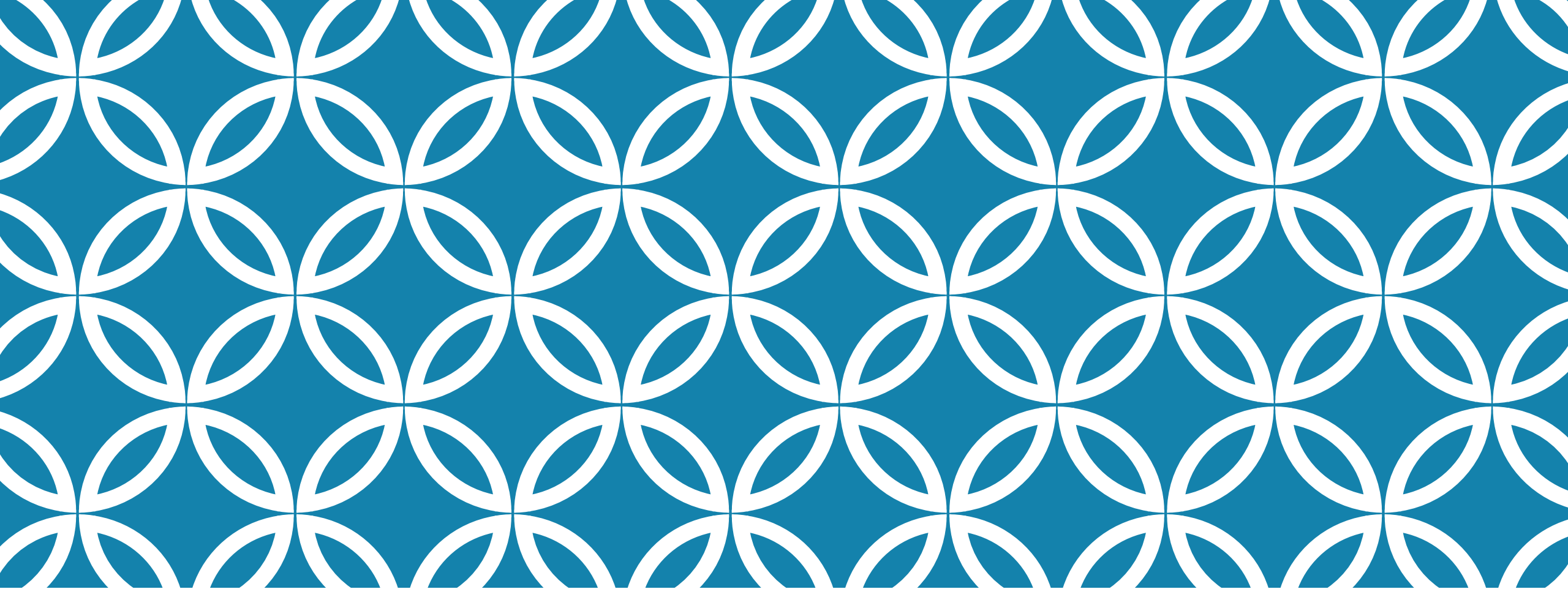
REGIONAL SUPPORTIVE HOUSING PLAN

Clackamas Board of County Commissioners Study Session

May 15, 2019

COMPONENTS OF AN EFFECTIVE
HOUSING CRISIS
Response System

Outreach &
Coordinated
Entry

Prevention
& Diversion

Permanent
Supportive
Housing

CONTINUUM
OF CARE

Emergency
Shelter

Rapid
ReHousing

CSH: ADVANCING HOUSING SOLUTIONS THAT:

Improve lives of vulnerable people

Maximize public resources
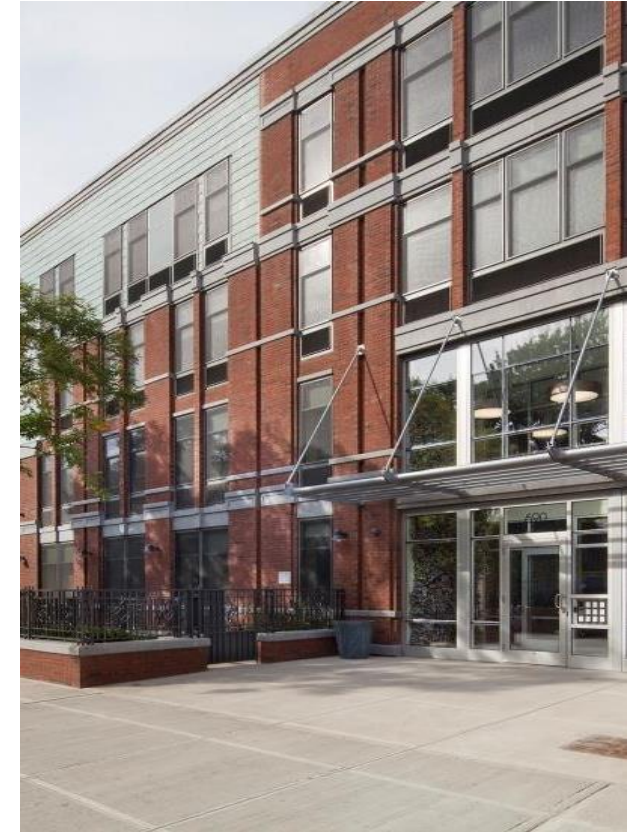
Build strong, healthy communities

OVERVIEW OF REGIONAL PLAN

Background on Supportive Housing

Need and Estimated Cost

Systems change, resources and racial equity

Priority implementation recommendations

Comprehensive community process

Jurisdictional partners comments

SUPPORTIVE HOUSING IS THE SOLUTION

Supportive housing combines deeply affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity

SUPPORTIVE HOUSING IS FOR PEOPLE WHO:

Have extremely low-incomes, with most earning 20% of area median income or less.

Have complex health conditions that are at least episodically disabling including mental illness, substance use issues, chronic physical health problems and/or other substantial barriers to housing stability (domestic violence, trauma, a history of out-of-home placements, intellectual and developmental disabilities).

Often have long-term homelessness in their background and are not able to obtain or maintain housing on their own.

Are from communities of color and have experienced generational racial disparities.

Cycle through institutional and crisis response programs or are being (or could be) discharged from these systems (i.e. jails/prisons, hospitals).

CSH

COMMITMENT TO RACIAL EQUITY

Housing, criminal justice, health, and other related fields recognize how racism is a material cause of homelessness. We commit to the active transformation of institutional policies, practices and decision making that results in systematic equitable treatment of people of all races. Past harms are addressed by prioritizing the distribution of resources and power to people that have been and continue to be excluded due to pervasive, intersecting effects of systemic oppression.

MIKE MILLER, HOPE LEASING PSH GRADUATE
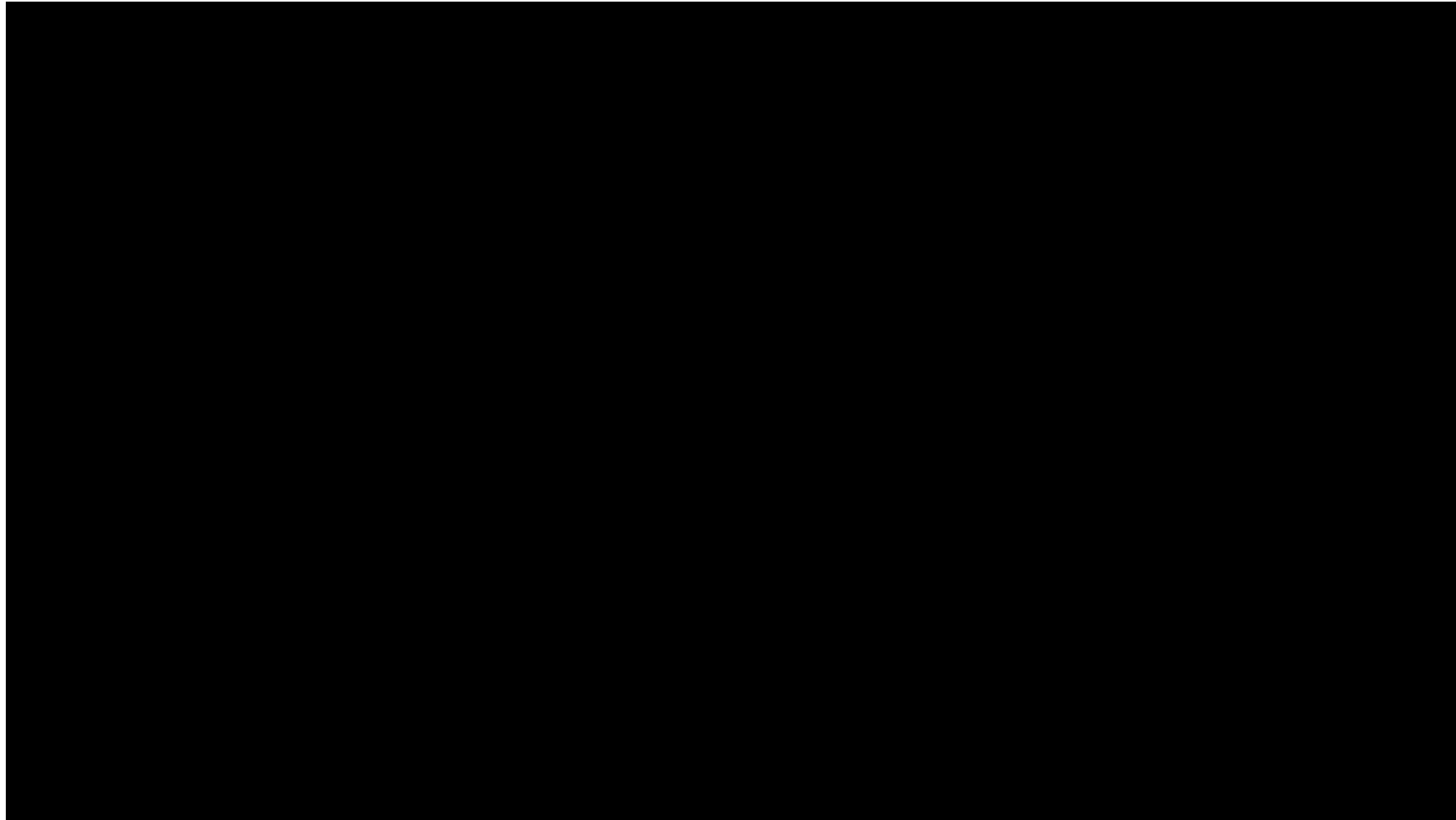
IT WORKS... EVIDENCE BASE

Portland
- Bud Clark Commons saw a 45% decline in Medicaid costs for 130 residents with a total cost reduction of more than half a million in the first year after move-in.

Seattle
- 95 residents with total costs of $8,175,922 in the year prior to the study decreased to $4,094,291 in the year after enrollment
- 53% total cost rate reduction for housed participants relative to wait-list controls and historical data on service usage.

Illinois
- 39% reduction in total cost of services for residents in the two years after moving into housing.
- costs decreased by almost $5,000 per person for overall savings of $854,477 in two years for the 177 participants

Connecticut
- First 120 people housed experienced a near total decrease in shelter days (99%) and 73% reduction in jail days after 1 year
- State allocated 110 additional vouchers based on these results

Denver
- 19 people
- 34% fewer emergency room visits, 40% fewer inpatient visits, 82% fewer detox visits, and 76% fewer incarceration days.

CSH
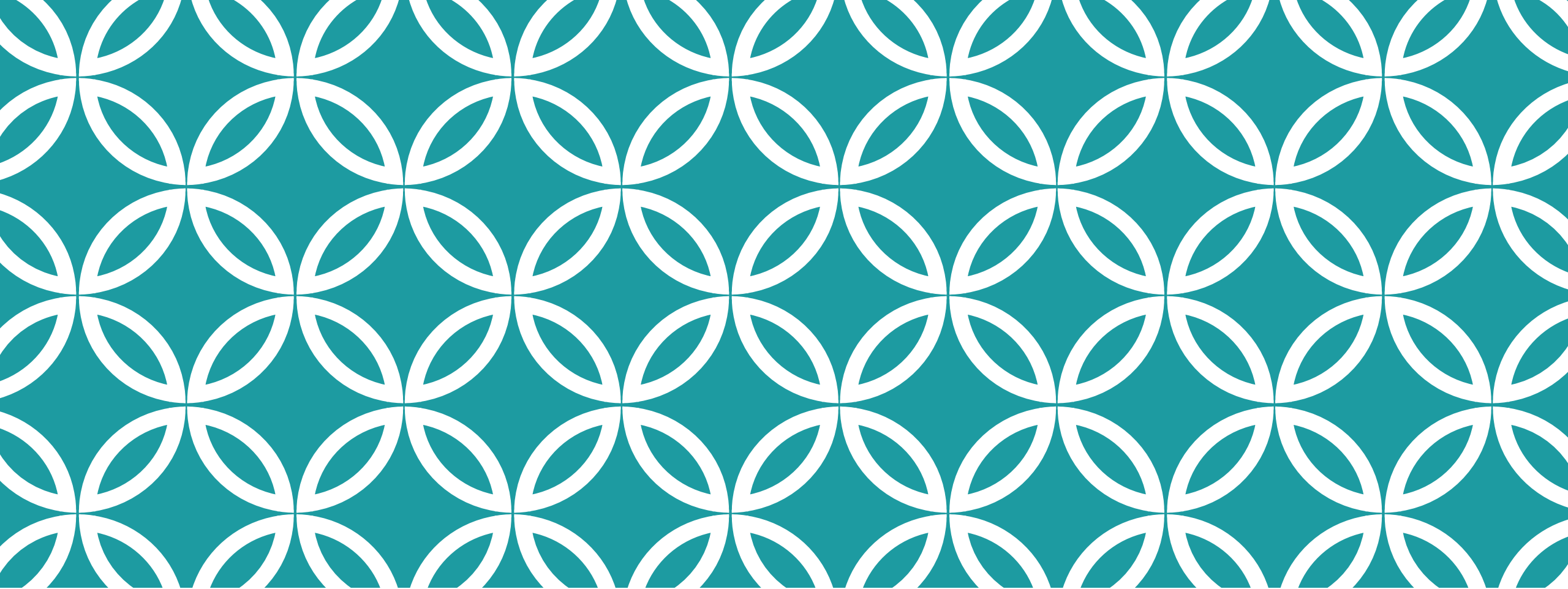
REGIONAL AND LOCAL UNIT AND FINANCIAL MODELING

What do we need and how much would it cost?

NEED

Type of Units	Clackamas	Multnomah	Washington	Total for Tri-county
Individual	369	2,079	214	2,662
Families	71	376	12	459
Total	440	2,455	226	3,121

TWO TYPES OF FINANCING

New Construction/Rehab
(single-site and integrated)
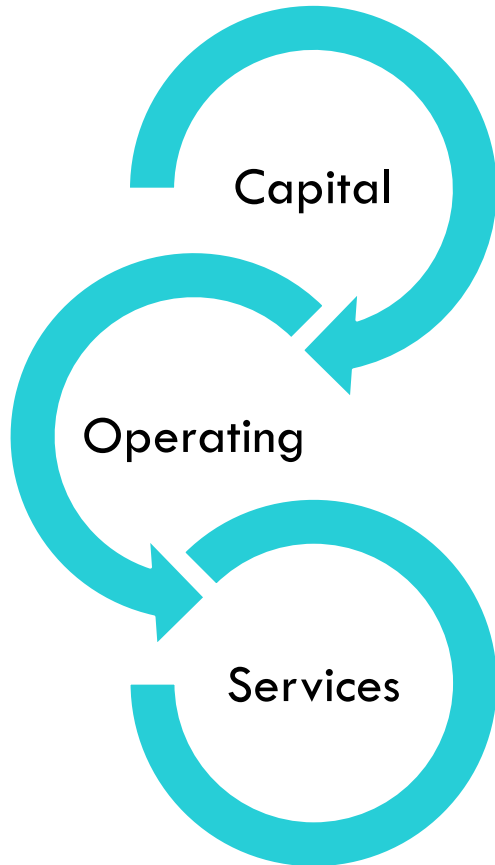
Leased Housing

HOW MUCH? CLACKAMAS COUNTY COST MODELING

70% Developed/30% Leased

Supportive Housing	Developed Units: 70%	Leased Units: 30%	Total
Studio/1 BR	258	111	369
2-3 BR	50	21	71
Total Units	308	132	440
Total Cost for all units over 10 years			$141.5 M
Total Capital Cost			$88 M
Ongoing operating, rent assistance and services			
440 units at year 10 (annually)			$9.5 M
Cost per household per year			$21,649
Cost per household per day			$59

50% Developed/50% Leased

Supportive Housing	Developed Units: 50%	Leased Units: 50%	Total
Studio/1 BR	184	185	369
2-3 BR	36	35	71
Total Units	220	220	440
Total Cost for all units over 10 years			$131 M
Total Capital Cost			$63 M
Ongoing operating, rent assistance and services			
440 units at year 10 (annually)			$10 M
Cost per household per year			$23,471
Cost per household per day			$64
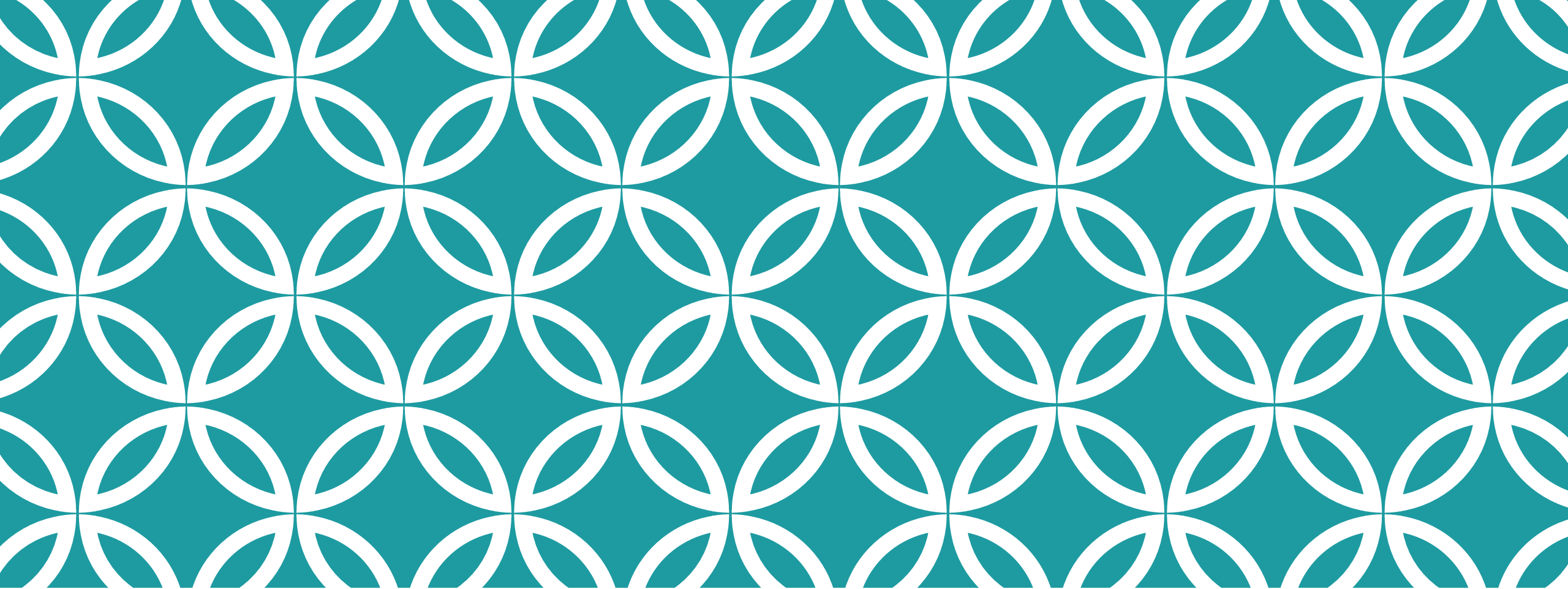
RECOMMENDATIONS

