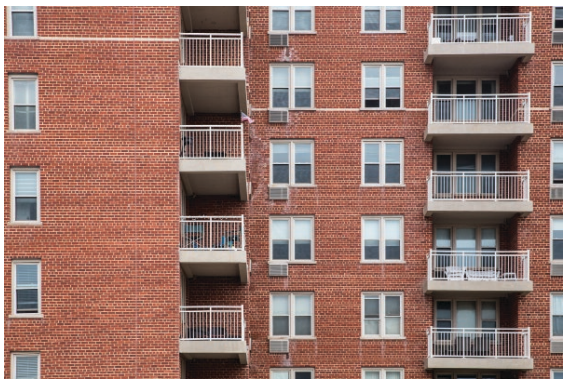
LANE COUNTY
SHELTER FEASIBILITY STUDY



DECEMBER 2018

TAC TECHNICAL ASSISTANCE COLLABORATIVE

TABLE OF CONTENTS

02

INTRODUCTION

1. BACKGROUND (2)
2. METHODOLOGY (2)

03

OVERVIEW OF HOMELESS POPULATION IN LANE COUNTY

1. ALL PEOPLE EXPERIENCING HOMELESSNESS (3)
2. FOCUS ON SINGLE ADULTS (5)

06

CURRENT HOMELESS SYSTEM FOR SINGLE ADULTS

1. OUTREACH (6)
2. DIVERSION (6)
3. EMERGENCY SHELTER (6)
4. COORDINATED ENTRY (7)
5. DAY CENTERS/ACCESS CENTERS (8)
6. TRANSITIONAL HOUSING (8)
7. RAPID RE-HOUSING (8)
8. PERMANENT SUPPORTIVE HOUSING (8)
9. TENANCY SUPPORTS (9)

10

EXTERNAL CHALLENGES IN LANE COUNTY

1. WHAT DEMOGRAPHIC DATA TELLS US ABOUT LANE COUNTY (10)
2. GREATER DEMAND DOES NOT TRANSLATE TO MORE AFFORDABLE HOUSING (11)
3. HIGH NUMBER OF NEWLY HOMELESS (11)

12

STRATEGIC POLICY RECOMMENDATIONS

1. SYSTEM-WIDE RECOMMENDATIONS (12)
2. ADD LOW-BARRIER EMERGENCY SHELTER (18)

EXECUTIVE SUMMARY

In Lane County, the number of people experiencing homelessness has been steadily increasing in recent years with a large portion (69%) of people experiencing unsheltered homelessness. Nationally, about a third of people experiencing homelessness (34.5%) are in unsheltered locations, while about two-thirds (65.5%) are in sheltered locations.[1] With the high number of people living on the streets, in cars, in tents, and other places not meant for human habitation, it is crucial that Lane County implement well-planned and effective strategies to move people out of homelessness and into safe and secure housing.

The Technical Assistance Collaborative (TAC) developed this report as part of a Public Shelter Feasibility study commissioned by Lane County in collaboration with the City of Eugene. The purpose of the study was to assess the crisis response system in Lane County, identify gaps and bottlenecks within the system, and outline best practices and strategies to address areas of need and improvement. This report outlines ten key recommendations for Lane County and its partners to address the current homeless crisis with a particular focus on unsheltered homelessness among single adults. The recommendations include strategies to address system-wide issues as well as the need for low-barrier emergency shelter beds. The key system-wide recommendations are as follows:

1. Expand and better coordinate outreach services by pro-actively engaging people who are on the streets or living in places not meant for human habitation (cars, tents, abandoned buildings, etc.) and connecting them to services – these activities are a key part of ending homelessness in any community.
2. Expand diversion and rapid exit services strategies, which is an emerging practice whereby individuals or families seeking emergency services are immediately engaged in an exploratory conversation to determine if there are alternative options, even if temporary, that would help them avoid or quickly exit literal homelessness.
3. Expand and better coordinate rapid re-housing (RRH) resources. RRH uses a progressive and individualized manner to provide short- to medium-term rental assistance, along with housing-focused services, in an effort to rapidly move households out of homelessness.
4. Create additional permanent supportive housing (PSH) and increase utilization, as Lane County has a significant population of highly vulnerable, long-term homeless individuals in both sheltered and unsheltered situations. The current PSH units throughout the county are underutilized and inadequate in meeting the needs of the community.
5. Implement effective move-on strategies, which are an emerging practice that allows mainstream or other affordable housing subsidies or units to replace the subsidy of a PSH project and thus free up the intensive service package a PSH project has to offer.
6. Expand and increase utilization of tenancy supports. While rental assistance and subsidies are an important component in ending homelessness, tenancy supports also play a critical role in ensuring clients can maintain their housing permanently.
7. Increase effectiveness of coordinated entry. A community's coordinated entry system is the primary mechanism for ensuring that those experiencing homelessness are connected to interventions that will rapidly end their homelessness.
8. Create centralized and coordinated landlord and housing partner management; landlords and other housing partners are critical stakeholders in the effort to end homelessness.
9. Provide training to ensure implementation of best practices, as training and professional development are critical to any homeless crisis response system. High staff turnover, evolving practices and promising models, unique client needs, and the overall need for highly specialized services all contribute to the need for ongoing training.
10. In addition to the above nine system-wide recommendations, TAC recommends that Lane County develop a new year-round low-barrier emergency shelter to serve 75 people.

While increasing emergency shelter beds will help respond to the immediate crisis of unsheltered single adults in the community, without expansion of other system components as well as policy alignment, training, and implementation of best practices across the CoC, the county will be unable to make a significant impact on single adult homelessness. TAC recommends that Lane County capitalize on its existing partnerships with the City of Eugene, local non-profit service providers, the local community, emergency first responders, and elected officials to plan, implement, operate, and evaluate the recommendations in this report.

1 https://www.hudexchange.info/resources/documents/2017-AHAR-Part-2-Section-1.pdf

INTRODUCTION

1. BACKGROUND

In March of 2018, Lane County, in collaboration with the City of Eugene, secured the services of the Technical Assistance Collaborative Inc., (TAC) to conduct a public shelter feasibility study. As part of the study, TAC was to assess the current homeless crisis response and service system within Lane County, including resource capacity and gaps within various system components such as coordinated entry (CE), diversion, outreach, day shelters, emergency shelters (ES), transitional housing (TH), rapid-rehousing (RRH), and permanent supportive housing (PSH). Since that time, TAC has conducted a comprehensive review and analysis of Lane County's homeless service and crisis response system, culminating in this report. The report outlines a number of recommendations related to Lane County's homeless system overall, as well as specific recommendations for the creation of a public emergency shelter.

2. METHODOLOGY

TAC's methodology to complete a shelter feasibility study focused on conducting a comprehensive assessment and analysis of all major system components within Lane County's homeless system. While emergency shelters play a crucial role in addressing a person's immediate housing crisis needs, it is important to note that shelter alone cannot be a community's singular strategy to end homelessness. For this reason, TAC approached this study with a system-wide lens and ensured our analysis incorporated data and information from multiple sources within different system components.

Below is a detailed description of our methodology and steps leading to the findings and strategic recommendations in this report. Over the course of seven months, TAC completed the following:

Data and Information Collection

TAC collected and reviewed data from the following sources:

- Lane County's Homelessness Management Information System (HMIS) including Annual Performance Reports for ES, TH, RRH, and PSH, and custom reports provided by Lane County
- Coordinated entry system reports
- Homeless Point-in-Time counts from 2011 to 2018
- Housing Inventory Chart (HIC) from 2018
- Federal fiscal year 2016 and 2017 system performance measures (SPM) reports
- Lane County CE written standards
- Poverty and Homelessness Board (PHB) Strategic Plan 2016-2021
- PHB governance charter

Stakeholder Interviews & Meetings

TAC gathered information from a wide range of Lane County stakeholders. Over the course of six months, TAC staff conducted over 30 stakeholder interviews, participated in a Poverty and Homelessness Board Meeting, facilitated two focus groups, and presented at the joint public meeting of the Eugene City Council and Lane County Commissioners. Stakeholder interviews and meetings occurred both on-site and off-site, and included representation from the following groups:

- Staff from Lane County and the City of Eugene
- Emergency shelter providers, housing providers, housing developers, advocates, consumers, funders, and other community stakeholders
- Eugene City Council Members and Lane County Commissioners
- A list of the specific agencies interviewed is provided in Appendix A.

Analysis & Assessment of Information

Throughout the course of the data collection and stakeholder interviews, TAC continuously assessed the information obtained to understand each system component, how these components are accessed by clients, and how the components relate to or interact with each other. This analysis included evaluating demographic information of those experiencing homelessness, highlighting salient data points, identifying system gaps, evaluating performance issues, and identifying overarching themes. The data and information analysis provided the basis for the development of the system map, key recommendations, and the system modeling.

Development of the System Map

TAC drafted an accessible, easy-to-understand map of the Lane County homeless service system. The map illustrates the primary aspects of the homeless service system including emergency shelter, alternate shelter options, day access centers, outreach, coordinated entry, and the housing options available. The map highlights the myriad of "paths" an individual or family experiencing a housing crisis could take to address their crisis such as accessing PSH, RRH, TH, or other affordable housing and private market housing. The goal of the map is to present the system flow and illustrate where specific gaps within the system exist, as well as identify where households get "stuck" without adequate resources to address their homelessness crisis. The map of Lane County Homeless Service System is included in Appendix B.

Development of System Modeling

TAC created a scenario planning tool to model the impact of modifications to various aspects of the county's crisis response system. The system modeling took into account factors such as the number of people experiencing homelessness, the amount of resources available within each system component, and the utilization and turnover rate for each of the system components. TAC used the system modeling to refine and "right-size" our recommendations. The system modeling analysis is included in Appendix C.

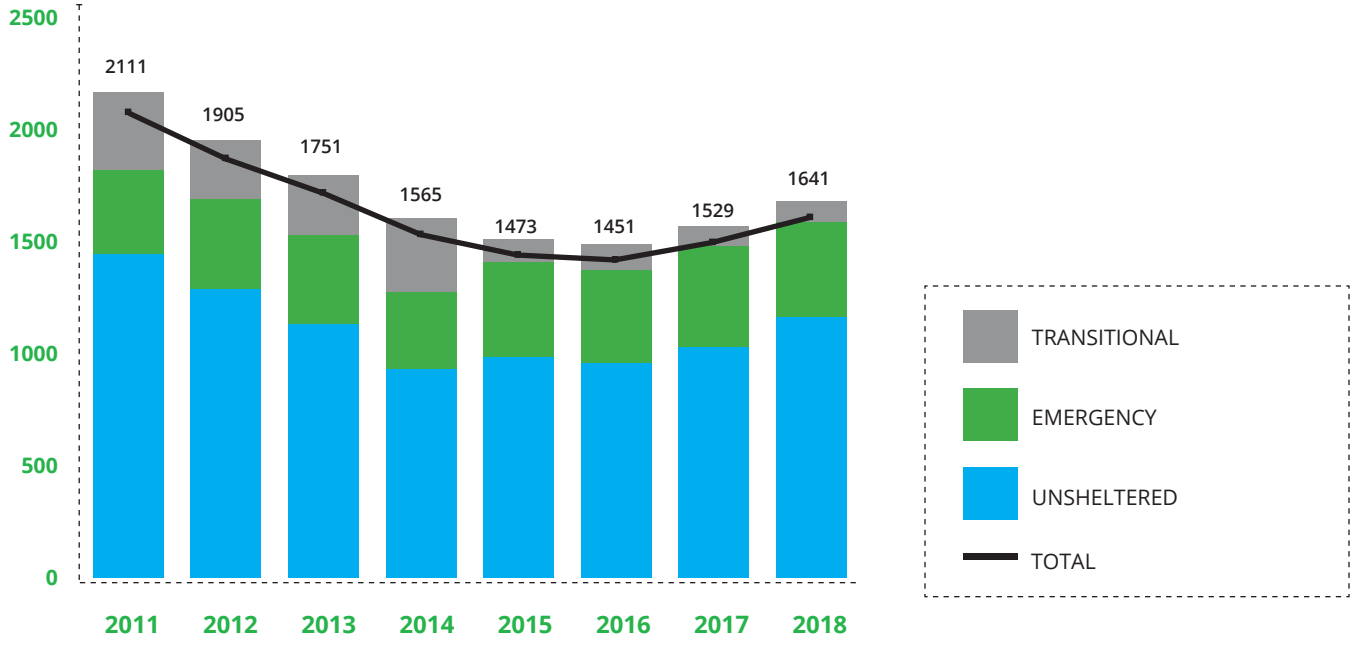
OVERVIEW OF HOMELESS POPULATION IN LANE COUNTY

1. ALL PEOPLE EXPERIENCING HOMELESSNESS

One of the primary datasets available on homelessness is data from the Point-in-Time (PIT) count. HUD requires Continuums of Care (CoC), such as Lane County, to conduct a count on a single night of the people in a community who are experiencing homelessness, including sheltered and unsheltered populations. While HUD requires only a biannual count, Lane County traditionally conducts a PIT count every year.

Lane County conducted its 2018 PIT count on January 31, 2018, and identified 1,641 persons experiencing homelessness. The chart below shows the number of people experiencing homelessness[2] and the corresponding living situation for those persons from 2011 through 2018.[3]

CHART 1: 2011-2018 PIT



The chart above illustrates that after a downward trend beginning in 2012 through 2016, the number of people experiencing homelessness has been increasing. Note that unsheltered homelessness accounts for the entire seven percent increase in overall homelessness between 2017 and 2018. The Department of Housing and Urban Development (HUD) defines unsheltered homeless situations as locations not meant for human habitation, including living on the streets, living in vehicles, and living in "alternative shelter options" (e.g., car camping, rest stops, Conestoga huts).

As part of the PIT count, communities must identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under the age of 18. In addition, communities must identify if a person is chronically homeless, indicating that the person has experienced long-time or repeated homelessness and has a disability. Tables 1 and 2 (next page) provide the demographics of persons experiencing homelessness collected as part of the 2018 PIT count.

2 2018 PIT Data provided directly from Lane County.

3 The PIT is a snapshot of people experiencing homelessness on any given night. Lane County estimates that over 15,000 people experienced homeless in Lane County in the last year.

