

**HOMELESS TASK FORCE
2003 SYSTEMS ACTION STEPS**

(By Core Workgroup)

1. Brief Statement of Action:
 - a. **Strategy #1: To strengthen Continuum of Care by maximizing current resources and finding new ongoing sources of funding.**

1. Sub-steps

Sub Step	Responsible Person or Organization	Start/Finish
Carry out a thorough housing needs assessment in Jackson County 1. Research getting SOU student to take on as project	Homeless Task Force Jan Vaughn	by June 2003 answer by 11/22
Work cooperatively to apply for funding opportunities as they arise.	Homeless Task Force (Continuum of Care)	Ongoing
Encourage Jackson Co. Community Services Consortium to continue with the proposal to publish funding opportunities	Connie Saldaña	November 4, 2002 meeting
Continue working together to reduce duplication of services and eliminate gaps in services	Homeless Task Force	Ongoing
Create public awareness of Issues of homelessness Value of service agencies in community.	Homeless Task Force members	Ongoing
Press conference, work with politicians to increase their awareness of the issues. Release results of surveys, announce fall conference,	Homeless Task Force	January, 2003
Regional/local Poverty Conference (Include Klamath, Josephine, Siskiyou)	Homeless Task Force, through committee	Fall, 2003

1. Other persons, organizations, agencies, etc. who need to be involved:
 - a. Resources required
 - b. On-going sources of funding for operations.
 - c. Coordination of fundraising efforts.

1. Barriers
 - a. Funding sources stretched more as state resources are reduced.
 - b. Service providers and funders speak “different languages.”
 - c. Small non-profits do not have the resources to dedicate to resource development that large organizations have.

Strategy #2: Address Economic Discrimination in Property Management

Sub Step	Responsible Person or Organization	Start/Finish
Research, Report to HTF	Jill Munn	
Present results to community	HTF	Fall 2003

Strategy #3: Establish a Community Information Center to alert homeless individuals to resources, events.

Sub Step	Responsible Person or Organization	Start/Finish
Create Resource Boards at Medford City Hall, CERVS, Visitors Center, St. Vincents dining hall, Salvation Army Community Services. Develop plan to maintain current information.	HTF committee	

Continuum of Care: Gaps Analysis JACKSON COUNTY, OREGON FFY2003

JACKSON County Combined GAPS Analysis Contact: Ed Angeletti, ACCESS 541-774-4330		Estimated Need	Current Inventory	Unmet Need/ Gap	Relative Priority
Individuals					
Example:	Emergency Shelter				
Beds/Units	Emergency Shelter	122	116	6	M
	Transitional Housing	269	62	207	H
	Permanent Supportive Housing	310	168	142	H
	Permanent Affordable Housing	27	10	17	H
	Total	728	356	372	
Estimated Supportive Services Slots	Job Services & Training	135	92	44	L
	Case Management	533	228	305	H
	Substance Abuse Treatment	48	26	22	H
	Mental Health Care	350	43	311	H
	Housing Placement	18	4	14	H
	Life Skills Training	419	93	316	M
	Other - Guardianship	20	2	19	H
	Other - Conservatorship	30	1	29	H
Estimated Sub- Populations	Chronic Substance Abusers	24	33	-9	H
	Seriously Mentally Ill	350	39	311	H
	Dually-Diagnosed	93	117	-24	M
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence	10	8	2	L
	Youth	36	22	12	
	All Others Not Mentioned Above	66	48	18	H
Persons in Families with Children					
Beds/Units	Emergency Shelter	44	28	16	H
	Transitional Housing	119	53	66	H
	Permanent Supportive Housing	12	7	5	H
	Permanent Affordable Housing	406	92	314	H
	Total	581	180	401	
Estimated Supportive Services Slots	Job Services & Training	21	4	17	H
	Case Management	137	71	66	H
	Child Care	3	3	0	
	Substance Abuse Treatment				
	Mental Health Care	10	10	0	
	Housing Placement	27	21	6	H
	Life Skills Training	31	16	15	
	Other				M
Estimated Sub- Populations	Chronic Substance Abusers	18	7	11	H
	Seriously Mentally Ill				H
	Dually-Diagnosed	2	2	0	H
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence	44	32	12	M
	Parenting or Pregnant Youth U21	19	13	6	
All Others Not Mentioned Above	5	2	3	M	

**Jackson County Community Services Consortium
Homeless Task Force
P.O. Box 755, Medford, OR 97501**

**Continuum of Care Homeless Survey
2003 Survey Report
(Prepared by ACCESS, Inc.)**

I. METHODOLOGY:

This survey was distributed with instructions by mail to all of the organizations in Jackson County that provide services to homeless persons to survey those homeless persons encountered during a one week period.

II. SURVEY:

The survey contained three questions. A total of 88 homeless persons were surveyed. Two questions were quantitative and one was qualitative. Responses to the two quantitative questions were tabulated (see below) and the qualitative question is shown in transcript format. See survey attached.

A. QUESTION #1: What caused you to become homeless?

6	Child Abuse
12	Poor Credit
6	Criminal History
21	Domestic Violence
19	Drug/Alcohol (in the home)
16	Drug/Alcohol (self)
13	Evicted
2	Gambling
14	Kicked Out
21	Low Income
32	Loss of Income/Employment
8	Medical
14	Mental Illness
7	Poor Rental History
4	Pregnant
3	Property Sold
4	Runaway
4	By Choice

QUESTION #1 ANALYSIS:

The top five- (5) responses to this question, "what caused you to become homeless?" were as follows:

1)	Loss of Income/Employment	32 people
2)	Low Income	21 people
2)	Domestic Violence	21 people
3)	Drug/Alcohol (in the home)	19 people
4)	Drug/Alcohol (self)	16 people
5)	Mental Illness	14 people
5)	Kicked Out	14 people

Consistent with last year's results, two of the top causes again - Loss of Income & Employment (32) and Low Income (21) - can essentially be grouped into one category, Income/Employment. Domestic Violence was tied for second with 21. Thus, 53 people (47 %) responded that the cause of their homelessness was a result of low income and/or loss of income/employment and 21 (18%) as a result of Domestic Violence. This fact points to the importance of addressing employment, workforce development, and domestic violence issues when working with the homeless population. If these issues are not addressed, it is likely that the person will remain unemployed or continue to be homeless.

Based on the Oregon Employment Department regional data there are jobs available in Southern Oregon. However, there is also a large labor pool, which results in high competition for available jobs--even when the pay is low. Competition is especially high for "living wage" jobs, because so few are available. It is imperative that organizations dealing with the homeless population partner with organizations that provide workforce development programs when providing housing assistance or developing housing projects that target homeless persons.

This survey finding points to the importance of increasing the number of living wage jobs available in Jackson County. Business and workforce development programs are essential in providing businesses and potential employees with the tools necessary for success in the increasingly competitive business world and job market.

The surveys also find that providing connections between domestic violence victims and outreach advocates by partnering in the community through education and awareness campaigns will help to address this issue.

The other three causes that were ranked in the top five are drug and alcohol, mental illness, and eviction. The second most important cause based on the survey was drug & alcohol in the home or self use - 35 (31%). Even though we do not know the reason for being kicked out or evicted, based on the other survey responses we can assume that income and employment played a role. Thus, this piece of the survey is evidence of the fact that so many low-income people live from paycheck to pay check without the proper medical care/treatment; always one paycheck away from becoming homeless.

B. QUESTION #2: What do you need to get and keep housing/keep from being homeless?

- 45 Help with deposits for rental
- 21 Help with apartment search
- 3 Disability Accessible Housing
- 8 Drug or alcohol treatment
- 9 Drug/alcohol-free housing
- 50 Need good job
- 20 Need better job skills
- 14 Need counseling
- 14 Health Care
- 14 Mental Treatment
- 5 Learn how to keep a job
- 15 Learn how to manage my money
- 11 Safety from abusers
- 28 Clean up my credit
- 5 Learn how to avoid eviction
- 47 Housing I can afford that is decent and safe
- 8 Help with prescription payments
- 13 Childcare
- 33 Transportation

QUESTION #2 ANALYSIS:

The top five (5) responses to this question, "What do you need to get and keep housing/keep from being homeless forever?" were as follows:

- | | | |
|----|--|-----------|
| 1) | Need good job | 50 people |
| 2) | Housing I can afford that is decent & safe | 47 people |
| 3) | Help with deposits for rental | 45 people |
| 4) | Transportation | 33 people |
| 5) | Clean up my credit | 28 people |

As you can see from the list of the top five responses, the top two most most important ways to keep people from becoming or remaining homeless is the availability of good jobs and safe, decent, affordable housing. There is a shortage of affordable housing in Jackson County.

These results show the need for organizations to continue to focus on workforce development and the development of affordable housing to address these unmet needs. The third-highest need was "help with deposits for rental." This is an on-going problem for low-income people and was indicated in last year's homeless survey as well. Most often people find that they can afford the monthly rent, but that landlord requirements for first, last, and deposit are prohibitive. Many times these move-in costs exceed a full months worth of wages. Like the need for more rental assistance funding, there is also a clear need for move-in cost assistance in Jackson County.

Over the last several years, funding for rental assistance programs (both emergency & transitional) has decreased, especially funding for staffing these programs.

Further, these programs have become increasingly focused on serving families with children as opposed to single persons. However, this need has continued to increase as housing costs in the region continue to soar.

The fourth-highest need was "Transportation".

C. QUESTION #3: Employment Status

1)	Unemployed	48 people
2)	Employed	28 people
3)	Employed but wages are not enough	25 people
4)	Fixed Income	13 people
5)	Seasonal Worker	9 people

QUESTION #3 ANALYSIS:

The majority of the homeless persons who were surveyed are unemployed. As the previous responses have shown, we also know that this fact has contributed to their homelessness. The surveys also revealed that the second largest group was those persons that are employed but wages are not enough.

The third largest group was those people who are on a fixed-income. These people are different from those who are employed and don't earn enough in that they have circumstances that restrict them from increasing their income; such as a disability. In contrast, people who are unemployed or underemployed but are able-bodied have the opportunity to increase their skill level, work more hours, or find other means of increasing their income.

The second and third categories (employed and employed but wages are not enough) were grouped together. These responses were grouped together because those who are employed clearly are not earning enough to meet even their most basic needs. For most of us it is difficult to imagine how this is possible to be employed and homeless, but none the less there are people in our community who are working but have no place to live.