Moving forward with PSH planning
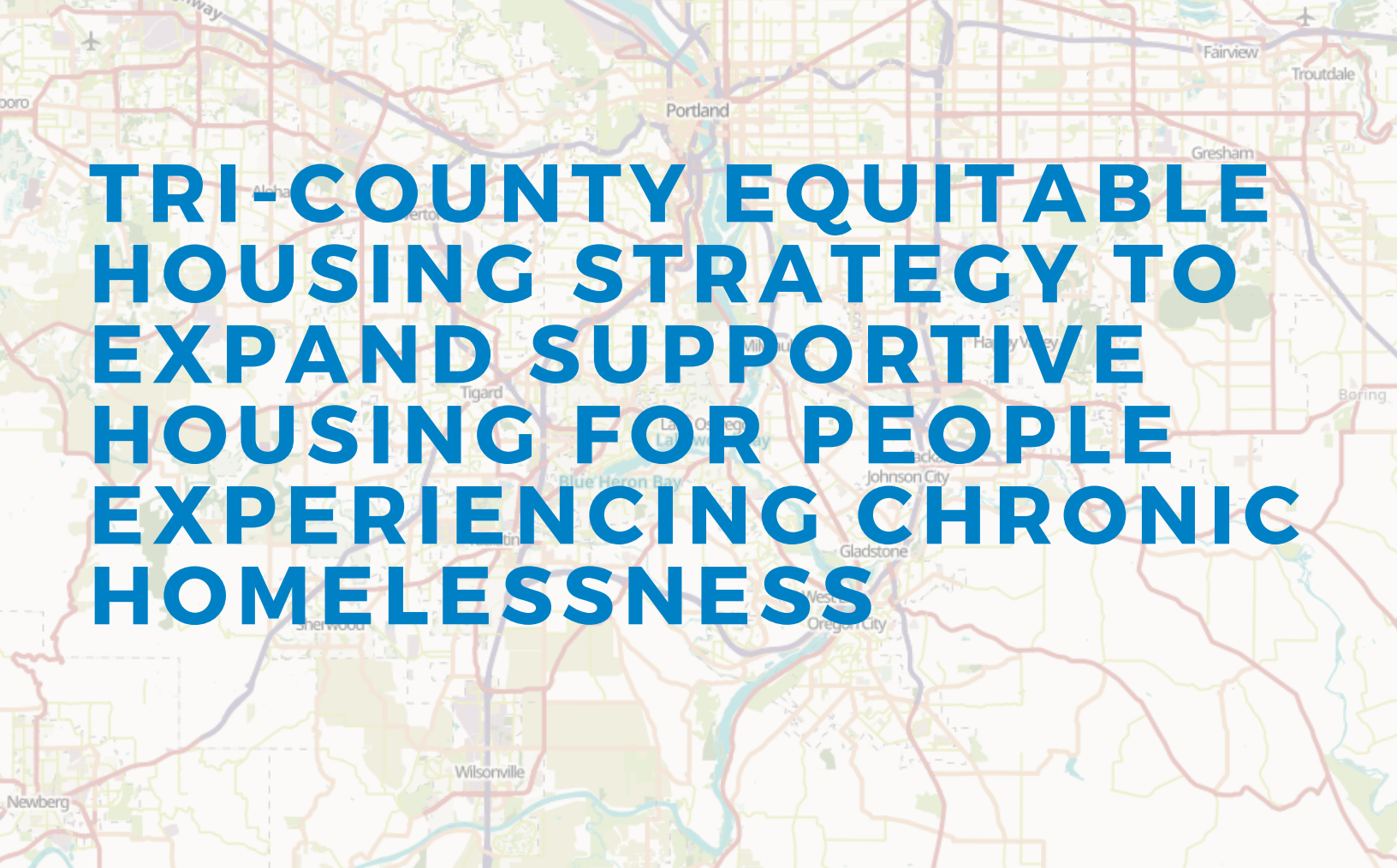
CLACKAMAS COUNTY PSH EXPANSION RECOMMENDATIONS

➢Develop localized Return on Investment data on the cost savings impact of PSH on law enforcement, corrections and health care to inform ongoing planning and value any future investments in PSH.

➢Include PSH goals in existing and new development opportunities. Pairing support services with units that are already below market rent will allow PSH programs to serve more people. This strategy may require deeper up front subsidies for development or redevelopment projects.

- Metro Bond implementation plan
- Existing efforts to increase affordable housing, both within and outside of Metro bond
- Housing Authority redevelopment planning
- Next Consolidated Plan for Community Development Block Grant

➢Explore whether Medicaid could be billed for any PSH support services currently funded through other sources, thus freeing up dollars to increase number of units.

➢Continue to engage business, healthcare, and national, state and regional jurisdictional partners in a regional approach to expand funding options.
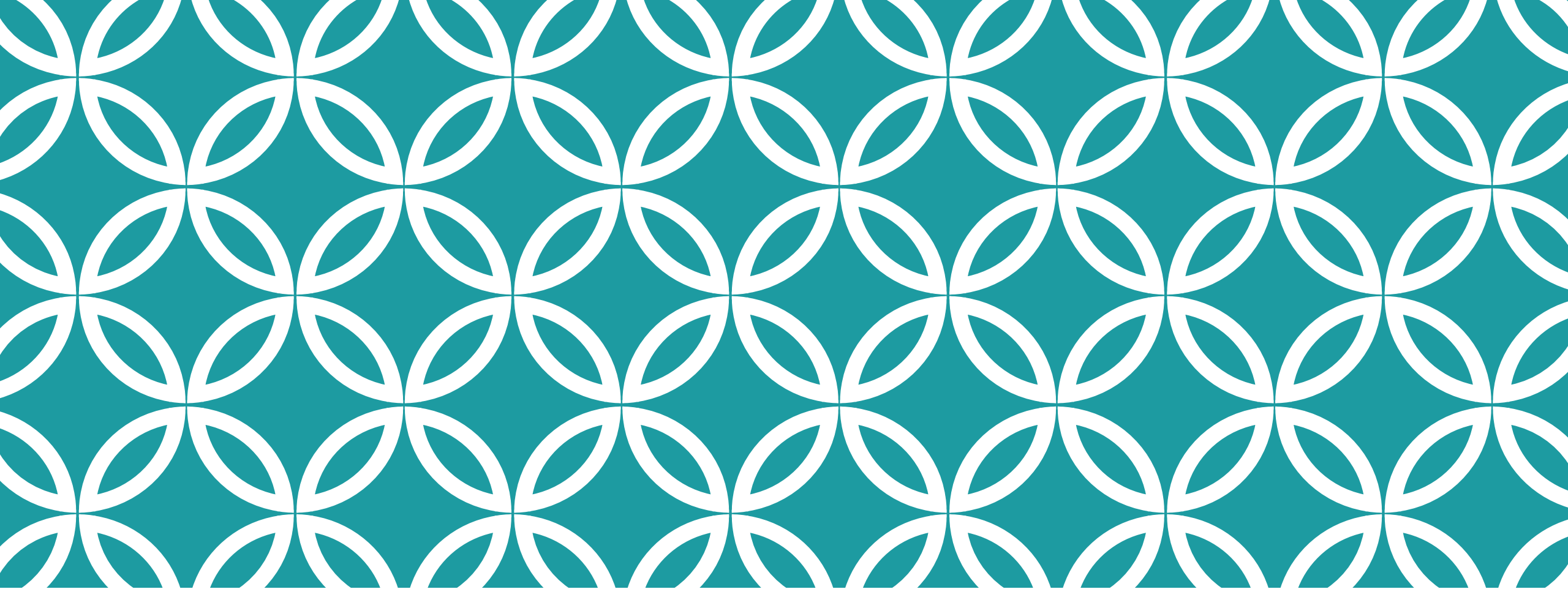
THANK YOU!

TRI-COUNTY EQUITABLE HOUSING STRATEGY TO EXPAND SUPPORTIVE HOUSING FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS

Executive Summary

PREPARED FOR CLACKAMAS, MULTNOMAH
& WASHINGTON COUNTIES BY CSH &
CONTEXT FOR ACTION
February, 2019

CSH

Context for Action
Connective Wisdom for Collective Flourishing

About CSH

For 27 years, CSH has been the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families needing homes and services. Our efforts have housed over 200,000 people nationwide and made them healthier. CSH has earned an award-winning reputation as a highly effective, financially stable CDFI, with strong partnerships across government, community organizations, foundations and financial institutions. CSH is advancing innovative solutions, using housing as a platform for integrating services across sectors to improve lives, maximize public resources and build healthy communities. Learn more at www.csh.org.

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We collaborate with transformational leaders in business, social enterprise and public service to design thriving organizations. We connect people to purpose and realign resources for results that help organizations respond (and keep responding) to an ever-shifting landscape. Our approach helps clients shift to the next level of purpose-driven performance. We work together to re-orient your internal compass — moving the needle from hierarchically controlled to efficiently networked, from individual silos to shared intelligence. Simultaneously, we enable a shift in culture — from competitive scarcity to collaborative security, proscriptive planning to informed improvisation.

Special Thanks to the Metro Supportive Housing Plan Steering Committee and Particularly the Following Jurisdictional Partners:

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EXECUTIVE SUMMARY

Homelessness is a challenging and increasingly visible issue throughout the greater Portland region. It is traumatic for those who experience it, safety-net responses are costly and better solutions are possible through coordinated regional investment and action. This is especially true for people with complex health conditions and long-term experiences of homelessness.

Vikki was homeless for over four years. She was convinced that her medication for schizophrenia was poisoning her so she stopped taking it and started having severe hallucinations. While sleeping outside, she would wake up most days at 5:00 a.m. because she felt like the police would ask her to leave, or even worse, arrest her. During the daylight hours she says, "I walked aimlessly, 10-12 hours a day, yelling at walls and screaming at imaginary 'enemies'."

Through outreach and engagement, she was offered supportive housing and three weeks later moved in. With a home and supportive services, she learned and re-learned everything, including simple things like taking a shower. Since moving into supportive housing, she has stabilized, takes her medication regularly, receives other important health services and has a supportive community in her building and life. In her own words she sums it up like this, "I can't even explain how incredible it is to live again after feeling like I was dying for so long."

Clackamas, Multnomah and Washington Counties convened an extensive planning process with support from Metro to better understand the scale of regional need and to identify best strategies for effective responses. The resulting recommendations can significantly reduce chronic homelessness for people in the Tri-county region through realignment of siloed systems and expansion of supportive housing – deeply affordable housing coupled with supportive services to help people recover, achieve stability and thrive.

While the regional need is significant – at least 3,121 units of supportive housing, which could cost up to $998 million over a decade – a scaled response sufficient to meet the need is highly achievable. For example, Multnomah County already has 517 new units of supportive housing on the ground or in the pipeline. Furthermore, systems are already paying for the costs of chronic homelessness. A person experiencing long-term homelessness costs public systems almost $40,000 a year[1] while the average cost of supportive housing in the Metro area is less than $22,500 annually.[2]

It is nearly twice as expensive for people to remain homeless as it is for them to be successfully housed.

Extensive local stakeholder engagement and best practices research identify the following priorities for early action:

- Create more deeply affordable housing dedicated as supportive housing
- Expand flexible resources to fund supportive services and rent subsidies that help people access and succeed in housing
- Build regional capacity to:
  - rapidly scale supportive housing programming
  - coordinate funding and investment strategies
  - measure outcomes and effectiveness
  - communicate strategies and results

This report identifies key opportunities to realize these priorities across the tri-county region through new ways of organizing and expanding the work across public, health, housing and related sectors.

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[1] National Alliance to End Homelessness 2015 https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/ & adjusting for inflation to 2018 dollars http://www.in2013dollars.com/2015-dollars-in-2018?amount=35578

[2] According to cost modeling for this report, see page 24.

Shared Challenge, Shared Approach

Complex health needs, trauma, mental illness, substance use disorders, and other disabilities, coupled with the lack of affordable housing for households with extremely low incomes all contribute to individuals and families becoming homeless and often prevent those households from being able to exit homelessness without significant supports. Institutional and structural racism is also a significant driver of chronic homelessness. While the social, emotional and financial burdens of chronic homelessness are most significantly felt by those directly experiencing homelessness, everyone in the region is affected.

Supportive housing, a proven intervention for chronic homelessness aligns deeply affordable housing with effective delivery of supportive services. Supportive housing embraces systemic realignment of regional housing, justice, healthcare and service delivery systems so that they work together. Done well, it stitches together partners and programs across a variety of boundaries, sectors and systems to create accessible pathways that end chronic homelessness, reduce racial disparities and improve health outcomes

Over the long term, supportive housing helps transform societal systems of divestment that result in extreme poverty to socially just, inclusive communities where everyone, especially those with special needs, lives in dignity.

Regional Need, Regional Solutions

Siloed and limited county-by-county approaches to supportive housing are insufficient, and a regional approach increases the potential for impact. Our housing markets, transportation networks, employment and health systems all function on a regional basis. Working together will create a better understanding of the consequences of overburdened systems, develop efficiencies, address common challenges in a shared service delivery system and generate coordinated action to scale systems according to the need. Additionally, coming together as a region will open access to more state, federal and local resources.

Efforts and agreement towards alignment of homeless services systems are well underway. A supportive housing forum held in May, 2019, other extensive metro wide community engagement and an involved Steering Committee significantly contributed to this report and its robust strategies to address resources, alignment and implementation. (See following graphic).

Leaders across the area agree moving from continuous crisis response to long-term solutions will reduce the number of people experiencing chronic homelessness. Creating supportive housing through smart resource strategies, greater alignment of housing and services, and effective implementation of necessary systems change is the right way to proceed. It will take time to accomplish, but the region must start now in order to address the human suffering, community pressures and growing costs of chronic homelessness.

RECOMMENDATIONS FOR REGIONAL SCALING OF SUPPORTIVE HOUSING

The goal of this plan is to reduce chronic homelessness for people with complex health conditions by scaling a blended housing-services system adequate to meet the regional need within ten years.

This graphic summarizes strategic, early-stage recommendations for initiating the system changes required to expand supportive housing in Multnomah, Washington and Clackamas Counties.

RESOURCE STRATEGIES

IDENTIFICATION

Technical Assistance for Capacity Building

Create Supportive Housing units within existing affordable housing

Create social impact investment vehicles

PRIORITY: Regional Allocation Plan for Supportive Housing
WHY: Set shared goals to scale operations and distribute funds to meet our regional need

ALLOCATION

PRIORITY: New funds for essential support services
WHY: Need flexible funds for essential services not currently covered by Medicaid

ALIGNMENT STRATEGIES

HOUSING SPECIFIC

Ease permitting to accelerate the pipeline

Preference placement of chronically homeless in existing Supportive Housing units

Design trauma informed spaces

PRIORITY: Build units at 0-30% MFI
WHY: Development is a long process: begin building new units while simultaneously identifying funds

Differentiate tenant support, resident, and health services roles

SERVICES SPECIFIC

PRIORITY: Remove funding requirements that limit access to essential services
WHY: Flexible funds improve efficacy by enabling providers to respond to the unique, pressing needs of priority populations

Connect new development projects to existing programs

USE PRINCIPLES IN DECISION MAKING

IMPLEMENTATION STRATEGIES

GOVERNANCE & CHANGE MANAGEMENT

Create new roles to manage service agreements and contracts

Establish regional Supportive Housing funders committee

Establish Supportive Housing implementation committee

Support statewide interagency Supportive Housing steering committee

OPERATING AS A SYSTEM

PRIORITY: Develop management systems for braided funding streams
WHY: Without coupling the primary funding streams of Supportive Housing, we cannot reduce costs while improving outcomes

Track and evaluate progress regionally

Establish regional priorities for coordinated access

PRIORITY: Engage neutral coordinators to convene public-private stakeholders
WHY: Network coordination focused on advancing short term action and long-term strategy is essential for progress in complex collaboration

CAPACITY BUILDING

Assist Supportive Housing communities of practice

Educate stakeholders how a scaled, unified housing-services system works

Commit to a regional, comprehensive equity plan

Train providers to collaboratively operate and successfully sustain Supportive Housing

COMMUNICATION

PRIORITY: Regional communications campaign
WHY: Position Supportive Housing as the most practical and accessible approach to alleviating the crisis of chronic homelessness

Strengthen systemwide communication channels

Align decision making across leadership levels, operational scales, jurisdictions

PRIORITY: Invest in regional system infrastructure
WHY: Baseline housing and social services infrastructure is necessary to scale regional operations

AREAS OF STRATEGIC FOCUS

PRIORITIES & RATIONALES

SPECIFIC RECOMMENDATIONS

Homelessness and Supportive Housing
in Clackamas, Multnomah and Washington Counties
FAQs

Why does it seem like homelessness is more visible today than ever before?

For many, avoiding losing a home means a short-term rent subsidy to cover an unforeseen cost like a health bill or a car repair. However, for people with untreated or undertreated mental illness and addictions, the shortage of housing and high rents means falling through the cracks and struggling on the streets.

That's why **supportive housing** is a critical piece of solving homelessness in our region.

What is Supportive Housing?

Some people need more than a key to a front door to end homelessness. Supportive housing ends chronic homelessness for people with complex conditions such as PTSD from serving in the military, dealing with the trauma of abuse, or pervasive mental health issues.