TABLE 1: # OF HOMELESS PERSONS BY HOUSEHOLD TYPE

	Sheltered	*Unsheltered*	*Total*
Single Adults	356	1009	1365
Families with Children	138	113	251
Children Only	13	12	25
Total	***507***	***1134***	***1641***

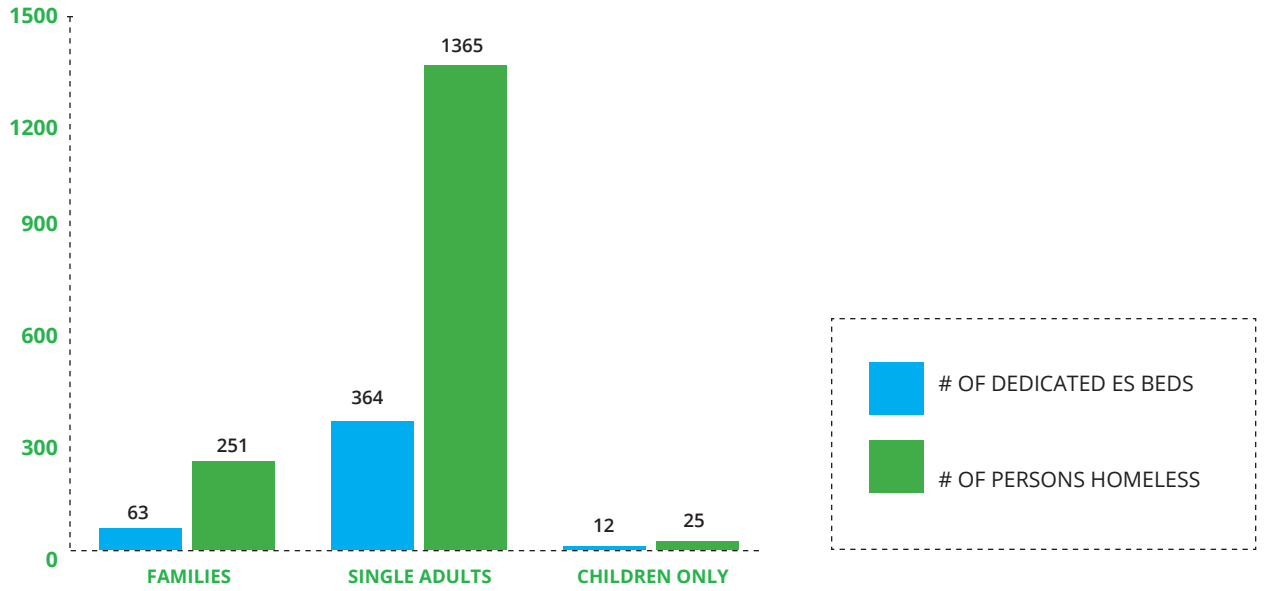
TABLE 2: 2018 HOUSEHOLD DEMOGRAPHICS

Status	*Sheltered #*	*Sheltered %*	*Unsheltered #*	*Unsheltered %*	*Total*
Chronically Homeless	112	22%	601	53%	713
Serious Mental Illness	121	24%	426	38%	547
Substance Use Disorder	73	14%	339	30%	412
Veteran	53	10%	120	11%	173

The number of single adults experiencing homelessness far exceeds the number of persons in families with children or unaccompanied minors (see Table 1). Single adults account for 83 percent of all people experiencing homelessness, persons in families with children account for 15 percent, and unaccompanied minors account for two percent.

While gaps in emergency shelter resources exist for all populations in Lane County, the difference between the number of people experiencing homelessness and the number of emergency shelter beds is greatest for single adults who account for the majority of those experiencing homelessness, as evidenced in Chart 2 below.

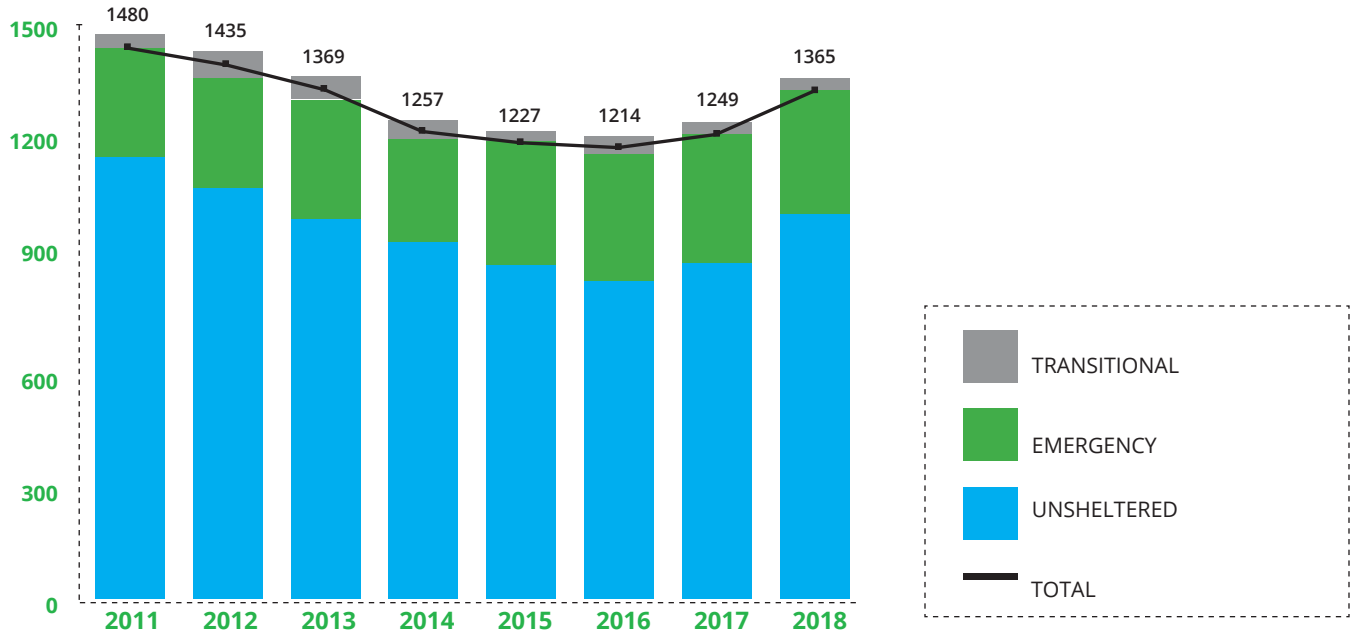
CHART 2: NUMBER OF ES BEDS BY POPULATION



2. FOCUS ON SINGLE ADULTS

Over 1,300 single adults are experiencing homelessness on any given night in Lane County, accounting for 83 percent of all people experiencing homelessness in the community. During the night of the PIT count, 1,009 of these single adults were in unsheltered locations, comprising 89 percent of the unsheltered population.

CHART 3: 2018 PIT SINGLE ADULTS



Compared to national data, Lane County has a much higher incidence of homelessness amongst single adults. Nationally, 67 percent of the overall homeless population is single adults and 33 percent are people in families.[4] A closer look at this population indicates that many are chronically homeless, have a serious mental illness, a substance use disorder, and/or are Veterans.

Lane County's 2018 PIT count identified 713 people who were chronically homeless, with 112 living in sheltered locations and 601 living in unsheltered locations. Furthermore, data showed that 24 percent of sheltered people and 38 percent of unsheltered people identified as having a serious mental illness (SMI), and 14 percent of sheltered people and 30 percent of unsheltered people had a substance use disorder (SUD).

Data indicates that the Lane County unsheltered single adult population is significantly higher than many other similar communities:

- Out of 399 CoCs across the country, Lane County ranks as the CoC with the 40th highest number of unsheltered people
- Of "Smaller, City, County, and Regional CoCs" across the country, Lane County ranks 6th in the number of chronically homeless single adults [5]
- In Lane County, 0.27 percent of the population is unsheltered, as compared to Portland with 0.20 percent, and Seattle with 0.25 percent[6]

Chronic Homelessness Definition: HUD defines chronic homelessness as a single adult (or head of household in a family) who has been homeless consistently for at least one year, or who has had four episodes of homelessness over three years, of which episodes total at least 12 months of homelessness.

Given the high incidence of homelessness among single adults, many of whom are people with disabilities experiencing chronic homelessness, TAC determined that additional analysis of Lane County's homeless service system and potential recommendations should focus primarily on addressing single adults.

4 2017 AHAR.

5 2017 AHAR.

6 Based on comparing data in 2017 AHAR and US Census Population Data.

CURRENT HOMELESS SYSTEM FOR SINGLE ADULTS

Understanding all aspects of the homeless system for single adults, from outreach to permanent supportive housing, and how these are accessed by clients, is critical to developing shelter recommendations.

1. OUTREACH

Outreach is an extremely important activity designed to help establish supportive relationships, give people advice and support, and provide access to the services and supports that will help them move off the streets to permanent housing. Outreach is a necessary system component to access hard-to-reach individuals and should be connected to an overall concerted effort to end homelessness. Best practice in outreach requires moving outside the walls of agencies to engage people experiencing homelessness where they are physically located and to connect with those who may be disconnected and alienated from both mainstream services and supports and services targeting people experiencing homelessness. The best practice in outreach is housing-focused.

TAC identified several gaps and barriers within the current outreach system. Currently, there are limited outreach programs focused on connecting unsheltered single adults to permanent housing. Within Lane County, there are four outreach programs that "touch" single adults. These include the White Bird SAMHSA PATH program, the Shankle program, ShelterCare's FUSE Program, and the Looking Glass street outreach project that serves youth who are predominantly 18 and older. Although these programs provide essential services to those they serve, the staff capacity across these programs is insufficient to effectively engage the number of unsheltered single adults who currently live on the streets and in places not meant for human habitation. A review of the number of persons served with outreach services showed that approximately 1,000 persons receive outreach services annually.[7] With over 1,000 single adults living in unsheltered locations on any given night during the year, it is clear that additional outreach efforts are needed.

In addition to insufficient staffing, the Lane County outreach services design does not allow for system-wide engagement strategies. Currently, each program operates independently and is focused only on its specific target population, (e.g., SMI). Finally, outreach services and case management are not always housing-focused nor housing placement oriented.

2. DIVERSION

Diversion, or rapid exit, is a best practice strategy that communities incorporate into their homeless crisis response system to prevent homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing quickly. Diversion services can reduce the number of households becoming homeless, the demand for shelter beds, and the size of program waitlists. Diversion services can also help communities achieve better outcomes and be more competitive when applying for federal funding. Diversion services are offered immediately prior to, or immediately after, a household becomes literally homeless. In general, diversion practices are emerging and communities are working to identify the best way to implement diversion services and resources locally.

There are currently no robust diversion programs in Lane County, nor distinct diversion efforts at points of shelter entry; TAC considers this to be a gap in the overall homelessness system. Based on a review of the data available on lengths of stays in emergency shelters, it is likely that a number of people enter shelter in Lane County who – if diversion were provided – could either be diverted prior to shelter entry or within a short period of time after shelter intake.

3. EMERGENCY SHELTER

Emergency shelters are a facility or type of crisis housing (e.g., crisis beds, motel vouchers) with the primary purpose of providing safe temporary shelter for people experiencing a housing crisis. Emergency shelters provide a temporary place for people to stay, meet basic needs such as food, safety, and hygiene, and offer some level of support to seek and obtain housing. Emergency shelters and other types of crisis housing play a critical role in a system's response to homelessness, as people in a housing crisis will always need a safe and decent place to go that is immediately available. Low-barrier orientation is considered best practice for emergency shelters. Low-barrier shelters have a housing-first orientation and few, if any, barriers to entry, such as sobriety requirements or background checks.

Within Lane County, there are currently 364 year-round emergency shelter beds dedicated for single adults. During stakeholder interviews, it was noted that current shelter providers face staffing challenges, as well as physical design layouts, that limit options on how many people can be served on any given night. These emergency shelters do not use a low-barrier model. In turn, some of the most vulnerable people continue to sleep on the streets and in places not meant for human habitation around Lane County, primarily in the City of Eugene. In addition, there does not seem to be a strong focus on housing-related case management to quickly exit individuals from shelter into permanent housing.

A review of the emergency shelter data[8] shows that most people entering the shelter system are coming directly from homeless situations. Eighty percent of those coming from homeless situations were coming from unsheltered locations (See Chart 4 & Chart 5).

7 Based on 2017 Outreach APR.

8 Data from 2017 Emergency Shelter APR.

CHART 4: LIVING SITUATION AT PROGRAM ENTRY

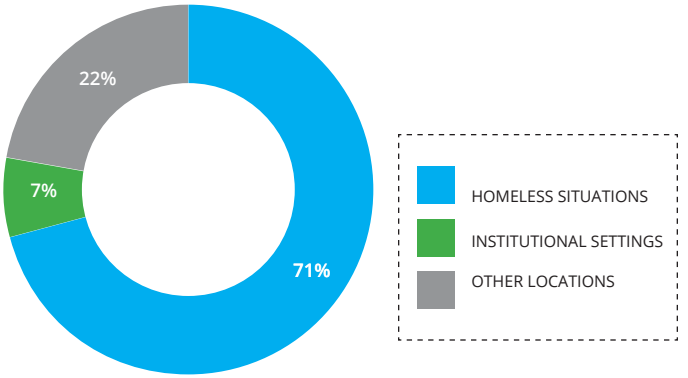
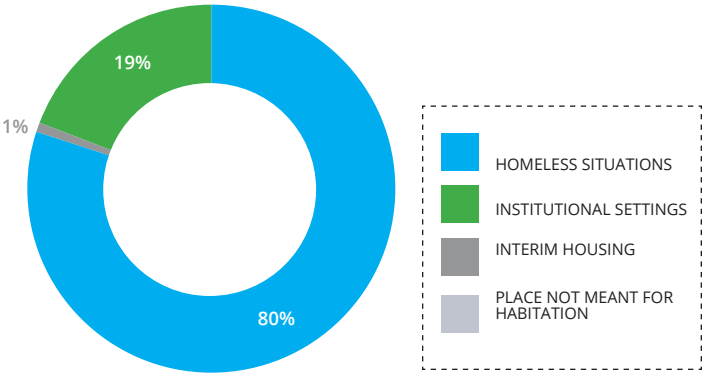
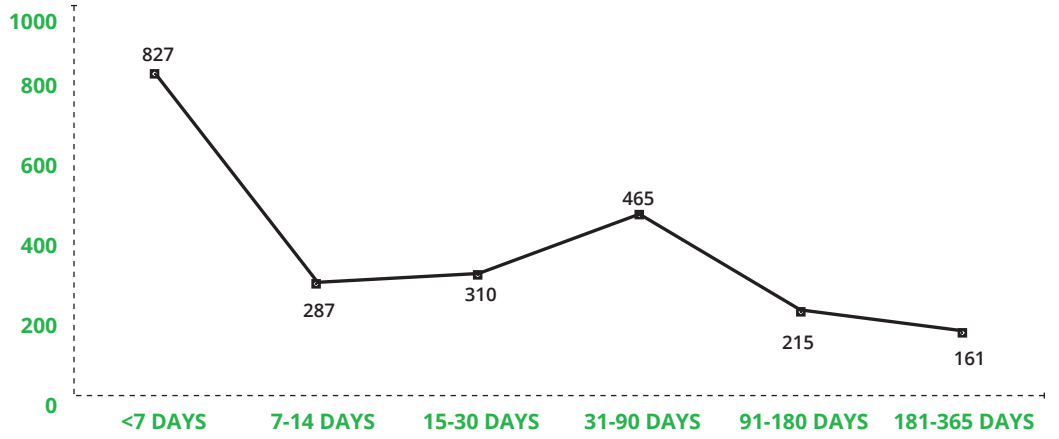


CHART 5: HOMELESS SITUATION



Half of the people who enter the shelter system exit within 14 days. It is likely that a portion of these people could be diverted at entry if diversion and rapid exit practices were in place,[9] as discussed above. Also noteworthy is that a smaller percentage of people have lengthy periods of stays of 90 days or more (Chart 6). These long-term stayers represent a "clog" in the system, where there is an inability to move people out of shelters and into permanent housing destinations. One other issue highlighted in the data analysis is that current existing beds are not being fully utilized, with a utilization rate of 85 percent system-wide. This may be related to staffing capacity issues as well as the higher-barrier model that is being employed.