**HOMELESSNESS AND HOUSING PROJECT
JACKSON COUNTY COMMUNITY SERVICE CONSORTIUM**

ANNUAL JACKSON COUNTY HOMELESS SURVEY

	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
<u>Emergency Shelters/Meal Sites</u>					
Gospel Mission – Men	46	43	99	116	143
Gospel Mission – Women & Children	11	7	9	12	10
Salvation Army – Men	0	20	18	20	24
Salvation Army – Women & Families w/Children	34	13	36	36	22
Other (St Vincent)	44	45	62	40	130
Zion House				6	6
St. Marks House				17	17
4th STREET HOUSE					5
<u>Law Enforcement Organizations</u>					
Jackson County Jail	38	9	36	54	37
<u>Veterans Programs</u>					
Domiciliary – General	302	382	387	212	52
HCHV	25	8	12	21	47
Admissions	4	2	4	4	6
<u>Social Services Agencies</u>					



OREGON HOUSING & COMMUNITY SERVICES
Homeless Shelter Nightcount Report
JACKSON County Report

*need accurate data for
state funds*

November 15, 2002

124 hours

Sheltered Statistics

Singles Statistics	Adult Male	Adult Female	Male 0-11	Female 0-11	Male 12-17	Female 12-17	Unknown
Singles provided emergency shelter in Shelter Facility	5	5	0	0	0	0	8
Singles provided hotel/motel/campsite vouchers	0	0	0	0	0	0	0
Rent/Mortgage Assistance	2	4	0	0	0	1	0
Singles provided transitional housing	25	10	0	0	0	0	6
	0	0	0	0	0	0	0
Totals	32	19	0	0	0	1	14

Family Statistics	Adult Male	Adult Female	Unknown	0-5	6-11	12-17	Total Individuals	Total Families
Families provided emergency shelter in Shelter Facility	2	5	6	4	3	0	20	8
Families provided hotel/motel/campsite vouchers	0	0	0	0	0	0	0	5
Rent Mortgage Assistance	16	32	1	20	30	12	111	34
Families provided transitional housing	2	10	1	11	3	0	27	10
Totals	20	47	8	35	36	12	158	52

Total Individuals	Adult Male	Adult Female	Children	Unknown	Total
Sheltered	52	66	84	22	224
Turned Away	0	0	4	0	4
Totals	52	66	88	22	228

Eligible for Other Services	Male	Female	Children	Unknown
Veterans	8	1	0	1
Farmworkers	1	0	0	0
Domestic Violence	5	25	11	7
Corection Release in last 90 days	8	0	0	1
Physically Disabled	12	10	1	2
Developmentally Disabled	1	2	3	0
Psychiatrically Disabled	6	14	4	4
Substance Abuse	20	15	1	4
Dual diagnosis (Mental Health and Substance Abuse)	6	4	0	2



OREGON HOUSING & COMMUNITY SERVICES

Homeless Shelter Nightcount Report

JACKSON County Report

November 15, 2002

Cause of Homelessness	Families	Singles (18+)	0-11	12-17
Child Abuse	3	10	6	0
Couldn't afford rent	2	1	4	0
Credit	17	4	28	4
Criminal History	2	8	3	1
Domestic Violence	12	14	16	2
Drug/Alcohol(In Home)	7	7	8	2
Drug/Alcohol (Self)	4	25	5	0
Evicted	7	4	12	0
Gambling	0	0	0	0
Kicked Out	6	9	6	4
Medical	20	12	32	4
Mental Illness	2	5	3	0
Poor Rental History	4	4	7	0
Pregnant	5	6	9	0
Property Sold	2	3	3	2
Runaway	1	0	1	0
Unemployed	1	2	2	0
By Choice	8	13	8	3
Other	6	11	8	2
Unknown	0	0	0	0

Sheltered & Turned Away

Household Composition	Male	Female	0-11	12-17	Unknown
Pregnant and parenting Teen Households under 18	0	2	0	2	0
Single Adults and Unaccompanied youth under 18	39	26	0	0	14
Childless Couple	4	4	0	0	0
Adult Single Parent Households	33	67	53	7	7
Two Parent Family	25	28	20	6	1



OREGON HOUSING & COMMUNITY SERVICES
Homeless Shelter Nightcount Report
JACKSON County Report

November 15, 2002

Age Range	Male	Female	Unknown	Total
0-5	17	20	0	37
6-11	20	16	0	36
12-17	4	11	0	15
18-23	9	16	0	25
24-44	31	38	0	69
45-54	10	7	0	17
55-69	2	5	0	7
70+	0	0	0	0
Unknown	8	14	0	22

Ethnicity	Adult Male	Adult Female	Children	Unknown
Asian	1	0	0	0
Black/African American	1	3	6	0
Hispanic or Latino	1	4	12	0
American Indian or Alaskan Native	2	2	0	0
Native Hawaiian or Other Pacific Islander	0	2	1	0
White	44	53	65	21
Unknown	3	2	4	1

Turnaways					
Singles Present Situation	Adult Male	Adult Female	0-11	12-17	Unknown
Car	0	0	0	0	0
Hospital	0	0	0	0	0
Street	0	0	0	0	0
Squatting	0	0	0	0	0
Motel/Hotel	0	0	0	0	0
Staying W / Friends or Family	0	0	0	0	0
Camping	0	0	0	0	0
Other	0	0	0	0	0
None	0	0	0	1	0



OREGON HOUSING & COMMUNITY SERVICES
Homeless Shelter Nightcount Report
JACKSON County Report

November 15, 2002

Families Present Situation	Families	Adult Male	Adult Female	Children	Unknown
Car	1	0	0	0	0
Hospital	0	0	0	0	0
Street	0	0	0	0	0
Squatting	0	0	0	0	0
Motel/Hotel	1	0	0	0	0
Staying W / Friends or Family	2	0	1	3	0
Camping	2	2	2	4	0
Other	2	0	0	0	0
None	0	0	0	3	0

School Count

Age Range	Unknown	K-5	7-8	9-12	In School
0-5	0	5	0	0	5
6-11	0	28	5	0	33
12-17	0	0	4	9	13
18-23	0	0	0	5	5
24-44	0	0	0	0	0
45-54	0	0	0	0	0
55-69	0	0	0	0	0
70+	0	0	0	0	0
Unknown	0	0	0	0	0

ASHLAND STRATEGIC PLAN

SOCIAL AND HUMAN SERVICES ELEMENT

Mission Statement

To ensure that all people in Ashland live in a safe, strong, and caring community, the City of Ashland seeks to enhance the quality of life and promote the self-reliance, growth, and development of people. To these ends, the City of Ashland will strive to provide resources and services to meet basic human needs.

Overview and Philosophy

Central to the attainment of this mission are a series of commitments and strategies to ensure that the City of Ashland will be characterized as a safe and healthy community. We value a community in which citizens are free to grow, to be safe within their person and family, and to join forces in the collaborative caring for one another.

The City of Ashland, as a government institution, is charged with *promoting the general welfare*. The status of *the general welfare* is severely diminished when there are those in the community who are ill with treatable conditions, but for the price of treatment, remain untreated; those who lack food and shelter, but for the price such necessities, who remain homeless and hungry. Every such circumstance diminishes the strength and functionality of the community, and erodes the ability of children to learn, of adults to work, parents to parent and seniors to remain independent.

Critical first steps toward the attainment of a safe and healthy community reside in the creation and support of a collaborative community wide *safety net*. When one thinks of providing a *safety net* one thinks first of any critical, life-or-death needs which might be provided to a person to protect against undue suffering or an inhumane response from neighbors. Specifically, a safe and healthy community:

- Offers its residents drug-free schools, workplaces, and community centers, while creating capacities for the prevention and treatment of chemical dependency;
- Is characterized by citizens who are not afraid to venture from their homes at night, and parents who are assured that their children are safe from negative influences that promote crime, substance abuse, or violence;
- Is characterized by the affordable and accessible presence of primary and preventative health care services which in turn support a healthy workforce and reduce adolescent pregnancies, infant mortality, disability, and the spread of communicable diseases;
- Is one that provides an essential *safety net* of effective and responsible emergency assistance to those who are unable to feed or shelter their families and who are confronted with situations they cannot alleviate by themselves;
- Supports the development of families through such programs as parenting education, affordable housing, quality childcare, crisis intervention, victims' assistance, and senior services;
- Is one that affords justice, and equal access to justice, to each of its members in a continuous effort to break the cycle of poverty, stabilize and strengthen the ability of parents to care for their children, obtain safe and affordable housing, facilitate safe working conditions, defend against consumer fraud, and protect the frail and vulnerable from abuse.

As the City of Ashland moves along a continuum which focuses on self-sufficiency, the tools for self-sufficiency must be included within the context of the community's *safety net*. There is no person who will achieve true self-sufficiency if denied timely, continuous, and affordable access to needed treatments, interventions, advocacy, and skill-building. For these reasons, beneficiaries of the community's *safety net* hold ethical obligations for personal advancement along a progressive continuum toward self-sufficiency (*unless otherwise constrained by disability or vulnerability*).

The Role of the City of Ashland

The City of Ashland plays a strategic and pro-active role in facilitating a *safe and healthy community* by:

- Providing leadership in community forums in which safety, health, livability, and quality of life are discussed or debated.
- Enacting a responsible public policy that:
 - 1) Safeguards strategic partnerships with charitable providers of safety net services;
 - 2) Remains mindful of potential negative or unintended outcomes;
 - 3) Invites the counsel of community professionals who are actively involved in the delivery of safety net services when contemplating relevant public policy.
- Encouraging true collaboration, rewarding a dedication to and focus on mission, and discouraging unnecessary duplication of service or effort;
- Establishing clear definitions and priorities for safety net services and allocating public resources in accordance with those priorities;

GOAL # 1:

PROVIDE A COMPREHENSIVE AND COORDINATED SYSTEM OF SERVICES TO ADDRESS PEOPLE IN NEED

POLICIES:

- (1-1) Identify opportunities to achieve a broad spectrum of integrated community services that provides for all residents by helping eliminate identified barriers associated with collaboration such as liability insurance, ways to mitigate obstacles to information exchange among agencies, ways to overcome "turfdom" and fears of budget invasion and the creation of a streamlined, performance based contracting system that rapidly identifies changes in the community and responds with innovative projects.
- (1-2) Create a consistent database of information on local service needs, successful program solutions to human and social service problems, and sources of funding for human and social service programs.
- (1-3) Assist older Ashlanders, through the Senior Program, in achieving an opportunity for employment free from discriminatory practices because of age; suitable housing; an appropriate level of physical and mental health services; ready access to effective social services; appropriate institutional care when required; information about available supportive services; and supportive services which enable elderly persons to remain in their homes.
- (1-4) Ensure that the needs of low income individuals are considered in the planning for public housing, community services, and fees for development.
- (1-5) Identify opportunities to develop creative partnerships with service organizations that could include technical assistance, staff development, co-sponsorship of programs and development of new revenue sources.
- (1-6) Play a leadership role in the creation of a "*City of Ashland Operating Foundation for a Safe and Healthy Community.*"

GOAL # 2:

ENSURE THAT THE ALLOCATION OF PROGRAM FUNDING IS FAIR, OBJECTIVE AND CONSISTENT.

POLICIES:

- (2-1) Allocate public resources, from within the City's general fund, in an amount set by resolution, for the direct support of essential safety net services.

In recognition of the reality that the costs associated with the provision of essential safety net services increase on an annual basis, give due consideration in the City's budget process to matters pertaining to inflation indexes, environmental factors which may contribute to increased demand for services, and compensation rates (*livable wages*) paid to social service employees.

- (2-2) Allocate, as permissible by the CDBG Block Grant process, on an annual basis, fifteen percent (15%) of categorical CDBG resources for the direct support of qualifying safety net services.

- (2-3) Expend through the City's budget process, resources allocated from the City's General Fund and the proportional share of CDBG funds, in the charitable, private not-for-profit sector for the provision of safety net services such as:

- (A) Temporary, emergency food and shelter;
- (B) Substance abuse education, prevention and treatment;
- (C) The preservation of dignity and equal access to justice;
- (D) Primary and preventive health care services;
- (E) Critical supportive services for families, seniors and victims.

