
Improving Permanent Supportive Housing Service Delivery in Washington County

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Final Report

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Vision Action Network PSH Work Group

Alphabetically by organization

Mellani Calvin, ASSIST	Brian Schimmel, Old Town Shelter
Nathan Teske, Bienestar	*Marcia Hille, Sequoia Mental Health
Cadence Petros, City of Beaverton	Gil Munoz, Virginia Garcia
Javier Mena, City of Beaverton	*Annette Evans, Washington County
Chris Hartye, City of Hillsboro	Ann Hawkins, Washington County
Katherine Galian, Community Action	Josh Crites, Washington County
*Kemp Shuey, Community Action	*Komi Kalevor, Washington County
*Sheila Greenlaw-Fink, Community Housing Fund	Kristin Burke, Washington County
*Rachael Duke, Community Partners for Affordable Housing	*Marni Kuyl, Washington County
John Bigelow, LifeWorks NW	Ruth Osuna, Washington County
John Trinh, Luke-Dorf	*Sia Lindstrom, Washington County
Celeste Goulding, Old Town Church	*Andrew McGough, Worksystems, Inc.
	Glenn Montgomery, Vision Action Network

**Also served on the Steering Committee*

Project Team



Founder **Margaret Van Vliet** is the former director of Oregon Housing and Community Services. An experienced public sector housing leader, she was the executive director of the Sonoma County Community Development Commission during the devastating North Bay wildfires that destroyed 5,300 homes in 2017 and played a leading role in the area's housing recovery. Margaret previously served as the first director of the Portland Housing Bureau and was Chief Operating Officer for the Housing Authority of Portland.

NEVERSTILL

Tripp Somerville. Tripp has been a businessperson, anti-poverty advocate, and non-profit leader working across sectors to make positive change. Prior to founding Neverstill, Tripp was Chief of External Affairs for Portland's United Way, launched the Oregon office and education practice for a national strategic communications firm, ran policy and programs for a K-12 advocacy organization, was a principal in the Northwest's leading independent public opinion firm, and led multimillion-dollar public policy and community development programs for a private foundation.



The Coalition of Communities of Color's mission is to address the socioeconomic disparities, institutional racism, and inequity of services experienced by our families, children and communities; and to organize our communities for collective action resulting in social change to obtain self-determination, wellness, justice and prosperity.



ECONorthwest is a consulting firm based in the Pacific Northwest that specializes in economics, finance, and planning. We help our clients make thoughtful, data-driven decisions using tools and methods that meet the highest standards of best practice. At the core of everything we do is applied microeconomics. This perspective allows us to fully understand—and effectively communicate—the benefits, costs, and tradeoffs associated with any decision. On these projects, we provide a range of services, including business economics and modeling, natural resource economics, fiscal and economic impact analysis, land-use planning, policy analysis, urban and regional planning.



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Executive Summary

Washington County is seeing an increase in the numbers of people experiencing chronic homelessness, mirroring the rest of the region, state and west coast. Although annual Point-in-Time count figures are relatively stable, according to the latest Systems Performance Data reported to HUD, some 1,547 people were served by the homeless system over the course of the year, almost double the 810 who accessed the same system the prior year. Worse, the number of people who showed evidence of behavioral health disorders at the annual Point-in-Time count jumped from 101 individuals in 2018 to 215 in 2019.

Research demonstrates that well-deployed permanent supportive housing (PSH) is an effective solution to housing stability and positive health outcomes for individuals experiencing chronic homelessness. It's nationally recognized, proven, and cost-effective.

Washington County, like much of Oregon, desperately needs more permanent supportive housing. The current 34 units of PSH in Washington County communities pale in comparison to the documented need—in 2019 estimated to be 226 units. The 2018 regional housing bond and additional resources at the state level are beginning to address the “permanent housing” part of the equation. The “supportive” aspect of PSH has proven more difficult with existing funding sources. Ongoing public funding for case management, behavioral health care, and other supportive safety net services —keys to keeping vulnerable people stable and more healthy in their homes —has been woefully inadequate for many years. The regional housing services levy on the May 2020 ballot may change the resources equation. It may not change the fragmentation current funding approaches have created.

Increases in chronic homelessness in this community are not happening in isolation. They are part of significant increases in homelessness across the board as housing costs accelerate, more families live on the edge (one in five renters in Washington County spend more than half of their income on rent), and housing supply at all income levels fails to keep up with demand. Reducing homeless is also an urgent issue for policymakers and the public (77% of Washington County voters cite it as a top priority).

For people who have been homeless for long stretches of time the stakes are even higher. Accessing a decent apartment is all but impossible. Those that do may not be able to stay in them without the kind of care and case management often needed by formerly chronically homeless individuals. The most sick and vulnerable are forced to resort to camping, living in their cars, or other unsafe places. They may seek help through any number of channels—shelters, day centers, or health clinics. They may be brought in by police and referred to a community-based organization with expertise serving people experiencing homelessness. And, in spite of good intentions, too many end up in emergency rooms or jails because their disabling conditions remain untreated and there are simply not enough safe places to house them.

To make matters worse, the very population that is the most likely to die outside have the hardest time accessing safe housing because landlords screen them out or they're required to sober up before getting the kind of help they need. It's a daunting set of challenges for the chronically homeless. And it's amplified by local governments trying to align disparate funding streams and non-profit providers struggling to make sense of a fragmented system of competing funding requirements and too few resources.

It's a tough environment, and people within the system want to make it work better. Washington County leaders in government and provider agencies have seen and heard about successful models in other places, and they know improvements—and even transformation - are possible.

This report documents the experiences of service providers and government officials working to care for and house chronically homeless individuals. It highlights the limitations that prohibit this population from accessing stable, supportive housing; limitations that are not solely about a shortage of funds (although scarcity is a factor). Rather, this assessment found that the funds and programming deployed towards addressing homelessness at the individual and community levels are disconnected, governed by diffuse rules and decision-making bodies. It also found that, in spite of a shared commitment to providing permanent housing with appropriate supports to formerly homeless families and individuals, the service delivery practices and behaviors are uncoordinated, rely on different understandings of the nature of the problem, and operate in reaction to various pressure points rather than following an agreed-upon set of strategies designed to permanently end episodes of homelessness for the hardest to house.

There are actionable steps Washington County can take to improve PSH delivery, streamline funding and accountability, and get our neighbors experiencing chronic homelessness into stable, safe housing and on paths to recovery and productivity. Underlying any future actions must be a recognition that the people managing funds and running programs will need to modify long-standing practices and learn new behaviors. Organizations and the people within them will need to adapt, and that will require investments in training and support to transition through the often-messy process of change management.

This report provides several recommendations and actionable steps to improve how funding is used and services delivered. At its core, six things must happen:

- Establish a single, publicly accountable body of elected officials to set policy priorities, coordinate funding, and own the issue of homelessness.
- Strengthen alignment of all health, human services, and housing government agencies to steer integrated policy and investments in shelter, transitional housing, rent assistance and outreach.
- Adopt Housing First as policy for service providers and housing agencies receiving public funds.
- Invest in more direct street outreach for pro-active engagement with those who are homeless, to lessen the involvement of law enforcement and emergency departments.
- Train, support, and invest in the capacity of system practitioners, program managers, and front-line staff, including intentional efforts to increase culturally specific and responsive services.
- Communicate effectively with the public to raise awareness of the value and results of PSH.

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I. Introduction

Project Purpose

Understanding the urgency of improving permanent supportive housing delivery in Washington County, the Vision Action Network and Washington County Thrives commissioned this report to map the current state of service delivery, identify barriers to improved service delivery, and offer strategic recommendations that can help. The work is timely, given the urgency of the issue and the numerous funding and capital campaigns circling the metro region.

The report is structured in five parts:

1. This **introduction** defines permanent supportive housing, provides background for the project, and describes the project approach including infusing equity.
2. The **current state** includes a visualization of the current state of service delivery, and its strengths and challenges. This section also discusses existing funding levels, limitations or restrictions associated with it, and the resulting fragmentation.
3. The **improved state** includes a second visualization of the potential state of service delivery in Washington County. This section includes a discussion of what improvements could be done with or without new funding.
4. **Strategies for effective implementation** describe actions and changes that policy makers, funders, advocates, and service providers can each take to realize improvements.
5. **Appendices** provide additional information about the project process, public engagement, documents reviewed, and examples from other communities.

Project Approach

To ensure an accurate, integrated understanding of the experience and dynamics of chronic homelessness in Washington County the project team performed the following:

1. Reviewed a wide array of national, state, and regional research with analysis, lessons, and recommendations to address chronic homelessness.
2. Analyzed available budget information relevant to homeless services investments in Washington County and hypothetical future revenues based on a proposed ballot initiative.
3. Assessed the current state of service delivery for PSH in Washington County by conducting:
 - a. interviews with 16 key housing and health service providers, county policymakers, and city staff;
 - b. a focus group with 16 front-line outreach workers, case managers, shelter operators, and other staff from eight agencies; and
 - c. six facilitated discussions with the multi-agency working group and its steering committee helping shape this project.
4. Studied promising examples from other communities across the country.