❖ **Supportive housing combines subsidized rent with tailored services** such as:
   - ⭘ mental healthcare
   - ⭘ addiction counseling
   - ⭘ employment services

Isn't anyone doing anything about it?

Yes! The region has already stepped up to prevent a much larger homelessness crisis:

❖ Cities and counties have piloted new solutions and aligned systems of care to work better for people.

❖ Supportive housing is working but there isn't enough for everyone who needs it.

CSH

Reducing Chronic Homelessness
by Expanding Supportive Housing in the Region

Won't it cost a lot of money?

Doing nothing is not an option, and it's twice as expensive. **It costs nearly 100% more for someone to remain homeless as it costs to provide them with supportive housing.**

- ❖ People with complex conditions experiencing homelessness tend to cycle through expensive systems like – jail, hospitals, emergency shelters — and don't get better.

- ❖ We need 3,121 more supportive housing units in the region, and each costs about $22,500 per year, far less than the cost of homelessness.

- ❖ We can solve chronic homelessness, as we know it, in our region with a funding commitment of $70 million per year. Additional capital funding will have to be committed from other resources, like the regional housing bond, to create the full number of needed housing units.
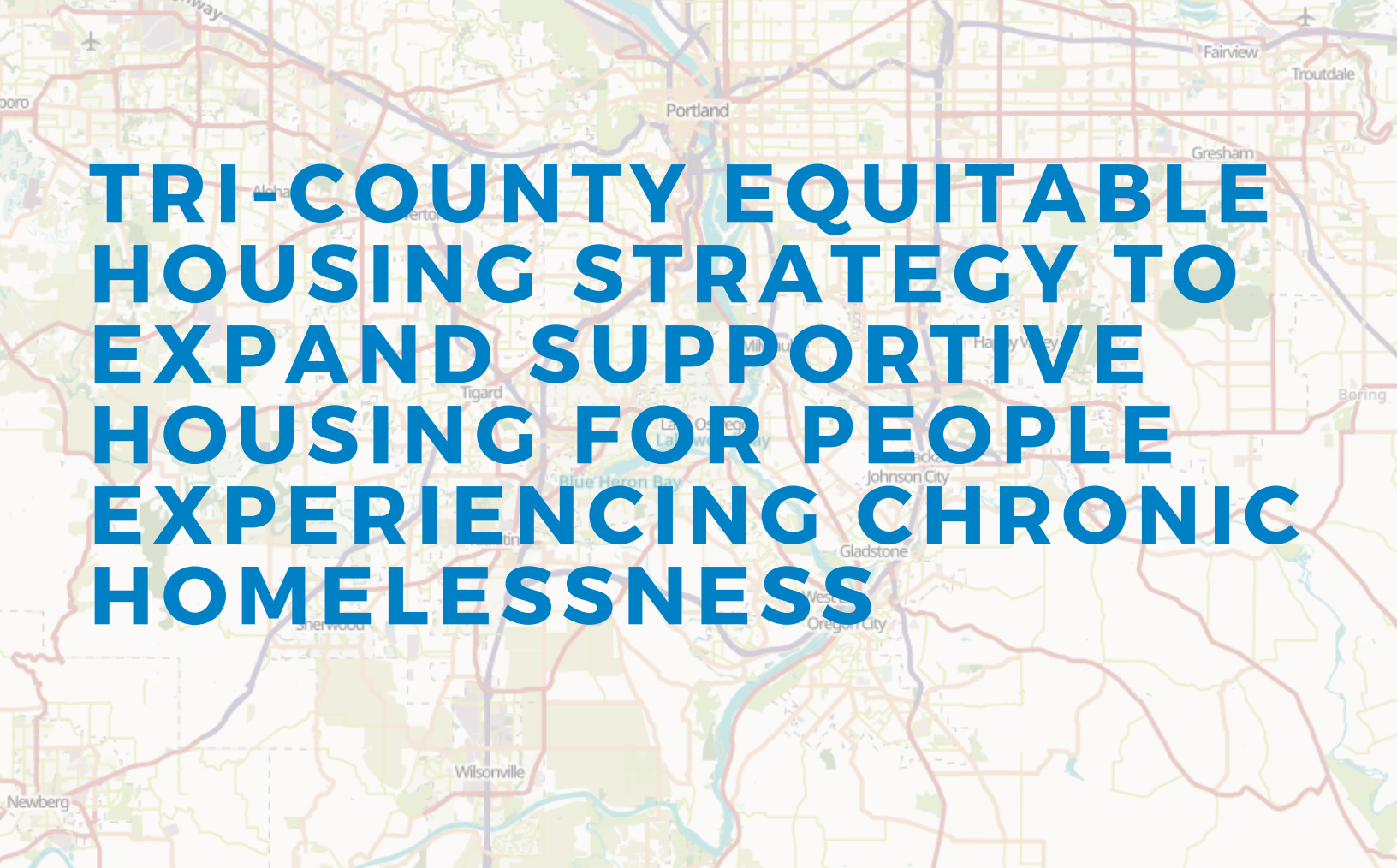

What's next?

- ❖ Partners across greater Portland worked with CSH to research and create a plan to address the region's response to chronic homelessness.

- ❖ Clackamas, Multnomah and Washington Counties have identified the unmet need for supportive housing and what it will take to align our systems to address chronic homelessness.

Learn more about this collaborative report funded by Metro here: **(https://www.csh.org/resources/tri-county-equitable-housing-strategy-to-expand-supportive-housing-for-people-experiencing-chronic-homelessness/)**.

For more information, please email info@csh.org

TRI-COUNTY EQUITABLE HOUSING STRATEGY TO EXPAND SUPPORTIVE HOUSING FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS

PREPARED FOR CLACKAMAS, MULTNOMAH & WASHINGTON COUNTIES BY CSH & CONTEXT FOR ACTION
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[2] According to cost modeling for this report, see page 24.

Shared Challenge, Shared Approach

Complex health needs, trauma, mental illness, substance use disorders, and other disabilities, coupled with the lack of affordable housing for households with extremely low incomes all contribute to individuals and families becoming homeless and often prevent those households from being able to exit homelessness without significant supports. Institutional and structural racism is also a significant driver of chronic homelessness. While the social, emotional and financial burdens of chronic homelessness are most significantly felt by those directly experiencing homelessness, everyone in the region is affected.

Supportive housing, a proven intervention for chronic homelessness aligns deeply affordable housing with effective delivery of supportive services. Supportive housing embraces systemic realignment of regional housing, justice, healthcare and service delivery systems so that they work together. Done well, it stitches together partners and programs across a variety of boundaries, sectors and systems to create accessible pathways that end chronic homelessness, reduce racial disparities and improve health outcomes

Over the long term, supportive housing helps transform societal systems of divestment that result in extreme poverty to socially just, inclusive communities where everyone, especially those with special needs, lives in dignity.

Regional Need, Regional Solutions

Siloed and limited county-by-county approaches to supportive housing are insufficient, and a regional approach increases the potential for impact. Our housing markets, transportation networks, employment and health systems all function on a regional basis. Working together will create a better understanding of the consequences of overburdened systems, develop efficiencies, address common challenges in a shared service delivery system and generate coordinated action to scale systems according to the need. Additionally, coming together as a region will open access to more state, federal and local resources.

Efforts and agreement towards alignment of homeless services systems are well underway. A supportive housing forum held in May, 2019, other extensive metro wide community engagement and an involved Steering Committee significantly contributed to this report and its robust strategies to address resources, alignment and implementation. (See following graphic).

Leaders across the area agree moving from continuous crisis response to long-term solutions will reduce the number of people experiencing chronic homelessness. Creating supportive housing through smart resource strategies, greater alignment of housing and services, and effective implementation of necessary systems change is the right way to proceed. It will take time to accomplish, but the region must start now in order to address the human suffering, community pressures and growing costs of chronic homelessness.

RECOMMENDATIONS FOR REGIONAL SCALING OF SUPPORTIVE HOUSING

The goal of this plan is to reduce chronic homelessness for people with complex health conditions by scaling a blended housing-services system adequate to meet the regional need within ten years.

This graphic summarizes strategic, early-stage recommendations for initiating the system changes required to expand supportive housing in Multnomah, Washington and Clackamas Counties.

RESOURCE STRATEGIES

IDENTIFICATION / ALLOCATION

- Create social impact investment vehicles
- Technical Assistance for Capacity Building
- Create Supportive Housing units within existing affordable housing

PRIORITY: Regional Allocation Plan for Supportive Housing
WHY: Set shared goals to scale operations and distribute funds to meet our regional need

PRIORITY: New funds for essential support services
WHY: Need flexible funds for essential services not currently covered by Medicaid

ALIGNMENT STRATEGIES

HOUSING SPECIFIC / SERVICES SPECIFIC

- Ease permitting to accelerate the pipeline
- Preference placement of chronically homeless in existing Supportive Housing units
- Design trauma informed spaces
- Differentiate tenant support, resident, and health services roles
- Connect new development projects to existing programs

PRIORITY: Build units at 0-30% MFI
WHY: Development is a long process: begin building new units while simultaneously identifying funds

PRIORITY: Remove funding requirements that limit access to essential services
WHY: Flexible funds improve efficacy by enabling providers to respond to the unique, pressing needs of priority populations

USE PRINCIPLES IN DECISION MAKING

IMPLEMENTATION STRATEGIES

GOVERNANCE & CHANGE MANAGEMENT / OPERATING AS A SYSTEM

- Create new roles to manage service agreements and contracts
- Establish regional Supportive Housing funders committee
- Establish Supportive Housing implementation committee
- Support statewide interagency Supportive Housing steering committee
- Track and evaluate progress regionally
- Establish regional priorities for coordinated access

PRIORITY: Develop management systems for braided funding streams
WHY: Without coupling the primary funding streams of Supportive Housing, we cannot reduce costs while improving outcomes

PRIORITY: Engage neutral coordinators to convene public-private stakeholders
WHY: Network coordination focused on advancing short term action and long-term strategy is essential for progress in complex collaboration

CAPACITY BUILDING / COMMUNICATION

- Assist Supportive Housing communities of practice
- Educate stakeholders how a scaled, unified housing-services system works
- Commit to a regional, comprehensive equity plan
- Train providers to collaboratively operate and successfully sustain Supportive Housing
- Strengthen systemwide communication channels
- Align decision making across leadership levels, operational scales, jurisdictions

PRIORITY: Regional communications campaign
WHY: Position Supportive Housing as the most practical and accessible approach to alleviating the crisis of chronic homelessness

PRIORITY: Invest in regional system infrastructure
WHY: Baseline housing and social services infrastructure is necessary to scale regional operations

AREAS OF STRATEGIC FOCUS

PRIORITIES & RATIONALES

SPECIFIC RECOMMENDATIONS

INTRODUCTION

Financial support from Metro (www.metro.gov) helped develop this "Tri-county Equitable Housing Strategy to Expand Supportive Housing for People Experiencing Chronic Homelessness." This strategic plan provides recommendations to reduce chronic or long-term homelessness for people with complex health conditions through a scaled, blended service and housing system that provides flexible service dollars and ensures a stable, long-term stock of supportive housing adequate to meet the regional need. The intended audiences are:

- Elected officials and other policymakers who can exercise the necessary political will to promote the creation of supportive housing through resource development and prioritization as well as systems change;
- Leaders of systems that are affected by chronic homelessness such as health care and justice;
- Jurisdictional and non-profit sector leaders who will have responsibility in implementing the recommendations;
- Business sector leaders who have a stake in reducing chronic homelessness, permanently;
- Those who work in the field of homelessness, affordable housing and services; and
- Community members who are interested in reducing chronic homelessness in the Metro region.

Context for Action (www.contextforaction.com) and CSH (www.csh.org) engaged in a Tri-county community effort to increase understanding of how individual communities respond to chronic homelessness and determine methods of establishing a regional response. A Steering Committee (see list of members, charter and work plan in Appendix A) led this effort with significant support from County jurisdictional leaders. On May 10, 2018, CareOregon, a regional non-profit Managed Care Organization, Kaiser Permanente, CSH and Metro hosted a supportive housing forum. Other engagement efforts included facilitating funders, nonprofit providers and people with lived experience in Portland and Multnomah County to establish a plan to create 2,000 units of supportive housing.[3] Technical Advisory Groups (TAG's), Subject Matter Experts (SME's) and people with lived experience were consulted in Clackamas and Washington Counties to provide context, understanding and environmental scans to provide local information that informs a regional response.

Data and analysis on the following informed this process:

- Evidence Base for supportive housing
- Cost Effectiveness of supportive housing
- Data Supporting a Regional Response
- Characteristics of People in Need of supportive housing – including information on over-representation of people of color
- Need for supportive housing in Tri-county Region
- Cost of supportive housing in Tri-county Region

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[3]Scaling Smart Resources, Doing What Works: A System Level Path to Producing 2,000 Units of Supportive Housing in Portland and Multnomah County
https://static1.squarespace.com/static/566631e8c21b864679fff4de/t/5b97e85d898583c10adab079/1536682086265/CSH+Supportive+Housing+Report_Sept7_FINAL.pdf

Racial equity process

Each County has engaged in racial equity work and brought that experience to the Steering Committee. Combined with the skills, dedication and commitment to racial equity practiced by other Steering Committee members representing community based and service delivery organizations in each County, including culturally specific agencies, created rich discussions. What resulted was an agreed upon racial equity vision, goal and commitment statement articulating racism as a primary structural and institutional barrier and root cause of homelessness. In order to operationalize this belief, accountability questions (see appendix B) were designed to ensure that this and future steering committees would continue to acknowledge racism as a root cause and designate resources to support solutions designed specifically for homeless people of color.

Multnomah County's A Home For Everyone (AHFE) developed a slate of recommendations to reduce racial disparities in chronic homelessness using its Chronic Homelessness Framework[4] This included participating in the SPARC initiative, which centers the voice of people of color experiencing homelessness to better understand how structural racism contributes to racial disparities in homelessness. That work, as well as additional planned engagement within Latinx, Asian and African immigrant, and Native American communities is intended to help better identify and quantify long-term housing and service needs across multiple communities of color and to guide strategies that specifically address racial disparities in homelessness.

Washington County and City government representatives collaborated with culturally specific community organizations based in the County to research racial justice. A local steering committee worked collaboratively with the Research Justice Center of the Coalition of Communities of Color to create a common vision with key messages and strategies documented in "Leading with Race: Research Justice in Washington County" released in 2018.[5] The recommendations support the work of community partners to address the needs of communities of color to include people experiencing homelessness through equity, racial justice and a trauma informed lens. Implementation of the messaging and strategies include people of color in leadership, planning and prioritizing roles, which mirrors the regional work of neighboring jurisdictions.

Clackamas County's Coordinated Housing Access system is action oriented around equity issues. The County discovered disparities through an Equity Analysis, completed in 2015, and undertook extensive outreach and increased networking in the impacted communities. One result was that Immigrant & Refugee Community Organization (IRCO) was awarded funding for Continuum of Care (CoC) resources in the 2018 competition. Ongoing outreach also continues in the Latinx community, including adding funding for Northwest Family Services to support their work with this community. An updated Equity Analysis is underway that will be re-looking at similar factors as well as program exit data for the first four years of the Coordinated Housing Access system. Additionally, Clackamas County has also empaneled an Affordable Housing and Homelessness Task Force that has made advancing racial equity a top priority. The Task Force has adopted an equity lens, has a diverse membership - including residents with lived experience - and is actively gathering input from impacted and marginalized communities to all of its draft recommendations. The system is committed to addressing discovered disparities.

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[4] Available here:
https://static1.squarespace.com/static/566631e8c21b864679fff4de/t/5ad663a56d2a7365175b2bd0/1523999670272/CH_Strategic_Framework

[5] Available here: http://www.coalitioncommunitiescolor.org/leadingwithrace

SECTION 1: SUPPORTIVE HOUSING

Supportive housing is a proven solution for highly vulnerable people who have complex health needs, including those with untreated or undertreated mental illness and addictions and have long-term homelessness in their background. It combines deeply affordable housing with supportive services to help people live with stability, autonomy and dignity.

This includes tenancy support services with connections to clinical services to provide access to health and behavioral health treatment. It also incorporates employment support as people begin to regain their health, thrive in their housing and prepare for more financial independence. Supportive housing is an evidence-based intervention with specific, recommended staff-to-client ratios, approaches to services, and quality standards for housing and services operations.[6] While less expensive than the status quo, supportive housing is a more costly intervention than affordable housing with resident and/or social services. Therefore, it needs to be directed to those who need it most, which is not everyone who experiences homelessness or housing insecurity.

Creating and enhancing existing supportive housing requires systemic changes to the way housing and services work together. Supportive housing aligns housing with effective delivery of supportive services, such as tenancy support services that address the needs, traumas and challenges experienced by people experiencing homelessness in order to improve resilience and stability. Positive outcomes improve quality of life and provides a stable foundation for many to transition to financial independence.

Supportive housing is a coordinated response that groups and connects services and resources for easier access. This is in contrast to the status quo where many homeless individuals may inefficiently cycle with various entities that, while perhaps while providing a successful intervention, find that clients, patients, tenants and/or offenders are falling back into homelessness. This exacerbates their conditions and often results in people going through an "institutional" circuit. It also generates a high financial and social price tag.

Many types of supportive housing exist depending on the needs of the populations. It is "tenant centric", meaning it meets the diverse needs of people who experience long-term homelessness and housing instability. For example, coordinated with appropriate and culturally specific community supports and greater access for communities of color, supportive housing can reduce racial disparities. Other examples include; recovery housing (which may or may not be permanent) that is focused on serving and housing people whose primary reason for homelessness is addiction[7]; recovery from other disabilities, including mental illness and other complex health conditions; and Housing First, which is a low-barrier approach to housing highly vulnerable populations.[8] Housing First is a recognized best practice for supportive housing. It allows people with higher needs to obtain the services and stability they need to improve their lives by providing a stable place, first. Additionally, the physical structure of supportive housing; scattered site, integrated with other affordable or market rate housing and single site or congregate housing are all models that promote consumer choice.

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[6] See CSH's Dimensions of Quality Supportive Housing here: https://www.csh.org/supportive-housing-101/quality/

[7] US HUD Recovery Housing Policy Brief (https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf)

[8] Details on Housing First (https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf)

Cost Effectiveness

When implemented with fidelity to national quality standards, a growing body of research shows that supportive housing can help improve physical health, foster mental health recovery, and reduce alcohol and drug use among formerly homeless individuals resulting in improved health outcomes and lower system wide costs.

