

MARION AND POLK COUNTIES PLAN TO END HOMELESSNESS

VISION:

**EVERY PERSON
IN MARION AND POLK COUNTIES
HAS A HOME**



Photo from Oregon Department of Education's - Homeless Education- Title X web page

MARION/POLK COUNTIES
PLAN TO END HOMELESSNESS

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Organization and Process

The Marion and Polk Counties Plan to End Homelessness work is organized by the Mid-Willamette Valley Community Action Agency. The Plan is the result of the work of a Leadership Team made up of county and city elected officials and representatives from business and State agencies. A Core Committee supported the work of the Leadership Team by organizing strategic Work Teams, collecting data, and synthesizing information into the development of a draft plan. Work Teams provided forums for broad participation and development for specific strategies.

Leadership Team:

Tom Bauman, Former Mayor, City of Mt. Angel
Janet Carlson, Marion County Commissioner
Jack Duncan, Oregon Department of Housing and Community Services Department
Gayle Mc Dougal, First Congregational Church
Janet Taylor, Mayor, City of Salem
Dick Withnell, Withnell Motor Company
Rene Duboise, Service Delivery Area Manager, Region 3, Oregon Department of Human Services

Core Team:

Bill Adams, community partner
Kimberly Allain, St. Vincent de Paul Society
Herm Boes, Salem Leadership Foundation
Bud Brown, consultant
James Campbell, Cascadia-Bridgeway Behavioral Healthcare
Mark Chase, Salem Police Department
Wayne Crowder, Salem Leadership Foundation
Jeanne Deane, community member
Jack Duncan, Oregon Department of Housing and Community Services
Dennis Durfee, State of Oregon, Disabled Veterans Outreach
Rick Burnett – Shangri-La Corporation
Kim Fredlund, Oregon Department of Human Services
Karolle Hughes, St. Joseph Shelter
Linda Jennings, community member
Rosy Macias, State of Oregon Veterans Affairs
Sara McDonald, Marion County Board of Commissioners Office
Rick McKenna, Marion County Reentry Initiative
Page Merrill, NO METH - Not in MY Neighborhood
Kenneth Rush, Lakepoint Community Care
Nahnie Williams, NO METH - Not in MY Neighborhood
Robin Winkle, Shangri-La Corporation

Work Teams:

Children and Families
Mental Health and Substance Abuse
Reentry from Incarceration

Runaway and Homeless Youth
Veterans

Mid-Willamette Community Action Agency Staff:

Teresa Cox, Executive Director

Carla Cary

Diane Merry

The Picture of Homelessness in Marion and Polk Counties



9 years old is the average age of a homeless person in the United States
23% of homeless children in Oregon are age 11 or younger
60% of the people counted in the 2008 Marion/Polk County Homeless Count were
homeless with a family

Marion/Polk Definition of Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence; to include the following:

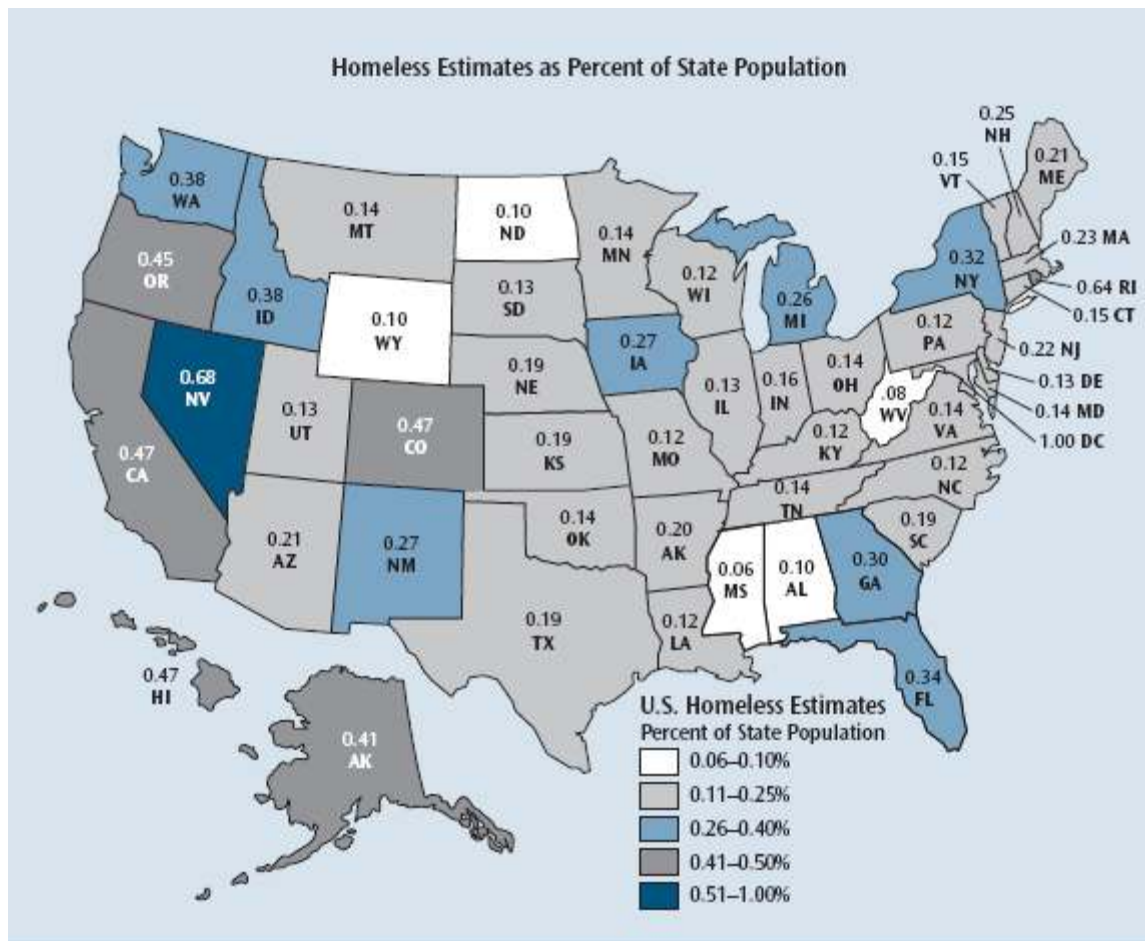
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings such as, parks, cars, substandard housing, public places, abandoned buildings, or similar settings;
- Emergency and transitional shelters;
- Doubled-up – Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; and/or
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations



HOMELESS DEMOGRAPHICS

From the nation to the state to our communities, a definitive count of the homeless population is not possible. By our definition for homelessness, we can get a count from shelters and fairly well estimate the number living on the streets in urban areas. But we do not know how many are living in substandard housing, doubled up with other families, staying in motels, in campgrounds, and in the forest.

The National Alliance to End Homelessness, January 2007 estimates that Oregon has one of the highest populations of homeless persons in the country.¹



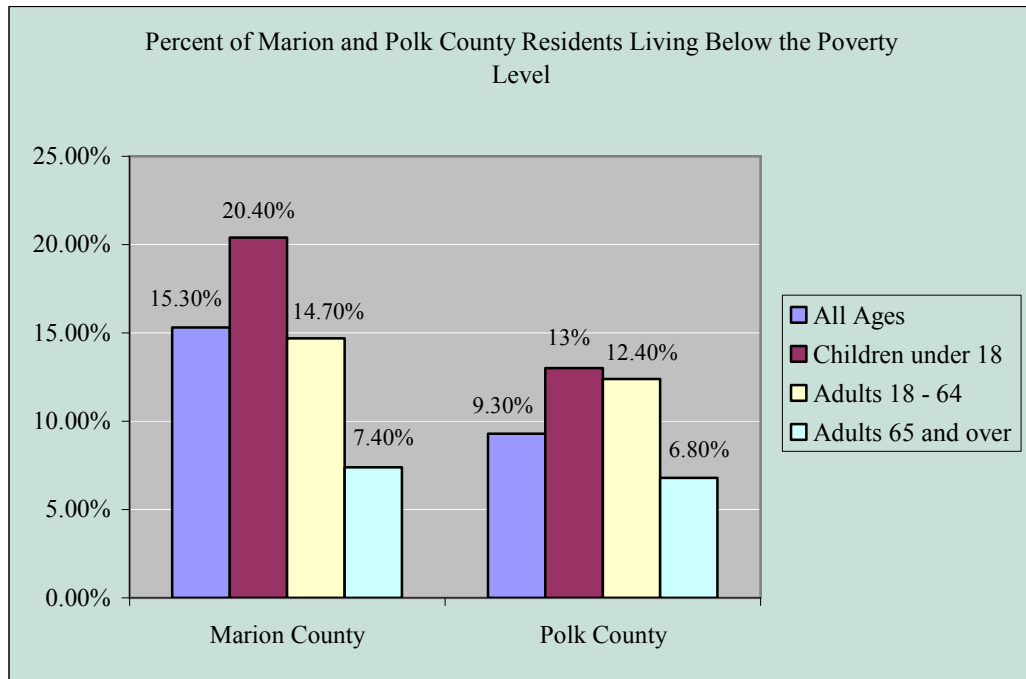
Across the State, over 14,000 homeless people were counted in the 2008 Oregon Housing and Community Development's Homeless Shelter Nightcount Report². Marion and Polk Counties represented 6% of this total. Of the 14,527 total homeless individuals, 23% were children under the age of 11. In Marion and Polk Counties, children under the age of 11 represented 16% of total homeless in shelters.

1. Homelessness Counts, National Alliance to End Homelessness, January 2007

2. Homeless Shelter Nightcount Report, Oregon Housing and Community Development, June 2008

Marion County ranks 10th out of 36 counties for population of chronically homeless. A person is considered chronically homeless if she/he is an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last 3 years.

The one night shelter counts do not include much of the rural areas of Marion and Polk Counties. This method of counting homelessness also does not include individuals who are doubled up with other families or who are living in inadequate accommodations. A community's poverty rates can serve as another indicator of homelessness or potential homelessness for our communities.



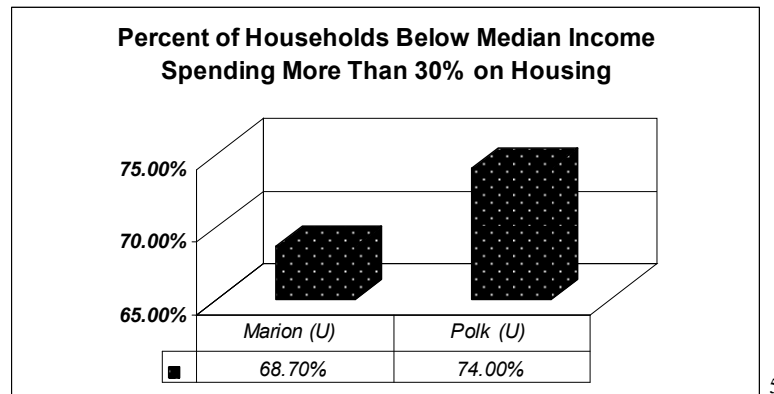
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Statewide, 12.9% of the population lives below the poverty level. Marion County has a higher percent of people living in poverty than the State as a whole. While about 1% of the population was included in the one-night count for homelessness, many more individuals and families may be homeless or close to homeless in our communities.

3. Homeless Shelter Nightcount Report, Oregon Housing and Community Development, June 2008

4. Poverty Status in the Past 12 Months, 2007 American Community Survey 1- Year Estimates. Poverty Level is a weighted measurement based on number in household and age, if over 65). For a four person family with two children and no seniors in the home, annual income at or below \$21,027 is poverty level.

The State Plan to End Homelessness also looked at rent burden as another indicator of homelessness or future homelessness.



In Marion and Polk Counties, 68.7% and 74% of households with incomes below median spend more than 30% of their income on rent, including utilities. The 2007 Oregon median family income is \$48,730.⁶

Thus, while the Homeless Survey and Shelter Counts identified approximately 1% of Marion and Polk Counties’ populations as homeless, 15.3% and 9.3% (respectively) live in poverty and a majority of families making less than the median income are expending more on their rent and utilities than is considered reasonable in order to meet all other family expenses.

Marion and Polk Counties, January 30, 2008 Homeless Count

Totals for the homeless count conducted on January 30, 2008 include one-night shelter counts; reports from 13 school districts in Marion and Polk counties; site surveys at the Department of Human Services, area food banks, and the YWCA; Marion and Polk County jail surveys; street counts; and street surveys. Our demographics for the homeless population are more extensive than most communities, but by no means complete. The total number of homeless individuals counted in Marion and Polk counties on January 30, 2008 is 2,610.

