

Housing Subsidy Programs

Permanent Subsidy

- Section 8
- Shelter Plus Care
- VASH

Transitional Subsidy

- Bridging Rental Assistance Program (BRAP)
- Stability Through Engagement Program (STEP)
- HOPWA
- Supportive Services for Veteran Families (SSFV)

**Adult Homelessness
&
Best Practices**

A Presentation to:

**The Task Force to Develop a Strategic Plan to
Prevent & End Homelessness in Portland**

Adult Emergency Shelter Demographics

PORTLAND ADULT EMERGENCY SHELTERS - DEMOGRAPHICS

Gender – FY 11	Men	% of all Clients	Women	% of all Clients	Total
	1,458	72%	573	28%	2031

Ages – FY 11	Men	Women	Total
18-24	172	77	249
25-30	207	103	310
31-40	354	126	480
41-55	552	182	734
55+	173	76	249

Length of Stay – FY 11	Total Number of Individuals	% of all Clients
1 – 3 Nights	533	29%
4 – 60 Nights	986	54%
61 – 121 Nights	147	8%
122 – 243 Nights	126	7%
243 – 365 Nights	30	2%

PORTLAND ADULT EMERGENCY SHELTERS - DEMOGRAPHICS

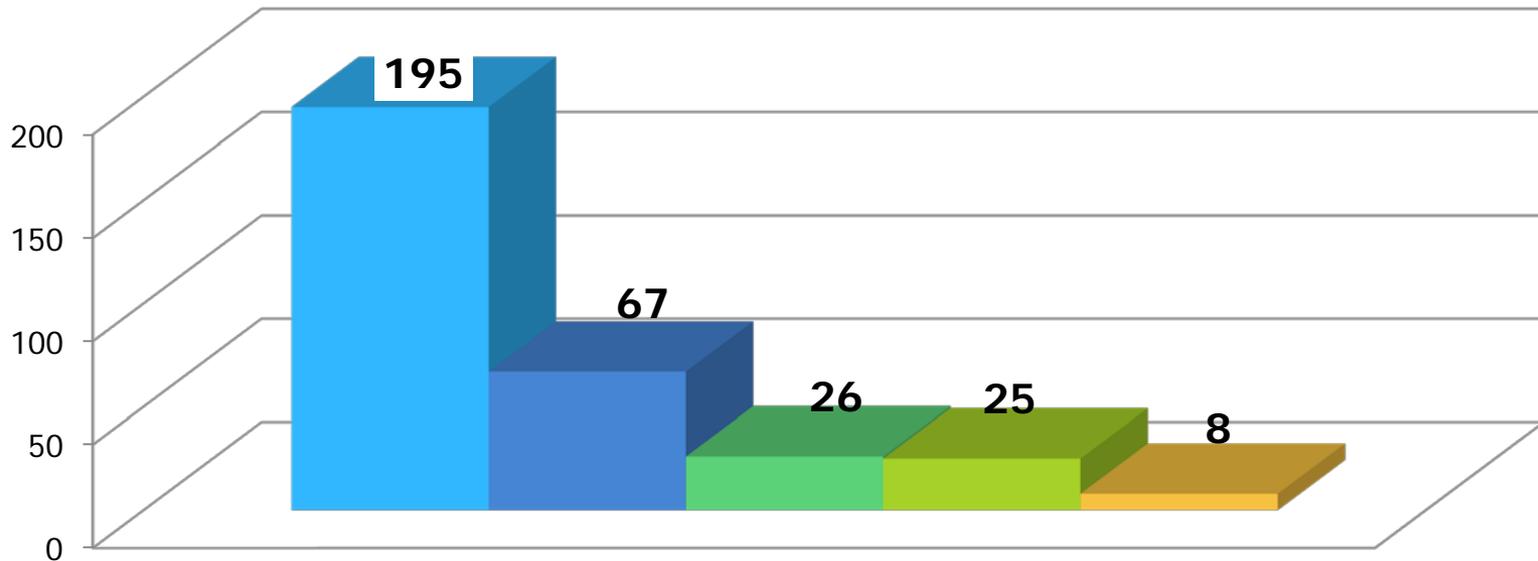
Asylum Seeking/Pending Individuals – FY11	FY 2010	FY 2011	% change
	17	95	459%

Clients with MH/SA & Physical Disabilities – FY 11 (Based on self-reporting at intake)	% of all Clients
Mental Health Issues	53%
Substance Abuse Issues / Dually Diagnosed	38%
Physical Disabilities	34%

Referrals – FY11	Hospital / Medical Facilities	Correctional Facilities
	208, or approximately 11% of all intakes	349, or approximately 20% of all intakes