Cost studies in six different states and cities found that tenants in supportive housing significantly reduce their use of more expensive facilities to meet immediate needs, such as homeless shelters, hospitals, emergency rooms, jails and prisons. Some examples of successful outcomes for people in supportive housing follow:

- Emergency room visits decline by 57%[9]

- Use of emergency detoxification services decline by 87%[10]

- The rate of incarceration declines by 52%[11]

- More than 83% stay housed for at least one year[12]

The Bud Clark Commons (BCC), a supportive housing development in Portland, has 130 apartments for people with long-term experiences of homelessness and complex health needs. In the year before they moved into BCC, residents receiving Medicaid averaged total monthly health care costs of $1,626. In the year after moving in, average costs were $899 per month, a 45% decline. Total Medicaid cost reductions were greater than $.5 million in the first year.[13]

Similarly, a supportive housing project in Washington State, 1811 Eastlake, is nationally recognized for its documented success improving health outcomes. Their priority population are those experiencing chronic homelessness who have severe alcoholism and high use of crisis services. Research showed that 95 tenants of this project had total costs of $8,175,922 in the year prior to the study, which decreased to $4,094,291 in the year after enrollment, showing a 53 percent total cost rate reduction for housed participants relative to wait-list controls and historical data on service usage. Total emergency costs for this sample declined by 72.95%, or nearly $600,000 in the two years after the program's launch. The project also found that supportive housing tenants dramatically reduced alcohol use within 12 months of tenancy (24% fewer drinks per day and 65% fewer days intoxicated).[14]

The following chart illustrates the difference in local costs between supportive housing (as modeled in this report) and institutions that often serve people who could be served better by supportive housing.

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[9] Martinez, T. & Burt, M. (2006). Impact of supportive housing on the use of acute care services by homeless adults. *Psychiatric Services, 57*, 992-999.

[10] Larimer, M.E., Malone, D.K., Garner, M.D., et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association, 301(13)*, 1349-1357.

[11] Larimer, M.E., Malone, D.K., Garner, M.D., et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association, 301(13)*, 1349-1357.

[12] Barrow, S., Soto, G., & Cordova, P. (2004). Final report on the evaluation of the closer to home initiative.

[13] Source: The Center on Outcomes, Research and Education. Report here: https://oregon.providence.org/~/media/Files/Providence%20OR%20PDF/core_housing_report_bud_clark_commons.pdf

[14] Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., . . . Marlatt, A. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. Journal of American Medicine, 1349-1357.

Intervention	2018 Cost (Average)[15]	Duration
In-patient stay in Oregon State Hospital	$1,364	Per day
Emergency Department	$500	Per visit
Clackamas County Jail	$107	Per day
Multnomah County Jail	$252	Per day*
Washington County Jail	$145	Per day*
Average Jail in Metro Region	$168	Per day
Supportive Housing	$59-64	Per day

*Includes Medical Costs

Numerous examples of cost savings in health and justice systems exist and are worth exploring. More information on cost savings for health systems can be found in CSH's Report "Supportive Housing & Healthcare Utilization Outcomes State of the Literature."[16] Information on Jail cost savings for the New York City FUSE (Frequent Users, Systems Engagement) project is available through a research study by Columbia University's Mailman School of Public Health.[17] CSH also conducted an extensive literature review documenting the evidence base for supportive housing.[18]

SECTION 2: SCALE AND INTEGRATION: A SYSTEMS APPROACH TO REGIONAL SUPPORTIVE HOUSING PROVISION

Systems change is fundamentally about telling new stories about what we want for society and what is important for the good of the whole.

Creating supportive housing requires changing the way the systems work together. To understand the interconnected dynamics of systems, change makers need to understand the root causes of chronic homelessness.

The Steering Committee participated in a process to map existing system conditions to provide a baseline agreement of what is currently happening. The resulting Causal Map of Chronic Homelessness (see next page) calls out the conditions and context, primary nodes of activity and "mental models" or rooted beliefs that make real change difficult to achieve. The causal map shows how these factors generate chronic homelessness and increase collective social costs.

Shifting Mental Models

Homelessness is fraught with misperceptions, assumptions, and stigmas that generalize, dehumanize and categorize individuals in order to sidestep collective responsibility for taking care of community members. Shifting mental models is difficult and requires long-term commitment. Participants in all forms of engagement spoke to the need of changing these "mental models" as a precursor - or at least a part of - this work and its eventual success.
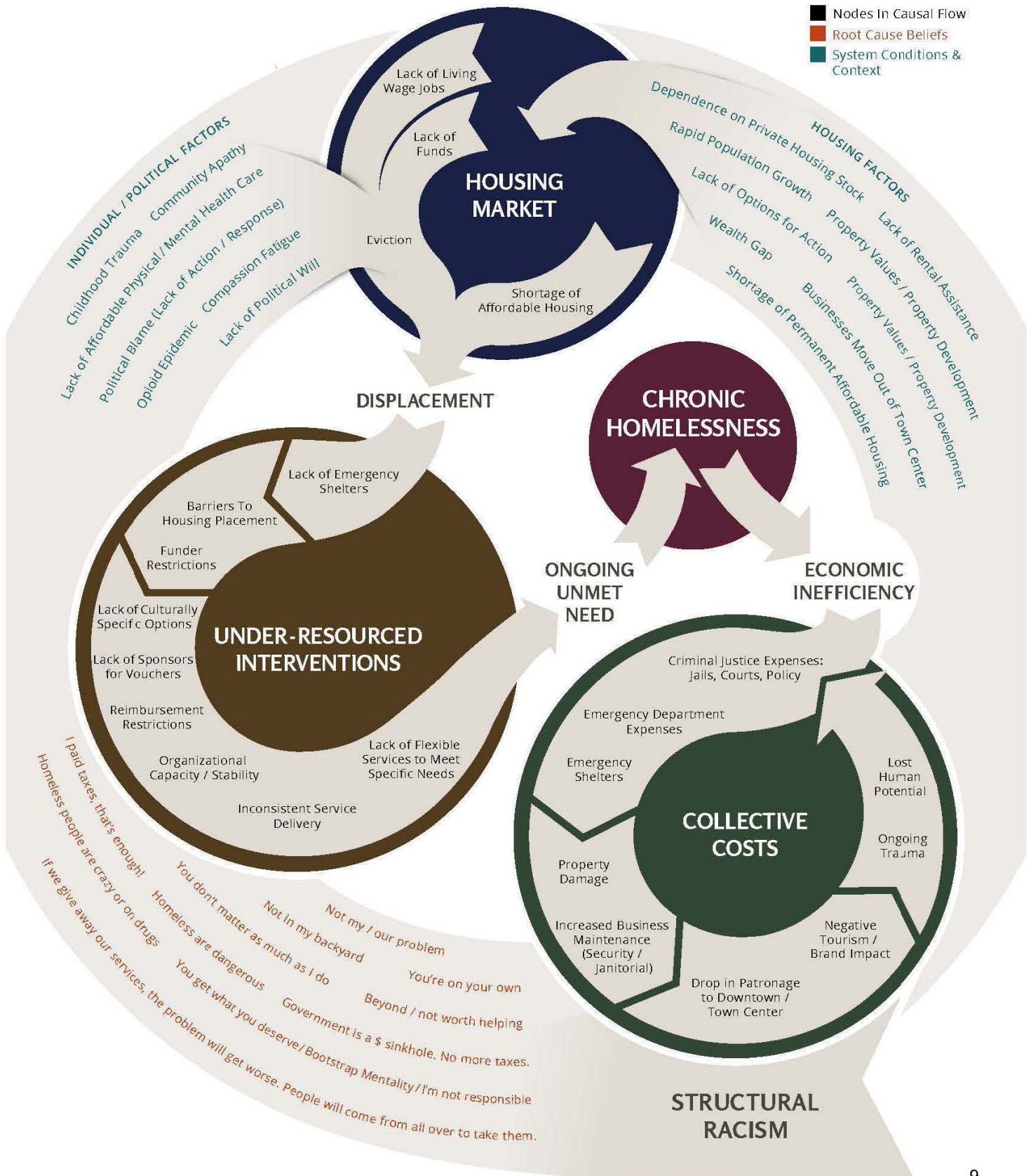
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[15] Sources: Street Roots, "How Hard is it to have Someone Committed?" (October 12, 2018); Center for Outcomes, Research and Education (via Health Affairs); Clackamas County Jail; Multnomah County Sheriff's Office Research and Planning Unit & Multnomah County Local Public Safety Coordinating Council; Washington County Jail; CSH.

[16] https://www.csh.org/wp-content/uploads/2018/07/CSH-supportive-housing-outcomes-healthcare_Final.pdf

[17] https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf

[18] https://www.csh.org/wp-content/uploads/2018/07/CSH-Lit-Review-All-Papers.pdf

CHRONIC HOMELESSNESS: CAUSAL MAP

Legend:
- Nodes In Causal Flow
- Root Cause Beliefs
- System Conditions & Context

HOUSING MARKET
- Lack of Living Wage Jobs
- Lack of Funds
- Eviction
- Shortage of Affordable Housing

INDIVIDUAL / POLITICAL FACTORS
- Childhood Trauma
- Community Apathy
- Lack of Affordable Physical / Mental Health Care
- Political Blame (Lack of Action / Response)
- Opioid Epidemic
- Compassion Fatigue
- Lack of Political Will

HOUSING FACTORS
- Dependence on Private Housing Stock
- Rapid Population Growth
- Lack of Options for Action
- Lack of Rental Assistance
- Wealth Gap
- Property Values / Property Development
- Property Values / Property Development
- Businesses Move Out of Town Center
- Shortage of Permanent Affordable Housing

DISPLACEMENT

CHRONIC HOMELESSNESS

UNDER-RESOURCED INTERVENTIONS
- Lack of Emergency Shelters
- Barriers To Housing Placement
- Funder Restrictions
- Lack of Culturally Specific Options
- Lack of Sponsors for Vouchers
- Reimbursement Restrictions
- Organizational Capacity / Stability
- Lack of Flexible Services to Meet Specific Needs
- Inconsistent Service Delivery

ONGOING UNMET NEED

ECONOMIC INEFFICIENCY

COLLECTIVE COSTS
- Criminal Justice Expenses: Jails, Courts, Policy
- Emergency Department Expenses
- Emergency Shelters
- Lost Human Potential
- Ongoing Trauma
- Property Damage
- Increased Business Maintenance (Security / Janitorial)
- Negative Tourism / Brand Impact
- Drop in Patronage to Downtown / Town Center

STRUCTURAL RACISM

Root Cause Beliefs
- I paid taxes, that's enough!
- Homeless people are crazy or on drugs
- If we give away our services, the problem will get worse. People will come from all over to take them.
- You don't matter as much as I do
- Homeless are dangerous
- You get what you deserve / Bootstrap Mentality / I'm not responsible
- Not in my backyard
- Not my / our problem
- You're on your own
- Government is a $ sinkhole. No more taxes.
- Beyond / not worth helping

9

Racism was identified by the Steering Committee as the most rooted mental model contributing to chronic homelessness. Institutional racism is a primary driver that disproportionately increases the risk for people of color to end up experiencing homelessness in addition to reduced access to needed services. Regional and national research points to several reasons people of color experience greater individual burdens and fewer collective benefits. This includes increased risk for exposure to the justice system and the repercussions of re-acclimation, higher risk for stress induced trauma from daily doses of racism and discrimination, and lack of overall economic and social mobility that results in the undermining of skills and opportunities to move out of systems of poverty. [19] What results are alarmingly high rates of homelessness amongst people of color, most notably those identifying as African American and Native American. [20]

Because of these and other factors, the supportive housing Steering Committee discussed and determined an agreed upon approach to centering racial equity in their thinking and decision-making. As part of the process of integrating the racial equity into past, current and future discussions and decisions, a racial justice commitment, vision and accountability questions were created.

RACIAL EQUITY COMMITMENT

Housing, justice, health and other related fields recognize how racism is a material cause of homelessness. Members of this process commit to the active transformation of institutional policies, practices and decision making that results in systematic equitable treatment of people of all races. Past harms are addressed by prioritizing the distribution of resources and power to people that have been and continue to be excluded due to pervasive, intersecting effects of systemic oppression.

Supportive Housing Steering Committee Regional Vision:
Institutional and structural racism no longer cause gaps in income, wealth, education, housing, justice, health, employment, power, access to resources and democratic participation. All persons regardless of race have equitable access to the resources, opportunities and power necessary to eliminate gaps and improve the quality of their lives.

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[19]SPARC Supporting Partnerships for Anti-Racist Communities. Phase 1 Report. March 2018. http://center4si.com/wp-content/uploads/2016/08/SPARC-Phase-1-Findings-March-2018.pdf

[20]ibid

Systems Redesign: Scaling Positive Change through Shared Principles

Movement from a practice of disparate to aligned, collective action is facilitated with shared principles to guide decisions. Principles are used as a tool for systems stakeholders to ensure decisions are aligned with common goals to create broad-spectrum change. Actions based on shared principles designed to keep the system in sync can occur despite not being able to track everything simultaneously. The principles emerged from stakeholders, key informants and Steering Committee members.

System Redesign Principles

1. Prioritize people, relationships, and connectivity—among tenants, with providers, across the system as a whole

2. Advance equity and operate with respect for and competence to serve people in the racial, ethnic, cultural, and other contexts within which they live

3. Establish diverse, ongoing sources of funding that can be used flexibly

4. Prioritize supportive housing resources to serve those with greatest, most complex needs

5. Ensure a variety of housing and services can be tailored to individual circumstances

6. Take intentional, preventative action to support housing retention

7. Invest in capacity building for partnership coordination, information flow, and workforce expansion

8. Build on current organizational strengths and create the systems level roles, structures and practices necessary to produce new results

9. Develop practices from existing evidence-base and evolve practices with experience

10. Hold implementers, funders and policy makers accountable for collaboration and outcomes

11. Consider appropriate scale and system dynamics in decision making

12. Align and coordinate regional data tracking with stated goals to inform ongoing implementation

Call to Action

Leaders prepared to transition from a mindset of "what is" to "what will it take" are necessary in the equitable expansion of supportive housing. Effective leaders will model, champion, and encourage:

Centering all supportive housing expansion conversations in racial equity
A system wide perspective of interdependence
Realistic conversations about what it will take and the consequences of inaction
Innovation mindset and willingness to take risks
Bridge building to eliminate boundaries and silos
Broad participation, shared responsibility and commitment

SECTION 3: REGIONAL APPROACH TO ADDRESSING CHRONIC HOMELESSNESS
Introduction

As discussed in several stakeholder meetings, highly vulnerable people who require supportive housing are often focused on meeting their needs for food, safety, warmth and shelter. They may not differentiate between County lines and other jurisdictional boundaries, traveling as able, in search of assistance. As resources tend to be consolidated in urban centers, people in suburban and rural areas face hard choices between emotional support from kinship networks and the availability of clinical care, support services, jobs and housing to meet critical needs. As a result, urban centers tend bear the costs associated with providing for greater numbers of people. Additional discussion, in the engagement process, indicated that services and housing are often overburdened in urban areas. This creates long waitlists and increased bureaucracy and therefore reduces access thus resulting in movement to suburban areas to seek out greater availability.

"WHAT WE CAN DO TOGETHER IS EXPONENTIALLY BETTER THAN WHAT WE CAN DO INDIVIDUALLY."
- SUBJECT MATTER EXPERT

An important consideration for a regional approach is the shared burden of lack of affordable housing. According to a 2018 report by ECONorthwest, issued by the Oregon Community Foundation, "baseline forecasts predict the region's median rents will increase by 14 percent during 2018-2022."[21]

Many health systems (e.g., Adventist Health Portland [an OHSU Partner], Kaiser Permanente, Legacy Health, OHSU, and Providence Health and Services), the regional Coordinated Care Organization (Health Share of Oregon) and non-profit MCO, CareOregon, operate on a regional basis. Most health systems have hospitals and other healthcare programs and facilities in the Tri-county area, and for those who do not, they serve people who come from all over the metro area.

"This conversation would've been harder to have a few years ago - the timing is right to have these conversations - the greater community will be more responsive." -- TAG participant

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[21] https://www.oregoncf.org/Templates/media/files/publications/homelessness_in_portland_report.pdf

Supporting Data

As described, people often travel to meet their housing, service and employment needs, and the data show the impact on communities in the Tri-county region. Based on data pulled from the regional Homeless Management Information System (HMIS) from 2014-2016 (3 years), 53,512 duplicated numbers of clients accessed homeless services in the metro region. Of those who were served in more than one County, the breakdown is as follows:

- Of 2,880 people served in Clackamas County 18.4% (or 530) were also served in one or both of the other 2 counties

- Of 46,973 people served in Multnomah County 2.8% (or 1,297) were also served in one or both of the other 2 counties

- Of 4,970 people served in Washington County 16.9% (or 841) were also served in one or both of the other 2 counties
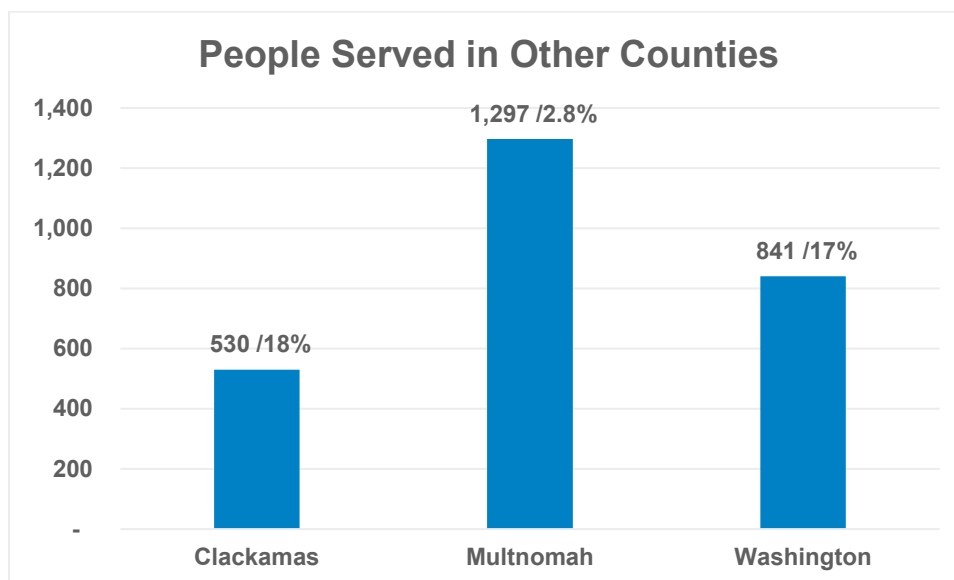
As the data and chart reflect, while a greater percent of people served in Clackamas and Washington Counties also sought services and/or housing in other counties, a larger number of people who sought resources in Multnomah County also looked for services and/or housing in other counties. While there is not detailed research about households' movement throughout the region, these data support service providers' anecdotal experience that many people seek services in multiple counties for complex reasons related both to personal needs and to variability and availability of supportive resources and housing.

