

Presentation at the Homeless Summit on April 14, 2017 – Coos Bay, Oregon by CJ O'Connor, PhD

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Who are homeless?

How many are homeless?

Where do they live?

Why are they homeless?

How are communities responding?



By this definition, many of us in our community have in the past or are currently experiencing homelessness.



When we describe homeless persons, we categorize them as being sheltered or unsheltered.

Sheltered • Emergency shelter • T.H.E. House [19 beds] • South Coast Gospel Mission [68 beds] • Hotel/Motel • Transitional housing program • Safe Haven

In all of Coos County, we currently have just two emergency shelters and no transitional housing or safe havens devoted to homeless individuals and families.

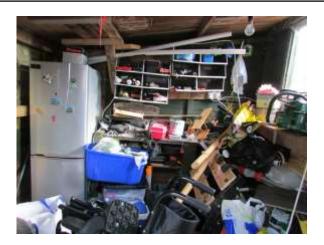
Transitional Housing Programs provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

Safe Havens are projects that provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility. People in safe havens are included in the 1-night PIT count but, at this time, are not included from the 1-year shelter count.

Source: The 2016 Annual Homeless Assessment Report - HUD Exchange https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf



Young adult still living at home



Living in grandma's garage

"doubled-up"

There are homeless persons who are sheltered with other individuals or families, but are not living independently in their own homes. We refer to these as "doubled-up."

Doubled-up living scenarios are increasing as affordable housing crisis in this country.

Sudden crisis • Eviction • Only 14 days funds for hotel/motel • Asked to leave by current housing "host"

Many become homeless after finding themselves in a sudden housing crisis.

Unsupported

Lacks the resources or support networks needed to obtain other permanent housing







Single mother



Unaccompanied youth

...due to

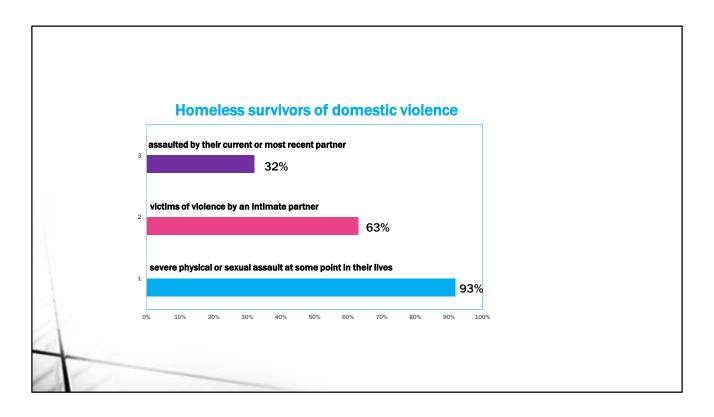
- Criminal history
- Lack of affordable daycare
- Few work skills or experience
- No identification
- Inadequate income

Life-threatening situation

fleeing, or attempting to flee...

- domestic or dating violence
- sexual assault
- stalking
- other dangerous or life-threatening conditions

...in their current housing situation, including where the health and safety of children are jeopardized and have no other residence or the resources to obtain permanent housing.



Domestic violence is the immediate cause of homelessness for many women.

Survivors of domestic violence are often isolated from support networks and financial resources by their abusers, which puts them at risk of becoming homeless.

As a result, they may lack steady income, employment history, credit history, and landlord references. They also often suffer from anxiety, panic disorder, major depression, and substance abuse.

Immediately, survivors require safe housing away from the abuser. Ultimately, the family requires access to safe, stable, affordable housing.

Source: http://www.endhomelessness.org/pages/domestic_violence

Chronically homeless

has experienced homelessness for a year or longer

OR

has experienced at least four episodes of homelessness in the last three years (must be a cumulative of 12 months)

AND

has a disability

[A family with an adult member who meets this description would also be considered chronically homeless]

Source: http://www.endhomelessness.org/pages/chronic_homelessness_overview

Homeless youth

K-12 and college students





Working and unemployed youth

Another group of homeless are unaccompanied youth and homeless families with children and youth who have experienced...

- -a long term period without living independently in permanent housing
- -persistent instability with frequent moves
- -some are expected to continue for an extended period due to...