CHART 6: SINGLE ADULTS BY LENGTH OF TIME (LOT) IN EMERGENCY SHELTERS



Although changes to existing shelter practices may create better system performance, the current emergency system is privately funded, and does not receive any local, state, or federal funding for any operations. This limits the ability of Lane County and the City of Eugene to require changes in practices to more low-barrier models in existing shelter operations.

4. COORDINATED ENTRY

Coordinated Entry (CE) is a system that works by establishing a common process to understand the situation of all individuals and families who are experiencing a housing crisis, and request assistance through the homeless crisis response system. Core elements of CE include establishment of crisis system access point(s), the use of a standardized assessment process to gather information on program participants' preferences and housing needs, and a standardized referral process that prioritizes households with the highest needs to appropriate and available housing resources.

Lane County Health and Human Services is responsible for overseeing Lane County's coordinated entry system. Currently, participating agencies conduct assessments at 11 different physical access points throughout the system. In addition, one agency also conducts assessments via mobile outreach. Lane County uses the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

9 The program exit data available is not reliable, with over 75% of destinations reporting missing data.

as its common assessment tool. This tool provides a score for each assessed individual; this score is then used to determine what specific intervention should be offered to that person, and their prioritization on the centralized waitlist (CWL). For single adults, a VI-SPDAT score of 8+ will place them on the CWL for permanent supportive housing, while a score of 4-7 will place them on the CWL for a rapid re-housing intervention.

The coordinated entry system was established in 2015; since then, 1,493 assessments have been completed (as of 6/30/18). Of these completed assessments, 76 percent of persons assessed were single adults.

Through its CE policies and procedures, Lane County requires that assessments be updated every six months or the assessment will "expire" and the household will be removed from the CWL. Since available housing resources are limited, a large portion of people who are assessed will not be offered a resource within this timeframe, and may become disconnected during this period. Since CE was implemented, 709 singles adults have been removed from the CWL list, 549 of which were due to an expired assessment. Forty-three percent of people assessed (both single adults and families) have been removed from the CWL without ever being referred to a housing resource.

The current system design presents a number of challenges. First, it "wastes" resources of the assessing agencies and gives some people in need of a housing intervention "false hope." Second, not all homeless resources participate in CE, specifically PSH and Transitional Housing units. In addition, while the CE system incorporates some mobile outreach doing assessments, there is no fully dedicated CE outreach team to do assessments system-wide. There also is no "walk-in" capacity as most assessments require an appointment, which means the person in need will have to "follow up" with an appointment at a later time. Finally, given the number of people who are experiencing homelessness and are living on the streets or in shelters, there is insufficient assessor and navigator capacity.

5. DAY CENTERS/ACCESS CENTERS

Day shelters or access centers in Lane County provide emergency and basic needs assistance including food, clothing, laundry and shower facilities, supplies, telephone and internet access, housing location services, advocacy, and transportation assistance. Currently there are three day shelters/access centers within Lane County. One access center, Service Station, is designed to provide basic assistance for single adults.

6. TRANSITIONAL HOUSING

TH is a temporary model of housing, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months. Transitional housing can be a necessary part of a CoC's homeless assistance portfolio, especially where services offered actually match the needs of people experiencing homelessness. This type of housing should be reserved for those populations who need this particular type of intervention, rather than being used for those who need permanent supportive housing or who need less intensive interventions.

There are currently 47 transitional housing beds for single adults within Lane County. The majority of these beds are targeted to Veterans and youth populations. Based on TAC's analysis, the existing TH beds available do respond to a need in the community, and at 92 percent, have the highest utilization rate of all programs. However, some performance improvements might be needed. Of particular note is that 19 percent of households who exit TH to permanent housing return to homelessness within 2 years.

7. RAPID RE-HOUSING

RRH is an intervention, informed by progressive assistance and a housing first approach, that is a critical part of a community's effective homeless crisis response system. Rapid re-housing quickly connects families and individuals experiencing homelessness to permanent housing through a tailored package of resources that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking them to community resources that enable them to achieve housing stability in the long-term.

There are 50 units of RRH dedicated to single adults. These units are administered across five different programs in Lane County. These programs do not operate or interact in a systematic way, but are instead siloed within the different agencies that administer the programs. In addition, the RRH system resources – mainly the resources dedicated to staff positions, navigators, housing search workers, and landlord engagement liaisons – are underfunded, thereby limiting the effectiveness of this component. Currently, at 74 percent, RRH resources have the lowest utilization rate system-wide. This may be due to the challenges providers face in locating housing and quickly moving households out of homelessness.

8. PERMANENT SUPPORTIVE HOUSING

PSH is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis. PSH is considered a best practice.

Lane County currently has just over 400 PSH units for single adults. This number is inadequate to serve the number of homeless households who are eligible for, and would benefit from, the resources of PSH, and it presents a sizable gap in the PSH system. In addition, of these 400 PSH units, 223 are Veterans Affairs

Supportive Housing (VASH) units dedicated to chronically homeless Veterans. The VASH units represent roughly 58 percent of the PSH units in Lane County, but homeless Veterans represent roughly 11 percent[10] of the homeless population. PSH as a system resource is not "right-sized" within the overall Lane County homeless and crisis response system. This reality has already been recognized by the Lane County Poverty and Homelessness Board, which outlined the need for additional PSH in its five-year strategic plan. The PHB committed to coordinate with service provider partner agencies within Lane County to create an additional 600 units of supportive housing for people who are chronically homeless, including Veterans and youth; those who experience mental illness, domestic violence, and/or drug and alcohol abuse; and those exiting the criminal justice, foster care, and/or child welfare systems.[11]

Although PSH is a much-needed resource within the system, the PSH resources that currently exist are not fully utilized, with a utilization rate of 87 percent. Similar to the issues in utilization for RRH, this is partly due to difficulties in finding housing opportunities for people with a number of barriers in a market with limited housing stock. Additionally, once households move into housing assisted with PSH, there is very limited turnover within the programs (2 percent annual turnover rate).

9. TENANCY SUPPORTS

Tenancy supports and services are any types of support to help a household obtain and remain in permanent housing. Tenancy supports can range from housing search, landlord tenant mediation, case management for budgeting, and assistance in increasing both employment and non-employment income. While case management services do exist within programs, some stakeholders noted that tenancy supports are underfunded and are not available on the scale needed to serve people in PSH and RRH. The 2017 System Performance Measures showed that across the different system interventions, 21 percent of households who exited to permanent housing returned to homelessness within two years.More robust tenancy supports would improve housing-related outcomes across the system.

10 FY18 Lane County Point-in-Time Count.

11 Lane County Poverty and Homelessness Board Strategic Plan 2016-2021.

EXTERNAL CHALLENGES IN LANE COUNTY

Data from this study and other sources suggests that the persistence of the county's single adult homeless population is due in part to demographic variables and rental stock realities over which the county has limited, if any, control.

1. WHAT DEMOGRAPHIC DATA TELLS US ABOUT THE LANE COUNTY POPULATION'S NEED FOR HOUSING

Lane County demographic data describes a county population that is older, more disabled, and less employed than other parts of the state. Perhaps in part because of these characteristics, the data paints Lane County as strikingly poorer than several other Oregon counties, the rest of Oregon, and the United States as a whole.[12]

TABLE 3: ESTIMATED POVERTY RATES, U.S. CENSUS

Geographic Area	*Poverty Rate*
Lane County	18.3%
United States	12.7%
State of Oregon	13.3%
Marion County, OR	13.6%
Multnomah County, OR	14.2%
Portland, OR	16.9%

The county has more people over the age of 65 compared to the United States as a whole or to the State of Oregon (See Table 4 below).

TABLE 4: PERCENTAGE OF POPULATION AGE 65 YEARS AND OLDER, U.S. CENSUS

Geographic Area	*Percent of Persons 65 Years of Age and Older*
Lane County	18.7%
United States	15.6%
State of Oregon	17.1%
Marion County, OR	15.3%
Multnomah County, OR	13%
Portland, OR	11.6%

TABLE 5: PERCENTAGE OF POPULATION AGE 16 OR OLDER IN CIVILIAN LABOR FORCE, U.S. CENSUS

Geographic Area	*Percent of Persons Age 16 or Older in the Civilian Labor Force*
Lane County	59.2%
United States	63.1%
State of Oregon	61.9%
Marion County, OR	61.8%
Multnomah County, OR	68.7%
Portland, OR	69.5%

The county has fewer people age 16 and older employed in the civilian labor force. In September 2018, the State of Oregon reported an unemployment rate of 4.2 percent for Lane County, compared to 3.2-3.5 percent in the tri-county area surrounding Portland, and 3.8 percent for the state as a whole. Lastly, Lane County has a higher percentage of people with disabilities under age 65.

12 The Census indicates limitations to comparing poverty data across geographies.

TABLE 6: PERCENTAGE OF POPULATION WITH A DISABILITY, U.S. CENSUS

Geographic Area	*Percent of Persons with a Disability Under Age 65*
Lane County	12.17%
United States	8.6%
State of Oregon	10.3%
Marion County, OR	11.1%
Multnomah County, OR	10.0%
Portland, OR	11.6%

For the most part, Lane County officials cannot alter these demographic variables of age, disability, and poverty. However, these characteristics are likely associated with a greater need for affordable housing, as well as a higher risk for eviction and homelessness.

2. GREATER DEMAND DOES NOT TRANSLATE TO MORE AFFORDABLE HOUSING

Like many communities across the country, pressure on the rental market has been increasing, resulting in low vacancy rates; the current Lane County rental vacancy rate is 2.9 percent. There is limited new production in the county. Unfortunately, even the combination of high demand and low vacancy rates has not organically resulted in increases in rental housing generally, and affordably priced housing specifically. The U.S. Census indicates that there were only 842 building permits issued in Lane County in 2017, compared to 1,346 in Marion County and over 7,000 in Multnomah County. Interviews with staff indicate that there is a lack of incentive, as well as capacity, for new rental development. We also note that an estimated 90 percent of the county is federally-owned land.

3. HIGH NUMBER OF NEWLY HOMELESS

The number of new people experiencing homelessness in Lane County has increased steadily in recent years.[13] On average, Lane County sees about 130 newly homeless people entering the homeless and crisis response system each month. There is no reliable data available as to where newly homeless people live prior to becoming known to the Lane County crisis system. It is likely that some people entering homelessness for the first time are long-term Lane County residents or people with ties to Lane County, and some are from "other communities" and found their way to Lane County.

It is important to note that Lane County is not the only entity experiencing increasing homelessness, including unsheltered homelessness. The 2017 Annual Homeless Assessment Report to Congress (AHAR)[14] found that the number of people experiencing homelessness is increasing in all states on the West Coast. In California, the number of people experiencing homelessness has increased by 13.7 percent, in Washington State it has increased by 1.4 percent, and in Oregon it has increased by 5.4 percent.

Staff indicated that elected officials and others feel pressure from the Martin v. Boise case. In this Boise, Idaho case, the court found that "as long as there is no option of sleeping indoors, the government cannot criminalize indigent homeless people for sleeping outdoors, on public property, on the false premise that they had a choice in this matter."[15] TAC encourages the county to fully implement the range of recommendations below in order to begin to decrease this very visible population and minimize any potential pressure to criminalize homelessness in the county.

13 2017 System Performance Measure 5.2.

14 2017 AHAR.

15 https://www.nlchp.org/Martin%20vs.%20Boise%202018.pdf.

STRATEGIC POLICY RECOMMENDATIONS

While increasing emergency shelter beds will help respond to the immediate crisis of unsheltered single adults in the community, without expansion of other system components as well as policy alignment, training, and implementation of best practices across the CoC, the county will be unable to make a significant impact on single adult homelessness. Below, TAC provides a number of system-wide strategic recommendations in addition to the recommendation of increasing low-barrier shelter beds.

TAC created a modeling tool in order to determine the "size" of the various recommendations, including the additional number of units or increased staffing. Information about this modeling tool is available in Appendix C.