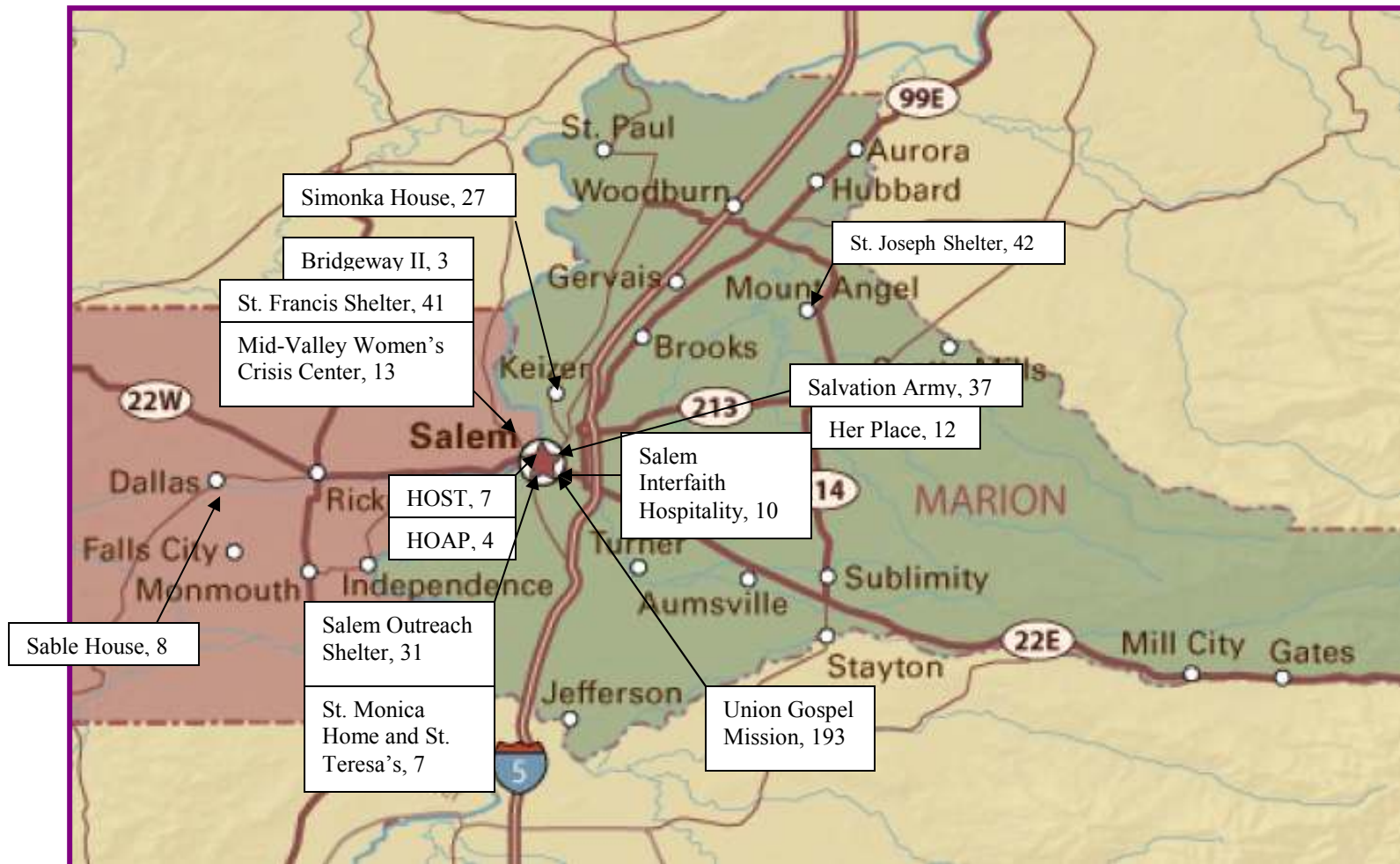
5. Oregon Progress Board, Benchmark Report, 2000 data

6. U.S. Census, American Survey 1 Year Estimates, 2007

MARION/POLK COUNTIES

2008

ONE NIGHT SHELTER COUNT



In addition to shelters, other social service agencies in Marion and Polk Counties provide assistance to individuals for nightly lodging in motels, RV Parks, and other facilities. Below is a list of all of the agencies and shelters providing services to homeless individuals and the count of individuals and households served on January 30, 2008

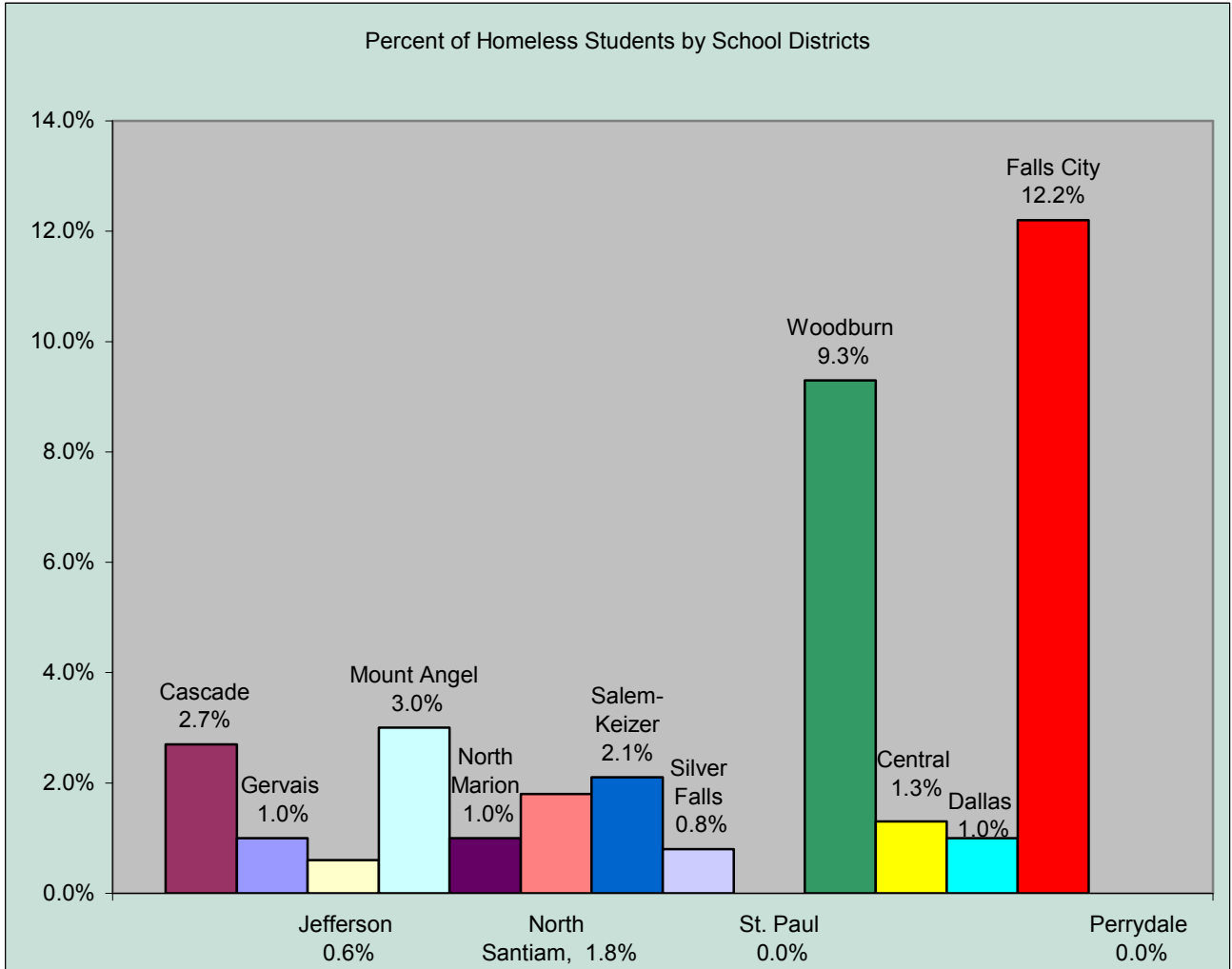
MWVCAA ONE NIGHT SHELTER COUNT
January 30, 2008

ORGANIZATION	INDIVIDUALS SHELTERED	HOUSEHOLDS SHELTERED	INDIVIDUALS TURNED AWAY	HOUSEHOLDS TURNED AWAY
ARCHES	111	58	0	0
Bridgeway II	3	1	0	0
Bridgeway Her Place	12	7	0	0
Dallas Resource Center	50	19	0	0
House of Zion	*	*	*	*
Marion County Housing	**	**	**	**
Mid-Valley Women's Crisis	13	6	0	0
MWVCAA HSP	16	6	0	0
NWHS Crisis Hotline	13	5	0	0
NWHS HOAP	4	4	0	0
NWHS HOST Shelter	3	3	0	0
NWHS HOST TLP	4	4	0	0
OHOP	1	1	0	0
Sable House	8	3	0	0
Salem Housing Authority	**	**	**	**
Salem Interfaith Hospitality	10	3	0	0
Salem Outreach Shelter	31	10	0	0
Salvation Army	37	27	0	0
Shelley's House	*	*	*	*
Silverton Area Comm Aid	18	4	0	0
Simonka House	27	23	0	0
St Brigid Home	0	0	0	0
St Francis Shelter	41	12	0	0
St Joseph Shelter	42	16	0	0
St Monica Home	2	1	0	0
St Teresa's	5	3	0	0
St Vincent de Paul	0	0	1	1
Stayton Resource Center	21	7	0	0
Tahana Whitecrow	1	1	0	0
Union Gospel Mission	193	193	0	0
Woodburn Resource Center	13	3	28	12
TOTALS	679	420	29	13

* No Response

** Unable to Participate

Homeless Students
School Districts in Marion and Polk Counties
2007



This table shows percent of homeless students per each school district's total population. A total of 1,612 students were reported as homeless in Marion and Polk County School Districts for the 2007-08 school year. This is a 46% increase from the 2006 report which had 1,101 student counted as homeless.

School Districts in Marion and Polk Counties vary widely by student population. The following table shows the number and percent of homeless students by school district.

School District	Number of Homeless Students	Percent of Homeless Students
MARION CO.		
Cascade	62	2.7%
Gervais	11	1%
Jefferson	6	0.6%

School District	Number of Homeless Students	Percent of Homeless Students
Mount Angel	24	3%
North Marion	20	1%
North Santiam	45	1.8%
Salem-Keizer	844	2.1%
Silver Falls	29	0.8%
St. Paul	0	0%
Woodburn	477	9.3%
POLK CO.		
Central	40	1.3%
Dallas	34	1%
Falls City	20	12.2%
Perrydale	0	0%
TOTAL Student Population 63,444	1612	2.5%

7. Homeless Student Report, Oregon Department of Education, 2007

**Homelessness Surveys
Street Count Interviews
January 30th, 2008**

On January 30, 2008, over 50 community volunteers conducted 190 interviews with people who had no permanent place to live in Marion and Polk counties. The interviews were conducted on the street, in parks, under bridges, and in camps. All participants were informed that their names would not be collected and that their participation was completely voluntary.

OVERVIEW

From the Street Count interviews, the picture of a homeless adult in Marion and Polk Counties:

- Male between the ages of 36 and 50
- Primarily high school graduate
- Has not served in the armed forces
- Homeless for 1 year or more and sleeping on the street, in a vehicle, or in a park
- Reported eating regularly, but ate once a day
- About ½ were alone and almost ¼ were on the street with their family.
- Two-thirds reported having been in jail at some point and one-fourth reported having been in prison at some point.

The two primary circumstances that led to the current homeless situation:

- Loss or lack of work
- Domestic violence/divorce

Below is some of the data from the street interview responses.

DEMOGRAPHICS:

GENDER

	Count	Percent
Male	132	69.5%
Female	56	29.5%
No Response	2	1.0%
Total	190	100%

AGE GROUPS

	Count	Percent
Under 21	13	6.8%
21-35	26	13.7%
36-50	106	55.8%
Over 50	34	17.9%
No Response	11	5.8%
Total	190	100%

EDUCATION LEVEL

	Count	Percent
Grade 1-9	14	7.4%
Grade 10-12	44	23.2%
HS Graduate	65	34.2%
Some College	29	15.3%
College Graduate	2	1.0%
Still in HS or MS	8	4.2%
No Response	28	14.7%
Total	190	100%

VETERAN STATUS

	Count	Percent
Yes	31	16.3%
No	152	80.0%
No Response	7	3.7%
Total	190	100%

HOMELESS CHARACTERISTICS

LENGTH OF HOMELESSNESS

	Count	Percent
Less than 1 year	66	34.8%
1-2 years	54	28.4%
3-5 years	19	10.0%
Over 5 years	24	12.6%
Over 10 years	14	7.4%
Over 20 years	5	2.6%
No response	8	4.2%
Total	190	100%

ABLE TO EAT REGULARLY

	Count	Percent
Yes	148	77.9%
No	39	20.5%
No Response	3	1.6%
Total	190	100%

HOW OFTEN DO YOU EAT

	Count	Percent
1 time/day or less	66	34.8%
2 times a day	58	30.5%
3 times a day	31	16.3%
3 + times a day	4	2.1%
No Response	31	16.3%
Total	190	100%

ARE YOU ALONE

	Count	Percent
Yes	106	55.8%
No	81	42.6%
No Response	3	1.6%
Total	190	100%

NECESSARY TO IMPROVE CURRENT SITUATION*

	Count	Percent
Housing	69	32.6%
Job	56	26.4%
Transportation	7	3.3%
Medical asst/asst with SSI&SSDI	8	3.8%
Free Camping/Tents/Electricity in Parks	5	2.4%
ID/Legal Assistance/Felony convictions	16	7.5%
Increased Length of Stay in Shelters/More Shelters	8	3.7%
Help w/bills/rent/deposits/money	16	7.6%
Nothing/Don't Know	10	4.7%
Not judged/harassed	4	1.9%
Other	13	6.1%
Total	212	100%

*Could be more than one answer per person

LED TO CURRENT CIRCUMSTANCE

	Count	Percent
Lack of Work/Loss of Work	37	19.5%
Eviction	17	9.0%
Death	8	4.2%
Health/Mental Health Issues	16	8.4%
Drugs/Alcohol	11	5.8%
Prison/Jail	14	7.4%
Lost House	6	3.2%
Domestic Violence/ Divorce/ Relationships Issues	31	16.3%
Choice	2	1.0%
Other	24	12.6%
No Response	24	12.6%
Total	190	100%

DIFFICULTY OF BEING HOMELESS*

	Count	Percent
Getting work	17	7.7%
Judged/Public Perception/Harassment	21	9.5%
Loneliness/Depression/Uncertain Future	47	21.1%
Medical Treatment/Medications	6	2.7%
Life in General/Survival	9	4.0%
Eating	16	7.2%
Finding Place to Sleep/Camp	26	11.7%
Staying Warm/Dry	26	11.7%
Hygiene	17	7.7%
No Money/Resources	13	5.9%
Violence/Safety Concerns	10	4.5%
Other	14	6.3%
Total	222	100%

* Could be more than one answer per person

CHRONICALLY HOMELESS

	Count	Percent
Yes	45	23.7%
No	145	76.3%
Total	190	100%

MEDICAL HEALTH AND DISABILITY VARIABLES:

MEDICAL PROBLEMS

	Count	Percent
Yes	105	55.3%
No	67	35.2%
No Response	18	9.5%
Total	190	100%

DISABILITY CONCERNS

	Count	Percent
Yes	102	53.7%
No	85	44.7%
No Response	3	1.6%
Total	190	100%

EVICTED FROM HOME

	Count	Percent
Yes	84	44.2%
No	94	49.5%
No Response	12	6.3%
Total	190	100%

EVICTED DUE TO INABILITY TO PAY UTILITY BILLS

	Count	Percent
Yes	31	36.9%
No	50	59.5%
No Response	3	3.6%
Total	84	100%

JAIL AND PRISON EXPERIENCE

EVER BEEN IN JAIL

	Count	Percent
Yes	126	66.3%
No	47	24.7%
No Response	17	9.0%
Total	190	100%

EVER BEEN IN PRISON

	Count	Percent
Yes	50	26.3%
No	121	63.7%
No Response	19	10.0%
Total	190	100%

A complete copy of the Plan to End Homelessness, Marion and Polk Counties, Results of January 30, 2008 Homeless Survey is Attachment 1.

2007 JAIL SURVEY

In 2007, Pacific Policy and Research Initiative, LLC conducted an extensive survey of 565 inmates in the Marion County Jail.

