WELCOME TO THE ADVANCED HOUSING PLACEMENT WORKSHOP

HOUSING SICK
PATIENTS THAT NO
ONE ELSE WILL.

Introductions

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<u>Introductions</u>

Name Where you work Job Title

Objectives:

- 1. What is Central City Concern (CCC)?
- 2. What is Recuperative Care at CCC?
- 3. Barriers to housing
- 4. Housing OPTIONS
- Working with non-traditional and traditional landlords
- 6. Portland's "Homeless Alcohol and Drug Intervention Network"
- 7. Tools and practices to provide follow up

About Central City Concern

• Who we serve – yearly, more than 13,000 individuals

- Who we are 46% of staff self-identify as in recovery; 25% have experienced Central City Concern's programs first hand.
- What we believe every person we serve has unique skills & talents that can enrich the health, security, sustainability, and quality of life for us all.

Changing Lives

Building Communities Creating
Opportunities





~13,000 people impacted yearly **21 buildings/nearly 1,600 homes** 600+ employees

The Recuperative Care Program (RCP)



Primary Care

Recuperative Care Program

"housing, intensive case management and primary medical care for patients facing homelessness at discharge from the hospital."

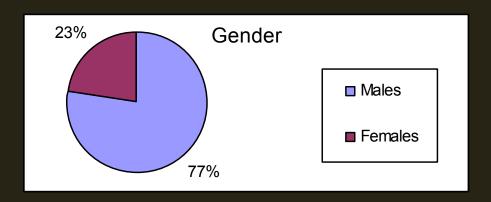
-Targeting persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to remain hospitalized."

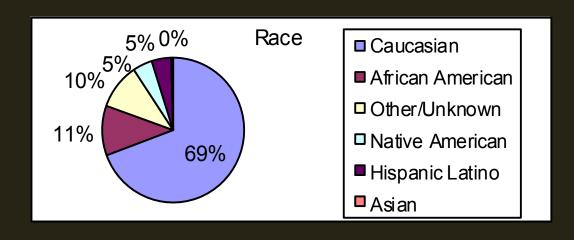
Recuperative Care

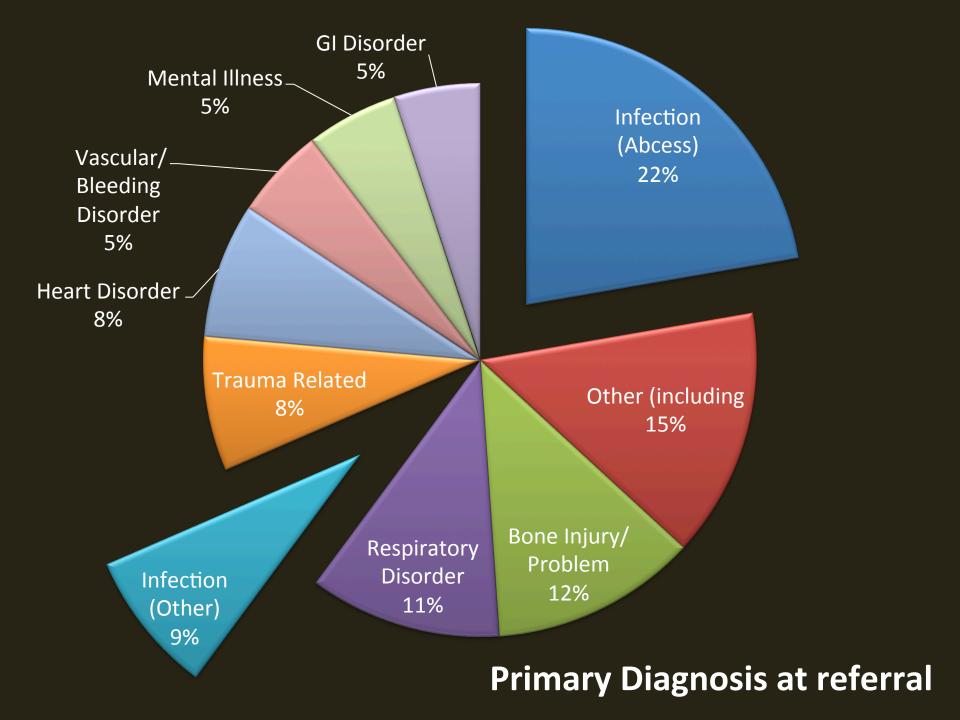
- **OHSU:** Oregon Health and Science University Hospital
- CareOregon
- **Providence** Health System
 - Portland Medical Center
 - St. Vincent's Medical Center
 - Milwaukie Hospital
 - Willamette Falls Hospital
- Providence Health Plan
- Legacy Health System
 - Emanuel Hospital
 - Good Samaritan Hospital
 - Mt. Hood Medical Center
 - Salmon Creek Hospital
 - Meridian Park Hospital
- Kaiser Permanente
 - Kaiser Sunnyside Medical Center
 - City of Portland: Housing Bureau
- Portland Adventist Medical Center
 - Portland Veteran's Administration Medical Center