1.SYSTEM-WIDE RECOMMENDATIONS

A. Expand and Better Coordinate Outreach

Outreach services – proactively engaging people who are on the streets or living in places not meant for human habitation (cars, tents, abandoned buildings, etc.) and connecting them to services – are a key part of ending homelessness in any community. This is especially true in Lane County, given the diverse geography of the CoC and the high number and significant vulnerabilities of unsheltered homeless adults throughout the county. As described above, Lane County does have some outreach activities, but they tend to be for specific populations or are not clearly defined in terms of geographic coverage and linkages to services. TAC's outreach recommendations rely on the principle that outreach should be fully coordinated and have linkages back to emergency shelter and permanent housing opportunities. Lane County's outreach priorities should focus on those individuals who have been homeless the longest and present with the most significant barriers so as to connect those individuals to the limited permanent housing assistance (both RRH and PSH) available through Coordinated Entry. The county should also ensure that outreach workers are trained in administering the CoC's common assessment tool and such assessments are done in accordance with the Coordinated Entry protocol (as discussed below).

Further, outreach within the county should be mapped to ensure no gaps in coverage. TAC recommends an actual mapping process where all outreach and coordinated entry personnel work together to identify on paper (a map) where outreach coverages exist and where gaps remain. A focused effort should be made to convene all outreach partners on a periodic basis to engage in coverage discussions as well as case conferencing to strategize around difficult to engage households who may need to be prioritized for service linkages. Outreach workers targeting specific and/or general populations should have a clear communication protocol back to the coordinated entry system and amongst shelter and other outreach teams so that all parts of the crisis response system are working in concert, without gaps or duplication in efforts.

As part of this recommendation, TAC recommends, among other direct outreach personnel, one full-time equivalent (FTE) county Outreach Coordinator/Manager who would be responsible for coordinating outreach efforts and implementing streamlined communication and service linkage protocols. This position would help outreach teams for both general and specific populations cross-coordinate efforts, as well as support data collection processes and linkages to the Common Assessment and Coordinated Entry process. This position would also coordinate with the coordinated entry staff for case conferencing and other strategy meetings. The 1 FTE takes into account that this individual may also play the role of a direct outreach worker and supervisor of all outreach workers and activities. The role of Outreach Coordinator/Manager should be responsible for ensuring that outreach and coordinated entry communication and referral protocol are consistent with the larger system of care.

Specific Outreach Recommendations

1. TAC recommends expanding street outreach to include a minimum of five FTE outreach workers and one FTE County Outreach Coordinator/Manager.
2. TAC recommends expanding/redesigning street outreach to become a coordinated system-wide approach, connected to coordinated entry, emergency shelters, and other housing opportunities.
3. TAC recommends ongoing and increased use of mobile technology (tablets) with HMIS embedded. This would allow for entries into an "Outreach" project in HMIS before a common assessment is complete, so that there is real-time accounting of all individuals or families living in unsheltered situations.
4. TAC recommends a small annual 'barrier buster'/flexible fund of $50,000 in financial assistance for those engaged by outreach. This assistance should be used only when funds can assist a household in reconnecting to permanent housing. For instance, a small car repair to allow an individual to access employment opportunities, or reconnecting a family's cell phone service so they can coordinate housing and education needs. This fund would operate similarly to the diversion fund noted below, and may in fact cover many of the same types of costs, particularly when a household has an opportunity to reconnect with family or friends on a temporary or permanent basis. Emergency supplies and crisis goods may be paid for using this fund if and when no other community resources are available to meet that need.

B. Expand Diversion and Rapid Exit Services

Homelessness diversion and rapid exit (collectively called diversion in this context) strategies are an emerging practice whereby individuals or families seeking emergency services are immediately engaged in an exploratory conversation to determine if there are alternative options, even if temporary, that would help them avoid or quickly exit literal homelessness. Diversion strategies rely on personnel trained in conflict resolution and mediation who have the skills and mindset to engage in difficult conversations with clients at the time of crisis. Homelessness diversion aims to help reconnect people with their family, friends, other social networks, or communities of origin. These practices identify who may be willing to provide space for a household to live, identify connections for people back to their community of origin, and mitigate illegal or confusing landlord practices (such as when someone thinks they must leave their unit but still have a legal right to that housing).

Unlike homelessness prevention, which often occurs days or weeks before someone faces literal homelessness, diversion and rapid exit services should be positioned directly at the “front door” of a shelter, both existing and new, or in an outreach setting. This intervention focuses on alternative safe options for people who are presenting for crisis services and believe they have no other safe housing option or place to stay that night or for those who entered a shelter or homelessness in the last few days. Diversion relies heavily on making quick, appropriate connections to a client’s familial and/or social networks in order to resolve the immediate need for crisis services. Diversion is primarily conducted in shelters or service centers, but outreach teams should also be trained in basic diversion techniques for those cases that must be explored in an unsheltered situation. Of note, diversion efforts should be made with all clients presenting for services or shelter but only a fraction of those will actually be diverted, even temporarily. Diversion refocuses the discussion from “I need a shelter bed tonight” to “I need a safe place to stay tonight,” a subtle but significant paradigm shift in how homeless services respond to people in early crisis.

In addition to diversion specialists, TAC recommends that the city/county provide a limited ‘barrier buster’ or flexible fund for diversion assistance with clear protocol for when and how to use such limited funds. Examples of financial assistance might be to pay a family member a time-limited stipend to house someone, gas or food vouchers for host families, transportation costs to reconnect individuals to their community of origin (based on their choice and available support), and other limited payments. While financial assistance is helpful, it is important to note that the true essence of strong diversion practices rely on highly skilled diversion specialists who are able to have sometimes challenging and lengthy exploratory conversations with people who are seeking emergency services.

Diversion: Diversion is an intervention designed to assist people in finding immediate alternatives to emergency shelter or prolonged homelessness. Diversion practices rely on:

- Skilled staff in mediation and problem solving
- Limited, targeted financial assistance to reconnect people with family, friends or other social networks
- A change in approach from "How can we get you into shelter " to "How can we find someplace safe for you to stay while you work on your long term housing plans."
- A strong coordination across outreach, shelter, housing and other crisis service partners

Specific Diversion Recommendations

1. TAC recommends that diversion be implemented system-wide and have six specific diversion specialists and $50,000 in (annual) diversion financial resources. For example, assuming 130 newly homeless individuals per month and a 20 percent diversion rate, this amounts to an average of $200-$300 per successfully diverted household. Within this framework, many households may not need any financial assistance to be diverted (family member allows them to stay without any financial incentive), while others may need $500-$1,000 in assistance (transportation costs to a family member in another state along with a food voucher to assist the host in providing for the household). Financial assistance should be flexible enough to meet emerging needs while also ensuring accountability in how funds are disbursed.
2. Diversion specialists should be positioned at and rotate through various emergency shelter and crisis service centers at key times of the day/week when newly homeless households typically present for services.
3. Financial assistance should be highly targeted through written policies and procedures for payment commitments and distribution (minimum host expectations, limits on amounts, assurance that assistance aids in longer-term housing opportunities).
4. TAC recommends that the CoC provide a system-wide diversion training for direct care practitioners and work to orient diversion and rapid exit services within the front door of all emergency access points.

C. Expand and Better Coordinate RRH Resources

While a limited resource in Lane County, RRH services can fill an important gap in the system's efforts to house households as quickly as possible. RRH provides, in a progressive and individualized manner, short- to medium-term rental assistance along with housing-focused services in an effort to rapidly move households out of homelessness. RRH operates as a progressive assistance model whereby the least amount of assistance needed to end a client's homelessness is offered first, and that assistance is increased or continued only if and when the household needs it to sustain their tenancy. RRH resources should be highly flexible. Similar to other housing interventions, RRH should be distributed equitably, not equally. That is, each household receives a unique service and assistance package that fits their household needs (equity), rather than all households receiving equal (or the same) amount of assistance regardless of individual household circumstances, strengths, and housing barriers. This applies to both the intensity and frequency of supportive services as well as the amount and duration of financial assistance.

Of note, while financial assistance is a critical component to any RRH project, strong case management and housing services are often equally or more important to the project's success. A typical RRH grant should include at least 40-50 percent of the funds going to support case management and housing search activities (labor). Financial assistance should be flexible, but limited to only what a household needs. This means that the tenancy support services in RRH play a critical role in a project's success and the delivery of high quality tenancy supports requires training and ongoing professional development for case managers, housing navigators, managers, and fiscal staff.

RRH projects are difficult to operate and require a very discreet set of housing-focused skills. TAC recommends a review of all RRH projects to ensure each has the capacity to deliver RRH services well. This includes a focus on staff training, provider capacity to make timely payments to landlords (within 2-3 business days when necessary), the ability to co-locate in shelters and other emergency settings so services can reach those who need it most regardless of their physical location and in accordance with the Coordinated Entry Prioritization protocol, targeting criteria, and other performance factors. Standard documentation expectations should be in place to expedite RRH enrollments and allow for quick payments for units in order to remain competitive in the tight housing market. RRH providers should also be fully engrained into a system-wide landlord and housing partner outreach and relationship management strategy, as described below. Lane County should also consider using RRH for people with higher vulnerabilities than the current coordinated entry protocol allows (thus the need for highly tuned supportive service and tenancy supports) and targeting limited PSH units to replace the RRH subsidy should some households still need permanent affordability after the RRH intervention is complete.

Generally, TAC recommends consolidating RRH resources in any given community so that the RRH providers can tailor their work to this type of intervention. If and when new or increased RRH funds are available, TAC recommends those resources be awarded to a smaller group of providers who can then deliver RRH services in settings across the county. RRH, similar to PSH, is a system-wide resource and when many providers receive small amounts to serve their own clients, this dilutes the quality and level of services that can be delivered overall.

Specific RRH Recommendations

1. Use RRH resources as a system-wide intervention not constrained to any one provider, even if funds are managed and delivered by a discreet set of highly skilled organizations.
2. Create system-wide RRH written standards and expectations, including training expectations, focused on households with higher vulnerability, and flexible, progressively administered housing and financial assistance.
3. Coordinate with and participate in a system-wide landlord and housing partner outreach and relationship management strategy (see Landlord Engagement Strategy recommendation further below).
4. Include training and expectations related to housing first, crisis response, client choice, and progressive assistance. Training should also include tenancy support models that focus on tenancy access and preservation rather than clinical or other long-term personal outcomes.
5. Incorporate four dimensional tenancy supports (Breadth, Depth, Frequency, and Duration) as a foundation for housing services.
6. If Lane County were able to identify an additional $500,000 in annual RRH funds (from any or multiple sources), $350,000 of which would focus on individual adults and the remaining targeted to families, significant strides could be made in promoting private market rental connections. At an average cost of $4,000 per household in assistance (services and financial assistance combined), this would allow Lane County to serve an additional 125 households annually with flexible, client-centered housing services. This $4,000 recognizes that some households may need only a security deposit and light rental assistance, while others (particularly those who score for PSH but no PSH is immediately available) may need longer-term financial and tenancy support assistance).

D. Create additional PSH & Increase Utilization

Lane County has a significant population of highly vulnerable, long-term homeless individuals in both sheltered and unsheltered situations. The current PSH units throughout the county are underutilized and inadequate to meet the needs in the community. PSH is a proven model of housing that provides robust wraparound case management services with permanent unit affordability based on household income.

Regarding utilization, Lane County should review all PSH projects to look for ways to make sure all available units/subsidies are used. This includes both better utilization of existing housing, whether private market or specifically subsidized, construction of housing specifically for PSH, and incentives to include project-based style PSH opportunities in other new housing development projects. Utilization also relies on a deep commitment to housing first principles and connections to the formal coordinated entry process. Lane County should consider written standards and expectations that require PSH providers to alert the housing referral system immediately when units become available or are anticipated to become available. PSH providers should move quickly in connecting with referrals and allowing for immediate access to PSH once those referrals are made. Further, annual and ongoing staff training protocol should be in place to ensure that case managers have the skills and capacity to help people retain their housing once they enter a PSH project, thus reducing rates of recidivism into homelessness and demonstrating better outcomes at the project and system level. Finally, Lane County should explore move-on strategies whereby mainstream housing vouchers replace the PSH subsidy to allow for permanent affordability for those who need a housing subsidy but may not need the intensive PSH service package once they are stabilized in housing. Move-on strategies rely on client choice and many clients will never sustain housing without the services PSH offers; however, some clients may be able to maintain their housing with a voucher that does not include those services.

More efficient means of utilizing and providing services in the current PSH portfolio will not be sufficient for Lane County. Lane County must also identify new PSH units through both the creation of physical units and the provision of tenant-based or project-based rental assistance in existing housing. In identifying opportunities for increased utilization of existing resources or the creation of new PSH resources, Lane County should consider how to mitigate any additional costs or staffing issues that may arise for those mainstream or PSH providers willing to dedicate resources (e.g., participation in CE and HMIS).

Specific PSH Recommendations

1. TAC recommends adding 350 new PSH units (new creation and repurpose and increased utilization of current existing units to be accessible to Extremely Low Income people experiencing homelessness).
2. In the past few months, Lane County has received funds for 60 housing first PSH units and 33 targeted Mainstream Vouchers.[16] Lane County should continue to apply for and/or support developers in applying for these funds as appropriate.
3. Lane County has a significant pool of VASH resources specifically targeted to the Veteran population and should identify any barriers to efficient implementation, including project-basing some of the vouchers, and once these are resolved, consider expanding the program.
4. Ensure PSH is targeted to the most vulnerable single individual adults by making all referrals to PSH through Coordinated Entry.
5. Ensure PSH providers coordinate with and participate in system-wide landlord and housing partner outreach and relationship management strategies (see Landlord Engagement Strategy recommendation further below).
6. Ensure the crisis response system – especially case managers – understands how to leverage reasonable accommodations.
7. Consider increasing the PHA payment standard to allow greater competition of vouchers within the private market.
8. Ensure effective participation in system-wide landlord engagement strategies to increase access to units and quicker housing search (see Landlord Engagement Strategy further below).

E. Implement Effective Move-On Strategies

Move-on strategies are an emerging practice that allows mainstream or other affordable housing subsidies or units to replace the subsidy of a PSH project and thus free up the intensive service package the PSH project has to offer. Move-on strategies rely on a high level of coordination with local voucher systems and engagement with mainstream affordable housing owners to ensure that targeting is transparent and clear, and mitigate against any unintended consequences of transitioning a unit or household to a new subsidy or unit. The premise of move-on strategies is that some, though not all, households in PSH may continue to need the affordability of the subsidy but do not need the permanent supportive services that PSH provides. For these households, mainstream subsidies and units can replace the subsidy provided so that the PSH provider can use the subsidy and service package to house someone coming out of literal homelessness. While some households may need the housing assistance and services offered in PSH for the foreseeable future, there are households who may be able to "move-on" from PSH but have no other permanent housing options. Lane County should explore the different possible areas for move-on strategies to include preferences within the Housing Choice Voucher Program (HCVP) portfolio and in multifamily developments created with federal, state, or local financing. It is important to note that these strategies will result in no costs to the county, city or other entities.