Some have used this reality to advocate for County-level residency requirements for access to resources or to suggest that expansion of affordable housing and supportive services should be avoided, lest they attract people with needs from neighboring counties. In contrast, stakeholders in this process acknowledged that the more productive response to this existing reality is a clear-eyed assessment of needs throughout the region, coupled with actionable plans to scale supportive housing throughout the region in a coordinated approach among local jurisdictions, responsibly.

Interviews with subject matter experts, focus groups and surveys with people with lived experience, illustrated that it was important to promote a regional response to chronic homelessness. Particularly, people with lived experience often cited that they wanted to live and receive services near the neighborhoods and communities where they had the most familiarity, though they realize that most

housing opportunities come on a first come, first served basis, which may mean movement across the region.

With clear, shared priorities and new tools, efficiency is gained in addressing common challenges with limited resources organized at a scale appropriate to the challenge. Funding structures, Memorandums of Understanding, service delivery methods and partnerships can all benefit from a regional approach.

Provider Capacity

Some providers already offer supportive housing work in multiple counties. Among 69 agencies throughout the metro region that currently operate supportive housing dedicated to people who were homeless at entry, six agencies have programs and projects across counties[22]:

Clackamas	Multnomah	Washington
Central City Concern	Central City Concern	
Northwest Housing Alternatives	Northwest Housing Alternatives	Northwest Housing Alternatives
Cascade AIDS Project	Cascade AIDS Project	Cascade AIDS Project
	Community Partners for Affordable Housing	Community Partners for Affordable Housing
	Lifeworks NW	Lifeworks NW
	Luke-dorf Inc.	Luke-dorf Inc.

This information documents supportive housing providers as defined by the U.S. Department of Housing and Urban Development (HUD), and does not count agencies that may provide it as defined by other funding sources. Nonetheless, it is helpful to understand that only 7% of agencies considered operate programs in multiple counties. Participants in the Steering Committee recognized the value of being able to work across County lines with partners. This information suggests that, at least historically, relatively few service providers have organized to do this. A regional response can better support cross-county provider work. Systems collaboration results in streamlined funding and barrier reduction. This would result in greater ease for these and other nonprofits to address regional responses and create partnerships (i.e., more capacity) across housing and services needed to create supportive housing. Additionally, the lack of funding to culturally specific organizations and programming across the region for homeless programs is clear. Regional responses will need to address this by connecting these agencies with current supportive housing providers as well as fund them directly to provide supportive housing for their participants who need that intervention.

Regional, Statewide and Local Efforts Underway

The value of this effort provides a comprehensive, prioritized roadmap to initiate implementation of changes designed to achieve regional integration and scale. In the efforts that follow, each overlaps with other plans and contributes to the common goal of reducing homelessness among highly vulnerable people.

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[22] Data supplied by Clackamas, Multnomah and Washington County Housing Inventory Counts submitted to the U.S. Department of Housing and Urban Development.

REGIONAL
Metro Affordable Housing Bond

The recent passage of the Metro Affordable Housing Bond (Bond) bolsters interest and momentum to create a regional approach to supportive housing. The Bond will fund the development of 3,900 affordable units, of which 41% (1600) will be dedicated to households at or below 30% Area Median Income (AMI). [23] The Bond provides jurisdictions new resources as well as the incentive and opportunity to plan with a new, regional scope. Each County will receive funds to support the development of the following:

County	All units	0-30% targets
Clackamas	812	333
Multnomah	1773	727
Washington	1315	540
Total	**3900**	**1600**

Regional Supportive Housing Impact Fund Collaborative

In 2016-2017, several health systems and foundations (Oregon Health and Sciences University [OHSU], Adventist Health Portland [an OHSU Partner], CareOregon, Collins Foundation, Kaiser Permanente, Legacy Health, Meyer Memorial Trust, Oregon Community Foundation, and Providence Health and Services) provided $22.6 million dollars to support capital development 379 units of supportive housing through Central City Concern.

Continuing this work, these partners, as well as Cambia Health Foundation, formed the Regional Supportive Housing Impact Fund (RSHIF) Collaborative. They are currently engaged in a strategic planning process aimed at making recommendations for potential investments to increase capacity of supportive housing in the Metro area. This collaborative contracted with CSH, ECONorthwest, Ed Blackburn and Providence CORE, to create the final plan, complete with implementation recommendations for increasing funding for quality supportive housing.

The key components of the RSHIF strategic plan are:

- Recommending and developing a regional supportive flexible fund that can provide rent subsidies, supportive services and capital for the creation of supportive housing units ramping up over a period of 1-5 years. This will include resources, policy recommendations and advocacy for dedicated revenue sources as well as engaging strategic partners, including members of the business community, to assist in this effort.

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[23] 30% of AMI for a household of one is $17,100 in the Portland region. It is $22,000 for a household of three.

- Identifying the root causes of housing unaffordability for people at 0-30%/0-15% of area median income and proposing the best funding strategies to meet that need locally.

- Aligning health care services, mental health and addictions treatment and tenancy support services with direct access to supportive housing for high needs homeless people. While many programs coordinate care to achieve this, none functions at a system-level scale.

- Assessing and designing a system of data analytics that can guide cost effective allocation of critical services and flexible fund supports, measure the effectiveness of those investments over time and provide real-time data to help conduct continuous quality improvement on outcomes for tenants and potential tenants.

This effort largely focuses on highly vulnerable individuals who stay in institutional, acute care, residential settings, or other licensed facilities who often have no place to go following discharge. They often also have long-term homelessness in their backgrounds. The need for supportive housing for this population is great, extending beyond what is noted in this report, and the data-driven, strategic plan will provide guidance on the amount and types of resources that are most needed to create supportive housing for this population with an eye toward systems level care transitions.

STATEWIDE EFFORTS
Oregon Statewide Supportive Housing Strategy Workgroup

Oregon Housing and Community Services (OHCS) and the Oregon Health Authority (OHA) created the Statewide Supportive Housing Strategy Workgroup (SSHSW) to inform and advise on key program, policy considerations, and develop an implementation framework to expand supportive housing across Oregon. The workgroup included over 20 members representing diverse geographies of the state and a mix of human service, homeless service, affordable housing, justice and health care professionals. The workgroup focused on particular aspects of supportive housing from housing capital, rental assistance, supportive services and the infrastructure necessary to coordinate across systems. While the workgroup has completed their service, staff will be actively working with these members during the 2019 Legislative session. In this session, the Governor's budget asks for over $54 million in housing capital for supportive housing with rental assistance and supportive services coming from OHA. OHCS and OHA plans for a State Agency Supportive Housing group to implement the recommendations[24] that include expanding supportive housing using new and existing housing and service resources, providing training and technical assistance and strengthening cross agency and local community collaboration.

Coordinated Care Organizations 2.0

As defined by the Oregon Health Authority (OHA), "A coordinated care organization (CCO) is a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid)." OHA released a Request for Applications (RFA) to potential CCO's in order to "level - up" the work and effectiveness of CCO's in meeting outcome and quality measures by placing a stronger focus on prevention via the Social Determinants of Health (SDOH). This RFA supports the Governor's priorities for CCO 2.0, all of which are in alignment with supportive housing.

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[24] (available here: /https://www.oregon.gov/ohcs/DO/sshwg/12-05-2018-Oregon-SSHSW-Framework-Recommendations.pdf)

Governor's Guidance for CCO 2.0	Alignment with Supportive Housing
Improve the behavioral health system	Combine behavioral health services with stable housing
Increase value and pay for performance	Supports and/or directly improves health outcomes
Focus on social determinants of health and health equity	Supportive housing is, by definition, housing, a key determinant. The Tri-county Plan also centers on racial equity, which prioritizes people of color who experience homelessness (who are often at great risk of poor health, based on social conditions) to be housed through culturally specific strategies
Maintain sustainable cost growth	Supportive housing can help maintain sustainable cost growth by offsetting costs to other components of health systems

COUNTY SPECIFIC EFFORTS

Scaling Smart Resources, Doing What Works: A System-Level Path to Producing 2,000 Units of Supportive Housing in Portland and Multnomah County

On September 11, 2018, CSH presented this framework (see page 4) to a Joint Session of the Multnomah County Board of Commissioners and the Portland City Council. The plan outlines a process that included funders from the City of Portland, Multnomah County, Home Forward and the Joint Office on Homeless Services (the conveners). This plan was the result of a resolution passed by the City and County in October of 2017 that called for an examination of the cost of creating 2,000 units of supportive housing, a path for recognizing resources that could be prioritized for these units and recommendations for local implementation. Though it preceded the regional supportive housing planning work represented here, this Multnomah County-focused plan recommends alignment to regional planning goals and implementation structures as they emerge.

Frequent User Systems Engagement Work (FUSE) in Multnomah County

Meyer Memorial Trust funded CSH to lead a local FUSE initiative to use data to identify people who make frequent use of jails, shelters, hospitals, and/or other crisis public services because they do not have access to the housing and services that they need. The work is currently in systems engagement and data assessment stages and will continue through 2020. In addition to identifying and housing high utilizers, the process expected to identify opportunity areas of collaboration across health, justice and homeless systems for supportive housing expansion in alignment with this plan. A final intention of the process is to ensure identified frequent users receive the supportive housing they need to break the institutional circuit and reduce high utilization of expensive interventions. The cross-system data sharing and coordination required to implement the FUSE initiative has catalyzed partnerships that will be required for implementation of this regional supportive housing plan.

Clackamas County Frequent Users Systems Engagement (FUSE)

The Toulon School of Urban Studies and Planning and the Regional Research Institute for Human Services at Portland State University – Homeless Research and Action Collaborative are conducting a one-time study on the feasibility of reducing the use and cost of public services by providing permanent housing to the most frequent users, along with intensive individualized support. This study focuses on the most frequent users of public services in Clackamas County, Oregon, such as emergency rooms, jails and hospitals. Piloted in many other communities, the FUSE model is based on the "Housing First" concept that secure housing is the first step and essential to stabilizing the personal and financial lives of individuals. Commissioned by Clackamas County Health, Housing & Human Services, the analysis is currently in the initial stage of identifying system partners and establishing data sharing arrangements. A final report of findings will be completed no later than June 30, 2019.

Portland's Housing Bond (City of Portland)

Portland's Housing Bond is a voter-backed initiative to create affordable housing in Portland for households earning at or below 60% of Area Median Income (AMI.) The $258.4 million general obligation bond was passed in November 2016 by Portland voters and will create 1,300 new affordable homes over the next several years. Portland's Housing Bond Policy Framework, a set of community priorities, guides investments, which includes the goal to create 300 units of supportive housing for very low-income households and households exiting from homelessness.

Supporting Partnerships for Anti-Racist Communities (SPARC) in Multnomah County

Multnomah County is one of a national cohort of communities addressing structural racism as a driver of homelessness through the SPARC initiative, led by the Center for Social Innovation. Through SPARC, a broad range of stakeholders in Multnomah County are identifying opportunities for achieving structural change objectives that will include reorganization and alignment of Continuum of Care (CoC) governance, redistribution of funding (e.g., increased braided funding and aligned budget cycles) and incorporating Human-Centered Design for assessment to implement continuous quality improvement strategies. Each of these objectives will have implications for achieving racial equity through implementation phases of regional and Multnomah County-focused supportive housing plans.

A Home for Everyone (AHFE) Board and Committees (Multnomah County)

Multnomah County has a robust multi-sector multijurisdictional governance structure charged with overseeing planning and implementation of community-wide ending homelessness strategies, including those specifically addressing chronic homelessness and racial equity. Its Executive Committee includes Portland's mayor, the County chair and several other elected and appointed representatives of local government, philanthropy, faith and business communities. Its Coordinating Board includes representatives from a wide range of homeless service providers, collaborating sectors (like education, law enforcement and health care), and people with lived experience of homelessness. Implementation of local and regional supportive housing plans through the AHFE governance infrastructure will assure alignment with the broader efforts, including routinely seeking input from the AHFE Health, Housing and Equity Committees.

Clackamas County Housing Affordability and Homelessness Taskforce

The Housing Affordability and Homelessness Policy Task Force was appointed in 2018 by the Board of County Commissioners to research, recommend and support new policies and strategies aimed at housing affordability and homelessness in Clackamas County. Task Force members help represent business and community interests in discussions and encourage participation in two community-based summits targeted for the late 2018 and early 2019. The Task Force will gather information and make specific near term recommendations on regulatory changes and mechanisms that will foster the maintenance and development of affordable housing for all income levels, including those experiencing homelessness, as well as approaches to providing safety off the streets and promoting housing stability.

Washington County Homeless Plan Advisory Committee

The Homeless Plan Advisory Committee (HPAC) was appointed in 2008 by the Washington County Board of Commissioner to provide leadership to effectively collaborate with public and private partnerships in support of the jurisdiction's homeless plan outlined in "A Road Home". The 17-member committee includes elected officials, business and philanthropic entities, service and housing providers, justice representatives, people in health care/hospital systems, homeless consumers and citizen at-large positions. The HPAC meets quarterly to review socioeconomic impacts to "at risk" and homeless populations, to prioritize and support funding and policy to create affordable housing, services and economic opportunities and provide oversight to the implementation of A Road Home goals and strategies.[25]

SECTION 4: TRI-COUNTY NEED, FUNDING MODEL ESTIMATES AND HOUSEHOLD CHARACTERISTICS

Estimating the Need

The needs analysis calls for 3,121 new units of supportive housing across the Tri-county region. This number provides development goals and targets for the region. Having specific, shared goals for the region aligns advocacy and planning efforts, maximizes resources and generates shared commitment.

In order to determine how much supportive housing a community needs, CSH uses the following formula:

1. Using local data, calculate the number of people who will experience homelessness and chronic homelessness over the course of a year. Based on work in other communities as well as conversations with local experts, CSH estimates that 90 percent of people experiencing chronic homelessness and ten percent of all households experiencing homelessness will need supportive housing.

2. Review the annual turnover rates of the existing supportive housing stock to determine the number of units that will become available over the course of a year.

3. Subtract this number of units from the total need to establish the gap.

Refinements to the exact number of units needed can and should be made on a regular basis to ensure that supply meets demand over time by taking into account fluctuations in the rental housing market; new policies that help or hinder unit creation; federal, state, and local resource alignment; and public support.

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[25] Available here: https://www.co.washington.or.us/Housing/EndHomelessness/upload/A-Road-Home_Community-Plan-2025_Adopted-6-19-2018.pdf

Additionally, new data from homeless systems and additional data from other systems can and should inform changes in need. Finally, improved, coordinated and shared data collection and analysis across the counties combined with on the ground validation will ensure numbers represent reality.

It is important to note that jurisdictional staff and Steering Committee members, upon review of the data and data source (the Point in Time count) for Washington County and the coordinated access waitlist for Clackamas County represent a lower number than the actual need. Additional information that was not included in the modeling shows greater need. For example, in Washington County, in one year, 22% of people booked in the County Jail were homeless. In addition, a survey of 128 people experiencing homelessness, conducted in the Clackamas County part of the Springwater Corridor, found that 85% (109 people) had no connection to housing services, including waitlists.

Additionally, many more people who are living in or cycling between institutions and the streets could live in their own homes and communities if they had supportive housing, though they may not be included in counts of people experiencing chronic homelessness. Data analysis through complementary efforts noted through RSHIF and FUSE work will help to inform a more comprehensive estimate of total need that should guide an updated analysis once implementation of the Tri-county supportive housing effort begins.

Finally, according to a CSH analysis of supportive housing need across the country, Oregon needs 12,388 units[26]. This analysis includes data from multiple systems such as criminal justice, child welfare, aging and disabilities, mental health/substance use disorder and intellectual and developmental disabilities. With Clackamas, Multnomah and Washington Counties comprising the majority of the state's population (42% of people who live in the State as of 2017)[27], it could be approximated that people with special needs who need supportive housing might be significantly higher than 3,121. The use of other systems by County via the State analysis cannot be determined by census information alone. Therefore, homeless data was used to estimate regional need for supportive housing. As stated, ongoing improved data collection and analysis across multiple systems will be necessary for determining the full scope.

Supportive Housing Stock Needed: Type of Units

Type of Units	Clackamas	Multnomah	Washington	Total for Tri-county
Individual	369	2,079	214	2,662
Families	71	376	12	459
Total	440	2,455	226	3,121

Financial Model Assumptions

In order to establish the costs of creating and operating 3,121 units over a ten-year period, a number of essential costs drivers have to be evaluated. The total costs differ depending on whether the supportive housing is created through development of new affordable housing units or by leasing units on the private rental market. The cost of newly constructed units includes the one-time capital cost of acquiring land and building the units as well as the ongoing cost of maintenance and operation of the building.

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[26] Information (including literature review that provides the basis for this number) available here: https://www.csh.org/supportive-housing-101/data/

[27] Source: https://www.oregon-demographics.com/counties_by_population

Housing leased in the private market requires the ongoing cost of rental assistance to make the rents affordable to people with very low incomes. Both leased and built units of supportive housing require the ongoing cost of providing support services to the tenants in the units. The plan outlined in this report used working assumptions for these costs, summarized below.

Cost Estimates for Newly Developed Units

Developed	Individuals	Families
Capital/Unit	$218,000	$338,000
Services/Year	$10,000	$10,000
Operating Subsidy/Year	$7,000	$7,000

These totals were generated under the following assumptions:

- Capital cost estimates based upon amounts given by funders and supportive housing providers and validated by stakeholders

- Average public commitment to capital costs is $100,000-$125,000 per unit

- Service cost estimates are based on stakeholder input and reflect the cost of tenancy support services at a ratio of 1 case manager to 10 clients for scattered site and 1 case manager to 15 clients for single site. This figure also includes flexible service funding for people with specific needs not covered by community-based and Medicaid-paid services including additional mental health care, substance use treatment and children's services

- Operating cost estimates based upon operating costs of existing projects

Cost Estimates for Leased Units

Leased	Individuals	Families
Services/Year	$10,000	$10,000
Rental Assistance/Year	$13,000	$19,600

These totals were generated under the following assumptions:

- As with built units, service cost estimates are based on stakeholder input and reflect the cost of tenancy support services at a ratio of 1 case manager to 10 clients for scattered site and 1 case manager to 15 clients for single site. This figure also includes flexible service funding for people with specific needs not covered by community-based and Medicaid-paid services including additional mental health care, substance use treatment and children's services

- Rental Assistance estimate based upon HUD's 2018 fair market rents (FMR's) and does not include any tenant contribution, nor does it include the gap between FMR's and actual rental costs in the market

Inflation Factor Assumptions

In order to model the cost of creating and operating supportive housing over a ten-year period, the following estimated inflation factors were calculated and vetted with stakeholders.

