

NEEDS AND RESOURCES: WHAT IS AND WHAT SHOULD BE

*A Study of Single Homeless Women in Portland, Oregon*

**HOMELESS WOMEN'S TASK FORCE**

2004

Portland, Oregon

*[www.tprojects.org/taskforce.htm](http://www.tprojects.org/taskforce.htm)*

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## NOTES

This report refers to programs and services with which the reader may not be familiar.

**Appendix 2** provides a glossary of terms.

The names of homeless women respondents in this report are pseudonyms.

## EXECUTIVE SUMMARY

The Homeless Women's Task Force formed to illuminate, educate about, understand, and lessen the plight of single homeless women living in Portland. We formed in direct response to homeless women found murdered in Forest Park. At that time, we thought it was important to demonstrate the ongoing crisis of homeless single women living in Portland. Since we began our work three years ago, circumstances have worsened, services have disappeared, and the general atmosphere for homeless women is bleaker.

In this report, we seek to correct misperceptions and come to a better understanding of homeless single women in the city of Portland.

Homeless single women in Portland are older, sicker, and more likely to be afflicted by mental health or alcohol and drug problems than has been previously identified. They are overlooked, underserved, and hyper-vulnerable. They are perhaps the most misunderstood group of homeless persons.

There is a deficit of services and thinking about homeless single women. Common misperceptions are that all, or even most, homeless women have children with them, and that domestic violence is the primary cause of women's homelessness. While the care of children and domestic violence are essential issues for understanding women's homelessness, they are not the only issues. Indeed, most homeless women do not have children with them, nor are they primarily concerned with domestic violence.

In this report, we seek to correct the misperceptions and come to a better understanding of homeless single women in the city of Portland. Our charge is to summarize the resources available to homeless single women in Portland, and the most urgent needs.

### *Resource Findings*

- There is great competition for shelter beds, with several times more single homeless women than shelter beds available. Waiting lists for beds may be as long as 12 weeks.
- Affordable housing is in even more demand. Literally tens of thousands of people compete for the available affordable housing. Waiting lists may be as long as 4 years.
- Healthcare—both physical and mental—is in a crisis. The Oregon Health Plan has slashed services and begun charging premiums. Mental health services have been reduced dramatically.
- Mental healthcare cuts have resulted in a mounting crisis for shelters and other service providers: Homeless women who should be in mental health treatment are instead in shelters that were not designed for their needs.
- Food is generally available to currently homeless women, but not as available to formerly homeless women who are among the working poor.
- Day shelter is a highly used and much sought-after service.
- Transportation resources are in high demand, with few resources available to support job searches, medical appointments, or to obtain social services.

## *Needs and Concerns*

- We are concerned that single homeless women in Portland are typically older than the same population nationwide. This increases the likelihood that homeless women will be afflicted by health problems, as health needs tend to increase as we age.
- We are concerned that a majority of the survey respondents presented mental health or addiction issues.
- We see a need to lessen a barrier to emergency shelter. In particular, we are concerned with a requirement to present a tuberculosis clearance card prior to admission to emergency shelter, without any grace period. This means that newly homeless women must typically wait a minimum of 72 hours before accessing shelter, as that is how long it takes to get a tuberculosis clearance card.
- We see the need for affordable housing as more pressing than the need for additional shelter. While there are many definitions of affordable housing, we are primarily concerned with housing for people at 0 to 30 percent of median income. We see a particular dearth of housing in this area.
- We see a need for services connected to permanent housing in order to promote residential stability.
- We see a need for new income sources, including entitlements and jobs, in order for homeless women to afford housing.
- We see a pressing need for access to therapeutic services, as well as better coordination of healthcare in general.
- We see a need for hot meals on Saturday evenings for currently homeless women, and access to food boxes for formerly homeless women.
- We see a need for expanded day shelter. Particularly, we see a need for one-stop sources of information and referral, assessment, advocacy, and services. Too many resources are geographically scattered—monopolizing entire days as homeless women attempt to receive basic services.
- There are numerous transportation needs, including reducing the amount of travel necessary for homeless women to travel.

Our charge is to summarize the resources available to homeless single women, and the most urgent needs.

## *Next Steps*

The work of the Homeless Women's Task Force continues. We will proceed to initiate a community-wide conversation about our findings, hold forums, and develop an action plan in response to our findings.

To get involved in the next phase of our work, please contact us:

Homeless Women's Task Force  
 taskforce@tprojects.org  
 (503) 823-4930, x205

## INTRODUCTION

A crisis hovers for homeless single women in Portland. We see evidence of it in the economy, the lack of supports to overcome homelessness, and in the exposure of homeless women to violence.

### *Economic Erosion*

As the few entitlements once available to homeless single women have withered, there are fewer supports to help homeless single women transition to stable housing.

Oregon's macroeconomic climate has devastated services for Portland's homeless single women.

- General Assistance, a common income support for homeless women, is no longer available. (At the time of publication, the program has been reinstated, although its future appears to be in peril.)
- Funding for Oregon's welfare-to-work initiatives, Jobs and Jobs Plus, have been cut at a time when neither welfare nor work is available. Meanwhile, Oregon's unemployment rate continues to outpace the national rate, with more than one in fourteen Oregonians searching for work in December 2003 (Oregon Labor Market Information System).
- Mental health and alcohol and drug treatment services have been severely limited from the Oregon Health Plan. Nonprofit healthcare providers that relied upon Oregon Health Plan reimbursements have disappeared or reduced services.

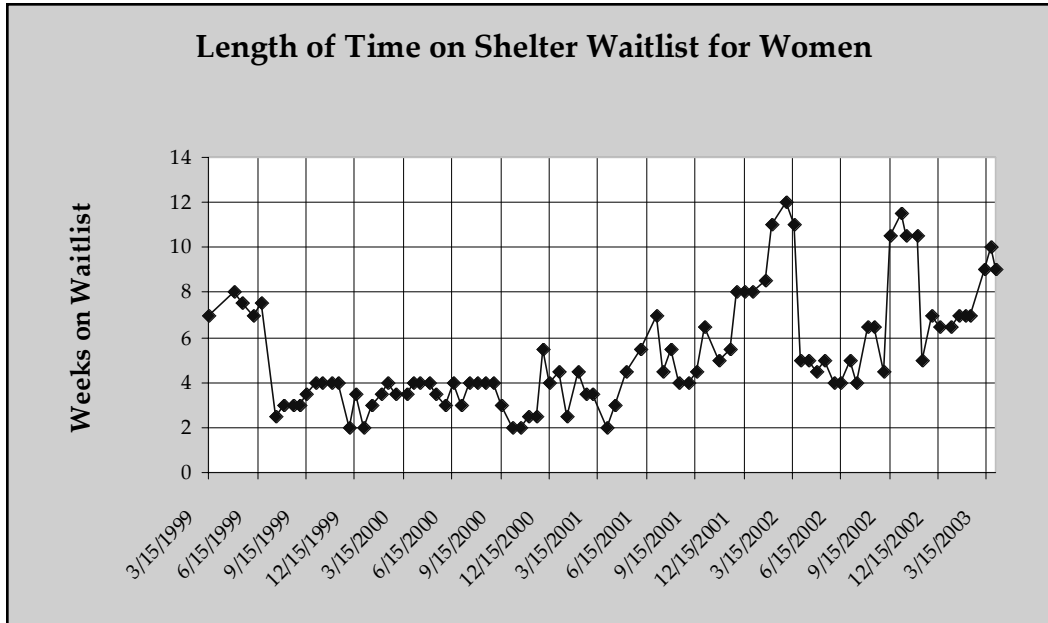
### *Few Entitlement Supports*

Historically there have been few government entitlements for homeless women without children. For instance, a common income support for homeless women is Temporary Aid to Needy Families (TANF). This support is unavailable to women without children. Unless a woman is disabled or has children, she is unlikely to have entitlement benefits available to her. As the few entitlements once available to homeless single women, such as General Assistance, have withered, there are fewer supports to help homeless single women transition to stable housing.

### *Limited Program Access*

The wait to get into transitional shelter hovers at approximately 10 weeks. The wait for affordable housing can range from 4 months to 2 years. (Cf. **Chart 1** for a historical look at the waiting list for Jean's Place, Portland's primary transitional shelter for homeless single women.)

Chart 1



"The gruesome discovery last week of another body in Forest Park, fueling suspicions that a serial killer is on the loose, sent a wave of fear through the vulnerable yet surprisingly close-knit subculture of women who live on the street."

— Willamette Week,  
June 9, 1999

### *Vulnerability*

The vulnerability of homeless women living on Portland's streets came to public attention in 1999, and was the impetus for this Homeless Women's Task Force.

In spring 1999, hikers and joggers found three murdered women, each of whom was known to be homeless, in Forest Park. The murders, the work of a serial killer, unnerved Portland and shone a light on homeless women in the city.

The city of Portland responded by extending women's "winter shelter" year-round. (Traditionally, the city added shelter beds for both men and women during the winter months, ending the service each spring.) Service providers used emergency vouchers to get women off the streets and into shelter—any kind of safe shelter. People gave media interviews, and the issue of homeless women came to the forefront for a moment.

Predictably, once the suspect was apprehended, the light of attention dimmed. Winter shelter transformed permanently into year-round shelter for women, but the emergency vouchers were gone, and the media attention went away.

In spring 2000, near the one-year anniversary of the murders, Transition Projects, Inc. released a report, "Women's Reality: Single Homeless Women in the City of Portland." It argued that homeless women were vulnerable and victimized everyday: the capture of a serial killer had not made the streets safe. The report argued for the creation of a taskforce that would help us better understand the lives of homeless single women in Portland, and what we could do to better the situation.

In October 2001, Transition Projects held a community forum on homeless single women in Portland. The forum served as an introduction to the mounting crisis, and brought together a chorus of voices to proclaim its importance (*cf.* **Appendix 3** for the forum's participants). The forum launched the Homeless Women's Task Force, with many of the attendees joining and supporting our work.

It was apparent that until we understood the depth of the problem, and the impact of the crisis on women's lives, we would not be able to propose adequate solutions. Thus, the Task Force proposed four objectives for itself:

1. Assess the resources available to homeless single women in Portland;
2. Assess the needs of homeless single women in Portland;
3. Provide an action plan to address service gaps or other needs;
4. Provide ongoing oversight of services for homeless single women.

This study addresses our findings for the first two objectives.

With diminished economic opportunity, eroded supports to help people live independently and humanely, and perpetual vulnerability on the streets, the outlook for single homeless women in Portland is bleak. But there are ways out of the darkness. A basic responsibility of service providers should be to advocate for the systemic needs of those they serve, and to educate policymakers, citizens, and advocates about the impact of public policy on people. A dual responsibility of service providers is to ensure that their services are offered as effectively and efficiently as possible. This report seeks to make contributions toward those ends.

A basic responsibility of service providers should be to advocate for the systemic needs of those they serve, and to educate policymakers, citizens, and advocates about the impact of public policy on people.

## REPORT OF FINDINGS

### *Resource Survey Results*

This survey is the result of the work of a Portland State University Capstone class, and the further investigation of the Homeless Women's Task Force. We commissioned the Capstone class to survey 25 providers of services to homeless single women. (Cf. **Appendix 3** for a complete list of participating providers.) While the class surveyed most major providers of homeless women's surveys, we recognize that there are significant services provided by small agencies, places of worship, and by nontraditional service providers.

Information about social service agencies is often unreliable. Programs change, and are interrupted or eliminated as funding shifts, often rapidly. Any survey of social services resources is a dated picture—capturing an image in time. The following information is accurate, to the best of our knowledge, at the time of this report.

We categorize the survey participants as such:

Shelter Providers:	7
Housing Providers:	4
Health Providers:	7
Food Providers:	4
Day Shelter Providers:	1
Other:	2

The surveyors sought to determine the kinds of services each agency provides, eligibility criteria for receiving services, and the availability of services. Following is a summary of their findings, with additional research from this Task Force.