5. Created three illustrative visualizations of service delivery reflecting the current state in the County and imagining an improved state.
6. Drafted strategic recommendations for County, City, and regional policy makers to consider.

The consulting team, with participation of the project’s working group, also identified six guiding principles to ground this assessment:

- Understanding how **equitable impacts** play out in current supportive housing delivery is crucial; that means how money and services flow and how consumers gain entry and access to them.
- Be crystal clear about the operative **definition of permanent supportive housing** and the characteristics of our targeted population.
- Recognize that the **money is complicated**— where it comes from, how it's used currently, the flexibility that might be hidden in it (think Medicaid dollars).
- Incorporating **lived experience** in our assessment of how things work currently and how they can work better is key to sustained system improvement.
- Ensure permanent supportive housing **isn't a secret success**. Visibility to policymakers, opinion leaders, and residents of Washington County creates multiple benefits and momentum for continued system improvements.
- **Collaboration and openness to change** among public and non-profit partners is an asset to build on.

Core Elements of PSH Success

As noted, this report builds on numerous past planning efforts that have laid the foundation for understanding PSH needs in Washington County. The documents, national materials, and examples from other communities reviewed are catalogued in Appendices C and D, along with the major goals or relevant themes from each. These reports consistently point to the following elements of success necessary to prevent and end homelessness for vulnerable people:

- Use a Housing First strategy consistently
- Focus efforts on the chronically homeless population
- Use racial equity as a core part of operations and decisions, including using disaggregated data
- Coordinate delivery of behavioral health services with housing
- Act collaboratively, in concert with others doing similar work in the region
- Use the most effective data well (including disaggregated data) to know what’s going on, what’s changing, and what results are being achieved

These themes carried through discussions, interviews, and the focus group, identifying areas of practice where these elements are being successfully deployed and where room for improvement is seen.

The Power of Permanent Supportive Housing

Permanent supportive housing (PSH) combines low-barrier affordable housing, health care, and supportive services. It is nationally recognized, proven, and cost-effective. It addresses the complex needs of vulnerable people with disabilities who are homeless, institutionalized, or at greatest risk of these conditions. It gets them off the street and in stable housing. PSH integrates permanent, affordable rental housing with the best-practice, community-based supportive services needed to help people who experience long-term homelessness and have serious, long-term disabilities — such as mental illnesses, developmental disabilities, physical disabilities, substance use disorders, and chronic health conditions.

According to the National Alliance to End Homelessness, in addition to ending episodes of homelessness for people who are chronically homeless, research demonstrates that permanent supportive housing can also increase housing stability and improve health. It is widely understood to lower public costs associated with the use of hospitals, emergency shelters, and law enforcement.

Key elements of successful PSH include:

- Stable housing as the first necessary step.
- Individually tailored and flexible supportive services that are voluntary, can be accessed 24 hours a day/7 days a week, and are not a condition of ongoing tenancy.
- Leases that are held by the tenants without limits on length of stay.
- Ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise.

The characteristics that are necessary for effective PSH are what many communities, including Washington County, struggle to provide: intensive, individually tailored services linked to the housing unit, delivered in coordination with the housing provider.

II. Current State

Washington County has a significant shortage of affordable housing generally, like the rest of the region and state. In a county with approximately 225,000 total housing units, there are 23,491 renter households with incomes below 30% of the area median (\$25,100 as of 2018). Of these households, 12,628 are cost burdened (54 percent), and 11,286 are severely cost burdened (48 percent)¹. A household with this income would need to pay \$628 in monthly rent to avoid being cost burdened. But the median rent in Washington County is now \$1,386 per month, or 121 percent higher than the rent affordable to households below 30% of area median income, according to the American Community Survey².

In this environment, there is a lot to applaud about Washington County's approach to homeless housing and service delivery. The energy, enthusiasm, and willingness to try new things is evident. Government and non-profit agencies are committed to working together and often collaborating to solve problems. They also recognize that people of color historically and currently are more likely to be disproportionately homeless and less likely to receive effective services. The mix of leaders with deep, institutional knowledge and strong relationships, combined with some newer players with fresh energy and ideas are catalyzing productive change, including an intention to serve historically disadvantaged communities of color.

At the same time, many parts of the system are clearly fragmented. Those on the front lines of service delivery have a dizzying array of rules and colors of money to try and work with as they problem-solve client situations. Organizations must compete against each other for scarce grants necessary to serve their missions. For PSH, the results of this fragmentation are stark: only 34 dedicated units of PSH in the County. Further, the core best practice of Housing First is neither prioritized nor incorporated fully into the system of care. Information and data needed to drive program delivery is not readily available, nor is it disaggregated by race consistently. Most worrisome, communities of color continue to face disproportionate barriers to access, including extremely limited basic translation services and insufficient numbers of culturally competent providers in the community.

All of this—the goodwill and collaboration, as well as fragmentation—occurs in a changing community context. Washington County has long been a key engine of Oregon's economy. It continues to draw high-paying industries, its K-12 schools out-perform many of their peers, communities of color continue to grow, and overall, residents are better educated and higher paid than most other Oregon counties. At the same time, as the population swells poverty rates are edging up, income distribution continues to be troublingly uneven, and housing costs are soaring.

Worries about homelessness are on the rise, too. In fact, 77% of Washington County likely voters say reducing homelessness is a high priority for them. These voters also say increasing mental health services (a key part of PSH) is one of the most important things to address homelessness, yet they also are less likely than voters in

¹ U.S. Department of Housing and Urban Development (HUD). Fiscal Year 2018 Income Limits Summary: Extremely low-income limit for the Portland-Vancouver, Hillsboro, OR-WA MSA. Retrieved from: <https://www.huduser.gov/portal/datasets/il.html#2018>

² U.S. Census Bureau. American Community Survey (ACS) 2018 1-Year Estimates, Table B25064: Median Gross Rent (Dollars). Retrieved from: data.census.gov

Multnomah or Clackamas counties to identify drug and alcohol addiction treatment as an important avenue (another key PSH tenet). This community is also more likely to support more strict measures, like enforcing anti-camping laws and reducing “free services” to the homeless.³

It’s a complicated civic environment. Success in it likely requires connecting the urgency people have to address homelessness with more visible accountability for results.

Current Funding

Current funding for sheltering and serving people experiencing homelessness in Washington County totals \$10 million annually. The US Department of Housing and Urban Development (HUD) provides the bulk of the funding through the entitlement jurisdictions of Washington County and the cities of Hillsboro and Beaverton. A substantial amount—\$3.6 million—also flows to Community Action of Washington County, the designated anti-poverty organization that receives funds directly from state and federal sources by statute.

Figure 1. Annual Homeless Services Funding in Washington County, FY19-20

Annual Homeless Services Funding FY 2019-20	City of Beaverton	City of Hillsboro	Washington County	Community Action	Total
Federal	\$105,000		\$ 4,035,866	\$230,594	\$4,371,460
State				3,400,009	3,400,009
Local	262,551	\$266,000	1,720,518		2,249,069
Total	\$367,551	\$266,000	\$5,756,384	\$3,630,603	\$ 10,020,538

Source: Various ⁴

Funding from these sources pays for shelters, outreach, transitional housing, and a variety of rent assistance and housing navigation services for an array of eligible homeless or near-homeless people. It also covers the costs of administering the programs and the technical reporting and management HUD-mandated systems, including the Homeless Management Information System (HMIS) and Coordinated Entry (known locally as Community Connect).

It should be noted that other public dollars, including Medicaid and specialized federal vouchers, fund programs and services aiding people who are currently experiencing (or have experienced) homelessness. For example, safety net behavioral health services are frequently accessed by those who are homeless or housing insecure. Community Action also operates housing stabilization programs like utility bill payment assistance that effectively prevent people from falling into homelessness.

The extent of funding for these other critical and complementary services is difficult to discern largely because local government budgets and financial reports do not lend themselves to this population-level analysis. The

³ Here Together Coalition sponsored survey by GBAO Strategies, conducted September 5-10, 2019 via cellphone and landline.

⁴ Annual public expenditures on serving people experiencing homelessness assembled from the individual jurisdictions and Community Action. Washington County’s federal funds include ESG, CoC but no CDBG because it is held for a competition, results of which are not yet known. Community Action receives several categories of state and federal funding including CSBG, SSVF, EHA and SHAP.

vast majority of this funding sits outside the purview of the County’s official homeless system and is guided and monitored by an array of other decision-making bodies.

It should also be noted that the budget for the Washington County Housing Authority (WCHA)—serving all of Washington County—is approximately \$30 million annually. WCHA administers the federal Housing Choice Voucher program, a critical housing stability tool for those lucky enough to have their names pulled from the years-long waiting list. Of the total 3,000 vouchers authorized by HUD for WCHA, 137 are designed to serve formerly homeless veterans; another allocation is set aside to house people directly from homelessness (62), although not necessarily linked to supportive services for those residents. WCHA is aligning its various voucher programs toward those with the highest need (i.e., homeless and vulnerable) whenever possible, while still respecting the established waiting list process on which thousands of poor seniors, people with disabilities, and struggling families rely.