OXFORD STREET SHELTER CORRECTIONAL FACILITY REFERRALS FY 2011

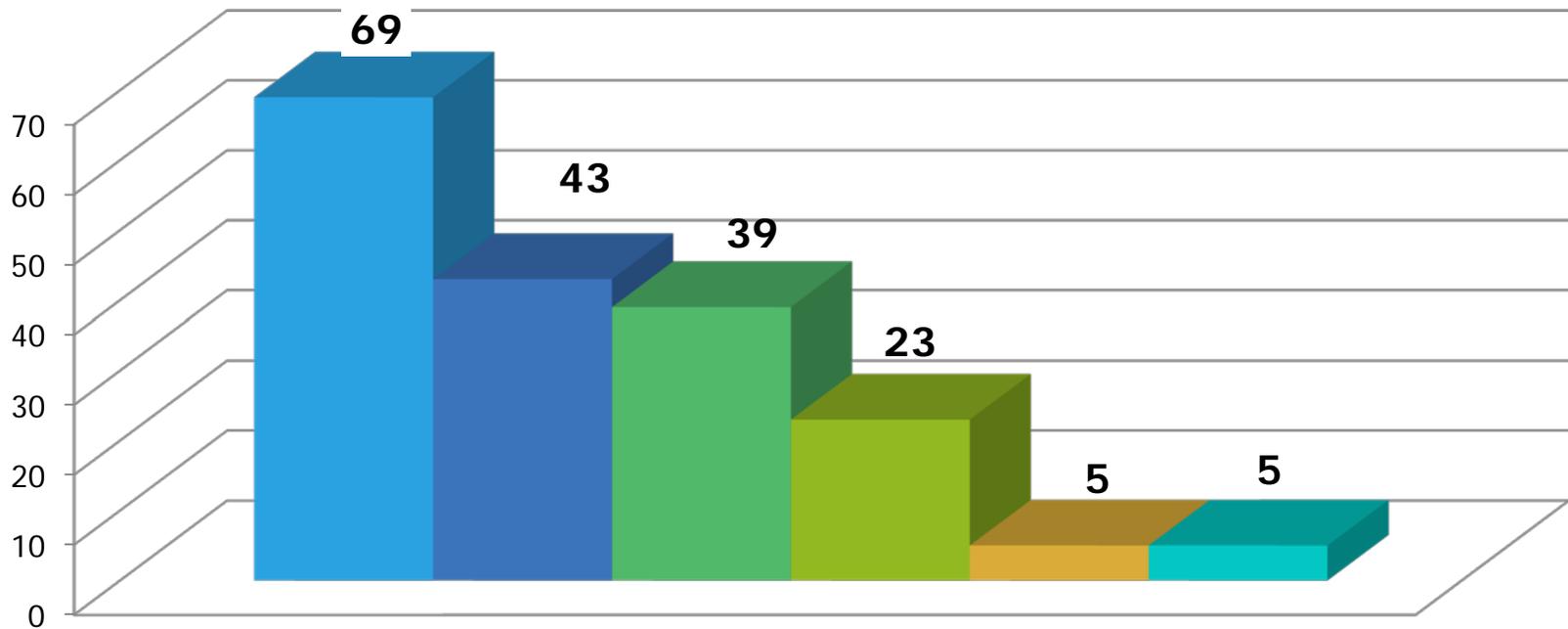
- Cumberland County Jail (CCJ)
- *Other Correctional Facilities
- Maine State Prison
- York County Jail (YCJ)
- Windham Correctional Facility



*Other Correctional Facilities include: Alfred County Jail, Androscoggin County Jail, Barnstable County Corrections, Billerica House, Boulder Correctional Facility, Bolduc Correctional Facility, Brentwood Jail, Bridgewood Corrections, Calvert County Jail, Charleston Corrections, Denton County Jail, Dover County Jail, Downeast Correctional Facility, Elkhart County Jail, Federal Penitentiary of Massachusetts, Florida State Prison, Gainesville Correctional Facility, Hancock County Jail, Hillsboro County Correctional Facility, Kennebec County Jail, Long Creek Youth Development, Marion County Jail, MCI Shirley, Merrimack County House of Corrections, Myrtle Beach Correctional Facility, Nashua State Penitentiary, New Orleans Jail, Oak County Correctional Center, Oxford County Jail, Penobscot County Jail, Seattle Corrections, Somerset County Jail, Strafford County Jail, Teen Challenge, Texas DOC, Two Bridges Regional Jail, USP Beaumont Penitentiary, Victorville County Jail, Virginia County Jail, Wild Wood Penitentiary.