*Any survey of social services resources is a dated picture—capturing an image in time.*

## SHELTER PROVIDERS

In June 2000, our "Women's Reality" report found that on any given night, there were more than 800 homeless single women in the city of Portland, with fewer than 161 beds available to homeless women who were not seeking shelter from domestic violence. While bed availability has expanded slightly in the interim, there is still a dramatic lack of shelter availability for homeless single women in Portland.

Homeless women in the city of Portland have 4 types of overnight shelters available to them:

### *Emergency Shelter*

The Salvation Army Harbor Light offers 60 beds through 2 overnight shelters. One opens at 7:30 PM, and the other opens at 9:00 PM. Women are admitted on a first-come basis, with some women lining up as early as 5:00 PM. Women are required to present a tuberculosis clearance card each night.

### *Transitional Shelter*

Jean's Place, operated by Transition Projects, Inc. provides long-term, case-managed shelter to 55 women. Jean's Place is a clean and sober program, where drug and alcohol testing may be required. Participants must present a tuberculosis clearance card prior to entering the program. Program participants participate in weekly case management meetings, creating plans for achieving income and housing. The program offers up to an 11-month stay, with an average stay of approximately 4 months. Jean's Place offers food, clothing, transportation assistance, an education and employment center, mental health counseling, alcohol and drug counseling, and is handicap accessible. There is a waiting list for Jean's Place that ranges from 4 to 12 weeks, with as many as 100 women on the waiting list.

The Union Gospel Mission offers the biblically-based, 2 to 4 year, LifeChange program and shelter for women or men recovering from addictions. Participants must be between 22 and 45 years old, and there is a maximum participation of 32 people.

### *Mental Health Transitional Shelter*

Cascadia Behavioral Healthcare provides 10 beds for homeless single women with mental illnesses at the Royal Palm Community. Program participants must receive referrals from a social service agency in order to gain access to the beds. For women with incomes, the cost of a shelter bed is \$3.00 per day. Additionally, the Royal Palm offers 30 Single Room Occupancy units to men or women. In order to qualify for these rooms, most women must have Oregon Health Plan Plus (*cf.* discussion regarding the Oregon Health Plan below). The cost of these units is 33 percent of the participant's income. The maximum stay in both the shelter and the Single Room Occupancy units is six months. Both programs offer mental health counseling, case management, and other support services.

### *Domestic Violence Shelters*

Domestic violence emergency shelters are available to women and their children (most shelters have an age limit for boys). Most shelters expect women to have been drug- and alcohol-free for 30 days prior to entry. Stays are typically no longer than 30 days, during which time participants attempt to make alternative living arrangements. The "Women's Reality" report identified fewer than 150 domestic violence beds available to women and children in Portland.

## HOUSING PROVIDERS

Housing options available for low-income and homeless women each carry with them their own eligibility criteria and waiting lists. Universally, affordable housing in Portland is in short supply. The waiting list for some housing is as long as four to six years.

Homeless women must identify available housing, determine whether they are qualified for the housing, and discover where, when, and how to apply. New resources such as [HousingConnections.org](http://HousingConnections.org), a website that catalogs affordable housing, have made this process easier—but only for those who have access to the Internet.

There are numerous barriers that may prevent homeless women from obtaining housing. These barriers include criminal records, a prior eviction, no rental history, or a poor credit history. Additionally, some affordable housing is available only to participants of specific alcohol and drug treatment programs, and other programs are reserved for tenants with disabilities, or for senior citizens.

What follows is an overview of the types of housing that may be available to homeless single women:

### *Open Market Apartments*

Rental rates are market rate. A one-bedroom apartment typically costs between \$350 and \$800 per month, averaging about \$600 per month. Open market apartments vacancies are typically available through newspaper ads. Most require a non-refundable application fee, and refundable security and deposit fees. Individual property managers determine rental criteria. Open market housing is usually the most expensive and least accessible option for homeless persons.

### *Tax Credit Buildings*

Here the rent is a little lower than market rate. Eligibility is determined by income level. These buildings accept Section 8 vouchers.

### *Project-Based Section 8 Buildings*

Rent is set at 30% of the tenant's income. Each building is privately owned and managed, with rental criteria set by the property manager. There is no application fee but waiting lists can vary from a couple of months to as long as two years. Each building maintains its own waiting list.

In Portland, more than 36,300 people earn less than 80% of the median income and are eligible for affordable housing.

— City Club, p. ii

The Housing Authority of Portland provides public housing. The waiting list is between 4 and 6 years.

#### *Tenant-Based Section 8 Vouchers*

The waiting list for Section 8 vouchers opens only for a few days every couple years. Single individuals eligible for these vouchers must meet income guidelines. Once someone receives a voucher, she must locate an apartment and a property manager willing to accept the voucher. Rents are typically market rate, with the tenant paying 30% of the rent, and the subsidy covering the balance.

#### *Agency Housing*

Most housing provided by social service agencies is attached to treatment for alcohol and drug addiction or mental illness. Each has different application processes and disability requirements. Costs and requirements vary.

#### *Public Housing*

The Housing Authority of Portland provides public housing. The waiting list is between 4 and 6 years. The Housing Authority assigns tenants to buildings; tenants may not choose a specific building. There are stringent screening criteria. Rents are set at 30% of a tenant's income.

#### *Community Development Corporations*

Community Development Corporations are nonprofit agencies that typically provide affordable housing, often in conjunction with other services. In Multnomah County, they have developed 5,456 units of housing. Each corporation has its own waiting list and entrance requirements. As an example, REACH owns and manages approximately 760 units of affordable rental housing in Portland. Most REACH housing is available to persons making no more than 60 percent of Median Family Income (\$24,000 annually for one person). REACH will not consider applications from persons who have had an eviction in the past three years, a criminal record in the past five years, or more than ten collections on their record. Their current waiting list is approximately 1 year long. In order to stay on their waiting list, prospective renters must call REACH at least once per month.

## HEALTH PROVIDERS

### *Physical Health*

Homeless single women seek healthcare from a shrinking number of free clinics, sliding-scale providers, and hospital emergency rooms. (Cf. **Appendix 5** for a list of community healthcare providers.) Most of the free or low-cost providers have limited availability, and may have other eligibility requirements. Too often, homeless women treat their medical problems through hospital emergency rooms.

Until recently the Oregon Health Plan, a free healthcare plan for poor and homeless persons, funded by federal Medicaid dollars and state funding, covered most health services. With the recent state budget cuts, many services have been dramatically cut or completely eliminated, and women who are not pregnant or disabled must now pay premiums. Due to the shrinking size of reimbursements, providers such as Kaiser Permanente have stopped taking Oregon Health Plan participants. Nonprofit healthcare providers must subsist on the shrinking reimbursements.

The standard Oregon Health Plan no longer covers services such as dental care or outpatient alcohol and drug treatment services. These cuts in services are compounded by the new monthly premiums of \$6 to \$20, depending upon the insured's income. If the premium is unmet, the participant is dropped from the plan and may not reapply for 6 months, and only after paying any past due premiums.

The services of the Oregon Health Plan are in constant flux, at the mercy of the state budget. While it may be difficult for the service providers to keep track of the reimbursement schedules and covered services, it is even more difficult for homeless women to follow the changing health plan.

### *Mental Health*

Mental health resources have rapidly deteriorated over the past several years. The standard Oregon Health Plan has dropped outpatient mental health treatment as a covered service. Only pregnant or disabled women who are covered under Oregon Health Plan Plus qualify for outpatient mental health treatment.

Cascadia Behavioral Healthcare requires most of its patients to have Oregon Health Plan coverage. They offer drop-in services at the Carlyle and Urgent Walk-in Clinics. The Urgent Walk-in Clinic sees people without Oregon Health Plan coverage, and people with Oregon Health Plan Standard coverage.

Cascadia's Discharge and Transition team provides some case management to women coming out of the hospital in need of mental health services who do not have Oregon Health Plan Plus coverage.

Multnomah County offers a mental health crisis line, but there is little follow-up care available to homeless women living in Portland.

The Royal Palm Community and Jean's Place are the only shelter providers who offer onsite mental health counseling. These facilities serve a tiny proportion of homeless women who could benefit from their services.

Day shelter provides an opportunity to get off the streets, use the restroom, and learn about services.

It is difficult to obtain bus tickets for work searches, and nearly impossible to obtain tickets for getting meals, traveling for shelter, or other necessary services.

### FOOD PROVIDERS

Although Oregon continues to be the hungriest state in the nation, hot food for people on the street, during the week, is usually available somewhere in the city. The difficulties are keeping informed of the food locations, and finding appropriate transportation to get there.

On weekends, food is scarcer, with some services closing down for the weekend. On Saturdays, there is also at least one direct conflict between lining up for shelter and lining up for a meal. Some of the women to whom we spoke chose shelter over food on Saturdays.

A number of churches provide food boxes, although this is usually a better option for low-income people in housing. Most food boxes include food that must be opened with a can opener, or that must be cooked. It may also be impractical for homeless women to carry a supply of food with them.

### DAY SHELTER

Day shelter provides an opportunity to get off the streets, use the restroom, and learn about community services. Day shelter is an especially important services for women who are accessing emergency shelter, and who have no safe place to be during day hours. With the enforcement of "sit-lie" rules in the downtown area, homeless women may also be cited simply for not having a place to go.

Rose Haven, a day shelter operated by Catholic Charities, is open from 9 AM to Noon, Monday through Friday, offering basic services to as many as 100 women each day. They offer information and referral, support groups, clothing, food boxes, a restroom, phone use, and access to a nurse practitioner. They reopen in the afternoon for several hours, offering different services on different days. Rose Haven staff report that in addition to serving homeless women, they see a number of women who have moved to shelter or housing that return for services.

The Royal Palm Community also offers a drop-in day shelter for homeless women.

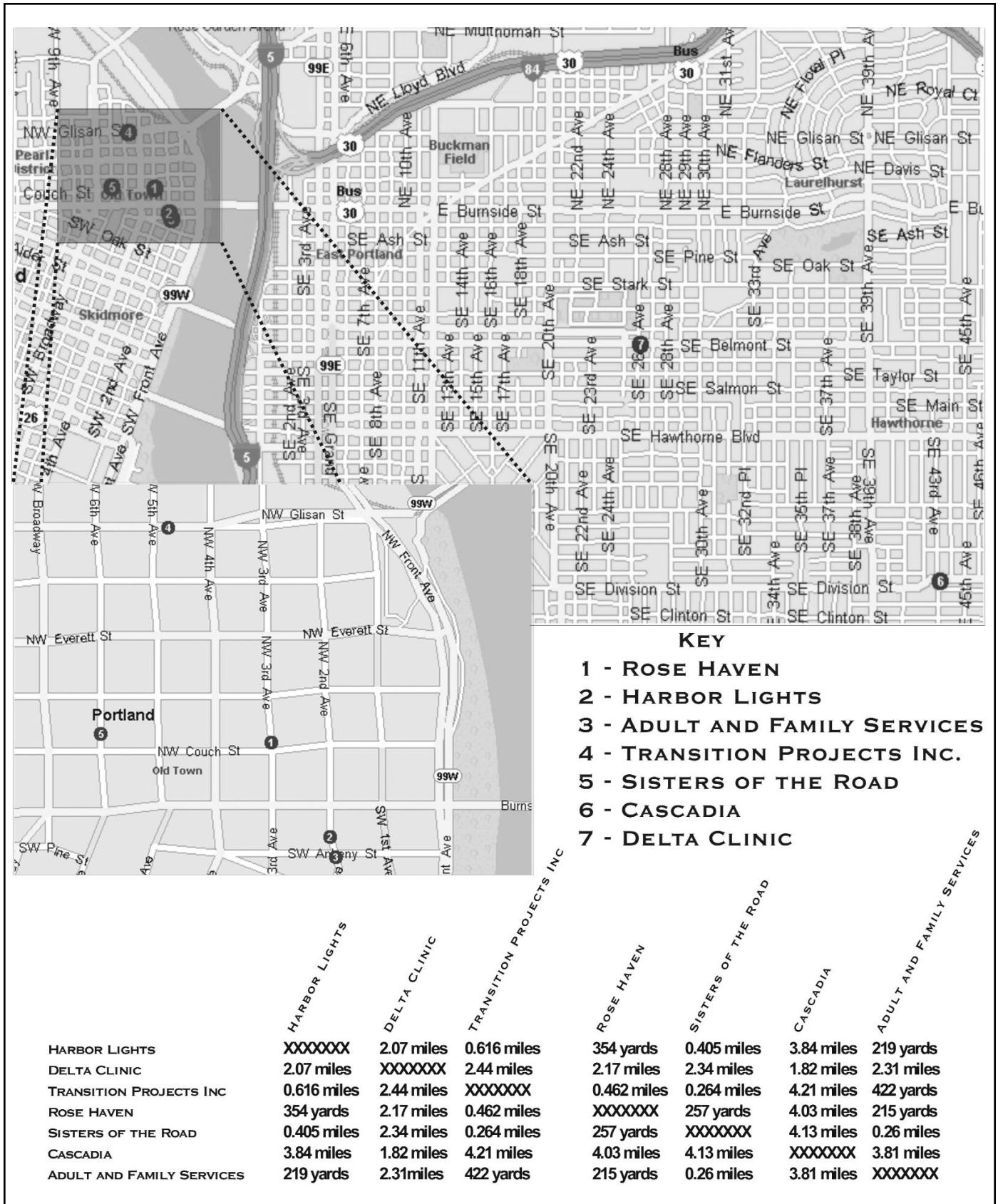
### TRANSPORTATION

Many agencies that we surveyed identified transportation resources as a significant need. While homeless women make extensive use of the free zone on TriMet, there are many places that the free zone will not enable them to go.