GOAL #3:

ENSURE THAT FUNDED PROGRAMS DIRECTLY ADDRESS CHANGING PRIORITIES AND ARE ADMINISTERED IN AN EFFECTIVE AND COST-EFFICIENT MANNER

POLICIES:

- (3-1) Ensure that the City consults with local agency officials in the design, delivery and evaluation of services, by establishing an Ad Hoc Human Services Task Force with its primary focus on working on the implementation of Policies 1-2, 3-2 and 3-3 and related human services planning and management issues.
- (3-2) Develop and adopt techniques for analyzing and measuring the equity of outcomes and benefits of services delivery which can be integrated into planning, evaluation and budgeting components. Programs should be evaluated on the basis of well defined performance standards that relate to program administration and participant development, in addition to the basis of numbers served or placed.
- (3-3) Develop a format for presentations to the Budget Committee, to be made every 3-4 years, which utilize the results of the monitoring framework outlined in Policy 3-2.

National Law Center
On Homelessness and Poverty

Myths and Facts about Homelessness

It is a tragic aspect of our culture that homeless people, in addition to suffering from the hardship of their condition, are subjected to alienation and discrimination by mainstream society. It is even more tragic that alienation and discrimination often spring from incorrect myths and stereotypes which surround homelessness. The following examines some of the myths and the realities about homelessness.

Arrest Records of Homeless People

Myth: Homeless people commit more violent crimes than housed people.

Fact: Homeless people actually commit less violent crimes than housed people.

Dr. Pamela Fischer, of Johns Hopkins University, studied the 1983 arrest records in Baltimore and found that although homeless people were more likely to commit non-violent and non-destructive crimes, they were actually less likely to commit crimes against person or property.¹ The report findings are summarized in the following table.

	% of crimes against person or property	% of all other types of crimes
Crimes committed by homeless people	25%	75%
Crimes committed by non-homeless people	35%	65%

The Magnet Theory

Myth: Setting up services for homeless people will cause homeless people from all around to migrate to a city.

Fact: Studies have shown that homeless people do not migrate for services. To the extent they do move to new areas, it is because they are searching for work, have family in the area, or other reasons not related to services.

A recent study found that 75% of homeless people are still living in the city in which they became homeless.²

The Chronic Theory

Myth: Homeless people are a fixed population who are usually homeless for long periods of time.

Fact: The homeless population is quite diverse in terms of their length of homelessness and the number of times they cycle in and out of homelessness.

Research on the length of homelessness states that 40% of homeless people have been homeless less than six months, and that 70% of homeless people have been homeless less than two years.³

Other research on the length of homelessness has identified three primary categories of homeless people:

- transitionally homeless who have a single episode of homelessness lasting an average of 58 days,
- episodically homeless who have four to five episodes of homelessness lasting a total of 265 days,
- chronically homeless who have an average of two episodes, lasting a total of 650 days.⁴

Homeless Population Demographics

Myth: Homeless people are mostly single men.

Fact: Families constitute a large and growing percentage of the homeless population.

A recent study found that families comprise 38% of the urban homeless population.⁵ Other research finds that homeless families comprise the majority of homeless people in rural areas.⁶

Employment

Myth: Homeless people don't work and get most of their money from public assistance programs.

Fact: Homeless people do work, and a relatively small percentage of them receive government assistance.

A nationwide study by the Urban Institute in 1987 found that only 20% of 1,704 homeless people received AFDC, GA, or SSI.⁷

A study done in Chicago found that 39% of homeless people interviewed had worked for some time during the previous month.⁸

Substance Abuse and Mental Illness

Myth: All homeless people are mentally ill or substance abusers.

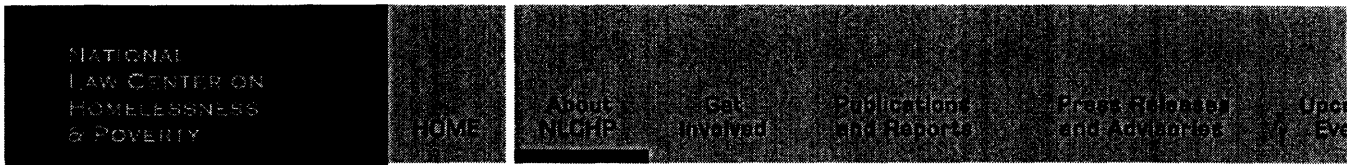
Fact: Around a quarter of homeless people are mentally ill, and about 40% are alcohol or substance abusers, with around 15% suffering both disabilities.

Koegel has researched the prevalence of mental illness among the homeless population and found "between 20% and 25% of those homeless people studied have at some time experienced severe and often extremely disabling mental illnesses such as schizophrenia and the major affective disorders (clinical depression or bipolar disorder)."⁹

James Wright, of Tulane University, has studied the prevalence of alcohol and other drug abuse among the homeless population. He finds that 38% of homeless people are alcohol abusers, as opposed to 10% of the general population. He furthermore finds that 13% of homeless people are drug abusers.¹⁰

The Center for Mental Health Services states that between 10 and 20% of homeless people suffer "co-occurring severe mental and substance use disorders."¹¹

1. James Wright, Memo to NLCHP: *Transiency of Homeless Substance Abusers* 1 (March 11, 1997)
2. Martha Burt, *What We Know About Helping the Homeless and What It Means For HUD's Homeless Programs* Testimony presented to the Housing and Community Development Subcommittee of the Banking and Financial Institutions Committee of the U.S. House of Representatives 1 (March 5, 1997).
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Housing

Income

Education

Civil Rights

Homelessness and Poverty in America

About the Law Center

The National Law Center on Homelessness & Poverty was established in June 1989. It is governed by a nine-member board of directors that includes lawyers, activists, researchers, and homeless and formerly homeless people. Based in Washington, D.C., the Law Center works with a wide variety of groups around the country.

The mission of the Law Center is to alleviate, ameliorate and end homelessness by serving as the legal arm of the nationwide movement to end homelessness. To achieve its mission, the Law Center pursues three main strategies: impact litigation, policy advocacy, and public education. To amplify the work of its small staff, the Law Center relies on interns, volunteers, and the pro bono assistance of the private bar.

The Law Center strives to place homelessness in the larger context of poverty. By taking this approach, the Law Center aims to address homelessness as a very visible manifestation of deeper causes: the shortage of affordable housing, insufficient income, and inadequate social services. The Law Center presses for solutions that address the causes of homelessness, not just its symptoms.

The Law Center was established by Maria Foscarinis, a former Wall Street lawyer working to address homelessness at the national level since 1985.

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RESOLUTION NO. 86- 35

A RESOLUTION ADOPTING AS CITY POLICY THE FUNDING
OF HEALTH AND SOCIAL SERVICES

WHEREAS, the City Council has in past years funded a number of health and social services through the City Budget with funds from Federal Revenue Sharing monies; and

WHEREAS, it appears that Federal Revenue Sharing monies will not be available in the future; and

WHEREAS, the Mayor has appointed a committee on Community Health Care and Future Social Needs which has concluded that the City should continue to fund certain Health and Social programs; and

WHEREAS, the Council, adopts the recommendations of the Mayor's Committee insofar as it recommends said funding; and

WHEREAS, the Council finds that the funding of health care and social service needs is an important City function which contributes to the health and well being of the citizens of Ashland.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

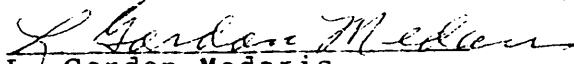
It is hereby declared to be the policy of the City of Ashland to fund in future years from the General Fund, health and social services needs of the type currently being funded in fiscal year 1986-87 by the City of Ashland in an amount at least equal to \$46,644., expressed in 1986 dollars, adjusted for inflation.

The foregoing Resolution was READ and DULY ADOPTED at a regular meeting of the City Council of the City of Ashland on the 2nd day of September, 1986.



Nan E. Franklin
City Recorder

SIGNED and APPROVED this 4th day of September, 1986.


L. Gordon Medaris
Mayor

**City of Ashland
FY03-05 Social Services Grant History**

Agency and Program Name	FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04
	Awarded	Awarded	Awarded	Awarded	Requested	Proposed	Additional	Total Proposed
ACCESS, Inc.	\$ 2,670	\$ 2,860	\$ 3,760	\$ 3,870	\$ 10,000	\$ 5,000		\$ 5,000
CASA of Jackson County, Inc.	-	-	-	-	4,368	2,500	500	3,000
Center For NonProfit Legal Services, Inc.	4,225	4,520	4,520	4,660	5,500	5,000		5,000
Childrens Dental Clinic of JC	1,250	1,350	1,500	1,550	1,750	1,750		1,750
Community Health Center	27,130	28,910	28,910	29,780	30,000	30,000		30,000
Community Works - Dunn House	17,075	18,190	18,190	18,740	19,085	19,000		19,000
Community Works - Help Line	8,203	8,740	8,740	9,000	9,166	8,000		8,000
Community Works - Parent Education	1,972	2,100	2,100	2,160	2,204	2,000		2,000
Community Works - Rape Crises	2,430	2,590	2,590	2,670	2,796	2,700		2,700
Community Works - The Grove	-	-	1,200	1,240	10,000	-	10,000	10,000
Community Works- Personal Safety	1,972	2,100	2,100	2,160	2,204	1,300		1,300
ICCA/CERVS	9,330	9,960	9,960	10,260	26,000	15,000	10,000	25,000
Jackson County Juvenile	912	990	-	-	-	-		-
JC Children's Advocacy Center	2,441	2,620	2,620	2,700	5,000	3,000	500	3,500
JC Community Justice - CASA	2,130	2,290	2,290	2,360	-	-		-
Mediation Works	4,260	4,560	4,560	4,700	8,000	2,400	500	2,900
Ontrack, Inc	-	-	1,200	1,240	2,000	2,000		2,000
Planned Parenthood of SW	-	-	-	-	10,000	1,750	1,000	2,750
RV Manor - Senior Volunteer	2,000	2,155	2,155	2,220	2,280	1,500	500	2,000
RV Manor -Foster Grandparent	1,000	1,065	1,065	1,100	1,500	1,000		1,000
SDS RVCOG Food & Friends	-	-	-	-	3,000	1,500		1,500
Southern Oregon Drug Awareness	-	-	865	890	1,500			-
Women's Tranistion Committee	-	-	-	-	15,000		2,000	2,000
Subtotal	89,000	95,000	98,325	101,300	171,353	105,400	25,000	130,400
Travelers' Aid Fund - based on donations	2,000	2,000	2,000	2,000	2,000	2,000	0	2,000
Budget	91,000	97,000	100,325	103,300	107,400	107,400	25,000	132,400

CONTINUUM OF CARE STRATEGIC PLAN

JACKSON COUNTY, OREGON

March, 2002

**By the Jackson County Homeless Task Force
of the Jackson County Community Services Consortium
Post Office Box 755
Medford, OR 97501**

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A-II	2002 Gaps Analysis – Jackson County Homeless Task Force
A-II	2002 Homeless Survey – Jackson County Homeless Task Force
A-III	2001 Annual [24-Hour] Homeless Count – Homelessness and Housing Project
A-IV	2001 Medford Oregon Program Planning Study – The Salvation Army
A-V	1999 Accessible Affordable Housing Survey – Accessible Affordable Housing Work Group

JACKSON COUNTY, OREGON, CONTINUUM OF CARE PLAN

March, 2002

OVERVIEW OF THE CONTINUUM OF CARE

Background of the Jackson County Homeless Task Force :

In 1989, the Jackson County Community Service Consortium's Homelessness & Housing Project (currently The Homeless Task Force) began addressing issues facing homeless citizens. It held a community forum on affordable housing in 1990. A report was issued and a plan designed to begin coordinating efforts and establishing a networking group to address on-going issues of homelessness. This group also developed a model for an Annual Homeless Survey, with data collection beginning in 1989 and continuing to date.