Cost Type	Inflation factor	Source
Capital	6%	National cost indexing surveys
Operating	1.5%	Information from Co-Star and provided by Portland Housing Bureau (PHB)
Rental Assistance	1.5%	information from Co-Star and provided by PHB
Services	2%	Consumer Price Index

Assumptions about the percentage of units to be newly developed or leased in the rental market

Because of the variable cost factors for developed/rehabilitated and leased private market units, financial modeling requires determining the number of apartments that can be constructed realistically and the number that can be leased in the private rental market. This question can have a significant impact on total cost projections, funder capacity and the timing of creating new units. There are a number of opportunities and challenges related to each approach:

Unit type	Opportunities	Challenges
Apartments leased in the private market	Lower up-front cost.*	Lack of affordable apartments in the private-market, increased risk of loss of affordability over time.
	Potential to get people housed sooner.	Stricter screening criteria.
	Increases tenant-choice about where to live.	Property owners who are unwilling to rent to people with low incomes or complicated rental histories.
	Engages community members (property owners) in ending homelessness.	More difficult to provide services to meet complex needs of tenants.

Newly-developed units	Creates housing stock needed to address affordability long-term.	Higher up-front cost.*
	Design can include space for services on-site and assistive technology.	Takes at least two years for a project to move from concept to operations.
	Property owners are willing to "screen in" those who need it most.	Requires significant capitalized reserves to update systems during the required period of affordability.

Because the ongoing costs of providing rental assistance for private market units is greater than the annual operating costs of newly constructed supportive housing units, the total cost of leasing supportive housing units in the private rental market becomes significantly more expensive in the long run than building new units. Using the cost and inflation assumptions above, the ongoing cost of newly developed units becomes lower than the cost of leased units in year 30 for studio and one-bedroom units and in year 23 for two and three-bedroom units.

Based on the supportive housing Steering Committee and other community feedback, two models are represented for the region and for each County. The first model shows a model that assesses the costs of a 70% developed and 30% leased split. The second shows a model that assesses the costs of a 50%/50% split between developed and leased. Implementation of these models would likely differ depending on the factors associated within each County.

Cost Modeling for Tri-county region

Set an example for the rest of the state on a systemic way of operating and the infrastructure that's needed to sustain it long-term. We can't finance development without financing the services." –Subject Matter Expert

Following are the total projected costs for creating 3,121 units of supportive housing over ten years based on two ratios of developed to leased units. It assumes capital costs will be allocated or expended within ten years (cost modeling for each County is in Appendix C).

Model 1: 70% developed/30% leased

Supportive Housing	Developed (70%)	Leased (30%)	Total
Studio/1-bedroom (Individuals)	1,863	799	2,662
2-3 bedroom (Families)	321	138	459
Total	2,184	937	3,121

Total cost for all units over 10 years: $998 million

Total capital cost: $777 million

Combined, ongoing operating, rental assistance, and services for 3,121 units (at year 10):

$67.5 m total annually

$21,624 per household per year

$59 per household per day

Model 2: 50% developed/50% leased

Supportive Housing	Developed (50%)	Leased (50%)	Total
Studio/1-bedroom (Individuals)	1,331	1,331	2,662
2-3 bedroom (Families)	229	230	459
Total	1,560	1,561	3,121

Total cost for all units over 10 years: $923 million

Total capital cost: $555 million

Combined, ongoing operating, rental assistance, and services for 3,121 units (at year 10):

$73 million total annually

$23,428 per household per year

$64 per household per day

In order to meet the planning goal of creating 10% of the units needed by 2022, the following chart outlines a breakdown of units by County:

County	10% of goal	Balance needed by 2028
Clackamas	23	203
Multnomah	246	2,210
Washington	44	396

This modeling estimates scale and cost in order to fully meet current assessed need by 2028.

Characteristics of People in Need

This section describes the characteristics for those experiencing chronic homelessness - people who have a disabling condition and experience homeless for an extended period - which is the priority population for this report. The data came from homeless systems from each County.

Data Sources

The Point in Time (PIT) Count of Homelessness 2018 reports[28] for each County and Coordinated Access data from Clackamas and Multnomah Counties (Appendix D) were used jointly to understand the extent of homelessness and to provide the gap analysis. PIT counts are generated through a census of people who are staying in emergency shelter, transitional housing, or living in places not meant for human habitation (e.g. unsheltered). The PIT count is a snapshot of a single night count conducted annually with a count of unsheltered households included at least every other year. The PIT data for this report came from the 2018 PIT count.

Coordinated Access provides streamlined and equitable access to shelter and housing interventions for people experiencing homelessness in the region. Regardless of where someone first seeks services, each client completes a standardized assessment of vulnerability, eligibility and choice that is used to determine prioritized access to limited supportive housing resources. Coordinated Access data include information on individuals' levels of vulnerability that will help further refine local understanding of the priority populations for supportive housing, and the specific types of housing and services that will best address their needs. Because Coordinated Access data includes people who are currently accessing services and prioritized for available housing support, it provides a more "real time" picture of the people seeking services in the region. These data sources are used jointly in this report to describe the characteristics and housing needs of people experiencing homelessness throughout the tri-counties.

It is important to note that while Coordinated Access data and PIT counts provide a reasonably comprehensive picture, even when combined they are incomplete. In particular, they may undercount those who are cycling in and out of institutions, those who are doubled-up or in other unsafe or unstable housing situations and harder to reach populations, including communities of color. Additionally, this data presents a picture of the need, not an analysis of the ongoing inflow of people requesting assistance or outflow of those who receive housing and services.

The companion data set is from Coordinated Access data from Clackamas and Multnomah Counties. Coordinated Access data was not used from Washington County as they do not maintain waitlists for supportive housing, and therefore do not have Coordinated Access data to help calculate need or describe characteristics of the population.

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[28] https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=OR&filter_CoC=&program=CoC&group=PopSub

Individuals and Families

Individuals

Adults experiencing homelessness in households without children ("individuals") represent 83% (4,097) of those counted (4,924) in the Tri-county's respective 2018 PIT counts. Among individuals counted, 32% (1,583) were chronically homeless, which by definition includes long periods of homelessness and a disabling condition.

The Coordinated Access data for single adults, currently limited to a subset of people who meet the definition of chronic homelessness, includes 1028 individuals in Multnomah County and 461 in Clackamas County.

Families

People in families with children (including households with only children) represent 19% (827) (Clackamas, 68, Multnomah, 638, Washington, 121) of those counted in the 2018 PIT count total (4,924). 5% (92) of families were chronically homeless, of all who were counted as chronically homeless (1,675). Stakeholders indicate that this is almost certainly an undercount, as the PIT count methodologies particularly underrepresent families.

Disabling Conditions

The Point in Time data includes chronically homeless household data, as defined above, have at least one disabling condition. Chronically homeless households represent 34% (1,675) (Clackamas, 125, Multnomah, 1,384, Washington, 166) of the people identified through the Point in Time. The Point in Time data also provide a summary table of all other populations reported, including a sheltered and unsheltered tabulation of people who self-report Serious Mental Illness, Chronic Substance Abuse and HIV/AIDS. The self-reported detail in the summary is a duplicated count, with people being able to self-identify in multiple categories. More people identifying in each category are unsheltered. Below is a table summary of these data.

	Sheltered	Unsheltered	Total
Severely Mentally Ill	400	876	1276
Chronic Substance Abuse	370	748	1118
HIV/AIDS	27	29	56

Additional data collected by the Multnomah County Coordinated Access list indicate that 42% of (357) family households report at least one disabling condition (Appendix D).

Racial Disparities

The 2018 PIT counts note significant and continuing racial disparities among people who are homeless. The following chart highlights these disparities with 28% (1,374) of the homelessness population identifying as non-white (African American, Native American, Pacific Islander, Latinx, Asian and those who identify under multiple races).

2018 Point in Time Race
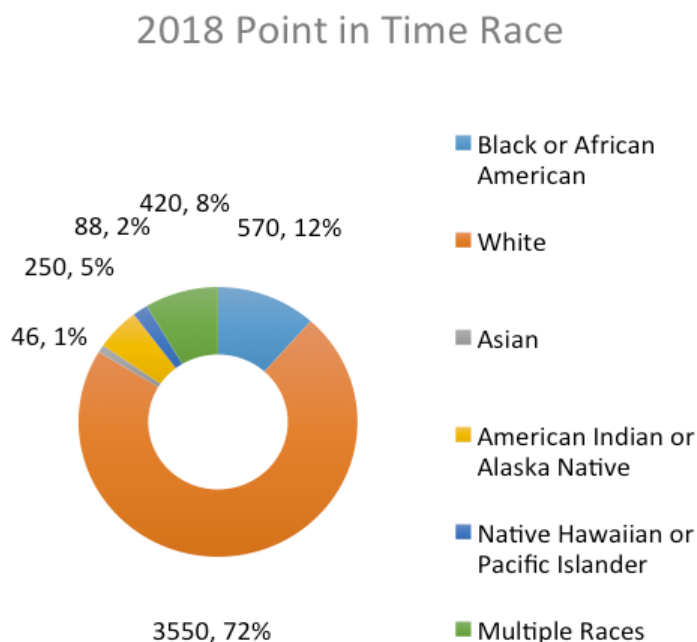
While other groups are experiencing homelessness at rates significantly higher than the general population, people identifying as white through the PIT count, experience homelessness at lower rates. Those identifying as Asian are also represented at a lower rate within the homeless population (PIT) 1% (46) compared to the census data range of 4.6 – 11%.

Point in Time data highlight overrepresentations among American Indian or Alaska Native, people identifying with multiple races and Native Hawaiian or other Pacific Islander.

The 2018 Point in Time data reflect 11% of people identified as Latinx[29] (n = 555). By County, people who identify as Latinx include, Clackamas 10% (n = 39), Multnomah 11% (n = 455), and Washington 12% (n = 61).

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[29] LatinX is listed as Hispanic/Latino in demographic summary by ethnicity on the HUD Point in Time count and the Clackamas and Multnomah County Coordinated Access List.

2018 Point in Time Ethnicity

555, 11%

- Latinx
- Non Histpanic/Non Latino

4,369, 89%
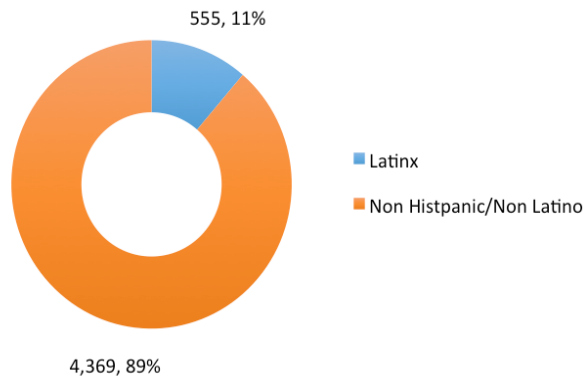
Both the HUD Point in Time count and Coordinated Access system report race and ethnicity in separate categories. The charts above reflect the representations of people surveyed through the Point in Time by both race and ethnicity.

Comparing the Coordinated Access lists for both Multnomah and Clackamas, there are variances in the representations. Multnomah reports 19% (193) African American individuals compared to Clackamas reporting 3.3% (15). Point in Time data highlight pronounced overrepresentation among American Indian or Alaska Native, people identifying with multiple races and Native Hawaiian or other Pacific Islander.

As described earlier in the report, the Counties are taking deliberate action to address racial disparities.

SECTION 5: FUNDING THE SYSTEM – A MULTI-SYSTEM APPROACH

"Agnostic funding is essential. How do we get there? What can we learn from LA?"
-- TAG participant

Diverse funders need to be participating in the conversation to understand gaps, limitations and opportunities for deep, measurable and scalable impact through a systems approach. Local experts suggest building in open-ended budget line items that couple operations and development costs to ensure the full suite of resources is present and available for tenants, including some residential services. Tenancy support and clinical services also need to be secured for tenants to ensure they have improved

"There isn't a new cost to this. It's potentially a reduction in costs in the long run."
-- TAG participant

health outcomes as well as maintain tenancy in supportive housing.

Other Systems as Funding Partners

Beyond the homeless system, which takes on much of the funding of supportive housing, particularly in Clackamas and Washington Counties, other systems are affected by vulnerable people with no or highly unstable housing. These systems could have an impact as funders or partners in many ways – supportive housing can provide a Return on Investment (ROI) for these systems. For example, health systems and a regional Coordinated Care Organization (CCO) have a unique and potentially pivotal role to play. CCO's understand and value the use of data to drive decision making, which would improve and create

"The best possible outcomes of the process would be specific goals and targets, and specific funding streams attached to those goals, systems in place to make it easier." -- Subject Matter Expert

development of shared measures among efforts and point to costs savings across and between systems.

Implemented effectively, the ROI could be translated for several systems – criminal justice, emergency shelters and behavioral health. It can also improve outcomes for those who are in institutional settings, acute care facilities, skilled nursing facilities and residential homes/treatment programs. In the medium to long-term, data and analytics from efforts such as FUSE and RSHIF (described earlier) could provide incentives to develop flexible spending resources and policy that support diverse spending mechanisms for supportive housing. They could also work to keep people housed as a strategy to support social determinants of health, reduce criminality, increase opportunities for recovery and improve housing stability outcomes for all systems.

To be clear, in addition to showing how supportive housing improves lives, a data driven business case, engaging all systems that have an impact on homelessness, not just the homeless system, will drive greater investment in supportive housing from diverse funders, prioritization of existing resources and support requests for additional revenue.

Existing and Potential Resources

The Tri-county Area has local agencies that generate, leverage and successfully manage many of the existing financing sources available to create supportive housing. The State of Oregon also provides

valuable resources that can sustain supportive housing. The majority of these sources are dedicated to capital construction, operating and rental assistance and services. With support from the bureaucracies and political leadership, these resources can be prioritized and dedicated toward braiding housing and services to help reach the 3,121-unit goal.

The following chart highlights current and potential sources of financing for supportive housing.

CAPITAL FUNDS THAT CAN BE USED FOR ACQUISITION, CONSTRUCTION, AND REHABILITATION OF SUPPORTIVE HOUSING

Source	Managing Entity	Description
9% Low Income Housing Tax Credits	Oregon Housing and Community Services (OHCS)	Competitive source of equity financing for affordable housing
4% Low Income housing Tax Credits and Bonds	OHCS	Non-competitive source of equity financing for affordable housing
LIFT	OHCS	State of Oregon competitively awarded debt financing for affordable housing. Important restrictions because funds come from general obligation bonds
GHAP (General Housing Account Program)	OHCS	State of Oregon grants for affordable housing
Oregon Affordable Housing Tax Credit	OHCS	Lowers the cost of financing by as much as four percent for housing projects or community rehabilitation programs serving low-income households to directly reduce tenant rents
City and County Housing Development Resources	Housing and Community Development Agencies	Gap financing for affordable housing projects. Funding includes federal sources such as HOME and Community Development Block Grant. Local sources such as tax increment financing and construction excise tax for the City of Portland. The City of Milwaukie also offers a construction excise tax
Portland Housing Bond	Portland Housing Bureau	$258.4 million general obligation bond for acquisition and development of affordable housing. Bond program includes goal of 1300 total units and up to 300 units for supportive housing
Metro Housing Bond	Metro	$652.8 million general obligation bond for acquisition and development of affordable housing. The unit goal for the Tri-county area is 3,900 with 1,600 dedicated to households at 30% and below Area Median Income (AMI). This will be awarded through local processes, with Clackamas County, the City of Portland and Washington County in primary leadership roles
Regional Health Systems	Health systems, Managed Care Organizations, and potentially private insurance companies	Major gifts may be made through community benefit dollars or other philanthropic grant making, with or without additional assurances related to service provision. Example is regional health systems collaborative $21.5 M capital investment to create 379 units of affordable and supportive housing. In Multnomah County and in other communities across the country these entities have also funded rent assistance and services
Philanthropy	Grant makers	Typically, direct grants to providers

OPERATING SUBSIDIES AND RENTAL ASSISTANCE

Source	Managing Entity	Description
HUD Continuum of Care	Clackamas, Multnomah and Washington Counties	Ongoing resources for rental assistance or operations for supportive housing
City/County General Funds	Clackamas, Multnomah and Washington Counties	Ongoing resources for operating or rental assistance for supportive housing often paired with flexible support services staffing and client assistance
Housing Choice Vouchers	Home Forward & Clackamas and Washington County Housing Authorities	Federal rental assistance
VASH (Veterans Administration supportive housing) Vouchers	Home Forward & Clackamas and Washington County Housing Authorities	Housing Choice Vouchers paired with Veteran Affairs Administration Services
FUP (Family Unification Program) Vouchers	Home Forward & Clackamas and Washington County Housing Authorities	Housing Choice Vouchers for families and youth who are connected to the Child Welfare System
HUD 811 Project Rental Assistance Program	OHCS	Competitive federal rental assistance program for housing for households with a disabling condition such as serious and persistent mental illness (SPMI) and/or intellectually or developmental disability (IDD)
Mental Health Housing Fund	OHCS	This includes rental assistance subsidy, barrier removal funds and supportive peer services for people with Severe and Persistent Mental Illness (SPMI); there are approximately 1,200 slots serving all Oregon Counties
Mainstream Vouchers	Home Forward & Clackamas and Washington County Housing Authorities	Competitive federal rental assistance program for non-elderly disabled population experiencing or at-risk of homelessness and those transitioning out of institutions such as jail/prison, treatment, and hospitalization
State Mental Health Services Fund	OHA	Rental assistance subsidy, barrier removal funds and supportive peer services for people with SPMI; approximately 1,200 slots serving all Oregon Counties
Philanthropy	Grant makers	Typically, direct grants to providers

SERVICES FUNDING FOR TENANCY SUPPORTS AND COMMUNITY-BASED SERVICES (INCLUDING CLINICAL SERVICES)

Source	Managing Entity	Description
County General Funds	Clackamas, Multnomah and Washington Counties	Services for people experiencing homelessness and other issues affecting the priority populations for supportive housing
Emergency Housing Assistance (EHA)	OHCS	Services for people experiencing or at risk of homelessness; includes supportive in home services. EHA funds come from State general funds and the Document Recording Fee
Substance Abuse and Mental Health Services Administration (SAMHSA)	Oregon Health Authority (OHA)	Competitive and block grant to serve people with behavioral health needs such as recovery housing, Substance Use Disorder rental assistance program and Assertive Community Treatment
Medicaid	OHA	Standard Oregon Health Plan benefits cover behavioral health, primary care, and long-term services and supports. Tenancy supports currently allowed as part of long-term services for specific populations, including SPMI and I/DD. Social determinants of health (SDOH) focus in the next CCO RFA (out in 2019) may drive additional focus on housing, including guidance on using health-related services dollars (HRS) on tenancy supports. HB 4018 (2018) required CCO spending on SDOH, but did not indicate a required amount
HUD Continuum of Care	Clackamas, Multnomah and Washington Counties	Ongoing resources for supportive services generally combined with CoC rental assistance or operations funding
Philanthropy	Grant makers	Typically, direct grants to providers

SECTION 6: RECOMMENDATIONS FOR EQUITABLE SUPPORTIVE HOUSING REGIONAL EXPANSION

Creating supportive housing takes time. So does the systems change required to take supportive housing to scale and make it sustainable.

