Barriers to Transitional Housing Access among Homeless Male Adults in the City of Portland

Background and Literature Review

Homeless Male Adults

This project began with a review of the existing literature relating to the current homeless “crisis” in the city of Portland (1). This review uncovered a series of Medical Examiners’ reports detailing the shocking statistic that of among 191 known homeless deaths in Multnomah County from 2011-2014, approx. 88% have been adult men, with a mean age of just 43.3 years old (2). For comparison, the standard life expectancy for a man living in Multnomah County is 76.6 years old (3). Despite representing such a large percentage of fatalities, homeless adult men represent only an estimated 55% of the total homeless population in Multnomah County.

The breakdown of deaths among known homeless male adults in Multnomah County is as follows: 55% accidental, 36% natural causes, 13% suicides, 8% undetermined. 53% of total male adult deaths were determined to have been associated with some form of substance; either alcohol, illegal drugs, or both (2). Although many deaths were attributed to “natural causes,” this does not mean these deaths were not preventable, as more often than not they were attributed to treatable conditions. Likewise, these reports stress a need for short-to-long-term housing where conditions relating to addiction and mental health can be treated in a managed environment. Fortunately, such a system already exists.
Transitional Housing

The transitional housing, or “housing first” model originated with a series of landmark studies in the 1990s by Randall Kuhn and Dennis P. Culhane (4)(5). These study employed cluster analysis of existing literature to divide homeless populations into three groups; transitionally, episodically, and chronically homeless (6). They then applied this analysis to seven years of administrative data on public shelter use from New York City and four years of data from the city of Philadelphia, finding that the transitionally (or one-time, temporarily) homeless constituted about 80% of shelter users in both cities and that the chronically homeless, although constituting only about 10% of shelter users, made up for fully half (50%) of shelter use days. Ultimately, Kuhn and Culhane recommended the creation of an entirely new transitional housing system designed to assist the transitionally homeless, and calculated a dramatic reduction in emergency shelter costs by placing the chronically homeless into long-term, community housing.

The predicted savings associated with adopting these suggestions resulted in a series of government initiatives designed to encourage the resettlement of those deemed either transitionally or chronically homeless (4). Culhane and Kuhn’s studies transformed the national approach the homelessness and over 300 American cities, including the city of Portland, have since adopted ten-year plans to end chronic homelessness, with nearly all pursuing a variant of the housing first model (5). It would seem the successes of those organizations within Portland that have adopted the housing first approach would preclude such fatality numbers as referenced above, with programs at two of the city’s largest, Transition Projects and Central City Concern, boasting homeless anti-recidivism rates of 80% and 97% after 12 months, respectively (7) (8). With numbers such as these, the question therefore is raised: What barriers exist that are preventing homeless male adults in Portland from accessing transitional and long-term housing programs, and how can these issues be addressed?
Methods

The first step was to determine how many organizations in Multnomah County have adopted housing first models. It became immediately apparent that there is no one source for that information (e.g. the 211 app, which contained listings for some but not all of the same organizations as Google, and under a variety of headings); therefore, a combination of sources were used to make that determination. Since many larger organizations offer a sliding-scale of housing subsidies based on need, for the purposes of this study “transitional housing” units or beds were considered to include any non-permanent supportive residences offered to any homeless individual rent-free, for a period of no less than 2 months. For some organizations this represented a percentage of reserved beds, others were organized solely for this purpose. Long-term supportive housing units (over 12 months) were not considered, as they are not technically available to those seeking service. The remainder of research was confined to the city Portland after the determination was made that the entirety of organizations operating transitional housing programs in Multnomah County are contained therein.

After this determination was made, a representative number of organizations were then contacted given the same, brief survey:

1. What types of services does your organization offer?
2. Does your organization offer transitional housing?
3. If so, how many transitional housing units do you operate?
4. What is the application process like?
5. What limits or restrictions are placed on applicants?
In addition, in-depth, informal, semi-structured interviews were conducted with 10 individuals fitting the parameters outlined in the literature research. In order to achieve the greatest level of awareness, these interviews were conducted in and around North West Portland, where most points of access for transitional housing programs are clustered. Interview questions were initially generated around organizational survey responses; however, this list quickly grew based on interview input.

**Ethics**

By any measure, this research involves a vulnerable population. Therefore, any information gained from interviews has been highly anonymized. Names, distinguishing features, and physical locations have not been recorded. No information is presented here which may be linked to any one individual. Nevertheless, many individuals were adamant that their voices be heard. All respondents were notified of the intent and purpose of this research, as well as its possible uses and potential for future presentation.

**Results**

**Awareness**

Far and above, the most common barrier to access found was awareness. Many of the organizations I spoke with ran successful outreach programs; however, few of the individuals I spoke with outside of the organizations had heard of transitional housing programs, or were able to describe their parameters. Just two were able to name organizations operating transitional housing units without prompting, and only one had found semi-permanent housing through a transitional housing program (whether or not this individual qualifies as “homeless” is technically up for debate). Transitional housing was often confused or conflated with over-night shelters and other forms of long-term subsidized housing. Many individuals expressed negative connotations associated with over-night shelters which carried over to other forms of assisted housing.
**Physical Barriers**

All of the organizations I spoke with described months-long waitlists for transitional housing units. All described meetings, consultations, and seminars that were required in order to be considered. Often these were held monthly, or on prescribed dates. Weekly check-ins are a must. The individuals I spoke with expressed difficulties getting to particular places at specific times and in general with keeping track of the date and time. Lacking transportation, they are forced to move from place to place throughout the day in order to secure food, water, restrooms, shelter from the sun, and shelter for the night. Security of belongings is extremely difficult to obtain, with many individuals choosing security for their belongings over security for themselves. Individuals with physical and developmental disabilities expressed a particular disadvantage when attempting to keep any kind of appointment, as physical barriers and medical needs often keep them tied to a particular location.

**Conditional Barriers**

Many transitional housing programs have specific conditions for entry. Four of the sixteen organizations surveyed only serve youth, one was reserved for families. Three organizations require participants be withdrawing from some form of substance, four require participants attend Christian prayer services. One organization only serves men, and one assesses applicants based on a vulnerability scale. Just three of the organizations surveyed had no conditional barriers. Some individuals expressed frustration with what they saw as ease of access to the system for addicts. Others coveted the status associated with an official “disabled” classification from the government, and the small stipend it brings with it. One individual seemed to confirm this, noting that his disabled status had earned him a reserved bed at one of the shelters.
REFERENCES

1. Hales, Charlie

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4. Casino, Vincent J. Del

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7. Transition Projects

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