OXFORD STREET SHELTER MEDICAL FACILITY REFERRALS FY 2011

- *Other Medical Facilities
- Spring Harbor Hospital
- Maine Medical Center
- Mercy Hospital
- Togus VA Medical Center
- Riverview



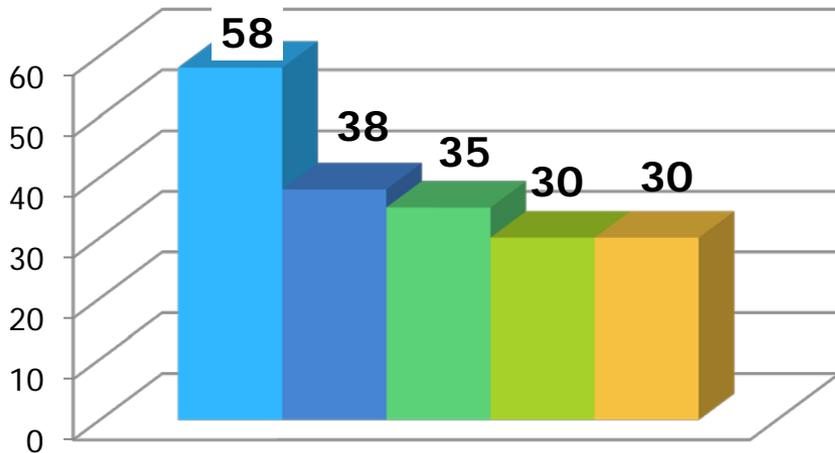
*Other Medical Facilities include: Acadia Hospital, Atlantic City Hospital, Augusta Mental Health Institute, Bangor Mental, Bayridge, Bedford VA, Berlin Regional Hospital, Bradway Crossing, Brentwood Rehabilitation Center, the Bridge, Broadway Crossing, Brockton VA Hospital, Colorado University Hospital, Day One South Portland, Eastern Maine Medical Center, Ellsworth/Bangor Hospital, Goodall Hospital, Holyoke Hospital, Kern regional Hospital, Mary Immaculate Hospital, Mass General, Mercy Westbrook detox Center, Meritus Medical Center, Michigan VA House, Mid-Coast Cancer Hospital, Mid-Coast Hospital, Milestone, Pembroke Hospital, Penbay Medical Center, Portsmouth Pavilion, Reddington Fairview General, St. Joseph Hospital, St. Mary's Hospital, Tampa General Hospital, Tufts Hospital, Vanderbilt Hospital, VA Hospital Hot Springs, VA Hospital Roxbury, York Hospital.