Residential Permanency/Homelessness

Most participants (66.55%) said they had a permanent place to live prior to arrest, however only 35.93 percent said they had a permanent place to live following their release from jail. Over 67 percent of participants said they had experienced homelessness at some point in their life, and 49.22 percent said they were homeless, at some level, just prior to their most recent arrest. Of those participants who had experienced homelessness, 81.15 percent said they were alone when homeless. “Unemployment” (56.29%) was the predominate reason given for being homeless, followed by “Jail/Prison Record” (15.45%), “Substance Abuse” (14.92%), and “Other” (13.35%).

Permanent Place to Live Prior to Arrest

<i>Had Permanent Place to Live</i>	<i>Count</i>	<i>Percent</i>
Yes	376	66.55
No	189	33.45

N= 565

Permanent Place to Live Following Release

<i>Have Permanent Place to Live</i>	<i>Count</i>	<i>Percent</i>
Yes	203	35.93
No	362	64.07

N= 565

Ever Experience Homelessness

<i>Ever Homeless</i>	<i>Count</i>	<i>Percent</i>
Yes	384	67.96
No	181	32.04

N= 565

Homeless Immediately Prior to Most Recent Arrest³⁷

<i>Homeless Prior to Arrest</i>	<i>Count</i>	<i>Percent</i>
Yes	189	49.22
No	195	50.78

N= 384

Number of Times Homeless³⁸

<i>Total Times Homeless</i>	<i>Count</i>	<i>Percent</i>
One Time	143	37.24
Two Times	150	39.06
Three Times	61	15.89
More than Three Times	30	7.81

N= 384

³⁷ N/A= 181

³⁸ N/A= 181

Of the surveyed Jail inmates who were parents (414 /73.37%), 33.45% (189) did not have a permanent living place prior to arrest and 64.07% did not have a permanent living place after their release from jail. The circumstance most reported as leading to homelessness for these respondents was unemployment.

SUMMARY

- **The 2008 Homeless Count for Marion and Polk Counties show that almost half of individuals counted as homeless during 2007-08 were school-aged children (1,612).**
- **Marion County has somewhere in the neighborhood of 3,120 runaway and homeless youth⁹.** The number of runaway and homeless youth was estimated in a grant application to the Oregon Commission on Children and Families in November 2007. “The 2005 Law Enforcement Data Center (LEDS) reports that Marion County had 13.3% of the state’s runaways.... The League of Women Voters report on Oregon’s Homeless Youth indicates as many as 24,000 Oregon youth are homeless. The figure is calculated on the assumption that only 1 in 12 youth contact a service provider for assistance. Based on the LEDS calculation, Marion County would have 3,120 runaway and homeless youth”⁹.

Schools and other agencies are charged with keeping data on children. This is not true for adults. As stated at the beginning, developing an accurate picture of the numbers of people in our communities who are homeless is very difficult.

- **The picture that we have developed for adults is:**
 - **that poverty and rent-burden affect many households in our two counties, and**
 - **that people are coming out of our jails into homelessness and that cycle may repeat itself with additional arrests and release.**
- **Much of the homelessness in our community is hidden by households with two families and/or teens that are couch surfing.** The Statesman Journal in an article, “Student Homelessness Increases in 2007” noted that “more than two-thirds of homeless students in Salem-Keizer shared housing with relatives or friends last year, according to the DOE homeless student report.”¹⁰ Data from the January 30, 2008 street survey indicated that over 1/4th of the respondents reported staying temporarily with friends.
- **Families in our communities are very much a part of the picture of homelessness.** One-quarter of the homeless individuals in the 2008 Homeless Count were staying in a shelter on January 30, 2008. Of those individuals staying in shelters, 38% were part of a family. Half of the students counted in the schools’ homeless count were elementary school aged.
- **Over 60% of survey respondents had been homeless for more than one year.**
- **Less than 1/4th of the people completing the street survey considered themselves as chronically homeless.** The definition of chronically homeless is an unaccompanied individual with a disabling condition who has been continually homeless for a year or more, or has experienced four or more episodes of homelessness over the last 3 years.
- **Most people surveyed felt that the ability to find affordable housing and jobs were the keys to improve their situation.**

9. Runaway and Homeless Youth Initiative, Marion County Department of Children and Families, November 2007

10. Student Homelessness increases in 2007, Statesman Journal, September 11, 2008

CAUSES OF HOMELESSNESS



The primary cause of homelessness is lack of housing that very-low income people can afford.

The majority of the information in this section is from *A Home for Hope, A 10-year plan to end homelessness in Oregon*, June 2008. This plan is available on line at - http://www.ehac.oregon.gov/OHCS/EHAC/docs/EHAC_Action_Plan_Final.pdf

Insufficient Income and Low-Paying Jobs

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

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

Lack of Affordable Housing/Eviction

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

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

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

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

Domestic Violence/Divorce/Relationship Issues

Many studies demonstrate the contribution of domestic violence to homelessness, particularly among families with children. 39% of cities cite domestic violence as the primary cause of family homelessness (U.S. Conference of Mayors, 2007). Two years prior, that figure had been 50% (U.S. Conference of Mayors, 2005). State and local studies also demonstrate the impact of domestic violence on homelessness: 46% of homeless women said that they had previously stayed in abusive relationships because they had nowhere else to go (American Civil Liberties Union, 2004).

The provision of safe emergency shelter is a necessary first step in meeting the needs of victims fleeing domestic violence. Lack of affordable housing and long waiting lists for assisted housing mean that many victims and their children are forced to choose abuse at home or life on the streets. Currently, victims of domestic abuse have unmet needs for both short and long-term housing.

Long term efforts to address homelessness must include increasing the supply of affordable housing, ensuring adequate wages and income supports, and providing necessary supportive services.

Drugs and Alcohol and Health/Mental Health Issues

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

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

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

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

Impacts of Service in the Armed Forces

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

Previous Incarceration

Each year, some 650,000 people leave state and federal prisons, and many times that number leave local jails. Some remain under corrections supervision, while others have served their sentences and have no further supports from the corrections system.

Housing problems, including homelessness, are common among this group. These individuals tend to have incomes that are low, and they experience barriers to obtaining housing through the channels that are open to other low-income people. One of the barriers is eligibility restrictions (past criminal activity or alcohol and drug use) in government or privately sponsored services.

One result is that one in five people who leave prison becomes homeless soon thereafter, if not immediately. Preliminary studies indicate that those who leave prison and become homeless are substantially more likely than those with stable housing to return to prison.

Issues Impacting Youth

The most common factors contributing to homelessness among youth:

- running away from their parent's home
- family breakdown
- parental neglect and abandonment
- economic stress
- limited alternatives after leaving foster care or other state custody
- physical and sexual abuse

- mental illness
- addiction disorders in the individual or family
- living with homeless families

Discontinuity, Lack and/or Loss of Services

Many federal, state, and local programs target homeless individuals or those at risk of becoming homeless. In addition, many private, not-for-profit, volunteer, and faith-based organizations operate social programs designed to respond to a particular need or problem.

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

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

During the state’s economic recessions, the Legislature trimmed human services budgets to bring spending within available revenues. During the special sessions of 2001 and 2002, many programs saw cuts that devastated systems serving people with mental health problems, developmental disabilities, and addictions.

The Oregon Health Plan standard program, which served people at or below 100 percent of the poverty threshold, provided a dramatic illustration of the impact of the revenue shortfalls. After a series of benefit reductions – the elimination of dental, vision, prescription drug, mental health, and chemical dependency coverage – the Legislature eventually capped enrollment in the Oregon Health Plan standard program. Another casualty of the state’s budget woes: The state’s medically needy program, which provided critical support to approximately 8,000 people with disabilities and extraordinary medical expenses, was eliminated.

State budget cuts affected programs and providers across human services, including:

- child welfare foster programs payments
- community mental health and addictions treatment programs
- Temporary Assistance to Needy Families grants (welfare)
- emergency assistance for very low-income families
- long-term care for seniors and people with disabilities

CURRENT SERVICES, BARRIERS, AND COSTS OF HOMELESSNESS

Services

Many agencies and organizations serve people at risk of or experiencing homelessness. These include federal and state government agencies, local public and private not-for-profit organizations. *See Appendix 3 for a description of services in Marion and Polk Counties.*

Barriers

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

- The nature of homelessness
- System barriers
- Lack of focus on homeless prevention
- Stigma, prejudice, and disenfranchisement

The nature of homelessness

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

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

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

System barriers

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

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

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

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

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

Lack of focus on homeless prevention

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

Discharge planning in foster care, hospital-based health care, mental health, addiction treatment, and prison systems can play a significant role in preventing homelessness by ensuring that the people they serve have a place to live upon discharge. Planning for interruptions in program eligibility (Medicaid, SSI, etc.) while individuals are hospitalized or incarcerated, can also do much to prevent homelessness.

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

Stigma, prejudice and disenfranchisement

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

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

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

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

Costs of Homelessness

Societal Costs of Homelessness

The following chart shows funding that comes through the Mid-Willamette Community Action Agency for homeless services. The State Department of Human Services and the County Community Corrections programs, to name two agencies, also have funds for homeless services. In addition, homeless shelters and other programs that provide support services to homeless individuals have funds through other state agencies, grants, and donations.

OHCS homeless assistance biennial program funding (Marion and Polk Counties)	
Program title	Biennial Budget
Emergency Housing Assistance	602,158
State Homeless Assistance Program	262,490
Emergency Shelter Grant Program	291,916
Housing Stabilization Program	98,002
Total	\$1,254,566
Federal Housing and Urban Development biennial homeless program funding	
Total Continuum of Care	\$1,753,956

Programs included in the Marion and Polk Counties' Continuum of Care funding fall into the following categories:

- Transitional housing
- Permanent supportive housing
- Supportive services

Personal costs of homelessness

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

- Poor and inadequate nutrition
- Health problems, such as infections, asthma, and gastro-intestinal disorders
- Developmental delays
- Anxiety, depression, and behavior problems
- Increased risk of substance abuse
- Poor school attendance
- Poor academic performance

The Oregon Department of Education compared the performance of homeless students to the average performance of all students. Only 74 percent of homeless students met the benchmark on the third-grade reading test, compared to the statewide average of 85.5 percent. The gap widens among older students, with just 16 percent of homeless students meeting the tenth-grade math benchmark versus 43 percent statewide. This significant achievement gap may lead to higher dropout rates for homeless students. Homelessness presents serious risks for youth, especially older youths who often lack family support.

Youths who live on the streets or in shelters face high risk of physical and sexual assault or abuse, and physical illness including HIV/AIDS.

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

Return on Investment

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

In comparison with the funding allocated to the Mid-Willamette Community Action Agency for serving homeless individuals and families, the Salem Hospital calculated that it incurred costs of more than \$3 million dollars in a one year period (October 2005 to September 2006) serving people with an address similar to homeless through their emergency room.

The Marion County Community Corrections program has approximately a 30% recidivism rate. With 700 people leaving prison each year, about 210 return to prison based on parole or probation violations. The Marion County Reentry Council has identified housing and jobs as two key supports to reduce recidivism. The tax-payer cost per inmate per year of prison is \$24,655 (DOC 2007). Working with parolees and probationers to stay out prison could save approximately \$5 million dollars per year.

Emergency and transition shelters are a part of the total picture of ending homelessness. These programs will always have a place in our community. Marion and Polk Counties emergency and homeless shelters budgets currently make up almost \$2.5 million per year. Maintaining families and individuals in their homes could reduce this cost or stabilize the expenditures while serving people that presently cannot be served as capacity does not meet the demand.

Homeless children are at-risk of not completing high school. In Oregon, an individual without a high school diploma earns 46% less over their lifetime than the Oregon average earner. If one-half of the 3,601 homeless youth, counted in the Runaway and Homeless Youth grant application, did not complete high school, it would amount to over \$18 million dollars in lost income (Enterprise for Education and Employment 2008 Summit).

City of Salem Vagrancy/Homeless Arrests: Average of 253 arrests totaling approximately \$30,000-\$35,000 per year.

Foster care (basic): Average length of stay of 465 days at an average cost per stay of \$6,944.
Foster care (special needs): Average length of stay of 465 days at an average cost per stay of \$16,000.

Summary

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

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

PROMISING PRACTICES



**Families are the fastest growing
segment of the homeless
population.**

The information in this section is from *A Home for Hope, A 10-year plan to end homelessness in Oregon*, June 2008. This plan is available on line at - http://www.ehac.oregon.gov/OHCS/EHAC/docs/EHAC_Action_Plan_Final.pdf

The Governor's Ending Homelessness Advisory Council recognizes that communities in Oregon and across the nation have found approaches that can help reduce the number of people experiencing homelessness. These approaches fall into three categories: prevention, intervention and system change. The following pages describe some of these promising practices in hopes that local communities and policymakers can adapt these strategies for Oregon.

Prevention and intervention strategies

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

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

Effective prevention programs include:

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

Affordable housing

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

Poverty prevention

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

Other poverty prevention strategies offered through the State include Earned Income Tax Credits and asset-building approaches such as Individual Development Accounts.

Discharge Planning

Mainstream programs that provide care and services to low-income people frequently assess and respond to the housing needs of their clients, while public institutions (hospitals, prisons,

jails, mental health facilities, child welfare) may, by necessity, discharge people into homelessness.

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

Corrections

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

http://www.oregon.gov/DOC/ADMIN/strategic_plan.shtml

Housing First

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

The typical housing first approach has four primary states:

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

The model links emergency shelter/transitional housing systems with often disconnected or difficult-to-access community-based and governmental services and resources. A key promise of the housing first model rests on evidence that families experiencing homelessness often face many problems. Services for such a household will be more effective when the family has stable and permanent planning. Another recent example is the phase in of additional Oregon Health Plan slots. Homeless individuals and families that had earlier submitted applications often did not receive the notification that additional slots were available and their applications were approved.

Rapid Re-housing

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

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

- Skilled housing search staff with knowledge of local housing markets and relationships with property owners.
- Marketing and outreach to property owners.
- Incentives for property owners to rent to homeless households.
- Assurances to property owners that the housing services agency will assist with property owner/tenant problems.
- Access to subsidies, such as vouchers, for households with extremely low incomes.
- Coordination with service providers to ensure that a homeless person's service needs are met once he or she is in permanent housing.
- Periodic follow-up work to prevent a housing crisis.
- Services to address credit problems.