In 1995 the strategic plan of Senior Disability Services of Rogue Valley Council of Governments identified accessible, affordable housing for people with disabilities as the number one priority. The Accessible Affordable Housing Work Group was formed to address this issue in 1996. One of its first projects was a survey of all subsidized housing complexes in Jackson County to determine the number and variety of accessible units available, with a follow-up informational mailing to apartment managers. The group, comprised of representatives from a variety of community agencies, sponsored a conference in 1997 to address the issues of accessible affordable housing. After a field trip to Portland to assess models of housing for people with disabilities, including shared-caregiver models, the group began efforts to create permanent housing for very low income people with disabilities in Medford and surrounding areas. A community-wide survey of people with disabilities, carried out in 1999, identified housing needs and preferences for the population.

In March of 2001, the local Community Action Agency announced new funding opportunities targeting the homeless disabled through the HUD/McKinney Act. Subsequently, the Homelessness & Housing Project combined forces with the Accessible Affordable Housing Workgroup to form the Homeless Task Force, under the auspices of the Jackson County Community Services Consortium. This new community partnership has led to the Continuum of Care planning process for public and non-profit providers of homeless services. Upon completion of the Continuum of Care planning process, this group will be tasked with promoting future applications, with a ranking and review process in place. Meanwhile, the Home At Last 2001 grant request has been awarded by HUD, through its McKinney/Vento funding process, to provide permanent supported housing to persons with disabilities in Jackson County and will begin operation in the Spring of 2002. An on-going project for homeless and runaway teens, the HART program of Community Works was submitted as a renewal application.

Purpose :

The Jackson County, Oregon, Continuum of Care Plan was developed as the result of a community-wide strategic planning process in Fall and Winter of 2001, with the express purpose of giving non-profit and government agency providers a “road map” of actions to follow in reducing homelessness in Jackson County. The Plan is the result of a concerted effort by numerous agencies and individuals who met to develop a common understanding of the needs of the homeless and to agree upon a coordinated plan to improve housing and services for homeless citizens. It is hoped that this Plan will not only guide such efforts, but will provide social services agencies with useful information to help them in developing resources for other persons in the community who are low income and at-risk of becoming homeless.

Mission Statement :

The mission of the Jackson County, Oregon, Homeless Task Force is to eliminate homelessness and its root causes because no one should be homeless.

Vision :

The Jackson County Homeless Task Force envisions a system of care that:

- Responds to the human need of homelessness, without discrimination:
The Jackson County Homeless Task Force will respond to the homeless population through strategic outreach, individual assessment, relevant referrals, meaningful placement and personal follow-up.
- Moves homeless people toward self-sufficiency:
The Jackson County Homeless Task Force will help move the homeless population to self-sufficiency and empowerment.
- Integrates services directed toward self-sufficiency:
The Jackson County Homeless Task Force will provide an integrated continuum of services based on interagency collaboration, networking and referral – all directed toward the best interest of the homeless person.
- Reflects collaboration between public and private human service agencies:
The Jackson County Homeless Task Force will collaborate at all levels of service to ensure the sustainability of resources (fiscal, personnel and property), the coverage of needs, and an honest forum of communication.

WHO ARE THE HOMELESS IN JACKSON COUNTY?

Numbers

The **Annual Jackson County [24-hour] Homeless Survey** counts individuals who report themselves as being homeless at the time they receive services from a local agency during a 24 hour period. In 2001, the Survey showed a total of 880 homeless individuals.

The **2001 Jackson County Gaps Analysis** showed an estimated unmet need for single men and women in shelter beds to be 3; transitional housing, 33; permanent supportive housing, 266; permanent affordable housing, 271. For persons in families with children the gap in emergency shelter beds was 5; transitional shelter, 60; permanent supportive housing, 5; permanent affordable housing, 121.

Through a **phone survey, the Shelter/Transitional Housing Subcommittee** of the Continuum of Care found there are up to 311 emergency and transitional beds to serve the needs of the homeless in Jackson County. (Emergency shelter: 118 for single men; 30 for women; families 71. Transitional: 49. Residential treatment: 43) The phone survey found that shelters turn away 20-28 families each month; 10 single men and no single women are reported to be turned away in a month. There is a 24 to 30 person waiting list for residential substance abuse treatment. There are only two detox beds, located at Genesis Recovery, which are available in the community outside of the hospital emergency room and county jail.

Additional Recent Relevant Surveys: The following is a list of additional surveys which have been carried out within the last three years. The complete results or summaries of all surveys can be found in the appendices at the end of this document.

- 2002 Homeless Survey – Jackson County Homeless Task Force
- 2001 Medford Oregon Program Planning Study – The Salvation Army
- 1999 Accessible Affordable Housing Survey – Accessible Affordable Housing Work Group

People

Homeless Adults with Disabilities :

A very high percentage of homeless individuals have some sort of disability—physical, mental or both. The disability often contributes to the person's being homeless by preventing the individual from working and earning sufficient income to pay for housing or by causing the individual to be a poor tenant and eventually evicted. Physical and mental disabilities are often coupled with substance abuse, leading to an even greater tendency towards instability which, in turn, leads to homelessness. People with disabilities often have no or very low incomes. A newly disabled person applying for Social Security benefits could wait from six months to two years to be approved. In the meanwhile the person receives General Assistance of \$314 a month. It is almost impossible to maintain housing of any kind on that low income in the Rogue Valley. Some individuals cope with that situation by living in a low-end motel for three weeks and on the street

for the fourth week of each month.

The primary agency serving persons with disabilities in Jackson County is the Disability Services Office (DSO), which is a state agency. Disability Services provides a wide range of services, which include Food Stamps, Medicaid, a state cash assistance program for persons awaiting approval from Social Security for disability benefits, in-home help with activities of daily living, foster care, assisted living, nursing home and other supportive services as needed and as money allows. DSO case managers work closely with the staffs of Jackson County Mental Health, Jackson County Developmental Disability Services and DASIL (a grass roots advocacy organization for persons with disabilities). Clients are referred to many non-profit service providers in the area for a wide variety of resources.

There are currently about 3,500 disabled persons receiving assistance through the Disability Services Office. On any given day 5 of the approximately 50 people who walk into the office for help are there because they are homeless or are on the verge of homelessness. Lack of affordable, accessible housing was identified as the number one priority of the Advisory group for the agency. Services which the office can provide to assist persons who are homeless include placement in a supported living situation if the person meets criteria, advocacy with landlords and referrals to Legal Services who represent our clients who are in the eviction process. For a small group of clients, with no income and who meet the criteria, the branch offers assistance with security deposits and cash assistance.

Jackson County Mental Health assists those persons in the community with mental illness. Mental Health provides case management services, supported living situations, respite care and advocacy services and money management for persons whose homelessness is related to mental illness. Psychiatrists and psychologists administer medication and therapy.

Developmental Disability Services assists those persons in Jackson County who are developmentally disabled. They provide case management, money management and supportive services to the developmentally disabled. Additionally, they contract with private agencies to provide supported living situations, self directed support dollars and in-home help.

DASIL is our local Independent Living Center. They provide advocacy, assistance in completing forms and applications, eg., Housing Authority and Social Security, and assistance in finding affordable rentals in our local community. DASIL will be the agency who will be providing the staff support for the Home At Last program which will provide permanent supported housing for people with disabilities once the funding is received from HUD.

Publically funded (Oregon Health Plan) substance abuse treatment for homeless individuals is provided by OnTrack, Inc., on an out-patient basis. Addictions Recovery Center provides a limited number of in-patient beds, as does the Salvation Army, working with Genesis Recovery program of Asante Health System.

As far as services for homeless people with disabilities, it should be noted that in Jackson County there are no emergency shelter beds for women which are wheelchair accessible, and there are only two accessible men's beds. Beginning in Spring 2002, the Home At Last program will provide permanent supportive housing for homeless people with disabilities.

Veterans :

Nationwide, data reflect that approximately 35% of the homeless are Veterans. However, the annual Jackson County Homeless Survey demonstrates, from 1989 to 2001, a higher density population of homeless veterans locally, ranging between 45 and 50%. Additionally, 60 to 65% of the homeless veterans surveyed locally stated they had a physical and/or mental disability.

Special programs have been initiated in Jackson County to serve homeless veterans, i.e., the Department of Veteran Affairs Domiciliary at White City, provides in-patient and out-patient medical and psychiatric services, as well as an active outreach program. A special “Stand Down” event occurs annually, serving approximately 600 homeless veterans in one weekend.

Despite these special programs available locally, housing has always represented a gap in services. Fixed incomes and few fully-subsidized, affordable accessible units make transition into permanent housing difficult.

Homeless Youth :

The homeless youth population in Jackson County is characterized by six main groups (organized by whether or not they are eligible and/or willing to receive help, and by special factors such as pregnancy.)

- *Runaways and other homeless youth, age 16 to 22, who accept transitional housing/supportive services to help them be self-sufficient:* The Homeless and Runaway Teen (HART) program of Community Works serves 70-75 a year through its Transitional Living Program. For this group, the needs are high, but are being served for the youth who request help.
- *Runaways and other homeless youth under the age of 16, who have urgent basic needs and are not involved with state social services program:* The Streetwise program of Community Works is their only resource because they are too young to receive transitional living services. The needs of this group are very high. The community must face the needs of children who can only receive food and a sleeping bag and be turned back to the street because they are too young to receive services legally.
- *Runaways and other homeless youth 16-22, who refuse transitional living services, but have urgent needs for food, clothing, other basic needs:* Streetwise serves these youth. (The program lost its Medford site in 2001, and South Medford High School staff reports that students she would have referred to Streetwise now have no resources at all for basic needs.) The needs are high because there are many more homeless youth than are being served. More outreach is needed, and a drop-in center in Medford as well as Ashland.
- *Pregnant and parenting teens in public school but on their own (more than 200 a year, as young as 13):* Their needs are high, but the teens who request help are presently being served by :
 - North and South Medford High case managers
 - Cross Roads Alternative School (part of Community Works)

- Magdalen Shelter (run by Sacred Heart, Junior League, and the Community Development Corp.)
- *Homeless youth who are in public or alternative high school, but on their own:* Their needs are high, but the teens who request help are presently being served by :
 - North and South Medford High case managers
 - Cross Roads Alternative School
- *Youth 11 to 17 in need of emergency shelter, referred by social services agencies:* The needs will be served when the new Jackson County Youth Shelter opens in March 2002.

Homeless Single Adults without Children :

Many individuals who are homeless fall through the cracks of all the standard programs. They are single women and men without children.

Single women have a particularly difficult time being homeless. Homeless women are often less visible than men because they cover up their true situations in order to maintain the appearance of normalcy. Some women are victims of domestic violence, released from the safe home, unable to return to their former situation, who have no other options. Single women without children are not eligible for money from the domestic violence grant. Some find themselves alone as the result of divorce or the death of their husband, with no resources for the first time in their lives, nor job skills to help them survive. When they reach the end of their stay at the emergency shelter they have no where to go. Homeless women are particularly vulnerable to being victimized. One agency, CERVS, reports being contacted by 2-3 single women each day who do not have a disability or substance abuse problem. The numbers of women in the latter two categories are much higher. Statistics are not available on how many receive income based on their disability. CERVS currently has transitional shelter capacity for three to five single women. The remainder are put on a waiting list and then referred to the Women's Mission for a ten-day stay. The Women's Mission reports that 20 to 25 of their 45 beds are filled with single women at any one time.