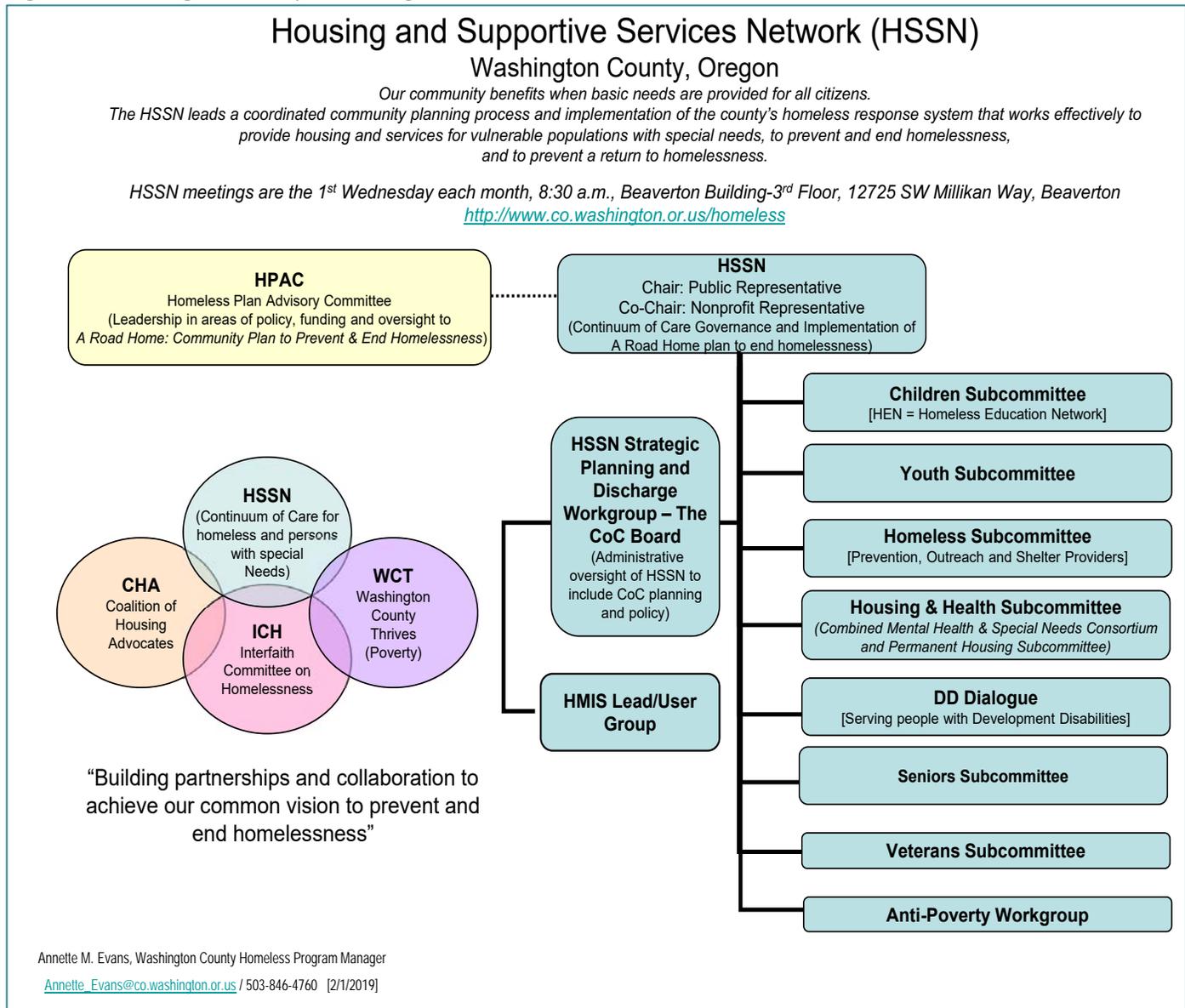
Importantly, the policy-setting, decision-making, accountability structures, contracting requirements, and service delivery mechanisms are different for these funds than for those aimed strictly at homeless services. They are governed by parallel, but distinct, structures.

As all of the above demonstrates, funding for shelters, PSH units, affordable units, and necessary services create an incredibly fragmented, difficult to navigate array of resources. Much of this is because federal restrictions on funds create siloes for departments receiving them. It also incents competition among providers for scarce resources and generates more diffuse strategies and impacts on the ground.

Current Structure of Homeless Services

In order to receive homeless-dedicated funding from HUD, local communities are obligated to establish a “Continuum of Care,” (CoC) a cross-sector advisory body that is tied to local government and includes at least one person who has experienced homelessness. In Washington County that group is known as Housing and Supportive Services Network, or HSSN. HSSN, in turn, receives policy and funding advice from the Homeless Plan Advisory Committee (HPAC), which is appointed by the Board of Commissioners and includes two elected officials.

Figure 2. Washington County HSSN Organizational Chart



HSSN—as the CoC—has a number of other obligations, including following a community-adopted plan for preventing and ending homelessness, using the Homeless Management Information System (HMIS), deploying a Coordinated Entry system, conducting biannual counts of people who are homeless, and providing specific data and reporting to HUD on system performance measures.

In Washington County, this system recently benefited from in-depth technical assistance from HUD such that HUD now considers it fully compliant.

As noted in Figure 2 this centerpiece of the homeless system is guided by subject matter experts and has a system for accountability and transparency for the specific funding sources mandated by HUD. It utilizes the adopted plan—*A Road Home—Community Plan to Prevent and End Homelessness*—to target investments and

track outcomes for funds within its purview. Those funds total approximately \$5.7 million of the \$10 million outlined above.

Accountability for the remaining \$4.3 million captured above is split between at least two state and two federal agencies. Considering other critical funding streams within the County (Housing Authority, Health and Human Services, Corrections), the number of decision-making agencies, advisory bodies, and policy priorities is significant. As discussed further below, this lack of centralized accountability and focus has created fragmentation and duplication within the overall system. Not surprisingly, it does not function well for large numbers of people experiencing chronic homelessness.