PORTLAND ADULT EMERGENCY SHELTERS - DEMOGRAPHICS

INTAKES: PREVIOUS LOCATION OF RESIDENCY

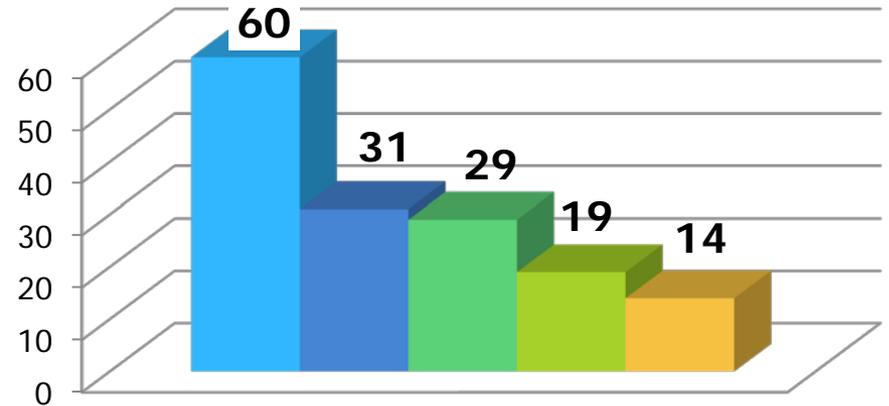
Top 5 Towns - # of Intakes

- Westbrook
- South Portland
- Biddeford
- Lewiston
- Bangor



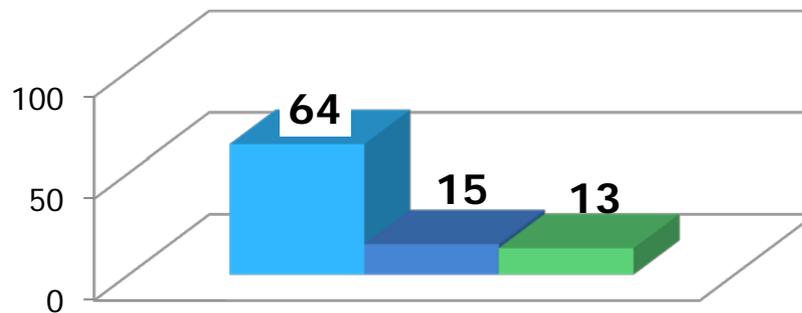
Top 5 States - # of Intakes

- MA
- NY
- NH
- TX
- PA



Top 3 Countries - # of Intakes

- Burundi
- Rwanda
- Congo



PORTLAND ADULT EMERGENCY SHELTERS - DEMOGRAPHICS

Chronic Homelessness FY 11	Total Number of Individuals	% of all Clients
# of Chronically Homeless Individuals	578	28%

Clients with Income – FY 11	Total Number of Individuals	% of all Clients
# of clients receiving at least one of the following: SSI, SSDI, VA	630	31%

Veterans – FY 11	Total Number of Individuals	% of all Clients
# of Clients Identifying as Being a Veteran	203	10%

First Time Homelessness	Intakes Indicating that this is their 1 st time being homeless	% of all Intakes
Calendar Year 2011	944	33%

An intake is defined as someone who has never been to the shelter, or who has not been to the shelter in more than 90 days.