Some homeless men and women are actually working, but have lost their place of residence due to a financial crisis which could not be handled with their minimum wage income. They may be sleeping in their cars or under the bridge. Having no children, they do not qualify for TANF; having no long term disability, they do not qualify for Social Security benefits.

A certain percentage of homeless people (9.4% of the 2002 Homeless Survey) say they are able-bodied and homeless by choice. One provider asks the question, "How many who say they are homeless "by choice," have actually been disabled by the state of homelessness, i.e., a psychosis formed by being out of one's known environment?"

In general, there are many more emergency resources available for single men than women. There are 30 emergency shelter beds available for single women and 118 beds for single men in the Medford area. All are served by four soup kitchens: two operate seven days a week, two operate once a week and one of them is for teens.

Homeless Families :

In Jackson County, both working families and families on public assistance become homeless. There are many factors which cause this phenomenon, but poverty is the highest cause. In this area, rents are high relative to the average wage. If a family is paying 50% or more of its income on rents, any emergency can lead to late payments and, ultimately, to loss of housing.

Homeless families can turn to a range of resources. The local branch of Oregon Community Human Services provides TANF to families which qualify, Medicaid health care through Oregon Health Plan, medical transportation, Food Stamps, and a range of Welfare-to-Work services. Families are referred to community non-profit agencies for food boxes, vouchers for clothing and household goods, transportation assistance and alcohol and drug treatment. Families are encouraged to get on the waiting list at the Housing Authority of Jackson County for housing vouchers and subsidized housing. The following shelter beds/transitional housing programs are available for families:

- Salvation Army has five family units. Families can stay from 30 to 60 days.
- Community Works can house 3 families (parenting teens) for up to 18 months.
- Saint Marks Episcopal Church and Zion Lutheran Church and CERVS have two houses. St Marks serves from four to six families; Zion serves six individuals. Both have on-site managers who are also in transition.
- Saint Vincent de Paul houses up to five families.
- OnTrack houses moms and children and dads with children during substance abuse treatment.
- Occasionally, churches provide vouchers for families to be sheltered in motels on an emergency basis. During the winter homeless families in Ashland may participate in a rotating shelter between churches.

WHAT ARE THE ROOT CAUSES OF HOMELESSNESS IN JACKSON COUNTY?

“Homelessness and poverty are inextricably linked. . . . Being poor means being an illness, an accident, or a paycheck away from living on the streets.” (National Coalition for the Homeless Fact Sheet #1, June 1999)

Chronic Unemployment and Underemployment :

During the recession of Winter 2001-2002, Oregon had the highest unemployment of any state in the country, 9.6%. Inadequate job skills and/or education level for area’s economic needs; unresolved and/or undiagnosed health issues; substance abuse issues ranging from self-medication to addiction; inadequate public transportation; lack of living wage jobs; poor economy, overall. In the 2002 Continuum of Care Homeless Survey, 47 out of 117 respondents (40%) reported loss of employment or other income as the cause of their homeless situation.

Once a person becomes homeless, the barriers to finding employment are increased significantly. Without access to a phone or car, a job search is sincerely handicapped. Lack of access to showers and appropriate clothing impacts interview success. For families with small children, the need for childcare inhibits the search process.

Low Wage Jobs Without Benefits :

Employment opportunities are eroding, even in a booming economy. Facts: “stagnant or falling incomes and less secure jobs which offer fewer, if any, benefits” (National Council for the Homeless, June 1999) are forcing adults with families to work for two or more employers in order to make enough money to meet basic human needs (housing, food, transportation). A 2001 report by Southern Oregon Regional Economic Development, Inc. (SOREDI) showed that because the highest proportion of jobs in this area are in the retail and service industries, there are more part time workers than full time. This leads to one of the lowest Annual Earnings per Worker in the country (Jackson County ranked 237 out of 318 cities surveyed.).

The 1997 Jackson County “Report on Poverty” reported that 47% of the local population is living below the median income and paying more that 50% of their income for rent. The most recent census data we have shows that in 1990, 76% of Jackson County low-income renters paid more than 30% of income for rent. (Oregon Progress Board's 2001 County Data Book.)

The economy is a major underlying factor of homelessness. BASIC HUMAN NEEDS become reduced to commodity form and relegated to the Market. The real cost to society is found in the assault on society, the breakdown of institutions that support society, and human quality of life.

Low Fixed Incomes :

People with disabilities, seniors and families on TANF all receive fixed incomes, which are substantially below poverty level. Other benefits, such as Food Stamps, Oregon Health Plan, child care and housing subsidy assist them to survive. However, any increase in a benefit in one area, causes a reduction in income or subsidies in another area. It is extremely difficult for a person dependent on “the system” to cover their housing needs. A person with a disability who receives SSI may never break out of the cycle of poverty. A disabled person waiting to be approved for SSI receives General Assistance of only \$314 a month. There is virtually no housing available in this area at 30% of a GA grant. Median income for the area is \$41,900 a year (HUD, December, 2001): a person on SSI receives \$6,600 a year. To qualify for the Oregon Health Plan (Medicaid health coverage) a one-person family is limited to \$698 per month.

Shortage of Affordable Housing :

Jackson County is the 5th least affordable place to live in the United, based on the median cost of housing vs. the median income. (National Assoc. of Home Builders, Medford Mail Tribune, March, 1999) The phenomenon of declining affordability is driven, in part, by upward pressures on housing prices, due to high in-migration of wealthy individuals. People who routinely pay more than 30% of their take home pay on rent are extremely vulnerable to crisis - even a small one - which can place them and their families on the street. People with disabilities and recipients of other forms of fixed income often pay 50% or more of their incomes for housing. In addition they are especially challenged by the high move-in costs (first and last months rent, plus security deposit).

Statewide, the Hunger Factors Survey 2000 (Oregon Food Bank Network and Child Welfare Partnership at Portland State University) showed that of emergency food recipients, 50% of households paid more than 47% of their income on housing, 30% paid over 70% on housing, and 27% had to move within the previous two years to find affordable housing. “According to a study by the National Low-income Housing Coalition, Oregon’s *affordable housing wage* is \$11.67 per hour.”

A further barrier to finding appropriate housing in Jackson County is the extremely low vacancy rate in rentals overall. The vacancy rate currently (early 2002) is calculated at 3.8% by the Southern Oregon Renters Association.

Shortage of Accessible Affordable Housing :

People with accessibility needs, due to disability, meet further barriers when it comes to finding housing that accommodates their requirements. Of 205 respondents to a 1999 survey of low income people with disabilities, 116 listed affordability as their main barrier to finding and maintaining housing; 21 listed accessibility. (June 1999 Survey done by Accessible Affordable Housing Work Group) A 1997 survey of subsidized housing complexes showed that, while most met the bare minimum requirement for numbers of accessible units, and some went beyond wheel chair accessibility to include

accommodation for blind or deaf residents, the number of accessible affordable units was not large.

The wait list system of the Housing Authority creates a system in which accessible units are permitted to be leased to non-disabled people, thus further reducing the pool of available units. At the time an accessible unit becomes vacant, the wait list will be scanned for people requesting an accessible apartment. If the disabled applicant's family size does not match the bedroom size the unit will go to a non-disabled tenant. However, when a disabled family does meet the bedroom size, the current not-disabled tenant must move, making available the accessible unit for the disabled family. The Housing Authority has received special vouchers for people with disabilities; however, if accessible housing stock is not available in the community and the person does not have the financial ability to modify a home, the person with the voucher is out of luck. The Accessible Affordable Housing Subcommittee of the Continuum of Care is working to raise the general awareness among housing providers of the need for accessible or adaptable units.

Education Issues :

Just as low levels of education are linked to poverty, they are linked to homelessness. Individuals who drop out of high school are more likely to have low-paying jobs, and are therefore more susceptible to a declining economy and rising costs. Successful school completion is more difficult in Jackson County than the rest of Oregon.

Statistics released in January, 2002, show that Jackson County's overall dropout rate declined in 2001 to 6.7% from the previous year's 7.22%. However, this rate is still higher than the state average of 5.25%. Some schools in Jackson County had rates as high as 10.4%. (Medford Mail Tribune, January 18, 2002) Dropout figures do not reflect the number of youth who earned GEDs, for whom "life prospects ... are closer to those of a high school dropout." In 1999 only 67% of Oregon students graduated, compared with 74% nationwide. Youth who are homeless have special difficulty completing high school. ("Characteristics of Youth Population Served"/ILP, 1999, referenced in "Has Oregon Failed its Teens?," MDT Quarterly, January 2002).

Programs offered in K-12 and even at college and university levels are not adequate to address the impacts of poverty on a student's ability to benefit from academic instruction. Also, those programs continue to be reduced and/or eliminated as part of the Oregon State budget crisis.

Access to higher education continues to become more costly - even for students with competitive academic histories. Under-educated adults with families have even greater challenges accessing whatever programs are available. Pregnant and parenting teens have severe challenges to complete their education. The cycle of poverty continues as poor families are increasingly marginalized from the benefits of a business-oriented society.

Health Issues :

Unmet medical needs lead to chronic illness. People living in poverty can become chronically "un-healthy," making them even more susceptible to acute illness and disease for which they do not have the means to obtain adequate medical treatment. The working

poor, some of whom are homeless, often are forced to access health care through the hospital Emergency Room. One of Medford's two large hospitals reports that during FY 2000-2001, 5400 patients (17% of all patients) were "private pay," with no insurance. The majority of those were considered indigent.

Cumulative affects of poverty can include: long periods of poor nutrition, un- and under-treated injuries and illnesses, untreated mental illness, self-medication with alcohol and/or drugs for depression, pain and boredom. All these effects impact a person's ability to strive to survive. The lack of Universal Health Care puts a much larger burden on society than the actual dollar costs of preventive health care, itself. In addition, the lack of a place to live, itself, can prevent a person from receiving medical procedures that require ongoing aftercare.

People with physical and/or mental disabilities make up a large portion of the homeless population of Jackson County. In the 2001 Homeless Survey, 24.8% of respondents listed medical issues or pregnancy as causing their homelessness, 12% listed mental illness. The disability often contributes to the fact that the individual becomes homeless to begin with and the disability is then often exacerbated by the person's homeless status. The un- and under-diagnosed populations are the result of no insurance, or restricted benefits for Oregon Health Plan (OHP) recipients.

At the state level 42% of households receiving food boxes reported that one member was working, however, only 16% of those households had employer-sponsored health care. Of the more than 3000 households surveyed, 25% had no health care coverage at all. Sixteen per cent of households with children had no coverage for them. Only 51% of respondents had family members who were covered by the Oregon Health Plan. (Hunger Factors Survey 2000, Oregon Food Bank Network and Child Welfare Partnership at Portland State University).

Substance Abuse and Mental Illness :

Every stage along the Continuum of Care is impacted by the fact that a high proportion of homeless individuals suffer from substance abuse and/or mental health issues. 14.5 % of respondents to the 2001 Homeless Survey stated that drug or alcohol use was the direct cause of their homelessness; 12% cited mental illness. People with alcohol or drug dependency often seem to fall through the gaps. Since the County reduced its detox facility two years ago to a "sobering unit," chemical abuse detoxification and substance-related, medically managed bed space is virtually non-existent. The two detoxification beds at Genesis Recovery are limited to people on Oregon Health Plan or other insurance. By default, the task of stabilizing an individual in need of detox services falls on our over-burdened emergency rooms or jail. This is not cost effective.