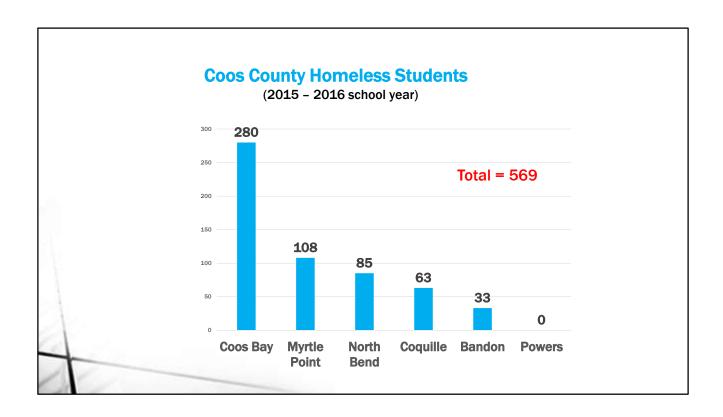
chronic disabilities

chronic physical health or mental health conditions substance addiction

histories of domestic violence or childhood abuse with a child or youth with a disability

with multiple barriers to employment

Source: https://www.nhchc.org/faq/official-definition-homelessness/



This is likely an undercount because many students who are homeless do not want to be identified as such and do not make their living situation known to school staff.

Source: http://www.ode.state.or.us/opportunities/grants/nclb/districts-by-liv-sit-suppressed-15-16.xlsx





"couch-surfers"

Many youth are couch-surfers. Couch-Surfing includes those who are sharing housing of others due to loss of housing, economic hardship, or a similar reason.

Couch-surfing is a common term-of-art among the homeless youth community and means that a young person finds temporary shelter with friends, acquaintances, or, less often, family members, but lack a permanent or stable home.

Couch-surfing is a common <u>"doubled-up"</u> experience for homeless youth.

Source: http://outreachindiana.org/who-are-our-homeless-youth-how-are-they-defined/

Coos County Homeless Students

(2015 - 2016 school year)

	Total	Sheltered	Doubled-up	Hotel/ Motel	Unsheltered	Unaccompanied
Coos Bay	280	60	160	36	24	20
Myrtle Point	108	0	61		47	17
North Bend	85	8	64		10	17
Coquille	63	52			10	10
Bandon	33	0	27			

 $\textbf{Source: Source: } \underline{http://www.ode.state.or.us/opportunities/grants/nclb/districts-by-\underline{liv\text{-}sit\text{-}suppressed-} \underline{15\text{-}16.xlsx}}$

At risk to becoming homeless

- -unemployed
- -with high housing cost burden
- -single mothers
- -the elderly
- -youth

Main contributing factors = poverty level and lack of affordable housing

Affordable housing?

Apartment Rents in Coos Bay/North Bend

Apartment size	Monthly rent	Needed monthly income	Need per hour	
1-bedroom	\$500 -\$600	\$1,557 - \$2,000	\$9.34 - \$12.00	
2-bedroom	\$525 - \$650	\$1,750 - \$2,167	\$10.50 - \$13.00	
3-bedroom	\$600 - \$800	\$2,000 - \$2,667	\$12.00 - \$16.00	

Affordable housing definition:

Families who pay more than 30 percent of their income for **housing** are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.

Add to this day care costs of \$2,50 - \$4.00 per hour depending on the size of the day care facility and the age of the child (x the number of children). = \$400 to \$450 for small home-based care and \$500 to \$600 for center care.

High po	overty ho	otspots i	n Coos	County	/	
	2013	Barview - Charleston	Coos Bay West	Myrtle Point – Powers	Coos County	Oregon
	Population	2,654	9,390	5,638	62,753	3,868,719
	Poverty Rate	31%	29%	22%	18%	16%
	SNAP Clients (2015)	942	3,344	1,413	16,630	763,700
		35%	35%	25%	27%	20%

According to DHS, at the beginning of this calendar year, there were approximately 1200 clients in Coos County receiving SNAP benefits or in a suspended status.

These are qualifying individuals who came forward for SNAP benefits and does not include those who for one reason or another do not want to apply for, receive, or be seen to be on Food Stamps.

We can count on more individuals living in these high poverty hotspots to become homeless in the future.

Which leads us to the conclusion that targeted prevention is absolutely essential in whatever efforts we undertake to address homelessness.



Point-in-Time Estimates of Homelessness

- Annual national count on a single night in January
- Severe limitations
 - Subgroups either not included or are undercounted
 - · Methodological variation
 - · Missing data
 - Unsheltered count only bi-annually



Date after

COUNT

The date of the count

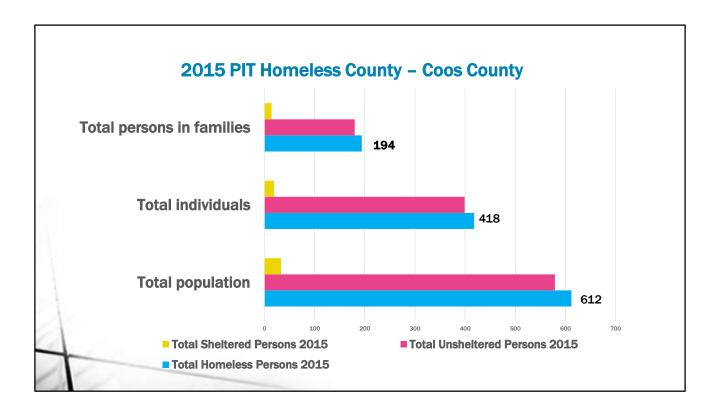
Date of Court

Undercounted

- Miss those unavailable at the time and place a "Counter" shows up
- Methodologies vary from place to place
- Not all questions in the survey get answered by everyone
- Don't count "couch surfers" and those "doubled-up"
- School districts don't have a full count of all the homeless students