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

Supportive Housing

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

System Improvements

Mainstream program focus on housing. Communities in which mainstream programs (TANF, child welfare, mental health programs, community corrections and others) focus on the housing needs of clients can more successfully prevent homelessness. Meeting the housing needs of clients will produce better outcomes for mainstream programs, as noted in the discussion of Housing First.

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

Accountability and reporting. Better systems for tracking funds, activities, and outcomes will lead to more effective programs and better use of resources. A focus on outcomes can support the propagation of evidence-based practices and build support for homelessness prevention and intervention efforts.

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

Most commonly offered activities	
1. Counseling	1a. Information and referral about resources 1b. Budgeting and debt reduction, handling credit and improving credit rating/history 1c. Links to entitlements and community services 1d. Housing search assistance
2. In-kind emergency assistance	2a. Food, clothing, transportation, furniture, medical care
3. Cash assistance to maintain or obtain housing	3a. Deposits (first month's rent, last month's rent, security) 3b. Arrearages (rent, mortgage, utilities) to prevent eviction or foreclosure 3c. Moving costs
4. Links to more sustained help	4a. Mental health treatment 4b. Substance abuse treatment 4c. Training and employment assistance and support, job search 4d. Links to benefits: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), food stamps, housing subsidies, local programs.
Less commonly offered activities	
1. Other cash assistance	1a. Automobile loan or repair 1b. Short-term rental payments for people with disabilities while waiting for SSI 1c. Special funds associated with memoranda of understanding
2. Legal and other assistance to retain housing	2a. Mediation with property owners around rents, heat or utilities, repairs, hazardous conditions 2b. Arrangements through Housing Courts, including mediation, provision of counselor, fee return to property owners, special funds 2c. Supportive services to assure housing retention once families or singles move to housing
3. Mainstream agencies assuming prevention responsibilities for own clients, inmates, or consumers	3a. Develop specialized housing (i.e. for people reentering the community from institutions) 3b. Supportive services to assure housing retention 3c. Employment links and supports 3d. Discharge planning, especially linked to housing, services, and employment 3e. Specialized units, trained staff
4. Memoranda of Understanding or other formal interagency arrangements to prevent homelessness for vulnerable populations	Strategies: special funds for cash assistance, special training and staffing, centralized resources to resolve housing emergencies, mental health courts, planning and coordination with code enforcement entities. Agencies to involve: corrections, mental health, child welfare, TANF, cities and counties, public housing agencies, non-profit programs serving at-risk and needy individuals, children and families.
Sometimes mentioned as deep or long-term prevention strategies	
1. Antipoverty activities	1a. Job training, continuing education, skill development 1b. Literacy, adult basic education, English as a second language 1c. Affordable housing development

ACTIVE SOLUTIONS IN MARION AND POLK COUNTIES

The Marion and Polk Counties' Plan to End Homelessness was initiated in 2006. Along the way, organizations in the community have forged ahead with active solutions for targeted groups.

1. Barrier Busters/Reentry Initiative: Removing Housing Barriers for People Involved with Drug Court or Incarceration

On July 9, 2005, the Center on Juvenile and Criminal Justice conducted a survey of prisoners at the Marion County jail and work center. Four hundred forty-two (442) prisoners participated, including 358 males and 84 females. The survey looked at a range of issues affecting this population. The findings included some eye-opening data:

- 73% of inmate participants were parents, with over 774 children affected;
- 50% of participants had fathers who had been jailed and 18% had mothers who had been in jail;
- 81% of mothers and 66% of fathers had not graduated from high school;
- 74% reported using methamphetamine;
- 35% reported having been diagnosed with a mental health condition;
- 67% had a job prior to incarceration, but only 35% reported having employer-paid benefits;
- 77% of working parents earned less than \$1,500 per month prior to their incarceration;
- 60% of all parents reported having been homeless; and
- 22% of fathers and 36% of mothers reported having no place to live after their release.

Dr. Bud Brown, Center Director, concluded that five key factors influenced success after incarceration. These are education, employment, substance abuse treatment, mental health treatment (where needed), and housing. The Marion County jail has 528 beds at any given time. The Work Center has 144 beds. Roughly 20,000 offenders are booked into the jail annually.

Barrier Busters worked with the Marion County and City of Salem Housing Authorities to revise policies that were creating a barrier for formally incarcerated individuals to access public housing services and they worked with landlords to establish a pilot program involving Section 8 housing owners, property management companies, Marion County Community Corrections, and the housing authorities to open access to housing for people reentering the community from incarceration.

The final report on this program is in Appendix 4.

2. Falls City – Veterans - Overview of Veterans Homeless Project

The Oregon Department of Veteran's Affairs (ODVA), "Nearly one-third of Oregon's homeless populations are veterans. In addition, ODVA has reported the highest percentage of homeless veterans hospitalized for mental health reasons this past year (47.5 percent), which is almost 23 percentage points higher than the national average (27.9 percent). The northwest region of Oregon, Washington and Alaska is fourth in the nation for admissions of homeless veterans with "substance abuse problems (60 percent), which are nearly double the national average of 35.3 percent."

In contrast nationally, homeless veterans appear to be better educated than the general homeless population, statistics show 85 percent have completed high school/GED, while only 55 percent of non-veterans have accomplished the same (*National Coalition for the Homeless, 2006*).

In Marion and Polk County, we can see these results face to face. In Falls City, Oregon, a team has been working to assist veterans in receiving the benefits they have earned. Beginning in April of 2008 the Veterans Project has been providing representatives of Salem Veterans and Oregon Veterans Affairs to the veterans of this small isolated community. Each month we advertise in water payment checks and posters around town that representatives from veteran's organizations will be available. We have assisted 29 veterans from all areas of conflict including WW2, Korea, Vietnam, Iraq and Afghanistan, and other areas of conflict engaged in by our country.

The representatives of our Veteran Services Organization have provided stellar service and have never dropped the ball. Because of this, we are still getting vets coming out of the woods to see us. At first it was slow, but as our reputation grew we have new vets coming in each month.

The full report of the Falls City Homeless Veteran's Project is in Appendix 5.

3. Runaway and Homeless Youth Consortium -Overview of the Runaway and Homeless Situation in Marion County

Disproportionately large concentrations of runaway and homeless youth live in Marion County. They congregate primarily in Salem, the county seat and urban center. They are visible on the streets downtown, under bridges, in parks, and at the transit mall. Business owners, transit passengers, users of downtown restaurants and shops, and law enforcement regularly come into contact with them. However, their vulnerability, emotional fragility, need for safety, and need for constructive adult guidance are largely invisible to the community.

The full report of the Overview of the Runaway and Homeless Situation in Marion County is in Appendix 6.

4. Neighborhood Economic Development Corporation (NEDCO), Salem/Mid-Willamette Valley

Opening in Marion County in 2007, the Neighborhood Economic Development Corporation provides support to low-income families for home ownership. This program is a one-stop-shop

providing information and resources for homebuyers and homeowners. Consultations and classes are available for the following: Individual consultation, Threshold Homeownership Education and Counseling, ABC's of Homebuying, Homeownership Informational Workshops, Individual Development Accounts, Default and Foreclosure Prevention Counseling, Information and Referral Services.

Additional information is in Appendix 7.

5. Children and Families

The Children and Families workgroup developed a survey form and held focus group meetings in August and September of 2008 at four family shelter locations with homeless parents. The questions followed the Homeless Survey in many respects, but provided an opportunity to ask about issues that directly affected homeless families.

During this "snapshot", all of the 27 respondents had been homeless for 3 years or less. The average length of homelessness was 9 months. Sixteen had been homeless before.

The average family size was 3.5. Of 21 people responding to this question, 1/3rd were staying in the shelter with their spouse and children. Most of the children were between the ages of 11 and 18.

As in the homelessness count, respondents most needed employment and affordable housing. Respondents commented on the lack of transition supports. Once employment is found, other financial support goes away. Often, the employment does not cover child care, health insurance, and/or transportation costs. Families also face the frustration of being separated when homeless. Separation can be due to shelter policies or space availability when doubling up in others homes.

Another theme that families expressed in the focus groups was the need for coordination of resources and ability to know what resources are available for assistance.

GOALS AND STRATEGIES

MARION/POLK COUNTIES PLAN TO END HOMELESSNESS



**Within 2 to 4 years of
exiting foster care,
25% of foster children
experience
homelessness.**

Goal 1. Increase the supply of housing options for low-income and very-low-income residents to prevent and end homelessness.

1. Create a housing first model in Marion and Polk Counties that moves people into affordable permanent housing and wraps supportive services to help maintain affordability.
2. Assure needed shelter services and transitional housing, especially in geographic areas of need to provide shelter until permanent housing are available and to provide supportive services aimed at reducing barriers to maintaining permanent housing. A listing of supportive services is in Appendix 8.

Goal 2. Prevent and divert people from becoming homeless.

1. Identify and coordinate resources to assist families and individuals at-risk of losing their housing. Resources include: child care services, automotive repairs, drivers licenses, legal aid, counseling regarding credit histories and problems, health care, and accessing government and emergency assistance funding.
2. Increase education to targeted groups on resources that are available in our community
3. Support programs, initiatives, and projects in our communities aimed at increasing employment and training opportunities for individuals who are homeless, at-risk of homelessness, or living on low-incomes.

Goal 3. Increase coordination and processes among agencies serving the homeless and at-risk of homelessness population.

1. Organize support systems to assist people staying in their homes.
2. Re-align resources and/or identify new resources to prioritize supporting people in their homes.

Goal 4. Increase community awareness to remove societal stigma about homelessness and to build community support and coordinate responses.

1. Work to make housing a priority in our communities to reduce costs associated with homelessness.
2. Outreach education and information to the entire community on resources available for homeless people or those at risk of becoming homeless.

Goals and Strategies by Work Group

Continuum of Care

1. Create new Permanent Housing beds for chronically homeless persons.
2. Increase percentage of homeless persons employed.
3. Decrease the number of homeless households with children.
4. Increase the percentage of homeless persons and families moving from Transitional Housing to Permanent Housing.

Alcohol & Drug and Mental Health

1. Create 20 “wet” beds to allow intoxicated individuals to sober up and work with a counselor
2. Create 25 detox beds for intoxicated individuals to sober up.
3. Create reduced or “no fee” counseling/treatment facilities.
4. Increase awareness of methamphetamine use and its consequences.
5. Increase awareness of mental illness and its consequences for people who are homeless.
6. Increase awareness of co-occurring disorders (mental illness and substance abuse combined) and the impact of those illnesses on people who are homeless.
7. Retain current residential services and create additional residential services for women with children with substance abuse issues.

Veterans Population

1. Develop comprehensive process with support systems to assist veterans in accessing needed services.
2. Develop transitional housing with supportive services
3. Develop comprehensive list of partners and services and work with Oregon National Guard and Army Reserves and local recruiters to disseminate information

Corrections Reentry Population

1. Increase community awareness of housing and employment needs of those reentering our community from incarceration.
2. Develop a transitional housing project for target clients.
3. Identify continuum of housing resources for Marion County starting at re-entry and ending at permanent housing and create a joint planning process for all provider groups.

Families and Children

1. Identify and support opportunities to create affordable housing for very-low-income families.
2. Initiate a compendium of support services for families to access that are at-risk of being homeless, living in transition housing, or living in permanent low-income housing.
3. Increase availability of skills training to low-income parents.
4. Identify job support programs that assist parents in maintaining employment.

Runaway and Homeless Youth

1. Develop 15-bed intermediate-term shelter with wrap-around services
2. Develop/expand assessment and timely access to substance abuse treatment.
3. Develop/expand assessment and timely access to mental health treatment.
4. Create comprehensive advocacy and coordination plan for after care. (Salem and surrounding areas.)
5. Develop accessible, timely and affordable mediation services.
6. Develop database for collecting and sharing information.

Latino (Farmworker) (not complete)

1. Strengthen partnerships between Farmworker Housing Development Corp. and other service organizations.
2. Identify gaps in services and develop processes between organizations.

See Appendix 9 for Strategies of Work Groups along with timelines, funding needs/costs, and partners.

NEXT STEPS

The goals and strategies from the previous two sections are sometimes broad and/or currently unfunded. The Marion/Polk Counties Plan to End Homelessness has identified 4 overarching goals and the five work groups have identified a total of 20 strategies.

Some early actions are identified that moves forward the Plan and the efforts at prevention and eliminating homelessness. The early actions include:

1. Develop and implement a “Homeless Connect” project to create a venue for homeless people to access needed services and to have input into the plan and solutions.
2. Utilize the plan as a tool to educate the community and to bring in additional ideas/strategies/components that could be added on to the plan.
3. Encourage other organizations that work with homeless populations to determine how they could assist in implementing the plan.
4. Organize a task force with a project manager to identify all of the resources in the community that support the homeless population, to identify and track the gain and loss of affordable and supportive housing, and investigate the utilization of the Housing First model for our community.
5. Work closely with the faith community in increasing shelters and transitional housing.
6. Identify a process to continually get input from homeless and at-risk of homeless individuals on needs and barriers to accessing affordable and adequate housing.
7. Work with the state on a media campaign to de-stigmatize homelessness and gain public support for ending homelessness.
8. Identify distinct prevention strategies to prevent homelessness, especially in this unstable economic climate.
9. Educate homeless individuals on utilizing housing assistance and finding housing.
10. Provide education and work with landlords on renting to people with credit challenges, criminal, and/or eviction histories.
11. Involve business and organizations related to the housing industry in developing, finding, cataloging, publicizing and/or educating on innovate solutions for affordable housing.
12. Work with SEDCOR, Enterprise for Employment and Education, Oregon Employment Department, Chemeketa Community College and all other employment and training activities to increase opportunities for and outreach to the homeless or at-risk of homelessness population.
13. Increase resources for drug, alcohol, gambling and co-occurring disorders treatment.

14. Think outside the box – emergency financial aid to prevent homelessness – innovated ways to get information to homeless people on services available – create a wrap-around system of services to assist people into permanent housing and assist people in maintaining permanent housing.

“There are still places where we are doing what we did for homeless people 25 years ago,” said Philip Mangano, Executive Director of the United States Interagency Council on Homelessness... “Warehousing them in shelters, managing their homelessness with drive-by feeding programs, and unenforceable street ordinances. The Smith-Coronas and Encyclopedia Britannicas of homelessness.

But just as innovation in technology has brought us computers and the internet, so too there are now innovations for ending homelessness that are proven in implementation and research. Where Rapid Rehousing and Housing First to house our neighbors. Or Assertive Community Treatment teams to engage them. Or No Wrong Door to ensure that we don’t lose them. Or Project Homeless Connect to ensure a neighbor to neighbor trajectory, beyond ad hoc responses to coordinated solutions. That’s the intent ...- to invest resources in what we know works”.