Bus tickets provided by social service agencies are typically limited for single medical appointments or brief periods after someone has found work. It is difficult to obtain bus tickets for work searches, and nearly impossible to obtain tickets for getting meals, traveling for shelter, or other necessary services.

Map 1 demonstrates the distances a homeless woman might travel in just a single day to receive basic services.

Map 1



## OTHER SERVICES

Numerous other services are necessary for homeless women to live with dignity. A partial list would include showers, laundry facilities, clothing, hygiene products, storage, a place to receive mail, and a place to receive phone messages. While many social service agencies, such as JOIN: A Center for Involvement, and Transition Projects, provide some of these services, there is no central location for women living on the street to receive all of these services.

Like homeless women, we were forced to cobble together disparate pieces of information, and ever-changing details, in order to construct a picture of the services that exist for homeless women in the City.

## CONCLUSION

We found something less than a coherent system of services for homeless single women in Portland. Like homeless women, we were forced to cobble together disparate pieces of information, and ever-changing details, in order to construct a picture of the services that exist for homeless women in the city.

To be certain, the system, if we can call it that, has strengths. We found evidence of strong services that are meeting the needs of homeless women everyday. Portland has a collection of services worth saving, and strengthening.

We will cover the systemic areas in need of strengthening in the sections of this report involving gaps and barriers to services.

## Needs Assessment Results

### WOMEN IN THE STUDY: WHO ARE THEY?

One of the women interviewed for this study, Beatrice, has a long history of homelessness and abuse. Her story is told in this section of the report. Other women interviewed for this study had been homeless for shorter periods. It is important to understand that no single woman's story is representative of all homeless single women in Portland. Rather, homeless women are as diverse as women who are not homeless. Their stories, their lives, offer different reasons for their homelessness, and different hopes and dreams for the future. What unites them is, of course, their homelessness, and the city and services they share. By beginning to understand the stories and the concerns of the women in this study, we can begin to assess the range of their needs.

#### *Definition of Single Homeless Women*

This report refers to women who are "single." For our purposes, and for practical purposes, single status refers to a person's present situation. Homeless women may have partners or children, but if they seek services as individuals rather than as a family or a couple, they are included in this report.

By beginning to understand the stories and the concerns of the women in this study, we can begin to assess the range of their needs.

#### ***Beatrice's Story***

*Beatrice is 44-years old. At the time of our interview, she, her boyfriend, and another couple were living inside a canopy set on the back of a pick-up truck. The truck rarely moves because they cannot afford gas. They usually change locations only to avoid harassment.*

*In the second grade, Beatrice's father escaped from a Florida prison. She remembers the police surrounding her house and threatening to kill her if she came outside.*

*Beatrice's father raped and impregnated her when she was 15. He physically and sexually assaulted her throughout her childhood. She is glad that he is now dead.*

*One of 18 children parented by her mother or father, Beatrice says that today she has good relationships with her mother and one of her sisters. Her own children—three boys and a girl—were taken by the state.*

*To support his drug habit, her ex-husband forced Beatrice into prostitution. She does not consider her current boyfriend to be a support for her, although, when asked what she values most in life, she said it was her boyfriend. He is a full-time longshoreman who has four children. His salary goes to his children. Beatrice often neglects her own needs in favor of her boyfriend. Prior to living in the canopy, she and her boyfriend, who is 6 feet tall and more than 200 pounds, lived together in a sub-compact car.*

Beatrice feels very ill-informed, getting most of her information by word of mouth, and would like more information about resources.

*Beatrice says that she has been homeless more often than not. Leaving relationships has left her homeless, as well as fleeing domestic violence.*

*Today, Beatrice defines her needs concretely. She has a difficult time finding bedding, cookware, and silverware. She would also like deodorant and a hairbrush. She would like more money for transportation, and a contact number and address where she can receive messages and letters. Beatrice feels very ill informed, getting most of her information by word of mouth, and would like more information about resources.*

*Beatrice says that she has been homeless more often than not. Leaving relationships has left her homeless, as well as fleeing domestic violence.*

*Today, Beatrice defines her needs concretely. She has a difficult time finding bedding, cookware, and silverware. She would also like deodorant and a hairbrush. She would like more money for transportation, and a contact number and address where she can receive messages and letters. Beatrice feels very ill-informed, getting most of her information by word of mouth, and would like more information about resources.*

*She has physical health problems—with her back, and her knees. She has not been able to get appropriate dental care, and is left with ill-fitting dentures. For a time, she stopped eating because she was depressed about her dentures. Now, when she eats, she consumes only soup.*

### *Who Are They?*

A graphic representation of the 17 participants in this study can be found in **Table 1** and **Table 2**. The names are pseudonyms. Their ages range from 24 to 55 years, and average 40 years. The participants in the sample are predominantly white, along with 3 African American women.<sup>1</sup>

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<sup>1</sup> This sample is roughly consistent with the ethnic makeup of homeless single women in Portland. The kind of sample we used for choosing interviewees is called a "purposive sample." It is designed to elicit responses from a variety of persons with different characteristics; it is a type of non-probability sampling used for exploratory research. In this case, we sought responses from women accessing different services. It was not necessarily our goal for the sample to be demographically representative of single homeless women in Portland. A significantly larger sample would be necessary to achieve statistical reliability. Nevertheless, when we compared the demographics of our sample to those collected by social service agencies in Portland serving homeless, single women, we learned that there was significant parity between our sample and their statistics. Eighteen percent of the sample was African American, while social service agencies reported 14 and 15 percent of their clients are African American. Eighty-two percent of the sample was Caucasian, compared to between 77 to 79 percent reported by social service agencies. Our sample would have been more representative with American Indian, Pacific Islander, Native Hawaiian, or Asian respondents.

**Table 1**  
***Demographic Factors of Study Participants:  
 Age, Race/Ethnicity, Types of Shelters/Housing***

<i>Identity</i>	<i>Age</i>	<i>Race-Ethnicity</i>	<i>Transitional Housing</i>	<i>Emergency Shelter</i>	<i>Permanent Housing</i>	<i>Mental Health Transitional Shelter</i>	<i>Not in Shelter or Housing</i>
Angie	44	African American	X				
Estelle	53	Caucasian		X			
Sylvia	47	Caucasian		X			
Mona	32	African American / Jewish			X		
Beatrice	44	Caucasian					X
Pat	55	Caucasian		X			
Kathy	37	Caucasian		X			
Karen	55	Caucasian	X				
Jenny	30	Caucasian				X	
Connie	42	Caucasian				X	
Gina	45	Caucasian				X	
Sharon	34	Caucasian				X	
Sally	24	Caucasian	X				
Laura	30	Caucasian	X				
Tanya	39	African American	X				
Deb	43	Caucasian				X	
Rita	38	Caucasian					X
TOTALS N=17	AVG 40.7						

#### *Current Living Situation*

Most of the study's participants were in some type of shelter of housing. Two participants chose not to use shelter options, as they were living with a male partner, either under a bridge or in a camper.

#### *Education and Work Experience*

The level of education of participants ranged from 8<sup>th</sup> grade to college. They had various work experiences, but relationship problems, mental illness, addictions, and other circumstances interrupted steady employment. Participants acknowledged that these problems probably contributed to their homelessness.

#### *Length of Homelessness*

Most of the participants (11) are episodically homeless, defined as being homeless for less than one year (typically experiencing homelessness multiple times over a several year period). The other women (6) are chronically homeless, defined as being homeless for more than one year in a single instance.

**Table 2**  
***Demographic Factors of Study Participants:  
 Education, Work Experience, Chronic/Episodic Homelessness***

<i>Identity</i>	<i>Age</i>	<i>Education</i>	<i>Work Experience</i>	<i>Chronic Homeless</i>	<i>Episodic Homeless</i>
Angie	44	9 <sup>th</sup> grade	Service jobs		X
Estelle	53	General Equivalency Diploma	Certified Nurse's Assistant, retail		X
Sylvia	47	Community College	Home Care		X
Mona	32	Post High School	Service jobs	X	
Beatrice	44	High School	Minimal	X	
Pat	55	College	Service	X	
Kathy	37	Post High School	Telemarketing	X	
Karen	55	12 <sup>th</sup> grade	Assembly		X
Jenny	30	8 <sup>th</sup> grade	Service		X
Connie	42	Post High School	Retail, mixed		X
Gina	45	General Equivalency Diploma	Service	X	
Sharon	34	College	Computer Programming		X
Sally	24	9 <sup>th</sup> grade	Clerk	X	
Laura	30	General Equivalency Diploma	Service		X
Tanya	39	Post High School	CNA		X
Deb	43	Post High School	Secretary		X
Rita	38	General Equivalency Diploma	Courier		X

### *Psychosocial Conditions*

The participants in this study suffered various assaults on their development. They enumerated these assaults as contributing factors to their homelessness. For instance, 7 women cited family or relationship problems/trauma; 5 women cited personal drug use; 4 women noted domestic violence; 2 women were physically abandoned; and 1 woman cited her mental illness. These factors, or conditions, are not unduplicated counts; that is, a single woman may have cited several psychosocial conditions leading to, or affecting, her homelessness.

Most of the participants have multiple physical and psychosocial health needs, often related to previous abuse and relationship trauma. Health problems tend to compound while living on the streets, and most participants cited several health problems.

*Because of past victimization, Sylvia thinks that it is important to get counseling. She has been beaten by her intimate partners, and has been sexually abused. She has had a difficult time getting through to the battered women's hotlines. She would also like to participate in an Al-Anon meeting, but has not been successful finding one.*

### *Physical Health Conditions*

Participants identified the following health problems:

- Diabetes
- Hypertension
- Hepatitis C
- Ear and hearing problems
- Epilepsy
- Damaged nerves
- Generalized and specific pain
- Migraines
- Tendonitis and other muscle/joint conditions
- Arthritis
- Asthma
- Cardiac and respiratory conditions
- Eye and dental conditions

Study participants identified negative relationships, substance abuse, and abuse by family members or partners as reasons for lack of support and/or lack of contact with family members.

Because the interviews did not probe for in-depth explanations, it is difficult to determine the causes for these conditions. There is a range of possible explanations, such as: Lack of preventive care (dental problems causing removal of teeth); delayed treatment (poor eyesight/hearing and need for corrective glasses or aids); genetic or inherited conditions (diabetes, cardiac/respiratory illnesses); and the consequences of poverty (lack of healthy nutrition, and abuse and neglect).