The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally. The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

Source: http://www.communityinaction.info/housing-programs/point-in-time-count/



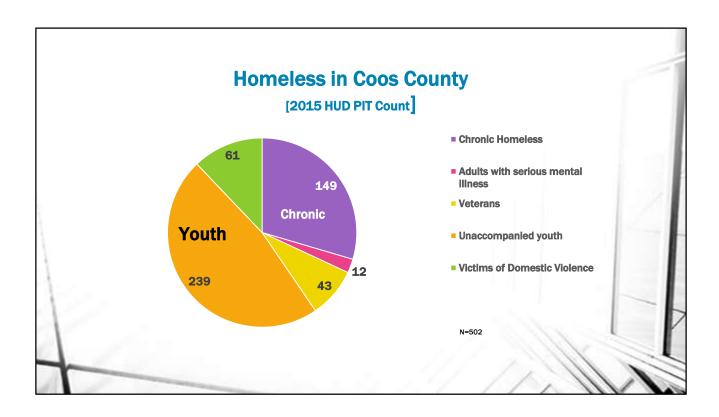
Annual sheltered counts are calculated using a sample of communities from across the country and may be limited by the number of programs that participate in a community's HMIS.

Education data only captures enrolled students who are identified by school personnel. Many school districts do not have dedicated staff to identify students so it is likely there are students who go unidentified.

Due to the complexity and methodology of the process, the PIT Count is an approximation of the number of homeless persons and does not include:

- Persons temporarily staying with family or friends (i.e., "doubled-up" or "couch surfing") -this includes students and families living temporarily with other families
- Persons residing in institutions (e.g., jails, juvenile correction facilities, foster care, hospital beds, detox centers)
- Persons who "don't want to be found

Source: https://www.hudexchange.info/onecpd/assets/File/A-Guide-to-Counting-Sheltered.pdf



We know the PIT counts are misleading because we have analyzed the data collected by the Nancy Devereux Center on the number and characteristics of the clients they serve, that they have counted 159 unique individuals with a mental or emotional disability (which includes mental illness and also PTSD, Asperger's, ADD/ADHD, bipolar, depression, TBI, Autism, anxiety, schizophrenia)

And 77 of these are considered homeless (48% of the group).

So is the disparity one of definition of what the PIT counts as severe mental illness and what the NDC does. This is one of the problems we face when trying to figure out how many homeless need what kinds of services and what kind of housing.

In addition, NDC serves 399 clients that are considered homeless. The Coos County PIT count in 2105 was 612. Does that mean the NDC serves 65% of the total population of homeless in Coos County. You see the difficulties we run into trying to identify and plan for capacity to provide the right kinds f services to specific individuals.

Count Confusion

Source	Count
Source	Count
2015 One-Night HUD PIT Count	612
6-month recent count of homeless clients at Nancy Devereux Center	399
12-month 2016 count of clients at T.H.E. House	170
2015 - 2106 Coos County school district counts of homeless students	644
2017 DHS count of homeless SNAP clients	1200

How good are we at counting?

- HUD PIT Homeless Count has many limitations
- Data from specific agencies is helpful but specific to a small sample, not comprehensive, duplicative, and not shared
- We lack an accurate, complete, shared, local tally of the total number of homeless by subgroup

Conclusion:

We need a comprehensive local HMIS system

Counting the homeless...

- helps us understand the scope of the problem
- tells us if we are making any progress
- helps us target the right sets of services for specific subgroups and individuals
- helps up plan for the future in terms of housing configurations, locations, and number of units



History

- 2000 National Alliance to End Homelessness
- 2002 Interagency Council on Homelessness
 - Hundreds of cities signed on to the pact to end homelessness in 10 years
- 2007 Coos County started a 10-year Plan

This national campaign started back in 2000, when the National Alliance to End Homelessness put out a call for this country to end homelessness in ten years. The challenge was audacious, but it caught the attention of then-Secretary of the Department of Housing and Urban Development, Mel Martinez, who endorsed the idea of ending homelessness in ten years.

When former President George W. Bush appointed Philip Mangano to head the federal Interagency Council on Homelessness in 2002, the federal campaign to end chronic homelessness within ten years officially began in earnest. Hundreds of cities signed on to the pact.