16 Some of these will divert from homelessness.

F. Expand and Increase Utilization of Tenancy Supports

While rental assistance and subsidies are an important component in ending homelessness, tenancy supports also play a critical role in ensuring clients can maintain their housing permanently. Data on returns to homelessness from PH suggests that tenancy supports may not be as available or effective as needed; in 2017, 21 percent of people who exited to permanent housing returned to homelessness.

Tenancy supports are activities related to ensuring a tenant complies with their lease. This might include budgeting assistance to ensure rent is paid on time and in full, training on keeping the apartment clean, providing support to request reasonable accommodations, and developing a positive relationship with the property owner. Lane County should consider system-wide training and support protocols that allow for ongoing professional development of case managers and other housing specialists. This could include a mix of online, in-person, and peer-to-peer training and sharing opportunities. In contracting, funders should ensure that proposals include an adequate level of supportive service and case management staff for the target population. Housing providers must build a culture of housing first, whereby tenant screening barriers and housing retention barriers become the primary focus of all housing intervention; that is, ensure clients can pursue larger personal goals but keep the primary focus of services on ensuring housing can be obtained or maintained even if a client still faces significant personal challenges or engages in risky behavior.

1. Ensure providers are able to effectively provide and bill for tenancy supports.
2. Require capacity development on service delivery and billing, and training and supports on the delivery of best practices.

G. Increase Effectiveness of Coordinated Entry

A community's coordinated entry system is the primary mechanism for ensuring that those experiencing homelessness are connected to interventions that will rapidly end their homelessness. Coordinated entry works by establishing a common process to assess the situation of all households who request help through the housing crisis response system. Each coordinated entry system should incorporate four core elements within their process: 1) Access Points, 2) Standardized Assessment Process, 3) Prioritization of Households, and 4) Referral to Housing and Supportive Services Resources.

While Lane County has established a coordinated entry system with each of these core elements, there are a number of specific areas where improvements are needed to increase system access, improve housing connections, and implement an effective and consistent process throughout the system. In order to increase system access, it is necessary to establish a direct connection between outreach staff and the coordinated entry system. This should include ensuring that outreach staff act as assessors and developing an ongoing communication plan between outreach staff, the Outreach Coordinator/Manager, and the Coordinated Entry Administrative Analyst/Manager. Given that outreach staff are primarily in the field, it is important that mobile technology is available to staff to conduct assessments. In addition, Lane County should add two full-time county-funded assessor positions. These assessors should be placed at a location that allows for walk-in appointments, and they should also be able to conduct assessments over the phone as needed.

In order to improve the efficiency of the assessment process, Lane County should consider implementing a phased assessment approach in order to capture information on an as-needed basis throughout the process. The initial assessment phase could occur at the first interaction with the system and collect only the information essential to understanding the person's immediate needs, which may include verifying the household's current housing status and whether they are at risk of harm due to a variety of factors such as a perpetrator of domestic violence or a medical condition that requires immediate attention to ensure the physical health and well-being of the household. Additional assessment phases, including the completion of a VI-SPDAT, would occur only after a household has been unable to resolve their housing crisis after a certain period of time (e.g., 14 days after initial assessment) and based on their homeless history (e.g., only chronic singles receive a VI-SPDAT assessment). Once a VI-SPDAT is completed, the system should provide a straightforward way to make updates to the assessment if a household's circumstances change or to confirm that the information is still valid. This should help minimize the number of "expired" assessments.
In addition to the recommendations related to access points and assessment phases, there are specific changes needed in the prioritization and referral processes to incorporate a dynamic prioritization process. The Coordinated Entry process currently "assigns" referrals to the CWL for PSH or RRH based on the VI-SPDAT score. Instead of trying to "match" vulnerability levels to particular interventions, the system should prioritize people for whatever resources are available at that time. This means that if a RRH slot is available, the person with the highest need on the CWL should receive it, even if that person scored a "17" on the VI-SPDAT.

Dynamic prioritization takes into account both the changing nature of the population of people who have been prioritized as well as the availability of resources. It supports a faster and more efficient process for matching and referring people to programs, and accepts that there may not be enough of the most needed resources to help all households who request help. As part of implementing a dynamic prioritization process, it is important that the system have robust housing navigation and case conferencing protocols in place. Lane County requires at least 2-3 Housing Navigators to assist those individuals and families with the highest need to prepare for housing. This may include accompanying persons to all housing-related appointments and other necessary social services. Housing navigators should have in-depth knowledge of local systems to keep the process running smoothly and eliminate any barriers to moving a household off the street

and into housing as quickly as possible. Housing navigators should work closely with outreach, coordinated entry, and other provider staff as necessary.

Finally, it is important that a case conferencing process be established to include the Outreach Coordinator/Manager, housing navigators, and coordinated entry administrative analysts. Case conferencing is a process by which all appropriate supports and resources can connect to each other to strategize around the needs of everyone on the CWL at once. The process also allows the CoC to translate individual data points into a bigger picture snapshot, enabling evaluation, troubleshooting, and process improvement across the entire local housing system.

Specific CE Recommendations

1. Ensure referrals for all units dedicated to people experiencing homelessness (including non-CoC funded projects) are made through the CWL.
2. In addition to assessors at provider agencies and through outreach staff, add two county-level FTE assessors who have the capacity to conduct assessments through walk-ins and via phone. Outreach staff who conduct assessments should be provided mobile technology whenever possible to ensure assessments are placed into the system in "real-time."
3. Ensure coordinated entry is fully connected to and engaged with the system-wide outreach team (see outreach recommendations).
4. Create strong housing navigation systems, including two to three FTE navigators throughout the system to connect people to diversion, outreach, emergency shelters, PSH, and RRH. Housing navigators will participate in the case conferencing process as well.
5. Eliminate separation and use of "buckets" for referrals to CWL for PSH & RRH. The Coordinated Entry system should allow people to access any of the resources for which they qualify, and not presume that certain households will not be successful in RRH.
6. Implement a progressive and phased assessment approach. This could include a tiered approach based on when assessments occur and the level of assessment provided in each phase.
7. Revise how assessments are updated to decrease the number of "expired" assessments. The CE system should not require that households go through a full assessment to remain active in the system.
8. Establish a case conferencing process among outreach, navigator, and coordinated entry staff to allow for a dynamic prioritization of households on the CWL.

H. Create Centralized and Coordinated Landlord and Housing Partner Management

Landlords and other housing partners are critical stakeholders in the effort to end homelessness. Oftentimes, landlord relationships are managed at the provider or even staff level, resulting in fragmentation when it comes to housing referrals and unit matching. Lane County should consider adding two FTE Housing Partner Coordinators whose sole job is to recruit new housing partners, create and maintain landowner relationships, and track levels of risk tolerance across housing partners. Similar to By-Name Lists of homeless households, Lane County should establish, either online or in a single database, a By-Name Landlord Management Tool. This would allow tracking of open units and willing landlords, and also provide a place to note risk aversion; for instance, noting which landlords will take individuals with past evictions vs. those who will not, as well as other factors that would help the housing match process.

A risk associated with a centralized landlord management structure is variability in how different housing providers engage with and respond to landlord needs. Lane County should consider implementing a Housing Partner Handbook that outlines the basic expectations of housing providers when engaging with landlords and responding to landlord complaints, as well as communication protocol and minimum service expectations. This document could be accompanied by Memoranda of Understanding that commit the Continuum to providing landlord contacts and opportunities in exchange for service provider commitments relative to the communication protocol and the minimum service expectations outlined. Further, Lane County should institute a quarterly service provider landlord case conference system whereby housing providers can share information and lessons learned related to their direct interaction with area housing partners and landlords.

Lane County should also consider a more robust landlord engagement strategy that both educates landlords on the housing services provided and validates landlord concerns in working with "housing programs." This would include public messaging from county and city officials, uniform marketing material for the entire CoC, a housing partner seminar (supported by a private foundation) to recruit and inform housing partners of the efforts to end homelessness, and a social media strategy to highlight strong housing partners in the community. Lane County, in partnership with funders, should also consider a clear, transparent risk mitigation fund that can be used if or when excessive damage is done to units or rent loss becomes an issue. Other strategic partnerships may also be helpful for when damage is done in a unit (for instance, a local carpenter union contributing charitable time to fix units) or when clients need basic furnishings or necessities when entering units (for instance, a partnership with the colleges to obtain dormitory furniture when it is replaced).

I. Training to Ensure Implementation of Best Practices

Training and professional development are critical to any homeless crisis response system. High staff turnover, evolving practices and promising models, unique client needs and the overall need for highly specialized services all contribute to the need for ongoing training. Lane County should review current resources that can be used for training and consider pooling resources or providing cross-cutting training throughout the county. For example, have each provider contribute a modest amount to attend a countywide housing first training utilizing professional trainers. TAC recommends that Lane County set aside a budget of roughly $75,000 annually to assist in continued training costs, which may include but are not limited to: staff time to oversee a position to coordinate and communicate upcoming trainings and available free trainings, funds for hiring 'experts' to train staff on specific topics when free trainings are not available, costs associated with staff travel time and expenses to attend trainings (i.e., national trainings), and cost for software, if applicable, to attend remote trainings.

TAC recommends Lane County establish a training and professional development protocol that addresses, at minimum, the following:

- Housing First, Progressive Assistance and Client Choice (Annual)
- Rapid Re-housing Practices (Annual and when a new provider begins)
- Coordinated Entry (Annual and when significant changes are made)
- Tenancy Supports and Case Management (Annual in person, quarterly online)
- CoC Start Up Trainings (Whenever offered by HUD)
- Project and Fiscal Management (Annual for housing assistance administrators)
- HUD Webinar Trainings (All; every provider must have at least one attendee)
- VA SSVF Monthly Webinar Series (All SSVF providers)
- New Staff Orientation (All new staff, online modules specific to program type)
- SOAR (one SOAR specialist mandatory for each provider, or countywide SOAR training)
- Ongoing webinars offered by national partners such as TAC, NAEH, and others.

2. ADD LOW-BARRIER EMERGENCY SHELTER

TAC recommends Lane County expand emergency shelter for single individuals. As discussed above, Lane County's current shelter capacity for single adults is limited, and the beds that do exist can be difficult to access. Individuals with some of the most significant vulnerabilities and challenges – criminal histories, behavioral health issues, etc. – are often unable to access Lane County's existing year-round emergency shelter.

Emerging emergency shelter models, predominately known as navigation centers, are replacing older shelter models that traditionally required gender segregation, high barriers and rules to entry, and no place for personal possessions or partners. While navigation centers can 'look' different, the overarching principles are the same and include, at minimum, the opportunity for people to enter with partners, pets, and their possessions. Navigation centers are designed to serve people who are living in unsheltered places, on the streets, in encampments, or other places not meant for human habitation. These individuals can be very vulnerable and are often fearful or reject accessing traditional shelter and services, typically due to psychological and/or physical barriers. Navigation centers are low-barrier, and provide intensive case management to connect people to public benefits, health services, and permanent housing, through a housing first philosophy.

TAC recommends that Lane County develop a new year-round emergency shelter – a navigation center – to serve 75 people. In preliminary recommendations, TAC discussed a 50-75 bed shelter. In this final report, TAC provides design and cost recommendations for 75 beds, with the intention that as the number of unsheltered individuals in Lane County decreases over time, the emergency shelter could be scaled back to 50 beds.

Expanding shelter beds is critical to impacting visible homelessness in the county. Ending homelessness for single individuals, however, is unlikely unless the county makes system-wide changes to other crisis system components such as those described in this report. Shelters will keep people safe and help to engage them in changing their situation. However, without flow in other system components, such as PSH, these individuals will find it difficult to exit a shelter to a permanent housing situation.

TAC's emergency shelter recommendations are consistent with the navigation center model, and include specific recommendations in three areas: shelter location, physical structure, and operations.

Shelter Location Considerations

In identifying a location for the new shelter, the county will want to consider costs and proximity to services and amenities. TAC recommends that the county identify a county- or city-owned vacant lot that is available for a new structure, or county- or city-owned underutilized property that can be repurposed and rehabilitated for the shelter. Using county- or city-owned land or property will be cost-effective. In addition, using public property may help to mitigate or "ride out" any community opposition that develops. The majority of existing navigation centers are located on government-owned land or land temporarily available before an affordable housing project is developed on the site.

The second consideration in land/property is location. TAC recommends that the shelter be centrally located. It should be easily reached by people who are homeless and near amenities that may be needed such as public bus lines, day shelters, and health care services.

Convenient: A navigation center model is most successful when located in "walkable" areas or near public transportation. It is imperative that people can access a bus line and that the shelter offer bus vouchers/passes for clients. A less centrally located shelter will be more difficult for clients to access. In addition, a location with no access to public transportation may place a greater strain on staff and operations, as case managers would need to spend more time coordinating transportation arrangements for client appointments and to connect clients to resources that are not based at the center.

Accessible: The shelter should be opened 24/7, allowing people to come and go throughout the day. This is necessary for people to be able to access on-site services, as well as services in other parts of Lane County without worrying about a safe place to stay that night. This is especially important for clients employed to work the 3rd/ night shift.

Neighborhood Politics: Neighborhood "buy-in" is important in making the new shelter a success. Once a site is identified, outreach, education, and marketing to the local residential and business community should be done immediately. Through Lane County and its partners, the community process should include buy-in that results in the entire neighborhood committed to the shelter and its occupants' ultimate success.

Shelter Structure Considerations

The physical structure and model of the shelter will impact costs and must be taken into account.

Shelter structure lay-out/design: In order to serve 75 people in new shelter beds, models of the actual structure or buildings may vary. As discussed earlier, TAC is recommending 75 beds initially, but as Lane County and its partners work to decrease the number of vulnerable people living on the streets and in need of beds at the new emergency shelter, the number of beds will be able to be reduced. Therefore, TAC recommends the new shelter design anticipate at least partial repurposing of the property. Other navigation centers use a "temporary" structure that will be repurposed to permanent housing in the future. There are several common design options. TAC recommends that Lane County consider which of these options is the best fit once the land or property is secured. Navigation centers in other communities include unused office buildings, former school buildings, SROs, and modular trailers.