Figure 3. Client Experience in the Current PSH System

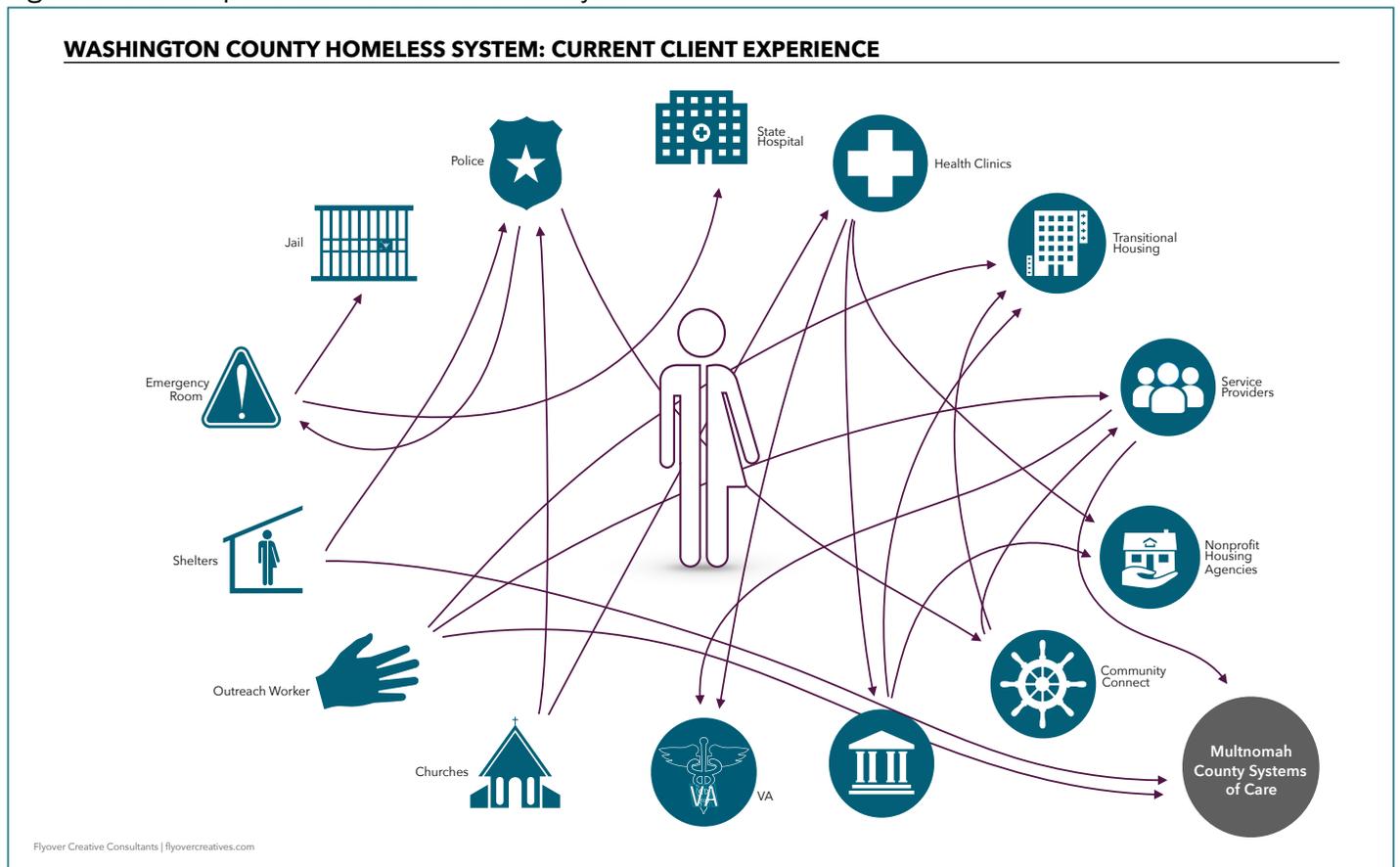
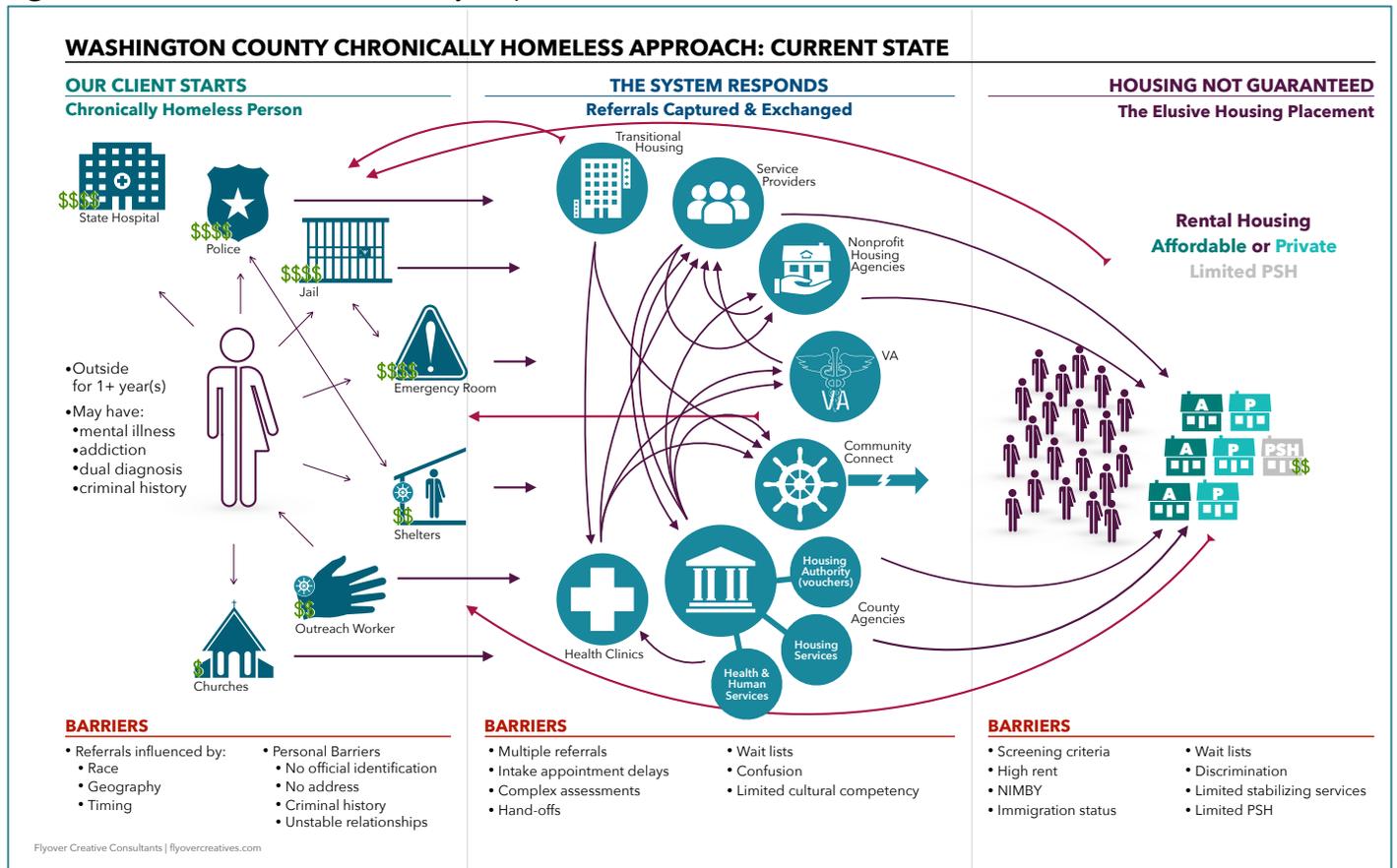


Figure 3 provides a visualization of the chaos experienced by those who are chronically homeless, and the fact that resources these residents interact with are largely disconnected. Those living on the streets or in their cars may interact with police and hospitals multiple times over the course of their homeless episodes. Government agencies, health clinics and community-based non-profits may receive referrals from police or churches, and when they do, they may be able to utilize Community Connect to get them officially logged into the safety net system. But often, there is no safe place to refer the chronically homeless person to. Many end up in Multnomah County shelters and hospitals. More end up sleeping outside.

Those who described this system expressed concern that the structure is not client-centered and can be frustrating for all involved.

The current state assessment also led to a broader understanding of how individuals may move from chronic homelessness into permanent housing. Figure 4 offers a visualization of the service delivery system, starting with the client’s interaction with community resources, some of which are very expensive (state hospital, criminal justice system, hospital emergency rooms), and all of which lack baseline coordination, and are fraught with both structural and personal barriers.

Figure 4. Current PSH Service Delivery Map



The existing systems respond, through a series of referrals, assessments and hand-offs. Community Connect is an important element of this system, and it is viewed as effective by some providers insofar as it provides coordination and some prioritization of those who are the most vulnerable. But not every needed agency, program, or funding source avails itself of Community Connect. And the sheer scarcity of suitable rental units means that housing placements are not guaranteed. Screening criteria, discrimination, long wait lists, and immigration status are among the most challenging barriers inherent in this key part of service delivery.

Service Delivery Strengths

Despite this environment there is a lot of interest, energy, and insight among Washington County service providers, funders, and practitioners. The system brings clear strengths:

1. Leaders and partners are committed.

Government and non-profit partners share a fundamental commitment to address homelessness. This is true at all levels, from agency leaders to front-line staff. Providers and government agencies genuinely want to work together more effectively and in more focused ways. They have implemented some successful projects and programs that are moving people from the streets into permanent housing. That said, it is also clear that the fragmentation of current funding, governance, and accountability creates frustrations, inefficiencies, competing demands, and limited common prioritization.

2. Racial equity is a focus.

These same actors embrace the need to do their work with a racial equity lens. Housing and health providers understand the importance of overcoming racial inequities and acknowledge they need new skills, new relationships, and new ways of doing business in order to activate this driving value.

3. Agencies and partners want to improve.

Agencies and individuals working across the system recognize the need to improve coordination and want more consistent mechanisms to collaborate. Front-line staff spoke about the periodic one-day *Homeless Connect* events as a key to successfully housing more people quickly. Others refer to *A Road Home* as a strong, relevant plan that helps guide the system, and the increasing opportunities to collaborate across the three-county region as a hopeful set of developments.

In addition, the interest of key county and city officials in finding solutions to homelessness is growing. This shows up in active participation in regional processes and efforts to coordinate, as well as voter support for the 2018 Metro housing bond. The leaders interviewed for this project recognize untapped potential in improving service delivery by strategically investing available dollars and seeking ways to link Medicaid funding to PSH for vulnerable populations.

4. Systems are working as intended for some.

Despite the rise in the numbers of people experiencing homelessness in recent years, the County's system performance measures indicate that just over half (57%) of the people who fall into homelessness are able to access permanent housing and that only a small number (5%) return to homelessness once they have gained permanent housing.⁵ Even though longitudinal data was not available, it appears that only a portion of those housed have access to services. In addition, only a small fraction is identified as chronically homeless. The

⁵ <https://www.co.washington.or.us/Housing/EndHomelessness/system-performance.cfm>

available data does indicate that key parts of the overall system of care work well for people most ready or available to access services, clearly not the chronically homeless population.

5. The **pace of development of affordable housing is increasing modestly** and greater numbers of units are likely coming online, primarily as a result of the 2018 regional affordable housing bond. Since 2017, 394 new affordable rental units have opened, 152 are under construction, and several hundred more are expected to open within the next three to five years.

In short, there is growing awareness, interest, and urgency to do things differently and better throughout Washington County. There is some momentum and strengths on which to build, but the current mechanisms have shortcomings frustrating people charged with serving chronically homeless. And with so few dedicated PSH units compared to the need, providers and officials alike are showing signs of frustration and impatience. These people—who participated in this project—know it’s time to match intention with action on the ground, and that some aspects of their work require disruption to change the trajectory.