Who we serve?

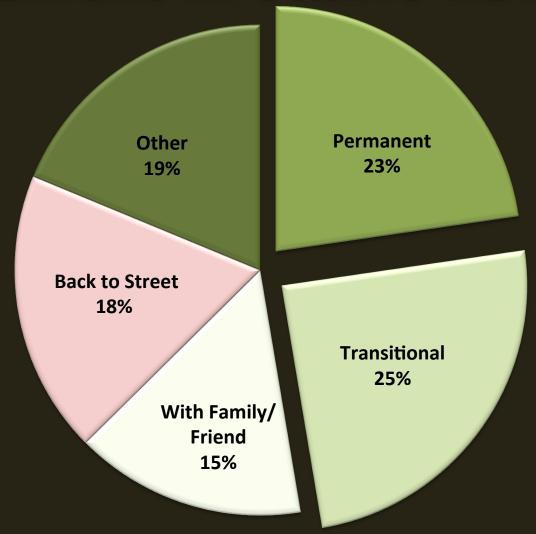
Demographics to Date







Placement in stable housing



Barriers

Relationships

Into the community

TOOLS

CCC Transitional Supportive Housing



System Changes

- Bring together key players from all sectors
- Simplify their housing placement
- Move people into homes with ongoing support

Three steps to looking at housing

- Although permanent housing is most likely your ultimate goal, gaining acceptance into a program may take over a year. A housing crisis can sometimes be solved in three steps:
- 1st Step Emergency/Homeless Shelter,
- 2nd Step Transitional Housing,
- 3rd Step Permanent Affordable Housing. Resolving this will vary depending on your circumstances and program availability.

How to establish and maintain solid relationships with landlords that are willing to give patients a second chance.

- Develop a relationship with each Landlord
- Follow through with all promises
- Be honest about Patient's History
- Stay in touch with Landlord and patient
- Answering their call, no matter how long they've been housed there.
- On-going case management 6 months

OPEN MARKET APARTMENTS

- Prices are market rate
- No subsidy
- Average rent for 1 bedroom: \$600-\$700
- Advertised in newspapers, online, etc.
- Application fee
- Rental criteria determined by manager/management company

TAX CREDIT BUILDINGS

- Rent is slightly lower than market rate
- Applicant must meet specific guidelines to qualify, i.e. income, age
- All accept tenant-based Section 8 voucher

HUD PROJECT-BASED SECTION 8 BUILDINGS

- Must be 62+ or disabled or a family to qualify for most HUD buildings
- Rent + utilities= 30% of income
- Each building maintains its own waiting list
- Tenant must remain in apartment to keep subsidy
- Rental criteria varies; background check usually goes back 7 years
- Waiting time may range from a couple of months to a couple of years
- No application fee
- Most buildings are 100% subsidized, but a few are mixed

HAP PROJECT-BASED SECTION 8 BUILDINGS

- Rent + utilities= 30% of income
- Each building maintains its own waiting list
- Tenant must remain in apartment to keep subsidy
- Rental criteria varies; background check usually goes back 7 years
- Waiting time varies
- Application fee depends on building
- Most buildings are only partially subsidized