Regardless of the option selected, TAC recommends the following elements. Dormitory style living is more cost effective and secure than individual rooms for each person/couple. The dormitory structure can be one large space with partitioned sections/ areas. The structure should be mixed gender and include the option for a couple (regardless of gender) to sleep in beds next to each other, allow pets in the space with their owner, and provide a safe location to securely store people's possessions. Best practices within the navigation model include communal spaces for comfort and opportunities for clients to interact, both indoors and outdoors. The space should also include showers, bathrooms (either single use or two separated facilities so clients feel comfortable and safe using the facility of their choice), a kitchen and dining area, staff offices/space, secure space for intake procedures, as well as private/confidential meeting spaces with clients.

Accessibility in Structure: The facility should be designed and operated as a low-barrier shelter, which accommodates those who:

- Have substance use disorders and/or mental health issues
- Require harm reduction supplies, including condoms, clean needles, access to a safe disposal such as sharps containers, etc.
- Require access to primary health care
- Require physical accessibility

In addition to the above accommodations, the shelter design should also consider the following accessible features for people with disabilities:

- Exterior and interior common areas intended for shelter users (including landscaped open space, outdoor recreation areas, walkways and program spaces) should be universally accessible
- Stairs and ramps must be easily usable by people with reduced mobility and impaired vision
- Rough-in wiring in the building entry/lobby for future automatic door opener
- Accessible washrooms should have resilient, non-slip floors, and knee clearance under the sink
- Roll-in showers should be provided for wheelchair-accessible showering
- Doors, faucets, and showerheads should have lever handles rather than knobs
- Light switches, thermostats, other controls, and storage should be mounted at a height accessible for a person in a wheelchair
- Outdoor seating area/common space is durable, low maintenance, and universally designed

Cost of structure: As mentioned previously, there are several considerations when analyzing costs of the structure. Typically, these costs are one-time costs associated with the construction of a new building or acquisition (e.g., purchase of land or modular trailers) or rehabilitation of an existing structure. In addition to traditional building costs, one-time costs may also include kitchen appliances, furniture for clients, furniture and equipment for staff offices, etc. Nationally, the one-time costs incurred by navigation centers with 50-75 beds range from $712,000 to $2.4 million, with an average cost of $1.6 million. Many of the navigation centers are in large, high cost cities, and therefore the cost in Lane County may be below the national average.[17]

17 See Appendix D: Research on National Emerging and Promising Practices in Emergency Shelter.

Shelter Operations Considerations

Shelter operational policies and practices, the design and cost of staffing, shelter hours, populations served, services being provided, and tracking data for performance and evaluation must all be carefully considered in order to ensure the navigation center is effective. Consistent with other navigation center models, TAC recommends that Lane County issue a request for proposals to outsource the shelter operations to either a single local non-profit partner agency, or a partnership of non-profits with a single agency as a distinctive lead.

Shelter principles and practices: Based on emerging best practices for emergency shelters, TAC recommends that the shelter be low-barrier and low-threshold to entry and throughout shelter stays. This theory encompasses the following three "P's": pets, partners, and possessions. Clients arriving with pets should be able to enter and stay at the shelter with their pets. The pets should be permitted to stay in the dormitories with their owners, and should also have outdoor space; case managers shall help connect owners with pet services (e.g., veterinary services, support animal certificates, etc.). Partners are allowed to enter together as clients. Since TAC is recommending that the dormitories are mixed gender, clients may request beds next to a partner of any gender. When a couple presents, the practice should be to provide case management individually to each person, not as a couple. However, if both partners consent, housing plans can be coordinated. The third "P" stands for possessions. The shelter should have lockers/ cubbies with locks in each dormitory for small possessions, and also have a storage area on-site for larger possessions. In addition, consistent with best practice low-barrier principles, the shelter should not have any preconditions to entry such as sobriety, required participation in mental health treatment, or requirements for service participation. As a safety and legal issue, most navigation centers do not allow substance use on-site.

Shelter Hours: Immediate and easy access to the shelter is another key principle of shelter operations. The shelter should be accessible 24/7, allowing clients to come and go freely throughout the day. Policies and expectations should include that clients do not "lose" a bed unless they do not check in with the center for 72 hours and cannot be located by the case manager. TAC does not recommend an arbitrary length of stay, as past navigation centers have found this is not an effective practice. The length of stay should be flexible, with clear expectations that the shelter is a temporary resource that connects people to permanent housing. The shelter should never discharge people into a continued homeless situation, except where the continued presence of a guest threatens the safety of other guests or staff.

Population to be served: TAC recommends that the shelter have a clear definition of the target population to be served in the shelter, (e.g., people who are unsheltered – living on the streets or in places not meant for human habitation including tents, encampments, and under bridges) – who have barriers to using traditional shelters, and have the greatest length of time homeless and are extremely vulnerable. TAC recommends that the shelter adopt a guiding principle that names the target population. For example, "Lane County's emergency shelter's goals are to assist people who are unsheltered in obtaining permanent housing as rapidly as possible, and to increase the capacity of providers to provide tailored services utilizing an intensive service model based on flexible, housing first practices."

Shelter admittance should be only by referral. Referrals should be made by an outreach team (as discussed earlier as a system-wide recommendation) that includes outreach workers (their service partners) and first responders'/police officers. Lane County should develop referral policies and procedures including clearly identifying referral access points, referral agencies, and referral eligibility requirements. Lane County and its partners should create a By-Name list of the high-needs, longest stayers on the streets for referrals to the new shelter beds. Once a person is referred to the shelter and has accepted a bed, a coordinated entry assessment can be administered at the shelter, and the person will be added to the central waitlist. While this model supports active outreach for clients to be referred to the shelter, there should also be staff at the shelter with diversion skills who can work with people who show up at the shelter without an outreach team referral.

Pilot program for Veterans: TAC recommends that Lane County carve out beds within the 75 new shelter beds as a pilot for Veterans who meet the eligibility criteria for the shelter. The pilot should set aside five beds for Veteran referrals. Case managers will work to quickly connect the Veterans to available and underutilized VASH vouchers through the housing authority. An evaluation of the pilot could include a comparison of the length of shelter stay for pilot participants and other guests. TAC expects the length of stay will be shorter for those who have access to readily available permanent housing resources. This may help inform future planning for housing resources in Lane County.

Services to be provided and resources available: Providing access to both services and housing resources will be key to the shelter's success. Staff at the shelter must be able to provide intense housing-focused services. Case management is organized to quickly route clients into housing or to other long-term placements. The practice should be to provide intensive housing search assistance to each guest residing at the shelter, including but not limited to: assistance in applying for affordable housing lists; assistance with enrollment in any rapid re-housing or permanent supportive housing opportunities to which guests may be matched through the coordinated entry system; advocacy on behalf of clients; identification of roommates for shared housing opportunities; and exploring relocation to other communities and/or reunification with family in accordance with client choice. Additional resources at the shelter should include access to showers, laundry, food and meals, secure and accessible storage, connections to other mainstream benefits including health care/

Medicaid, employment and training opportunities, and applications to entitlement benefits for which the clients are eligible. In many navigation centers, kitchens are available 24/7, and meals are made available through partnerships with local food pantries as well as the Meals on Wheels program.

In addition to housing-focused intensive case management, the likelihood of positive outcomes, (i.e., people exiting to permanent housing), is greater when there are affordable housing resources available. Earlier in this report, TAC recommended making rapid re-housing resources available to help people exit the shelter to permanent housing, both as a flexible fund and for short- and medium-term rental assistance. Lane County should be realistic about how 'rapidly' people can leave the shelter. Based on initial evaluations from current navigation centers, the process to house people (with PH/PSH resources) takes an average of two months, and even longer if there are no back-end PSH resource for each bed at the center and for clients with more significant individual or systemic barriers. The average length of stay in a navigation center is 48 days, and clients being serviced by "diversion/rapid exit" should have an average length of stay of two days.

TAC suggests Lane County incorporate an additional $500,000 in rapid re-housing/flexible housing funds per year, for two years, to be phased in as a resource to assist clients in the shelter with housing resources. After the initial two years, if the $500,000 resource is still available, it is suggested that the funds become a part of the CE system as a whole.

Staffing Structure: TAC also recommends a staffing structure based on other navigation models' best practices and lessons learned. As mentioned above, TAC recommends that Lane County RFP the oversight of the center to a non-profit agency to run day-to-day operations, including the on-site staffing. In order to provide the intensive case management, the case manager caseload should be roughly 20:1, client to case manager ratio. There should also be at least three case managers on-site at all times.

Case management staff will work to connect clients to housing options and assist clients in overcoming housing barriers. This includes collection of government-issued documents (e.g., identification, birth certificates), working to resolve more complicated housing barriers (e.g., cleaning up warrants, accessing resources for utility arrears), as well as connecting clients to outside health care services (e.g., general health care, mental health and/or substance abuse services). In addition to case managers being on-site, TAC also recommends that mainstream benefit eligibility workers are invited on-site to help clients apply for Medicaid and health care benefits. A licensed medical professional should also be on-site – during established times/days of the week – to provide basic health care services (e.g., wound care, medication management). The following full time equivalent (FTE) positions would "right size" staffing needs for a 75 bed shelter in Lane County:

TABLE 7: SHELTER STAFF

1 FTE	Project Manager	On-site to oversee shelter operations and staff
12 FTE	Case Managers	On-site case managers and service coordinators
.5 FTE	Licensed Mental Health case manager	On-site mental health services provided
.5 FTE	Licensed Substance Abuse case manager	On-site substance abuse services provided
2 FTE	On-call case managers	On-call case managers and service coordinator
3 FTE	Janitorial staff	On-site janitorial duties
1 FTE	Facilities supervision	Oversees maintenance and janitorial staff
1 FTE	Maintenance staff	Performs day-to-day maintenance at the shelter

Based on average case manager and employment rates in Lane County, when fully operational the shelter staffing costs would be between $650,000 -$790,000 annually.

Evaluation and performance measurements: As with any new initiative, the continued success of the shelter will be based on performance outcomes and evaluation. TAC recommends that Lane County establish initial and continued robust data collection procedures of center clients, services, and outcomes. Performance outcomes should be established and made clear to all partners. Performance measurements should include length of stay, number of exits to permanent housing, and number of returns to homelessness. Lane County should also continuously evaluate the number and characteristics of those served and compare it to PIT data to ensure the shelter is serving the most high-need unsheltered populations. Data on length of stay (LOS) should also be reviewed closely. LOS evaluations should be reviewed to determine if specific resources or services offered impact the LOS (e.g., LOS is shorter for people who received a PSH resource upon entering the shelter). The LOS evaluation can help Lane County understand the factors that contribute to longer client shelter stays, and also help the shelter identify and address any barriers to housing or understand what populations are best served by the shelter's model. Data on race and ethnicity should also be collected and evaluated, in order to ensure equal access to this critical resource.

CONCLUSION

IMPLEMENTATION OF RECOMMENDATIONS

With collaboration and effective coordination, Lane County and the City of Eugene, along with other stakeholders across the county, are well-positioned to drive system changes that will impact the unsheltered homeless crisis, as well as make significant strides to ending homelessness throughout Lane County.

Whether decreases in unsheltered homelessness will be realized in a meaningful way depends largely on the ability to implement TAC's recommendations in a timely and thorough way. Upon review of this report, TAC strongly encourages Lane County to create an implementation plan to carry out the recommendations outlined here. While a new low-barrier shelter may take up to a year or two to design and develop, the other recommendations can begin to be implemented fairly quickly once resources are identified.

A new low-barrier shelter alone will not decrease the overall literal homeless numbers, but once created, it will offer a safe and secure place for many of Lane County's most vulnerable people experiencing homelessness. To have a truly evident impact on the overall homelessness crisis requires broad and sweeping changes throughout the homeless system. TAC's system modeling puts forward a three-year timeframe to implement our recommendations in order to have the demonstrable impact desired. However, the county and its partners will need to determine which recommendations are most viable and able to be implemented and at what point in that period or another timeframe. TAC believes that all of the recommendations must be implemented as a 'package deal' and considers any determination on the order of implementation best made at the local level.

To assist the county and partners in developing an implementation plan, TAC has created both a cost analysis (Appendix E) and a list of potential funding sources for each recommendation (Appendix F). Once implementation begins, it is critical that system performance evaluation occur to ensure the intended impact of recommendations takes place and determine whether additional changes are needed to address homelessness in Lane County.