### *Mental Health Conditions*

Of the 17 participants, 9 said they are connected to a mental health provider. Six women said that they are not connected to mental health services and 2 were ambivalent about whether they either needed or wanted mental health care.

### *Alcohol and Drug Problems*

Over half (10) of participants said that they are not currently having difficulties with alcohol and drug issues, but said that having used alcohol and/or drugs earlier in their lives contributed to homelessness. Seven women said that alcohol and drug problems are a continuing issue for them, either because of their own use of them, or because of someone else's use.

### *Support Systems*

Families of origin / relatives do not represent primary sources of support according to 10 of the survey participants. Seven participants say that they do have supportive family members. Study participants identified negative relationships, substance abuse, and abuse by family members or partners as reasons for lack of support and/or lack of contact with family members.

## THE ECONOMICS OF HOMELESSNESS

Our study considered the minimal incomes on which homeless women subsist. Of particular interest are the incomes of formerly homeless women now living in housing. There is frequently little room for error, and no room for financial emergencies, as women expend most of their monthly incomes on rent, food, and other necessities.

Following are three sample monthly budgets for formerly homeless women. The annual incomes for these hypothetical budgets range from \$4,728 to \$8,280. Women with these incomes make less than 30 percent of the median income. The struggle for women in this economic range is to gather enough resources to maintain their housing. Indeed, they are at high risk for returning to homelessness because they typically have no safety net. Medical bills, an emergency trip to visit a sick family member, a late or stolen check, or mismanagement of funds can mean a return to homelessness. There is a common misstatement that we are all one missed check away from homelessness. Few of us are actually that close to homelessness. Formerly homeless women are often truly but one missed check away from homelessness.

There are also several common expenses that homeless women may have to pay—beyond rent, utilities, food, and other necessities. Most homeless women have incurred some debt, including credit card debt, student loans, or child support. These debts can be a significant burden to a monthly budget. Additionally, women receiving Supplemental Security Income or Social Security Disability Insurance may be required to pay for a money manager. This fee is typically around \$27 per month. Oregon Health Plan premiums, based on a sliding scale, range from \$6 to \$20 per month.

Medical bills, an emergency trip to visit a sick family member, a late or stolen check, or mismanagement of funds can mean a return to homelessness.

**Table 3**  
*Sample Monthly Budgets for Formerly Homeless Women*

	<i>A Woman with a Part-Time, Minimum Wage Job</i>	<i>A Woman Living on Supplemental Security Insurance (SSI)</i>	<i>A Woman Living on Social Security Disability Insurance (SSDI)</i>
Income	314	552	680
Food Stamps	80	20	10
<b>TOTAL</b>	<b>\$394</b>	<b>\$572</b>	<b>\$690</b>
<i>Expenses</i>			
Open market housing		395	
Subsidized housing	94		204
Phone	30		30
Food/hygiene	100	70	150
Laundry	11		11
Bus tickets	14		
Bus pass		16	16
Over-the-counter medications	5		5
Storage	35		
Debt (credit card)	25		60
Cigarettes	80	53	80
Money manager (mandated by some doctors in order to receive SSI or SSDI)		27	27
Clothing/shoes			20
Entertainment			50
Savings			17
Oregon Health Plan Premiums		11	20
<b>TOTAL</b>	<b>\$394</b>	<b>\$572</b>	<b>\$690</b>

#### **WHAT ARE THE CONCERNS OF STUDY PARTICIPANTS?**

##### *Daily Routines for Single Homeless Women on the Streets*

Women who are in emergency or temporary housing are not able to leave behind their belongings safely. As a consequence, homeless women must either haul their belongings with them all day, or find someone to watch their belongings for the day.

A woman leaving emergency shelter must be out of the building by 7:30 AM, a time at which most other social service agencies are closed. Some women choose to stand in line at Blanchet House for breakfast. Others choose to stand in line at Transition Projects in order to obtain a shower, clothing, and hygiene products at 8:30 AM. With their belongings on their back, it may take them awhile to travel even a few blocks.

*When Mona was homeless, she would start the day by finding free breakfast. She would then go to counseling, the library, use the Internet, and begin thinking about where to sleep. She would ride the MAX, a place where people weren't doing drugs. She would seek out water, check her mail and messages, and make and keep appointments. At night, she would stand in line for shelter. She would miss five meals a week when she was homeless.*

... a large suitcase with a plastic bag on top, warm clothing, a dress-up outfit, toiletries, books, blanket, plastic tarp to put on the ground while waiting to get into Harbor Light, a box of Kleenex, flannel pajamas, first aid kit and makeup bag, TB card, state ID, Social Security card, and library card ...

— Pat

The study participants expressed their concerns about the lack of shower and laundry facilities. There are also few public restrooms available to homeless women. Each of these deficiencies makes it more difficult to live with dignity.

Finding a safe and semi-private place to rest during their day, while on the streets, was another major issue for the study participants. Many used public places, such as the library downtown, Sisters of the Road Café, the Tacoma Café, or Rose Haven.

#### *The Issue of Belongings*

The women in this study emphasized how troublesome it is to carry all of their belongings with them. There were some things that they have to carry with them. All carried state identification, except those who were in the process of getting it. Most also carried a tuberculosis clearance card, a necessity for getting into Portland shelters.

*Gina said that when she was on the streets, she carried a bag of clothes with her. Sometimes she would store items with different people. Frequently she would find those items stolen when she went to retrieve them.*

Pat, a 55-year old woman staying in emergency shelter, described what she carries with her on a daily basis. Inside of a large suitcase, she carries her identification, changes of clothing, and hygiene products, among other things. Kathy, a 37-year old woman, wore 3 coats during her interview with us, in addition to carrying a large suitcase of clothes, and a backpack with other items. Laura, who was in Jean's Place when we spoke to her, said that she used to carry 20 medications with her, and for a brief time did so while she was on crutches.

### *Weekends and Bed-Food Choices*

Although many of the study participants believe there are adequate meal options in Portland, meal availability sometimes conflicted with having a place to sleep at night. Shelter comes first, and then food.

Saturdays caused a particular problem for finding food. Because of the shortage of shelter beds for homeless women, there is competition for the beds, particularly on weekends. On weekends, there are fewer convenient places to get meals in time to stand in line for a bed. Some of the study participants expressed frustration at having to choose between meals or sleeping indoors.

### *Safety*

Since safety and vulnerability were the impetus for this study, we questioned study participants about their safety. Pat said that she did not feel safe: "On the streets there are some really creepy guys. The men on the street are scary and unsafe." Sally also feels unsafe on the streets: "I was raped 7 times." Another woman, Estelle, who was at Jean's Place, said that she feels safer in her present living situation than she has in the past. Several of the respondents said that they feel safest in confined geographic areas, and that they try to avoid unsafe places.

The issue of safety is a broad and personal one. Most homeless women have experienced some sort of physical or mental violence. Mona said that while on the street she had been raped and suffered harassment, and was also involved in prostitution. Another participant said that a former boyfriend forced her into prostitution to earn money for housing and meals.

### **HOW HOMELESS WOMEN IN PORTLAND COMPARE NATIONALLY**

While aware that the 17 women in our sample do not account for what statisticians call "statistical significance," we thought it would be beneficial to compare our findings to the best national data available. We also took the opportunity to use Portland statistics that are significant to compare to national figures.

"... I had food stamps and ate only one meal a day. I didn't like going to the missions ..."

— Laura

Since safety and vulnerability were the impetus for this study, we questioned study participants about their safety.

### Age

This report finds that Portland's single homeless women are significantly older than single homeless women nationwide.

Nationally, 18 percent of homeless single women are 45 years or older. In Portland, 48% of homeless single women are 45 years or older.

Nationally, homeless women are markedly younger than homeless men. This report finds that single homeless women in Portland, while younger than Portland's single homeless men, are significantly older than other homeless women nationwide (*cf.* **Table 4**). We compared the ages of women on the shelter waiting list at Transition Projects, Inc., the ages of emergency shelter residents at Salvation Army's Harbor Lights, and the combined statistics of single homeless providers funded by the Bureau of Housing and Community Development. In each case, we found Portland's homeless women to be significantly older than national statistics suggest.

The Interagency Council on the Homeless found, nationally, of homeless clients that: "Homeless women are younger than homeless men. Twenty-two percent are 24 or younger, compared to only 7 percent of men. At the other end of the age distribution, only 18 percent of homeless women are 45 and older compared to 29 percent of men" (Interagency, 1999b, p. 3-10).

We found something very different with Portland's homeless clients (*cf.* **Table 5**). On a single day in March 2003, the Transition Projects' shelter waiting list revealed the following about age: The average age of a man on the waiting list was 44 years; the average age of a woman on the waiting list was 42 years. While 6.5 percent of women were 24 or younger, less than 1 percent of men were 24 or younger. And while 51 percent of men were 45 or older, 48 percent of women were 45 or older.

**Table 4**

AGE	AGE DISTRIBUTION (NATIONAL) <sup>2</sup>		AGE DISTRIBUTION (TRANSITION PROJECTS, INC. WAITING LIST ON A SINGLE DAY IN MARCH, 2003)	
	Female (N=950)	Male (N=1985)	Female (N=90)	Male (N=145)
Under 18	2 (%)	< 0.5 (%)	NA	NA
18 to 21	10	4	1 (%)	< 1 (%)
22 to 24	10	3	5.5	0
25 to 34	33	21	17	10.5
35 to 44	26	43	29	38
45 to 54	11	20	40	37
55 to 64	3	8	8	14
65 or more	4	1	0	0

<sup>2</sup> Source for national ages: Interagency, 1999b, p. 3-11.

**Table 5**  
*Significant Age Variations between Local and National Statistics*

AGE	AGE DISTRIBUTION (NATIONAL) <sup>3</sup>		AGE DISTRIBUTION (TRANSITION PROJECTS, INC. WAITING LIST ON A SINGLE DAY IN MARCH, 2003)	
	Female (N=950)	Male (N=1985)	Female (N=90)	Male (N=145)
18 to 24	22 (%)	7 (%)	6.5 (%)	1 (%)
45 +	18	29	48	51

#### *Homeless Women as a Percentage of all Homeless Persons*

Nationwide, homeless women are 23 percent of all single homeless clients (Interagency, 1999a, p. 14). Research has consistently found homeless women, in general, to be approximately a quarter of the homeless population. While it is clear to most homeless providers that men, overwhelmingly, represent most of the homeless population, it is important to note that most census numbers are predetermined: Counts of homeless women in shelters and at other homeless providers are somewhat determined by the space allotted to them. Most homeless shelters tend to be full most of the time. In Portland, roughly a quarter of (non-domestic violence) shelter beds are reserved for women.

Both in Portland and nationally, there are more single homeless women than homeless women with children.

#### *Service Use*

Two national findings about homeless women are consistent with our own informal observations:

1. Homeless women are more likely than men to use shelters while they are homeless (Interagency, 1999a, p. 28). Transition Projects has noted that women are more likely to enter their shelter from either another shelter, or from the homes of family or friends, than are men.
2. Homeless women are more likely than men to continue to access homeless services after leaving homelessness (Interagency, 1999a, p. 42). We noted during the course of our study that a significant portion of women accessing a day shelter, Rose Haven, were in housing.

#### *Minor Children Living with Homeless Women*

Nationally, most homeless women (60 percent) have children less than 18 years old, but only 65 percent of homeless women with children live with any of their children (Interagency, 1999a, p. 18). A full 76 percent of the homeless women interviewed for this report have children; only one of the children was living with his mother. *Both nationally and locally, homeless single women outnumber homeless women with minor children in their care.*

<sup>3</sup> Source for national ages: Interagency, 1999b, p. 3-11.

Nationally, 30% of single homeless women report alcohol or drug problems, while 41% of our survey respondents reported some type of alcohol or drug problem.