Service Delivery Challenges

There are strengths to the current system that many players have worked hard to achieve. There are also six major areas deserving attention from the County and its partners to advance a systemic approach to permanent supportive housing:

1. The fragmentation of the current system.
2. Routinely practicing Housing First — a widely-recognized best practice for ending homelessness.
3. Small supply of PSH—Washington County has just 34 dedicated, site-based PSH units.
4. Centralized, system-wide data unavailable in a manner that supports strong, real-time decision-making.
5. A collection of programs and approaches to homelessness that is not consistently client-centered.
6. Scarce resources of all types.
7. People of color disproportionately impacted by these gaps and challenges.

To be clear, the gaps surfaced through this project are frequently found in local systems of care. The fact that local governments tend to be the “last line of defense” for disinvestments and policy failures of the federal and state government often means that counties and cities struggle to provide safety net services. From the devolution of federal housing policy to deinstitutionalization of people with mental illness to tax policies that constrain local government budgets, the causes of poverty, homelessness, and housing instability are larger in scope than what any county or city can realistically grapple with. And yet, when members of the public are alarmed about a homeless crisis they inevitably turn to local government for answers.

1. **There is not much of a system.**

The project team found poor coordination, confusion, varying interpretations of how certain funding streams work, and numerous examples of ways people spend precious time managing around the complexity and lack of alignment.

“Each system of services and funding acts independently in Washington County.”

- Washington County service provider

Time and again local government managers and non-profit providers referenced silos and fragmentation, generally blaming HUD or other funders' seemingly inconsistent regulations. With lots of parallel efforts and conversations, it is not clear where final decisions lay and where coordinated lines of policy direction lead. Most interview respondents indicate that they do not view the array of programs and activities aimed at ending homelessness as part of an actual system. Over and over they described "silos" and "lanes," noted how different priorities leave them scrambling to make them make sense for their programs, the powerlessness they feel to shape funding priorities, and the logic of existing behavior that crowds out the appetite and ambition many have to work differently. Examples abound:

- Many people talked about the number of regular meetings or "tables" they must attend to keep up with policy changes, provide advice, learn about which agency is doing what work, and hear from different decision-makers about new direction or priorities. This is incredibly time consuming and keeps ideas churning rather than moving into implementation
- Two non-profit housing developers with funding commitments from various divisions within the County shared examples of how requirements associated with those funding sources are at odds and resolving them time-consuming, notwithstanding good intentions.
- Two cities talked about their own housing and homeless efforts meeting objectives of their local policy-makers with little regard for the County's approaches.
- Line staff in the focus group talked about paperwork from one division of the County being mailed to another division, which—if true—speaks to a lack of even basic coordination; if not, then the perception exists and is problematic.
- Assembling rudimentary budget data from the relevant agencies for this project proved challenging, not because people weren't willing to share, but because core systems do not provide reports about where and how certain budget line items care for, support, or help house those experiencing homelessness.

2. Housing First, a widely-recognized best practice for addressing chronic homelessness, is not a policy priority in Washington County and exists only in isolated cases.

The project team heard conflicting reports about whether the County expects or practices a Housing First model with regard to housing people experiencing homelessness. The published Coordinated Entry system ("Community Connect") does not indicate that Housing First is required.⁶ Numerous individuals within service agencies report that a major barrier they face is criteria that screens people out of programs. Affordable housing operators often set aside apartments in their buildings and take referrals on turnover from specific service providers. This helps a low-income, vulnerable person who is receiving services gain access to good housing, but it does not ensure the most vulnerable person gets housed.

Without clear policy guidance, fidelity to Housing First is extremely challenging because it requires that all providers within a system of care agree to house people directly from the streets, without regard to sobriety,

⁶ <https://www.co.washington.or.us/Housing/EndHomelessness/upload/how-our-coordinated-entry-system-works-in-washington-county-oregon.pdf>

drug use, past behavior, or criminal history. It then ensures they receive appropriate services that enable them to stabilize their lives and that providers aren't able to selectively house those who are deemed "easier."

What is Housing First?

Housing First is a nationally recognized model of providing housing before requiring sobriety or solutions to other problems that prevent people experiencing homelessness from achieving housing stability. Housing is not seen as a reward for good behavior or an incentive for getting clean. Instead, it recognizes that housing is an essential first step toward overcoming over obstacles and challenges.

While HUD recognizes that not all provider agencies or apartment homes are equipped to operate within a pure Housing First model, it encourages local providers to deploy the approach whenever possible. Exceptions are often made, for example, for a family-oriented property being asked to receive and house an individual in a two-bedroom unit. Group homes that serve homeless youth, or female victims of domestic violence are not required to house adult men. And shelters and transitional programs that require sobriety generally have a pathway to only accept people who are not actively using.

Still, in an ideal system, everyone who enters the system should be professionally assessed for vulnerability and risk, and a Coordinated Access system (in Washington County this is known as Community Connect⁷) places the most vulnerable individuals at the top of the list. When a provider has an open unit or bed the system should make a referral from the top of the list and that provider accepts that client for transitional or permanent housing.

3. Washington County has just 34 dedicated, site-based PSH units.

Through its participation in the 2019 Tri-County Equitable Housing Strategy process, Washington County determined that it needs 226 units of PSH. It currently has just 34 dedicated units in Hillsboro and Aloha. The County, through HSSN, does utilize some of the funding it receives from HUD⁸ to enable formerly homeless people to access private market housing. Those clients receive services from an array of social service providers whose own funding (and ability to provide effective services) can fluctuate from year to year. In this regard, this program (Shelter+Care) is a valuable component of the safety net toolkit. Yet, it lacks a critical element of true PSH: specific dedicated homes where services are routinely provided in a tailored and specific manner, and where the property manager and service provider have standard protocols for ensuring both lease compliance and wrap-around services to keep people safely housed while they stabilize. Everyone we engaged in this assessment agrees there is a major shortage of true PSH for Washington County residents.

Through the Metro housing bond, Washington County has committed to building 1,316 new rent- or income-restricted units, with 540 of those targeted to households earning 0-30% of the median income. Likewise, the State of Oregon is investing increasing resources in housing production. While these investments will help the

⁷ <https://www.co.washington.or.us/Housing/EndHomelessness/upload/how-our-coordinated-entry-system-works-in-washington-county-oregon.pdf>

⁸ Shelter Plus Care grants which provide rent assistance to 167 persons.

few hundred households who are lucky enough to secure a spot, the demand for housing at these price points far exceeds what will be produced.⁹

Even more concerning is the fact that none of this committed new supply will create permanent supportive housing in Washington County without additional resources to fund ongoing intensive case management services linked to specific dedicated units.

4. Data is fragmented and inconsistent.

Actionable, reliable data, disaggregated by race and useful to key managers is central to measuring the fidelity and outcomes of any publicly funded program. Most officials interviewed could not point to current or reliable performance data on which they rely, whether produced by them or required by funders. A few mentioned the annual reports to HUD, but these reports only indicate trends and are generally stale by the time they are published—hardly useful for mid-course corrections.

The primary data source is the Homeless Management Information System (HMIS). HMIS is used to track individuals who enter the system, the interventions they are able to access, and key metrics like housing retention, vulnerability and barriers, utilization of other safety net services, and length of episodes of homelessness. The County Homeless Services Department manages the reporting out of HMIS to HUD, but other administrative functions and training are contracted to Community Action.

While Community Action leadership reports being able to view data quarterly for its program management purposes, other leaders—including senior leadership within County departments—are not accessing it in real time to gauge performance or assess outcomes. Functionally, it is complex and requires a high degree of technical training to enter client data or generate reports. Indeed, since a limited number of people have the requisite training and credentials to enter data on consumers, there can be time delays and a high likelihood of inaccuracies. Service providers then use a patchwork of agency-specific tracking tools that are not connected to other data or organizations, and are used most readily to respond to funding requirements.

Of significant concern, given the County’s emphasis on leading with race, is that very little data used to drive programmatic decisions is disaggregated by race. Although HSSN is reportedly working on addressing these shortcomings, they are doing so in isolation of other key data sets and decision-makers.

5. The system is not client-centered.

Most workgroup, interview, and focus group participants from government and non-profit agencies spoke of the desire to organize their work around clients and their needs. However, the overall approach to serving the chronically homeless in Washington County is not consistently true to this intent. Clients experiencing chronic

“One Latina I was working with told me that another case worker suggested she should ‘get knocked up’ because that would help her get into housing faster.”
- Focus Group Participant

⁹ The private, for-profit housing market does not build new units affordable to these price points for a variety of reasons, largely relating to the costs of development. New supply of units affordable to households earning 0-30% of the MFI only come from mission-oriented or non-profit developers.

homelessness may enter the programs from many avenues and many participants noted that police officers were the main source of referrals.

Service providers report feeling hamstrung by the process of assisting their clients. They make referrals to other agencies they believe will be able to help, and then weeks can go by before that agency can accept an intake. By that time the client is often less motivated to seek help, cannot show up because they are in survival mode, or are without the means to keep a schedule or transport themselves. Multiple stories were reported of individuals handed off multiple times to multiple agencies—experiences that agencies themselves do not intend and feel they have little control over.