Early stage implementation recommendations in several key areas pivotal for initiating the system changes required to launch and expand supportive housing in Clackamas, Multnomah and Washington counties are outlined here.

Community engagement with County specific technical advisory groups (TAGs), subject matter expert interviews, case managers and providers, people with lived experience and participants at the May 10th Supportive Housing Summit (sponsored by CareOregon, Kaiser Permanente, Metro, and CSH) generated content for the recommendations. Additional information came from reports for the City of Portland & Multnomah County, and the Statewide Supportive Housing Strategy Workgroup.

See Appendix E for more details on community engagement process.

Listed below are all of the recommendations as determined and refined by the supportive housing Steering Committee. The prioritized recommendations are strategies selected as the most important first steps to initiate action.

T = Tactical recommendations that can start ASAP and have a finite start and end.

P = Positioning recommendations are longer term, are ongoing and / or have an ordering and sequence to when they begin.

GLOBAL RECOMMENDATION
This recommendation provides high-level decision guidance for all parts of the system related to supportive housing.

Actors throughout the Tri-county region use system redesign principles in their decision making in order to align with shared goals for collective impact.

WHY? The Systems Redesign Principles combines the collective knowledge of stakeholders, experts and Steering Committee members that emerged throughout this project. Principles are used as a tool to align efforts amongst several people in many different circumstances toward desired outcomes.

See page 11 for list of principles. A graphic summary of the recommendations also follows the Executive Summary.

RESOURCE STRATEGIES
These recommendations distinguish approaches that identify new funds from mechanisms for allocating funds to supportive housing priorities.

IDENTIFICATION
1. **Prioritized Recommendation:** Evaluate existing and identify new funds that can be utilized flexibly (on their own or in combination with each other) to cover essential support services and rent assistance that are not currently eligible for Medicaid reimbursement. Engage with CCOs and OHA to identify spending and investment priorities for supportive housing that are Medicaid aligned and fit within guidelines for community partnerships that meet CCO required spending on Social Determinants of Health. Ensure adequate service levels, mix of services and routine as well as immediate delivery for crisis situations. Where no funding streams exist to support service needs, create them. **(T)**

   a. *Why?* Flexible resources allow for flexible responses to the needs of vulnerable people in supportive housing, particularly for agencies that do not have adequate infrastructure to bill Medicaid and provide additional tenancy support services that are not covered by insurance. This also provides more opportunities for communities of color to be housed and served by culturally specific agencies that also may not have billing infrastructure in place.

2. Engage private funders and philanthropists to create investment vehicles and guidance for confidently investing in social impact projects that include supportive housing. **(P)**

   a. Why: To open pathways for community impact there needs to be a bridge to fill the gap between those with capital and interest in the issue and the supportive housing knowledge base of best practices.

ALLOCATION
3. **Prioritized Recommendation:** Develop and implement a regional plan for generating and allocating supportive housing specific funds (capital, operating and services) within each County that can be

applied at the regional level to kick start implementation. Each County should commit to leveraging and utilizing funding sources such as County general funds and Health and Human Services budgets to support supportive housing. Incorporate threshold requirements for supportive housing, with priority in connecting service resources with units regulated at 30% AMI. Include upfront services and operating support in RFPs to incentivize creation of supportive housing. **(T)**

    a. ***Why?*** Homelessness continues to be a regional issue, though funds are not equitably distributed. The approach to the issue includes County specific financial commitments to supportive housing as well as a regional funding plan that equitably distributes funds to create a level playing field proportionate to need across the region. To make a difference that will effectively reduce and provide cost offsets throughout the system, unit production goals need to be set and funds need to be allocated, collectively, to scale operations across the three Counties. Without reliable funding and investment, people's lives will continue to suffer and efforts will fall short of their potential to achieve shared prosperity.

4. Allocate a portion of resources for fund development to support regional Technical Assistance for capacity building across the system. **(T)**

5. Explore opportunities and identify benefits and potential tradeoffs to establishing new supportive housing units within existing affordable housing sites where the rent is set at 60-80% AMI by initiating conversations between nonprofits, CDC's and funders to scope and secure additional operating and service funds necessary to integrate supportive housing in current portfolios. **(T)**

ALIGNMENT STRATEGIES

These recommendations include recommendations that support collaboration overall as well as suggestions for leveraging current activity through increased coordination between housing and services, policy, providers and implementers.

HOUSING SPECIFIC

6. **Prioritized Recommendation:** Focus on building 0-30% AMI units to meet supportive housing need. **(T)**

    a. ***Why?*** While identifying and securing braided funds for housing + services + rent assistance is an overarching goal and recommendation, establishing and developing enough housing for individuals with no / very low income to attach services to is an essential first step.

7. Remove land use and permitting barriers and provide incentives to accelerate the pipeline of new supportive housing units. **(P)**

8. Design trauma informed, person-centered spaces to meet the needs of those with PTSD, social anxiety, and other common characteristics that present as barriers to accepting transitional or permanent housing. **(P)**

9. Fund incentives for public housing authorities and other supportive housing providers to provide preferences for chronically homeless populations though efforts such as master leasing of units that can be repackaged and/or built into smaller subunits (i.e., ADU's) to address current demand while new developments are in progress. **(T)**

SERVICES SPECIFIC

10. **Prioritized Recommendation:** Where practicable, remove requirements that create barriers to providing services, especially barriers that increase or maintain racial disparities. For example,

wherever feasible broaden definitions of eligibility sufficient to ensure that people of color are prioritized in supportive housing housing placements. **(T)**

> *Why?* While efforts to create more flexibility in housing development funds are underway, funds for services remain overly rigid, difficult to navigate for providers, and decoupled from housing development strategies. Flexible funds enable providers to respond to the unique and pressing needs of priority populations, which in turn improves the overall efficacy of supportive housing and helps reduce health disparities experienced by people of color and other populations at higher risk of experiencing homelessness.

11. Map, identify and clearly define the critical capacities/qualifications for tenancy support, resident, health (including behavioral health) and employment services roles. Acknowledge that staff may perform several functions that are not clearly delineated by position title and as such prioritize that key functions be funded over specific position titles. Educate funders on essential functions and funding priorities necessary for job retention that supports quality service delivery and contributes to housing stability of tenants. **(T)**

SERVICES, HOUSING AND RENTAL ASSISTANCE

12. Foster relationships between new capital development projects and existing rental assistance and supportive services programs and systems – such as OHA's SPMI rental assistance program providers, or each County's coordinated access system – to help ensure people from priority populations quickly fill supportive housing units. **(T)**

IMPLEMENTATION STRATEGIES

These recommendations focus on immediate next steps necessary to meet the 10% goal by 2022 and the 100% goal by 2028. These strategies work in relationship to the resource and alignment recommendations to ensure a foundation for success through sufficient capacity, coordination and communication. Governance recommendations focus on what it takes to stay aligned and manage change over time across the system.

CAPACITY BUILDING

13. **Prioritized Recommendation:** Focus investment on housing and social services infrastructure to increase the capacity to meet the needs of community members in the region. Infrastructure investments include but is not limited to care coordination and transitions and tenancy support services to ensure sufficient access to services and housing. Build upon early successes in Portland and Multnomah County while leveraging the assets of each County. Customize for particular needs (e.g., dual diagnosis, severe mental health issues), specific populations (e.g., culturally specific services and approaches for people of color), and geographies (e.g., preferences for urban or rural). **(P)**

> *Why?* The need exists to invest in infrastructure in Clackamas, Multnomah and Washington Counties to support homeless individuals adequately. Focusing on baseline infrastructure in these Counties needs to be a regional priority and deliberate at the onset, building on early models and work from Multnomah County and Portland.

14. Ensure that all necessary stakeholders are learning the what, why and how of combining the housing-services systems together through technical assistance. Coordinate training to include funders in order to reach and meet regional need and scale.

15. Support housing developers, operators, property managers and other housing specific audiences partnering with service providers through training and education to successfully operate and sustain supportive housing. **(T)**

16. Commit to a regional, comprehensive equity plan that includes broad diversity, equity and inclusion training and specific fair housing training for developers, property managers, CCOs and service providers. **(P)**

17. Convene, foster and support the formation of supportive housing communities of practice for both general and specialized topics (such as supportive housing service delivery roles). **(P)**

18. Expand street outreach efforts and provide training and capacity building for outreach workers (and other interfacing individuals) to transmit information, available services, housing opportunities, and other options unique to the person's needs. **(T)**

COMMUNICATION

19. **Prioritized Recommendation:** Develop a public awareness campaign focused on showing how supportive housing is the right housing solution for communities' most vulnerable neighbors. Use messaging designed to break down monolithic perspectives on homelessness. Intentionally shift mental models from individual blame to collective responsibility that translates to committed support to fund change over 10 years. **(S)**

    > *Why?* This is an essential ingredient to overall success. It will align efforts, talking points, key messages, and shared purpose.

20. Strengthen systems-wide communication by establishing effective channels that connect historically disparate stakeholders such as housing/landlords, service providers, first responders/public safety, and healthcare. **(T)**

21. Clarify systems participation to eliminate redundant committees, processes, and fragmentation to support information flow and aligned decision making across leadership levels, operational scales, and jurisdictional authority. **(P)**

OPERATING AS A SYSTEM

22. **Prioritized Recommendation:** Create the necessary mechanisms and management systems to guarantee the coupling of funds for development, operations/rent assistance and services. Ensure the pairing of housing units and services are designed to operate efficiently and scale appropriately. **(T)**

    a. *Why?* Without combining the primary funding pillars of supportive housing, a systems approach will fall short and result in default strategies that operate in silos to meet emergency needs. To operate as a complete system means to ensure the subsystems are in place to attract, secure and manage the funds and operations to initially bridge and eventually permanently couple services and housing.

GOVERNANCE & CHANGE MANAGEMENT

23. **Prioritized Recommendation:** Engage a neutral, trusted third party to coordinate and facilitate conversations that convene the public-private sectors and housing stakeholders, including those with lived experience of homelessness. Their primary goal is to engage and secure commitment from key stakeholder groups necessary to advance the regional agenda until governing bodies are in place (see recommendations 26 to 29 on the next page). The role could also include, but is not limited to, communications (i.e., creating and implementing communications campaign), partnership development, advocacy, developing flexible funding options (e.g., in collaboration with health

systems funders), developing and implementing a racial equity lens, and launching coordinating, tracking and facilitating work groups and governance committees to allow for simultaneous traction (see recommendations below for examples). **(T)**

    a. ***Why?*** Without a neutral network coordinator that is focused on advancing the conversation by leveraging the range of local expertise, work will bottleneck according to stakeholders' willingness and availability to lead on any of the various strands of necessary work. By committing to this step at the onset, it sets the stage for initiating several of the recommendations - both short-term action and long-term strategy - as managed by this entity.

24. Clarify and integrate the process for coordinated access across the region. Establish priorities informed by vulnerability, frequent/high utilization and care transitions from facilities. **(T)**

25. Develop shared metrics and a plan to track and evaluate process, impact and outcome measures for regional activity that provide milestones in the effort to scale supportive housing regionally. Ensure simple practices allow individual County level data to be translated and used at the regional level. **(T)**

GOVERNANCE & CHANGE MANAGEMENT

26. Create and staff a **regional supportive housing funders committee** comprised of public and private partners across the region. Their role is to develop a regional vision, identify and obtain supportive housing resources (including but not limited to pooled resources) to support operations, rent assistance, and services for supportive housing, and to advocate for policy changes to facilitate systems efficiency. **(P)**

27. Establish and staff a **supportive housing implementation committee** to coordinate participation of organizations, track projects and progress, inform investment priorities and share information about what's working and how to adapt based on lessons learned. This body could be initiated prior to the funders committee. Committees will closely collaborate while playing distinct roles. (P)

28. Establish **a statewide interagency supportive housing leadership steering committee** to guide the development of supportive housing. (Potential body: Statewide supportive housing Strategy Workgroup - SSHSW). **(P)**

29. Identify/create/authorize essential roles (or an entity) to function as an operations hub to develop and manage the service modeling, delivery processes, partnership agreements and contracts. Engage innovative, holistic thinking for network leadership. **(T)**

CONCLUSION

The planning, analysis and community engagement that went into this report led to sound recommendations for systems change to support a substantial and decade-long reduction in the number of people experiencing chronic homelessness in the region.

The data show that the region needs at least 3,121 supportive housing units. The cost for that is estimated at $923 million to $998 million over 10 years. In order to create 10% of the units needed by 2022, Clackamas County needs to develop 23 units, Multnomah County 246 units, and Washington County 44 units. These numbers are highly achievable. For example, Multnomah County already has 517 new units on the ground or in the pipeline.

The resource, alignment and implementation strategies of the recommendations do more than promote a need for prioritized, increased and flexible resources for supportive housing. They show a clear path for funders and implementers to work more collaboratively through targeted strategies aimed at systems improvements.

Collaborations and partnerships are the best ways to respond to the needs of communities concerned about chronic homelessness and other vulnerable neighbors. They demonstrate a broad-based and community-wide commitment that provides hope to those who suffer from the traumas leading to or coming from homelessness.

A regional approach implementing the recommendations in this report can produce a decline in chronic homelessness and a reduction of "institutional circuit" use if policymakers and other stakeholders follow the inclusive process that produced this report and its suggested framework for success.

APPENDIX A: STEERING COMMITTEE MEMBERS, CHARTER AND WORK PLAN

2018 TRI-COUNTY EQUITABLE SUPPORTIVE HOUSING EXPANSION STRATEGY

MEMBERS AND AFFILIATIONS

Amy Thompson, Native American Rehabilitation Association

Annette Evans, Washington County

Chelsea Bunch, Oregon Housing and Community Services

Connor McDonnell, Oregon Housing and Community Services

Emily Lieb, Metro

Erika Silver, Clackamas County

Hannah Holloway, Urban League of Portland

Heather Gramp, Oregon Health Authority

Jennifer Chang, City of Portland Housing Bureau

Jes Larson, Metro

Jill Smith, Clackamas County

Julia Doty, Northwest Housing Alternatives

Kari Lyons, Welcome Home Coalition

Komi Kalevor, Washington County

Pam Hester, CareOregon

Patrick Rogers, Washington County Community Action

Rachel Duke, Community Partners for Affordable Housing

Ryan Deibert, Joint Office on Homeless Services; City of Portland, Multnomah County

Sahaan McElvey, Self Enhancement Inc.

Sean Hubert, Central City Concern

Sophorn Cheang, Immigrant & Refugee Community Organization

Vahid Brown, Clackamas County

PURPOSE

The Steering Committee for the Tri-county Equitable Housing Strategy to expand supportive housing for the chronically homeless will collaborate on supportive housing planning work within and across Multnomah, Clackamas and Washington Counties in Oregon.

This one-year project will develop, prioritize and begin implementation of regional strategies, including assessment and coordination of investment priorities and financial tools, to produce additional development of supportive housing for people experiencing chronic homelessness. Support for technical assistance, steering committee facilitation, and stakeholder engagement is funded by a Metro Grant managed by Ryan Deibert, Joint Office of Homeless Services, Multnomah County.

The participating organizations recognize that, through the complementary nature of their respective missions, they share a common interest in working together to promote, advocate for and support a region-wide and cross-sector collaboration of organizations committed to increasing access to supportive housing for people experiencing chronic homelessness.

To this end, the participating organizations agree to work together to increase the capability of their respective organizations and constituencies to meet the supportive housing needs of the most medically and economically vulnerable and historically marginalized members of communities.

Specifically, steering committee members will provide thought leadership, information, network connections and communications that support the following project objectives:

- Assess key existing conditions related to supportive housing operations and outcomes in each county
- Develop and implement stakeholder and public engagement strategies to improve project success
- Gather data region-wide on available supportive housing units for high need populations
- Conduct county-specific capital, operating and service cost analyses for supportive housing unit creation
- Engage a broad range of stakeholders to identify coordinated equitable housing investment strategies, including cross-sector and public-private partnerships to support funding plans
- Prioritize and begin implementation of specific funding plan strategies to initiate supportive housing development

In addition to the content objectives related to equitable supportive housing expansion, to realize the full potential of this collaboration participants are expected to:

- Build trust and strengthen relationships within and across sectors and geographic/jurisdictional boundaries
- Value diverse perspectives and approaches to developing and operating supportive housing, exploring together what constitutes best current and future practices
- Share information in order to enhance knowledge and promote best practices that support long term sustainability
- Approach the work from a systems level and apply an equity lens in decision making
- Look for opportunities to collaborate in delivery of existing activities and use of resources to enhance effectiveness of supportive housing within and across counties
- Sense and respond to emergent challenges
- Identify critical obstacles that hamper collaborative efforts and develop strategies for improving effectiveness
- Be ambassadors of supportive housing by inform potential project funders, other service providers, property owners, developers and local leaders about the importance and value of supportive housing
- Advocate for adequate resourcing to meet long term need for adequate supportive housing in the region

Steering Committee members agree to focus on the following areas of activity as identified in the Metro Grant.

March through June

Establish shared baseline understanding of key existing conditions:

1. who is served in supportive housing across each county
2. overlap of supportive housing population to other service systems (e.g. health care)
3. existing evidence basis demonstrating cross-system cost savings from supportive housing
4. local and national best practices in supportive housing development finance and operations

Support a supportive housing assessment number of supportive housing units need using existing county-level data on chronically homeless populations to currently operating stock and known pipeline of supportive housing units;

Review stakeholder engagement strategies and invite stakeholders to share their experience and expertise and work together to assist in planning and implementing supportive housing development activities and programs, including collaborating to expand and diversify sources of funding.