Often there are no residential treatment beds available for those who are requesting such services. Only one state-funded (Oregon Health Plan) residential treatment bed is allotted in Jackson County. The waiting list is long; and often unrealistic terms must be met to stay on the list. Fortunately, there are many slots available for day treatment covered by the Oregon Health Plan; however, participation in regular outpatient treatment is often

difficult for a homeless person to accomplish, especially in the absence of detoxification facilities. Once residential or out-patient treatment is completed people need long-term follow up care. Meeting the shelter needs of those individuals can easily exhaust social service resources. Shelter beds fill, as do transitional houses.

Domestic Violence :

In recent years, the term "domestic violence" has begun to include other forms of violence including abuse of elders, children, and siblings. The term "domestic violence" also tends to overlook male victims and violence between same-sex partners. Domestic violence against persons with disabilities by family members and care givers is a serious problem. Therefore, at CDC they prefer using the more specific term "intimate partner violence (IPV)," defined as actual or threatened physical or sexual violence, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/ girlfriend, ex-boyfriend/ex-girlfriend, or date. Some of the common terms that are used to describe intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape and date rape.

Intimate partner violence (IPV) is a substantial public health problem for Americans that has serious consequences and costs for individuals, families, communities, and society. Recent efforts have been made to increase resources to address gaps in knowledge and to improve services for victims, perpetrators and child witnesses.

Jackson County's domestic violence shelter operates at near capacity with 30 beds, serving 600 women and children a year. Many single women or women with children transition through this program in dire need of housing. The lack of appropriate affordable housing alternatives often renders them homeless or back living with the abusive partner.

Domestic violence has been rated among the top five causes of homelessness in the Jackson County Annual Homeless Survey (1989-2001). Sixteen (13.4%) of the 119 respondents to the 2002 Continuum of Care Homeless Survey cited domestic violence as the cause of their homeless state.

Affordable, accessible housing is always identified by this population as a critical need in order to break the cycle of violence and provide viable alternatives to returning to an abusive situation.

Poor Credit Histories :

Twenty nine homeless people surveyed in the 2002 Continuum of Care Homeless Survey (25%) cited poor credit as a cause of their homelessness. No matter what their background or intentions, people who have extremely low incomes are continually at risk of poor credit. Consumer credit is readily available to people with low incomes at very high interest rates and debts mount quickly, especially for those with poor decision making skills. People whose lives are balanced precariously on the economy and on many other unpredictable factors are very vulnerable to crisis; and even a seemingly minor emergency such as an unplanned car repair or medical expense can cause bills not to be paid.

Loss of Housing Due to Eviction :

Stabilizing people in existing housing is far more cost-effective than finding homes for them once they become homeless. Eviction is another stage in the spiral into homelessness for many individuals and families. Once a person has been evicted, they find it impossible to get into another rental situation. An individual evicted from public housing is also ineligible for Section 8 vouchers for a full year. The Apartment Owners Association reports that in 2000 a total of 1058 evictions took place. 32 people (27.4%) who responded to the 2002 Continuum of Care Homeless Survey disclosed that they had been evicted or thrown out. Eighteen (15.4%) reported poor rental history as a cause of their homeless situation.

The Second Chance portion of the Home At Last program addresses this issue, by providing an opportunity for a homeless person to clean up his or her rental history. After participation in the Second Chance renters training, the person will receive a certificate, which can be presented to potential landlords as a “guarantee” of the person’s suitability as a tenant.. Home At Last staff will coach tenants and work with landlords to enhance the person’s ability to retain his or her housing.

HOW THE CONTINUUM OF CARE MEETS THE NEEDS

The Role of The Non-profit in The Continuum of Care

Non-profit agencies play a large role in the Continuum of Care process in Jackson County. Much of the responsibility for assisting the homeless and the populations most “at-risk” of becoming homeless has fallen to the private non-profits, which provide basic emergency services. Public human service providers are often burdened with an already heavy case-load and do not have time or resources to focus on the overwhelming needs of the homeless clients, but must focus on poverty needs of the clients in general.

Jackson County’s public and private agencies are always searching for ways to return homeless families and individuals to productive lives, and, hopefully, to self-sufficiency. Far too often, agency staff have to become housing specialists due to the overwhelming need for advocacy around issues of poor rental history, shortage of housing options and availability, expense of short-term shelter (motels) and limited incomes which fail to meet landlord and property manager demands.

Steady increase in service requests, as indicated in the Gaps Analysis and Homeless Survey, continue to outstrip human service providers’ ability to “provide”. It is an ever increasing burden on non-profit Boards, Directors, staff and volunteers, to maintain *existing* emergency services, given the economic down turn, which throws more people into the social services system, lessens private donation, and creates budget deficits for governmental funders.

In the attempt to fill the housing needs for disabled clients, those in recovery, seniors, or youth, many local agencies and faith-based ministries are developing and running both temporary and transitional housing programs with success. This approach, as opposed to the development of housing by governmental agencies, has a two-fold benefit. The first is more personalized service

for the client. Each agency, although serving a diverse clientele at times, usually focuses on the needs of one population. Each agency in the Jackson County Continuum of Care knows best the needs of its clients - physically, emotionally and economically - and can structure their housing programs to best meet the criteria of those they serve. The second benefit accrues to the agency through the long-term investment in property. Not-for-profit organizations are hard pressed to fund expanding services without a long-term plan.

The role of the non-profit in providing transitional housing has evolved over the last five years in Jackson County. Non-profits have the ability to network with faith groups, thereby helping the community by freeing up other resources for housing the homeless.

One of the non-profits' major contribution to the Continuum of Care is the ability to pull in volunteers. Volunteers keep the non-profits alive by providing no-cost manpower which reduces the need for paid staff and literally keeps existing programs going. The value of that manpower is financial leverage when it comes to fund-raising.

Community Volunteers' Role

Volunteerism is important to all communities. Good people provide compassion and service to those individuals who need an extra hand in life. Volunteers bring passion to service and assist in creating beauty in our local communities and improving the overall quality of life. Their contributions are needed and deeply appreciated. To give an idea of the value of volunteerism in Jackson County, here are the volunteer hours calculated for a year by four social service agencies: CERVS, 19,360 hours; ACCESS, 41,702 hours; Community Works, 20,826 hours; and DASIL, 9,718 hours, for a total of 91,606 hours. The federally accepted rate for valuing each of those hours is \$16.05 (Independent Sector, February 16, 2002). Last year volunteers gave their community a gift of time, energy and care worth \$14,702,276.

People with disabilities in Jackson County contribute countless volunteer hours to their community. In the area of homelessness, they work very hard in networking with landlords in order to get housing for homeless people. A huge percentage of homeless individuals are, themselves, disabled. These disabilities interfere with their ability to find and sustain housing. Volunteers assist in searching for suitable housing, filling out the forms, mediating with landlords and, if necessary, becoming representative payees. They work closely with state agencies, churches and other community groups to gather resources needed to find and maintain housing. Volunteerism provides opportunities for people with disabilities to be productive.

In Jackson County, individuals from churches, community groups, state agencies and businesses volunteer their time, money and skills. These individuals and groups are working together to provide needed assistance to maintain stable housing. They are assisting with furniture, food, personal items, deposits, energy assistance, counseling, writing grants and fundraising. Volunteers also help raise community awareness about the importance of community human services.

The passion and services of our volunteers are major components of the Continuum of Care.

Role of the Government

In Jackson County, homeless individuals and families receive services directly and indirectly from governmental agencies, ranging from the federal to state to county agencies.

Federal Government :

- Social Security Administration: provides financial benefits in the form of Social Security Disability Insurance (SSDI) and Social Security Income (SSI) to a large portion of people who are on fixed incomes and homeless. Medicare coverage is available through the Social Security Office for people over 65 years of age and some people with disabilities.
- Veterans Administration: operates a Domiciliary in Jackson County, where veterans receive medical, mental health and substance abuse treatment. Seven beds are available for veterans to transition back into the community. An active Homeless Veterans Outreach program travels to camps and remote communities in three Oregon and two California counties, bringing food, clothing and services and assisting veterans with enrollment in benefit programs.
- USDA Rural Housing operates a number of subsidized housing projects in Southern Oregon available to homeless persons.

State of Oregon :

Oregon Department of Human Services: agencies provide state services to homeless individuals and families through its Self Sufficiency, Child Welfare, Vocational Rehabilitation and Senior and Disability Services Offices. These mainstream resources include case management, Medicaid health coverage (through the Oregon Health Plan), long term care, medical transportation, Temporary Assistance to Needy Families (TANF), assistance getting on SSI & SSDI and, for some, a small monthly grant (General Assistance) until Social Security is granted. State offices also provide a variety of back-to-work training options and job development for those who are employable, and other services to support back-to-work efforts, such as child care and job-readiness classes.

Jackson County :

Jackson County Health and Human Services provides public health services through its Health Department. Homeless individuals receive a range of services from Jackson County Mental Health and Jackson County Developmental Disability Services. Jackson County Mental Health operates transitional houses and respite care and funds crisis beds at a local hospital. Jackson County assists local non-profits to provide safety net services with its Community Development Block Grant (CDBG) funds. Of course, the County also houses homeless people arrested and convicted of crimes in the jail.

Municipal Governments :

- The Cities of Medford and Ashland also administer CDBG funds and have a process to fund non-profits to provide basic services which benefit the homeless.
- Housing Authority of Jackson County is a municipal corporation which provides the

Housing Choice (formerly, Section 8) voucher program, including disability vouchers, subsidized public housing, below-market housing, home-owner rehabilitation assistance and the Family Self-Sufficiency program.

Council of Governments :

The Rogue Valley Council of Governments is a quasi-governmental organization, which administers the state services to seniors and people with disabilities. Its 1997 strategic planning process identified the shortage of accessible, affordable housing for people with disabilities as the highest need for the populations it serves. Since then, it has been actively trying to meet that need. It has played a role in facilitating the Continuum of Care process, with special emphasis on accessible, affordable housing for people with disabilities, and is the sponsor for the HUD-funded Home At Last project.

WHO PROVIDES THE HOUSING, SHELTER AND SERVICES?

In Jackson County subsidized housing and supportive services are supplied by public and non-profit providers.

Providers of Permanent Housing Include:

Non-profits :

- ACCESS, Inc. (Low income rental units, including specialized transitional housing in conjunction with Jackson County Mental Health.)
- Rogue Valley Manor (Pacific Retirement Services) (Seniors only)
- OnTrack, Inc. (Low income rental units)
- Rogue Valley Community Development Corporation (Remodel and sales to low income families)
- Lions Sight and Hearing (Low income rental units to seniors and people with disabilities)
- Habitat for Humanity (Construction and sales to low income families)
- Living Opportunities, The ARC of Jackson County, ASI, Pathways (Group homes and supported independent community living for people with developmental disabilities)
- Community Works Supported Housing Program for teens

Public (Quasi-Governmental) Providers :

- Housing Authority of Jackson County (Housing Choice (formerly, Section 8) vouchers, including disability vouchers; public subsidized housing; below market housing; home-owner rehabilitation assistance; and the Family Self-Sufficiency program)
- Home At Last (Administered by Senior & Disability Services of Rogue Valley Council of Governments, operated by DASIL Center for Independent Living, funded by HUD: offers permanent housing for people with disabilities, through rent-subsidized scattered apartments; supportive services, including the Second Chance Renters Training; assistance with finding housing, prescriptions, durable medical equipment, transportation, job preparation, etc.)