Chronic Homelessness

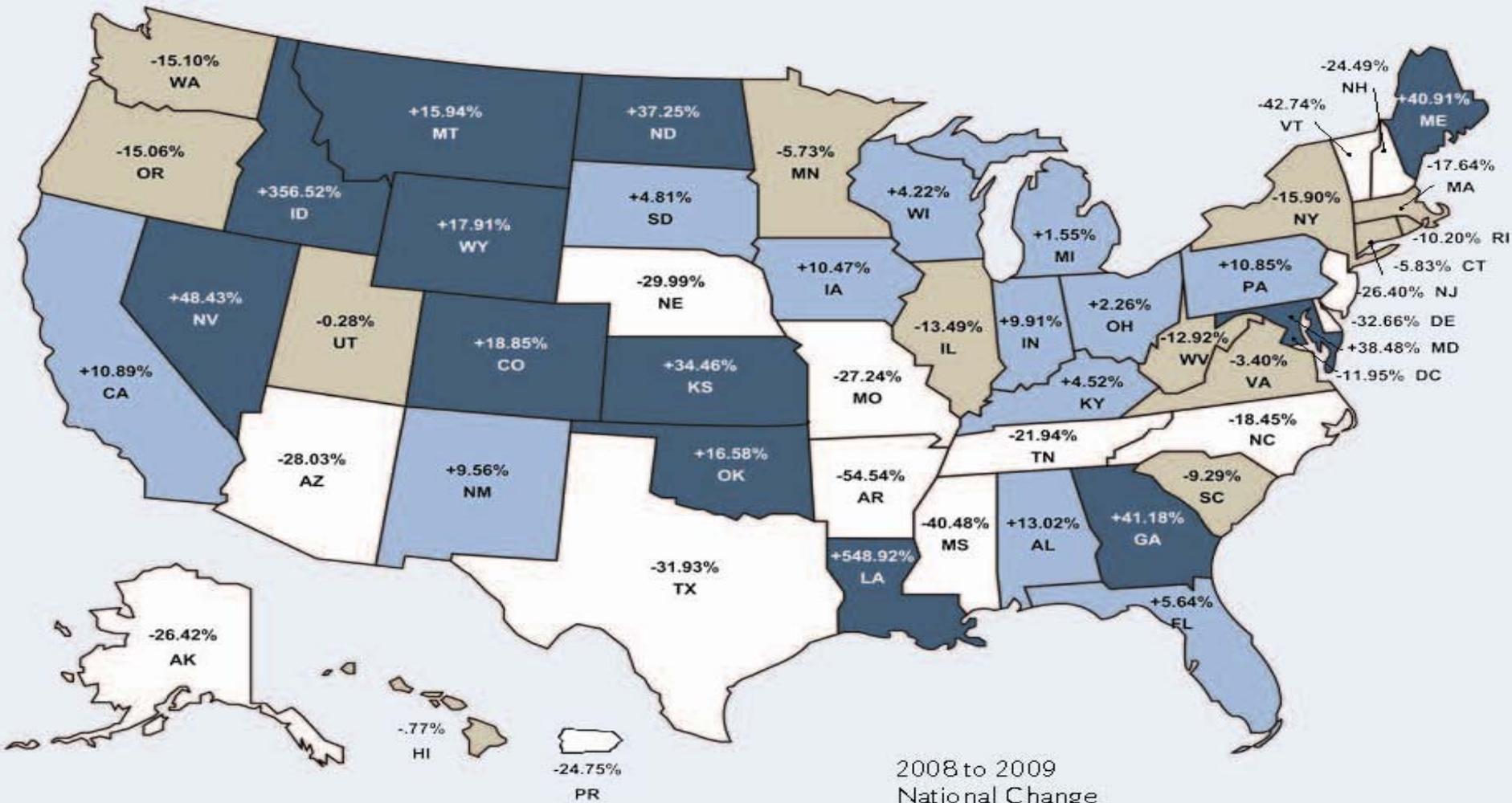
CHRONIC HOMELESSNESS

Oxford Street Shelter – Chronic Homelessness Snapshot

- 17% of all clients served, utilized 82% of all bed nights in FY 2011.
- 40 clients (2% of all clients served) utilized 22% of all shelter bed nights in FY 2011.
- 53 clients (only 3% of all clients served) stayed at least 45 consecutive nights at some point during FY 2011, and utilized 15% of all shelter bed nights.

Chronic Homeless Population by State

MAP 1.2 Chronic Homeless Population by State



Chronically Homeless Individuals % Change 2008 to 2009

- 54.54% to -18.05%
- +0.01% to +14.48%
- 18.04% to 0.00%
- +14.49% to +548.92%

Best Practices

The slide features a solid blue background. At the bottom, there are several overlapping, wavy, light blue lines that create a sense of motion or a horizon line. The text 'Best Practices' is centered in the upper half of the slide.

BEST PRACTICES

Homeless Prevention

Targeting prevention to people most likely to become homeless and who would likely be stable in permanent housing after assistance. Eviction prevention through financial assistance with utilities, rent and/or mediation with landlords plus case management as needed. Current HUD Emergency Solution Rules attempt to define risk factors and the “but for” assistance approach.

BEST PRACTICES

Outreach/Engagement

Outreach as a service in locations (shelter, clinic) on street (camps) building a personal connection that can play a role in helping a person improve his/her health status, housing or social support network. Meeting people where they are - geographically, philosophically, and emotionally. Multiple entry points and services on site. Engagement means engagement in services or process of building a trusting relationship.

BEST PRACTICES

Housing First

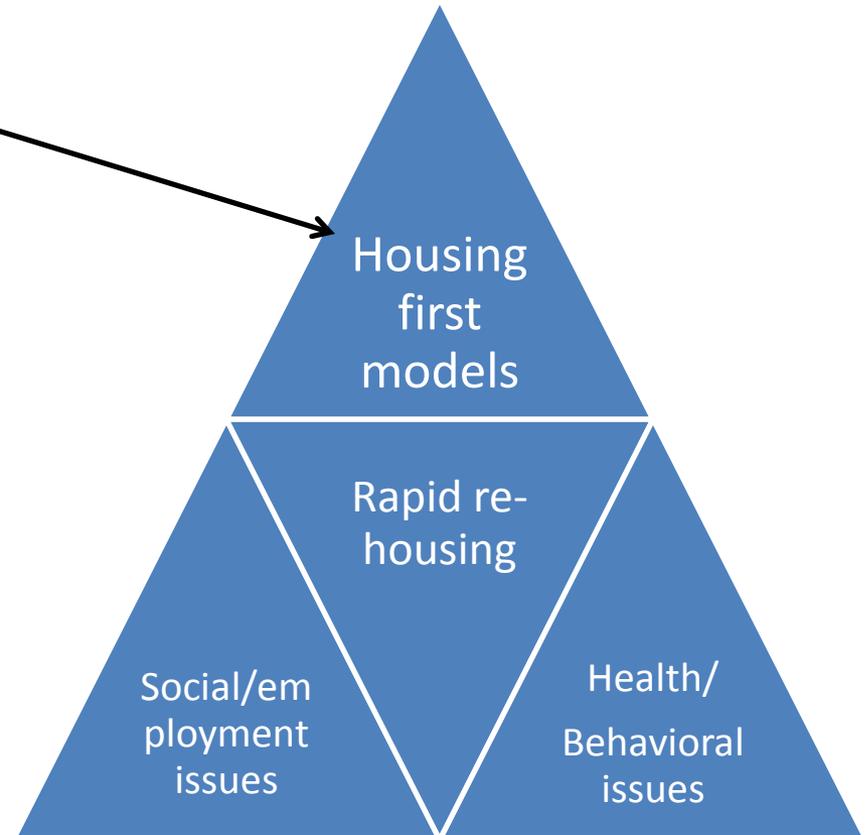
Housing First is an approach to providing housing as quickly as possible to all homeless individuals and families and then providing services as needed.

