

10-9-1992

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City Club of Portland (Portland, Or.)

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### Recommended Citation

City Club of Portland (Portland, Or.), "Information Report on The Mayor's 12-Point Plan for the Homeless" (1992). *City Club of Portland*. Paper 458.

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## Information Report on The Mayor's 12-Point Plan for the Homeless

To the Board of Governors,  
City Club of Portland:

### Introduction and Background

In February 1986, the Portland City Council and the Multnomah County Commission endorsed the "12-Point Plan for the Homeless" developed by Mayor J.E. "Bud" Clark. Progress reports entitled, "Breaking the Cycle of Homelessness: The Portland Model," were published in May 1987 and September 1988.

The 12-Point Plan was designed to:

- reach out to homeless people who need help in becoming a part of the mainstream of community life,
- be firm with those who do not adhere to the community standard, and
- create an environment in which business can flourish and major economic development agendas can be pursued.

Although Mayor Clark instigated development of the 12-Point Plan, solutions to the many problems of the homeless were not intended to be only a city responsibility. The Plan was intended to bring together community resources — public and private — to address the multifaceted problem of homelessness. The revised 1988 report states that "service delivery crossed many jurisdictional and organizational boundaries, and the challenge was to develop and implement an effective system with the support of all involved."

This information report examines what the Mayor's 12-Point Plan proposed and provides information on the status of each point in the Plan.

### The 12-Point Plan

#### 1. Comprehensive Planning

**"One group with representation from local government and private sector agencies should be designated to initiate proposals to deal effectively and efficiently with the problem of homelessness. This group should also be charged with evaluating proposals on which local government will be requested to act."**

The Plan assigned responsibility for carrying out this charge to the City/County Emergency Basic Needs Committee (EBNC). EBNC met for two years and recommended a social services administrative and service delivery model based on four criteria: access, integration, continuity, and accountability. The Metropolitan Community Action Agency (MCA) and the Funders Advisory Committee (FAC) are charged with carrying out the recommendations of EBNC.

MCA's role is to establish priorities and coordinate the use of public funds for the homeless. To that end, MCA developed a plan to fund services through a system of multi-service centers, emphasizing the need for case management.

FAC comprises officials from the City of Portland, Multnomah County, Housing Authority of Portland, Ecumenical Ministries of Oregon, Oregon Community Foundation, Chamber of Commerce, MCA, and United Way. This body provides a forum through which funding agencies coordinate decisions implementing the MCA plan.

Currently 21 agencies contract with MCA to provide services to the homeless. These agencies meet monthly to coordinate service delivery and advocate for the homeless. In addition, the Community Services Advisory Committee also meets monthly to assist the FAC in developing policies and programs to serve the homeless.

## 2. Housing

**“Provide the opportunity for safe and decent housing for everyone in need.”**

A November 1989 Housing Authority of Portland (HAP) report, “Resolving Homelessness in Portland and Multnomah County,” estimates that about 17,000 people were homeless (i.e., received at least one night of shelter) in Multnomah County in 1988-89. Single adults account for 52 percent and families represent 44 percent of the annual homeless total.

Three basic types of housing needs exist — emergency, transitional, and affordable/low-income housing.

**Emergency shelters** are mass dormitory-style housing available only at night. Primarily for adult males, emergency shelters have developed recently for homeless families and homeless youth.

**Transitional housing** is an intermediate step between emergency shelters and affordable housing. Individuals and families may stay in transitional housing for up to 18 months. Service providers believe that sufficient transitional housing, particularly for families and victims of domestic violence, is a continual problem.

The goal of **affordable housing** (defined as no more than 30 percent of a family’s monthly income) is to achieve long-term, stable living conditions for the homeless. According to witnesses, an acute shortage of affordable housing exists in Multnomah County. The HAP report estimates that present needs have more than doubled.

The 12-Point Plan calls for one agency to act as the basic housing programs coordinator. This has not yet occurred.

## 3. “Person Down”

**“Anyone ‘down’ (on the streets) should be quickly assessed and taken to appropriate care.”**

“Person down” means anyone incapacitated by alcohol, drugs, illness, or injury. The Multnomah County Department of Human Services contracts with the Hooper (Detoxification) Center for the “person down” service through its CHIERS (Central City Concern Hooper Inebriate Emergency Response Service) program. A team of emergency medical technicians identify and evaluate inebriated persons, call for further medical assistance if necessary, and transport the inebriate to the Hooper sobering station. Currently this program operates 16 hours a day, seven days a week primarily in the downtown area and Old Town. The Plan called for extending the service to 24 hours a day, but witnesses said that due to lack of funding, there are no plans to extend the service.

#### 4. Alcohol and Drug Treatment System

**"Provide a system of treatment for chemically dependent people that is timely, effective, and appropriate."**

The Plan called for the Multnomah County Department of Human Services to define sufficient capacity to treat substance abuse in the community and to identify costs and possible revenue sources for funding the program.

According to witnesses, current residential treatment programs are filled to capacity, but outpatient programs are not. In addition, alcohol and drug-free housing was created in the Everett Hotel and on one floor of the Estate Hotel. Additional drug-free rooms are being developed in the Athens Hotel.

Advocates for the homeless express two concerns. First, a time gap exists between completion of detox and acceptance in long term treatment programs. Second, although additional funding is being made available, funding is not keeping pace with the treatment needs of the homeless population.