Marion and Polk Counties are dedicated to implementing a plan to prevent and to end homelessness that reaches out to all areas of our communities, that serves with dignity and respect, that is committed to successful solutions, that includes the whole community.

*This document was prepared by Sara McDonald, Senior Policy Advisor,
Marion County Board of Commissioners Office.*

APPENDIXES

Appendix 1

2008 Homelessness Count

Marion and Polk Counties

PLAN TO END HOMELESSNESS
Marion and Polk Counties

Results of January 30, 2008 Homeless Survey

Homeless Totals

Totals for the homeless count conducted on January 30, 2008 include one-night shelter counts; count reports from 13 school district sites in Marion and Polk counties; site count surveys at the Department of Human Services, area food banks, and the YWCA; Marion and Polk jail surveys; street counts; and street surveys.

The total number of homeless individuals counted in Marion and Polk counties on January 30, 2008 is 2,610.

Elements that Affected the 2008 Count

School District Counts – In 2007 we counted 107 youth compared to 1,101 in 2008. In 2007 only five school districts participated in the Homeless Count. In 2008, thirteen school districts participated.

Marion County Jail Survey – Fewer Marion County inmates participated in the jail survey in 2008 (60) than in 2007 (508).

Weather – In 2008 the day of the Count was snowy, windy, and one of the coldest days of the year. This presumably accounted for our low counts of walk-in clients from the Department of Human Services, 37 in 2008, compared to 54 in 2007, and at area Food Banks. Weather also was a key factor in our ability to interview homeless people on the streets, 190 in 2008 compared to 360 in 2007. Due to the severity of the weather, fewer homeless people stayed visible on the street, and approximately 20 volunteers were unable to participate in the Count activities as planned.

2008 HOMELESS COUNT

One Night Shelter Counts		Short Surveys	
Individuals Sheltered	679	(61 surveys completed)	
Households Sheltered	420	_ Department of Human Services	37
Individuals Turned Away	29	_ Area Food Banks	13
Households Turned Away	13	_ YWCA	11
 School Counts		 Polk County Jail Survey	
(No Sheltered Families Included in Count)		(17 surveys completed)	
Marion County School Districts		_ Homeless when arrested	
Cascade			13
Homeless Youth	30	_ Homeless after release	13
Gervais		_ Released into homelessness	2
Homeless Youth	8	(within 1 week)	
Jefferson		Marion County Jail Survey	
Homeless Youth	0	(60 surveys completed)	
Mt. Angel		_ Homeless when arrested	41
Homeless Youth	7	_ Homeless after release	54
North Marion		_ Released into homelessness	5
Homeless Youth	4	(within 1 week)	
St. Paul		Homeless Street Surveys	
Homeless Youth	1	_ Completed Surveys	190
Silver Falls		_ Observed (not surveyed)	221
Homeless Youth 8		TOTALS:	
Stayton		SHELTERS	
Homeless Youth	76	_ Individuals Sheltered	679
Woodburn		_ Individuals Turned Away	29
Homeless Youth	402	SCHOOL COUNTS	
Salem/Keizer		_ Homeless Youth	1,101
Homeless Youth	488	_ Adults	322
Adults 322		SHORT SURVEYS	
Polk County School Districts			61
Central		JAIL SURVEYS	
Homeless Youth	39		7
Dallas		STREET SURVEYS	
Homeless Youth	24	_ Completed surveys	190
Falls City		_ Observed (not surveyed)	221
Homeless Youth	14	TOTAL Homeless Count 2008	
Total Homeless Youth	1,101		2,610
Total Homeless Adults	322		

MWVCAA ONE NIGHT SHELTER COUNT January 30, 2008

ORGANIZATION	INDIVIDUALS SHELTERED	HOUSEHOLDS SHELTERED	INDIVIDUALS TURNED AWAY	HOUSEHOLDS TURNED AWAY
ARCHES	111	58	0	0
Bridgeway II	3	1	0	0
Bridgeway Her Place	12	7	0	0
Dallas Resource Center	50	19	0	0
House of Zion	*	*	*	*
Marion County Housing	**	**	**	**
MidValley Women's Crisis	13	6	0	0
MWVCAA HSP	16	6	0	0
NWHS Crisis Hotline	13	5	0	0
NWHS HOAP	4	4	0	0
NWHS HOST Shelter	3	3	0	0
NWHS HOST TLP	4	4	0	0
OHOP	1	1	0	0
Sable House	8	3	0	0
Salem Housing Authority	**	**	**	**
Salem Interfaith Hospitality	10	3	0	0
Salem Outreach Shelter	31	10	0	0
Salvation Army	37	27	0	0
Shelley's House	*	*	*	*
Silverton Area Comm Aid	18	4	0	0
Simonka House	27	23	0	0
St Brigid Home	0	0	0	0
St Francis Shelter	41	12	0	0
St Joseph Shelter	42	16	0	0
St Monica Home	2	1	0	0
St Teresa's	5	3	0	0
St Vincent de Paul	0	0	1	1
Stayton Resource Center	21	7	0	0
Tahana Whitecrow	1	1	0	0
Union Gospel Mission	193	193	0	0
Woodburn Resource Center	13	3	28	12
TOTALS	679	420	29	13

* No Response

** Unable to Participate

Street Count Interviews

January 30th, 2008

On January 30th, 2008, over 50 community volunteers conducted 190 interviews with people who had no permanent place to live in Marion and Polk counties. The interviews were conducted on the street, in parks, under bridges, and in camps. All participants were informed that their names would not be collected and that their participation was completely voluntary.

No Response: One group of volunteers made copies of the survey but inadvertently did not copy the questions on the back page. In addition, some surveyors chose not to ask certain questions. This resulted in an inaccurate number of “No Responses”.

DEMOGRAPHICS:

Street interviews resulted in data collected from 132 males, 56 females and 2 undetermined. 55.8% of homeless respondents were between the ages of 36-50, and 16.3% of the participants were veterans. 50.5% of all participants report graduating from high school and/or have some college education.

GENDER	Count	Percent
Male	132	69.5%
Female	56	29.5%
No Response	2	1.0%
Total	190	100%

AGE GROUPS	Count	Percent
Under 21	13	6.8%
21-35	26	13.7%
36-50	106	55.8%
Over 50	34	17.9%
No Response	11	5.8%
Total	190	100%

EDUCATION LEVEL	Count	Percent
Grade 1-9	14	7.4%
Grade 10-12	44	23.2%
HS Graduate	65	34.2%
Some College	29	15.3%
College Graduate	2	1.0%
Still in HS or MS	8	4.2%
No Response	28	14.7%
Total	190	100%

VETERAN STATUS Count Percent

Yes	31	16.3%
No	152	80.0%
No Response	7	3.7%
Total	190	100%

HOMELESS CHARACTERISTICS:

66 participants (34.8%) indicate they have been homeless for less than 1 year. 116 participants (61%) indicate they have been homeless for more than 1 year. 92.1% of all participants indicate they have a place to sleep. 112 or 59% of the participants have stayed in a shelter at some point. 77.9% of participants indicate they eat regularly, although 65.2% say they eat 2 times or less per day. 55.8% of respondents indicated they were “out here alone”, of those not alone, 50.6% were with family. 52.1% of respondents indicated they were looking for work. When asked what could be done to improve their situation 32.6% said having a place to live and 26.4% said job or work opportunities. The two most prevalent sources of income for the participants were SSI and recycling, both at 16.8%. 115 of the participants, 60.5%, made \$500 or less per month (there were a large number of “no response”, over 24.2%, to this question). 19.5% said that lack of work or loss of work led to their current circumstance. When asked about the most difficult aspect of being homeless, the number one answer, at 21.1%, was loneliness/depression/ or uncertain future. 23.7% of participants are chronically homeless, defined as: Continuously homeless for 1 year or had at least 4 episodes of homelessness in the past 3 years, disabled and alone.

LENGTH OF HOMELESSNESS Count Percent

Less than 1 year	66	34.8%
1-2 years	54	28.4%
3-5 years	19	10.0%
Over 5 years	24	12.6%
Over 10 years	14	7.4%
Over 20 years	5	2.6%
No response	8	4.2%
Total	190	100%

PLACE TO SLEEP Count Percent

Street	37	19.5%
Vehicle	38	20.0%
Camp/Park	42	22.1%
Temp w/friend	54	28.4%
No	7	3.7%
Other	4	2.1%
No Response	8	4.2%
Total	190	100%

STAYED IN SHELTER Count Percent

Yes	112	59.0%
No	77	40.5%
No Response	1	.5%
Total	190	100%

ABLE TO EAT REGULARLY Count Percent

Yes	148	77.9%
No	39	20.5%
No Response	3	1.6%
Total	190	100%

HOW OFTEN DO YOU EAT Count Percent

1 time/day or less	66	34.8%
2 times a day	58	30.5%
3 times a day	31	16.3%
3 + times a day	4	2.1%
No Response	31	16.3%
Total	190	100%

ARE YOU ALONE Count Percent

Yes	106	55.8%
No	81	42.6%
No Response	3	1.6%
Total	190	100%

IF NOT, WHO ARE YOU WITH Count Percent

Family	41	50.6%
Friends	36	44.4%
Other	2	2.5%
No Response	2	2.5%
Total	81	100%

SEEKING EMPLOYMENT Count Percent

Yes	99	52.1%
No	81	42.6%
No Response	10	5.3%
Total	190	100%

NECESSARY TO IMPROVE CURRENT SITUATION*

Count Percent

Housing	69	32.6%
Job	56	26.4%
Transportation	7	3.3%
Medical asst/asst with SSI&SSDI	8	3.8%
Free Camping/Tents/Electricity in Parks	5	2.4%
ID/Legal Assistance/Felony convictions	16	7.5%
Increased Length of Stay in Shelters/More Shelters	8	3.7%
Help w/bills/rent/deposits/money	16	7.6%
Nothing/Don't Know	10	4.7%
Not judged/harassed	4	1.9%
Other	13	6.1%
Total	212	100%

*Could be more than one answer per person

INCOME – MONEY SOURCE

Count Percent

SSI/Disability/VA	32	16.8%
Panhandling	20	10.5%
Part-Time Work	24	12.6%
Job	11	5.8%
Recycle Cans	32	16.8%
Unemployment	3	1.6%
Nothing	42	22.1%
Other	16	8.4%
No Response	10	5.3%
Total	190	100%

HOW MUCH PER MONTH Count Percent

\$0	46	24.2%
\$1 -\$500	69	36.3%
\$501 -\$1,000	29	15.3%
No Response	46	24.2%
Total	190	100%

LED TO CURRENT CIRCUMSTANCE

Count Percent

Lack of Work/Loss of Work	37	19.5%
Eviction	17	9.0%
Death	8	4.2%
Health/Mental Health Issues	16	8.4%
Drugs/Alcohol	11	5.8%
Prison/Jail	14	7.4%
Lost House	6	3.2%
Domestic Violence/Divorce/Bad Relationships	31	16.3%
Choice	2	1.0%
Other	24	12.6%
No Response	24	12.6%
Total	190	100%

DIFFICULTY OF BEING HOMELESS*

Count Percent

Getting work	17	7.7%
Judged/Public Perception/Harassment	21	9.5%
Loneliness/Depression/Uncertain Future	47	21.1%
Medical Treatment/Medications	6	2.7%
Life in General/Survival	9	4.0%
Eating	16	7.2%
Finding Place to Sleep/Camp	26	11.7%
Staying Warm/Dry	26	11.7%
Hygiene	17	7.7%
No Money/Resources	13	5.9%
Violence/Safety Concerns	10	4.5%
Other	14	6.3%
Total	222	100%

* Could be more than one answer per person

CHRONICALLY HOMELESS Count Percent

Yes	45	23.7%
No	145	76.3%
Total	190	100%

DISCRIMINATION, VIOLENCE AND HOMELESSNESS:

Participants were asked about discrimination they had experienced due to being homeless, and whether they had ever experienced violence while homeless. 63.2% of participants indicated they had experienced discrimination because they were homeless, and 40% had experienced violence while homeless.

DISCRIMINATION DUE TO HOMELESSNESS

	Count	Percent
Yes	120	63.2%
No	50	26.3%
No Response	20	10.5%
Total	190	100%

EXPERIENCE VIOLENCE Count Percent

Yes	76	40.0%
No	94	49.5%
No Response	20	10.5%
Total	190	100%

JAIL AND PRISON EXPERIENCE:

Participants were asked about their jail and/or prison experience. These were not invasive questions but rather exploratory questions to determine if the participant had ever been in jail and/or prison. 66.3% of the participants said they had been in jail, while only 26.3% had been in prison.

EVER BEEN IN JAIL Count Percent

Yes	126	66.3%
No	47	24.7%
No Response	17	9.0%
Total	190	100%

EVER BEEN IN PRISON Count Percent

Yes	50	26.3%
No	121	63.7%
No Response	19	10.0%
Total	190	100%

MEDICAL HEALTH AND DISABILITY VARIABLES:

Participants were asked a series of questions related to health and disability. The purpose for asking these questions was to determine how many participants had health problems, disabilities, and how many felt they were at risk for HIV/AIDS and/or Hepatitis C. 55.3% indicated they had health problems, 53.7% said they had disability concerns, and almost 16.9% indicated they felt they were at risk for HIV/AIDS and/or Hepatitis C due to their homeless status. 50% of the participants had seen a doctor within the last year.

MEDICAL PROBLEMS Count Percent

Yes	105	55.3%
No	67	35.2%
No Response	18	9.5%
Total	190	100%

DISABILITY CONCERNS Count Percent

Yes	102	53.7%
No	85	44.7%
No Response	3	1.6%
Total	190	100%

AT RISK FOR HIV/AIDS OR HEPATITIS C

	Count	Percent
Yes	32	16.9%
No	130	68.4%
No Response	28	14.7%
Total	190	100%

LAST TIME SAW A DOCTOR Count Percent

Past Year	95	50.0%
Over 1 Year Ago	13	6.8%
Over 2 Years Ago	18	9.5%
Over 3 Years Ago	11	5.8%
Over 5 Years Ago	15	7.9%
Do Not Recall	11	5.8%
No Response	27	14.2%
Total	190	100%

EVICTED FROM HOME:

Participants were asked about eviction experiences they may or may not have encountered, and whether any of those evictions were a result of their inability to pay utility bills. 44.2% (84) of participants had experienced an eviction. Of those 84, 36.9% indicated that their eviction was due, in part, to their inability to pay their utility bills.