Nationally, 43% of single homeless women reported mental health problems, while 53% of our survey respondents reported some type of mental health problem.

### *Victimization*

All homeless persons are vulnerable to victimization, but this is especially true for homeless women. Thirty-eight percent of all homeless persons accessing homeless services had money or items stolen directly from them (Interagency, 1999a, p. 18). Forty-one percent of the same group had money or things stolen from them while they were gone, 22 percent were physically assaulted, and 7 percent were sexually assaulted (Interagency, 1999a, p. 23). Meanwhile, one study of homeless women found that 34 percent of respondents had suffered major violence—"being kicked, bitten, hit with a fist or object, beaten up, choked, burned, or threatened or harmed with a knife or a gun" (Wenzel et al, p. 740)—within the previous 12 months (Wenzel et al, p. 744).

Nearly all of the interview respondents reported victimization while living on the streets. Interestingly, a majority (59 percent) of respondents reported feeling safe. We remind the reader of two points concerning this second finding:

1. Safety is a temporary feeling that shifts by location and circumstances.
2. A majority of the interview respondents were in some type of shelter or housing when they answered the questions about safety.

### *Alcohol and Other Drug Problems*

Nationally, 66 percent of all homeless clients experienced any alcohol, drug, or mental health problem within the last month, and 74 percent experienced at least one of those problems within the last year (Interagency, 1999a, p. 24). Thirty percent of women homeless clients nationally reported some type of alcohol or drug problem, while 41 percent of our survey respondents reported some type of alcohol or drug problem (Interagency, 1999b, p. 3-11).

Nationally, 30% of single homeless women report alcohol or drug problems, while 41% of our survey respondents reported some type of alcohol or drug problem.

### *Mental Health Problems*

The respondents in our survey also reported mental health problems more frequently than did clients in national studies. While 43 percent of national female survey respondents reported some type of mental health problem, 53 percent of our survey respondents reported one (Interagency, 1999b, p. 3-11).

## Needs

We determined the needs presented here by considering what assistance is necessary for women who:

1. are living on the streets;
2. are accessing day shelter;
3. are living in emergency shelter;
4. are living in transitional shelter;
5. are living in long-term or permanent housing.

We also considered the macro, or systemic, needs for homeless women's services. *Our primary focus, however, was on determining the needs for homeless women in Portland, and not the needs of social service providers, or of any system.*

Having said that, all services are provided within the context of systems. Any new, or better-coordinated services, will be added to, or reformed within, a social service system. Thus, we present the needs in the following service categories:

- Shelter
- Housing
- Health
- Food
- Day Shelter
- Transportation
- Other Needs

### SHELTER

#### *Lessen a Barrier to Emergency Shelter*

Emergency shelter is meant to offer immediate lodging and service to homeless women. The impetus behind emergency shelter is to offer as few barriers and as much availability as possible to women who need it. It is a difficult undertaking, to be certain: Offering emergency shelter means being available to women who may have been abused only hours before, may be under the influence of alcohol or drugs, or who may be experiencing a variety of psychological or physical traumas.

Portland's shelters have historically cooperated with Multnomah County's aggressive attempts to stem tuberculosis amongst Portland's homeless. They have done so by requiring that shelter residents maintain a tuberculosis clearance card, or demonstrate that they are currently being treated for tuberculosis. This combined effort has certainly kept the spread of tuberculosis to a minimum. We are concerned, however, about the publicly funded Salvation Army emergency shelter's requirement of late that homeless women present their tuberculosis clearance cards each night they stay there. Previously, the shelter allowed women a grace period to get a tuberculosis card, offering a segregated space for women without cards. Given that it takes a minimum of 72 hours to be tested and receive a card, this prolongs the wait for a homeless woman to enter shelter. This requirement primarily affects newly homeless women, who are unlikely to have tuberculosis cards. Without endangering the health of homeless women, we believe it is possible to work with the Multnomah County Health Department to find a way to get homeless women into emergency shelter immediately.

*More Shelter?*

Portland could fill one or several more shelters for homeless women. The shelters would be consistently full, and would serve many. The question, however, is whether additional shelters are the best solution. We are not convinced that they are.

At this time, we think that the creation of more truly affordable housing (*cf.* the discussion below) would better serve the community. Homeless women (and men) are currently backlogged at transitional shelters: There are significant numbers of homeless women who are capable of maintaining housing and living independently, if only housing were available. This includes transitional housing, subsidized housing, housing for people with disabilities, and alcohol- and drug-free housing.

While we would certainly not oppose an additional shelter for homeless women, we think, given the scarce resources available to homeless services, that the resources would be better devoted to permanent housing.

While we would certainly not oppose an additional shelter for homeless women, we think, given the scarce resources available to homeless services, that the resources would be better devoted to permanent housing.

A reader reviewing the housing resources earlier in this report might be tempted to think that sufficient resources exist. After all, we discuss thousands of housing units of affordable housing in Portland. The problem is, however, that tens of thousands of people are eligible for, and seeking, those same units. Affordable permanent housing units do not turnover very often, and thus the wait for them is long.

Shelter often serves as a necessary bridge to get people from the streets to housing. But it is not an end result. This is not to say that we think shelter is unnecessary. We are, in fact, concerned about "housing first" approaches that purport to house people without any preparation. "Housing first" is appropriate for many homeless persons, but certainly not all homeless persons.

We think that, at this time, it would be more beneficial to devote community resources toward the end result—permanent housing.

## HOUSING

Before addressing specific needs that relate to housing, we must proclaim the most basic truth first: There is a dearth of affordable housing in Portland. By "affordable housing," we mean, specifically, housing that is affordable to low-income persons. Some supposedly affordable housing costs \$500 to \$700 per month. While this housing may be affordable to middle class people, it is certainly not affordable to low-income persons. (Cf. **Table 3** for sample monthly budgets, located in the **ECONOMICS OF HOMELESSNESS** section of this report.) We are particularly concerned with the lack of affordable housing available to homeless women at 0 to 30 percent of the median income.

While affordable housing development is currently underway, it is happening at a rate well below the level of need. The City Club of Portland estimates the need at 90,000 units, costing \$400 million dollars per year for 17 years (City Club, p. ii).

As individuals attempt to leave homelessness, it is unlikely that many will be able to transition directly into market rate housing. We believe that over time, afforded the opportunity to save money, build skills, and gain better employment, many low-income women can move from affordable housing to market rate housing. For some, it will be necessary to live in subsidized or program housing permanently. But affordable housing can and should be a step for many others toward achieving market rate housing, and even home ownership.

### *Services Connected to Housing*

The stories of the homeless women in this study demonstrated cycles of housing instability. Many women had moved in and out of housing, shelters, and various homeless services for years. This cycling is expensive for the community and traumatizing for the women moving in and out of homelessness.

Case management, or service coordination, has become standard in many homeless shelters, where homeless persons receive assistance to maneuver out of homelessness. Not frequently enough do those services extend to the housing where homeless women first move.

We suggest the following services as a beginning:

- Living wage job training, employment mentoring, and other services designed to help women obtain work that will take them out of poverty. This should include services for disabled and developmentally disabled women.
- Eviction prevention.
- Socialization skills (conflict resolution, parenting, gaining and maintaining relationships, participating in government and civic life).
- Mental health and alcohol and drug counseling.

We believe that over time, afforded the opportunity to save money, build skills, and gain better employment, many low-income women can move from affordable housing to market rate housing.

### *Income Sources*

There are few government entitlements for single homeless women. Beginning in January 2003, there was one fewer resource available: General Assistance ended in Oregon. Many homeless women who applied for disability insurance under Supplemental Security Income (SSI) were scheduled to receive General Assistance in the interim. That was no longer an option. Upon the publication of this report, General Assistance has been reinstated.

Many people who apply for SSI must apply multiple times. There are extensive requirements for documentation of disabilities, and it may be difficult for homeless women to gather all of the information they need to complete their applications. Thus, many applications are rejected the first time, and homeless women must appeal the decisions. We see a need for providing assistance in both applying for SSI and appealing rejections.

Entitlement benefits of all types would be beneficial in helping homeless women transition to independent and stable housing. The current political and economic climate does not give us much hope for further entitlements. But there are other options for income for homeless women. These include nonprofit micro-enterprises in which homeless women are trained for living wage jobs and placed in positions. There are also possibilities of public-private-nonprofit relationships to place homeless women in private sector jobs, supported by either nonprofit or government services, and possibly government subsidy. Unfortunately, the JOBS Plus program in Oregon, which created these kinds of opportunities, was cut in 2003.

As a community, we must create more opportunities for single homeless women to gain incomes that will allow them to afford housing.

### **HEALTH**

With the current instability of the Oregon Health Plan, homeless providers and their clients have difficulty in meeting the demand for evaluation and treatment of conditions. Further exacerbating the situation is our finding that Portland's homeless population is older than homeless populations across the country. This means that medical conditions will tend to be more serious, as medical problems tend to increase as we age.

#### *Access to Therapeutic Services*

As mental health services have been cut, shelters have seen a noticeable increase in clients with mental illnesses. At a minimum, shelters should be equipped with mental health counselors in order to help homeless women afflicted by mental illness to navigate the shelter system. This should also include access to alcohol and drug treatment services.

#### *Coordination of Homeless Single Women's Healthcare*

Because Portland's population of homeless single women is older and has many health care needs, they are at considerable risk for increasing severity of symptoms and disability if untreated. With the instability of the Oregon Health Plan, homeless providers and their recipients have difficulty in meeting the demand for evaluation and treatment of conditions. Coordination among the homeless serving organizations to improve information and education about self-care and how to access existing healthcare resources would enhance recipients' strengths and confidence in trying to meet their personal health care needs.

## FOOD

Oregon is our hungriest state, with 6.2 percent of households sometimes going hungry (Oregon Food Bank). Homeless women must spend significant amounts of each day seeking food. However, food may ultimately be more available to currently homeless women than it is to formerly homeless women numbered among the working poor. Minimum wage workers, and other women with low incomes, typically lack access to food boxes and other free food because they are working: Food box agencies tend to be open during standard working hours. For either group—currently or formerly homeless women—we have identified food needs.

- *Dinner access on Saturdays for homeless women.* While food was generally available to homeless women throughout the week, we found that hot dinners on Saturday were problematic for women accessing emergency shelter. St. Francis Dining Hall offers dinner on Saturday. However, the dining hall is across the river from the Harbor Light Emergency Shelter, where women are waiting in line for shelter. As a result, some of the respondents in this study said that they opted for shelter over food.
- *Food box access for formerly homeless women.* We have focused this study primarily on the needs of currently homeless women. However, we think food access for formerly homeless women who are "working poor" is critical. As women work, the food stamp benefit they receive lessens dramatically. Further, their access to free food boxes provided by social service agencies and churches is also limited because they may be working while the food boxes are available. By providing increased access to free food for formerly homeless women, we can help them maintain their housing and prevent the inhumanity of hunger.

## DAY SHELTER

Currently, there are 2 day shelters for women in Portland. Day shelters offer women living on the street access to basic shelters, such as a mailing address, telephone use, a place to store their belongings, and a clean place to rest. (We note that other service providers also provide some of these services: Both JOIN and Transition Projects offer many of these same services, although not in a day shelter environment.) What surprised us was the number of formerly homeless women who access day shelters for support and other services. Upon further research, this is consistent with national findings that formerly homeless women frequently return to access social services.

There is a pressing need for more women's day shelter in Portland. The advantages to day shelter may be summarized as such:

- Provides women access to basic services;
- Provides a safe place to be during day hours;
- Provides the opportunity for women to make connections to other services (e.g., signing up for benefits, receiving a referral to a transitional shelter, receiving a referral to mental health services).

Rose Haven may see more than 100 women in the space of 3 hours. They have a small space in which they serve women, and the day shelter is usually crowded. Further, there is an hour and a half gap between the time the Harbor Lights Women's Emergency Shelter closes and when Rose Haven opens.

We think there is an opportunity to provide expanded day shelter services in a way that would help more women transition from homelessness, and would provide a support structure for more formerly homeless women.