TENANT-BASED SECTION 8 VOUCHER (HOUSING CHOICE)

- Tenant must obtain voucher through Housing Authority of Portland
- Tenant must locate an apartment that will accept Section 8 voucher & meet HAP guidelines
- Voucher lowers rent of open market apartment
- Waiting list is <u>currently closed</u> and may be for next 1-2 years
- Waiting list is decided by lottery
- Tenant may keep subsidy if he/she transfers to another apartment that meets Section 8 criteria
- Resident pays minimum of 30% of income for rent + utilities
- Resident may pay additional cost if total rent is more than HAP's Payment Standard (studio = \$565/mo., 1 bedroom = \$694/mo. and 2 bedroom = \$832)

HAP PUBLIC HOUSING

- Priority given to applicants 62+ or disabled and to families
- Rent + utilities = 30% of income
- Buildings owned & managed by HAP
- Tenant completes only one application
- Site-based waiting list system; applicants can get on 3 lists for specific buildings
- Applicants with barriers can still be approved but may need to request informal hearing or formal hearing
- Tenant must remain in apartment to keep subsidy
- Applicants can only apply for open waiting lists; lists are closed when they get to approximately 1 year wait. Call 503-288-5750 to check status of waitlists. All wait lists currently closed.
- Once on lists, waiting time is likely 3 months to 1 year

Other Housing for Patients

- Single Room Occupancy (SRO)
- Motel/hotel vouchers
- Emergency Shelter
- Refer to shelter beds -TPI -Clark Center 11 beds-Jeans Place- SAFE=Salvation Army Emergency Shelter for women only. Portland Rescue Mission. City Team shelter
- Assistant Living
- SNF-Skills Nursing Facility
- Cascadia Mental Health services
- Supportive Housing Program
- Section 8 programs

Collaboration among social service systems and other interested organizations (i.e. universities, faith-based, etc.)

H.A.D.I.N. Homeless Alcohol Drug Intervention Network

- WEEKLY MEETINGS
- RELEASE OF INFORMATION
- ONGOING INFORMATION SHARING
- FACILITATED NETWORKING"

H.A.D.I.N.

- Cascadia Behavioral Healthcare
- Central City Concern
- Hooper Memorial Detoxification Center
- CCC Recovery Center
- 12th Avenue Recovery Center
- Alcohol and Drug Free Communities
- CCC Employment Access Center
- Letty Owings Center
- Old Town Clinic
- Community Engagement Program
- Housing Rapid Response
- Recovery Mentor Program
- Recuperative Care Program
- DePaul Treatment Centers, Inc.
- In Act, a Program of VOA
- LifeWorks Northwest
- Project for Community Recovery
- Project Network
- Downtown (SW) Site
- Multnomah County Human Services MH & Addiction Srvc Div

- Multnomah County Health Department
- Westside Health Clinic
- TB Clinic
- HIV Health Services Center
- NARA of the Northwest, Inc.
- Northwest Pilot Project
- Portland Rescue Mission
- Salvation Army Portland Metro
- Adult Rehabilitation Center
- SAFE Shelter
- Transition Projects, Inc.
- Glisan Center
- Clark Center
- Jean's Place
- U. S. Dept. of Veterans Affairs, Portland VA Medical
- Center Health Care for Homeless Veterans
- U.S. Department of Veterans Affairs, Vancouver, WA