EVICTED FROM HOME Count Percent

Yes	84	44.2%
No	94	49.5%
No Response	12	6.3%
Total	190	100%

EVICTION DUE TO INABILITY TO PAY UTILITY BILLS

Response	Count	Percent
Yes	31	36.9%
No	50	59.5%
No Response	3	3.6%
Total	84	100%

**2007 Homelessness Count Executive Summary
Marion and Polk Counties**

Pacific Policy and Research Institute, Inc.

EXECUTIVE SUMMARY

This report is a product of a study, administered by Pacific Policy and Research Institute, conducted in Marion and Polk counties. The purpose of this report is to provide an overview of the results of the homelessness research conducted in January 2007.

A research team, including more than 50 community members who completed 12 hours of intensive and comprehensive training, collected data from people without a permanent place to live in designated areas throughout Marion and Polk counties. These designated areas included parks, camps, and shelters, community-service sites, under bridges, streets, and other similar areas. Research team members, using a standardized interview schedule, collected data from 360 willing participants.

Another focal point was the Marion County Jail where more than 500 prisoners (about 85% of all prisoners) voluntarily participated in a survey that focused on issues related to homelessness. The Polk County Jail did not provide access to administer the survey.

The survey instrument and the interview schedule include many quantifiable variables germane to homelessness. The categories of variables include:

- Demographics Education Employment Veteran status Residency
- Jail and Prison History Substance Abuse Mental Health Medical Concerns Disability Concerns Risk of HIV/AIDS and Hepatitis C Respondent Perceptions and Recommendations

Starting Point:

This research marks the starting point for launching the Ten Year Plan to End Homelessness in Marion and Polk counties. Data collected from this study provide crucial information about the breadth and depth of the problem of homelessness confronting communities in Marion and Polk counties. The purpose of this report is to establish a starting point for the Ten Year Plan, and to develop viable tools for program implementation, and accommodate variable measurement and program evaluation.

Homeless Totals

Totals for the homeless count conducted on January 30, 2007 include one-night shelter counts, count reports from five school district sites, DHS site count surveys, street counts, street surveys, and data collected from the Marion County Jail. The jail counts required the development of two count formulas. The first formula includes only participating prisoners at the Marion County Jail who had no permanent housing before their arrest. The total count using formula 1 is 1,921. The second count formula includes only participating prisoners who have no permanent housing following their release. The total count using formula 2 is 2,006. The total chronic homeless count includes only those individuals who have been without a permanent place to live for more than one year, indicate they have a disability, and are alone. The number of chronic homeless persons identified on January 30, 2007 is 89, which includes 49 identified in the street interviews, 8 in the shelter interviews, and 32 from the one-night shelter counts.

Demographics:

Street interviews resulted in data collected from 288 males, 67 females, and five individuals described as trans-gender persons. Ages, collapsed into four groups (1) Under 21 years of age, (2) 21-35 years of age, (3) 36-50 years of age, and (4) Over 50 years of age, indicate that over 41% were in the 36-50 years age group, followed by nearly 37% who were 21-35 years of age, and 11.11% under 21 years of age. Participants who were over 50 years of age account for 10.56% of the participants. Over 40% of all participants graduated from high school and/or had some college education. Over 27% of the participants are veterans. Six of the homeless veterans were women.

Characteristics:

Participants who have been homeless for more than 12 months total 100 (27.78%). Over 70% of all participants indicate they have a place to sleep, and over 64% said they have been in the same location from 1 day to 3 months. Over 68% of the participants say they have stayed in a shelter, and over 52 percent indicated their stay in a shelter lasted 28 days or less. Most participants stayed in a local shelter – just over 5% report staying in a shelter outside of Oregon. Over 85% of participants indicate they eat regularly, and over 87% define eating regularly as eating 2 times or less per day. Over 28% of the participants indicate their source of money/income comes from part time work, followed by panhandling (25.28%) and scavenging (20.00%). When asked about their plans for tomorrow, over 63% indicated they had no plans or did not know what their plans were, 15.56% said survive, and 20.83% indicated their plans included looking for work. Over 58% of all respondents indicated they were looking for work. More than 84% of the participants said they were alone. When asked about the primary cause of being homeless 23.61% said mental health issues, 22.78% said their jail and prison records, and over 15% said they had no other options. When asked about the most difficult aspect of being homeless 23.89% said dealing with people and 23.61% indicated police harassment. Over 21% said that finding a safe place to sleep was the most difficult part of being homeless. When asked what is necessary to improve their current situation, over 35% said having a place to live, nearly 30% said job or work opportunities, and almost 22% said nothing will ever be done (indicating the prevalence of hopelessness as the third most frequent response).

The Salem Police Department launched a sweep of homeless people throughout much of the city that resulted in extensive movements of homeless people removed from areas where they slept and congregated.

Eviction and Homelessness:

Eviction inquiries examined whether or not eviction resulted in homelessness status, and finally, whether any of those evictions were a result of their inability to pay utility bills. Nearly 56% (201) of the participants experienced eviction from a home. Over 98% (198) of those participants who experienced eviction said that eviction resulted in becoming homelessness. Over 47% (94) of those participants who became homeless because of their eviction said the eviction was due, in part, to their inability to pay their utility bills.

Medical Health and Disabilities:

Several questions related to health and disability. The purpose for asking these questions was to determine how many participants had health problems, disabilities, how many felt they were at risk for HIV/AIDS and/or Hepatitis C, and when was the last time they saw a doctor. Over 44% indicated they felt they were at risk for HIV/AIDS and/or Hepatitis C. Over 62% said they had medical problems, and more than 54% said they had concerns about disabilities.

Nearly 27% had seen a doctor during the past year, over 40% saw a doctor during the past 1-2 years, and more than 16% saw a doctor during the past 3-5 years.

Discrimination, Violence, and Homelessness:

Participants were asked about discrimination they had experienced due to being homeless, and whether they had ever experienced violence during their homeless status. Over 97% indicated they had experienced discrimination because they were homeless. Almost 62% said they had experienced violence during the time they had been homeless.

Jail and Prison Experience:

Participants were asked about their jail and prison experience. These were not probing questions but rather exploratory questions to determine if the participant had ever been in jail or in prison. Over 74% of the participants said they had been in jail, and 24.17% said they had been in prison.

Shelter Interviews -January 30, 2007: Shelter interviews resulted in data collected from 20 males and 14 females. Ages of the respondents were collapsed into four groups (1) Under 21 years of age, (2) 21-35 years of age, (3) 36-50 years of age, and (4) Over 50 years of age. Over 61% of all participants report graduating from high school and/or some college education. Over 26% of the participants are veterans.

Marion County Jail Survey January 30, 2007:

All prisoners at the Marion County Jail had the opportunity to participate in the homeless survey conducted on January 30, 2007, and 508 prisoners completed the survey instrument. Over 40% indicated they did not have a permanent place to live before their arrest, and nearly 57% said they would not have a permanent place to live after their release from jail. Over 48% said they did not have a job prior to their arrest, and more than 75% said they would not have a job to go to following their release from jail. Nearly one-half of the prisoners (48.23%) said they did not have adequate hygiene supplies and basic clothing upon their release from jail.

The full report is 192 pages.

Appendix 3

MAINSTREAM SERVICES IN MARION/POLK COUNTIES

Affordable housing - Oregon Housing and Community Services, Marion and Polk Housing Authorities, Housing and Urban Development programs, addiction and mental health housing provided by Marion County Health Department, Cascadia-Bridgeway Behavioral Care, and Shangri-La Corporation.

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

Corrections - Oregon Department of Corrections, Marion and Polk Counties community corrections and juvenile programs, and Oregon Youth Authority.

Emergency and supplementary food system – Marion/Polk Food Share, Oregon and Housing and Community Services commodity food, Oregon Department of Human Services (TANF), Marion and Polk County’s Health Departments (Women, Infant, Children’s Program), Oregon Departments of Health and of Education.

Health care - Marion and Polk County’s Health Departments, Salem, Stayton, and Silverton Hospitals, Willamette Health Care, Medicare, Medicaid/Oregon Health Plan and other programs such as state Children’s Health Insurance Program, and Ryan White and other AIDS programs)

Income supports – Oregon Department of Human Services (Temporary Assistance to Needy Families and Senior and People with Disabilities Program)

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

Mental health and addiction treatment - Oregon Department of Human Services, Addiction and Mental Health Division, Marion and Polk County’s mental health and addiction treatment systems

Public health programs – Marion and Polk County’s Health Departments

Public schools – 14 school districts in Marion and Polk counties

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

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

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

Key Organizations

1st Congregational Church
Cascadia Behavioral Healthcare
Dynamic Life
Lakepoint Community Care
Marion County Board of Commissioners
Marion County Commission on Children and Families
Marion County Housing Authority
Marion County Juvenile Department
Marion County Mental Health Department
Marion County Sheriff's Department
Mid-Willamette Valley Community Action Agency
No Meth Not in My Neighborhood
Northwest Human Services
Oregon Housing and Community Services
City of Salem – Community Services
City of Salem - Housing Authority
Salem Interfaith Hospitality Network
Salem Leadership Foundation
Salem-Keizer School District
City of Salem Police Department
Salvation Army
Shangri-La Corporation
St. Joseph Shelter
St. Vincent DePaul
State of Oregon – Department of Human Services
State of Oregon – Department of Veteran's Affairs
Union Gospel Mission
Western Oregon University

Appendix 4

Removing Housing Barriers for People Involved with Drug Court or Incarceration A Concept Paper for Housing in Marion County and Salem/Keizer

December 6, 2006 *final*

The problem. On July 9, 2005, the Center on Juvenile and Criminal Justice conducted a survey of prisoners at the Marion County jail and work center. Four hundred forty-two (442) prisoners participated, including 358 males and 84 females. The survey looked at a range of issues affecting this population. The findings included some eye-opening data:

- . • 73% of inmate participants were parents, with over 774 children affected;
- . • 50% of participants had fathers who had been jailed and 18% had mothers who had been in jail;
- . • 81% of mothers and 66% of fathers had not graduated from high school;
- . • 74% reported using methamphetamine;
- . • 35% reported having been diagnosed with a mental health condition;
- . • 67% had a job prior to incarceration, but only 35% reported having employer–paid benefits;
- . • 77% of working parents earned less than \$1,500 per month prior to their incarceration;
- . • 60% of all parents reported having been homeless; and
- . • 22% of fathers and 36% of mothers reported having no place to live after their release.

Dr. Bud Brown, center director, concluded that five key factors influenced success after incarceration. These are education, employment, substance abuse treatment, mental health treatment (where needed), and housing. The Marion County jail has 528 beds at any given time. The Work Center has 144 beds. Roughly 20,000 offenders are booked into the jail annually.

Housing in Marion County. Housing is a fundamental need for family and individual self-sufficiency. In Marion County, housing assistance for low-income people is managed by the Salem Housing Authority for the cities of Salem and Keizer and by the Marion County Housing Authority for the rest of Marion County, which encompasses 18 incorporated cities and largely rural settings. The Salem Housing Authority is governed by a nine-person board of commissioners consisting of the eight elected city councilors and a tenant commissioner. The Marion County Housing Authority board consists of the three Marion County Commissioners.

Housing assistance includes subsidized housing units and Section 8 vouchers which provide subsidies for designated rental units within the county. Marion County Housing Authority annually receives more than 3,600 applications for families in need for 308 units and 1,168 vouchers. In 2005, the waiting list in Marion County included 3,085 families for both Section 8 vouchers and public housing.

The following table identifies the area concentration of assisted housing.

Woodburn/Hubbard/Donald	27%
Aumsville/Stayton/Sublimity	36%
Silverton/Mt. Angel	23%
Lyons/Mehama/Mill City/Idanha	4%
Turner/Jefferson	5%
Other/portability	5%
Families with dependents	73%
Elderly families	23%
Disabled families	28%

Salem Housing Authority reports a total waiting list of 5,708 households including 1,712 waiting for a Housing Choice Voucher (Section 8) as of October 1, 2006. Of those waiting for housing about 20% are seniors (over age 62), 30% are families with disabled members, and 50% are non-elderly and non-disabled families. The Salem Housing Authority assists about 2,750 households with vouchers and about 680 household in units owned or managed by the agency. Owned/managed units are located throughout Salem and Keizer and include 226 units exclusively for seniors.

The work group process. A work group was formed to address the housing needs for low--income people who have been arrested and/or incarcerated, many for methamphetamine related crimes, and the commensurate shortage of housing options for this population. The work group and subcommittees met on September 11, September 25, October 9, October 23, November 6 and December 1. Work group participants included:

Kimberly Allain, Executive Director, St. Vincent de Paul
Jonathan Baker, Marion County Housing Authority
Scott Berglund, Marion County Housing Authority
District Attorney Walt Beglau
Marion County Commissioner Janet Carlson
Carla Cary, MidWillamette Valley Community Action Agency
Troy Clausen, Marion County Sheriff's Office, Parole & Probation
Teresa Cox, Executive Director, Mid-Willamette Valley Community Action Agency
Jerry Croft, Housing Administrator, Salem Housing Authority
Phil Dean, Salem Housing Authority
Debbie Dorris, Congresswoman Darlene Hooley's Office
Jack Duncan, Oregon Housing & Community Services
Cindy Duran, Center for Family Success, St. John's/Portland
Guy Edmonds, Oregon Department of Human Services, Child Welfare
Dan Estes, Senior Policy Advisor, Board of Commissioners Office
Judge Dennis Graves, Marion County Circuit Court
Dennis Kilfoil, Director, Marion County Housing Authority
Ryan Lovett, St. Vincent de Paul
Sara McDonald, Senior Policy Advisor, Board of Commissioners Office
Billie Reed, Home for Good, St. Vincent de Paul

Issues addressed. The work group focused on two target populations:

- (1) Offenders who participate in drug courts (adult drug court, Fostering Attachment Court, and Ten on Tuesday or TOT) as a diversion program for lower level drug crimes, and
- (2) Offenders who have committed more serious offenses and have participated in intensive programming which has increased the likelihood of their success in remaining drug and crime free.