A key part of any client-centered approach is meeting people where they are. For the chronically homeless, that literally means where they sleep on the street. Washington County’s providers are very clear that there is far too little proactive outreach by trained professionals who can meet people experiencing homelessness where they are, build trust, and create realistic pathways to get into housing.

6. Resources are scarce.

Scarcity is a defining characteristic of anti-poverty, affordable housing, and public mental and behavioral health programs in Oregon. These safety net programs have been underfunded compared to documented need for decades. In the case of PSH, both the shortage of funds and the complexity of how they can be used are commonly understood to be problematic. Effective alignment of housing-specific resources like rent assistance, housing development grants, and homeless prevention can be elusive even with the best of intentions. The regulations that govern such sources are designed primarily to make sure the right narrow band of people benefit from the specific public subsidy. And even if they are deployed seamlessly, expanding that alignment to encompass health and human services funding streams magnifies the complexity.

“Sometimes I feel like there are too many of us competing for funds instead of cooperating. I make sure and apply for everything my agency might be eligible for, even if I don’t think we’d be the best agency to do that work.”
- Focus Group Participant

Local governments charged with delivering these complex state and federal funds are themselves under-resourced, often lacking staff capacity, expertise, and hours in the day to untangle rules and policy handbooks to pursue policy alignment.

The result is that each under-resourced agency does what it can to dole out its insufficient funding to the highest needs people according to their own mandates. Each is rationing within their own silo, instead of working on ways they could ration—and prioritize—together.

This is also the story of Washington County’s Housing Services and Health and Human Services Departments. The project team found lots of good intention to better coordinate, and plenty of frustration trying to do it. But the many structural barriers, including separate and distinct policy and decision-making frameworks, have left gaps in this key part of the system. Similarly, cities in Washington County have their own hierarchy and policy priorities with little incentive to coordinate the day-to-day service delivery work.

One way this plays out for County service providers is multiple applications and competition for a share of scarce funding across multiple jurisdictions. They may apply for competitive grants through any of the County

offices to patch together enough funding to serve their clients. And they inevitably must also apply through individual cities when those jurisdictions offer resources competitively. Then again, through the State of Oregon and relevant federal agencies. This consumes precious time and resources of both providers and government funders. And inevitably weakens long term outcomes for the very people they are trying to serve.

7. People of color are disproportionately impacted by these gaps and challenges

Washington County's government and non-profit leaders have made a serious commitment to leading with race. This commitment is underscored by their adoption of the Coalition of Communities of Color's "Leading with Race: Research Justice in Washington County" report as a guide for equity change. The Washington County Commissioners also unanimously approved an Equity Resolution establishing a plan to hire a Chief Equity Officer and several other staff members to further infuse equity in the work and thinking of the County.

Front line staff and middle managers applaud this and recognize they, too, have a role in addressing historic disparities experienced by communities of color. And while the language of inclusion and use of an equity lens are present in discussions of service delivery improvements, practices on the ground are not keeping pace with the rhetoric.

Practitioners in Washington County know they are not reaching communities of color who may be experiencing homelessness, and certainly not those experiencing it chronically. Available outreach is not culturally specific and is only occasionally even done by Spanish speakers. Police officers are de-facto outreach workers and some marginalized communities will take extra measures to avoid police interaction.

The service provider network does not believe it has the capacity to deliver culturally competent assistance at the scale needed. While larger regional providers of culturally competent assistance exist, their presence in Washington County is limited. However, ways to remediate this arose in both the "Leading with Race" report and in CCC's subsequent (September 2019) "Housing Justice in Washington County: Findings from Communities of Color report."

"In general, people of color don't trust the government, especially not the police. People on the street or with some kind of trauma don't seek help because historically it's had negative impacts on them or their families."
-Focus Group participant

Communities of color are rarely counted accurately, as the state of homelessness is different for these communities. Point-in-time counts seldom reflect the degree of housing instability because communities of color are more familial based, tending to "couch surf" or double up with friends and families far more frequently than majority populations. Neither HUD definitions of homelessness nor the count process account for these variabilities.

Further, cultural norms, such as intergenerational living for communities of color which then require housing with a larger space requirement, are seldom reflected in the administrative processing of claims, vouchers and placements. And overall incomes tend to be lower for families and individuals of color, making the reach for housing harder.

A crucial, added dimension compounding this issue: the true impact is hard to discern because most data is not disaggregated by race.

III. Improved State

This section describes proposed changes in behavior and structure that can materially reduce the existing fragmentation and accelerate the pace at which chronically homeless people access supportive housing. This approach has the potential to yield cost savings and produce better outcomes regardless of the potential for new revenue. The elements described here are intended to provide clear direction to decision-makers and practitioners; they do not constitute an implementation plan.

There are six essential outcomes to an improved state:

1. Effective affirmative outreach mechanisms that reach the chronically homeless with relationships built on trust, empathy, and easy access to services.
2. People experience fewer hand-offs between providers and more timely engagements with the right providers.
3. Local governments operate with common, integrated policy and funding.
4. Housing First is adopted as the central strategy for addressing chronic homelessness.
5. Housing and health providers gain clarity of purpose and efficiency in service delivery.
6. Washington County's citizens know where the buck stops and are more aware than ever of their community's progress addressing chronic homelessness.

There are also four key structural elements to support these outcomes:

1. A governing body of local government elected officials
2. Task groups and subject matter experts advising the governing body
3. A lead organization implementing the policy directions and accountability measures set by the governing body
4. A network of trained and supported providers who serve on the front lines of service delivery, with a particular focus on strengthening the delivery of culturally specific and responsive services

Governance Structure

1. Leadership Body

The systems change recommended for Washington County starts with establishing clear, shared leadership and policy direction. In an improved system, a leadership body of County and City elected officials:

- Sets the community's vision for ending homelessness.
- Owns the issue and is widely recognized as the owner.
- Includes elected officials from the County, cities of Beaverton, Hillsboro, and others with funding and policymaking authority for homelessness and the authority to direct structural change.

- Provides high-level policy and funding guidance for *all streams of funding necessary* to effectuate Housing First and PSH, including available Medicaid and other health and human services safety net resources designed to aid people experiencing poverty.
- Stays informed on best practices to guide policy.
- Focuses on high-level decisions, not technical aspects.
- Has credibility and buy-in from providers, business and civic leaders, and the public.

“To address homelessness, communities should take a coordinated approach, moving from a collection of individual programs to a community-wide response that is strategic, and data driven. Communities that have adopted this approach use data about the needs of those experiencing homelessness to inform how they allocate resources, services, and programs.”

-National Alliance to End Homelessness

2. Task Groups

Shared vision and direction come from the leadership body. Task groups are small, focused committees of experts addressing technical aspects of the system to ensure effective implementation. They may convene around subjects including full implementation of Housing First, data and performance metrics, operationalizing culturally specific services, full implementation of Coordinated Entry, best avenues to blend public funding sources, and analysis of temporary shelter needs. Policy and operations recommendations of these groups are advanced to the leadership body.