## TRANSPORTATION

Even with Portland's free bus zone, moving around the city can be challenging and expensive for homeless women. The free zone does not extend to most medical facilities, to St. Francis Dining Hall, or to many other essential services. Compounded with this, many homeless women are afflicted by physical ailments that prevent them from walking long distances.

**Map 1** demonstrates the distances that a homeless woman might traverse in a single day. Mind you, since there are few storage options available for belongings, women are likely carrying backpacks, garbage bags, and other containers on their person as they travel.

Social service agencies, such as Transition Projects, may spend 20 to 40 thousand dollars each year on bus tickets and bus passes without coming close to meeting the transportation needs of their clients. Few service providers offer bus passes for job searches or medical appointments.

To the extent possible, we would like to see a "one-stop" approach promoted for homeless women's services. That is, service providers should offer as many resources onsite as possible. This should include information about other community resources, and communication tools, such as telephone and Internet access, in order that women may seek out services without physically traveling around the city.

Other transportation needs range from making travel easier (perhaps by providing storage for the belongings of women) to providing more transportation resources (bus passes for work search, or an extended free zone).

To the extent possible, we would like to see a "one-stop" approach promoted for homeless women's services.

## OTHER NEEDS

We compiled literally hundreds of needs for homeless women, many of which did not fit into the categories listed above (shelter, housing, day shelter, food, health), or needs that transcended categories. We mention some of those most pressing needs here.

- *Comprehensive information/education.* Information is a most precious currency for homeless women. It is difficult for even service providers to maintain accurate knowledge of services and availability. We noted a particular need for jails and hospitals to have accurate information. Many homeless women receive poor referrals when leaving either. As a result, there is frustration for the women incorrectly referred, the social service provider, and the referring institution. We see the need for centralized databases that all social service and government providers would commit to maintaining. We think that the forthcoming "211" system—a centralized telephone directory for services—is one positive step in this direction, but it is only a beginning.
- *Coordination of homeless single women's legal assistance.* Many of the women in the study experienced various forms of domestic violence and abuse by significant others, as children and as adults. Their experiences with the legal system are spotty, often hinging on their relationships with a single lawyer or judge, who they may or may not feel treated them fairly. Many of the survey respondents mentioned difficulties interacting with police officers. We see a need to assist homeless women through the justice system, providing them with information and referral, and advocacy as needed. In addition, we see a need for continuing cultural sensitivity education for police officers, attorneys who represent homeless women, district attorneys who may prosecute them, and judges who preside over their cases.
- *Improved databases and data collection systems among agencies that serve the homeless single women.* Homeless women gather their services from a patchwork of service providers. Building a system for planning and efficient use of each organization's unique contribution would require establishing a common database system. The advantages of this innovation include the ability to track the progress, or interruption in progress, for homeless single women toward achieving therapeutic and social goals. Service agency staff, such as the case managers, would have the data to track not only the women but to assess how the agencies are coordinating and communicating the women's progress. The shared knowledge, and the ability to support each other, as providers, would strengthen the system. In addition, a common database would allow for more accurate reporting of homeless single women's use of the system and provide annual planning and evaluation data for changes, improvements, and funding increases from all sources. Confidentiality is a significant concern, and any shared databases would need to have strict privacy regulations attached to them. Otherwise, we can foresee homeless women, especially the many who are fleeing abusers, opting out of the system altogether.

We see the need for centralized databases that all social service and government providers would commit to maintaining.

*Alis Volat Propiis**She flies on her own wings*

MOTTO, STATE OF OREGON

## CONCLUSION

While wary of generalizations, we would describe a "typical" homeless single woman in Portland as being between 35 to 54 years, likely to have a child (or children) not living with her, and likely to have a variety of physical or mental health problems and/or addictions.

Homeless single women in Portland are older, sicker, and more likely to be afflicted by mental health or alcohol and drug problems than has been previously identified. They are overlooked, underserved, and hyper-vulnerable. They are perhaps the most misunderstood group of homeless persons.

There is a deficit of services and thinking about homeless single women. Common misperceptions are that all, or even most, homeless women have children with them, and that domestic violence is the primary cause of women's homelessness. While the care of children and domestic violence are essential issues for understanding women's homelessness, they are not the only issues. Indeed, most homeless women do not have children with them, nor are they primarily concerned with domestic violence.

Like homeless men, homeless women must negotiate multifarious causes and symptoms of their homelessness. If the stereotypical homeless male is a single, older man, alcoholic, longtime homeless, and disconnected from his family, then the stereotypical homeless woman is fleeing a violent male, with child in hand, and homeless for the first time. Neither stereotype is useful for planning services, nor are they, in the main, accurate. To an unfortunate degree, homeless providers have perpetuated these stereotypes in their advertising and fundraising—using images of mostly unshaven, lonely men, or, variously, the battered woman shielding her child. While wary of generalizations, we would describe a "typical" homeless single woman in Portland as being between 35 to 54 years, likely to have a child (or children) not living with her, and likely to have a variety of physical or mental health problems and/or addictions.

While homeless single women share with men many of the causes and afflictions of homelessness, their needs are, nevertheless, distinct from men, and targeted services and planning are required to help them meet their needs. Homeless women are less likely to move from the streets to homeless shelters, and more likely to move from the housing of friends or relatives to homeless shelters, than men. Formerly homeless women are more likely to continue using homeless services after they obtain housing. Because there are fewer single homeless women than single homeless men, there are fewer services available to them; while proportionality is sensible, it also means that services for single homeless women are more geographically scattered than for men. Scattered services perpetuate transportation problems, as women are required to travel from place to place for services, and a lack of continuity of services.

This report completes the need assessment and resource assessment of the Homeless Women's Task Force. The priorities we offer in this report are just that—our priorities, and not the comprehensive needs or resources available for Portland's single homeless women. This report is a polemic. Nothing could ever be comprehensive: The needs of homeless women are as diverse as the needs for anyone. The needs we highlighted tend to be aimed at helping people move toward independent living, housing, and achieving incomes.

The work of the Task Force will continue. The next step will be to create an action plan, based on the insights of this report. Following that, we will create a mechanism for ongoing oversight of services for single homeless women.

The Task Force relies upon community support to do its work, and invites your participation. To become involved in the Task Force, e-mail us at [taskforce@tprojects.org](mailto:taskforce@tprojects.org), or call (503) 823-4930, x205.

We conclude by reflecting upon Oregon's state motto: *Alis Volat Propius* (*She flies on her own wings*). In the best of times, it is a soaring call of independence. As one respondent, Gina, said, "It just goes to show how strong we are." In worse times, and these are such times, it is a motto that could reflect loneliness, even neglect. As the community withdraws critical supports such as mental health assistance, medical help (including anti-psychotic medications), and job training programs, homeless women are left with little more than their own powers to propel.

Truly, none of us flies on our own.

The needs we highlighted tend to be aimed at helping people move toward independent living, housing, and achieving incomes.

## APPENDICES

*Appendix 1—Description of Study***DESIGN**

The Task Force designed the study to produce information about disparities between resources and the needs of homeless single women in Portland. The Task Force created two surveys:

The Task Force sought to learn about needs by asking single homeless women about their experiences living in the city of Portland.

1. A resource survey conducted by Portland State University undergraduate "Capstone" students;
2. A needs survey conducted by graduate students in social work, under the direction of faculty.

The undergraduate students worked with the Task Force to develop a questionnaire and target agencies and services for inclusion in the resource survey. Teams of students interviewed service providers and collected and cataloged their findings.

The Task Force sought to learn about needs by asking single homeless women about their experiences living in the city of Portland. Working with the Task Force, the social work graduate students developed a semi-structured interview, with room for spontaneous comments by participants about their circumstances and issues of importance to them.

**TIMELINE**

The Task Force responded to the urgency of the murders of homeless single women, as mentioned in the INTRODUCTION to this report. However, it was difficult to quickly design the study, and the questions of interest. The Task Force was comprised of more than a dozen members, each of whom submitted questions and helped analyze the findings. The start of the project (July 2002) to the completion of the data gathering (March 2003), followed by months of analysis of survey and interview data, and finally writing of the report, resulted in a project that encompassed approximately a year and a half.

## INSTRUMENTS

The Resource Survey was conducted in agencies that serve homeless women in the downtown area of Portland. The sections that were covered and their purpose of the questions were as follows:

1. *Agency Overview* — to identify in general, the number and characteristics of the women served.
2. *Service Availability* — to identify the variety of services offered by the agency to homeless single women.
3. *Service Detail* — to collect service and eligibility information. For instance, for agencies that provide both housing and health care resources, each category would require detailed and separate information.
4. *Shelter Survey* — a sub-category to identify the specific experiences of homeless single women that may be somewhat different than those of homeless men.
5. *Healthcare Survey* — to identify the range of health-illness concerns belonging to the homeless single women.
6. *Government Services/Entitlement Programs* — to provide information about the women's use of these programs and their eligibility status.
7. *Comments/Impressions* — included to capture the interviewers' perceptions, reactions, and understanding of service providers and agencies.

The Task Force wanted to capture the participant's views and experiences of the adequacy, quality, and helpfulness of resource providers' services to them.

The interviews with homeless single women consisted of 35 semi-structured questions to elicit a range of experiences in their daily lives, and on their ability to use the various services for the homeless. (Interview questions are found at the end of this section.) The Task Force wanted to capture the participant's views and experiences of the adequacy, quality, and helpfulness of resource providers' services to them. The survey asks questions about the nature of the women's homelessness—chronicity, frequency, and circumstances surrounding the homelessness experience. In a sense, the Task Force asked the women to judge the existing services as they affected their condition of homeless, and then, to suggest remedies for gaps or inadequacies that they experienced.

## PARTICIPANT SELECTION

With the assistance of the graduate students, social service agencies selected participants randomly, offering homeless single women (or formerly homeless single women) the opportunity to participate in the project. We sought no other demographic profile.

The participation of the women participants was voluntary; that is, as far as the Task Force could ensure with the agencies, women were not coerced into participating. The women were compensated for their time with a monetary coupon (worth \$10), redeemable at Fred Meyer stores. Each participant gave her informed consent to participate in the study and was told how the information gathered in her interview would be used.

#### ARRANGEMENTS WITH UNIVERSITY FACULTY

Transition Projects administrative staff contacted faculty at Portland State University about both surveys. Under the guidance of experienced faculty, we chose two social work graduate students to conduct the interviews and to write participant responses. The entire undergraduate Capstone class participated in the resource survey, under the supervision of faculty.

#### ADVANTAGES OF STUDY DESIGN

The design has several advantages:

- It takes advantage of the Task Force's combined knowledge of the context and specifics of the resources and homeless women's circumstances in organizing the surveys and interviews.
- Maximizes existing relationships among service providers to capture their concerns about the needs for improving the homeless single women's services.
- Gathering system data and participant experiences within the context of homelessness allows for identification of gaps between available services and unmet needs of recipients.
- Provides sufficient information to stimulate community-wide interest and funding to improve the homeless single women's services system.

#### LIMITATIONS OF STUDY DESIGN

- The study was funded with resources from Transition Projects and in-kind volunteer services of the Task Force and Portland State University contacts. With an appropriate budget to launch a scientifically prepared study, the size of the participant sample would have been larger so that generalization could be ascribed to a larger population.
- Because of the budget, there was no opportunity to contract with an external organization that could have provided expertise and objectivity in both the design and the conduct of the study.
- There could have been some elements of coercion unknown to the Task Force by the agencies that selected the women to participate. Indeed, there is always the dilemma, too, around payment of participants. That is, the incentive also works as a type of coercion. On the other hand, some kind of recognition of the time and effort/expertise of participants should be rewarded.

The study was funded with resources from Transition Projects and in-kind volunteer services of the Task Force and Portland State University contacts.