•	Substance Abuse Treatment Program
▣	Please read the following before signing your name below.
▣	I hereby authorize all agencies of HADIN listed above to share information about me, including social, psychological, economic, medical, employment and educational background information. This information may be shared for the purposes of evaluation and diagnosis, treatment planning, interagency referral, and access to care. Specially Protected Health Information That Can Be Exchanged or Disclosed:
▣	A. I recognize that the information released may contain information regarding mental health treatment that is protected by state law (ORS 179.505 & 192.505, 45 CFR 205.50); and I specifically consent to its release.
▣	Signature: Date:
•	B. I specifically authorize the above Authorization to disclose information to include any alcohol/drug diagnosis, treatment, and prognosis information for the purposes of treatment referral, treatment planning, and monitoring. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (CFR) governing confidentiality of alcohol and drug abuse patient records. Recipients of this information may disclose only with my written consent of as permitted by 42 CFR Part2.
⊡	Signature: Date:
▣	C. I specifically authorize release of information about alcohol/drug abuse services provided by the Veteran's Administration in association with the V.A.'s provision of hospital/nursing home/domiciliary care and/or of medical services, in accordance with
⊡	Title 38 of the United States Code 7332 and 38 CFR 1.460-1.499.
▣	Signature: Date:
•	D. I specifically authorize this Authorization for release of information to include any HIV (AIDS) information.

BARRIERS

Patients who abuse substances and/or have addictions

Patients who have a cognitive impairment.

- Patients who are undocumented
- Patients who are terminally ill

How to Overcome Clients Barriers

To overcome your personal barriers, you must first admit to the issues that have caused your homelessness. These could be substance abuse, personal hurt, unemployment, physical or mental health, relationship problems or other factors. First, identify your barrier(s) and then take steps toward dealing with these issues one by one.

How to house people with barriers (income, rental history, criminal record, poor credit.

Let's look at three scenarios

- 1, No Income with a long history of homelessness.
- 2, No income Drug and M/H HX
- 3, Fix income.

Barriers: Poor rental and credit HX, criminal record.

PROBLEM BASED LEARNING ACTIVITY

- Individually, or in small groups, here is your chance to research the problems and solutions to homelessness.
- Your task is to identify resources and organizations that are available to these individuals.

Case Study: Military Veteran

I'm a Vietnam vet. I've tried to put it all behind me, but sometimes I just breakdown. I've been fired from my job several times. I wish there was someone I could turn to. The friend I was staying with got back together with his wife, so I can't sleep there anymore. I have nowhere to stay and no one will hire me because of my history. I've only got about \$200 in savings.

You need the following:

- \blacksquare \sqrt{A} job of some sort

Case Study: Mental Illness

Testimonial:

I suffer from major depression. My insurance doesn't cover mental health services, and I can't afford the counseling and medication I need. I was a bus driver for 12 years until I got fired last month because I missed so much work. Often it's just too hard to get out of bed, much less leave the house. My rent is a month overdue, so my landlord is angry. My only family now is my ex-wife and kids in Florida, but I can't go to them for help. It's totally helpless.

You need the following:

- √ Job
- \bullet $\sqrt{\text{(Mental)}}$ health insurance
- \Box \sqrt{A} support system

You need the following:

- \blacksquare \sqrt{A} place to sleep

Case Study: Women with Children

I just loaded everything in my car and drove 600 miles to escape my abusive ex-boyfriend. I'm pregnant with our 2nd child and my doctor instructed me to work no more than 4 hours a day because of health problems. My son and I have been sleeping in the car for 2 weeks because the shelters are full, and no one will hire me part-time because I don't have daycare for my son.

You need the following:

- \blacksquare \sqrt{A} place to stay
- $\Box \quad \sqrt{\text{Job training}}$

Use the Three scenarios on the previous page to complete the following activities.

A. Discussion/activity

- 1. Identify the point at which each person actually became homeless.
- 2. Go back and list the series of events that led to homelessness.
- 3. What other choices could have been made at different points?
- 4. What things in each case were beyond the control of the individual?

Kid Rock

"...I can't stop the war, shelter homeless, feed the poor. I can't walk on water, save your sons and daughters, I can't change the world and make things fair... The least that I can do is care."

MEASURING HOMELESSNESS POEM

from Homeless! Without Addresses in America by Cheryl Gorder

Numbers cannot count the pain of hunger, the dread of tomorrow, Numbers cannot see the sleepless nights, the aching bones. Charts don't show a child's tearful embrace the parents' weariness. Statistics cannot feel the longing, the loneliness. If they could, the numbers would shoot off the pages the charts would reach the skies and people's hearts would finally measure homelessness.

Questions:

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