#### 5. Involuntary Commitment

**"Society has a right to compel chronic users of substance abuse detoxification services to obtain ongoing treatment."**

The Plan advocated changes in state law to allow involuntary commitment of chronic users of detoxification services and adequate state funding for treatment for those committed.

Despite two attempts by local advocates, efforts to change the involuntary commitment law have been mostly unsuccessful. Although the Oregon Legislature did make major changes to the law in 1987, the new law does not specifically address chronic substance abusers. Many question whether a change can be achieved because of concerns about civil liberties and funding.

#### 6. Street Sanitation

**"Provide safe and appropriate public toilet facilities in the downtown area and eliminate dumpsters from sidewalks."**

To address this point in the Plan, the city increased its enforcement of a city ordinance banning on-street dumpsters. In addition, the Association for Portland Progress (APP) initiated a street cleaning program. Beginning in 1986 with a grant from the city, the program is now entirely funded by APP and employs 18 homeless people.

The lack of public restrooms has been somewhat alleviated with the addition of new restrooms, funded by the city, at Burnside Projects and the Estate Hotel.

#### 7. Jobs

**"Encourage public and private initiatives to hire homeless people, providing training and transitional employment when necessary."**

The Plan assigned the responsibility for developing, promoting, and supporting employment programs for the homeless to the Private Industry Council (PIC). While the PIC has some special programs for the homeless, the homeless are not the prime target for PIC programs. Three segments of the homeless population are targeted for PIC assistance: families, veterans, and youth. Along with Portland IMPACT and Portland State University, PIC is providing employment services to

75 homeless families as a pilot project. A second program provides assistance to approximately 200 homeless veterans per year. PIC also operates a program with Outside-In which serves 25 youth per year. In addition, the Oregon Employment Division provides job placement counselors to work with the homeless.

As mentioned above, the Association for Portland Progress employs several homeless to assist in street cleaning. This program is paid for by an Economic Improvement District in which property owners tax themselves.

#### 8. Case Management

**"People who need help should be located and assisted in accessing programs that provide helping services and case management."**

The Plan called for providing case management (individual oversight of each homeless person's needs) for everyone in need of such services and seeking funding for its implementation.

Many contend that case management is essential in breaking the cycle of homelessness. The homeless may have many barriers to self-sufficiency such as substance abuse, lack of basic skills, and lack of child care services. Multnomah County has increased its funding of case managers over the past three years. Most agree, however, that even more funding is necessary to meet present needs.

#### 9. Point of Access to Services

**"Provide suitable locations and facilities for access to basic services in areas where public policies support such locations and facilities. Where possible, locate such facilities in conjunction with low-income housing. Stabilize a rational service delivery system and minimize space cost."**

According to the Plan, basic services should be available at a number of multi-service center locations. The purpose of such centers is to provide food, shelter, clothing, bus tickets, case management, and other services in one location.

Seven multi-service centers will be established in 1990 throughout the city as part of MCA's plan. Various central points of access will likely make the system more accessible to those who need it and provide greater coordination of the delivery of services.

#### 10. Street Safety

**"Provide an environment in the Central City where people feel safe to interact with others who differ in lifestyle, age, race, socio-economic class, and appearance."**

The Portland Police Bureau was charged with addressing this point. The Bureau added the horse patrol and the bicycle patrol downtown. In addition, the Association for Portland Progress employs guides to discourage illegal behavior as well as to assist visitors. Most people interviewed believe that this additional presence has resulted in a perception of increased safety downtown.

#### 11. Chronic Mental Illness Treatment

**"Provide adequate treatment services for chronically mentally ill individuals in an environment that is the least restrictive and most likely to protect the individual and others from harm."**

According to professionals, 30 to 40 percent of the homeless are mentally ill. The Multnomah County Department of Human Services was charged with defining how many people need services and identifying the costs and sources of revenue to fund the program.

The Multnomah County Mental and Emotional Disabilities Program pays for outpatient treatment for "priority one" patients — schizophrenia, chronic paranoia, manic depression, or a major mental disorder other than substance abuse. Out of an estimated 5,000 people in need in Multnomah County, the county is purchasing services for less than 2,000. Many of the homeless mentally ill are not categorized as "priority one".

Federal grants were obtained to assist with housing, case management, and treatment to the chronically mentally ill at Mental Health Services West, Burnside Projects, and Providence Medical Center.

## 12. Public Participation

**"Development of policies and programs to serve the homeless shall be presented to policy makers for decision only through an orderly process."**

This was to be accomplished through public forums at which the problems of homelessness would be discussed and solutions offered. Although no hearings were held in developing the 12-Point Plan, the mayor's office did hold monthly public forums until attendance declined.

Respectfully submitted,  
Human Services Standing Committee  
Subcommittee on the Homeless  
Laura Gamble  
Lou Savage  
Alf Siddall  
Bill Walker  
Janet Wolf  
Pam Thomas, Chair

Approved by the Research Board on February 7, 1990 for submittal to the Board of Governors. Approved by the Board of Governors on February 26, 1990 for publication. NOTE: BECAUSE THIS REPORT CARRIES NO CONCLUSIONS OR RECOMMENDATIONS, NO OFFICIAL ACTION IS REQUIRED OF THE MEMBERSHIP.