## NEEDS ASSESSMENT INTERVIEW QUESTIONS

1. How long have you been staying here in Portland? Where were you staying last?
2. How long have you been without your own place to stay? Is this the first time? If not, how many times in the past five years?
3. How did you come to be here? What were the events leading up to your homelessness?
4. Tell me about your current living situation.
5. What are the specific items you are unable to get?
6. What specific items do you carry with you? What kind of identification do you have?
7. What kinds of services have you found difficult to get or are unavailable? For example, health, mental health, benefits, etc.
8. What kinds of services do you find the most helpful?
9. In your experience, what is lacking in services and what would be helpful?
10. How do you get information about services to meet your needs? For example, pamphlets, word of mouth ...
11. Have you ever applied for benefits such as food stamps or child care help? What was your experience?
12. What has been your experience with finding your own place to stay (housing)?
13. Tell me about your immediate family. Do you have any local relatives? Are they a support to you? Any recent significant relationships that have impacted your homelessness?
14. Have you had any children? Where are they now?
15. Who are your supports?
16. On a weekly basis, how many times do you go without a meal?
17. What's your daily routine? What are some daily living issues that present the most problems for you?
18. When was the last time you saw a doctor?
19. Do you have any physical limitations? Do you have any health concerns?
20. Are you connected with a mental health provider?
21. Do you have any difficulties with drugs and alcohol relating to your current situation?
22. Tell me about your past work experience.
23. What is the highest grade you completed in school? What was your school experience like?
24. Do you feel safe?
25. What is your experience with the police?
26. What has your experience (if any) with legal representation been like?
27. Have you ever been forced to do something that you did not want to do?
28. Have you noticed any differences in the way homeless women are treated compared to homeless men?
29. Where do you see yourself in 5 years (or what are your goals)?
30. What would it take you to get there?
31. What do you value most in life?
32. Are your spiritual needs being met?
33. Tell me something unique about yourself, or about some things you do well.
34. Is there anything else you would like to share about your experiences with homelessness and as a woman?

*Appendix 2—Glossary—Or, A Primer on Homeless and Low-income Services*

**211**

"When it becomes available, 211 will be the only number people need to dial to access information about shelter, emergency food, volunteer opportunities, rent assistance and more anytime, day or night.

"211 is a nationwide initiative endorsed by United Way of America and AIRS (Association of Information and Referral Services) that was first developed in 1997 by United Way of Greater Atlanta. As of December 2002, 56 211 centers were in operation nationwide. United Way of the Columbia-Willamette is leading development for the Portland/Vancouver metro area, working with local information and referral providers to put together a comprehensive system" (United Way).

**DAY SHELTER**

"Programs that provide a center where homeless people can spend time during the day. The center may provide counseling and/or medication monitoring on a formal or informal basis; facilities for showering, shaving, napping, laundering clothes, making necessary telephone calls or attending to other personal needs; and/or other basic supportive services. Some centers may also provide food or facilities for cooking" (Wisconsin Department of Administration, p. 2).

**DOMESTIC VIOLENCE SHELTER**

"Programs that provide temporary emergency shelter for women who have experienced domestic violence[,] and for their children" (Wisconsin Department of Administration, p. 1). Domestic violence shelter programs in Oregon tend to last a maximum of 30 days.

**EMERGENCY SHELTER**

"Programs that provide a temporary place to stay for newcomers, travelers, people who are in crisis, or homeless individuals in the community" (Wisconsin Department of Administration, p. 1).

**FOOD STAMPS**

"The Food Stamp Program helps people with low income get better nutrition. Depending on your total income and allowable deductions, you may be able to get up to \$130 worth of food stamps per month. A two-person household can get up to \$238 worth of food stamps per month. If there are more people in your household, you may be eligible for more benefits" (Multnomah).

**GENERAL ASSISTANCE (GA)**

"General Assistance (GA) is a program that provided cash and medical help to people with physical disabilities and/or mental disabilities. It was eliminated due to budget cuts in early 2003" (Multnomah).

**HOMELESS**

The Stewart B. McKinney Homeless Assistance Act (U.S.C. 42§11302a) defines a "homeless individual" or "homeless person" as follows:

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is—
  - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
  - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings" (General definition of homelessness).

**HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

"HMIS refers to the Homeless Management Information System, a computerized system that allows agencies to track service usage over time.

"In order to be competitive for homeless funding administered by the U.S. Department of Housing and Urban Development (HUD), agencies that coordinate a Continuum of Care system must have HMIS implemented by 2004" (Los Angeles, 2003a).

**HOMELESS SHELTER**

"Programs that provide a temporary place to stay for people who have no permanent housing" (Wisconsin Department of Administration, p. 2).

**HOUSINGCONNECTIONS.ORG**

"Housing Connections is a web-based community service that is intended to better connect providers of housing and housing services to renters who are looking for these types of housing opportunities. Our goal is to provide access to up-to-date housing information with user-friendly tools. These tools are customized for each of our user groups: renters, landlords and property managers, and housing agency staff that help people find and keep housing" (Housing Connections).

**JOBS PROGRAM**

A welfare-to-work program focusing on workforce preparation.

**JOBS PLUS PROGRAM**

A welfare-to-work program providing subsidized internships. The program provides a 13-week work experience for Unemployment Insurance claimants.

### **OREGON HEALTH PLAN (OHP)**

"The Oregon Health Plan (OHP) operates under a waiver from the federal government that allows us to serve more low-income people using federal Medicaid money.

"We do this through an innovative system that prioritizes health care, using a list of hundreds of conditions and their treatments. Higher priority is given to conditions that can be successfully treated, and to avoiding illness through preventive care" (Oregon Department of Human Services, 2003b).

"The level of coverage (benefit package) you receive is based on your income, age, and physical or mental condition. For example, eligible pregnant women and children under age 19 receive the highest level of coverage" (Oregon Department of Human Services, 2003d).

### **OREGON HEALTH PLAN STANDARD**

"OHP Standard is a limited benefit package offered to certain adults. They qualify based primarily on income, and they pay premiums and make co-payments" (Oregon Department of Human Services, 2003c).

"Clients in OHP Standard are required to pay monthly premiums, ranging from \$6 to \$20 per person depending on income" (Thorne).

"If you are disqualified for not paying premiums, you cannot get OHP Standard until three conditions are met:

- Six months must pass from the date you were disqualified;
- You must pay all past-due premiums;
- You must meet all eligibility criteria for the OHP Standard benefit package when you reapply" (Oregon Department of Human Services, 2003a).

"The following services are not covered by OHP Standard:

- Non-emergency transportation
- Routine vision services
- Services related to hearing aids
- Dental services
- Medical equipment and supplies
- Outpatient mental health and chemical dependency services" (Oregon Department of Human Services, 2003a).

### **OREGON HEALTH PLAN PLUS**

"OHP Plus is a full benefit package. It is offered at little or no cost to children, pregnant women and people with disabilities. It does not require premiums, but does require small co-payments for medications and outpatient services" (Oregon Department of Human Services, 2003c).

### **OREGON SUPPLEMENTAL INCOME PROGRAM**

"The Oregon Supplemental Income Program (OSIP) provides cash benefits to people who are disabled, legally blind or age 65 or older. The benefits supplement the federally funded Supplemental Security Income (SSI) program" (Multnomah).

### OREGON TRAIL CARD (ELECTRONIC BENEFIT TRANSFER)

"The Oregon Trail card makes cash and food stamp benefits electronically available to consumers through use of a plastic debit card at point-of-sale devices (POS) at retail grocery stores, and at selected automated teller machines (ATM)s" (Multnomah).

### PERMANENT HOUSING

"Occupancy provided as long as the tenant pays his/her rent and complies with the terms of the lease" (Wisconsin Department of Administration).

### READY TO RENT

"Ready to Rent is an interactive tenant education curriculum based on a personal contract to overcome barriers to renting. The course is delivered over a 4 to 6 week period with each session being 2½ hours. Participants must complete the full course and fulfill their contract to receive a Ready to Rent Diploma. The curriculum includes instruction and information on identifying challenges and developing a work plan, producing a workable budget or 'spending plan,' finding a place, the application process, rental agreements, and 'moving on.' There is an Action Kit manual for participants and an instructor's manual for class facilitators" (Portland Housing Center).

### SECTION 8

"What is the Section 8 Voucher Program? Federal housing assistance program administered through HUD and Public Housing Agencies (PHAs)

- Helps assist low-income families, elders, and people with disabilities to pay for decent and safe housing;
- Provides financial assistance in the private housing market through a "subsidy" which is based on (1) household income and (2) the cost of housing.

"How Much \$\$ Does the Section 8 Subsidy Provide? The Section 8 monthly subsidy is calculated as follows:

- HUD publishes Fair Market Rents for "modest" rental housing by locality;
- Each PHA establishes a Section 8 voucher "payment standard" which is between 90%-110% of the Fair Market Rent;
- The Section 8 monthly subsidy is the difference between 30% of the household's monthly adjusted income\* and the Section 8 "payment standard" in #2 above.

"There is a waiting list to receive Section 8 assistance. HAP takes applications for Section 8 for one week approximately every 18 to 24 months through an advertised opening. HAP does not have a preference system for Section 8. Instead, applicants on the waiting list are randomly drawn each month through our very successful lottery system. Persons with a documented terminal illness are welcome to apply at any time.

"Participants in the Section 8 Program may elect to rent from their current landlord if their housing meets our Housing Quality Standards, is located within Multnomah County, and the rent is reasonable in comparison to other units in the market.

"Once a participant has secured acceptable housing, there is no time limit imposed upon the receipt of the assistance. Participants are required to submit a security deposit and must pay for their own moving expenses and screening fees" (Housing Authority of Portland).

**SERVICE COORDINATION**

A systematic and planned approach to referring and offering services to homeless or low-income individuals. Typically, a service coordinator (or a case manager) assists clients in assessing needs and creating plans for obtaining services.

**SUPPLEMENTAL SECURITY INCOME (SSI)**

"SSI is a federal income supplement program funded by general tax revenues (not Social Security taxes):

- It is designed to help aged, blind, and disabled people, who have little or no income; and
- It provides cash to meet basic needs for food, clothing, and shelter" (Social Security Administration).

**SOCIAL SECURITY DISABILITY INSURANCE (SSDI)**

"Social Security disability insurance (SSDI) is a program financed with Social Security taxes paid by workers, employers and self-employed persons. Disability benefits are payable to disabled workers, disabled widow(er)s or adults disabled since childhood, who are otherwise eligible. Auxiliary benefits may be payable to a worker's dependents, as well. The monthly disability benefit payment is based on the Social Security earnings record of the insured worker on whose Social Security number the disability claim is filed" (Social Security Administration).

**SUPPORTIVE HOUSING**

"Supportive housing combines affordable housing with individualized health, support and employment services. Supportive housing looks like every other type of housing because it is like other housing. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services—such as the help of a case manager and connections to community treatment and employment services—designed to address their individual needs" (Corporation for Supportive Housing).

**TRANSITIONAL SHELTER**

"Programs that provide extended shelter (longer than two weeks but typically sixty days or more) for homeless people who indicate a willingness to participate in developing and implementing a case plan which has as a goal of eventual independent living" (Wisconsin Department of Administration).

**TRANSITIONAL HOUSING**

"Transitional housing programs assist people who are ready to move beyond emergency shelter into a more independent living situation. Transitional programs allow individuals and families to further develop the stability, confidence, and coping skills needed to sustain permanent housing. Some transitional program participants live in apartment-style quarters, while other agencies place people into group house settings where several families or individuals share in household maintenance" (Los Angeles, 2003b).

**WELFARE TO WORK (WTW)**

"The Welfare-to-Work (WtW) program was established by the [federal] Balanced Budget Act of 1997. This program assists the hardest-to-employ welfare recipients and non-custodial parents who face great challenges to employment, to move into unsubsidized jobs and economic self-sufficiency.

"The program objectives include job placement, job retention, increased earnings, and increased child support collections.

"Funding is from the U.S. Department of Labor. Program administration is from the Department of Workforce Development, Division of Workforce Solutions" (Wisconsin Department of Workforce Development).