APPENDIX

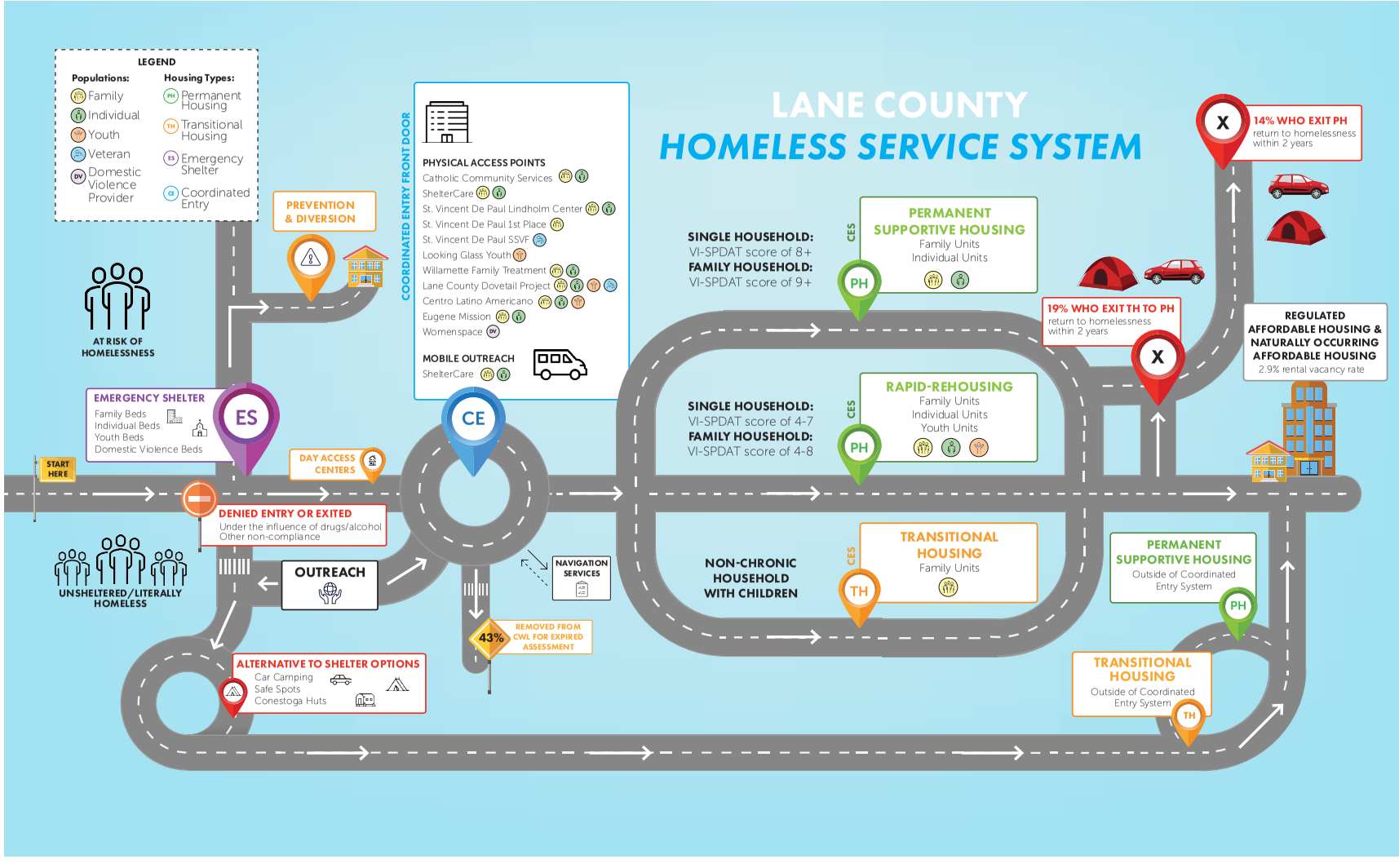
APPENDIX A: LIST OF STAKEHOLDER INTERVIEWS (24)
APPENDIX B: SYSTEM MAP (25)
APPENDIX C: SYSTEM MODELING (26)
APPENDIX D: NATIONAL EMERGING AND PROMISING PRACTICES IN EMERGENCY SHELTER (28)
APPENDIX E: COST ANALYSIS FOR SYSTEM WIDE RECOMMENDATIONS & LOW BARRIER SHELTER (30)
APPENDIX F: POTENTIAL FUNDING SOURCES (32)
APPENDIX G: DEFINITION OF KEY TERMS (34)

APPENDIX A: LIST OF STAKEHOLDER INTERVIEWS

TAC has interviewed staff from the following homeless provider agencies and programs:

- St. Vincent de Paul Society of Lane County
  - Service Center Staff
  - Supportive Services for Veterans Families (SSVF) staff
  - Family Shelter Staff
  - Executive Director
- Eugene Mission
  - Executive Director
  - Shelter Staff
- Homes for Good
- Nightingale Health Sanctuary
- ShelterCare
- Catholic Community Services of Lane County
- Poverty and Homelessness Board (PHB) subcommittee Lived Experience Advisory Group for Unhoused Engagement (LEAGUE) member meeting
- Focus group discussions
  - Poverty and Homelessness Board
  - Community advocates
- Eugene Police Department
- City of Eugene Parks and Recreation staff
- Looking Glass
- White Bird/Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Community Court
- Community Outreach Resource Team (CORT)
- Lane County Staff for;
  - Coordinated Entry
  - Frequent User System Engagement (FUSE)
  - Community Service Worker

APPENDIX B: SYSTEM MAP



APPENDIX C: SYSTEM MODELING

TAC created a scenario planning tool to model changes to different aspects of Lane County's homeless response system and the impact this would have on the number of single adults experiencing homelessness. This system modeling took into account factors such as the number of single adults experiencing homelessness, the amount of resources available within each system component, and the utilization and turnover rate for each of the system components. TAC used the system modeling to refine and "right-size" our recommendations. The tables below outline the current system and three different scenarios created from the system modeling. Data in green indicates a change from the current system.

Table 1 shows the current system resource capacity dedicated to single adults and the corresponding utilization rate and turnover rate. Table 2 shows the number of single adults in Emergency Shelter (ES), Transitional Housing (TH), and those living in unsheltered locations. It also presents the monthly number of newly homeless single adults who enter the system for the first time.

TABLE 1: CURRENT SYSTEM CAPACITY[1]

	ES	*TH*	*RRH*	*PSH*
Individual Beds/Units	364	47	50	407
Utilization Rate	85%	92%	73%	87%
Turnover Rate	9%	10%	11%	2%

TABLE 2: CURRENT DAILY STAYERS AND THOSE ENTERING HOMELESSNESS[2]

	# of Individuals
Emergency Shelter	325
Transitional Housing	31
Unsheltered	1009
Total Literally Homeless	1365
Monthly Newly Homeless into System	130

As demonstrated in the tables above, the current system resource capacity is not fully utilized and improvements in utilization and turnover (where appropriate) should increase system flow and overall capacity. However, those changes alone will not address the need given the high number of single adults experiencing homelessness. The three scenarios modeled demonstrate the following:

1. Impact on system at 12 months if no changes occur.
2. Impact on system at 12 months if 75 low-barrier ES beds are added.
3. Impact on system at 36 months if 75 low-barrier ES beds added, increased system utilization & turnover occur, diversion strategies implemented, and 350 PSH units added.

SCENARIO 1: MAKE NO CHANGES TO SYSTEM CAPACITY

	ES	*TH*	*RRH*	*PSH*
Individual Beds/Units	364	47	50	407
Utilization Rate	85%	92%	73%	87%
Turnover Rate	9%	10%	11%	2%

SCENARIO 1: IMPACT ON SYSTEM

	Current System	*System at 12 months*
Unsheltered	1009	1092
Total Literally Homeless	1365	1503
Estimated Unmet PH Housing Need	1393	1393

1 Data on bed/units from 2018 Housing Inventory Chart. Utilization rate and turnover rate provided by Lane County custom report.

2 Based on 2018 PIT and analysis of HMIS data.

As shown above, if no changes occur to the system, unsheltered homelessness and overall homelessness among single adults will continue to rise due to new people continuing to enter the system and no improvements to system flow to exit people into housing.

SCENARIO 2: ADD 75 LOW-BARRIER EMERGENCY SHELTER BEDS

	ES	*TH*	*RRH*	*PSH*
Individual Beds/Units	439	47	50	407
Utilization Rate	85%	92%	73%	87%
Turnover Rate	9%	10%	11%	2%

SCENARIO 2: IMPACT ON SYSTEM

	Current System	*System at 12 months*
Unsheltered	1009	977
Total Literally Homeless	1365	1426
Estimated Unmet PH Housing Need	1393	1393

In Scenario 2 above, with the addition of 75 low-barrier ES beds, there is still an increase in overall homelessness among single adults but the number of unsheltered homeless decreases. The reasons for the continued overall increase are the same as in Scenario 1: newly homeless single adults continuing to enter the system and there are no changes to system flow.

Scenario 3 incorporates the additional low-barrier ES beds as well as number of system-wide changes using strategies recommended by TAC and implemented within a 3-year timeframe. The system-wide changes include:

- Increase Utilization Across Interventions
- Increase Turn Over Across Interventions
- Increase Diversion
- Addition of 350 Units of PSH

SCENARIO 3: ADD 75 LOW-BARRIER ES BEDS & SYSTEM-WIDE RECOMMENDATIONS

	ES	*TH*	*RRH*	*PSH*
Individual Beds/Units	439	47	50	757
Utilization Rate	90%	95%	85%	95%
Turnover Rate	20%	20%	15%	5%

SCENARIO 3: IMPACT ON SYSTEM

	Current System	*System at 36 months*
Unsheltered	1009	0
Total Literally Homeless	1365	467
Estimated Unmet PH Housing Need	1393	283

With the addition of the 75 low-barrier ES beds, 350 PSH units, diversion strategies, and increased utilization and turnover through various recommendations, there is potential for a significant impact on unsheltered homelessness and a major decrease in overall homelessness among single adults. The system modeling in scenario 3 is centered on Lane County implementing all of TAC's recommendations including those related to outreach, diversion, emergency shelter, rapid-rehousing, permanent supportive housing, coordinated entry, navigation, landlord engagement, and tenancy supports.

APPENDIX D: NATIONAL EMERGING AND PROMISING PRACTICES IN EMERGENCY SHELTER

The recommended emergency shelter model components are based on the work TAC completed to date with Lane County; analysis of data and stakeholder interviews, creation of a map of the system, analysis of currently funded programs' utilization and performance as well as their demand, availability, and need. In addition, TAC researched emerging trends and promising practices with experts in the field, National Alliance to End Homelessness (NAEH), as well as communities who have very recently designed, implemented, and conducted early evaluations on new emergency shelter models. Examples of this include emergency shelter design and components, as well as some early recommendations, based on four communities: San Francisco Navigation Center- Mission Navigation Center, Seattle Navigation Center, Los Angeles- A Bridge Home, Berkeley Navigation Center- STAIR. Details of the recommendations provided for these communities are outlined below.

San Francisco, CA

In March 2015, the San Francisco Navigation Center launched a pilot program to respond to homeless encampments, long-term and extremely vulnerable people living on the streets who are not able or willing to access traditional shelters. The Navigation Center was a partnership among the Mayor's Office of Housing Opportunity; Partnerships; and Engagement; the Human Services Agency; and the Department of Public Health; Episcopal Community Services (lead service provider); and a non-profit partner. There are currently five Navigation Centers in San Francisco, the Mission Navigation Center is the model highlighted in this paragraph. The navigation center is designed to shelter and rapidly house a difficult-to-serve population; through a referral process and intense case management, it is able to connect them to stable income, public benefits, and permanent housing. The Center serves 75 people a given time, and includes meals, a common courtyard, storage for belongings, showers, laundry, and dormitory accommodations for couples, pets, and possessions, on a 24-hour basis. After eight months of Navigation Center operations, the Controller's Office conducted several evaluations and created the following recommendations to improve the Navigation Center going forward:

- Create clear policies and procedures for referral decisions; all stakeholders should be clear and agree on criteria to determine which clients are referred
- Establish performance measurements related to housing outcomes and appropriate service populations; the city must establish performance metrics, set targets, and then regularly assess whether the model meets those targets
- Improve benefits retention; analysis needs to be completed to understand why some clients lost benefit connections
- Spread lessons learned from the Navigation Center throughout the shelter system; city leaders and service providers explore policy changes that will help make traditional shelters similarly welcoming for clients, and foster a sense of working together toward tangible goals
- Expand Homeward Bound data collection; the human service agency should institute broader data collection practices related to the housing resources, including tracking successful versus unsuccessful referrals for all program participants

Los Angeles, CA

In September 2018, the City of Los Angeles opened its first- of a total of 12 sites to serve 1,500 people- new emergency shelters through the initiative "A Bridge Home." The title reflects how the shelters will operate as an emergency bridge to permanent housing for people who are living unsheltered on the streets in encampments, and are extremely vulnerable. The fist site, El Pueblo, serves 45 people, 30 men and 15 women, at any given point in time. The structure consists of several subdivision trailers built into living facilitates, stitched together with an outdoor deck which providers communal space. The shelter is open/accessible 24 hours a day, 7 days a week, is open to partners and pets, and will store possessions people arrive with. Clients also have access to showers, medical care, and intensive services to provide connections to first permanent housing, as well as mainstream benefit, health care, and pet services. As this site implements the navigation center model, as well as opens additional sites, evaluations will be conducted to measure outcomes and make recommendations.

Seattle, WA

In 2017, the Seattle Navigation Center opened. The City of Seattle Human Services Department made available $1.67 million, open to non-profits or federally recognized Indian tribes eligible to apply. The local non-profit, DESC, is the lead agency for the Navigation Center. The Navigation Center is a low-barrier, service-enriched shelter targeting high-needs homeless adults with high vulnerabilities living unsheltered in encampments. On-site services include hygiene facilities, 24/7 staffing, and intensive case management that includes development of pathways to permanent housing, income, health care, and stability. People are welcomed as singles, pairs, or groups; with pets; and with access to secure storage for their belongings. The dormitory-style facility has no curfew and provides shower, bathroom, and laundry facilities, as well as comprehensive case management, behavioral health services, meal services through a partnership with OSL, and connections to benefit programs and housing. The Navigation Center can accommodate up to 85 guests at a time.

In March 2018, the University of Washington released the results of an extensive study of the Seattle Navigation Center; below are the recommendations most relevant to Lane County:

- Both outreach and on-site staff should be clear and transparent with communication about the Center's purpose, policies, and procedures—especially regarding length of stay—to avoid misunderstandings and to ensure potential guests can make an informed decision about whether the Center will be a good fit
- Length of stay should be flexible and renewable based on individual guests' needs and the availability of permanent housing or other appropriate accommodations (e.g., long-term residential treatment)
- The Center offers the option of separate-gender or coed sleeping spaces and accommodates room change requests, as needed. These options should be continued to ensure guest comfort and safety
- More staff on swing, night, and weekend shifts are needed. We further recommend all-staff trainings (ideally ongoing) in cultural humility, de-escalation, harm-reduction approaches, trauma-informed care, and motivational interviewing
- All-stakeholder meetings should be regularly convened on a monthly basis to clarify priorities, roles and procedures and create clear communication channels. Front-line staff and guest perspectives should be taken into consideration in planning, instituting, and enforcing changes in higher-level policies and procedures

Berkeley, CA

In June 2018, the City of Berkley partnered with several organizations to open the STAIR Center (a loose acronym for Stability, Navigation, and Respite). STAIR offers a 45-bed, 24/7, service-rich shelter housed in a series of modular trailer buildings on 2nd Street between Cedar and Virginia Streets in West Berkeley. Following national best practices for low-barrier shelters, the STAIR Center provides accommodations for pets, partners, and possessions. On-site housing navigators maintain a client ratio of 20:1. There is no curfew for program residents and no arbitrary maximum length-of-stay. Bay Area Community Services (BACS) adheres to a flexible harm reduction philosophy regarding substance use. The building model consists of 45 beds, made of modular trailers, with two main dormitory areas (both trailers), an intake room, a kitchen, bath, and shower trailer (ADA compliant), staff offices, and meetings places space. Referrals are made to the Center through outreach workers and the coordinated entry system.