Common elements:

- Focus on accessing and sustaining permanent housing as quickly as possible.
- Services delivered to promote housing stability and individual well-being
Standard leasing agreement- as opposed to mandated treatment or service compliance

Housing first models

- Housing first models focus on providing housing to clients. Once stability housed, clients may then focus on other issues
 - 18 years of research support the effectiveness of housing first models
 - Three studies here in Portland support housing first model's as cost effective-(reducing overall system costs), increases in client quality of life and income



BEST PRACTICES

Rapid Re-Housing

People who are homeless can leave shelter or the streets and move directly into housing.

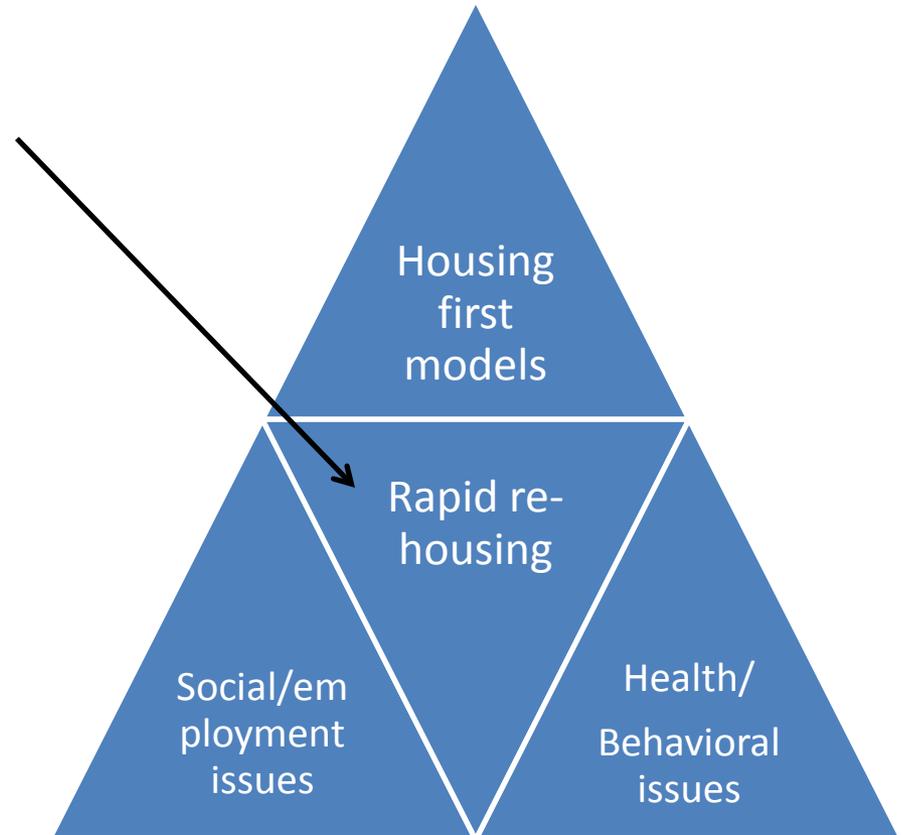
They should not have to spend time learning to live in housing before they do so.

People best learn to live in housing while they are housed.

Resources including financial and case management to get individuals and families to move out of shelter as quickly as possible. Can target those who are likely to stabilize quickly.

Rapid rehousing

- Rapid re-housing focuses on catching people who are at risk of homelessness and re-housing them before they enter the shelter system
 - HPRP money focused on this
 - Research from Calhane and others in 2003, 2008 provided clear evidence of its effectiveness
 - A modified version of this- (engagement and stabilization) study of Portland's HPRP suggests this is effective-cost savings/quality of life)
 - Similar effectiveness has been observed with Florence house on going evaluation of residents)