Transitional Housing is Provided by:

- OnTrack, Inc. (Supportive programs for chemically dependent mothers with children and fathers with children: recovery, self-sufficiency, family preservation. Supportive program for people released on parole/probation: recovery, life skills, job readiness)
- The Salvation Army (Men, women, families: alcohol & drug treatment in conjunction with Genesis Recovery, self-sufficiency)
- CERVS (Two homes: Single men on an emergency basis; families and 3 to 5 single women “must work the program”: self-sufficiency)
- Community Works Homeless and Runaway Teen program, funded in part with McKinney Continuum of Care funds (Host families, group homes)
- Rogue Retreat (Christian-based recovery)
- Victory Challenge (Christian-based recovery)
- Oxford Houses (recovery, self-sufficiency)

Emergency Shelter is Provided by:

- The Gospel Mission (Men’s and Women’s programs)
- St. Vincent de Paul
- CERVS (In from the Cold Shelter)
- Interfaith Care Community of Ashland (Church Rotational Shelter during winter months)
- Dunn House program of Community Works (For victims of domestic violence)

Supportive Services for the Homeless Provided by:

Non-profits :

- Shelter Development Committee of Rogue Valley Community Development Corporation (Homeless Day in the Park: resources for homeless people.)
- ACCESS, Inc. (Rent, deposits and utility assistance, food boxes)
- CERVS (Food, housing advocacy, information and referral, clothing, storage lockers, showers, homeless voice mail, prescription assistance)
- ICCA (Day Center providing laundry facilities, showers, job assistance, church rotational shelter, motel vouchers)
- Salvation Army (Meals, information and referral, clothing, household items, utility assistance, prescriptions, transportation)
- St. Vincent de Paul (Meals, information and referral, clothing, household items, ID’s, work clothing, shelter)
- OnTrack, Inc. (Out-patient and in-patient substance abuse treatment, including for moms with children and dads with children, in-school counseling and prevention activities, HIV/AIDS support and outreach, anger management)
- Addictions Recovery Center (In-patient & out-patient drug and alcohol treatment, gambling addiction and other therapy)
- Living Opportunities, The ARC of Jackson County, ASI, Pathways (Assistance with daily needs for people in group homes; supports for independent community living for people with developmental disabilities, service coordination, vocational services)

- Creative Supports, Inc. (Service coordination for people with developmental disabilities)
- DASIL (Operating the Home At Last Program: assistance in finding housing, advocacy with landlords, food boxes, assistance with prescriptions, durable medical equipment, transportation, completion of forms, representative-payee services, renter training)
- Community Works/The Grove (For teens: day center, laundry, showers, backpacks, clothing, personal supplies, meal one evening a week)
- Peace House/Uncle Food's Diner (For teens, one evening meal a week)
- Caring Friends (For adults, one evening meal a week)
- Food & Friends (Senior meal sites, home-delivered meals once person is situated.)

Mainstream Governmental Agencies :

- Senior and Disability Services of Rogue Valley Council of Governments (For adults, including seniors: State services of case management, Medicaid acute care [Oregon Health Plan] and long term care services, Food Stamps, financial assistance for those waiting to get on Social Security, medical transportation, Employed Persons With Disabilities, protective services for elders and adults with disabilities, etc.)
- Oregon Department of Human Services (DHS) Vocational Rehabilitation (Work readiness and job development for people with disabilities)
- DHS Family Self Sufficiency (For families: TANF, Food Stamps, Welfare to Work, child care assistance, diapers, gas, emergency housing grants)
- DHS Child Welfare (Protective services for children, parenting classes, supervised visitation)
- Jackson County Mental Health (Treatment—individual and group, medication management, emergency beds, Crisis Team, transitional housing).
- VA Domiciliary (Medical and substance abuse treatment, mental health counseling, Homeless Outreach, Stand Down: resources for homeless vets)
- Jackson County Health Department (WIC, health services, immunization, TB testing, family planning services, HIV/AIDS testing)
- Jackson County Developmental Disability Services (Benefits eligibility determination for people with developmental disabilities)

JACKSON COUNTY 2002 CONTINUUM OF CARE PLAN

Introduction

The Jackson County Continuum of Care Plan, originally developed in late 2001 and early 2002, consists of the Five-Year Strategies and Annual Action Steps for several subcommittees which each focuses on a specific population or task. Sub-committees will meet a minimum of four times each year to monitor progress on their action steps and to update the action steps for the following year.

The Homeless Citizen Advisory Council did develop and prioritize three five-year strategies. However, its priorities were integrated into the other working subcommittees, due to the transitional nature of that committee, itself. Individuals who participate on the Homeless Citizen Advisory Council subcommittee are encouraged to attend the monthly Homeless Task Force meeting. In fact, the umbrella organization for the Task Force, the Jackson County Community Services Consortium, has provided funding for stipends to enable homeless individuals to participate in the Continuum of Care planning process.

The subcommittees are: Emergency Shelter/Transitional Housing, Veterans, Homeless Youth, Accessible Affordable Housing, and Systems. The Systems subcommittee is actually comprised of members of the Core Work Group. An additional subcommittee, the Annual Homeless Count carries out its functions as a part of the regular operations of the Homeless Task Force.

FIVE-YEAR STRATEGIES

Homeless Citizen Advisory Council Five-Year Strategies:

1. Development of a public-funded shelter and legal campground providing a broad basis of service to singles, as well as couples and families; also providing lockers, showers, and laundry facilities. (Include in Shelter Subcommittee Action Steps.)
2. Develop the "Second Chance Program" locally with short and long-term comprehensive case management. (Include in Accessible Affordable Housing Action Steps.)
3. As to drug and alcohol treatment beds, we feel that there are adequate outpatient facilities, but transportation should be available from areas outside Medford. (Several programs do provide transportation assistance. The Home At Last project will provide bus passes for up to three months for homeless participants.)

Emergency Shelter/Transitional Housing Subcommittee Five-Year Strategies:

1. Increase the number of residential alcohol and drug treatment beds.
 - b. Make the public and Local Alcohol & Drug Planning Commission aware of the need.

- c. Develop more outpatient treatment beds or shelter by networking with current shelter providers in the area.
- 2. Increase the number of accessible shelter beds.
- 3. Increase the number of transitional shelter beds.
- 4. Develop a publicly funded shelter with amenities. (From Homeless Citizens Advisory Council)
- 5. Support the development of a non-profit campground.

Veterans Subcommittee Five-Year Strategies:

- 1. Enhance outreach programs, utilizing specialized needs assessment tools, targeting a regional, rural population.
- 2. Support the development of affordable, accessible housing on the Domiciliary grounds based on Homeless Provider Grant/Per Diem Housing Program/VASH.

Homeless Youth Subcommittee Five Year Strategies:

- 1. Maintain the Youth Transitional Housing services available through the current McKinney Grant.
- 2. Develop additional resources for homeless youth under the age of 16
- 3. Recreate a Drop-in Center in Medford for youth that are homeless, runaway, or at risk and are between the ages of 11-22, to include: medical assistance, counseling, referrals, and other services
- 4. Create an Emergency Shelter for youth

Accessible Affordable Housing Subcommittee Five-Year Strategies:

- 1. Support the implementation of the Home At Last permanent supportive housing project if 2001 McKinney grant is approved.
 - b. Intensive case management services which will include money management, mediation with landlords, skills training on how to get along with neighbors, keep your apartment clean, etc.
 - i. Follow-up case management services, even after several years if required, in order for the person to maintain their housing.
- 2. Eight week renter training course which will result in a certificate of completion for participants which then can be presented to potential landlords.
- 3. Support other affordable accessible housing projects in the community, including the VA's Homeless Providers Grant/Per Diem Housing Program

Systems Subcommittee (Core Working Group) Five-Year Strategies:

- 1. To strengthen Continuum of Care by maximizing current resources and finding new ongoing sources of funding
- 2. Address economic discrimination in property management.
- 3. Promote the creation of and participate in a Jackson County Affordable Housing Coalition

2002 ANNUAL ACTION STEPS FOR CONTINUUM OF CARE SUBCOMMITTEES

Emergency Shelter/Transitional Housing Subcommittee Action Steps

Action # 1: Increase the number of residential alcohol and drug treatment beds.

a. Element of the Action: To help fill the biggest gap in our Valley by creating more treatment beds for those who are ready to end their addictions and begin a life of recovery. As of now most do not have this option when they seek such services unless they have good insurance or money.

b. Sub-Steps:

Sub-Step	Responsible person or organization	Start/Finish
Recruiting current shelters to wave their 'back to work' And allow individuals to stay while active in treatment.	All current shelter providers to should participate. (Jill Munn and Bill Yeager will help in recruiting these beds.	Ongoing/Salvation Army currently offers one to three beds
Raising the beer and wine tax and using that money towards more treatment beds.	Jill Munn and Joel Williams will work on this element. Oregon has the lowest tax now and it hasn't been raised in 23 years.	ASAP/2003 ballot

c. Other agencies that need to be involved: Local drug and alcohol board and any politicians who care to add to a healthier community.

d. Barriers: Like always make aware to the community the need for such services, and of course money.

Action # 2: Create more transitional houses, particularly more special needs houses,.i.e. for special populations, such as the dual-diagnosed and sex offenders, single women without children, etc. and in the outer lying areas of the Valley--Ashland, Grants Pass, etc.

a. Element of the Action: To make available more beds for those in transition with special needs and without to prepare them for self-sufficiency. A big gap is in towns outside of Medford area.

b. Sub-Steps:

Sub-Step	Responsible person or organization	Start/Finish
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Talk with local churches about supporting a new transitional housing program.	Any agency that helps the homeless. Entire sub-committee	2002/ongoing
Network with other agencies who are already crating transitional programs, such as Options based out of Grants Pass	Entire committee	ASAP

c. Other agencies who need to be involved Perhaps all agencies who work with the homeless population.

d. Barriers: Money and NIMBY

3. Action # 3: Begin an “Out of the Cold” Shelter Program

a. Element of the Action: For the coldest days in the winter months to create a safe warm place for the homeless to sleep during these coldest nights.

b. Sub-Steps:

Sub-Step	Responsible person or organization	Start/Finish
Find a location that would accommodate many, preferably an existing shelter or social services agency which has a building.	Whole committee	ASAP/by December, 2002
Work with the City to help them recognize the need	every living person	Ongoing

Action # 4: Create a non-profit campground

a. Element of action: to locate an area that would facilitate a camp for homeless people in transition. This would fill a huge gap for those who are camping illegally now.

b. Sub-Steps:

Sub-Step	Responsible person or organization	Start/Finish
Raising awareness in the community about how a program like this would benefit the community as a whole	John Statler, Marty Mosentheim	Ongoing

Finding a prime location for such a program		
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Homeless Veterans Subcommittee Annual Action Steps

Action #1: To promote and encourage continuation of the Homeless Veteran Outreach Program, through the VA Domiciliary, White City (HCMI Program).

- a. Elements of the Action: Provide additional outreach events in and around Southern Oregon: special assistance given in remote, poverty areas, not otherwise served.
- b. Strategy the Action carries out: Continuation of HCMI Outreach events. Events provide services in remote communities lacking in services, i.e., food boxes, clothing, Department of Defense surplus & assistance with VA claims.
- c. Sub-Steps:

Sub-Step	Responsible Person or Organization	Start/Finish
Network/advocate with VA re: Outreach	Jan Vaughn and Homeless Task Force	Start now
Gain Commitment by White City Dom to continue Homeless Veteran Outreach	Jan and Leadership at DOM	Start now

- d. Other persons, organizations, agencies, etc. who need to be involved: Other agencies which serve Veterans

Action #2: Pursue Homeless Providers Grant/Per Diem funding opportunity through the VA HCMI Program to provide transitional and permanent housing for homeless veterans.