July through December

Work with consultants to convene and engage a broader range of stakeholders across region with focus on potential funders, to estimate and validate average per-unit costs required to create and operate supportive housing and develop supportive housing funding and implementation plans by assessing:

1. Funding requirements and potential eligible sources and uses to meet or offset assessed supportive housing capital and operating costs
2. Overlapping high-priority populations for whom supportive housing interventions may create significant cost savings
3. Specific opportunities for supportive housing funding efficiencies through alignment of existing funding sources
4. Remaining supportive housing funding gaps for which there are no assessed immediately available resources

Prioritize and begin implementation of specific funding plan strategies sufficient to:

1. Create a minimum of 2,000 units within Multnomah County over a ten year period beginning in 2018
2. Begin development to meet at least 10% of assessed regional supportive housing gap by June 2022

Early 2019

Identify remaining funding plan gaps with next steps for exploration of future promising supportive housing financing strategies, incentives or tools; associated policy recommendations.

Member commitments include:

- Prepare for and attend meetings
- Actively participate in the creation of equitable supportive housing strategies
- Provide feedback on framing and communication of key findings
- Leverage connections to and recruit stakeholders to contribute information
- Engage in communications strategies to share information from this report to County and metro wide leaders and stakeholders

APPENDIX B: SUPPORTIVE HOUSING RACIAL JUSTICE, EQUITY GOAL AND PROPOSED LENS

OUR COMMITMENT:

Housing, justice, health, and other related fields recognize how racism is a material cause of homelessness. We commit to the active transformation of institutional policies, practices and decision making that results in systematic equitable treatment of people of all races. Past harms are addressed by prioritizing the distribution of resources and power to people that have been and continue to be excluded due to pervasive, intersecting effects of systemic oppression.

OUR VISION FOR THE FUTURE:

Institutional and structural racism no longer cause gaps in income, wealth, education, housing, justice, health, employment, power, access to resources, and democratic participation. All persons regardless of race have equitable access to the resources, opportunities and power necessary to eliminate gaps and improve the quality of their lives.

PROPOSED RACIAL JUSTICE ACCOUNTABILITY QUESTIONS:

Below are several questions the group asked in order to make decisions that ensure accountability to racial justice. These questions helped prepare the details of the recommendations for the final report. Several opportunities exist to develop strategy, policy, program, site design and location, and other details pertinent to implementation. The questions ensure decisions are intentional and focused on more equitable outcomes for all individuals and communities generally, and those who need specific, targeted solutions.

RACIAL EQUITY LENS TOOL[30]

1. What is the policy, program or decision under review?

2. What group(s) experience disparities related to this policy, program or decision? Are they at the table? If not, why? And if not, how is a pause incorporated to ensure the voices of the oppressed groups are sought out and included?

3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?

4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Are people traumatized/re-traumatized by the policy, program or decision?

5. Does it result in a systemic change that addresses institutional racism[31]? Does the policy, program or decision address and "right" historic barriers to access for communities of color or those most disproportionately impacted? What revisions to the policy or practice not only advance the policy to be more rooted in equity, but support communities to be more whole?

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[30] Adapted from "Sample Equity Lens Tool", Nonprofit Association of Oregon.

[31] Institutional Racism refers "to organizational policies, practices and programs that work to the benefit of white people and the detriment of people of color." (City of Portland Office of Equity and Human Rights).

6. Does the policy, program or decision produce any intentional benefits or unintended consequences for the affected group(s)?

7. How is the current issue, policy, or program shifting power dynamics to better integrate voices and priorities of communities of color?

8. Based on the above responses, what are possible revisions to the policy, program or decision under review?

9. What next step is recommended and how will it be advanced?

Notes:

Discrimination is the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex. Oppression is a form of injustice that occurs when one social group is subordinated while another is privileged, and oppression is maintained by a variety of different mechanisms including social norms, stereotypes and institutional rules. A key feature of oppression is that it is perpetrated by and affects social groups. ... [Oppression] occurs when a particular social group is unjustly subordinated, and where that subordination is not necessarily deliberate but instead results from a complex network of social restrictions, ranging from laws and institutions to implicit biases and stereotypes. In such cases, there may be no deliberate attempt to subordinate the relevant group, but the group is nonetheless unjustly subordinated by this network of social constraints.[9]

APPENDIX C: COST MODELING FOR EACH COUNTY
Cost Modeling for Clackamas County

Following are the total projected costs for creating 440 units of supportive housing over ten years based upon two ratios of developed to leased units.

Model 1: 70% developed/30% leased

Supportive Housing	Developed (70%)	Leased (30%)	Total
Studio/1-bedroom (Individuals)	258	111	369
2-3 bedroom (Families)	50	21	71
Total	308	132	440

Total cost for all units over 10 years: $141.5 million

Total capital cost: $88 million

Combined, ongoing operating, rental assistance, and services for 440 units (at year 10):

$9.5m total annually

$21,649 per household per year

$59 per household per day

Model 2: 50% developed/50% leased

Supportive Housing	Developed (50%)	Leased (50%)	Total
Studio/1-bedroom (Individuals)	184	185	369
2-3 bedroom (Families)	36	35	71
Total	220	220	440

Total cost for all units over 10 years: $131 million

Total capital cost: $63 million

Combined, ongoing operating, rental assistance, and services for 440 units (at year 10):

$10m total annually

$23,471 per household per year

$64 per household per day

Cost Modeling for Multnomah County

Following are the total projected costs for creating 2,455 units of supportive housing over ten years based upon two ratios of developed to leased units.

Model 1: 70% developed/30% leased

Supportive Housing	Developed (70%)	Leased (30%)	Total
Studio/1-bedroom (Individuals)	1,455	624	2,079
2-3 bedroom (Families)	263	113	376
Total	1,718	737	2,455

Total cost for all units over 10 years: $787 million

Total capital cost: $487 million

Combined, ongoing operating, rental assistance, and services for 2,455 units (at year 10):

$53m total annually

$21,637 per household per year

$59 per household per day

Model 2: 50% developed/50% leased

Supportive Housing	Developed (50%)	Leased (50%)	Total
Studio/1-bedroom (Individuals)	1,039	1,040	2,079
2-3 bedroom (Families)	188	188	376
Total	1,227	1,228	2,455

Total cost for all units over 10 years: $728 million

Total capital cost: $348 million

Combined, ongoing operating, rental assistance, and services for 2,455 units (at year 10):

$58m total annually

$23,450 per household per year

$64 per household per day

Cost Modeling for Washington County

Following are the total projected costs for creating 226 units of supportive housing over ten years based upon two ratios of developed to leased units.

Model 1: 70% developed/30% leased

Supportive Housing	Developed (70%)	Leased (30%)	Total
Studio/1-bedroom (Individuals)	150	64	214
2-3 bedroom (Families)	8	4	12
Total	158	68	226

Total cost for all units over 10 years: $70 million

Total capital cost: $42 million

Combined, ongoing operating, rental assistance, and services for 226 units (at year 10):

$5m total annually

$21,429 per household per year

$59 per household per day

Model 2: 50% developed/50% leased

Supportive Housing	Developed (50%)	Leased (50%)	Total
Studio/1-bedroom (Individuals)	107	107	214
2-3 bedroom (Families)	6	6	12
Total	113	113	226

Total cost for all units over 10 years: $65 million

Total capital cost: $30 million

Combined, ongoing operating, rental assistance, and services for 226 units (at year 10):

$5.2m total annually

$23,071 per household per year

$63 per household per day

APPENDIX D: COORDINATED ACCESS – INDIVIDUALS AND FAMILIES - CLACKAMAS AND MULTNOMAH COUNTIES

Clackamas Coordinated Housing Access – Adult only households (Data for heads of household)

01/01/2015 - 11/15/2018 households with active housing waitlist referrals

Total households: 461

Race	#	%
White (HUD)	363	78.7%
Black or African American (HUD)	15	3.3%
American Indian or Alaska Native (HUD)	18	3.9%
null	2	0.4%
Asian (HUD)	3	0.7%
Native Hawaiian or Other Pac Islander (HUD)	3	0.7%
Client refused (HUD)	11	2.4%
Client doesn't know (HUD)	3	0.7%
Data not collected (HUD)	1	0.2%
Other Multi-Racial	42	9.1%
Grand Total	**461**	**100.0%**

Ethnicity	#	%
Non-Hispanic/Non-Latino (HUD)	405	87.9%
Hispanic/Latino (HUD)	29	6.3%
Indeterminate	27	5.9%
Grand Total	**461**	**100.0%**

White, Non-Hispanic/People of Color	#	%
White, Non-Hispanic	333	72.2%
People of Color	101	21.9%
Indeterminate	27	5.9%
Grand Total	**461**	**100.0%**

Gender	#	%
Male	267	57.9%
Female	191	41.4%
Trans	0	0.0%
Indeterminate	2	0.4%
Gender Non-Conforming	1	0.2%
Grand Total	**461**	**100.0%**

Age group	#	%
18-24	18	3.9%
25-29	18	3.9%
30-39	77	16.7%
40-49	110	23.9%
50-59	155	33.6%
60-69	71	15.4%
70-79	10	2.2%
80-89	2	0.4%
null	0	0.0%
Grand Total	**461**	**100.0%**

Household size		#	%
	1	353	76.6%
	2	99	21.5%
	3	8	1.7%
	4	1	0.2%
null		0	0.0%
Grand Total		**461**	**100.0%**

Clackamas County Coordinated Housing Access – Families (Data for heads of household)

01/01/2015 - 11/15/2018 households with active housing waitlist referrals

Total households: 74

Race	#	%
White (HUD)	53	71.6%
Black or African American (HUD)	6	8.1%
American Indian or Alaska Native (HUD)	2	2.7%
null	3	4.1%
Asian (HUD)	0	0.0%
Native Hawaiian or Other Pac Islander (HUD)	2	2.7%
Client refused (HUD)	0	0.0%
Client doesn't know (HUD)	0	0.0%
Data not collected (HUD)	0	0.0%
Other Multi-Racial	8	10.8%
Grand Total	**74**	

Ethnicity	#	%
Non-Hispanic/Non-Latino (HUD)	61	82.4%
Hispanic/Latino (HUD)	7	9.5%
Indeterminate	6	8.1%
Grand Total	**74**	**100.0%**

White, Non-Hispanic/People of Color	#	%
White, Non-Hispanic	45	60.8%
People of Color	20	27.0%
Indeterminate	9	12.2%
Grand Total	**74**	**100.0%**

Gender	#	%
Male	18	24.3%
Female	54	73.0%
Trans	0	0.0%
Indeterminate	2	2.7%
Gender Non-Conforming	0	0.0%
Grand Total	**74**	

Age group	#	%
18-24	10	13.5%
25-29	17	23.0%
30-39	27	36.5%
40-49	14	18.9%
50-59	3	4.1%
60-69	2	2.7%
70-79	0	0.0%
80-89	0	0.0%
null	1	1.4%
Grand Total	**74**	**100.0%**

Household size		#	%
	1	0	0.0%
	2	23	31.1%
	3	25	33.8%
	4	13	17.6%
	5	11	14.9%
	6	1	1.4%
null		1	1.4%
Grand Total		**74**	**100.0%**

Additional households screened through DV provider without HMIS data: 57

APPENDIX E: COMMUNITY ENGAGEMENT PROCESS AND SUMMARY

A Tri-County Strategy

Developing a regional approach increases the potential for impact by developing a shared goal, priorities and measures. Through this approach, efficiency is gained in addressing common challenges with limited resources via agreement on partnerships, roles, MOU's, and service delivery methods. A well-researched and data driven approach also leverages a model that shapes a regional strategy on sustainable fund development (private and public), housing types, service delivery methods and overall lease-develop ratios. Additionally, working together as a region opens access to state and federal resources due to the collective nature of the approach and the resulting increased impact.

Everyone In-cluded

A successful community engagement process results in the accurate reflection of perspectives through a coherent, honest, and balanced synthesis, which enables a range of stakeholders to engage in complex conversations necessary to reach community goals. The following groups were prioritized due to their current and future role in identifying and developing supportive housing sufficient to meet the need in the region:

- **People with Lived Experience of Homelessness** via focus groups and surveys to discuss broader context, experiences and housing preferences and services that facilitate stability.
- **Steering committee** of multi-jurisdictional members comprised of housing, health, social service providers and funders representing the tri-counties and populations served.
- **Technical Advisory Groups** in each County representing staff from service delivery organizations, corrections, health and housing.
- **Subject Matter Experts** representing the range of stakeholders required for future implementation of report recommendations in order to understand best approaches to funding the development and operations now and sustainably for the future.

The following approach parameters guided the engagement design:

- Utilize multiple methods of engagement—in person and virtual—to increase accessibility across broad geographies to include, for example but not limited to busy professionals and those with transportation, occupational or familial limitations.
- Provide accessible platforms for people of diverse backgrounds and education to participate meaningfully and with full understanding.
- Frame issues and options using values, interests and lived experience rather than positions or specific policies.
- Employ a networked approach to communication that relies on community leaders to encourage participation from their contacts in order to soften any resistance to public process. Outreach through community based organizations that have relationships with impacted community members, including working with culturally specific organizations, direct service providers, Community Development Corporations and others that understand the complexity of the homelessness issues in the respective counties.
- Create incentives for those lived experience to participate through financial compensation, transportation and meal support and by hosting engagement activities at trusted sites where services are provided.

Each group was introduced, at a minimum, to the purpose of supportive housing, general project details, and how a systems lens and approach is integral to a regional plan. To facilitate understanding, participants either generated or received a system map that visually described the root causes of chronic homelessness to illustrate the several intersecting and interdependent factors to consider when generating solutions and identifying future participants. Additional details regarding each group are described below.

People with Lived Experience Experiencing Homelessness and Service Providers

Individuals experiencing homelessness and service providers were engaged via focus groups and paper and online surveys to better understand community preferences for services and housing types, barriers to accessing resources, and any additional details that contributed to the broader context of respondent's experiences.

Individuals experiencing homelessness were engaged via focus groups and paper surveys. Focus groups were held at Street Roots (9 participants) and in Clackamas County (1 participant). Sites were selected that offered a range of day-use programming and services to provide an open door for participation from those accessing support services day-of. Paper surveys were distributed and collected via the Good Neighbor Center in Tigard (11 respondents). Participants in the focus groups received either a $25 Visa or Fred Meyer gift card and an all-day public transit pass. Service providers and case managers completed an online survey distributed through the Welcome Home Coalition listserv (24 responses). Survey respondents received a $25 Visa or Fred Meyer gift card.

Objectives of the focus groups and surveys were to:

- Identify key barriers to shelter and housing stability
- Identify preferred housing characteristics (in community, alone, apartment-style, etc.) within supportive housing as well as transitional housing when transitioning to affordable housing without services
- Define parameters and assumptions to support prioritizing Permanent supportive housing services locations in each County, especially in relation to transit, services, and amenities that improve stability

Synthesized findings were integrated throughout the report via recommendations, strategies and rationale for the overall approach.

Steering Committee

A multi-jurisdictional Steering Committee comprised of housing, health, social service providers and funders was supported by a team of technical experts and process facilitators. The Steering Committee had geographical (Washington, Clackamas, and Multnomah counties), organizational (including operators of supportive housing, advocates and funders), and representation from several culturally specific agencies and homeless service organizations serving the homeless population of the region. The participating organizations shared a common interest in working together to promote, advocate for and support increased access to supportive housing for people experiencing chronic homelessness region-wide.

Between April 2018 - December 2018, the supportive housing Steering Committee gathered six times to achieve the following objectives:

1. Establish shared baseline understanding of key existing conditions
2. Develop shared purpose
3. Develop racial equity commitment, vision and accountability questions
4. Establish common understanding of systems change dynamics and approaches
5. Understand causal patterns of chronic homelessness in the region
6. Determine supportive housing need regionally and by County
7. Calculate costs for development, operations, and resident services to meet regional need in ten years
8. Approve consultant's engagement strategy
9. Review synthesized findings from stakeholder and community engagement review, refine and prioritize recommendations

Technical Advisory Groups

Technical Advisory Groups (TAG) were convened in Clackamas and Washington Counties in order to:

- Communicate the purpose of supportive housing and overall project objectives.
- Review, vet and validate County specific need (individual and family), cost modeling for development, operations/rent assistance and services, and opportunities for cost savings through supportive housing.
- Discuss County specific strategies to meet need and elicit concrete feedback to integrate into the development of recommendations.

All members of the Clackamas and Washington Counties Continuum of Care (CoC) were invited. These included elected officials, sheriffs, deputies and police officers, behavioral and mental health services providers, housing providers, homeless shelter representatives, and others that have been previously identified or potential connection to supportive housing now or in the future.

For Multnomah County, the planning effort to create 2,000 units of supportive housing informed this report.

Subject Matter Expert Interviews

The primary objective of the interviews was to identify opportunities for funding supportive housing at scale. However, to secure funds successfully requires a multi-component strategy; therefore, participants were selected for their additional expertise on one or several of the following topics: funding systems change, coordinating and communicating systems change, statewide housing policy, regional housing policy, flexible spending opportunities and barriers, housing development, direct service delivery, cultivating champions and buy in.

In total, nine individuals were interviewed including:

- Amanda Saul, Home Forward
- July Cody, Oregon Housing and Community Services
- Jes Larson, Metro
- Heather Gramp, Oregon Health Authority
- Deborah Imse, Metro Multifamily Housing
- Keith Thomajan, United Way
- Kenny LaPoint, Oregon Housing and Community Services
- Rob Justus, Home First Development Partners
- Ryan Deibert, City of Portland and Multnomah County Joint Office on Homeless Services

Care Oregon Supportive Housing Summit

In addition to the community engagement processes outlined above, CareOregon, a Managed Care Organization, in partnership with CSH, Kaiser Permanente and Metro convened over 100 cross sector representatives for the supportive housing Summit for the purpose of:

- Learning from Los Angeles City/County about what it takes to collaborate regionally and across sectors to reduce homelessness for those with special needs
- Increasing awareness about what matters, what can be built on and what else is needed to accomplish this type of collaboration

Leaders from Los Angeles shared stories of successes and challenges in raising almost $2 billion for extremely low-income housing and services for homeless households. That level of resource allows them to collaborate to reduce homelessness at a scale that gives funders hope that they can actually make a difference. Agencies and organizational leaders relayed successes in systems alignment,

communications strategy and coordinated regional implementation. Metro wide participants reflected on key learnings and takeaways from LA to integrate into local action.

Collectively, participants agreed that the following elements were most important:

- Develop a regional strategy that is meaningful to all three counties uniquely and collectively
- Leverage the strength of existing organizations in the region
- Include racial equity & racial justice in conversation and leverage the work that Supporting Partnerships for Anti-Racist Communities (SPARC) led with Multnomah County
- Build the case, generate buy in, and secure investments that couple housing + services
- Fully utilize Low Income Housing Tax Credit (LIHTC) resources at state level

Participant priorities from the CareOregon summit were integrated into the synthesis of community engagement and considered for recommendations development.