### Appendix 3—Community Partners & Task Force Participants

#### NEEDS ASSESSMENT PARTICIPANTS

Adult and Family Services, Old Town Office	Rose Haven
Cascadia Behavioral Health (Royal Palm Community)	Russell Street Dental Clinic
Cascadia Behavioral Health (Unity)	Salvation Army (Harbor Light)
Central City Concern (medical)	Sisters of the Road Café
Central City Concern (housing)	St. Francis Dining Hall
DePaul Treatment Center	St. Vincent de Paul
FISH	Transition Projects (Jean's Place)
First United Methodist Church (Goose Hollow Family Shelter)	Union Gospel Mission
JOIN: A Center for Involvement	Volunteers of America
LOTUS	William Temple House
Multnomah County HIV Clinic	YWCA (Safe Haven)
Neighborhood Health Clinic	YWCA (Yolonda House)
Portland Rescue Mission (Shepard's Door)	

#### 2001 FORUM PARTICIPANTS

Everywoman's Health Clinic <i>Susan Johnson, M.D.</i>	Portland State University <i>Gretchen Kafoury</i>
Legal Aid Services of Oregon <i>Julia Greenfield</i>	Royal Palm Community <i>Kerri Smith Slingerland</i>
Oregon Food Bank <i>Cassandra Garrison</i>	Transition Projects, Inc. <i>Kamron Graham, Doreen Binder</i>

#### IN-KIND DONORS

Grand Central Bakery (pastries)	Transition Projects, Inc. (copying, office supplies, gift certificates for interview incentives, administrative support)
Old Wive's Tales (pastries)	
Peet's Coffee & Tea (beverages)	Trinity Episcopal Cathedral (meeting space)

#### SPECIAL THANKS

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Bureau of Housing and Community Development <i>Heather Lyons</i>	Rose Haven <i>Sister Cathy Boerboom</i>
Maybelle Clark Macdonald Fund <i>Christopher Folkestad</i>	Trinity Episcopal Cathedral <i>the Most Reverend Anthony "Bud" Thurston and Mignon Mazique</i>
Portland Housing Center <i>Jez Anderson</i>	<i>Mike Fruhwirth (map design)</i> <i>Alan Willoughby (graphic design and layout)</i>

#### DISCLAIMER

Please note: Participation in this Task Force does not constitute endorsement by any organization or individual of the views expressed herein. The judgments and opinions in this report are those of the authors.

#### *Appendix 4—About the Authors of this Report*

**TONY BERNAL** is Development Director for Transition Projects, and faculty at Marylhurst University.

**DOREEN BINDER** is Executive Director of Transition Projects, where she has worked for 8 years. She worked previously as the Executive Director of the Coos Bay Women's Crisis Service, and has served on a number of commissions and boards, including Governor-appointed commissions.

**JENNIFER BRENNER** is a Master of Social Work student at Portland State University, with a focus on homeless populations. She has worked with homeless women and youth in the Denver and Portland areas for three years.

**FERN ELLEDGE** is Human Resource Coordinator and Community Service Center Director at Transition Projects, where she has worked for 8 years.

**JULIA GREENFIELD** is an attorney with Legal Aid Services of Oregon. A 1998 graduate of Yale Law School, Ms. Greenfield emphasizes administrative law matters in her practice. She previously worked for the Lawyers' Committee for Civil Rights in San Francisco.

**JANET KASAMEYER, MAT, MSW**, has worked in a variety of paid and volunteer positions, including teaching, community development and social work with people with mental illnesses for more than 30 years. Says Ms. Kasameyer, "This project is another example of this community's tradition of working toward solutions, rather than surrendering to problems. It's been exciting to be part of it."

**MELANIE MUIRDEN** is a Master of Social Work student at Portland State University.

**KERRI SMITH SLINGERLAND** is a Master of Social Work student at Portland State University. She also works as a Housing Specialist at The Royal Palm, a program of Cascadia Behavioral Healthcare.

**LEE THOMAS** has served on the Board of Transition Projects, Inc. for eight years and is currently the Chair. In addition, Ms. Thomas is a Ready to Rent instructor at Jean's Place. She is a retired attorney.

**CHRISTINE THURSTON, PhD, MSN**, is a Psychiatric-Mental Health Nurse with extensive experience in the community working with families and women (in particular), on conditions of poverty, domestic violence and substance abuse / mental health. She is currently a private contractor for quality improvement and program evaluations of health and human services programs/organizations. She is prepared as an educator and researcher in nursing and public health services.

## Appendix 5—Community Health Providers

Chat provided by Multnomah County Health Department.

<i>Clinic</i>	<i>Who's Eligible</i>	<i>Clinic Times/Days</i>	<i>Types of services</i>	<i>Miscellaneous</i>
NARA INDIAN HEALTH CLINIC 2901 E Burnside Ave Portland, OR 97214 (503) 230-9875	An enrolled member or person with two descendencies of a federally recognized tribe of American Indians or Alaskan Natives.	Mon-Fri 9am-5pm	Physical exams, limited prenatal care, immunizations, well child, WIC nutrition, counseling, women's health care and healing circle, health education, and confidential HIV testing.	Bus #19 or 20.  Clinic also provides mental health assessments and counseling.
NATIONAL COLLEGE OF NATUROPATHIC MEDICINE  <i>Mt. Olivet Clinic</i> 8725 N Chatauqua (503) 499-4343  <i>Main Office</i> 49 SW Porter Portland, OR 97201 (503) 499-4343  <i>Outside In Naturopathic Youth Clinic</i> 1236 SW Salmon Portland, OR 97205 (503) 223-4121	Anyone who finds it a financial burden to afford private naturopathic care.	<i>Mt. Olivet</i> Mon & Fri 1pm-5pm  <i>Main Office</i> Mon-Fri 9am-6pm  <i>Outside In</i> Call for clinic hours and appointments. (503) 223-4121	Naturopathic care. Medicinals available at a reduced cost. Some labs at reduced cost to be drawn at <i>Main Office</i> . Walk-ins OK.	Bus #17, 40, or 43 to <i>Main Office</i> .  Bus #4 to <i>Mt. Olivet Clinic</i> .
NORTH PORTLAND NURSE PRACTITIONER CLINIC* 5311 N Vancouver Ave Portland, OR 97211 (503) 284-5239	Ages 0-21. Accept ODS, HMOO, and CareOregon. Free care if students don't qualify for OHP.	Call for an appointment: (503) 284-5239 Mon 1-5pm Tues-Fri 8:30-noon and 1-5pm Walk-ins welcome.	Urgent or immediate care, well child, immunizations, referrals to specialists, social services (food/clothing on site).	Bus #40 Mocks Crest or 72 Killingsworth/82 <sup>nd</sup> .
OLD TOWN CLINIC* 219 W Burnside Ave Portland, OR 97209 (503) 241-3836	Serves mostly low income residents of downtown, Old Town, and homeless. Sliding fee scale, OHP, Medicare, and private insurance.	Mon-Fri 9am-noon and 1:30-5pm Thurs 9am-noon	Full medical and preventive care, minor surgery, primary care, in-patient hospital care, adult immunizations, meds, and specialty referral.	Also offer addiction and drug treatment support, limited psychiatric counseling, social service referrals, patient advocacy, hygiene education, and supplies.
OUTSIDE IN* 1132 SW 13 <sup>th</sup> Ave Portland, OR 97205 (503) 535-3800	Focus on homeless, youth, & IV drug users. Clinic will serve anyone who is low- or no-income or uninsured with an emphasis on people under 30 years of age.	Walk-in clinic: Mon 1:30-10pm Tues 9:30am-6pm Wed 9am-10pm Thurs 9am-6pm Fri 9am-6pm Walk-ins accepted until 3:30pm afternoons and 8pm evenings. Acupuncture, chiropractic, and dental by appointment only.	Federally qualified health center, multidisciplinary urgent care, allopathic, naturopathic, chiropractic, acupuncture, women's health care, physical exam, pregnancy tests, birth control/HIV/STD tests/counseling, and dental. OHP enrollment.	Other services for youth: mental health and substance abuse treatment, medical housing, drop-in, employment program, transitional housing, food assistance, sexual minority services, tattoo removal.

<i>Clinic</i>	<i>Who's Eligible</i>	<i>Clinic Times/Days</i>	<i>Types of services</i>	<i>Miscellaneous</i>
<p>PORTLAND ADVENTIST COMMUNITY SERVICES FAMILY HEALTH CENTER*</p> <p>11020 NE Halsey Portland, OR 97220 (503) 252-8500</p>	<p>Must have a low income and no insurance to qualify. No walk-in services. Call for an appointment: (503) 252-8500 x109</p>	<p>Call for an appointment. Mon-Fri 9am-1pm</p>	<p>BCCP, women's health exams, diabetes care and education, family planning, Head Start Exams, and primary care.</p>	<p>Bus #77</p>
<p>WALLACE MEDICAL CONCERN*</p> <p><i>Estate Hotel Clinic</i> 225 NW Couch Portland, OR 97209 (503) 274-1277</p>	<p>Uninsured, low-income adults over age 15 (children may be seen in dermatology and podiatry clinics only) Free; donation requested. No OHP patients unless OHP does not cover services provided at Wallace.</p>	<p>Call for an appointment. General medical care every Thurs evening. Dermatology clinics on 1<sup>st</sup> and 3<sup>rd</sup> Thurs of the month. Podiatry clinics on 2<sup>nd</sup> and 4<sup>th</sup> Thurs of the month.</p>	<p>Urgent general medical care, dermatology, podiatry, and specialty referrals. Spanish/English interpretation.</p>	<p>Any bus traveling on the bus mall between Burnside and Union Station.</p>
<p>WMC ROCKWOOD CLINIC</p> <p><i>Inside the Multnomah County Rockwood Neighborhood Health Access Center</i> 800 SE 181<sup>st</sup> Ave Gresham, OR (503) 274-1277</p> <p><i>Administration</i> P.O. Box 6972 Portland, OR 97228 (503) 274-1277</p>	<p>Uninsured, low-income adults over age 15. Free; donation requested. No OHP patients unless OHP does not cover services provided at Wallace.</p>	<p>General medical care. Call for an appointment. Every Mon and Wed evening.</p>	<p>Urgent general medical care and specialty referrals. Spanish/English interpretation.</p>	<p>MAX — 181<sup>st</sup> Ave stop.</p>
<p>WEST BURNSIDE CHIROPRACTIC CLINIC</p> <p>134 W Burnside Ave Portland, OR 97209 (503) 223-2213</p>	<p>Uninsured and underinsured for chiropractic care.</p>	<p>Open Mon-Thurs, hours vary. Call for an appointment.</p>	<p>Chiropractic care, rehabilitation for acute and chronic disabling musculoskeletal conditions.</p>	<p>Any bus crossing the Burnside Bridge—#12, 19, 20—and Max light rail.</p>
<p>ADVENTIST COMMUNITY HEALTH VAN PROGRAM</p> <p>10123 SE Market Portland, OR 97216 (503) 261-6613</p>	<p><i>Primary care</i> Low-income, uninsured, underinsured only.  <i>Screenings</i> Priority given to above groups.</p>	<p>Dates and times vary; schedule of sites, services, days, and times available upon request.</p>	<p>Services vary by location but may include screenings, primary care, flu shots, education, and referrals.</p>	<p>Primary care is free to eligible patients; screenings are either free or low-cost. Literature is free.</p>
<p>PORTLAND ALTERNATIVE HEALTH CENTER</p> <p>625 SW 12<sup>th</sup> Ave Portland, OR 97205 (503) 228-4533</p>	<p>Serves mostly low-income and homeless individuals. Sliding fee scale, OHP/Care Oregon, Medicare, and private insurance.</p>	<p>Mon-Fri 8:30am-7pm</p>	<p>Out-patient drug and alcohol treatment program, dual diagnosis treatment services, HIV/AIDS healthcare services, multidisciplinary general medical treatment: allopathic, naturopathic, acupuncture, massage, and HCV testing.</p>	

*Appendix 6—References*

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