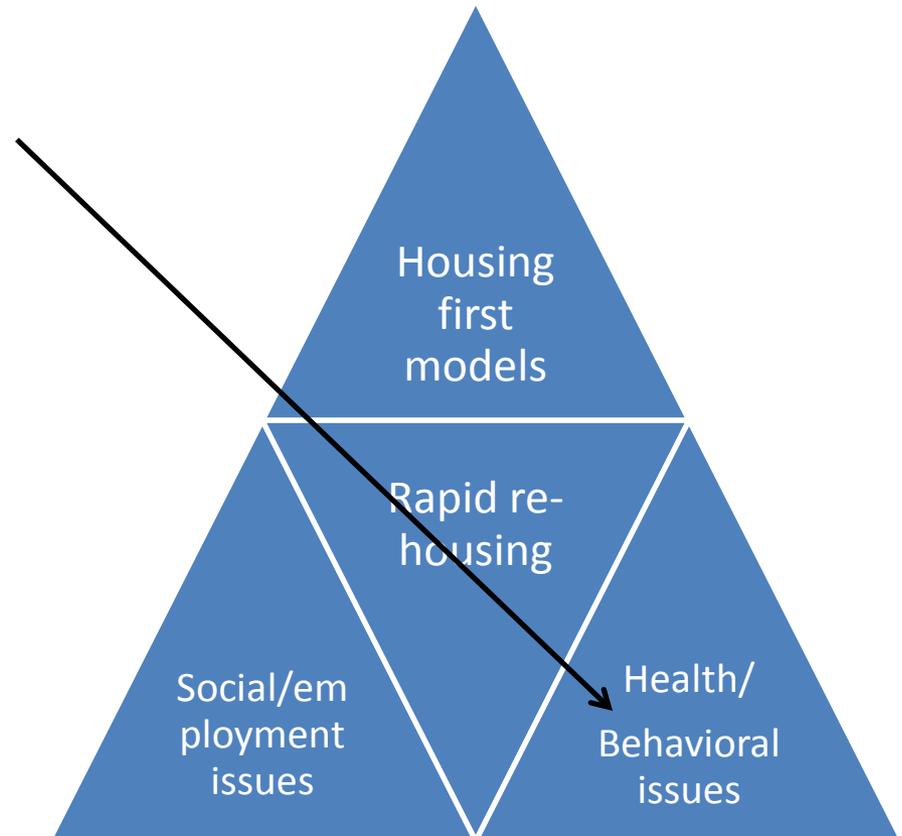
BEST PRACTICES

Healthcare (Including Behavioral Health)

Integrating healthcare, including medical and behavioral health, with homeless services and supportive housing means working on access to services (e.g. all in one site) and access mainstream entitlements, geographic and transportation concerns, discharge planning, and community based clinics collaborating with homeless and housing providers. Prevention as well as treatment increases likelihood of stability.

Health/behavioral issues

- Providing low barrier, easy access to health/behavioral health related services and health education to people who are homeless.
 - Data suggests accesses to services which is co-located in communities where homeless clients are increases health and wellness and reduces utilization of emergency services including ER visits.-(Teen center studies)
 - Behavioral health programs such as ACT teams also help to stabilize clients in their homes.