Source: http://www.huffingtonpost.com/joel-john-roberts/did-americas-ten-year-pla b 1394905.html

Strategies and Programs Housing Programs Housing-First (increase affordable and supportive housing) Housing Choice Vouchers and Public Housing Multifamily Housing Emergency Shelters and Transitional Housing Rapid Re-Housing Federal Programs Medicaid SSI and SSDI TANF and SNAP Workforce Innovation and Opportunity Act Head Start and Child Welfare Public Schools – support for homeless students

Rapid Re-Housing

Skilled housing search and housing placement services available to rapidly re-house all people losing their housing or who are homeless and who want permanent housing.

Housing location staff

Incentives to landlords to rent to homeless households

Creative uses of housing vouchers and subsidies to help homeless individuals and families afford their rental unit

Links to resources to help clients maintain their housing

Supportive housing, which is permanent housing coupled with supportive services. This is often used for the chronically homeless population - that is, people experiencing long-term or repeated homelessness who also have mental or physical disabilities.

Source; http://www.endhomelessness.org/pages/ten-essentials

Strategies and Programs

- Federal, state, and local partnerships
- Integrating employment services
- Strengthen data collection and analysis
- Community-based, targeted efforts (chronically homeless, families with children, veterans, youth, substance abuse, etc.)
- Coordinated Entry System
- Coordinated Discharge System
- Financing efforts
- Emergency Services
- Outreach, Education, and Advocacy

Shorten Homelessness

The shelter and transitional housing system is organized to reduce or minimize the length of time people remain homeless, and the number of times they become homeless.

Provide immediate access to housing, home-based case management, and incentives embedded into the homeless assistance system

Outreach

Connect the homeless population to housing and services

Consider low-demand housing that does not mandate sobriety or treatment

Coordinated discharge system for all people being released from public institutions.

Create a clear path to housing from jails, mental health programs, medical care, and foster homes—in the form of case management, access to services, or housing assistance programs

Emergency homelessness prevention

rent/mortgage/utility assistance

case management

landlord/lender intervention

other strategies to prevent eviction and homelessness

Connect vulnerable populations with emergency services, temporary cash assistance, and case management

Source; http://www.endhomelessness.org/pages/ten-essentials

Cost of homelessness

- Hospitalization [4 days longer = \$2,414/visit]
- Medical treatment [ER visit = \$200 to \$1,800 per visit]
- Incarceration [\$14,480 per year]
- Police intervention

Hospitalization and Medical Treatment

- People experiencing homelessness are more likely to access the most costly health care services.
- Homelessness both causes and results from serious health care issues, including addiction, psychological disorders, HIV/AIDS, and a host of order ailments that require long-term, consistent care.
- Homelessness inhibits this care, as housing instability often detracts from regular medical attention, access to treatment, and recuperation.
- This inability to treat medical problems can aggravate these problems, making them both more dangerous and more costly.

People who are homeless spend more time in jail or prison, which is tremendously costly to the state and locality. Often, time served is a result of laws specifically targeting the homeless population, including regulations against loitering, sleeping in cars, and begging.

According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.

Source; http://www.endhomelessness.org/pages/cost_of_homelessness

Cost of homelessness

- Emergency shelter bed =
 - \$8,067 more than a Section 8 Housing Certificate and
 \$2,449 more per person than supportive housing
 - In Los Angeles, placing 4 chronically homeless people into permanent supportive housing saves the city more than \$80,000 per year or (\$20,000/person/year)

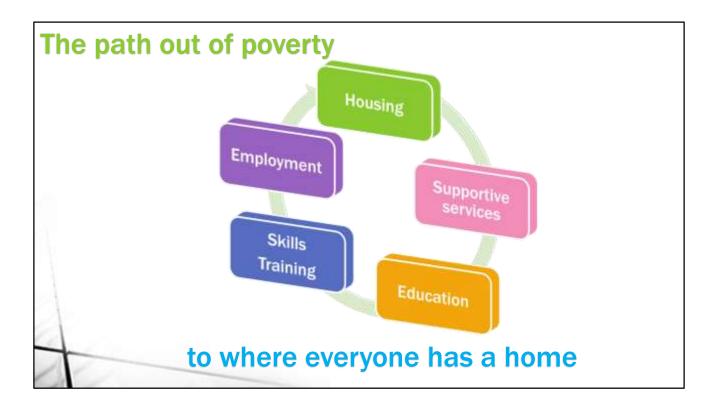
Emergency Shelter

Cost Studies

Studies have shown that – in practice, and not just in theory – providing people experiencing chronic homelessness with permanent supportive housing saves taxpayers money. Permanent supportive housing refers to permanent housing coupled with supportive services.

A housing-based approach to homelessness is not only more cost-effective than a shelter-based approach, but more effective in the long term.

Source: http://www.endhomelessness.org/pages/cost_of_homelessness



The path out of homelessness is the same as the path out of poverty.

Let's find the path to where everyone has a home.