The concept is to align procedures at both housing authorities to accommodate the needs of a small group of offenders with strong support networks to determine if the new procedures result in a workable program for the housing and public safety systems. In analyzing the housing policies and procedures, work group participants identified a number of key issues:

1. *HUD eligibility requirements.* The federal Department of Housing and Urban Development (HUD) oversees the federal funds for low-income housing. In addition to citizenship and income stipulations, federal laws which govern eligibility include:
 - (a) Has the family engaged in drug related criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents? CFR 982.553(a)(2)(ii)
 - (b) If yes to (a) above, can the Housing Authority verify that the family has passed a court supervised drug or alcohol rehabilitation program? CFR 982.552(c)(2)(iii)
 - (c) Mandatory Prohibition Has a family member ever been convicted of a drug related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing (includes Section 8)? CFR 982.553(a)(1)(ii)(c)
 - (d) Mandatory Prohibition Has any member of the household been subject to a lifetime registration requirement under a state sex offender registration program? CFR 982.553(c)(2)(i)
2. *Local eligibility requirements.* Marion County and Salem Housing Authorities have established their own policies with regard to exclusion from the housing programs. In some circumstances, local policies are more stringent than the federal eligibility requirements. Under no circumstances can a local housing authority waive federal housing requirements, however.
3. *"Preponderance" of evidence.* HUD allows local housing authorities to exclude persons from housing based on a preponderance of the evidence. Preponderance of the evidence means the greater weight of the evidence. It is such evidence that, when weighed with that opposed to it, has more convincing force and is more probably true and accurate.
4. *Application processes.* Application processes were discussed extensively. Currently, the Salem Housing Authority conducts a review when an applicant rises to the top of the waiting list, while Marion County Housing Authority conducts its review prior to placing an applicant on the list. For the processes discussed below, the Salem Housing Authority

will include a prescreening process and the Marion County Housing Authority will align its application timeline with the Salem Housing Authority.

5. *Denial of housing processes.* Both housing authorities provide notice that housing has been denied to persons who do not meet eligibility standards (a), (c), and (d) in #1 above. The applicant is informed of a right to a review for standard (a).
6. *“Readiness” for successful housing placement.* Representatives from public safety agencies stated that much can be learned about an offender’s readiness to be placed in housing successfully after the first ninety days out of incarceration. Representatives from the MidWillamette Valley Community Action Agency also described Ready to Rent programs that improve tenant behavior and Tenant-Based Assistance that includes a case management component and can be provided from one to two years after release from incarceration. Representatives from Home for Good also described placement in transitional housing and Oxford houses as important intermediate steps for those offenders not requiring case management.
7. *Rising to the top of the waiting list.* A “given” for the work group was that the program design would not allow an offender in the pilot program to circumvent placement on the waiting list or move the offender more quickly to the top of the waiting list than other applicants. Work group participants also learned that processes relating to waiting lists and length of time spent on waiting lists vary between and among programs for the Marion County and Salem Housing Authorities.

Marion County representatives discussed the idea of designing a waiting list process that flags a “hold” on any family or qualified individual (elderly, disabled) that reaches the top of the waiting list, and is not ready for independent housing, but is participating in a court supervised drug or alcohol rehabilitation program. This would allow the family or eligible individual to “float” at the top of the list until the Marion County Housing Authority receives notification from the appropriate authority that the person has successfully completed the rehabilitation program.

Salem Housing Authority representatives looked at the possibility of changing the local preference process for a drug court or other participant. The drug court or other participant would be changed from an “eligible” applicant (five points) to an “almost eligible” applicant (three points). The applicant would remain on the waiting list in date and time order. However, if the applicant’s name came to the top of the waiting list while he or she was completing the required drug court or other treatment program elements, the Salem Housing Authority would change the preference to three points until such time as the applicant successfully completed drug court. Once the Salem Housing Authority was notified that the applicant had successfully completed the program, the preference would return to five points and the applicant would rise to the correct order on the waiting list, based on the date and time of the application.

8. *Landlords.* Landlords play a critical role in the low-income housing programs. Landlords work with the two housing authorities and Community Action to participate in the various low-income housing programs. Landlords also may conduct their own background checks and deny housing to those who may be qualified by a housing

authority.

9. *Capacity.* Federal funds for Section 8 vouchers have diminished in recent years. HUD guideline changes are pushing housing authorities to divest themselves of certain housing units. Oxford housing, particularly for families with children, and transitional housing do not meet current community needs. Tenant Based Assistance for Salem is not being fully utilized because of limited capacity to administer the program.
10. *Additional assurances.* The work group discussed strategies that could mitigate risk for landlords who were willing to house ex-offenders. These included an insurance pool to cover potential property damage and landlord liability. The work group also explored how assessment tools could identify those applicants most likely to succeed and how to expand offender involvement in Ready to Rent courses.

PILOT PROGRAM DESIGN

The proposed pilot program design is illustrated in two attachments. The design includes the following components: (A) public safety/court assessment and identification; (B) application; (C) ongoing intensive supervision, and (D) housing authority review involving a team approach.

A. Screening and Assessment

Drug court pilot. The drug court will identify applicants who have applied for housing and communicate that information to the housing authorities. Housing authority staff will then “flag” those applications. Since drug court is a diversion program, participants arrests are for drug court eligible crimes, e.g., possession, property crimes, or other crimes approved by the judge.

Home for Good pilot. Marion County corrections staff will screen offenders using the basic Oregon Department of Corrections risk assessment. Marion County corrections staff will also screen using the LSIR (Level of Service Inventory Revised) for additional criminogenic risk factors. Marion County Sheriff’s Office representatives plan to add a new motivational assessment (University of Rhode Island Change Assessment tool or URICA) to ascertain the offenders’ future willingness to avoid substance abuse and criminal behaviors.

Home for Good offenders who qualify for this pilot program will come from a structured setting, such as incarceration (prison), a treatment center, or alternative incarceration. In addition to the mandatory exclusions, Home for Good offenders with a criminal history including the crimes described in Attachment A are not eligible for the pilot program

Finally, those offenders with: (1) positive screening/assessment results after 90 days from release, (2) who also have completed a drug treatment program, and (3) who have completed the Ready to Rent course will be identified and communicated by Home for Good staff to the housing authorities. Housing authority staff will then “flag” those applications.

B. Application

Drug court staff or case managers will encourage applicants to apply immediately upon release from incarceration or admission to the program.

C. Ongoing Intensive Supervision

Drug court pilot. Drug court participants are involved with drug court for one year. During that time period, participants submit to frequent, regular drug testing and interaction with the drug court judge. Should the participant not meet drug court standards, the consequence is removal from the diversion program and jail sanctions.

Home for Good pilot. Home for Good participants receive intensive case management, connections to services, and are paired with a trained mentor.

D. Review Using a Team Approach

Drug court pilot. When a “flagged” drug court participant rises to the top of the housing waiting list, the housing authority will contact the drug court to set up a review for the applicant. The drug court may coordinate with the housing authorities to provide necessary information for the review.

Home for Good pilot. When a “flagged” Home for Good offender rises to the top of the housing waiting list, the housing authority will contact the Home for Good staff to set up a review for the applicant. The staff may coordinate with the housing authorities to provide necessary information for the review.

E. Housing Authority Waiver Option

Once the offender has risen to the top of the waiting list and a review has taken place that determines eligibility, for the pilot programs the Housing Authority may waive any remaining time established by local policy whereby the applicant would be excluded from housing programs. For example, if the exclusion for the offender’s drug related crime was five years and the offender meets eligibility through the pilot program after two years, the Housing Authority may waive the remaining three years of exclusion from low-income housing.

This waiver would occur only for drug court participants and Home for Good participants who meet all of the screening and assessment criteria (described above).

F. Special Concerns: Child Welfare Involvement

For offenders whose children are in foster care, the timeline for reunification upon release from incarceration is prescribed by state and federal laws. In most cases, parents who cannot demonstrate that they can care for their children within a year will lose custody of their children. Stable housing is an important piece of the equation for parents to provide a stable environment for their children.

The pilot program will involve the Oregon Department of Human Services, Child Welfare as part of the communications process. Child Welfare will be included in communications when housing becomes available. Child Welfare will also work with programs in connecting parents to

transitional housing and/or Tenant Based Assistance. The Housing Authorities will develop protocols that will best adapt to changing circumstances of parents seeking to reunify with their children.

Attachment A

Offenders with a criminal background that includes the following will not be eligible for the pilot program:

Aggravated Murder ORS 163.095
Murder ORS 163.115
Manslaughter I ORS 163.118
Manslaughter II ORS 163.125
Criminally Negligent Homicide ORS 163.145
Assault I ORS 163.185
Assault II ORS 163.175
Rape I ORS 163.375
Rape II ORS 163.365
Rape III ORS 163.355
Sodomy I ORS 163.405
Sodomy II ORS 163.395
Sodomy III ORS 163.385
Unlawful Sexual Penetration I ORS 163.411
Unlawful Sexual Penetration II ORS 163.408
Sex Abuse I ORS 163.427
Sex Abuse II ORS 163.425
Sex Abuse III ORS 163.415
Kidnapping I ORS 163.235
Kidnapping II ORS 163.225
Robbery I ORS 164.415
Robbery II ORS 164.405
Arson I ORS 164.325
Arson II ORS 164.315
Using Child in Display of Sexually Explicit Conduct ORS 163.670
Compelling Prostitution ORS 167.017
Promoting Prostitution ORS 167.012
Public Indecency ORS 163.465
Private Indecency ORS 163.467
Encouraging Child Sexual Abuse I ORS 163.684
Encouraging Child Sexual Abuse II ORS 163.686
Encouraging Child Sexual Abuse III ORS 163.687
Stalking ORS 163.732
Manufacture of a Controlled Substance ORS 475.840
Delivery of a Controlled Substance to a Minor ORS 475.906
Delivery Within a 1000 Feet of School ORS 475.904
Possession of a Precursor Substance ORS 475.967
Unlawful Use of a Weapon ORS 166.220 Felon in Possession of a Firearm ORS 166.270

The following crimes are not excluded and will be reviewed case by case:

Burglary I ORS 164.225
Burglary II ORS 164.215
Theft I ORS 164.055
Theft II ORS 164.045
Criminal Mischief I ORS 164.365
Criminal Mischief II ORS 164.354
Possession of a Controlled Substance ORS 475.840
Identity Theft ORS 165.800
Delivery of a Controlled Substance – Not otherwise excluded by specific
criteria (see attached list)
Criminal Trespass I ORS 164.255

DCS Convictions (the following additional factors will function to exclude):

Substantial quantity: 10grams methamphetamine, 5grams heroin, 10grams cocaine,
150grams marijuana

For Consideration: defined as receiving any benefit in return for controlled substances (usually
money, but can include property, sexual services or anything else of value)

Offense categorized as “commercial drug offense” (which includes 3 or more of the following):

In possession of \$300 or more in case for consideration

In possession of firearm

Used or attempted to use deadly or dangerous weapon

In possession of packaging materials

In possession of drug records or customer lists

In possession of stolen property

In possession of manufacturing paraphernalia

Using public lands

Constructed fortifications or security measures that had potential of causing injury

Facilitated by modification of a structure

Substantial Quantity: 8grams methamphetamine, 3 grams heroin, 8grams cocaine, 110grams
marijuana

MCS Convictions All excluded

PCS Convictions All eligible except: Possession of a precursor substance

Falls City – Veterans – Overview of Veterans Homeless Project

Overview of Veterans Homeless Project

August 25, 2008

Our Problem and Solutions

The Oregon Department of Veteran's Affairs (ODVA), "Nearly one-third of Oregon's homeless populations are veterans. In addition, ODVA has reported the highest percentage of homeless veterans hospitalized for mental health reasons this past year (47.5 percent), which is almost 23 percentage points higher than the national average (27.9 percent). The northwest region of Oregon, Washington and Alaska is fourth in the nation for admissions of homeless veterans with "substance abuse problems (60 percent), which are nearly double the national average of 35.3 percent."

In contrast nationally, homeless veterans appear to be better educated than the general homeless population, statistics show 85 percent have completed high school/GED, while only 55 percent of non-veterans have accomplished the same (*National Coalition for the Homeless, 2006*).

In Marion and Polk County, we can see these results face to face. In Falls City, Oregon, a team has been working to assist veterans in receiving the benefits they have earned. Beginning in April of 2008 the Veterans Project has been providing representatives of Salem Veterans and Oregon Veterans Affairs to the veterans of this small isolated community. Each month we advertise in water payment checks and posters around town that representatives from veteran's organizations will be available. We have assisted 29 veterans from all areas of conflict including WW2, Korea, Vietnam, Iraq and Afghanistan, and other areas of conflict engaged in by our country.

The representatives of our Veteran Services Organization have provided stellar service and have never dropped the ball. Because of this, we are still getting vets coming out of the woods to see us. At first it was slow, but as our reputation grew we have new vets coming in each month.

Let us talk about some of our vets:

We want to introduce you to Oregon soldiers that fought for us. (All names are changed).

Samuel fought in the Gulf War as a Ranger and later in the Iraq conflict. He is now in his late thirty's, and lives in a small room, unemployed and affected by Post Traumatic Stress Syndrome (PTSD) for over 10 years. We introduced him to the Veteran Agents and he was very appreciative. Samuel is helping bring other vets to us. As many vets live deep in the woods and are unwilling to come in, Samuel has helped a great deal in spreading the word. The agents make sure that each vet is kept informed of their case and nothing is dropped. Because of this, the word is spreading.

Jim served as a Seaman in WWII and Korea. Because of his advanced age, he is having a difficult time getting around. Like many vets, he got frustrated with the bureaucracy. These veterans do not understand why they have to work for what they have earned. A woman watches over Jackson's health and assists him to get around. Jim lives in a drafty trailer. His care giver wants him to have medical care before the next winter.

Alice injured at the end of Basic Training and given a medical discharge and released from service. Time passed and despite the letters and phone calls to the Veterans Administration, her injuries were preventing a normal life. Our agents followed up on the claim and got her the money and medical care promised by her country.

Allen served in Vietnam and was part of the Cambodian Incursion, and was injured. Because our government at the time refused to recognize that the Incursion happened, Allen was denied all but rudimentary emergency care. 15 years later, when he came to us, the agents got him medical care and relief of some of his ongoing pain.

Conrad served in Korea. Later in life, his injuries became considerable more difficult. His daughters brought Conrad in to see the agents. Because his injuries were service related he received medical help he could not have afforded.

For all veterans we provide clothing, shoes, coats and bags of personal needs free for the taking.

Our Challenge

Falls City is like many in the Willamette Valley, a small population where people care for each other. In asking the community members, they identified 30 veterans living near them that are in need of help. They served in Vietnam, Desert Storm, Granada, Kosovo and the current war in Iraq. These veterans have health problems, such as Post Traumatic Stress Syndrome, as well as other physical disabilities (often service related), many which include mobility. These are in addition to an already difficult re-entry into mainstream society. Wayne Crowder, Herm Boes of Salem Leadership and myself (Bill Adams) have been working in this community to assist these veterans to regain their rights to medical and social assistance due to them by service to our Country.