3. Lead Organization

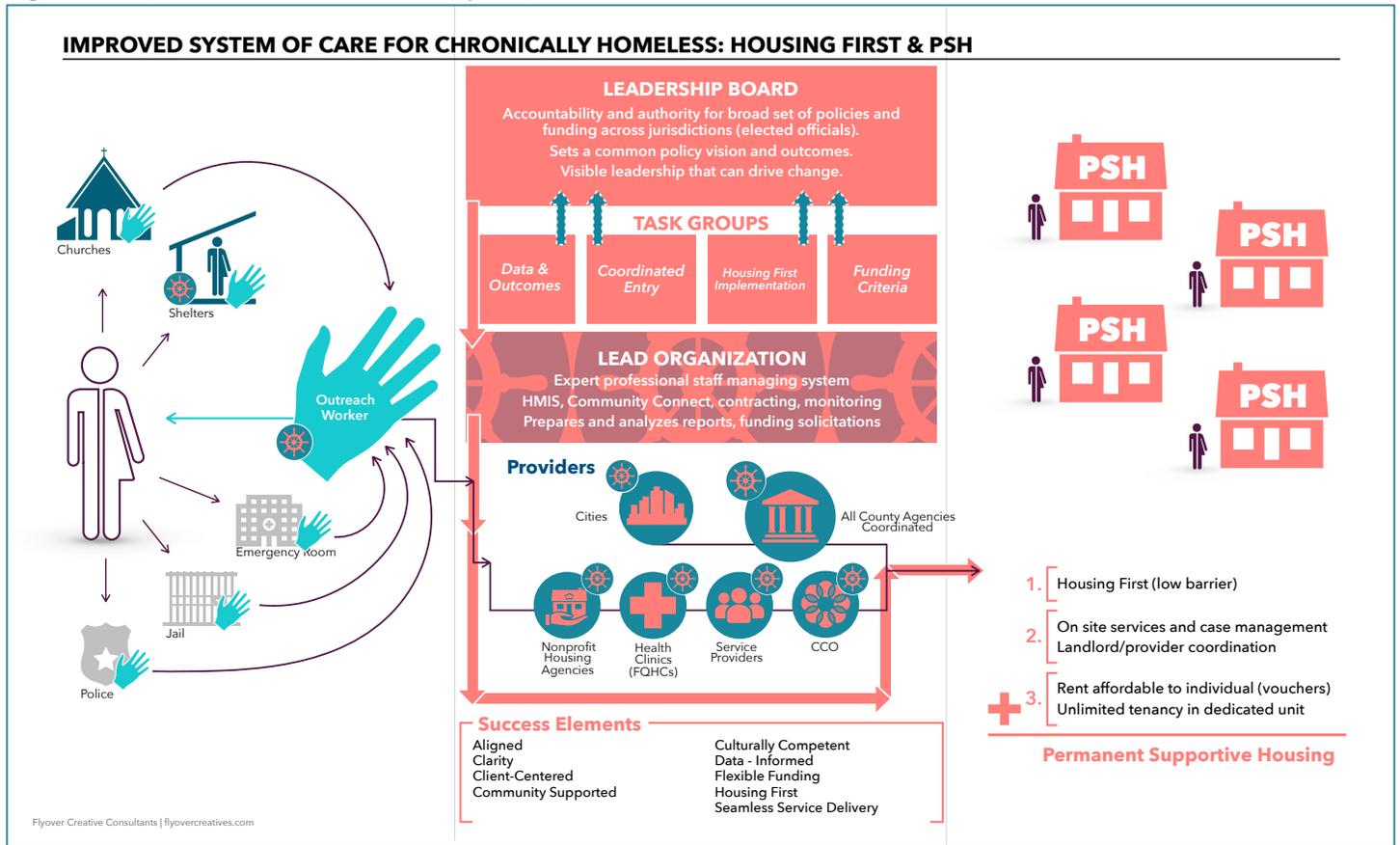
The lead organization is responsible for implementing policy and funding direction. It can be an independent non-profit or a group within government. This organization manages core systems, including the Homeless Management Information System (HMIS) and Community Connect, ensures decisions made by the Leadership Body are reflected in contracts with providers, and leverages training and support to providers. In evolved systems with high levels of trust, this organization may conduct procurement activities, execute and monitor contracts involving all relevant streams of funding, and provide technical assistance throughout the system wherever needed.

4. Providers

Providers are supported to do what they do best: get chronically homeless people off the street, into housing, surrounded by care enabling them to lead stable lives. In a high-functioning system of care providers have more time to devote to service delivery because they are spending less time competing for funds and advocating for “work-arounds” to serve individual clients. Their funding contracts are clear about outcomes and preferred service methods, like Housing First and Coordinated Entry. They can work with one another to leverage strengths and ensure all client populations have access.

Figure 5 illustrates how a new system of governance, guiding providers in a coordinated and aligned fashion through a shared vision, aligned policies, and strategic investment of public funds, could reduce fragmentation and inefficiencies inherent in the current state. This system is characterized by clarity, cultural competency and seamless service delivery. Decisions - including those set by the leadership board as well as those operating on the front lines—are informed by data. All actors are aligned around a common vision, and the public can readily track progress. Finally, there is ample PSH for all who need it.

Figure 5. Improved PSH Service Delivery Map



Impact of Potential New Funding

As of this writing, availability of new funding sources is uncertain.

Two new initiatives are currently under development that could provide new sources that have the potential to bolster Washington County’s efforts to create more PSH and better pathways for those who need to access it.

HereTogether Initiative and Metro

The local advocacy coalition known as HereTogether has proposed, and Metro has voted, to place a regional tax measure for service dollars supporting homeless individuals and families on the May 2020 ballot.

As currently proposed, this new funding could be used for social and health services, outreach, case management, and rent assistance—all resources that would benefit Washington County’s system of care tremendously. The scale of funding from a levy is also unclear but is likely to be substantially more than current levels for Washington County communities.

While estimates vary as of this writing, as much as \$75 million could flow to Washington County annually. This represents more than seven times current annual homeless service dollars and would significantly change the existing service delivery landscape.

Regional Supportive Housing Investment Fund (RSHIF)

A separate coalition of health providers is establishing a new fund to invest in supportive services linked to housing for chronically homeless people with serious disabling health conditions. RSHIF will pool contributions from health systems, philanthropy and business partners, and will be administered by Health Share of Oregon, the coordinated care organization (CCO) that manages the state's Medicaid resources for the Portland Metro region. Total projected funding is not yet known, but Kaiser Permanente made a \$5.1 million investment into the fund in January 2020.

IV. Recommendations for Effective Implementation

Recommendations for improving Washington County’s approach to reaching and serving our neighbors experiencing chronic homelessness are based on two key findings:

- the demonstrable evidence that PSH paired with a Housing First approach improves outcomes for people and saves public dollars, and
- the aspiration and appetite of local government and providers to work collaboratively in ways they cannot currently.

Strategies

- 1. Evolve the existing homeless system to a coordinated leadership group of elected officials that owns the issue of homelessness.**
 - a. Conduct a deeper study of implementation models that would best fit for Washington County’s landscape, and that consider the potential for regional, tri-county alignment.
- 2. Adopt Housing First as County and City policy for service providers and housing agencies receiving public funds.**
 - a. Highlight places and situations where it is already working, and support providers to reduce barriers
 - b. Ensure all actors within the system understand and are able to routinely successfully use Coordinated Entry
- 3. Strengthen alignment of all health, human services, and housing government agencies to steer policy and investments in shelter, transitional housing, rent assistance and outreach.**
 - a. Build on existing interest and momentum and conduct a deeper study of funding and contracting opportunities and barriers. Capitalize on opportunities to seek federal waivers and flexibility, for example through the Housing Authority Annual Plan and the Consolidated Planning process.
 - b. Target select County health and human services resources to serve priority clients placed in PSH.
 - c. Consider use of interagency multidisciplinary teams to find real-time pathways to solve client barriers to housing, and replicate the successes gained through *Homeless Connect* events more routinely.
 - d. Consider ways to consolidate and coordinate housing development capital funding processes, starting with Metro bond funds.
 - e. Consider re-combining administration of CDBG, or at least the 15% public services allowance.
 - f. Explore how to unlock Medicaid funding for supportive service with Health Share of Oregon.

4. **Train, support, and invest in the capacity of system practitioners, program managers, and front-line staff, including intentional efforts to increase culturally specific and responsive services.**
 - a. Recognize that major system disruption will require thoughtful attention to organizational change management and creating new behaviors.
 - b. Operationalize “leading with race” through investments in culturally specific organizations. Recognize that communities of color are often more comfortable working with community-based providers than with government institutions and intake functions.
 - c. Invest in training and technical support in fundamentals of Housing First, Coordinated Entry and PSH.
 - d. Advocate for funding and policy change at state level to render the HMIS system more useful, including to disaggregate data; ensure more staff have training.

“*Built for Zero*” is an intensive training and skill-building program in which a handful of Washington County practitioners are participating. It is sponsored nationally by *Community Solutions*¹⁰ and designed to build capacity for local actors to achieve what’s known as “functional zero homelessness.” It is an excellent example of the kind of best-practice training that should be pursued more comprehensively for targeted personnel within government and community-based organizations.

5. **Communicate effectively with the public to raise awareness of the value and results of PSH.**
 - a. Create a communications strategy to showcase strategy and successes.
 - b. Establish easier ways for citizens, especially communities of color, to engage in efforts to address chronic homelessness.
 - c. Leverage the visibility and accountability of the Leadership Body to establish a community vision for ending homelessness in Washington County.

Cost Implications

Implementing the recommended strategies, including adopting a new governance structure, will require up-front investments in training, systems development, budget restructuring, and change management coaching. These investments, which could total between \$750,000 and \$1 million, will pay off in two ways:

- Greater efficiencies as service providers and program managers can spend more time assisting clients and solving problems that get chronically homeless individuals housed more quickly, and less time competing for scarce funds and unwinding complicated rules and budgets.
- Reduced costs for incarceration and emergency interventions for those with the most disabling conditions once they are stably housed. Permanent supportive housing models in Portland and Seattle documented savings of between 45% and 53% in crisis services after the hardest to house were stabilized in PSH.

¹⁰ <https://community.solutions/our-solutions/built-for-zero/>

Clear current expenditure data from all units of government, together with finer-grained information about the population of chronically homeless families and individuals will enable thorough analysis on potential cost savings.

A rudimentary budget for transitioning governance and adopting the recommendations would encompass the following line items:

- Street outreach—increase from current 1.5 people with this explicit responsibility to at least eight system-wide, including at least three bilingual, bi-cultural workers.
- Capacity building for culturally specific organizations.
- Training—both technical and leadership level, cross-functional alignment skill building.
 - HMIS to enable a significant expansion of number of qualified users
 - Coordinated Entry
 - Implementing Housing First and scaling up PSH
 - Collaborative leadership and shared problem-solving
 - Organizational development and change management support
- Budget analytics, to dive deeply into current expenditures and recommend new cost accounting structures based on policy imperatives, rather than programs.
- Establish an office—either an existing County department or an outside non-profit—to assume Lead Organization responsibilities and begin “staffing” and organizing a new Leadership Board.
- Strategic communications, both externally and for the benefit of employees across the system.