These recent examples on new and emerging emergency shelter design, implementation, and recommendations illustrate that the recommendations TAC has put forth in this report for Lane County are very much aligned with current leadership and stakeholder promising practices in serving unsheltered, extremely vulnerable people living on the streets, in order to ultimately permanently house people and eradicated unsheltered homelessness in Lane County.

APPENDIX E: COST ANALYSIS FOR SYSTEM WIDE RECOMMENDATIONS & LOW BARRIER SHELTER

RECOMMENDATION #1. SYSTEM-WIDE RECOMMENDATIONS	ADDITIONAL RESOURCE NEEDED (I.E. STAFF)	ANNUAL COST (SALARY + FRINGE IF SALARY IS LISTED)	ESTIMATED ANNUAL COSTS	2019 ESTIMATED COSTS	2020* ESTIMATED COSTS	2021 ESTIMATED COSTS
A. Expand & Better Coordinate Outreach	5 FTE Outreach Workers	$40,000 @ 5 = $200,000	$200,000	$200,000	$205,600	$211,357
	1 FTE Outreach Coordinator/Manager	$55,000 @ 1 = $55,000	$55,000	$55,000	$56,540	$58,123
	Mileage, data plans, phones, office supplies	$24,000	$24,000	$24,000	$24,000	$24,000
	Outreach flexible fund	$50,000	$50,000	$50,000	$50,000	$50,000
Total Est. Cost A			$329,000	$329,000	$336,140	$343,480
B. Expand Diversion & Rapid Exit Services	6 FTE Diversion Specialist	$35,000 @ 6= $210,000	$210,000	$105,000	$215,880	$221,925
	Diversion flexible fund/ financial resources	$50,000	$50,000	$50,000	$50,000	$50,000
Total Est. Cost B			$260,000	$155,000	$265,880	$271,925
C. Expand and Better Coordinate Rapid Rehousing (RRH) Resources	New RRH funds	$500,000 of which $350,000 dedicated to individual adults	$500,000	$250,000	$500,000	$500,000
Total Est. Cost C			$500,000	$250,000	$500,000	$500,000
D. Create Additional PSH & Increase Utilization	New resources of VASH, Mainstream Vouchers		$0	No cost recommendation**		
E. Implement Effective Move-On Strategies	No cost recommendation		$0	No cost recommendation		
F. Expand & Increase Utilization of Tenancy Supports	No cost recommendation		$0	No cost recommendation		
G. Increase Effectiveness of Coordinated Entry System	3 FTE Navigators	3@ $40,000 = $120,000	$120,000	$80,000	$123,360	$126,814
	2 FTE Assessors	2 @ $35,000 = $70,000	$70,000	$70,000	$71,960	$73,975
	1 FTE CE Administrative Analyst	1 @ $55,000 = $55,000	$55,000	$55,000	$56,540	$58,123
Total Est. Cost G			$245,000	$205,000	$251,860	$258,912
H. Create Centralized & Coordinated Landlord & Housing Partner Management	2 FTE Housing Partner Coordinators	2 @ $40,000 = $80,000	$80,000	$40,000	$82,240	$84,453
Total Est. Cost H			$80,000	$40,000	$82,240	$84,453
I. Training to Ensure Implementation of Best Practices	Cost associated with coordination and providing trainings, hiring experts in topics, travel for staff to attend trainings etc.	$75,000	$75,000	$50,000	$75,000	$75,000
Total Est. Cost I			$75,000	$50,000	$75,000	$75,000

*Salaries are adjusted for COLA in 2020 and 2021 @ 2.8%
**The PHA may incur additional administrative costs due to HMIS entry (e.g. staff and licenses) and administration of additional vouchers

RECOMMENDATION #2. ADD LOW-BARRIER SHELTER	ONE TIME COST	ANNUAL COSTS	ESTIMATED COST FOR RECOMMENDATION
Land Considerations (if county/city owned land)	$0		$0
Cost of Structure (Navigation centers depending on structural models range from $712,000 to 2.4M)	$1.6M[1]	$0 after initial shelter start up	$1.6 Million
Other Shelter Operations (excluding direct staffing costs)[2]			
Staffing (see chart on page 21 of report)		$720,000	$720,000
Housing Resources (RRH)/ Flexible Housing Resources		$500,000	$500,000

1 Average cost of structure of current navigation centers

2 Estimate operations costs cannot be developed until a decision of shelter site and physical design is determined. Examples of additional operating costs — beyond shelter staffing — may include: taxes, utilities, administrative costs, telecommunications, operating supplies, loan/debt services, depreciation.

APPENDIX F: POTENTIAL FUNDING SOURCES

The table below contains information on potential funding sources that can be used to pay for the costs associated with the different recommendations outlined in TAC's report. Lane County, the City of Eugene, and other partners should explore each of these potential sources to determine availability and appropriateness. Each of these funding sources will have eligibility and program requirements, and may require an application. Additionally, it is more than likely that some of these sources are already being utilized in the community for other purposes not related to addressing homelessness. A description of each funding source is located at the end of the table.

Type of Program or Activity	***Potential Capital Funding Sources***	***Potential Operations, Staffing, or Services Funding Sources***
Emergency Shelter	• CDBG – Public Facilities • ESG • State, county and city government • Private funds	• CDBG • ESG • EFSP • State or local government • Private
Rapid Re-housing	N/A	• CSBG • EFSP • ESG • HHS CFCIP • HOME TBRA • CoC • TANF • VA SSVF • State, county and city government • Private
Permanent Supportive Housing	• CDBG • FHLB AHP • HOME • LIHTC • NHTF • CoC • State or local government • Private	• CDBG • HCV including HUD-VASH • HOME TBRA • HOPWA • CoC • LIHTC • Medicaid • Section 811 (PRA) • SAMHSA • State or local government • Private
Diversion	N/A	• ESG • TANF • State or local government • Private
Outreach	N/A	• ESG • CoC • RHYA • SSVF • State or local government • Private
Coordinated Entry including Navigation	N/A	• ESG • CoC • SSVF • State or local government • Private
Landlord Engagement	N/A	• ESG • CoC • SSVF • State or local government • Private

Description of Potential Funding Sources

- **CDBG** – Community Development Block Grant from HUD provides community development funding for facilities, housing and other improvements and services; available through entitlement jurisdictions or states.
- **CSBG** – Community Services Block Grant from HHS provides funds to alleviate the causes and conditions of poverty in communities.
- **EFSP** – Emergency Food and Shelter Program from FEMA provides limited funding for food, shelter, and rent, mortgage or utilities; distributed through local United Ways.
- **ESG** – Emergency Solutions Grant – Crisis response funding from HUD for shelter, street outreach, prevention and rapid rehousing; available through entitlement jurisdictions or states; see ESG webpage for more information about recipients and information on caps on use for shelter.
- **FHLB AHP** – Federal Home Loan Bank Affordable Housing Program provides funding for housing for very low income people; available the regional Federal Home Loan Banks.
- **HCV** (including VASH) – Housing Choice Vouchers (formerly known as Section 8 vouchers) are administered by many Public Housing Authorities and provide rental assistance to low income households.
- **HHS CFCIP** – Chafee Foster Care Independence Program from HHS provides states funds for housing for youth ages 18-21 that have left foster care.
- **HOME** (including HOME TBRA) – Home Investment Partnerships Program from HUD provides funding to build, buy or rehabilitate affordable housing or tenant based rental assistance (TBRA); available through entitlement jurisdictions or states; see HOME webpage for more information about program requirements and recipients.
- **HOPWA** – Housing Opportunities for Persons with AIDS from HUD provides for the housing needs of people living with HIV/AIDS.
- **HUD CoC** – Continuum of Care Program funding from HUD provides funding to quickly re-house homeless individuals and families; available through Continuums of Care; see CoC webpage for more information about requirements for the program and CoCs.
- **LIHTC** – Low Income Housing Tax Credits from the IRS provides funding to build, buy or rehabilitate affordable housing; available through state Housing Finance Agencies.
- **Medicaid** – health care program for low income people that can, in some situations, provide funding for eligible services for eligible people in PSH; available through state agencies; information about how Medicaid support PSH can be found at this link.
- **NHTF** – National Housing Trust Fund is an affordable housing program from HUD that will buy, build or rehabilitate housing for extremely low income people; the funds will be distributed by a state agency or its designee; NHTF spending plans are currently being developed by the States.
- **Private** (including grants or loans) – includes foundation, corporations, banks and private individuals; information about some local philanthropic resources can be found at this link.
- **RHYA** – Runaway and Homeless Youth Act programs from HHS includes a Street Outreach Program (SOP) providing grants for street-based outreach or drop-in centers.
- **SAMHSA** – Substance Abuse and Mental Health Services Administration of HHS provides services in supportive housing for people with a mental illness or substance abuse disorder.
- **Section 811 (PRA)** – Section 811 Project Rental Assistance Program from HUD provides rent subsidy in affordable housing for people with disabilities.
- **State or local** – each state, county or city may dedicate local resources to housing or services program for low income people including people experiencing homelessness.
- **TANF** – Temporary Assistance for Needy Families from HHS can provide emergency or short-term assistance; a description of how TANF can be used for people experiencing homelessness can be found at this link.
- **VA SSVF** – Supportive Services for Veteran Families programs from the VA provides supportive services and limited financial assistance to prevent homelessness and rapidly rehouse Veteran households experiencing homelessness.

APPENDIX G: DEFINITION OF KEY TERMS

Chronically Homeless Individual: refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.

Coordinated Entry System (CES): a system that works by establishing a common process to understand the situation of all individuals and families who request assistance through the homeless system. The core elements include: established access point(s), the use of a standardized assessment process to gather information on program participants' preferences, and the barriers that households face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC's standards are used to prioritize households for referral to appropriate and available housing resources.

Continuums of Care (CoC): the collaboration of local stakeholders representative of relevant organizations that coordinate homeless services across a specific geography. The CoC must establish a Board to act on its behalf, and may appoint additional committees to fulfill its responsibilities, all of which must be documented in a governance charter.

Continuum of Care Program (CoC Program): a HUD funded program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Diversion/Rapid Exit: a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion services can reduce the number of households becoming homeless, the demand for shelter beds, and the size of program wait lists. Diversion services can also help communities achieve better outcomes and be more competitive when applying for federal funding. Diversion services are offered immediately prior to, or immediately after, a household becomes literally homeless.

Emergency Shelter: is a facility with the primary purpose of providing temporary shelter for homeless people.

Emergency Solutions Grant (ESG): a HUD funded program to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG provides grants by formula to states, metropolitan cities, urban counties and U.S. territories to support homelessness prevention, emergency shelter and related services.

Fair Market Rent (FMR): are published in the Federal Register annually by HUD at the beginning of each federal fiscal year (10/1). HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide housing assistance. FMRs are available here: https://www.huduser.gov/portal/datasets/fmr.html.

Harm Reduction: an approach or strategy aimed at reducing the risks and harmful effects associated with substance use and addictive behaviors for the individual, the community, and society as a whole. In the context of Housing First programs, harm reduction provides relief from sobriety requirements while also attending to personal goals and strength-based service design.

Homeless Individual/household: describes a person or group of people who identify as a family, who lacks a fixed, regular, and adequate nighttime residence; or a person fleeing domestic violence and has no other resources or housing options available and without these homeless crisis resources would be homeless as defined above.

Homeless Management Information System (HMIS): a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a state or regional area, and include several CoCs.

Housing First (HF): a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Transitional housing and supportive services only projects can be considered to be using a Housing First model if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require any preconditions for moving into the transitional housing (such as sobriety or minimum income threshold). Recovery housing can be a an important part of a Housing First system so long as people choose that type of sober environment as part of their personal goals/preferences and where recovery-oriented housing is not the only option for people seeking to obtain permanent housing.

Housing Inventory Count (HIC): is produced by each CoC and provides an annual inventory of beds that assist people in the CoC who are experiencing homelessness or leaving homelessness, usually conducted the last week of January.

Outreach: involves moving outside the walls of the agency to engage people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well. This is incredibly important work designed to help establish supportive relationships, give people advice and support, and provide access the services and supports that will help them move off the streets to permanent housing. Outreach is important in order to access hard-to-reach individuals, and should connected to an overt and concerted effort to end homelessness.

Permanent Housing: community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing. To qualify as CoC Program permanent housing, the program participant must be the tenant on a lease for an initial term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. Other permanent housing programs, such as SSVF and state/local funding sources, only require the minimum lease requirements for based on the state or local regulations.

Permanent Supportive Housing (PSH): is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD's Continuum of Care program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility.

Permitted Village/Encampment: offer outdoor, temporary accommodations for people who are living unsheltered in conditions that threaten their health and safety. Villages offer tiny house-like living structures, community kitchens, hygiene services and case management to clients that have lived outside for extended periods of time or for whom traditional shelter may not be a good fit. A person successfully exits a village when they leave the village to move to permanent housing.

Point-in-Time Counts (PIT): are unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by CoCs nationwide and occur during the last week in January of each year.

Homelessness Prevention (HP) Services: services used to assist people who are currently housed but face an imminent risk of becoming literally homeless. Homelessness Prevention programs help people remain in their homes, with the use of one-time financial assistance and/or time-limited case management. A person or household successfully exits a prevention program when they remain in their current housing or another permanent housing situation, without becoming homeless during the interim.

Rapid Rehousing: an intervention, informed by a progressive assistance, Housing First approach that is a critical part of a community's effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid rehousing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.

Sheltered Homelessness: refers to people who are staying in emergency shelters, transitional housing programs, or safe havens Supportive Services for Veteran Families: Veterans Affairs (VA) funded program that provides both rapid re-housing and homelessness prevention, depending on a household's current housing situation and need. SSVF's program regulations prioritize RRH interventions. It is expected that SSVF grantees (501C(3) non-profits) and community partners prioritize resources to meet the needs of all eligible, literally homeless Veteran households, while only offering HP services to the most vulnerable Veteran households. As part of the community plan for ending Veteran homelessness, this may require that HP services be offered only when an SSVF grantee or community is able to meet the needs of all eligible literally homeless Veterans.

Transitional Housing: housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months.

Unsheltered Homelessness: refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks).

Victim Service Provider Agency: a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This includes rape crisis centers, battered women's shelters, domestic violence transitional and permanent housing programs, and other programs of this nature.