In September, in this small community, the Homeless Vet Project will again bring veterans in contact with representatives of Oregon Department of Veterans Affairs and The Salem Veteran Office in a comfortable setting. Many veterans are put-off by red tape and being on their turf is an important step. We are providing food and scheduling transportation for vets in need of getting to Hospitals and Support Organizations. The people we have worked with from ODVA have welcomed the opportunity to come out here and work for those who served. We could not do it without them.

Thank You

What is Posttraumatic Stress Disorder (PTSD)?

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake

After the event, you may feel scared, confused, or angry. If these feelings do not go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

How does PTSD develop?

All people with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD.

Most people who go through a traumatic event have some symptoms at the beginning. Yet only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. How likely you are to get PTSD depends on many things. These include:

- How intense the trauma was or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

Many people who develop PTSD get better at some time. However, about 1 out of 3 people with PTSD may continue to have some symptoms. Even if you continue to have symptoms, treatment can help you cope. Your symptoms do not have to interfere with your everyday activities, work, and relationships.

What are the symptoms of PTSD?

Symptoms of posttraumatic stress disorder (PTSD) can be terrifying. They may disrupt your life and make it hard to continue with your daily activities. It may be hard just to get through the day.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work or home life, you probably have PTSD.

There are four types of symptoms: reliving the event, avoidance, numbing, and feeling keyed up.

Reliving the event (also called re-experiencing symptoms):

Bad memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares. You even may feel like you're going through the event again. This is called a flashback. Sometimes there is a trigger: a sound or sight that causes you to relive the event. Triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a combat veteran
- Seeing a car accident, which can remind a crash survivor of his or her own accident
- Seeing a news report of a sexual assault, which may bring back memories of assault for a woman who was raped

Avoiding situations that remind you of the event:

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes
- A person who was robbed at gunpoint while ordering at a hamburger drive-in may avoid fast-food restaurants
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

Feeling numb:

You may find it hard to express your feelings. This is another way to avoid memories.

- You may not have positive or loving feelings toward other people and may stay away from relationships
- You may not be interested in activities you used to enjoy
- You may forget about parts of the traumatic event or not be able to talk about them.

Feeling keyed up (also called hyper arousal):

You may be jittery, or always alert and on the lookout for danger. This is known as hyperarousal. It can cause you to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for your safety and always feel on guard
- Be very startled when someone surprises you

What are other common problems?

People with PTSD may also have other problems. These include:

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptoms

Can children have PTSD?

Children can have PTSD too. They may have the symptoms described above or other symptoms depending on how old they are. As children get older their symptoms are more like those of adults.

- Young children may become upset if their parents are not close by, have trouble sleeping, or suddenly have trouble with toilet training or going to the bathroom
- Children who are in the first few years of elementary school (ages 6 to 9) may act out the trauma through play, drawings, or stories. They may complain of physical problems or become more irritable or aggressive. They also may develop fears and anxiety that don't seem to be caused by the traumatic event.

What treatments are available?

When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. **Treatment can help you get better.**

There are good treatments available for PTSD. Cognitive-behavioral therapy (CBT) is one type of counseling. It appears to be the most effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. A similar kind of therapy called EMDR, or eye movement desensitization and reprocessing, is also used for PTSD. Medications can be effective too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

Associated Press Report – Suicide among veterans

May 7, 2008 - The director of mental health at the VA yesterday told the House Veterans Affairs Committee he made a poor choice when he wrote ‘Shh!’ in an email to colleagues discussing veterans’ suicide attempts. The line “was an error and I apologize for that,” Ira Katz told the committee, the Associated Press reports.

The email said 12,000 veterans a year attempt suicide while under department treatment. “Is this something we should (carefully) address ourselves in some sort of release before someone stumbles on it?” the email asked.

Veterans Affairs Secretary James Peake also apologized to the committee yesterday for the email, which came to light in a trial in San Francisco over the quality of mental health care delivered to veterans.

Peake said the figures in the email were not released because of concerns about accuracy, the AP reports. Of nearly 500,000 veterans who fought in Afghanistan and Iraq and then left the military between 2002 and 2005, 144 have committed suicide, Peake said. He added that the rate is slightly higher than what would be expected in the general population, but the difference isn’t statistically significant.

House Veterans Affairs Committee Chairman Bob Filner (D-Calif.) blasted Katz and the VA. “This is not a bureaucratic situation with numbers. This is life or death,” Filner said, according to a report in Stars and Stripes. “I think there is clear evidence of a cover-up, and I think there is criminal negligence here.”

An investigation by CBS News last year revealed a “suicide epidemic” among veterans. Those findings, which helped set the stage for the latest hearings, were disputed by the VA at the time. But “e-mails made public last month show [Katz] and other researchers had more confidence in those figures than first revealed, and uncovered additional data supporting CBS’ claims over the following weeks,” Stars and Stripes writes. CBS explains its methodology here.

Appendix 6
Runaway and Homeless Youth Consortium –
Overview of the Runaway and Homeless Situation in Marion County

The Runaway and Homeless situation in Marion County. A disproportionately large concentration of runaway and homeless youth lives in Marion County. They congregate primarily in Salem, the county seat and urban center. They are visible on the streets downtown, under bridges, in parks, and at the transit mall. Business owners, transit passengers, users of downtown restaurants and shops, and law enforcement regularly come into contact with them. However, their vulnerability, emotional fragility, need for safety, and need for constructive adult guidance are largely invisible to the community.

Because of their transient nature, reluctance to initiate agency contact, and our lack of a comprehensive database, we do not have an accurate count of the number of runaway and homeless youth in our community. We know that the youth who do seek services are mostly but not entirely from Marion County. Thirty-four percent of youth seeking services are minority, including twenty-six percent Hispanic/Latino. Other minorities represented include Native American, African American and Asian.ⁱ

In 2006, the county population was roughly 311,000 with 135,000 residing in Salem. During that same year, the 0-17 youth population was 81,158. The Law Enforcement Data System (LEDS) reports that *Marion County has 13.3% of the state's runaways, although Marion County youth represent only 9% of the state's youth population.*ⁱⁱ Sixty percent of homeless and runaway youth are female.

The League of Women Voters report on Oregon's Homeless Youth indicates as many as 24,000 Oregon youth are homeless. Their estimate is calculated using the federal formula that only one in twelve homeless youth contact a service provider for assistance. Based on the LEDS calculation, Marion County would have 3,120 runaway and homeless youth. HOST and HOME Service providers estimate their numbers annually as 800 youth. Law Enforcement reported 786 runaway youth in 2006.

In October 2007, the Oregon Department of Education reported at least 1,168 runaway or homeless youth were enrolled in Marion County schools. During the academic year of 2006-07, Marion County's largest school district, Salem/Keizer, identified 821 youth as runaway/homeless school age children. Of these, 662 were enrolled and attending school, while 196 were unaccompanied (not living with a parent or guardian). Salem-Keizer school district reports that currently 309 school age children/youth are identified as runaway and homeless and are enrolled and attending Salem-Keizer schools.

A high percentage of Marion County's population is involved with the criminal justice system. Seven major institutions (four adult prisons, the Oregon State Hospital, and two Youth Correctional Facilities) in the county serve adults and juveniles from across the state. In addition, the Marion County jail - Oregon's third largest - has roughly 19,000 bookings a year. Many adults with dependent children move to be closer to incarcerated family members, and often remain in the community following release. Living on the fringes of society with limited education, training, or marketable skills, their ability to provide for their families is impaired. High levels of poverty, child abuse, drug use, drug-related crime, and children in foster care fuel the incidence of runaway and homelessness among youth.

The socio-economic vulnerability of Marion County's population is reflected in its Oregon State 2007 Benchmark rankings. Out of thirty-six counties, we rank at the bottom for third grade reading; second to the bottom in third grade math; 33rd in eighth grade reading; 30th in eighth grade math; and 33rd for high school drop out rate. We are 25th in child abuse/ neglect, 28th in juvenile recidivism, 28th in poverty, 31st in teen pregnancy, 31st in affordable housing (ownership), 32nd in home ownership, and 33rd both for person and property crimes. These numbers paint a stark portrait of adults and children in the county. Our youth runaway and are homeless as a result of parent criminal behavior/incarceration, parent substance abuse, poverty/unemployment, domestic violence, physical/sexual abuse, parent mental illness, high

levels of family conflict, youth substance abuse, youth criminal behavior, teen pregnancy, youth mental illness, and trauma.

Appendix 7
Neighborhood Economic Development Corporation
Salem/Mid-Willamette Valley

**Homeownership
Centers**

The Homeownership Center is a one-stop-shop providing information and resources for homebuyers and homeowners. NEDCO operates Homeownership Centers in Lane County and the Mid-Willamette Valley (serving Salem, Woodburn, Marion County and neighboring communities).

Individual Consultations - A Homeownership Counselor is available to help with developing an action plan, determining the best loan, reviewing good faith estimates, referral to lenders, and help with getting access to down payment assistance programs. Post-purchase and default counseling also available.

Threshold Homeownership Education & Counseling Program - This program offers in-depth education and individualized consultations. This is the most comprehensive program, and it has successfully prepared hundreds of families for homeownership.

ABC's of Homebuying - This one day class is designed to help you understand the entire home buying process.

Homeownership Informational Workshops - This one hour workshop covers the first steps to take when preparing to buy a home, as well as information about special financial assistance programs.

Individual Development Accounts - This is a matched savings program that offers financial management classes and support in achieving financial goals.

Default and Foreclosure Prevention Counseling - A Homeownership Counselor is available to review your situation and help with identifying options, developing a strategic plan, contacting lenders, and providing information about available resources. Information and Referral Services

Current Homeowners - Assistance with getting better mortgage terms, budgeting, dealing with payment problems, or answering your questions about financing is available. We also provide information about home repairs, weatherization, and selling your home.

Shopping for a home - We can help you access programs that offer down payment assistance and lower mortgage rates. In addition to our classes and consultations, homeownership counselors can give you information that will help in your search for a realtor, insurance agent, and lender that is a good fit for your situation.

Appendix 8
Supportive Services

Alcohol and drug treatment

Basic needs – food and clothes

Case management

Employment – obtaining, mentoring, retaining, training

Financial skills

Life skills

Mediation

Medical/dental health

Medical management

Medications

Mental health

Mentors

Appendix 9

Strategies of Work Groups

Alcohol & Drug/Mental Health Work Group	Action	Timeline	Partner	Cost	Funding Sources
A&D/MH.1	Goal- Develop 20 bed “wet housing ”	1 yr. fund 1 yr. build	A&D mental Health Providers	\$\$\$	Federal money
A&D/MH.2	Goal- transitional housing 50 beds	6 mon. fund 1 yr. remodel build	A&D Treatment Provider County Mental Health	\$\$\$\$\$	Housing plus grant
A&D/MH.3	Goal- 25 detox beds Marion & Polk Co.	6 mon. fund 1 yr. remodel build	A&D Treatment Provider	\$\$\$	Government (fed & state)
A&D/MH.4	Create reduced or “no fee” counseling treatment facilities for 100 people	1 yr. funding	A&D Treatment Provider	\$\$	Grant- State alcohol/ tobacco tax private service clubs
A&D/MH.5	Goal- education & awareness of general population	On going	NO METH	\$\$	City private services club
A&D/MH.6	Goal- Providing affordable transportation	On going	Cherriots	\$	Grants from Cherriots
A&D/MH.7	Goal- Employment services for people in recovery	1-1 ½ years	Labor ready Business Owners Employment Department Portland	\$\$\$ Start up then self funding	Grant

Veterans Population Group Strategies

	Actions	Time Frame	Proposed Partners	Cost	Funding Status
VP.1	Goal: Develop comprehensive process with support systems to assist Veterans in accessing needed services	1 yr	VA, VOC DHS, CAA, MCMH,	\$	

	Actions	Time Frame	Proposed Partners	Cost	Funding Status
VP.2	Goal: Develop transitional housing with supportive services	2-3 yrs	VOC, VA, CAA, MCHA,	\$\$\$	
VP.3	Goal: Develop comprehensive list of partners and services and work with ONG, AR and local recruiters to disseminate information	1 yr	VOC, VA, CAA, NWHS, MCMH, SLF, IFN		

Reentry to the Community from Prison/Jail Strategies

	Actions	Time Frame	Proposed Partners	Cost	Funding Status
Re.1	Goal: Increase community awareness of housing and employment needs of target population	1 yr	Housing, Employment Sub-Committees, Barrier Busters (Determine specific participating partners)		
Re.2	Goal: Develop a transition housing project for target clients	1 yr	Road to Recovery, CCS, Housing Sub-Committee		
Re.3	Goal: Identify continuum of housing resources for MC starting at re-entry and ending at permanent housing and create a joint planning process for all provider groups	1 yr	Determine Specific Partners		

Families and Children Strategies

	Actions	Time Frame	Proposed Partners	Cost	Funding Status
F&C 1	Identify and support opportunities to create affordable housing for very-low-income families				
F&C 2	Initiate a compendium of support services for families to access that are at risk of being homeless, living in transition housing, or living in permanent low-income housing.				
F&C 3	Increase availability of skills training to low-income parents				
F&C 4	Identify job support programs that assist parents in maintaining employment				

**Runaway and Homeless Youth
Strategies**

	Actions	Time Frame	Proposed Partners	Cost	Funding Status
RHY.1	Develop 15 bed intermediate-term shelter w/wrap around services	1 yr for funding – 1 yr build	NWHS, CAA, (OTHERS)	\$\$\$	Seeking private community funding
RHY.2	Develop/expand assessment and timely access to substance abuse treatment	2 yr	MCMH, NWHS, CAA, Bridgeway, (OTHERS)	\$\$	Seeking funding
RHY.3	Develop/expand assessment and timely access to mental health treatment	2 yr	NWHS, CAA, (OTHERS)	\$\$	Seeking funding
RHY.4	Create comprehensive advocacy and coordination plan for after care. (Salem and surrounding areas.)	1-2 yrs	NWHS, CAA, MCCFC, (OTHERS)	\$	Funds secured through state grant (18 mos)
RHY.5	Develop accessible, timely and affordable mediation services.	1 yr	Neighbor to Neighbor, (Others)	\$	Funds secured through state grant
RHY.6	Develop database for collecting and sharing information	1 yr	CAA	\$	

ⁱ Based on youth served by HOST in 2005-07, as reported to the Marion County Children and Families Commission.

ⁱⁱ 2006 data from Puzanchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>

DEFINITIONS

Housing and Urban Development definition of homelessness:

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

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

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

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

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