Some of this could likely be covered by shifting resources that may be being spent on less effective activities, either temporarily or permanently. And if new revenues from other sources do materialize they would also be available to cover a portion of these costs.

Conclusion

Washington County can and should leverage its many strengths and the growing momentum and appetite for change to make investments in PSH and the service delivery system necessary to activate it. The prospect of substantial new public funding lends urgency, insofar as local leaders have recognized that channeling a seven-fold budget increase into a system that is fragmented and has multiple challenges would be unwise.

Even without new funding, the case for change is clear. Inefficiencies, fragmentation, duplication, and chaos from the point of view of those experiencing homelessness should be addressed, albeit at a different pace.

Finally, while there is the potential for regional partners to join together in a three-county collaboration, Washington County’s capacity to be a full, effective partner will be enhanced if it addresses the challenges documented in this report. In other words, movement towards the suggested improved state will pay dividends regardless of what the future holds for regional efforts.

V. Appendices

Appendix A: Project process

This report was produced in three major stages in Fall 2019 and Winter 2020 with input from a number of community leaders, housing providers, healthcare experts, policymakers, and community development staff. The consulting team made every effort to ensure multiple voices provided insight and shaped recommendations. See Appendix B for a full list of participants.

Assess the current state

We first assessed the current state of affordable and supportive housing service delivery in Washington County to map the landscape of partnerships, identify care transition points, and uncover any gaps in coordination. We used this information to highlight strengths and opportunities for growth in service delivery, as well as weaknesses and barriers that need addressed. We considered the current and future states of affordable housing service delivery in Washington County under two financial scenarios: status quo funding and new funding from a region-wide or other initiatives.

Make Recommendations

Building on this context and background information, we developed service delivery considerations under the two financial scenarios of status quo or new funding. We built our recommendations from existing research that evaluates costs for service delivery, HMIS data, and outreach information in Phase 2.

Appendix B: Interview and Focus Group Participants

The following people, listed alphabetically by organization, participated in in-depth discussions via either an interview or a focus group.

Devi Archer, ASSIST	Jeff Burnham, Luke-Dorf
Mellani Calvin, ASSIST	Nicole Swearingen, Luke-Dorf
Bianca Pick, ASSIST	John Trinh, Luke Dorf
Nathan Teske, Bienestar	Michael Parkhurst, Meyer Memorial Trust
Maria Caballero Rubio, Centro Cultural	Wajdi Said, Muslim Educational Trust
Cadence Petros, City of Beaverton	Nafisa Fai, Pan African Planning Group
Tami Cockeram, City of Hillsboro	Carol Heron, Shelter Operator
Chris Hartye, City of Hillsboro	Angela Abousambra, Sequoia Mental Health
Traci Downer, Community Action	Irene Amezcua, Sequoia Mental Health
Zoi Coppiano, Community Action	Kristin Burk, Washington County Health and Human Services
Melissa Baca, Community Action	Josh Crites, Washington County Housing Services
Katherine Gallian, Community Action	Komi Kalevor, Washington County Housing Services
Rachael Duke, Community Partners for Affordable Housing	Hannah Penrod, Washington County Housing Authority
Gary Smith, Dept. of Veterans Affairs	Prinice Strubb, Washington County Housing Authority
Peter Kass, HomePlate Youth Services	
Vernon Baker, Just Compassion	
Wendy Sell, LifeWorks	

Appendix C: Planning and Research Documents

There have been a number of homelessness-related planning efforts developed in recent years. We identified the relevant goals and discussed the status of each goal as a starting place for new recommendations. These plans are listed chronologically.

Figure 6. Previous Planning Efforts for Affordable Housing and PSH in Washington County

Planning Document / Year Published	Author	High Level Goals
<p>Tri-County Equitable Housing Strategy to Expand Supportive Housing for People Experiencing Chronic Homelessness</p> <p>2019</p>	<p>Corporation for Supportive Housing</p>	<p>Regional Allocation Plan for Supportive Housing</p> <hr/> <p>Remove funding requirements that limit access to essential services</p> <hr/> <p>Build units at 0-30% MFI</p> <hr/> <p>New funds for essential support services</p> <hr/> <p>Engage neutral coordinators to convene public-private stakeholders</p> <hr/> <p>Develop management systems for braided funding streams</p> <hr/> <p>Invest in regional system infrastructure</p> <hr/> <p>Regional communications campaign</p>
<p>Homeless Assessment Report to the Board of County Commissioners</p> <p>2019</p>	<p>Washington County Department of Housing Services</p>	<p>Stabilize severely-rent burdened households and increase economic support.</p> <hr/> <p>Tailor outreach and housing navigation services to those that are least likely to request assistance.</p> <hr/> <p>Create new permanent housing and participate in regional efforts.</p> <hr/> <p>Reduce housing barriers for persons engaged with institutions of care.</p>
<p>Consolidated Plan Update</p> <p>2019</p>	<p>Washington County Department of Housing Services, Hillsboro, and Beaverton</p>	<p>Equity Lens and Guiding Principles</p> <hr/> <p>Housing Priorities</p> <hr/> <p>Neighborhood & Community Development Priorities</p>

		Public Service Priorities
		Special Needs & Population Priorities
A Road Home, Community Plan to Prevent and End Homelessness 2018-2028	Washington County Department of Housing Services	Prevent People from Becoming Homeless Move People into Housing Link People to Appropriate Services and Remove Barriers Increase Income Support and Economic Opportunities Expand Data Collection Implement Public Education on Homelessness
Leading with Race—Research Justice in Washington County 2018	Coalition of Communities of Color	Catalyze Equity Dialogue and Community Action Unite people and Washington County stakeholders in collective action for racial justice advancement.
Strategic Plan 2017-2027	Washington County Department of Housing Services	Strategic programmatic and administrative goals to increase the number of affordable housing units, resources, funding, and overall efficacy.
Opportunities and Challenges for Equitable Housing 2016	Metro	A strategic framework intended to build a shared understanding of challenges and provide tools to overcome barriers to the development and preservation of diverse, quality, affordable housing options.
Washington County Affordable Housing and Community Development Consolidated Plan 2015–2020	Washington County Office of Community Development	Consolidated Plan broken into (1) Community Profile; (2) Planning and Public Involvement; and, (3) Housing Needs Assessment and Market Analysis. Seeks to provide decent housing, support the development of a suitable living environment, and expand economic opportunities - with a focus on the former two items.

Figure 7. Other Relevant Documents for Affordable Housing and PSH in Washington County

Other Documents / Year Published	Author(s)	Relevant factors
Local Implementation Strategy reports for Metro Regional Affordable Housing Bond: Beaverton, Hillsboro and Washington County 2019	Beaverton, Hillsboro and Washington County	
Washington County Community Engagement Report 2019	Coalition of Communities of Color	
Regional Supportive Housing Impact Fund 2018	Corporation for Supportive Housing, ECONorthwest, Providence CORE, Ed Blackburn	Offers an infrastructure and strategic framework for standing up an investment fund that would pay for services in PSH units in the tri-county area.
Here Together Strategic Framework December 2019	Here Together Coalition	
Scaling Supportive Housing Solutions: A Strategic Vision Spring 2018	Brilliant Corners	Provides a model for providing permanent supportive housing through collaborations between real estate and social service sectors. Administers Los Angeles County Department of Health Services Flexible Housing Subsidy Pool (FHSP)
Home, Together: Federal Strategic Plan to Prevent and End Homelessness July 2018	US Interagency Council on Homelessness	Technical assistance, best practices, and tools for communities to deploy Housing First, Coordinated Entry, and Permanent Supportive Housing
Sonoma County: Policy, Leadership and Homeless System of Care Analysis and Leadership Plan August 2018	HomeBase—Center for Common Concern & Sonoma County Community Development Commission	
A Growing Drive to Get Homelessness to Zero June 2018	David Bornstein, Solutions Journalism Network	Description of the evolving field championed by Built for Zero that works to achieve “Functional Zero Homelessness”

Appendix D: Governance and Service Models

The models for improving service delivery through Housing First and PSH from following communities were studied.

Figure 8. Other Community Models of PSH Service Delivery

Community Branded Name	Website
Columbus, Ohio <i>Community Shelter Board</i>	https://www.csb.org
Sonoma County, California <i>Home Sonoma County</i>	https://sonomacounty.ca.gov/CDC/Homeless-Services/Home-Sonoma-County/
Houston, Texas <i>Coalition for the Homeless</i>	https://www.homelesshouston.org/about-us#OurBoard
Multnomah County, Oregon <i>A Home for Everyone</i>	http://ahomeforeveryone.net/governance https://multco.us/joint-office-homeless-services
Community Solutions <i>Built for Zero</i>	https://community.solutions/our-solutions/built-for-zero/