- a. Key Elements
 - i To create a large, subsidized housing development, providing accessible, affordable housing to homeless Veterans and other low income people of Jackson County
 - ii. Promote "accessibility" of large number of units through Grant/Per Diem housing;
- b. Sub-Steps:

Sub-Step	Responsible Person or Organization	Start/Finish
Contact Debbie Price of Oregon Housing & Community Development	Jan Vaughn	

Approach Housing Authority of Jackson Co. to partner with VA	Jan Vaughn, Deborah Price	
Network with VA	Jan Vaughn	
Respond to NOFA/pursue grant	Grant writing Sub-committee	
Round up match	Grant writing Sub-committee	
Support project	Homeless Task Force	

c. Other persons, organizations, agencies, etc. who need to be involved:

- i VA Dom
- ii Housing Authority
- iii Oregon Housing and Community Development
- iv Agencies which provide services to Veterans

d. Resources Required:

- i Willingness of Housing Authority to partner with VA to provide special housing program - Grant/Per Diem at White City.
- ii Grant-writing for federal, state & local resources
- iii 40% match.

e. Barriers: Developers are busy with other projects.

Homeless Youth Subcommittee Annual Action Steps

Strategy #1: Continued Transitional Living Services to Homeless Youth through HART (Homeless and Runaway Teen) Program

- a. Elements of Action: Reapply for Supportive Housing Program funding in the spring of 2002
 - i A debriefing will be held with a representative from HUD to go over last year’s SHP grant scores.
 - ii The Homeless Task Force will need to designate the HART program as the #1

- b. Strategies the Action Carries Out: To continue to provide as many vulnerable homeless and runaway youth with viable housing alternatives that will help them become self-sufficient.

- c. Sub-steps:

Sub-step	Responsible Person or Organization	Start/Finish
1. HUD debriefing on last year’s Continuum of Care and projects grant proposals.	Organizations to attend: ACCESS, RVCOG, Community Works, and other Homeless Task Force members	February 5, 2002
2. Information collection, guidelines analysis and grant writing	To be determined after discussion at the Homeless Task Force	February through April, 2002

- d. Other persons, organizations, agencies, etc. who need to be involved: All agencies who work with homeless youth - local school districts, service providers on the Homeless Task Force.

- e. Resources Required: Staff time for agency personnel.

- f. Barriers: The HUD processes are difficult and must be carefully analyzed.

Strategy #2: Additional Resources for Homeless Youth Under the Age of 16: Begin problem solving at the Homeless Task Force in order to bring the problem to the awareness of the community and develop a plan to create a safe alternative to the street for youth too young to receive transitional housing.

- a. Elements of Action: Research must be done to look for existing model programs and examine how they operate, and to find funding sources if appropriate models are identified.

- b. Strategies the Action Carries out: To provide as many homeless and runaway youth

who are exceptionally vulnerable because they are under the age of 16 with help to get off the streets.

c. Sub-steps:

Sub-step	Responsible Person or Organization.	Start/Finish
1. Program and grant research		To be determined after discussion at the Homeless Task Force
2. Community awareness and support for solving problem		To be determined after discussion at the Homeless Task Force
3. Strategize funding options	To be determined after discussion at the Homeless Task Force	

d. Other Persons, Organizations, Agencies, etc. who need to be involved: All agencies who work with homeless youth - local school districts, service providers on the Homeless Task Force.

e. Resources Required: Staff time for agency personnel, agenda time for discussion at the Homeless Task Force. Planning and funds to do a community awareness campaign.

f. Barriers: The staff who would do the research are people who are already doing a full or more than full work load. (Perhaps this could be a senior project for a college student.)

Strategy #3: Create a Teen Drop-in Center in Medford: Place a drop-in center for homeless youth, ages 11-22, in Medford, the highest population center in Jackson County.

a. Elements of Action: Research must be done to find an appropriate and affordable place and to find funding to support its operation. (Funding for the services of Streetwise staff to work directly with the kids and to train volunteers is provided by a Sexual Assault Prevention and Outreach grant, but there is very little funding for rent and expenses for a Streetwise center.)

b. Strategies the Action Carries out: To provide as many homeless and runaway youth who are vulnerable and between the ages of 11-22 as possible with a drop-in center where they can access medical assistance, counseling, and referrals to services that will supply basic needs and encourage self-sufficiency, self-esteem and empowerment.

c. Sub-steps:

Sub-step	Responsible Person or Organization	Start/Finish
1. Grant research and writing	Streetwise with help of Community Works staff	
2. Location research	Streetwise staff	

d. Other Persons, Organizations, Agencies, etc. who need to be involved: Any agencies that could provide space for the drop-in center. Many other agencies would be involved in Streetwise’s day-to-day operations in Medford, but not in the development and placement of the drop-in center, other than supplying letters of support for grant proposals.

e. Resources Required: Community Works staff time - Program director, Program manager, grant writer.

f. Barriers: Only a small amount of staff time can be devoted to this project because of pressing needs for direct service work and because of the needs of other programs.

Accessible Affordable Housing Subcommittee Annual Action Steps

Strategy # 1: To provide an 8-unit Renters Training Course

a. Elements of the Action: To ensure the success of homeless individuals to retain permanent housing. By working with landlords, this strategy may also increase the amount of housing available to homeless individuals.

b. Sub-Steps:

Sub Step	Responsible Person or Organization	Start/Finish
1. Obtain Curriculum for St. Vincent de Paul (\$3,000)		
Raise funds for curriculum–grants, approach churches	Jan Vaughn	by May 1, 2002
Field Trip to Eugene St. Vincent’s	Core Work Group	Feb, 2002
2. Inform/involve landlords		
Make a presentation at a meeting of Southern Oregon Renters Association (Contact Jim Kuntz at Housing Authority to get on agenda)	Laura	February or March, 2002
Send a letter explaining the program to property managers Jim Kuntz will get mailing list.	Laura	Prior to presentation at Feb or March meeting.
3. Train Trainers	DASIL In coordination with Medford St. Vincent de Paul	By April
4. Set up classes	DASIL In coordination with St. Vincent de Paul	By May

5. Contact Agencies for referrals		
Housing Task Force and Consortium meetings. Ongoing reminders	Connie & DASIL	April
6. Implement classes	DASIL & St. Vincent's	May, June, 2002
7. Adapt curriculum	DASIL, DD Services, Living Opportunities, in conjunction w/St. Vincent's in Eugene	Fall, 2002
8. Ongoing Case Management & followup with graduates	DASIL Housing Case Manager, St. Vincent de Paul, Jan Vaughn for Vets	Ongoing
9. Ongoing contact with referral agencies.	DASIL Housing Case Manager, St. Vincent de Paul, Jan Vaughn for Vets	Ongoing
10. Ongoing Evaluation of Project per HUD guidelines	Accessible Affordable Housing Subcommittee	Ongoing

c. Other Persons, Organizations, Agencies, etc. Who Need to be Involved:

- i Faith-based groups
- ii Property management firms & landlord association
- iii Housing Authority
- iv Referral agencies

d. Resources required:

- i \$3,000 cash for curriculum
- ii Backup of St. Vincent's or creator of curriculum for training of trainers
- iii \$500 for expenses (mileage of trainers, refreshments, contingency)

e. Barriers:

- i Funding
- ii Not knowing whether a Housing Case Manager will be available through McKinney grant.
- iii NIMBY

Strategy #2: To provide long-term comprehensive case management to assist homeless persons to obtain and retain permanent housing.

a. Elements of the Action: If McKinney grant is awarded for Home at Last, implement grant provisions.

b. Sub-Steps:

Sub-Steps	Responsible Person or Organization	Start/Finish
Design Client Referral Form, selection criteria, referral process	Accessible Affordable Housing Subcommittee, DASIL	
Set up process for interacting with landlords.	Accessible Affordable Housing Subcommittee, DASIL	February, March 2002
Design administrative/bookkeeping system	DASIL, RVCOG	February, 2002
Hire and Train Housing Case Manager or hire internally	DASIL	When HUD funding is received–April, May, 2002
Begin work–enroll clients in Renters Training Course, assist them to locate appropriate accessible affordable housing, advocate for client with landlord when necessary, followup six months after “closing” case.	Housing Case manager	When HUD funding is received–April, May, 2002
Case manage homeless veterans	Jan Vaughn	Ongoing

c. Other Persons, Organizations, Agencies, etc. Who Need to be Involved:

- i State, County and non-profit referring agencies, providing primary case management
- ii St. Vincent de Paul
- iii Centers for Independent Living

d. Resources required: Provided by grant and collaborators

e. Barriers: We will find out upon implementation of Home At Last project, once funding is received and protocols developed,

Systems Subcommittee (Core Work Group) Annual Action Steps

Strategy #1: To strengthen Continuum of Care by maximizing current resources and finding new ongoing sources of funding.

a. Elements of the Action: Homeless Task Force will strengthen its funding capabilities through research (including facilitating a community-wide homeless/housing needs assessment) and cooperative funding arrangements to support the projects which the Task Force prioritizes.

b. Strategy the Action Carries Out: To develop a model/plan for long-term funding streams to ensure stability of providers and continuity and comprehensiveness of services to clients

c. Sub-steps:

Sub-Step	Responsible Person or Organization	Start/Finish
Carry out a thorough housing needs assessment in Jackson County	Susan McKenzie (?)	Winter term, 2002
Become familiar with all traditional public funding sources.	Core Group/Grant-writing Sub-committee	Once Home At Last has begun implementation
Build a strong relationship with Debbie Price, our regional representative of Oregon Housing and Community Development.	Core Group/Grant-writing Sub-committee	Ongoing
Research non-traditional and private funding sources, including attending the PNN Directors Day.	Core Group/Grant-writing Sub-committee	
Work cooperatively to apply for funding opportunities as they arise, working with Public Private Partnership when possible.	Homeless Task Force (Continuum of Care)	
Encourage Jackson Co. Community Services Consortium to continue with the proposal to publish funding opportunities.	Homeless Task Force	

Continue working together to reduce duplication of services and eliminate gaps in services so we will be perceived as “fundable.”	Homeless Task Force	
Create public awareness of issues of homelessness and the value of service agencies in community.		
Develop higher profile of involvement with funders. Speak the same language. Get them to target the issues of importance to us.		

d. Other Persons, Organizations, Agencies, etc. Who Need to be Involved:
 Funders, public decision-makers.

e. Resources required:

- i Committee time
- ii On-going sources of funding for operations.
- iii Coordination of fundraising efforts.

f. Barriers

- i Funding sources stretched more as state resources are reduced.
- ii Service providers and funders speak “different languages.”
- iii Small non-profits do not have the resources to dedicate to resource development that large organizations have.

Strategy #2: Address Economic Discrimination in Property Management

Strategy #3: Engage in Community Education & Member Education

Strategy #4: Establish a Community Information Center to Alert Homeless Individuals to Resources, Events.

APPENDICES

- A-I 2002 Gaps Analysis – Jackson County Homeless Task Force
- A-II 2002 Homeless Survey – Jackson County Homeless Task Force
- A-III 2001 Annual [24-Hour] Homeless Count – Homelessness and Housing Project
- A-IV 2001 Medford Oregon Program Planning Study – The Salvation Army
- A-V 1999 Accessible Affordable Housing Survey – Accessible Affordable Housing Work Group