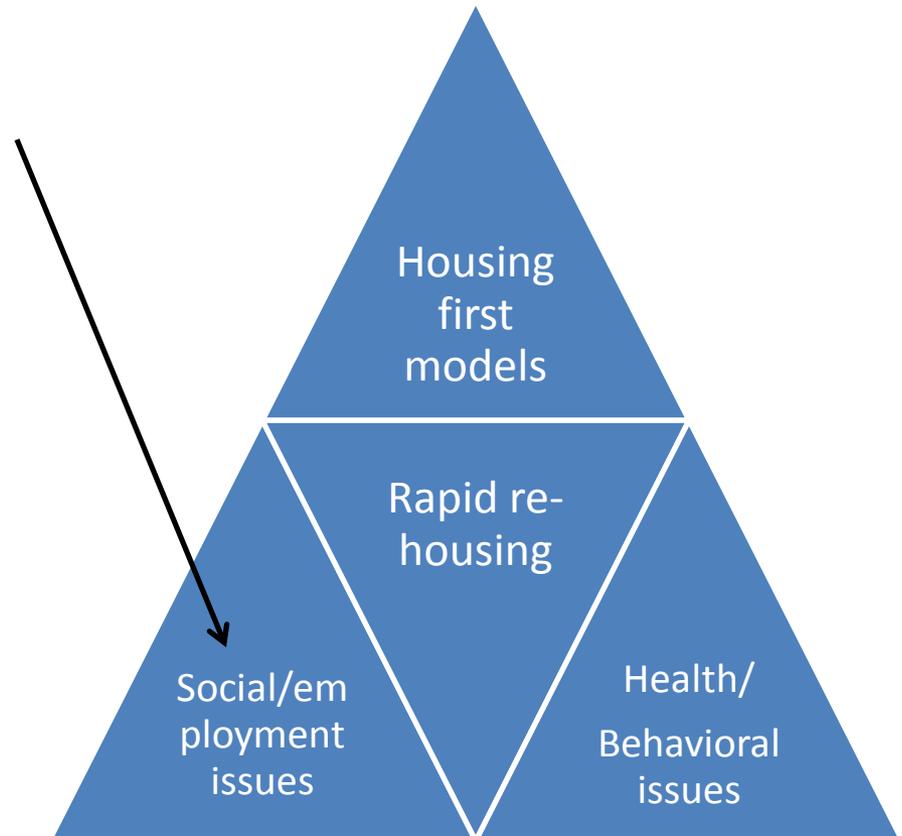
BEST PRACTICES

Social/Employment Issues

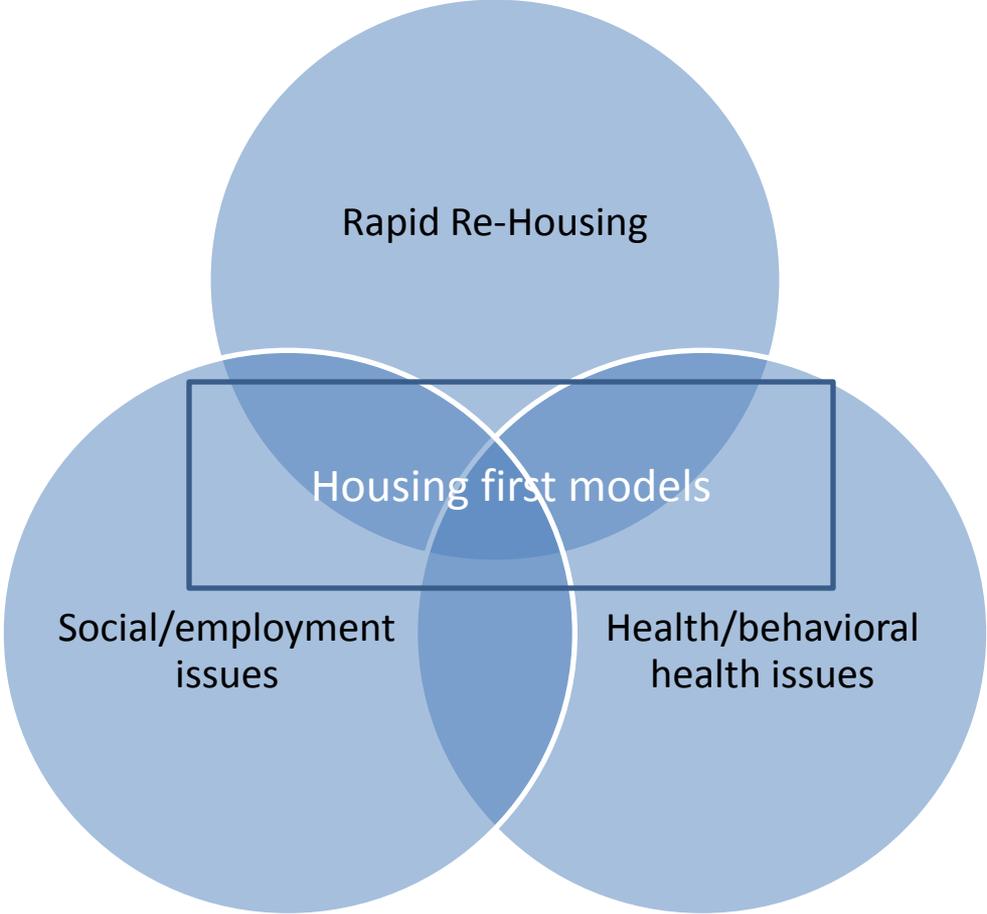
Many who are homeless are working or work ready. Many have no skills or work history. Attaining income and connections to training are part of the solution. For individuals, including chronically homeless in supportive housing, work (including supportive employment) can contribute to self esteem, confidence and motivation to change.

Social/employment issues

- Social challenges and lack of employment training/skill or employment are barriers to maintaining stable housing.
 - Three studies-(Seattle, Maitland, TX and Portland, ME highlight three themes: Programming which includes case management/social supports increase retention of employee who are homeless; careful matching of training with workforce needs increases long term viability of the program; and changes in entitlements which allow someone to work and maintain entitlements is important.
 - These themes have greater success when clients are first placed in stable housing



Where does the data overlap?



BEST PRACTICES

Community wide planning and monitoring impact

Five Transformative processes:

- Inclusive Governance Structure and centralized Program oversight
- Commitment of Cross-Sector and Governmental leadership to system transformation
- Alignment of Organizational Philosophies: Housing stabilization and Housing First.
- Innovative Use of Local Data
- Service Coordination and standardization